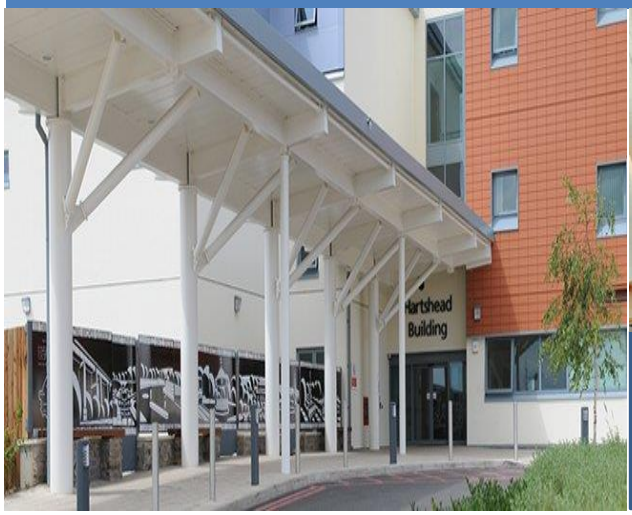
Open and Honest Care in your Local Hospital



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:

Tameside and Glossop Integrated Care NHS Foundation Trust

September 2016

Open and Honest Care at Tameside and Glossop Integrated Care NHS Foundation Trust : September 2016

This report is based on information from September 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Tameside and Glossop Integrated Care NHS Foundation Trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the NHS Safety Thermometer. The safety thermometer looks at four harms: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. This helps us to understand where we need to make improvements. The score below shows the percentage of patients who did not experience any harms.

99.3% **of patients did not experience any of the four harms**

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) bacteremia are the most common. 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 does 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 is 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 infections and are working towards eradicating them; 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.

The rigorous Root Cause Analysis is in place to determine whether a ' lapse in care' occurred for the 5 Cdifficile cases during the month of September and as a result this number may be subject to change.

Total Cases

	C.difficile	MRSA
This month	5	0
Annual Improvement target	97	0
Actual to date	38	3

Avoidable Cases -September

C.difficile	MRSA
1	0

For more information please visit:
www.website.com

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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 8 pressure ulcers were acquired during hospital stays.

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

The pressure ulcer numbers include all pressure ulcers that occured from 72 hours after admission to this Trust.

So we can 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 with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers 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.

Rate per 1000 bed days:	0.66

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.**

This month we reported 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
Severe	0
Death	0

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Rate per 1,000 bed days:	0.49

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, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?* We ask this question to patients who have been an in-patient or attended A&E (if applicable) in our Trust.

In-patient FFT score*	96.65	% recommended	This is based on 866 responses.
A&E FFT Score	81.73	% recommended	This is based on 635 responses

*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/

We also asked 17 patients the following questions about their care:

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	88
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	100
Were you given enough privacy when discussing your condition or treatment?	94
During your stay were you treated with compassion by hospital staff?	100
Did you always have access to the call bell when you needed it?	94
Did you get the care you felt you required when you needed it most?	100
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100

