

March 2016

This report is based on information from March 2016. 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.

97% 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. *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	5	0
Actual to date	49	6
Annual threshold 2015/16	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	54
Category 3	13
Category 4	4

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:	1.34
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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 ? falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
Death	0

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Acute hospital and community bedded units- Rate per 1000 bed days:	2.53
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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.*



In-patient FFT score*

97.2	% recommended. This is based on 1441 responses.
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A&E FFT Score *

93.7	% recommended This is based on 5253 responses.
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Maternity FFT Score *

Antenatal service	93.1	% recommended This is based on 72 responses.
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Labour ward/birthing unit	92.2	% recommended This based on 128 responses.
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Postnatal ward service	93.3	% recommended This is based on 60 responses.
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Postnatal Ward Community

100

% Recommend

This is based on **99** 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/>

A Patient Story

I find myself having to write to you again as I wrote to you in October 2015 as my husband, Richard Feldman was in hospital in October last year and unfortunately had a stroke on 11th March this year.

I had to write again because your staff in A&E and the Stroke Unit were exceptional. From the minute Richard was picked up by the ambulance, all through the whole process of assessing and treating him in A&E so swiftly, his care and rehabilitation has been first class.

Please thank the staff in A&E who acted so promptly and administered the thrombolysis injection which so obviously made a huge difference to Richard within 24 hours.

Please thank all the staff on Haldane Ward who were so kind and understanding.

As Richard was on Herrick Ward longer I saw first-hand how efficiently the Ward is run and how everyone has such respect for each other. Being a relation of someone who has a stroke is very scary but I felt supported and included during the whole experience.

Please especially thank Dr David Cohen and Dr Asher Steene who showed great kindness, expertise and calmness.

I loved seeing how there are different groups organised for the patients, for example. Breakfast Club and Art Group and a meeting for members of stroke patients run by the Stroke Association.

Special thanks have to go to the therapists who were exceptional. Please thank Dani, Anna Silver and Setal. I was actually able to watch during sessions as Richard improved from the beginning of a session to the end. The Therapists never rushed Richard, seemed to have endless patience and always had time to speak to me and explain anything. I found it so clever how Richard was taken to the kitchen, the stairs and to the shops as part of the therapy and could see his confidence grow.

It was very special and important to me to know that he was cared for and was so happy whilst in the Stroke Unit and he obviously felt very secure there.

I do hope you are able to thank everyone on our behalf as I know Richard would want you to as well.

With best wishes,

3. Improvement

Thanks to a generous donation from the Chavda family, we were able to buy rehabilitation training stairs to help other patients.

Rambhaben Nathalal Chavda, was cared for in Dryden Ward at Northwick Park Hospital for some time, and the Chavda family were so pleased with how well she was looked after, they made a donation to the ward. The money went towards purchasing rehabilitation training stairs, costing £1,126, to benefit other patients.

Rambhaben's granddaughter Poonam said: "We were so grateful for the great care my grandmother received, that we decided to make a donation to the ward. We are thrilled that they were able to buy some equipment that will help other patients."

Glenys Lawson, Matron, said: "We are always pleased to hear that family and friends are happy with care we give to their loved ones. We are very grateful for the donation from the Chavda family, which went towards buying some vital equipment. The rehabilitation training stairs will assist many more patients on the road to their recovery."

If you would like to make a donation to the Trust, please visit the London North West Healthcare Charitable Fund page at our website www.lnwh.nhs.uk



Left to right: Kerry Evans, Senior Occupational Therapist, Poonam Parmer, Glenys Lawson, Matron