NHS England

Open and Honest Care: Driving Improvement

Standard Operating Procedure Acute & Community

Version 2.4

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Document Status

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Open and Honest Care: Driving Improvement Programme

Standard Operating Procedure Acute & Community

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Document Management

1.1 Revision History

Version	Date	Summary of changes
1.0	Oct 2013	Document created
2.0	Apr 2014	Minor amendments
2.1	Oct 2014	Minor amendments
2.2	Feb 2015	Minor amendments
2.3	Apr 2015	Amended in line with programme transition arrangements
2.4	May 2015	Reformatted document to new NHS England Identity Guidelines
2.4	August 2015	Minor amendments (Section 12)

1.2 Reviewers

This document must be reviewed by the following people

Reviewer Name	Title/Responsibility	Date	Version
Hazel Richards	Deputy Chief Nurse	Apr 2015	2.3
Hazel Richards	Deputy Chief Nurse	May 2015	2.4
Hazel Richards	Deputy Chief Nurse	August 2015	2.4

1.3 Approved by

Name	Signature	Title	Date	Version
Hazel Richards		Deputy Chief Nurse	Apr 2015	2.3
Hazel Richards		Deputy Chief Nurse	May 2015	2.4
Hazel Richards		Deputy Chief Nurse	May 2015	2.4

1.4 Related Documents

Name	Owner	Title
Board Compact	NHS England (North)	http://www.england.nhs.uk/ourwork/pe/ohc/
Self-Publication Guidelines		http://www.england.nhs.uk/ourwork/pe/ohc/
Standard Operating Procedure (Maternity)	NHS England (North)	http://www.england.nhs.uk/ourwork/pe/ohc/

2 NHS Safety Thermometer

The NHS Safety Thermometer (ST) looks at the prevalence of four harms on one day each month: pressure ulcers, falls, urine infections for those patients who have a urinary catheter in place and venous thromboembolism.
The score entered in the Open & Honest Care reports show the overall percentage of patients who did not experience any of these harms (not just New Harms). A combined score is also entered for integrated Trusts that report both Acute and Community. Please follow NHS Safety Thermometer inclusion criteria. For further information please refer to http://www.safetythermometer.nhs.uk/ or http://harmfreecare.org/ .

2.1 Guidance and Definitions

Fields that are collected for the 'Classic' Safety Thermometer Collection:

Age	Gender
Collected in 3 age bands: Values: <18, 18-70, >70	Values: Male, Female

2.1.1 Old Pressure Ulcers

- Old pressure ulcers present on admission or developed within 72 Hours (3 days) of admission to the organisation / caseload.
- The Category of the patients' worst old pressure ulcer is recorded.
- Values: None, Cat. 2, Cat 3, Cat 4.

2.1.2 New Pressure Ulcers

- New pressure ulcers developed 72 Hours (3 days) or more after admission to the organisation / caseload.
- The category of the patients' worst new pressure ulcer is recorded.
- Values: None, Cat. 2, Cat 3, Cat 4

Safety Thermometer records the pressure ulcer by person counting the worst graded pressure ulcer.

2.1.3 Patient Falls

- Any fall that the patient has experienced within the previous 72 Hours in a care setting (including home, if the patient is on a district nursing caseload).
- The severity of the fall is defined in accordance with NRLS categories.
- Values: None, No harm, Low harm, Moderate harm, Severe harm, Death.

2.1.4 Catheters

- An indwelling urethral urinary catheter in place at any point in the last 72 hours.
- Record the number of days that it has been in place.
- If the patient has not had indwelling urethral urinary catheter in place at any point in the last 72 hours, record no catheter.
- Values: 1-28 days, 28+days, days unknown, no catheter.

2.1.5 UTIs

- Any patient being treated for a UTI.
- Record if the treatment started before the patient was admitted to your organisation (Old) or after admission to your organisation (New).
- Treatment for a UTI is based on clinical notes, clinical judgement and patient feedback.
- Values: No UTI, Old UTI, New UTI.

2.1.6 VTE Assessments

- Is there a documented VTE Risk assessment?
- Values: No, Yes, N/A.

2.1.7 VTE Prophylaxis

- If the patient is at risk has VTE prophylaxis started?
- Values: No, Yes, N/A.

