Open and Honest Care in your Local NHS Trust

Bridgewater Community Healthcare NHS Foundation 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

March 2017
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.

93.9% 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>
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</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 69 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>15</td>
<td>3</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>St Helens</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Warrington</td>
<td>16</td>
<td>4</td>
<td>1</td>
<td>21</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.

**Rate per 10,000 population:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate per 10,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>0.750</td>
</tr>
<tr>
<td>Halton</td>
<td>1.429</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.341</td>
</tr>
<tr>
<td>Warrington</td>
<td>1.024</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 **95.6**% recommended for the Friends and Family test*. This is based on 3330 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 Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>97%</td>
<td>96%</td>
<td>82%</td>
<td>100%</td>
<td>96%</td>
<td>93%</td>
<td>95%</td>
<td>100%</td>
<td>93%</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>99%</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>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</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>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</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>99%</td>
<td>100%</td>
<td>100%</td>
<td>99%</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>98%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</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>99%</td>
<td>97%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Staff experience

We asked 287 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

Peter’s Story

Prior to his hospital admission Peter led a rather enjoyable, active life consisting of going to the gym, walks, socialising, theatre and restaurants.

In 2015 Peter became gravely concerned as he observed that he was gradually losing his faculties including his ability to walk. In his words “the body was shutting down”. In July of that year he was admitted to Whiston hospital and diagnosed with cervical myelopathy.

Peter’s specific difficulties at the time were: walking and a loss of function of his hands, which imposed a debilitating effect on activities of daily living. Peter was transferred to Seddon Suite, St Helen’s Hospital for in-patient rehabilitation.

To assist with his transition home Peter was referred to and visited by the Community Specialist Rehab Service in April 2016.

He was experiencing great mobility difficulties. Furthermore the bathroom and bedroom facilities were unfortunately located upstairs, making access dangerous.

His foremost goals were to halt deterioration, increase fitness and generally “be the best I could be”. This was a challenge initially due to restricted everyday movements of standing and walking.

Peter explains how he, his wife and the team overcame these barriers and made an “incredible difference”. He describes the Community Specialist Rehab Service as “a remarkably encouraging team”, crediting them for their expertise and commitment.

Peter eloquently disclosed how he has always felt there has been a “contract” between himself and the Community Specialist Rehab Service, whereby each have to do their part in helping Peter move forward. “It was a joint effort. Improve and motivate that’s what we’ve done together”.

Physiotherapists have worked with Peter on his endurance and balance. Whilst Occupational therapy focused on his activities of daily living, namely functional goals in the kitchen and outdoor access.

Along with a bettered posture and standing balance Peter is now enjoying an enhanced quality of life. He is venturing out for walks, seeing friends, going to restaurants and has an improved quality of family life.

Peter feels that the support and knowledge afforded by the team has enabled him to reap these benefits and improvements. Peter is a very determined man who has worked tirelessly with his wife in-between therapy sessions, which has resulted in speedier recovery and improvements.

Although Peter is “substantially better” and walks unaided indoors he adds “I am still going forward and seeing improvements. Indeed Peter has always embraced the motto of “being the best and doing the best I can” and this has plainly been evidenced.

Community Specialist Rehabilitation Service Halton
“Preparing for leaving, learning from leaving” – staff leavers event

During March 2017, a number of Bridgewater staff working in St Helens Borough underwent transfer to other Local Community Service Providers.

In order to help staff adapt and prepare for the transition of services, the Organisational Development Team provided a leavers event for them to meet with the Senior management Team, celebrate their achievements, share memories of their time working in partnership with Bridgewater and local patients and learn lessons that will contribute to continual improvement within Bridgewater.

The event drew on William Bridges’ Transitions model (1991) of endings and beginnings, reflecting on their legacy and recalling the excellent service they have provided throughout their tenure.

The workshop looked at the following areas …

• Their achievements and successes during their time in service
• Those key attributes that they take with them to their new employers, so that patients in St Helens will continue to experience safe and high quality care delivery
• A reflection on experiences and offer of lessons learned for Bridgewater, so that we continually improve staff experience and ultimately, through this, patient experience

Lots of constructive, high quality feedback was received that is now being considered and will be built in to the staff engagement plans for 2017.

A selection of feedback we will be using to improve staff experience:

• Proud of being people centred, a human approach, strong networks and relationships
• Proud of the partnership working with Local Authority
• Proud of the staff for their commitment and the quality of care we have provided – will take with us
• Friendships that will last forever
• Proud of being part of a District Nursing team
• Lessons learned included considering the impact of restructures on staff and teams and the importance of ongoing listening and communication with staff at times of change

The Chief Executive, Colin Scales along with the Senior Management Team listened to staff share stories and shared memories with them over tea and cake at the end of the session.

Learning from this and other similar events, it was agreed that any staff undergoing periods of change will benefit from joining similar events, and these have been built in to the Organisational Development offer for Bridgewater.