

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

December 2016

This report is based on information from **December 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.

94.32%	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	5	0
Annual Improvement target	19	0
Actual to date	23	1

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	2	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

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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 *	97.91	% recommended	This is based on	478	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	236	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?	99.5%
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?	100.0%
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?	98.7%
Did you get the care you felt you required when you needed it most?	100.0%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100.0%

A patient's story

Earlier this month, I was very honoured to be asked to speak to a group of around 70 fundraisers at an 'I did it for The Christie' reception for people who had taken part in sporting events during 2016 to support The Christie charity.

The people in the room, together with thousands of others who took part in sporting events this year, had between them raised nearly £2m for this wonderful charity.

It was a very poignant and emotional night, with so many wonderful heart-warming stories of people doing amazing things to support cancer patients at The Christie, many of them patients themselves or former patients! It was a truly inspiring evening and left me more determined than ever to support this special cause.

I particularly enjoyed watching a special video showing many of these amazing fundraisers explaining why they "did it for the Christie".

It also meant so much to me to be asked to speak to at this event.

I was there because back in October 2016, I walked the Night of Neon for The Christie, almost exactly a year to the day since I had discovered a small breast lump.

I thought I'd better get it checked out, but having had a couple of breast cysts in the past, I was in complete shock as it dawned on me this lump might be much more serious.

My life changed forever on 15 December 2015 when I was diagnosed with triple negative breast cancer at the age of 36. I'm still not really able to put into words how it felt to be given the news. There was no family history of breast cancer so it came completely out of the blue for us.

Needless to say, Christmas was one to forget. My carefully laid plans for 2016 went out of the window. This was the year my husband and I were hoping to start our longed for family and my career as a solicitor was going from strength to strength. Now I had to face the biggest challenge yet.

Everything moved very quickly and thankfully I didn't really have time to stop and dwell on what had happened. I had to get going with treatment straight away. I elected for neo adjuvant treatment. The chemotherapy was done before surgery, so they could see if the tumour responded. The Christie was quick to get the chemotherapy underway. Despite only living a mile away from the Withington hospital, I walked into it for the very first time in my life during the first week of January. Happy new year.....

The chemo scheduler was brilliant. He arranged treatment on Fridays to fit in with my husband's work, so my husband could always come with me. My chemo ran until May 2016. These were the hardest six months of my life. Absolutely nothing can prepare you for the physical and mental challenge. Of course as I went through each treatment I became weaker and weaker, but I also knew after each session that I was one step closer to finishing it. I got a lot of satisfaction from ticking off each week on my blue appointment card.

For me, the loss of hair was a big deal. I had an incredibly thick long mane of blonde hair before chemo, it had been this way since I was a child and it was my identity. Vanity got in the way and I decided, with the very patient help of the chemo nurses to give the cold cap treatment a go. The additional hours on the chemo ward and the agony of a freezing cold head was definitely worth it to save about 50% of my hair. It worked so well I was able to avoid wearing a wig by mastering the art of a sweep over. It wasn't until my missing hair grew back though that I truly accepted I was not a natural blonde.

I became increasingly anxious during chemo as my veins suffered greatly and I found the whole experience of even stepping foot in The Christie extremely difficult. I was given a lot of support by an oncologist psychology nurse called Jo. One of the main things that got me through each chemo session was the hypnocalm sessions provided by the amazing complementary therapist Salma. She would visit me on the chemo ward, calm me down, massage my feet and take me on a journey to my safe place away from the stresses of treatment. I rang the end of treatment bell as hard as I possibly could after completing my last session. It was an emotional day.

Whilst I didn't have much love for chemotherapy at the time, I look back at it now and am so thankful for those drugs. They worked their magic and to my relief the tumour greatly reduced. I had a lumpectomy and lymph node biopsy in June 2016 under the care of Wythenshawe Hospital. The surgery went well and I was so happy to be told there was no evidence that the cancer had spread to my lymph nodes or surrounding blood tissue.

I was back at The Christie in July to start my 20 sessions of radiotherapy and I finally completed the treatment on 11th August 2016 when I found another bell to ring!

I was in a much better place by then mentally, and I found coming in for radiotherapy to be very comforting, in fact I felt a bit lost when it finished, as if I was on my own then.

