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:

**Wrightington, Wigan and Leigh NHS Foundation Trust**

December 2013
Open and Honest Care at Wrightington, Wigan and Leigh NHS Foundation Trust: December 2013

This report is based on information from December 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the 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 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.

98.9% 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.

<table>
<thead>
<tr>
<th></th>
<th>C.difficile</th>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>This month</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Improvement target (year to date)</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>26</td>
<td>1</td>
</tr>
</tbody>
</table>

For more information please visit: http://www.wwwl.nhs.uk/about us/board meetings.aspx
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 grades, with one being the least severe and four being the most severe.

This month 0 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of pressure ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>0</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0</td>
</tr>
<tr>
<td>Grade 4</td>
<td>0</td>
</tr>
</tbody>
</table>

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: 0.00

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month we reported 0 fall(s) that caused at least 'moderate' harm.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Severe</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
</table>

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: 0.00
2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

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.

From the answers given 3 groups of people can be distinguished:
Detractors - people who would probably not recommend you based on their experience, or couldn’t say.
Passive - people who may recommend you but not strongly.
Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test 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?

The hospital had a score of 73 for the Friends and Family test*. This is based on 1144 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/

<table>
<thead>
<tr>
<th>Real time Patient survey Results for November 2013:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have staff treating and examining you introduced themselves?</td>
<td>91.7%</td>
</tr>
<tr>
<td>Did you find someone to talk to about your worries and fears?</td>
<td>86.5%</td>
</tr>
<tr>
<td>Do you think the hospital staff did everything they could to help control your pain?</td>
<td>93.2%</td>
</tr>
<tr>
<td>If your family or someone close to you wanted to talk to a doctor, did they have enough opportunity to do so?</td>
<td>94.7%</td>
</tr>
<tr>
<td>Have you been involved as much as you wanted to be in decisions about your care and treatment?</td>
<td>82%</td>
</tr>
<tr>
<td>Have you been offered a choice of food during your stay?</td>
<td>88.7%</td>
</tr>
<tr>
<td>Has there been healthy food on the hospital menu?</td>
<td>94.7%</td>
</tr>
<tr>
<td>Have you been involved in decisions about your discharge from hospital?</td>
<td>60.2%</td>
</tr>
<tr>
<td>Do you know which consultant is treating you?</td>
<td>82%</td>
</tr>
<tr>
<td>Average</td>
<td>86%</td>
</tr>
</tbody>
</table>

During December the Trust scored an average of 85.96% representing an improvement on November's results.
I have been in hospital at Wigan for the last four days and must say have had excellent care up to this morning. Yesterday everything was arranged for me to leave at 10.00 am the following morning. I asked one of the nurses and she asked the people who were in charge if that would be ok and the reply was yes. Everything was prepared for the staff in the morning. I stated if there was a problem with the morning then I could not be collected till around 3.00 pm.  

Morning came and a male nurse came and introduced him self, at this point I explained the situation to him and he said fine.  

8.30 am The male nurse said he would have to do my bloods, at 9.00 am. I asked him what was going on he said he would be back shortly, at this point I stated if the time was a problem I would cancel my lift till later. The reply was “it’s not a problem”.  

At 9.20 am still no bloods had been taken. I stated to a fellow patient I’m getting ready and going as this nurse is just ignoring me. Unawares to me a member of staff was in the bed area behind me. I picked up my things and went to the bathroom to get washed and changed. I came out the bathroom and the next thing the nurse is all over me like rash sorting things out.  

10.20 am the male nurse then asks me if my tablets have been explained to me to which I stated “No”, “I will tell you about them In a second” were his words.  

10.40 am still no signs of the nurse. 10.45 am my lift had to go.  
This left me very stressed and at this point I walked out.  

On leaving the entrance door the nurse told me I had to come back to which I replied “no one tells me what to do”.  

Our Response/Action taken – taking into account what we didn’t do and what we are doing about it:  
Apologies were given in respect of communication to patient and an acknowledgement that there was poor communication which led to the delayed discharge.  
Patient was contacted on several occasions following discharge to collect discharge documentation and medication  
Complaint has been discussed with the staff concerned and the importance of good communication to our patients has been reiterated.  

Staff experience  
We usually conduct staff surveys on wards where harm has occurred but because no patients suffered harm from falls or pressure ulcers this month no surveys were conducted.
Improvement story: we are listening to our patients and making changes

The falls improvement work remains ongoing within the Trust. The falls improvement group are working on small scale projects which are being supported and evaluated. In addition larger Trust wide initiatives have been identified and are in progress.

The focused work from the themes identified by the falls analysis group are also underway.

It is noted that for the month of November and December the Trust did not have any harms to report, which is seen as a positive improvement with 2 consecutive months of no harms.

The work introducing the 10 always events, which were described in October's report continues in the Trust. The launch day for the always events has been set for 6th January 2014.

Supporting information

In response to the real time patient survey scores the Trust felt it was important to provide details of the work that is in progress to inform the public of how we are responding to these results. There are areas of concern which we need to improve based on our November results, which are:

- Involved as much as you wanted in decisions about your care
- Involvement in decisions about discharge
- Knowing which consultant is treating you

The newly implemented discharge checklist continues, this contains information for patients regarding their expected date of discharge and care, which aims to increase the information given and open up discussions and involvement with being involved with discharge plans. It is positive to note that this area has improved since November.

Individual whiteboards have been implemented for each patient's bed area; this contains information as to the name of the nurse caring for the patient and also the patients named consultant. It is noted that this area has improved considerably since November.