

Quality Accounts 2021-22

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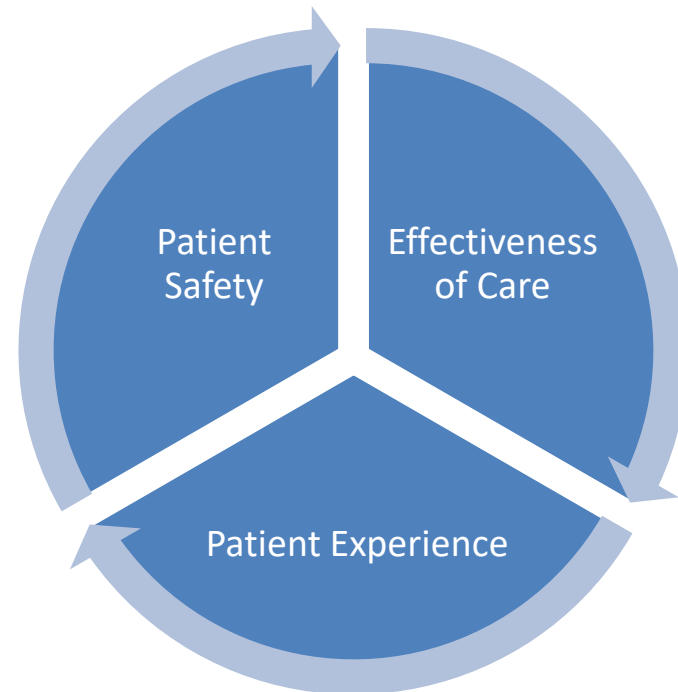
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Associate Director of Nursing, Patient Experience and Quality



