United Lincolnshire Hospitals **NHS**

NHS Trust

QUALITY REPORT - JANUARY 2016

Document management

Title:	Quality Performance Report
To:	Quality Governance Committee
From:	Suneil Kapadia, Medical Director Michelle Rhodes, Director of Nursing
Author:	Bernadine Gallen Quality & Safety Manager
Date:	21st January 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st December 2015, 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 February 2016 reflecting performance to 31st January 2016.

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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	MOVEMENT
Hospital Standardised Mortality Ratio (DFI) (Latest data September 14 - August 15 this is a rolling figure reported in the month specified)	100	N/A	105.83	108.21	107.50	107.63	Not avail	105.46	103.33	102.54	101.69	↓
Summary Hospital-level Mortality Indicator (Latest data April 2014 to March 2015)	100	N/A	107.31	107.65	Not avail	Not avail	Not avail	Not avail	Not avail	111.14	Not avail	↑
Clostrium Difficile (post 3 days)	59	41	2	3	4	3	5	8	5	2	9	↑
MRSA bactaraemias (post 3 days)	0	1	1	0	0	0	0	0	0	0	0	←
MSSA		0	1	1	0	3	3	1	2	5	3	↓
ECOLI		53	5	5	6	7	2	8	5	12	3	↓
Never Events (may change when reviewed)	0	2	0	0	0	0	0	0	2	0	0	←
Serious Incidents reported (may change when reviewed)		71	11	4	8	11	8	5	7	9	8	↓
Harm Free Care % (Safety Thermometer)	95%	93.02%	92%	93.77%	93.88%	94.57%	90.41%	92.83%	93.94%	93.20%	92.57%	↓
New Harm Free Care % (Safety Thermometer)		97.50%	97.51%	97.15%	97.40%	98.30%	95.43%	98.70%	97.60%	97.84%	97.60%	↓
CAUTI (Safety Thermometer)		0.35%	0.31%	0.32%	0.33%	0.57%	0.91%	0.11%	0.46%	0.11%	0.0%	↓
Falls (DATIX)		1400	150	150	152	143	141	137	169	164	194	↑
Medication errors (DATIX)		991	126	122	106	130	103	86	104	108	106	↑
Medication errors (mod, severe or death) (DATIX)		45	4 (M)	5	8	7	4	8	4	4	5	↑
Pressure Ulcers (PUNT) 3/4	0	27	2	2	1	3	4	1	2	3	9	↑
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%	↑
Overdue CAS alerts (PD = past deadline) (NC = not completed)	0	0	0	0	0	0	0	0	0	0	0	←
SQD %	90%	86.53%	85.72%	87.91%	83.33%	86.26%	89.30%	86.63%	86.89%	85.08%	87.66%	↑

EFFECTIVENESS DOMAIN

METRIC	STANDARD	YTD	April	May	June	July	August	Sept	Oct	Nov	Dec	MOVEMENT
#NOF 24 hrs	70%	69.78%	76.9%	69.70%	64.29%	65.88%	54.05%	75.61%	83.54%	72.73%	65.28%	↓
#NOF 48 hrs	95%	94.60%	100%	93.94%	98.21%	90.59%	90.54%	93.90%	97.47%	90.91%	95.83%	↑
PPCI - 90 minute door to balloon Q1 Data April - June 15			Quarterly	Quarterly	97.30%	Quarterly	Quarterly	97.20%	Quarterly	Quarterly	95.50%	
PPCI - 150 minute call to balloon Q1 April - June 15			Quarterly	Quarterly	85.30%	Quarterly	Quarterly	91.30%	Quarterly	Quarterly	85.80%	
Dementia Screening (Latest data not available until 27th January 2016)	90%	89.22%	87.53%	88.50%	88.36%	83.21%	77.20%	80.46%	82.71%	84.28%	MB	↓
Dementia Risk Assessment (Latest data not available until 27th Jnauary 2016)	90%	92.09%	97.54%	95.63%	96.25%	91.10%	88%	91.05%	92.58%	84.95%	MB	↓
Dementia Referral for Specialist Treatment (Latest data not available until 27th January 201	90%	77.35%	70.79%	86.42%	84.62%	78.67%	88%	80.82%	68.29%	60.76%	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 4th January 2016)	98%	77.68%	75.48%	77.20%	76.60%	79.01%	78.66%	78.45%	78.66%	78.21%	76.89%	↓

*MB = Month Behind

WELL - LED DOMAIN

METRIC	STANDARD	YTD	Apr	May	June	July	August	Sept	Oct	Nov	Dec	MOVEMENT
IP response rate from FFT (November Onwards Includes Day Case)	>30%	30.56%	34%	30%	30%	24%	31%	33%	32%	31%	30%	↓
A&E response rate from FFT	>20%	23.22%	26%	26%	25%	17%	23%	23%	24%	22%	23%	↑

METRIC	STANDARD	YTD	Apr	May	June	July	August	Sept	Oct	Nov	Dec	MOVEMENT
Inpatient' recommend' scores from FFT (November onwards includes Day Case)		89.22%	90%	91%	89%	90%	88%	88%	89%	90%	88%	↓
A&E 'recommend' scores from FFT		83.11%	83%	84%	84%	81%	83%	83%	83%	84%	83%	↓
Compaints received		626	57	51	74	74	88	94	71	57	60	↑
Complaints open		4036	520	529	456	489	406	427	443	384	382	↓
Complaints on-going		64	7	3	5	8	16	6	6	3	10	↑
Mixed sex accommodation breaches (To be confirmed, investigation pending)	0	46	5	8	0	1	4	9	3	1	15	↑

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Trust Mortality Report – December 2015

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 April 2014 to March 2015 is 111.14. SHMI in hospital deaths equates to 107.93 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
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%	-
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	-	-	-
SHMI	111.14 (Apr 14 – Mar 15)	-	-	-	-	-	-	-	-	-
Clinical Indicators										
Patient observations on time & correct	81.7%	78.0%	82.2%	66.9%	75.0%	75.2%	66.4%	71.8%	74.8%	75.9%
Evidence of escalation	85.0%	78.8%	82.1%	73.7%	84.2%	77.3%	90.0%	74.1%	66.7%	94.1%
Medicines administered on time	91.3%	93.2%	92.5%	89.7%	92.4%	93.0%	90.9%	88.5%	90.1%	85.3%
Sepsis identification (Av. 400 patients reviewed monthly)- SOURCE: SQD	73.7%	72.4% (21/29 patients)	80.8% (21/26 patients)	50.0% (8/16 patients)	77.8% (28/36 patients)	72.7% (16/22 patients)	65% (13/20 patients)	65.4% (17/26 patients)	57.1% (8/14 patients)	87.5% (14/16 patients)
IVAB administered in 1hr SOURCE: Sepsis Audit	Unavailable	26% (19/66 patients)	46% (6/13 patients)	42% (8/19 patients)	41% (21/51 patients)	29% (16/56 patients)	45% (26/58 patients)	25% (14/57 patients)	45% (30/66 patients)	40% (19/48 patients)
Senior review	92.7%	93.0%	91.6%	91.1%	90.4%	87.3%	92.0%	90.5%	89.6%	88.1%
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%	-

| 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	-
% 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%	-

Note: Clinical coding data for December 2015 not available until after mid-December coding deadline
Please see Explanatory notes re: HSMR and SHMI at end of report

Crude Mortality

ULHT Crude Mortality (January 2012 to December 2015)

Crude mortality has increased slightly from November 2015 by 0.2% to 2% in December; from December 2014 this is 0.2% lower.
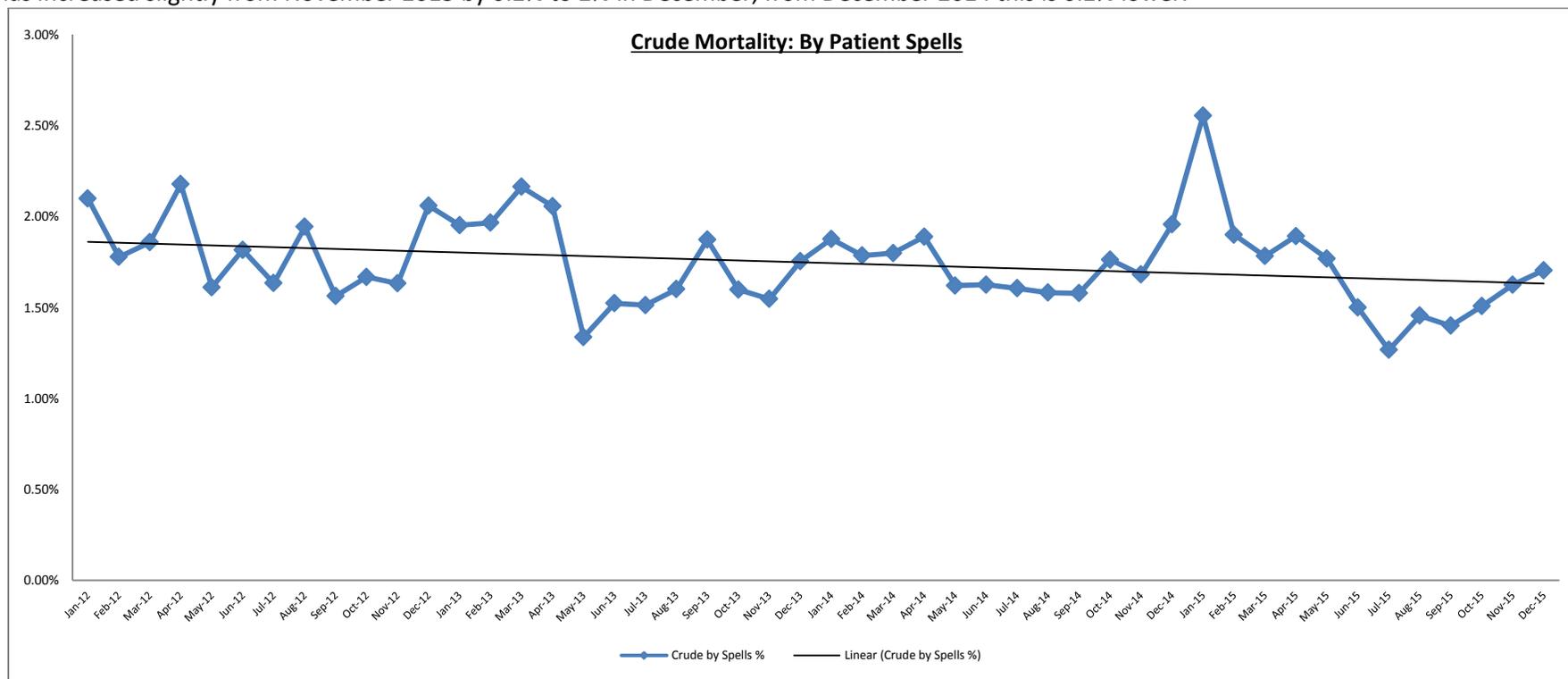
HSMR

