



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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Contact Details for further information	Hazel Richards, Regional Deputy Chief Nurse NHS England (North) 3 Piccadilly Place Manchester M1 3BN (0113) 825 5397 http://www.england.nhs.uk/ourwork/pe/ohc/

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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.

98.81% 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

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	1	0
Severe	0	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 **92.6%** recommended for the Friends and Family test based on **27** 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

My Journey

The Recovery College has given me confidence and a purpose. It has made me feel alive. Before attending the college I did not go out much. It has been 4 years since I was in employment, attending the college has given me confidence to apply for a job.

Because I felt safe and valued at the college, it gave me the courage to talk about and accept my mental illness, which I have never been able to do before. I had come to a stop, but I am now moving forward.

Letter received from patient's mother

We attended a meeting in September with the West Midlands Quality Review Service and they advised us to write to you about our experience. In particular, we wanted to let you know our appreciation of two members of the team who should be acknowledged for all they did for us, during an otherwise difficult and frustrating period.

My son, who is now 15, has been under CAMHS since 2012 and was hospitalised in 2013 for just over a year. During this time, He experienced some very traumatic and dark times and there were days when I never thought that I would see my son at home again. When he was first taken ill he became very withdrawn, was experiencing auditory and visual hallucinations and seemed generally unwell. I took him to our GP who referred him to

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CAMHS but he stated that there was quite a long waiting list. His health deteriorated rapidly and he began self-harming and having suicidal thoughts. Every day when he left for school I had visions of him taking his own life and I was always relieved when he returned home. The day came when I received a phone call from the school to say a friend had found my son wandering around by the school grounds with his tie in his hand and when questioned by the teacher he said he had been looking for somewhere to hang himself. The school advised me to phone the GP immediately and explain what had happened. The GP contacted CAMHS and asked whether my son could be seen as a priority. He got an appointment relatively quickly with CAMHS and was put on medication.

A few months later, he was admitted into our local general hospital where he was having angry, almost 'demonic' outbursts, which led to him being restrained - on some occasions by up to 10 people at a time.

My son was assessed and it was agreed that he needed to go into a specialist unit. We were heartbroken when we were told that we had to wait for a bed to become available and even more so when we were told that due to the shortage of beds this could be anywhere in the country.

This put a tremendous amount of pressure on the nurses in the hospital as he was on a normal paediatric ward and not a psychiatric ward. The outbursts he was having were very frightening to the point that some of the nurses were crying and he was begging me to help him.

After a week, a bed became available at the Priory Hospital in Cheadle. I was absolutely devastated as it seemed so far away and he was so poorly. Leaving him was one of the most awful experiences in my life. I felt useless as a mother as I couldn't make him better and I constantly felt that I had let him down. He had just turned 13yrs old.

Several times a week we made the journey to Manchester, having to leave our 5 year old little boy - who was also suffering from the effects of his older brother just suddenly going away - with friends and relatives. Our family was in pieces.

My son was diagnosed with severe depression, anxiety and PTSD. Most of the time he was heavily sedated as he tried several times to ligature and attempted on many occasions to hurt himself in any way possible.

After a few months in hospital he deteriorated even further and after witnessing the death of his friend and finding her body, it was decided that he be sectioned under Section 3 of the Mental Health Act 3 and he was moved to the Intensive Care Unit.

The pressure on us as a family was immense. I could not sleep for the constant fear of the phone ringing to say something serious had happened to my son. There was not a single second, day or night, when we were free from bad thoughts. We felt alone and helpless. The Priory did have meetings for relatives of the children who were inpatients but this took place once a week for a couple of hours of an evening, this was impossible for us to make. My family made enquiries to see if there were any support groups for us locally, but sadly to no avail.

After 12 months of intense therapy, he was finally discharged under the care of the Community Team at CAMHS, West Bromwich. On his discharge from Cheadle the psychologist/Consultant stated that it was imperative that he received lots of therapy alongside taking regular medication. We were just thrilled that at last he was back with us.

When he returned home it was difficult for us all as he had grown up in so many ways and he had to adjust to being back in the home environment. We were constantly worried that he would relapse and end up back in hospital but we all tried to get our lives back to some normality and it was decided by all parties that he should start back to school part time.

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We began to receive Family Therapy with a CPN who was a great support -not only to my son but to us as a family. He also started to receive therapy from a Psychologist, but after seeing her on approximately three occasions she went off on long term sick and my son was left with no Psychological support.

We stated to the CPN that we felt it was crucial that a replacement Psychologist was put in place as soon as possible as it was a critical part of his care plan.

My son went a whole four months before a replacement Psychologist was found, but during this time he continued to receive support from the CPN who was acting not only as our Family Therapist, but also acting as a Psychologist.

Eventually, my son resumed therapy sessions with a new Psychologist, again having to adjust to another new face, something that he found really difficult and had to re-live his experiences with another professional once more. He continued with his integration back into school, but he was finding this tough.

To our dismay, after seeing the new Psychologist for about three months we were informed that they had also had been taken ill and would be going on long term sick and would not be returning to work.

