



Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

March 2017

OFFICIAL

NHS England INFORMATION READER BOX

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

Publications Gateway Reference: 03646

Document Purpose	Report
Document Name	NHS England report template OAHc - Combined (for integrated Acute & Community Trusts)
Author	NHS England (North)
Publication Date	30 June 2015
Target Audience	CCG Clinical Leaders, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Communications Leads, NHS Trust CEs
Additional Circulation List	
Description	The guidance sets out the Open and Honest report template for integrated Acute & Community Trusts (Combined).
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Hazel Richards, Regional Deputy Chief Nurse NHS England (North) 3 Piccadilly Place Manchester M1 3BN (0113) 825 5397 http://www.england.nhs.uk/ourwork/pe/ohc/

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet. **NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Open and Honest Care Report for:

**Black Country Partnership NHS Foundation Trust
March 2017**

Version number: 1.0

First published: November 2015

Updated: N/A

Prepared by: Governance Assurance Unit

Classification: OFFICIAL

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	7-9
2.2 Staff Experience	9
2.2.1 The Friends and Family Test	9

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 harm.

% 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 reducing 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		
C Difficile		

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		
Category 3		
Category 4		

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		
Severe		
Death		

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?’***

Based F&F returns throughout January indicated that **86.7 %**, of Patients would recommend our ward/A&E/service/organisation to friends and family if they needed similar care or treatment.

*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

Adult or Child Subject	Child
1. Please give a pen picture of the child and family (brief background to the case and social circumstances)	
<ul style="list-style-type: none"> • The patient is 8 years old male and attends a mainstream school • He lives with his mum; his father died 3 years previously. He had received additional support at school in terms of his dealing with his dad's death but he was described as an anxious child. He has a 9 year old sister. • The patient was referred to the Children's Occupational Therapy service by School Health Advisor, in January 2016 regarding concerns regarding his fine motor skills. • Academically he is of average ability across all subjects 	
a) Describe your services involvement	
<ul style="list-style-type: none"> • Following an in-depth assessment of the patients coordination and sensory processing abilities in collaboration with The patient and his mum to identify their concerns the following difficulties were identified :- <ul style="list-style-type: none"> - He had reduced core and upper limb strength and stability. - He enjoys football but doesn't have the skills or confidence he needs to join in at school. - He cannot yet ride a bike. - Due to the poor upper limb strength and stability his fine motor skills lack some control and accuracy e.g. using scissors he found it difficult to cut out accurately along a straight line and basic shapes. - He was unable to use standard cutlery, holding the knife and fork too far from the 	

OFFICIAL

- blade, preventing adequate pressure, grasp and manipulation.
- Test of Visual Motor Integration (Beery-Buktenica). Patient scored on the 16th percentile which indicates below average ability.
 - Test of Visual Perceptual Skills (Morrison Gardner)(non motor) scored on the 23rd percentile, which indicates low range of average ability.
 - Pencil grasp varied. Pressure through his pencil also varied and his hands tiring easily.
 - Handwriting too fast for accuracy and produced letters that were over-sized and spacing that was inconsistent.
 - He is unable to tie his shoe laces
 - Fidgety on seat and swapping position frequently.
 - Concentration was good for a short period of time, and then would fidget and tap or kick the floor.
 - He is always on the go.
 - He dislikes having his hair washed and cut, his teeth brushed and find it hard to calm prior to bed.

Recommendations and plan following assessment

- Use of cross guard pencil grip.
- Activity advice was given to mum to work on his upper limb stability.
- He was also invited to attend the upper limb group at the Sunflower Centre
- He was invited to the Occupational Therapy football group during the Summer holidays.
- He was invited to the Occupational Therapy bike riding group during the Summer holidays.
- Caring cutlery worked to improve his grip and cutting action. Purchasing information was given to mum and further practice required.
- The 'move and sit' cushion helped with reducing the fidgety movements and improve his concentration in class and school provided.
- The Speed up handwriting programme was recommended and school have agreed to implement this.
- Strategies for visual perceptual skills were given to mum and school.
- Further assessment of his sensory processing was completed and strategies provided for both school and home along with the brushing programme.

2. Demonstrate how you worked in partnership with other agencies/disciplines that were supporting this child?

The main agency supporting his education. School are very proactive in putting in to place recommendations from the Occupational Therapy service. They have a small stock of handwriting equipment that can be put in place immediately. The school SENCO is also the key person in school that discusses the child's needs and will work with their staff to implement the recommendations. They also regularly run Occupational Therapy recommended sessions and groups with children using school staff so their knowledge and skills in relation to the children's needs is in more depth.

3. What was the child's perception of the care given? Was the child given an opportunity to express their wishes or feelings, and how was this captured? If not, why not? And how were their wishes used to influence the care given?

He was keen to attend all Occupational Therapy session both within school and outside of school. Frequent contact was made with mum who was excited about his participation and the improvements she was seeing.

OFFICIAL

As a part of the initial assessment process the patient and his mum's concerns were discussed. Following this the patient decided his Occupational Therapy goals in order of priority.

He decided that he wanted to be able to :-

- Independently tie his shoe laces
- To feel more confident and develop his skills with football
- To be able to independently ride his bike.

He scored his performance and satisfaction for each goal prior to therapy treatment

4. What was the outcome for the child? And what were their and their family's views on the outcome?

Following intervention his skills were re-assessed and the OT liaised with both his mum and the school SENCO. Having made the following improvements :-

- He attended the upper limb group - his upper limb strength and stability had improved and was able to complete all exercises and activities to a good standard.
- He attended the Football Group during the summer holidays and he feels more confident now when playing with friends.
- After only 2 sessions of the OT Bikeability Group he was independently riding his bike. Mum reports he will now play outside with his friends.
- Following the use of the Brushing Programme and sensory strategies He is more calm and his listening and attention has improved. He coped well with visiting the hairdressers.
- His handwriting has improved he is now cursive writing. It is large in size and legible. School are planning to do the Speed Up handwriting programme to refine his cursive style.
- When sitting to complete activities he demonstrated good posture, concentration and no fidgety movements or tapping, kicking movements,
- After 1 teaching session and advice for home independently tie his shoe laces.
- With Caring cutlery he can independently cut his own food with improved grip and cutting ability.

All his treatment goals were achieved and they were scored again at the end of treatment (see Appendix 1)

Also following his attendance at the football group feedback was gathered from the patient and his Mum. (see Appendix 2)

Mum reports in general his confidence has grown in all areas of his life and he is more willing to try activities he previously wouldn't.

5. Give examples if appropriate of areas of good practice

Working with agencies outside of health demonstrates good practice. Not only liaison and joint working with statutory agencies involved with the child such as education but joint collaboration with Dudley council in setting up the Bikeability group for the benefit on children with coordination difficulties and the football group with Stourbridge football club which enables our patients to access wider community facilities.

We also involve the patient and care giver in identifying their treatment goals to ensure we are patient centered and working on functional activities meaningful to them.

6. Give examples if appropriate of any challenges
N/A

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?’***

Mental Health Staff FFT data will become available in April 2017 as it is due to be launched across the division in February.

Earlier Open and Honest reports outlined activity affecting Learning Disabilities and CYPF throughout 2016

*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/>