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)
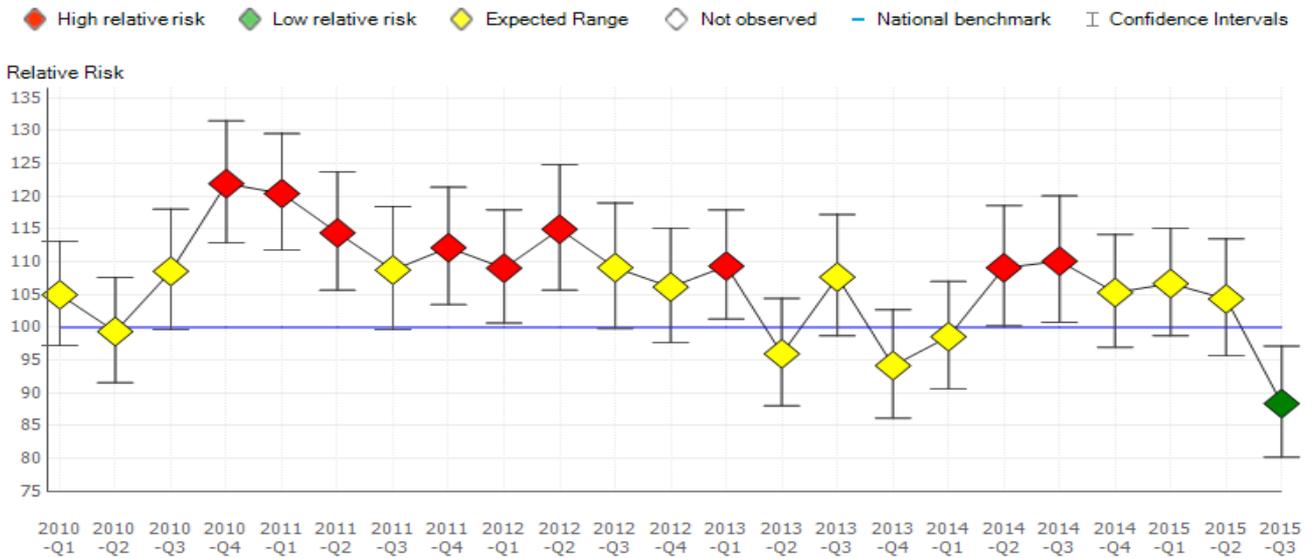
ULHT HSMR by Month (October 2014 to September 2015)
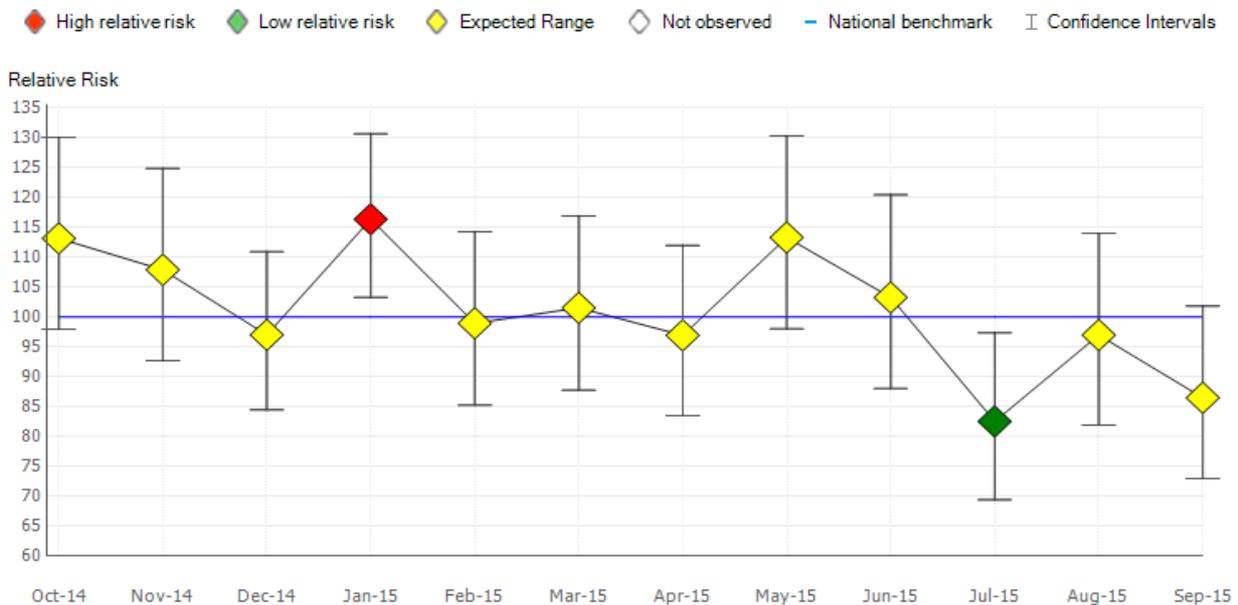
ULHT HSMR by Day of Admission YTD (April 2015 to September 2015)

The graph below shows the year to date HSMR by day of admission. From the Dr Foster Data the 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 demonstrated ULHT as 57 out of the 137 trusts (higher numbers indicates lower risk). 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 (higher number indicates lower risk)
Monday	29/137
Tuesday	22/137
Wednesday	116/137
Thursday	22/137
Friday	39/137
Saturday	92/137
Sunday	88/137
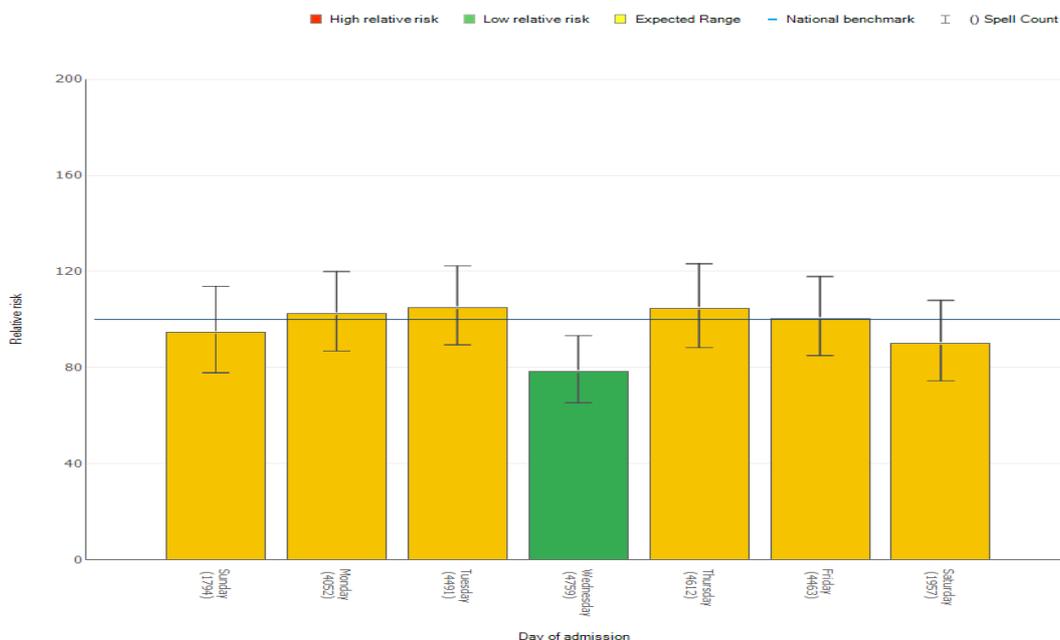
SHMI

The most up-to-date complete year from HSCIC SHMI is for April 2014 to March 2015 is 111.14 for all deaths. SHMI in hospital deaths equates to 107.93 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 Site 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.

<u>Highlights from Mortality Action Tracker:</u>
- Stroke- is not currently alerting; but there are questions that were highlighted in the stroke audit data that shows Lincoln County's HSMR stands at 118.06 whilst Pilgrim Hospital is 66.08. A mortality meeting is being held on the 15th January 2016 to look at the pathway at Lincoln County to assess and develop an action plan.
- UTI-A mortality review was completed earlier this year; outstanding actions are; Agreement of fluid balance adding the SQD, CAUTI group and champions, improvement of documentation, training and implementation of a Dr Toolbox App.
- Other Perinatal- Proforma is now in use on the labour wards. A follow up meeting is arranged for progress on the 8th February 2016 for the coding proforma pilot.
- Leukaemia's and Multiple myeloma reviews are now complete. These are to be presented at patient safety committee. No further action but a recommendation for the trust to consider resource available to Palliative Care.

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 October 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

Harm Free Care (old & New) comparison for ULHT and NHS England

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 2015
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%

New Harm Free Care comparison for ULHT and NHS England

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 2015
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%

Harm Free and New Harm Free Care across ULHT December 2015

	ULHT %	GDH %	LCH %	PBH %
Harm Free	**92.24**	**93.18**	**91.8**	**92.63**
New Harm Free	**97.27**	**98.86**	**96.31**	**98.23**

National Average of Catheterisation (December 14 – November 15)
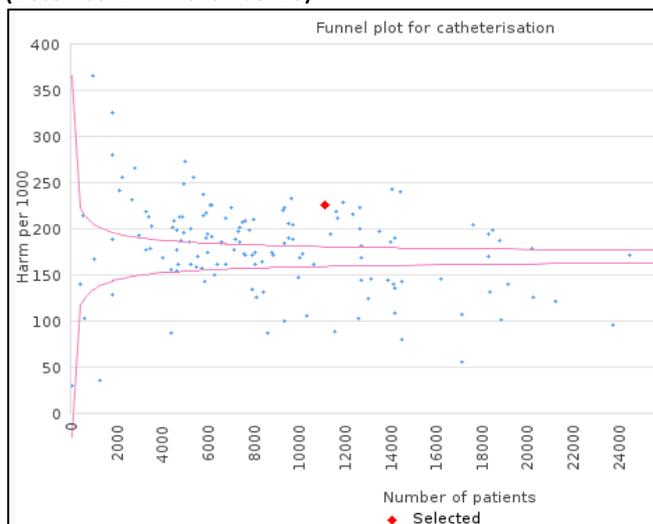
**National Average of Catheters and UTIs (December 14 – November 15)**
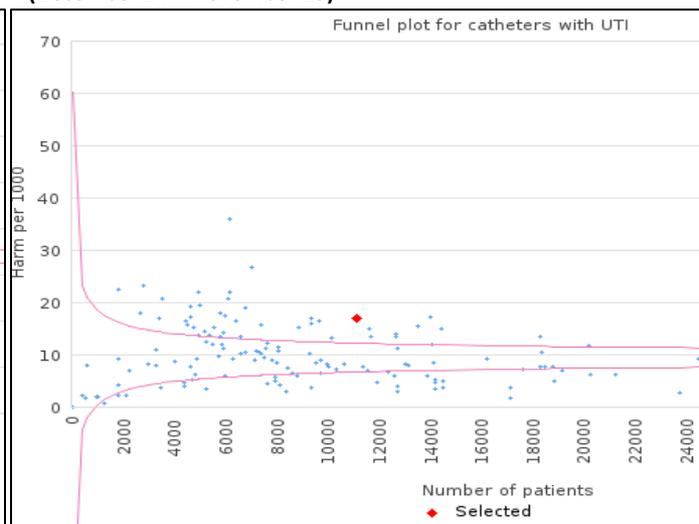
Actions

- Report discussed at the monthly falls, pressure ulcers and CAUTI meetings
- All harms are validated with the Trust leads
- Repors are disseminated to wards, matrons, HoN and deputy chief nurses detailing each harm that each ward declared

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 December 2015, the total number of falls on inpatient wards per 1000 bed days was 4.69 which is an increase from November which was 3.40 providing an upward trend in the last three months.

