Quality and Safety Improvement Programme
Key Performance Indicator (KPI) Dashboard (November 2017)

NHS United Lincolnshire Hospitals NHS Trust

Project	KPI		BASELINE	THRESHOLD	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
					ULHT	ULHT	ULHT	ULHT	ULHT	ULHT	ULHT	ULHT	ULHT	ULHT	ULHT
QS01 Safety Culture	I feel that the quality and safety of patient care is ULHT's top priority		Data extracted from the quarterly national staff survey. **Marking system is**	Currently agreeing an internal threshold within the Trust		3.5			3.4						
	I believe ULHT is providing high quality services to our patients		As above	As above		3.3			3.1						
	I am actively encouraged, on my Ward/Department to report incidents and near misses		As above. This safety question is a one off and will be repeated in 6 or 12 months later for comparison.	As above		N/A			3.9						
	On my Ward/Department incidents are used as an opportunity to learn and improve		As above	As above		N/A			3.6						
	On my Ward/Department there are effective communication systems in place to highlight safety		As above	As above		N/A			3.6						
QS02 Clinical Governance	Number of open Serious Incidents (SI's)				N/A	N/A	N/A	200	201	218	226				
	Progress for closing overdue SI's		Number of overdue SI's from 1st May to 3rd October 2017 is	By 31st January 2018 all overdue SI's from 1st May to 3rd October 2017 will have been investigated and closed.	N/A	N/A	N/A	N/A	N/A	130	124				
	Number of SI's open over the agreed timescales		This data will be collected and monitored from February 2018 onwards when above KPI will be completed		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	Duty of Candour applied within timeframe			50% by August 2017 65% by December 2017 95% by March 2018	34.00%	32.00%	39.00%	51.30%	59.46%	58.00%	50.00%				
QS03 Sepsis	National Compliance Sepsis Screening	Emergency Departments - Adult Admissions	Data Source: A minimum of 50 records per month after exclusions for ED and a separate 50 minimum after exclusions for Inpatients	In-Year payments indicator for 2017/18 and 2018/19. Payment based on % of eligible patients screened.	98.90%	100.00%	54.00%	72.00%	86.00%	90.00%	84.00%				
		Emergency Departments - Child Admissions		- Less than 50% no payment (red) - 50 to 89.9% payment is 5% (amber) - 90% or above payment is 12.5% (green)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
		Acute Inpatient Departments - Adult Admissions	As above		82.00%	100.00%	54.00%	44.00%	58.00%	64.00%	58.00%				
		Acute Inpatient Departments - Child Admissions			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
	National Compliance Timely Treatment of Sepsis with IV Antibiotics	Emergency Departments - Adult Admissions	As above	In-Year payments indicator for 2017/18 and 2018/19. Payment based on % of patients with sepsis treated within 1 hour.	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
		Emergency Departments - Child Admissions			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
		Acute Inpatient Departments - Adult Admissions	As above	- Less than 50% no payment (red)	100.00%	80.00%	100.00%	100.00%	100.00%	80.00%	87.50%				
		Acute Inpatient Departments - Child Admissions		- 50 to 89.9% payment is 5% (amber) - 90% or above payment is 12.5% (green)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
	Percentage of staff completed Sepsis e-learning training			95%	86.51%	89.59%	90.95%	88.97%	90.12%	91.73%	89.41%				
QS04 GI Bleed	Serious Incidents (SI) with moderate harm or above related to GI Bleeds				0	0	0	0	0	0	0				
QS05 Airway Management	Percentage of shifts where there is a NIV Registered Nurse on Duty			100%	N/A	N/A	N/A	N/A	99.26%	97.85%	98.15%				
	Percentage of NIV patients nursed only on Carlton Coleby, 7B and ACU			100%	N/A	N/A	N/A	N/A	N/A	N/A					
QS06 Mental Health & Learning Difficulties and QS07 Safeguarding	Percentage of staff completed Mental Capacity Act training			95%	81.00%	83.50%	83.68%	84.14%	82.55%	82.87%	82.90%				
	Percentage of staff completed Restraint and Holding training		Currently working up a training programme		N/A	N/A	N/A	N/A	N/A	N/A					

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QS08 Medicines Management (previously Medication Safety CQUIN)	Number of incidents with moderate harm or above		Discussions currently taking place within Trust to agree threshold	9	9	8	5	3	5					
	Number of incidents due to omitted medicines			58	54	45	45	42	50					
	Number of critical medicines missed			N/A	13	8	5	7	7					
QS09 Training and Competencies	Overall Core Learning Compliance		95%	91.00%	90.47%	90.81%	90.58%	89.64%	89.17%	90.85%				
QS10 Appraisal and Supervision	Percentage of staff with 12 months service with the Trust who have had an appraisal in last 13 month		85% by Q4 2017/18	79.18%	81.93%	82.64%	82.24%	80.10%	78.11%	78.70%				
	Percentage of Medical and Dental staff who have had an appraisal in last 12 months	Excludes career break, external secondment and suspensions.	95% by Q4 2017/18	N/A	92.00%	96.00%	95.00%	95.00%	94.00%	95.00%				
QS11 Outpatients	Percentage of health records available in all clinics Trust Wide		94% by September 2017 95% by November 2017 96% by January 2018 98% by May 2018	89.00%	92.00%	92.00%	98.00%	94.00%	99.00%	99.00%				
	DNA rates in all Clinics Trust Wide	Low percentage score is good	9.00% or less by October 2017 8.75% or less by January 2018 8.50% or less by February 2018 8.25% or less by April 2018 8.00% or less by May 2018	8.65%	8.30%	8.82%	8.80%	8.60%	8.30%					
QS12 Infection Control	Number of hospital acquired CDI		4 in April 2017 5 per month from May 2017 to March 2018	11	4	2	4	8	6	6				
	Number of hospital acquired MRSA		Zero	0	1	0	0	0	0	0				
	Number of Outbreaks			2	0	0	0	0	3	3				
	Number of Wards affected by the Outbreaks			11	0	0	0	0	3	3				
	Number of IPC incidents identified as moderate harm and above			2	1	0	0	0	0	0				
	Percentage of adherence to hand hygiene		95.00%	96.00%	99.13%	98.00%	96.62%	99.00%	98.85%	98.97%				
QS13 Reducing Variation in Clinical Practice	Number of DKA pathway incidents with moderate harm or above			1	0	0	1	0	0	0				
QS14a Clinical Staffing - Nursing	Registered nurses vacancy rate		11.50%	14.23%	14.41%	15.21%	15.50%	12.87%	13.28%	13.09%				
	Allied Health Professionals vacancy rate		10%	13.72%	12.29%	10.43%	10.64%	8.87%	8.39%	8.29%				
QS14b Clinical Staffing - Medical	Medical Vacancy rate		12%	15.02%	15.89%	11.79%	16.43%	16.08%	15.42%	15.76%				
	Completion of job plans uploaded to Allocate system		80%	50.22%	63.18%	68.24%	70.28%	80.70%	83.81%					
QS16 Strengthening Support for Pilgrim Hospital	Number of Wards who have received a primary ward accreditation assessment	Total of 52 wards Trust Wide to have a ward accreditation assessment within one year	Trajectory to be added - to end of November total of 11 wards have received primary assessment	N/A	N/A	N/A	N/A							