

## 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**

September 2016

This report is based on information from **September 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>96.75%</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>2</b>	<b>0</b>
<b>Annual Improvement target</b>	<b>19</b>	<b>0</b>
<b>Actual to date</b>	<b>13</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>2</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>2</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>0.42</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>1</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>1</b>
Severe	<b>0</b>
Death	<b>0</b>

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<b>Rate per 1,000 bed days</b>	<b>0.21</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>97.18</b>	<b>% recommended</b>	<b>This is based on</b>	<b>461</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>200</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>99.0%</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>99.2%</b>
Were you given enough privacy when being examined, treated or discussing your care?	<b>97.9%</b>
During your stay were you treated with compassion by hospital staff?	<b>100.0%</b>
Did you always have access to the call bell when you needed it?	<b>97.3%</b>
Did you get the care you felt you required when you needed it most?	<b>100.0%</b>
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	<b>99.2%</b>

## A patient's story

### Olivia Samuel, Christie patient and nurse

I am a 34 year old married mother of two. My oldest Ava is six and my youngest Finn is one. I work as a senior sister at The Christie and have worked here for over 10 years.

As a nurse it has always made sense to me to receive the flu vaccination, to protect myself from becoming ill and requiring time off work, but also to protect my patients from accidentally contracting the flu from me.

Every year around this time, I have been part of the team of nurses who offer and administer the flu vaccination to Christie staff. Part of this role has always been to help staff to understand the importance of having the vaccination, and encourage them to take it.

This year though, I won't be part of the team of nurses vaccinating Christie staff. This is because at the beginning of May I experienced pain in my left arm and as I tried to establish the location, I came across a large lump deep down inside my armpit.

Running a busy ward and home and trying to prepare for a big brass band contest, I assumed that I was a bit run down and would soon come down with a virus.

After a few days I decided that a trip to the medical centre would be appropriate to 'rule out' anything nasty. On my second visit the GP alerted me to two breast lumps which came as quite a surprise. From here I was referred to the rapid breast clinic. This is the point where I diagnosed myself with breast cancer which I believed had spread to my lymph nodes.

Despite many peoples' attempts at reassurance, I knew what this was. There was a painful two week wait to be seen at the breast clinic.

On the 18th May, I saw a breast surgeon who following examination performed an x-ray on the breast (a mammogram) and an ultrasound guided biopsy, which involved removing a sample of tissue from the breast and under arm lump for examination.

I went on to have a full body scan and bone scan to check for any further spread beyond my lymph nodes.

On the 3rd of June, I was informed that I had stage 3 invasive breast cancer with extensive lymph node involvement. I was pleased to hear that the bone scan and body scan were clear. I didn't feel like the diagnosis was much of a shock at this time, it was what I was expecting. It was incredibly difficult to deliver the news to my mum and dad and in particular my six year old daughter.

I was informed that I would need seven cycles of chemotherapy, followed by surgery, radiotherapy and then hormone therapy. I couldn't believe that I would be going through the treatment I had watched so many of my patients go through.

I have taken time out of work to have this treatment and I am being treated at The Christie, I know I am in good hands.

Now that I find myself as the cancer patient and not the nurse, it is more important to me than ever that staff at The Christie get vaccinated against flu. I am pleased that The Christie takes such an active stance in vaccinating staff to protect them from getting flu and then risking passing it on to patients.

Since being diagnosed with cancer, I have become increasingly aware of my risk of infection from others, a situation that I can feel more in control of in my home environment by asking people to stay away if they are at all unwell. I don't have this control in hospital, so knowing that staff and volunteers I come into contact with have been vaccinated against flu helps puts my mind at rest. I spend so many of my days in bed recovering from the effects of the chemotherapy that getting flu would not only set me back with my treatment, but it could be life threatening to me.

Looking ahead I have nearly completed my chemotherapy and will have surgery and radiotherapy to follow. It is a long pathway of treatment but I hope to complete it and be back to work soon. And hopefully next year I'll once again be part of the team vaccinating staff against the flu!

## 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?***

<b>FFT percentage recommended care*</b>	<b>98</b>	<b>% recommended</b>	<b>This is based on</b>	<b>1023</b>	<b>responses</b>
<b>FFT percentage recommended work*</b>	<b>77</b>	<b>% recommended</b>	<b>This is based on</b>	<b>1023</b>	<b>responses</b>

*\*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/>

<b>We also asked</b>	<b>20</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's new cutting edge MRI (magnetic resonance imaging) suite will provide patients with the latest in image-guided scanning technology. The suite houses three new scanners - two 1.5T (tesla) scanners and a powerful 3T scanner. The latter was funded by £1.65m in donations to The Christie charity.

The 3T scanner offers ultra-high resolution and its powerful magnification can capture exceptional amounts of detail. All three scanners are more spacious, allowing patients who suffer from claustrophobia to be scanned and they have upgradeable software, meaning they won't need to be replaced for a decade.

Chief Executive of The Christie, Roger Spencer said the opening of the state-of-the-art MRI suite was the culmination of years of hard work and he thanked the donors who had made the vision become a reality.

It is expected that around 7,700 NHS scans will be completed in the department by the end of 2017 with that figure rising to 10,000 within a couple of years.

Dr Prakash Manoharan, The Christie's consultant radiologist and nuclear medicine physician, said the new scanners would greatly enhance the scanning of cancer patients and give doctors a better insight into disease processes.. He said: "Many thousands of people are going to benefit from this facility immediately.

Our patients will have access to the best and most up-to-date imaging technology. The additional 3T machine will propel our imaging capabilities to a 'state-of-the-art' onco-MRI department.



Emma Seed, 25, a medical photographer from Leeds, cut the ribbon at the official opening ceremony of the suite. She said: “The department looks fantastic. I never knew my grandmother – I was born after she died – but it’s brilliant to see her legacy living on at The Christie.”

The new unit has been designed around the four seasons, with each one of the four scanner rooms signifying a different time of the year. Each room is equipped with a full-spectrum colour-changing LED lighting system which patients can control and which the designers believe helps to lower anxiety levels. As well the scanning rooms, the building also has counselling facilities, an interview room and a number of clinical and administrative areas.

Dr Manoharan said the relaxing aesthetics of the new department were important not only to patients but to staff working there as well. “The sense of space and the amount of natural light coming in was important and was one of the things we worked closely with the designers on,” he said.

The Pat Seed Appeal Fund was set up in 1977 by Pat, a Lancashire journalist who founded the appeal after being diagnosed with cancer and given six months to live.

The target was to raise £500,000 to buy a CT scanner - technology that examines all parts of the body to detect where a tumour is and how large it is - for The Christie but this figure had to be raised to £1.75m when she was told the hospital would have to create a purpose-built department to house it. After just three years the target was met and the scanner installed.

## Supporting information

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