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

January 2016
Open and Honest Care at Bridgewater Community Healthcare NHS Trust:
January 2016

This report is based on information from January 2016. 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.

93.0% 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 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>0</td>
<td>0</td>
<td>0</td>
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</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>4</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Halton</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>St Helens</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Warrington</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
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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>
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<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>0.188</td>
</tr>
<tr>
<td>Halton</td>
<td>1.032</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.398</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.341</td>
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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 % recommended for the Friends and Family test*.

This is based on 2632 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>Dental Services</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
<td>100%</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>100%</td>
</tr>
</tbody>
</table>

Staff experience

We asked 153 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: 86%

- **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: 40%

A patient’s story

This story is about a young wheelchair user who needs to use a harness to ensure that she is safe in her chair, particularly when travelling on the school bus. She had outgrown her harness and was able to undo the straps by herself, leaving her vulnerable when using the chair. An assessment was done and a new harness was ordered and received within four weeks. However, when this was fitted onto the young lady’s chair it was found not be suitable for her, again partly because she was able to undo the straps herself.

The service were able to source a different harness with tamper-proof buckles was located and an order was placed. It is usual for bespoke items such as this to take up to six weeks for delivery, however, there was a delay, later found to be part of the procurement process, and the family were not told of the delay or the reasons for it.

The family were left frustrated by the lack of communication from the service and lack of empathy for the fear they felt whenever their daughter was travelling using the old harness.

The family contacted the Trust and their concerns were investigated; as a result the service manager and procurement team reviewed their processes and they have made changes to ensure that orders are raised and processed promptly. The new pathway, with timescales for clinical staff and admin to work to, from prescription to delivery is now in place and this should prevent similar issues going forward.

The new harness has now been received and fitted to the young patient’s wheelchair. The family are very happy and reassured that their child is safe now when travelling.
After completing the ILM Certificate in Leadership and Management, level 5 (2013 – 2014) as a relatively new Speech and Language Team Leader I was then offered the opportunity to extend this learning by undertaking a further qualification in September 2014. This would result, on successful completion of the assignments, with me gaining an ILM Diploma in Leadership and Management (Level 5)

The Project:

Within the timescale of the Programme the Trust had successfully bid for the St Helens Paediatric Speech and Language Therapy service. We quickly learned that our initial challenge was that we had inherited a waiting list, which on 1 July stood at 376 children waiting up to 36 weeks for an initial assessment. This became my priority and also my QI project.

The overall goal of my project was to effectively manage this inherited waiting list so as to clear the backlog and offer children an initial assessment within the national Referral to Treatment (RTT) standard of 18 weeks by 30 September 2015.

As part of my assignment I developed a project plan that incorporated a range of short-term objectives, including:

- Establishing a new base for the service
- Data migration from Paris to SystmOne with continued EPR and mobile working
- Improved referral management
- Improved appointment allocation
- Referrer training

Benefits to Service:

1. The project was successful and by end of September 100% of children referred were being offered an assessment appointment within 18 weeks
2. At the end of October our longest wait for assessment was 14 weeks with 90% of children being seen for assessment within 6 weeks of referral
3. A range of appropriate controls and monitoring techniques are in place to ensure that the improvement is sustained in the long term
4. In line with BCHFT’s values, bespoke assessment appointments that were locally delivered and patient centred i.e. SLT level of expertise according to need and appointment length were offered.
5. Aspects of queuing theory in terms of clinical triage and segmentation of the waiting list to facilitate streamlining of the service were applied.

Conclusion:

It is without a doubt that this project succeeded because of the ILM QI course which ran alongside its development and implementation. The quality of the taught classes, support from the facilitators with such a high level of expertise and the constant inspiration and encouragement by all of those involved in the course has not only been of direct benefit to me and the St Helens SLT team, but also to the children and families in St Helens who have been referred to us when a speech, language or communication difficulty is suspected. It has enabled BCHFT to increase service accessibility and provide a quality assessment offer for such children and families – reducing anxiety and enabling rapid access to advice and support. I thank all of those involved in the ILM QI Course, to whom I am immensely grateful.