



Open and Honest Care in your local Trust

Open and Honest Report for

Black Country Partnership NHS Foundation Trust

December 2015

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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 harms.

99.39% 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	1	0
Category 4	0	0

The reported pressure ulcer has been investigated through the serious incident process.

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

The reported fall has been investigated through the serious incident process.

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 %** recommended for the Friends and Family test based on **91** 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

Patient's gratefulness for the Health Facilitation Team

About a year ago now a doctor from Heath Lane referred me to the Health Facilitation Team in Sandwell and that's when I first met my Health Facilitator. The second time the doctor referred me to the Health Facilitation team he personally wrote to the Health Facilitator to ask her to meet with me because of my health issues. The Health Facilitation Team is now called PAMHS that stands for 'Promoting Access to Mainstream Health Services'.

I was job searching at the time and the Job Centre made me go out and search for a job. I went to the library and looked on websites, but it was very stressful. I applied for so many jobs and spent many hours looking, and in the end it all got too much for me.

The Health Facilitator referred me to Adult Social Care but when they came there was no service for me. The Health Facilitator got a letter from the doctor regarding my learning disability and then she helped me get a doctor's sick note which meant that I shouldn't claim job seekers allowance and I moved to employment support allowance. That made all the difference to my life. The Health Facilitator sorted it all out so that I received the allowance on the right day so there was no delay in getting

the new allowance through.

The Health Facilitator supports me when I go to outpatient appointments and when I get referred to the hospital for tests. She also gave me an easy read leaflet explaining about pre-menopause and the menopause. I found that very helpful information because it helped me to understand what was happening.

When I get letters from the hospital I get confused and sometimes I get anxious meeting new people or when I have to make phone calls as I can't always take in what people are saying. I hate that horrible music in the background and having to press this button or that to speak to someone. The Health Facilitator helps me with the letters and phone calls and helps me arrange my appointments. I wouldn't cope without help, life is easier with the Health Facilitator there; she's wonderful. Right from the start I found it easy to talk to the Health Facilitator, we just hit it off straight away and we just get along.

I had a hospital appointment one morning at 9 a.m. We had fun when the Health Facilitator's SAT NAV took us along a road we didn't know and we got stuck. We nearly threw the SAT NAV out the window, but luckily we sorted it out and arrived at hospital in time for my appointment.

I do the best I can and I'm glad I have my mom and dad and someone to help me with my health problems. I don't feel embarrassed talking to the Health Facilitator as she understands.

I do my best, but it's hard sometimes. I get up each day and take each day as it comes. I'm a positive person and I don't want to give up or feel sorry for myself. I've got a lovely daughter and my own home and I feel very proud of what I have achieved.

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?***

Data is generated on a quarterly basis and the data relating to Quarter 3 is currently unavailable.

*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

Paediatric Physiotherapy Service

The Paediatric Physiotherapy service are working proactively with partner organisations in a regional initiative to establish an integrated pathway for hip management for children with cerebral palsy.

The initial plan is to:

- Organise a meeting with representatives from each area making up the West Midlands Region from across Paediatric Physiotherapy, Orthopaedics and Paediatrics with an interest in CP or Children with neurodisability.
- All members in attendance at this meeting would return to their teams and share the practice of a CIPs assessment for children with CP through;
- Departmental IST and that they would train up all Physiotherapists working with children with neurodisabilities in this way of working,
- We would all implement the use of the CIPs Assessment form for hip surveillance and use this as a tool to share information with each other across disciplines.
- The CIPs NHS Training for Physiotherapists and Physiotherapy support workers including the competency could then be rolled out using the learning outcomes from the training that were shared with us on the day.

To date, the regional reps have now met twice and training is being rolled out. Funding for the database is being sought via Orthopaedic Consultants and the Paediatric Physiotherapy team is being trained by the Specialist Paediatric Physiotherapist practitioner within the team.

The priority for Children, Young People and Family services is to listen to and learn from regular user feedback across all services. To enable this priority to be met the following action has been taken to date:

- A service user forum has been established in Wolverhampton with patient representatives from Wolverhampton CAMHS including the Key Team, Inspire and Child and Family Service.
- The reception area at Lodge Road has been improved based on feedback from service users and views on additional improvements to the environment have been sought and will be used to guide further improvements.
- Services have been working with the We Love Carers advocacy group in Dudley to develop patient experience questionnaires.
- Friends and Family Test responses have been gathered across CYPF services and fed back to guide service improvement.

Planned further initiatives include:

- Gathering information across all services to scope what patient experience activity they undertake to support sharing of good practice and identification of areas for improvement
- Ensuring the views of service users are used to shape the development of CAMHS services as part of the ongoing service redesign.

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- Improving links with key external stakeholders such as patient experience and engagement leads at Clinical Commissioning Groups and Healthwatch
- Development of service user forums and other methods of patient engagement and feedback to help shape service delivery

These activities are being monitored via an improvement plan which is being reviewed at the Quality and Safety sub-groups.