



Quality Accounts 2018-19

Lindsey Robertson

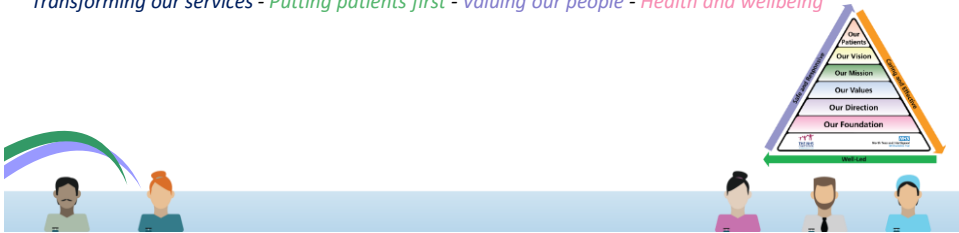
Deputy Director, Nursing, Patient Safety & Quality

Keith Wheldon

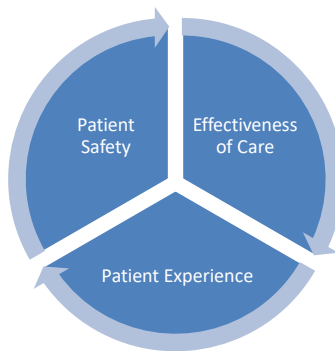
Safety & Quality Performance Manager



Transforming our services - Putting patients first - Valuing our people - Health and wellbeing

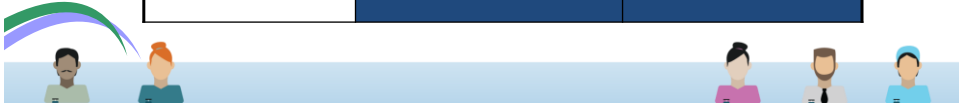


Quality Accounts 2018-19 Three Key Priorities



Quality Accounts Priorities 2018-19

1. Patient safety	2. Effectiveness of care	3. Patient experience
• Mortality	• Safety Thermometer	• Palliative Care & Care for the Dying Patient
• Dementia care	• Discharge processes	• Is our care good (patient experience surveys)
• Mental Health	• Safety and Quality Dashboard	• Friends and Family recommendation
• Safeguarding (Adults & Children)	• Learning from Deaths	
• Infections		



Patient Safety



Mortality Indicators (HSMR & SHMI)

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 100.37 (December 2017 to November 2018)
 HSMR reporting in 2017-2018 Quality Accounts **103.12** (February 2017 to January 2018) a reduction of **2.75** points

Summary level Hospital Mortality Indicator (SHMI) –

In-Hospital Deaths and those up to 30 days post Acute Trust discharge

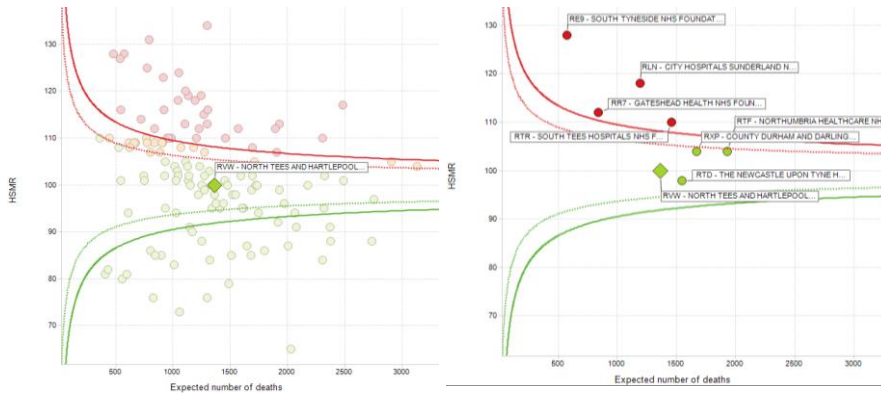
SHMI – 100.72 (October 2017 to September 2018)
 SHMI reporting in 2016-2017 Quality Accounts **105.91** (October 2016 to September 2017) a reduction of **5.19** points



HSMR Indicator

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 100.37 (December 2017 to November 2018)

