

## 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 2015

This report is based on information from **September 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.

<b>96.48%</b>	<b>of patients did not experience any of the four harms</b>
---------------	---

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.

	<b>C.difficile</b>	<b>MRSA</b>
<b>This month</b>	<b>1*</b>	<b>0</b>
<b>Annual Improvement target</b>	<b>19</b>	<b>0</b>
<b>Actual to date</b>	<b>11*</b>	<b>0</b>

\*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 eleven 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.**

<b>This month</b>	<b>2</b>	<b>Category 2 - Category 4 pressure ulcers were acquired during hospital stays</b>
-------------------	----------	--

<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	<b>2</b>
Category 3	<b>0</b>
Category 4	<b>0</b>

<b>The pressure ulcer numbers include all pressure ulcers that occurred from</b>	<b>72</b>	<b>hours after admission to this Trust</b>
--	-----------	--

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.

<b>Rate per 1,000 bed days</b>	<b>0.44</b>
--------------------------------	-------------

## 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.**

<b>This month we reported</b>	<b>0</b>	<b>fall(s) that caused at least 'moderate' harm</b>
-------------------------------	----------	---

<b>Severity</b>	<b>Number of falls</b>
Moderate	<b>0</b>
Severe	<b>0</b>
Death	<b>0</b>

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 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.

<b>Rate per 1,000 bed days</b>	<b>0.00</b>
--------------------------------	-------------

## 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?**'

<b>In-patient FFT percentage recommended *</b>	<b>94.42</b>	<b>% recommended</b>	<b>This is based on</b>	<b>354</b>	<b>responses</b>
--	--------------	----------------------	-------------------------	------------	------------------

\*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/>

<b>We also asked</b>	<b>257</b>	<b>patients the following questions about their care</b>
----------------------	------------	--

	<b>% Recommended</b>
Were you involved as much as you wanted to be in the decisions about your care and treatment?	<b>98.9%</b>
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	<b>100%</b>
Were you given enough privacy when being examined, treated or discussing your care?	<b>100%</b>
During your stay were you treated with compassion by hospital staff?	<b>100%</b>
Did you always have access to the call bell when you needed it?	<b>100%</b>
Did you get the care you felt you required when you needed it most?	<b>99.5%</b>
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	<b>100%</b>

## A patient's story

---

### Joan Campion, Christie patient

**I always considered (quite wrongly) that The Christie was a place where you go to die. How wrong I was! It's most definitely a place you go to live.**

I think we all know someone who has been affected by cancer. I also think we all believe it won't happen to us - but it can and sometimes it does.

It's difficult to put into words exactly how you feel when someone tells you that you have cancer and I won't even begin to try to explain it - it's awful. Suffice to say that it resonates throughout your whole family and friends.

After my diagnosis with melanoma, things began to happen quite quickly. I was referred to The Christie and there began a journey which I shall always remember.

During my 71 years, I have been an inpatient in at least four or five different hospitals, but have never met staff with so much empathy before. From the consultant right through to Debbie, the dressings nurse, they were all considerate, supportive and warm-hearted. Importantly too, they answered my many questions intelligently and honestly.

I had my operation early in December 2014 and then had a traumatic wait for the results of the biopsy. I hoped to get the results before Christmas and thanks to the kindness of one of the nurses, I got a call from the specialist nurse practitioner just before Christmas with my results. The cancer hadn't spread and that was the most wonderful Christmas present I've ever had!

My joy was short lived however, because only days later my partner was diagnosed with metastatic prostate cancer, which unfortunately won't have the same positive outcome that I've had. But he's very philosophical and dealing with it with courage and positivity. I've been with him throughout his treatment and he has experienced the same warm support from all The Christie staff as I did.

It really does keep your spirits up when you're greeted with a smile and a cheerful disposition, when you can sit down with qualified staff and ask really difficult questions, sure in the knowledge that you will always receive truthful responses.

Before these experiences, I always considered (quite wrongly) that The Christie was a place where you go to die. How wrong I was! It's most definitely a place you go to live. I, and I imagine many other patients, can't sing its praises too highly. It's a remarkable hospital with remarkable staff!

## Staff experience

### 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?***

<b>FFT percentage recommended care*</b>	<b>98</b>	<b>% recommended</b>	<b>This is based on</b>	<b>773</b>	<b>responses</b>
<b>FFT percentage recommended work*</b>	<b>74</b>	<b>% recommended</b>	<b>This is based on</b>	<b>773</b>	<b>responses</b>

*\*This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 2 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/>

<b>We also asked</b>	<b>5</b>	<b>staff the following questions</b>
----------------------	----------	--------------------------------------

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

*\*staff are asked in locations where a harm has occurred*

## 3. IMPROVEMENT

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

Patients at The Christie are benefitting from a new state-of-the art 3D camera that will transform treatment for cancer patients. The new hybrid CT and gamma camera helps radiologists see, monitor and treat a patient's cancer, and gives them a better chance of beating the disease. It incorporates a high resolution CT scanner in addition to detecting the gamma emissions given off when radiopharmaceuticals are injected into the body.

Radiopharmaceuticals are very sensitive to changes caused by cancer and the gamma emissions clearly show abnormal areas inside the body, including tumours.

The CT image and the gamma image are automatically fused together with the help of complex computer software, ensuring that the two images show the same part of the body with a high degree of precision.

The radiologist looking at the images can view them from the gamma camera and the CT scanner separately, and manipulate them to reveal different details crucial to treating cancer.

Dr Prakash Manoharan, clinical lead for the project at The Christie, said: "If we can see cancer clearly, we can treat it effectively. With this equipment, we can pinpoint the exact location, size and shape of a certain type of patient's cancer.

"This exciting new development will bring major improvements in the diagnosis and treatment of patients, and in the future will be used to plan targeted therapies for particular cancers.

### Supporting information

--