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

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

This report is based on information from September 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.

93.5% 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>Health care 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>Cdifff</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 33 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>14</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Halton</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</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>5</td>
<td>1</td>
<td>1</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>Ashton, Leigh and Wigan</th>
<th>Halton</th>
<th>St Helens</th>
<th>Warrington</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.531</td>
<td>0.714</td>
<td>0.000</td>
<td>0.341</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 **96.7%** recommended for the Friends and Family test*.

This is based on 2252 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>Percentage of patients that responded positively</th>
<th>Bolton</th>
<th>Dental Services</th>
<th>Halton</th>
<th>Cheshire</th>
<th>Wirral</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Willaston</th>
<th>Bridgewater</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Halton</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>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>100%</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>100%</td>
<td>99%</td>
<td>99%</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>100%</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>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</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>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Staff experience

We asked 140 Staff the following questions in a quarterly survey to help us evaluate staff experience:

| Percentage of staff that would recommend the Trust | How likely are you to recommend the Trust to friends and family if they needed care or treatment? | 76% |
| How likely are you to recommend the Trust to friends and family as a place to work? | 36% |

### A patient's story

**This story is from a mum regarding her daughter Grace and her family's experience of the Paediatric Speech and Language Therapy Service.**

Grace was initially referred into the children's speech and language therapy service (SLT) in 2016 when she was 5 years old. Since that time she has been receiving support and visits from the service regularly, most recently from Jen Waller, focusing on Grace’s speech sounds.

“I just wanted to get in touch to tell you how grateful we are as a family to you and the other members of your team who have offered support for Grace’s speech development.

When we first started bringing Grace to the clinic, she lacked the confidence to speak to people that she didn’t know. When she started Rainbows, (girl guides for children aged 5 to 7yrs) she came home in tears because she was going to have to share news with the group and she was worried that nobody would be able to understand what she said. Prior to her weekly Rainbow meetings we would spend time thinking of what Grace could say and rehearsing it so that she felt more confident, I even had to write her sentence down for her so that someone would be able to read it if she couldn’t make herself understood.”

The service has worked closely with her family, offering advice and demonstrating how to support Grace to help her produce a wider range of speech sounds to improve the intelligibility of her speech.

Grace’s family have been provided with a detailed programme to promote daily practice and Jen has also visited her in school to demonstrate the service programme and advise the school staff so that they too can support Grace’s progress appropriately.

“As a family we have worked hard to support Grace. The teaching assistant who supported Grace in school worked hard to support her. But, most of all, Grace worked hard herself, putting 100% effort into correcting her speech sounds. I have often caught her practising in front of a mirror!”

It was Grace’s birthday on Sunday and we went on a CBBC tour at Media City in Salford. As part of the tour, Grace was chosen to present a news bulletin in the Newsround set. At one time, this would have filled her (and me) with dread, however on Sunday, she calmly read from the autocue and delivered a word perfect link in front of 25 adults and children. She enjoyed it so much that her new ambition is to be a TV presenter! I couldn’t be more proud.

“I want to thank you all from the bottom of my heart.”

Grace’s family have been enormously supportive of the process. Grace has recently been discharged from the service – she feels happy about her talking now and reports that she is no longer worried about any sounds.

Paediatric Speech and Language Therapy Service Wigan

Member of staff concerned: Jen Waller
Improvement story:

<table>
<thead>
<tr>
<th>Title</th>
<th>Hydrate for Health Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Denise McMinn (Business &amp; Admin Support Manager)</td>
</tr>
<tr>
<td>Date</td>
<td>September 2017</td>
</tr>
<tr>
<td>Purpose</td>
<td>To update interested parties of the final results of the Hydrant Programme following on from the last report in June 2016.</td>
</tr>
<tr>
<td>Audience</td>
<td>Innovation &amp; Improvement Monthly Group Meeting</td>
</tr>
</tbody>
</table>

1.0 EXECUTIVE SUMMARY

From the surveys conducted with Service Users, Carers and Care Home staff, it further confirms (please see report from June 2016) that through the Hydrant bottle, it empowers patients to drink more independently. Furthermore, the majority of the Care Assistants in the Homes reported the hydrant bottle to be excellent.

