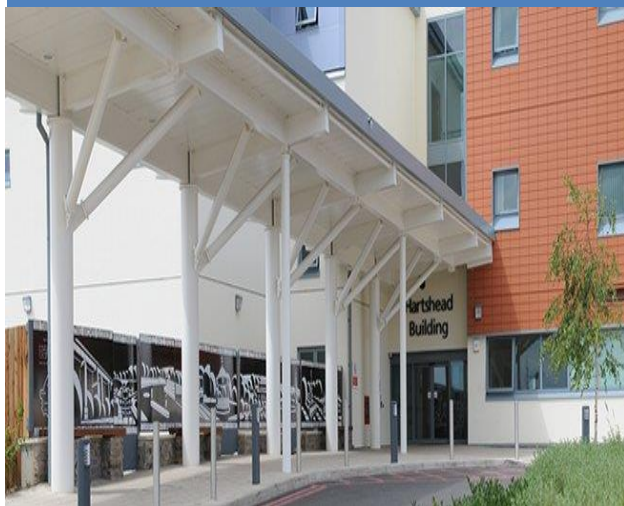# Open and Honest Care in your Local Hospital

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

July 2017

Open and Honest Care at Tameside and Glossop Integrated Care NHS Foundation Trust : July 2017

This report is based on information from July 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

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.

98.3% **of patients did not experience any of the four harms whilst an inpatient in our hospital**

98.7% **of patients did not experience any of the four harms whilst we were providing their care in the community**

98.5% **of patients did not experience any of the four harms in this trust**

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.

A rigorous Root Cause Analysis is in place to determine whether a ' lapse in care' occurred for the 7 Cdifficile cases during July 2017 and as a result this number may be subject to change.

Total Cases		
	C.difficile	MRSA
This month	7	1
Annual Improvement target	97	0
Actual to date	25	3

Avoidable Cases - July 2017		
	C.difficile	MRSA
	0	0

For more information please visit:
https://www.england.nhs.uk/patientsafety/associated-infections/

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 9 pressure ulcers were acquired during hospital stays.
This month 11 pressure ulcers were acquired in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting
Category 2	9	8
Category 3	0	2
Category 4	0	1

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

In the hospital setting, 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 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:	0.78

In the community setting we also calculate an average called 'rate per 10,000 CCG population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 10,000 population:	0.45

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 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:	0.17

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*	97.3%	recommended	This is based on 856 responses.
A&E FFT Score	75.8%	recommended	This is based on 600 responses
Community FFT Score	86.7%	recommended	This is based on 60 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/

A patient's story

https://vimeo.com/deadlinedigital/review/216639512/98789d960c
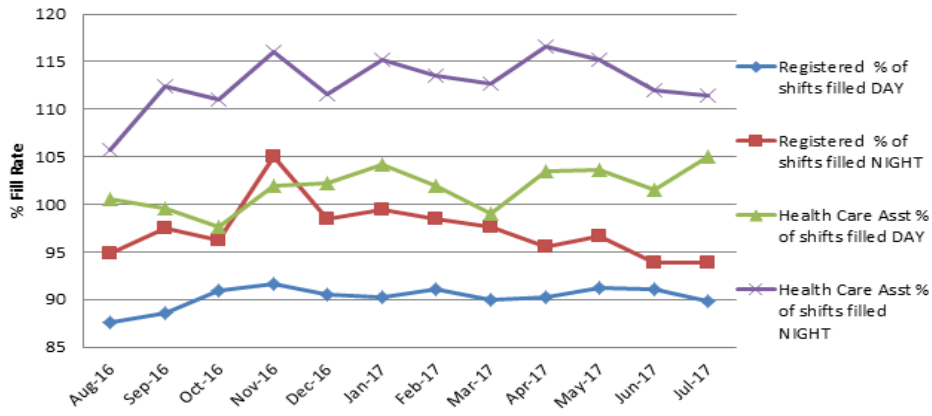
Staff experience

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 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:

Nurse & Midwifery Staffing - Average Fill Rates (%)

Legend:
- Registered % of shifts filled DAY
- Registered % of shifts filled NIGHT
- Health Care Asst % of shifts filled DAY
- Health Care Asst % of shifts filled NIGHT

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

Ticket Home – Improving Patient Flow initiative

Across the country, NHS England and NHS Improvement have requested that hospitals embed a number of initiatives to improve patient flow within hospital settings.

In response to this we have been looking at ways in which we can improve patient flow and the experience of our patients, service users and carers.

A multidisciplinary group at the organisation have been working with patient focus groups via Action Together along with a design agency to develop a campaign to support improvement.

The design agency and patient groups have come up with a fantastic Ticket Home booklet for patients, eye catching posters and some supplementary guides for patients and staff detailing what these initiatives mean for them.

The campaign was formally launched on 21st July 2017 by the Chief Executive, Karen James and the launch event was supported by the Service Improvement Team and many staff from across the organisation. The launch was followed by a week of exciting and fun activities on the wards and across the organisation to promote patient flow.