











Fiona McEvoy

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





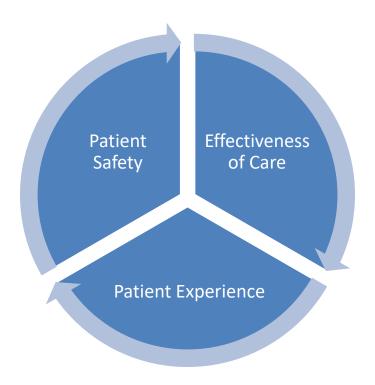








Quality Accounts 2019-20 Three Key Priorities













Quality Accounts Priorities 2019-20

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



Patient Safety











Mortality Indicators (HSMR & SHMI)

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

HSMR – **92.90** (September 2018 to August 2019) HSMR reporting in 2018-2019 Quality Accounts **95.80** (March 2018 to February 2019) a reduction of **2.90** points

Summary level Hospital Mortality Indicator (SHMI) –

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

SHMI – **96.19** (August 2018 to July 2019) SHMI reporting in 2017-2018 Quality Accounts **100.72** (October 2017 to September 2018) a reduction of **4.53** points







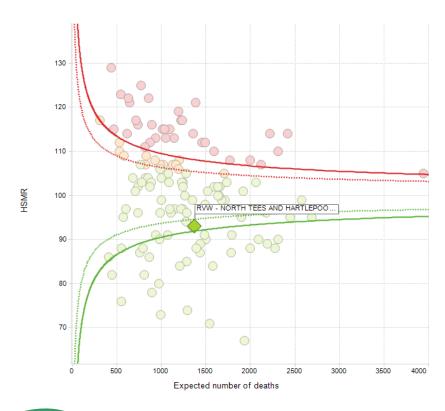


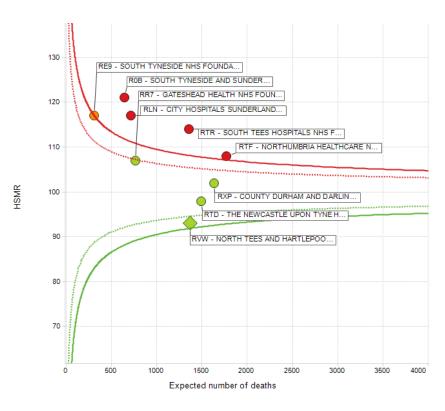
HSMR Indicator



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

HSMR – **92.90** (September 2018 to August 2019)















HSMR Indicator



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

HSMR – **92.90** (September 2018 to August 2019)

HSMR value Trend (12 month values)













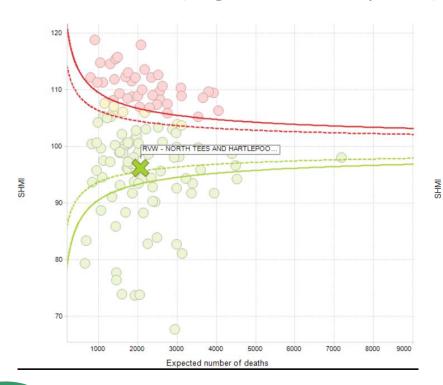
SHMI Indicator

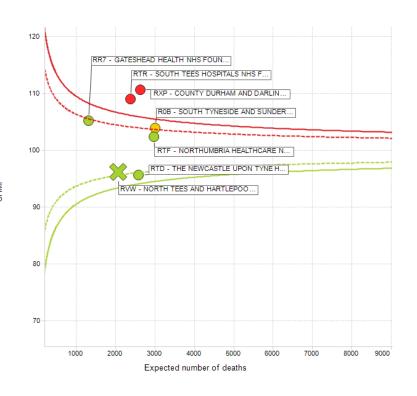


Summary level Hospital Mortality Indicator (SHMI) –

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SHMI – **96.19** (August 2018 to July 2019)















SHMI Indicator

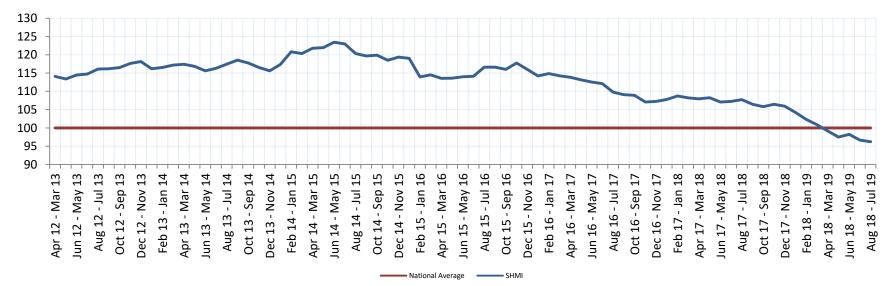


Summary level Hospital Mortality Indicator (SHMI) –

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SHMI (12 Month Values)







