

## 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**

**February 2017**

This report is based on information from January 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.

	January 2017
The % of patients that received harm free care whist an inpatient	98%
The % of harm free care- admitted with and whilst an inpatient	93.23%

In January 2017 NGH achieved 98% harm free care, with 2 % 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, 1CRUTI and 10 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.

	<b>C. difficile</b>	<b>MRSA</b>
<b>January 2017</b>	1	0
Annual improvement target	21	0
Actual to date	17	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.

<b>January 2017</b>	14	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
---------------------	----	---

<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	14
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 2017	4	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 2017	1.69	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 2017

Inpatient, Day Cases & Paediatric FFT	94.1%	% Recommended
A&E FFT	88.4%	% Recommended
Maternity FFT	96.5%	% Recommended
All Outpatient Areas	93.0%	% 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 concerns regarding the level of communication that was experienced in relation to an outpatient appointment. The patient was unable to leave a message as telephone mailbox was full, and she was unable to make contact with anyone else as staff were on leave and messages not cleared. Additionally a letter confirming an appointment was not dispatched, as had been advised by a member of staff.

On investigation it was identified that staff must access and action voicemail messages daily and that a buddy system will be introduced when a member of staff is on leave to ensure that their calls are covered. Staff were also informed that they must ensure that actions agreed with patients must be followed up accordingly. An apology was given and reassurance of the learning identified was expressed to the patient.



# Spotting the signs of

# SEPSIS

Sepsis is a potentially life-threatening condition, triggered by an infection or injury. We're committed to identifying and tackling it rapidly and effectively.



*Dr Jonathan Hardwick, clinical lead for sepsis at NGH*

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition triggered by an infection or injury. In sepsis, the body's immune system goes into overdrive as it tries to fight an infection. This can reduce the blood supply to vital organs such as the brain, heart and kidneys. Without quick treatment, sepsis can lead to multiple organ failure and death.

“It’s a scary illness,” says Dr Jonathan Hardwick, the clinical lead for sepsis at NGH. “Firstly because it’s a very difficult thing to diagnose, as many of the earliest symptoms are very similar to colds or flu. Where it differs is when the patient experiences extreme chills and shivering, slurring of speech, passing very little urine, mottling of the skin, and an altered level of consciousness. These are all signs that they might have an infection that is more severe than a common cold, and they can trigger an alert for severe, or what we call ‘red flag’ sepsis.

“Secondly, sepsis can appear in paediatrics, in maternity, medicine, surgery or any specialty. So we have to ensure that all staff throughout the hospital are aware of and alert to the symptoms. We have stickers and guidelines outlining the six things staff need to do immediately, and we have a red sepsis ‘grab’ box on every ward, containing everything that is needed to treat sepsis quickly so that everything is to hand. We do lots of training - now including simulation exercises actually on the wards - and we do lots of audits.

We're essentially carrying out an ongoing evaluation all the time of how we carry out sepsis care.

"The good news is that, once diagnosed, sepsis is very easy to treat by giving strong, intravenous antibiotics as soon as possible - ideally within an hour from diagnosis. And

### What is Sepsis?

Sepsis is caused by the way the body responds to germs, such as bacteria, getting into your body. The infection may have started anywhere in a sufferer's body, and may be only in one part of the body or it may be wide-spread. Sepsis can occur following chest or water infections, problems in the abdomen like burst ulcers, or simple skin injuries like cuts and bites.

### Do I have Sepsis?

Sepsis is a serious condition that can initially look like flu, gastroenteritis or a chest infection.

Seek urgent medical help if you develop any of the following:

- Slurred speech
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- 'I feel like I may die'
- Skin mottled or discoloured

### When to seek medical advice

See your GP immediately or call 111 if you've recently had an infection or injury and you have possible early signs of sepsis.

If sepsis is suspected, you'll be referred to hospital for further diagnosis and treatment.

we're very good at treating it here at NGH. Eighty per cent of sepsis patients arriving at A&E get antibiotics within an hour. Speed is important because we know that every hour's delay in treatment increases the chance of death by seven and a half per cent – which is phenomenal. We're also good at reviewing antibiotics within three days, because it's important that we stop them as soon as the infection has been treated – otherwise other complications can arise from being on such strong medication.

"We're continually looking for ways to improve our care of patients with sepsis, and the focus is very much on spotting it early. We're currently introducing new screening tools into our paediatric areas in A&E and the wards, and we're also introducing some new national maternity guidelines, which I helped to design. Maternal sepsis is the third leading cause of death in postnatal women in the UK, so it is a very big topic but one which we're on top of here.

"The priority is to be able to recognise those patients who have the most severe 'red flag' sepsis symptoms. People's reaction to sepsis can vary widely, from mild to extremely severe, and it's not really known why - but if it's diagnosed early with antibiotics given promptly, the chances of survival increase dramatically."

## Supporting Information

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

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



**Carolyn Fox**  
Director of Nursing, Midwifery & Patient Services