The impact of this eventually took hold of my son and we could see him withdrawing day by day. Again the CPN took over the huge role of supporting my son, which went above and beyond his duties.

My son's behaviour started to change, his paranoia grew worse each day and he was having auditory and visual hallucinations. He began hiding knives under his bed, taking knives to school and was having dreams every night of killing us all. He started self-harming again and he was going downhill rapidly.

It was agreed that he was not well enough to attend school for his own safety and the safety of others. He was far from well and the pressure at home intensified.

The Consultant decided that a meeting be arranged with the Early Intervention Team as my son's voices were becoming unbearable for him.

His health was getting worse. He was angry, impulsive and the self-harming was increasing daily. We were concerned for the safety of his brother, we knew he would not intentionally harm him but he was becoming more aggressive to all of us.

The Consultant from the EIT made the decision that he should be assessed by an independent Doctor who confirmed that he needed to be hospitalised again and it was recommended that he be put on a Section 2 of the Mental Health Act. Once again, we had the agonising wait for a bed, but this time it was longer.

We were told not to leave him alone with his younger brother. This in itself was very frightening and as parents we were really scared of something happening. Once more I could not sleep from the pure apprehension of it all. We were constantly watching his every move.

During this time the CPN was on hand whenever we needed him and it was decided that the CAMHS Crisis Team become involved. Someone from the Crisis Team came to the house to introduce himself and to offer his support, explaining to us what the CAIT role was.

My son was sectioned on the 15th May 2015 and was hospitalised in Stafford for 28 days on the PICU.

During his time at Stafford, he did not see a Psychologist. He saw two different Consultants (as one was only a locum) and they did not make any provision for him to make a step down

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to the open ward after the 28 days. The first we, and the community team, knew of this, was a couple of days before they were discharging him so there was no care plan or support in place at home for him. Both the Consultant from West Bromwich and I expressed our concerns that my son was not ready to leave but they said there was nothing that they could do as he wasn't ill enough to be put on a Section 3 and there were no beds in the other unit. He was discharged from hospital after the 28 days. He still wasn't completely well and on his return home we were still very worried about him and the safety of our family as a whole.

Even though there was no care plan made for him, CAMHS did everything possible to help us but unfortunately a Psychologist was still not available. He was seen by the Community Team and a plan was put in place.

The crisis team intervened and they phoned every weekend to see if my son was OK and whether we had any concerns. Just having a contact number of someone we could call at any time put our minds at ease. Finally we had a service that we could use as a support for us when needed.

Someone started coming to see my son at the house on a weekly basis and even after just one session he seemed quite upbeat and relaxed.

The person from the crisis team not only supported my son but was able to offer substantial support to us as parents. It is extremely difficult as parents to see your child suffer with a mental illness but the specialist always made time to reassure us of any concerns we had or explain what was happening.

He started to take my son out of the home environment and face up to some of his fears i.e. crowded places and his paranoia and to give reassurance about his illness.

He has played a major part in my son's recovery since his discharge and without his input I am not sure where he would be. He and my son have worked really hard together in getting him to understand his different personalities. We have seen my son slowly improve week by week and during the last month he has improved even further.

In our opinion, the CAIT service has an extremely important role to play, not only to other children like mine, but also for parents/carers who also need support. This service is fundamental for all young people to offer them the intensive support they desperately need and I wish we could have had this service sooner. I believe that CAITS is undoubtedly beneficial and funding should be made available to maintain and grow this service.

My son has now started seeing a new Psychologist and is having home tuition. His medication has been adjusted and at the moment he is enjoying life again. As a mother, I know that there are certain things that are out of my control, my son's illness being one of them. Unfortunately I cannot do anything about the shortage of CAMHS beds for the many children/adolescents that need them but writing about our experience and to give recognition to the individuals and professionals who have cared for him I feel is significant.

Though we have experienced dark times, we are lucky that he is still with us unlike other families who have lost their children and I hope that by sharing our story it will help in some way establish the importance of helping the many young people who need the support from CAMHS/CAITS. I know that funding is an issue for all public services, but it seems that this is an area in which significant investment is needed.

Once again, we are truly grateful to all of the professionals for their help, encouragement and guidance but especially to the CPN from CAMHS Lodge Road and the specialist practitioner from the CAIT Team without whom things may have been very different for us. You should be proud to have them as part of your team.

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

A specialised LD epilepsy nurse based in Dudley, has contributed an outstanding piece of research for the Research & Innovation Group. Over a period of 3 months, she has contributed to Cambridge University research project called EpAID. The project examined the provision of specialist nursing support offered to dually diagnosed LD/epilepsy patients across the country.

Our Trust is the highest recruiting site nationally, with a current total of 34 patients/carers. This achievement is as direct result of the nurse’s commitment and outstanding effort.

The research and Innovation encouraged by the nurse to apply for funding to reward her hard work. She decided to bid for specialist for video equipment to support her assessment, monitoring and treatment of patients with epilepsy and inform her practice. The application was presented at the Research and Innovation group and we are pleased to report that she was successful in her bid.