

## APPENDIX 1

### THE NORTHWEST TRANSPARENCY PROJECT

#### 1. Background

Patients and the public have a right to information about the quality of care provided by NHS organisations, so they can make meaningful choices about care for themselves and their families. This requires NHS organisations to adopt an open and transparent culture alongside a commitment to measure and publish information on what matters to patients and staff – clinical outcomes and experience.

As part of the drive to “being open and transparent” the Transparency of Care (TOC) pilot was agreed as part of the Energise for Excellence (E4E) Call to Action and the North West became the first region to collaboratively talk to patients and staff about the nursing care that was provided at the times when pressure ulcers and falls happened.

Eight trusts across the North West participated in phase one of the pilot (October 2011- February 2012). Monthly review of falls and pressure ulcers that patients have suffered whilst in their care was undertaken and in clinical areas where harm occurred, patients and staff answered survey questions regarding their experience. Each Trust published its results supported by a narrative explaining the steps taken to improve care and experience. Phase two of the pilot increased the parameters to capture all pressure ulcers including those caused by medical devices and expand the patient experience questions to include a ‘friend and family’ test. The participants have also been expanded to include mental health, learning disabilities, community services and the independent sector.

A Transparent Culture:

- Builds public confidence in the nursing care patients receive.
- Gives patients access to the information they need to make meaningful choices about their care.
- Informs the availability of patient choice and holds public servants to account.
- Ensures organisational accountability.
- Drives improvements in care through the use of comparable patient care measures.
- Focuses on care outcomes and enables professionals to drive improvement.
- Identifies where nursing care is making a difference for patients and carers.

## **2. Process**

### **2.1 Governance**

The Trust invests time and staff to collate and submit the data monthly, providing clinical and analytical support to measure and demonstrate improvement:

- Complete readiness preparation document which includes Board support (Appendix 2).
- Collect and report the agreed transparency indicators.
- Review incident reporting and verify level of harm categorisation and build on a reporting culture.
- Record the incidence of all harm for falls resulting in moderate harm, severe injury or death and grade 2, 3 & 4 pressure ulcers from admission no matter the origin.
- 10 patient experience surveys from the units where the harm occurred.
- 10 staff experience surveys from staff delivering care on the units where the harm has occurred.
- Undertake a case review (Root Cause Analysis – RCA) for each patient who has suffered harm from a fall or developed a pressure ulcer.
- The Quality Matrons, Sister/Charge Nurse and teams lead the review of the data, identify the problems to make improvements. The intention is to encourage nurses to provide best care, innovate and enable change.




















### **2.2 Procedure**

- Harm reported;
- Level of harm verified;
- Risk management system updated;
- RCA undertaken;
- Patient experience survey(within one week of harm noted);
- Staff experience survey;
- Data input into transparency data collection template;
- Unit/ward area staff informed of finding – improvements/ideas captured;
- Board receive data and narrative, including improvements;
- Final data verification before submission to SHA;
- Internal communication team briefed on the Trusts current narrative for publication;
- SHA return final narrative;
- Trust publishes the data on the Trust web site ensuring it is clear and accessible.




















### **2.3 Transparency of Care process for pressure areas and falls**

The tables below identify the process followed for pressure areas and falls:

Pressure Areas:

<p>European Pressure Ulcer Grading (stage) Scale.  European guidance 2009</p>	<p>Record on Local pressure ulcer database/ Risk management system</p>	<p>Verification by Tissue viability Nurse Update local database/RMS if required</p>	<p>Conduct NPSA level 1 Concise RCA Care indicators included</p>	<p>Conduct NPSA Level 2 Comprehensive RCA Care indicators included</p>	<p>10 Staff experience surveys</p>	<p>10 Patient experience surveys</p>	<p>Record onto Transparency database</p>
<p><b>Grade (stage) I:</b> Non-blanchable redness of intact skin. Intact skin with non blanchable erythema</p>							
<p><b>Grade (stage) II:</b> partial thickness skin loss or blister-without slough</p>							
<p><b>Grade (stage) III:</b> full thickness (fat visible)</p>							
<p><b>Grade (stage) IV:</b> Full thickness loss (exposed bone, tendon or muscle)</p>							

Falls:

NPSA Falls Categories	Record on Risk management system	Ward based mini investigation sheets	Conduct NPSA level 1 Concise RCA Care indicators included	Conduct NPSA Level 2 Comprehensive RCA Care indicators included	10 Staff experience surveys	10 patient experience surveys	Record onto Transparency database
No Harm							
Low Harm							
Moderate Harm							
Severe Harm							
Fatal							

## 2.4 Patient Experience Questions

- 1 Were you involved as much as you wanted to be in decisions about your care and treatment?
- 2 When you had important questions you ask a nurse did you get answers that you could understand?
- 3 Were you given enough privacy when being examined or treated?
- 4 Did you have confidence and trust in the nurses treating you?
- 5 If you were ever in pain, do you think the hospital staff did everything they could to help control your pain?
- 6 Did you get help from staff to eat your meals?

Added in phase 2:

- 7 On reflection, did you get the nursing care that mattered to you?
- 8 If a friend or relative needed treatment, would you recommend this ward?

### 3. Transparency Project/Clinical Indicators

The table below identifies where the project will align with the Trust existing quality monitoring through the Trusts ward/department clinical indicators and monthly health checks.

Project Measures	
Care Experience	Patient questionnaire
	Staff questionnaire
	Patient & staff improvement stories
Safety	Nursing Care Indicators
	Number of falls and level of harm
	Number of pressure ulcers and level of harm
Effectiveness	Patient & staff improvement stories
	Nursing Care Indicators

### 5. Recommendations

To ensure that evidence-based practice is a success in nursing, detailed analysis of clinical outcomes has to go hand-in-hand with close attention to the day-to-day experiences of our patients and staff. The Transparency Project increases the level of assurance that these aspects of care are both being taken into account and acted upon.

The Trust Board is asked to note the information and support the implementation of the Northwest Transparency of Care Project.

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