

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 2014

Open and Honest Care at The Christie NHS Foundation Trust: October 2014

This report is based on information from October 2014. The information is presented in three key categories: safety, experience and improvement. This report will also sign-post you towards additional information about this Trust's performance. This information relates to inpatient activity only.

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% of patients **did not** experience any of the four harms in this trust.

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 the most common. 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 infections and are working towards eradicating them; 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	3	0
Improvement target (year to date)	20	0
Actual to date	14	0

*Only three cases of C-Diff so far this year have been classified as avoidable

Whilst we have recorded a small number of *Clostridium difficile* infections so far this year - it is important to note that **only four** cases have been deemed **avoidable** by external committee. Patients with a diagnosis of cancer are more vulnerable to getting C-diff infection due to treatment with high doses chemotherapy and increased use of opiate based analgesia that can affect gut motility.

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 grades, with one being the least severe and four being the most severe.

This month 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	5
Grade 3	0
Grade 4	0

So we can 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 1000 bed days:	1.07
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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.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

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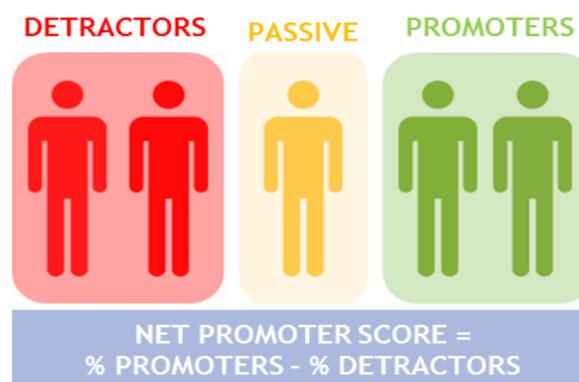
Rate per 1,000 bed days:	0
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

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.

From the answers given 3 groups of people can be distinguished:
 Detractors - people who would probably not recommend you based on their experience, or couldn't say .
 Passive - people who may recommend you but not strongly.
 Promoters - people who have had an experience which they would definitely recommend to others.



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

In-patient FFT score*

86.8

This is based on 107 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/>

The following questions are asked as part of our monthly patient experience survey. The scores for each set of responses are calculated using the net promoter scoring methodology. In total 189 patients were asked relevant questions across all areas of the hospital.

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	61
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	59
Were you given enough privacy when discussing your condition or treatment?	67
During your stay were you treated with compassion by hospital staff?	68
Did you always have access to the call bell when you needed it?	78
Did you get the care you felt you required when you needed it most?	68
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	76

Being a nurse at The Christie didn't make me immune to cancer

Helen Haigh, Staff Nurse at The Christie

My name is Helen and I was diagnosed with breast cancer on June 24th2014, a day I will never forget.

I was attending a routine appointment to check on a painful cyst. I had done this many times before over the last four years as I suffered from multiple cysts. My consultant said I had 'busy breasts'!

Expecting the appointment to follow the usual procedures, I attended without my partner and felt quite relaxed. But it was during the ultra sound that things took a sinister turn.

The radiographer found an "area of concern" behind a cyst and asked a colleague for a second opinion. When they decided to take biopsies I knew something was wrong. I texted my partner Pippa to join me and she found me in tears outside the clinic.



Later that day I returned to clinic with Pippa to discover that I had a small, Grade 1 carcinoma. I was shocked and very upset.

Fortunately, Pippa was listening, as I found that I couldn't take in everything that my consultant and the nurse specialist were saying. It was all a blur, and in my head I even found myself doing a shopping list for later on!

Over the next two weeks I attended numerous appointments for scans and tests. One aspect that I knew would help me through was my relationship with my consultant, Maria Bramley.

From the very beginning she was honest and straightforward with me about my diagnosis and treatment choices and she has a sense of humour that matches my own. I know from working at The Christie that a sense of humour is essential in difficult times.

