

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**

December 2017

This report is based on information from October and November 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 scores below show the percentage of patients who received harm free care whilst an inpatient.

	October 2017	November 2017
The % of patients that received harm free care whilst an inpatient	98.73%	98.73%
The % of harm free care- admitted with and whilst an inpatient	95.09%	95.08%

In October 2017 NGH achieved 98.73% harm free care, with 1.27 % 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, 2 CRUTI's and 4 incidents of pressure ulcer development.

In November 2017 NGH again achieved 98.73% harm free care, with 1.27% 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's and 5 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 each month, plus the improvement target and results for the year to date.

	C. difficile	MRSA
October 2017	1	0
Annual improvement target	21	0
Actual to date	14	0

	C. difficile	MRSA
November 2017	3	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.

October 2017	15	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	3
Category 4	0

November 2017	10	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	10
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.

October 2017	0	fall(s) that caused at least 'moderate' harm
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November 2017	0	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.

October 2017	1.04	Harmful falls per 1,000 occupied bed days
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November 2017	1.78	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?**'

October 2017

Inpatient, Day Cases & Paediatric FFT	93.1%	% Recommended
A&E FFT	88.1%	% Recommended
Maternity FFT	96.3%	% Recommended
All Outpatient Areas	92.2%	% Recommended

November 2017

Inpatient, Day Cases & Paediatric FFT	93.6%	% Recommended
A&E FFT	87.6%	% Recommended
Maternity FFT	98.4%	% Recommended
All Outpatient Areas	93.2%	% 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:

The relatives of a patient who was very unwell raised concerns that they were not provided with sufficient information whilst the patient was receiving treatment in a specialist area within the Trust.

Outcome:

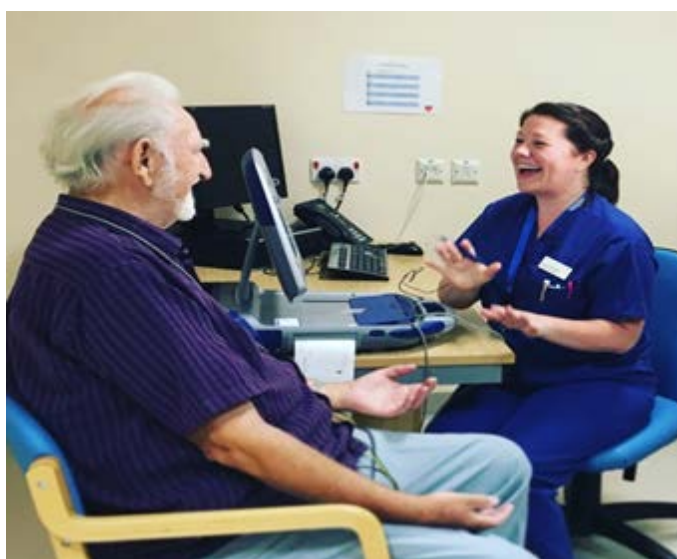
An investigation was undertaken into the concerns raised and an apology was given. It is recognised that when patients are very unwell, their relatives often require additional support and guidance to ensure they have a clear understanding of the care that their family member is receiving.

During this investigation it was identified that it would have been useful to the family to have additional written information provided. Therefore the specialist area has created an information leaflet for families which provides relevant information during this difficult time.

CARDIAC FIRST FOR NORTHAMPTON WITH PIONEERING PACEMAKER TECHNOLOGY

Northampton General Hospital has become the first district general hospital in the UK to fit the world's smallest pacemaker.

The leadless pacemaker can be implanted directly into the patient's heart via a vein in the leg, halving the risk of major complications associated with conventional pacemakers. Conventional pacemakers are placed in the patient's chest with leads running to the heart.



Beverley Edwards, head of physiology at NGH said: "The leadless device benefits patients thanks to its faster recovery time and fewer physical restrictions. Patients are mobile almost straight away. By comparison, there's a six-week recovery period for standard pacemakers which includes not being able to raise the left arm above shoulder height.

"There are also benefits to our patients' emotional wellbeing – the lack of scarring and the unobtrusiveness of the device means patients really can forget all about them. They don't feel ill and they don't have a constant reminder of

the fact that they have a device helping their heart to work."

Consultant cardiologist Dr David Sharman carried out the first leadless pacemaker procedure at NGH. He said: "The device isn't suitable for everyone but is of particular benefit to patients who have higher risk of developing complications. For example, those patients" already receiving treatment for other conditions such as dialysis. There's less hardware and it's all enclosed within the heart, so there's a significantly lower risk of complication or infection.

"And because they're fitted into the heart via a vein in the thigh, there's no major surgery required; the procedure can be carried out in less than half an hour without the need for general anaesthetic. It's great news for our patients that we're able to offer this procedure."

Brian Muddiman, aged 81, was the first NGH patient to receive the pacemaker. He said: "The whole process has been great. As I lay on the bed I could see my heart on a big screen and see the pacemaker making its way along into my heart. The next day I felt fine. Going up the stairs there was no puffing and blowing like before. It's great that other people will be able to have it too."

Northampton General Hospital is working with the manufacturers of the device, Medtronic, to pilot its use in UK hospitals that don't specialise in cardiac operations. This technology has been available for two years with 2,500 devices fitted in 19 European countries. NGH is expecting to carry out 25 procedures with this device each year.

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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