Graph One: All Falls (with and without harm) on in-patient wards per 1000 bed days
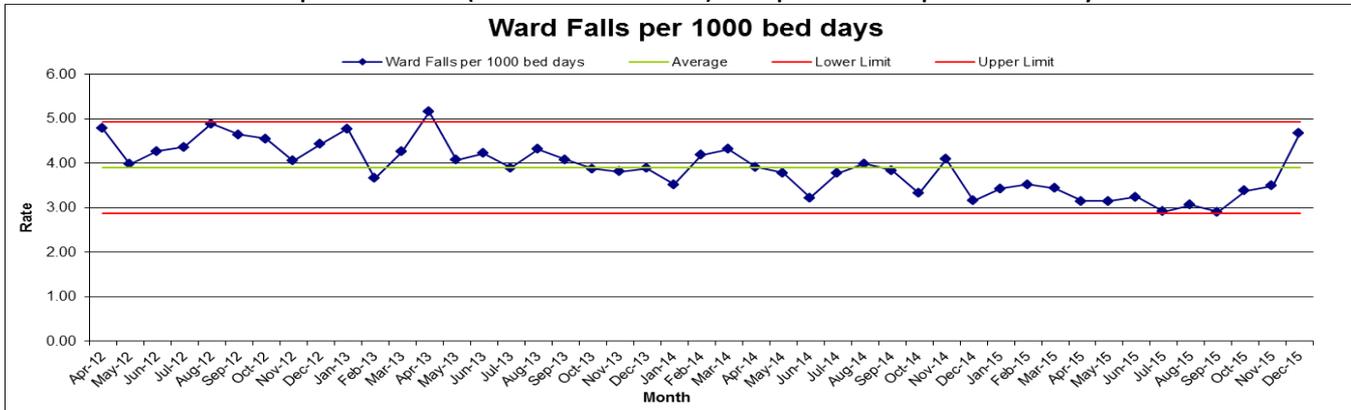
Graph 2 outlines the severity of falls that have been reported during 2015 which shows that the number of falls with no harm are increasing though this could be due to increased compliance with reporting.

Graph 2: Falls by Severity Reported on DATIX in 2015
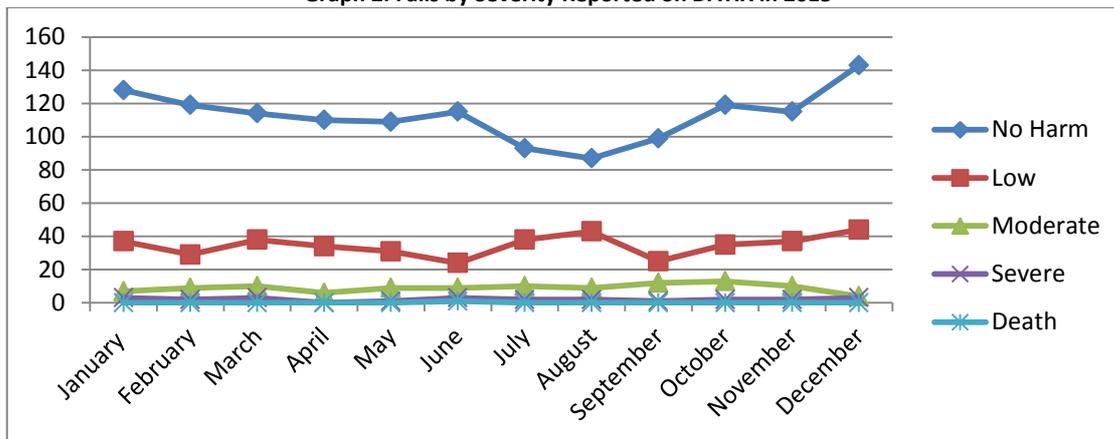
The Falls Group is focusing on Falls with Harm and Graph three reports that the falls with harm per 1000 OBD was 1.23 in December which was an increase from November (1.04). It is worth noting that throughout December there were escalation beds open due to increased demand.

Graph Three: All falls with harm on in-patient wards per 1000 bed days

9
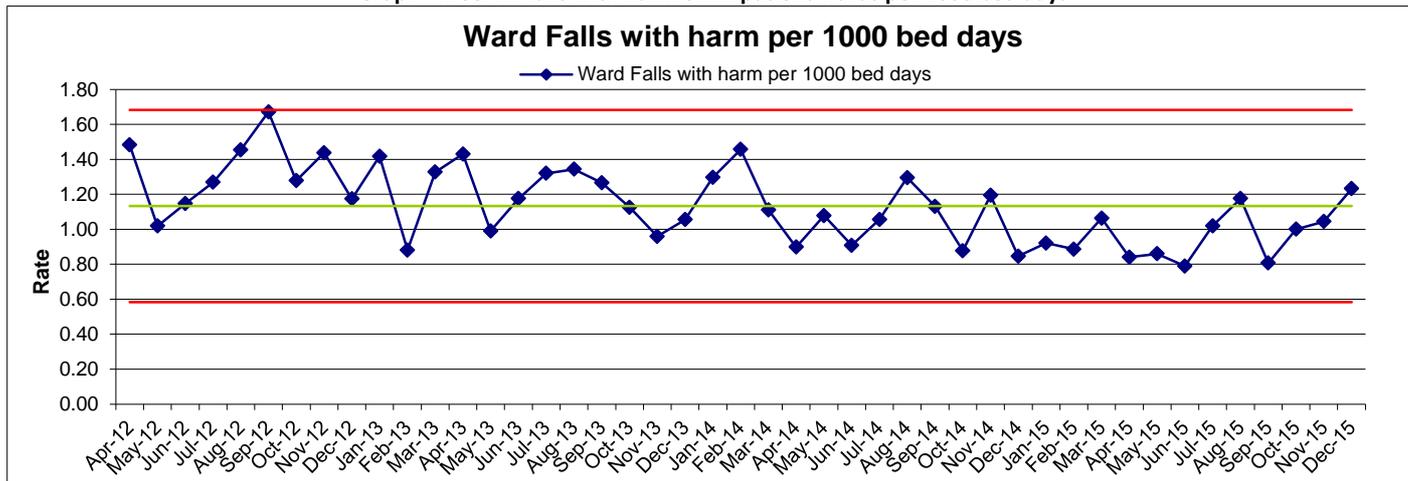
Point Prevalence Audit of all falls both inpatient falls and falls prior to admission continue via the NHS Safety Thermometer. The Trust is an outlier nationally.

Graph 4: National Average of Falls with Harm (December 14 – November 15)
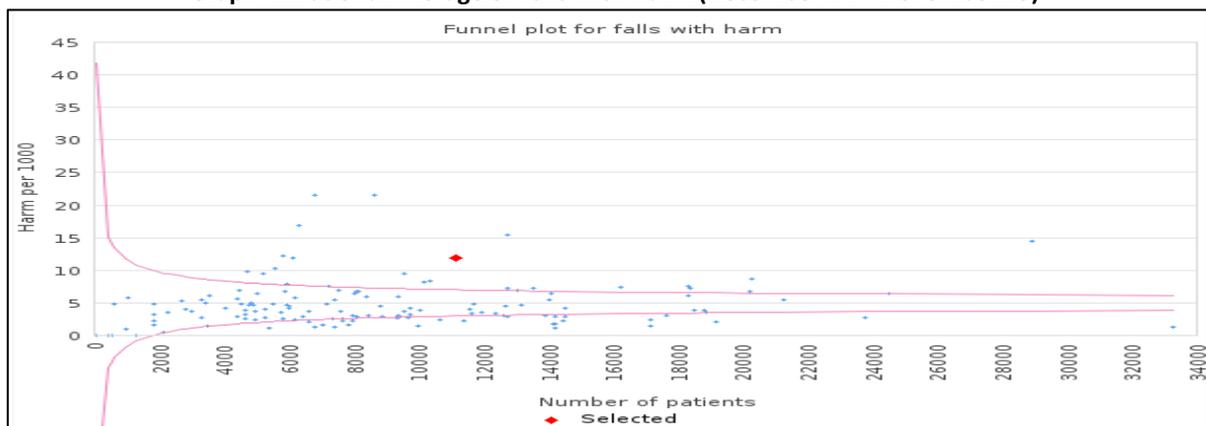
In view that falls with harm have not improved and as the Trust is an adverse outlier in terms of the rate of falls with harm per 1000 OBD compared to other organisation, a risk assessment has been completed with a rating of 20 proposed. Approval of the risk rating and assessment is being sought from the Quality Governance Committee given the proposed score.

A robust work programme for Reducing Falls has been formulated covering items such as Governance, Clinical Audit and Quality Improvement. The work plan has taken into account themes arising from SI investigations, national audit recommendations and sharing best practice from other sites. Work achieved since the previous report includes:

- Engagement with the Trust's and Whole Systems Frailty group
- Partnership working with LCHS regarding joint work on falls prevention
- Identification of 3 pilot wards on each site to start implementing targeted work
- Review of footwear and plan to upgrade
- Review of Call Bells through Risk Management and Estates

Monthly Data is also reported via the SQD process on compliance with the Multi-factorial Assessment. Please see Table One

Table One: Trust SQD Compliance with Falls Prevention domain

| 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
Patient at risk of falls	336	326	327	341	357	333	325	327	330	320	334	276
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%
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%
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%
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%
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%
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%
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%
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%
Actions completed within 24 hours of transfer (if necessary)	-	18.30%	27.20%	35.70%	38.50%	36.80%	37.30%	39.90%	44.30%	38.70%	37.90%	37.00%

PATIENT SAFETY – PRESSURE ULCERS

The Trust has reported a total of 328 hospital acquired pressure ulcers YTD 2015/2016 compared to 419 for the same period in the previous year (Graph One).

Graph One: Total number (all categories) of New and Pre-Existing Pressure Ulcers
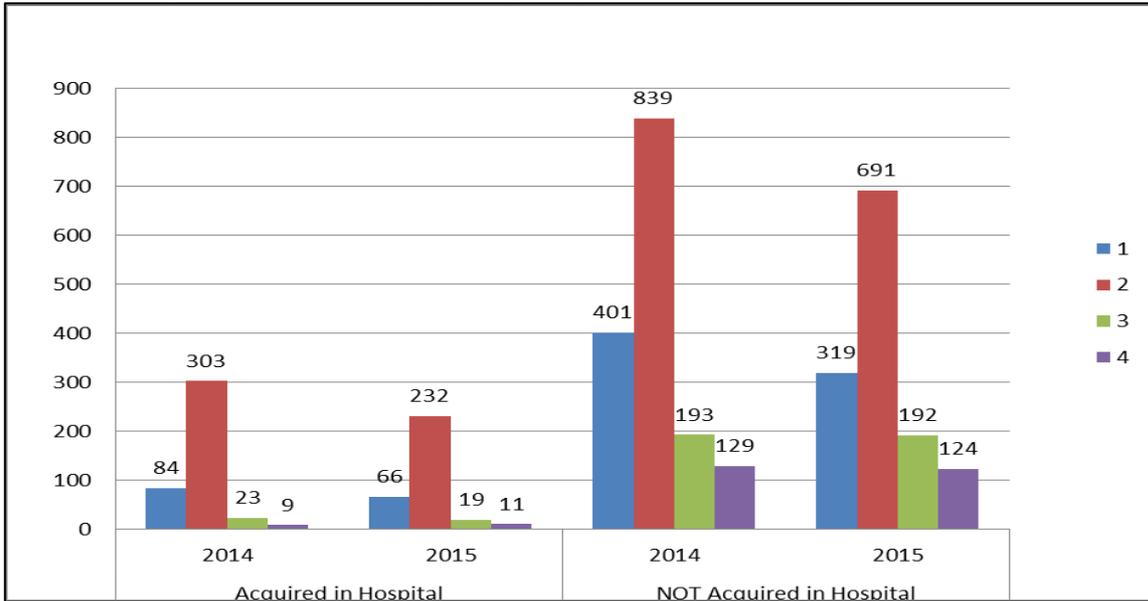
There has been a reduction in all categories except grade four which remains a fairly static trend. Year to date there has been an 18% reduction in Grade 3, 24% reduction in Grade 2 and 22% reduction in grade 1 pressure ulcers reported on PUNT. The Trend analysis is reported in Graph two and three.

