

## 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:  
**The Christie**  
**NHS Foundation Trust**  
January 2015

# Open and Honest Care at The Christie NHS Foundation Trust: January 2015

This report is based on information from January 2015. The information is presented in three key categories: safety, experience and improvement. This report will also sign-post you towards additional information about this Trust's performance. This information relates to inpatient activity only.

## 1. SAFETY

### Safety thermometer

---

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the NHS Safety Thermometer. The safety thermometer looks at four harms: 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 harms.

**98%** of patients **did not** experience any of the four harms in this trust.

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.

	C.difficile	MRSA
<b>This month</b>	2	0
<b>Improvement target (year to date)</b>	20	0
<b>Actual to date</b>	19*	0

\*Only four cases of C-Diff so far this year have been classified as avoidable

Whilst we have recorded a small number of *Clostridium difficile* infections so far this year - it is important to note that **only four** cases have been deemed **avoidable** by external committee. Patients with a diagnosis of cancer are more vulnerable to getting C-diff infection due to treatment with high doses chemotherapy and increased use of opiate based analgesia that can affect gut motility.

## 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 one being the least severe and four being the most severe.

This month 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	5
Grade 3	0
Grade 4	0

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1000 bed days:	1.06
-------------------------	------

## Falls

---

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days:	0.00
--------------------------	------

## 2. EXPERIENCE

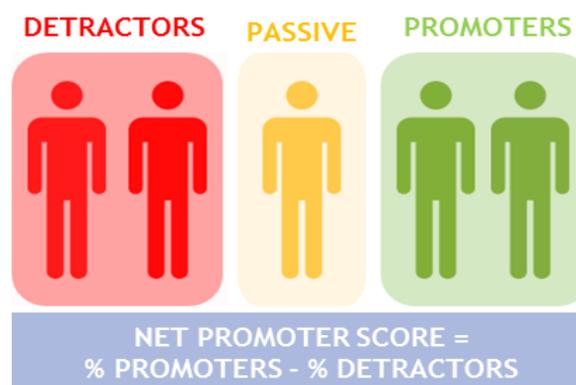
To measure patient and staff experience we use a Net Promoter Score.

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

From the answers given 3 groups of people can be distinguished: Detractors - people who would probably not recommend you based on their experience, or couldn't say .

Passive - people who may recommend you but not strongly.

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

#### The Friends and Family Test

The Friends and Family Test (FFT) 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?*

**In-patient** FFT score\*

**92.0**

This is based on 152 responses.

\*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

The Trust Friends and Family test scores are now published on the ward information screens, together with patient comments and improvement stories. By the end of January all the harm free care data published in this report will also be available in real time on the ward screens

The following questions are asked as part of our monthly patient experience survey. The scores for each set of responses are calculated using the net promoter scoring methodology. In total 212 patients were asked relevant questions across all areas of the hospital.

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	71
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	70
Were you given enough privacy when discussing your condition or treatment?	74
During your stay were you treated with compassion by hospital staff?	77
Did you always have access to the call bell when you needed it?	80
Did you get the care you felt you required when you needed it most?	76
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	82

## A patient's story

---

### **Judy Poulton**

My name is Judy, I'm 61 years old and I am on a chemotherapy trial at The Christie. The trial began just before Christmas and will continue for six months. Everyone knows that having chemotherapy is horrible; you feel really ill some days and even on your 'good' days you don't feel great!

The treatment I am receiving is in its early stages, and no one knows how effective it will prove to be. I have yet to have my first scan so I have no idea yet if the drugs have made a difference. It's an anxious time for me, and also for my family and friends, but I am so glad that I have been given the opportunity to take part.

I was diagnosed with ovarian cancer in November 2013. A few weeks prior to that, I had no idea anything was wrong. I was living in London with my husband who had been moved for work from the university in Wrexham, to run their London campus.

We had a flat near Tower Bridge and I was having the time of my life, sightseeing, meeting up with friends and relatives, visiting galleries, exhibitions and going to the theatre. The Globe on the South Bank was my favourite haunt and sitting there on a summer's afternoon or evening enjoying a Shakespeare play was a little bit of heaven, after a browse round Borough market of course.

