Agenda Item:

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NHS England

Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

May 2017

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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.

The Safety Thermometer figure for May 2017 had not been published at the time of the report; however**, 99.4%** of Patients did not experience any of the four harms in this Trust during April 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.

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.

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 May, **85.4%** 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

The first time I met this Young person was in 2016. He had been in and out of the care system from the age of 3yrs old. He had been placed in lots of various placements, he was fostered and different relatives had looked after him. He was living with his grandmother when I first met him, but this placement also broke down and he was placed in semi-independent living accommodation. The main issue regarding his physical health was his Asthma. In our service there is a Drugs worker from Switch and a CAHMs Mental Health worker who would address other health issues.

A CHAT (Comprehensive Health Assessment Tool) was completed which highlighted he suffered with Asthma, ADHD (Attention deficit hyperactivity disorder) and ODD. (Oppositional defiant disorder). He was a smoker and used other recreational drugs. The first thing I tried to address was his smoking as this would not help his asthma but he was very reluctant to stop smoking. I became aware that he was not taking his asthma medication on a regular basis and was not keeping appointments for his asthma check-ups at his GP's. This was something that needed to be addressed and his use of cannabis was on a daily basis. I used my visits to try to educate this Young man about the dangers of not controlling his asthma. He did not seem to care about the fact that he could die. He was advised that he was using a greater amount of tobacco when smoking cannabis which again would exacerbate his condition. Also I tried to educate him about the necessity of re-ordering his asthma inhalers and never being without them. To begin with it was necessary to help him with the ordering of medication and making appointments for him to attend his asthma reviews. Over time he began to notice the difference in his health when he consistently took his asthma medication. He also began to reduce his Cannabis consumption. He needed lots of encouragement to begin with.

Due to his substance misuse I liaised with the drugs worker and I was also able to speak to the mental health worker to keep him up to date regarding this young person's mood. Because we are all based in the same building it was very easy to communicate any concerns or any issues that needed to be addressed. He was also able to be seen by a connexions worker who also worked in the same building and he identified that whilst the young person had been in custody he had found an interest in Barbering. A placement was found in Birmingham and at first people where doubtful that he would travel that far. We were also able to find him accommodation of his own via our housing officer. This also seemed to help him with becoming more mature. He continued to travel to Birmingham and the placement was very impressed with him and stated he had a very good future in the hairdressing industry.

When he moved to other accommodation I visited to advise him he would need to change his GP as he was now out of the area for that particular surgery. He became very upset about this and explained that the surgery had known him all his life and they were aware of his behaviour. It seems that they were tolerant of his angry outbursts which sometimes would happen if he ran out of medication. After discussing this with him I took the decision that it would not be in his best interest to change GP as it would put him at risk of being thrown out of another surgery which would put him at risk regarding his present health conditions.

Through efficient team work this young person was able to secure accommodation, training and understand the implications to his health if he continued with a certain life style. There were no more admissions to HDU whilst he was part of our service. And it is good evidence that health is not a standalone issue but each aspect of a person's life can have implications to their health. And multidisciplinary partnerships work as an advantage to the patient.

s previously mentioned every aspect of care was person centred and it made a real difference to this Young Person. And the positive outcomes are testament of how effective the care was.

Trying to change someone's mind set regarding substance misuse and smoking can be very difficult. Also if he was feeling depressed at times it was for him a form of escapism. Only by forming a good patient relationship over a long period of time would you be able to continue to challenge certain behaviours regarding the negative effects on health that these behaviours cause.

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?'***

The data for Staff FFT will be available in July 2017
The results for the Trust are completed quarterly as per the below schedule:
1st Quarter Learning Disabilities Division
2nd Quarter Children, Young Persons and Families Division & Corporate Division
3rd Quarter National staff survey
4th Quarter Mental Health Division

3 Improvement

3.1.1 Improvement Story

CAMHS Website
In early 2016, we listened to service user feedback which clearly identified that our BCPFT website information was minimal and not young person friendly. We conducted a scoping exercise with CYPF around specifics of the existing website, what they would use the website for and what they would like to see in a revamped CAMHS website. Following this, we formed a CYPF project group who met with clinicians and our web developer to start co-producing the new website which was funded by CAMHS Transformation monies. The design was truly co-produced by young people and includes recovery stories, top tips and blogs. Clinical content was developed by clinicians; peer verified and signed off by young people. The site has been road-tested by young people and is at the final snagging stages. The site is now live and is going through an internal Trust sign-off process. The CAMHS Website project has provided young people with the opportunity to be more involved in their local CAMHS Services, gain coding and web design experience, and also provide recovery-focussed ideas to other young people.