Graph Two: All Categories of Hospital Acquired Pressure Ulcers since 2012
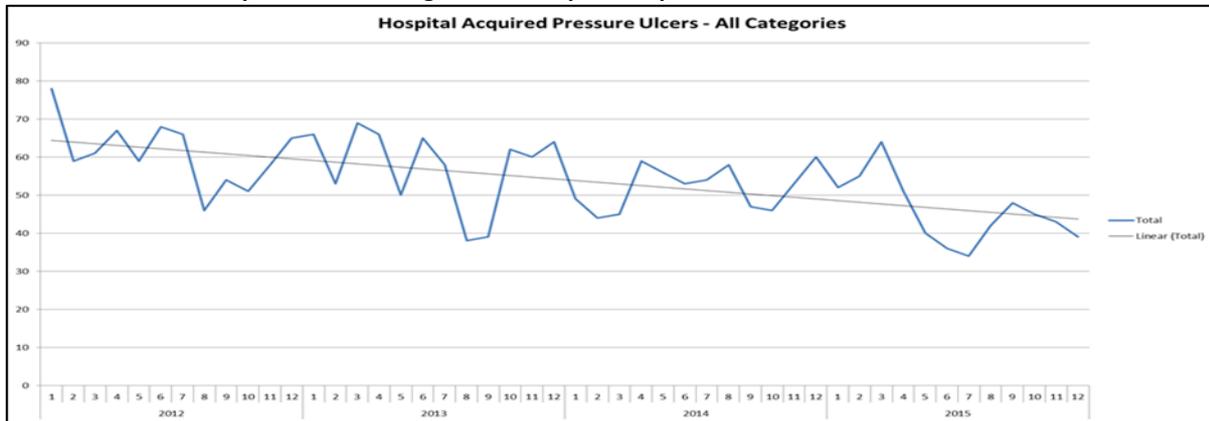
**Graph Three: Grade 3 & 4 Hospital Acquired Pressure Ulcers since 2012**
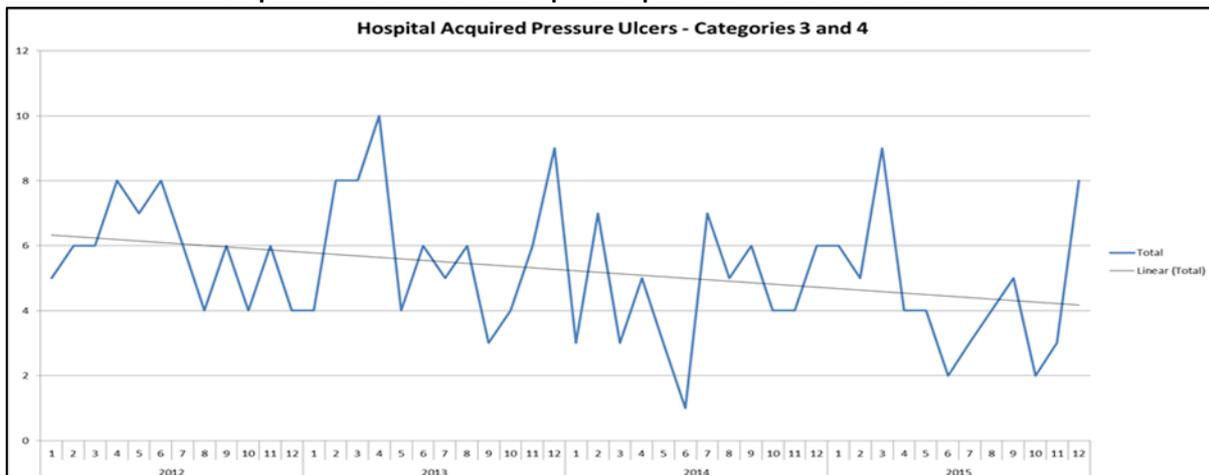
Given these trends, the Tissue Viability Team has been tasked to undertake a campaign on targeting prevention and ultimately elimination of Avoidable Hospital Acquired Category (Grade) 4 Pressure Ulcers. To achieve this, a vacant post is being converted to a fixed term Band 5 Staff Nurse to focus on Pressure Ulcer prevention at Pilgrim and Lincoln County.

In December 2015, there was *three* category 4 and *six* category 3 hospital acquired pressure ulcers which are currently being reviewed through the SI Framework. Additionally, there have been 25 Grade 2 hospital acquired pressure ulcers. Due to current limitations of databases, although the "avoidability" criteria cannot be robustly reported, the Nurse Consultant has reported that further to initial clinical reviews; 2 of the 3 category 4 PU's and 3 of the 6 category 3's could be deemed to have been unavoidable. Work involving the Deputy Chief Nurse (Patient Safety), Consultant Nurse – Tissue Viability and Information Services regarding the introduction of RCA scrutiny panels and an amendment to the PUNT system to capture this data is underway.

Point Prevalence Audit of all pressure ulcers continue via the NHS Safety Thermometer. The Trust compared favourably to national statistics.

Graph 4: National Average of Pressure Ulcers (December 14 – November 15)
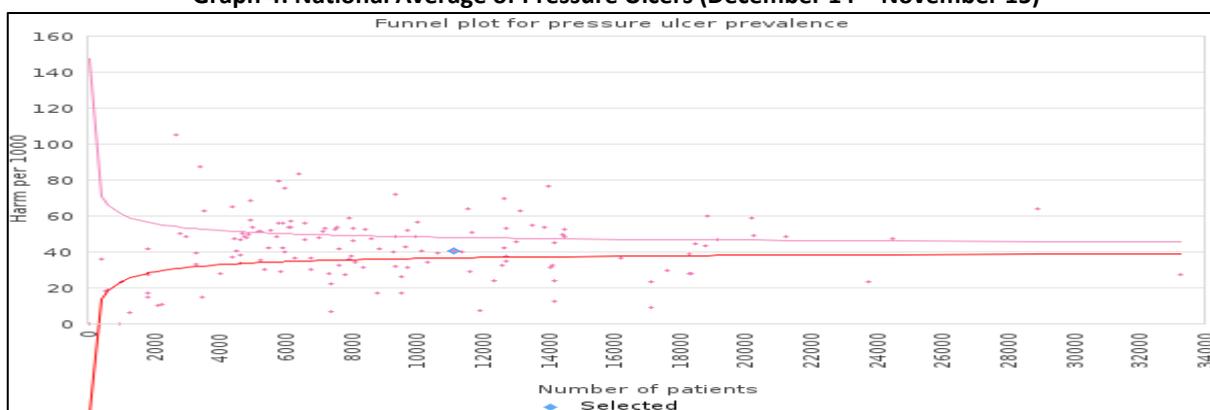
Further work has been undertaken with the Consultant Nurse for Tissue Viability regarding defining metrics to monitor performance improvement and include the following:
- Number of Grade 4 avoidable hospital acquired incidents
- Number of Grade 3 avoidable hospital acquired incidents
- Number of Grade 2 avoidable hospital acquired incidents
- Number of Wards who have achieved more than 100 days free from avoidable Cat 3 & 4 Pressure Ulcers
- Percentage compliance with Waterlow risk assessment (SQD Compliance) - on admission and weekly
- Percentage of appropriate patients with a care plan to reduce deterioration/ prevent pressure ulcers activated (SQD Data)
- Rate of reported PTD per 1000 OBD
- "Percentage of patients experiencing pressure tissue damage (ST point prevalence)"
- Percentage of Patients who have had a MUST assessment on admission and weekly as appropriate (SQD Compliance)

There are several metrics via SQD regarding the assessment of Pressure Ulcers which reports improved compliance as outlined in Table One. Further focus needs to be placed on reassessing pressure ulcers

Table One: SQD Data for 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
Pressure area care risk assessment completed within 24hrs	99.50%	99.50%	98.50%	99.00%	99.30%	98.50%	99.30%	99.00%	98.80%	98.50%	98.30%	99.40%
Pressure area care risk assessment updated weekly	79.10%	90.30%	87.40%	82.50%	87.80%	80.50%	86.20%	89.40%	81.90%	85.20%	85.60%	82.50%
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%
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%
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%

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. There has been targeting work on Mattress checking post a recent visit by the TDA and the policy is currently under review

PATIENT SAFETY – MEDICATION

Site	No harm	Low Harm	Moderate Harm	Severe Harm	Death	Total
GRANTHAM & DISTRICT HOSPITAL	21	2	1			**24**
LINCOLN COUNTY HOSPITAL	47	2	3			**52**
LOUTH HOSPITAL						**0**
PILGRIM HOSPITAL	24	5	1			**30**
Total	**92**	**9**	**5**	**0**	**0**	**106**

Medication error types

Medication error type	
Adverse drug reaction (when used as intended)	0
Contra-indication in relation to drugs or conditions	6
Mismatching between patient and medicine	7
Omitted medicine/ingredient	29
Other	19
Patient allergic to treatment	2
Wrong drug/medicine	2
Wrong formulation	1
Wrong frequency	13
Wrong quantity	0
Wrong route	2
Wrong storage	1
Wrong/transposed/omitted medicine label	2
Wrong/omitted/passed expiry date	0
Wrong/unclear dose or strength	15

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

Priority/high risk drugs

- Anticoagulant — 22%
- Antimicrobial — 29%
- Cytotoxic — 3%
- Homecare — 2%
- Insulin and antidiabetics — 16%
- Opioid — 23%
- Parkinsons — 2%
- Potassium — 3%
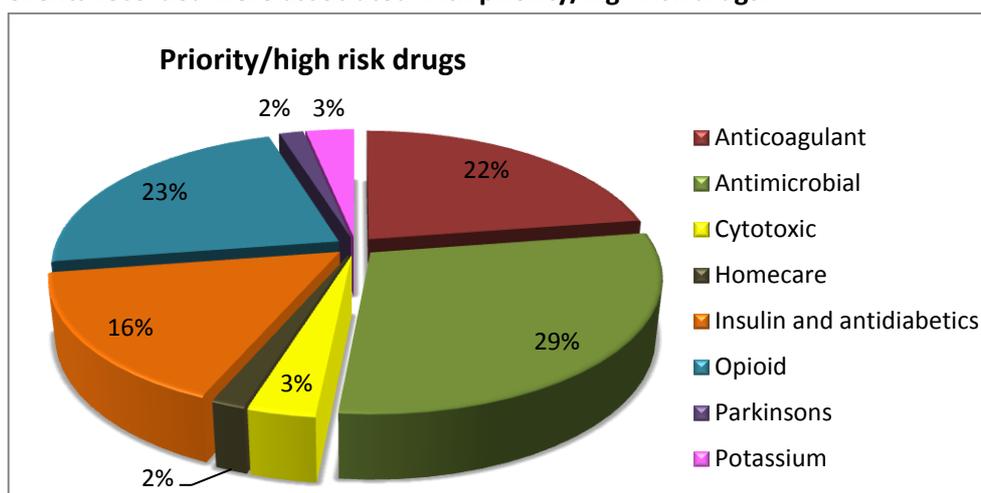
The top 4 drug groups are; antimicrobials (29%), opiates (23%), anticoagulants (22%) and insulins (16%).
Compare this to last month's top 4 which were; antimicrobials (32%), insulins (23%), opiates (16%) and anticoagulants (11%).

Omitted medicines

27% 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.

21 (34%) of the incidents relating to priority/high risk drugs were due to the medication being omitted.