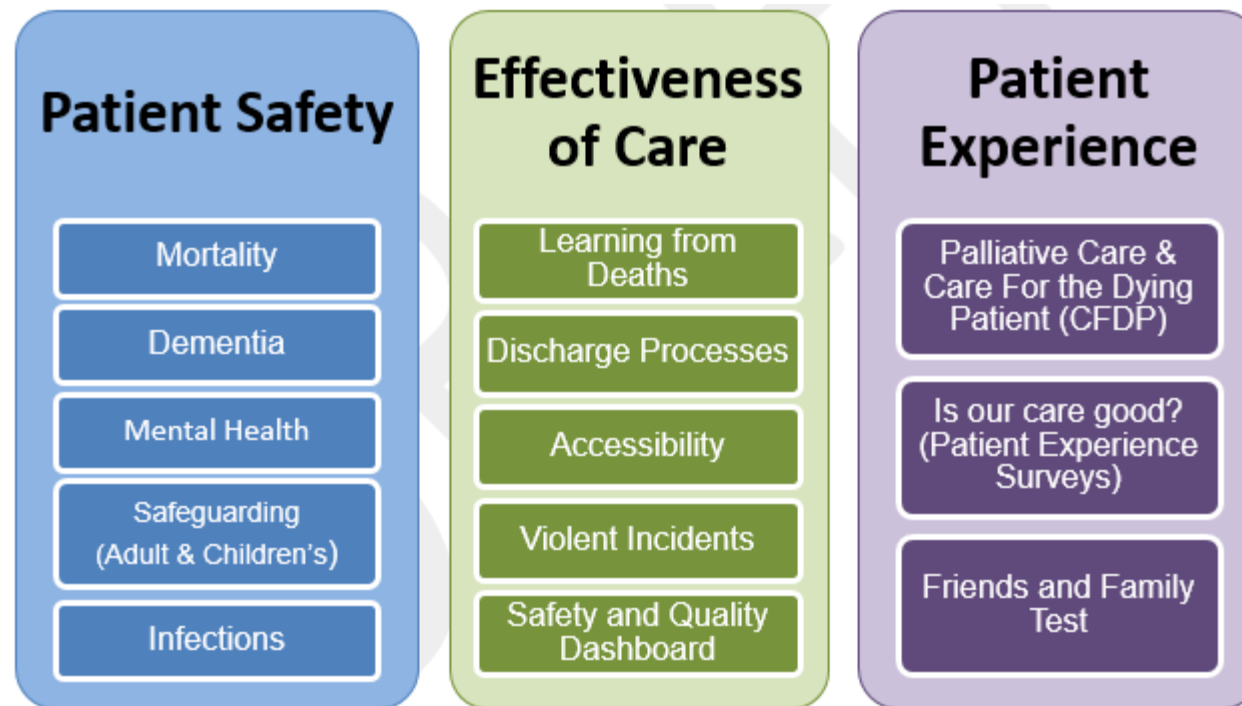
Quality Accounts 2021-22

Three Key Priorities



Quality Accounts Priorities

2021-22



Patient Safety

Mortality Indicators (HSMR & SHMI)

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

HSMR – 91.19 (November 2020 to October 2021)

