

April 2017

This report is based on information from April 2017. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about LNWH NHS Trust's performance.

1. Safety

NHS safety thermometer

The NHS safety thermometer provides measures of harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections for patients with a catheter and venous thromboembolism (blood clots).

The safety thermometer is a point of care survey that is carried out on all patients on one day each month. This helps us to understand where we need to make improvements. The score below shows the percentage of patients surveyed who did not experience any new harm whilst in our care.

94 % 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* (Cdiff) and *Methicillin Resistant Staphylococcus aureus* (MRSA) bacteraemia are specific infections that all acute hospitals have performance monitoring targets for. *Clostridium difficile* is a type of bacterial infection that causes diarrhoea, sometimes with fever and painful abdominal cramps. The bacteria do not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut, taking antibiotics increases the risk. *Clostridium difficile* infection can be an unintended consequence of treating a life threatening condition with antibiotics.

The MRSA bacteria are often carried on the skin and in the nose and throat. This is called colonisation and 1 in 4 people carry MRSA in their nose. All patients admitted to our hospitals are screened for MRSA, so that any positive patients can be treated with an antibacterial body wash and nasal ointment. It can be a particular problem in hospital as it can cause infections and more seriously a blood stream infection.

We have a zero tolerance to all avoidable infections. All acute hospitals are set improvement targets. The following table shows the number of *Clostridium difficile* and MRSA blood stream infections in the month and our year to date performance against the set thresholds

	C.difficile infection	MRSA blood stream infection
This month	4	0
Actual to date	4	0
Annual threshold 2017/18	37	0

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 are rated in four categories, with one being the least severe and four being the most severe.

The pressure ulcers reported include all avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment. The pressure ulcer numbers below include all pressure ulcers that occurred from 72 hours (three days) after admission to the Trust hospital sites.

Severity	Number of reported pressure ulcers
Category 2	49
Category 3	1
Category 4	2

So that 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' in our acute and community bedded units. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals and community services, as they may report pressure ulcers in different ways, and their patients and population demographic 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.

Acute hospital and community bedded units - rate per 1000 bed days:	0.98
---	------

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 5 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
Severe	0
Death	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 they 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.

Acute hospital and community bedded units- Rate per 1000 bed days:	3.84
--	------

2. Patient 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.

The Friends and Family Test (FFT)

The Friends and Family Test requires all patients to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?* We ask this question to patients who have been an in-patient or attended A&E (if applicable) in our Trust.



Service	Score / Percent Recommend	Responses
Inpatient FFT Score*	96.8%	Recommend. This is based on 852 responses
A&E FFT Score*	92.9%	Recommend. This is based on 2121 responses
Maternity FFT Score*		
Antenatal Service	94.7%	Recommend. This is based on 38 responses
Labour Ward / Birthing Unit	86.7%	Recommend. This is based on 241 responses
Postnatal ward community	100.0%	Recommend. This is based on 10 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/friendsandfamily-test-data/>

Patient Story

I recently had cause to be an outpatient at your Hospital and having read on line the NHS Choices' not very complimentary reports, I felt the need to put in writing my experiences.

My first appointment was with Dr Weller for an Ultrascan I found him very friendly, professional and felt confident by his approach.

My second appointment was with Mr Singh who was also very friendly, he explained to me what the next steps were, in that I need a biopsy to check the makeup of the nodules etc. this was all done with the odd little bit of appropriate humour which I enjoyed.

Back to Dr Weller for an Ultrascan with needles for the samples I felt lucky that I had the same Dr who did his job very carefully so that I just had an unpleasant experience, not a painful one.

My next appointment (already arranged) was with Mr Tatla, plenty of smiles, and once again making me feel very relaxed and confident in the system. He told me that the biopsy report was very satisfactory but a further check was needed, which he was able to arrange for two days' time.

Two days later I'm seeing Dr Lingam once again friendly and professional he performed another Ultrascan and made out a report of his findings.

Finally to see the still smiling Mr Tatla who gave me a copy of the report and signed me off.

I have not mentioned the assistants of these gentlemen who all made an effort to be friendly making me feel like a person being escorted, not a parcel being delivered.

The whole situation was sorted in a matter of 5 – 6 weeks and I was kept fully informed by detailed appointment sheets etc.

I hope never have to see any of these gentlemen again on a professional level; but if I do I will feel confident they will do their best for me.

Please give my sincere thanks to all concerned; I don't know how I could have been looked after better.

3. Improvement

Visiting times extended

Visiting times across all inpatient wards at London North West Healthcare NHS Trust have been extended, following feedback from patients.

Friends and family will now be able to visit patients from 11am to 9pm at Northwick Park, Ealing and Central Middlesex hospitals. Previously, visiting times on most wards were restricted to separate afternoon and evening sessions.

Visiting times for specialist wards, such as maternity, neonatal, critical care and children's wards will remain the same. Community hospitals, including Clayponds and Willesden Rehabilitation Unit, as well as the Denham Unit at Central Middlesex Hospital also remain unchanged (11am to 8pm).

We know that being in hospital can be a stressful experience for our patients and their loved ones. For most patients having their family and friends visit them while in hospital is the highlight of their day and can enhance their recovery.

Visitors also tell us that by extending our visiting times and being more flexible it makes visiting much easier to fit around their work and other commitments.” For more information about visiting times, please visit www.lnwh.nhs.uk/patients-visitors/visitors/visiting-times/