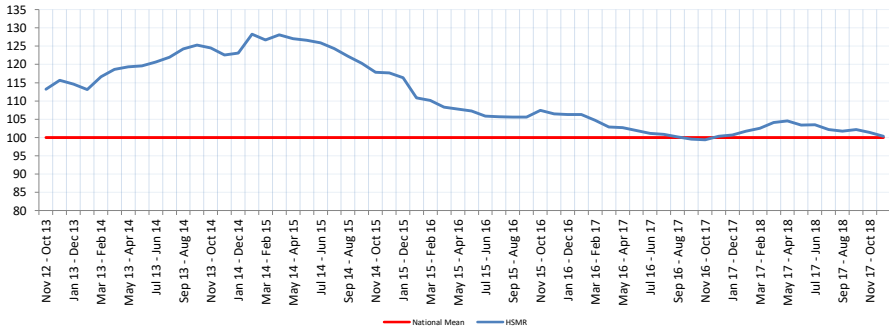


HSMR Indicator

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 100.37 (December 2017 to November 2018)

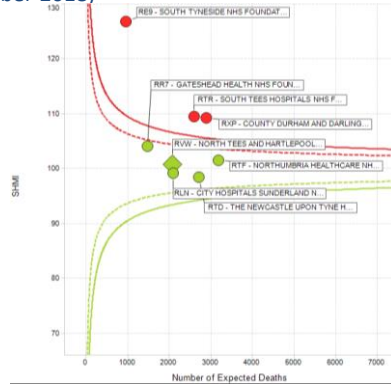
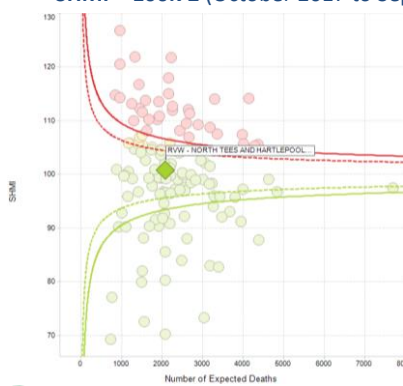
HSMR value Trend (12 month values)



SHMI Indicator

Summary Level Hospital Mortality Indicator (SHMI) – In-Hospital Deaths and those up to 30 days post Acute Trust discharge

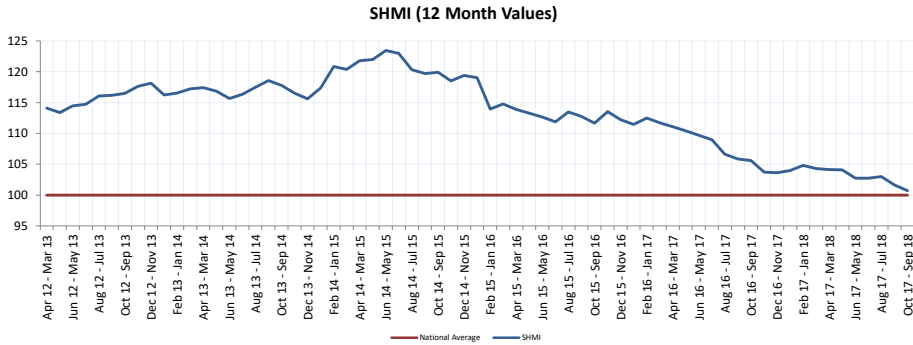
SHMI – 100.72 (October 2017 to September 2018)



SHMI Indicator

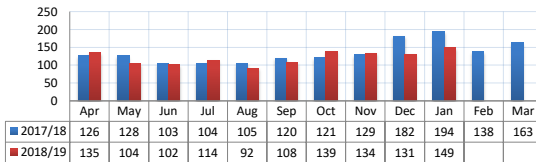
Summary Level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 100.72 (October 2017 to September 2018)



Trust Raw Mortality

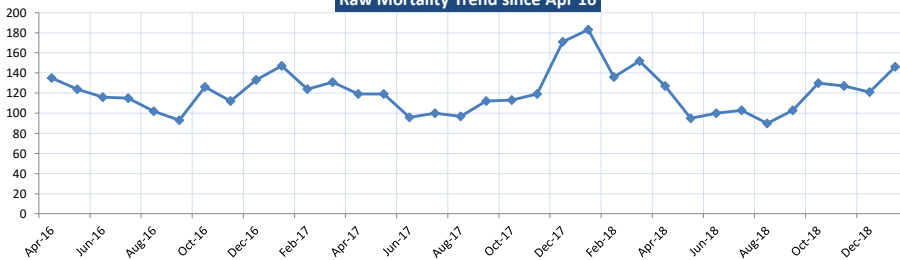
Total Hospital Deaths



April 2018 to January 2019

	2017-18	2018-19
Total	1312	1208

Raw Mortality Trend since Apr 16



Dementia

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium is previous years an unfortunate continued growing trend.

