



Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

July 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Superseded Docs (if applicable)	N/A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
July 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	7
2 Experience	7
2.1 Patient Experience	7
2.1.1 The Friends and Family Test	7
2.1.2 A patient's story	8-9
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.

100% of Patients did not experience any of the four harms in this Trust
during June 2017

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.

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.

OFFICIAL

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.

Healthcare Acquired Infection	Inpatient Services	Community Services
MRSA Bacteraemia	0	0
C Difficile	0	0

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 below 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.

The falls reported below include both avoidable and unavoidable falls sustained at any time during the hospital admission.

OFFICIAL

Severity	Inpatient Services	Community Services
Moderate	0	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?’

Based on F&F returns throughout June, **96%** of Patients would recommend our ward/A&E/service/organisation to friends and family if they needed similar care or treatment.

2.1.2 A patient's story

<p>1. Please give a pen picture of the child and family (brief background to the case and social circumstances) <i>age, siblings, family structure, history, nature of health condition</i></p>
<p>Referral received in January for a boy (aged 3.5 years old).</p> <p>History - unwell for a couple of months at the end of 2016. After blood tests and visits to GP he was referred to Birmingham Children’s Hospital, he was diagnosed with Acute Lymphoblastic Leukemia December 2016.</p> <p>Past medical history- born full term normal delivery, no other previous health issues.</p> <p>Family situation- Child A lives with mom and dad and his baby brother. Dad works and mom is on maternity leave but has since given up her job. They live in a mortgaged house. There are no safeguarding concerns.</p> <p>Following his diagnosis, a double lumen central venous line was inserted in January 2017 at Birmingham Children’s Hospital. Child A was not taking adequate amounts of nutrition; therefore a nasogastric tube was inserted in hospital to ensure he met his nutritional requirements. Parents were trained in hospital to administer his feeds and trouble shoot any issues with the tube</p> <p>Although the referral was made in the beginning of January, the oncology nurse asked for us to become involved post discharge home as this is what the family had requested.</p>
<p>a) Describe your services involvement: <i>when did you start working with young person, nature of assessments interventions and care provided</i></p>
<p>Child A was discharged on early January.</p> <p>CCN team contacted the family by phone the next day and arranged to visit the home later that day to introduce our self and discuss our service and complete all the necessary paperwork.</p> <p>The CCN had already ensured that the family had the medication and prescription sheet. These were both checked for accuracy</p> <p>Child A was attending BCH each week for chemotherapy; therefore we did not complete any clinical procedures until three weeks later.</p>

Visit- Two nurses visited family at a pre-arranged time. Reassured Child A and family. Prescription and medication were checked to ensure that a safe medication administration procedure was followed.

Using a non -touch technique, the central line lumens were both accessed. Blood was taken from one lumen as each week Child's A full blood count is recorded. Both lumens of the central line were flushed with sodium chloride and heparin as per the prescription. The dressing around the central line insertion site was taken off, the site was cleaned and a new dressing reapplied.

All sharps and needles/waste were disposed of correctly following trust procedure. The prescription chart was signed by both nurses.

This has been completed on a weekly basis since this date.

Child A has also having enteral feeds via a naso gastric tube. Parents were trained to administer the feeds whilst in hospital. All supplies have been arranged. At each visit to the house, the nurse discussed any issues with the nasogastric tube with both mom and Child A.

The nasogastric tube has to be changed once a month as a minimum. This was completed during one of the prearranged visits by the nurse. Child A helped remove the old tube under guidance of the nurse, A new nasogastric tube was inserted as per policy

- 2. Demonstrate how you worked in partnership with other agencies/disciplines that were supporting this child?** *Examples of working with other agencies / organisations as part of a multi-agency or multi-disciplinary team*
Describe how this was coordinated and any challenges / issues and how these were addressed

Liaison with Birmingham Children's Hospital Oncology department for the care and the treatment.
Liaison with Dudley Group of Hospitals and Birmingham Children's Hospital oncology department re the collection and results of the weekly blood tests
Liaison with the dietician and Homeward services regarding the naso gastric tube
Challenges of working across different trusts

- 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?**
How is the voice of the child captured and acted upon? Can you provide examples of how their wishes and feelings influenced the care they received?

Child A was calm through the procedure of taking the blood from his line and flushing

the line. He calls the line “his wiggly line” which a lot of children do. He played on a tablet and the nurses chatted to him about cartoons etc whilst completing the procedure.

He did cry throughout the time that it took to change his dressing, even after the nurses had encouraged him to help and reassured him. Mom explained that he had not liked having the dressing changed in hospital. Both mom and Child A agreed for the nurses to continue changing the dressing even though he was crying. The nurses used an adhesive remover which reduces the time and the discomfort of removing the adhesive dressing. Child A asked that we remove the dressing slowly. The nurse peeled the dressing off in stages, guided by Child A time frame and would stop if he asked us to.

Child A was happy for the nurse to change the NG Tube and sat still whilst this procedure was completed, holding mom’s hand.

Once all the procedures were completed, Child A was praised for being a brave boy. He was allowed to choose a sticker from the collection that the nurses carry, he has done this every week since.

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

How did provision of a service benefit the child / young person?

What progress / positive outcomes were achieved?

Child A and mom have become used to the nurse visiting each week and child A will “tell” the nurse what to do as she is taking the blood/flushing the line. The nurse encourages the child to assist with the procedure.

Child A was still becoming distressed when having his dressing changed and wanted his mom to do this. After discussing this with his mom, the nurse observed mom changing the dressing. Mom completed this confidently and she has continued with this on a weekly basis with the assistance of the nurse. Child A is happy with this.

5. Give examples if appropriate of areas of good practice

As part of provision of a service to this child / young person describe any examples of where practitioners provided effective, responsive and person centred care

Responded to Child A’s dislike of nurses changing the dressing by now supporting mom with this procedure

Responded to effective care by changes in the medication policy

Responded to Child’s A needs by providing care and allowing him to lead on the pace of the procedure

6. Give examples if appropriate of any challenges

- Issues / challenges relating to the child / young person’s health condition,

presentation or personal circumstances

- *Challenges in relation to multi-agency or multi-disciplinary working including information sharing and the coordination of care*
- *Describe how challenges faced were addressed and overcome*

BCPFT medication administration policy did not support the process of administration medication to children in the community as a single checker; using from the regional network of Community Children's Nurses to promote best practice, the policy was adapted to support this procedure.

Birmingham Children's Hospital do not at the moment use nhs.mail (although they are in the process of transition to NHS Mail). Therefore any correspondence has to be sent securely.

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?'

Unfortunately the data for FFT is not currently available for this month's report; data will be published at the end of July 2017

3 Improvement

3.1.1 Improvement Story

GAU have attempted to obtain an improvement story for this month's Open and Honest report, although have unfortunately been unsuccessful.