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

March 2014
Open and Honest Care at Wrightington, Wigan and Leigh NHS Foundation Trust : March 2014

This report is based on information from March 2014. 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 new harms.

98.1% 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>3</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>

*The Trust has agreement from Public Health England that 6 previously reported cases of C. Difficile are clinically insignificant and not therefore reportable.

** The number of MRSA bacteraemia at year end was 2. However, on further analysis, only 1 was attributable to WWL.

For more information please visit: http://www.wwl.nhs.uk/Library/Trust_Board/FT_Mins/2014/March/Performance_Report_Month_11_Feb14.pdf
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 4 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>3</td>
</tr>
<tr>
<td>Grade 3</td>
<td>1</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 1,000 bed days: 0.33

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 3 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>3</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: 0.25
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 **76** for the Friends and Family test*. This is based on 1003 responses. This represents the results for February 2014 which are the most recently published result at the time of reporting.


Each month we conduct a real time survey with patients in our care. The results for March 2014 are detailed below:

<table>
<thead>
<tr>
<th>Question</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you find someone to talk to about your worries and fears?</td>
<td>90.1%</td>
</tr>
<tr>
<td>Were you given enough privacy when being examined, treated or discussing your care?</td>
<td>98.7%</td>
</tr>
<tr>
<td>Did you always have access to the call bell when you needed it?</td>
<td>98.0%</td>
</tr>
<tr>
<td>Did you get the care you felt you required when you needed it most?</td>
<td>99.3%</td>
</tr>
</tbody>
</table>

A patient's story
Staff experience

We asked 30 staff the following questions:

- I would recommend this ward/unit as a place to work: 27
- I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment: 50
- I am satisfied with the quality of care I give to the patients, carers and their families: 57

in order to make it even better I would suggest....
Increase staff:patient ratio.
Reduce paperwork.

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

It is disappointing that 3 patients have sustained moderate harm from falls and 4 have suffered pressure ulcers in our care during March. As always, all of these cases are subject to thorough investigation and review by the director of nursing or her deputy so that remedial action can be taken and further improvements made. With regard to pressure ulcers, we are ensuring that staff on the relevant wards attend the regular training programmes provided by the specialist tissue viability nurse. We have also reviewed the devices used to protect patients' heels. With regard to falls, improvement work continues. Alarms for use in bathroom/toilet facilities are being tested and, if successful, a business case will be made for their purchase. We continue to review our nurse staffing levels in order to further promote the delivery of safe, high quality care.

Supporting information