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

November 2014
Open and Honest Care at Bridgewater Community Healthcare NHS Trust: November 2014

This report is based on information from November 2014. 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.

95.1% 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 diarrhea, 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>1</td>
<td>0</td>
<td>1</td>
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</tbody>
</table>
Pressure ulcers

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 23 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>6</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Halton</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>St Helens</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Warrington</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</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>0.251</td>
</tr>
<tr>
<td>Halton</td>
<td>0.556</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.057</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.343</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.

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 **98.5** % recommended for the Friends and Family test*.

This is based on 1805 responses.

*This result may have changed since publication, for the latest score please visit: [http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/]
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>Percentage of patients that responded positively</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>97% 99% 98% 98% 92% 96%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>99% 100% 100% 100% 99% 100%</td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
<td>99% 100% 100% 100% 100% 100%</td>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
<td>99% 99% 100% 100% 99% 99%</td>
</tr>
</tbody>
</table>

Staff experience

We asked 230 Staff the following questions in a quarterly survey to help us evaluate staff experience:

- **How likely are you to recommend the Trust to friends and family if they needed care or treatment?**
  - **Percentage of staff that would recommend the Trust**: 79%

- **How likely are you to recommend the Trust to friends and family as a place to work?**
  - **Percentage of staff that would recommend the Trust**: 46%

A patient's story

This story reflects the experience of one of our patients who received care from the district nursing service, the story is told by her daughter from a carers perspective.

My mother had suffered from leg ulcers on and off for several years and there was a pattern, her legs would swell the skin would split she would be seen by her doctor who would prescribe antibiotics. When this happened earlier this year I requested the district nurse attend before the skin broke. After discussing previous treatment options the use of compression stocking was suggested. It was a couple of weeks before my mother was measured for the stockings and we were advised that as these would need to be made to measure this would probably take a week. At this stage the skin on my mothers legs were still intact, however nine days later this again split and I alerted the district nurses to this. Although they visited the next day and applied a dressing it was then a further two weeks before the stocking arrived and in this time I had contacted the team three times to follow this up. When the stockings did arrive they were too small and no longer any use as she then had wounds on both legs that needed bandaged dressings to mop up the leakage. The bandaged dressings continued, these often became wet and needed changing, there were not always dressings in the home to allow this to happen. I continued to communicate with the team making several telephone calls, leaving messages which were not always returned and arranging visits not all of which were made on the agreed day.

The care experienced left me feeling frustrated with the lack of communication, the missed visits and the delay in the availability of the compression stockings and dressings.

Since my experience I have met with the team leader and service manager to share my concerns and contributed to the service changes.
Improvement story: we are listening to our patients and making changes

This month’s patient story highlighted the need for changes in the way we communicate, manage supplies and plan our workload. The changes include both short term and longer term improvements.

**In the short term:**

All answer phone messages are now recorded in the message book, messages are returned at the earliest opportunity and signed for when completed.

A daily handover has been introduced, the handover record now includes two additional prompts one to confirm that dressing stock has been checked within the home and the second to confirm if a prescription is required. The handover provides a daily opportunity for a senior nurse to overview and offer clinical direction on the patient care delivered. The content of the handover is recorded on a standardised proforma which is signed and dated by the senior nurse leading the process. The team have found these changes to be simple yet really helpful specifically the addition of the dressing stock prompt.

A tissue viability nurse has been recruited into post in the area and the link nurse system has been reintroduced.

The introduction of this post in the borough will support the delivery of clinical skills training and competency based assessment.

**In the longer term:**

We are continuing to increase the number of nurse prescribers we have in the service. This will support the patient and their relatives to independently manage dressing supplies, which in this instance the daughter of our patient tried to do, by enabling the nurse to prescribe and leave the prescription at the time of the visit.

We are currently working to implement mobile working. This is based on electronic scheduling which with greatly reduce the likelihood of missed visits and each nurse will have advise to continuously view their allocated visits.

We are also developing our ‘healthy legs’ initiatives to help our patients and wider population to proactively look after their legs reducing the number that develop skin conditions and wounds. This will involve working closely with our partners in social care and some of our voluntary organisations.