Very suddenly one day, however, I found that my clothes no longer fitted round my waist and I became bloated for no apparent reason. I also felt very tired, but assumed that it was due to all the walking I was doing. Back home in North Wales, my GP booked a scan and carried out blood tests. I had to wait two weeks for the scan, which did not show anything wrong. By this time I was extremely uncomfortable with all the fluid that had built up, but it wasn't until the results of the CA125 (ovarian cancer test) came back very high, that I was admitted to Glan Clwyd hospital to have the fluid drained off.

This process took a week, during which time a biopsy and CT scan gave me the diagnosis of ovarian cancer. It was devastating and totally unexpected, since my side of the family had no history of cancer. I was booked in for a course of chemotherapy which lasted all winter. Half way through, in February, I had to go to Bangor hospital for a complete hysterectomy and omentectomy.

In April last year, it was over. The CT scan results were good, as was the CA125 result. I hoped it was all over and that I had been one of the 'lucky ones'.

My husband took early retirement and we had a lovely summer, going to Greece for a long holiday and visiting our daughters who live in Amsterdam and Brussels, and our son in London. My hair was growing back and I felt back to normal.

But the break was short lived, because at a check-up in September, I was told the cancer had returned. I was offered another course of chemotherapy: the same regime as before. I had heard of other people in North Wales being able to get treatment at The Christie, and my mother in law had been successfully treated there 40 years ago. I was unsure if I would be able to go because of where we lived, but I asked for a second opinion and was successful in getting an appointment in October.

The response I received from the Professor at The Christie was heart-warming and positive. I was given a list of several options to consider, one of which was to have the conventional treatment back at my local hospital, but I understood that if I opted for a trial I could be treated at The Christie.

The trial involves weekly visits for a 10 minute infusion followed by four hours' monitoring, plus tablets to take on a daily basis. This seemed like a regime that I could cope with more easily than the one I had been through previously; having the added bonus of only one evening of sickness instead of a whole week, and (so far) no hair loss.

The travelling to Manchester at 6.30 every Monday morning in the dark and appalling weather is no fun, of course, but what a welcome we receive when we get there! My husband drives me there, and is pleasantly surprised that he can always park easily in the Oak Rd car park, and when we go into the trials building we are shown to a private room with en suite facilities and given a cup of tea!

My trials nurse is always there before me and stays with me until I am able to go home, and sometimes this takes far longer than eight hours. She has been wonderful, very supportive, and has even secured the services of a particular male nurse who has had success at putting the canula into my difficult veins!

My trials nurse is always there before me and stays with me until I am able to go home, and sometimes this takes far longer than eight hours. She has been wonderful, very supportive, and has even secured the services of a particular male nurse who has had success at putting the canula into my difficult veins!

So I carry on, and wait. I can cope with this regime, and manage to lead a near normal, albeit less active life. This week we are going to Amsterdam to visit my daughter whose first baby is due in a couple of weeks. We can only go for a few days, but have flights booked for March to go back to see the baby when it is born.

The prospect of being grandparents for the first time is so exciting. Our house is on the market, and we hope to move closer to the hospital, in the hope of continuing my treatment there. I just need to keep focused on the treatment, keep taking the tablets, and keep optimistic about the future, thanks to all the wonderful staff at The Christie.

## Staff experience

---

We asked 25 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100
I am satisfied with the quality of care I give to the patients, carers and their families	100

## 3. IMPROVEMENT

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

---

### Care certificate launch

The care certificate was launched on the 16th January 2015 to a large audience of Healthcare Assistants, Ward Managers and Matrons. The care certificate for health care support workers has been developed by the Trust and is based on and meets all 15 of the core standards of the national framework which will go-live in April 2015. The Christie care certificate has been specifically tailored to meet the needs of our oncology patients and we have added a further six additional standards which meet the specialist needs of our patients.

### Supporting information

---