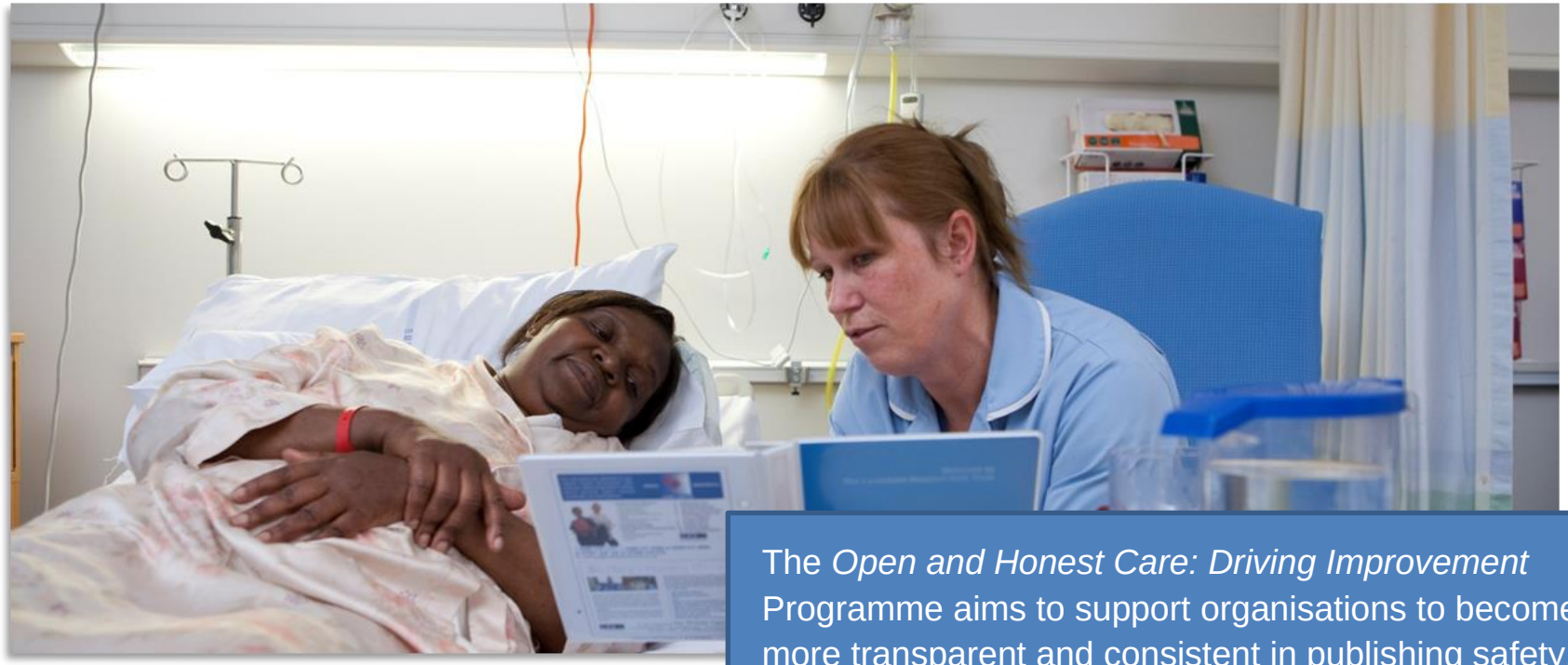
Open and Honest Care in your Local Hospital



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 2015

This report is based on information from **August 2015**. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about **The Christie NHS Foundation 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 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.

