

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
September 2014

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

This report is based on information from September 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.

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)

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	0	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	1
Death	0

The fall graded as severe was a patient who fell on the ward and sustained a fracture. . This has been reported as a serious incident to our commissioners and the serious incident policy has been invoked.

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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*

94.7

This is based on 98 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 188 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?	72
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	79
Were you given enough privacy when discussing your condition or treatment?	72
During your stay were you treated with compassion by hospital staff?	82
Did you always have access to the call bell when you needed it?	72
Did you get the care you felt you required when you needed it most?	80
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	91

A patient's story

Dave Whaley, Christie patient



There won't be many people who have made the daunting walk into their first radiotherapy session in the company of a photographer.

But that was exactly how it was for me after I had taken the decision to tackle a T1 throat cancer tumour in full public glare. It was an easy decision to take. I did not have a hard-nosed journalist knocking at my door for my story.

I am a dyed-in-the-wool newspaper man, 53 years young, 34 of those spent in the regional press and currently the Managing Editor of the Oldham Evening Chronicle, so there were no confidentiality issues to overcome here and I certainly didn't tap anyone's phone for the scoop - not that we even know how to in Oldham! Bring it on and let's tell it as it is.

I have to say from the outset that The Christie (where I had the mask for my treatment made), The Christie at Oldham (where I had my radiotherapy) and The Christie PR machine, which helped spread the words I had written far and wide, were totally supportive.

My Macmillan contact Anne-Marie Round saw it as twofold when I told her of my plans on the day I first met the full team that surrounds you in this most desperate of times. She believed I would help others come to terms with their own situations and that the outpourings would be cathartic for myself.

The response was quite amazing. Six weeks after the 16 daily radiotherapy treatments were completed, I went back to meet Christie oncologist Dr Lee to hear the magic word "clear". I was staggered to be told that many would-be patients had arrived for consultations clutching cuttings.

I honestly believed that if writing about the treatment had helped one person it would have been worthwhile.

So the photographer took pictures from every angle. I was able to see myself lying on the cold metal table surrounded by the giant machine that was, being totally positive in outlook, going to be my saviour.

I was able to see all the lasers used to make the alignment so precise that it hit the same spot every time. But, more importantly, the readers could see it too.

I talked about my "friend" the mask that held me in place while the blast of radiation was fired at my left vocal cord.

I talked about the fears, the reality, the vital support of friends and family and how all the side effects that the caring radiographers said were coming along, duly arrived.

Staff experience

We asked 5 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	80
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

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.

As an organisation we are committed to publishing data on the planned and actual numbers of registered nurses and care staff for each shift, the number of days since a patient last had a fall, pressure ulcer, MRSA or CDiff – at ward level, to the Board of Directors and to the public.

This info is currently being displayed on a temporary laminated board on each ward that is updated daily. However, we are now transitioning into electronic screens & mini PCs to publish this data in an electronic format. In the initial phase the boards will display three screens – visiting times, protected meal times and staffing – each screen will also contain static information – ward, phone number, matron & sister/charge nurse

The Christie 
NHS Foundation Trust

Ward Sister Olivia Samuel Matron Denise Saunt	Welcome to Ward 4 (Dept 54)	Telephone Number 0161 446 3770/3771
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Visiting Times

We welcome visitors between

2pm and 9pm

However, if this is not convenient please discuss with the nurse in charge to make alternative arrangements

For information regarding children visiting the ward please speak to the nurse in charge

Wednesday 3rd September 2014 16:38



Ward Sister <small>Olivia Samuel</small> Matron <small>Denise Saunt</small>	Welcome to Ward 4 <small>(Dept 54)</small>	Telephone Number 0161 446 3770/3771
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Protected Meal Times

To allow patients to eat their meals in a calm and relaxed environment without unnecessary interruption we protect meal times by stopping all non-urgent clinical activity and visiting

Meal times are between:

Lunch

12pm and 2pm

Dinner

5pm and 6pm

If you would like to help your relative or friend at mealtimes this would be welcomed, please discuss with a member of staff

Wednesday 3rd September 2014 16:38

Ward Sister <small>Olivia Samuel</small> Matron <small>Denise Saunt</small>	Welcome to Ward 4 <small>(Dept 54)</small>	Telephone Number 0161 446 3770/3771
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Staffing Levels

Every day the senior nursing team review our nurse staffing levels to ensure they are safe. Where the number of nurses on shift is under the planned number, we always take measures to ensure that quality of care and patient safety is not compromised.

The nurse in charge of this shift is: **JAMES TURNER**

WE PLANNED

6

Registered Nurses

WE HAVE

6

Registered Nurses

WE PLANNED

3

Care Support Workers

WE PLANNED

3

Care Support Workers

For further information please speak to the nurse in charge

Wednesday 3rd September 2014 16:38

Phase two will publish falls, Pressure Ulcer; MRSA & C-difficile data, Friends and Family Test results, Staff pictures linked to staff on duty and free text for ward related comments.

Supporting information

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