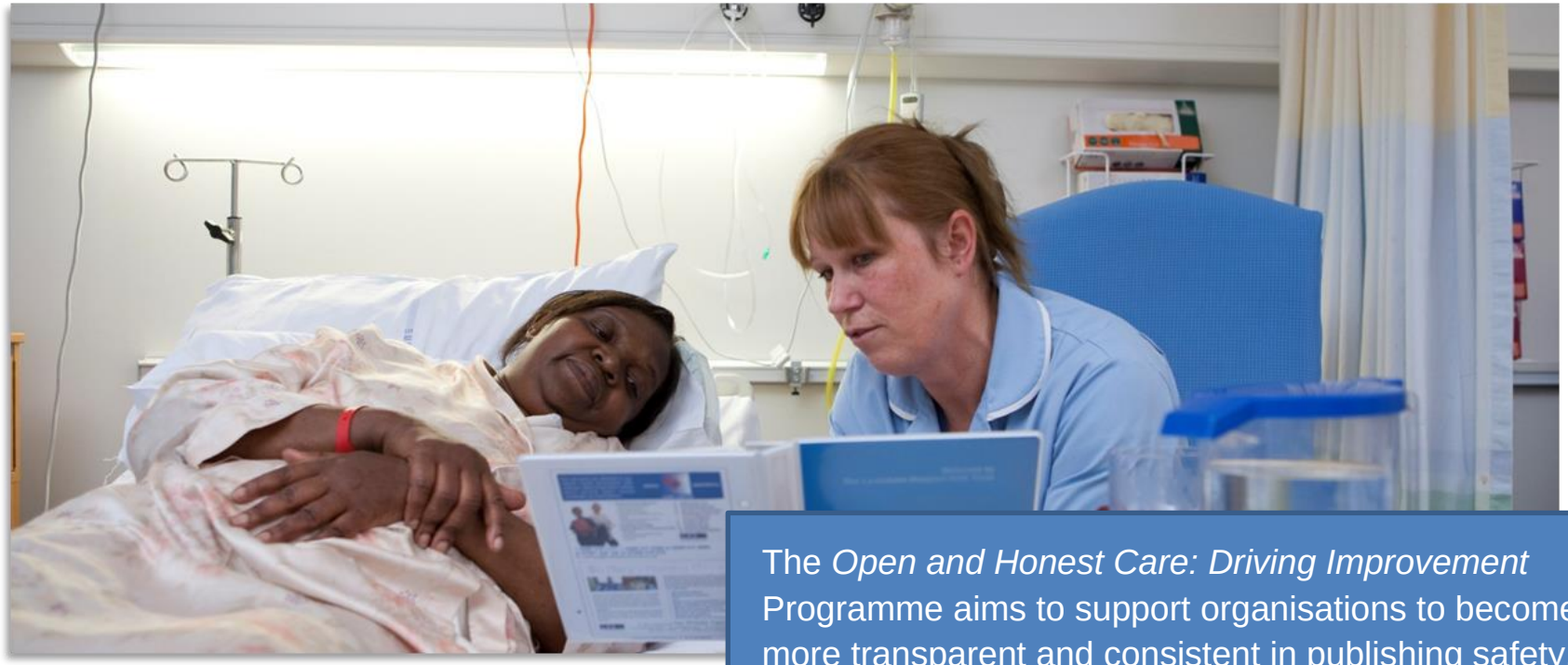
Open and Honest Care in your Local Hospital



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

April 2016

This report is based on information from **April 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.

96.89%	**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	**0**	**0**
Annual Improvement target	**19**	**0**
Actual to date	**0**	**0**

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.

For more information please visit: http://www.christie.nhs.uk/about-us/our-standards/infection-control/

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	**5**	**Category 2 - Category 4 pressure ulcers were acquired during hospital stays**

Severity	Number of pressure ulcers
Category 2	**5**
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	**1.13**

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/about-us/about-the-christie/christie-quality/safe-staffing/

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 *	**97.02**	**% recommended**	**This is based on**	**436**	**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	**210**	**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?	**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?	**100%**
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?	**100%**
Did you always have access to the call bell when you needed it?	**98.6%**
Did you get the care you felt you required when you needed it most?	**99.5%**
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	**99.5%**

A patient's story

It's 'OK to Ask' is a really important message to patients everywhere - Geraldine Peddie

I was diagnosed with Non-Small Cell Lung cancer in December 2007. The lead up to the diagnosis took nearly three months, and this is my story.

In the autumn of 2007 I could feel a small hard lump just above my left collarbone. I went to my GP who asked about my general state of health, was I losing weight? Did I have a cough? How was my appetite? As all seemed to be fine apart from the lump we arranged a three week follow up. At the end of three weeks I returned and was concerned as I felt that the lump had increased in size and I thought there was also another lump there. As there were no other symptoms he just advised me to monitor it and come back if necessary.

