



Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

February 2017

OFFICIAL

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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 harm.

97.42% 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	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.

This includes avoidable and unavoidable falls sustained at any time during the hospital admission.

Severity	Inpatient Services	Community Services
Moderate	0	0
Severe	1	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 **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/>

1.6.2 A patient's story

This story is about a 15 year old girl with asymmetrical quadriplegic cerebral palsy, who was born at 29 weeks and was admitted to the neonatal ward. She has been known to the Paediatric Physiotherapy Service since referral from the Unit, at 6 months old.

Due to her diagnosis, this young girl has had long standing complications at her left hip due to her spasticity. Over the last 15 years this young lady has received a variety of physiotherapy interventions/modalities from the physiotherapy team. This has involved coordinating her 24 hour postural management including seating and wheelchair advice. She has also received various assessments and treatments from Specialist Centre's, including Targeted Training at Oswestry and has had previous follow-up after care following surgery at Royal Orthopaedic Hospital, which parents have actively sought. We continue to provide a central role in coordinating her therapy care and postural management. This child has very complex physical needs, but not unusual for a child of her diagnosis and requires a variety of physiotherapy interventions and modalities to ensure that we are maintaining symmetry, joint ranges of movement and functional skills.

Physiotherapy and Education staff work well together to support this child, to enable her to access the national curriculum. We have regular meetings and one

to one interventions within the school with education staff to ensure that her mobility and transfers remain safe for both her and her teaching assistants. During the worst period of her pain prior to surgery, liaison between school, parents and the young person and physiotherapy, resulted in a decision to withdraw her from school, as we were unable to seat her comfortably without sufficient pain relief.

Due to complexities of managing this child's posture, a multi-agency approach to her seating has allowed us to maintain her posture, providing the best possible outcomes, whilst maintaining her comfort when awaiting surgery. Liaison following surgery with Wheelchair services enabled them to see her urgently to review and adjust her wheelchair. Recently we attended her initial appointment at West Midlands Rehabilitation Centre regarding her wheelchair. This allowed us to give a full history and raise our concerns regarding this patient to their MDT team, who have assessed and reviewed her whole rehabilitation programme. Sharing these concerns with the MDT team at the Rehabilitation Hospital has led to them to attempt to contact their colleagues at other trusts to discuss the long term plan for this child.

As the physiotherapy teams have close links with a particular physiotherapist at ROH, this relationship has enabled us to liaise both pre and post THR with her. This has provided a seamless transition between the 2 services for the patient. When the family and young person attended pre-operative appointments we were able to liaise with the ward therapist, who could raise our issues and concerns and report back any changes etc. The ward physiotherapists also provided us with regular updates to dates of the surgery and regular communication post operatively, provided ourselves with updates to ensure seamless transitioning of the patient from the hospital back to the community. This is a SPOF, there being no pathway in place, just relying on the professional of individual people.

We have on occasions, capacity allowing, attended this child's Orthopaedic appointments at Russell's Hall Hospital with Mr. Bache. This type of liaison is both valued and welcomed by all concerned with the care of this child. We also have an ESP within the service, which helps to provide both communication and coordination between the MDT.

This child's orthotics are received through an established joint physiotherapy and orthotics clinic at The Sunflower Centre allows a child friendly environment and allows us to work from an MDT perspective. The MDT can look at maintaining postural alignment while balancing this with her functional abilities.

This child and family are very happy with the care given by our service and it has taken many years to build up the trust in our relationship with this child. Due to the complexity of her condition the child is very anxious when moving/transferring. Her anxiety becomes heightened when attempting mobility and transfers with new people and therefore her clinical presentation can be misrepresented. We have a well-established relationship with this child and she now emails the team when she has queries or concerns regarding her condition and care.

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