

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

November 2016

This report is based on information from **November 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.

98.18%	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	5	0
Annual Improvement target	19	0
Actual to date	18	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	0	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	0
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	0.00
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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	0.0
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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 *	96.05	% recommended	This is based on	430	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	247	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?	98.7%
Were you given enough privacy when being examined, treated or discussing your care?	98.9%
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?	97.4%
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?	99.6%

A patient's story

As The Christie launches a vibrant new fundraising campaign – ‘I did it for The Christie’, I want to share my story with you so you can understand the reasons why I decided to become a corporate fundraiser for The Christie.

At aged nine, I suffered the most traumatic of losses. My mum, Wendy, at the young age of just 34 (two years younger than I am today) sadly lost her long and courageous battle with cancer. My mum was a true fighter. She suffered years of pain and treatments, one of which was the amputation of her leg, solely to live to see me grow up.

I miss my mum every single day but never more so than at special times. Nothing can prepare you for the sadness you feel when you go and try on a wedding dress and your mum isn't there or when she isn't there to share in the most important day of your life.

Nobody tells you how hard it will be when you get your dream job and you can't pick up the phone to tell her or when you're not feeling well and you just want your mum. Although nobody can ever prepare you for such loss, they can help! And that's what The Christie did for me – they helped and they made things easier.

I am sorry if the start of my story is sad, brings a tear to your eye and a lump to your throat but unfortunately the fact is that cancer doesn't always have a happy ending. However, rather than dwell on the sadness and the pain I have had because of cancer, I wanted to share some of the positives.

Without The Christie and its wonderful staff, my mum might have lost her life much sooner. They supported our family which is one of the most important things. I mean really how do you break that news to your family that you aren't going to beat this disease!? Her cancer was never hidden from me and I was informed of every decision that was made, and even though I perhaps didn't really understand what was happening, the hospital helped my family explain things to me. They helped mum find a wig when her hair fell out, recommended holistic therapists who would home visit her to help ease her severe pain, and were just there for her and my Dad when they needed someone outside our family unit and circle of friends.

I spent lots of time at The Christie with my Mum and as I grew older I wondered how I could give something back. When the idea of setting up the Manchester PA Network came about, my fellow co-founder and friend Mel and I decided that we should use the network to raise money for The Christie.

We decided to hold events that our guests could buy tickets for and the money raised would go to The Christie – a great idea but how would we set this network up and get people interested in joining? It wasn't as easy as we thought. We launched in July 2011 with 50 PAs from various Manchester businesses. We had a raffle and raised a good amount for the charity, but it wasn't enough, we had to do more!

We became corporate fundraisers and heard about the tree of hope, a beautiful bronze tree in the garden of the hospital, where you could have a leaf with the name of a loved one placed in return for a £15,000 donation. That was when we decided £15,000 would be our first target, and it didn't take us as long as we thought to get our first leaf with my mum's name on it. Since then we have raised enough to have a second, a third and a fourth leaf with the name of a loved one on it.

Holly Moore and Amanda Hargreaves from Manchester PA Network

How did we raise money? We did event after event, each time raising money with raffles and ticket sales. Every year we have a Manchester PA Network team in the Manchester 10K and I have abseiled off Old Trafford with my husband. We encourage our members to take up personal challenges and get involved.

This year was the fifth year of the Manchester PA Network. We now have over 600 members and to date we have raised more than £65,000. We recently set ourselves the challenge to raise £100,000 by the year 2020.

Through our fundraising we have helped raise awareness of the wonderful work The Christie does. We have shared patient experiences and heard from the clinicians and the fundraising team who all work so hard for the hospital. I am no longer 'Amanda who lost her Mum to cancer' I am now 'Amanda Hargreaves, corporate fundraiser and co-founder of the Manchester PA Network' who is incredibly proud each day not only of the amount of money I have helped to raise, but also the awareness I have helped to raise about this wonderful hospital and charity.

I hope that one day there will be a world without cancer but, until that day, I will keep going, so that other little girls don't lose their precious mummies.

So you see a positive did come out of such a great loss, and whilst sometimes I visit the hospital and feel very sad, there are more times I go there and think 'wow, look at what I have contributed to'. I think my mum would be incredibly proud of what we have achieved in her memory and we will carry on raising money and awareness to fight this disease.

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

It is estimated that the NHS could save £44 million a year in treatment costs if four cancers were diagnosed more quickly, according to cancer experts at the recent launch of the new initiative at The Christie.

The impact of cancer – not only on NHS finances but more importantly people’s health and well-being – was starkly laid out at the launch of the collaborative PED research initiative.

The PED focus will be driven by The Christie NHS Foundation Trust – Europe’s biggest single-site cancer centre with one of the largest trials portfolio with over 550 active trials. The conference, attracting over 130 leading academics, scientists and researchers, was hosted by The Christie, and the delegates were able to explore the possibilities of new research and collaborations that will be the future of developing new preventative and early detection techniques – for both Manchester and the wider cancer community.

Approximately 6,500 people die each year from cancer in Greater Manchester – a figure which is 10 percent higher than the UK average. The Greater Manchester region has a lung mortality rate that is 10 percent higher than the UK average – and correspondingly it also has more smokers (21 percent, or 70,000 more than the English average of 18 percent.)

Lung cancer consequently causes more premature deaths in Greater Manchester than all other cancers combined.

“It is against this backdrop that we really start the engine of prevention and early detection research today,” said Sir Salvador Moncada, Institute Director of Cancer Sciences at The University of Manchester.

In association with other partners in The University of Manchester’s cancer beacon – a ground-breaking collaboration designed to push cancer research to its furthest boundaries – all the partners in the new programme will be shining a spotlight on the issue of cancer prevention and early detection, and our scientists and researchers will be utterly focused on developing order of magnitude breakthroughs in this crucial area of cancer treatment.

During the launch of the PED research initiative at the conference, Professor Moncada outlined the key areas the PED research community will focus on initially – lung, breast, colorectal/bowel and gynaecological. Additionally, he encouraged delegates and their colleagues throughout the PED research discipline to align their research with these priorities.

The need for such collaborative working is clear; people's lives depend on it. When bowel cancer is diagnosed at the earliest stage, more than nine out of ten people survive at least 10 years. If diagnosed at late stage, however, the survival rate is fewer than one in 10 people. Many cancers can be prevented – 42 percent of cancer cases could be prevented by lifestyle and other factors; 54 percent of bowel cancers and 27 percent of breast cancers are preventable.

The new PED initiative is designed to save lives and save the NHS significant amounts of stretched resources. This new focus was made possible in part by the recent £28.5 million National Institute for Health Research (NIHR) funding award for the Manchester Biomedical Research Centre.

Supporting information

