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 Trust

January 2015
Open and Honest Care at Bridgewater Community Healthcare NHS Trust:
January 2015

This report is based on information from January 2015. 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 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.

94.5% 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 32 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>8</td>
<td>2</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Halton</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>St Helens</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Warrington</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</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>0.313</td>
</tr>
<tr>
<td>Halton</td>
<td>0.714</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.568</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.147</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 **96.8** % recommended for the Friends and Family test*. This is based on 1990 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>Dental Services</th>
<th>Halton</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Ashton, Leigh and Wigan</th>
<th>Bridgewater Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>98%</td>
<td>98%</td>
<td>95%</td>
<td>98%</td>
<td>96%</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>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>93%</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>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Staff experience**

We asked 230 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>

**A patient's story**
3. IMPROVEMENT

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

In recognition of the benefits of Alternative and Augmentative Communication (AAC) the Trust has committed to fund a number of AAC aids. This will enable our patients to trial the devices with the professional support from their therapist to find the most suitable for their needs before going on to purchase their own device.
January 2015 - Open and Honest Care Report

Patient story
Hello everybody
My name is Amy and I am 22!
I have Cerebral Palsy; that is why I can’t talk or walk. These disabilities often mean that people do not realise I am a normal 22 year old inside.

It is also why I have had to use Alternative and Augmentative Communication, A.A.C., to help me enjoy all the normal things. Such as: shopping, out for meals, bowling, bingo and going to concerts like Kylie Minogue, the Vamps, Ed Sheeran, One Direction, Maroon 5, Take That and Boyzone.

*I have met Ronan Keating who is lovely!*
I live with my Mum and Dad
I’ve got an older sister and brother, five nephews, two nieces, and one great nephew
They are my world

They all live near me, and visit a lot, so sometimes the world can seem a bit too small!

It is then useful to use either my low-tech or high-tech systems to let them know how I am feeling!
To be successful using A.A.C. you need both the right equipment and the right people to ensure you get the best out of it.

You need a good speech therapist, and particularly one who is interested in AAC.

I had one of the best, who believed in me and always seemed to know what I could do before I did.

I wouldn’t be doing ‘talking’ to you now without her!
How can I help?

Mainly by being a role model for new users, anxious parents and as an example of A.A.C. success for yourselves.

I have been very lucky in having used a fairly wide range of devices.

I have had to work hard to master them and I am not yet asking or answering questions in real time.

But it has meant that I now use different devices for different purposes:
i. This presentation was produced on an iMac – I use that for all documents.

ii. I then send the finished file, via email, to my iPad and could present it from there.

iii. In this case I have generated a text file which is being read, on the iPad within a special application, Proloquo2Go.
Without a communication aid I couldn’t be a role model, retain my link with the Speech Therapy Department at Manchester Metropolitan University or continue my visits to mainstream schools to explain A.A.C. to staff.

I do also use my device to send text messages to my parents or personal assistants when I need something simple like a cup of tea or the use of the toilet.

Being in a separate room can be very difficult for someone with communication difficulties!
Things that I do with my low-tech board......

Bingo  Bowling  The Cinema  Out for food

Shopping

I use my low-tech board to communicate when I am doing any of these things because it is easier.
Thank you for listening!