

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**

August 2017

This report is based on information from July 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.

	July 2017
The % of patients that received harm free care whilst an inpatient	98.10%
The % of harm free care- admitted with and whilst an inpatient	93.35%

In July 2017 NGH achieved 98.10% harm free care, with 1.90% 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 9 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
July 2017	5	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.

July 2017	14	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	12
Category 3	2
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.

July 2017	1	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.

July 2017	1.51	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?**'

July 2017

Inpatient, Day Cases & Paediatric FFT	93.6%	% Recommended
A&E FFT	87.2%	% Recommended
Maternity FFT	98.6%	% Recommended
All Outpatient Areas	92.7%	% 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 raised a number of concerns regarding the care that she received when attending an outpatient appointment within the hospital. The main area of concern raised was in relation to the knowledge of the staff attending to her who were unaware of the need to administer specific treatment for her condition.

Outcome:

The complaint was investigated and an apology was given to the patient. The investigation was undertaken by senior staff within the department and it was identified that there was a training need for more specialised treatment for patients who attend the department with this specific condition. Training has been identified and is now being arranged within the relevant department to ensure that all staff are aware of the need to administer the identified specialised treatment. The patient was informed of the learning that was identified through the course of the investigation.

STEM CELL TREATMENT CLOSER TO HOME



Patients receiving a highly specialist form of transplant therapy using their own stem cells can now be treated closer to home thanks to the re-introduction of the service at Northampton General Hospital.

Since April, our haematology department has been carrying out autologous stem cell transplants on Talbot Butler ward.

An autologous stem cell transplant involves collecting a patient's stem cells and returning them at a later stage after extremely high doses of chemotherapy to eradicate their cancer. The infused stem cells help to speed up bone marrow recovery after high-dose chemotherapy.

Previously, patients received this specific treatment at the University Hospitals of Leicester. With the new service, patients travel to Leicester to have their stem cells collected but the transplant treatment is completed in Northampton.

Consultant haematologist Dr Jane Parker said: "A local transplant service offers treatment closer to home for patients and it's delivered by the healthcare professionals they are familiar with, so there are clear advantages in terms of our patients' experience.

"It benefits our haematology healthcare teams as well, by improving their knowledge and expertise in quite a specialist area. We've developed a training programme for our haematology nurses and doctors to ensure patients receive the best possible transplant care.

"It's been made possible thanks to the hard work and collaboration between the transplant teams, managers and quality management teams at Northampton and University Hospitals of Leicester."

The new transplant service has developed dedicated transplant clinics, transplant care plans, and specific transplant ward rounds. The service meets national and international standards of safe transplant care.

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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