

## 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**  
March 2015

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

This report is based on information from March 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

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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.

**95%** 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)

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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>	0	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

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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 8 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	8
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:	1.73
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## Falls

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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 1 fall that caused at least 'moderate' harm. The incident has been reported via the appropriate channels and we are currently awaiting findings from the RCA process.

Severity	Number of falls
Moderate	0
Severe	1
Death	0

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Rate per 1,000 bed days:	0.21
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## 2. EXPERIENCE

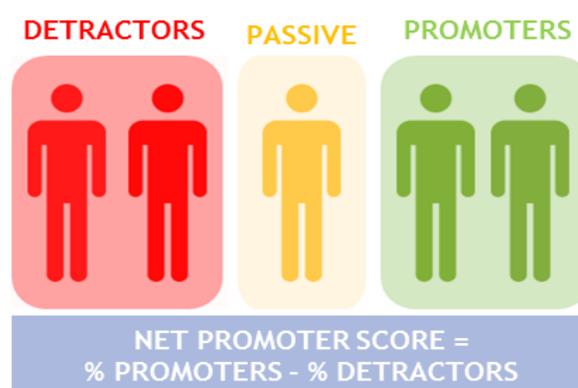
To measure patient and staff experience we use a Net Promoter Score.

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\*

**90**

This is based on 252 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. Since the end of January all the harm free care data published in this report has been 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 226 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?	70
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	67
Were you given enough privacy when discussing your condition or treatment?	76
During your stay were you treated with compassion by hospital staff?	78
Did you always have access to the call bell when you needed it?	81
Did you get the care you felt you required when you needed it most?	74
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	79

### **I first walked into The Christie about a month ago, after my life changed direction unexpectedly**

My name is Jess and I'm a young mum from Stoke-on-Trent. I'm really looking forward to starting a new career as a carer for young people with learning difficulties.

I first walked into The Christie about a month ago, after my life changed direction unexpectedly.

I first met Laura May McMullan in January, and it was no ordinary meeting. I'd previously spoken to her on the phone because she was looking for someone to help her make a documentary.

Laura was diagnosed with malignant melanoma in February 2014. Laura has been through a tough time, the melanoma spread to the lymph nodes in her groin, but after major surgery, thankfully, the operation was a total success and she was told that no more melanoma was found.

Laura is a television journalist for BBC Midlands Today. After many months recovering, one of her aims was to raise awareness of melanoma.

Laura told me she had been a self-confessed tan addict, using sunbeds for the best part of 10 years, from the age of 16. She also went on holiday six weeks a year and wanted to get as brown as possible. She believes the over exposure of ultra violet radiation contributed to her diagnosis.

This is how I came to meet Laura. I'm only 19, but like her - I have used sunbeds for a few years, going on them three to four times a week. I think it was perfect timing when our paths crossed. Laura was looking to find someone similar to her, to try to warn them about the dangers of tanning.

I was at a point in my life when I knew using sunbeds could be bad for my health, but it was difficult to stop, especially because at the time, I worked in a tanning salon and I used the sunbeds for free. It's crazy to think that I used sunbeds because they made me feel 'healthy' - I now know they're extremely unhealthy if over used.

Laura was making a film for the BBC Inside Out programme in the West Midlands where she works. I think she was very brave to tell her story to raise awareness. She's in the public eye, but this was obviously a very personal story. Laura and her production team took me on a journey with one main mission - to get me to stop using sunbeds.

I wasn't convinced at first, but I soon came to realise that what I was doing to my skin was dangerous. It was a revelation. I agreed to take part in the documentary and that's when the filming started.

Walking into The Christie was an eye opener. Sitting with Laura before her appointment, (on camera) I asked her what melanoma was as I'd never even heard of it.

Going to The Christie as a spectator was enough, I can't even begin to imagine what it must be like to be a patient. Laura introduced me to her consultant Mr Oudit and to Caroline Owens, the specialist skin cancer nurse, who's been a big part of her recovery. Just being in their presence was starting to make me think.

Mr Oudit explained that there are more than 11,000 new cases of malignant melanoma every year in the UK and over 2000 people die. Laura could have been one of these people, but thankfully, the cancer was caught in time, and her operations were a success.

