Hard Truths: The Journey to Putting Patients First and an Update on the Transparency Programme

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Hard Truths

- Government response to the Mid Staffordshire Public Inquiry published November 2103
- The response seeks to build a future where “NHS patients can confidently expect all the care they receive to be safe, effective and compassionate and when things do go wrong, lessons are learned quickly, and proper accountability is in place”.
- The response begins with a statement of common purpose
- Volume 2 of the response gives a detailed response to each of the 297 recommendations made in the Francis report

What has already been done

- Chief Inspector of hospitals, adult social care and primary care
- First wave of inspections of 18 Trusts has begun
- Expert inspections of hospitals with the highest mortality rate undertaken led by Sir Bruce Keogh
- CQC - new system of ratings; greater independence; and new fundamental standards that can lead to prosecution in serious cases.
- *Transforming Participation in Health and Care* – guidance for Commissioners on involving patients and the public
- NHS England published clinical outcomes by consultant
- *Compassion in Practice* – new nurse and midwifery leadership programmes
- Fast track leadership programme for clinicians and external talent
- Front line experience for 96% of senior leaders and all Ministers at the Department of Health by the end of the year

New Actions

- Transparent monthly reporting of ward–by–ward staffing levels and other safety measures
- Hospitals to set out how patients and their families can raise concerns or complain, with independent support from Healthwatch or other organisations
- Quarterly reports by Trusts on complaints data and lessons learned, and a significant increase in the number of cases to be considered by the Ombudsman
- Statutory duty of candour on providers, and a professional duty of candour on individuals through changes to professional guidance and codes
- Consideration of whether Trusts should reimburse NHSLA compensation cots where they have not been open
- Legislation to be prepared on Wilful Neglect
- Care Certificate for Healthcare Assistants
- New criminal offence applicable to providers that supply or publish information that is false or misleading

Culture and Patient Safety

- Patient Safety Collaborative Programme to develop 5000 Fellows within five years(Berwick)
- Named consultant and nurse above the patients bed
- CQC/NHS England to develop a dedicated hospital safety website for the public
- Safety Thermometer to continue to be encouraged
- Never Events to be published quarterly
- Patient safety alerts system to be re- launched
- Safe staffing levels – by Summer 2014 NICE to produce independent and authoritative evidence based guidance on staffing levels

Taking Action Promptly and Robust Accountability

- Clear, meaningful ratings accompanied by clear, risk-based intervention
- Chief Inspectors to make judgements as to whether providers are outstanding, good, require improvement or inadequate
- Aspirant Trusts must be outstanding or good
- There will be greater accountability than ever before
- Stronger fit and proper persons test for Board level appointments
- Direct consequences for senior managers for failure
- Concerns regarding professionals to be resolved or brought to a hearing within 12 months

Trained and Motivated Staff

- Social Partnership Forum to produce guidance as to what constitutes good staff engagement
- Compassion in Practice and nurse revalidation
- Older persons' nurse post-graduate qualification training programme
- Pre-degree care experience for aspiring student nurses
- Clinical Bureaucracy Index and Audit of Digital Maturity in Health and Care

Transparency : Metrics for publication

- Safety thermometer
- Friends & Family Test
- HCAIs; MRSA and C Diff (rates & actuals)
- Pressure Ulcers: grade 2-4 and unclassifiable (once graded); pre &post 72hr (rates & actuals)
- Falls: moderate harm and above (rates & actuals)
- Patient experience
- Staff experience
- A patient story
- Improvement story
- Additional information (trust discretion)

Patient Experience

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

Staff Experience

- I would recommend the ward as a place to work
- I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment
- I am satisfied with the quality of care I give to patients, carers and families

Patient & Improvement Stories

Patient

- *To "see care through the eyes" of the patient or family member*
- *Told in their words*
- *Share positive experiences or those where improvement needs to be made.*
- *Use a variety of methods to tell the story (video, blog, written story etc.*

Improvement

- This can be a short story, video or blog etc
- Plain, clear language Dynamic & build a story each month that illustrates learning and improvement.
- Truthful but not alarmist.

NHS England

Open and Honest Care in your Local Hospital

The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

Pennine Acute Hospitals NHS Trust

November 2013

Open and Honest Care at Pennine Acute Hospitals NHS Trust: November 2013

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1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer look at four harms in particular: 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 new harms.

98% **of patients received harm free care in the hospital.**

For more information, including a breakdown by category, please visit:
http://www.safetythermometer.nhs.uk/

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) bacteremia are the most common. 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.

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 infections and are working towards eradicating them; 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 (YTD).

	C.difficile	MRSA
This month	2	0
Improvement target (year to date)	41	0
Actual to date	37	3

For more information please visit: www.pat.nhs.uk

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 grades, with 1 being the least severe and 4 being the most severe. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 35 of our patients suffered pressure ulcers.

	Pre 72 hours	Post 72 hours	Total
Grade 2	9	24	34
Grade 3	1	0	1
Grade 4	0	0	0

Because larger hospitals are statistically more likely to have higher numbers of harms, we also calculate an average called 'rate per occupied bed day'. This allows us to compare hospitals of different sizes fairly.

