United Lincolnshire Hospitals NHS
NHS Trust

QUALITY REPORT - FEBRUARY 2016

Document management

Title: Quality Performance Report

To: Quality Governance Committee

From: Suneil Kapadia, Medical Director
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Date: 16TH February 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st January 2016, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	x	Endorsement	

Recommendations:

The Trust Board is asked to note the current performance and future projections for improvement.

This is an evolving report and the Board are invited to make suggestions as we continue to develop it.

Strategic Risk Register	**Performance KPIs year to date** **As detailed in the report**

Resource Implications (e.g. Financial, HR) None
Assurance Implications: The report is a central element of the Board Assurance Framework
Patient and Public Involvement (PPI) Implications
Equality Impact None
Information exempt from Disclosure None
Requirement for further review? The report will be updated in March 2016 reflecting performance to 29th February 2016.

CONTENTS

PERFORMANCE AT A GLANCE

RESPONSIVE DOMAIN

SEE INTEGRATED PERFORMANCE REPORT

SAFE DOMAIN

METRIC	STANDARD	YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	MOVEMENT
Hospital Standardised Mortality Ratio (DFI) (Latest data September 14 - August 15 this is a rolling figure reported in the month specified) Issues with HES data	100	N/A	105.83	108.21	107.50	107.63	Not avail	105.46	103.33	102.54	101.69	Not avail	↓
Summary Hospital-level Mortality Indicator (Latest data April 2014 to March 2015)Issues with HES data - figures available Fri 19th Feb	100	N/A	107.31	107.65	Not avail	Not avail	Not avail	Not avail	Not avail	111.14	Not avail	Not avail	↑
Clostrium Difficile (post 3 days)	59	45	2	3	4	3	5	8	5	2	9	4	↓
MRSA bactaraemias (post 3 days)	0	1	1	0	0	0	0	0	0	0	0	0	↔
MSSA		22	1	1	0	3	3	1	2	5	3	3	↔
ECOLI		58	5	5	6	7	2	8	5	12	3	5	↑
Never Events (may change when reviewed)	0	2	0	0	0	0	0	0	2	0	0	0	↔
Serious Incidents reported (may change when reviewed)		74	11	4	8	11	8	5	7	9	8	3	↓
Harm Free Care % (Safety Thermometer)	95%	93.07%	92%	93.77%	93.88%	94.57%	90.41%	92.83%	93.94%	93.20%	92.57%	93.57%	↑
New Harm Free Care % (Safety Thermometer)		97.51%	97.51%	97.15%	97.40%	98.30%	95.43%	98.70%	97.60%	97.84%	97.60%	97.53%	↓
Catheter & New UTIs (Safety Thermometer)		0.31%	0.31%	0.32%	0.33%	0.57%	0.91%	0.11%	0.46%	0.11%	0.0%	0.0%	↓
Falls (DATIX)		1559	150	150	152	143	141	137	169	164	194	159	↓
Medication errors (DATIX)		1119	126	122	106	130	103	86	104	108	106	128	↑
Medication errors (mod, severe or death) (DATIX)		52	4 (M)	5	8	7	4	8	4	4	5	7	↑
Pressure Ulcers (PUNT) 3/4	0	37	2	2	1	3	4	1	2	3	9	10	↑
VTE Risk Assessment (Monthly figures only available quarterly)	95%	94.38%	97.07%	98.23%	98.28%	98.08%	88.92%	89.72%	89.94%	94.10%	95.10%	MB	↑
Overdue CAS alerts (PD = past deadline) (NC = not completed)	0	0	0	0	0	0	0	0	0	0	0	0	↔
SQD %	90%	86.39%	85.72%	87.91%	83.33%	86.26%	89.30%	86.63%	86.89%	85.08%	87.66%	85.09%	↓

EFFECTIVENESS DOMAIN

METRIC	STANDARD	YTD	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	MOVEMENT
#NOF 24 hrs	70%	69.23%	76.9%	69.70%	64.29%	65.88%	54.05%	75.61%	83.54%	72.73%	65.28%	64.29%	↓
#NOF 48 hrs	95%	94.85%	100%	93.94%	98.21%	90.59%	90.54%	93.90%	97.47%	90.91%	95.83%	97.14%	↑
PPCI - 90 minute door to balloon Q1 Data April - June 15			Quarterly	Quarterly	97.30%	Quarterly	Quarterly	97.20%	Quarterly	Quarterly	95.50%	Quarterly	
PPCI - 150 minute call to balloon Q1 April - June 15			Quarterly	Quarterly	85.30%	Quarterly	Quarterly	91.30%	Quarterly	Quarterly	85.80%	Quarterly	
Dementia Screening (Latest data not available until 27th January 2016)	90%	84.38%	87.53%	88.50%	88.36%	83.21%	77.20%	80.46%	82.71%	84.28%	87.13%	MB	↑
Dementia Risk Assessment (Latest data not available until 27th Jnauary 2016)	90%	91.26%	97.54%	95.63%	96.25%	91.10%	88%	91.05%	92.58%	84.95%	84.64%	MB	↓
Dementia Referral for Specialist Treatment (Latest data not available until 27th January 201	90%	75.16%	70.79%	86.42%	84.62%	78.67%	88%	80.82%	68.29%	60.76%	57.63%	MB	↓
High Risk TIAs seen within 24 hours	60%	53.25%	57%	58%	46%	52%	Reporting being reviewed						↑
Inpatient stay on a stroke unit	80%	69.50%	65%	71%	71%	71%	Reporting being reviewed						↔
Scanned within 1 hour	50%	52.25%	50%	50%	44%	65%	Reporting being reviewed						↑
Scanned within 24 hours	100%	96.25%	97%	97%	95%	96%	Reporting being reviewed						↑
Thrombolysed within 4½ hours of symptom onset	100%	100.00%	100%	100%	100%	100%	Reporting being reviewed						↔
Treated on the stroke unit during inpatient stay		88.00%	89%	88%	86%	89%	Reporting being reviewed						↑
Death following stroke inpatients stay		16.25%	23%	14%	14%	14%	Reporting being reviewed						↔
Admitted to a stroke unit within 4 hours	90%	51.50%	46%	49%	52%	59%	Reporting being reviewed						↑
eDD (Figures taken 2nd February 2016)	98%	77.50%	75.48%	77.20%	76.60%	79.01%	78.66%	78.45%	78.66%	78.21%	76.89%	75.83%	↓

*MB = Month Behind

WELL - LED DOMAIN

METRIC	STANDARD	YTD	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	MOVEMENT
IP response rate from FFT (November Onwards Includes Day Case)	>30%	30.50%	34%	30%	30%	24%	31%	33%	32%	31%	30%	30%	↔
A&E response rate from FFT	>20%	23.10%	26%	26%	25%	17%	23%	23%	24%	22%	23%	22%	↓

METRIC	STANDARD	YTD	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	MOVEMENT
Inpatient' recommend' scores from FFT (November onwards includes Day Case)		89.00%	90%	91%	89%	90%	88%	88%	89%	90%	88%	87%	↓
A&E 'recommend' scores from FFT		83.10%	83%	84%	84%	81%	83%	83%	83%	84%	83%	83%	↔
Compaints received		700	57	51	74	74	88	94	71	57	60	74	↑
Complaints open		4443	520	529	456	489	406	427	443	384	382	407	↑
Complaints on-going		70	7	3	5	8	16	6	6	3	10	6	↓
Mixed sex accommodation breaches (To be confirmed, investigation pending)	0	65	5	8	0	1	4	9	3	1	15	19	↑

PATIENT SAFETY - MORTALITY

HSMR

- ULHT's HSMR since 2010 (financial years):
  - 112.7 in 2010/11
  - 110.7 in 2011/12
  - 110.7 in 2012/13
  - 97.1 in 2013/14
  - 107.7 in 2014/15
  - 96.47 in 2015/16 YTD (April 2015-September 2015)

SHMI

- The most up-to-date complete year SHMI is for July 2014 to June 2015 is 111.90. SHMI in hospital deaths equates to 106.15 which is in expected limits.

Key Mortality Indicators

	2014/15 Financial Year (Av.)	April 2015	May 2015	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2015
Mortality											
Crude mortality	ULHT 1.79% GDH 1.40% LCH 1.84 % PHB 1.82%	ULHT 1.89% GDH 1.08% LCH 1.87% PHB 2.12%	ULHT 1.77% GDH 1.53% LCH 1.88% PHB 1.67%	ULHT 1.50% GDH 1.22% LCH 1.48% PHB 1.61%	ULHT 1.27% GDH 1.16% LCH 1.19% PHB 1.40%	ULHT 1.45% GDH 1.07% LCH 1.55% PHB 1.40%	ULHT 1.40% GDH 0.89% LCH 1.31% PHB 1.65%	ULHT 1.51% GDH 1.35% LCH 1.55% PHB 1.48%	ULHT 1.62% GDH 1.44% LCH 1.60% PHB 1.70%	ULHT 1.70% GDH 0.92% LCH 2.05% PHB 1.43%	ULHT 1.79% GDH 1.54% LCH 1.80% PHB 1.86%
HSMR	107.63 (Apr 14–Mar 15)	ULHT 92.25 LCH 95.85 PHB 106.52 GDH 65.54	ULHT 105.39 LCH 121.95 PHB 105.43 GDH 97.06	ULHT 97.47 LCH 112.95 PHB 98.62 GDH 75.53	ULHT 80.09 LCH 89.32 PHB 77.35 GDH 72.99	ULHT 94.20 LCH 101.56 PHB 94.22 GDH 83.59	ULHT 87.44 LCH 94.42 PHB 88.50 GDH 41.71	ULHT 104.81 LCH 110.35 PHB 96.38 GDH 113.25	-	-	-
SHMI	111.14 (Apr 14–Mar 15)	-	-	111.90 (Jul 14-Jun 15		-	-	-	-	-	
Clinical Indicators											
Patient observations on time & correct Evidence of escalation	81.7% 85.0%	78.0% 78.8%	82.2% 82.1%	66.9% 73.7%	75.0% 84.2%	75.2% 77.3%	66.4% 90.0%	71.8% 74.1%	74.8% 66.7%	75.9% 94.1%	72.9% 92%
Medicines administered on time	91.3%	93.2%	92.5%	89.7%	92.4%	93.0%	90.9%	88.5%	90.1%	85.3%	86%
Sepsis identification (Av. 400 patients reviewed monthly)- **SOURCE: SQD** IVAB administered in 1hr **SOURCE: Sepsis Audit**	73.7% Unavailable	72.4% (21/29 patients) 26% (19/66 patients)	80.8% (21/26 patients) 46% (6/13 patients)	50.0% (8/16 patients) 42% (8/19 patients)	77.8% (28/36 patients) 41% (21/51 patients)	72.7% (16/22 patients) 29% (16/56 patients)	65% (13/20 patients) 45% (26/58 patients)	65.4% (17/26 patients) 25% (14/57 patients)	57.1% (8/14 patients) 45% (30/66 patients)	87.5% (14/16 patients) 40% (19/48 patients)	60.87% (14/23 patients) 41% (21/51 patients)
Senior review	92.7%	93.0%	91.6%	91.1%	90.4%	87.3%	92.0%	90.5%	89.6%	88.1%	85.4%
Clinical Coding											
Palliative care coding (Z515) for deceased patients	ULHT 17.50% GDH 19.89% LCH 18.54% PHB 15.67%	ULHT 13.70% GDH 8.33% LCH 16.67% PHB 10.75%	ULHT 12.15% GDH 12.5% LCH 14.88% PHB 7.79%	ULHT 9.04% GDH 7.69% LCH 11.65% PHB 5.56%	ULHT 17.28% GDH 15.38% LCH 21.69% PHB 12.12%	ULHT 13.81% GDH 25.00% LCH 12.38% PHB 14.06%	ULHT 16.04% GDH 11.11% LCH 18.48% PHB 11.54%	ULHT 14.21% GDH 6.67% LCH 18.10% PHB 10.39%	ULHT13.27% GDH 6.67% LCH 14.42% PHB 12.99%	ULHT 13.46 GDH 23.08% LCH 7.03% PHB 23.88%	-
Average number of diagnoses coded per patient (all patients)	ULHT 4.1 GDH 4.2 LCH 4.0 PHB 4.4	ULHT 4.0 GDH 4.2 LCH 3.8 PHB 4.3	ULHT 3.9 GDH 3.9 LCH 3.8 PHB 4.2	ULHT 3.8 GDH 3.8 LCH 3.8 PHB 4.0	ULHT 3.8 GDH 3.9 LCH 3.8 PHB 3.9	ULHT 3.8 GDH 3.4 LCH 3.8 PHB 3.9	ULHT 3.8 GDH 4.1 LCH 3.7 PHB 4.0	ULHT 3.8 GDH 3.9 LCH 3.8 PHB 4.0	ULHT 3.8 GDH 3.8 LCH 3.8 PHB 3.9	ULHT 3.9 GDH 3.9 LCH 4.1 PHB 3.8	-
% of all patients coded with R (signs and symptom) codes in admitting episode.	ULHT 10.5% GDH 12.2% LCH 11.1% PHB 9.6%	ULHT 10.8% GDH 10.1% LCH 11.5% PHB 10.4%	ULHT 10.9% GDH 11.0% LCH 12.2% PHB 9.5%	ULHT 10.3% GDH 9.9% LCH 10.7% PHB 10.4%	ULHT 10.2% GDH 8.9% LCH 10.8% PHB 10.2%	ULHT 10.5% GDH 10.0% LCH 11.8% PHB 9.2%	ULHT 10.6% GDH 10.3% LCH 11.5% PHB 9.7%	ULHT 10.4% GDH 11.9% LCH 10.7% PHB 9.8%	ULHT 10.4% GDH 10.4% LCH 10.7% PHB 10.1%	ULHT 10.2% GDH 13.5% LCH 10.5% PHB 9.1%	-

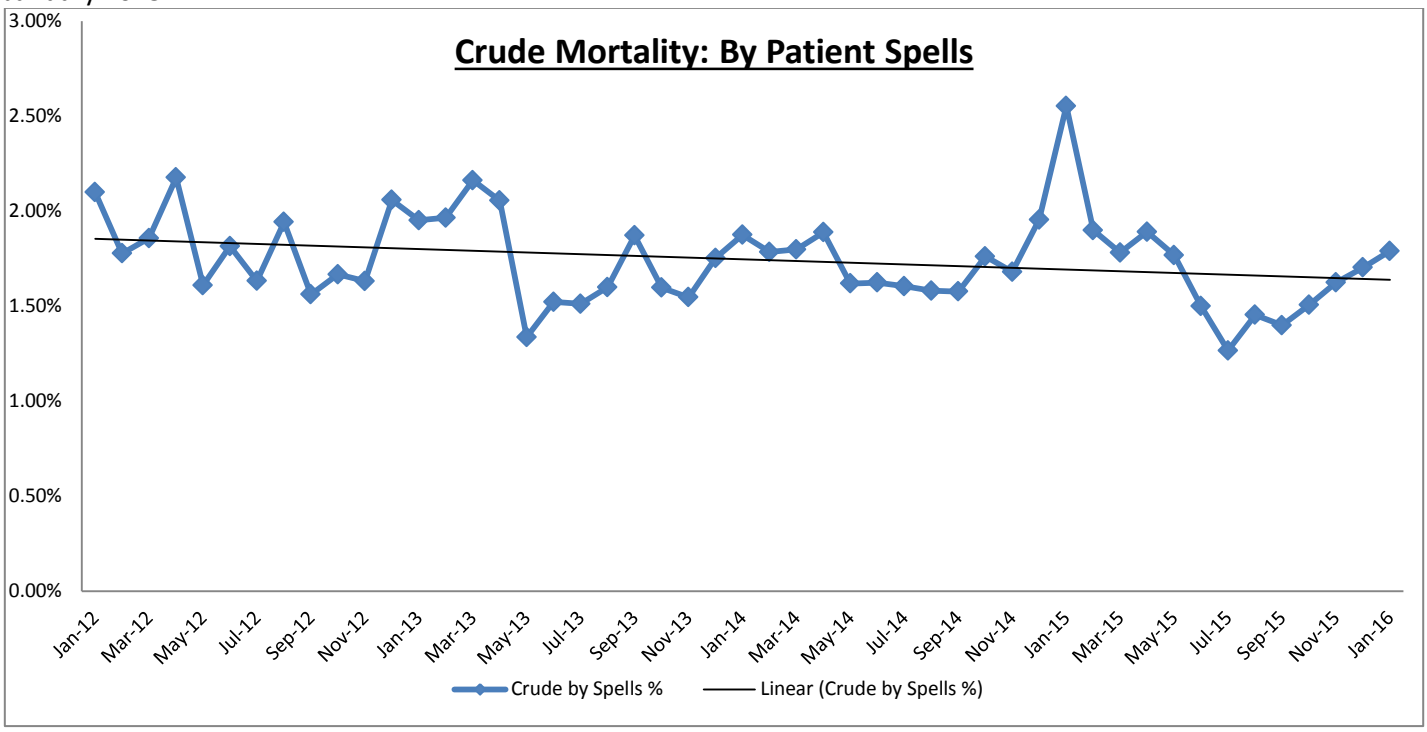
Note: Clinical coding data for January 2015 not available until after mid-January coding deadline

Please see Explanatory notes re: HSMR and SHMI at end of report

Crude Mortality

ULHT Crude Mortality (January 2012 to January 2016)

Crude mortality has increased from December 2015 by 0.9% to 1.79% in January 2016. A decrease of 0.76% from January 2015.