HSMR reporting in 2020-2021 Quality Accounts **97.12** (December 2019 to November 2020) a decrease of **5.93** points.

Summary level Hospital Mortality Indicator (SHMI) –

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

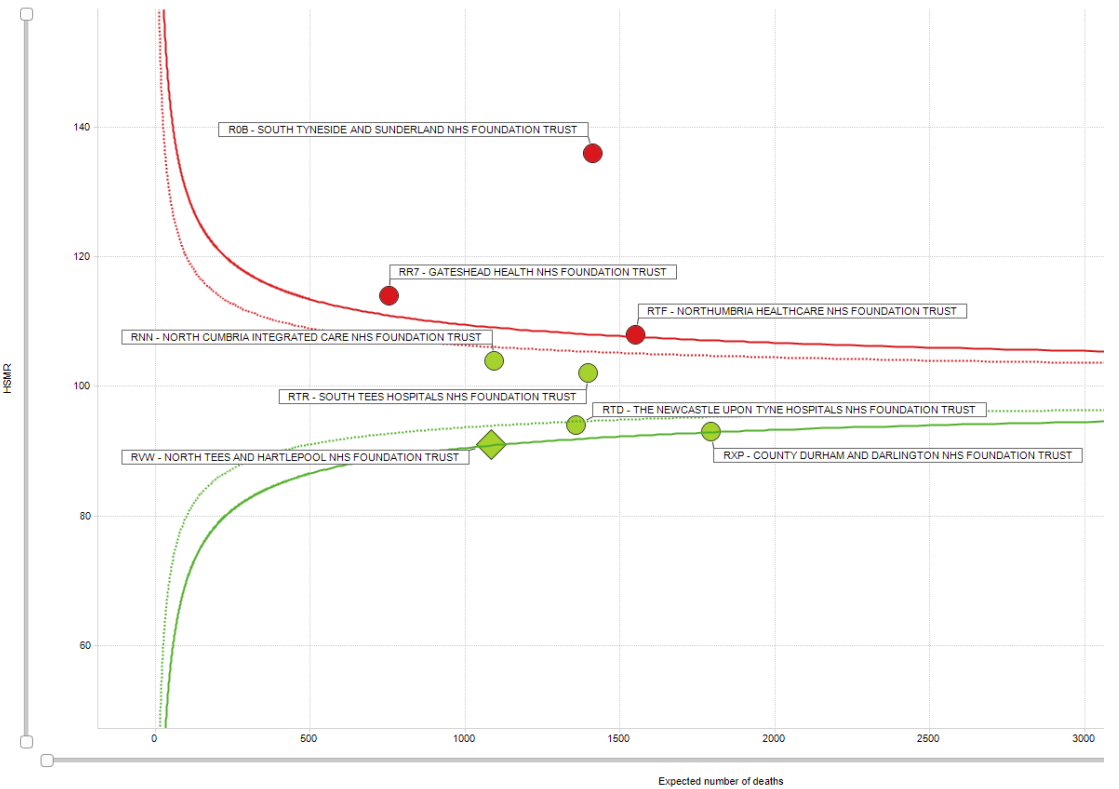
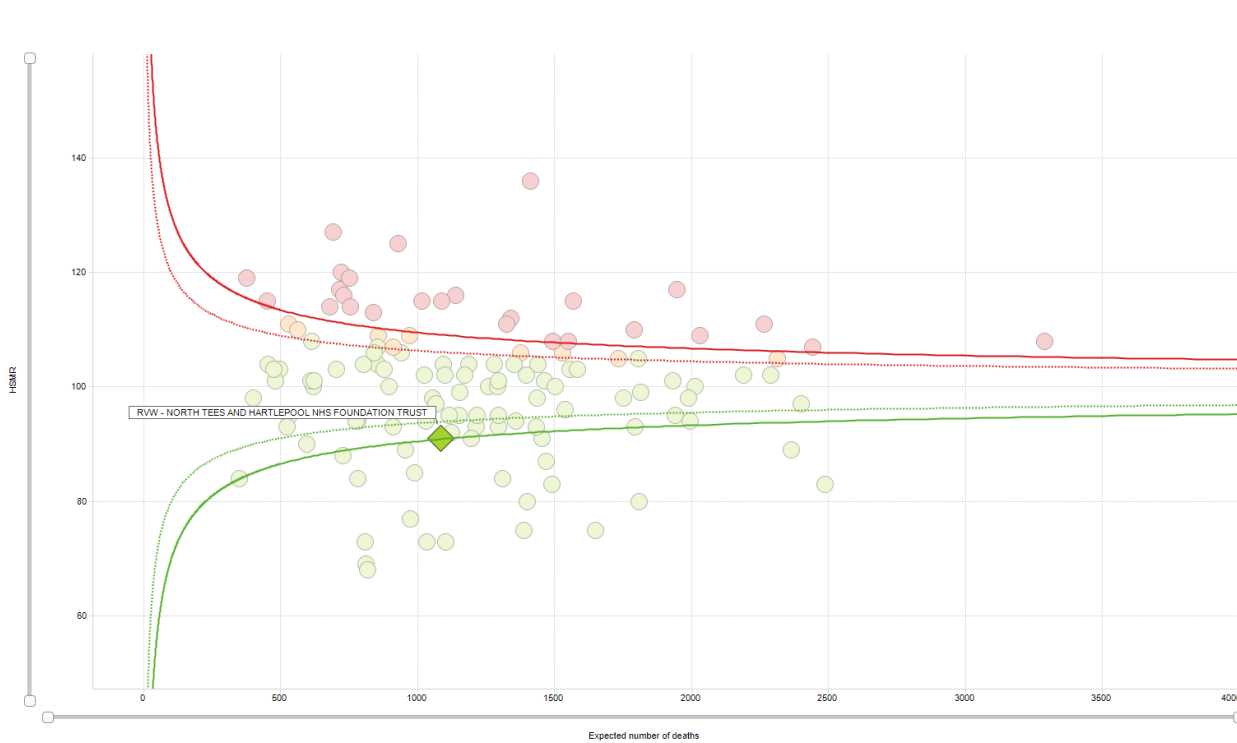
SHMI – 97.75 (October 2019 to September 2020)