It was during those daily trips to radiotherapy that I would walk past the big neon pink banner raising awareness of the Night of Neon walk. When I saw the date was the end of October I thought to myself, I'm going to make sure I am fit enough to do that walk. It fell around the one year anniversary of finding the lump so it was a significant date for me.

Signing up for the Night of Neon pushed my rehabilitation forward and gave me something positive to focus on. It definitely helped my psychological recovery as I spent time "in training" walking around Didsbury with my dog Larry.

I have to say that when I initially started treatment I was completely taken aback and saddened by how many patients there were waiting for treatment at the Oak Road Treatment Centre. But as time went by I started to think about it in a more positive way, realising that it was so busy because of the amazing work the researchers are doing to keep people alive, not only to treat but also to cure. That's why I felt it was so important to give something back to The Christie and was one of my main reasons for fundraising.

I also wanted do something to thank and repay all The Christie staff who treated me along the way. From the hard working chemo nurses to the calming complementary therapists, psychologists, consultants, wonderful radiographers and thoughtful schedulers, they all made a difference to me.

Thanks to my lovely family and friends (and the power of Facebook) I managed to smash my £250 target and raised over £2,175. I was completely overwhelmed! And of course I was very emotional when I crossed the finish line.

I'm so pleased I took part with family and friends, it was a brilliant event. If someone had told me in May when I finished chemo that I'd be capable of walking 10k on a cold night in October I would have either laughed or cried depending upon the mood I was in!

I am incredibly lucky to live in Didsbury, so near to The Christie, which definitely made the treatment more manageable and I'm very grateful for that. Before my diagnosis I must have driven past the hospital thousands of times without really giving the place a second thought. Now I'm back in work and whenever I drive past The Christie on my daily commute, I feel a real sense of gratitude that hopefully this groundbreaking place on my doorstep has saved my life.

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	957	responses
FFT percentage recommended work*	75	% recommended	This is based on	957	responses

**This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 2 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	10	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

The Christie is one of the first specialist cancer hospitals in the country to be awarded the highest accolade by the Care Quality Commission (CQC) which highlighted its effectiveness, care and leadership in its report.

The report praised the ‘friendly and open culture’ and the ‘commitment to excellence that filters through every area of the trust’.

The Christie’s Chief Executive, Roger Spencer, said: “We are delighted and very proud to have received an outstanding rating from the CQC, the highest we could have been given.

This is testament to the dedicated, expert staff in every Christie department and site who work tirelessly to give the very best care and treatment to our cancer patients. Those patients are at the heart of everything we do.

“I would also like to pay tribute to the outstanding research that happens at The Christie together with our partner organisations, which provides opportunities for our patients to be involved in trial treatments when standard treatments have been exhausted.

“Notwithstanding these fantastic results, it is the culture of The Christie to relentlessly pursue innovations that deliver even better outcomes for our patients.”

Following an inspection of the trust earlier this year, the CQC highly praised The Christie’s overall service, rating its effectiveness, care, leadership and responsiveness as outstanding. The safety of its services is good.

The report looked at medical care, surgery, critical care, end of life care, outpatients and diagnostic imaging, chemotherapy and radiotherapy. It highlighted a number of outstanding practices at the trust, which treats more than 44,000 patients a year. They include:

- The surgical division's 'remarkable' approach to treatment with the multidisciplinary cancer team offering bespoke multi-specialities to patients which improved survival rates
- The trust's 'outstanding' programme of alternative and complementary therapies
- The structure of the trust's end of life care team which is now being rolled out across cancer centres throughout the country.

Chief inspector of hospitals, Professor Sir Mike Richards, said: "We found the care at The Christie NHS Foundation Trust to be of exceptional quality. I have no doubt they take great pride in the service they are providing.

"Staff are highly motivated and speak positively about the care they provide, and what they told us is a reflection of the friendly and open culture at the trust.

"The trust is also helping to shape the future of cancer care. Nationally it is well known for the contribution made by patients and staff to some very important clinic research projects. It is also impressive that the trust has established The Christie School of Oncology to provide specialist education for students and medical professionals.

"Our inspectors were struck by the commitment to excellence that filters through every area of the trust. This includes investing in the latest technology and using clinical research to develop new treatments to secure the best outcomes for patients, to offering complementary therapies to aid the well-being of them and people close to them.

This is a clear example of a trust leading in its field, and I commend all the staff on their outstanding rating.

Supporting information