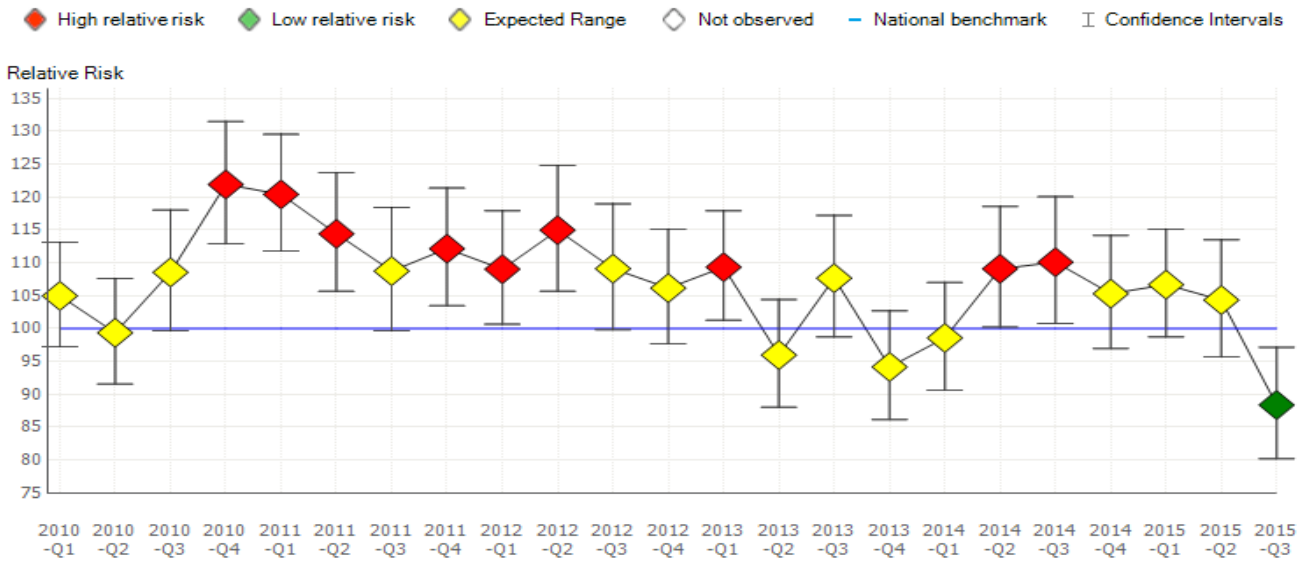
HSMR – This section could not be updated to current rolling year due to the error in SUS/HES submission.
The most current rolling year HSMR (October 2014 to September 2015):

United Lincolnshire Hospitals NHS Trust:	101.69
Lincoln County Hospital:	112.44
Pilgrim Hospital:	96.24
Grantham and District Hospital:	73.92

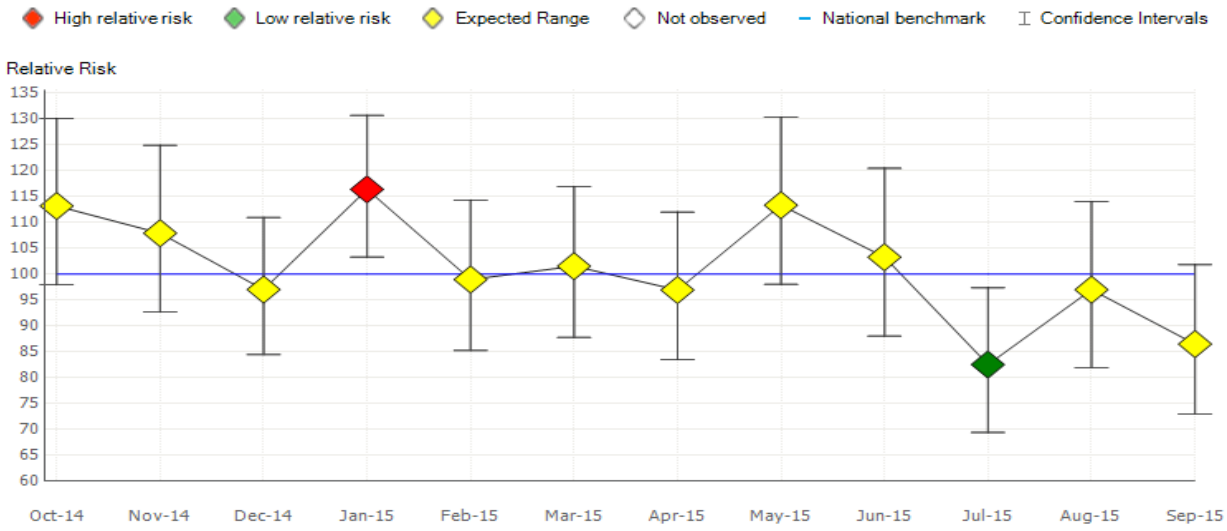
HSMR – Year to date: April 2015 to September 2015

United Lincolnshire Hospitals NHS Trust:	96.47
Lincoln County Hospital:	102.61
Pilgrim Hospital:	95.08
Grantham and District Hospital:	71.70

ULHT HSMR by Calendar Quarter (January 2010 to September 2015)



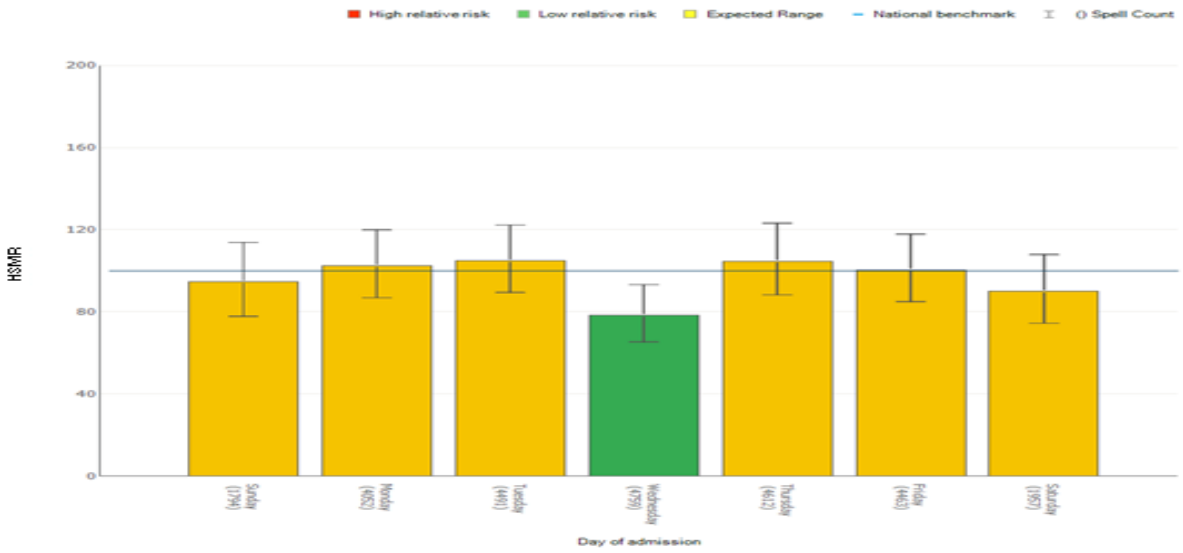
ULHT HSMR by Month (October 2014 to September 2015)



ULHT HSMR by Day of Admission YTD (April 2015 to September 2015)

The graph below shows the year to date HSMR by day of admission. From the Dr Foster Data this is in line National Trend show those admitted on Friday and Monday's have a higher HSMR. The National Peer Review from the 137 trusts included within the Dr Foster data ULHT stands at 57 out of the 137 trusts. The data shows that within the peer league table the lowest HSMR is Wednesday. Where we are above average but not yet alerting are Tuesday and Thursday being the high in the peer league table. Peer analysis by day of the week for admissions is as follows:

ULHT	Peer analysis
Monday	29/137
Tuesday	22/137
Wednesday	116/137
Thursday	22/137
Friday	39/137
Saturday	92/137
Sunday	88/137



SHMI

The most up-to-date complete year from HSCIC SHMI is for July 2014 to June 2015 is 111.90 for all deaths. SHMI in hospital deaths equates to 106.15 which is in expected limits.

ULHT SHMI by Financial Year (April 2010 to March 2015)

Financial Year	Number of Patients	SHMI	Observed Deaths	Expected Deaths	95% Confidence Intervals
2010/11	94041	110.1	3607	3275.8	106.55-113.76
2011/12	94007	109.3	3586	3280.4	105.77-112.95
2012/13	90623	107.9	3585	3321.8	104.42-111.52
2013/14	84971	104	3364	3234.4	100.52-107.58
2014/15	81239	111.14	3361	3293.94	90.78-110.15

ULHT SHMI by site Year for all admissions (April 2015 to March 2015):

Site	SHMI Spells	SHMI
Lincoln County Hospital	43492	117.48
Pilgrim Hospital	30972	106.73
Grantham & District Hospital	6266	99.61

ULHT Dr Foster Mortality Alerts YTD (April 2015 to September 2015):

The Trust is currently alerting for Septicemia (except for labour); with 89 deaths with an expected 70.77 from April to September 2015. There has a current action plan that is being implemented by the Sepsis Task and Finish Group.

Within each individual site:-

There are NO diagnosis groups currently alerting at **Grantham and District Hospital**.

There are NO diagnosis groups currently alerting at **Lincoln County Hospital**.

There are NO diagnosis groups alerting at **Pilgrim Hospital**.

ULHT Mortality action log update:

Please see Appendix 1: Mortality Action tracker for full progress details of all reviews. All actions that are Red or Amber within the Mortality Action Tracker need to be addressed and evidence of actions sent to Quality Governance.

Highlights from Mortality Action Tracker:

- Stroke- Agreed actions from the Task and Finish Group; for Dr Leach to review all patients treated outside of the care of the Stroke Team. Dr Leach is to attend HMG to discuss actions.
- UTI-CAUTI task and finish group in place; with CAUTI champions.
- Other Perinatal- Proforma is now in use on the labour wards. A follow up meeting is arranged for progress on the 8th March 2016 for the coding proforma pilot.
- Sepsis – The task and finish group actions have been updated on the Mortality action tracker
- Quality Governance are completing an in depth analysis Dr Foster data review of Diagnosis groups that have a high proportion of deaths than expected. This will be started after the update in February 2016. With a report available by the end of March 2016.

ULHT HSMR by Diagnosis Group YTD (April 2015 to September 2015)

The table below illustrates the ULHT HSMR figures for the 56 diagnoses which are used to calculate HSMR –

- The diagnosis groups that are alerting as having higher than expected HSMR are highlighted in pink
- The diagnosis groups that are "at risk" of alerting for higher than expected HSMR) are highlighted in yellow

Diagnosis group	Spells	Super Spells	Spells (%)	Observed Deaths	Expected Deaths	Obs. - Exp.	Crude Mortality	Exp. (%)	HSMR	Low	High
ALL	26128	26082	100	969	1004.46	-35.46	3.72	3.85	96.47	90.49	102.74
Abdominal pain	1500	1500	5.75	2	2.68	-0.68	0.13	0.18	74.53	8.37	269.07
Other gastrointestinal disorders	1473	1473	5.65	6	11.81	-5.81	0.41	0.8	50.81	18.55	110.59
Cancer of breast	1287	1287	4.93	5	4.68	0.32	0.39	0.36	106.8	34.42	249.24
Urinary tract infections	1071	1071	4.11	39	39.91	-0.91	3.64	3.73	97.73	69.49	133.61
Other upper respiratory disease	1011	1009	3.87	0	3.12	-3.12	0	0.31	0	0	117.57
Cancer of colon	983	983	3.77	6	7.99	-1.99	0.61	0.81	75.07	27.41	163.41
Cancer of prostate	961	961	3.68	6	4.25	1.75	0.62	0.44	141.31	51.6	307.57
Secondary malignancies	933	931	3.57	23	24.18	-1.18	2.47	2.6	95.1	60.27	142.71
Biliary tract disease	927	925	3.55	16	16.30	-0.30	1.73	1.76	98.17	56.08	159.44
Deficiency and other anaemia	915	915	3.51	5	5.16	-0.16	0.55	0.56	96.97	31.25	226.3
Pneumonia	872	870	3.34	172	182.45	-10.45	19.77	20.97	94.27	80.71	109.46
Non-Hodgkin's lymphoma	829	828	3.17	7	7.76	-0.76	0.85	0.94	90.2	36.14	185.86
Skin and subcutaneous tissue infections	760	759	2.91	5	7.02	-2.02	0.66	0.92	71.23	22.95	166.22
Coronary atherosclerosis and other heart disease	743	742	2.84	7	5.83	1.17	0.94	0.79	120.08	48.11	247.42
Cardiac dysrhythmias	697	696	2.67	4	7.72	-3.72	0.57	1.11	51.83	13.94	132.7
Cancer of rectum and anus	651	650	2.49	3	4.33	-1.33	0.46	0.67	69.32	13.93	202.54
Chronic obstructive pulmonary disease and bronchiectasis	598	598	2.29	32	29.10	2.90	5.35	4.87	109.95	75.19	155.22
Acute cerebrovascular disease	570	565	2.17	85	90.61	-5.61	15.04	16.04	93.81	74.93	116
Acute myocardial infarction	554	553	2.12	32	40.75	-8.75	5.79	7.37	78.53	53.7	110.86
Cancer of bronchus, lung	521	517	1.98	24	31.74	-7.74	4.64	6.14	75.61	48.43	112.51
Gastrointestinal haemorrhage	519	519	1.99	14	12.60	1.40	2.7	2.43	111.09	60.68	186.41
Syncope	503	503	1.93	3	2.27	0.73	0.6	0.45	131.94	26.52	385.5
Acute bronchitis	499	498	1.91	11	18.66	-7.66	2.21	3.75	58.95	29.39	105.48
Congestive heart failure, nonhypertensive	435	433	1.66	58	55.99	2.01	13.39	12.93	103.59	78.65	133.91
Complication of device, implant or graft	417	414	1.59	5	3.18	1.82	1.21	0.77	157.32	50.7	367.12
Fracture of neck of femur (hip)	414	414	1.59	24	25.26	-1.26	5.8	6.1	95.03	60.87	141.4
Leukaemias	414	413	1.58	6	5.56	0.44	1.45	1.35	107.86	39.39	234.77
Acute and unspecified renal failure	407	405	1.55	43	56.89	-13.89	10.62	14.05	75.58	54.69	101.81
Cancer of ovary	392	392	1.5	2	3.86	-1.86	0.51	0.98	51.87	5.83	187.27
Cancer of bladder	367	367	1.41	1	4.32	-3.32	0.27	1.18	23.13	0.3	128.67
Septicemia (except in labour)	**348**	**347**	**1.33**	**89**	**70.77**	**18.23**	**25.65**	**20.39**	**125.77**	**101**	**154.77**
Other circulatory disease	303	302	1.16	5	3.97	1.03	1.66	1.32	125.84	40.55	293.67
Other perinatal conditions	248	248	0.95	4	1.84	2.16	1.61	0.74	217.39	58.48	556.56
Other fractures	248	247	0.95	4	6.59	-2.59	1.62	2.67	60.73	16.34	155.49
Other lower respiratory disease	240	239	0.92	5	7.24	-2.24	2.09	3.03	69.07	22.26	161.18
Cancer of oesophagus	227	227	0.87	5	9.08	-4.08	2.2	4	55.09	17.75	128.55
Cancer of stomach	195	195	0.75	6	6.94	-0.94	3.08	3.56	86.41	31.55	188.08
Fluid and electrolyte disorders	184	183	0.7	8	7.72	0.28	4.37	4.22	103.69	44.65	204.33
Intestinal obstruction without hernia	183	183	0.7	12	13.92	-1.92	6.56	7.61	86.2	44.49	150.58
Other liver diseases	180	178	0.68	7	6.35	0.65	3.93	3.57	110.27	44.18	227.22
Pleurisy, pneumothorax, pulmonary collapse	172	170	0.65	12	10.46	1.54	7.06	6.16	114.68	59.19	200.34
Cancer of pancreas	163	163	0.62	10	8.26	1.74	6.13	5.07	121.03	57.94	222.59
Pulmonary heart disease	**153**	**153**	**0.59**	**13**	**7.50**	**5.50**	**8.5**	**4.9**	**173.35**	**92.21**	**296.45**
Noninfectious gastroenteritis	152	151	0.58	0	0.33	-0.33	0	0.22	0	0	1103.65
Chronic renal failure	123	123	0.47	2	0.69	1.31	1.63	0.56	289.26	32.49	1044.36
Peripheral and visceral atherosclerosis	110	110	0.42	17	12.61	4.39	15.45	11.46	134.85	78.51	215.92
Intracranial injury	103	102	0.39	10	13.52	-3.52	9.8	13.26	73.94	35.4	135.99
Senility and organic mental disorders	99	98	0.38	9	8.62	0.38	9.18	8.8	104.4	47.64	198.19
Chronic ulcer of skin	95	95	0.36	5	7.28	-2.28	5.26	7.67	68.66	22.13	160.22
Malignant neoplasm without specification of site	78	78	0.3	5	5.41	-0.41	6.41	6.93	92.46	29.8	215.77
Aspiration pneumonitis, food/vomitus	74	74	0.28	27	24.56	2.44	36.49	33.19	109.95	72.44	159.98
Aortic, peripheral, and visceral artery aneurysms	63	62	0.24	12	9.88	2.12	19.35	15.93	121.51	62.71	212.27
Liver disease, alcohol-related	61	60	0.23	13	8.80	4.20	21.67	14.67	147.71	78.57	252.6
Respiratory failure, insufficiency, arrest (adult)	45	45	0.17	17	11.16	5.84	37.78	24.8	152.31	88.67	243.88
Cardiac arrest and ventricular fibrillation	42	42	0.16	23	22.30	0.70	54.76	53.09	103.15	65.37	154.78
Peritonitis and intestinal abscess	16	16	0.06	3	2.68	0.32	18.75	16.74	111.98	22.51	327.17

Please note: Data for live births since July 2014 is not accurate due to an issue with our SUS submission therefore HSMR for diagnosis group of "Other perinatal conditions" may not be correct. There has been a fix issued by Medway but this will not reflect until the November 2015 data is submitted.

