United Lincolnshire Hospitals NHS
NHS Trust

QUALITY REPORT - MARCH 2016

Document management

Title: Quality Performance Report

To: Quality Governance Committee

From: Suneil Kapadia, Medical Director
Michelle Rhodes, Director of Nursing

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Date: 18TH March 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 29th February 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 April 2016 reflecting performance to 31st March 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	Feb-16	MOVEMENT
Hospital Standardised Mortality Ratio (DFI) (Latest data December 14 - November 15 this is a rolling figure reported in the month specified)	100	N/A	105.83	108.21	107.50	107.63	104.93	105.46	103.33	102.54	101.69	101.69	101.35	↓
Summary Hospital-level Mortality Indicator (Latest data July 2014 to June 2015)	100	N/A	107.31			101.1			111.1			111.86		↑
Clostrium Difficile (post 3 days)	59	51	2	3	4	3	5	8	5	2	9	4	6	↑
MRSA bactaraemias (post 3 days)	0	1	1	0	0	0	0	0	0	0	0	0	0	⟷
MSSA		24	1	1	0	3	3	1	2	5	3	3	2	↓
ECOLI		61	5	5	6	7	2	8	5	12	3	5	3	↓
Never Events (may change when reviewed)	0	2	0	0	0	0	0	0	2	0	0	0	0	⟷
Serious Incidents reported (may change when reviewed)		76	11	4	8	11	8	5	7	9	8	3	2	↓
Harm Free Care % (Safety Thermometer)	95%	93.01%	92%	93.77%	93.88%	94.57%	90.41%	92.83%	93.94%	93.20%	92.57%	93.57%	92.41%	↓
New Harm Free Care % (Safety Thermometer)		97.57%	97.51%	97.15%	97.40%	98.30%	95.43%	98.70%	97.60%	97.84%	97.60%	97.53%	98.16%	↑
Catheter & New UTIs (Safety Thermometer)		0.30%	0.31%	0.32%	0.33%	0.57%	0.91%	0.11%	0.46%	0.11%	0.0%	0.0%	0.2%	↑
Falls (DATIX)		1746	150	150	152	143	141	137	169	164	194	159	187	↑
Medication errors (DATIX)		1239	126	122	106	130	103	86	104	108	106	128	120	↓
Medication errors (mod, severe or death) (DATIX)		61	4 (M)	5	8	7	4	8	4	4	5	7	9	↑
Pressure Ulcers (PUNT) 3/4	0	42	2	2	1	3	4	1	2	3	9	10	5	↓
VTE Risk Assessment (Monthly figures only available quarterly)	95%	94.69%	97.07%	98.23%	98.28%	98.08%	88.92%	89.72%	89.94%	94.10%	95.10%	97.50%	MB	↑
Overdue CAS alerts (PD = past deadline) (NC = not completed)	0	0	0	0	0	0	0	0	0	0	0	0	0	⟷
SQD %	90%	86.47%	85.72%	87.91%	83.33%	86.26%	89.30%	86.63%	86.89%	85.08%	87.66%	85.09%	87.30%	↑

EFFECTIVENESS DOMAIN

METRIC	STANDARD	YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	MOVEMENT
#NOF 24 hrs	70%	69.91%	76.9%	69.70%	64.29%	65.88%	54.05%	75.61%	83.54%	72.73%	65.28%	64.29%	76.67%	↑
#NOF 48 hrs	95%	94.71%	100%	93.94%	98.21%	90.59%	90.54%	93.90%	97.47%	90.91%	95.83%	97.14%	93.33%	↓
PPCI - 90 minute door to balloon Q1 Data April - June 15			Quarterly	Quarterly	97.30%	Quarterly	Quarterly	97.20%	Quarterly	Quarterly	95.50%	Quarterly	Quarterly	↓
PPCI - 150 minute call to balloon Q1 April - June 15			Quarterly	Quarterly	85.30%	Quarterly	Quarterly	91.30%	Quarterly	Quarterly	85.80%	Quarterly	Quarterly	↓
Dementia Screening	90%	85.29%	87.53%	88.50%	88.36%	83.21%	77.20%	80.46%	82.71%	84.28%	87.13%	91.76%	87.02%	↓
Dementia Risk Assessment	90%	90.58%	97.54%	95.63%	96.25%	91.10%	88%	91.05%	92.58%	84.95%	84.64%	82.30%	92.78%	↑
Dementia Referral for Specialist Treatment	90%	69.64%	70.79%	86.42%	84.62%	78.67%	88%	80.82%	68.29%	60.76%	57.63%	23.46%	66.13%	↑
Patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	85.10%	72.19%	65%	71%	71%	71%	Not avail	Not avail	75.95%	Quarterly	Quarterly	79.20%	Quarterly	↑
Scanned within 1 hour	47.40%	52.12%	50%	50%	44%	65%	Not avail	Not avail	53.20%	Quarterly	Quarterly	50.50%	Quarterly	↓
Scanned within 24 hours	95.90%	96.52%	97%	97%	95%	96%	Not avail	Not avail	96.90%	Quarterly	Quarterly	97.20%	Quarterly	↑
Death following stroke inpatients stay	13.50%	16.65%	23%	14%	14%	14%	Not avail	Not avail	15.70%	Quarterly	Quarterly	19.20%	Quarterly	↑
Admitted to a stroke unit within 4 hours	61.80%	53.90%	46%	49%	52%	59%	Not avail	Not avail	56.60%	Quarterly	Quarterly	60.80%	Quarterly	↑
eDD (Figures taken 7th March 2016)	98%	77.24%	75.48%	77.20%	76.60%	79.01%	78.66%	78.45%	78.66%	78.21%	76.89%	75.83%	74.65%	↓

*MB = Month Behind

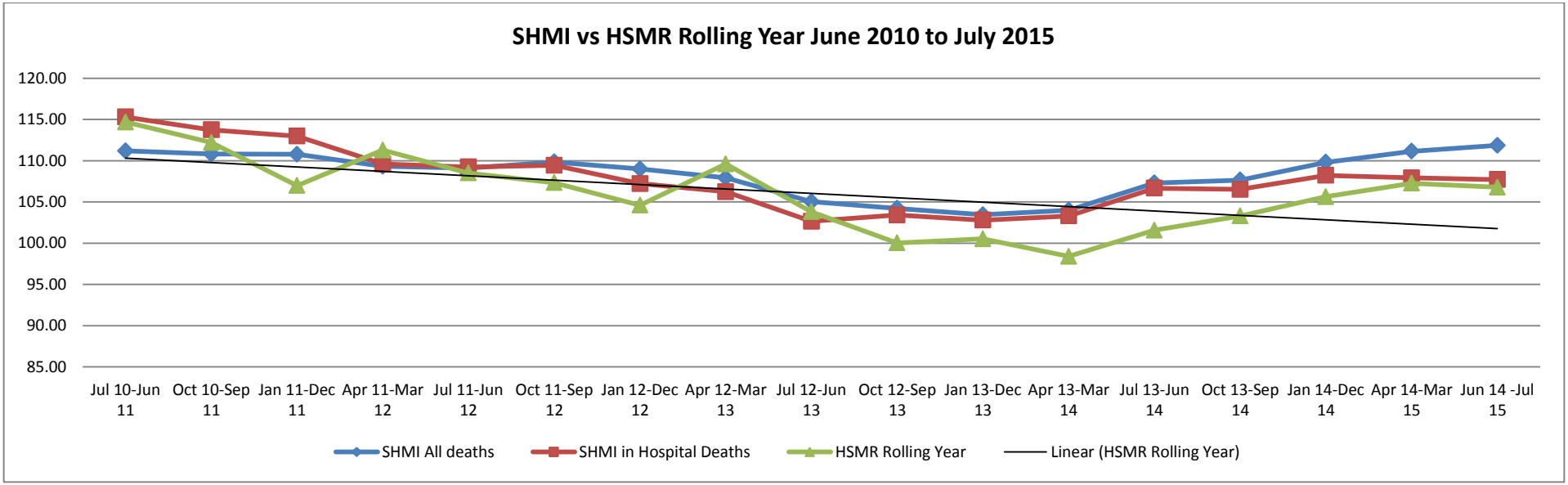
WELL - LED DOMAIN

METRIC	STANDARD	YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	MOVEMENT
IP response rate from FFT (November Onwards Includes Day Case)	>30%	30.64%	34%	30%	30%	24%	31%	33%	32%	31%	30%	30%	32%	↑
A&E response rate from FFT	>20%	23.00%	26%	26%	25%	17%	23%	23%	24%	22%	23%	22%	22%	⟷