Laura interviewed Mr Oudit and asked whether using sunbeds could have contributed to her melanoma and he said it could have been a possibility. He actually told her he'd like to see sunbeds banned. Some people might think it's a strong statement to make, and personally, hearing the consultant's words, knowing that at the time I worked in a sunbed shop, it made me sit up and think.

This is a consultant in one of Europe's leading cancer centres dealing with melanoma every day and the devastating effects it has - he's trying to save people's lives.

I was frightened. The message from Mr Oudit hit home to me. However, there was a still a small part of me that needed more information before I could totally make my mind up. Laura then took me to Staffordshire University where experts were able to show me the effects of ageing if I carried on using sunbeds.

Professional Alison Owen took my picture, and then through the technology she showed me two images of what I might look like at 72. It's quite alarming to see yourself at this age, because I am only 19! - but there was a significant difference between my natural ageing, and the second image of my UV damaged face. I couldn't believe it. It was horrible.

The final part of the journey was to visit a skin clinic in Birmingham. Here they were able to show me if I'd done any damage to my face. Again, two images were taken. The first was just a picture of my face on the outside, and that's how I like to look - healthy!

However, the technology was able to show me a UV image of my face just under the outer skin layer. This was a complete shock. I could see clearly the damage underneath my skin, and if I continue to use sunbeds then the damage will only get worse, let alone thinking about the risks of skin cancer.

I feel privileged and lucky that I was given this opportunity and this insight. I'm so thankful that Laura found me!

As I've said previously, I was on the verge of giving up sunbeds, but who knows if I would have had the determination to stop? What if I just kept on abusing my skin? Laura has shown me the way without blame or shame, and I've learnt so much. I'm a mum to my beautiful little boy and what if I wasn't here in years to come? That thought really upsets me.

Yes, it is nice to look healthy, but thanks to Laura and all the advice I've received - I now know I can be healthy on the inside too. One of the things I've learnt as well is that skin cancer is the fastest growing cancer in young people aged 15-34.

People need to know the dangers of over exposure to UV rays and then they can make an informed decision about their tanning habits.

Going on the journey for Inside Out, meeting Mr Oudit at The Christie and ultimately meeting Laura may have just saved my life. I've also found a lovely new friend in Laura.

## 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

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### Chief Nursing Officer visits Christie to present training certificates

Chief Nursing Officer for England Jane Cummings visited The Christie on Friday 27th March to present certificates and badges to nursing staff who qualified for the Christie Care Certificate. This is the specialist cancer centre's training standard which meets all of the requirements set out in the national Care Certificate (officially launched earlier this month) as well as encompassing Christie specific criteria.

Health Education England (HEE), Skills for Care and Skills for Health worked together to develop the Care Certificate, which every new healthcare support worker (HCSW) nationally must undertake from 1st April 2015. It will replace the Common Induction Standards and the National Minimum Training to meet the essential standards set out by the care quality commission.

Jackie Bird, Executive Director of nursing & quality at The Christie, said: "We took part in a steering group for the Care Certificate with Health Education North West in June last year. As part of this, we agreed on the national standards but identified areas where we felt there were gaps relating to the specialist care we provide at The Christie. We added six further standards to it to create The Christie Care Certificate, ensuring that we deliver the best possible care to our cancer patients.

"We were honoured to welcome Jane Cummings to the Trust to present these certificates to staff. I am immensely proud that we already have staff achieving the national standard of care here at The Christie. All new HCSWs will undertake the Christie Care Certificate and all existing staff will be given training to ensure their skills are updated to meet this level."

The national Care Certificate provides clear evidence to any employer, patient or individual receiving care and support, that the health or social care worker looking after them has been trained to a set of standards. It gives them confidence that they have the skills, knowledge and behaviours to provide compassionate and high quality care and support. The Christie Care Certificate provides all of this plus the additional essential standards of care required by Christie patients including; personal care, specimen collection, weighing, measuring and urine testing, blood glucose monitoring, recording vital signs and blood sampling.

During her visit to the Trust Jane Cummings also took part in a number of Q & A sessions following presentations from Christie nursing staff on education, research and specialist care including dementia at The Christie.

### Supporting information

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