SHMI reporting in 2020-2021 Quality Accounts **99.94** (October 2019 to September 2020) a decrease of **2.19** points.

HSMR Indicator

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

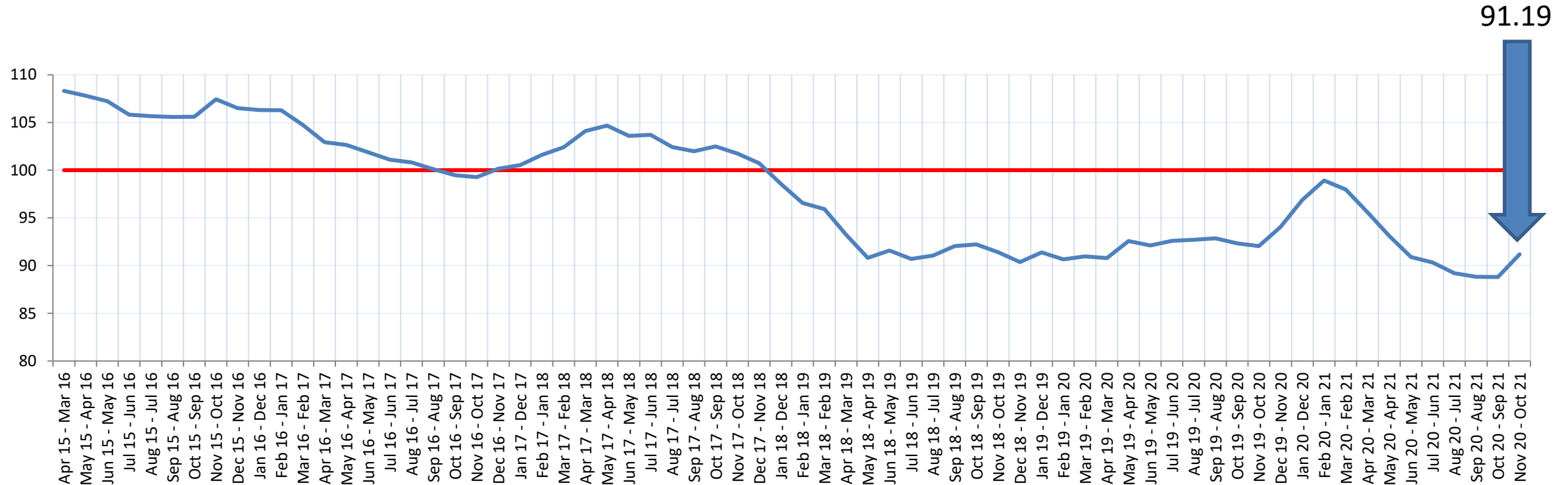
HSMR – 91.19 (November 2020 to October 2021)