METRIC	STANDARD	YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	MOVEMENT
Inpatient' recommend' scores from FFT (November onwards includes Day Case)		88.91%	90%	91%	89%	90%	88%	88%	89%	90%	88%	87%	88%	↑
A&E 'recommend' scores from FFT		83.09%	83%	84%	84%	81%	83%	83%	83%	84%	83%	83%	83%	⟷
Compaints received		772	57	51	74	74	88	94	71	57	60	74	72	↓
Complaints open		4855	520	529	456	489	406	427	443	384	382	407	412	↑
Complaints on-going		82	7	3	5	8	16	6	6	3	10	6	12	↑
Mixed sex accommodation breaches (To be confirmed, investigation pending)	0	77	5	8	0	1	4	9	3	1	15	19	12	↓

PATIENT SAFETY - MORTALITY

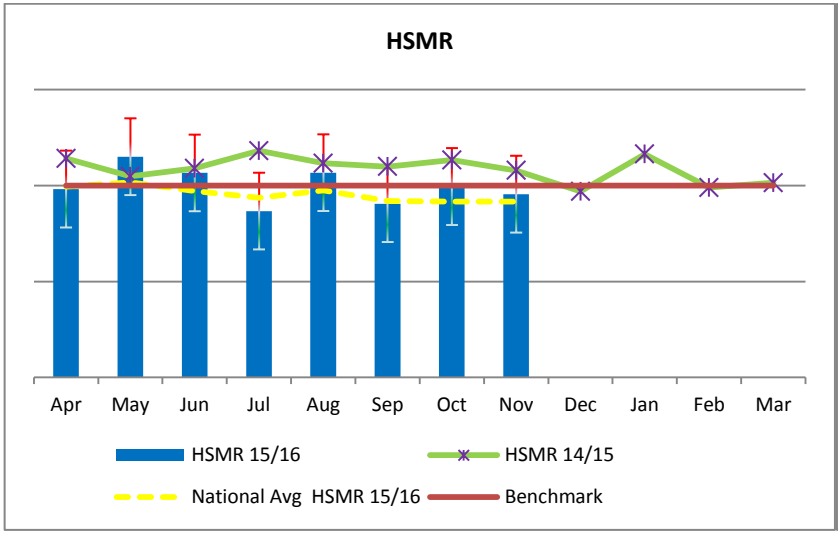
ULHT HSMR Dec 14-Nov 15	HSMR Apr 15-Nov 15	ULHT HSMR Nov-15	HSMR National Avg Nov 15	ULHT SHMI Jul 14-Jun 15	SHMI National Avg July 14-June 15	ULHT Crude Mortality % Nov 15	Crude Mortality % National Avg Nov 15
101.35	**99. 59**	**95.49**	**98.09**	**111.86**	**100.44**	**1.62%**	**1.32%**

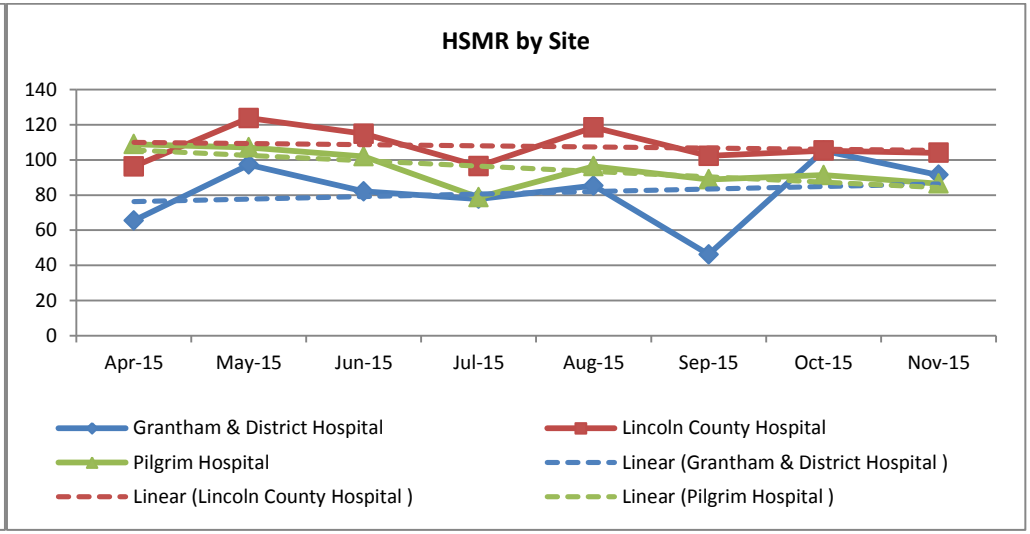


HSMR Diagnosis Groups alerting YTD:

Diagnosis group	Observed	Expected	Obs. - Exp.	Crude (%)	Exp. (%)	HSMR	Low	High
Septicemia (except in labour)	127	97.1	29.82	27.02	20.68	130.69	108.95	155.5
Other perinatal conditions	15	5.08	9.91	3.46	1.17	294.93	164.95	486.47

HSMR





Performance Data Overview:

United Lincolnshire Hospitals NHS Trust:

- The current year to date HSMR (April 15 to November 15) is 98.9 which is in line with the Trust and National Benchmark.
- Rolling year HSMR (December 15 to November 15) stands at 101.35; which is within expected range.
- In November 2015 HSMR has decreased to 95.49.

Lincoln County Hospital:

- In November 2015 has decreased to 104.06 which is within expected range.
- HSMR YTD mean trend is currently showing a downward trajectory overall.

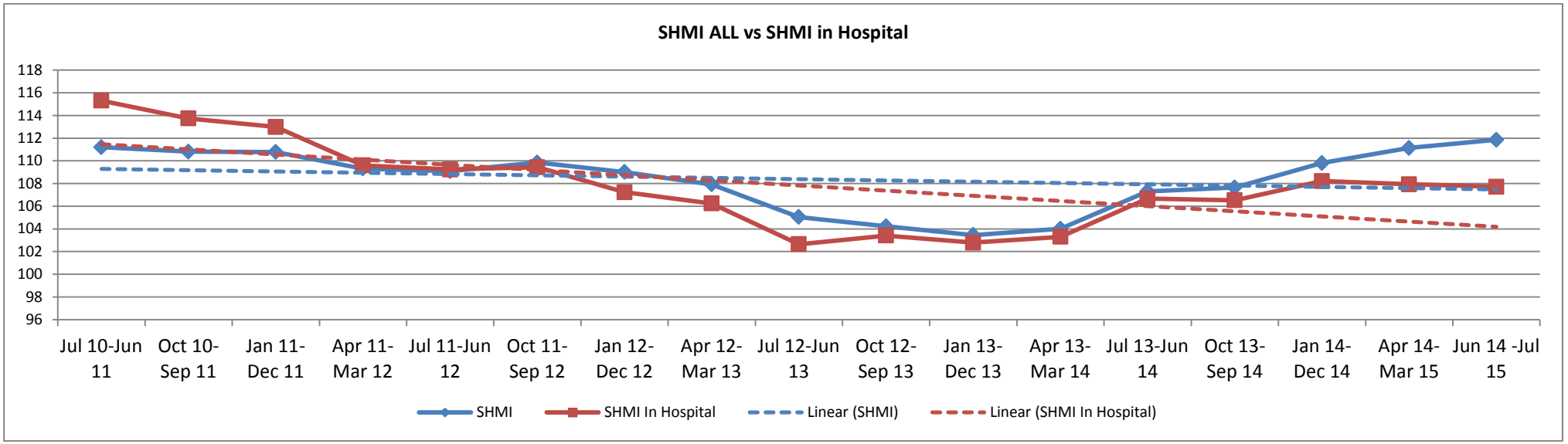
Pilgrim Hospital:

- In November 2015 HSMR has decreased to 86.58 which is well below expected range.
- HSMR YTD mean trend is currently showing a downward trajectory for Pilgrim.

