

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
July 2014

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

This report is based on information from July 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.

96.2% 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	4	0
Improvement target (year to date)	20	0
Actual to date	8	0

*Only one case of C-Diff so far this year has been classified as avoidable

Whilst we have recorded a small number of *Clostridium difficile* infections - it is important to note that only one case was 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 3 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	3
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:	0.63
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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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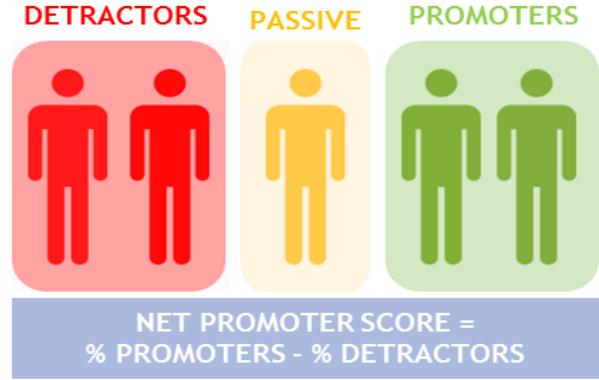
Rate per 1,000 bed days:	0
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2. EXPERIENCE

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*

89.2

This is based on 115 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/>

We also asked 59 patients the following questions about their care:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	73
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	78
Were you given enough privacy when discussing your condition or treatment?	64
During your stay were you treated with compassion by hospital staff?	66
Did you always have access to the call bell when you needed it?	59
Did you get the care you felt you required when you needed it most?	75
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	73

A patient's story

I was 38 and married with 2 young children when diagnosed with breast cancer. My daughter was 5 months old and my son was 2½ years-old. It was a HUGE shock.

I opted for a mastectomy with an immediate reconstruction (with a latissimus dorsi or LD flap). I didn't want to wake up after having a mastectomy without a breast. I really do think this has helped me cope with my body image and treatment, and to keep the necessary positive mental attitude with me at all times.

I had 6 cycles of chemotherapy followed by 4 weeks of radiotherapy and then a year of Herceptin. I took Tamoxifen for 5 years and had Zolodex for 30 months. I finally stopped taking anti cancer drugs in February 2012.

Breast cancer was a shock, especially as no one in my family had had it before. My reconstruction surgery lasted a gruelling 10 hours and marked the start of my recovery, before my next stage of treatment. My husband had 7 weeks off work to care for me, as I was unable to lift my five-month-old daughter. It was a long, hard, emotional process.

After various treatments, I attended a forum where I met other young women in a similar position to me. It was good to talk to other people about our experiences. Six months later, and I was asked to feature in an issue of [Red Magazine](#) along with three friends from the conference.

After the photo shoot and interviews, I had a light bulb moment. My idea was to set up a website featuring breast reconstruction photos and information as a resource for newly diagnosed breast cancer patients. I wanted it to include everything that I would have found useful when I was diagnosed. My vision was for it to be like a one stop shop for everything to do with breast cancer.

Sadly, one of the friends I'd made at the conference, Debbie, died in 2011, a year after doing the article for Red Magazine. She left behind twin girls and a devastated family. It shocked her friends to the core, but made me think about the website I wanted to create.

Staff experience

We asked 10 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	90
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	90

3. IMPROVEMENT

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

In 2012, Jo Taylor decided her dream should become a reality, and starting writing and compiling information for the website. She had never created a web site before, but completed the work and finally launched the site (www.abcdiagnosis.co.uk) on 15th February 2013, the 6th anniversary of her own breast cancer diagnosis.

“My [website](#) is packed with information that will help patients make informed choices. It has everything people need to know about 'after breast cancer' diagnosis - including reconstruction information (with patient pictures), surgeon lists, hospital information, cancer networks, and information about diet and exercise. There are links to other useful sites and I keep people up to date with the latest news and information from around the world on my Twitter and Facebook accounts. I'm extremely proud of creating something that can help breast cancer patients. I have also made contact with an amazing community of breast cancer patients, survivors, advocates and professionals worldwide. Some, even though I have never met them, are now close friends, and I'm so thankful that we were able to meet through our own adversities and the power of Twitter. I also write a [blog](#) about my experience, which can be found on my website.

I hope my website can help women making tough decisions at the most upsetting and crucial time of their life. It's the biggest and scariest fight of your life, that anyone can face, and I'm glad I'm here to tell my story, and be an advocate for breast cancer support”.

Supporting information