HSMR Indicator

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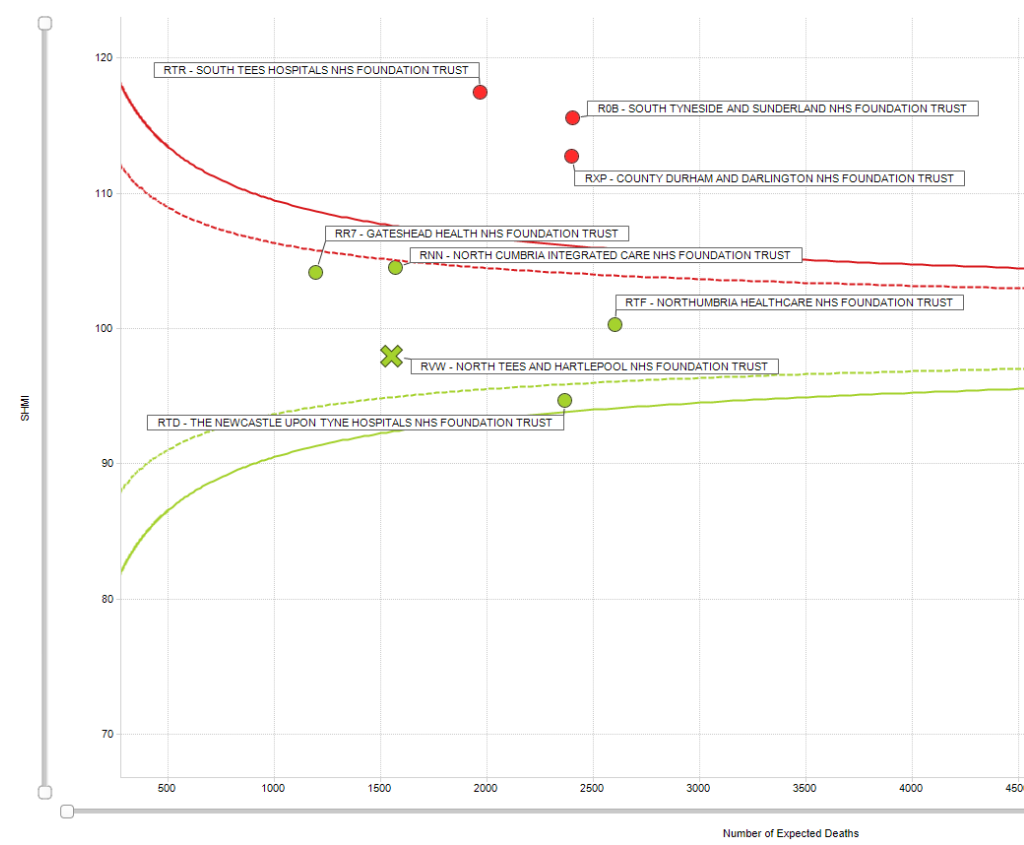
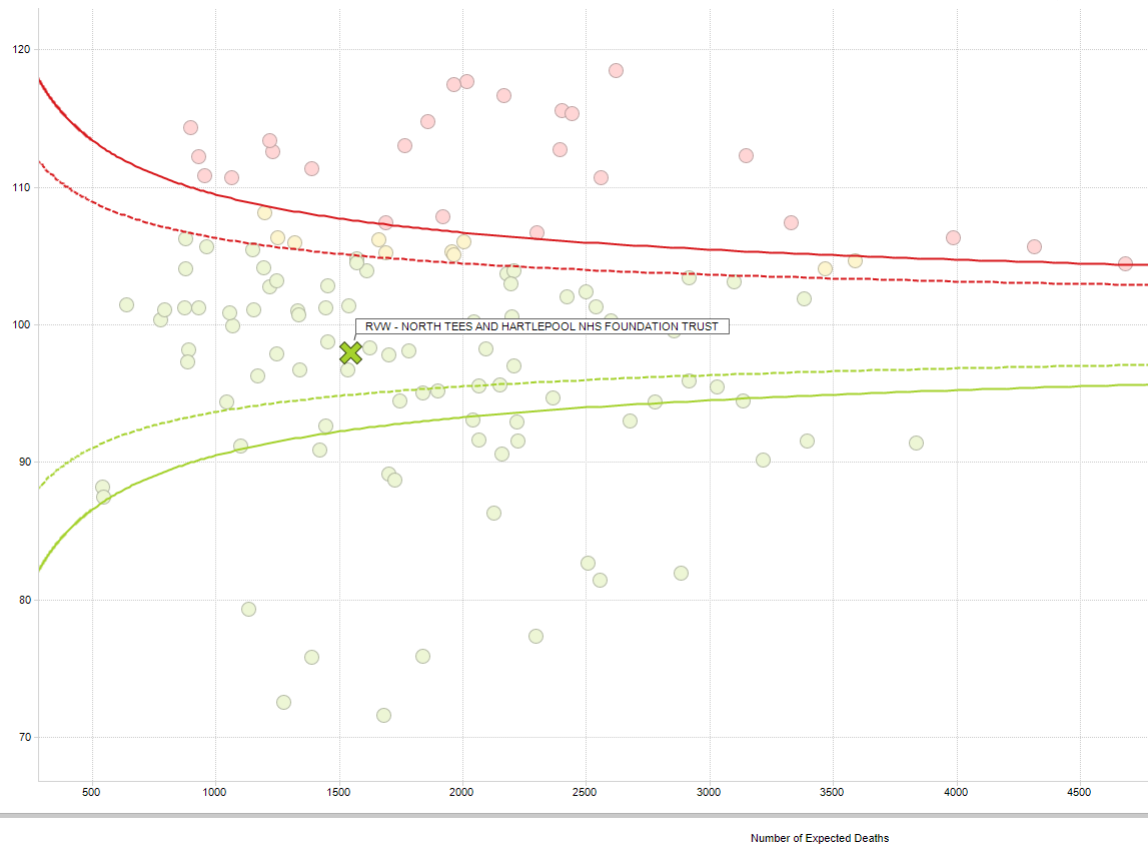
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SHMI Indicator

