

Meeting / Committee:	Board of Directors	Meeting Date:	26 th November 2013
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This paper is for:	Action/Decision X	Assurance	Information
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Title:	Transparency Project
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Purpose:	The purpose of this report is to inform the members of the principles of the Transparency project and the processes that are required in order to publish the metrics, staff and patient experience and improvement work associated with the Transparency Programme.
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Summary:	<p>The paper provides information on:</p> <ul style="list-style-type: none"> • Regionally agreed information to be published. • Adoption of definitions which will require a shift in policy pertaining to pressure ulcers. • The use of the mini RCA for Grade 2 pressure ulcers. • The increased frequency of patient experience questionnaires. • The collection of staff experience data.
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Recommendation:	<p>The Board of Directors is asked to</p> <ol style="list-style-type: none"> 1. Agree and endorse the Board Compact 2. To support the suggested definition of pre / post 72hr development of pressure ulcers in line with the requirements of the transparency project to enable the publication of consistent data and continues to work internally and with commissioners on the terminology used in reports
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic	Risk & Assurance X
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Transparency Project (Open and Honest Care)

Introduction

In September 2011 Nursing Leaders from 8 Acute NHS Trust in the North West came together as members of the “Transparency Project” to see if they could learn more about harm that occurred in their organisations due to pressure ulcers and in patient falls. They jointly had a shared passion to progress and improve the experience of both patient and staff and to work closely with patients to learn what needed to change in order to improve future patient care.

The 8 pilot sites were:

- Salford Royal NHS Foundation Trust
- Aintree University Hospitals NHS Foundation Trust
- Bolton NHS Foundation Trust
- East Lancashire Hospitals NHS Foundation Trust
- St Helens and Knowsley Teaching Hospitals NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust

The result of this work was that data was published in a format easily understood by the public on the organisation’s internet web pages. This included comments from patients and staff from ward areas collected at the time of a harm event occurring and a commentary that provided context to the patient and staff comments along with the organisation’s actions and improvement focus.

Following the initial pilot, NHS England North has worked with a number of organisations to extend this pilot. A defined standard and approach to the way in which the transparency was to be delivered was agreed. The original focus on in patient falls and pressure ulcers has now been extended to include other metrics such as HCAI and the harm free care element of the Safety Thermometer.

We have put ourselves forward to take part in the second phase of this pilot and are working with NHS England North to develop the commentary to ensure that this work is received by the public positively. This requires the Board of Director’s engagement and the development of a compact to endorse this commitment to openness.

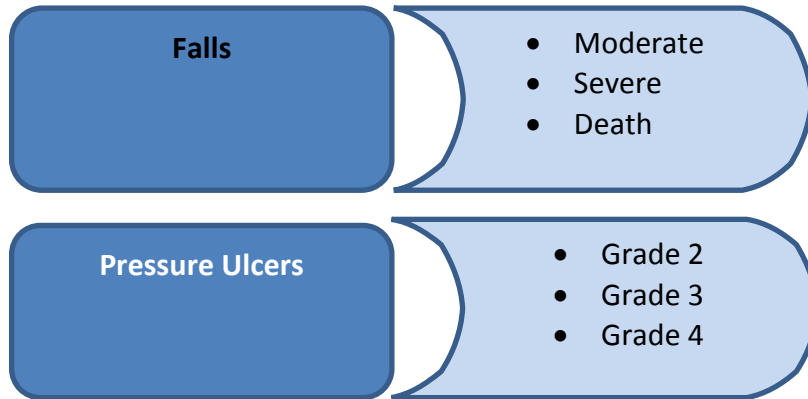
It is recognised and acknowledged that this programme of work is an iterative process and as the systems and processes along with the data captured becomes embedded, the way in which we use the intelligence will become more developed.

At this point the programme is only focused on the acute setting. We are currently working with NHS England North to develop appropriate community metrics. This aspect is in the early stages of discussions and engagement with Commissioners and Area Teams.

An engagement event was held on Monday 2nd September with staff across the acute setting of the organisation to begin the conversations around what this means for us and how we incorporate this aspect into our current patient experience and patient safety work. Initial feedback from the event was very positive, staff reiterating

the need to prevent duplication of data collection and a more focused approach around feedback from staff and patients.

An overview of the programme: The harms that are to reported in the transparency programme are:






















The process is depicted in tables below.