After my initial shock and upset at the diagnosis, my partner and I decided to treat the whole thing as an 'inconvenience', just something to get through. We had done it before when Pippa was treated for mouth cancer, we could do it again. We also decided not to tell our young foster children the whole story as we didn't want to scare them.

I also had a big decision to make regarding the surgery. As my consultant, Miss Bramley explained, I could have a lumpectomy to remove the cancerous tumour or a more radical bi-lateral breast reduction. This would remove multiple cysts and minimise them in the future as well as removing the tumour. This is the option I took and the date for surgery was set for August 6th 2014.

During this difficult time the love and support from my family and friends was amazing. I was made to realise how loved and cared for I was. This felt strange as I'm usually the one giving the care and support in my role as a staff nurse. Now the boot was on the other foot! My ward manager from Ward 4 at The Christie and the rest of the team were so supportive and contacted me regularly.

The day before surgery Miss Bramley asked me to lift up my considerable breasts and look down. Wondering why, I did as she asked and she said: "Just so you know, the surgery will not make your tummy swell up. It will stay the same size...it's just that you will be able to see it!" She then got her sharpie marker out and drew what I can only describe as a sewing pattern across my chest...scary stuff!

August 6th dawned and I arrived at North Manchester General Hospital for my surgery. I managed to hold it together until the walk down to theatre when the enormity of the situation suddenly struck me. I really appreciated Miss Bramley coming through from theatre to reassure me before I had my anaesthetic. She put her arm round my shoulders and said: "We're in this together...don't worry you'll be fine!"

Six hours later I was back on the ward with two drains in situ, relieved I was still alive and dying for a cup of tea!

I was able to go home early the next day with the support of district nurses and the Macmillan nurses from the clinic.

Over the next two weeks, as my wounds healed, I grew more apprehensive about what the results would show. I had said from the beginning that I dreaded the thought of having chemotherapy.

Fortunately, the results showed that the tumour had been removed and the cancer hadn't spread into my lymph nodes. This meant that I would need 15 sessions of radiotherapy at The Christie at Oldham, not chemotherapy. That was a big relief!

So, 6 weeks after surgery, with my wounds healing nicely, I attended for my first session of radiotherapy.

The purpose built Christie at Oldham unit was an ideal location for me and meant I didn't have to travel to the main site at Withington.

From day one, the staff were wonderful and made the whole experience more bearable. For example, as someone who suffers from claustrophobia, I was concerned that I would feel closed in by the radiotherapy machines. During my initial consultation the staff reassured me that this was not the case and I felt confident that I was in good hands.

I completed my final radiotherapy session on Thursday 16th October. It was a strange feeling - on the one hand I was glad to have finished my treatment - but on the other hand after four months of full on appointments and surgery my 'fight' against cancer was over. The thing that had dominated my life for so long was no longer there.

I am very proud to be a Christie nurse. I have nursed patients and supported their families through a range of cancers. But, when the boot is on the other foot, it's a whole new ball game! And I'm so glad my colleagues have been able to support me.

I'm really looking forward to returning to work shortly and once again being part of a team that can make a real difference for people. I have learnt from my own cancer experience. It has given me a better understanding of what patients go through and believe this will help to guide me as I help others in the future.

Staff experience

We asked 20 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	65
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	75
I am satisfied with the quality of care I give to the patients, carers and their families	80

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

In October our dementia nurse specialist Lorraine Burgess was named Nurse of the Year at the national Nursing Times Awards 2014.

The Christie is the only oncology hospital in the UK to have a dementia team and the Christie charity part-funds Lorraine's post. The team works with patients and their carers living with cancer and dementia to ensure they are supported throughout their cancer journey to promote their physical and mental well-being, particularly at end of life. Lorraine says, "I am passionate about working with the elderly both with and without dementia. I was brought up with my grandparents who were my role models and who taught me that if you want something badly enough, with determination you will get it."

Supporting information

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