2.1.8 VTE Treatment

- If the patient is being treated for VTE choose the type of VTE.
- Use 'New VTE' where treatment for the VTE was started after admission to your organisation.
- Use 'Old VTE' where treatment for the VTE was started before admission to your organisation.
- Values: No VTE, Old DVT, Old PE, Old Other, New DVT, New PE, New Other.
-

3 Health Care Associated Infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. They include Clostridium Difficile (C Diff) and Methicillin-Resistant Staphylococcus Aureus (MRSA).

- For Acute Trusts, MRSA and C Diff data should include the: rates, annual improvement targets (set by Public Health England) and the actual to date.

- Integrated Trusts should publish data for their acute services only.

- Community Trusts should demonstrate work to support overall reduction in HCAI's. HCAI's occurring in in-patient community services may be included however the standard report template would require adjustment.
- Links to relevant information such as Trust's own infection control web pages are to be inserted here.

3.1 Occupied Bed Days/Rate per Population

Calculation of occupied 'bed days/rate per population', enables monitoring of improvement over time even if the number of patients increases or decreases per month. For Acute Trusts the incidence is expressed 'per 1000 bed days'. Please follow the KH03 Quarterly Bed Availability and Occupancy Definitions (July 2010). Please exclude day cases from this information. The incidence for the community population is expressed 'per 10,000 CCG adult population'. N.B. Day cases,

maternity and paediatrics are excluded from total bed days for both pressure ulcers and falls.

In order to calculate per 1000 bed days for pressure ulcers/falls the formula is:

The total number of pressure ulcers or falls/(the total number of bed days/1000)

Example: If you had a total of 10 pressure ulcers and your total number of bed days was 20,000 then the calculation would be (10/(20,000/1000)) = 0.5 per 1000 bed days

Example: If you had a total of 20 falls and you total number of bed days was 20,000 then the calculation would be (20/(20,000/1000)) = 1.0 per 1000 bed days

For community to calculate per 10,000 per CCG population the formula is:

The total number of pressure ulcers or falls/(the CCG population/10000)

Example: If you had a total of 12 pressure ulcers and your CCG adult population was 200,000 then the formula would be (12/(200,000/10,000) = 0.6 (you can also work this out by dividing the total number of pressure ulcers by the CCG population and multiply by 10000).

4 Incidence of Pressure Ulcers

4.1 Definition

"A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated"

(NPUAP-EPUAP Pressure Ulcer Classification System, 2014)

4.2 Pressure Ulcer Classification

- Category / Stage 1: Non-blanchable erythema of intact skin (not reported)
- Category / Stage 2: Partial thickness skin loss or Blister
- Category / Stage 3: Full thickness skin loss
- Category / Stage 4: Full thickness tissue loss

(October 2014, NPUAP EPUAP Guidance)

4.3 Pressure Ulcer Data Collection and Scope

This measures the' incidence' of pressure ulcers unlike the Safety Thermometer that measures prevalence, therefore the definitions are different.

- All clinically validated category 2, 3 or 4 pressure ulcers acquired following admission to be included.

- This includes all avoidable and unavoidable pressure ulcers identified at any point during the hospital stay that were not present during initial assessment on admission.

- For community patients this includes any pressure ulcers that are identified at any time whilst the patient is on the nursing caseload that were not present on initial assessment. This includes patients who may be in care homes/residential homes.

- Pressure ulcers that are unstageable should be recorded once a category has been established or according to Trust practice however commentary must be provided on the numbers and what action is being taken.

- The time frame should be recorded to reflect the number of hours after admission to the Trust that the reported pressure ulcers were identified i.e. 0-72 hours.

- Data from day cases, community clinics, maternity or paediatrics are not included. If you do wish to include pressure ulcers from these areas please enter this information separately in the report.

- Data should include all category 2, 3 & 4 pressure ulcers from medical devices and/or prosthetics as per European guidance (2014).

- Data should include actual numbers of PUs by severity for the month.

- A patient with multiple pressure ulcers MUST have them all recorded.

- For each pressure ulcer please also follow local Trust policy (e.g. Root Cause Analysis, case note review etc.).

