



# Open and Honest Care in your local Trust

Open and Honest Report for

**Black Country Partnership NHS Foundation Trust**

**December 2015**

# OFFICIAL

## NHS England INFORMATION READER BOX

| Directorate |                          |                          |
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| Medical     | Commissioning Operations | Patients and Information |
| Nursing     | Trans. & Corp. Ops.      | Commissioning Strategy   |
| Finance     |                          |                          |

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### Document Status

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## Contents

|   |   |
|---|---|
| Contents .....                                      | 4 |
| 1 Safety .....                                      | 5 |
| 1.1 Safety Thermometer .....                        | 5 |
| 1.2 Health Care Associated Infections (HCAIs) ..... | 5 |
| 1.3 Pressure Ulcers .....                           | 6 |
| 1.4 Falls .....                                     | 6 |
| 1.5 Safe Staffing .....                             | 6 |
| 2 Experience .....                                  | 7 |
| 2.1 Patient Experience .....                        | 7 |
| 2.1.1 The Friends and Family Test .....             | 7 |
| 2.1.2 A patient's story .....                       | 7 |
| 2.2 Staff Experience .....                          | 8 |
| 2.2.1 The Friends and Family Test .....             | 8 |
| 3 Improvement .....                                 | 8 |
| 3.1.1 Improvement Story .....                       | 8 |

## 1 Safety

### 1.1 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 NHS 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.

**98.65%** 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/>

### 1.2 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) bacteraemia are nationally monitored as we are trying reduce the incidence of these infections. 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.

| Healthcare Acquired Infection | Inpatient Services | Community Services |
|-------------------------------|--------------------|--------------------|
| MRSA Bacteraemia              | <b>0</b>           | <b>0</b>           |
| C Difficile                   | <b>0</b>           | <b>0</b>           |

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 MRSA bacteraemia infections and are working towards reducing C Difficile infections; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough.

The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

### 1.3 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 during a hospital admission that were not present on initial assessment.**

| Severity   | Inpatient Services | Community Services |
|------------|--------------------|--------------------|
| Category 2 | 0                  | 0                  |
| Category 3 | 0                  | 0                  |
| Category 4 | 0                  | 0                  |

### 1.4 Falls

This measure includes all falls in our inpatient settings that resulted in injury, categorised as moderate, severe or death, regardless of cause.

**This includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

| Severity | Inpatient Services | Community Services |
|----------|--------------------|--------------------|
| Moderate | 3                  | 0                  |
| Severe   | 0                  | 0                  |
| Death    | 0                  | 0                  |

### 1.5 Safe Staffing

Guidelines recently produced by the National Institute for Health & Care Excellence (NICE) make recommendations that focus on safe nursing for adult wards in acute hospitals and maternity settings. As part of the guidance we are required to publish monthly reports showing the registered nurses/midwives and unregistered nurses we have working in each area. The information included in the report shows the monthly planned staffing hours in comparison with the monthly actual staffing hours worked on each ward and/or the percentage of shifts meeting the safe staffing guidelines.

In order to view our reports please visit: <https://www.england.nhs.uk/ourwork/safe-staffing/>

## 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.

### 2.1 Patient Experience

#### 2.1.1 The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, **'How likely are you to recommend our ward/A&E/service/organisation to friends and family if they needed similar care or treatment?'**

The trust has a score of **100%** recommended for the Friends and Family test based on **46** 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/>

#### 2.1.2 A patient's story

Case study from the Family Nurse Partnership regarding a young mother who enrolled onto the programme previously

*Names of individuals have been changed for anonymity.*

Claire was 19 unemployed and had just returned to living with her mum after leaving home at 16 following chaotic lifestyle including drug, alcohol/nicotine use, history of domestic abuse sustained in past relationship, accessing CAMHs for anger issues and relationship issues with her mum. Claire was in a relationship with Steve, father of her baby. Steve was working and habitually using cannabis and nicotine. Claire was keen to learn about how to sustain healthy pregnancy, parenting, and attachment and keen to provide stability for her baby and appropriate housing. Claire made some changes to diet, maintained drug, alcohol and nicotine free. Baby Peter was born at 38 weeks weighing 3280 gms. Issues around her relationship with her mum were apparent in pregnancy and emotional support unpredictable and shortly after baby Peter's birth Claire was told to leave the family home.

Throughout this period of instability FNP visits were consistent and dependable allowing Claire time to reflect on her feelings and gain confidence in her role as a new mum. The use of targeted facilitators such as 'my village', the use of HADs to monitor anxiety/ depression, the CO2 monitor to affirm smoke free status and the ongoing developing therapeutic relationship enabled honest and open conversations about Claire's thoughts and feelings. Affirmations to her progress as a mum

contributed to Claire's developing confidence in her new role. FNP facilitated a referral to Westley Street and the homelessness team and Claire registered with local authority housing list. Claire moved into flat in March 2014, Steve moved in with her, moved to a better paid job and continues to work and provide for his family. Steve works nights and often present at the visits allowing insight into his role as dad to Peter and support to Claire. Steve has quit cigarettes and cannabis. Claire has accessed long term contraception; children centre groups (to expand her social network). She continues to be well engaged with the programme and myself and attended the Christmas party that was held at Woodside Community centre. Claire has identified via goal and life planning facilitators what she wants from her future and this includes work or college when Peter a little older, own house at some point and a family holiday. Both parents demonstrate great pleasure in Peter's development and proudly state 'he is so clever'. I just tell them it's down to them and how proud I am of the great job they are doing as parents.

## 2.2 Staff Experience

### 2.2.1 The Friends and Family Test

The Friends and Family Test (FFT) requires staff to be asked, at periodic points: ***How likely are you to recommend our organisation to friends and family if they needed care or treatment?*** and ***How likely are you to recommend our organisation to friends and family as a place to work?***

Data is generated on a quarterly basis and the data relating to Quarter 4 is currently unavailable.

\*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/>

## 3 Improvement

### 3.1.1 Improvement Story

LD services are pleased to report that the development of our female step down service "The Pines" will be opening in May 2016. This introduces a new innovative service to the BCPFT which will fill a gap in service provision for female service users with a learning disability. Staff are currently undertaking training to equip them with knowledge and skills for the new unit.