Pressure Ulcers

European Pressure Ulcer Grading (stage) Scale. European guidance 2009	Record on Local Incident reporting system	Verification of grade Update IRF complete supplementary section	Ward Manager / Investigator to ensure all fields on IRF complete	Conduct NPSA Level 2 Comprehensive RCA	5 Staff experience surveys	Patient experience surveys	Record onto Transparency database
Grade 1: Non-blanchable redness of intact skin. Intact skin with non blanchable erythema							
Grade 2: partial thickness skin loss or blister-without slough							
Grade 3: full thickness (fat visible)							
Grade 4: Full thickness loss (exposed bone, tendon or muscle)							

Falls

NPSA Falls Categories	Record on Incident Reporting system	Ward Manager / Investigator to ensure all fields on IRF complete	Conduct NPSA level 1 Concise RCA	Conduct NPSA Level 2 Comprehensive RCA	5 Staff experience surveys	patient experience surveys	Record onto Transparency database
No Harm							
Low Harm							
Moderate Harm							
Severe Harm							
Fatal							

There are a number of issues the Board of Directors need to consider when agreeing to take part in this programme.

- **Adoption of the pre / post 72hr categorisation for pressure ulcers within our incident reporting system.** This has implications in terms of how we present our data in our current quality reports. The Governance support team is currently working with lead for pressure ulcers to agree a common language and definitions that will enable reports to be generated from the Datix system to inform the metrics required for the Transparency project.
- **Establishing a monthly Patient Experience data collection process.** It is recommended that the frequency of the current quarterly inpatient survey is increased to monthly and the current questions reviewed to reflect the requirements of Transparency project.

The Trust’s RCA templates are already in line with the NPSA templates that have been suggested as part of this programme. It is not the intention to publish the RCA documents but to use them as part of the improvement aspects of the programme.

Originally staffing levels and skill mix were to be published alongside the harm metrics, however after further consideration it has been agreed to delay this aspect whilst NHS England works with Trusts and the analysts to agree a meaningful metric for staffing.

This will be tested with staff and patient groups and a master class in conjunction with Compassion in Practice Area 5 – Staffing; to support to support those trusts who have yet to agree an approach to nurse staffing planning (methodology, deployment and board assurance).

The full set of metrics is described within the Board Compact below. As an organisation we are working towards publishing our performance information at the end of February as part of the transparency project.

Board Compact



Transparency in Care

- “Transparency in Care” aims to be a programme of improvement in culture and care.
- Publishing data on harm, experience and staffing that supports patient choice and enhances staff knowledge, leading to empowerment to change practice.
- By participating in “Transparency of Care”, the Board of Directors is agreeing to the Compact agreement and ownership of the ‘concept’

The Board Compact

- Board endorsement of organisation's involvement and commitment to openness
- Utilisation of common data definitions, reporting templates, PR/media etc. Trusts can add to the data set if they so wish, but the core must be agreed.
- Publication of data in agreed formats at agreed times and proactively shared with stakeholders (internal and external). Will form part of routine quality reporting in Part One of Board of Directors.
- Commitment to publish further metrics as developed and agreed
- Focus on the capacity and capability for improvement, not to apportion blame
- Mentoring organisations new to transparency as their own experience and confidence grows

Metrics and narrative for publication

1. Classic Safety Thermometer results
2. Friends and Family Test
3. HCAs; MRSA and Cdiff
4. Pressure Ulcers grade 2-4 and unclassifiable (pre and post 72 hour)
5. Falls moderate harm and above
6. Patient Experience
7. Staff Experience
8. Patient story (ideally from a patient who has experienced harm
9. Improvement story (what the trust has learnt from the data and the improvements being made)
10. Additional Information (trust discretion)

Publication

- The metrics and narrative will be published monthly on the Trust internet and intranet (within two clicks) and on NHS Choices. Internally, wards and teams will be able to view both their local data and Trust data.
- Trusts will establish a regular feedback mechanism with staff, patients and families to ensure the publication is understandable and meaningful.

Recommendations

1. Trust Board to agree and endorse Board Compact
2. To align this work with existing programmes of improvement utilising the 3 temporary band 6 posts associated with the improvement target for pressure ulcers within the CQUIN business case. This will facilitate the collection of the patient and staff experience feedback at the time where a patient has developed a grade 2 or above pressure ulcer and provide real time data which can be utilized to provide an improvement focus until the quarterly inpatient survey can be reviewed to reflect the transparency requirements.
3. To agree that the Clinical Matron in conjunction with the Ward Manager responsible for harm events of Falls resulting in moderate and above harm, will complete the collection of patient and staff questionnaire as these numbers for this group is far less than the pressure ulcers.
4. That the Trust adopts the suggested definition of pre / post 72hr development of pressure ulcers in line with the requirements of the transparency project to enable the publication of consistent data and continues to work internally and with commissioners on the terminology used in reports. This will ensure complete transparency across the organisation.
5. To utilise the IT solution provided by NHS England North to enter data and adopt the suggested format to display information on the trust internet. This will facilitate the standardised approach to publishing data in a format that is understandable and accessible to the public for all Trusts taking part. Whilst there is a minimum data set associated with the programme, we will also further explore this aspect to ensure that data captured is meaningful and can be used to promote transparency.

Judith Connor
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November 2013