Explanatory Notes

HSMR (Hospital Standardised Mortality Ratio) is a calculation used to monitor death rates in a trust. The HSMR is based on a subset of 56 diagnoses which give rise to around 80% of in-hospital deaths.

For all of the 56 diagnosis groups, the observed deaths are the numbers that have occurred following admission in each NHS Trust during the specified time period. The expected number of deaths in each analysis is the sum of the estimated risks of death for every patient.

The risk profile for each individual patient is calculated based on the following factors – Sex, age on admission, admission method (non-elective or elective), deprivation, diagnosis/procedure subgroup, co-morbidities, number of previous emergency admissions in the preceding 12 months, year of discharge (financial year), palliative care, month of admission and source of admission.

The ratio is of observed to expected deaths (multiplied by 100). If mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100.

HSMR is a complex statistical tool used by Dr Foster which acts as a spotlight for mortality. Its use and validity has been the subject of much debate nationally, but what is clear is that it is not a measure of excessive or avoidable deaths. We use HSMR to point us to possible areas of concern and, when they are identified, we actively review them through case note reviews.

SHMI (Summary Hospital-level Mortality Indicator) is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication in October 2011.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

Dr Foster data there is a 3 month time lapse in the uploading of the data. Dr Foster data is rebased and could change by 1-2% from the time of reporting.

Appendix 1: Mortality Review Action Tracker

Mortality Review Action Tracker.xlsx

PATIENT SAFETY – SAFETY THERMOMETER

Table 1 – Harm Free and New Harm Free Care across ULHT January 2016

	ULHT %	GDH %	LCH %	PBH %
Harm Free	93.57	95.00	95.62	90.37
New Harm Free	97.53	99.00	98.12	96.32

Table 2 – National Comparison of Harm Free Care (Old & New) December 14 – December 15

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
NHS England	93.5%	94%	93.7%	94%	93.8%	94%	94.1%	94.1%	94.1%	94.3%	94.3%	94.2%	94.2%
ULHT	93.44%	94.5%	93.17%	92.1%	92%	93.9%	93.4%	94.6%	90.4%	92.8%	93.9%	93.2%	92.2%

Table 3 - National Comparison of New Harm Free Care December 14 – December 15

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
NHS England	97.4%	97.7%	97.6%	97.7%	97.6%	97.8%	97.8%	97.8%	97.7%	97.9%	97.9%	97.8%	97.9%
ULHT	96.36 %	97.54%	97.33%	97%	97.5%	97.1%	97.4%	98.3%	95.4%	98.7%	97.6%	97.8%	97.3%

The Key Harms that ULHT are alerting on are Falls, Catheters and Catheter associated UTI. The other Kay Harms are all within national expectations.

Figure 1 - National Average of Catheterisation Jan 15 – Dec 15

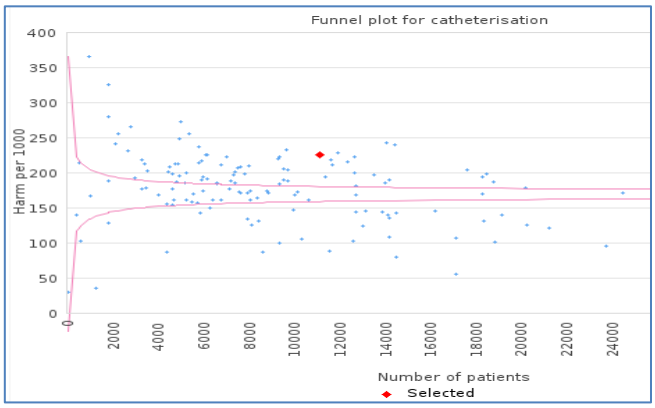


Figure 2 - National Average of Catheters and UTIs Jan 15 – Dec 15

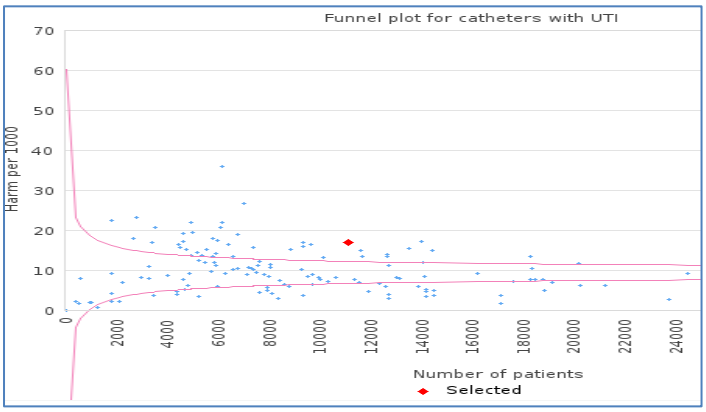
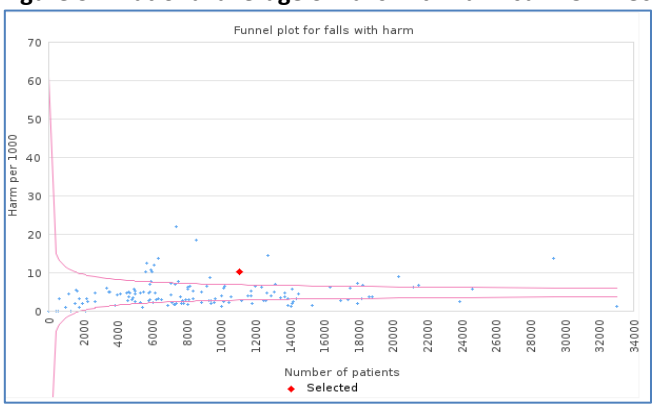


Figure 3 – National average of Falls with harm Jan 15 – Dec 15



Overview

The NHS Safety Thermometer records the presence or absence of four harms:

- Pressure ulcers (Old and New)
- Falls (Falls in hospital and falls in the community if from a care setting within 72 hours)
- Urinary tract infections (UTIs) in patients with a catheter (Old & New)
- New venous thromboembolisms (Old & New)

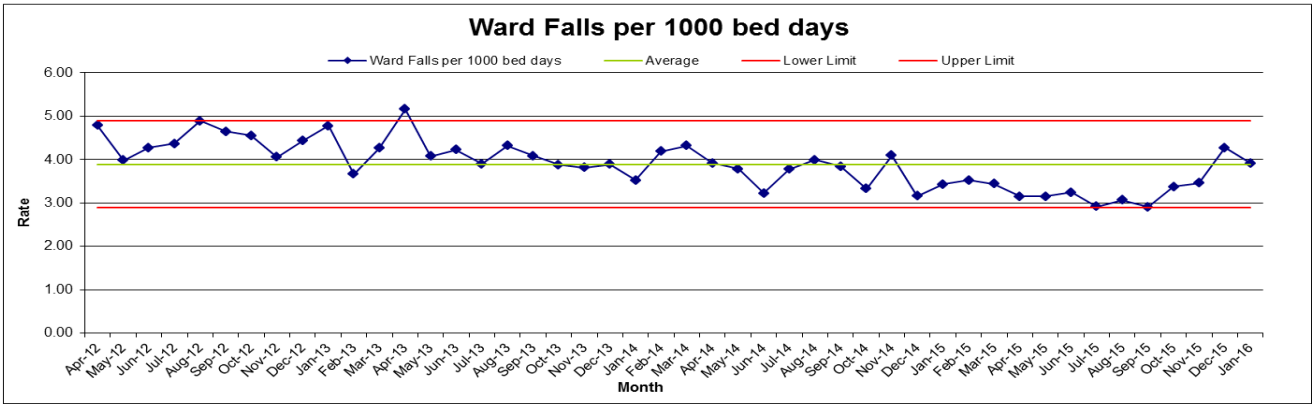
All key harms have a committee working on improving compliance.

PATIENT SAFETY – FALLS

To achieve greater compliance with Domain 5 of the NHS Outcome Framework, Falls Prevention is part of the Trust's Sign up to Safety campaign through which the following challenging target of a 30 % reduction on total falls with Harm has been set for the current financial year.

Falls data is captured in a number of ways one of which is through the number of falls per occupied bed days. For January 2016, the total number of falls on inpatient wards per 1000 bed days is 3.89 which is a reduction from December which was 4.27. Whilst the statistical process control graph (Graph One) below shows some monthly variation, there is an overall reducing trend over the last 12 months with 11 of those reporting lower than the average.

Graph 1 - All Falls (with and without harm) on in-patient wards per 1000 bed days

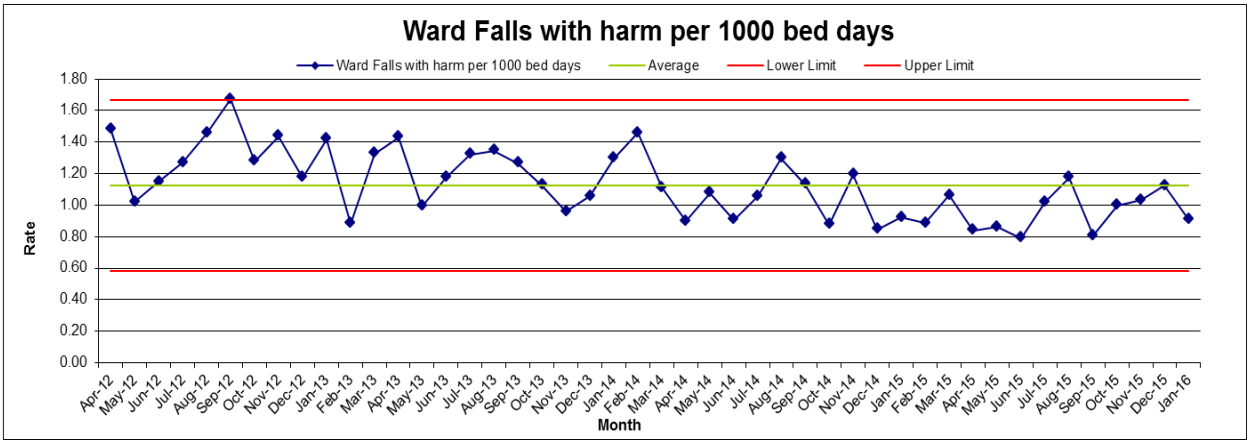


The average ward falls per 1000 bed days since 2012 are shown in the table below

Date	Average Falls per 1000 OBD
2012/13	4.39
2013/14	4.12
2014/15	3.62
2015/16	3.33

For falls with harm (as classified on DATIX as the patient experiencing either moderate, severe harm or death), the rate was 0.91 per 1000 OBD in January 2016 which is an improvement from 1.13 in December 2015.

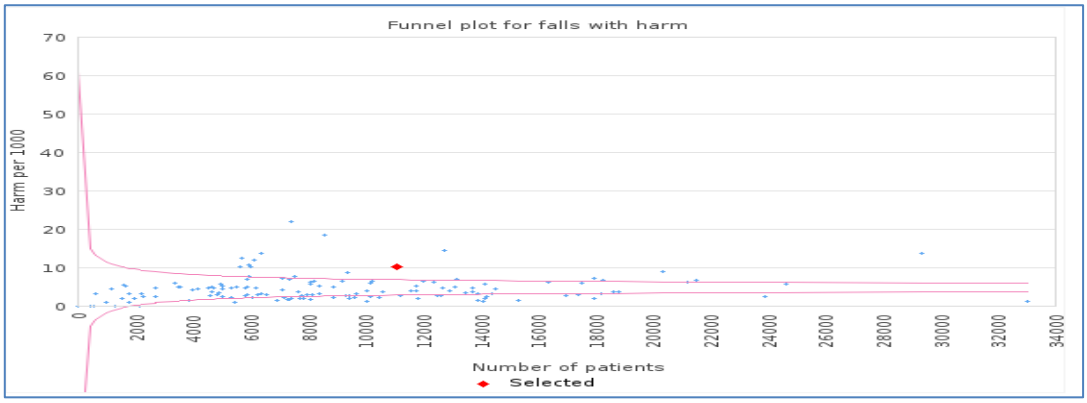
Graph 2 - All Falls with harm on in-patient wards per 1000 bed days



Again, the average rates of falls with harm per 1000 OBD is shown in the table below

Date	Average Falls with Harm per 1000 OBD
2012/13	1.30
2013/14	1.21
2014/15	1.01
2015/16	0.96

Graph 3 – National average of falls with harm Jan 15 – Dec 15 (Safety Thermometer)



Furthermore, the average ratio of falls with harm per 1000 OBD is 0.96 which is the third year in succession that a reduction has been achieved. However, it is still higher that than the national average reported in the National in-patient falls audit which is 0.19 and as such a risk assessment has been completed which requires approval by the PSC.

MDT scrutiny panels are now being facilitated with the ward sister presenting the case to identify learning and feeding into the Serious Incident Investigation. There is a greater depth to identifying lessons and recommendations. Lying and Standing Blood pressure continues to be theme in that whilst it was undertaken in some cases, it was not undertaken correctly. Training at Grantham is being planned to facilitate greater learning on how to undertake lying and standing blood pressure. There is greater requirement to work in partnership with OT's in delivering night time care for patients who are medical fit for discharge to ensure that individualised care is provided. It has been identified in two of the cases, that the injuries were present prior to the fall and not caused by the fall but the initial assessments did not capture this. The richness of the discussion is populating the ULHT Falls Workplan which is updated following each meeting. Additionally feedback is provided to the clinical area and a monthly newsletter of the themes arising will be produced to ensure that lessons are shared throughout the organisation

Table 1 - SQD Results

Metric Title	Jan-2015	Feb-2015	Mar-2015	Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016
Patient at risk of falls	336	326	327	341	357	333	325	327	330	320	334	276	332
Medication review occurred	47.70%	56.90%	58.50%	60.80%	64.60%	67.70%	67.10%	69.40%	69.70%	68.70%	71.00%	66.80%	71.00%
Lying & standing BP completed	35.30%	39.30%	44.30%	45.80%	55.20%	52.10%	54.00%	56.70%	57.10%	58.60%	65.60%	61.80%	57.30%
Care plan 7 activated	88.90%	90.00%	95.40%	95.20%	96.40%	95.50%	94.50%	97.50%	93.90%	94.60%	93.60%	94.40%	93.90%
Reviewed by physio	45.50%	48.70%	54.10%	61.00%	61.40%	55.60%	56.10%	63.10%	68.00%	64.70%	74.20%	71.20%	71.90%
Referred to OT	76.90%	77.00%	80.80%	82.10%	87.10%	76.30%	78.70%	83.50%	82.00%	86.50%	89.00%	85.20%	86.70%
Referred to physio	78.50%	81.10%	87.00%	87.00%	91.70%	92.10%	88.40%	88.60%	90.40%	90.50%	92.40%	89.90%	86.30%
Actions completed within 4 hours	83.90%	88.60%	87.70%	87.80%	87.20%	84.10%	82.70%	86.90%	86.70%	87.90%	88.90%	88.50%	87.20%
Actions completed within 24 hours on admission	32.20%	35.70%	36.20%	41.90%	46.70%	44.20%	39.70%	41.10%	44.50%	38.90%	46.30%	42.00%	39.70%
Actions completed within 24 hours of transfer (if n	-	18.30%	27.20%	35.70%	38.50%	36.80%	37.30%	39.90%	44.30%	38.70%	37.90%	37.00%	33.70%

As the results above demonstrate improvement with the process measures has improved but still require improvement.

