

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

February 2016

This report is based on information from **February 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.

96.03%	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	3*	0
Annual Improvement target	19	0
Actual to date	20*	0

*Zero cases of C-Diff so far this year have been classified as avoidable

Whilst there were 3 unavoidable C-Diff cases in February which means we have now passed the threshold agreed with the commissioners, none of these were deemed avoidable by external committee. It is also important to note that none of the twenty cases have been deemed to be due to lapses in care. The usual process of rigorous root cause analysis and 'sign off' with the commissioners will continue. 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	3	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	3
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	0.72
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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	2	fall(s) that caused at least 'moderate' harm
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The two patient falls have been reported to our commissioners in February, our normal process of holding serious incident panels is being followed and these will take place in April.

Severity	Number of falls
Moderate	1
Severe	1
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	0.48
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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 *	95.17	% recommended	This is based on	414	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	249	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?	98.5%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	98.3%
Were you given enough privacy when being examined, treated or discussing your care?	97.7%
During your stay were you treated with compassion by hospital staff?	99.6%
Did you always have access to the call bell when you needed it?	97.4%
Did you get the care you felt you required when you needed it most?	99.1%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	98.8%

A patient's story

Patient Story – Pat Llewellyn

I have just returned home after two very uplifting days with you and your team. I cannot thank you enough for the treatment and advice that was available. Words seem inadequate to express my gratitude for all the advice which has helped put many things into perspective.

Although every specialist was wonderful, I would like to especially thank Paula, Julie and Tracy for their invaluable help towards alleviating the problem with my lymphodaemia. At my advanced age, I didn't think that there was much more anyone could do, but they have given me renewed optimism re. the future, and I have taken all their advice on board.

I am seeing my oncologist next week and will be pleased to tell him of recent developments. Thank you again for everything and I wish you well in your work with other patients.

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	20	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

The Christie has been selected as a finalist in a national awards scheme about the way patient and staff feedback is used to improve healthcare services.

The Friends and Family (FFT) Test is a way to find out from patients, quickly and anonymously, how they rate their latest experience of NHS care or treatment. They can provide comments to explain their score and this feedback helps services to focus on areas that need improvement. Since the survey was launched in 2014, The Christie has received positive feedback from patients, consistently scoring above 95% for positive responses each month. Last month, over 900 people provided feedback on the Trust's services, with 95.35% saying they would recommend The Christie to friends and family if they needed similar care or treatment.

The FFT Awards 2016 were set up to recognise NHS providers who are going the extra mile in their work to listen to patients and staff. There are five categories and The Christie has made the shortlist for both 'FFT Champions of the Year' and 'Best FFT initiative in any other NHS-funded service'.

The entry describes how The Christie demonstrates a continuous cycle of 'we asked, you said...we did', giving examples of how it responded to feedback from patients and used it to improve quality of care. These included the development of a patient self-medication initiative, adjustments made in toilets to make changing colostomy bags easier for patients and the installation of clothes hooks in the washrooms of a specific patient area.

Deputy director of nursing and quality at The Christie, Jane Sykes, who leads the Trust's FFT team, said: "We're thrilled that the work we have done as a direct result of feedback from our patients has been recognised in these awards. We have put a lot of work into implementing the FFT initiative at The Christie and we will continue to look at ways of increasing response rates across new areas."

Almost 200 entries were received by NHS England. Anu Singh, Director of Patient & Public Voice and Insight at NHS England, said: "We have rolled out the FFT across most NHS services and we wanted to take stock of how it's working and what benefits it is actually bringing for patients. "Through entries to the awards, we have found a rich seam of information about a whole range of improvements, great and small, that make a real difference to how patients feel about their contact with the NHS. It is really rewarding to see the high level of appreciation that patients show for staff and to see how well many healthcare providers are listening to their patients and trying to continuously improve services. NHS trusts also conduct a similar feedback scheme for their staff and that too is making a real difference."

Supporting information

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