

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
November 2014

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

This report is based on information from November 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.

97% 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	1	0
Improvement target (year to date)	20	0
Actual to date	15*	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

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

Severity	Number of pressure ulcers
Grade 2	0
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
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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 2 fall(s) that caused at least 'moderate' harm. Both incidents have been reported via the appropriate channels and serious incident panels have taken place. The recommendations from these panels are currently being implemented.

Severity	Number of falls
Moderate	0
Severe	2
Death	0

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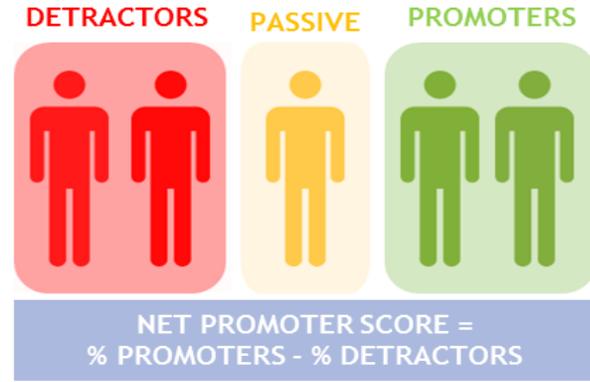
Rate per 1,000 bed days:	0.45
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2. EXPERIENCE

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*

90.0

This is based on 113 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 198 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?	63
Were you given enough privacy when discussing your condition or treatment?	70
During your stay were you treated with compassion by hospital staff?	73
Did you always have access to the call bell when you needed it?	69
Did you get the care you felt you required when you needed it most?	65
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	82

A patient's story

Laura Hodgkinson

I discovered I had cancer in a slightly strange way. My partner Grant and I were trying for a baby and were going for IVF. At my first appointment they asked me to have a smear test to make sure everything was ok.

Unfortunately, the smear showed that I had abnormal cells and after having a biopsy it turned out that I had cervical cancer.

I was mortified. Not only did I have cancer but I was told that I could never carry my own baby. It turned our lives upside down. Everything Grant and I wanted wasn't going to happen and we also had to deal with my cancer.



When I had my first meeting with the surgeon, I was told he wasn't going to operate as the tumour was too close to my bladder and bowel, so the next step was treatment.

My treatment was at The Christie. When I arrived for my first appointment, I was surprised by how busy the outpatients' area was. My dad was with me and we went for a brew and sat near the front door talking about how Joseph Holt helps with funding the hospital.

I asked if I could have my eggs saved for the future so that Grant and I could consider surrogacy in the future. Karen, the specialist nurse said I had a chance to put my treatment back a while whilst we had a go, but she didn't want to wait too long as the tumour would get bigger.

I decided to go ahead with the cancer treatment and also went to St Mary's Hospital, where they managed to save 10 eggs in total.

I started my treatment at The Christie on December 16th 2013. It wasn't what I was expecting. I was told I would need 20 sessions of radiotherapy, 4 sessions of chemotherapy and 2 sessions of brachytherapy. The brachytherapy involved internal radiotherapy, lasting 19 hours each time. But it was what I needed to do to get better and The Christie was amazing and very reassuring.

It's not easy to go through such intense treatment, but all the staff at The Christie were amazing. They work so hard, not just to get you better, but they also share their knowledge and explain things and comfort you - to help you keep going even when you're so tired or feeling unwell. I would never go anywhere else, The Christie is just amazing.

I would have never got through the treatment without my family and friends helping and supporting me to keep going.

I've now been clear from cancer for six months. I'm still struggling with a few things - I've got a bad back from my treatment and I'm still tired a lot - but I've been told it's still early days and to just take things easy.

I'm the type of person who is full of get up and go and I'm delighted that I'm still here and full of life.

Staff experience

We asked 10 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	80
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	80

Due to the low numbers of harms reported each month the number of staff required to complete the experience survey is low. As a result of 1 or 2 passive responses, utilising the net promoter system has a bigger impact on the overall score and accounts for the discrepancy with the Trusts overall Staff Friends and Family Test results.

It is also worthy of note that the Open and Honest Report is currently undergoing review by NHS North of England.

3. IMPROVEMENT

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

The Christie's £17 million radiotherapy centre in Oldham is the first of its kind in the UK. It opened in March 2010. The Christie at Oldham was the first in a unique network of Christie radiotherapy centres where cancer patients from Oldham and the surrounding areas are treated closer to home.

The radiographers' dedication has led to many advances at Oldham. Volumetric modulated arc therapy (VMRT) has significantly reduced prostate treatment delivery times, whilst offering a reduction in side effects. Fifteen minute appointment slots have been reduced to ten. Better access to planning facilities ensures that on-site and visiting clinicians can plan treatment remotely. Radiographer-led breast clinics have been hugely successful and have improved access for many patients in the area.

Julie Davies, lead radiographer at The Christie at Oldham said: "Community engagement is of great importance to the centre. Informing the public about what we do has raised the profile of the centre and respect from those around us, whilst allaying any fears. Radiographers have presented at many local events throughout the community. On all occasions, the support and interest from the general public has been huge."

Following suggestions made by radiographers at Oldham, the centre has established open evenings for patients and their families about to start treatment. All the community work and open evenings are supported by radiographer volunteers in their own time.

Julia concludes: "As a radiographer with 25 years' experience, I have never worked with such a hardworking, dedicated team which constantly strives to improve the quality of service for our patients and truly embodies the radiographic profession."

The centre treats 70 - 80 patients a day with two state-of-the-art £1.3 million radiotherapy machines. It is based at The Royal Oldham Hospital.

The Christie at Oldham building and equipment were fully funded by The Christie Charity, supporting the Trust's commitment to provide treatment and care closer to patients' homes.

Supporting information

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