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

August 2015
Open and Honest Care at Wrightington, Wigan and Leigh NHS Foundation Trust

: August 2015

This report is based on information from August 2015. 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.

99.3% of patients did not experience any of the four harms

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>Annual improvement target</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>4</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 categories, with one being the least severe and four being the most severe. **The pressure ulcers reported include all validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 1 Category 2 - Category 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>Category 2</td>
<td>1</td>
</tr>
<tr>
<td>Category 3</td>
<td>0</td>
</tr>
<tr>
<td>Category 4</td>
<td>0</td>
</tr>
</tbody>
</table>

The pressure ulcer numbers include all pressure ulcers that occurred from zero hours after admission to this Trust.

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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 2 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>2</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:** 0.17
2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

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 or attended A&E (if applicable) in our Trust.

<table>
<thead>
<tr>
<th>In-patient FFT score*</th>
<th>98</th>
<th>% recommended</th>
<th>This is based on 1141 responses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E FFT Score</td>
<td>98</td>
<td>% recommended</td>
<td>This is based on 1401 responses.</td>
</tr>
</tbody>
</table>

*This result is for July 2015 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 also asked our patients the following questions about their care using our realtime patient questionnaire:

- Have you been involved as much as you wanted to be in decisions about your care and treatment? 89.44
- Did you find someone to talk to about your worries and fears? 91.93
- Have you been given enough privacy when being examined treated or discussing your care? 98.76
- During your stay have you been treated with compassion by hospital staff? 97.52
- Have you always had access to a call bell when you needed it? 98.14
- Have you be given the care you felt you required when you needed it most? 95.03
A patient's story

Dave has undergone knee replacement surgery at Wrightington hospital. Dave had an excellent patient journey that he felt could not be improved from his initial referral through to his recovery. He was treated with dignity, care and compassion and was a partner in the decision making process.

Please see Dave's story at https://youtu.be/H1cmWgdNEGw

Staff experience

We asked staff the following questions in our quarterly staff survey

<table>
<thead>
<tr>
<th>% Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend this ward/unit as a place to work</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>
</tr>
</tbody>
</table>

3. IMPROVEMENT

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

This month we have relaunched our leadership safety rounds. The leadership safety rounds demonstrate visible leadership and commitment by taking the time to listen and support staff who are raising concerns. The leadership safety rounds help the organisation create a culture of openness. To support our governors we have put training in place to assist them in feeling confident asking staff about their areas and how to get the most out of the visit.

The leadership safety rounds are designed to ensure that executive directors, non executive directors and governors have the opportunity to visit staff areas, the first area that we visited was one of the medical care wards. The leadership safety rounds give staff the opportunity to speak directly to executives, non executive directors and governors about what makes them proud, what concerns they have; including safety concerns. It also gives staff the opportunity to discuss with the executives, nonexecutive directors and governors how they can solve some of their concerns and where these are not resolvable by the ward area the executives can support the wards/departments to resolve some of these issues.

Our staff engagement scores have increased this month as demonstrated through the national staff friends and family survey. This asks similar questions to the patient's friends and family survey. We have achieved over 80% in both questions, "Would I recommend this as a place to work?" and "Would I be happy for a family member or friend to be treated in my area?" These results are very positive and have increased from the last survey. For patients this means that we are becoming an even safer hospital where our patients are treated. Evidence shows that when staff are engaged and happy in their work they provide much safer care and a better patient experience.

The nutrition and hydration improvement group has secured agreement to improve the range of food available to our patients out of hours in the assessment areas and the emergency care floor. At the moment patients only have access to very limited food out of hours, usually toast and biscuits. We have secured a centrally located temperature monitored fridge that will provide patients with sandwiches and other food as requested out of hours. We are hoping that this will improve patient experience and ensure that patients receive food when they need it.