Grantham Hospital:

- In November 2015 HSMR has decreased to 91.47 which is below expected range.
- HSMR YTD mean trend is currently showing a slight upward trajectory for Grantham; this is due to a rise in October 2015 to 105.18.

SHMI



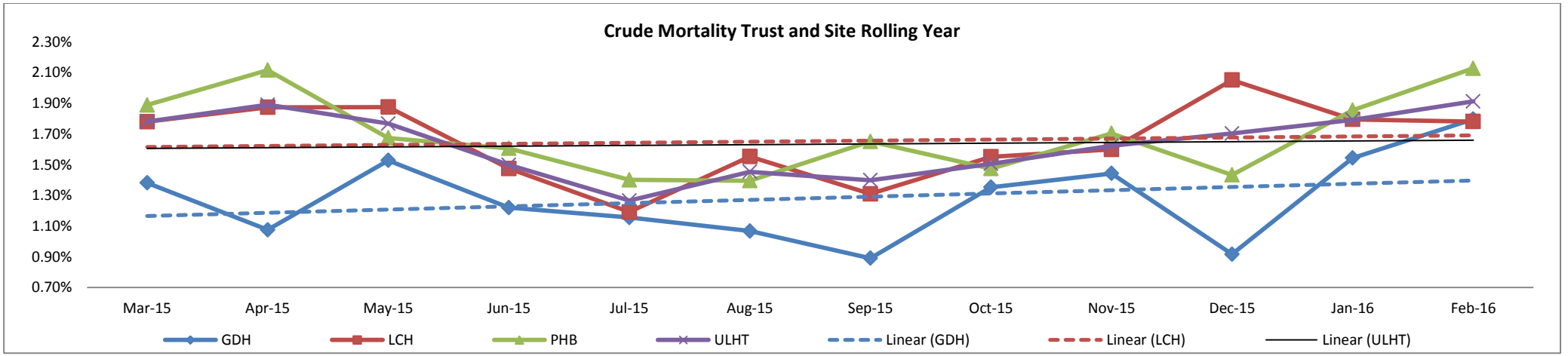
Performance Data Overview:

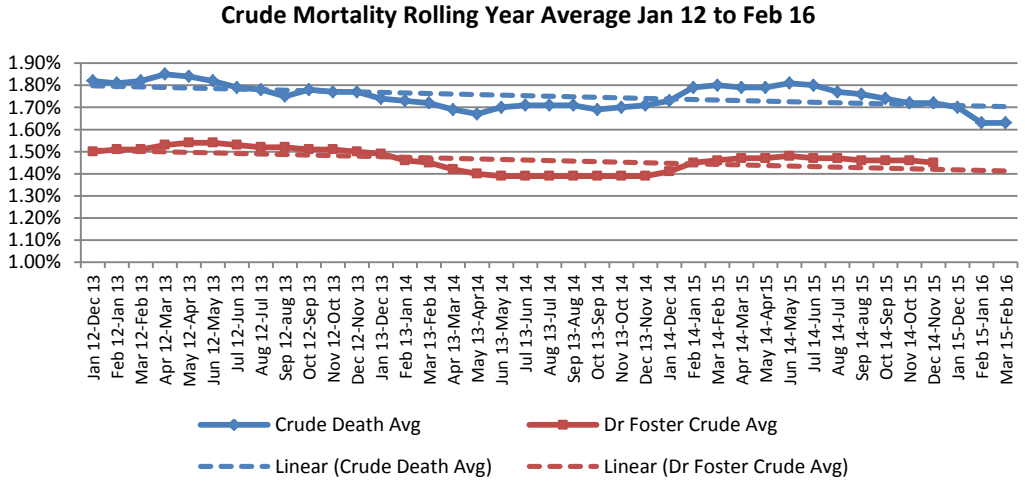
- Current SHMI reporting period (Jul 14-Jun 15) show that ULHT have increased to 111.86 for all deaths and higher than the National average.
- Recording 393 more deaths that expected within the current reporting period.
- In hospital deaths are alerting at 107.72; however this is in line with our HSMR at this time 106.78.
- ULHT have the 10th highest SHMI out of the 137 non-acute trusts reported within Dr Foster.
- Alerting Diagnosis at this time are; Pneumonia, Sepsis, UTI and intestinal obstruction without hernia- Reviews have been carried out for the alerts.
- Both all deaths and In hospital deaths are showing a downward trajectory in a 5 year time span (please see graph below).

NB: SHMI has a time lapse in the data.

Site	SHMI Jul 14-Jun15	Actual Deaths	Expected Deaths
Lincoln County Hospital	116.76	1905	1631.62
Pilgrim Hospital	107.55	1427	1326.87
Grantham & District Hospital	105.02	365	347.55

CRUDE MORTALITY





Performance Data Overview:

- Crude mortality rolling average year shows a downward trajectory.
- Against National average (Dec 14-Nov 15) ULHT is higher by 0.27%. ULHT's average is 1.72%.
- In month Feb 2016; crude has decreased to 1.91% an increase of 0.12%. However in comparison to Feb 15 Crude has decreased.
- ULHT's crude mortality for the rolling year is 1.63%.
- In rolling year ULHT has a slight upward trajectory.

February crude mortality by hospital:

- Grantham: 1.80% ↑
- Lincoln: 1.78% ↓
- Pilgrim: 2.13% ↑

Action Plan:

- Quality governance are holding sepsis awareness month; with sepsis champions going round the hospitals. In line with the Sepsis task and finish group action plan.
- Quality Governance are undertaking an interrogation into the Dr Foster high volume diagnosis groups.
- UTI Dr Foster interrogation has been undertaken as part of the PSC action log.
- Working with the CCG all deaths within 48 hours over the age of 75 are being sent to CCG for review regarding avoidable admissions.

PATIENT SAFETY – SAFETY THERMOMETER

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

	ULHT %	GDH %	LCH %	PBH %
Harm Free	**92.41**	**97.83**	**92.86**	**90.27**
New Harm Free	**98.16**	**98.91**	**98.66**	**97.26**

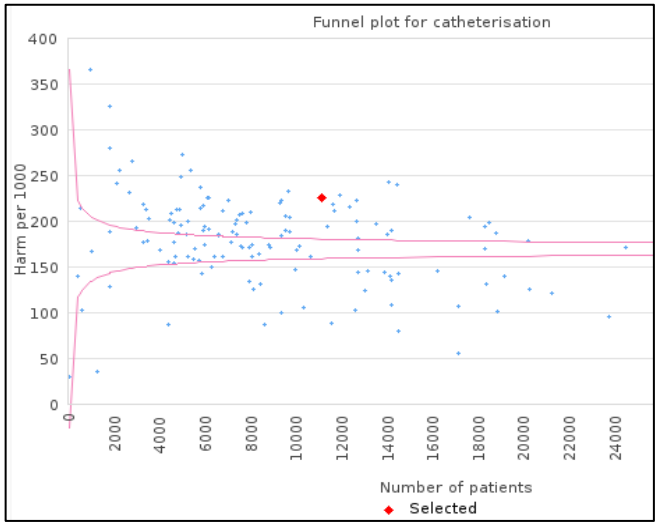
Table 2 – National Comparison of Harm Free Care (Old & New) January 15-16

