

## 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**

May 2016

This report is based on information from **May 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.

<b>96.73%</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>3</b>	<b>0</b>

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.**

<b>This month</b>	<b>3</b>	<b>Category 2 - Category 4 pressure ulcers were acquired during hospital stays</b>
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<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	<b>3</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>0.61</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/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?**'

<b>In-patient FFT percentage recommended *</b>	<b>97.37</b>	<b>% recommended</b>	<b>This is based on</b>	<b>419</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>212</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>100%</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

### Jennifer Miller, young oncology patient (age 22)

Not many people are lucky enough to get to sing with a star like Chris Martin, lead singer of Coldplay, but that's what happened to me last weekend at The Christie. And I could never have imagined that it would happen 18 months ago, but 18 months ago I had no idea that I was about to be diagnosed with Leukaemia.

When I was diagnosed with acute promyeloid leukaemia in February 2015, I lost my confidence and thought I had lost my love for music and singing.

I was being treated on the Teenage and Young Adult oncology unit and it was a tough time. My veins narrowed and I had to have a number of lines put in for the treatment to be administered. After every round of chemotherapy I seemed to pick up an infection and needed to be brought back to The Christie.

The nurses would joke with me because no matter how ill I was I always had my music on and was singing along to it - this was my way of coping with what I was going through.

It was during this time that I met Steph, the music teacher on the Teenage and Young Adult oncology unit, and she helped to restore my love for music and singing. Steph had confidence and believed in me.

Every time I had to come back to The Christie after treatment meant I could practice and learn new music. At first I wanted to learn a new instrument but the headaches and chemo made me so ill that I couldn't stand to practice for more than 5 minutes, as it was just so hard to concentrate. So Steph suggested that it would be best to stick to singing and I agreed.

I was encouraged to get involved in the young oncology unit band called YOU62. The band is made up of young cancer patients who all come to The Christie on a Thursday to practice and learn new songs.

The band has done some fabulous things. We were invited to go to London for an amazing opportunity to record our own song at Vivid Colours Abbey Road which is now available to buy and the money goes to The Christie.

Going to The Christie and singing with the band is what is getting me through life at the moment. The band has given me so much more confidence and belief in myself. I have been given opportunities that I would never have believed in myself enough to do without the band, like singing at fundraising events and in front of staff and patients at Christmas and Halloween.

But, without a doubt my favourite experience was last weekend when Chris Martin from Coldplay came to meet the band and other young patients at The Christie. We were given the opportunity to sing for him and then to sing with him - one of his songs The Scientist! I can't explain how amazing this was. We then sat around talking to Chris. He asked us about the YOU62 band and we asked him lots of questions. Chris then posed for photos with us and signed CDs and merchandise. As he was leaving he said he'd had a lovely day and wished he didn't have to go to work, as he wanted to stay and sing and talk to us, but he had a Coldplay concert at the Etihad stadium that night. Chris's tour manager came back with a gift bag for us all. It was so thoughtful, we had tour merchandise and badges, iTunes gift vouchers, felt tip pens, notepads and Lego - all things we can use when we are in hospital.

I went home smiling and telling everyone about my day and how down to earth and amazing and genuine Chris Martin was. I didn't think the day could get any better but how wrong I was.

As I got home and opened Twitter and Facebook to upload my photos and videos Coldplay had posted a video from the concert. In it, Chris Martin was telling the whole Etihad stadium full of Coldplay fans how he had been to visit us and had the opportunity to sing with YOU62. He then asked the whole stadium to join in singing the chorus to The Scientist and said he was dedicating it to us. I was so overwhelmed. I was covered in Goosebumps and crying. It just shows that some celebrities are really down to earth.

I'd want to thank The Christie, the Teenage and Young Adult oncology unit and the music teacher Steph for believing in me and giving me all these wonderful opportunities.

Without The Christie, and all the wonderful things they do for young patients, I don't think I would have got through my diagnosis and treatment. I have also made some amazing friends and am so lucky to be part of a wonderful band doing something I love.

Thank you.

## 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/>

<b>We also asked</b>	<b>10</b>	<b>staff the following questions</b>
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	<b>% Recommended</b>
Would you recommend this ward/unit as a place to work?	<b>90%</b>
Would you recommend the standard of care on this ward/unit to a friend or relative if they needed treatment?	<b>100%</b>
Are you satisfied with the quality of care you give to the patients, carers and their families?	<b>100%</b>

*\*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 once again received excellent results in the annual 2015 national inpatient survey, published Wednesday 8th June 2016 by the Care Quality Commission, sustaining and building on last year's success.

The survey shows how NHS trusts score against each other in 58 questions looking at different aspects of the inpatient experience including the hospital and ward, doctors and nurses, care and treatment, and operations and procedures.

Trusts are rated as performing 'about the same,' 'better' or 'worse' compared to other trusts. Out of 58 questions, The Christie scored 'better' than most other trusts in 46 and 'about the same' in 12. No questions were 'worse' than most other trusts.

The Trust took top marks in six questions – these were:

- Patients being treated with respect and dignity whilst in hospital
- Explanations about what would be done during an operation or procedure
- Staff members answering patients' questions about an operation or procedure
- Patients being told how they would feel after an operation or procedure
- Patients being informed by staff about who to contact if they were worried about their condition or treatment after they had left hospital
- Hand-wash gels were available for patients and visitors to use

Jackie Bird, executive director of nursing and quality for The Christie, said: "We are thrilled once again to receive such positive feedback from our patients in this annual survey. We are committed to putting our patients at the centre of everything that we do and it's reassuring to see that they are pleased with the standard of care and treatment that they receive".

"We are always keen to gather feedback from our patients and endeavour to act upon their responses to ensure we maintain and continually improve our services to them".

When patients were asked to rate their overall experience, The Christie scored 8.9. The lowest score by any trust was 7.5 and the highest was 9.0. The Trust scored 'better' than most other trusts in all but one of the section scores and achieved a highest score in one out of the 10 section scores – namely the operations and procedures section.

In total, 149 acute and specialist NHS trusts were surveyed, and responses were gathered from just over 83,116 patients. The Christie had a response rate of 58% compared with the national response rate of 47%.

## Supporting information

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