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

November 2017
Open and Honest Care at Bridgewater Community Healthcare NHS Foundation Trust : November 2017

This report is based on information from November 2017. 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.

94.3% 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

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 45 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>12</td>
<td>8</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Halton</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</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>13</td>
<td>5</td>
<td>0</td>
<td>18</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 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>0.625</td>
</tr>
<tr>
<td>Halton</td>
<td>0.556</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.000</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.878</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...

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 2219 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>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</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>99%</td>
<td>86%</td>
<td>95%</td>
<td>93%</td>
<td>92%</td>
<td>93%</td>
<td>100%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</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>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</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>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>99%</td>
<td>93%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</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:

*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: 76%

*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: 36%
A patient's story

This story is from a lady regarding her experience of the Podiatry Service.

The Podiatry Service is aimed at maintaining the foot health of those patients who risk damage/deformity to their feet as a result of high medical need and podiatric need.

The patient had attended Grappenhall podiatry clinic in January 2017 for her annual diabetic foot screening.

Diabetes can cause damage to the blood vessels in the feet and also cause reduced feeling due to nerve end damage. As part of a diabetic foot screening the service carry out checks for the blood flow and nerve conductivity to patient’s feet. The vascular assessment involves the use of a Doppler machine which enables the podiatrist to listen to the quality of blood flow in the legs and feet.

The blood supply to the patients left leg was acceptable but the blood flow to the right leg was reduced with one reading being Monophasic (poor) and the other pulse unable to be read.

The patient has a history of coronary heart disease where the vessels in the heart become narrowed or blocked and in light of this the podiatrist wrote to her GP asking for a referral to the vascular team for an assessment.

When the patient attended the clinic in April for their routine podiatry appointment the patient advised the podiatrist that they had been assessed by the vascular team who had found a blockage in one of the arteries in the right leg.

The patient was grateful that a diagnosis has been made and appreciative of the service’s intervention and referral to the vascular team.

The podiatry service continues to monitor the patient and will reassess their vascular and neurological status annually.

Community Podiatry Service Warrington
Member of staff concerned: Tracey Farrington

3. IMPROVEMENT

Improvement story:

Bridgewater’s Bolton 5-19 services celebrate their 2 year anniversary.

Bolton’s LiA team and staff engagement champions held an engagement event with Bolton staff to celebrate their second year with Bridgewater on Thursday 5 December.

Fifty attendees participated in the event opened by Colin Scales, CEO and received an inspirational presentation from Christine Samosa Director of People, Planning and Organisational Development/Deputy CEO. They then took part in a fun session, led by Jill Harrison Healthy Weight Advisor, where they worked on local team issues and glimpses of brilliance.

Teams from Bolton brought cakes for a ‘Bolton Bake Off’ competition which was judged by Colin and Chris with the winning team being the 360 Young Peoples Substance Misuse Service. The attendees donated money for their slices of cake and the event raised £85 for the charity Urban Outreach.

Additionally, they held an awards ceremony with the awards presented to the winners by the Chief Executive.

The categories and winners were:

Unsung Hero – Debbie Duckworth 360 Support Worker
Displaying compassionate/caring Leadership – Lorraine Broderick 360 Service Manager
Inspiring – Jill Harrison Healthy Weight Advisor
Using Initiative – Amy Graham Adolescent nurse – The Parallel
Team Player – Michelle Barnes Public Health Administrator

The Immunisation Team also won a special team award for their man management of a Hepatitis outbreak which highlighted their dedication and professionalism.