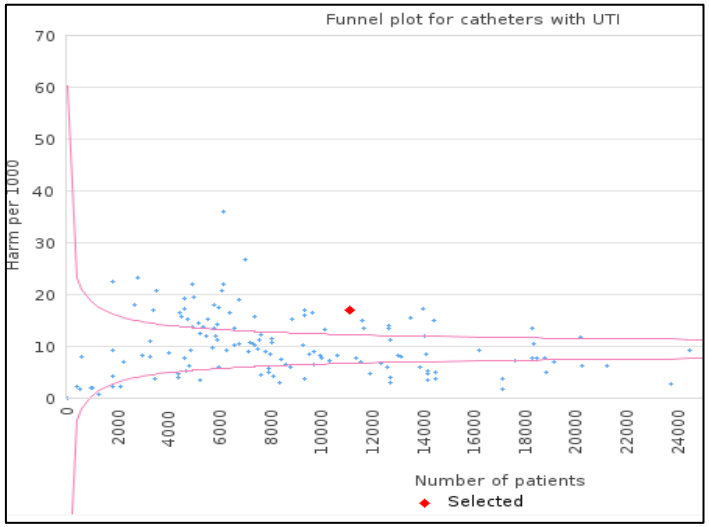
	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
NHS England	94%	93.7%	94%	93.8%	94%	94.1%	94.1%	94.1%	94.3%	94.3%	94.2%	94.2%	94.1%
ULHT	94.5%	93.17%	92.1%	92%	93.9%	93.4%	94.6%	90.4%	92.8%	93.9%	93.2%	92.2%	93.6%

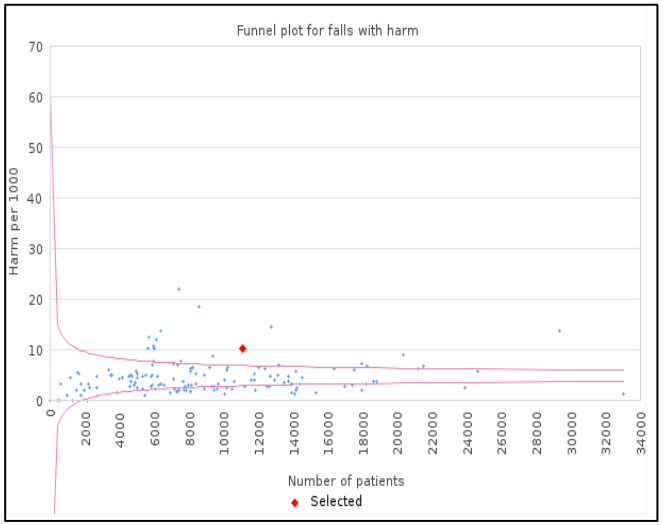
Table 3 - National Comparison of New Harm Free Care January 15-16

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
NHS England	97.7%	97.6%	97.7%	97.6%	97.8%	97.8%	97.8%	97.7%	97.9%	97.9%	97.8%	97.9%	97.9%
ULHT	97.54%	97.33%	97%	97.5%	97.1%	97.4%	98.3%	95.4%	98.7%	97.6%	97.8%	97.3%	97.5%

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



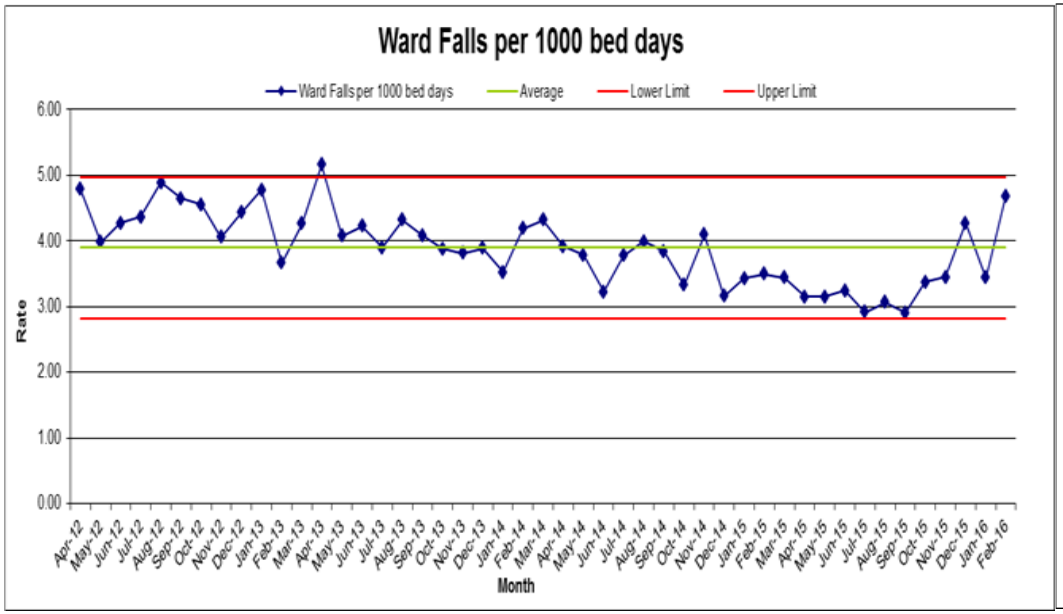


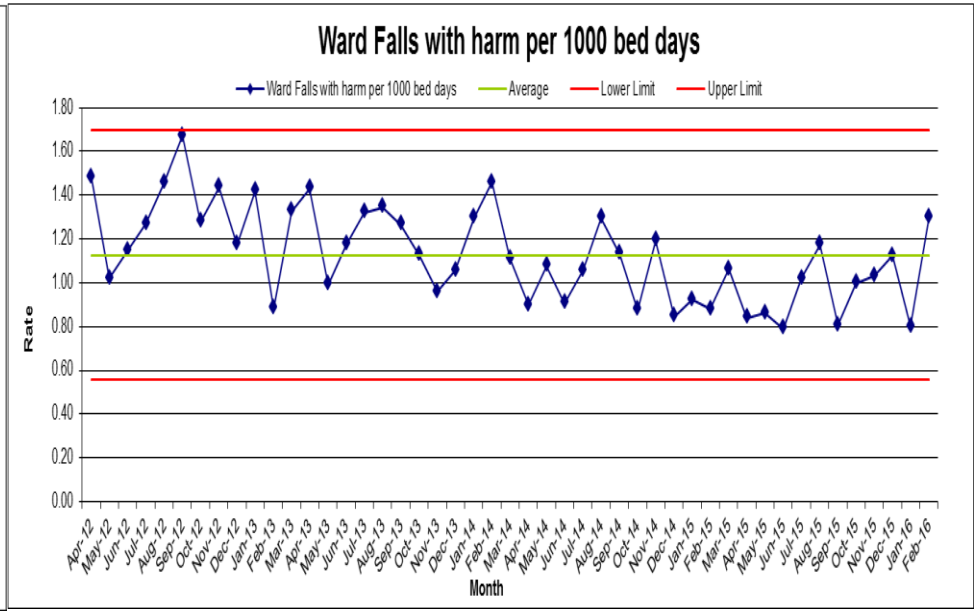


Overview

All key harms have a committee working on improving compliance.