5 Incidence of Falls

5.1 Definition

“Falls are usually locally defined as “unintentionally coming to rest on the ground, floor or other lower level” and so encompass faints, epileptic seizures and collapses as well as slips and trips”. (National Patient Safety Agency 2010 Slips, trips and falls data update).

5.2 Classification

- No Harm: (not included)
- Low Harm: (not included)

- Moderate Harm: Harm requiring hospital treatment or a prolonged length of stay but from which a full recovery is expected (e.g. Fractured clavicle, laceration requiring suturing etc.).
- Severe Harm: Harm causing permanent disability (e.g. Brain injury, hip fractures where the patient is unlikely to regain their former level of independence).
- Death: Where death is directly attributable to the fall.
- (2010, National Patient Safety Agency: *Slips, trips and falls data update*).

5.3 Falls Data Collection and Scope

- All moderate, severe and fatal falls acquired following admission. This includes all avoidable and unavoidable falls that occurred at any time following admission.

- Only include falls that are recorded as moderate, severe and fatal.

- Low harm/no harm falls are not included.

- Actual numbers of falls by severity for the month.

- Day cases, maternity or paediatrics are not included. If you do wish to include falls from day cases, maternity or paediatrics please enter this information separately in the report.

- Falls occurring in the community are not included in the report however falls occurring in in-patient community services may be included. However please note that in order to facilitate this, the standard report template would require adjustment.

- If a patient falls multiple times please record each fall separately.

- The level of harm should be verified in case initial post fall assessment records no harm then subsequently injury is noted.

- For each fall please also follow local Trust policy (Root Cause Analysis, case note review etc.).

6 Safe Staffing Data

This shows how well a hospital's staffing levels are being met and the data collected is made up of the following hospital-wide information:

- % of registered nurse day hours filled as planned
- % of unregistered care staff day hours filled as planned
- % of registered nurse night hours filled as planned
- % of unregistered care staff night hours filled as planned

Published monthly reports show the planned staffing hours in comparison with the actual staffing hours worked and/or the % of shifts meeting the Safe Staffing guidelines.

A hyperlink from the Open and Honest Care report to the specific page where each organisation's Safe Staffing information can be found on own website should be inserted into your Open and Honest Care report.

7 Patient Experience

7.1 Friends and Family Test

The Friends and Family Test requires all patients to be asked the following question: "How likely are you to recommend our ward/A&E/service to friends and family if they needed similar care or treatment?"

- Acute Trusts are required to publish separate in-patient and A&E results.
- In line with the new National guidelines, from November 2014 the percentage recommended/not recommended will be recorded instead of the Net Promoter Score. The total number of responses will also be recorded. The formula used for this is as follows:

The percentage measures should be calculated as follows:

$$= \frac{\boldsymbol{Recommend}\ (\%)\ extremely\ likely + likely}{extremely\ likely + likely + neither + unlikely + extremely\ unlikely + don't\ know} \times 100$$

$$= \frac{\boldsymbol{Not\ recommend}\ (\%)\ extremely\ unlikely + unlikely}{extremely\ likely + likely + neither + unlikely + extremely\ unlikely + don't\ know} \times 100$$

- Verified results are a month in arrears. If you are publishing data from a different month please ensure that you add narrative to reflect this

7.2 Patient Experience Questions

- These questions are to be asked as part of Trust's routine patient experience data collection
- If it is not possible to ask these questions then a link must be inserted into the publication which points to the Trust's own patient experience data
- If you are using alternative questions and/or answers please ensure they are reflected in your publication.
- Patient experience questions are for all patients. They are not restricted to patients who have experienced harms.
- Number of patients surveyed to be included in your publication.

7.2.1 Patient Questions for Acute Trusts

1. Were you involved as much as you wanted to be in decisions about your care and treatment?
2. If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?
3. Were you given enough privacy when being examined, treated or discussing your care?
4. During your stay were you treated with compassion by hospital staff?
5. Did you always have access to the call bell when you needed it?
6. Did you get the care you felt you required when you needed it most?
7. How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

7.2.2 Patient Questions for Community Trusts

1. Were the staff respectful of your home and belongings?
2. Did the health professional you saw listen fully to what you had to say?
3. Did you agree your plan of care together?
4. Were you/your carer or family member involved in decisions about your care and treatment as much as you wanted them to be?
5. Did you feel supported during the visit?
6. Do you feel staff treated you with kindness and empathy?
7. How likely are you to recommend this service to friends and family if they needed similar care or treatment?