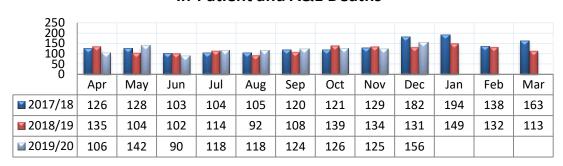






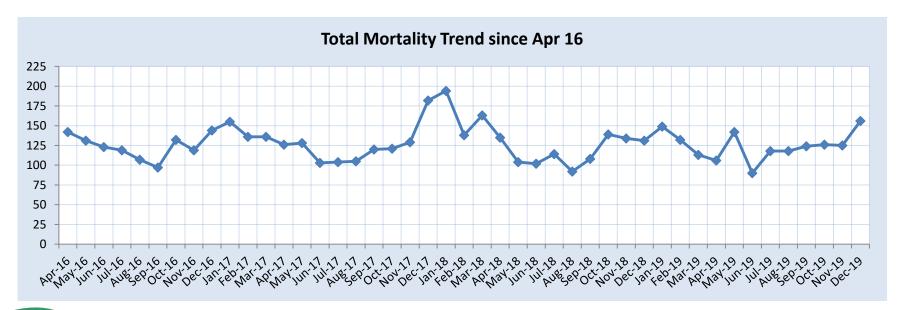
Trust Raw Mortality

In-Patient and A&E Deaths



April to November

	2017-18	2018-19	2019-20
Total	1,118	1,059	1,105













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	4,218	+604
2019-20	3,494	

April to November	Patients admitted to the Trust with a diagnosis of Dementia/Delirium	
2016-17	2,725	
2017-18	3,032	
2018-19	3,568	
2019-20	3,494	

April to January

2019-20 data is for April 2019 to January 2020









Infection Control

The following demonstrates the total number of *Trust Acquired* infections during 2019-2020 compared with 2018-2019.

Infection Type	2018- 19	2019- 20	Year on Year
*Clostridium difficile (C Difficile) HOHA – Hospital onset Healthcare Acquired		33	•
*Clostridium difficile (C Difficile) COHA – Community onset Healthcare Acquired		16	
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	ı
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	17	22	+5
Escherichia coli (E.coli)	35	42	+7
Klebsiella species (Kleb sp) bacteraemia	17	9	-8
Pseudomonas aeruginosa (Ps a) bacteraemia	9	3	-6

2018-19 Data is for April 2018 to January 2019; 2019-20 Data is for April 2019 to January 2020

*The reporting criteria for C diff has changed for 2019-20 *NHS Improvement Objective 56









Effectiveness of Care







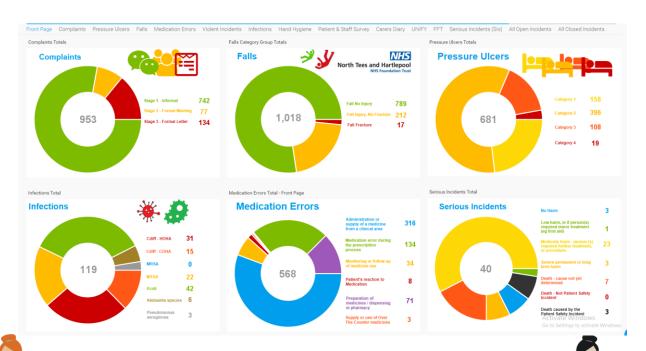




Business Intelligence

During Q4 2018-19 the Trust procured a dedicated Business Intelligence Software called **Vellowfin**

This software is used to create dashboards within the organisation, to automate reporting of data, reduce manual intervention and to move the Trust forward in how data is used, displayed and understood throughout the organisation.











Dashboards created:

- Safety & Quality Dashboard
- A&E Dashboard
- Corporate Dashboard
- Audit Dashboard
- Radiology
- Theatres

Dashboards Under Development:

- Care Group Dashboards
- Internal Single Oversight Framework (SOF)
- SitRep

Major Yellowfin upgrade due end of Jan/early Feb, this will enhance the navigation, creation and presentation of the dashboards/reports.







Patient Experience











Friends and Family Test (FFT)

Total FFT returns 19,502

Extremely Likely

15,042

Likely

3,581

Neither

359

Unlikely

115

Extremely Unlikely

162

Don't Know

243

Tell us what you think about of the care or treatment you have received from us....

Data from April 2019 to January 2020

1.42%

95.49%

Would Recommend

Wouldn't Recommend









Friends and Family Test (FFT)

As of the 1st January the Trust has rolled out a text based system for FFT feedback.

The process for delivering the texts is in conjunction with **inhealthcare**

inhealthcare already provide a text solution for other services within the Trust.

There is a rigorous validation process in place prior to releasing the texts. This process also incorporates any patients that decide to opt-out of the service.

There is still an option for the patients that would still prefer a paper copy, this is still available on the ward/area for completion.



Share your experience with our Trust via the new digital Friends and Family link and impact positive change.

#Excellenceisourstandard

North Tees and Hartlepool



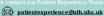
North Tees and Hartlepool NHS Foundation Trust has always valued the feedback of our patients. It is important that we use your experiences to build a stronger health care offer of the future, for the communities and nonulations use serve.

The Friends and Family survey is your opportunity to comment on your care.

After your appointment or stay with us, you will receive a text with a link to a brief online survey. You can review this in your own home, at a time convenient to you to offer honest feedback. We value your opinion.

#Excellenceisourstandard













Complaints

The following demonstrates the total number of *Complaints* the Trust received during 2019-2020 compared with 2018-2019.

Complaint Type	2018-19	2019-20	Year on Year
Stage 1 - Informal	601	829	+228
Stage 2 – Formal (meeting)	79	73	-16
Stage 3 Formal Response Letter (from CEO within 25 days)	152	132	-20

Data is for April to January for both financial years









2019-20 Timeline

- Engagement process between January 2020 to March 2020
- Draft Quality Accounts document to all key stakeholders March 2020
- 2019-2020 document finalised in May 2020
- Finalised document to be external audited in May 2020
- The 2019-20 Quality Accounts to be published on NHS Choices and Trust website by 30 June 2020 deadline





