

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

July 2015

This report is based on information from **July 2015**. The information is presented in three key categories: safety, experience and improvement. This report will also signpost 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.

97.50%	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	2*	0
Annual Improvement target	19	0
Actual to date	8*	0

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

We have recorded a small number of Clostridium difficile infections so far this year - it is important to note that none of the eight 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 dose 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 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	0.86
--------------------------------	-------------

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

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 falls in different ways, and their patients may be more or less vulnerable to falling 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	0.00
--------------------------------	-------------

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/openandhonest>

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 *	97.2	% recommended	This is based on	359	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	204	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?	98.2%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	99.5%
Were you given enough privacy when being examined, treated or discussing your care?	99.4%
During your stay were you treated with compassion by hospital staff?	100%
Did you always have access to the call bell when you needed it?	99.1%
Did you get the care you felt you required when you needed it most?	98.9%
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

Pete Wallroth, Founder and CEO of Mummy's Star



Cancer was an alien world to me three years ago. Something I knew happened but which had never touched my immediate family very directly. That was until my wife Mair was diagnosed with Breast Cancer when midway through her second pregnancy in June 2012.

She underwent chemotherapy, gave birth to our healthy baby boy and the tumour was responding well to the treatment. Sadly though it spread to the lining of her brain and she passed away very quickly shortly before Christmas that same year with Merlin only ten weeks old and my daughter Martha just 3.

The circumstances of her diagnosis in pregnancy and the lack of support tailored to this situation led to the charity Mummy's Star being established in her memory in 2013 by my family, Mair's friends and also members of the medical teams that had looked after her. Our aim is 'Supporting Pregnancy Through Cancer and Beyond'.

Since launching we have grown quickly, supporting women across the country who are diagnosed with cancer either during pregnancy or within 12 months of a new birth and also raising awareness of the fact that this does actually happen to women. We also receive regular referrals from existing large, long established cancer charities and hospitals nationwide one of which is The Christie, where Mair was treated.

Referrals from organisations such as The Christie tell us something really important as a charity. It shows us the importance that is being placed on our service by other professionals who have been working in the cancer sector for many many years, a recognition that we have created something that wasn't there previously for those women who are diagnosed at a time when they should be celebrating a pregnancy or new birth but which is cruelly interrupted by a cancer diagnosis.

Cancer can be a scary time for anyone whether it is your first, second, third or fourth child. A cancer diagnosis only seeks to heighten that feeling of fear 100 fold.

As we approach our second birthday on June 18th we also see our second 'Cancer and Pregnancy Awareness Week' take place from the 15-22 June. When we did this last year it was again a first in the UK, like the charity, and it saw a big increase in the number of women getting in touch with us to access our support. Our work is done through four main strands:

Providing a one stop shop for advice on cancer diagnosis in pregnancy including links to localised services. This information is regularly reviewed by our advisors in oncology, midwifery and child/family therapy.

Facilitating peer support in a supervised setting via the use of administrated internet forums for affected women, their partners and wider family members. Also, where appropriate, providing support for affected women individually via email, phone, Facebook and occasionally in person, thereby reducing isolation.

Advocacy/campaigning for changes to make it easier for families in these circumstances for example to transfer maternity leave to a partner/surviving partner, dealing with benefits/changes etc. This element also offers employment rights advice.

Small grants for families which could be for anything which is deemed as supporting the family such as paying for a support carer/nanny to help in the house or payment to make up for unpaid leave taken by a partner to support people at home above and beyond the allowances of paternity and travel costs. This is not an exhaustive list.

For further information about our work please visit www.mummysstar.org or follow us on Facebook and Twitter.

Staff experience

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	944	responses
FFT percentage recommended work*	72	% recommended	This is based on	944	responses

**This data is collected from staff as part of the quarterly National Friend & Family Test. The data above relates to Quarter 1 2015/16*

*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
----------------------	-----------	--------------------------------------

	% 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

Blood cancer patients in the North West will get better support after a bone marrow transplant, thanks to the appointment of a pioneering specialist nurse at The Christie.

Trina Quillinan has been appointed to a joint role working at both The Christie and Manchester Royal Infirmary. She becomes just the third post-transplant specialist nurse to be appointed in the UK by blood cancer charity Anthony Nolan.

Trina will support patients with leukaemia and other blood cancers and blood disorders who have had bone marrow or stem cell transplants.

Commenting on her appointment Trina said: "The staff and patients I have met at The Christie have been very friendly and welcoming and have helped me to adjust to my role working across two hospital sites. The atmosphere at The Christie is a very nice one, and one I am pleased to be a part of. I am very fortunate to work with a team who strive to improve patient care and every professional is a key person in the team, delivering the best patient care we possibly can."

A bone marrow transplant is just the beginning of the journey to recovery for blood cancer or blood disorder patients. Many will experience severe physical and emotional complications in the months that follow. There will be an estimated 16,076 people living with the long-term effects of a stem cell transplant over the next five years.

Trina explained: "Patients don't just have medical needs after a transplant, such as graft vs host disease - they might also need help with getting back to work or school, housing or financial issues, emotional concerns about the illness returning as well as ongoing issues like fatigue, loss of appetite and even fertility."

Trina will be a dedicated point of contact for post-transplant patients at The Christie once they have been allowed to go home, and will offer specialist support and advice.

She will also be able to refer patients to other services, such as dieticians, and to help them overcome any physical and psychological difficulties they experience after their transplant.

Trina, who has worked in haematology for nine years, including working on transplant wards, said: "It's amazing really, the support we can offer patients."

"I really enjoy working with stem cell transplant patients and following them through their journey and I strongly believe in helping people post-transplant to adjust to their 'new normal'."

She added: "It is very reassuring for patients having us here for the whole journey, it gives them some continuity and they know that if they are worried about anything they can just pick up the phone. That's vital and helps us to give people the best quality of life possible."

Trina also intends to hold health and wellbeing events for patients, during which they will receive advice about getting back to work, diet and exercise tips and have the opportunity to meet other patients.

Trina said: "It is really rewarding when you see someone through a transplant and their quality of life starts to improve. That helps not only the patient, but also their family."

"This job allows me to see the really positive side of transplants and that is really exciting."

Supporting information

--