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

This report is based on information from May 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.

99.3% 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>2</td>
<td>0</td>
</tr>
<tr>
<td>Improvement target (year to date)</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
For more information please visit:
www.wwl.nhs.uk
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 1 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>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 1000 bed days: 0.09

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 1 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>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: 0.09
2. EXPERIENCE

To measure 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 79 for the Friends and Family test*. This is based on responses received from inpatients during April.

*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/

Each month we carry out a real time survey with patients in our care. The results from the patients surveyed in May are summarised below:

- Were you involved as much as you wanted to be in the decisions about your care and treatment? 85.50%
- Did you find someone to talk to about your worries & fears? 88.50%
- Were you given enough privacy when being examined, treated or discussing your care? 98.50%
- During your stay were you treated with compassion by hospital staff? 98.50%
- Did you always have access to the call bell when you needed it? 93.90%
- Did you get the care you felt you required when you needed it most? 98.50%

A patient's story
Bill is a 79 year old gentleman who had undergone planned orthopaedic surgery to his right hip. He has a history of early stages of dementia and a stroke. 10 days after his operation, he fell walking back from the toilet just after midnight. He had been assessed as independent with a zimmer frame by the physiotherapists and so he had taken himself off to the bathroom before settling down for the night. The floor was dry, the lighting was adequate and Bill was wearing suitable footwear.

As he stepped forward approaching his bed Bill caught his left leg with his right leg and he over balanced causing him to fall to the floor on his operation side. He was not injured physically but when speaking to him he declared it had affected his confidence to mobilise unaided. He also felt his pride had been hurt.

This incident although no physical harm was sustained, highlights that to the individual patient a fall can cause psychological harm.

Staff experience

We asked 11 staff the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Net Promoter Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend this ward/unit as a place to work</td>
<td>55</td>
</tr>
<tr>
<td>I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment</td>
<td>82</td>
</tr>
<tr>
<td>I am satisfied with the quality of care I give to the patients, carers and their families</td>
<td>82</td>
</tr>
</tbody>
</table>

3. IMPROVEMENT

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

The evaluation of "falls alarms" described in previous reports has now been completed and recommendations accepted by the Trust's Harm Free Care Board. The clinical divisions are in the process of purchasing alarm systems and it is anticipated that this will be effective in preventing a significant number of falls.

Training has been further increased with regard to pressure ulcer prevention with particular emphasis on the importance of position changes as it has been found, on investigation, that there has been some lack of compliance in this area.

Supporting information