

## 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**

October 2015

This report is based on information from **October 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.

<b>98.73%</b>	<b>of patients did not experience any of the four harms</b>
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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.

	<b>C.difficile</b>	<b>MRSA</b>
<b>This month</b>	<b>3*</b>	<b>0</b>
<b>Annual Improvement target</b>	<b>19</b>	<b>0</b>
<b>Actual to date</b>	<b>14*</b>	<b>0</b>

\*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 fourteen 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.**

<b>This month</b>	<b>1</b>	<b>Category 2 - Category 4 pressure ulcers was acquired during hospital stays</b>
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<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	<b>1</b>
Category 3	<b>0</b>
Category 4	<b>0</b>

<b>The pressure ulcer numbers include all pressure ulcers that occurred from</b>	<b>72</b>	<b>hours after admission to this Trust</b>
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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.

<b>Rate per 1,000 bed days</b>	<b>0.21</b>
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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.**

<b>This month we reported</b>	<b>0</b>	<b>fall(s) that caused at least 'moderate' harm</b>
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<b>Severity</b>	<b>Number of falls</b>
Moderate	<b>0</b>
Severe	<b>0</b>
Death	<b>0</b>

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<b>Rate per 1,000 bed days</b>	<b>0.00</b>
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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?**'

<b>In-patient FFT percentage recommended *</b>	<b>97.51</b>	<b>% recommended</b>	<b>This is based on</b>	<b>361</b>	<b>responses</b>
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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/>

<b>We also asked</b>	<b>218</b>	<b>patients the following questions about their care</b>
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	<b>% Recommended</b>
Were you involved as much as you wanted to be in the decisions about your care and treatment?	<b>100%</b>
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	<b>100%</b>
Were you given enough privacy when being examined, treated or discussing your care?	<b>100%</b>
During your stay were you treated with compassion by hospital staff?	<b>99.5%</b>
Did you always have access to the call bell when you needed it?	<b>100%</b>
Did you get the care you felt you required when you needed it most?	<b>100%</b>
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	<b>100%</b>

## A patient's story

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### Katie Stephenson, Christie patient

**I've really valued the emotional support from everyone around me, especially the team at The Christie.**

I'm 30 years old and November 2015 marks four years since I began treatment for parotid gland cancer. I live in Chorley, Lancashire and I work in Public Relations for the NHS. I remember the moment I found my first tumour like it was yesterday. It was July 2011 and I was having a lovely lunch in a beer garden in Lancaster (fish and chips if you were wondering!) when I felt a lump on my jaw. Always the hypochondriac, I dramatically said to my friend, "feel this lump, it must be a tumour!"

The lump didn't go away and after weeks of poking and prodding by various doctors and a few courses of antibiotics in case it was a cyst, I had an ultrasound. I'd done a lot of research by this point and pretty much knew every eventual outcome so when he told me it was a solid mass I was as prepared as I could be to hear that news. After a fine needle aspiration, which basically meant a doctor stuck a tiny needle into the lump and drew some fluid from it to test, the results were inconclusive so I was delivered the news that I'd need a major operation to the side of my face to remove the lump (most likely a tumour) and half of my parotid gland.

The parotid is part of a family of three salivary glands and it sits just below your ear. Again, I'd done my research and found that salivary gland cancer is rare with approximately 550 cases being diagnosed each year, most commonly in people over 50. The exact cause of this cancer is unknown and in most cases, tumours in salivary glands are benign.

With any surgery there were also side effects and with mine these included facial paralysis, numbness and problems with the salivary function. Although these were worrying to me, I was only 26 at the time so my main concern was about the gigantic scar I'd have running down my face. I had my surgery done in Preston and I cried the first time I looked in a mirror. I'm not an overly vain person (my friends might correct me on this!) but I had 40 stitches down the side of my ear and down my neck, a huge dent in my face where part of the gland had been removed and little to no movement in half of my lip.

Despite this I waited patiently for the results of the tests.....I waited and I waited....20 weeks later I was delivered the news that it was a malignant tumour however it had been removed with clear margins which meant that they believed they had got it all. The reason for the delay was that it was a newly described tumour and not many labs had seen one before. Eventually I was given its definitive name; Mammary Analogue Secretory Carcinoma. Almost a year to the day of finding the original lump, I found, and had removed a second tumour. Luckily this one was a lot closer to the surface and the surgery was nowhere near as invasive. At the same time as this surgery I received Botox injections to my face as I'd developed a relatively rare side effect of the surgery known as Frey's Syndrome. This is basically a mutation of your salivary

glands so instead of your mouth watering on the inside, I was getting a moist cheek – not a good look when you're stood in front of a tasty buffet and your cheek starts watering!

