

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

January 2016

This report is based on information from **January 2016**. 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.

96.79%	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	2*	0
Annual Improvement target	19	0
Actual to date	17*	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 seventeen 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	0	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	0
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	0.00
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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

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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 *	99.70	% recommended	This is based on	450	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	241	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?	100%
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?	99.5%
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?	100%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100%

Patient Story – Sophie Vohra - Patient in our Teenage and Young Adult Unit

At the age of 23, one of the last things you expect to hear is that you have cancer. In April I was diagnosed with a Ewing's Sarcoma on my sacrum. I had been suffering increasingly from bad pains and numbness down my right leg since January, which became so unbearable during March that I finally decided to visit my GP.

Initially, we both thought that the pains were due to sciatica and that I should try to reposition the slipped disc into place with NHS recommended exercises and using anti-inflammatories to help with any swelling. Over the next two weeks I was unable to sleep because of the pain when lying down, having visited the GP again for pain relief that didn't have any effect.

I finally accidentally aggravated it so much after I had been swimming that I went into retention and had to go into A&E as we thought it may in fact be Cauda Equina Syndrome, which would require immediate surgery.

When I was transferred to Salford Royal, they scheduled me for an MRI, assuming they would see a slipped disc. Sadly what we got back was worse. There was in fact a lump that was pressing onto my spinal cord and at that point they didn't know what type of mass it was. I therefore had a biopsy and after having to wait around two weeks I was told it was malignant and by the end of the month I was told it was a Ewing's Sarcoma that was pressing on my nerves.

Each time I received another piece of the puzzle as to what it was I would get upset for a little while and then I would get my head round it all. I knew I would get all the treatment I would need and that I would have the incredible support of all my friends and family throughout it.

I started my treatment at the end of April at The Christie, and everyone and everything from the minute I walked in was incredible. My family and I never felt like we weren't getting all the information we needed and the organisation of my treatment from the beginning was so efficient.

I had all the initial tests done, I was randomised onto a trial regarding the administration of the chemotherapy for Ewing's Sarcomas, had a Hickman Line inserted, and began treatment in the space of a few days.

The fourteen cycles of chemotherapy over the months were tough and my body certainly found its way around most of the side effects – sore mouth, achy body, no blood cells... the list goes on! My treatment cycles occurred every two weeks, whereas the standard treatment is every three weeks. This meant I had very little time to feel well enough to do anything because as soon as I had recovered from the chemotherapy I almost immediately started the next dose.

Being around some of the nicest doctors, nurses and other staff you will ever meet was also really comforting when, for several months, you feel like you spend almost all of your life in hospital.

I was also very lucky to be put forward for Proton Beam Therapy treatment in America, as my tumour cannot be operated on. This treatment means that, as opposed to standard radiotherapy, less damage has been inflicted on the area surrounding my tumour and hopefully I have less of a chance of secondary cancer which can be caused by treatment. Having all of this available to me has meant I have received all the best opportunities to try and beat this horrible disease.

The Christie also has teams in place to make sure that your social and mental needs are looked after. A cancer diagnosis means you are plucked out of normality for a while, which is a huge shock to the system.

With having to spend long periods of time receiving treatment on the ward, one of the things I am incredibly grateful for is the amount of facilities and activities that were made available.

Both the Palatine ward and the day unit are designed to allow younger patients, their families and friends to have as enjoyable a time as possible while going through some really difficult times. The hospital provides modern single-occupancy rooms, a social hub for when you want to spend at least a little time out of bed, access to games and DVDs from the games room and a gym space amongst many other amazing things. Many people who have visited me on the ward couldn't believe how wonderful it was and questioned if it was in fact a hospital!

These facilities are also available for anyone no longer receiving treatment, which means that former patients can come to events held on the ward for example. We have all manner of events organised for us within and outside the hospital. There are band rehearsals, art workshops, language lessons, cooking and baking, a pizza and film night every Wednesday, and seasonal events such as a Halloween party held on the ward just to name a few.

The teams also get tickets for music and sporting events, organise meals and get-togethers, and generally encourage a lot of interaction between all former and current patients. These are advertised on their Facebook page so we can easily be kept in the know.

Being a young person with cancer can make you feel isolated because it is less likely that we have come across someone in our lives who is going through the same thing at the same age. So being able to relate to others who are, or have been, in the same position as you is very important in understanding and coming to terms with the experience you and those close to you are going through.

I have finally come to the end of my treatment, with only the post-treatment scans to happen now, and I know I couldn't have got through it without the incredible support of every single person who works with Teenage and Young Adult patients.

No one should ever have to go through a life-threatening illness like cancer, but places like The Christie and the facilities they have for young patients mean that we can not only get through our treatment, but can also continue to live a fulfilling and happy life as we do.

I can move on now with my life, having started my PhD last month at the University of York.

But I also have a very important network of people who I am very glad I met out of such an awful experience, and I will stay in touch with this group of inspiring young people who have come together through The Christie and the incredible staff who have supported us.

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*	98	% recommended	This is based on	773	responses
FFT percentage recommended work*	74	% recommended	This is based on	773	responses

**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 data is to be replaced by the National Staff Survey in Q3.*

*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

Nursing staff on The Christie's mobile chemotherapy unit have been trained in specialist relaxation techniques to use with patients who suffer from needle phobias or anxiety.

Funded by The Christie charity, a senior therapist from the hospital's complementary therapy health and well-being team held practical training sessions with the nurses in breathing exercises, relaxing hand massage, muscle relaxation, the use of stress balls and how to use creative visualisation.

This was to ensure that patients experiencing anxiety or needle phobia had access to the same support and care available at the hospital's main site in Withington.

Chemotherapy outreach manager at The Christie, Vicki Burns, said: "It's normal for patients to experience feelings of anxiety, worry or panic at times following a cancer diagnosis. Some patients can develop a fear of needles which can make their treatment feel extremely daunting." Lucy Henderson, health care support worker on The Christie mobile chemotherapy unit, added: "One of our patients became very nervous every time it came to having the treatment needle inserted. On her last visit, we tried the breathing exercises, and she used the stress balls. It made such a difference."

Norah Lees, 67 from Urmston is a Christie patient who comes to the mobile chemotherapy unit for treatment in Stretford, she said: "Being able to have my treatment locally is brilliant for me as I developed an anxiety and a fear of coming in for treatment. Not only is the mobile unit just 15 minutes away from my home, the wonderful nurses and calming techniques that they use with us make it is far less daunting. Last week I was relaxed enough to have a cup of tea and chocolate as I had my treatment. "If anything can be wonderful when you have cancer, the mobile chemotherapy unit is. I have never looked back."

Glynis Baird, aged 60 a Christie patient from Partington, also comes to the mobile chemotherapy unit. She said: "I often feel nervous before coming in for my treatment but as soon as I see the nurses they put me at ease. Last week one of the nurses gave me a relaxing hand massage so I felt relaxed before my treatment even started. "Having someone on hand on the unit to help calm and relax me made such a difference and they have taught me methods that I can use myself."

Linda Orrett, senior therapist in the complementary therapy health and well-being team at The Christie who led the training, said: "Needle phobia and anxiety in cancer patients is quite common, we have treated over a thousand needle phobic patients at our main site in the past three years. I have recently started training sessions with nurses at one of the other Christie outreach sites at Wigan, which I aim to have completed by the end of the year."

Supporting information

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