Two of my close friends had experiences with lumps. On both of these occasions it had turned out to be cancer and on one occasion her GP had said she didn't think it was anything to worry about! I asked for a second opinion and was duly referred to a haematologist.
He took several blood tests and asked for a chest x-ray. After the x-ray, things went at a much quicker pace, with a biopsy and CT scan within three weeks. I had been a smoker but only a very light smoker and had only smoked for about 10 of my 51 years. On 27th December 2007 I was given the diagnosis.

I am so lucky to be alive. The survival prospects of this cancer are very poor. Nearly 80% of those diagnosed didn't survive for the first year. I made a commitment to myself that I would never regret doing anything and I would definitely never regret not doing anything. I was also fortunate to be symptom free for over six years. In this time I travelled extensively and I really had a great time even though I was "living with cancer." In 2009 I met my husband and we got married in 2011.

Over my eight years of almost continuous treatment with eight different lines of treatment I feel I have had the best attention that anyone could want for. I became a patient of The Christie in March 2015 when I was enrolled in a clinical trial.

The trial drug was very much targeted to my cancer. Although it is lung cancer there are several types of lung cancer and within each type there may be different properties. I was fortunate enough to have a protein referred to as EGFR (Epidermal Growth Factor Receptor). I had been treated with two previous 'targeted' therapies for those who are EGFR positive to great effect. The trial drug was the third generation of this type of drug, especially developed for those who have acquired a resistance to previous drugs.

This has been quite literally a life saver. I had almost exhausted all approved conventional treatments and my cancer was progressing unchecked. From day one of the trial I felt relief and benefit. Dr Krebbs and his team are so attentive and caring. They are always only at the end of the phone for any questions I have and I have felt in very safe hands for the last year.

Although experimental, the treatment has been very successful with a huge reduction in the size of the tumours initially. There is now only one 'stable' tumour left and I am feeling very well.

There is a big likelihood of the cancer becoming resistant to this treatment, but I am hoping that day is a long way off yet. When that day arrives I would be very interested in what other trials I might be suitable for at the time.

If anyone reading this has cancer or knows someone who has been diagnosed with it, I would urge them to always ask about clinical trials. The theme for International Clinical Trials Day on 20th May is that it's 'OK to Ask' and I think this is a really important message to patients everywhere. Going on a clinical trial can give you access to the latest treatments and also helps doctors and researchers to develop more effective treatments for future generations.

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	**10**	**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

Approximately 70 patients per week are eligible to benefit from The Christie at Home service which is currently being offered to patients receiving certain types of treatments by injection.

Initially introduced as a three month pilot in 2015, the scheme has now been implemented as part of the hospital's pledge to patients to provide its excellent standard of treatment not only at its main Christie site, but both nearer to and in patients' homes where possible.
Patients prescribed breast cancer drugs Denosumab, Fulvestrant and Herceptin, or who receive treatment injections are eligible for The Christie at Home service.

Susan Waite, 58 from Bury took part in the pilot and has continued to use The Christie at Home service as part of her treatment.
She said: "I first started treatment at The Christie when I was diagnosed with secondary breast cancer in 2010. Although the drive is under an hour, coming on different days for each of my appointments became time consuming and tiring.

Christie at Home is an excellent idea. It saves the time and worry of travelling to the main hospital site and there's no waiting times to deal with. I was delighted when my consultant told me that I could now have my blood tests done locally too. It's a lot less stress all round.

The nurses are really friendly and it's so much easier to be able to ask them any questions that I might have from the comfort of my own home.
Vicki Burns, outreach chemotherapy manager at The Christie, said: "The Christie at Home service sees us take an extra step with our outreach programme following the success of the mobile chemotherapy unit and introduction of specialist clinics within the local community.

It's a really positive move providing autonomy for both patients and staff. Patients are spared the time travelling to our main hospital site with no need for parking and no wait for appointments. Christie nursing staff have the opportunity to develop their skills in another setting outside of the main hospital and there's an improved flow of appointments at our main site.

Christie patients that are prescribed a treatment suitable for administration at home will be advised of this during a discussion with their doctor
The Christie outreach team will then contact them to provide more information on its home visits so the patient can decide if they would like to use the service.

The Christie's outreach service includes;
The mobile chemotherapy unit which is open 5 days a week in Rochdale, Trafford, Hyde, Chadderton and Bolton (1 day a week at each site)
Nurse led clinics one day a week at Salford Royal, Bury Townside Primary Care Centre and Ashton Primary Care Centre.
Peripheral clinics at other Trusts in Macclesfield, Leighton, Stockport, Bolton, Wigan and Oldham.

Supporting information