

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
August 2014

Open and Honest Care at The Christie NHS Foundation Trust: August 2014

This report is based on information from August 2014. 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.

96.45% 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
This month	3	0
Improvement target (year to date)	20	0
Actual to date	11	0

*Only three 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 three** 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 1 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	1
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:	0.22
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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

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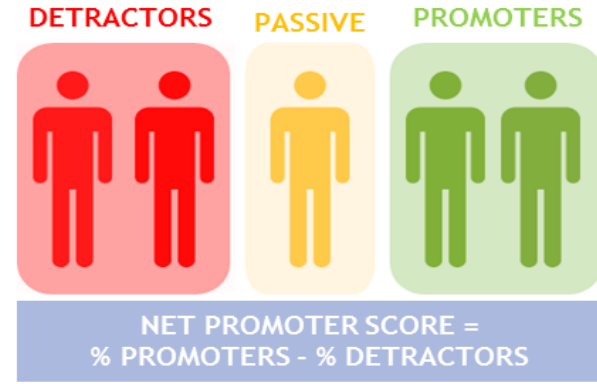
Rate per 1,000 bed days:	0
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2. EXPERIENCE

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*

87.9

This is based on 93 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 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 144 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?	65
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	66
Were you given enough privacy when discussing your condition or treatment?	66
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?	63
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?	89

A patient's story

Lottie Barnes

In March 2012 I was told those three words you can never be prepared for... 'You have Cancer'.

I soon found it hard to adjust to a life of hospital visits, treatments and not being able to work. I lost my confidence, focus in my life and felt isolated. I was particularly terrified the day I walked through the doors of The Christie, it felt so symbolic, I really was a cancer patient!

On the first day of starting four weeks of radiotherapy treatment at The Christie, feeling very low, I happened to see they had an art class. That same afternoon I plucked up the courage and telephoned Patricia Mountford, the artist in residence, and asked her about the class.

The very next day I nervously stepped into the art room and was greeted by Patricia who was very warm and accommodating. I sat there amazed by the energy in the room, the hustle and bustle of a very productive art room in the middle of a cancer hospital. Even though I initially kept myself to myself, I was comforted by the empathic smiles and chatter taking place in the class. Patricia dedicated her time to me and got me going straight away trying out different water colour techniques. I hadn't painted since I was at school, 22years ago!

Three times a week, in between my treatments, I attended the art class. It was the only time in my day where I switched off and didn't think about cancer. I started to get my confidence back and I was painting portraits and landscapes on canvases! Everything had gone full circle; I had become the participant and not the facilitator. I was the one being supported by an artist to use the arts to get me through an adversity in my life.

I continued dropping into the class after my treatment finished to help with my recovery and a few months later I got a new job, packed up my home and started a new life in Guernsey working as a Community Arts Development Manager. My new role also covered managing the 'Arts in Health' programme. I never forgot what an impact the art class had played in helping me cope with treatment and recovery from cancer and I really wanted to give this opportunity to other cancer patients in Guernsey.

I contacted Patricia telling her of my wish to create something similar for the Princess Elizabeth Hospital in Guernsey and together we discussed a variety of ways this could be achieved. In May 2014, Patricia packed her suitcases full of paintings that had been created in her art class and came to Guernsey to help me.

We installed an exhibition of the paintings in the hospital and together launched a pilot project delivering art workshops in the oncology department. Patricia spent time with local artists sharing her skills to support them in their delivery of the workshops. She also gave a presentation on her work at The Christie to help inform and educate on the impact and importance of arts in a health setting.

I love walking through the corridor of the Princess Elizabeth Hospital seeing the exhibition, picturing in my mind the faces of the patients who have created the paintings and remembering the giggles and fun we had in the workshop. I could never have imagined how stepping through those doors at The Christie could have impacted on my life. Thank you Patricia Mountford and all the wonderful people I shared the class with.

Staff experience

We asked 5 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	40
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80
I am satisfied with the quality of care I give to the patients, carers and their families	40

3. IMPROVEMENT

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

The Christie quality mark has been developed in partnership with patients, carers, nursing, medical and allied health staff. The aim is to ensure our patients receive the same standard of care at any of our satellite centres or partner organisations as they would at the main site at withington. Each area must meet a set of evidenced based standards via a peer inspection process in order to be awarded The Christie Quality Mark.

The Christie Quality Mark



Jackie Bird
Executive Director of Nursing and Quality



The Christie 
with Foundation Trust

20:20 Vision

The Christie experience pledge:

- We will continue to ensure that patients can receive the Christie experience throughout their illness and wherever our services are provided



The Christie 
with Foundation Trust

Promise To Our Patients

- We always give the best quality care
- We treat everybody with compassion, dignity and respect
- We listen to our patients and each other
- We work together as one Christie team
- We provide a safe, clean and tidy environment



Quality Mark Programme

Supported by the Patient Experience and the Governors' Quality Committees

Membership

- Patients
- Clinicians
- Governors
- Staff
- Partner hospitals



Patient Standards

- I want continuity of care by doctors and nurses and to know that I am a partner in all my care and decision making
- I want to recognise members of The Christie team wherever they are based
- I want to experience the same high quality standard of care wherever I am
- I want to be greeted with a warm welcome and I want to be recognised by staff as a returning patient
- I want the same safe, clean environment as at the Withington site



Development

- Linking our promise to our patients
- Testing out the five statements in our members' magazine
- Patient surveys and visits at Christie outreach clinics
- Environment standards
- Development of the Quality Standard Framework



Supporting information

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