PATIENT SAFETY – FALLS





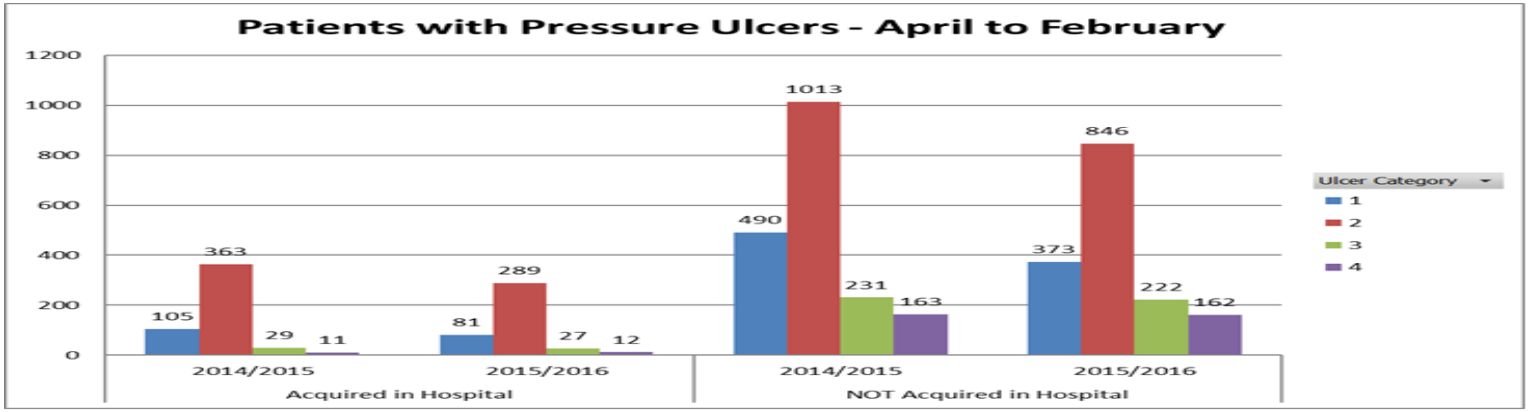
Performance Data Overview

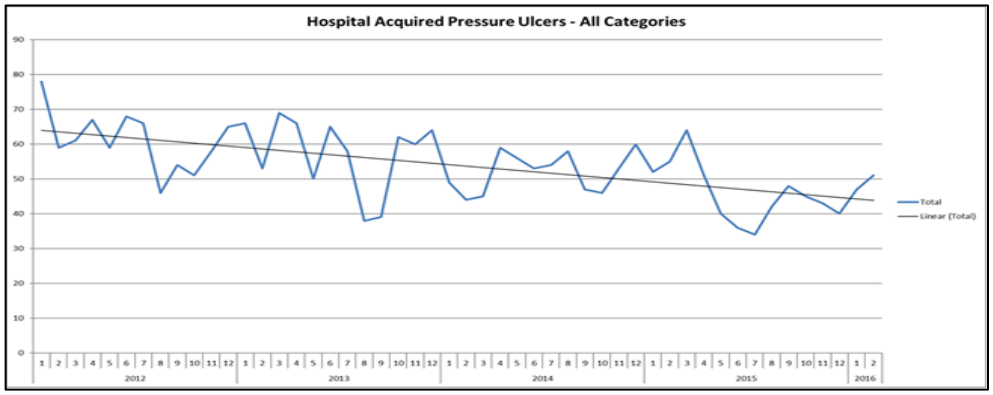
2015/16 April to January Average Rate Harmful Ward Falls is 0.97
Falls with Harm Review Panels are now in place on all three sites which are being led by the Deputy Director of Nursing
Newsletter formulated to share lessons learnt from review panels across organisation
Risk Summit held for Pilgrim Hospital on 7th March 2016 in terms of quality performance
Work progresses on workbook and intranet site
Positive feedback from CCG regarding improved quality of SI investigations
Risk team requested to report safety data on a weekly basis so that information can be triangulated against staffing data and reliance of temporary staffing

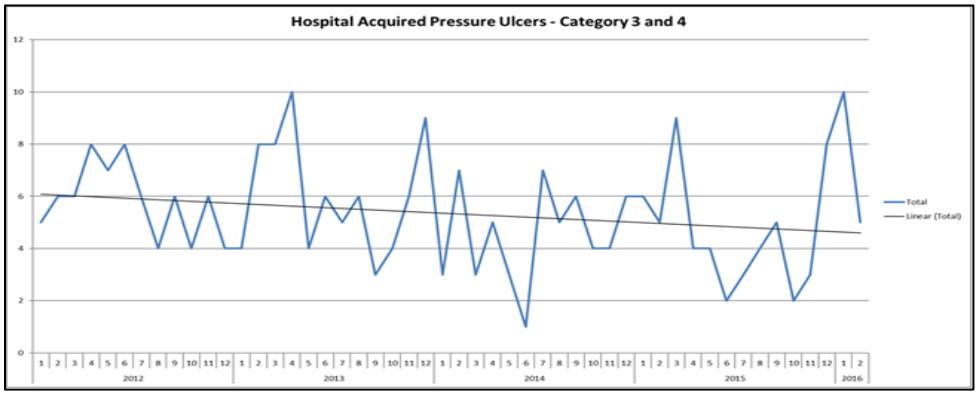
Action Plan

An annual work plan is place for the falls group
Lying and Standing Blood Pressure Video about to be launched as a recurring theme in review panels
MEAU to pilot Falls Workbook
Falls Study Day planned for the 21st September 2016 as part of the Sign up to Safety
Heads of Nursing have been asked to submit local improvement plans for increased compliance with Falls Assessment for SQD

PATIENT SAFETY – PRESSURE ULCERS







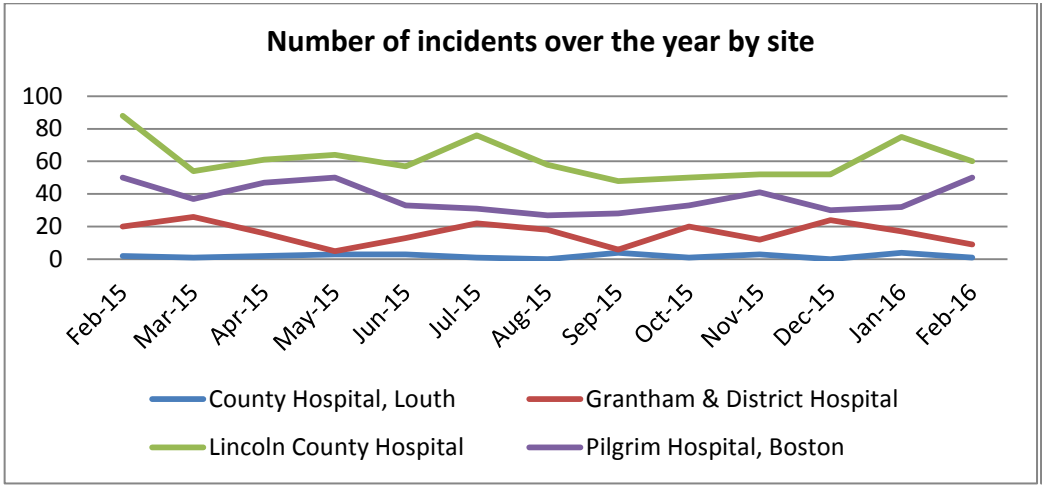
Performance Data Overview

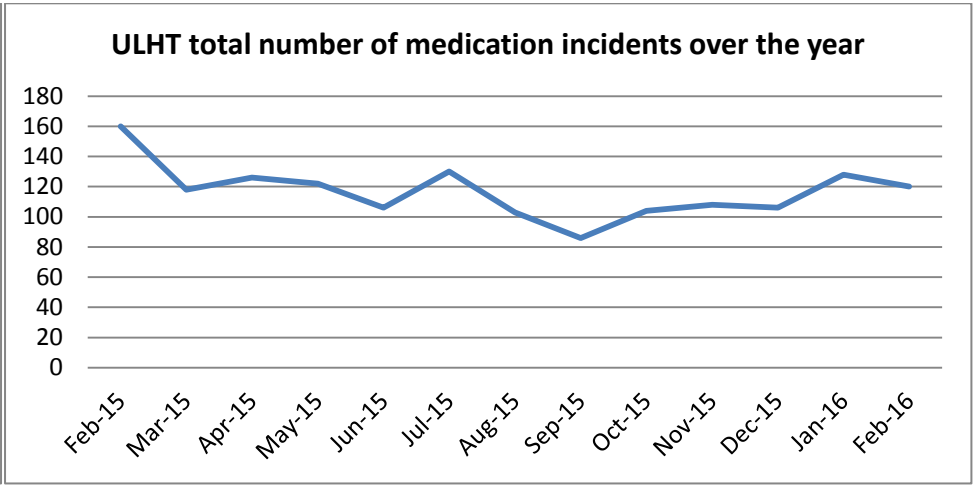
- Trust has reported a total of 364 HA pressure ulcers YTD 2015/2016 compared to 462 for the same period in the previous year
- Year to date there has been a 4% reduction in Category 3, 17% reduction in Category 2 and 24% reduction in Category 1 pressure ulcers reported on PUNT. No reduction is reported for category 4 PU - though further work is required to explore whether avoidable grade 4 PU has reduced.
- In February 2016, *four* category 3 (one of which was a deterioration from a previously reported category 2 due to the patients deteriorating medical condition) and *one* category 4 hospital acquired pressure ulcer – likely to be deemed unavoidable post SUI investigation
- Pressure Ulcer Review Panels for all grade 3 and 4 are now in place in all sites led by the Deputy Director of Nursing

