



Open and Honest Care: Driving Improvement (Midlands & East)

Standard Operating Procedure

Acute & Community

Version 2.2

Contents

	Page Number
1. NHS Safety Thermometer Guidance & Definitions	3
1.1. Guidance & Definitions	3
1.1.1. Old Pressure Ulcers	3
1.1.2. Falls	3
1.1.3. Catheters	4
1.1.4. Urinary Tract Infections	4
1.1.5. VTE Assessment	4
1.1.6. VTE Prophylaxis	4
1.1.7. VTE Treatment	4
2. Occupied Bed Days	4
3. Incidence of Pressure Ulcers	5
3.1. Definition	5
3.2. Pressure Ulcer Classification	5
3.3. Pressure Ulcer Data Collection & Scope	5
3.4. Comments and Notes	6
4. Falls	7
4.1. Definition	7
4.2. Classification	7
4.3. Data Collection & Scope	7
5. Healthcare Acquired Infections	8
6. Safe Staffing Data	8
7. Maternity Metrics	9
8. Patient Experience	9
8.1. Friends & Family Test	9
8.2. Patient Experience Questions	10
9. Staff Experience	10
9.1. Staff Friends & Family Test	10
10. Storytelling: Patients, Families & Staff	11
11. Improvement Story / Case Study	11
12. Supporting Information	12
13. Important Points to Remember	12
14. Publication & Contacts	12
Appendix A: Storytelling Programme Specification / Framework	14

1. 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 shows the overall percentage of patients who did not experience any of these harms (not just New Harms). A combined score is also calculated 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/> .

1.1 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

1.1.1 Old Pressure Ulcers

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

1.1.2 New Pressure Ulcers -

- New pressure ulcer developed 72 Hours (3 days) or more after admission to the organisation / caseload
- The Category of the patients' worst New pressure ulcers is Recorded

Values: None, Cat. 2, Cat 3, Cat 4

N.B. There is some debate amongst the Tissue Viability Nurses around the 72 hour rule in relation to whether the patient has had Pressure Ulcer prevention during their admission, regardless of the 72 hour Safety Thermometer rule.

Safety Thermometer record the pressure ulcer by person counting the worst graded pressure ulcer

1.1.3 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

1.1.4 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

1.1.5 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

1.1.6 VTE Assessments

- Is there a documented VTE Risk assessment?

Values: No, Yes, N/A

1.1.7 VTE Prophylaxis

- If the patient is at risk has VTE prophylaxis started?

Values: No, Yes, N/A

1.1.8 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

2. 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.

3. Incidence of Pressure Ulcers

3.1 Definition

“A pressure ulcer is localized 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)

3.2 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

Unstageable: Depth Unknown – Within the Midlands & East this is classified as a Category / Stage 3 until proven otherwise

Suspected Deep Tissue Injury: Depth Unknown – Within the Midlands & East this is classified as a Category / Stage 3 (or 4 depending on the Tissue Viability Nurse judgement) (See note below)

(October 2014, NPUAP EPUAP Guidance)

3.3 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.
- 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 as a Category / Stage 3 until proven otherwise. Additional commentary may be added.
- Data from day cases and community clinics are not included, if the patient is an inpatient for less than 24 hours. If you do wish to include pressure ulcers from day cases / community clinics please enter this information separately in the report.
- Data from maternity and paediatrics are to be included.
- 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 (see note on ST below)
- 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.).

3.4 Comments / Notes:

The validation process around grading of pressure ulcers is required for accuracy and assurance and would require a Tissue Viability specialist or someone who has undergone training to be part of this validation process when validating category / Stage 3 or above.

Maternity and Paediatric pressure ulcers should be included as these are vulnerable groups. They could be included as a separate section if that was the organisations preference, but not excluded.

Diabetic Foot Ulcer – Where the wound is a pressure point and there is an element of shear contributing, then this should be reported and additional narrative should be added. The ‘avoidability factor’ would then determine whether it was as a result of pressure or the patient’s condition.

Pressure Ulcers related to medical devices are not a new category of pressure ulcer, and should be classified according to the level of tissue loss using the NPUAP / EPUAP 2014 classification. All device related Pressure Ulcers should be included, including from drains, catheters, Nasogastric tubes, Casts, Tubing etc.

Suspected Deep Tissue Injury (DTI) – There is some debate over this issue as different CCGs will not accept a de-escalation of the SI if it is found to be a DTI as opposed to Grade 3 / 4 PU. As such this point would need clarifying and agreement reached with CCGs.

Guidance around definitions of Avoidable / Unavoidable are currently being developed within the 'Stop the Pressure' Programme board.

4. Falls

4.1 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).

4.2 Classification

Low Harm:	Requiring first-aid level treatment, or extra observation only (e.g. Bruises, grazes).
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 (eg. 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*).

4.3 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 in in-patient community services are included.
- 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.).

5. 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.
- Community Trusts should demonstrate work to support overall reduction in HCAI's and where there are community in-patient beds, they should include rates of HCAIs as above. Links to relevant information such as infection control web pages may be inserted here.

6. Safe Staffing Data

This shows how well a hospital's staffing levels are being met for in-patient areas, including community in-patient and intermediate care hospitals/units. The planned staffing level for the hospital is calculated and displayed on the NHS Choices website each month. The hospital staffing level data 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

Additional information is also published monthly on each Trust's websites including:

- Ward level staffing data

- Board report detailing Nursing and Midwifery workforce requirements - this will be based on an evidence-based tool and/or the use of professional judgement
- Monthly staffing Board report - this could be an exception report
- Additional information on staffing, as determined by the Trust

A hyperlink from the Open and Honest Care report to the specific page where your trust Safe Staffing information can be found on *NHS Choices*, should be provided on your Trust’s website and in your Open and Honest monthly report.

