



Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

May 2016

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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.

97.47% 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	0	0
C Difficile	0	0

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	3	0
Category 3	1	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	1	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 **54** 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

The below is a blog post from 22nd May 2016 from a client of the Early Intervention Service in Wolverhampton.

Last year was probably one of the scariest and most confusing times of my life. In January 2015 I had my second mental breakdown (the first one I was not hospitalised and it was not as serious). I ended up in hospital last year at a young age. I was suffering from an acute psychotic episode according to the doctors after drug and alcohol abuse and also a series of traumatic events. I stayed in hospital for 3 weeks and I was put on medication that I still take to this day.

Some things that happened during my breakdown were seeing things that were not there and misinterpreting things, hearing things and noises seeming much louder than usual. A common trail of thought I suffered from for about 2 months was thinking that everybody was out to get me. It was a very lonely time. I thought I had lost the plot. Also being surrounded by people who were also mentally ill kind of crushed my hope for recovery as it seemed like no one was getting better (of course they were) but after a breakdown you tend to have a negative mind-set; like everything is just crumbling and no one is there to pick up the pieces.

I am a Christian woman and leading up to my breakdown I was continuously taking the bible out of context and smoking marijuana. I ended up misinterpreting it. I had not attended church for a good while so when I picked up my bible again nothing made sense. I had no good leaders around me to guide and help me. I also turned

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against my family and I thought they were all evil. I trusted no one. I felt completely alone.

When I first arrived at Penn hospital Wolverhampton I was really scared, I literally thought they were taking me away to lock me up and kill me! No exaggeration. In my eyes everything looked weird, the shelves in my hospital bedroom, the nurses and the whole place really looked strange. I could not comprehend what was going on due to my condition so assumed the worst; that they were out to get me. I didn't want to eat the food they provided because I thought it had been poisoned.

Due to the psychosis I did not think I had a problem personally and thought I was right about everything. Even when my family visited I thought they too were out to get me and acted very hostile towards them. I didn't trust anyone not even the other patients. However I did try to be nice to the other patients because I thought we were all in the same boat. I remember when I was hearing noises from the other rooms and assumed the patients were undergoing some kind of abuse or that they were being injected with some kind of lethal medicine to kill them. I literally thought it was like the 20th century where few people understood mental health problems so could not provide the right care to the patients and consequently patients were just shunned away.

As weeks went on I warmed to the nurses and realised they were actually there to help me and came to the slow realisation that I had had a mental breakdown. The nurses helped me by continually being there for me however what could of been more helpful was if they had continuously reassured me at the start that they were not there to harm me as this was a recurring thought I had. I desperately needed someone to explain to me that they were there to help and that was all.

Eventually I continued to get better and started eating again. I started doing normal things like attending group activities at the hospital and going to the gym. I found these groups to be very helpful to my recovery.

After about three weeks I was referred to the Early Intervention team Wolverhampton and found them to be really helpful. I needed someone to listen and show interest into my problems. I needed help as I had been through a lot in life. After the initial assessment at the hospital I had been accepted. Horray. When I was released from the hospital I had the home treatment team visit me and deliver my medication until I was able to be responsible enough to take it myself. I found the home treatment team to be helpful although they were not always on time with my delivery!

Early intervention were really helpful at the beginning and I found the fortnightly meetings with my care coordinator to be a blessing. We would usually meet for a hot drink in town and discuss my progress. However I still struggled with depression for about the first year after my recovery and would spend days in bed drowning in my sorrows. I didn't open up about how depressed I was feeling and found it difficult at times to do normal stuff like get dressed and get out the house.

I then decided to go to university in Liverpool September 2015 and the depression continued. I transferred to Early Intervention in Liverpool. I used to mask how I was feeling and not open up to my care coordinator, I would miss meetings and due to getting into a psychologically abusive relationship my focus turned to that and away

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from my recovery. I did not find Early Intervention Liverpool as helpful as Early Intervention Wolverhampton. However that may be because I was not cooperating like I should of. The meetings were not as frequent and in December 2015 things took a turn for the worst, I started drinking excessively and began self harming.

After a friend saw the state I was in I decided not to continue with my university course until a later date when I could be more stable. I decided to move back to Wolverhampton. I wanted to attend church again with my friends and be around my family. Luckily I managed to get out of the abusive relationship and cut it off.

Since I have been back in Wolverhampton since February 2016 the support I have received from Early Intervention Wolverhampton has been exceptional. My care coordinator is great and really supportive, she really understands what I've been through and the rest of the team is great.

My life is a complete different story now, I have really made an effort to get back on my feet and move on in this life. Remember life goes on. Don't let anyone tell you it's over the moment you have a breakdown. It all depends on how you view your breakdown and what I have done in the past 3 months is seen it as an opportunity to grow as a person, learn from my mistakes and seek help from my Care Co-Ordinator frequently.

Things I do to keep my mental health and quality of life good are:

- Meet with my Care Coordinator
- Meet with my psychologist
- Art Therapy (colouring)
- Church
- Pray
- Socialise
- Reading
- Attend social group
- Blogging
- Help others
- Voluntary work

“There is no pit so deep, that God’s love is not deeper still” – Corrie Ten Boom

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 1 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

The Family Nurse Partnership in Dudley has been chosen as one of 11 FNP sites to collaborate with the National Unit and Dartington Social Research Unit to (i) develop innovative adaptations in important areas for FNP, (ii) gather evidence of their traction (in terms of deliverability) and impact on outcomes (direction of travel rather than RCT-style evidence of effectiveness), and (iii) be able to respond to 'pull' from non-ADAPT sites – the ADAPT work is being done on behalf of the whole FNP community, and for promising innovations to be rolled out as soon as possible. The ADAPT work in each site will be undertaken by a co-production team comprising nurses, clients (graduated, existing or potential), other local stakeholders (to assist with potential local integration) and experts in the subject area drawn in at relevant points.

Innovations

There will be two types of innovation: (i) clinical – focused on improving specific outcomes, and (ii) system – focused on improving aspects of delivery that will contribute to improved delivery/scalability, quality, outcomes, or all three. Each innovation will then be tested and refined based on the results of those tests in a cyclical process. The focus will be on improving, not proving, and therefore involve gathering 'just enough' data using a range of methods.

Learning from the work will be shared both internally and externally. This includes both successes and failures. The project will take a positive attitude to finding out what doesn't work and use the learning to improve the adaptations. The project will seek to enable the roll-out of promising innovations to sites where there is 'pull'.