

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

October 2016

This report is based on information from **October 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.

98.68%	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 (HCAs)

HCAs 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	1
Annual Improvement target	19	0
Actual to date	13	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	0.41
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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 *	98.42	% recommended	This is based on	443	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	245	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?	99.0%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	99.6%
Were you given enough privacy when being examined, treated or discussing your care?	99.0%
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?	99.5%
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

Janice Moss, Christie fundraiser and Partner Governor

I am married and a mother of two sons, so when I was diagnosed with breast cancer, one of my first thoughts was that I wouldn't see my sons finish their education, and I became quite depressed.

The staff who gave me radiotherapy at The Christie were incredibly kind, understanding, caring and patient with me; and 20 years on, not only are my sons married, I also have four wonderful grandchildren who are the light of my life.

A few months after I was successfully treated at The Christie I came across a photo in my local newspaper of the Altrincham & Sale fundraising group for The Christie and I immediately knew I should join them.

My life changed from that day onwards, and it has been one of the best things I have ever done. Over 19 years later, I am Chair of Altrincham & Sale fundraising group. We work so hard to raise much needed money for The Christie charity, but we also have a lot of fun and I have met so many wonderful people.

We are all used to hearing stories about people's lives (relevant and irrelevant) when we are standing doing bucket collections and I am truly overwhelmed by total strangers' generosity towards the hospital. "We all know someone who has been touched by The Christie" is one of the most common sentences I hear, day in and day out.

As well as being involved in the local fundraising group, I also became a volunteer at The Christie over 10 years ago. As a volunteer, I have done all sorts of things including handing out cupcakes to staff in parts of the hospital that I didn't know existed, filing, surveying patients, making tea and toast for families waiting for a patient to come back from day surgery and of course working shifts in the May Draper Tea Bar (what foresight that lady must have had).

I have met so many amazing and grateful patients who come for a cup of tea or coffee and a biscuit, and very often a chat. And I have made lots of wonderful friends who serve behind the tea bar with me. Many of them have been volunteering at The Christie for a long time and what they don't know about the hospital is not worth knowing!

I have been to many seminars and I have attended the Spotlight events. I never cease to be amazed by the developments being made to treat cancer patients. I often come away wondering what else could possibly be discovered in the future. Then I hear about new drug trials, new machines, and new treatments; and the hope they bring.

Very recently, I was honoured to take another big step for The Christie, when I became a Partner Governor for The Christie charity.

It is fortunate that I am retired because I am busier than I have ever been; I am only just finding time to keep up with my other outside interests and you can also tell I don't like housework!

Throughout the last 20 years I have done many things for The Christie. I am therefore delighted to have been asked to support a new charity fundraising campaign, 'I did it for The Christie'. This exciting new campaign aims to encourage people to do something for The Christie and for cancer patients throughout the North West. What you choose to do can be as little as liking the charity's Facebook page, or as much as 20 years of fundraising like me!

My involvement with The Christie all started with a diagnosis of breast cancer, and the rest, as they say, is history. I'm so proud to say 'I did it for The Christie', and I will continue to do so.

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

One of the most advanced pieces of equipment for the UK's first NHS high energy proton beam therapy (PBT) centre has been built for the specialist cancer hospital The Christie in Manchester, and will be installed in June 2017.

The cyclotron has been built in Troisdorf, Germany, and is only the 14th cyclotron of its kind to be built.

The super conducting cyclotron is no bigger than a family car, and due to its high tech design, it is just a quarter of the weight of many other cyclotron models.

This 90 ton power house is capable of accelerating a proton stream made up of ionized hydrogen gas to two-thirds the speed of light (over 100,000 miles per second). That's fast enough to travel around the world at the equator in about a quarter of a second, and fast enough to hit the moon in a little under two seconds.

The cyclotron needs to be very cold and uses superconducting magnets cooled by liquid helium -269°C and coils of copper wire 30km (almost 19 miles) long.

Proton beam therapy is a specialist form of radiotherapy that targets certain cancers very precisely, increasing success rates and reducing side-effects. It targets tumours with less damage to surrounding healthy tissue and is particularly appropriate for certain cancers in children who are at risk of lasting damage to organs that are still growing.

The cyclotron will supply protons to three treatment rooms at The Christie and also for research performed in collaboration with The University of Manchester.

In the treatment room the beam from the cyclotron is rotated on a gantry which rotates the beam around the patient to achieve the best angle for treatment. A nozzle delivers the controlled beam to the targeted tumour.

The Christie is one of only two trusts nationally where NHS PBT centres are being developed. The other is University College London Hospitals NHS Foundation Trust (UCLH). When complete they will each treat up to 750 patients every year.

Supporting information

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