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

This report is based on information from September 2014. 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 certain types of harm whilst in our care. We call this the NHS 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.

99.5% 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>1</td>
</tr>
<tr>
<td>Improvement target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(year to date)</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>8</td>
<td>1</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 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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.

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>
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<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 (FFT) 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? We ask this question to patients who have been an in-patient and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;

<table>
<thead>
<tr>
<th>In-patient FFT score*</th>
<th>76</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E FFT score*</td>
<td>70</td>
</tr>
</tbody>
</table>

This is based on 476 responses.

This is based on 497 responses.

*This result is for August 2014 and 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/

We asked our patients about the care and treatment they received using our real time patient survey:

Have you been involved as much as you wanted to be in the decisions about your care and treatment? 83.08%
Did you find someone to talk to about your worries and fears? 87.69%
Have you been given enough privacy when being examined, treated or discussing your care? 97.95%
During your stay have you been treated with compassion by hospital staff? 97.44%
Have you always had access to a call bell when you needed it? 95.90%
Have you been given the care you felt you required when you needed it most? 94.87%
A patient's story

James is a 92 year old gentleman who was admitted following a collapse at home. James also suffers from epilepsy. James lives independently on his own with a little help with cleaning and shopping. As part of James’ assessments it was identified that James was at risk of falling due to his age and medical history. Although appropriate care plans were in place James did fall off the trolley in the emergency department, although he did not suffer any harm.

James' fall was reviewed by the Quality and Safety matron who identified that James had a walking stick, which when asked about, he said he had found useful but didn’t really care for it much as his father had often told him “walking sticks were for old men”

James seemed untroubled by his fall and preferred to tell the Quality and Safety Matron about himself and his life. With both pride and sadness he talked of his days with the Royal Navy during World War II and the dangerous missions that he had been part of and the medals he been awarded medals for his gallantry. James is soon to be awarded a newly commissioned medal for the bravery and courage shown during World War II. Only 200 men still left alive from the campaign, most will have not have their Star pinned to their blazer, posthumous honour decorates their souls.

James had wanted to join the police force but unfortunately there was no job for him. James, instead chose to become a teacher gaining two university degrees. He went on to teach the youth of a new generation, a generation free from the horror of a world at war. He wrote regular articles for the Wigan Evening Post and is the author of two books about Wigan's police force and Wigan's historical murders.

This is not just a story of a patient who has fallen in a modern A/E department, but the story of a gentleman, who has served his country and community with courage, commitment and compassion. This is the story of a man, a son, uncle, brother, sailor, war hero, teacher and writer

Who cares .... for old men with walking sticks ......? The Queen, Winston Churchill, the British Armed Forces ..... and us the NHS .

We should all feel proud and honoured today, to be in a position of such privilege to care for men like James so that they may continue on their journey of life, with or without their walking sticks.

Staff experience

We have not asked staff any questions this month as we have not had any incidents that resulted in harm

3. IMPROVEMENT

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

In September we hosted our NHS QUEST peer site visit. (QUEST is a network of foundation trusts that are dedicated to improving the quality and safety of their patients through continuous improvement). On this day we shared our progress in reducing the number of hospital acquired pressure ulcers and the number of serious falls we have. We also asked our fellow QUEST members to help us with improving our discharge processes and from this day we have looked at a number of solutions to improve the discharge experience and the speed of discharge for patients. Over the next few months these solutions will be happening. We now have a doctor and pharmacy technician in the discharge lounge who are dedicated to completing patient’s records to ensure that they are not waiting for medication to take home. The matrons are completing a discharge checklist and discussing the suitability of patients who can be cared for in the discharge lounge and ensuring that everything is place to enable these patients to go home in a timely manner.
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We have joined the NHS QUEST Falls Collaborative with a number of other interested NHS QUEST member trusts. As part of this work we are trialling a new tool to help us understand better the reasons why people fall and how we can try and prevent these falls in the future. This work includes not just the nursing staff but also the estates department to look at how we can improve the ward environment and make the ward safer for patients.

We have hosted our improvement conference, Who Cares? We have been privileged to welcome national speakers including the Chief Nurse for England and Matt King, OBE. The conference focused on the importance of delivering consistent and compassionate care. This conference brought into focus our 10 Always Events (see below for more information on Always events) and reminded us of why the Always events are so important in ensuring that we deliver patient centred care. As Matt King said it is the little things that make the biggest difference, being treated with compassion, empathy and respect and being listened to as a person and valued rather than seen as a condition to be treated in a bed.

Supporting information

**Always Events**
Always Events are our committeeman to improving the delivery of patient and family centred care. They are ten essentials of patient care that should ‘always’ happen - no matter what

1. Always address patients by their preferred name
2. Always introduce yourself to patients
3. Always show patients and their families the level of respect you would expect for yourself or your family
4. Always keep patients informed of their care in a way they can understand and is acceptable
5. Always ensure patients are assisted to the toilet, if requested
6. Always ensure patients have access to appropriate nutrition and fluids
7. Always challenge other members of staff who are not doing the right thing
8. Always adhere to the 6 rights of Medicine Safety
9. Always ensure patients received an expected date of discharge and appropriate explanation of what this means, on admission
10. Always ensure patients, who have died, receive dignified care and leave the ward within 2 - 4 hours.