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 2017

This report is based on information from August 2017. 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 2017
The % of patients that received harm free care whist an inpatient	97.85%
The % of harm free care- admitted with and whilst an inpatient	94.54%

In August 2017 NGH achieved 97.85% harm free care, with 2.15% 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 6 falls with harm, 0 VTE, 0 CRUTI and 7 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)

HCAI's 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 2017	0	0
Annual improvement target	21	0
Actual to date	12	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 2017	12	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	11
Category 3	1
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 2017	2	fall(s) that caused at least 'moderate' harm

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 2017	1.21	Harmful falls per 1,000 occupied bed days

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 Friends & Family Test

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 2017

Inpatient, Day Cases & Paediatric FFT	93.1%	% Recommended
A&E FFT	88.1%	% Recommended
Maternity FFT	98.9%	% Recommended
All Outpatient Areas	92.3%	% 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 patients husband raised concerns that his wife was admitted to the hospital after sustaining an injury to her foot. The concerns raised related to events surrounding the patients safe discharge from hospital and a lack of assessment of the patients ongoing needs once she returned to her home.

Outcome:
The complaint was investigated and an apology was given to the patient and her husband. The investigation identified that an assessment by a physiotherapist should have occurred prior to her leaving hospital. This would have allowed for a discussion of the facilities at home the identification of the correct equipment and support required.
It was identified that the inpatient therapy team were not informed that the patient was leaving hospital and the staff concerned have since reflected upon the incident to ensure that they understand the correct process to be followed. Additional training will be undertaken with the team to ensure that they are clear with regard to processes involving other specialties. A discharge sticker has also been produced to assist staff with regard ensuring that patients and relatives are involved and are consulted in terms of any concerns. This is currently being trialed but with good results to date. The patient was informed of the learning that was identified through the course of the investigation.

NEW DRILL TREATMENTS HELPS NGH PATIENTS

Patient Beverley Blundell (right) was our first patient to receive rotablation treatment pictured with Consultant Cardiologist David Sharman and cardiac nurse Hayley Hill

Heart Centre introduces new technique

Patients in Northamptonshire with severely blocked arteries that cannot be treated with routine surgery are now getting specialist treatment closer to home.

Patients receiving treatment in our Heart Centre can now benefit from a complex surgical procedure, called rotablation, which uses high-speed drills to blast away hardened calcium.

David Sharman, Consultant Cardiologist said: “Most cardiac patients who have blocked arteries are able to have a routine coronary intervention, which means using a needle to go into the body and place a balloon into the narrowed artery to squeeze it open before placing a stent across the narrowing to keep it wide open. But a small number of patients cannot be treated with this routine approach as they have a high build-up of calcium that prevents balloon expansion and stent placement. Previously our patients would have had to either travel to Oxford or Harefield hospital for the procedure. It’s great news for our patients and their families that we can now provide this service here in Northampton.”

Rotablation uses a tiny drill to target the hard calcium rather than the soft lining of the blood vessels. It powers through the calcium and then makes it possible to complete the procedure using conventional techniques with balloons and stents.

Factfile :

- Coronary Rotational Atherectomy (‘rotablation’) is a small burr (1.25-2mm diameter) that is used through percutaneously via a small tube through the radial artery or femoral artery under local anaesthetic

- It is used for severe calcified coronary lesions, sometimes avoiding bypass surgery or treating patients that would previously been untreatable due to the severity of disease

- The burr rotates at 170,000 rpm and has a diamond dust coated tip to drill through the coronary lesions. This enables passage and deployment of coronary stents

- The procedure takes around an hour and can be done under local anaesthetic

Coronary artery disease is the biggest killer in the UK, and a major cause of chronic illness. A narrowed artery in the body raises your risk of stroke, while a narrowed artery in the heart causes pain (angina) and heart attack.

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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