Agenda Item: 3

Encl. 3.3

NHS England

Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

January 2017

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Document Status

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Open and Honest Care Report for:

Black Country Partnership NHS Foundation Trust November 2015

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Contents

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.

98.77% 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	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	**1**	**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	**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/

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.

1.6 Patient Experience

1.6.1 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 87.0%, 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/

1.6.2 A patient's story

The patient was admitted to Meadow Ward on 12/12/16 following his residential care home not be able to manage his needs. He was very physically unwell and in a lot of pain, and staff were initially nursing him on the floor and then on a very low level hospital ward. He was very dependent upon nursing staff for all his needs especially as he disliked personal care and was incontinent. He was accepting very little fluid and diet intake and his compliance with his medication was poor. His skin was extremely fragile, and he would remove his dressings and pick at old wounds. Staff nursed him in 2s, but more staff members were needed to support personal care. He went to Newcross Hospital several times during his stay on Meadow Ward as staff were very concerned about his physical health and his pain levels. It was on his final transfer to Newcross that the ward was advised he had 3-5 days left to live and he was admitted to Newcross until his death on 9/1/17.

His family have expressed their gratitude to staff for all the support they gave to the family but mainly the compassionate care they gave to him; this has been logged as a datix, and the family donated some personal items of clothing and hygiene products to the ward. They have since phoned and advised that rather than asking family and friends who are attending the funeral to bring flowers, they have asked for donations, and they are forwarding these to help/support

with care of clients on Meadow Ward.

Staff really pulled together to support each other to care for this gentleman as it was extremely physically and emotionally demanding caring for this gentleman who was so distressed, and they worked very well as a team to meet his care needs and care for him optimally.

1.7 Staff Experience

1.7.1 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.

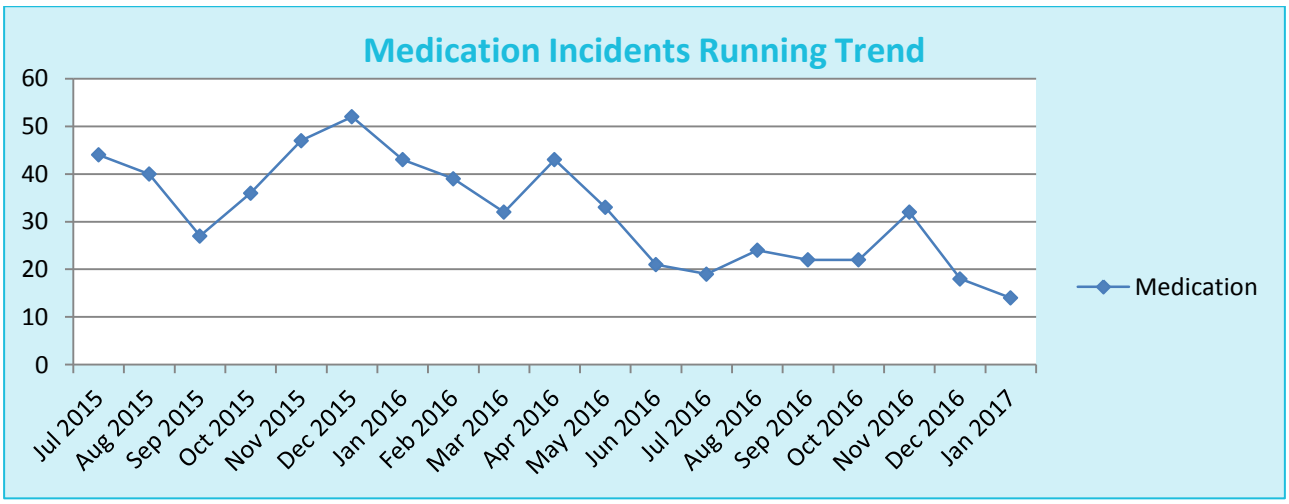
Earlier Open and Honest reports outlined activity affecting Learning Disabilities and CYPF throughout 2016

*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/

2 Improvement

2.1.1 Improvement Story

The Trust continues with its ongoing work to achieve all pledges made as part of the Sign Up To Safety campaign. One of these pledges was to reduce the number of medication errors by 10% over the next 3 years.



The overall trend shows a reduction in the number of medication errors since the start of the initiative in July 2015. From January to December 2015 the mean number of medication errors reported per month was 41.7 in 2016 this reduced to 29 - this shows a reduction of 30.5%.