

Implementing the NHS Safety Thermometer Across a Newly Integrated Partnership Service

Sarah Browne; Associate Director for Clinical Governance and Quality
Jodie O' Regan – Performance Assistant

Providing Partnership Services in Bedfordshire,
Essex and Luton



Our Trust

The services covered in the SEPT partnership and using the NHS Safety Thermometer include community nursing and community hospitals in West Essex, South East Essex and Bedfordshire.

Providing mental health services, particularly elderly care are South East Essex and Bedfordshire and Luton.



Where we started

Before SEPT was formed, Community Health Services Bedfordshire was previously part of 'Safety Express' where we piloted the NHS Safety Thermometer in four sites: 2 community hospital and 2 community nursing teams.

When the three Trusts came together, we started to look at how we could rollout both the use of the NHS Safety Thermometer and the harm free care work across the whole organisation. We recognised that this was going to be a big job though Bedfordshire was already working close with the mental health side, and in the Safety Express pilot, had included acute, social services and community health services to bring an integrated approach to harm free care.

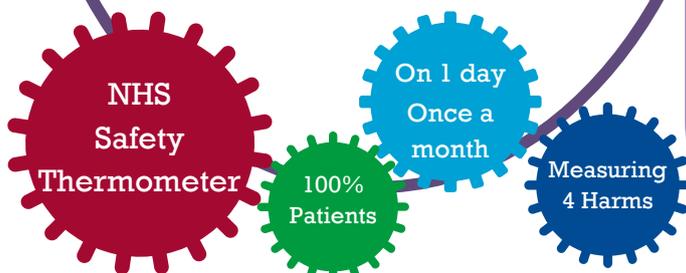
Positive attitudes

If we have a positive attitude and we forward that onto our staff, then they have a positive attitude behind the tool. This is really important when setting up a support team for the tool: who is the lead, who are the trainers; and they need to be very positive people. You are going to come across challenges and the team need to be prepared to deal with that and to help people see the benefits.

Implementation – Organisation lead and support

We have one lead across the whole organisation for implementation and also for the national CQUIN. We then have two more organisational implementation supports. It has been really helpful to have mix of clinical leadership and people who really understand the data and the NHS Safety Thermometer tool; an important blend to support staff in using and collecting data with the tool.

We've also tried to utilise staff with a previous knowledge of the tool, such as Jodie who worked on the pilot, to go around and train teams in how to use the tool. Even if we train just one person per team, they can spread the learning to their colleagues. Everyone will need to learn at some point. We learned from the pilot that more than one person per organisation and per team should have NHS Safety Thermometer knowledge to really make the use of the tool work. So as we're moving forward, we've tried to make it as team focused as possible so that everyone in the teams is aware of what's going on with the tool.



Implementation – Clear Instructions

We have tried to make the instructions as clear and simple as possible, whilst explaining how different teams have implemented the tool.

Obviously it's another thing to have to do, something else for staff to be aware of, but we have tried to make the training as easy and as short as possible. Although this is another form that they have to fill, we want to show that actually the form can be filled in very quickly with the information that they already know about their patients, rather than make it a clerical procedure.

Taking the time to use all the resources available to you, such as speaking to the SHA and using the videos can be really beneficial in the long run.

If you have any issues with the NHS Safety Thermometer tool itself, speak with the NHS Information Centre – most likely someone is having a similar experience and you can help each other.

Team ownership

We haven't gone out and prescribed to the teams one definite way of using the tool. As much as possible we have tried to encourage that the teams chose the way that best suits them, for their own contexts, workloads and things to facilitate their ownership of the tool. Implementing the NHS Safety Thermometer has been a 'must do', i.e. you 'must do' it; but we've said to teams, "you tell us how you think you can do it within your team". So long as we get the data back in time, then we are happy with it.

Generally, when we have gone out the teams have found it a very easy tool to use. Staff have found they can use the Excel tool and input their data themselves and about 80-90% of teams are inputting straight into the NHS Safety Thermometer themselves, which really helps us in the performance team.

And for those who are having real trouble accessing the tool, they are the ones using a printout of the excel spread sheet. For example the District Nurses are using a document version whilst they are out and about and then inputting their data back in the office to the Safety Thermometer tool.

Implementation – Communication

TOP TIP

We've set up an email account – safetythermometer@SEPT.nhs.uk so that all information, enquiries and support requests come in centrally to the performance team. Regular email reminders are always being sent about the latest version of the NHS Safety Thermometer coming out and, "don't forget data collection tomorrow".

We've tried to use lots of different communication aids to promote the support available. We've developed a harm free care section on the intranet site, with a link to the harm free care video. We've put up lots of resources around the different harms, and also a Frequently Asked Questions (FAQ) about the NHS Safety Thermometer, of which we're on version 3. We update this with the questions that come up whilst we're out and about, and also send it out to staff via email, together with a schedule of dates for data collection. We have also used the Trust's "Today" newsletter to show that focus of the work has Trust support, and used senior nurse forum events and meeting to present the work – so anywhere we go we try and talk about it!!

**NHS
Safety
Thermometer**

On 1 day
Once a
month

100%
Patients

Measuring
4 Harms

Chain of Command

Although we asked for a lead and a second cover in each team, we've set up a database of the chain of command for NHS Safety Thermometer responsibility in each team. With the frequency of collection, annual leave and sickness, the database identifies that if a team lead or cover isn't there, we know who the next person is, and the next person is, all the way, so it definitely does get done. This also prompts the whole team to learn about the NHS Safety Thermometer and how to input the data.

Clinical Engagement

We've explained to staff the difference between giving harm to one in five people compared to giving harm to one in twenty people. And that's a big difference and something that the nurses themselves can relate to.

It's about providing them with the right information. We have had to push the clinical side of things, but when we've done it, and described what the harm to patients is, they then begin to see the use and usefulness of the data. We are using the pressure ulcer work within the mental health teams as a method of raising awareness to the teams the different things they should be looking for and then linking in with other community teams. It's helped with our whole integration of teams as well. We're showing that 'It's everybody's business' to be aware of this, and the response has been very positive.

We have an open strategy for questions: any we can't answer there and then we bring back to the central team, look at between ourselves and then go straight back to staff. We always say to staff that we welcome their input as clinical experts and welcome their input as to how they think it'll work.

Moving Forward

We surveyed 1342 patients in March, which gives an idea of how big the organisation is now. We will continue to put information up on the intranet and give regular reminders to staff, who, now they are using tool more, are beginning to come up with more questions, requests and information about the tool and harm free care. We realise we do need to give feedback to staff, rather than just saying thank you very much, we need to show them what the data is saying to us, how many of their patients are receiving harm free care, so reporting to ward and to board.

Previously, the Bedfordshire Safety Express pilot site set up a Harm free care meeting, which has continued but we also now want to set up a harm free care meeting for the whole of SEPT.

We can learn from each other: with three community services and two mental health services, there are lots of learning points and areas of good practice that we can share.