A patient's story

https://vimeo.com/deadlinedigital/review/178610473/47198c91f1

Staff experience

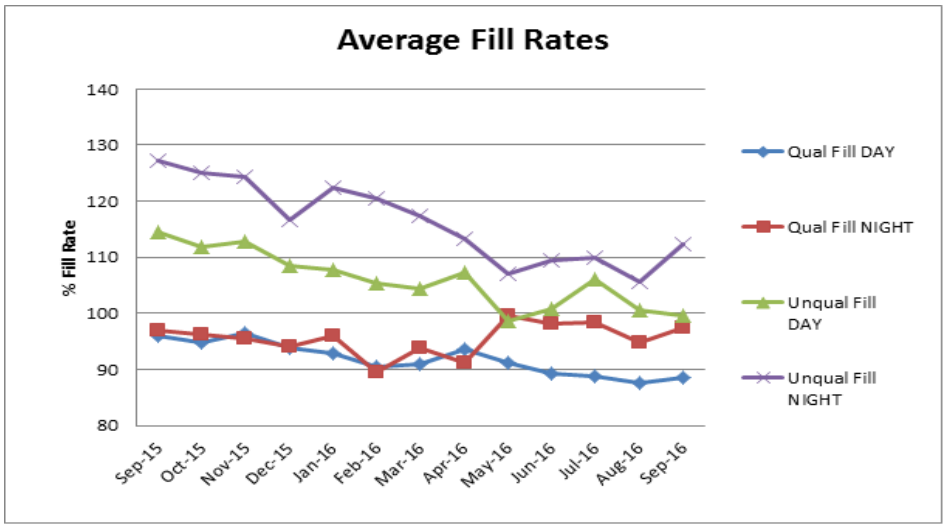
We asked 20 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	60
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	70
I am satisfied with the quality of care I give to the patients, carers and their families	100

Guidelines produced by the National Institute for Health & Care Excellence (NICE) make recommendations to ensure safe staffing levels on adult wards in acute hospitals and maternity settings. In-line with this guidance we are required to publish monthly reports showing the number of Registered Nurses/Midwives and Health Care Assistants (Care Staff) working on our in-patient wards.

Each month the data compares the number of staff hours 'Planned' against the number of staff hours used 'Actual'. This is collected by ward, by shift, and is reported by calendar month as a % fill rate by day and by night.

An overview of Tameside hospitals current position is given below:



To view our detailed reports, which provide a breakdown by ward and to access the monthly Trust Board Reports relating to Safer Staffing information at Tameside, please use the link below:

Internal Links

Safer Staffing

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

Tameside and Glossop Integrated Care NHS Foundation Trust appoints Consultant Admiral Nurse

A senior dementia nurse has been appointed as the first consultant Admiral nurse at Tameside and Glossop Integrated Care NHS Foundation Trust**,** where she will lead the provision of co-ordinated and tailored care for patients with dementia.

The new role will help better support patients by reducing admissions, avoidable bed days and consultant meetings.

The appointment of Pam Kehoe, who is a mental health nurse with over 25 years' experience, comes as she has also been shortlisted for the *Nursing Times:* Nurse of the Year Award for 2016.

Last July – with the support of charity Dementia UK – she became the North of England's first Admiral Nurse in an acute hospital, and only the third in the country.

Tameside's chief nurse Pauline Jones indicated the role will give practical and emotional support to dementia patients and their families tailored to their individual needs and challenges which will help achieve even better outcomes for patients and strengthen leadership within the dementia team of doctors, consultants, nurses, other health practitioners and carers within Tameside and Glossop.

"It is such an honour to have the opportunity to be part of the fantastic journey of integrated care that Tameside Hospital is taking with staff, patients and the local communities to make sure their views are being heard and listened to. As a result, it has offered me the privileged position of being able to support people with dementia and their loved ones in a meaningful and proactive way". Pam Kehoe

Trust chief executive Karen James, herself a nurse, said she believes the appointment will make a huge difference to levels of service and support, with Dementia UK helping the Trust to achieve availability of the gold standard of care for everyone we care for.
Ms Kehoe will work collaboratively with staff and the community to provide a seamless approach to care for people living with dementia and act as the clinical lead in the provision of dementia services with a focus on both strategic and clinical issues.
The role will include practical, clinical care of patients and support for their family carers, along with the wider remit of consultation, education and evaluation, acting as the 'expert resource' for dementia in an integrate care setting.

Hilda Hayo, chief Admiral Nurse and chief executive of Dementia UK, indicated the consultant Admiral Nurse role will provide strategic, professional, clinical leadership and consultancy in nursing practice contributing to and influencing training and education programmes to increase awareness and promote best practice in dementia care throughout the hospital.