

## 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**

April 2014

# Open and Honest Care at The Christie NHS Foundation Trust:

April 2014

The Christie specialises in cancer treatment, research and education and is the largest cancer centre in Europe. Treating 40,000 patients a year from across the UK, it became the first UK centre to be officially accredited as a comprehensive cancer centre and has its own dedicated hospital charity. The Christie employs 2,500 staff, all of whom are determined to provide the best possible cancer care and patient experience. Our organisation is committed to improving quality and delivering safe, effective and personal care, within a culture of learning and continuous service improvement.

This report is based on information from April 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

## 1. SAFETY

### Safety thermometer

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On one day each month we check to see how many of our patients experienced certain types of harm whilst in our care. We call this the 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 new harms.

Pressure Ulcers ( <i>pre &amp; post admission are classed as harms</i> )	1	<i>*All cases prior to admission</i>
Falls	1	
Blood Clots	2	
Catheter related urine infection	0	
<b>Total Patients with recorded harms</b>	<b>4</b>	
<b>Total Patients with no recorded harms</b>	<b>150</b>	

**97.4%** of patients did not experience any of the four harms in this trust.

For more information please visit:

<http://www.safetythermometer.nhs.uk/>

### Health care associated infections (HCAIs)

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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
<b>April</b>	<b>0</b>	<b>0</b>
<b>Improvement target (year to date) <i>*Monitor Diminimus</i></b>	<b>12</b>	<b>0</b>
<b>Improvement target (year to date)</b>	<b>20</b>	<b>0</b>
<b>Actual to date</b>	<b>0</b>	<b>0</b>

## Pressure ulcers

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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.

In **April** there was 1 Grade 2 pressure ulcer acquired during a hospital stay.

Severity	Number of pressure ulcers
Grade 2	1
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: **0.24** Based on in-patient activity

## Falls

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This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

In **April** we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Total number of falls	In-patient falls
Minor	2	2
<b>Moderate</b>	0	0
<b>Severe</b>	0	0
<b>Death</b>	0	0

Rate per 1,000 bed days: **0.00** Based on in-patient activity

## 2. EXPERIENCE

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

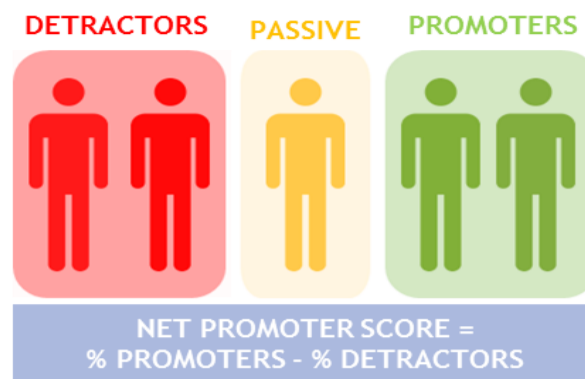
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 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?*

The hospital had a score of **89** for the Friends and Family test\*. This is based on **194** 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 130 patients were asked relevant questions across all areas of the hospital.**

Questions	Strongly Agree	Agree	Disagree	Net Promoter score
Acceptable IP admission waiting time	42	17	1	68
Acceptable OP treatment waiting time	11	11	5	22
Acceptable OP test waiting time	9	0	0	100
Informed of pharmacy waiting time	4	0	0	100
Informed of medical physics scan waiting time	2	3	0	40
Acceptable waiting time to be seen by doctor	11	8	0	58
Treated with respect by staff	98	31	0	76
Involved in decisions	60	44	1	56
Given enough privacy	56	44	5	49
Access to call bell	58	25	0	70
Member of staff to talk to	81	40	3	63
Treated with compassion	90	31	2	72
Received required care	82	38	1	67
Received necessary information	76	46	1	61
Received sufficient pain control	72	33	0	69
High standard of cleanliness	90	37	1	70
Recommend Christie services	111	17	0	87

## A patient's story

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Ensuring and improving quality is a continuous learning process. At the Christie we learn from performance data, but more importantly we learn from what our patients and their carers tell us.

# Memories of my first day at The Christie

Posted April 17th 2014

## Ashleigh O'Hara, 23, a patient on The Christie Young Oncology Unit



I remember my first day at The Christie. My diagnosis still hadn't resonated at this point, and I had no idea what I was walking into. I was extremely naïve, and the seriousness of what I was facing was yet to hit home. After I had met with my amazing oncologist Doctor Lee (who as always was full of smiles and happiness) and signed the consent forms for the chemotherapy, Not only were the nurses and doctors on the YOU helpful, the radiologists and every other member of staff were more than happy to help with any questions or advice I might have. I've written this blog as an attempt to voice my thank you.

I've always felt that poetry is an expression of the soul, and this is a journey which has made me who I am. Without the amazing Doctor Lee and his treatment plan I wouldn't have been able to go back to university and continue with

my degree. I am due to graduate with an English degree this July, but without him this wouldn't have been possible.

Whenever I'm lucky enough to see him in passing, the first thing he asks me is how university is going - despite all the patients he has come into contact with since treating me in 2010 and 2011, he has never once forgotten who I am or my goals in life. I am truly thankful to him and all the other wonderful members of staff for providing the light at the end of the tunnel, amongst the darkest days of my life.

the lovely Lorraine from the YOU ran through everything with me. This was to be the first time I had stepped onto this ward, but I felt a sense of comfort from the calm and peaceful atmosphere. There was a play station at every bed, a massive TV and comfy couches in one room, and a pool table and juke box in another. It seemed like a holiday camp.

Follow the link below to read the full story as well as other patient's experiences of care at The Christie.

<http://www.christie.nhs.uk/about-the-christie/latest-news/the-christie-blog.aspx>

## Staff experience

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We asked **5** staff the following questions:

I would recommend this ward/unit as a place to work

Net Promoter Score

**+60**

I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment

**+100**

I am satisfied with the quality of care I give to the patients, carers and their families

**+100**

# 3. IMPROVEMENT

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

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### **Pressure ulcer reduction**

The Trust is focused on eliminating hospital acquired 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.

NO grade 3 or 4 pressure ulcers have been acquired by patients whilst in our care for over two years. And since 2012 we have been focused on reducing the incidence of "in-house" developed grade 2 pressure ulcers.

The action has largely centred around educating and reminding staff of the importance of adhering to the correct processes within this fundamental aspect of care - the importance of timely risk assessments, appropriate care planning and key elements of care delivery such as re-positioning and checking patients' skin.

### **Other specific actions taken included:**

- Instructing the teams to ensure that if risk assessments were initially undertaken on paper, that the eventual patient administration system entry was back-timed to reflect actual assessment time.
  - Acquisition of "pressure ulcer" patient information booklets for issue to at-risk patients
  - Educating health care assistants in the use of the bespoke re-positioning record - being the staff often involved in assisted re-positioning of patients
  - Introduction of a system whereby admission skin checks were undertaken at the same time as MRSA screens for elective patients
  - Introduction of a section on the handover sheet for noting the date when risk assessment updates were due
  - Instructing all staff in the use of bespoke sections of the documentation booklet to ensure, for example, that re-positioning regimens were documented
  - Re-enforcement of the need for incident reports to be generated for grade 2, 3 and 4 ulcers and "fishbone" root cause analyses to be conducted for those that developed "in-house"
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