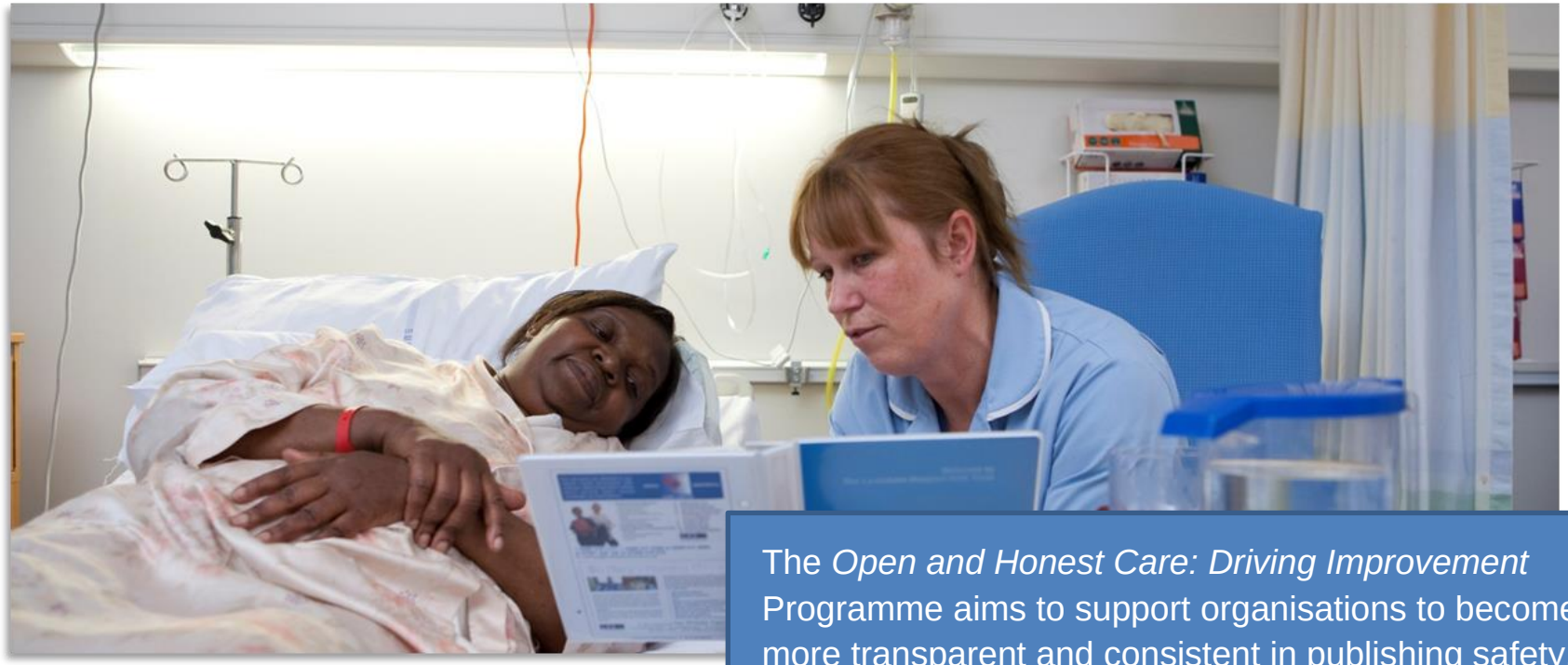
Open and Honest Care in your Local Hospital



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

August 2016

This report is based on information from **August 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.

96.03%	**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	**1**	**0**
Annual Improvement target	**19**	**0**
Actual to date	**11**	**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	**4**	**Category 2 - Category 4 pressure ulcers were acquired during hospital stays**

Severity	Number of pressure ulcers
Category 2	**4**
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	**0.82**

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 *	**98.11**	**% recommended**	**This is based on**	**370**	**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	**200**	**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?	**97.2%**
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	**100.0%**
Were you given enough privacy when being examined, treated or discussing your care?	**99.3%**
During your stay were you treated with compassion by hospital staff?	**100.0%**
Did you always have access to the call bell when you needed it?	**100.0%**
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?	**99.5%**

A patient's story

Geraldine Leydon, Christie Patient

I have just turned 50, feel very content and have so much to look forward to. My husband Tommy, our two girls and I are currently in New Zealand, part of a travelling fellowship from the Winston Churchill Memorial Trust to research international best practice in early years care and education.

