Open and Honest Care in your Local NHS Trust

Quality first and foremost

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

January 2018
Open and Honest Care at Bridgewater Community Healthcare NHS Foundation Trust : January 2018

This report is based on information from January 2018. 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.

95.5% 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/

Healthcare 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 68 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>23</td>
<td>8</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Halton</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>15</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>14</td>
<td>6</td>
<td>2</td>
<td>22</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 **96.6**% recommended for the Friends and Family test*.


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>Bridgewater</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
<td>96%</td>
<td>91%</td>
<td>94%</td>
<td>94%</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>99%</td>
<td>99%</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>100%</td>
<td>100%</td>
<td>99%</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>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</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>99%</td>
<td>100%</td>
<td>100%</td>
<td>99%</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>99%</td>
<td>100%</td>
<td>99%</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>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>97%</td>
<td>100%</td>
<td>99%</td>
<td></td>
</tr>
</tbody>
</table>

Staff experience

We asked 140 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><strong>How likely are you to recommend the Trust to friends and family if they needed care or treatment?</strong></td>
</tr>
<tr>
<td><strong>How likely are you to recommend the Trust to friends and family as a place to work?</strong></td>
</tr>
</tbody>
</table>
A patient's story

This story is from a lady regarding her experience of the Community Specialist Rehabilitation Service.

Janet

Patient Journey

Before Janet's injury she was an extremely independent active lady. She enjoyed spending her time socialising, going shopping, swimming, driving and going on holiday. She was diagnosed with multiple sclerosis (MS) 17 years ago, but didn’t let her diagnosis stop her from doing the things she wanted to do in her life.

In September 2016 Janet fell in her living room and knew something was wrong with her hip. She was admitted into hospital and was diagnosed with a fractured right neck of femur. She underwent surgery to pin the fractured bone and spent two weeks in hospital before being transferred to Seddon Suite in St Helens for rehabilitation.

She remained in the Seddon Suite for a further 10 weeks and undertook intensive rehabilitation with occupational therapy and physiotherapy services. Janet progressed from being unable to mobilise at all, to independent mobility with a walking frame. She was also able to mobilise with 2 elbow crutches under supervision.

On her discharge in November 2016 she was referred into Bridgewater Community Specialist Rehabilitation Service (CSRS) for occupational therapy and physiotherapy to continue to support her to work towards her goals at home.

Goals were set collaboratively between Janet and her therapists and included mobility progression both indoor and outdoor, increasing her strength and exercise tolerance, community access, complex meal preparation and showering whilst standing.

Initially upon returning home Janet felt she had lost her independence and couldn’t do the things she wanted to do. She felt that her quality of life had diminished.

Janet was seen for weekly sessions with her community occupational and physiotherapists supporting her to work towards her goals. This included a block of treatment with the rehabilitation therapy assistant progressing her outdoor mobility from elbow crutches to a walking stick. One by one she began achieving her goals.

Supported by the CSRS, Janet started to access the community and this was done in a graded, person centred manner. She has grown in confidence and has travelled abroad for a holiday.

Janet has remained positive about reaching her goals and felt the staff were very understanding and supportive. She felt they went above and beyond in helping her to meet her goals.

Following input from the CSRS service, Janet now feels she is no longer a burden to her family and friends, as she has regained her independence and her quality of life has improved greatly.

"Independence means an awful lot to me and now I have it back"

Community Specialist Rehabilitation Service St Helens

Members of staff concerned: Emma Abouyannis Physiotherapist, Helen Walton Occupational Therapist, Tracy Houghton Rehabilitation Assistant
3. IMPROVEMENT

Improvement story:

January saw the publication of the second edition of the Trusts Quality Newsletter.

The Quality Newsletter aims to share learning across the trust to support us to continue to provide high quality services that keep people safe. We are sharing changes made in practice from learning from a variety of sources which include:

- Incidents
- Complaints
- Feedback from patients and their carers
- New innovation / developments in clinical practice

This edition’s shared learning included:

- Are medicines delivered safely to your clinic?
  The dental department had to temporarily change the way they ordered medicines and the couriers were delivering the order to any department at the health centres. There was an incident reported where controlled drugs had been delivered to a different department and when located there was a discrepancy in the actual numbers of stock delivered.
  The service have now introduced a system where on ordering medicines, they specify the delivery is for the dental department so that medicines can be checked at the time of delivery, stored as per Trust Policy, and are kept safe and away from public areas. Everyone is asked to check your systems are safe for receiving stock and medicines.

- Duplication of patient records due to incorrect spelling of patients’ name
  The school nursing and safeguarding teams in Wigan reported an incident where two separate care records for a child were created on the electronic system due to the child’s name being spelt incorrectly. This was due to a new record being created locally when the NHS Number was not available. Due to the wrong spelling of the name, the two clinical records were not merged and clinicians did not have access to all the child’s information.

- Supporting carers to reposition patients’ to provide pressure relief
  Following the investigation of an incident where a patient developed a Category 3 Pressure Ulcer, there was no evidence of position changes to assist the patient’s carers as to when the patient last had a position change.
  The Tissue Viability Service has developed a repositioning chart that can be completed by carers at each visit. This will support the implementation of an effective pressure relieving regime by documenting repositioning to enable review, and evidence best practice.