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

September 2018
Open and Honest Care at Bridgewater Community Healthcare NHS Foundation Trust:
September 2018

This report is based on information from September 2018. 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.

95.7% 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>
</tr>
</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 38 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>11</td>
<td>6</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Halton</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</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>9</td>
<td>0</td>
<td>0</td>
<td>9</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 **97.7%** recommended for the Friends and Family test*. This is based on 1816 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>Percentage of patients that responded positively</th>
</tr>
</thead>
<tbody>
<tr>
<td>We asked our patients…</td>
</tr>
<tr>
<td>Bolton</td>
</tr>
<tr>
<td>Denial Services</td>
</tr>
<tr>
<td>Halton</td>
</tr>
<tr>
<td>Oldham</td>
</tr>
<tr>
<td>St Helens</td>
</tr>
<tr>
<td>Warrington</td>
</tr>
<tr>
<td>Wigan</td>
</tr>
<tr>
<td>Bridgewater Overall</td>
</tr>
<tr>
<td>How satisfied are you with the time you waited to be seen?</td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
</tr>
<tr>
<td>How do you feel about the way staff listened to you?</td>
</tr>
<tr>
<td>How satisfied are you with the information you were given (Verbal and written)?</td>
</tr>
<tr>
<td>How satisfied are you with the privacy, dignity and respect given to you?</td>
</tr>
<tr>
<td>How do you feel about the opportunity you were given to ask questions?</td>
</tr>
<tr>
<td>How satisfied are you with the overall experience of your care or treatment?</td>
</tr>
</tbody>
</table>

Staff experience

We asked 164 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>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to recommend the Trust to friends and family if they needed care or treatment?</td>
</tr>
<tr>
<td>How likely are you to recommend the Trust to friends and family as a place to work?</td>
</tr>
</tbody>
</table>
Simon’s Story

Simon, who is affected by Duchenne Muscular Dystrophy, was helped by Bridgewater Tissue Viability & District Nurses after developing a pressure ulcer. He believes he first developed his pressure ulcer on a family holiday, where some of his pressure relieving equipment wasn’t working correctly. Unfortunately no one was aware of the problem until they arrived in Vienna, Austria, so they just had to manage as best they could.

Simon explains: “It was on my return from holiday when I first started to notice the initial symptoms of the pressure ulcer. The skin around the area started to disintegrate, go darker red in colour and look really ‘angry’; from there it developed really quickly.

Even though I was receiving excellent care at home twice, sometimes three times a week, from the TVS and district nurses it had a huge impact on my life, due to the amount of bed rest I required.

I was unable to go to work and my social life suffered as I was unable to leave the house very often to see my friends and also attend football matches, of which I am a huge fan. On occasions this did get me down and left me feeling very low”.

The pressure ulcer also had quite an effect on Simon’s diet, as he was not able to sit up as much as normal, meaning he would often miss his lunch and snacks, only getting up for his evening meal before getting back on his bed to rest again.

Not only did the pressure ulcer have an effect on Simon, but it also caused considerable issues for his family as Simon’s father Rod explains:

“As Simon was unable to go to work or his physiotherapy sessions for over a year it meant that both his mother and myself needed to be at home with him all the time to ensure everything was OK, including turning him six or seven times throughout the night to relieve the pressure”.

Rod added “Fortunately, through the excellent care, treatment and advice Simon received from the Bridgewater TVS & district nurses his pressure ulcer is now healing well and he has recently been able to return to work and attend his physiotherapy sessions which has given his mother and I a little more time to ourselves”.

The Bridgewater Tissue Viability & District Nurses are totally committed to ensuring the delivery of high quality care by developing and sustaining evidence based care with relevant research, audit, teaching and supporting all health care professionals throughout the trust.
3. IMPROVEMENT

Improvement story:

The Halton 0-19 children’s neuro-disability pathway is run from Wood View clinic based in Widnes, Cheshire. The centre provides services to children with a broad range of developmental delays or difficulties. The service provides specialist assessment, advice and support for families, individualised care plans for each young person and their family and sign posting to other community specialist services where appropriate.

This is provided in collaboration with other local specialist community and acute services such as Alder Hey hospital and local Speech and Language teams who work in the third sector.

The core team delivering services from Wood View as part of the Children’s disability pathway are as follows …

- Community paediatricians
- Children’s physiotherapy team
- Occupational therapies team
- Children’s Community Nursing Team
- Additional needs nursing team

Over the last two years, the children’s neuro-disability pathway has experienced a series of pressures due to service reconfiguration and redesign, where both families and staff alike have experienced uncertainty and lack of confidence in the service being delivered.

