

Open and Honest Care in your Local Hospital



The Open and Honest Care: Driving Improvement programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data, with the overall aim of improving care, practice and culture.



Report for:

**Northampton
General Hospital
NHS Trust**

September 2018

This report is based on information from August 2018. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about our performance.

1. SAFETY

Safety Thermometer

The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, urinary infection in patients with catheters (CRUTI) and treatment for blood clots (VTE). These are harms are measured in two ways, harms which are old and sustained prior to admission and new harms which occurred whilst the patient was in hospital. The data is used alongside other outcome measures to help us understand themes, analysis findings and plan improvements in care delivery.

The score below show the percentage of patients who received harm free care whilst an inpatient.

	August 2018
The % of patients that received harm free care whilst an inpatient	98.25%
The % of harm free care- admitted with and whilst an inpatient	91.96%

In August 2018 NGH achieved 98.25% harm free care, with 1.75% of patients on the day recorded in the category of 'new' harm (sustained whilst they were in our care). Broken down into the four categories this equated to 2 falls with harm, 0 VTE, 1 CRUTI and 8 incidents of pressure ulcer development.

Progress is monitored through the Trusts Quality Governance Committee.

For more information, including a breakdown by category, please visit:
<http://www.safetythermometer.nhs.uk/>

Health Care Associated Infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C. difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteraemia are nationally monitored as we are trying to reduce the incidence of these infections. C. difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria do not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C .difficile, people on these antibiotics are at greater risk.

The MRSA bacteria are often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to MRSA bacteraemia infections and are working towards reducing C Difficile infections; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough.

The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

	C. difficile	MRSA
August 2018	1	0
Annual improvement target	20	0
Actual to date	11	0

Each incident of infection is reviewed and a thematic analysis undertaken. This is monitored through the Trusts Quality Governance Committee.

Pressure Ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four categories, with one being the least severe and four being the most severe. The pressure ulcers reported include all validated pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

August 2018	11	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	11
Category 3	0
Category 4	0

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. This includes avoidable and unavoidable falls sustained at any time during the hospital admission.

August 2018	3	fall(s) that caused at least 'moderate' harm
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In order to know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us to other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

August 2018	1.83	Harmful falls per 1,000 occupied bed days
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Safe Staffing

In 2014 NHS England and the CQC launched 'Hard Truths Commitment'. This work complimented the National Quality Board guidance to optimise nursing and midwifery staffing capacity and capability. Each month the Trust will publish data that demonstrates the planned versus actual number of staff on each shift for each day of the month. The Hard Truths data will be available on the Trust website & NHS Choices for the public to see. The data will be presented in a format that is user/public 'friendly' and be supported by a narrative to enable an understanding of the information provided.

In order to view our reports please visit:

<http://www.northamptongeneralhospital.nhs.uk/AboutUs/Safer-staffing.aspx>

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.



The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

Patient Experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, '**How likely are you to recommend our ward /A&E /service /organisation to friends and family if they needed similar care or treatment?**'

August 2018

Inpatient, Day Cases & Paediatric FFT	91.4 %	% Recommended
A&E FFT	88.0%	% Recommended
Maternity FFT	98.2 %	% Recommended
All Outpatient Areas	93.2%	% Recommended

*This result may have changed since publication, for the latest score please visit: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

3. IMPROVEMENT

Patients benefit from new dementia day room

A 1940s-themed day room has opened at Northampton General Hospital specially designed for patients with dementia and their relatives.

Thanks to the hard work and fundraising efforts of staff on Abington ward and donations from the local community, Northamptonshire Health Charitable Fund (NHCF) invested over £3500 in designing, decorating and furnishing the new space.

Lorand Pusok, charge nurse on Abington ward, has



L-R- BBC Radio Northampton's Willy Gilder, Jemma Gotch, Catherine Lowe, patient Kevin Denham, Lorand Pusok and Alison McCulloch.

been the driving force behind the project, alongside his ward team: "Fundraising and designing this room has been a team effort and it's a pleasure to see it open and ready to be used by patients. It can get lonely for them so by providing this space they can socialise together, play games and help them to return back home sooner."

As well as a social space, the 1940s-themed room provides a quiet environment for calming patients who may be agitated or distressed, or having private discussions with patients and relatives about treatments, care or information.

Catherine Lowe, dementia liaison nurse at NGH described how the room will benefit patients with dementia: "For patients with dementia this new room provides a place to share meals together and socialise with other people on the ward. This is particularly important as sometimes people staying with us lose their desire to eat and drink which slows down their recovery.

"Being in hospital can be quite lonely. Having this space means we can encourage patients to eat together, chat and give them a calmer environment which stimulates their cognitive skills."

Ward staff organised a masquerade ball and raffle which raised £1,400. Our charity matched this total alongside a contribution from our Do It For Dementia fund and donations from the public.

The team want to make the most of the room and add more activities for patients. In future, they want to add a newspaper stand with old newspapers from varying eras to help patients with dementia reminisce, and continue to make the room a calming, recognisable space for patients and relatives.

Board Papers: <http://www.northamptongeneral.nhs.uk/AboutUs/Board/Board.aspx>

Safer Staffing: <http://www.northamptongeneral.nhs.uk/AboutUs/Safer-staffing.aspx>



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