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:

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

October 2013
Open and honest care at Wrightington, Wigan and Leigh NHS Foundation Trust: October 2013

This report is based on information from October 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Wrightington, Wigan and Leigh NHS Foundation Trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer look at four harms in particular: 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 new harms.

95% 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>0</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>25</td>
<td>1</td>
</tr>
</tbody>
</table>

For more information please visit: http://www.wwl.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. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 1 of our patients suffered Grade 2 - Grade 4 pressure ulcers.

<table>
<thead>
<tr>
<th></th>
<th>Pre 72 hours</th>
<th>Post 72 hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade 4</td>
<td>0</td>
<td>1</td>
<td>1</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: | 0.1 |

Falls

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

This month 1 of our patients suffered a fall 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>1</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: | 0.1 |
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
Passive - people who couldn't really say one way or another
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 74 for the Friends and Family test.
This is based on 1,435 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/

During October 2013 the Trust scored an average, 81.66% in the Real Time Survey an decrease of 2.4%. The two indicators of “Healthy Food” and “Staff Introducing Themselves” are areas where the Trust has historically seen disappointing survey results and the Trust Board is closely monitoring progress in addressing them.

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have staff treating and examining you introduced themselves?</td>
<td>84</td>
</tr>
<tr>
<td>Did you find someone to talk to about your worries and fears?</td>
<td>87</td>
</tr>
<tr>
<td>Do you think the hospital staff did everything they could to help control your pain?</td>
<td>92</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>89</td>
</tr>
<tr>
<td>Have you been involved as much as you wanted to be in decisions about your care and treatment?</td>
<td>86</td>
</tr>
<tr>
<td>Have you been offered a choice of food during your stay?</td>
<td>87</td>
</tr>
<tr>
<td>Has there been healthy food on the hospital menu?</td>
<td>94</td>
</tr>
<tr>
<td>Have you been involved in decisions about your discharge from hospital?</td>
<td>52</td>
</tr>
<tr>
<td>Do you know which consultant is treating you?</td>
<td>68</td>
</tr>
<tr>
<td>Average</td>
<td>82</td>
</tr>
<tr>
<td>Benchmark</td>
<td>90.00</td>
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</tbody>
</table>
A patient's story

Patient One

Patient Story: Taken from a gentleman in our care. I was admitted for an operation, which went well. Two days after my operation I felt I was doing well and didn't think I would have any problems standing, as I have been able to do so and my balance had been ok. I stood for something, lost my balance and fell to the floor at my bedside. The nurses came running to help me, and there was a lot of blood. I was bleeding from my head as I had a cut from hitting the floor. I remember thinking 'there's a lot of blood here'. I needed stitches to my head, and as you can see I now have a large area of bruising to my face. The fall was 4 days ago now, and this has made me doubt myself when trying to stand or move, before the fall I didn't think about this at all. The bruising to my face looks pretty bad, but is getting better. My family were shocked when they saw me and asked what had happened, as I only came in for an operation. I didn't even think that I could fall after my operation, and this did knock my confidence (patient consent has been obtained to share this story)

Staff experience

We asked staff the following questions:

I would recommend this ward/unit as a place to work -20
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment -20
I am satisfied with the quality of care I give to the patients, carers and their families -20

This score is based on responses from 10 staff, working on 2 wards. Of these 6 staff responded that they neither agree nor disagree with the questions. 4 staff responded they strongly agreed. It is felt that the neutral responses related to the wards having undergone change. Both wards have a structured improvement plan in place.
Improvement story: we are listening to our patients and making changes

The Trust undertook a significant improvement programme in 2011, which was successful in reducing falls in hospital. Data shows that this improvement has been sustained over the past 2 years, however we are mindful that further improvement is needed. A comprehensive improvement plan is in place and a multi disciplinary team, from all areas of the Trust, are leading the implementation. This work is closely monitored by the Trusts Harm Free Care Committee. Progress will be provided in this report each month.

Wrightington, Wigan and Leigh NHS Foundation Trust has produced a video on empathy that was inspired by a similar video released by the Cleveland Clinic in America. The 3-minute long video was filmed with local staff, patients and actors and will be used in a variety of ways. One of these ways is staff training, to underline the importance of empathy and also to promote WWL NHS Foundation Trust’s values of patient-centred compassion, respect, dignity and care.

http://vimeo.com/73870430

Supporting information

In response to the 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.

Within the surgical division it is pleasing to note that there has been very good feedback with regard to managing pain control for patients. This reflects focused improvement work by staff. It is also good to note that surgical patients report high levels of availability of staff to discuss worries and fears.

There are areas of concern which we need to improve based on our October results, which are:

- Staff introducing themselves
- Being involved in decisions of care
- Involvement in decisions about discharge
- Knowing which consultant is treating you

The work that is in progress relating to these areas includes:

- Patient survey results are discussed with staff, who have been reminded of the importance of introducing themselves by name to patients and their carers and in identifying the patient's preferred name that they wish to be addressed by.
- The Trust is in the process of introducing a new approach to improve the experience of patients in our care. The principle behind this is that there are certain aspects of patient care that should always happen. Training and awareness sessions are in progress and a launch day has been arranged for the 6th January 2014, from which date the entire organisation will comply with the 10 identified 'always events'. The always events are:
  - Patients will always be addressed by their preferred name
  - Staff always introduce themselves when meeting a patient for the first time
  - Staff treat patients and their families with the level of respect they would expect for themselves or a member of their own family
  - Staff keep patients informed about their care in a way they can understand and find acceptable
  - Staff assist patients to the toilet immediately when requested
  - Patients always have access to appropriate food and drink
  - Patients are always told on admission what their expected date of discharge is and what this means
  - Medications are always administered correctly
  - All patients who die in our care will be treated with dignity and respect
  - Staff will always challenge colleagues if they are not doing the right thing