Rate per 1000 bed days:	0.0007

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month 3 of our patients suffered a fall that was classed as moderate or worse

Severity	Number of falls
Moderate	2
Severe	
Death	1

Rate per 1,000 bed days:	0.0001

2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing business with a particular company you like to share this

From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience

Passive - people who couldn't really say one way or another

Promoters - people who have had an experience which they would definitely recommend to others

This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

We asked 407 patients the following questions about their care:

	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	81.6
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	86.7
Were you given enough privacy when discussing your condition or treatment?	95.3
During your stay were you treated with compassion by hospital staff?	91
Did you always have access to the call bell when you needed it?	N/A
Did you get the care you felt you required when you needed it most?	94.1
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treati	94.8
Did you have confidence and trust in the nurses treating you (additional question	94.6

[Additional/alternative patient safety data can also be included in this section]

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The Friends and Family score for November for this hospital is

51 This is based on 2030 responses.

*This result may have changed since publication, for the latest score please visit:
www.pat.nhs.uk

A patient's story

Patient One

This section should include a brief summary of the story being told. It should be clear, concise and jargon free. Try to avoid long, dense paragraphs of text.

I was diagnosed in 2002 by Dr S at Fairfield Hospital as being diabetic. I had made a change in occupation in 1995. As a consequence from 1996 to 2002, I put on five stone in weight which meant that in 2002 I was seventeen stone.

After the diagnosis of diabetes, in 2007 I noticed on both feet small nicks or cracks which became very sore and painful. It did not occur to me to go and see my doctor in order to establish what these were. I self medicated by simply putting both feet in a bowl of Dettol every other night and hoping that the cracks would heal. The cracks didn't heal and by April 2008 both cracks although only about 1½cms long were quite deep, were bleeding and were very sore and in August 2009 an abscess formed on my left foot that required me to have emergency surgery and has left me with an ulcer on the left foot which is 6cms by 6cms and over a 1cm deep. Three and a half years later that wound remains and will not heal. It was discovered that I had Charcot Marie Tooth disease, an hereditary disease which causes significant damage to the nerves in the foot the legs and the hands.

In 2011 the Trust was able to secure funding for me to have successful bariatric surgery and I have lost 7 stone of the 27 I recently weighed this has made the quality of life that I have on its own considerably better, though the wounds on my feet refuse to heal. In addition Crispin Orthotics to come up with some very specialised footwear has meant an immeasurable improvement on my quality of life

Enormous efforts have been made by the clinicians to try and have the wound heal but in March 2012 I was forced to take medical retirement on the basis that my mobility was so restricted that it simply wasn't possible for me to continue.

Now that I have proper shoes all be it the wound is still open then the ability to get out as and when needed it is much better .

I have from a patient perspective I perhaps didn't make it clear soon enough to the podiatry team and the clinicians that the soft cast solution devised in 2009 was ceasing to be effective (probably from December 2011 onwards).

The Orthotic shoes were fitted in August 2012 and the improvement from that point onwards in terms of at least being able to manage getting in and out of a motor car has been significant.

In terms of motivation, patients have to be aware that if they feel that clinicians have not appreciated all the circumstances which the patient is undergoing then they themselves have a responsibility and a duty to make it clear to the clinicians that additional consideration needs to be made.

Staff experience

We asked 415 staff the following questions:

	Score
I would recommend this ward/unit as a place to work	71.1
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80.2
I am satisfied with the quality of care I give to the patients, carers and their families	85.3

[Additional/alternative staff experience information can be added in this section]

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

Pennine Acute Hospitals NHS Trust has a wide range of improvement projects which have been designed to reduce mortality and harm. Nursing staff, supported by the Trust Board, are committed to play a prominent role in the Trust becoming the safest organisation in the NHS. Significant financial investment has been made in the nursing workforce and the majority of ward sisters are now supervisory and will focus on improving quality and patient safety at the point of patient care. As leaders of clinical teams, they are determined to see these harms continue to reduce and therefore patients will continue to report high levels of satisfaction relating to the care they receive.

The cancer buddy scheme at PAT aims to provide people affected by cancer with the opportunity to talk to another cancer patient or carer who has already been through it. The initiative which has been developed by the Pennine Cancer Patient User Partnership works with The Pennine Acute Hospitals NHS Trust and Macmillan Cancer Support. Cancer buddies are carefully selected and attend a two day training programme devised by Macmillan to see what buddying involves and whether it is suitable for them. Following the training they undergo the same disclosure checks as other Trust volunteers before being cleared to work within the hospital. Working to clear guidelines, the buddies' role is around being able to provide support, mainly by listening and being able to empathise with cancer patients, as they have experienced the disease/illness themselves

Supporting information

Board Papers
http://www.pat.nhs.uk/about-us/trust-board/Board-papers.php

Foundation Trust
http://www.pat.nhs.uk/Foundation-Trust.php

NHS Choices
http://www.nhs.uk/Pages/HomePage.aspx

Quality Accounts
http://www.pat.nhs.uk/CubeCore/.uploads/Publications%20and%20reports/Quality%20Accounts/QualityAccountsReportspreads_FINAL.pdf

Timeline for publication of Open and Honest Care Report

- Action: Deadline for final submission of data
- Performed by: Trust data lead

- Action: Trust to have received publications
- Performed by: Ian Whittle

- Action: Prepare publications for launch
- Performed by: Individual trusts

- Action: Publication on individual trust websites and NHS Choices
- Performed by: Trust comms lead; National comms team