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:

Bridgewater Community Healthcare
NHS Foundation Trust

December 2016
Open and Honest Care at Bridgewater Community Healthcare NHS Foundation Trust:
December 2016

This report is based on information from December 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Bridgewater Community Healthcare 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 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.

95.3% 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. 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>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CDIFF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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 41 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>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Halton</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>St Helens</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Warrington</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>11</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 **97.3%** recommended for the Friends and Family test*. This is based on 2518 responses.

*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/
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>Bolton</th>
<th>Dental Services</th>
<th>Halton</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Willaston</th>
<th>Bridgewater</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>96%</td>
<td>99%</td>
<td>97%</td>
<td>93%</td>
<td>98%</td>
<td>93%</td>
<td>98%</td>
<td>67%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff listened to you?</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>83%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the opportunity you were given to ask questions?</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
<td>100%</td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>71%</td>
<td>99%</td>
<td></td>
</tr>
</tbody>
</table>

Staff experience

We asked 211 Staff the following questions in a quarterly survey to help us evaluate staff experience:

Percentage of staff that would recommend the Trust

- How likely are you to recommend the Trust to friends and family if they needed care or treatment? 77%
- How likely are you to recommend the Trust to friends and family as a place to work? 41%
A patient’s story

Prior to her hospital admission, this lady was a very busy person, holding a pressured job as a national account manager: enjoying a good social life and an avid Everton football fan.

Earlier this year she collapsed at work due to an extensive sub-arachnoid haemorrhage. Given that her job entailed commuting, she is thankful that she wasn’t driving at the time and that there was a nurse on site to assist.

After an initial CT head scan at Whiston Hospital she was admitted to the Walton centre for ongoing treatment. She does not remember anything that happened during those first six weeks but relates how terrifying it was for her and her family.

She was transferred to Broadgreen Hospital for intensive rehabilitation. At the time she presented with left sided limb weakness, was struggling to lift her arm or walk and experienced short-term memory difficulties. She has spoken of her “stair terror” due to a loss of sensation in her left foot. Nonetheless she endorsed the motto “just say yes” to all the therapy available, even the seemingly irrelevant activities of carving lady birds from vegetables. With time she realised their intended purpose was to assess her function and found that her confidence was increasing as well as her physical progress.

To assist in her transition home she was referred to the Bridgewater Community Specialist Rehab Service.

Out of the hospital “safety zone” she found that she wasn’t coping well at the time but being a strong minded individual this was a difficult thing for her to admit. “I thought I knew better than everybody but everybody was proved right” she disclosed. Speaking about the professionals she has encountered she added “What they tell you will benefit you but you just need to listen”.

Neuropsychology provided further emotional support with adjustment and acceptance following her brain injury including coping strategies to manage fatigue in her day to day life. They reassured her concerns and the normalities following a brain injury.

She has described them as “unflappable and lovely” and their input as invaluable, for having someone to talk to and ask questions helped ease the pressure off her family.

Bridgewater Occupational Therapy staff helped build her confidence with descending the stairs and provided her employer with literature on the effects of fatigue post brain injury.

She was surprised to learn that even the pastime of watching television can contribute to fatigue.

Both (name) and her supportive network have learned to recognise and respond to her “signs” of fatigue.

She has subsequently commenced a phased return to her employment, mindful of fatigue management and on occasion she uses the train to travel to work, which has given her back some independence.

She has found talking to others aside from her family and friends helpful. Moreover attending education and support groups has been beneficial both educationally and in a socialising aspect.

Being able to work to get the “treats” in life, watching the football, having her family and friends back again instead of them serving as her counsellor is what she believes constitutes a good quality of life.

She attributes her rapid recovery to various factors including: the speed at which she was treated and maintaining a positive attitude. She has particularly found the rehab network support very helpful and believes the collaboration of the different organisations vital for an optimal outcome.

“People want to help, be on your side. Once you’re out of the hospital cycle you’re not abandoned. There is still support around to care and advise” she concluded.
Talent for Care - Background

Bridgewater Community Healthcare NHS Foundation Trust made a Talent for Care Pledge last year in February 2016. This pledge outlined that the Education and Professional Development Team would pro-actively work with services and partners to support effective work experience placements and formalise innovative processes. We also agreed to a Trust-wide approach to the development of Ambassadors and increased engagement with schools and FE colleges.

Work Experience

Following this pledge the Education and Professional Development team have been instrumental in building positive relationships with our local FE's. Bridgewater is responsible for chairing a North West FE and Trust Work Experience Group who are working to streamline processes and aiming to ensure that all placements not just within Bridgewater but with the NHS organisations involved are quality based and lead seamlessly into higher education or employment. The focus for these work experience students is on essential Values and Skills that will take them confidently into the next or first stage of their careers.

Events

After hosting a successful focus group for students Bridgewater received excellent feedback from our local Wigan College – St John Rigby's. It is paramount that we look at partnership working as a reciprocal process and focus on the shared passion for improving access into the NHS. As a result of this we have been offered facilities at St John Rigby’s to help us to continue to deliver great services:

"It was very positive and worthwhile experience with much learned. The health and social care students are enthused by the fact that they may be able to get more relevant work experience and my medics have learned about the 6Cs which they had not come across along with the potential to work in the NHS in other roles other than as doctors - Great preparation for the start of their placements at Wrightington. My dental student is fired up by the fact that she has made a useful contact which may lead to her being offered some time at Whiston within Dentistry.

"Here at the College we have facilities which you could use either in the early evening or out of term time, a drama studio which holds 100 people which could be used to hold events and we have a building which we call the sports hub which is self-contained with four seminar rooms which could hold up to 30 delegates and a coffee / relaxation area which is ideal for small conferences.

"In the summer term when things are less busy we could host an NHS awareness event here for students from local high schools potentially raising awareness of NHS careers prior to the pupils taking their options in high school as this is when many decisions made can impact on future potential careers. If you could provide the speakers we could provide seminar rooms, invite the pupils and provide lunch etc. We could even involve some of the students you have met today in the planning and organising of the activity”

The Future

Bridgewater intend to grow the current work experience offer rapidly in the next few months, We will continue with regular productive meetings and workshops focusing on the reduction of paperwork for staff and colleges, better quality placements, transferrable documentation, and putting into place long awaited service level agreements benchmarking a high quality standard throughout each student’s experiences that we will promise to deliver.

Success

One of our recent work experience students Lindsay McMurtry may not have secured a place in Bridgewater but has used her valuable work experience to gain a HR post within Warrington NHS. Congratulations Lindsay! This is what she had to say:

"After deciding I would like a career change, I began to look at what job opportunities were out there. It became very clear to me that I did not have the relevant work experience required to apply for the jobs that I wanted. I applied for a position with the Education and Professional Development team but was rejected due to lack of NHS experience. I contacted Karla Rimalitis to discuss this and was offered an opportunity to undertake a placement within this team. Karla was more than helpful. She ensured my time was very hands on and purposeful. It was invaluable for me. I was able to observe and work alongside different members of staff who were working in a variety of roles. This gave me a broad perspective of what the team did on a day to day basis, but also what each member of staff did. As well as this, I got to work on the NHS systems, such as the ESR.

I was able to use this experience when applying for a job in Human Resources in Warrington NHS. I have since had an interview and was able to use scenarios from my placement, to answer some of the interview questions. I have subsequently received a job offer for this position. Without my work experience from Karla and the team, I am sure that I would not be in this fortunate position”