7. Maternity Metrics

See separate document.

8. Patient Experience

8.1 Friends and Family Test

The Friends and Family Test requires all patients to be asked at periodic points or following discharge from Acute or Community services, the following question:

“How likely are you to recommend our ward/A&E/Service/Organisation to friends and family if they needed similar care or treatment?”

- Acute Trusts are required to publish separate in-patient, maternity 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:

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

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

[and-family-test/](#)

- 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

8.2 Patient Experience Questions

- Additional patient experience questions will be determined by the individual organisations, in order that they can tailor them to their individual needs. They should be asked as part of a Trust's (Acute or Community) routine patient experience data collection, with the results being presented in the overall trust report.

9. Staff Experience

9.1 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?'

In line with the new National guidelines, from November 2014 the percentage recommended/not recommended will be recorded instead and the total number of responses will also be recorded. (See formula above for patient FFT).

- 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.

10. Storytelling: Patients, Families & Staff

The purpose of the story is to "see care through the eyes of the patient or family member"¹ or to capture and share the experience of the staff member, therefore stories are best told in the words of the patient, family or staff member.

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

- The story should be used to share positive experiences and also experiences where improvement needs to be made.
- In order to meet the preferred learning style of the story listener, it is good to use a variety of methods to communicate the story, e.g. a video, blog, written story etc.
- Storytelling does not need to be confined to the purposes of service improvement but can and should be used for a wide variety of purposes e.g. board development, training and education, revalidation, recruiting for value, strategic planning, raising awareness,
- All storytelling should be undertaken with a recordable/measurable/evidenced outcome in mind. This can range from simply recording the outcome as part of recording the meeting/event/activity or undertaking a specific evaluation. All outcomes from storytelling should be made publically available (see next chapter on improvement stories/case studies) .
- A storytelling specification/framework has been developed as part of a recent Midlands and East research study to be used as a way of working framework or self-assessment tool for storytelling programmes. The framework can be found here in Appendix A.

In order to support storytelling, organisations or organisations incentivising/ commissioning storytelling, a resource hub is currently under development and will be hosted on the 6Cs website in April 2015. All organisations participating in the Open and Honest work, are asked to be an active member of the site helping to keep it fresh, alive and fit for all our purposes.

11. Improvement Story/Case Study

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.

The storytelling resource hub (which will be based on the 6Cs website), will contain case studies and improvement stories in the future, offering opportunities to see the different ways in which improvement stories and case studies can be presented.

12.Supporting Information

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

13.Important Points to Remember

- Please ensure that the Board of Directors have agreed and endorsed the Board Compact prior to the first publication.
- The publications should be published monthly on the Trust internet, intranet and on the NHS England website by the last day of each month.
- Access to the Open and Honest Care report should be labelled clearly from the homepage and should be available within 2 clicks from that 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.
- 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 of publication 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.

14.Publication & Contacts

- All publications should be published on Trust websites on the last day of each month.
- Please email a copy of your PDF report to england.openandhonest@nhs.net once completed.
- For more details on publication please see; 'Open and Honest Care: Driving Improvement - Data Submission Guidance for Trust Publication' version 1.4 August 2014.
- If you have any queries or issues, please contact us at

england.openandhonest@nhs.net or alternatively: Suzie.loader@nhs.net or Vicky.reed1@nhs.net

Appendix A: Storytelling Programme Specification/ Framework

	Mechanism	+	Context	=	Outcome
CMO1 - Stories are used to learn from Patient / Carer/ Staff experiences within the organisation					
M1	Agreed structure and process is in place to hear & learn from stories.	C1	An organisation that has committed to hearing experiences through the use of Stories.	O1	Stories & emerging learning outcomes feature regularly within various mechanisms e.g. bulletins, organisational meetings or partnership events.
CMO2 – Patients/Carers/Staff benefit from the organisation using Stories					
M2	There is a process of closing the loop and feeding back to the storyteller.	C2	Influencing policy direction, service improvements, celebrating success or improving personal outcomes are the underpinning reason for using Stories.	O2	Patient/ Carers/ Staff 'feel' the difference (intended/unintended) as personal learning, improved personal outcomes or experiences.
CMO3 – Patients/Carers/Staff develop the appropriate skills & knowledge that supports the use of Stories within the organisation					
M3	There is clear leadership and a process for organisational steer which includes a support mechanism for the storyteller and listener.	C3	The process is actively supported by the allocation of dedicated resource (budget/people/ training & education/ time etc).	O3	Patients/Carers/Staff are gaining skills & knowledge through the use of Stories within the organisation. Patients/Carers/Staff sharing/listening to Stories feel well supported.
CMO4 – Innovation & Improvement to the organisational structure/process occurs based on review/evidence/evaluation findings					
M4	Different approaches are tried and tested.	C4	Continuous process of organisational exploration & learning occurs in relation to different types of Stories and the most effective way to use them.	O4	Through the use of Stories there are notable improvements to the structure and processes within the organisation.
CMO5 – The organisation learns from Stories & effectively communicates that learning					
M5	There is a clear process in place for organisational learning, recording & reporting.	C5	An organisation that values the learning and development derived from the process of storytelling.	O5	Evidence of organisational change and/or partnership working that is communicated internally and externally based on the use of Stories. Organisational satisfaction around the use of Stories is experienced.