Honesty Equality Accountability Respect Teamwork

Putting patients at the HEART of everything we do

NHS London North West Healthcare NHS Trust

July 2017

This report is based on information from July 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.

93.5% 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	**2**	**0**
Actual to date	**13**	**1**
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	**19**
Category 3	**0**
Category 4	**0**

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:	0.35

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 6 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	**6**
Severe	**0**
Death	**0**

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Acute hospital and community bedded units- Rate per 1000 bed days:	3.09

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*	**95.6%**	Recommend. This is based on 2,759 responses
A&E FFT Score*	**94.0%**	Recommend. This is based on 2,649 responses
Maternity FFT Score*		
Antenatal Service	**100.0%**	Recommend. This is based on 14 responses
Labour Ward / Birthing Unit	**89.9%**	Recommend. This is based on 247 responses
Postnatal ward community	**100.0%**	Recommend. This is based on 6 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 am writing because I feel that you should know how impressed I was with one of your doctors today.

I have been under the care of orthopaedics in your trust for 3+ years for bilateral knee pain, and after an investigation was told I need total knee replacements. I have seen different doctors at each hospital appointment who have all told me different things, including the age I could have the replacements (55-75 years old) and was even told at my last appointment at NWPH that there are lots of people worse off than me and I should be grateful I can walk.

At no time in the last couple of years have I felt listened to, or seen as a person; just dismissed because of my age.

Today I went for my OPD appointment convinced that I would have the same frustrating, emotional battle as I tried to get a doctor to understand just how limited my life has become, and how disabled I now am. But I saw Dr Mike Rafferty who listened to me, understood how it feels to be young enough to have to work & have a life, and empathised with me. He was honest, told me why other treatments wouldn't work (even though these had been suggested to me by other doctors in the same department) and agreed that total knee replacements is the only way forward. He also consulted with Mr Bartlett who agreed and I now have a plan to have my first TKR next year.

This is a rather long email when I should just get to the point - Mike Rafferty made me feel valued as a person, listened to and understood. This should not be underestimated. He is everything an NHS doctor should be and it's a shame he will have moved on elsewhere before I have my surgery.

I hope that you will recognise his skills and let him know that he was appreciated today; he made this 51 year old woman with very painful knees happy, and gave me hope. He is a credit to your trust, and I only wish more doctors were like him.

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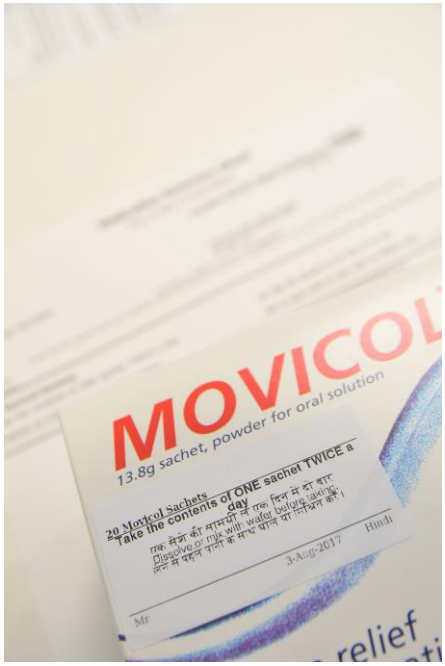
3. Improvement

Pioneering new approach to medicine labelling



London North West Healthcare NHS Trust is the first in the country to pioneer a novel approach to medicine labelling.

Using specialist software from 'Written Medicine', the pharmacy team has introduced bilingual labels which translate medical information and instructions into a patient's preferred language.

The work began at Ealing Hospital in July 2016 and has now been rolled out to the pharmacy departments at Northwick Park and Central Middlesex hospitals.

For most of us the ability to read and understand medical instructions is something we take for granted. However, for others whose preferred language may not be English, it can be an extremely difficult and daunting task, adding unnecessarily to the burden of being unwell.

When a patient presents at the pharmacy department the interaction between the receptionist and the patient will identify whether they will benefit from the service. We make sure the product is labelled in English, as well as the language chosen by the patient."

There are many benefits to this work, including:

- Improved compliance and safety by increasing patients' understanding of written instructions
- Helping to reduce the risk of administration errors
- Better patient experience as pharmacy staff are able to provide a more personalised service
- Empowering patients to take control of their own health

There are also some potentially wider benefits, such as reduced medicine wastage and reduced hospital admissions as patients are better informed and therefore more likely to take their medicines correctly.

The service is currently available in nine languages that reflect the local population, including Arabic, Bengali, French, Gujarati, Hindi, Polish, Punjabi, Somali and Tamil.

Patients have told us that the bilingual labelling has given them back their independence in managing their health. They are really pleased that a service like this is available to them.