Following the removal of the second tumour I was referred to The Christie to discuss my treatment options. As it was a relatively recently named tumour there was some uncertainty as to what the treatment should be. At the initial consultation we discussed the different options available to me; further surgery to remove the rest of the gland or a course of radiotherapy, both of which carried further risks and complications. In the end we decided that I would be a “watch and wait” patient, meaning I'd have scans and check-ups instead of treatment.

This course of action didn't initially sit well with me. I'd really struggled emotionally during the wait for my initial results and I didn't think I had the strength and resilience to do it again, but with the support of my consultant we decided to go ahead. I now have bi-annual MRIs to my head and neck and I visit The Christie four times a year for check-ups. I won't lie, sometimes it's really hard to just sit back and wait. I check the area every day and I'm just waiting for the time I feel another lump. I did have a scare last year but thankfully it was just scar tissue from my original surgery on the move.

Throughout my experience I decided to document this by blogging ([www.apainintheparotid.wordpress.com](http://www.apainintheparotid.wordpress.com)). I struggled to find a lot of UK based information about the condition so thought I'd share my experiences with anyone else who was going through this too. I post pictures, tips and updates and I find writing about my day, hospital appointments, scar progress (and the occasional whinge) extremely therapeutic.

I've also really valued the emotional support from everyone around me, especially the team at The Christie – shout out to Professor Slevin! Whilst I might not be having visible treatment, people should never underestimate the emotional impact a cancer diagnosis can have and the compassion and care from the team at The Christie has been second to none.

After my surgery I was left scarred, unable to smile on one side of my face and feeling very self-conscious. I became extremely anxious and pretty much ate my feelings, putting on over six stone in weight in the process. Over the last 18 months I have really seen an improvement emotionally, and finally managed to get some focus back in my life. I even went back to university to study for a postgraduate qualification, something I could not have imagined doing three years ago.

If I was to give one piece of advice to anyone reading this who is going through something similar, it would be to never underestimate the power of emotional support. I know all too well how easy it is to retreat and want to deal with it on your own, but please just talk to someone. I'm a very independent person and leaning on others for support didn't come easily to me but I learnt that this doesn't make you any less strong or unable to cope and, without that support, I wouldn't be the person I am today. I have a much brighter outlook on life, my confidence is coming back and I've started to shift some of the weight that I'd put on. I'm still a way from eventual discharge (pending no new lumps – fingers crossed!) and visiting The Christie has just become part of my life routine, but without the fantastic support of the team at The Christie, my friends and my family I don't think I would have come through this so strongly.

## 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

##### Helping you to help yourself – our new web project will provide patients with an aid to managing their life with cancer

The inspiration for this project came from the number of patients who kept asking consultants if there was anything else they could do to help themselves live with cancer. Alongside the modern up-to-date medical therapies being provided at The Christie, many people are interested in what else they can do to help themselves through diet, exercise, complementary therapies, talking therapies, mind and spirit and other activities.

A little research among patients attending one of our clinics demonstrated that many patients are already seeking out information on self-care for themselves, with many trying out something that they feel will be of benefit - from dietary changes to counselling or aromatherapy. However, our patients have told us that they feel there is more we could do in terms of giving advice and helping them make wise choices amidst the many therapies or products on offer that make claims of benefit.

It may surprise readers to know that there is increasing research showing that a well-rounded health and wellbeing programme focussing on improving and enhancing general health can have a significant impact, not only on quality of life, but also on survival. It seemed to us that there were things that people were missing out on that they could do to help themselves and we decided that, as their oncology team, we ought to be giving this more attention.

After a successful application for funding from the Manchester Cancer and Macmillan Innovation Fund we have now embarked on a year long project to construct a pilot programme, develop an interactive website and evaluate it with a group of patients. The working title for this project is PlanBe.

The reason behind the name is that getting cancer is no-one's Plan A, but this programme is much more than a second thought - it is about being as well as you can for as long as you can; about being more in control of what is happening to you; about being more in the moment; about the idea of being responsible for your wellbeing.

#### Supporting information