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.
Open and Honest Care at Bridgewater Community Healthcare NHS Foundation Trust:  
February 2017

This report is based on information from February 2017. 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.

95.8% 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>
<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 45 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>19</td>
<td>2</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Halton</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>St Helens</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Warrington</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>0.656</td>
</tr>
<tr>
<td>Halton</td>
<td>0.952</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.341</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.293</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 **97.8**% recommended for the Friends and Family test*. This is based on 3048 responses.

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>94%</td>
<td>98%</td>
<td>97%</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>98%</td>
<td>95%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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:

<table>
<thead>
<tr>
<th>Percentage of staff that would recommend the Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to recommend the Trust to friends and family if they needed care or treatment?</td>
</tr>
<tr>
<td>How likely are you to recommend the Trust to friends and family as a place to work?</td>
</tr>
</tbody>
</table>
This story is from a gentleman regarding his experience of the Adult Disability Service and Prostate Awareness Training.

This gentleman is a 51 year old man who was referred to the Adult Learning Disability Service for some prostate awareness training in July 2016. He has autism and receives daily one to one care support.

He had identified a number of symptoms of potential prostate problems and urinary retention during the awareness sessions. He agreed to go to see his Doctor for a check-up and to have a urine check and blood tests undertaken. He had the tests completed but due to his anxiety would not give his consent to having a digital rectal examination (DRE).

In order to help, the service were able to complete some desensitisation work with him around the procedure, going through easy read information with him and talking through the procedure step by step.

While working with the patient during a number of one to one sessions the service used the easy read booklet developed with Prostate Cancer UK—'Find Out about your Prostate'. This booklet outlines some of the signs and symptoms to look out for and also has a checklist for carers for questions to ask around potential prostate problems.

The Prostate awareness training sessions completed with patients usually focus on using a number of easy read factsheets and resources—dependant on the patient's understanding and literacy.

The service also uses factsheets around where the prostate is located in the body and a 3D prop to show its location. Other booklets from ‘Change Cancer Series—Accessible book 1—Symptoms, Screening and Staying Healthy’. Change UK are also utilised by the service.

Both the service assistant practitioner and the patient’s support worker were able to help him at his GP appointment which enabled him to give informed consent for the completion of his prostate examination.

On completion of the examination the patient was advised that his prostate was not enlarged or abnormal and he was given some medication to help with urinary retention.

The service was able to provide guidance and support to him and his carers around the medication prescribed and also advised on alternatives as the patient struggled with capsule and tablet-based medication.

The service liaised with Bridgewater’s Continence Advisory Service for advice around other options for treatment.

Both patient and support staff were given a certificate of participation from the Adult Learning Disability team after the awareness training was completed. The service was able to reflect on the tests and examination with him and commented that it "was not as bad as I thought".

He has signed up as a Bridgewater Patient Partner and agreed to share his experience with other men who may experience Prostate problems.

March 2017 is Prostate awareness month.
3. IMPROVEMENT

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

Update on 2 Bridgewater Improvement programmes

Team Journey – developing cohesive high performing teams through team leadership

The team journey is a bespoke approach to enabling teams to improve through inclusive leadership, utilising a range of skills and tools dependent on needs in the individual teams. For example the following teams have undertaken elements of team journey in the past twelve months.

- St Helens Community Matrons
- Wigan Audiology team
- Children’s therapy team leaders Action Learning
- St Helens step up team for intermediate care
- Trafford sexual health team
- Wigan AHP team for the Hospice
- Wigan School Nurses
- St Helens Heart Failure team
- Wigan District Nurse team co coordinators
- St Helens Community Paediatrics Team
- Wigan FNP team
- St Helens Paediatric Learning disability team

Utilising lessons learned approaches from this work, the Innovation & Improvement Team are currently designing a standardised Team Journey approach using the Aston University “Team Journey” package. This will be offered as a training package to all team leaders to increase spread and capacity for delivery. The team will adopt a planned, systematic approach to rolling the programme out over 2017-18.

The first team to undergo the pilot phase are the three Finance Directorate teams which commenced in March 2017.

An overview of programme content is available upon request, but covers the following elements as modular workshops:

- Team identity
- Team objectives
- Role clarity
- Team decision making
- Team communication
- Constructive debate
- Inter term working

Compassion IN leadership approach

Following National and internal research during 2016, staff themselves identified some internal behaviours that did not mirror Bridgewater values, arising from and impacting upon levels of stress and distress in teams and individuals. The HR team deliver the Health and Wellbeing agenda, whilst the Innovation & Improvement team are identifying alternate methods of sharing leadership behaviours through the Emotional Intelligence and awareness raising approach. This will utilise ad hoc conversations, twitter, and an “every contact counts” approach to talk about self-care, and care of our peers, to enable the workforce to reflect on personal and team behaviours and further enhance an atmosphere of mutual support and compassion IN leadership. This is iterative, with a planned awareness raising module on emotional intelligence and its impact on leadership in planning at present. This approach to compassion IN leadership supports and enables the Programme “Leading at the Speed of Trust”. The first group conversation commenced at the launch of the staff engagement policy event in March 2017 with four teams following up with a request for team level support with behaviours and attitudes. Further group conversations are planned with Bolton and the Dental Directorate via the Listening into Action programme.