Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

September 2015

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Black Country Partnership NHS Foundation Trust Swptember 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.

98.71% 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 reduce 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	**2**	**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?***'

The trust has a score of **97.9%** recommended for the Friends and Family test based on **146** responses

*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/

2.1.2 A patient's story

Background

My first ill-health was in the 80s when I was sectioned for 3 months which was a bad experience for me. I was in an abusive relationship and my father then my mother passed away. I was aged 21 years when this began I am now 49 years old and felt throughout this time I have not had any real empathy or guidance from the medical profession mental health team.

Experiences

The most caring support I have ever received was when I had my recent breakdown in 2012 when the Rowley Regis Community Mental Health Team crisis team became involved in my care. My son who passed away in November 2012 had to be cared for by his father but I was allowed to stay in my home with a visit 2 or 3 times a day by the crisis team. I was then under the care of Rowley Regis CMHT and Into Work. I am still working with Into Work but have been discharged from the Rowley Regis CMHT. I am also still under the care of the Psychiatrist based at Hallam Street Hospital who I do not mind visiting now but in the past I have tried everything in my power not to go and see them because of stigma from friends, family and colleagues.

I really feel that I am now able to carry on with my life even though I miss my son every day that goes by and I am now a born again Christian and my faith has seen

me through some very huge challenges especially when people treat you differently because of your mental illness and you know categorically that you are no different to them but it is hard to put your point across when you are being rejected.

I also take my medication which for years I did not want to take but I found out that recently on a TV documentary that these tablets can cause very bad side effects so I am very worried about taking it long-term this causes some anxiety.

I am able to work in a full-time job with support from Into Work who comes to meet with my Manager every six months or so and keeps an eye on things because of work my breakdown occurred due to being isolated and treated badly by some of my colleagues and I was off sick and did not want to come back to work but I managed to overcome this fear. After discussion with Into Work it was decided that it was better for me to return to work with their support and this was trialled on a phased return and took place in February 2013. I have been present at work without any further sickness absences since this date and have fortnightly one to ones with Into Work at a chosen location nearer to my home. My employer allows me to have time away from work to attend these appointments. They have realised it is both our interests for me to be able to manage and take control of my mental health to try and prevent a relapse. I know that this can happen at any time and be triggered off if things start to become very unsatisfactory in my life.

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?'***
Black Country Partnership NHS Foundation Trust analysis this data on a quarterly basis. Quarter 1 data found:

We had **72** responses from Staff
72% of staff would recommend the Trust to friends and family if they needed treatment
48% of staff would recommend the Trust as a place to work.

*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/

3 Improvement

3.1.1 Improvement Story

The new Sandwell Community integrated service model reflects NHS best practice and is assisting in making the model one which is deemed as better practice both regionally and nationally – a model which is reflective and adaptable to change. The model has increased clinical resource at referral, ensuring accurate clustering and referrals reducing added bureaucracy and duplication but above all expedite the right care with greater efficiency. The services are accommodated within a new community base called Quayside House located in Oldbury, where services are located such as Older adult Crisis Home treatment team, Adult Crisis Home treatment team, Mental Health Community Treatment Team, Single Point of Referral, Criminal Justice Mental Health Team, Recovery College and Learning Disabilities community service, bringing integrated, seamless services and pathways.
The model:

- Enhances Crisis/Home Treatment input across the adult lifespan to reduce reliance on older adult inpatient beds, and to provide care closer to home.
- Development of a new vision and model of a 'Single Point of Referral' team across the adult lifespan with no upper age limit, and a streamlined triage/assessment approach for referrals across the adult lifespan (routine through to crisis) providing greater clarity regarding access routes, and consistency in response.
- A strengthened and integrated community services across the adult lifespan to provide greater clarity around function, emphasise transition between secondary and primary care, and to create capacity for complex and specialist secondary care delivery.