

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**

January 2019

This report is based on information from December 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.

	December 2018
The % of patients that received harm free care whilst an inpatient	99.01%
The % of harm free care- admitted with and whilst an inpatient	96.39%

In December 2018 NGH achieved 99.01% harm free care, with 0.99% 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 0 fall with harm, 1 VTE, 1 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 (HCAs)

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
December 2018	1	0
Annual improvement target	20	0
Actual to date	14	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.

December 2018	6	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	6
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.

December 2018	3	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.

December 2018	1.58	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?**'

December 2018

Inpatient, Day Cases & Paediatric FFT	95.71%	% Recommended
A&E FFT	85.9%	% Recommended
Maternity FFT	100%	% Recommended
All Outpatient Areas	93.5%	% 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/>

3. IMPROVEMENT

AAA screening saved my life

An abdominal aortic aneurysm (known as AAA) is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the chest and abdomen.



Phillip had a large abdominal aortic aneurysm, identified through AAA screening in April.

An AAA can be extremely dangerous if it is not detected in its early stages, as it can get bigger over time and rupture, leading to life-threatening bleeding.

"If I had a message to anyone who is eligible for a screening, I would say 100% go for it, because you might not know you have an AAA and if it ruptures, that could be the end for you. I am very pleased I went for the screening and went through with everything. I could not have wished for it to go any better".

Men over the age of 65 are at most at risk of an abdominal aortic aneurysm and the NHS is

encouraging them to come forward for screening to check for this type of often-symptomless aneurysm.

Screening for AAA involves a quick and painless ultrasound scan of your abdomen. This is similar to the scan pregnant women have to check on their baby.

Phillip Hogston came to Northampton General Hospital in June for an operation to repair a 7.5cm abdominal aortic aneurysm after having a screening with at his GP.

Phillip said, "I had a screening letter arrive by post and my wife suggested that I might as well go for the screening. The nurse who screened me found an aneurysm and I was referred to Northampton General straight away. It was quite a shock, as I had no symptoms."

Treatment varies depending on the size of the aneurysm. Small and medium aneurysms receive annual ultrasound scans and advice on lifestyle changes to help slow the growth, whereas large aneurysms require surgery to prevent them from growing or bursting.

In Phillip's case, his aneurysm was categorised as large and a recommendation was made to have surgery. Phillip said: "My consultant told me that I could have had the aneurysm from anywhere between 1 and 8 years. It was nerve wracking but the doctors and anaesthetists just told me exactly how it was, they were a lovely team."

Phillip was operated on and stayed at Northampton General Hospital for six days. In August he returned for his outpatient appointment where he received the all clear.

Phillip said, "Everything went fine. I came home and didn't need any painkillers. I was told not to do anything strenuous for at least three months and I've gradually got myself back up on my feet."

If you are a man and you are registered with a GP, you will receive a screening invitation in the post when you are 64 or soon after your 65th birthday. If you have not received a letter, you can request a screening with your GP.

If you are a woman or a man under 65 and you think you might have a higher risk of AAA, for example, because a close family member has had one, talk to your GP about the possibility of having a scan to check for an AAA.

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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