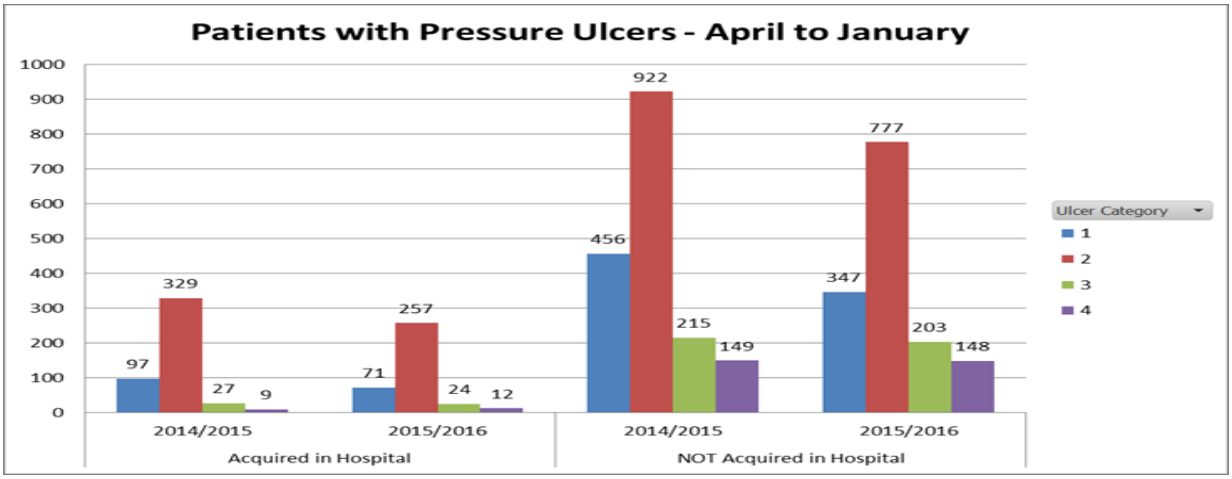
Work being undertaken includes:

- Drafting an intranet site on falls prevention
- Developing a falls prevention workbook and competency package for trained and untrained staff
- Slipper socks with non-slip grip on both sides are in the process of being introduced to replace single sided non-slip grip slipper socks
- Four wards (Ward One-GDH, Hatton Ward –LCH, Ward 3b and 6B – PHB) have agreed to be part of a pilot to introduce new interventions to reduce falls leading the creation of a falls toolkit which will be then implemented across the Trust
- Training Dates are due to be arranged for Grantham for falls prevention
- Link Nurses to be upskilled by spending some clinical time with the Nurse Consultant in their own clinical environment

PATIENT SAFETY – PRESSURE ULCERS

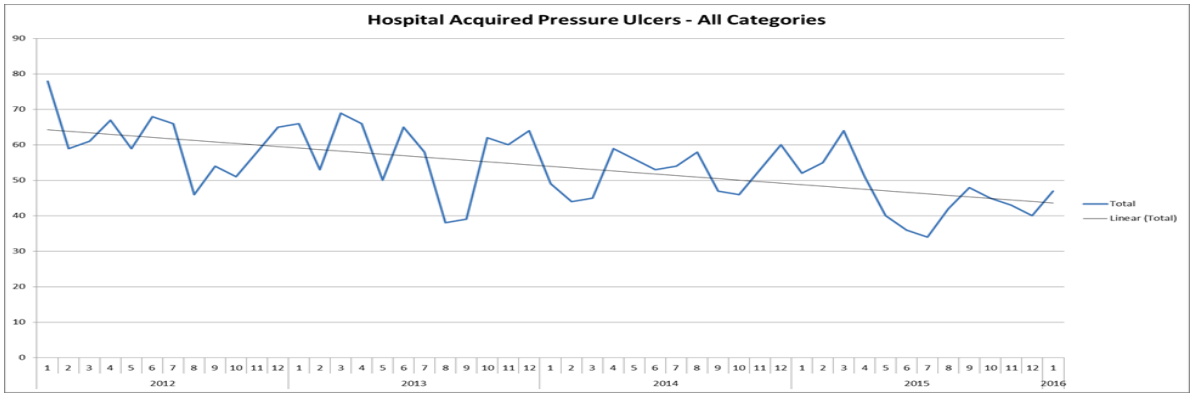
The Trust has reported a total of 364 pressure ulcers YTD 2015/2016 compared to 462 for the same period in the previous year (Graph One). There has been a reduction in all categories except grade four (both avoidable and unavoidable) which has increased by a third to 12 compared to 9 over the same period last year. Year to date there has been an 11% reduction in Grade 3, 22% reduction in Grade 2 and 27% reduction in grade 1.

Graph 1: Total number (all categories) of New and Pre-Existing Pressure Ulcers



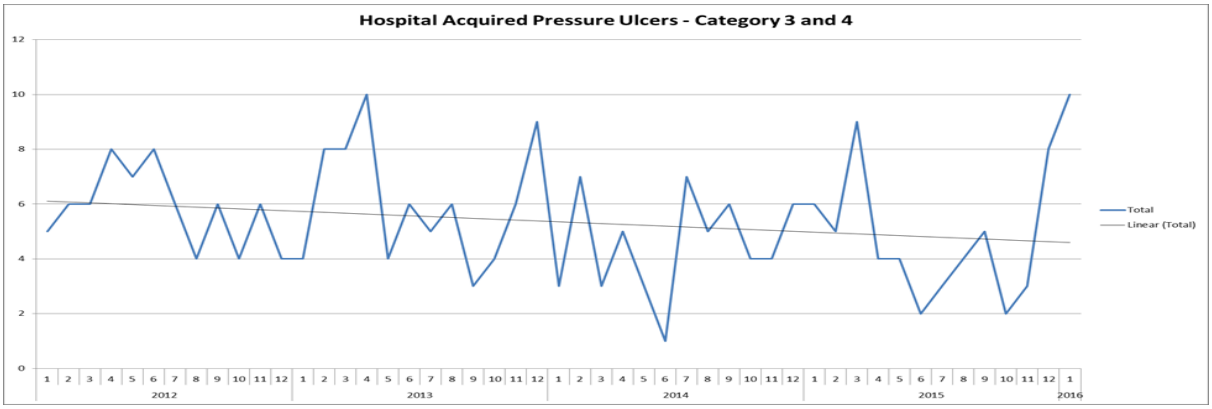
Graph Two reports an overall reducing trend for all categories of hospital acquired pressure ulcer both those that are avoidable and unavoidable. The graph also reports significant monthly variation

Graph 2: Monthly Trend of Hospital acquired Pressure Ulcer – all categories and avoidability criteria since 2012



In view of the concerns regarding grade three and four pressure ulcers acquired in hospital, graph three captures the lack of improvement achieved.

Graph 3: Monthly Trend of Hospital acquired Pressure Ulcer – category 3 & 4 since 2012



Graph 4 - National Average of Pressure Ulcers (January – December 15)

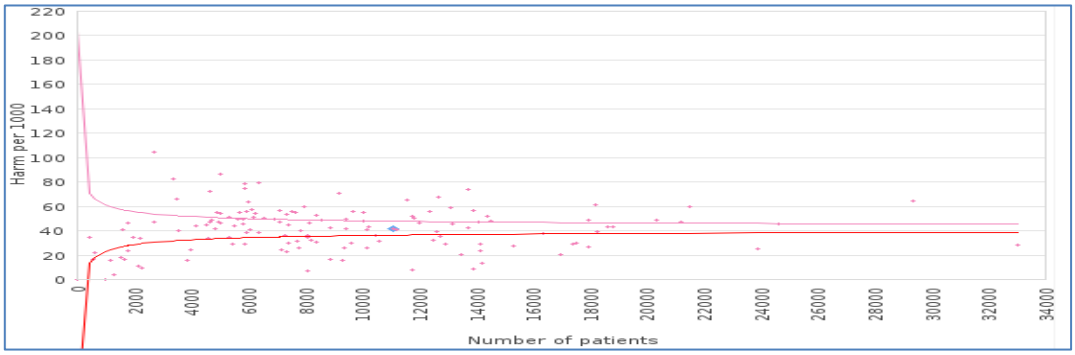


Table 1 - SQD Ddata Weekly assessment is the only metric non-compliant within tissue viability

Metric Title	Jan-2015	Feb-2015	Mar-2015	Apr-2015	May-2015	Jun-2015	Jul-2015	Aug-2015	Sep-2015	Oct-2015	Nov-2015	Dec-2015	Jan-2016
Pressure area care risk assessment completed wit	99.50%	99.50%	98.50%	99.00%	99.30%	98.50%	99.30%	99.00%	98.80%	98.50%	98.30%	99.40%	97.80%
Pressure area care risk assessment updated week	79.10%	90.30%	87.40%	82.50%	87.80%	80.50%	86.20%	89.40%	81.90%	85.20%	85.60%	82.50%	79.40%
Pressure-relieving equipment in situ if required	94.40%	90.10%	92.20%	95.50%	94.70%	95.10%	97.40%	92.80%	94.30%	97.70%	96.30%	93.50%	93.40%
Repositioning chart commenced if required	78.90%	82.10%	89.70%	90.90%	90.10%	88.40%	94.00%	94.00%	95.10%	96.00%	98.00%	98.80%	97.60%
Pressure area care plan activated if required	91.20%	92.00%	95.40%	90.30%	94.00%	92.40%	94.90%	94.20%	92.00%	94.40%	97.30%	95.70%	90.50%

Overview & Actions

For January 2016, 10 category 3 and 4 pressure ulcers were reported on PUNT. On further review by the Tissue Viability Team, two cases were deemed as moisture lesions and removed from the system. The remaining 8 cases included 4 grade 3 and 4 grade 4. Two of the grade 3 cases involved device related pressure ulcers and the Tissue Viability have followed up both incidents with the clinical teams to review compliance with using protective dressings. It is interesting to note that most of the severe pressure ulcers have occurred on the Pilgrim site and incidentally they received less of the new electronic profile beds. A rolling capital programme for hospital beds is required by the organisation to address this inequity. Additionally, a future scrutiny panels, focus needs to be made to the type of bed the patient was on to inform the required business case

Multi-disciplinary Scrutiny Panels for all grade 3 and 4 pressure ulcers have commenced this month so that there is an objective discussion regarding whether the pressure ulcer was avoidable or not. Additionally, the process will identify practice issues that require addressing in the clinical area as well as noting good practice. The scrutiny panel will build on the revised Serious Incident Template and early feedback from the commissioners at the last patient safety meeting is that the quality of the investigations has improved. Discussions are being undertaken with Information Services regarding how “avoidability” criteria is captured as currently the Trust is unable to report this data which is gap in the assurance processes.

Given the reported upward trend, the Tissue Viability Team has been asked to further renew its ongoing efforts on promoting both the prevention and ultimately the elimination of all Avoidable Hospital Acquired Category (Grade) 4 Pressure Ulcers within all ULHT hospital sites. To help achieve this, two seconded posts which will soon be advertised - one on the PHB site and one on the LCH site (2 days a week on each) are being considered for two fixed term Band 5 Staff Nurses to focus on Pressure Ulcer prevention related clinically based activities including one to one education with identified staff and within targeted areas as highlighted via ongoing reviewed PUNT data. Additionally, there have been 34 category 2 hospital acquired pressure ulcers reported in the month. Although the “avoidability” criteria cannot be robustly reported through the use of any current ULHT database, the Nurse Consultant and Deputy Director of Nursing (Patient Safety) will be meeting in the very near future with the IT applications developer to discuss the further adaption of the PUNT framework so that these can be easily reported and visualised in conjunction with any individual patient report, either through the ward dashboards or this reporting mechanism. Both formal and informal teaching focused on various aspects related to Pressure Ulcer Prevention (SSKIN) continues as does ward visits to assess patients and provide ward based learning. The Consultant Nurse will be drafting a work plan to outline the quality improvements required to further reduce the incidence of pressure ulcers.

PATIENT SAFETY – MEDICATION

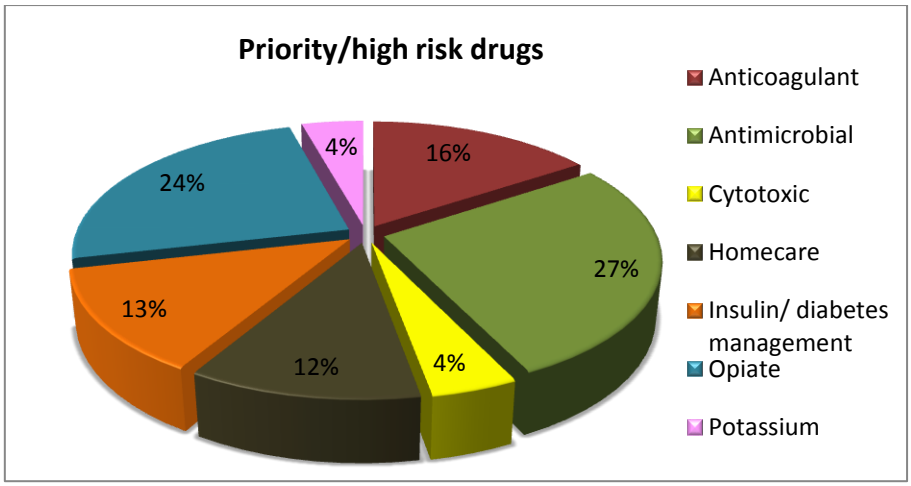
Site	No harm	Low Harm	Moderate Harm	Severe Harm	Death	Total
GRANTHAM & DISTRICT HOSPITAL	15	1	1			**17**
LINCOLN COUNTY HOSPITAL	69	3	3			**75**
LOUTH HOSPITAL	4					**4**
PILGRIM HOSPITAL	28	1	3			**32**
Total	**116**	**5**	**7**	**0**	**0**	**128**

Medication error types

Medication error type	
Adverse drug reaction (when used as intended)	1
Contra-indication in relation to drugs or conditions	2
Mismatching between patient and medicine	6
Omitted medicine/ingredient	31
Other	27
Patient allergic to treatment	8
Wrong drug/medicine	12
Wrong formulation	2
Wrong frequency	12
Wrong quantity	2
Wrong route	1
Wrong storage	2
Wrong/transposed/omitted medicine label	0
Wrong/omitted/passed expiry date	5
Wrong/unclear dose or strength	17

Priority/high risk medicines

56 (52%) of all the events recorded were associated with priority/high risk drugs.

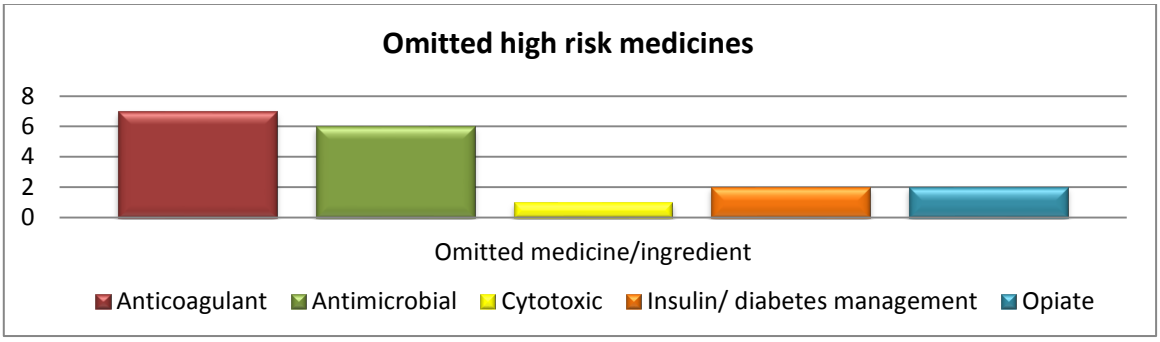


The top 4 drug groups are; antimicrobials (27%), opiates (24%), anticoagulants (16%) and insulins (13%). Compare this to last month's top 4 which were; antimicrobials (29%), opiates (23%), anticoagulants (22%) and insulins (16%).