97.52%	**of patients did not experience any of the four harms**

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 nationally monitored as we are trying reduce the incidence of these infections. 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 MRSA bacteraemia infections and are working towards reducing C Difficile infections; 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	**2***	**0**
Annual Improvement target	**19**	**0**
Actual to date	**10***	**0**

*Zero cases of C-Diff so far this year have been classified as avoidable

We have recorded a small number of Clostridium difficile infections so far this year - it is important to note that none of the ten 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 dose 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 categories, with one being the least severe and four being the most severe. **The pressure ulcers reported include all validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month	**2**	**Category 2 - Category 4 pressure ulcers were acquired during hospital stays**

Severity	Number of pressure ulcers
Category 2	**2**
Category 3	**0**
Category 4	**0**

The pressure ulcer numbers include all pressure ulcers that occurred from	**72**	**hours after admission to this Trust**

In order to 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.

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Rate per 1,000 bed days	**0.42**

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	**0.00**

Safe Staffing

Guidelines recently produced by the National Institute for Health & Care Excellence (NICE) make recommendations that focus on safe nursing for adult wards in acute hospitals and maternity settings. As part of the guidance we are required to publish monthly reports showing the registered nurses/midwives and unregistered nurses we have working in each area. The information included in the report shows the monthly planned staffing hours in comparison with the monthly actual staffing hours worked on each ward and/or the percentage of shifts meeting the safe staffing guidelines.

In order to view our reports please visit: **http://www.christie.nhs.uk/openandhonest**

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

Patient experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, ***'How likely are you to recommend our ward/A&E/service/organisation to friends and family if they needed similar care or treatment?'***

In-patient FFT percentage recommended *	**99.15**	**% recommended**	**This is based on**	**353**	**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	**207**	**patients the following questions about their care**

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	**100%**
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	**99.4%**
Were you given enough privacy when being examined, treated or discussing your care?	**100%**
During your stay were you treated with compassion by hospital staff?	**100%**
Did you always have access to the call bell when you needed it?	**100%**
Did you get the care you felt you required when you needed it most?	**99.4%**
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	**100%**

A patient's story

My name is John Hargreaves, I'm 67, retired from a career as managing director of my own plastics company in northwest England and happily married with two grown children and three grandchildren. I live in a lovely village in the Peak District.

Up to age 63 I hadn't troubled the medical profession much at all. Never had an operation, never broken a bone or seen the inside of a hospital, except infrequently to visit the sick. I'd enjoyed a varied, interesting and exciting life and been largely successful and fulfilled during much of it, but at age 63, I was to discover that fate had radically different plans for me.

I discovered I had a rather nasty form of blood cancer called Mantle Cell Lymphoma, which is very rare, incurable and terminal. Shortly after receiving this devastating news, as a course of chemotherapy started at The Christie, I decided to send out a series of emails chronicling my treatment and my progress, together with a few random thoughts and observations.

The initial purpose of writing was to keep my wider family and many friends, informed and reduce the flow of lovely, concerned, but ultimately taxing enquiries to my gorgeous wife Jane, who'd enough to deal with being married to me for forty-odd years, let alone now having the sick version being endlessly enquired after!

So I cobbled together an irregular email bulletin I called 'Topic of Cancer'. I would send it out from wherever I happened to be - home, hospital, chemo suite, toilet, etc.

From the initial couple of dozen recipients who apparently found my updates amusing and interesting, I received a steady stream of requests from other friends, villagers, acquaintances, parishioners, drinking buddies, ne'er-do-wells, hobbledehoys and lovely people of whom I had no previous knowledge, asking to be included on my mailing list.

After a few months the mailing list exceeded 100 and I was getting dozens of messages of support, encouragement, love, humour and abuse in reply, all of which I welcomed, even the abuse because it kept me grounded!

These writings were a great way for me to fill the long tedious days of hospitalisation, treatment and slow recovery. They culminated in early 2011, when, after a successful stem cell transplant from the fabulous Christie hospital, I was in 'high quality remission', but with the knowledge that the cancer would, inevitably return.

Well, three years later in September 2013 the little bugger had returned, so I reinstated Topic of Cancer, but in a more dynamic form. This covers a wide range of thoughts and observations on, everything from poetry to pies, piety and poo - I'm a bit of an authority on this subject after a stem cell transplant!