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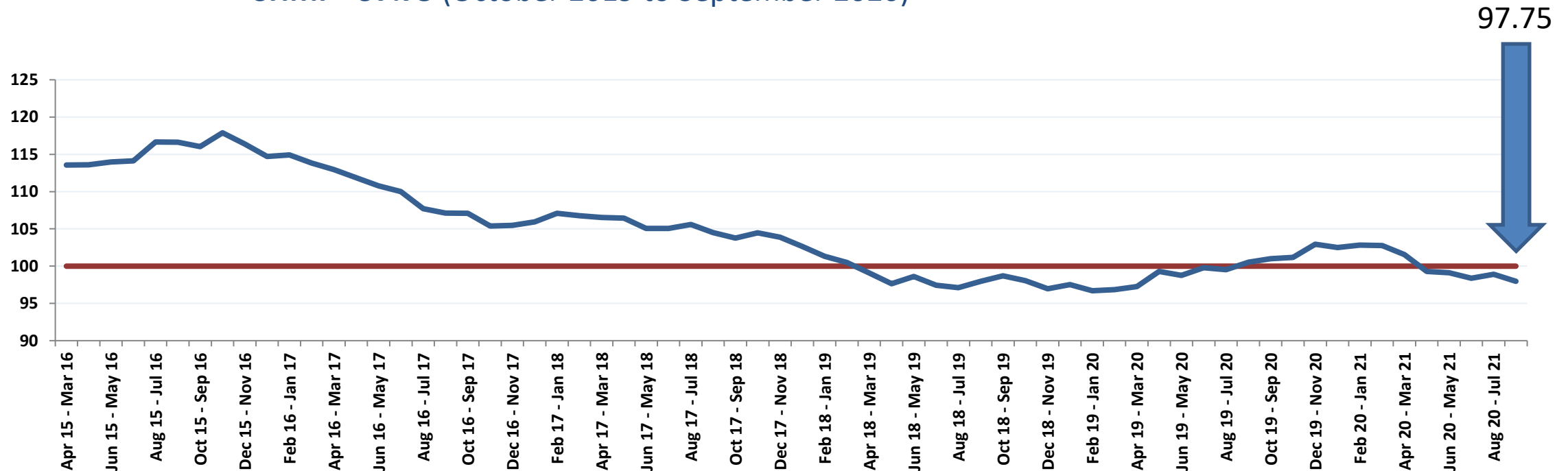
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SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
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97.75



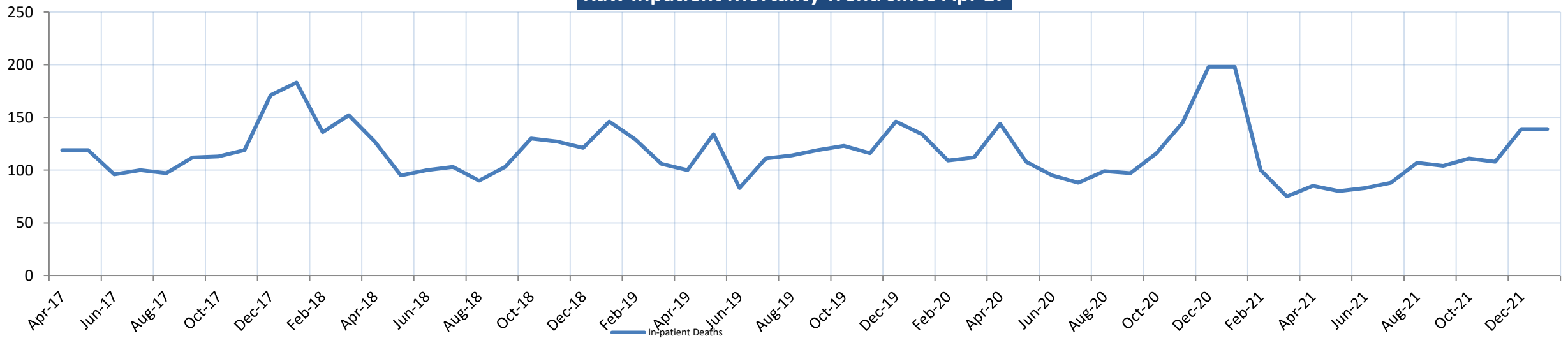
Trust Raw Mortality

April to March

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	119	124	103	92	99	119	95	124	134	134	135	142
2016/17	142	131	123	119	107	97	132	119	144	155	136	136
2017/18	126	128	103	104	105	120	121	129	182	194	138	163
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	93	102	106	120	154	206	207	110	83
2021/22	95	87	84	100	113	112	120	113	151	151		

	Apr to Jan
2015/16	1,143
2016/17	1,269
2017/18	1,312
2018/19	1,209
2019/20	1,251
2020/21	1,354
2021/22	1,126

Raw Inpatient Mortality Trend since Apr 17



Dementia

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium had previously seen an increasing trend from 2013 to 2019.

