

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 2015

This report is based on information from **June 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.

95.00%	of patients did not experience any of the four harms
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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	0*	0
Annual Improvement target	19	0
Actual to date	6*	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 six 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
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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
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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.

Rate per 1,000 bed days	0.44
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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	0	fall(s) that caused at least 'moderate' harm
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Severity	Number of falls
Moderate	0
Severe	0
Death	0

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.

Rate per 1,000 bed days	0.00
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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 *	96.93	% recommended	This is based on	358	responses
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*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	202	patients the following questions about their care
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	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	98.8%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	100%
Were you given enough privacy when being examined, treated or discussing your care?	99.4%
During your stay were you treated with compassion by hospital staff?	98.9%
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?	98.9%
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

Bob couldn't have received better care anywhere in the world. From the very first diagnosis speed was of the essence and every consultation was so professional and yet caring. We went to Pre-op not knowing what to expect and came out feeling so positive - the recovery programme was so full of optimism and care for his well-being. As advised we treated it like he was preparing for a marathon and we took it really seriously, which obviously paid off as he has made an amazing recovery for a 75 year old! 6 weeks on he is out mowing the lawn right now and is so very nearly "dry", which was his greatest worry just after he had the catheter removed 4 weeks ago. That he was offered the help of the Alternative Therapy delighted us as well and we practiced relaxing together after lunch each day. He was dreading the surgery itself - but that went so well thanks to the skill and kindness of Mr Ramani's team and his reassurance to me on the phone, just after the operation was so thoughtful.

The staff on the ward afterwards were wonderful. Bob wanted to walk about immediately he got back into his own room after surgery and there was no suggestion that he couldn't do it - we all carried something and off he went! Wow. And I felt that we were both so empowered to cope with the fall out. The daily injections, the night urine bag, the stockings (!), and the care I needed to give Bob brought us so close which is a lovely experience after being married for so long and falling into the trap of taking each other for granted.

We had only been home for 16 hours and were so impressed that the staff had communicated with our local District Nurse so quickly. She phoned while we were having breakfast the next day and came round to see that things were OK; and she came again in the week just to check Bob's dressing.

The 6 week check gave us news we didn't expect to hear but it was explained very clearly to us so we can begin to talk through the future sensibly together.

All in all - we have been so impressed with the standard of caring nursing and professional treatment we have experienced while at the Christie and we would like to express our thanks most warmly.

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?***

FFT percentage recommended care*	96	% recommended	This is based on	951	responses
FFT percentage recommended work*	72	% recommended	This is based on	951	responses

**This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 4 2014/15*

*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
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	% 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

Many of The Christie's 44,000 patients each year will receive chemotherapy as part of their treatment. It means that many patients and their families will be familiar with the chemotherapy service based in our Oak Road Patient Treatment centre and at 15 other locations throughout Greater Manchester and Cheshire.

It's a busy team, but we never lose sight of what matters most, delivering the highest quality patient care and always putting our patients first.

We know that having chemotherapy isn't a pleasant experience so we make a big effort to show kindness, care and compassion to all our patients.

15 months of teamwork, since December 2013, have resulted in the reorganisation of how the chemotherapy unit operates. We have now organised the unit to work in 6 teams. Five of the teams were dedicated to specific types of cancer and based in the Oak Road Treatment Centre, with a sixth team providing chemotherapy outreach services, including the mobile chemotherapy unit.

The teams rotate every 6 months, so that staff can consolidate their knowledge and expertise in each of the disease specific areas of treatment.

The rotations also help the chemotherapy service to build strong working relationships with the multi-disciplinary teams who are treating patients, improving communication and ultimately producing a more consistent service for the patients.

The continued development of the outreach service has allowed more patients to be treated closer to home - either on the mobile chemotherapy unit or at satellite sites throughout Greater Manchester and Cheshire.

The collaboration of the 6 teams working together towards the same goal has resulted in an improved patient experience and happier workforce.

The team carries out monthly patient feedback surveys, and consistently receives positive feedback. Patients will often comment about members of the team having a smile on their face or being willing to 'go the extra mile'. In addition to the monthly surveys we hold a quarterly patient focus group which is really productive and engaging.

New patients are often anxious about having chemotherapy so, following patient feedback in 2014; the team commenced a 'new patient clinic' in which patients were able to attend the department prior to their first cycle of treatment. This has resulted in an improved patient experience for many patients once their treatment on the unit begins.

The improvements since 2013 have helped us to achieve the Christie 'Quality Mark' - in our assessment we met all the requirements and standards set by the Quality Mark Team, and achieved excellent feedback from the assessors. This was a fantastic achievement for the team and we now wear our quality mark badges with pride. As a result, many people comment and ask what the badge is for.

Throughout the last 18 months we have worked hard to improve the chemotherapy service and are constantly striving to find new ideas and better ways of working, as shown by the implementation of our new patient clinics, the move to disease focused teams and our work to provide a more focused and streamlined journey for patients.

The six disease specific teams in chemotherapy work together as one 'Team Christie', along with other departments to ensure a smooth pathway and high quality care for our patients. We have a dedicated and committed team who give the best quality care at all times at any time of day.

The team consistently treats every patient with compassion, dignity and respect, as the regular patient feedback and comments show.

Supporting information
