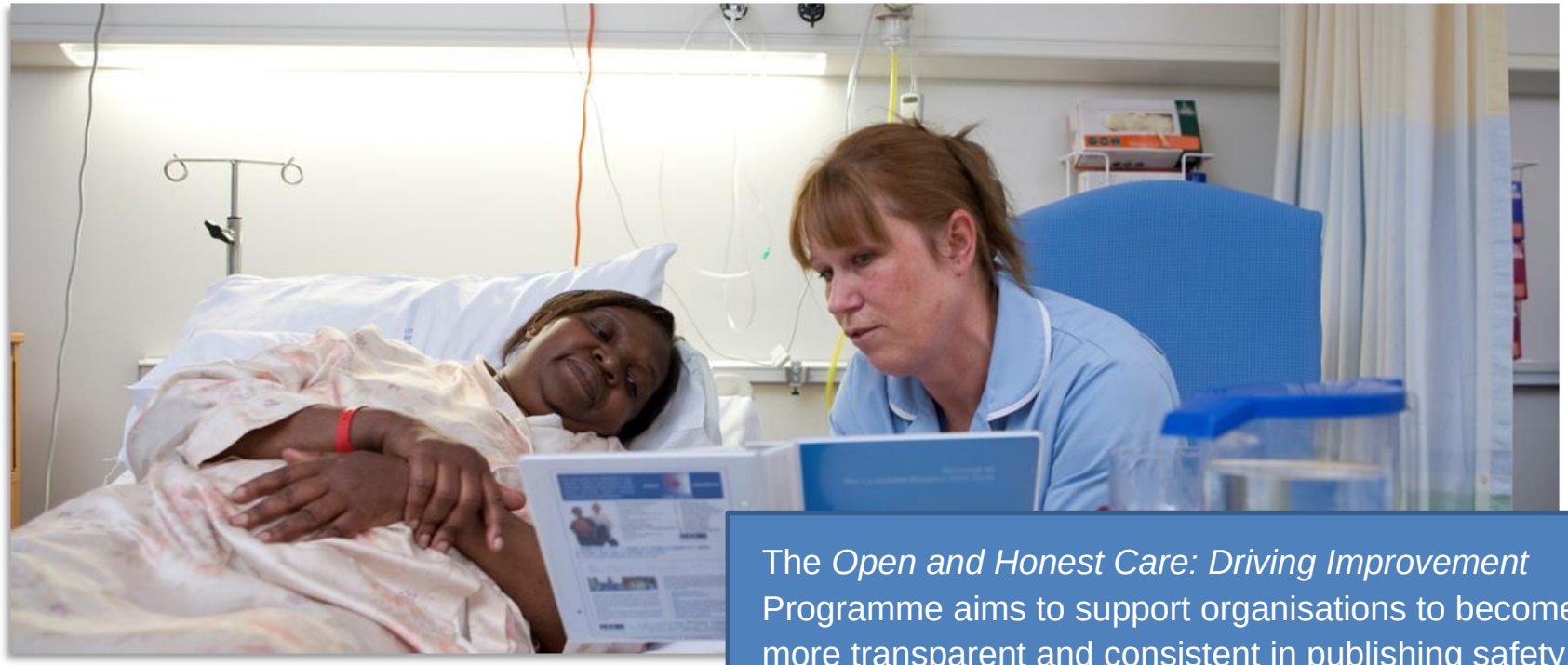
Open and Honest Care in your Local Hospital



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

March 2016

This report is based on information from **March 2016**. The information is presented in three key categories: safety, experience and improvement. This report also signposts 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.

97.97%	**of patients did not experience any of the four harms**

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	**22***	**0**

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

Whilst there were 2 unavoidable C-Diff cases in March 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 two 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	**2**	**Category 2 - Category 4 pressure ulcers were acquired during hospital stays**

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**

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	**0.47**

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**

Severity	Number of falls
Moderate	**0**
Severe	**0**
Death	**0**

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Rate per 1,000 bed days	**0.00**

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 *	**96.29**	**% recommended**	**This is based on**	**377**	**responses**

*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	**250**	**patients the following questions about their care**

	% 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?	**99.6%**
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	**100%**

Patient Story – John Burns

In the spring of 2015 I noticed a reddish spot on my lower left leg and went to get it checked out. It turned out that a tumour had developed over the previous 12 months, but due to me having Gross Lymphoedema in both legs, the tumor itself was not apparent until approximately six months prior to my referral to Manchester Royal Infirmary for various tests.

