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 2019

This report is based on information from February 2019. 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.

94.4% 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 61 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>17</td>
<td>7</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Halton</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>St Helens</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Warrington</td>
<td>26</td>
<td>1</td>
<td>0</td>
<td>27</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>0.750</td>
</tr>
<tr>
<td>Halton</td>
<td>0.794</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.000</td>
</tr>
<tr>
<td>Warrington</td>
<td>1.317</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 **96.3%** % recommended for the Friends and Family test*. This is based on 1984 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>Percentage of patients that responded positively</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>Bridgewater</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>100%</td>
<td>97%</td>
<td>87%</td>
<td>100%</td>
<td>98%</td>
<td>93%</td>
<td>98%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff greeted 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>
</tr>
<tr>
<td>How do you feel about the way staff listened to you?</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the opportunity you were given to ask questions?</td>
<td>99%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</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>96%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td></td>
</tr>
</tbody>
</table>

**Staff experience**

We asked 179 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 similar care or treatment?** 73%
- **How likely are you to recommend the Trust to friends and family as a place to work?** 45%
Megan’s Story

Megan was referred to Bridgewater’s Transition Nursing Team. The Transition Nursing Team within Community Learning Disability is commissioned to help ‘bridge the gap’ between Children and Adult Services for young people with learning disabilities and their families.

During Megan’s Paediatric Consultant appointment, blood tests were requested. Megan has historically struggled with health appointments; she has a diagnosis of learning disability and autism, leading to high levels of anxiety particularly around new experiences or changes to routine. Megan’s previous blood test was not a positive experience so mum and Megan were understandably anxious about this request.

A period of desensitisation was initiated to help support the intervention and gaining consent. A joint piece of work between the Transition and the Additional Support Team was agreed as Maureen Clinch, a Community Support Worker with the team, had a good relationship with Megan from a previous intervention. Maureen also had good links with the Phlebotomy Team at the Thomas Linacre Centre in Wigan where Megan would be having the blood tests.

Maureen and Megan initially completed some desensitisation work including visits to Phlebotomy using a timeline to outline the sequence of the blood test procedure using ‘signalong’, a form of Sign language for people with learning disabilities. Megan was given lots of praise during the desensitisation and a certificate of achievement for all the sessions.

Maureen also completed a social story – a way to help someone with autism prepare for a new experience or environment – as part of the preparation for the visits. She went through this with Megan which involved going step-by-step through an easy read story about the blood test.

The social story was used on all visits and, through this, Megan worked towards overcoming a number of challenges including visiting new places, being in a busy environment, and being able to identify her anxieties (such as babies crying) and coming up with strategies to help manage this. Megan also met the phlebotomist who would be completing the procedure in advance and was able to touch equipment such as tourniquets and blood tubes.

Maureen was able to support Megan and reassure her when the blood tests were completed in clinic. All of the blood tests that were requested were completed and they all came back clear. Megan now feels positive about accessing phlebotomy for future blood tests.

Megan said “If I need help with a blood test Maureen can help me and Maureen is lovely.” Megan’s mum, Diane, said “Maureen kept me calm and focused on what we needed to do. Nothing is too much for Maureen—Maureen has done all of what she needed to do with Megan.”

Maureen Clinch, Support Worker in the Behavioural team, said “Megan did really well through all the sessions. Her confidence grew along with mum – what an achievement! The fantastic staff at Phlebotomy Department at Thomas Linacre Centre were a fantastic support to Adult Learning Disability services and for this they should be recognised.”
Bridgewater’s Community Dental Service has recently started working on an initiative to improve engagement with hard to reach communities in order to improve their access and use of dental services.

These communities include people who may be marginalised from society and those who face significant barriers to dental care including people for whom English is not their first language, the travelling community, people seeking asylum and people who have been subjected to human or sexual trafficking.

Figures released by the Health and Social Care Information Centre (HSCIC) show that over 40% of the general population attend the dentist irregularly and approximately 2% never attend. Anecdotal evidence shows that amongst marginalised groups these figures are likely to be higher, as the burden of dental disease lies in those who attend irregularly or not at all.

Following a CQC inspection which highlighted the importance of engagement with both staff and patients, a working group was set up, with the starting point being to define what constituted hard to reach groups, and then to look at the profile of patients referred to the service as well as those people under regular care and finally to consider how their engagement with dental services could be improved.

The initiative was launched in the boroughs of Halton, Bolton, Wigan and St Helens by appointing Engagement Champions including David Mills who is a specialist in special care dentistry and lead clinician along with dental nurses Carly Coull, Ceri Lewis-Shaw, Sarah Hopley and Susan Rice.

Because of the difficulties involved in trying to gain access to and the trust of people in these specific communities, the dental services team worked closely with other healthcare professionals and service providers. These included Healthwatch and also Community Link Worker, Mags Sanders, from Bridgewater’s Outreach and Inclusion Service.
In addition, Halton based Engagement Champion Carly Coull has also been able to share her knowledge and insight gained through her work with SVP (Society of Saint Vincent de Paul) at her local church.

Through her work Carly has become a recognised and trusted face in the community, which has enabled her to promote the importance of dental care, including regular brushing, accessing a dentist and ensuring regular visits.

Carly said: “Although still in the very early stages and with challenges still to face the initial feedback has been very positive. As we continue to build links with other healthcare services and build confidence and trust in the communities, we feel this initiative will go from strength to strength”.

She continues: “In fact at the CQC inspection one of the inspectors was so enthused by the initiative, he said he would like to return further down the line to see how it is progressing”.

Find out more about the Bridgewater Community Dental Network at http://www.bridgewater.nhs.uk/communitydentalnetwork/

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The ‘Now We’re Talking’ campaign encourages Bridgewater staff to talk about their successes, achievements and service developments.

If you have any patient stories, lessons learned or achievements to promote, please email communications@bridgewater.nhs.uk

Case Study