

## 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**

June 2014

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

This report is based on information from June 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

## 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 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 new harms.

**97.4% 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>                        | 1*   | 0    |
| <b>Improvement target (year to date)</b> | 20 (national target - Avoidable + Unavoidable) |      |
| <b>Actual to date</b>                    | 4*   |      |

**\*All cases of C-Diff so far this year have been classed as unavoidable**

Whilst we have recorded a number of *Clostridium difficile* infection it is important to note that all of the cases were **unavoidable** and there have been **no lapses in care or treatment** provided to our patients. Patients with a diagnosis of cancer are more vulnerable to getting Clostridium difficile infection this is because we give them high dose chemotherapy to kill off their cancer cells and we are more likely to use anti sickness medication and 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 2 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

| Severity | Number of pressure ulcers |
|----------|---------------------------|
| Grade 2  | 2                         |
| 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: | 0.46 |
|-------------------------|------|

## Falls

---

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

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.

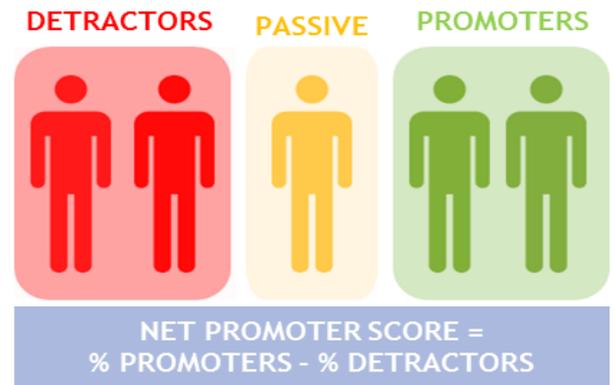
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 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?*

The hospital had a score of **90** for the Friends and Family test\*. This is based on 158 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 125 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?                          | 77                 |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | 82                 |
| Were you given enough privacy when discussing your condition or treatment?   | 78                 |
| During your stay were you treated with compassion by hospital staff?   | 80                 |
| Did you always have access to the call bell when you needed it?  | 82                 |
| Did you get the care you felt you required when you needed it most?  | 86                 |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?          | 92                 |

## A patient's story

---

### Thumbs up from George for The Christie's mobile chemotherapy unit

Nine months after The Christie launched its new mobile chemotherapy unit; patients are giving it the thumbs up. The specially built mobile unit was designed to take cancer care closer to patients' homes and has proved to be a big hit with people such as pancreatic cancer patient George Nolan (57), who lives in Wigan.

The former engineer visits the mobile unit on Friday's when it is stationed in the car park at The Royal Bolton Hospital.

George was diagnosed with cancer in November 2013 and has been having chemotherapy at The Christie since January 2013. He was told about the mobile unit at his first appointment and he has been using the mobile unit for chemotherapy ever since.

He has chemotherapy once a week for three consecutive weeks and then has a week to rest before a new cycle of treatment starts.

The mobile unit is a lot closer to George's home in Wigan - less than ten miles away compared with more than 25 miles to get to the Christie's main site in Withington.

"The mobile chemotherapy unit is superb", he said. "It is top class, very modern, has nice comfy seats and is very clean. The staff are so pleasant, very friendly and caring. I can't fault them. I feel so safe with them.

"Having my treatment in the mobile unit has made a huge difference to me. It's so easy to get to."

"When I've been to the Christie in Withington, it can take most of the day, with the travel and the waiting, but with the mobile unit I'm back home again about an hour and a half after setting off for my treatment", he said.

"The chemotherapy often leaves me tired, so being able to get home and relax quickly is a big help. It's better to get home sooner rather than later."

The mobile unit delivers expert Christie treatment in local communities that have been identified as being most in need of the service to reduce long distance journeys for patients.

It visits convenient locations such as Tesco Extra branches in Rochdale, Stretford and Hyde, the Asda Superstore in Chadderton and the Royal Bolton Hospital.

The unit is staffed by Christie nurses and healthcare assistants to ensure the same high standards of treatment and care are delivered as at the main Christie site in south Manchester.

Patients are treated from 8am to 4pm in the four treatment chairs available and there is a comfortable waiting area for relatives. Upon arrival, patients are assessed by a Christie nurse before their treatment begins and patients continue to have regular reviews with their Christie consultant.

## 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

### Monitoring Quality and making changes

The Christie is committed to improving quality and delivering safe, effective and personal care, within a culture of learning and continuous service improvement. The Christie CODE is our framework for measuring the quality of CARE provided to patients by means of OBSERVATION, scrutiny of DOCUMENTATION and capturing the patient and staff EXPERIENCE.

Quality assessment tools have been designed to enable an evidence-based, consistent approach to quality measurement and can be used for quality walk-rounds and by matrons and ward staff, at their own discretion, as quality guardians for their areas; helping them to identify any aspects of care requiring improvement and helping to generate ideas about how things might be done differently to enhance the patient experience.

Quality Standards and assessment tools for been developed specifically for ambulatory care areas including the Chemotherapy Delivery Service (on site & mobile unit).

These standards include specific topics such as:

- Care Environment/Infection Control
- Record Keeping, Care and Confidentiality of Records
- Privacy and Dignity
- Communication & Information Giving
- Patient Safety/ Care of Vulnerable Patients
- Clinical Safety
- Eating & Drinking
- Chemotherapy Treatment
- General Aspects of Care

### Supporting information