Following MRI scans, ECGs, blood tests, x-rays and other tests, my wife and I were told that the tumor was cancerous and that the only two alternatives were amputation of my leg or to try and remove the tumor by surgery. It was stressed that due to the cancer being extremely close to the shin bone it was considered doubtful of a good outcome. In spite of this I was referred to Mr Kosutic at The Christie.

When I met with Mr Kosutic, his first opinion was that amputation seemed the best option, but he and a colleague decided to check with a further scan. They confirmed that the cancer was only a few millimetres away from the shinbone.

Although a little doubtful, Mr Kosutic said he would operate and hopefully save my leg - a very brave decision – but somehow I had every faith in him, and six months later it is so far so good. Prior to the operation it was explained to me that it would be a rather large wound, and so it turned out to be (19cm long by 14.5cm wide).

After the operation I needed special dressings that were put on in layers, with a 28mm thick sponge in between covering the wound. The outer layer had an outlet attached to a vacuum pump which compressed the dressing and sponge to the wound, and at the same time removed all the blood and lymph fluid, depositing it into a canister which was regularly changed. This marvellous machine allows healing to take place more rapidly.

The dressings were changed every five days for four weeks. This took a great deal of care and an unbelievable amount of patience, skill and good nature on the part of the nursing staff - angels every one of them! After I was discharged, I was transferred to the Bolton District nursing care.

In October 2015 I was re-admitted overnight for a skin graft operation. It went unbelievably well and I stopped using the vacuum pump after 10 weeks. I don't think the wound would have healed so quickly without the pump.

I want to extend my heartfelt thanks to Mr Kosutic for his wonderful skill, the skill of his team both in and out of theatre, and also to all of the nurses and staff on Ward 10 and the Surgical Ward who looked after me during my time at The Christie. Thank you all.

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*	**97**	**% recommended**	**This is based on**	**1021**	**responses**
FFT percentage recommended work*	**74**	**% recommended**	**This is based on**	**1021**	**responses**

This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 4 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	**15**	**staff the following questions**

	% 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 scored well in a survey that looks at ways to improve care for dying patients and their relatives or carers in hospital.
Compiled by the Royal College of Physicians and with additional funding from Marie Curie, the 'National End of Life Care Audit-Dying in Hospital' report surveyed 142 hospital trusts and 9,302 patients.
Of those surveyed, 51% of the patients were female and 19.8% had a cancer diagnosis.

The Christie scored particularly well in the organisational audit section of the survey which looked at key organisational elements that underpin the delivery of care, with the Trust achieving six out of eight targets.

Areas of particular achievement include:

- Access to information relating to death and dying
- Trust board representation and planning for care of the dying
- Documented evidence that dying patients were offered an individual plan of care
- Formal in-house training for all medical staff specifically covering communication skills in the last hours of life for patients.

Another area The Christie performed particularly strongly in was the clinical review where the Trust identified 100% of patients that would imminently die, 100% of those patients relatives had discussed this prognosis with medical staff, and 100% of patients had the opportunity to express any concerns.

Dr Richard Berman, consultant in palliative medicine at The Christie said; "Care of the dying is extremely important to us at The Christie at all levels, and we endeavour to ensure that very high standards of care are being delivered at all times. We have our own in-house supportive care team which is well established and fully integrated within the day to day running of the hospital.

"Importantly, the specialist palliative care team has developed excellent working relationships with other clinical teams in the hospital undertaking joint clinics and ward rounds and promoting early involvement of palliative care support for patients with advanced disease."

He adds; "With our new award winning 'Enhanced Supportive Care' initiative which is being rolled out across England we are leading the way to ensure early integration of supportive and palliative care within cancer care. "All of this will help to further inform and improve care for patients with advancing disease."

Supporting information