Action Plan

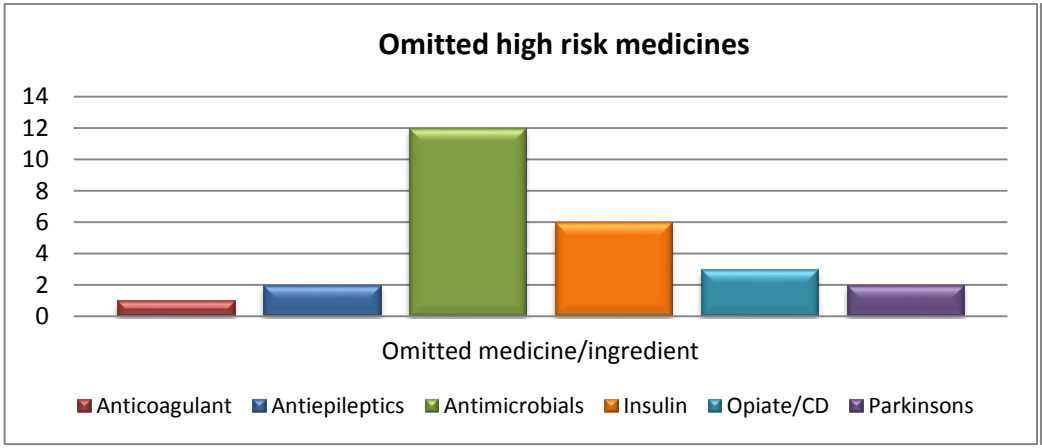
Further skill mix will be introduced to the team with a Band 5 to focus on Pressure Ulcer Prevention
Two research projects are being supported which focus on pressure ulcer prevention
Documentation to be reviewed to capture the timing of the implemented interventions
Focused training on using Heel protection

PATIENT SAFETY – MEDICATION

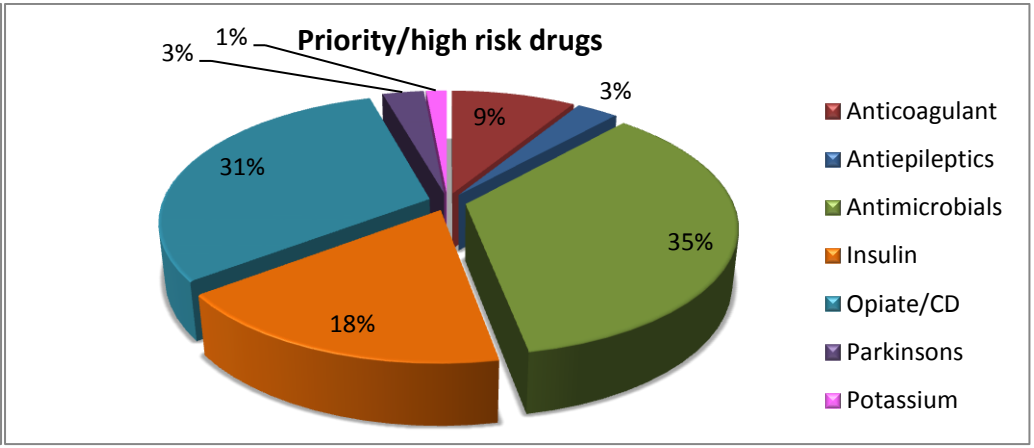




26 (79%) of the incidents relating to priority/high risk drugs were due to the medication being omitted.



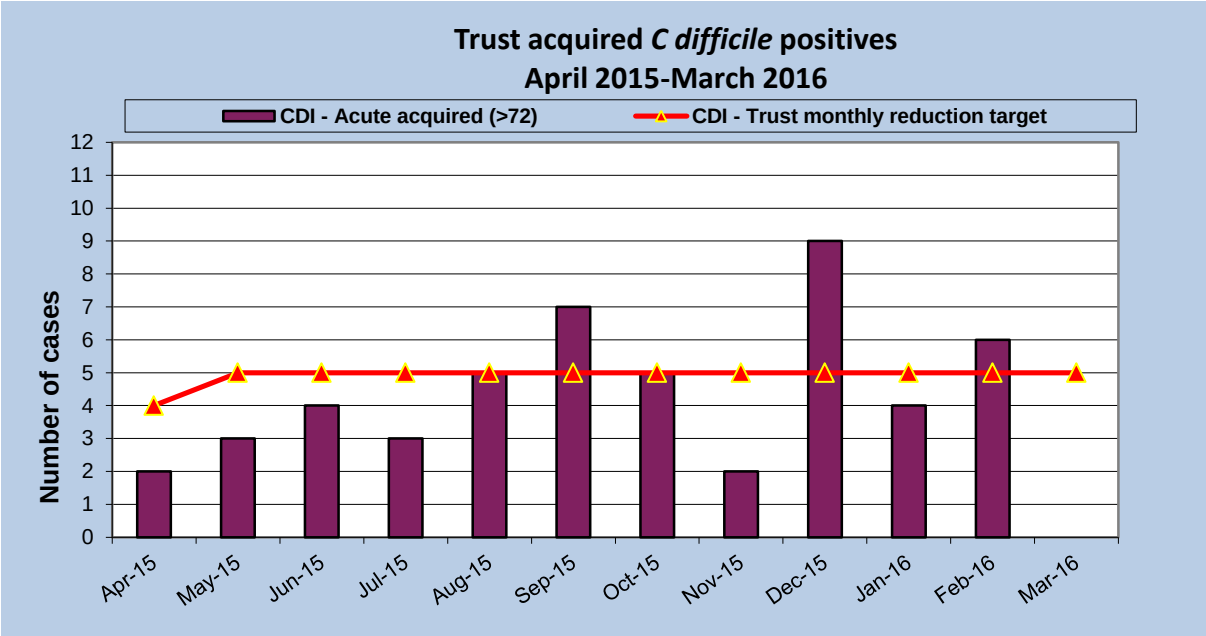
68 (57%) of all the events recorded were associated with priority/high risk drugs.



Overview

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.

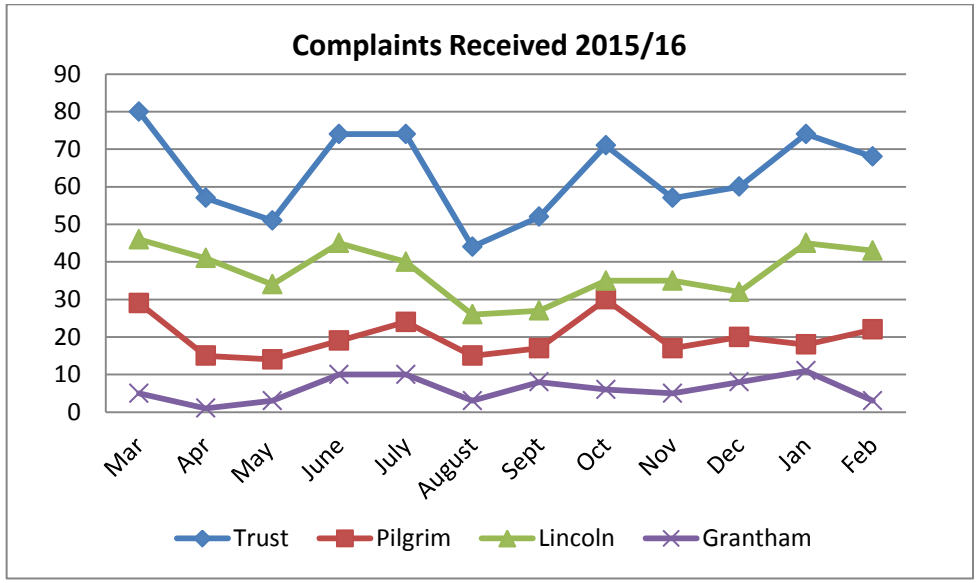
There have been six (6) cases of hospital attributable (trajectory 5), bringing the total of hospital attributable cases to fifty two (52). There was also one (1) community acquired cases reported or February 2016.