Financial Year	Patients admitted to the Trust with a diagnosis of Dementia/Delirium	Increase or Decrease from Previous Year
2013-14	1,833	-
2014-15	2,217	+384
2015-16	2,711	+494
2016-17	3,298	+587
2017-18	3,614	+316
2018-19	3,025	-

April to November	Patients admitted to the Trust with a diagnosis of Dementia/Delirium
2016-17	2,410
2017-18	2,817
2018-19	3,025

Data is for April to December

2018-19 data is for April 2018 to December 2018



Infection Control

The following demonstrates the total number of **Trust Acquired** infections during 2018-2019 compared with 2017-2018.

Infection Type	2017-18	2018-19	Year on Year
Clostridium difficile (C Difficile) <small>*NHS Improvement Objective 13</small>	29	24	-5
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	3	0	-3
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	18	16	-2
Escherichia coli (E.coli)	41	34	-7
Klebsiella species (Kleb sp) bacteraemia	26	14	-12
Pseudomonas aeruginosa (Ps a) bacteraemia	5	8	+3

Data is for April 2018 to January 2019



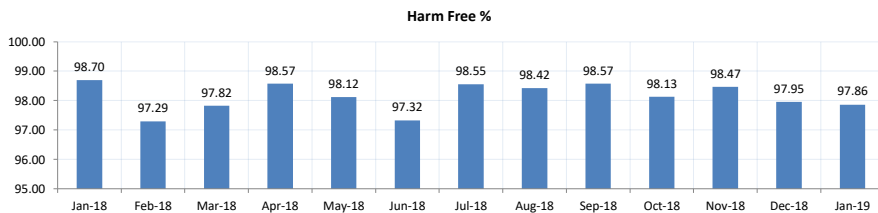
Effectiveness of Care



Safety Thermometer

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare:

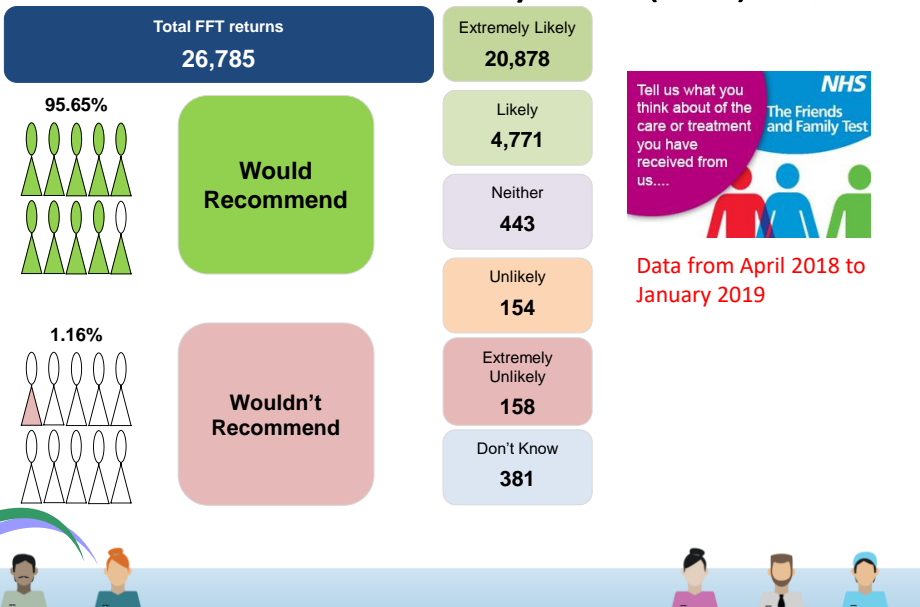
- Pressure ulcers
- Falls
- Urinary tract infection (UTI) (in patients with a catheter) and
- Venous thromboembolism (VTE)



Patient Experience



Friends and Family Test (FFT)



Complaints

The following demonstrates the total number of **Complaints** the Trust received during 2018-2019 compared with 2017-2018.

Complaint Type	2017-18	2018-19	Year on Year
Stage 1 - Informal	703	601	-102
Stage 2 – Formal (meeting)	86	79	-7
Stage 3 Formal Response Letter (from CEO within 25 days)	157	152	-5

Data is for April 2018 to January 2019



2018-19 Timeline

- Engagement process between December 2018 to March 2019
- Draft Quality Accounts document to all key stakeholders March 2019
- 2018-2019 document finalised in May 2019
- Finalised document to be external audited in May 2019
- The 2018-19 Quality Accounts to be published on NHS Choices and Trust website by 30 June 2019 deadline