It seems a long, long time since the night in 2011 when my husband and I were given some difficult news that left us dazed, that I had cancer.

I had made a number of visits to my GP with what could in hindsight be described as atypical symptoms. Eventually I happened upon Professor Gordon Carlson, who advised a precautionary colonoscopy. The colonoscopy helped to diagnose a very aggressive bowel cancer, more specifically a T4 N0 bowel cancer.

It came as a huge shock at 45 years old, particularly as there was no previous history of cancer in my family.

It was a trying circumstance for obvious reasons, which coincided with me changing jobs.
In hindsight however, this proved to be a useful distraction from the ongoing treatment. My surgeon and oncologist were remarkably positive and motivating people, urging me to work as I wanted to and felt able.

The new job, gave the family as a whole something else to focus on outside of the cancer bubble in which we felt encircled. Interestingly, I did not find that this was something that some people understood.

Some people suggested that I might want to give up work. For me, I chose to work part-time, as that was right for my family and I at that point in our lives.

I went to Salford Royal for my colorectal surgery under the care of Prof Carlson and the treatment was first rate. There were very structured and focused opportunities to prepare for what the treatment had in store for me.

This was followed up with six months of chemotherapy at The Christie under the diligent care of Dr Mark Saunders. The Christie is an infamous institution and was known to me, as I am local to the hospital and passed it and its visitors regularly.

Becoming one of ‘those people’ who needed to go there was one of the most unexpected and hardest feelings that I had to overcome. However, those feelings passed remarkable quickly and my monthly visits became part of life’s routine.

Now, five years on, I have gained a distinction in my Master's in Education Degree and I have been accepted onto the Educational Doctorate.

Most exciting of all is the travelling fellowship from the Winston Churchill Memorial Trust. I have travelled to Germany to observe a programme called Baby Watching and I am now in New Zealand visiting universities, the world famous Dunedin project and preschool settings working with the Te Whariki curriculum.

I hope that cancer patients reading this will be inspired and that it will give them hope. I am so grateful that my oncologist and surgeon supported my decision to continue working. My work is my passion (family excluded) and I feel glad I did not give up work as that was the right decision for me.

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**	**1023**	**responses**
FFT percentage recommended work*	**77**	**% recommended**	**This is based on**	**1023**	**responses**

This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 1 2016/17

*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?	**90%**
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 appointed its first Freedom to Speak Up Guardian to help members of staff raise concerns about patient safety.
This new appointment involves helping to elevate the profile of raising concerns and to develop effective processes to enable staff at the specialist cancer hospital to confidently raise issues, including about patient safety. Acting in an independent capacity, Sue will also provide confidential advice and support when staff have concerns.

Sue will work alongside Christie board members to help support the organisation in listening to and learning from staff, so that the Trust continues to ensure high quality and compassionate care for patients.

Sue said: “I am excited about this new role. Listening to our staff and helping them raise concerns is important in ensuring that our patients have a good and safe experience at The Christie.

I am looking forward to working with colleagues right across the Trust, to explain the purpose of this new role and encourage staff to raise any issues. I will be available to talk to anyone who has a concern, and to facilitate any issues being properly addressed in an open and supportive way.

The NHS is keen to ensure that any concerns staff have are acted on in the interests of better patient care. Following the recommendations of Sir Robert Francis QC's Freedom to Speak Up report, all NHS Trusts should have nominated a Freedom To Speak Up Guardian by October 2016. Sue’s appointment will add to the growing network of NHS Guardians who are responsible for developing a culture where healthcare staff feel confident to raise concerns about patient care at all times.

The Christie’s Chief Executive, Roger Spencer, said: “Patient safety and care is our prime concern. This is why encouraging our staff to raise concerns openly as part of normal day-to-day practice is an important part of improving the quality of our services.

To maintain our high standards, we want every member of our staff to feel able to raise a concern and be confident that the concern will be addressed in a constructive way. We welcome Sue’s appointment as our new Freedom to Speak Up Guardian, as another valuable point of contact where staff may discuss a concern in the interests of our patients.

Supporting information