Open and Honest Care in your Local NHS Trust

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

This report is based on information from March 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.

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/

Healthcare Acquired 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>
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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 48 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>10</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Halton</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>St Helens</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Warrington</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>13</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>
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</thead>
<tbody>
<tr>
<td>Ashton, Leigh and Wigan</td>
<td>0.344</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halton</td>
<td>1.270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Helens</td>
<td>0.455</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warrington</td>
<td>0.634</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 96.6% recommended for the Friends and Family test*.

This is based on 3340 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>Question</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>96%</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given?</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>99%</td>
</tr>
</tbody>
</table>

### Staff experience

We asked 61 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?** 75%
- **How likely are you to recommend the Trust to friends and family as a place to work?** 33%

### A patient’s story

This story is a patient’s journey through the District Nursing service written in her own words.

In August 2015, I was put in compression bandages for a leg ulcer. I am full of praise for the nurses seen on my following appointments. However, I found it difficult seeing a different nurse each time.

In September I saw nurse (name), I was met with a cheery “Good Morning” and a very warm smile. I found her to be very professional with a competent calming manner I asked if I could book my following appointments with her.

Over the following months nurse (name) has been very attentive and supportive, keeping me well informed and answering and explaining any queries I have had. Being treated with warmth and dignity I feel like a person not a just a hospital number. As well as my leg progression I felt so much better and more positive myself.

When the time came to go into stockings I felt very nervous. Nurse (name) discussed all my options inviting my husband into the treatment room as he would be helping me with the stockings. I never felt rushed during my appointment she always made time to listen and reassure me.

Nurse (name) discharged me on Friday 18th March her excellent care and understanding has given me a positive outlook for the future.

Many thanks
3. IMPROVEMENT

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

This project was one of a number completed at the culmination of the Bridgewater Quality Improvement Practitioner Programme leading to an ILM Diploma in Leadership and Management (Level 5) and was implemented between March and August 2015.

The Background

Children’s Therapy Teams (Physiotherapy, Occupational Therapy and Speech and Language Therapy) within Bridgewater include Therapy Assistant staff who support qualified therapists with clinical and non-clinical tasks. Many of these staff are very experienced, working under supervision with children and young people to support their therapy management. This project involved the use of Therapy Assistants in ALW Physiotherapy and Occupational Therapy teams.

The Project

The aim of this project was to improve the use of this valuable team of Therapy Assistants and a range of improvement tools, focus groups to involve all relevant staff and stakeholders and action planning was used to achieve the following objectives –

- Increase patient-facing time for Therapy Assistants by pooling staff across clinical areas.
- Enable Therapy Assistants to widen their clinical work experience and further develop the breadth of their competence and confidence across a wider range of clinical areas.

Benefits to the Service

- The development of a more flexible, multi-skilled and resilient team.
- Improvement in patient experience through a more responsive and effective service.
- Value for money and greater efficiency.

Conclusion

Over the project period, patient facing time increased by 20% and the Therapy Assistant staff reported increased confidence and competence in a wider range of clinical areas. The use of Therapy Assistants continues to evolve and develop over time with the sustainability of the reported improvement gains being built into future projects.

The knowledge and skills gained from the ILM Quality Improvement course directly impacted on the success of this project and the skills and tools that were shared by the facilitators of the course continue to be used to implement further projects to improve the quality of Children’s Therapy Services within ALW.