Omitted high risk medicines
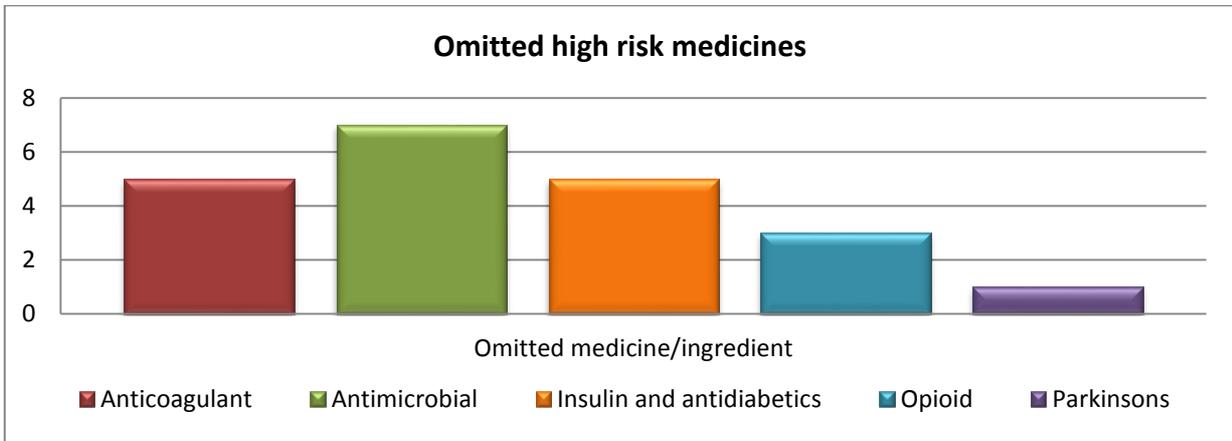
Antimicrobials were the most omitted drugs accounting for 33% of high risk drugs omitted and 24% of all medications omitted.

|	Antimicrobial	Anticoagulant	Antiepileptic	Cytotoxic	Healthcare at Home	Insulin/ antidiabetic	Opiates	Parkinsons	Potassium	Total
No harm	17	12		1	1	8	13	1	1	**54**
Low		2				2			1	**5**
Moderate	1			1			1			**3**
Severe										
Death										
Total	**18**	**14**		**2**	**1**	**10**	**14**	**1**	**2**	**62**

2 of the 4 (50%) moderate rated incidents involved a priority/high risk drugs.

Of the 106 incidents reported the majority (87%) were classed as resulting in no harm. 27% of the no harm incidents were due to omitted medicines. This is not to say that the potential for harm isn't there. We should continue work to reduce all errors whatever the outcomes.

Wrong/unclear dose or strength
**15 (14%) 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, 33% were due to administration errors and 20% were due to dispensing errors in pharmacy.

Wrong/unclear dose error by site
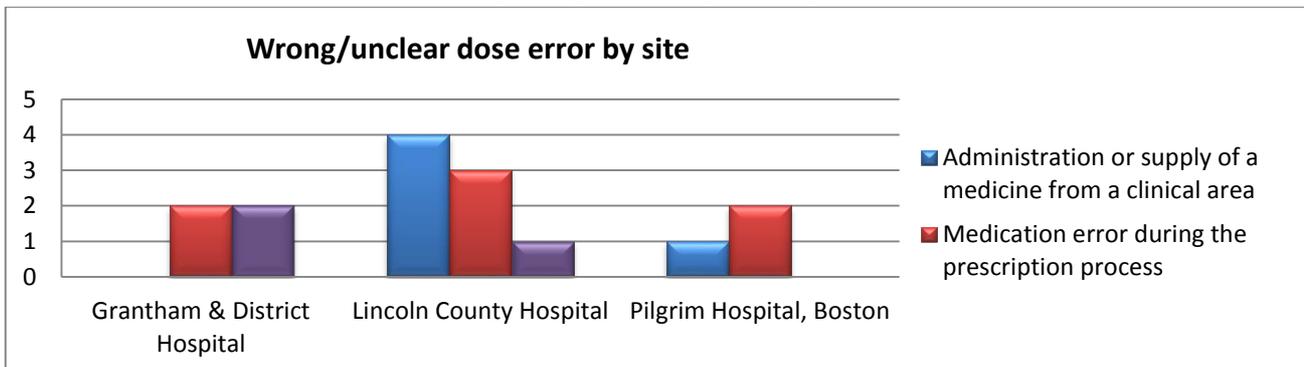
Wrong frequency

13 (12%) incidents reported were due to the frequency of medication being incorrect.

85% were due to administration errors by the nursing staff and 15% were due to errors being made by the prescriber on the prescription chart.
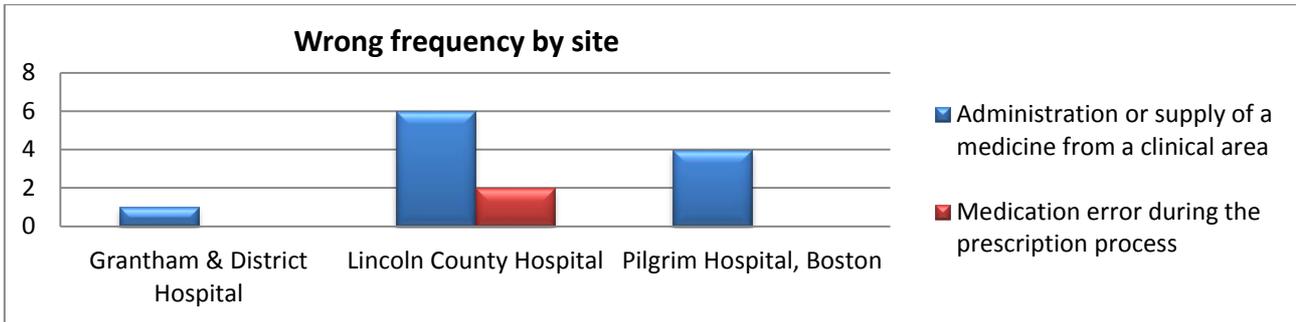
Controlled drugs

There were 11 incidents reported this month involving controlled drugs. 3 were due to doses being omitted

Insulins

There were 8 incidents involving insulin. 5 of these incidents were due to doses being omitted.

Other

19 incidents were classed as other. These sorts of incidents do not fit into the Datix categories so therefore come under 'other'.

Pharmacy incidents

There were 9 incidents reported that involved errors made by the Pharmacy department. Pharmacy issued 73,970 items in December making the error rate 0.012%.
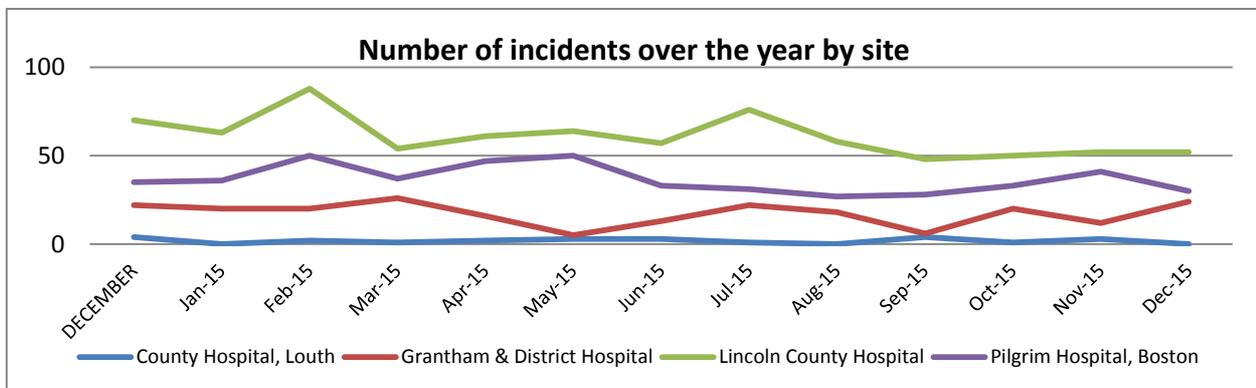
SQD data for medication compliance

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
Medicine chart demographics correct	73.00%	82.00%	78.30%	76.80%	73.80%	75.10%	77.70%	69.10%	61.80%	62.00%	67.90%	61.60%
Allergies documented	97.30%	97.30%	96.90%	98.60%	98.80%	99.40%	99.40%	97.00%	96.50%	96.60%	100.00%	98.40%
All medicines administered on time	92.70%	89.60%	91.20%	93.20%	92.50%	89.70%	92.40%	93.60%	90.90%	88.50%	90.10%	85.80%
Allergy nameband in place if required	92.10%	86.10%	94.70%	88.40%	84.70%	91.50%	92.60%	86.50%	83.40%	94.10%	92.00%	86.60%
Identification namebands in situ	99.80%	98.50%	99.50%	98.50%	97.30%	98.30%	98.60%	97.70%	99.50%	98.80%	99.30%	99.40%

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 nine (9) cases of hospital attributable (trajectory 5), bringing the total of hospital attributable cases to forty (40). There was also five (5) community acquired cases reported for December 2015.

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

Trust acquired *C difficile* positives
April 2015-March 2016
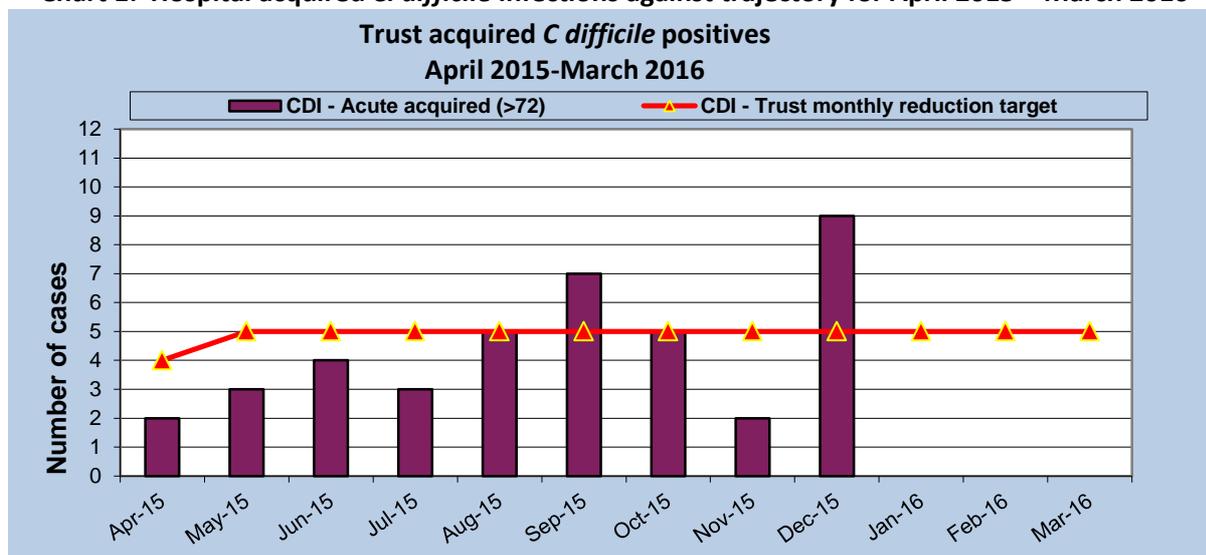
MRSA bacteraemia:

There has been zero cases of hospital attributable (trajectory 0). The Trust reported zero (0) case of Trust acquired case for December 2015. This brings the total of hospital attributable MRSA bacteraemia to one (1) case, which breaches the Trust trajectory of zero (0) cases.

Table 1: 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			
LCH	1	0	0	0	0	0	0	0	0			
PH	0	0	0	0	0	0	0	0	0			
GDH	0	0	0	0	0	0	0	0	0			
Total	1	0	0	0	0	0	0	0	0			
Cum	1	1	1	1	1	1	1	1	1			

Norovirus Outbreaks

A major outbreak was declared at Lincoln as 13 wards in total were affected during this month. This commenced on 9th December with Dixon ward and at present there is one ward closed which is Burton ward and Carlton-Coleby which has 2 bays restricted. Norovirus geno group 2 has been identified as the causative agent in these outbreaks.