Omitted medicines

24% of all incidents reported were due to medicines being omitted. Many of these omissions are due to staff error rather than an absence of supply.

18 (26%) of the incidents relating to priority/high risk drugs were due to the medication being omitted.



Anticoagulants were the most omitted drugs accounting for 39% of high risk drugs omitted and 23% of all medications omitted.

	Antimicrobial	Anticoagulant	Antiepileptic	Cytotoxic	Healthcare at Home	Insulin/ antidiabetic	Opiates	Parkinsons	Potassium	Total
No harm	18	10		3	8	5	16		2	**62**
Low	1	1				1			1	**4**
Moderate						3	1			**4**
Severe										**0**
Death										**0**
Total	**19**	**11**	**0**	**3**	**8**	**9**	**17**	**0**	**3**	**70**

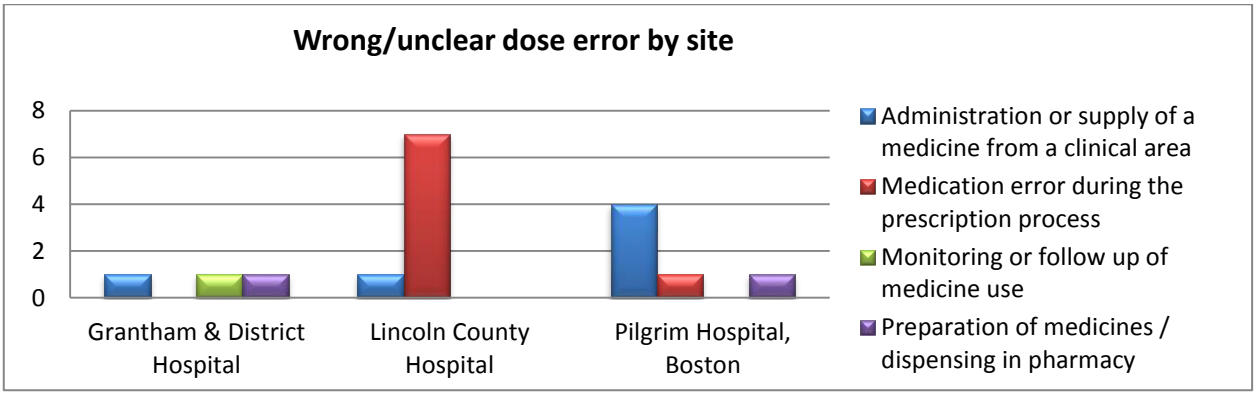
4 of the 7 (57%) moderate rated incidents involved a priority/high risk drugs.

Of the 128 incidents reported the majority (91%) were classed as resulting in no harm. 24% of the no harm incidents were due to omitted medicines.

Wrong/unclear dose or strength

17 (13%) incidents reported were due to doses being wrong or unclear.

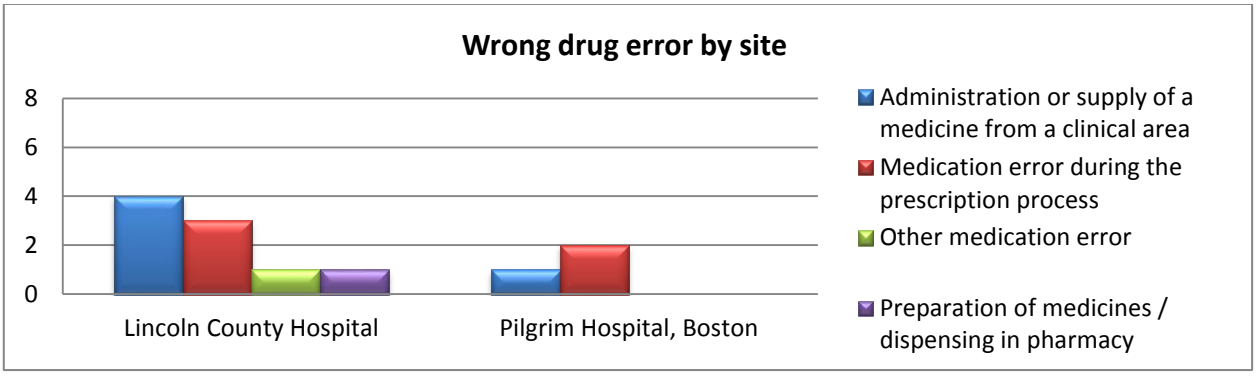
47% of these errors were due to errors being made by the prescriber on the prescription chart, 35% were due to administration errors and 12% were due to dispensing errors in pharmacy and 6% were due to not monitoring of following up medicine use.



Wrong drug/medicine

12 (9%) incidents reported were due to the wrong medication being selected.

42% were due to errors being made by the prescriber on the prescription chart, 42% were due to administration errors by the nursing staff, 8% were due to dispensing errors in Pharmacy and 8% was other medication error.



Controlled drugs

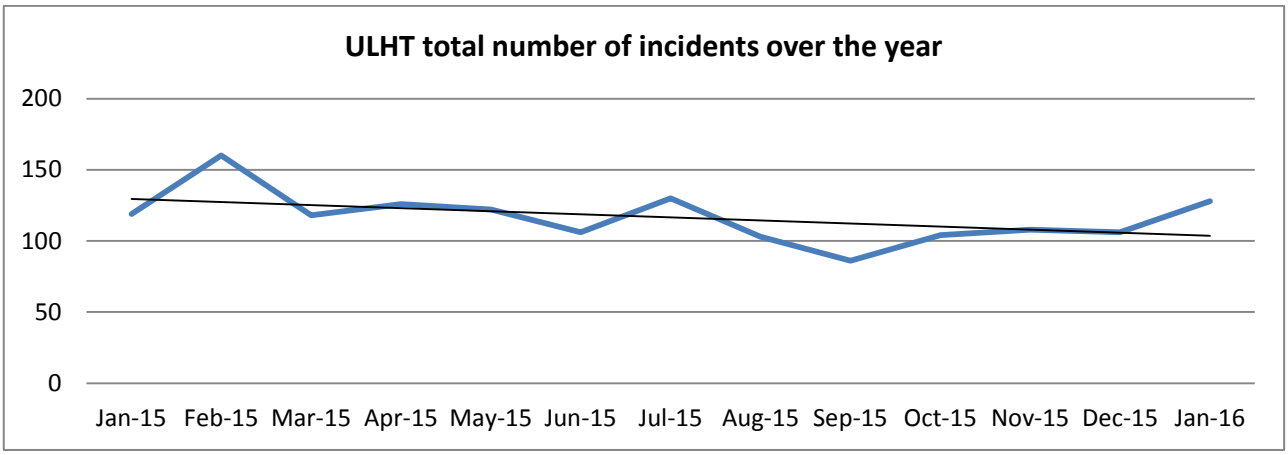
There were 14 incidents reported this month involving controlled drugs.

Patient allergic to treatment

There were 8 incidents reported this month involving patients receiving medicines that they are allergic to. Examples of some incidents reported:

Pharmacy incidents

There were 7 incidents reported that involved errors made by the Pharmacy department. Pharmacy issued 69,299 items in January making the error rate 0.01%.



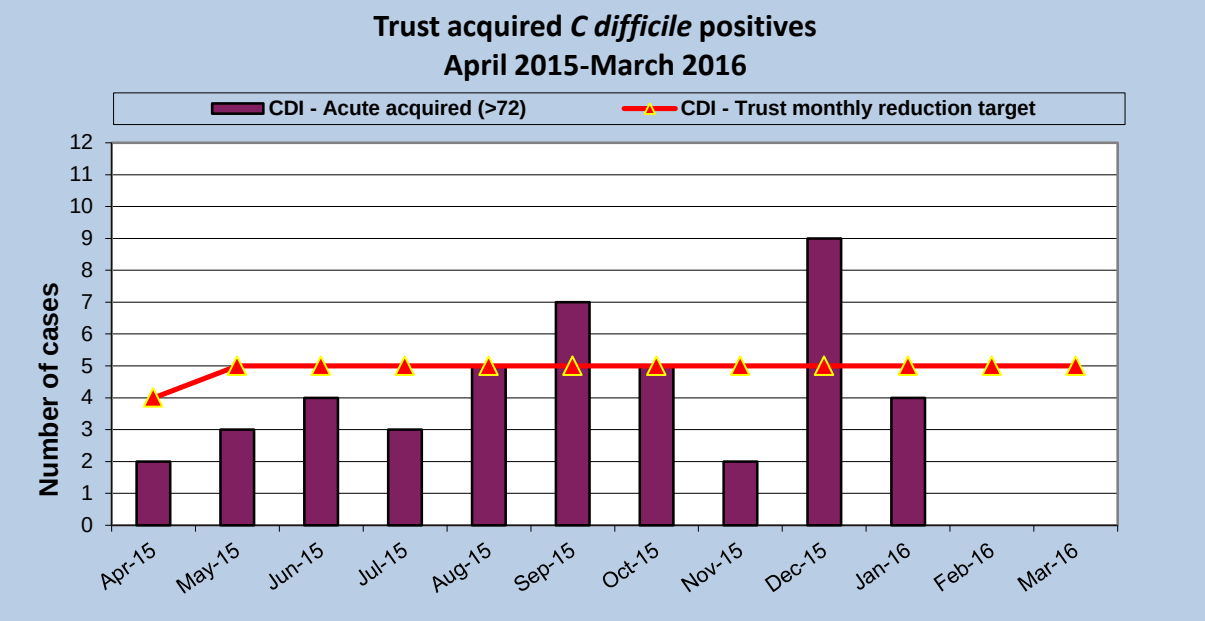
Actions

This report is reviewed at the Medication Safety Committee and all incidents are reviewed on a monthly basis to identify trends. All Heads of Nursing receive the errors by ward area and disseminate to their matrons who in turn disseminate to their ward leaders. These all must be looked into regardless of the severity rating.

C. difficile

There have been four (4) cases of hospital attributable (trajectory 5), bringing the total of hospital attributable cases to forty four (44). There was also three (3) community acquired cases reported for January 2016.

Chart 1: Hospital acquired *C. difficile* infections against trajectory for April 2015 – March 2016



MRSA bacteraemia:

There has been zero cases of hospital attributable (trajectory 0). The Trust reported zero (0) cases of community acquired cases for January 2016. This brings the total of hospital attributable MRSA bacteraemia to one (1) case, which breaches the Trust trajectory of zero (0) cases.

Table 3: Hospital attributable MRSA bacteraemia (treated within the Trust)

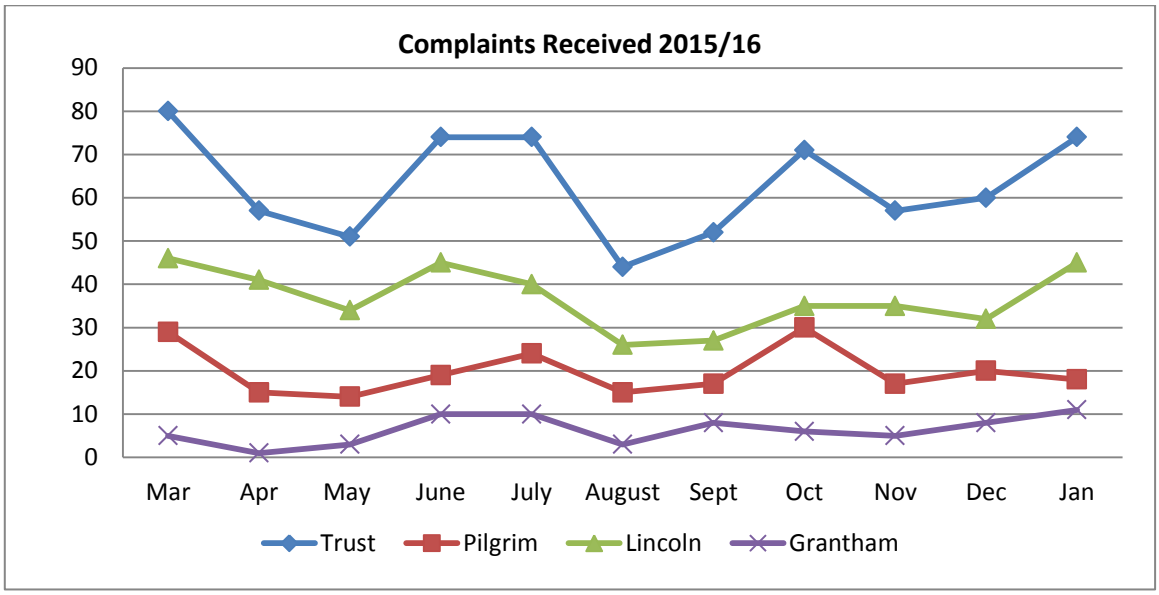
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Louth	0	0	0	0	0	0	0	0	0	0		
LCH	1	0	0	0	0	0	0	0	0	0		
PH	0	0	0	0	0	0	0	0	0	0		
GDH	0	0	0	0	0	0	0	0	0	0		
Total	1	0	0	0	0	0	0	0	0	0		
Cum	1	1	1	1	1	1	1	1	1	1		

Norovirus Outbreaks

The major outbreak of norovirus was declared over on 15th January 2016. However there have been 19 wards affected with patients with diarrhoea and/or vomiting and 10 of these were closed throughout January.

PATIENT EXPERIENCE – COMPLAINTS

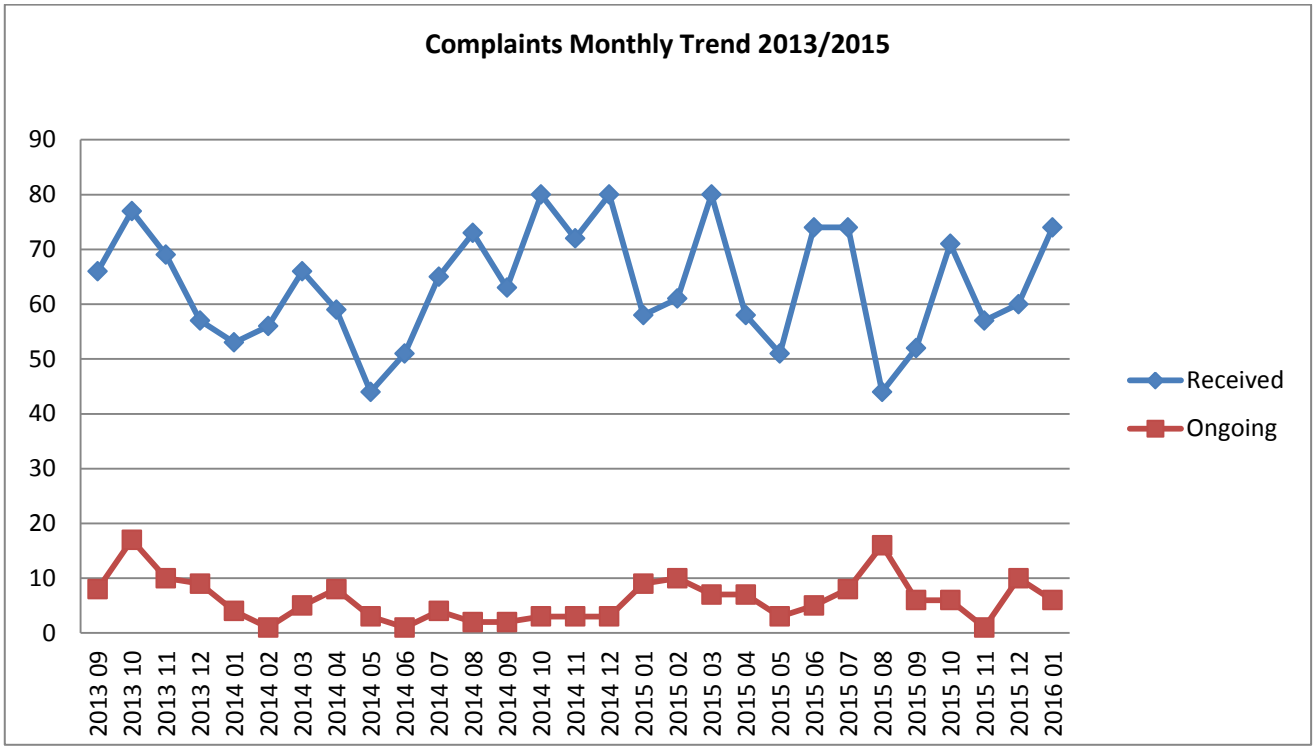
Complaints received 2016					
	October	November	December	January	Movement
Trust	71	57	60	74	⬆
Pilgrim	30	17	20	18	⬆
Lincoln	35	35	32	45	⬆
Grantham	6	5	8	11	⬆



