

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

November 2015

This report is based on information from **November 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	1*	0
Annual Improvement target	19	0
Actual to date	15*	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 fifteen 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 *	99.46	% recommended	This is based on	371	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	220	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?	99.4%
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?	98.8%
During your stay were you treated with compassion by hospital staff?	99.5%
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?	98.4%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100%

Patient Story - Steven Martlew - Christie at Wigan patient

Earlier this year I decided, after a couple of poor experiences, to change where I received the care for my Myeloma. When I was originally diagnosed in 2011, I received my monitoring and care at Wigan via their general haematology services but quickly realised I wanted (and needed) something a bit more specialist, so I transferred to Manchester Royal Infirmary (MRI).

Travelling to Manchester and hanging round for most of the day in a specialist Myeloma clinic was a fairly draining experience but I considered it to be worth it as I was happy I was receiving the best care.

However time and progress moves on and during this time, The Christie, the world famous cancer specialist hospital in Manchester, opened a specialist Chemotherapy centre attached to Wigan's Royal Albert Edward Infirmary. The project, jointly funded by The Christie, Wrightington Wigan and Leigh NHS Foundation Trust and Macmillan, is designed to deliver chemotherapy and anti-cancer treatments for patients in the Wigan area.

The new centre got rave reviews from friend and colleague Mel Cochrane, who sadly lost her battle with cancer earlier this year. Her seal of approval came at the same time I had a couple of poor experiences at MRI so I asked for my care to be transferred back to Wigan in the hope I would receive a better patient experience at a more local centre. I was not disappointed.

Firstly, the building is new and so creates a good impression. Reception resembles a hotel rather than a hospital, as does the waiting area. The glass gives it a light, airy and welcoming feel. Staff are keen to make you feel welcome and put you at ease.

The outpatient ward has four beds and around eight treatment chairs. A chair for yourself and one for any visitor. A Macmillan volunteer ensures you are kept replenished with free coffee, tea or water and sandwiches at lunchtime.

There's a marked difference on how they administer my treatment too. Zoledronic Acid or Zometa to give it its trade name is administered intravenously. The cannula is put in the back of my hand rather than my arm - this is to spot any allergic reaction sooner (the skin on the back of your hand is much thinner). A bag of saline is given first to ensure you are hydrated, then the saline with Zometa infused, then finally another saline bag that acts as a flush. I've noticed that the side effects I used to encounter are not as severe and I figure it's connected with the hydration angle. I therefore ensure I drink plenty before and after to help this along.

There's some really nice touches too - there are 8 reserved car spaces for patients of the centre and I have been given a car park pass which allows me to park free - however it's so local to me, a 10 minute walk, that I've not used these yet but it's good to know other patients and their visitors get this benefit too.

There aren't many benefits to having cancer to be fair and there is impact both physically and mentally. The Christie at Wigan and Macmillan have looked to try to mitigate many of the issues within their control and so for this hats off to them.

In the age of customer experiences, I think The Christie and Macmillan have it just right. I feel that the care they deliver is patient centred and of high quality with a real human touch.

Don't get me wrong I wish I didn't have to go but as long as I do, I hope I continue to receive my care at The Christie at Wigan - it's a brilliant patient experience. 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*	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 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

Transfer to Caralon anti embolism stockings

Incidents of pressure damage occurred within the trust due to wearing thigh length anti embolism stockings. All the incidents were thoroughly investigated through due process at executive review board and it was found there were no lapses in care. All patients affected had been measured for the stockings accurately and their hygiene checklists completed.

Around the same time two other tissue viability nurses had sent a group email to the North West tissue viability group asking if anyone had similar problems with a particular brand of stocking. In light of the damage being caused to patients we looked at a number of different stockings available on NHS Supply Chain and decided to trial the caralon anti embolism stockings on the two surgical inpatient wards.

This trial was fully supported with educational content from the company H&R Healthcare to ensure staff were confident with the new size options. After a successful trial (June 2015) the trust transferred over to using the stockings and has since had no further issues.

Whilst evaluating the process we adjusted the hygiene checklist to allow the measuring nurse to record actual leg measurements to assist the next nurse with checking correct sizing of stockings and a Standard Operating Procedure based on NICE (2010) guidance has been developed. All wards and departments have now successfully transferred over to the Caralon brand.

Supporting information
