

## 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**

January 2017

# Open and Honest Care at Tameside and Glossop Integrated Care NHS Foundation Trust : January 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 Tameside and Glossop Integrated Care 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.

**98.4%** 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 2 Cdifficile cases during the month of December and as a result this number may be subject to change.

	Total Cases		Avoidable Cases -December	
	C.difficile	MRSA	C.difficile	MRSA
<b>This month</b>	1	0	2	0
<b>Annual Improvement target</b>	46	0		
<b>Actual to date</b>	26	3		

For more information please visit:

<https://www.england.nhs.uk/patientsafety/associated-infections/>

## 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 17 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	6
Category 3	11
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:	1.27
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## 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	0
Death	0

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 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.

Rate per 1,000 bed days:	0.15
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## 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.



**The Friends & Family Test**

### 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>96.0%</b>	% recommended	This is based on 1174 responses.
<b>A&amp;E</b> FFT Score	<b>85.9%</b>	% recommended	This is based on 1417 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 28 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?	75
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	96
Were you given enough privacy when discussing your condition or treatment?	96
During your stay were you treated with compassion by hospital staff?	96
Did you always have access to the call bell when you needed it?	89
Did you get the care you felt you required when you needed it most?	89
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	89

### A patient's story

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#### Mark's Story

<https://vimeo.com/deadlinedigital/review/195952671/38c0307db0>

### Staff experience

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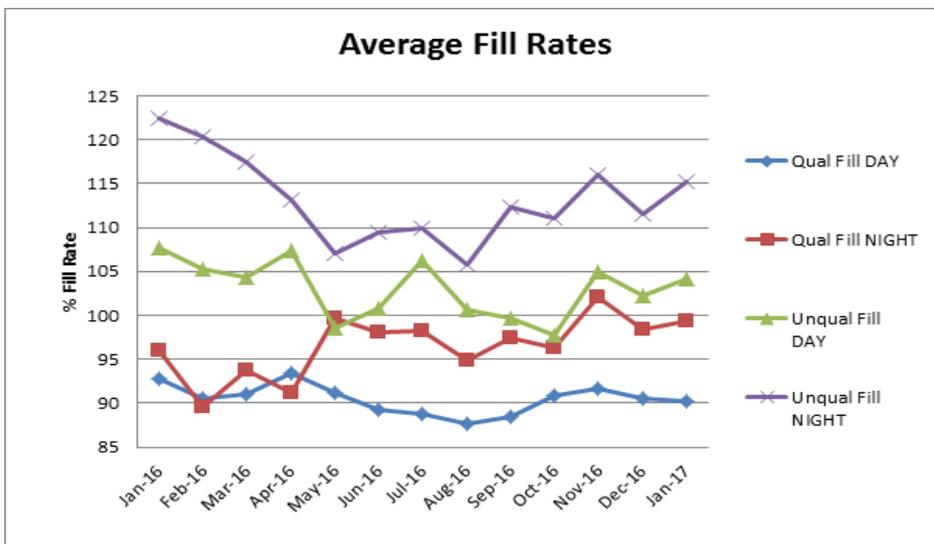
We asked 29 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	93
I am satisfied with the quality of care I give to the patients, carers and their families	96

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

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### First Friday - Patient Experience Feedback

The Trust has re-launched a patient feedback initiative, named 'First Friday'.

#### What is First Friday?

1<sup>st</sup> Friday is a patient involvement initiative which was originally launched in September 2013. The aim of the initiative is to obtain real time feedback from patients so we can begin to understand the experience being received by our patients and so improvements can be made.

The initiative has been reviewed, adapted and re-launched incorporating both the hospital and some of our key Community Services settings, in support of the development of the Trust as an Integrated Care Organisation.

Feedback from this process has proved to be very powerful, helping us on our ongoing improvement journey and providing reassurance to users of our services that their concerns are being listened to and acted upon by senior staff and in real-time.

The expectation is that senior managers and leaders at Tameside work in pairs, ( as a clinical and non-clinical pairing ) and visit a clinical area around the 1<sup>st</sup> Friday of each month.

1<sup>st</sup> Friday Guidance Pack for Managers has been devised to assist managers in this exercise. It includes some etiquette for visiting clinical areas and some prompts around areas they may wish to discuss with patients, service users and carers.

Following visits, managers complete an electronic reporting template 'Capturing the Knowledge', emailing feedback to the Patient Experience Team and where relevant, actions are undertaken locally, at source to address any issues or concerns which may arise or be identified during the process.

Additionally, the Patient Experience Team collates and reviews the information submitted by managers, identifying areas of concern and key trends, which are reported back via established management structures, thus providing honest, timely feedback received directly from the users of our services.