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 2018

This report is based on information from January and February 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.

	January 2018	**February 2018**
The % of patients that received harm free care whist an inpatient	99.04%	99.37%
The % of harm free care- admitted with and whilst an inpatient	93.60%	93.51%

In January 2018 NGH achieved 99.04% harm free care, with 0.96% 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 4 falls with harm, 0 VTE, 0 CRUTI and 2 incidents of pressure ulcer development.

In February 2018 NGH achieved 99.37% harm free care, with 0.63% of patients on the day recorded in the category of ‘new’ harm. Broken down into the four categories this equated to 0 falls with harm, 0 VTE, 0 CRUTI and 4 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
January 2018	3	0
Annual improvement target	21	0
Actual to date	20	0

	C. difficile	MRSA
February 2018	0	0
Annual improvement target	21	0
Actual to date	20	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.

January 2018	10	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	7
Category 3	3
Category 4	0

February 2018	7	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	7
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.

January 2018	4	fall(s) that caused at least 'moderate' harm
February 2018	3	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.

January 2018	1.90	Harmful falls per 1,000 occupied bed days
February 2018	1.44	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 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?'***

January 2018

Inpatient, Day Cases & Paediatric FFT	93.2%	% Recommended
A&E FFT	89.8%	% Recommended
Maternity FFT	97.6%	% Recommended
All Outpatient Areas	94%	% Recommended

February 2018

Inpatient, Day Cases & Paediatric FFT	93.5%	% Recommended
A&E FFT	85%	% Recommended
Maternity FFT	98.4%	% Recommended
All Outpatient Areas	93.8%	% 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:
Patient raised concerns that she had an outpatient appointment arranged which was subsequently cancelled but she was not informed of the reason why.

Outcome:
An investigation was undertaken and it was identified that explanations regarding the reasons for cancellations were not routinely provided. The clinic has since changed its practice and the reason for the cancellation is now included in the letter that the patient receives. An apology was given and the patient was informed of the changes made to our processes.

Patients benefitting from revolutionary diagnosis system

Patients suffering with liver-related conditions in Northampton are benefitting from a revolutionary diagnosis system which helps diagnose cirrhosis of the liver.

Thanks to a loan arrangement with Leicester Royal Infirmary, we now have access to a Fibroscan device. This equipment is valued at £50,000 and allows doctors and nurses to painlessly and efficiently scan a patient's liver for scarring.

Nurse Elizabeth Austin-Fell specialises in Hepatitis and runs clinics three times a week. These clinics typically see between two and five fibroscans performed.

Hepatitis specialist nurse Elizabeth Austin-Fell explains: "The Fibroscanner gently taps your side and emits a sound frequency which rebounds back and shows on the screen as a black line. The scanner uses this to calculate the stiffness of the liver. A healthy liver is soft and springy like a raw liver in a butcher's shop, but a diseased or scarred liver becomes stiff, almost like cooked liver.

"Once we have this stiffness score, we can decide if further tests and treatments are needed. For example, this may include deciding a patient with cirrhosis requires regular screening for liver cancer by doing an ultrasound scan and liver cancer blood test every six months.

"The scanner helps us choose treatments for patients with Hepatitis B and C, and helps us decide whether to investigate patients with other suspected liver diseases further."
"This speeds up treatment and provides a more efficient method of monitoring our patients."

Consultant gastroenterologist Paul Sherwood said: "We are really proud of the scanner and we feel very fortunate to have it. We have wanted one for several years and it has really revolutionised our work. It's helped Liz to do her job very efficiently and it's made it much quicker and easier to assess all patients with liver conditions.

"Previously, patients would have had to go to Kettering for a similar scan. For some people this was quite a hassle and we had a lot of people who didn't attend their appointments.

"The second option would be to do a liver biopsy here in Northampton, which nobody likes to have – it can be uncomfortable and carries a small risk. A liver biopsy means spending six hours in the hospital. It's a reasonable amount of staff time and then there is the pathology processing time on top of that.

"A liver biopsy does give you a bit more definitive information, so it's not become totally obsolete. However, with using the scanner, we more regularly choose not to conduct a biopsy if the scanner provides results that would suggest it is not necessary".

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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