

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

July 2016

This report is based on information from **July 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.

95.14%	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	6	0
Annual Improvement target	19	0
Actual to date	10	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	3	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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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
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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	0.42
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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	0	fall(s) that caused at least 'moderate' harm
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Severity	Number of falls
Moderate	0
Severe	0
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	0.00
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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?**'

In-patient FFT percentage recommended *	96.16	% recommended	This is based on	365	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	200	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?	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?	100%
During your stay were you treated with compassion by hospital staff?	99.4%
Did you always have access to the call bell when you needed it?	97.1%
Did you get the care you felt you required when you needed it most?	99.4%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	98.5%

A patient's story

Christine Phillips

Christine Phillips from Bury benefited from Enhanced Supportive Care to deal with the pain of her illness and treatment when referred to The Christie. She said: “My tumour was extremely painful. I then developed a chest infection which added to the pain from the tumour and the radiotherapy treatment I was having. I was always asking for painkillers but none would give me any relief, it was agonising.

“I was then referred to the supportive care team at The Christie to get my pain relief sorted. I was so relieved. After trialling different combinations I now only take one pill to relieve the pain – the doctor got it just right. I use a syringe driver now and it acts more quickly on relieving the pain – I can now comfortably sit down.

I was used to being in so much pain; things are now so much easier.

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	5	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

An innovative programme to improve the care and experience of patients with incurable cancer is being rolled out across the country. ‘Enhanced Supportive Care’ was developed by specialists at The Christie NHS Foundation Trust, and will now be used by at least 21 more cancer centres across England, supported by incentives from NHS England.

The initiative encourages care teams to address more fully the needs of cancer patients – in particular, preventing and managing the adverse physical and psychological effects of cancer and its treatment.

Rather than waiting until patients are in crisis, Enhanced Supportive Care ensures that patients with incurable cancer have early access to specialist support where there are pain or symptom problems. This early intervention helps avoid the need for emergency admission to hospital. There is evidence that good supportive care provided early in a patient’s treatment can improve quality of life in patients with advanced cancer, lengthen their survival and reduce the need for aggressive treatments at the very end of life.

When it was trialled with patients at The Christie, emergency admissions among that group fell by more than a quarter, as patients benefited from early specialist supportive care to more effectively manage the symptoms caused by their cancer and the side effects of treatment. Dr Richard Berman, who led the development of the programme at The Christie and is now NHS England’s National Clinical Lead for Enhanced Supportive Care, said: “Enhanced Supportive Care is a fresh and modern approach to supporting people through cancer treatment – one that seeks to help patients in a very positive way, ensuring that they have timely access to the right expertise.

I’m delighted to see colleagues in cancer centres across the country embrace this simple approach which has huge potential to improve the experience of patients, at what is often the most difficult time in their and their loved ones lives”.

Last month NHS England set out its plans to deliver world class cancer services, building on the recommendations of the report by the NHS's Independent Cancer Taskforce led by Sir Harpal Kumar, CEO of Cancer Research UK.

The Taskforce's report cited the impact of Enhanced Supportive Care at The Christie, and recommended that further steps be taken to ensure patients' receive support to manage the effects of cancer and its treatment.

In addition to the further spread of Enhanced Supportive Care, from next year pilot sites will develop the use of the Holistic Needs Assessment as a means of better joining up different phases of a patient's care, including ensuring timely access to palliative care.

Guidance supporting hospitals to implement the initiative was published in March, and is based around 6 key principals:

- Early involvement of supportive care services
- Supportive care teams that work together
- A more positive approach to supportive care
- Cutting edge and evidence-based practice in supportive and palliative care
- Technology to improve communication
- Best practice in chemotherapy care

The participating cancer centres will receive incentives for improving patient experience through the national CQUIN scheme in 2016/17 and 2017/18; in 2016/17 over £4m will be available.

To support them in meeting this challenge a national peer group will be formed to help their nominated clinical leads share expertise and experience with each other and with Dr Berman as the National Clinical Lead.

As it develops, the programme will expand to help patients with more forms of cancer, and be used in settings other than cancer centres.

Supporting information

