

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**

March 2016

This report is based on information from February 2016. 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 scores below show the percentage of patients who did not sustain any harm both prior to and after admission the second score is the percentage of patients who received harm free care whilst they were an inpatient.

92.05%	Harm free Care
96.4%	No new Harm

In February 2016 NGH achieved 92.05% harm free care, with 3.57% of patients on the day recorded in the category of 'new' harm (sustained during whilst they were in our care). Broken down into the four categories this equated to: 4 falls with harm, 0 VTE, 2 CRUTI and 16 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
This month	2	0
Annual improvement target	21	0
Actual to date	30	1

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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

This month	31	Category 2 - Category 4 pressure ulcers were acquired during hospital stays (unvalidated)
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Severity	Number of pressure ulcers
Category 2	23
Category 3	8
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.

This month we reported	4	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 with 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.

Rate per 1,000 bed days	4.70
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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?’**
 This data is from January 2016

In-patient, Day Case & Paediatric FFT	90.4	% recommended
A&E FFT	85.8	% recommended
Maternity FFT	98.0	% recommended
All Outpatient areas	91.6	% 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/>

A Patient’s Story

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

Complaint:

A patient who is diabetic raised a complaint regarding the length of wait that he experienced for a follow up appointment due to the high number of patients who were on the waiting list.

Outcome:

An apology was given to the patient and a full explanation provided regarding some of the capacity difficulties recently experienced by the service. The patient was offered reassurance that a new member of staff has since been appointed in order to specifically oversee diabetic patients to ensure that they are seen within a timely manner.

RADIOLOGY’S NEW PICC SERVICE

New technology and a new way of working are speeding up treatment of patients needing intravenous therapy, and helping them get home sooner

Access for patients requiring a peripherally inserted central catheter, or PICC, has been transformed by a new service provided by nurses and radiographers in the NGH radiology department.

A PICC is a thin, soft flexible hollow tube inserted through a vein in the arm, whose tip ends in a large vein near the heart. The majority of patients requiring a PICC are receiving chemotherapy but it can also be used for other types of intravenous treatment (including total parenteral nutrition, or antibiotics therapy), monitoring or interventions such as repeated blood sampling.



Consultant radiologist Dr Amanda Bisset said: “As well as being more comfortable for patients, sparing them from repeated needle sticks and protecting small veins from the irritating effects of some intravenous medication, the lines can allow patients to leave hospital and receive treatment at home. This results in a more positive experience for patients, as well as releasing much needed capacity within the hospital.”

Radiology superintendent Alison Edwards and lead PICC nurse Joanna Brown worked with clinical lead Dr Bisset to transform a disused corner of the radiology department into a purpose designed room for the PICC insertions. They now provide a centralised service for all NGH patients who require this procedure.

Joanna said: “It’s a service that was provided only in oncology and haematology for their patients, but there are other reasons why PICCs are needed, besides chemotherapy. For instance a patient might need it for intravenous antibiotic therapy, to help them continue their treatment at home. – and that sometimes would mean a longer hospital stay for the patient. This service will help improve patient experience by enabling them to have their treatment in their own home.

Supporting Information

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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