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

December 2018
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.

96.7% 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>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 79 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>36</td>
<td>3</td>
<td>2</td>
<td>41</td>
</tr>
<tr>
<td>Halton</td>
<td>21</td>
<td>1</td>
<td>0</td>
<td>22</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>13</td>
<td>3</td>
<td>0</td>
<td>16</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>1.281</td>
</tr>
<tr>
<td>Halton</td>
<td>1.746</td>
</tr>
<tr>
<td>St Helens</td>
<td>0.000</td>
</tr>
<tr>
<td>Warrington</td>
<td>0.780</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 **96.6%** recommended for the Friends and Family test*. This is based on 1141 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>Percentage of patients that responded positively</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>Bridgewater</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td>100%</td>
<td>97%</td>
<td>97%</td>
<td>94%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></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>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td></td>
<td></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>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></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>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></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>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></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>100%</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff experience

We asked 164 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 similar care or treatment?*

Percentage of staff that would recommend the Trust

81%

*How likely are you to recommend the Trust to friends and family as a place to work?*

48%
Janet’s Story

This is the story of a patient called Janet who is currently living with a pressure ulcer. Pressure ulcers can have a huge impact on a patient’s quality of life as well as on their family.

Janet was unaware of the pressure ulcer and it was only when staff at the nursing home saw it that she realised she had one. She explains “I don’t think it’s affected me greatly coz I don’t feel anything most of the time… I’m aware it’s there because it’s being dressed regularly but I don’t feel it, it doesn’t give me any pain or anything like that.”

However, the pressure ulcer has had a big impact on her quality of life because of the constant bed rest Janet is now having as part of her treatment. She says “I don’t eat as much as I used to because [I’m in] my bed nearly all the time.” She also says “I don’t use up much energy when I’m in here coz I’m in bed all the time.” She compares this to how she used to be very active when she was younger.

Janet is being treated by Bridgewater’s Tissue Viability Service.
3. IMPROVEMENT

Improvement story:

NOW WE'RE TALKING
SUCCESSFUL PRACTICE
EDUCATION PROGRAMME AIDS BRIDgewater DISTRICT NURSES

Bridgewater’s Wigan Community District Nursing Service has introduced a new practice education programme to assist with the recruitment and retention of staff.

In 2017 the service had over 30 district nursing vacancies, which they were struggling to fill for a variety of different reasons. This had a knock on effect with staff illness from stress related issues due to having to cover for vacant positions in addition to their own workload.

A working group was set up with Human Resources and District Nurse teams led by Sharon Smith, Bridgewater’s District Nurse Co-ordinator and Recruitment Lead for the service. The group looked at the reasons as to why there were so many vacancies in the borough and also how better staff retention could be achieved.

It was decided to change the strategy and put in place a practice education programme to help improve the team and support for staff especially those new to community working.

The practice education programme involved employing two additional experienced Band 6 nurses to undertake a preceptorship programme to work with and offer support to new and existing staff members.

The three practice educators work closely with new starters from day one, introducing them to the team. They ensure they have all the training and support required, assisting with all their important policies including safeguarding, and ensure they are enrolled on all the correct training courses and inductions.

The programme also ensures that when new starters go into practice they have an experienced nurse mentor within the team able to offer knowledge and support, which would promote confidence and ensure good care.

In addition to supporting the new starters the practice educators also put on extra training and support staff who started with the service before the programme was initiated.

This has had a very positive impact on the service with a significant improvement in the retention of nurses and a reduction in staff illness.

In her role of recruitment lead for Bridgewater’s district nursing service in the Wigan area, Sharon has also become more involved with a number of local universities including: Edge Hill, UCLAN and Manchester in attracting students into community nursing for the Bridgewater service before they qualify, through recruitment and promotion days.

The team are also now able to support more students who have achieved their Specialist Practitioner Qualification (SPQ). These are registered nurses with a minimum of two years experience who have gone through a 12 month secondment to university to gain their SPQ and title of Band 6 district nurse.

Sharon continues, “Although it has been a lot of hard work we are delighted with the results we have achieved and the positive feedback from our nurses, who now feel fully supported in their roles”.

Find out more about the District Nursing Service in Wigan borough at http://www.bridgewater.nhs.uk/ashtonleighwigan/districtnursingservice/

The ‘Now We’re Talking’ campaign encourages Bridgewater staff to talk about their successes, achievements and service developments.