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Complaints received 2015/16					
	September	October	November	December	Movement
Trust	52	71	57	60	⬆
Pilgrim	17	30	17	20	⬆
Lincoln	27	35	35	32	⬇
Grantham	8	6	5	8	⬆

Complaints Received 2015/16
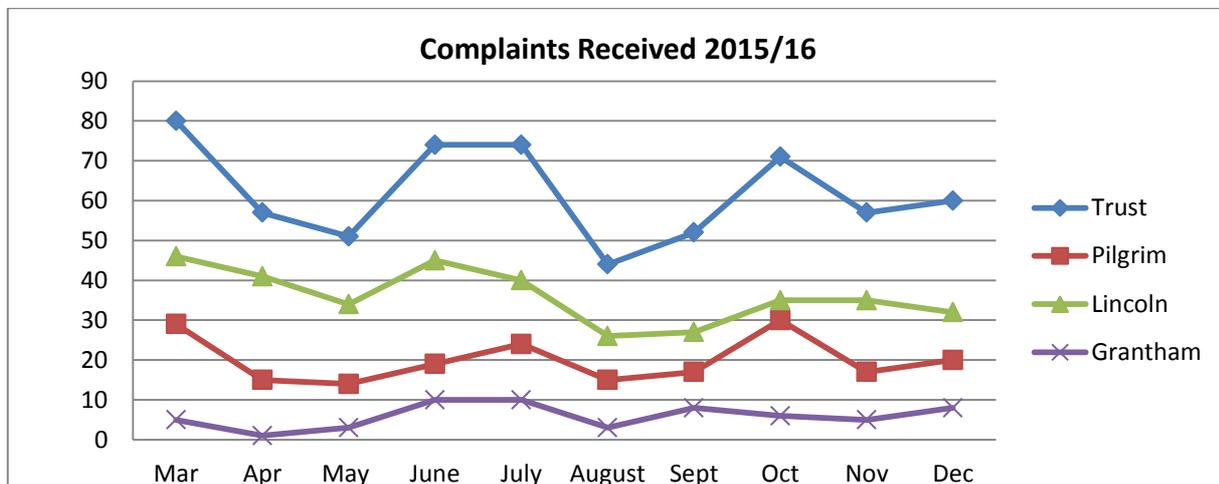
Overdue Complaints

Overdue complaints	November			December 2015		
Business Unit	LCG	PHB	GDH	LCH	PHB	GDH
Surgical	22	3	0	24	0	0
Medicine	14	6	0	17	7	0
Grantham	0	0	3	0	0	1
Women and Children's	13	1	1	10	1	1
Corporate Services	2	0	0	4	0	0
Path Links	0	0	0	0	0	0
TACC	2	0	0	0	0	0
Clinical Support Services	2	1	0	2	0	0
Totals	**56**	**11**	**4**	**57**	**8**	**2**

The above figures are the total number of overdue complaints across the trust. Lincoln County Hospital is the only Hospital which has any historic overdue complaints which are still outstanding. Both Pilgrim and Grantham have cleared any historic overdue complaints (any complaints that were overdue on or before the 1st April 2015). The below table will show the improvement and reduction in the amount of overdue complaints that were open from December 2014 – December 2015.

| Hospital	Overdue complaints 2014	Overdue complaints 2015	Historical complaints open	Comments re Historical complaints
Lincoln Hospital	204	57	7	1 signing 3 amends 3 awaiting draft
Pilgrim Hospital	140	8	0	
Grantham Hospital	31	2	0	
Trust	375	67	7	As above

We have developed good working relationships with key individuals within the sites providing support and guidance to ensure that the overdue complaints continue to reduce with the aim to have these cleared by the end of the financial year. We are striving to clear the historical overdue complaints by the end of January 2016.

We have changed the way in which we commence new complaints that are received in order that we can respond within the timescales given. Once the complaint is received and acknowledged we would then send an email asking the Senior Site Lead contact. Previously the complaint investigation would not commence until we are advised that this call has been made and of a case manager who will be co-ordinating the investigation. The process we are following now is that once the complaint has been received and acknowledged it will be sent to the Senior Site Lead and followed up for with a call and to ask who they have allocated as case manager. It is stated in the email that we will now follow the SSL email with a call to ask who has been allocated as case manager We then commence the investigation within the first few days and we have requested that the call is made within 7 working days. The acknowledgment that is sent to the complainant has been amended to reflect these changes. This has started to make a difference in the volume of complaints that have been responded to within timescale and this should continue to increase which will in turn reduce the amount of cases that go overdue.

Percentage of complaint responses sent within agreed timescale

Hospital	October 15	November 15	December
Lincoln	0%	18%	32%
Pilgrim	20%	40%	42%
Grantham	22%	50%	36%

PALS concerns recieved January 2015 to December 2015

Legend: Grantham, Lincoln, Louth, Pilgrim, Skegness, Johnson, TOTAL, Linear (TOTAL)

PALS December 2015 — Total concerns by site

	Lincoln County Hospital	Pilgrim Hospital, Boston	Grantham & District Hospital	Outside the area	County Hospital, Louth	John Coupland Hospital	Skegness Hospital
Site	133	76	33	11	1	1	1

PALS December 2015 — Business Unit

Business Unit	Value
Integrated Medicine - Lincoln BU	54
Surgical BU - Lincoln/ Louth	40
Pilgrim BU - Medicine	37
Corporate Services	28
Women and Childrens BU	23
Grantham	22
Pilgrim BU - Surgery	21
Clinical Support Services	14
TACC - Lincoln/Louth	3
TACC - Boston	2
Unknown (IT use only)	1
Not Given	11

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

PALS December 2015
Subject

Subject	Value
Waiting times	47
	41
Cancellation and change	26
	23
Communication - Written	23
	18
Discharge	16
	9
Security	7
	6
Environment issues	6
	4
Car parking	4
	3
Hotel services	3
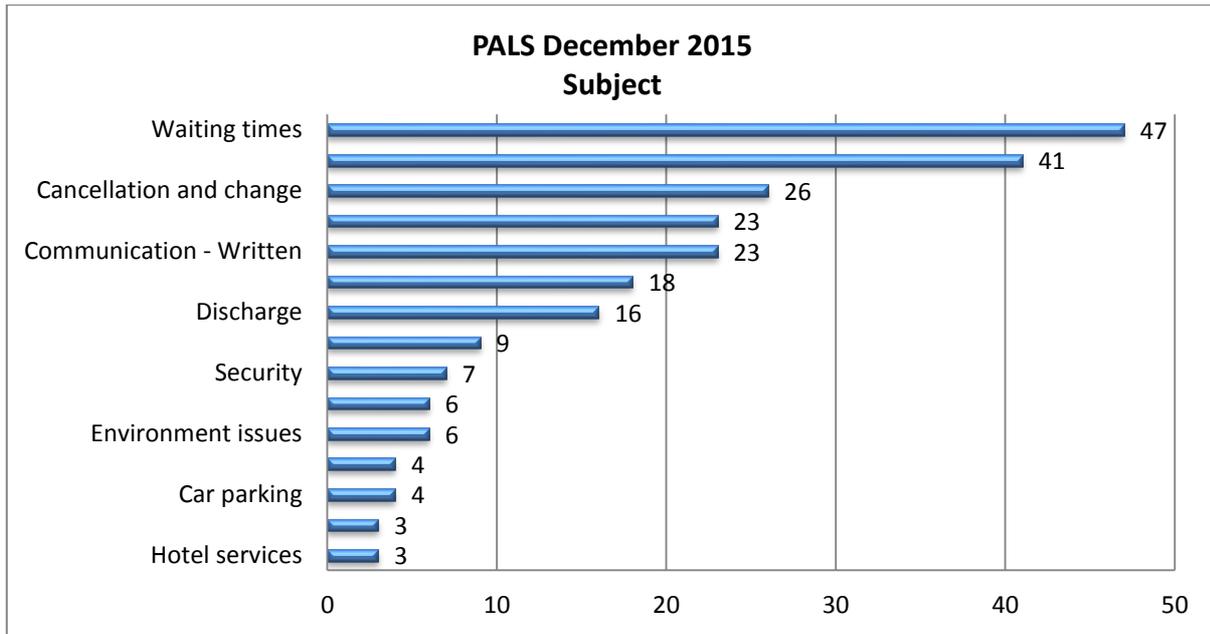
The graph below shows PALS enquiries by sub subject and were reported more than 3 times during December.

PALS December 2015
Sub-Subjects (3 or more concerns)

Sub-Subject	Value
Not understanding...	27
	19
Operation	18
	12
Delayed	12
	10
Loss of property	8
	7
Treatment	7
	6
Referrals	6
	6
Delay in clinical...	6
	5
Inaccurate	5
	5
Conflicting	5
	4
Inadequate	4
	3
Other	3
Delay in diagnosis	3
Capability	3
Administration	3
Abrupt	3

PALS December 2015
Outcome of concerns

- Resolved: 222
- Passed to Formal Complaints: 4
- Information given: 1

21
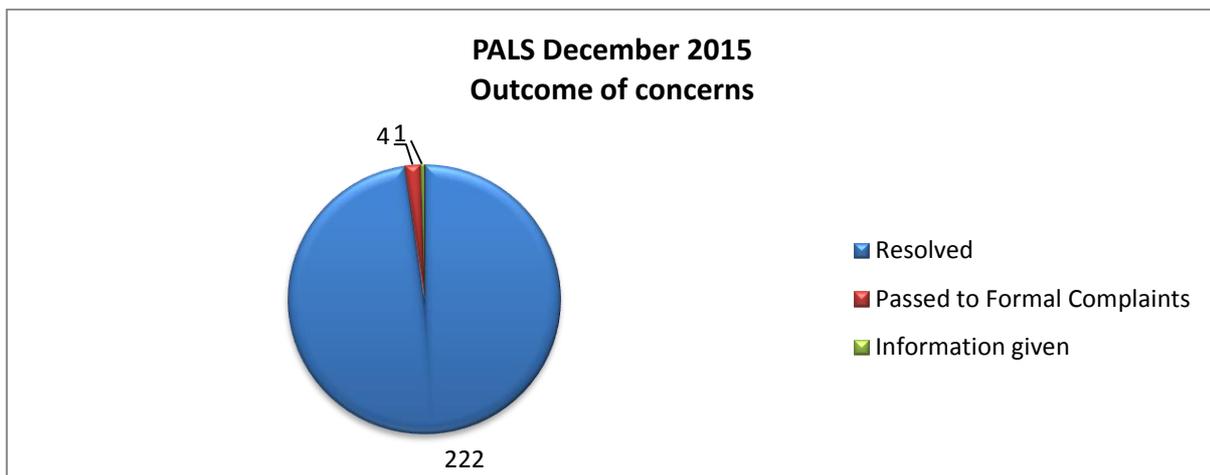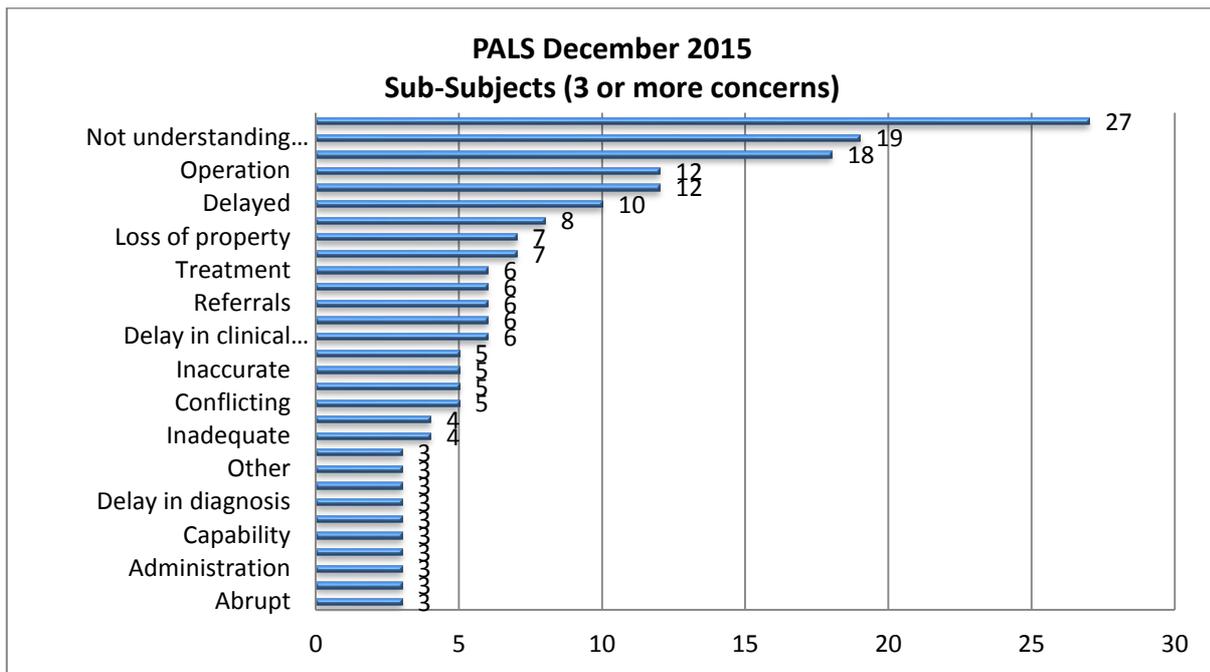
FFT recommendation Rate -Emergency care (Recommend/ Not recommend)

	Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		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	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Trust	83%	9%	84%	8%	84%	8%	81%	11%	83%	9%	83%	9%	83%	10%	84%	9%	83%	8%	↓	↑
Grantham	88%	7%	89%	5%	88%	6%	86%	8%	87%	6%	82%	10%	88%	7%	86%	8%	87%	6%	↓	↓
Lincoln	80%	12%	82%	10%	82%	8%	80%	12%	84%	9%	83%	9%	82%	10%	83%	9%	81%	10%	↓	↓
Pilgrim	83%	6%	82%	9%	82%	8%	80%	11%	81%	11%	83%	7%	80%	11%	81%	9%	85%	8%	↑	↑

FFT response rate – Emergency Care

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Direction of movement between current month and previous month
Trust	26%	26%	25%	17%	23%	23%	24%	22%	23%				↑
Grantham	29%	32%	29%	19%	25%	27%	29%	25%	26%				↑
Lincoln	25%	24%	25%	17%	22%	22%	22%	22%	22%				↔
Pilgrim	26%	24%	21%	15%	22%	21%	15%	21%	21%				↔

FFT recommendation Rate - Inpatients including day cases (Recommend/ Not recommend)

	Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		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	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Trust	93%	3%	91%	4%	92%	4%	92%	4%	91%	3%	91%	4%	91%	4%	90%	4%	92%	4%	↑	↔
Grantham IP inc DC	98%	0%	97%	1%	97%	0%	96%	3%	97%	0%	92%	7%	93%	4%	93%	5%	95%	1%	↑	↓
Lincoln IP inc DC	92%	3%	90%	5%	90%	5%	90%	4%	90%	3%	90%	5%	90%	4%	90%	4%	90%	5%	↓	↓
Pilgrim IP inc DC	92%	3%	90%	4%	92%	4%	92%	4%	88%	5%	92%	3%	92%	3%	89%	5%	91%	4%	↑	↓
Louth IP inc DC	93%	3%	92%	3%	94%	2%	95%	2%	96%	1%	92%	3%	92%	2%	97%	1%	99%	1%	↑	↑

FFT response rate – Inpatients including day cases

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Direction of movement between current month and previous month
Trust	36%	34%	29%	21%	30%	30%	29%	31%	28%				↓
Grantham IP inc DC	46%	47%	47%	41%	59%	43%	32%	36%	35%				↓
Lincoln IP inc DC	39%	38%	28%	24%	31%	31%	27%	28%	25%				↓
Pilgrim IP inc DC	33%	31%	28%	19%	27%	28%	30%	33%	28%				↓
Louth IP inc DC	36%	33%	31%	20%	32%	28%	35%	39%	42%				↑

FFT recommendation Rate –Maternity (Recommend/ Not recommend)

	Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		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	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Antenatal	96%	1%	100%	0%	100%	0%	100%	0%	100%	0%	95%	2%	100%	0%	100%	0%	93%	0%	↓	↔
Birth	97%	2%	97%	0%	93%	0%	92%	3%	95%	5%	100%	0%	100%	0%	100%	0%	100%	0%	↔	↔
Postnatal ward	94%	1%	95%	1%	90%	6%	88%	7%	83%	9%	93%	6%	95%	4%	92%	6%	89%	8%	↓	↓
Postnatal community	99%	0%	99%	0%	98%	0%	100%	0%	100%	0%	98%	0%	100%	0%	100%	0%	100%	0%	↔	↔

FFT response rate – Maternity Birth

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Direction of movement between current month and previous month
Birth	13%	14%	15%	14%	12%	9%	4%	4%	6%				⬆

FFT recommendation Rate –Paeds (Recommend/ Not recommend)

	Apr-15 Recommend	Apr-15 Not recommend	May-15 Recommend	May-15 Not recommend	Jun-15 Recommend	Jun-15 Not recommend	Jul-15 Recommend	Jul-15 Not recommend	Aug-15 Recommend	Aug-15 Not recommend	Sep-15 Recommend	Sep-15 Not recommend	Oct-15 Recommend	Oct-15 Not recommend	Nov-15 Recommend	Nov-15 Not recommend	Dec-15 Recommend	Dec-15 Not recommend	Direction of movement Recommend	Direction of movement Not recommend
Trust	0%	0%	0%	0%	0%	0%	79%	15%	73%	14%	78%	15%	79%	12%	77%	13%	75%	13%	⬇	⬌
Grantham	0%	0%	0%	0%	0%	0%	87%	13%	80%	7%	76%	16%	80%	12%	70%	17%	75%	14%	⬆	⬇
Lincoln	0%	0%	0%	0%	0%	0%	79%	15%	74%	13%	75%	17%	79%	11%	83%	9%	75%	14%	⬇	⬇
Pilgrim	0%	0%	0%	0%	0%	0%	74%	15%	63%	27%	85%	10%	78%	13%	75%	19%	76%	11%	⬆	⬆
Louth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	⬌	⬌

FFT response rate – Paeds

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Direction of movement between current month and previous month
Trust	0%	0%	0%	2%	3%	3%	8%	8%	6%				⬇
Grantham	0%	0%	0%	1%	4%	4%	11%	12%	9%				⬇
Lincoln	0%	0%	0%	2%	3%	3%	8%	9%	6%				⬇
Pilgrim	0%	0%	0%	1%	2%	2%	7%	6%	4%				⬇
Louth	0%	0%	0%	0%	0%	0%	0%	0%	0%				⬌

The chart below shows the FFT movement compared with November 2015

| FFT Stream	% 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% (-1%)
Inpatients	88% (+4%)	6% (-1%)	30% (-1%)
Emergency care	83% (-1%)	8% (-1%)	23% (+1%)
Day Case	94% (0%)	2% (0%)	27% (-4%)
Outpatients	92% (+2%)	3% (0%)	Not calculated
Paediatrics (covers IP, DC, EC & OP)	75% (-2%)	13% (0%)	6% (-2%)

Maternity:

Antenatal community	93% (-7%)	0% (0%)	Not calculated
Labour wards	100% (0%)	0% (0%)	6% (+2%)
Postnatal wards	89% (-3%)	8% (+2%)	Not calculated
Postnatal community	100% (0%)	0% (0%)	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.

Comparison of scored Positive/Negative Comments

Comparison of scored Positive/Negative Comments
(Waiting time, Clinical Treatment)

Comparison of scored Positive/Negative Comments
(Implementation of care, Admission)

Comparison of scored Positive/Negative Comments
(Environment, Catering)
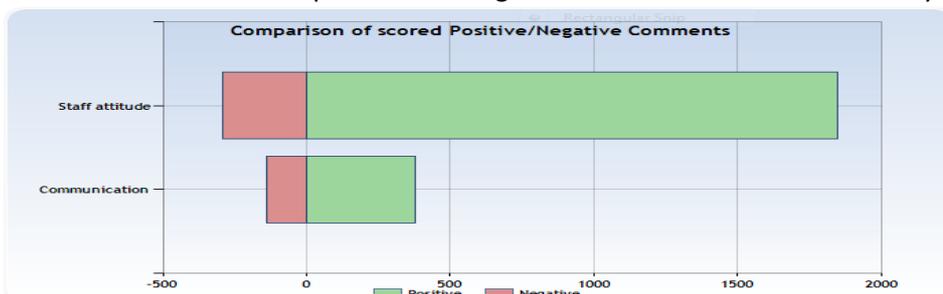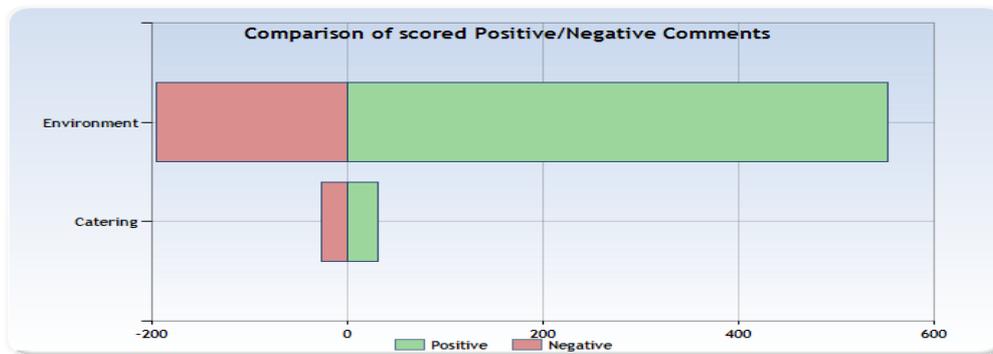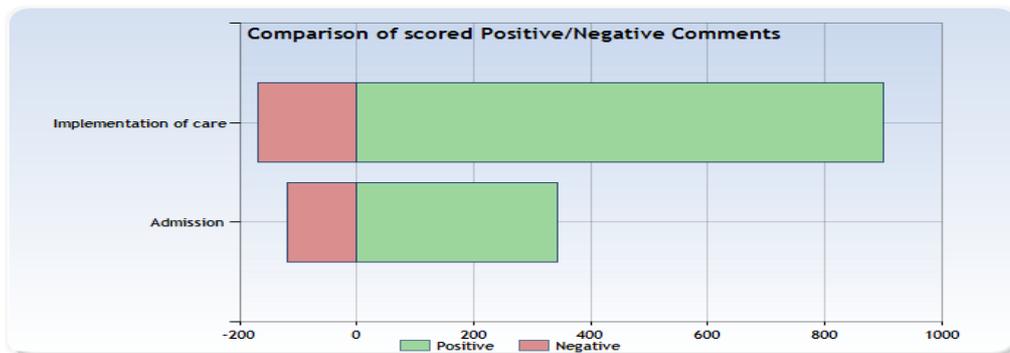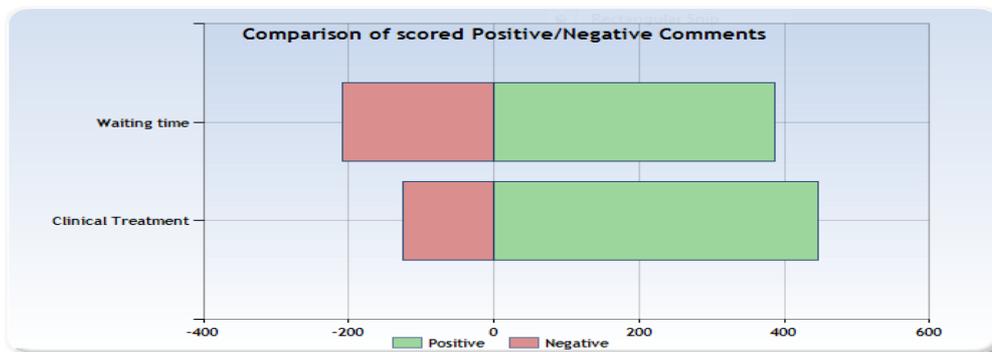
Patient FFT Comments

Comment against a '**would recommend**' FFT response:	Comment against a '**would not recommend**' FFT response:
I found the whole team to be professional in explaining the procedures and putting me at ease through the whole process . And the aftercare to be of the same high standard.	Drugs entered on my drugs chart that weren't administered, left in pain for 2 hours before pain relief given, drugs chart lost, sleeping tablet requested a number of times in one night but never given, left without food for over 48hours and the nurse thought it was funny shed forgotten to bring me something, moved on my last night at 2.30am by wheelchair after having had a sleeping tablet.

