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

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

This report is based on information from March 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the 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 new harms.

94.4% of patients did not experience any of the four harms in this trust.

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.website.com

<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
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 grades, with one being the least severe and four being the most severe.

This month 27 Grade 2 - Grade 4 pressure ulcers were acquired on community case loads.

<table>
<thead>
<tr>
<th>Number of pressure ulcers</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Halton</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>St Helens</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Warrington</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</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>0.023</td>
</tr>
<tr>
<td>Halton</td>
<td>0.924</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.023</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.025</td>
</tr>
</tbody>
</table>
2. EXPERIENCE

Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

Patient experience

<table>
<thead>
<tr>
<th>We asked our patients........</th>
<th>Percentage of patients that responded positively</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Services</td>
</tr>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>99%</td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
<td>100%</td>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
<td>99%</td>
</tr>
</tbody>
</table>

A patient’s story

This section describes a patient’s experience of care from our Tissue Viability Service – this service aims to provide specialist care for patients with the most severe chronic open wounds/pressure sores.

One of our patients kindly agreed to share their story with our Board in March 2014 but we have removed any details which would lead to patient identification.

Our patient’s journey began five years ago when he developed a lower leg wound. He has been treated by a variety of health care professionals in both hospital and in community health services but his wound had improved and then deteriorated again several times during this time. This meant the patient lost confidence in the care he was receiving.

Our Tissue Viability team responded by listening to the patient and using experience and knowledge of the wound care products available to develop a care plan tailored to the patient’s individual needs. This increased the patient’s confidence in the care he was receiving from us as he could see a visible difference in his wound and in his quality of life.

As a result of this experience we have been looking at how we can improve the quality of care delivered to patients across the Trust through a patient centred approach. For example we have developed a network of community nurses within district nursing who act as “link nurses” with the Tissue Viability team. These nurses have received additional training in the care of wounds and act as a knowledgeable resource in nursing teams.

Staff experience

Currently a Staff Friends and Family Test is in development, but we use similar questions in a quarterly survey to help us evaluate staff experience.

<table>
<thead>
<tr>
<th>Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver</th>
<th>77%</th>
</tr>
</thead>
</table>
3. IMPROVEMENT

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

Working closely with our lay reader panel, we have developed a concise information leaflet for patients and their carers, titled “Working together to prevent pressure ulcers”. This highlights to patients, the times they may be at more risk of developing a pressure ulcer and how the risk can be minimised through self-help.

This leaflet gives information about how to help prevent pressure ulcers (bedsores). Please ask staff if you have any questions.

What are pressure ulcers?
Pressure ulcers (bedsores) are areas of damage to skin and underlying tissue. They are usually caused by sitting or lying in one position without moving for too long.

A pressure ulcer can develop in only a few hours. It usually starts with the skin changing colour — it may appear slightly redder or darker than usual.

If an ulcer is not treated, it can develop to an open blister which can then lead to more serious skin problems, so contact your nurse if there are any skin changes.

Which areas are most likely to develop pressure ulcers?
Ulcers tend to develop on parts of the body which take your weight and where bone is near the surface.
You are at risk of developing pressure ulcers if you:

- have to stay in bed
- have difficulty moving around
- spend long periods in an armchair or wheelchair
- have a serious illness
- are on long term steroid therapy
- have poor circulation
- lose bladder or bowel control
- have lost feeling in parts of your body (e.g. after a stroke).
- have a poor diet or fluid intake. Poor diet may cause you to become malnourished, not drinking enough fluid can cause dehydration.
- have had a pressure ulcer before.

How to avoid pressure ulcers

1. If you are in bed:
   - change your position regularly, alternating between your back and sides. If you find this hard, your nurse will advise you.
   - inspect your skin regularly for signs of possible or actual damage. The nurses and carers can help you with this.
2. If you are in an armchair or wheelchair:
   - try to take your weight off your bottom every half an hour by leaning forward and pushing up on the arms of your chair.
   - regularly roll from buttock to buttock a few times.

What else can you do to help prevent pressure ulcers?

   - Eat a healthy diet and drink plenty of fluids
   - Keep your skin clean and dry
   - Follow any moving and turning programmes planned by your health care staff
   - you should not sit in your chair for more than two hours at a time, even if it has a specialised cushion
   - Where appropriate you may be supplied with a special mattress/cushion

Please talk to your nurse at any time if you think you might be developing a pressure ulcer.

Call our Bridgewater Patient Services line on 0800 557 0562 for comments, compliments, complaints and to receive impartial and confidential advice or information about our services. You can also contact us if you would like this document in another language or format.

Email: patient.services@bridgewater.nhs.uk

www.bridgewater.nhs.uk

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