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

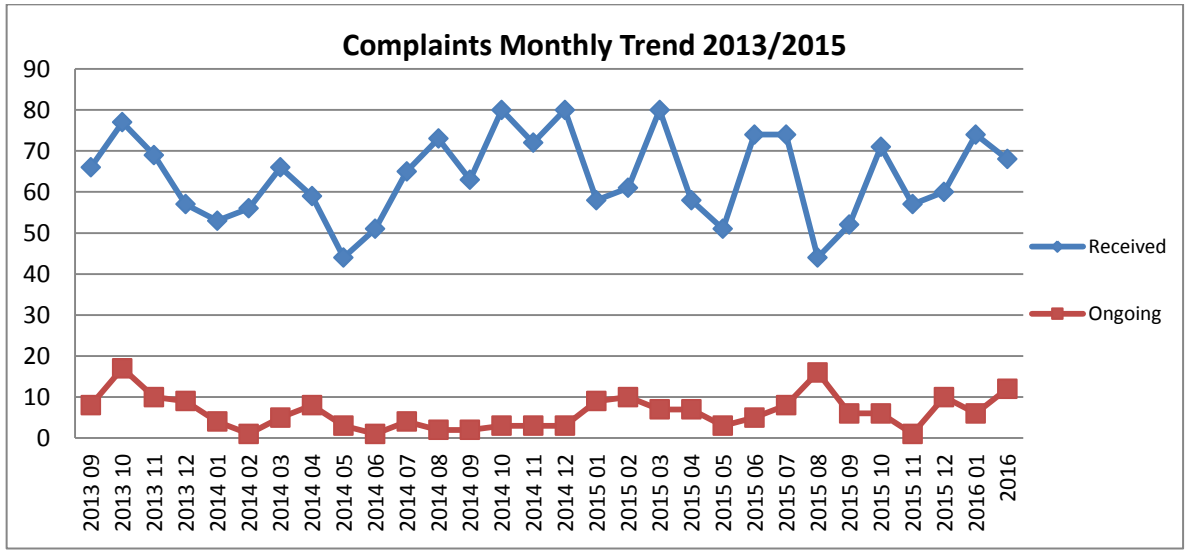
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Louth	0	0	0	0	0	0	0	0	0	0	0	
LCH	1	0	0	0	0	0	0	0	0	0	0	
PH	0	0	0	0	0	0	0	0	0	0	0	
GDH	0	0	0	0	0	0	0	0	0	0	0	
Total	1	0	0	0	0	0	0	0	0	0	0	
Cum	1	1	1	1	1	1	1	1	1	1	1	

PATIENT EXPERIENCE – COMPLAINTS



Overdue complaints	January 2016			February 2016		
Business Unit	LCG	PHB	GDH	LCH	PHB	GDH
Surgical	32	3	0	33	4	0
Medicine	35	8	0	37	9	0
Grantham	0	0	1	0	0	6
Women and Children's	11	1	1	15	2	1
Corporate Services	4	0	0	4	0	0
Path Links	0	0	0	0	0	0
TACC	2	0	0	2	0	0
Clinical Support Services	2	0	1	3	0	1
Totals	**86**	**12**	**3**	**94**	**15**	**8**

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'.



Percentage of complaint responses sent within agreed timescales 2015/2016

	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Lincoln	25%	38%	15%	17%	25%	0%	18%	32%	41%	26%
Pilgrim	30%	31%	24%	20%	7%	20%	40%	42%	41%	40%
Grantham	0%	34%	23%	50%	50%	22%	50%	36%	40%	33%

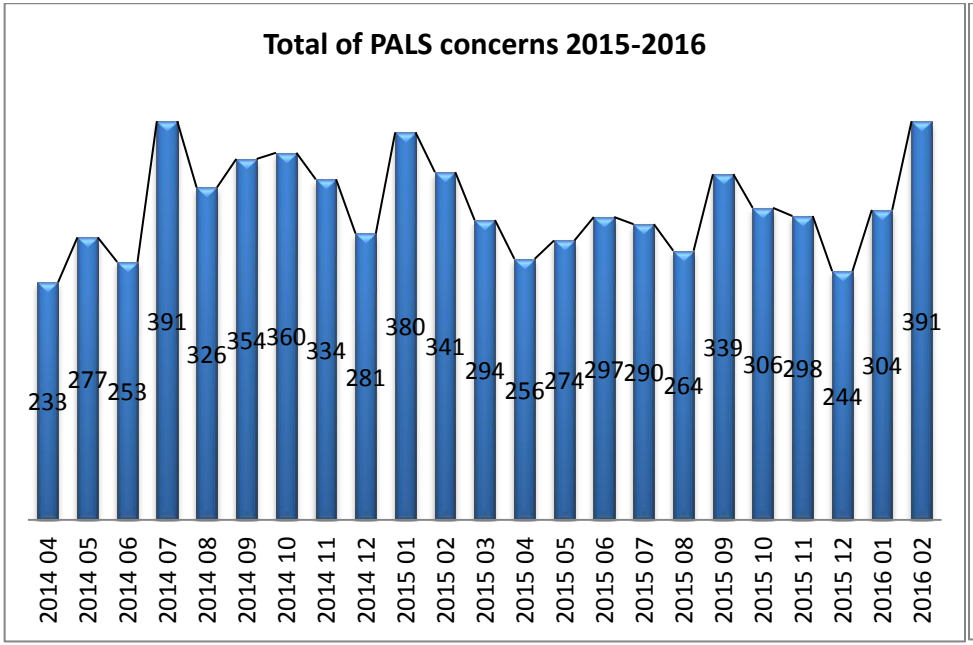
Overview

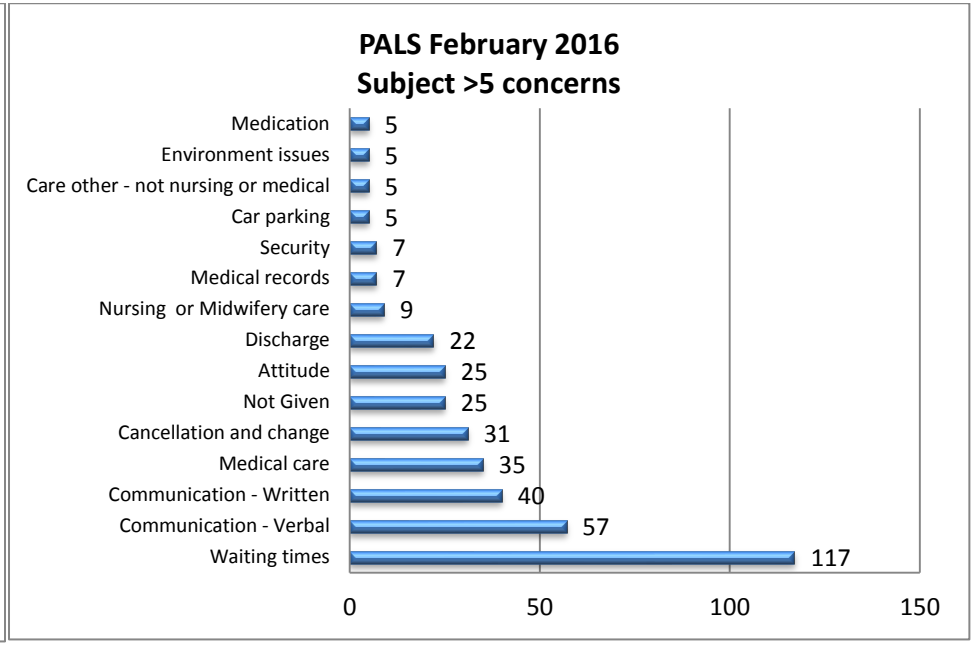
We have changed the process in which we commence new complaints that are received so that we can respond within the timescales given. Once the complaint is received and acknowledged we would send an email asking the Senior Site Lead contact. Previously the complaint investigation would not commence until we are advised that this call has been made and of a case manager who will be co-ordinating the investigation.