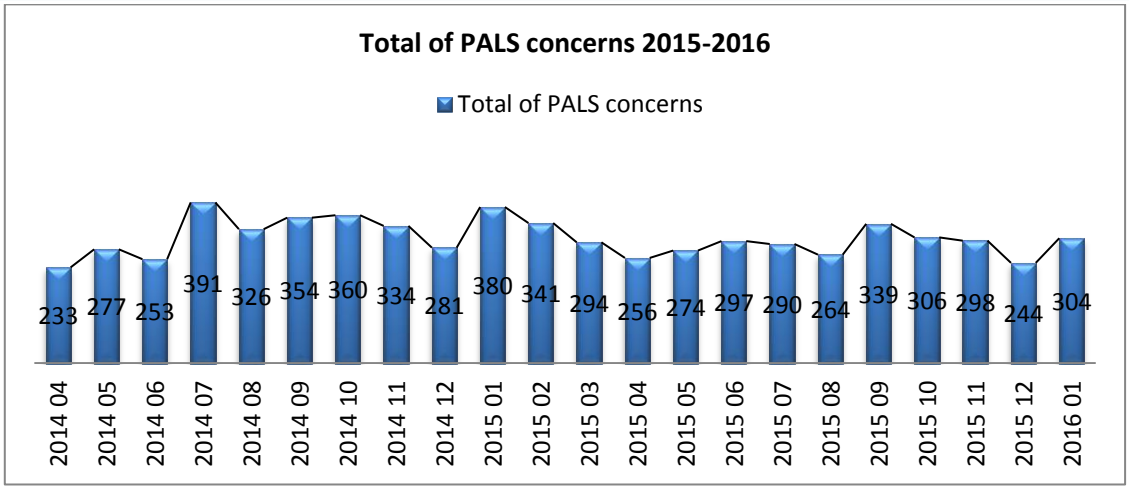
Current case load	Lincoln County Hospital	Pilgrim Hospital, Boston	Grantham & District Hospital	**Total**
Business Unit				
Surgical	15	8	**0**	**23**
Medicine	20	14	0	**34**
Grantham	0	0	12	**12**
Women and Children's	16	5	2	**23**
Clinical Support Services	2	1	0	**3**
Corporate Support	1	1	0	**2**
TACC	1	2	0	**3**
Totals	**55**	**31**	**13**	**99**

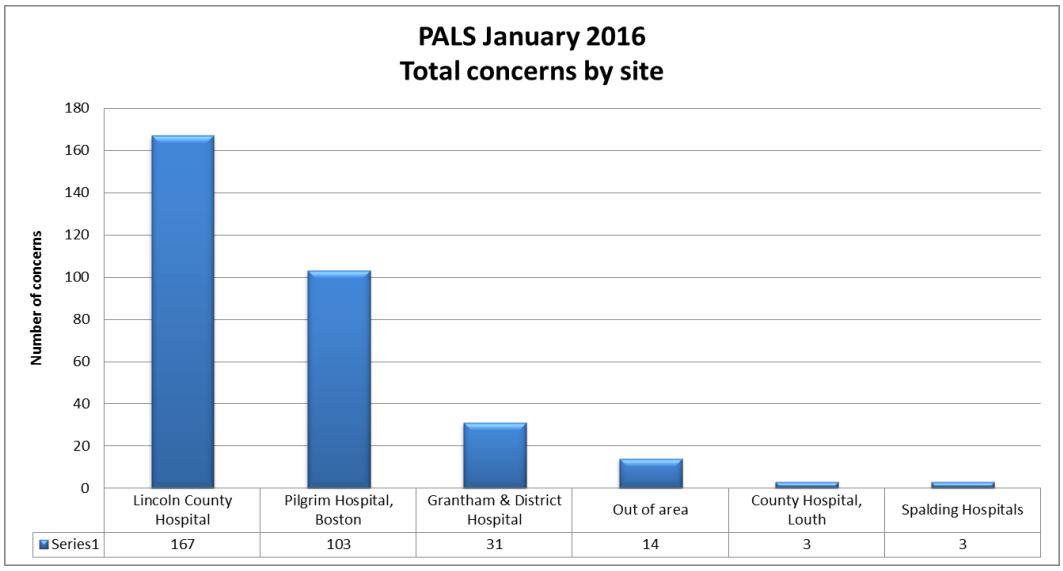
Overdue complaints	**November**			**January 2016**		
Business Unit	LCG	PHB	GDH	LCH	PHB	GDH
Surgical	24	0	0	32	3	0
Medicine	17	7	0	35	8	0
Grantham	0	0	1	0	0	1
Women and Children's	10	1	1	11	1	1
Corporate Services	4	0	0	4	0	0
Path Links	0	0	0	0	0	0
TACC	0	0	0	2	0	0
Clinical Support Services	2	0	0	2	0	1
Totals	**57**	**8**	**2**	**86**	**12**	**3**

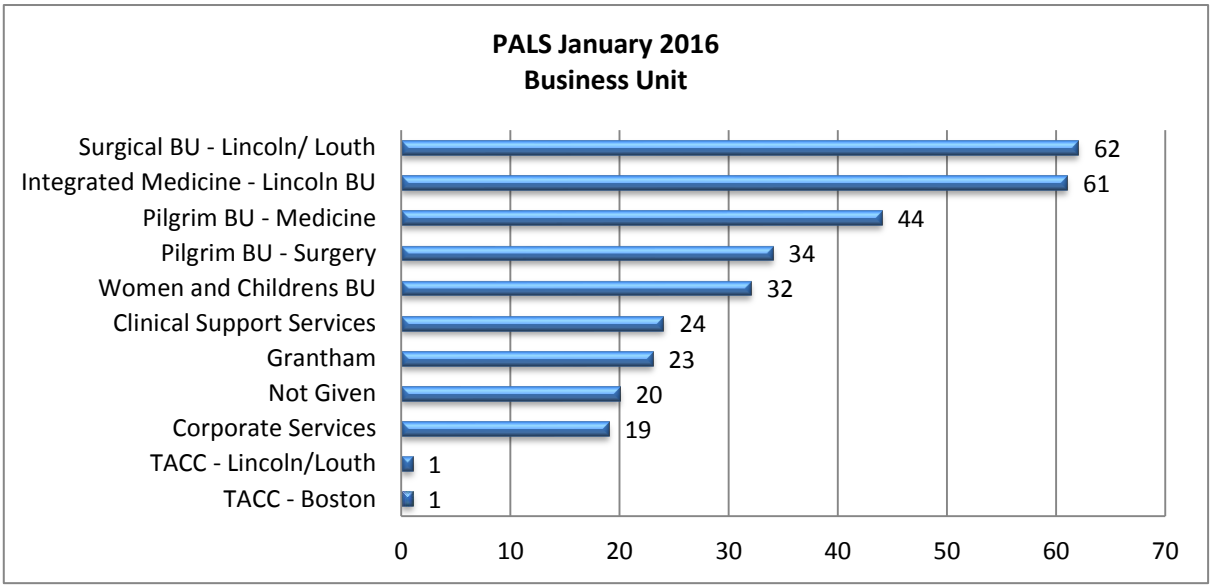
The graph below shows the number of complaints received by month and the number that have been 'reopened' (this refers to complaints responses that have bounced back from complainants because they are dissatisfied with the response. This term has now been replaced with 'ongoing'.



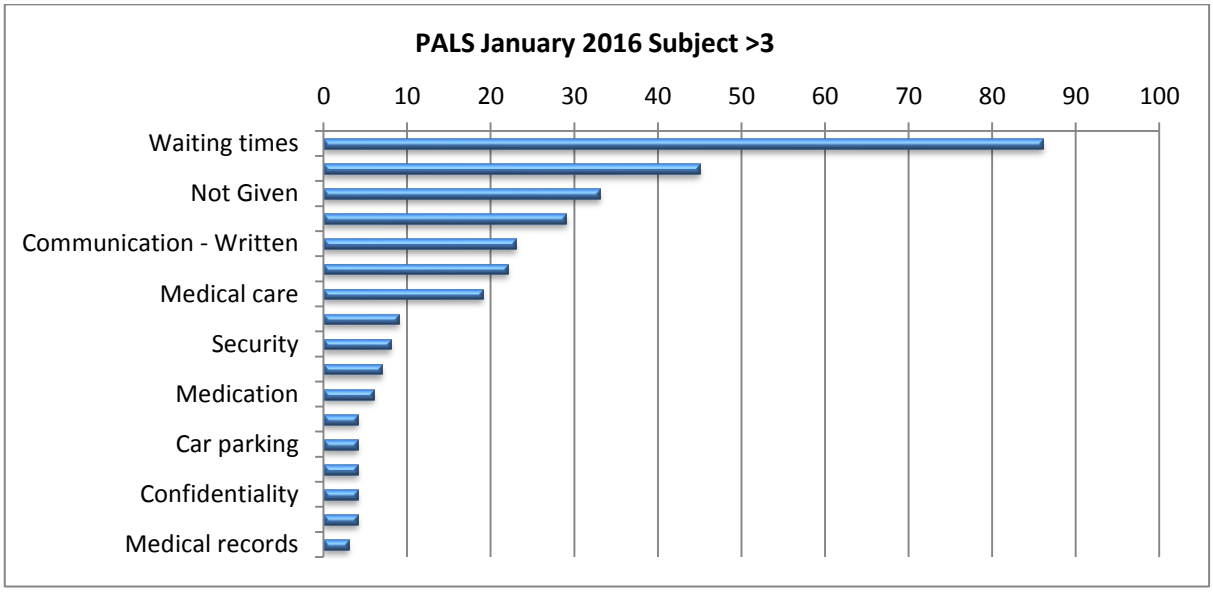
PATIENT EXPERIENCE – PALS



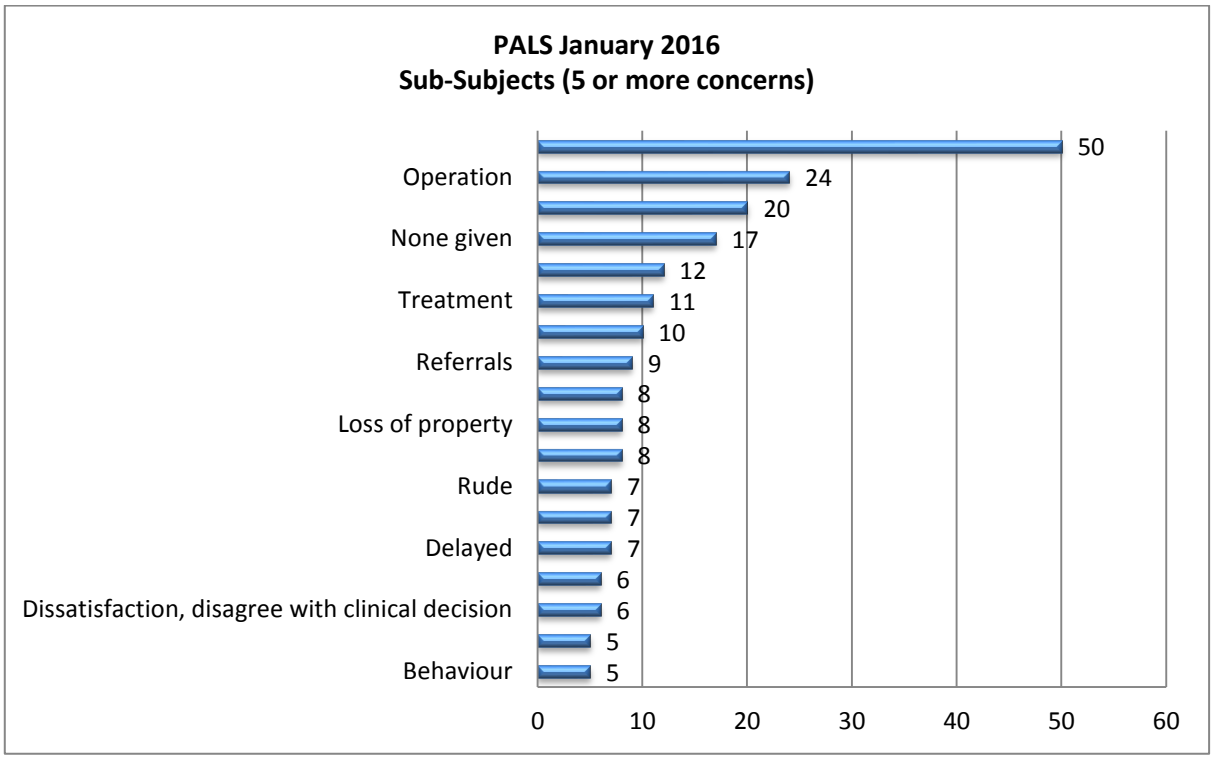


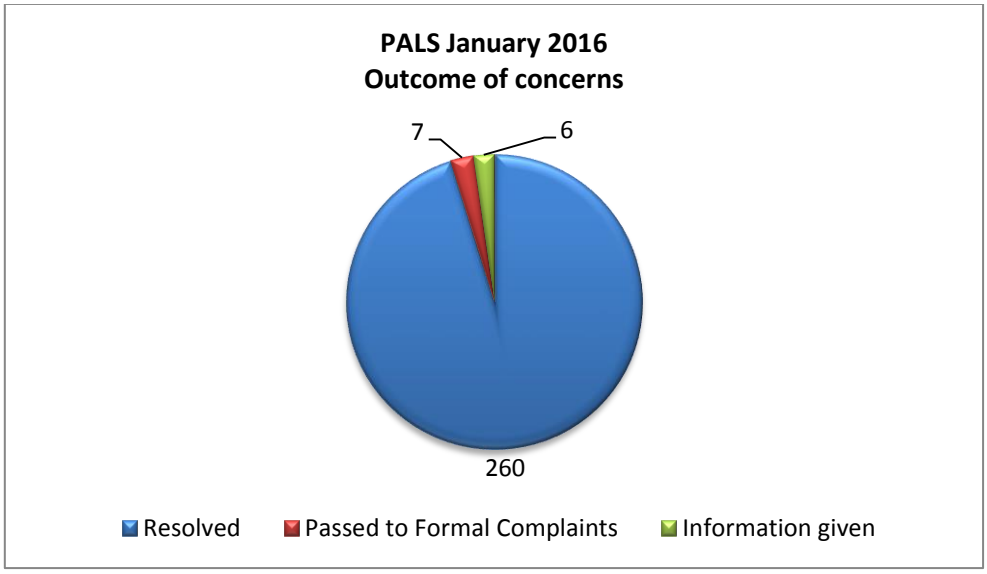


The graph below shows PALS enquiries by subject and were reported more than 3 times during December.



The graph below shows PALS enquiries by sub subject and were reported more than 5 times during December.