8 Staff Experience

8.1 Staff Friends and Family Test

The Friends and Family Test requires staff to be asked, at periodic points the following questions:

'How likely are you to recommend our organisation to friends and family if they needed care or treatment?'
'How likely are you to recommend our organisation to friends and family as a place to work?'

Data is submitted and reports are published quarterly. In line with the new National guidelines, from November 2014 the percentage recommended/not recommended will be recorded instead of the Net Promoter Score. The total number of responses will also be recorded. (See formula above for in patient experience section).

8.2 Staff Experience Questions

- These questions are to be asked to staff on the ward/unit (at least 2 RNs plus a range of staff; students, AHPs, doctors, domestics).

- If it is not possible to ask these questions then a link must be inserted into the publication which points to the Trust's own staff experience data.

- If you are using alternative questions and/or answers please ensure that they are reflected in the report.

- Staff experience questions can be addressed to all staff in the Trust. It is not restricted to staff or wards that have experienced harms.

- Number of staff surveyed to be included in your publication.

8.2.1 Staff Questions for Acute Trusts

1. Would you recommend this ward/unit as a place to work?
2. Would you recommend the standard of care on this ward/unit to a friend or relative if they needed treatment?
3. Are you satisfied with the quality of care you give to patients, carers and their families?

8.2.2 Staff Questions for Community Trusts

1. Would you recommend this service as a place to work?
2. Would you recommend the standard of care in this service to a friend or relative if they needed treatment?
3. Are you satisfied with the quality of care you give to the patients, carers and their families?

9 Patient or Family Story

- The purpose of the story is to "see care through the eyes of the patient or family[1] member".
- The story should be told in the words of the patient or family member.
- The story should be used to share positive experiences and also experiences where improvement needs to be made.
- It is good to use a variety of methods to communicate the story, e.g. a video, blog, written story etc.

10 Improvement Story

The Trust can choose how to present this for instance they may choose a short story, film or blog

It should be presented in plain language and where possible the format should consider the diversity that exists within our communities and keep the end user in mind. An emphasis should be placed on clarity, brevity, and the avoidance of technical language—particularly in relation to nursing, medical or analytical terms. It should be dynamic and build a story each month that illustrates learning, demonstrates improvement and where possible transferability, to another organisation or setting.

Only publish one per month as there is a need to publish monthly and this will ensure that you will have something to share each time.

[1] Footnote: Where the term family is used this includes carers/friends/partners who play a significant supporting role in an unpaid capacity.

11 Supporting Information

This may include links to any additional information e.g. short films, blogs, Board papers, reports etc.

12 Important Points to Remember

- Please ensure that the Board of Directors has agreed and endorsed the Board Compact prior to the first publication.

- Community data may be reported to reflect the whole (total) community or it may be separated into individual CCG's however for the latter the standard report template would require adjustment.

- The publications should be published monthly on the Trust internet and intranet by the 23rd of each month. A link to the publishing Trusts website will be made available on NHS England Open & Honest Care webpage.

- Access to the Open and Honest Care report should be labelled clearly from the homepage and should be available within 2 clicks from the home page.

- Trusts should establish a regular feedback mechanism with staff, patients and families to ensure the publication is understandable and meaningful.

- The Open and Honest Care report should be discussed monthly at Board level or an appropriate sub-board committee.

- Day cases, maternity and paediatrics are excluded from total bed days for both pressure ulcers and falls.

- Maternity FFT data is currently reported separately from other Friends and Family data and is included in the Maternity Open and Honest care publications.

- Publications for all months should be available on Trust website (not just current month).

- All data is published retrospectively for the previous month – if you are publishing information from a different month please add some narrative to reflect this. Please ensure that the month from which the data is collected is the name given to the report e.g. March 2015 data is published in April 2015 and the report is called the March 2015 report.

- Please keep sections 1& 2 (Safety and Experience) as uniform and standard as possible to maintain consistency. Section 3 is for supporting information which you can personalise with additional information from your organisation.

13 Publication

For details on publication please see; 'Open and Honest Care: Driving Improvement – Self-Publication Guidelines' version 1.7 August 2015