Overview and actions

Following the national publication of FFT data for November, 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.

A meeting has been scheduled in January with NHS England, patient experience and staff engagement teams to review currently nationally led work which combines staff and patient experience initiatives.

TDA Patient Experience Tool

A headline tool has been developed which considers a range of patient experience indicators. The data is drawn from a range of sources including FFT and national surveys and then benchmarked using the 'bottom 20%' and 'top 20%' of Trust ranking. A screenshot below shows the one-page summary that will now go to each Patient Experience Committee tracking and monitoring progress and performance.

The latest TDA headline tool update which incorporates October 2015 data.
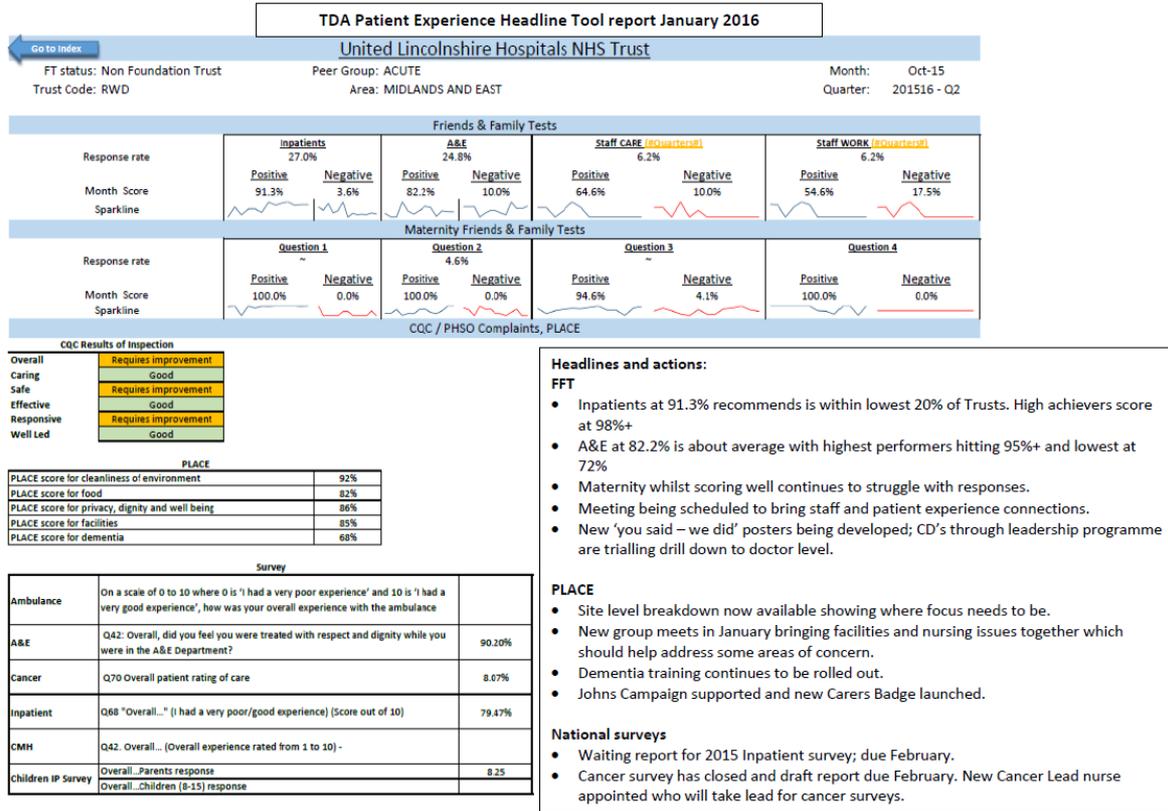

Counting compliments

This is the 9th month of collating compliments which have been received. These are counts at ward and department level of thank you cards and letters. In December **724** compliments were registered.
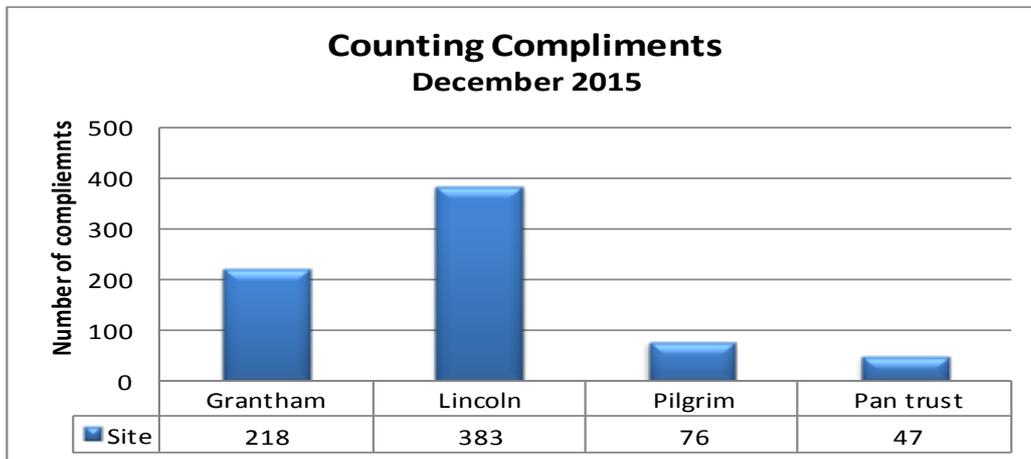
To the end of Q3, **6,156** compliments had been registered.

Total Compliments April to December 2015

Month	Total
Apr-15	735
May-15	802
Jun-15	605
Jul-15	728
Aug-15	671
Sep-15	693
Oct-15	601
Nov-15	597
Dec-15	724
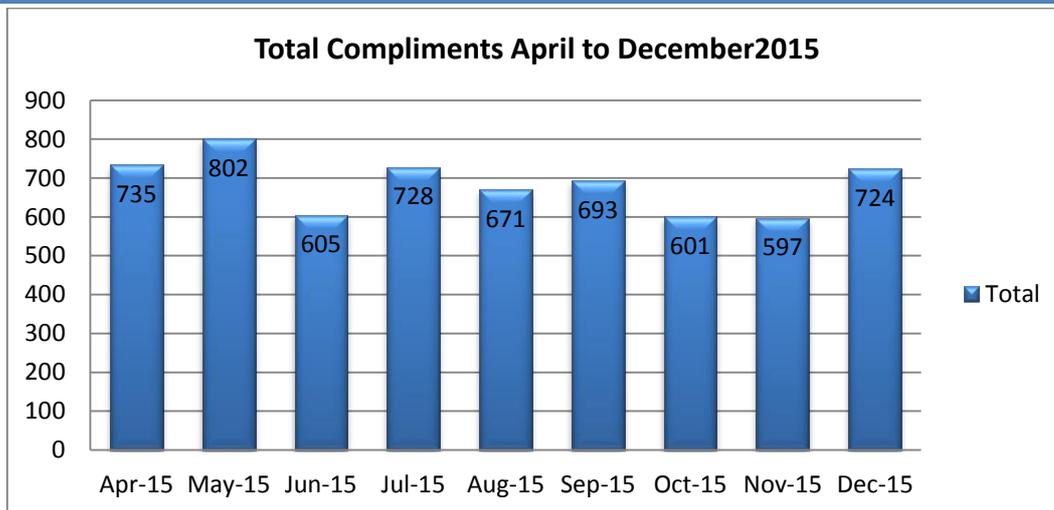
Grantham	218		Lincoln	383
EAU	11		A&E	35
Endoscopy	44		Children's Community Services	2
Hospice in the Hospital	19		Clayton Ward	29
Outpatients	28		Dermatology Outpatients	39
PATCH	2		Digby	39
Respiratory Nurse & Lung Cancer CNS	16		Greetwell	44
Theatre	1		Haematology Outpatients	40
Ward 2	62		Hatton	15
Ward 6	35		Nettleham	80
			PALS	11
Pilgrim	**76**		Rheumatology	49
CCU	25			
Children's Community Nurses	2		**Pan trust**	**47**
ICU	5		Bowel Cancer Screening Programme	32
Ward 3B	20		Children's Diabetes Team	3
Ward 6B	24		Specialist Family Practitioner Team	12

Grantham	Lincoln	Pilgrim
Endoscopy Excellent service. People who complain about the health service could not complain about the service I received. Thank you **Ward 6** Incredible skills and amazing nursing skills	**Clayton Ward** To Chrissie and all the other nurses, the food and tea ladies and housekeeping ladies for looking after me and making a very painful and embarrassing order less painful and much less embarrassing. I am eternally grateful **Nettleham Ward** What an amazing lot of staff, they all work so hard	**CCU** Thank you for being there and looking after me **Ward 6B** Thank you so much for giving me back my dad.

Patient Opinion

43 stories were posted to Patient Opinion during December and were viewed 3,791 times. This equates to each story being read **88** times. The three most read stories were all positive and are shown below.

"A big thank you to everyone!"

Story read: 266 times

Grantham & District Hospital / Trauma and orthopaedics & Physiotherapy

Posted by Fast254 (as the patient), 3 weeks ago

I went into Grantham hospital recently for a hip replacement. After all the usual checks and paperwork I went into theatre at 11am approx. I came out at 12: 30pm approx. , hip replaced and "stitched up". First of all, I want to thank all the theatre staff who calmed me down and talked to me while the surgeon did his "job". I was then taken to ward 2 to be cared for. From staff nurse Gemma, Lottie the student nurse, Claire the physio girl, Kristina the night nurse to the tea trolley girls, to the cleaners and to everyone who was tending to me 24/7.

If I was health secretary, I would give you all a 10% pay rise. I was back home on the Friday evening obviously in some pain, but as the days are going on the pain is getting easier. I was given notes, booklets and shown how to do my daily exercises. Once again a big thank you to everyone I met.

"CCU fantastic"

About: Grantham & District Hospital

Story read 237 times

My father has just had a spell in CCU and the care he received can only described as fantastic. Nothing was too much trouble to the staff and we never felt anything other than respect and caring through a difficult period.

This same approach to patient care continued onto Ward 1. Can't thank all those staff enough for their care and nursing.

"hospital and staff"

About: Lincoln County Hospital

Story read 203 times

Posted by Anonymous   3 weeks ago

I would like to thank the hospital and staff for the fantastic care i had while i was in the SEAU department.
The staff were very efficient and caring.
the care by nurse who was in charge of me was amazing and put me at ease.
The ward was clean and well kept.
Staff were a great team and very reliable.
There is nothing i can say negative about my stay with you.
Thank you all
Have a Happy Christmas and Merry New year