

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

December 2015

This report is based on information from **December 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.

97.42%	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	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	0.46
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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 *	97.95	% recommended	This is based on	342	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	222	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?	98.9%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	99.5%
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?	99.4%
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?	99.5%

Patient Story – Susan Taylor

Hi, I'm Sue and this is my story, well the cancer part of it anyway. After feeling unwell for some time I was diagnosed with vaginal cancer, didn't know you could get cancer there! Well, what do I know? Turns out there are many types of cancers, as many as there are days in the year, even. Trust me to get something different, a cancer that embarrasses almost everybody, as if conversations weren't already difficult. Some friends and family found it hard enough to deal with cancer, never mind having to use the word vagina!

But the thing is, getting the diagnosis was actually a relief, now we (me and Gary) could get on with dealing with it! Well bring it on...

First the treatment. Surgery wasn't an option, that was a pain, I just wanted it cutting out, get rid of it, but that couldn't happen, great. Six weeks of daily radiotherapy and weekly doses of chemotherapy, at the same time. Trying to find info and statistics, survival rates, etc. was no good as the info just wasn't out there at that time, even on the net! It didn't matter (still doesn't) we concentrated on each day at a time, get through this bit and then the next. And side effects? Yep, we were told about them, read many leaflets, but the way I look at it is, wait and deal with what actually happens when it does, you never know it might not happen!

All this was seven years ago. Yes, this has been quite a "journey", sorry for that overused phrase! And there has been a variety of side effects with treatments including tablets, foams, creams and even going into a decompression chamber! Won't bore you with that, but it's dealable with (that's not a word but it should be)! And there were more investigations and results. So what kept me going through it all? Well the loads of help and support which is out there, from people close to you through to the many professionals. They're here for us, how good is that?

So how are things now? Well I'm still here!! Although my life has changed dramatically. Due to my health I eventually retired from my job as a head teacher so suddenly I was off the spinning merry go round and just like being dizzy it took me a little while to find my feet. Life is now busy again, but in a different way. I spread activities out so as not to get too tired, some things (like occasionally ironing, if I must) are done sitting down and others do lots of stuff for me, I don't have to be superwoman!

Some stuff I just don't do, some things are just not important. Cancer has a way of reminding us what are the important things. This fantastic world! (can't help being cheesy). Embracing the senses, sounds, sights, smells of our world. For me it's a salty, stormy sea on Brighton beach, Taylor's face lighting up on opening a Christmas present, the rustle of multicoloured autumn leaves swirling like confetti at our secret Gretna Green wedding and so much more.

But, most important of all, precious, precious people. Family, close friends, friends revisited, colleagues, those we pass on the street who may smile those we have yet to meet...

And it really is true that it's all waiting for us. This always has been the first day of the rest of our lives, cancer or not... and I for one am going for it, why not?!

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

How hypnotherapy can help our patients to overcome anxiety, claustrophobia, needle-phobia, nausea and fear of pain

I've been a clinical hypnotherapist for eight years. For the last two and a half years I've been lucky enough to work in The Christie's complementary therapies CALMs team with a talented group of experienced therapists supporting patients (and carers) to overcome a varied range of issues such as anxiety, claustrophobia, needle-phobia, nausea and fear of pain.

I support patients undergoing a range of radiotherapy and chemotherapy treatments as well as MRI and CT scans. Radiotherapy patients are often most anxious during the mould making process prior to treatment and some of our patients need help with cannulation prior to having chemotherapy or other treatments and procedures.

Many people imagine hypnosis to be along the lines of the stage hypnotist in the TV programme Little Britain...“look into my eyes, not around my eyes” * click fingers * “you're under!”

Whilst the idea of a hypnotist having instant mind control may be entertaining (even a little scary), the reality is quite different. Nobody can tell you how to think, not even if you want them to.

Hypnosis is an altered state of consciousness, a relaxing state of internal focus – a bit like daydreaming – where a person can feel calmer and become more in tune with their unconscious ideas, thoughts and beliefs. A skilled hypnotherapist will build rapport and have an understanding of how to use unconscious communication – verbal and non-verbal - to connect with, and then help discover new strategies, changes in emotional levels or alternative ways of thinking.

We all have a vast collection of useful past experiences - some are easily remembered and some are buried deeper. These inner resources have been acquired over the years (like humour, stubbornness, intelligence, and a plethora of problem-solving skills), and the ability to imagine different ways of coping in the future. Hypnotherapeutic processes explore and utilise these pearls, and we are able to anchor and recall powerful resources using gestures, colours, words or aromas.

There's an old saying: “Give a man a fish and you feed him for a day, teach him to fish and he can feed himself for life”. The CALMs team can teach a variety of techniques and methods to help people become less anxious and feel calmer. This in turn can provide a long-term benefit, not only to the patient but also to everyone involved.

If a patient is struggling with anxiety, we come alongside and invite them to try different self-soothing techniques to help them regain some control. Normally a patient who is panicking will be over-breathing so the first thing we might teach is a simple breathing technique, like breathing round a square shape to slow it down and keep it steady. We may ask them to close their eyes and vividly remember a special place and re-experience how they feel in that place (calm, relaxed, resilient, empowered) then use an aroma, object or even a hand gesture to retain and recall (anchor) the feeling.

Supporting information