The Trust listened to concerns and decided to invest in the service by taking time out of clinical practice to review all aspects of delivery, identify areas of concern and work with the staff themselves to begin to redesign the service to suit the needs of their patients and families.

A five day Rapid Improvement Event (RIE) was undertaken to review pathways, identify blocks and gaps in processes and take ownership of improvements at a team level, whilst also increasing reflexivity through peer group review and learning. The overall intention was to engage the teams in whole pathway redesign, using the patient journey approach to ensure that there was a clear and constant line of sight to patients and their families in every process and element of redesign.

Outcomes of the event were …

- A refined, improved pathway
- Updated standard operating procedures to support new systems/processes
- A sense of shared ownership of problems and their solutions
- Directorate to take responsibility for continuing improvement
- A unified administrative process led and managed by the administrative team as a shared pooled process
- Communications plans that would keep parents and children informed and ensure all staff not present at the event could engage easily with on-going work plans
- Links to local third sector groups as community assets, to work in partnership to support local families
- An agreed, defined set of basic measures to show incremental improvements in the project plan
- An agreed structure to manage continual improvement after the RIE with leadership support
- A breakdown in silo thinking and an increase in reflexivity to create conditions for innovation and continual improvement

On the second day, an Appreciative Inquiry summit was undertaken, using the principles to recall what is good and build upon it, whilst acknowledging what was wrong and needed to improve.

Day one focused on the data, shared stories and experiences and built in activities to reinforce clear line of sight to families and patients as the core focus for the work.

Day two was an Appreciative Inquiry summit, focusing on what “we” can do together to improve our service for patients and their families.

Days three to five focused on team huddles, with daily task lists to build improvements day to day, reporting back at an afternoon huddle on progress, next steps and to seek consensus for the rest of the group regarding all planned changes. Teams were actively encouraged to work across the pathway, and discouraged from working within their own core team to encourage independence as a key enabler for whole system collaboration.

A series of work streams derived from the RIE which are now on-going and delivering further improvements to the initial work plan. These are …

- Administration processes – complete review and redesign to meet new pathway requirements
- Estates – complete review and overhaul of existing estate to create cleaner, parent and family friendly space. To include reception, clinical rooms, resources and general clean up. To include access to estates team for support with painting and cleaning carpet areas etc., and removal of all out of date or damaged equipment.
- Communications – looking at how we as a directorate can communicate better in house and with internal and external partners. Identify marketing opportunities and link with “comms” team for support
- Information and newsletter – design of parent friendly newsletter and specific leaflets that creates clarity and engagement and supported by SOP to ensure this happens as a rolling programme
- Patient focus group to examine ways of engaging better with families, including making links with Health Watch and use of internal patient engagement team. Also to include linking with third sector groups such as Merseyside ADHD society and Internet groups such as the sensory spectrum group.
- Referral pathways group to redesign the referral processes to help improve wait times, and improve clarity and understanding for patients and families
- A visual management board (kanban) was devised for the manager to use in weekly team huddles to support on-going development and an ethos of continual improvement.

A group of simple measures was agreed to be used at the proposed monthly quality meeting, that would support evidence of improvement, building on the Productive Community Services model (knowing how we are doing template).
It was agreed that an interdepartmental monthly quality improvement meeting would also be established to underpin huddles and ensure that all staff remained actively engaged in improving the pathway, to build on the hard work that they started during the RIE.

“We are one big team, not silos”
The attendees at the event were asked to describe their learning on the last day and key themes were as follows …..

“We work well as a team, we get things done, it’s innovative”

Importance of our stakeholders
On-going review is important / crucial
Pull together
“We’ve set up our first estates meeting”
Share with rest of network – don’t just sit in silos
With peer support we get better ideas
“Impact of work done so far has already been noticed”
Involve parents in future
Keep up expectations – do spotlight on services
How we share and hold each other to account
Clarity is crucial to us all
“Should’ve done this sooner”
“It was hard at first, but we go through and now we see a way forward”
Right tools to do the job
Being listened to
Need to tap into Wood View meetings next
Group e mails help

As a result of investing in the teams in this pathway, our patients and families are now experiencing an improved pathway that is more suited to their needs. Further work will now continue to ensure that families are involved and can influence on-going improvements to the pathway.