

## September 2016

This report is based on information from September 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

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#### 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.

**94.26 % 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)

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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

	<b>C.difficile infection</b>	<b>MRSA blood stream infection</b>
This month	<b>3</b>	<b>1</b>
Actual to date	<b>17</b>	<b>7</b>
Annual threshold 2016/17	<b>37</b>	<b>0</b>

## **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.

<b>Severity</b>	<b>Number of reported pressure ulcers</b>
Category 2	<b>54</b>
Category 3	<b>6</b>
Category 4	<b>1</b>

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:	<b>1.15</b>
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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 four falls that caused at least 'moderate' harm.

<b>Severity</b>	<b>Number of falls</b>
Moderate	<b>4</b>
Severe	<b>0</b>
Death	<b>0</b>

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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:	3.07
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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\*

<b>96.6</b>	% recommended. This is based on 1,521 responses.
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#### A&E FFT Score \*

<b>94.6</b>	% recommended. This is based on 2,706 responses.
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#### Maternity FFT Score \*

Antenatal service	<b>96.1</b>	% recommended This is based on 51 responses.
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Labour ward/birthing unit	<b>77.8</b>	% recommended This based on 54 responses.
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Postnatal ward service	<b>92.9</b>	% recommended This is based on 140 responses.
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Postnatal Ward Community

**97.3**

% Recommend

This is based on 37 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/>

### Patient Feedback

I just wanted to say how good the service has been from Northwick Park Hospital. Referred by my GP, appointment arranged within a couple of days. Tests carried out quickly and results looked at immediately. Excellent service, fast, efficient and carried out with care and sensitivity. An excellent hospital!

I am always impressed by how incredibly efficient, polite and respectful they are. They keep their calm and remain focused on delivering an impeccable customer service.

I would just like to thank all the staff for the wonderful care and attention which I received. I was treated kindly, with care and respect and found all staff without exception to be exemplary.

### 3. Improvement

#### Making our Trust a good PLACE for patients

Good NHS environments matter and our patients should be cared for with compassion and dignity in a clean, safe environment. Patient-led Assessments of the Care Environment (PLACE) provide a clear message, directly from patients, about how our environment or services might be enhanced.

The assessments involve local people coming into hospital as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well our staff are doing their jobs.

We're pleased to report that our recently published PLACE scores for 2016 have shown an overall improvement against our 2015 scores.

In particular:

- Condition, appearance and maintenance across all sites
- An improving score for dementia across all sites with Clayponds Hospital above the national average
- An improvement in scores for cleanliness at Northwick Park, St Mark's and Central Middlesex Hospitals
- Improvement in privacy dignity and wellbeing at Ealing Hospital

We have seen an improvement but a number of our scores are still below the national average so we will continue to work on improving those.