2.0 CONTENTS PAGE

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Executive Summary</td>
</tr>
<tr>
<td>1 Introduction and background information</td>
</tr>
<tr>
<td>1 Main Body of Report</td>
</tr>
<tr>
<td>3 Conclusions</td>
</tr>
<tr>
<td>4 Recommendations</td>
</tr>
<tr>
<td>5 Appendices</td>
</tr>
</tbody>
</table>

3.0 INTRODUCTION AND BACKGROUND INFORMATION

A specific healthcare problem leading to, for example urinary infections, falls and general illness has been identified as dehydration in some patients. This has increased the frequency of doctors and hospital visits as well as an increase in drugs prescribed which has an impact on prescribing budgets. Through introducing the Hydrant with the intention of reducing falls, UTIs, prescribed budgets and promoting independence, Bridgewater has enabled patients to have easy independent access to fluids at all times. This report is the final report for the Hydrate for Health Programme.

4.0 MAIN BODY OF REPORT

4.1 When did the project start and when did it conclude?

The project started on the 1st June 2015 and ended on the 15th March 2017.

4.2 Who was the targeted audience?

The project started with the Wheelchair Services who sent out leaflets to patients identified who would benefit from using the Hydrant bottle. The final stage of this project was to target 8 Care Homes in Warrington.

4.3 How do we deliver the Hydrant bottles and obtain feedback?

Patients contact the Project Team if they are interested in taking part in the project and an initial survey is conducted using the “Bridgewater Hydrant programme client record”. For the purpose of concluding the project, it was agreed with the patients that we wouldn’t telephone the patient at 3 months and finally 6 months post delivery of the Hydrant Bottle, but the patients would send back "The Hydrant – Your Views (Service Users) (Appendix i)” with a prepaid envelope. In addition, a Survey Monkey was sent out to Bridgewater Staff Care Assistants within the Homes for their feedback (Appendix ii).

4.4 What was the final result?

A quick analysis of the data indicates there were 55% of patients and carers who sent back their feedback and 88% Care Assistant within the homes.

From the feedback from patients and Carers a summary of the feedback is attached (appendix iii). This highlights the following results:-

A high percentage of patients agreed that the Hydrant was:-

- Easy to drink from (50%)
- Enabled the patient to drink unaided (50%)
- Increased their independence (50%)
- Helped the patient drink more (50%)
- Help reduce the number of home visits by the patient’s doctor (50%)
- 83% rated the hydrant between an 8 – 10 (10 being excellent)

From the feedback from Care Assistant in the Homes a summary of the feedback is attached (appendix iv). This highlights the following results:-

A high percentage of patients agreed that the Hydrant was:-

- Easy to drink from
- Enabled the patient to drink unaided
- Increased their independence
- Helped the patient drink more
- 71.43% rated the hydrant between an 8 – 10 (10 being excellent)

In addition, reflecting on the project, the following was concluded from a project perspective, but more importantly, from the patients, carers and Bridgewater Care Home Assistants:-
4.4.1 What has gone well?

Here are some feedback comments from patients, carers and staff:-

“This is very useful and easy to drink from, but I always drink a set amount as a minimum so that did not change but being able to just suck on the tube was great I did not need to sit up to drink. Overall I feel this is a great item.”

“I have on my adjustable bed and use it regularly. It helps with my dehydration and dry mouth. I use every day since I received. Great for me”.

“For someone reliant to a wheelchair this is an excellent product. It enables me to have a drink whenever I want and has increased my water intake which has helped enormously”.

“I think these are invaluable for residents within care homes who are able to use them and also provide them some independence, for those who have been reliant on others.

We are hoping this reduces the risk of dehydration for some residents within care homes and also helps reduce the number of urine infections (UTI’s) encouraging patients to drink”. (Community Matron for Care Homes, Bridgewater Community Healthcare NHS FT)

4.4.2 What could have gone better?

The results of reducing the number of urine infections could have been higher. This suggests that the main outcome of the bottle was to promote independence/self-care.

5.0 CONCLUSIONS

From the survey results and comments received from this report and the last report in June 2016, we can conclude that patients and Carers benefit from using the Hydrate Bottle. In addition, the Hydrate Bottle empowers patients to drink more independently. Moreover, the hydrant is very effective when used as part of a comprehensive package of care.

6.0 RECOMMENDATIONS

- Ensure hydrant bottles are available in all care homes.
- Use hydrant bottle as part of a comprehensive care package.

7.0 APPENDICES

i. “The Hydrant – Your Views (Service Users) form
ii. “The Hydrant – Your Views (Care Home Staff) form
iii. Summary of feedback from patients and Carers
iv. Feedback from Care Assistant in the Homes