

## 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 Hospital NHS  
Foundation Trust**

August 2016

# Open and Honest Care at Tameside Hospital NHS Foundation Trust : August 2016

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

## 1. SAFETY

### Safety thermometer

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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.

**98.5%** 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)

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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 10 Cdifficile and 2 MRSA cases during the month of August and as a result this number may be subject to change.

|                                  | Total Cases |      | Avoidable Cases |      |
|----------------------------------|-------------|------|-----------------|------|
|                                  | C.difficile | MRSA | C.difficile     | MRSA |
| <b>This month</b>                | 10          | 2    | 0               | 0    |
| <b>Annual Improvement target</b> | 97          | 0    |                 |      |
| <b>Actual to date</b>            | 27          | 3    |                 |      |

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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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 2 pressure ulcers were acquired during hospital stays.

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

The pressure ulcer numbers include all pressure ulcers that occurred from  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: | 0.16 |
|-------------------------|------|

## Falls

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

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 0               |
| Severe   | 0               |
| Death    | 0               |

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|                          |      |
|--------------------------|------|
| Rate per 1,000 bed days: | 0.00 |
|--------------------------|------|

## 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 Friends & Family Test

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

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#### 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.

|                              |              |               |                                 |
|------------------------------|--------------|---------------|---------------------------------|
| <b>In-patient</b> FFT score* | <b>97.17</b> | % recommended | This is based on 989 responses. |
| <b>A&amp;E</b> FFT Score     | <b>81.67</b> | % recommended | This is based on 922 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 5 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?                          | 100           |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | 80            |
| Were you given enough privacy when discussing your condition or treatment?   | 80            |
| During your stay were you treated with compassion by hospital staff?   | 80            |
| Did you always have access to the call bell when you needed it?  | 100           |
| Did you get the care you felt you required when you needed it most?  | 80            |
| 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

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<https://vimeo.com/deadlinedigital/review/173444792/ef67aaa751>

### Staff experience

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We asked 5 staff the following questions:

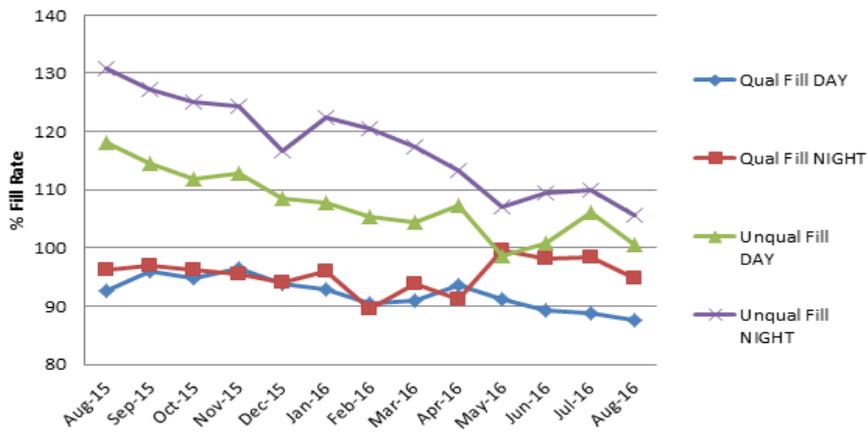
|   | % Recommended |
|---|---------------|
| I would recommend this ward/unit as a place to work   | 80            |
| I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment | 100           |
| I am satisfied with the quality of care I give to the patients, 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:

### Average Fill Rates



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

### Chaplains Armbands



The Chaplaincy Department provide a valuable service for patients, visitors and staff within the Trust.

In order to raise the profile of the Chaplaincy Service, 'Chaplain' armbands have been introduced for all Hospital and volunteer Chaplains working across the Trust

#### How?

- Group planning and involvement of all chaplains
- Support from the Chief Nurse, Director of Quality & Governance and Communications

#### Why?

- To provide better identification for patients, visitors and staff
- To provide greater visibility
- To allow an easier approach for people wanting chaplaincy support
- Further inclusion within the care delivery team

#### Impact?

Within the first 3 weeks of launch, Chaplains have reported:

*An improvement in visibility:* patients, visitors and staff are noticing the chaplains around the hospital site much more

- An increase in demand for their services:* they have been stopped in corridors and around the trust patients/ relatives for support
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*Inclusion:* The Chaplains feel more included in the delivery of care and feel part of the team

- For further information about the Chaplains armbands or the services provided by the Chaplaincy Dept. please contact: Mohamed Seedat, Lead Chaplain or the Chaplaincy Office x6333*