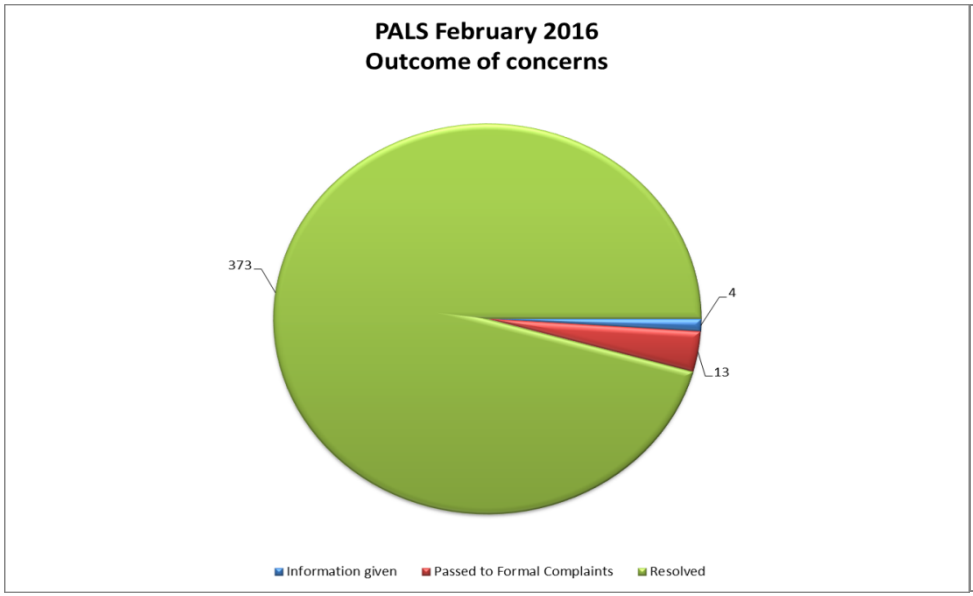
The process we are following now is that once the complaint has been received and acknowledged it will be sent to the Senior Site Lead and followed up for with a call to enquire who they have allocated as case manager. It is stated in the email that we will now follow the SSL email with a call to ask 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.

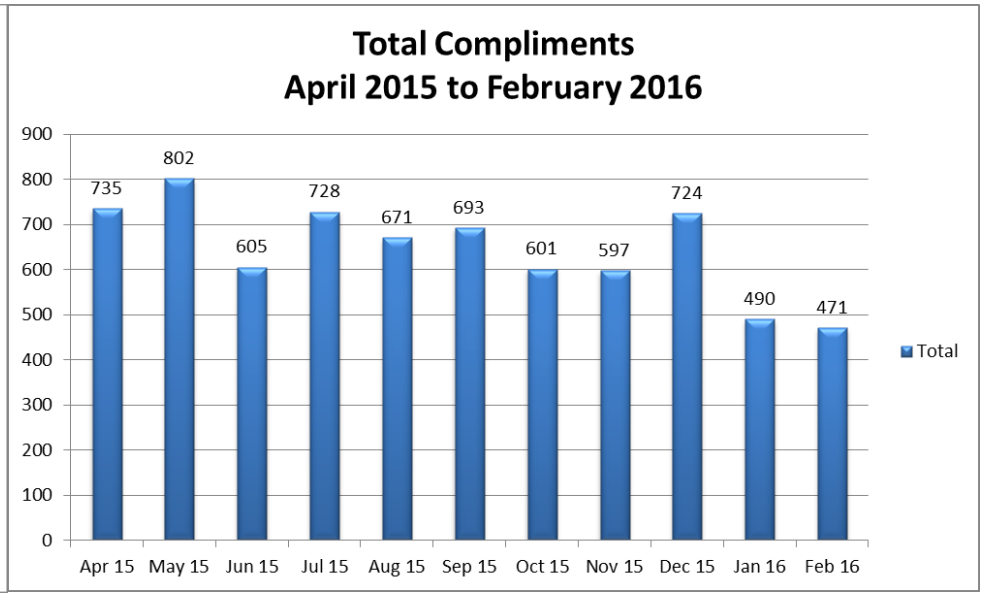
We are in the final stages of completing some new case manager training which will look at the quality of investigations and written responses. This too will hopefully increase the responses that go out from trust first time without requiring any amendments any prevent unnecessary delays.

PATIENT EXPERIENCE – PALS







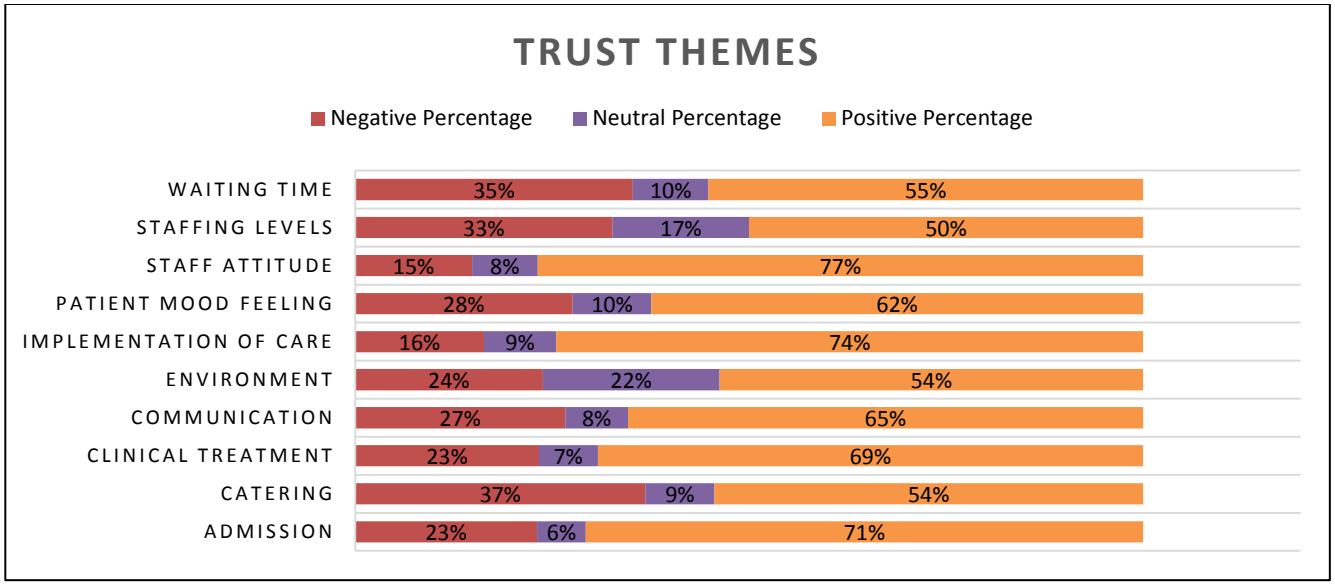


PATIENT EXPERIENCE – FRIENDS & FAMILY

FFT Sentiment Analysis

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.



Overview and actions

Following the national publication of FFT data for January, 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.

Patient Opinion

65 stories were posted to Patient Opinion during February and were viewed 12,918 times. This equates to each story being read 198 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 and via Twitter which commenced in January 2016.

NHS England have expressed interest in how the Trust shares positive feedback with staff and a meeting with the NHS England Head of Staff Experience is scheduled for April.