PATIENT EXPERIENCE – FRIENDS & FAMILY

Emergency Care - FFT recommendation rate

	Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Direction of movement between current month and previous month	
	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Trust	83%	9%	83%	9%	83%	10%	84%	9%	83%	8%	83%	9%	↔	↓
Grantham	87%	6%	82%	10%	88%	7%	86%	8%	87%	6%	82%	10%	↓	↓
Lincoln	84%	9%	83%	9%	82%	10%	83%	9%	81%	10%	84%	8%	↑	↑
Pilgrim	81%	11%	83%	7%	80%	11%	81%	9%	85%	8%	83%	9%	↓	↓

Emergency Care - FFT response rate

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Direction of movement between current month and previous month
Trust	23%	23%	24%	22%	23%	22%	↓
Grantham	25%	27%	29%	25%	26%	24%	↓
Lincoln	22%	22%	22%	22%	22%	22%	↔
Pilgrim	22%	21%	23%	21%	21%	21%	↔

Inpatients (including day cases) - FFT recommendation rate

	Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Direction of movement between current month and previous month	
	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Trust	91%	3%	92%	4%	91%	4%	90%	4%	92%	4%	92%	3%	↔	↑
Grantham	96%	0%	95%	3%	93%	4%	93%	5%	95%	1%	94%	2%	↓	↓
Lincoln	88%	4%	91%	4%	90%	4%	90%	4%	90%	5%	90%	4%	↔	↑
Pilgrim	91%	4%	91%	4%	92%	3%	89%	5%	91%	4%	92%	3%	↑	↑
Louth	96%	1%	94%	1%	92%	2%	97%	1%	99%	1%	97%	1%	↓	↔

Inpatients (including day cases) - FFT response rate

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Direction of movement between current month and previous month
Trust	31%	30%	29%	31%	28%	29%	↑
Grantham	45%	38%	32%	36%	35%	37%	↑
Lincoln	26%	27%	27%	28%	25%	23%	↓
Pilgrim	31%	31%	30%	33%	28%	30%	↑
Louth	42%	42%	35%	39%	42%	43%	↑

Maternity - FFT recommendation rate

	Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Direction of movement between current month and previous month	
	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Antenatal	100%	0%	95%	1%	100%	0%	100%	0%	93%	0%	100%	0%	↑	↔
Birth	95%	5%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	↔	↔
Postnatal Ward	83%	9%	93%	0%	95%	4%	92%	6%	89%	8%	93%	2%	↑	↑
Postnatal Community	100%	0%	98%	6%	100%	0%	100%	0%	100%	0%	97%	3%	↓	↓

Maternity Birth - FFT response rate

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Direction of movement between current month and previous month
Birth	12%	9%	4%	4%	6%	2%	↓

Paediatrics - FFT recommendation rate

	Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Direction of movement between current month and previous month	
	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Trust	73%	14%	78%	15%	79%	12%	77%	13%	75%	13%	79%	10%	↑	↑
Grantham	80%	7%	76%	16%	80%	12%	70%	17%	75%	14%	85%	10%	↑	↑
Lincoln	74%	13%	75%	17%	79%	11%	83%	9%	75%	14%	79%	9%	↑	↑
Pilgrim	63%	27%	85%	10%	78%	13%	75%	19%	76%	11%	73%	12%	↓	↓

Paediatrics - FFT response rate

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Direction of movement between current month and previous month
Trust	3%	3%	8%	8%	6%	6%	↔
Grantham	4%	4%	11%	12%	9%	8%	↓
Lincoln	3%	3%	8%	9%	6%	6%	↔
Pilgrim	2%	2%	7%	6%	4%	6%	↑

***Please note Paediatrics also includes children treated in an adult setting**

The chart below shows the FFT movement compared with December 2015

Key headlines

FFT	% Would recommend (change from last month)	% Would not recommend (change from last month)	% Response rate (change from last month)
Trust Overall	87% (0%)	6% (0%)	25% (-0%)
Inpatients	87% (-1%)	6% (-0%)	30% (-0%)
Emergency care	83% (-0%)	9% (+1%)	22% (-1%)
Day Case	95% (+1%)	2% (0%)	28% (+1%)
Outpatients	92% (+0%)	2% (-1%)	Not calculated
Paediatrics (covers IP, DC, EC & OP)	79% (+4%)	10% (-3%)	6% (-0%)

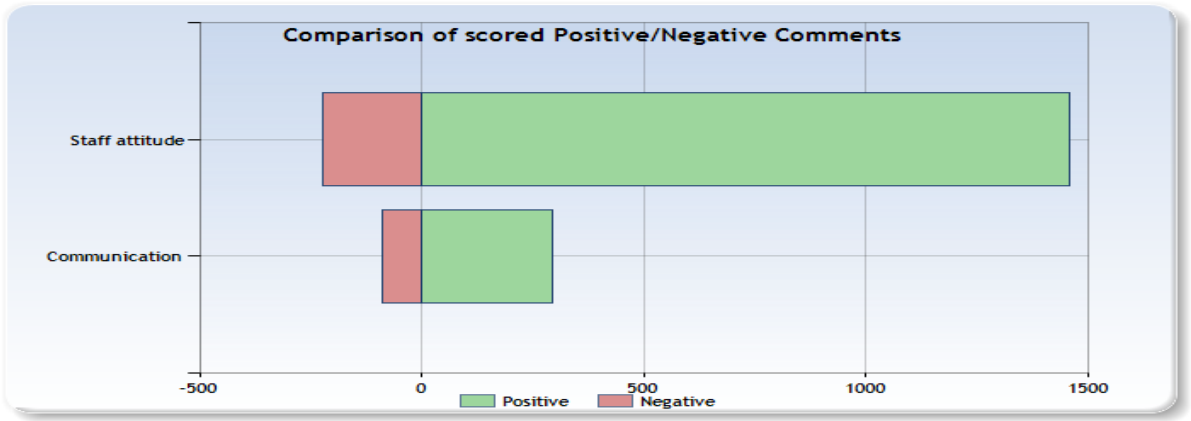
Maternity:

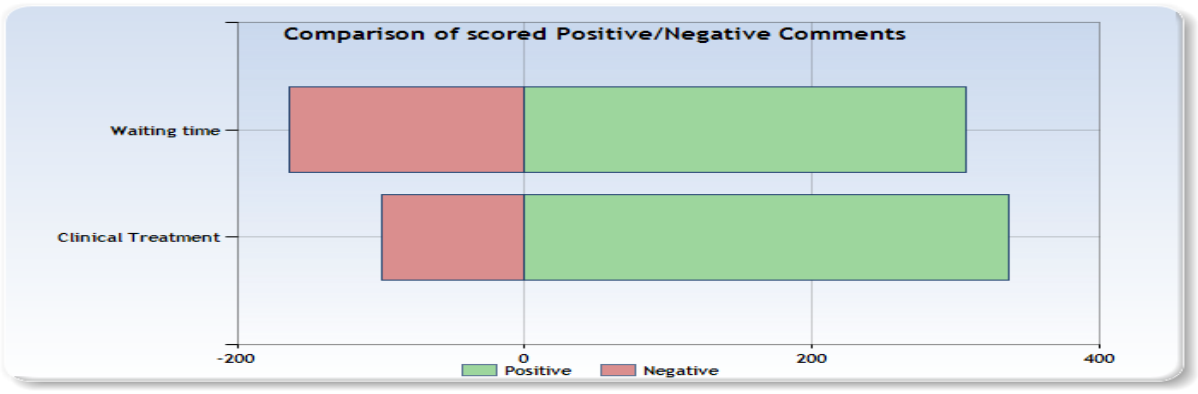
Antenatal community	100% (+7%)	0% (0%)	Not calculated
Labour wards	100% (0%)	0% (0%)	2% (-4%)
Postnatal wards	93% (+4%)	2% (-6%)	Not calculated
Postnatal community	97% (-3%)	3% (+3%)	Not calculated

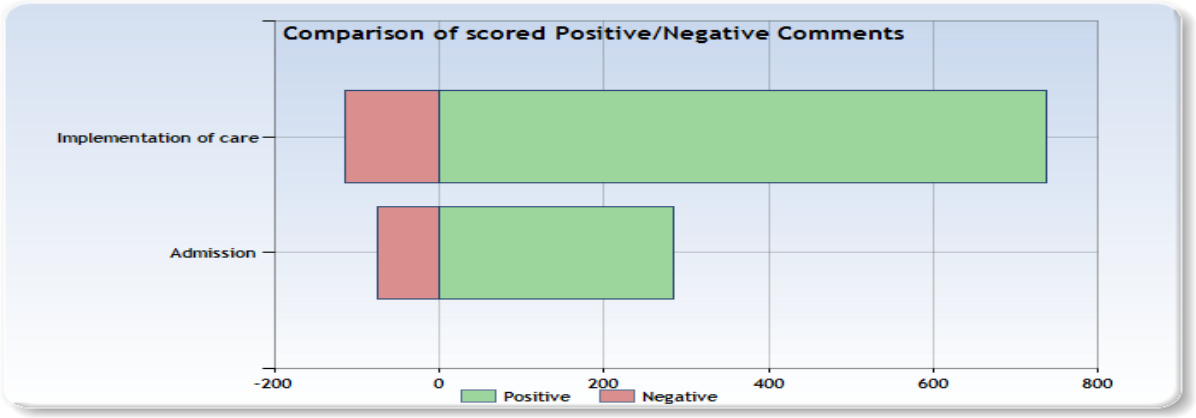
FFT Sentiment Analysis

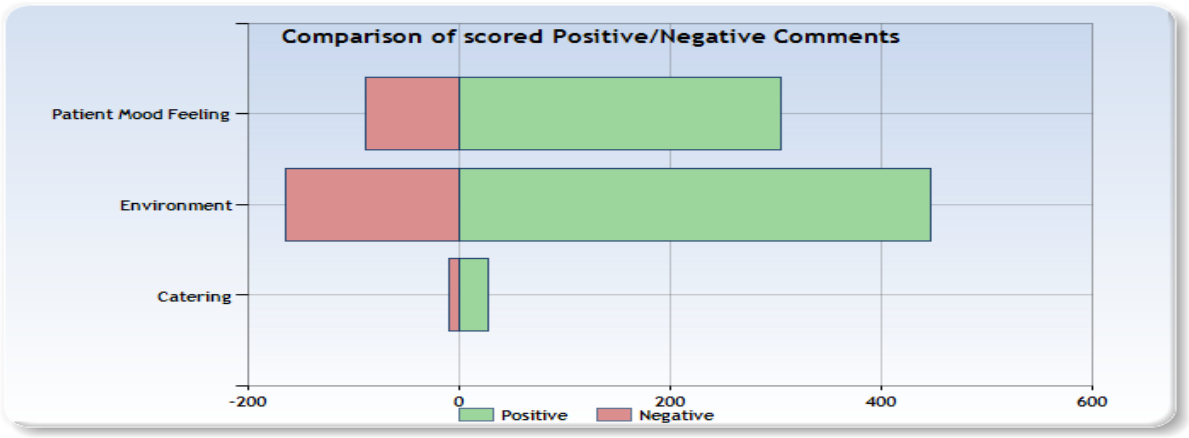
Our FFT provider has introduced sentiment analysis and a new functionality is the analysis of comments by theme. Sentiment analysis breaks down each comment received by from patient into phrases, using punctuation and scored according to the sentiment within in the phrase – positive or negative. A score is given to every phrase and then an average score is applied to the whole comment.

The charts below show the overall number of positive and negative based on all FFT comments by theme.









Patient FFT Comments

Comment against a '**would recommend**' FFT response:	Comment against a '**would not recommend**' FFT response:
II would love my comments be made public to branston ward. The staff were lovely, couldnt do enough for you. Everyone was really friendly the doctor was fantastic and really reassured me. There was a lovely student nurse on there it was only her second day but she seemed really confident. I had my own room, the lights went out at a decent time, the night was quiet. Would highly recommend the ward to anyone! Thank you for a nice stay :)	I felt dumped, I had to wait a long while for morphine pain relief, they would not give me a clean gown as I had big blood stains on it and was told to keep it on by other nurses as it was easier to change dressing. The ward I was transferred to unexpectedly yesterday morning where I was given no time or support to end my tv which I just paid £20 for. The nurse said it was none of her business. The ward I went to was amazing and very helpful I was informed over everything and pain relief was given to me straight away and my pills were never late unlike the other ward where they missed my anti biotic and I had to catch up the next day!

Overview and actions

Following the national publication of FFT data for December, the Trust remains in the lowest 20% quartile for FFT would recommendation rates for Inpatients and Emergency Care whilst achieving above the national average for response rates.

The patient experience team will continue to provide support and advice to wards and departments to encourage them to seek ways of improving recommendation rates.

Comparison of ULHT against national FFT December 2015

- **Inpatients & Daycase**
  Trust Level

  From the 172 trusts who submitted data in December, ULHT ranked 156th.

	% Recommends	% Non Recommends	% response rate
National	96%	2%	23%
ULHT	92%	4%	26%

  Site Level

  The total number of sites submitting data - 496

	% Recommends	% Non Recommends	% response rate	Ranking
National	96%	2%	23%	
Lincoln	90%	5%	23%	484th
Pilgrim	91%	4%	26%	469th
Grantham	95%	1%	35%	403rd
Louth	99%	1%	40%	193rd

- **Emergency Care**
  Trust level

  From the 141 trusts who submitted data in December, ULHT ranked 111th .

	% Recommends	% Non Recommends	% response rate
National	87%	7%	13%
ULHT	83%	9%	33%

  The total number of sites submitting data - 238

	% Recommends	% Non Recommends	% response rate	Ranking
National	96%	2%	23%	
Lincoln	80%	10%	22%	216th
Pilgrim	84%	8%	21%	185th
Grantham	86%	7%	26%	167th

- **Maternity**
  Antenatal care

  From the 135 trusts who submitted data in December, ULHT ranked 106th

	% Recommends	% Non Recommends
National	95%	2%
ULHT	93%	0%

Birth

From the 135 trusts who submitted data in December, ULHT ranked 33rd

	% Recommends	% Non Recommends	% response rate
National	97%	1%	23%
ULHT	100%	0%	3%

Post Natal Ward

From the 135 trusts who submitted data in December, ULHT ranked 119th

	% Recommends	% Non Recommends
National	94%	2%
ULHT	89%	8%

Post-natal community

From the 135 trusts who submitted data in December, ULHT ranked 67th

	% Recommends	% Non Recommends
National	98%	1%
ULHT	100%	0%

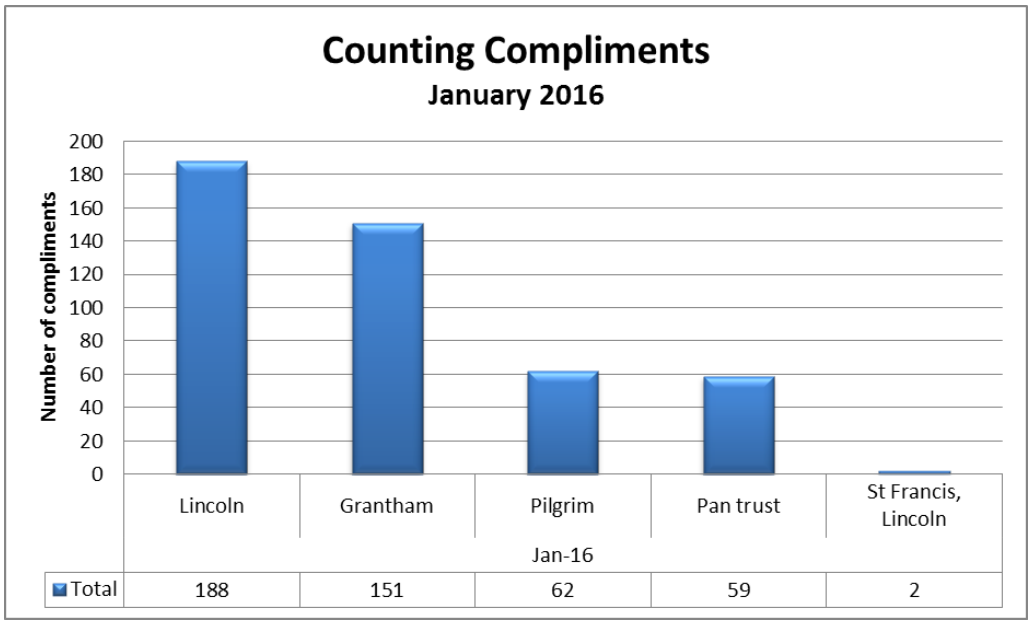
- **Outpatients**

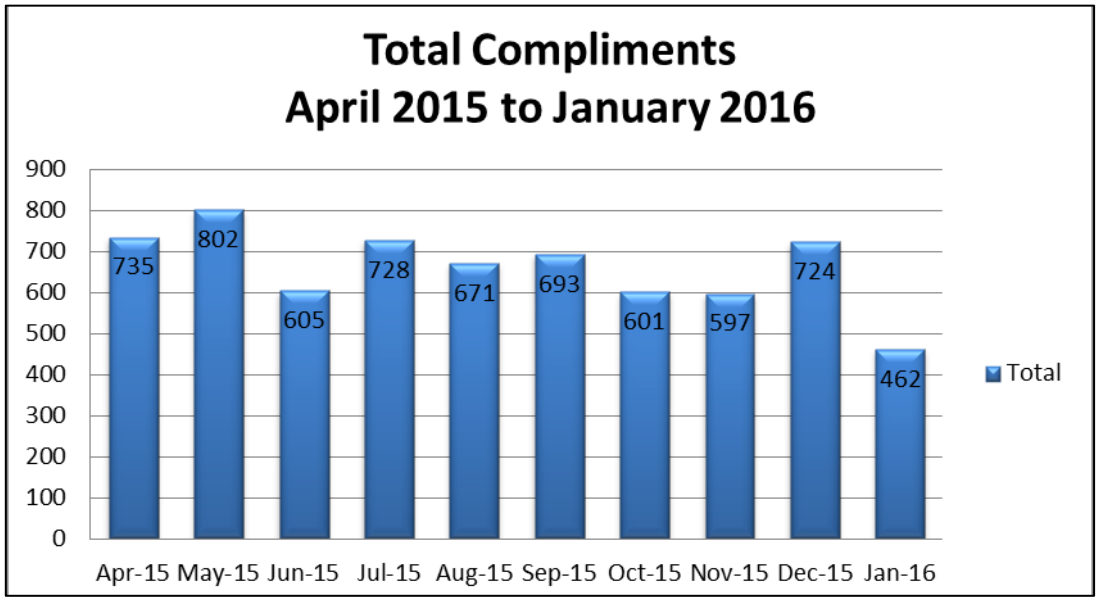
From the 234 trusts who submitted data in December, ULHT ranked 194th. Site level and response rate data is not published.

