



# Open and Honest Care in your local Trust

Open and Honest Report for

**Black Country Partnership NHS Foundation Trust**

**September 2017**

# OFFICIAL

## NHS England INFORMATION READER BOX

### Directorate

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Nursing	Trans. & Corp. Ops.	Commissioning Strategy
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### Document Status

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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.

**Unfortunately the ST data for August 2017 has not yet been published; therefore the Percentage of patients who did not experience any of the four harms in the Trust is unavailable for this month's report**

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.

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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.

<b>Healthcare Acquired Infection</b>	<b>Inpatient Services</b>	<b>Community Services</b>
MRSA Bacteraemia	<b>0</b>	<b>0</b>
C Difficile	<b>0</b>	<b>0</b>

### 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.

<b>Severity</b>	<b>Inpatient Services</b>	<b>Community Services</b>
Category 2	<b>0</b>	<b>0</b>
Category 3	<b>0</b>	<b>0</b>
Category 4	<b>0</b>	<b>0</b>

### 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.

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<b>Severity</b>	<b>Inpatient Services</b>	<b>Community Services</b>
Moderate	<b>0</b>	<b>0</b>
Severe	<b>0</b>	<b>0</b>
Death	<b>0</b>	<b>0</b>

### 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 August, 96.7% 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**

#### **From the Children's Learning Disability Service:**

Parent read the patient story on 25.07.17 and has given permission for this to be shared.

X was 5 years of age at the time of referral and living in the care of his father, a single parent, he was the subject of a child in need plan due to safeguarding concerns raised before being placed in the care of his father.

X was born at 28 weeks gestation and had diagnoses of Hydrocephalus, Cerebral Palsy, Chronic Lung Disease, Epilepsy and partial sight. He has a Gastrostomy for feeding, a Ventricular Peritoneal shunt for Hydrocephalus and medication for Epilepsy.

X is supported by his father to attend all medical appointments to maintain his health and well-being and all nutrition is provided via gastrostomy due to the risk of aspiration. Dad is competent with all aspects of physical care.

X has regular contact with his mother and his sister visits the family home twice per week.

X attends a school for children with learning disabilities, dad maintains regular contact as he transports X to and from school and converses daily with teaching staff. X's teacher reports that X presents with some behaviour that can be difficult in the classroom environment, but is manageable.

X is able to communicate using limited vocabulary and supports his speech using gestures, he is not able to walk, he can bottom shuffle on a single surface within the home and he has a wheelchair for outdoor and school use. X is doubly incontinent day and night and is dependent on others to meet his personal care needs.

## **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 results for Quarter 2 will be available in October 2017**

### **3 Improvement**

#### **3.1.1 Improvement Story**

Unfortunately GAU have been unable to obtain a patient story for this month's report.