A routine blood test in September 2013 showed a plummeting 'platelet count'. After a flurry of tests, scans, and my personal favourite, a bone marrow biopsy, where they bore into your pelvis it was clear the cancer was back, but at less than 1% in the bone marrow alone.

The lymphoma team at The Christie under the excellent Prof. Radford's direction, decided to adopt a watch-and-wait policy as the cancer was "indolent". I love that word; I believe in fact I've got a wide streak of indolence in me!. Anyway, indolent or not, the bugger was going to cause trouble sooner or later, so Jane and I had several meetings with the team to develop a strategy for when it does. However, now in summer 2015 I'm still feeling fine, the blood platelets have recovered and I've been carrying on as normal.

I was given two options - the first was to have chemotherapy alone, and the second was to have chemotherapy followed by another stem cell transplant, but this time using donor cells, rather than my own stem cells as I'd had before.

Donor stem cell therapy is fraught with complications and risks. The upside is the possibility of a cure or long-term remission. The downside is a risk of seriously impairing my immune system, or worse, maybe even a visit from the grim reaper!

If I hadn't already been given the bad news five years ago that I had incurable terminal cancer that might have been a dilemma, but in the circumstances it was worth the risk.

The great thing is that I'm almost perfectly well for a 67-year-old. Up to a few months ago I was enjoying working five days a week, but thinking about retiring, whilst using my photography skills to help my daughter set up her online fashion business.

The point is that time is my most important commodity. Quality time with Jane while I'm fit and well enough for us both to appreciate each other, maybe travelling a bit, caravanning, writing, DIY, gardening, you know - stuff! Or as my darling wife more technically calls these advanced male skills - 'faffing about'.

I've also recently had a stent fitted to sort out angina, which had been my biggest limiting factor, probably a by-product of early chemo. The lymphoma team at The Christie is amazing and hold my complete confidence, so thoughts of chemotherapy are not as daunting as they might have been four years ago. Huge strides have been made in recent years to make these treatments much more targeted on the cancer cells with fewer side effects.

More importantly, I have also started on a new wonder drug, which has delivered amazing successes in the US, combating precisely the Mantle Cell Lymphoma from which I suffer. It's not a cure, still a sort-of chemo, but one that can be taken as pills at home. So no long hours of trekking down to hospital every week to sit for hours being given chemotherapy.

Anyway, so far, so good; I've been on the new drug eight months now and apart from acquiring some adolescent-like facial spots, a slight tendency to bruising and some odd cramps at awkward times, I'm doing fine.

So fine in fact that I took part in the paintballing at my son's stag party and even managed to recover from the high-octane 'Bloody Marys' in time for his wedding three weeks later!

But my wife Jane is the true star of this story. It is so often forgotten that partners/carers are the hidden victims of serious illness and Jane has been the most caring and dedicated nurse throughout. I literally wouldn't be here without her tenacious care and devotion, which I don't deserve, but received nonetheless with endless love. We've been through some very tough times together over the years, but none tougher than this. It has brought us a closeness I have found delightful for which I am eternally grateful.

Hopefully I'll write of further adventures in due course when my planned caravan trips and cycle rides take me who knows where? I find it essential not to wake up each morning as a cancer victim, but as a person seeking fulfilment through experience - both good and bad.

My mantra, if I'm allowed to be pretentious enough to have one, is to daily find the three 'E's'; absorbing experiences, having the 'bottle' to endure that that must be endured and to find enjoyment wherever and whenever it can be found.

I've discovered that in amongst all the challenges that fall copiously on we cancer patients (not sufferers) you'll find a few diamonds. They are rare but unmistakeable and only you will recognise them for what they are. Find these gems, fleeting as they may be and relish them - they can be amazing!

But cancer or not, I'm getting out there doing stuff every day; being an impatient patient and really finding quality and happiness in the most mundane things. Oh, and it's also worth remembering anyway that life itself is a terminal disease - so let's get on with it!