	% Recommends	% Non Recommends
National	92%	3%
ULHT	92%	3%

Counting compliments

This is the 10th month of collating compliments which have been received. These are counts at ward and department level of thank you cards and letters. In December **462** compliments were registered.





Grantham	**151**
Childrens Community Nurses - Kingfisher	20
EAU	4
Endoscopy	29
Hospice in the Hospital	8
Porters	1
Respiratory Nurse & Lung Cancer CNS	2
Theatre	1
Ward 2	49
Ward 6	37

Pilgrim	**62**

Lincoln	**188**
OPD Clinic 6	5
A&E	11
CCS/Specialist Nurse Trainers for Children with Disabilities	6
Clayton Ward	10
Clinic 11	4
Dermatology Outpatients	13
Digby	27
Greetwell	20
Haematology Outpatients	5
Hatton	11
Johnson / CCU/CSSU	31

CCU	25
Childrens Community Nurses	1
ITU	12
Maternity Ward	11
Ward 3B	3
Ward 6B	10

Pan trust	**59**
Bowel Cancer Screening Programme	47
Specialist Family Practitioner Team	12

Grand Total	**462**

MEAU	7
PALS	8
Rheumatology	16
Shuttleworth	6
Welton	8

St Francis, Lincoln	**2**
CCS/Specialist Nurse Trainers for Children with Disabilities	2

Grantham	**Lincoln**	**Pilgrim**
Children's Community Nurses - Kingfisher Thank you for coming to look after me" – comment from a child **Grantham Porters** Visitor/patient said porter was lovely and ask compliment to be passed on	**Lincoln A&E** The care I received was exceptional, and I feel I was looked after thoroughly **Lincoln CCS/Specialist Nurse Trainers for Children with Disabilities** Card from parent 'The biggest Thank You in the world for everything you have done to help our family	**Pilgrim CCU** Thank you for caring for Mr J with such dedication, patience and respect **Ward 3B** Nurses were all fantastic. Don't know how they put up with everything, amazing

Patient Opinion

28 stories were posted to Patient Opinion during December and were viewed **6,248** times. This equates to each story being read **223** times. The three most read stories were all positive and are shown below.

The significant increase the number of views is due to positive stories being posted on the ULHT Nurse Together Facebook site which commenced in January 2016.

The Patient Experience Manager has been invited by Patient Opinion to speak at the King Fund's How to use patient feedback more effectively to improve services Conference, in April.

"My Dad "

Story read: 1,104 times

About: Pilgrim Hospital Posted by Linda 2 weeks ago

Pilgrim has received serious bad press over these last few years and maybe there has been justification for the occasional few. But I always say speak as you find and wow I have nothing but praise for all the amazing staff who have been there for my dad this last week because if it wasn't for the amazing team that you are my dad wouldn't be here now. The Consultant from A&E made my dads day coming to find him on CCU (before or after a shift) to see how he is today after fearing the worst on Saturday. I know the staff won't see this post but thank you from the bottom of my heart.Dad came in via ambulance to A&E then onto AMU, 7B then CCU

"Thank you to A&E Department, Pilgrim Hospital"

Story read: 939 times

About: Pilgrim Hospital / Accident and emergency Posted by Me1983 (as the patient), last month

I was so well looked after during my recent admission to Pilgrim A&E Department. You hear so many bad stories about waiting times and care, and during my time in the department, I heard people complaining about how long they had been there etc, but what they forget is that each and every member of staff there is working to their best ability in very difficult circumstances.

The department was so busy, there were no bays left and paramedics had patients lined up on trolleys waiting for handover, despite these extremely busy times and pressures, every member of staff still did their best to make sure that each and every patient was looked after respectfully.

I was put on a trolley straight from triage, unfortunately there were no free bays, so I was parked in the corridor. Despite this I wasn't forgotten, every time a member of staff passed me, they would ask if there was anything I needed. Even the admin staff took their time to check I was ok and made time to speak to me, seeing that I was in distress from the pain.

I was taken to Radiology by lovely porters who chatted to me on the way, they were then there within minutes of me coming out of x-ray to take me back to the department. Upon my return to the department, I was again put in the corridor, but again I was looked after, they explained that as soon as a bay became free, then I would be put in a bay. I was offered pain relief when a nurse who passed me saw that I was in distress.

Eventually I was wheeled into a bay, I was given privacy and after a short while the doctor came to

see me. He explained my x-ray results to me and went through the cause of the pain. He then offered me support when I became emotional and asked if there was anything he could do to help me at all with my current situation. He explained the next course of action, what I needed to do, what he would do and also what to look for by way of my condition worsening. He made sure that the pain relief he gave me had taken effect and that I understood what would happen next before walking me to the doors.

I have never felt such care and consideration by such a wonderful team, and I would happily recommend Pilgrim A&E to friends and family, I couldn't have asked for better care and I feel that the immense pressures they were all under was calmly and professionally taken care of and they never faltered. Thank you to all staff.

“Above and beyond at the Pilgrim"

Story read: 816 times

About: Pilgrim Hospital / Accident and emergency Posted by Ja9 (as a relative), last month

My wife had been suffering from an abdominal pain and we felt we would have it checked out at A&E. Our turn came and she was examined, the results from the initial tests were inconclusive so further tests were required, the doctor who was attending us was coming to the end of his shift but the results had not come back, he waited for over an hour after his shift finished for the results which meant he was able to diagnose her illness (we later found out he had to travel to Manchester after the shift). His dedication speaks wonders for the profession and the Trust, thank you.

Patient Opinion word cloud

NATIONAL SURVEYS

2015 National In-Patient survey

The national in-patient survey is undertaken during September to October each year and the full report and results received usually at the end of February. ULHT uses Quality Health as its researchers and in January received an initial first cut of results. Quality Health then submit these findings to the CQC for their adjustments, benchmarking and national comparisons.

As a headline review of the results the information below only considers ULHT variance against 2014 scores and does not yet give an indication as to where the Trust sits nationally.

Overall question variance (where comparisons can be made as there were some new questions in 2015)		
	Improved	Worsened
2013	31	21
2014	36	15
2015	41	10

↑ = improved position ↓ = worsened position ↔ = unchanged

Question	2014	2015	Comments
A&E			
right amount of information given	↑	↔	
privacy in the A&E department	↑	↔	
Elective admission			
given a choice of hospital	↑	↔	
length of time on waiting list	↓	↓	5% fall
admission date being changed	↓	↓	2% fall
specialist referred to had all necessary information	↑	↑	1% improvement
Wait for bed on ward	↓	↓	4% fall
Hospital / ward			
shared sleeping area with opposite sex	↑	↓	1% fall
stayed on 3 wards or more	↔	↑	4% improvement
When moved ward hared sleeping area with opposite sex	↑	↔	
bothered by noise at night from other patients	↔	↑	2% improvement
bothered by noise at night from staff	↔	↑	4% improvement
ward 'very clean'	↑	↑	1% improvement
bathroom 'very clean'	↑	↑	1% improvement
Feel threatened by other patients	↑	↓	1% fall (10 respondents)
availability of handgels	↓	↑	5% improvement
hospital food rated 'very good'	↑	↔	
choice of food	↔	↑	2% improvement
had enough help to eat meals	↔	↑	7% improvement
Doctors			
doctors answered questions in way they could understand	↑	↑	5% improvement
confidence and trust in doctors	↑	↑	2% improvement
doctors talked over you as if you are not there	↑	↑	2% improvement
Nurses			
nurses answered questions in way they could understand	↑	↑	2% improvement
confidence and trust in nurses	↑	↔	
nurses talked over you as if you were not there	↑	↑	4% improvement
in your opinion were there enough nurses on duty	↑	↑	8% improvement
Care and treatment			
Did staff work well together?	New question this year		
whether received conflicting information from staff	↑	↑	3% improvement
involved in decisions about care and treatment	↑	↑	1% improvement
Confidence in decision about care and treatment	↑	↑	3% improvement

amount of information given about condition or treatment	↑	↓	3% fall
staff to talk to about worries and fears	↑	↑	2% improvement
enough emotional support	↑	↔	
privacy when discussing condition or treatment	↑	↑	5% improvement
privacy when examined or treated	↑	↑	4% improvement
staff did everything they could to control pain	↑	↑	2% improvement
call bell response within 1-5 minutes	↑	↑	1-2 min 6% improvement
Operations & procedures			
staff explained risks & benefits	↑	↑	2% improvement
staff explained what would happen during procedure	↑	↓	1% fall
staff answered questions in way could understand	↓	↑	5% improvement
staff explained how would feel afterwards	↓	↑	2% improvement
staff explained anaesthetic in way could understand	↓	↑	2% improvement
staff explained how the procedure went	↓	↑	5% improvement
Leaving hospital			
involved in decisions about discharge	↑	↑	2% improvement
given enough notice of discharge	↑	↑	1% improvement
discharge was delayed on the day	↓	↓	8% fall
Reasons for delay – Waiting medicines		↔	
Reasons for delay – Waiting doctor		↑	8% improvement
Reasons for delay – Waiting transport		↓	1% worse
Reasons for delay – other		↓	6% worse
Enough support from health or social care	New question this year		
Continuing care plan in place when transferred	New question this year		
provided with written or printed information of what to / not to do after discharge	↓	↑	9% improvement
explained purpose of medication	↑	↑	4% improvement
explained side effects of medications	↑	↑	4% improvement
explained how to take medications in way could understand	↑	↑	2% improvement
provided with written or printed information on medications	↓	↑	8% improvement
explained danger signals to watch for	↑	↑	1% improvement
family / home situation were taken into account	↓	↑	8% improvement
family were given all information they needed	↑	↓	2% fall
told who to contact if worried after discharge	↓	↑	11% improvement
equipment and adaptations discussed	↑	↔	
community services discussed	↓	↑	3% improvement
Overall			
treated with respect and dignity	↑	↑	2% improvement
Overall feel well looked after	↑	↑	5% improvement
overall rating (those who scored 8, 9 or 10 out of 10 with 10 being very good experience)	↑	↑	4% improvement
asked to give views on quality of care – during hospital stay	↓	↓	1% fall
saw or given information on how to complain	↓	↔	

Once the national comparisons are published and the benchmark scores are received a more detailed analysis, including breakdown to site level will be available. This will include composite scores as calculated by NHSE against 5 domains. These domains use a specific set of questions from the survey; a score is calculated as an average across this bank of questions following adjustment and standardisation for age and gender. The composite scores are used by the TDA within their Patient Experience Tool and the CQC in their overall patient experience scores.

1. Access and waiting	2015 headline
Question 7: Was your admission date changed by the hospital?	↓ 2% fall
Question 6: How do you feel about the length of time you were on the waiting list before your admission to hospital?	↓ 5% fall

Question 9: From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	↓ 4% fall

2. Safe, high quality, coordinated care	2015 headline
Question 31: Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	↑ 3% improvement
Question 51/52: On the day you left hospital, was your discharge delayed for any reason? + What was the main reason for the delay?	↓ 8% fall
Question 59: Did a member of staff tell you about any danger signals you should watch for after you went home?	↑ 1% improvement

3. Better information, more choice	2015 headline
Question 32: Were you involved as much as you wanted to be in decisions made about your care and treatment?	↑ 1% improvement
Question 55: Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	↑ 4% improvement
Question 56: Did a member of staff tell you about medication side effects to watch for when you went home?	↑ 4% improvement

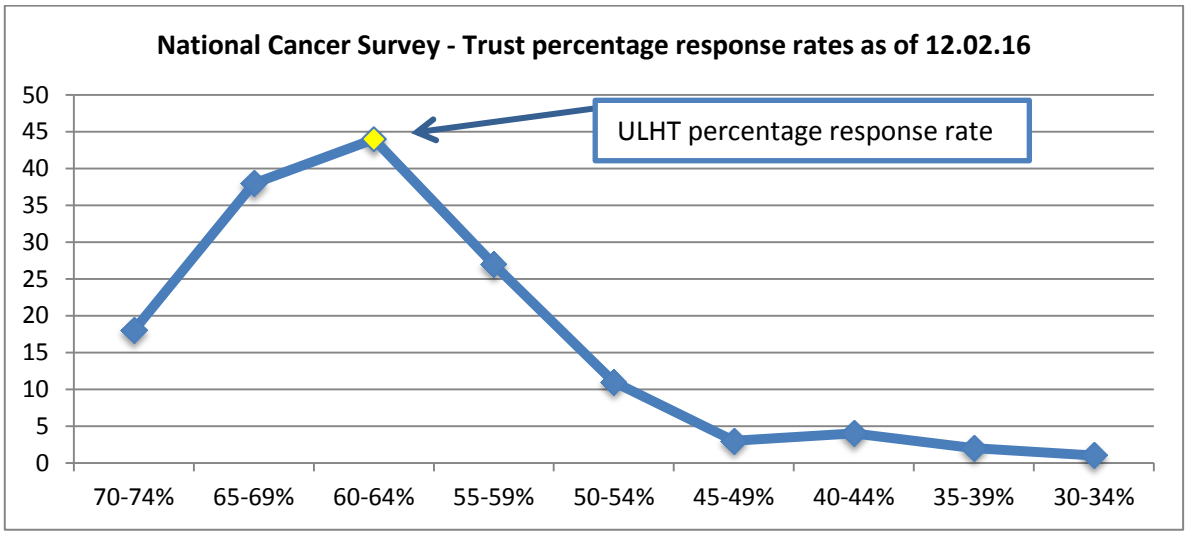
4. Building closer relationships	2015 headline
Question 24: When you had important questions to ask the doctor, did you get answers that you could understand?	↑ 5% improvement
Question 26: Did doctors talk in front of you as if you weren't there?	↑ 2% improvement
Question 27: When you had important questions to ask a nurse, did you get answers that you could understand?	↑ 2% improvement
Question 29: Did nurses talk in front of you as if you weren't there?	↑ 4% improvement

5. Clean, comfortable, friendly place to be	2015 headline
Question 15: Were you ever bothered by noise at night from other patients?	↑ 2% improvement
Question 16: Were you ever bothered by noise at night from hospital staff?	↑ 4% improvement
Question 17: In your opinion, how clean was the hospital room or ward that you were in?	↑ 1% improvement
Question 21: How would you rate the hospital food?	↔
Question 37: Were you given enough privacy when being examined or treated?	↑ 4% improvement
Question 67: Overall, did you feel you were treated with respect and dignity while you were in the hospital?	↑ 2% improvement
Question 39: Do you think the hospital staff did everything they could to help control your pain?	↑ 2% improvement

A more detailed analysis will be provided on receipt of the full report anticipated to be at the end of February and appraisal against the current action plans.

National Cancer Survey

This survey is currently underway. The Trust receives weekly updates on progress and currently the response rate is good. The current action plans are being reviewed and updated by the new Cancer Lead Nurse.



Maternity Survey

The 2015 Maternity Survey report was published in December and the action plans are being finalised for presentation to Patient Experience Committee. Overall the results were good with ULHT benchmarking 'about the same' across all sections. Three questions were 'touching' the 20% best scoring Trusts:

- Having enough time to ask questions and discuss pregnancy at antenatal clinics.
- Midwives listening to them.
- Midwives speaking in a way they could understand.

Children and Young Persons Survey

The 2014 survey reported in July 2015. This was the first such survey and therefore variance cannot be shown. The response rates across the country were low and a number of questions could not therefore be benchmarked; however The Trust scored 'about the same' across all areas where comparisons could be made with the exception of 3:

- Received different information from different staff – scored within the lowest 20% of Trusts.
- Friendliness of staff – scored in the highest 20% of Trusts.
- Access to hot drinks for parents / carers - scored in the highest 20% of Trusts.

An action plan has been in progress and update reports presented to Patient Experience Committee. Specific areas of focus include:

Ensure all patients / their parents or carers are given verbal and written information about who to contact if they are worried about their condition or treatment after returning home.	This will be included within the new documentation currently being developed and nurse will sign to say this information and other discharge information has been given.	New documentation currently being piloted.
Make sure hospital staff discuss with patients / their parents or carers any on-going needs they may have after leaving hospital.	This will be included within the new documentation currently being developed and nurse will sign to say this information and other discharge information has been given.	New documentation currently being piloted.
Ensure that patients are given as much information and explanations as they want about what the operation would entail, before, during and after, including anaesthesia and its effects. Look at the best method for giving this information and if possible tailor to the patient's needs.	This is a planned work-stream from the Paediatric General Surgery Clinical Network and ULHT contributes to this.	In progress