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

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

This report is based on information from May 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.

95.0% 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.

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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 28 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>21</td>
<td>1</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Halton</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</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>0</td>
<td>0</td>
<td>0</td>
<td>0</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 **97.1%** recommended for the Friends and Family test.

This is based on 3180 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>97%</td>
<td>93%</td>
<td>98%</td>
<td>94%</td>
<td>91%</td>
<td>97%</td>
<td>83%</td>
<td>95%</td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</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 privacy, dignity and respect given to you?</td>
<td>99%</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>
</tr>
<tr>
<td>How satisfied are you with the opportunity you were given to ask questions?</td>
<td>99%</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 overall experience of your care or treatment?</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>
</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>
<th>78%</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>
<td></td>
</tr>
<tr>
<td>How likely are you to recommend the Trust to friends and family as a place to work?</td>
<td>45%</td>
</tr>
</tbody>
</table>
Michelle

Background:
Preceding her injury Michelle enjoyed what she describes as a "normal family life" with her husband and two sons, working as a housekeeper for professionals and enjoying family holidays. Her avocations included crochet, socialising with friends and going out for meals. She especially loved attending music festivals and visiting the Lake District.

Injury:
In November 2015 Michelle suffered a sub-arachnoid haemorrhage due to a ruptured aneurysm and collapsed in the kitchen resulting in her being hospitalised and undergoing several weeks of rehabilitation in hospital.

She is unable to remember exactly what happened but recounts “strange memories” and dreams whilst in hospital.

Upon discharge Michelle was referred to the Community Specialist Rehabilitation Service (CSRS) and was visited in March 2016.

She details how her whole life had been transformed, struggling with personal activities of daily living, even the act of brushing her hair was arduous and she found herself becoming ever increasingly dependent on others, which being young was particularly difficult to accept. Michelle struggled to adapt to being at home and accept that life was now different.

She grappled with issues of physical mobility, confidence and was particularly anxious about accessing the community and socialising, feeling embarrassed about people seeing how she was.

Michelle became pre-occupied with thoughts of her current limitations and the uncertainty of the future.

The CSRS team helped Michelle to move forward and work towards meaningful, realistic targets.

With the help of several other Bridgewater Community Services, Physiotherapy performed gait re-education, strengthening and movement patterning work to address lower limb weakness and spasticity.

Occupational therapy supported with the assessment for long term bathing equipment, implementing pacing strategies and also assisted with a personal independence payment (PIP) application.

Psychology focused on adjustment to living with a brain injury and aided understanding of the impact on her cognitive skills.

Michelle found therapy beneficial with “helping you through the week”, instilling routine and boosting motivation. Furthermore the support provided with rehabilitation helped take the burden off her family and provide reassurance.

Michelle’s own resilience and determination facilitated her rehabilitation as she ventured into the community to “face up to people”.

Michelle inspirationally remarked “you’ve just got to do it…you’ve got to bite the bullet…what’s the other option?” Personally she added “if you don’t use the walking stick, you don’t go out”.

She has learned to be increasingly tolerant of others’ perceptions and patient in her recovery.

With help from Vocational Rehab Michelle has since returned to her previous work place on a part-time basis performing adapted duties and is now contemplating alternative prospects.

Michelle has now grown in confidence and independence being far more positive about the possibilities for the future stating she now can “still go out and enjoy being out in a different way”.

A patient’s story
3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

The Education and Professional Development Service are proud to announce the results of the 2016-2017 Health Education England - LDA Placement Quality Monitoring Review.

This year Bridgewater Community Healthcare NHS Foundation Trust was awarded a score of 95.24% which is 10% above the North West average and 6% above the GM average.

This is a fantastic result and reflects how much work is undertaken supporting the Mentors, Educators and students in practice. It also highlights the excellent work of services, teams, mentors and educators across the organisation in providing quality education to all students that have the opportunity to spend time on placement within our Trust.

One of the commendations from Health Education England Trust is that students strongly responded that they feel able to raise concerns. We have recently undertaken an analysis of this years’ student evaluations to ensure that we are consistently maintaining and improving our service. The overwhelming majority of students have a wonderful placement experience whilst with our community teams. Some of the areas of good practice are:

- 100% students said they knew who to contact to raise concerns
- 100% students said they were encouraged to promote dignity and respect of service users
- 100% students said they received an orientation to working practices, policies and procedures
- 100% students said the placement enabled team working consistent with NHS core values
- 100% students said they were able to learn from service users and carers
- 99.3% students said they were encouraged to work within their professional scope of practice
- 99.3% Students said they were able to raise concerns on placement
- 99.3% of students would recommend Bridgewater as a place of care (increased from 98% in 2015 – 2016 report) and well above the regional average of 97.6%

Additionally we have recently undertaken an Education Quality Survey with our mentors and educators across the Trust to give a snapshot of the overall quality of education from the viewpoint of team leaders, mentors and educators. The overwhelming majority of responses were positive and assure the Education and Professional Development Service that the quality of students and education continues to be of an exceptionally high standard. Some of the areas of good practice are:

- 100% said that they were satisfied with learners on placement
- 100% said that learners are ‘fit for purpose’ on completion of their training programme
- 100% said that they were satisfied in their role as a mentor / educator
- 100% said that they feel supported by the PEF
- 100% said that the placement charter is displayed and implemented within their department
- 100% said that they would know what to do if a student raised a concern

Finally special thanks must go to our PEF team who continue to deliver an exceptional service to meet our Student Education Agenda.