The Friends and Family Test

The Friends and Family Test (FFT) requires staff to be asked, at periodic points: ***How likely are you to recommend our organisation to friends and family if they needed care or treatment?'*** *and* ***'How likely are you to recommend our organisation to friends and family as a place to work?'***

FFT percentage recommended care*	**97**	**% recommended**	**This is based on**	**944**	**responses**
FFT percentage recommended work*	**72**	**% recommended**	**This is based on**	**944**	**responses**

This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 1 2015/16

*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	**10**	**staff the following questions**

	% Recommended
Would you recommend this ward/unit as a place to work?	**100%**
Would you recommend the standard of care on this ward/unit to a friend or relative if they needed treatment?	**100%**
Are you satisfied with the quality of care you give to the patients, carers and their families?	**100%**

staff are asked in locations where a harm has occurred

3. IMPROVEMENT

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

The Christie NHS Foundation Trust has taken special delivery of two state-of-the-art surgical robots, nicknamed 'Mona' and 'Lisa', making the Trust one of very few hospitals in the UK, and the only hospital in the North West to offer robotic surgery for numerous cancers.

The almost £2million da Vinci Si Surgical Systems have been purchased to strengthen the robotic surgery offer available at The Christie. The specialist cancer hospital has been offering robotic surgery since 2008, during which time it has performed nearly 900 lifesaving surgeries for patients. It is a centre of excellence providing robotic surgery training to trainee surgeons across the country.

Robotic surgery allows surgeons to operate through just a few small incisions. And the latest robots feature tiny wristed instruments that bend and rotate far greater than the human wrist. This enables surgeons to operate with far greater vision, precision, dexterity and control, taking surgery beyond the limits of the human hand.

The new and enhanced robots will allow The Christie to increase and develop the type of surgery it offers. Previously urological cancers, such as prostate and kidney were at the forefront of this cutting edge technology, and robotic prostatectomy was the most common operation carried out. Now a larger number of gynaecological and colorectal cancer patients can also access the benefits of robotic surgery, making The Christie one of very few UK hospitals to offer a multi-specialty robotic surgery programme.

The two advanced robots will replace the existing robot and have enhanced 3D and high definition vision. They are more compact and manoeuvrable, and the faster theatre setup time allows surgeons to operate on more patients.

The robots also have firefly fluorescence imaging which allows key parts of the anatomy, such as blood vessels, to be identified during surgery, improving outcomes for patients.

Additional benefits mean the new robots will allow Christie surgeons to offer more advanced training to hospitals across the country. The robotic skills simulator, a separate device purchased by The Christie for training purposes, will improve trainee surgeons' performances as it allows them to practice their robotic skills. The simulator assesses skills and offers real time feedback to the trainee surgeon. This shortens the learning curve for robotic surgery for future surgeons. The two robots also offer dual console capability to support training and collaboration during minimally invasive surgery.

Mr Vijay Ramani, consultant urological surgeon at The Christie, said: "We have ambitious aspirations at The Christie, and the delivery of these two new robots will help us in our aim to become one of the top five cancer centres in the world. They will help us further enhance our well-established experience in robotic surgery and build an epicentre for robotic surgery and training here at The Christie. And most importantly, more of our patients, with different types of cancer, will be able to benefit from this cutting edge and lifesaving technology."

Richard Gore, 61 from Chorlton, became the 600th patient to receive pioneering robotic surgery at The Christie in 2015 after he was diagnosed with prostate cancer. He said: "It was such a positive thing for me that The Christie had the capability to do robotic surgery. Just six weeks after the operation and following the news that the operation was a success and I was cancer free I got married. The recovery is much quicker than through traditional surgery. And I was thrilled to hear that The Christie have now taken delivery of two new state of the art robots which means more patients like me will benefit from this cutting edge technology."

The benefits of robotic surgery compared to more traditional types of surgery are numerous and include; less trauma to the body than routine surgery, significantly less pain for the patient, less blood loss resulting in fewer complications, less anaesthesia, less scarring, less long term side effects, improved cancer outcomes, a shorter hospital stay and a faster recovery time.

Supporting information