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.
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 harms.

95.1\% 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. Although community providers do not have targets for reduction in numbers of infections, planned programmes for infection prevention and control are in place. Examples of this can be found on our website.

For more information please visit: www.bridgewater.nhs.uk/aboutus/infectionpreventionandcontrol

<table>
<thead>
<tr>
<th>Healthcare Acquired Infections</th>
<th>Ashton, Leigh and Wigan</th>
<th>Halton</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDIFF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>
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 under the care of community services that were not present on initial assessment.

This month 37 Category 2 - Category 4 pressure ulcers were acquired on community case loads.

<table>
<thead>
<tr>
<th>Number of pressure ulcers</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Halton</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>St Helens</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Warrington</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

In the community setting we also calculate an average called 'rate per 10,000 population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

<table>
<thead>
<tr>
<th>Rate per 10,000 population:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
</tr>
<tr>
<td>Halton</td>
</tr>
<tr>
<td>St Helens</td>
</tr>
<tr>
<td>Warrington</td>
</tr>
</tbody>
</table>

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 requires all patients, after discharge, to be asked:

How likely are you to recommend our Trust to friends and family if they needed similar care or treatment?

The Trust had a score of **96.7**% recommended for the Friends and Family test*.

This is based on 4232 responses.

*This result may have changed since publication, for the latest score please visit:

As well as the Friends and Family Test, we ask our patients other questions in order to improve patient services. The table below shows the percentage of patients that responded positively for each question.

<table>
<thead>
<tr>
<th>We asked our patients…</th>
<th>Percentage of patients that responded positively</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Services</td>
</tr>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the way staff listened to you?</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the opportunity you were given to ask questions?</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Staff experience**

We asked 61 Staff the following questions in a quarterly survey to help us evaluate staff experience:

- **How likely are you to recommend the Trust to friends and family if they needed care or treatment?** 75%
- **How likely are you to recommend the Trust to friends and family as a place to work?** 33%

**A patient's story**

This story is a patient's journey through the Paediatric Speech & Language service written in her family's words.

All too often people are quick to write a letter of complaint and never to compliment. I feel totally compelled to write all my feelings down about this one very special person, who has literally made a life changing difference to our daughter.

(Staff name) bounced into our lives last September and has taken us all by storm. Our daughter is 6 and has been under speech and language for the last three years, as she had developed a stammer in reception. We were told, that her development at school was purely related to her speech impediment and until we fixed that, her work would suffer.

I received a call from (staff name) explaining she would be looking after my daughter and her friendly chirpy voice put me at ease immediately and we arranged a home visit. (Staff name) arrived bang on time as she always does, I often joke she must hide round the corner and knock at the exact time. In bounced this bundle of energy, with the biggest of smiles, she literally lit up the room. My daughter took a shine to (Staff name) straight away and started chatting away to her, stammer free! I felt a complete fraud, as I'd explained over the phone how poor her speech was. I still say to this day she must have sprinkled fairy dust as she walked in.

(Staff name) was so full of energy, optimism, ideas and passion for her job and support. Within two visits she had looked 'out of the box' and picked up on something over looked by all the professionals who had cared for my daughter previously. (Staff name) had a hunch, perhaps her speech was not the root cause of her learning but her learning was affecting her speech.

Within a few visits and lots of tests, (staff name) knew she was on to something. She took time to see my daughter in school and to speak with her teachers giving them so much advice on how they could help my daughter. She stayed well passed her clocking off time as I bumped into her as I collected my eldest daughter up from after school gym. It was a cold, dark, wet night and out bounced (staff name) still smiling. I was really taken back, that she was so obviously going that extra mile.

(Staff name) wrote the most comprehensive report to the school SENCO, asking for my daughter to be referred to the educational psychologist. SENCO commented on never seeing a report so detailed.

(Staff name) attended the educational psychologist meeting with myself, my husband, the teacher, the Teaching Assistant and SENCO. She was polite, professional and charming as always and I was immensely proud that day of this wonderful girl who had supported us. I was very emotional to be honest, how this one person had stood up, for this one child, knowing she had lists of many and would do the same for all.

(Staff name) had already put in place working memory games at school and at home from her first visit and I'm more than delighted to say my daughter has now been talking stammer free, for the last 4 weeks, something I never dreamt would ever happen, her confidence is sky high and we now have our happy little girl back in our lives and this is with total thanks, to this real life 'Angel' you have working for you.

We would obviously like to thank (staff name) but you too for the support and belief you obviously have in her and for simply making a massive difference. I hope you all realise what a life changing job you all do. We have been on the longest road, with many tears along the way, fighting for 'something' to make a difference. The NHS is only awesome because of the awesome people in it.
3. IMPROVEMENT

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

The Hydrant Community Programme

Dehydration is a huge problem in healthcare and here at Bridgewater we want to do everything we can to help people in the community avoid something that can easily lead to urinary infections, constipation, falls, dizziness and general illness as well as frequent doctor or hospital visits and the need for increased medication.

By having easy, independent, access to fluids at all times, via The Hydrant, we hope to have a major impact on our patients.

The Hydrant won The Queen’s Award for Business Innovation in 2013 and we are proud to be working in partnership with Hydrate for Health to bring this product to our community patients.

What are the objectives

The Hydrant is designed to help people who would sometimes struggle to reach, lift or hold drinks and might have to call for help to drink. It hooks, hangs or clips on beds, chairs, wheelchairs... in fact almost anywhere, and can be used with a drinking tube or as a sports bottle simply by swapping the caps around. We will be looking at a number of measurable items (urinary infections, falls, pressure ulcers, hospital visits etc.) as well as getting client feedback on how effective it has been for you via questionnaires.

How will we be promoting this service?

Very simply we will be delivering Hydrant kits out into the community through Wheelchair Services and the Community Rehabilitation teams to clients who would benefit from it. We will monitor all of those who receive the Hydrant to see how they are getting on with them and hopefully we will see greatly improved lives as well as a reduction in the key effects of dehydration.

The results

Hydrant users complete a questionnaire a month, months and 6 months after being introduced to the Hydrant system, covering questions regarding independence ease of use and impact on condition.

The results below reflect the impact on independence after one month of use.
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Hydrant Service Users & Carer Views

• Found the hydrant very useful, I was able to get a drink without my carer being there.
• It has helped me out a lot, and it helps my son as he feels less worried when he goes to bed. I now have something to drink without getting out of bed, and disturbing him.
• After a bad seizure all my muscle control is lost, we hooked the hydrant up and this enabled me to drink from the straw tube as needed.
• I use this aid because of restricted movement in arms and shoulder, the long tube is a great idea. The hydrant is a really great idea!

Feedback received during a home visit from a patient and her husband. The patient is a wheelchair user with poor manual dexterity. The patient reported she liked the hydrant bottle as she could slip her hand around the bottle rather than holding it and she is able to clip the bottle to her wheelchair, and use the bottle with ease.

In addition, her husband also benefited as he said he had the first decent night sleep for years, without being disturbed by his wife needing a drink in the night, as she was able to use the tube in the Hydrant bottle throughout the night and found this to be very beneficial.

If you require any more information on the hydrant bottle please contact
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