

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

May 2014

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

This report is based on information from May 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.

98.0% 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	3*	0
Improvement target (year to date)	20 (national target - Avoidable + Unavoidable)	
Actual to date	3*	

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

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

Severity	Number of pressure ulcers
Grade 2	3
Grade 3	1
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:	0.95
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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 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
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

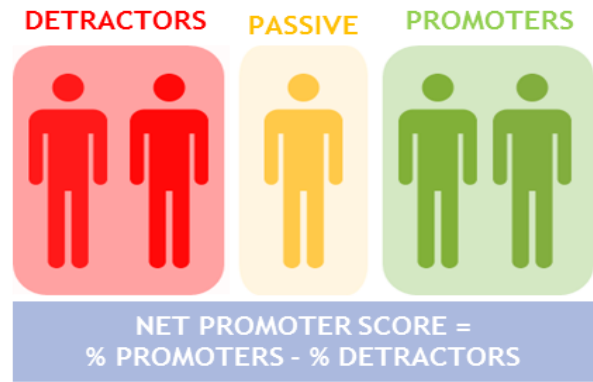
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 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 **87** for the Friends and Family test*. This is based on 262 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 193 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?	68
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	70
Were you given enough privacy when discussing your condition or treatment?	70
During your stay were you treated with compassion by hospital staff?	78
Did you always have access to the call bell when you needed it?	76
Did you get the care you felt you required when you needed it most?	83
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	86

A patient's story

Case Study: Peter Threader

Peter Threader, from Stockport, visited his doctor's for a routine blood test in September 2011, but got a shock when he found out he had a life threatening blood disorder.

Peter, 65, lives with his wife Mary, has three children and four grandchildren.

He was working part time for a criminal barrister at the time of his diagnosis with hypoplastic myelodysplasia, a type of blood cancer in which the white blood cells damage the red blood cells.

Peter had been having his blood tested regularly, to help with the treatment of a genetic blood disorder, haemochromatosis, in which he was absorbing too much iron from his food.

The blood test in September 2011 showed that the platelet count in his blood was low and he was sent for a bone marrow biopsy which showed that he had a bone marrow failure.

He was diagnosed in January 2012 with hypoplastic myelodysplasia despite feeling healthy at the time and the news came as a complete shock.

"I didn't feel unwell at all so it really was a big shock to be told that I had a life threatening blood cancer. I had no symptoms at all, absolutely none," Peter recalls.

With so few effective treatments available, his doctors suggested a bone marrow transplant.

Despite Peter's age, he was in good health and leading an active life, so was deemed suitable for a bone marrow transplant. Peter was admitted to The Christie for seven days of chemotherapy, prior to having his bone marrow transplant, in May 2012. He was treated on the Haematology Therapy Unit under the care of consultant, Mike Dennis.

"The chemotherapy was particularly horrible and I was very disorientated," he says. "I didn't even know when my wife was visiting me."

"But despite the intensive chemotherapy, I knew that I was in the best place, and the quality of care I got was second to none. I felt safe and in the best place for the condition I had."

Peter then spent four weeks in isolation to protect him from infection whilst his body rebuilt its immunity. During this time, his visitors had to scrub down twice before they were able to see him.

Peter says he owes his life to The Christie and the specialist treatments provided.

"I am so grateful to be alive to see my children and grandchildren grow up," he says. "The Haematology Unit at The Christie saved my life."

Peter was a guest at the opening of the new Palatine Road Treatment Centre earlier this year, which houses a new state of the art Haematology and Transplant inpatient Unit along with a Teenage and Young Adult Unit.

He says: "The old HTU did a great job and I wouldn't be here today if it wasn't for the fantastic care I received from The Christie.

"But the new unit is a big step forward. It will make the unpleasant experience of blood cancer treatment so much more bearable with modern, relaxing and comforting surroundings.

"When you feel like life itself is draining out of you, even small simple things can make a big difference. I know that

Staff experience

We asked 16 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	87
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	93
I am satisfied with the quality of care I give to the patients, carers and their families	73

3. IMPROVEMENT

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

The Christie's new teenage and haematology cancer unit

Opening to patients in June, the centre will transform treatment and care for teenage and young adult cancer patients and haematology and transplant inpatients. Supporters of The Christie charity raised £10 million towards this development.

As part of the partnership with the specialist cancer centre, Manchester United have funded the state of the art gym in the unit. Previously, young cancer patients faced a lengthy walk across The Christie to the current gym used by all patients.

A specific gym situated in the teenage unit means Christie physiotherapists can help and encourage more young patients to take part in exercises which can support their treatment and rehabilitation.

Dr Mike Dennis, director of the haematology and transplant unit at The Christie, said: "We want to be able to deliver the best possible care for our patients and now we have a first-class environment which reflects that ambition.

"We needed to improve our facilities and increase our capacity to deliver more transplants and enable our patients to feel even more comfortable and cared for.

Dr Mike Leahy, director of the young oncology unit at The Christie, said: "Building on an already well-loved service at The Christie, this centre allows us to raise our game significantly in terms of the treatment, care and support we give to our young patients.

"This is a teenage cancer unit fit for the 21st century and gives us the opportunity to offer such an improved service for this age group."

Around a third of young cancer patients at The Christie have blood-related cancers, such as leukaemia and lymphoma, so often have to receive specialist treatment within the haematology and transplant unit.

It was decided to relocate and integrate both the existing young oncology unit and haematology and transplant unit into one purpose built centre. With state of the art technology and facilities, the unit is around 100 metres long and three storeys high.

Peter Threader, 65, from Stockport, was treated on the haematology and transplant unit for a type of blood cancer and underwent a bone marrow transplant in May 2012.

He said: "The existing haematology and transplant unit did a great job and I wouldn't be here today if it wasn't for the fantastic care I received from The Christie.

"But the new unit is a big step forward. It will make the experience of blood cancer treatment so much more bearable with modern, relaxing and comforting surroundings.

"I know that the patients in this new centre will benefit from the fantastic new facilities."

The centre contains outpatient facilities on the ground floor, 31 specialist inpatient rooms on the first floor and much improved facilities for young people including a gym, music room and relaxation area on the second floor, as well as rehabilitation, support services and relatives accommodation.

Supporting information