However, 2019-20 showed a reduction, but with COVID-19 in 2020-21 and 2021-22 an accurate picture is not available for these year's due to the reduced admissions.

Financial Year	Patients admitted to the Trust with a diagnosis of Dementia/Delirium	Increase or Decrease from Previous Year
2016-17	3,298	+587
2017-18	3,614	+316
2018-19	4,218	+604
2019-20	3,784	-434
2020-21	3,253	-531
*2021-22	2,212	-1,041

*Data from Information Management Department April 2021 to November 2021

As a comparison, April 2020 to November 2020 saw **2,169** patients

Infection Control – C diff

The following demonstrates the total number of *Healthcare Associated* infections during 2021-2022 compared with 2020-2021.

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Infection Type	2020-21	2021-22	Year on Year
*Clostridium difficile (C Difficile) HOHA – Hospital onset Healthcare Associated	28	26	-2
*Clostridium difficile (C Difficile) COHA – Community onset Healthcare Associated	9	18	+9

*Data is for April to January for both financial years

Infection Control

The following demonstrates the total number of *Healthcare Associated* infections during 2021-2022 compared with 2020-2021.

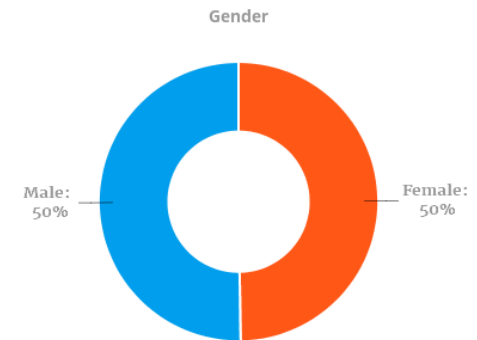
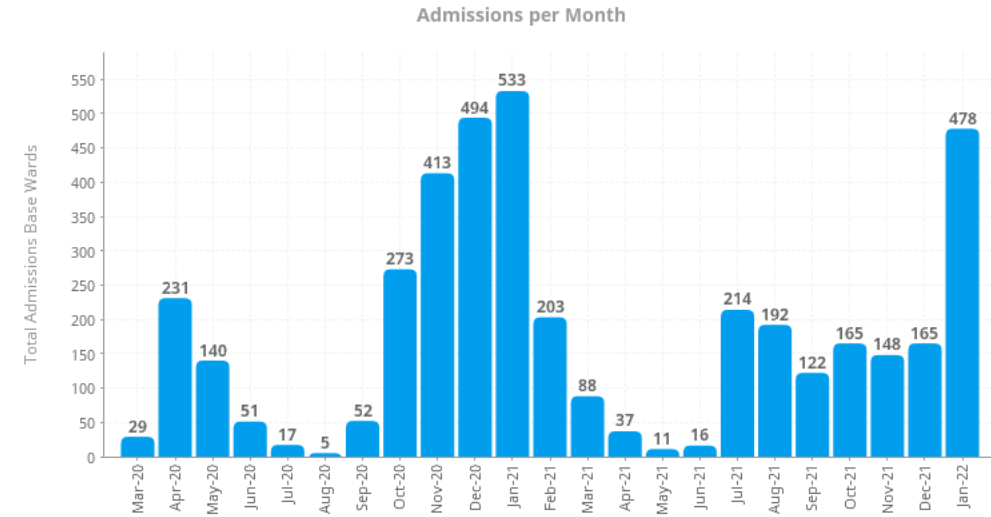
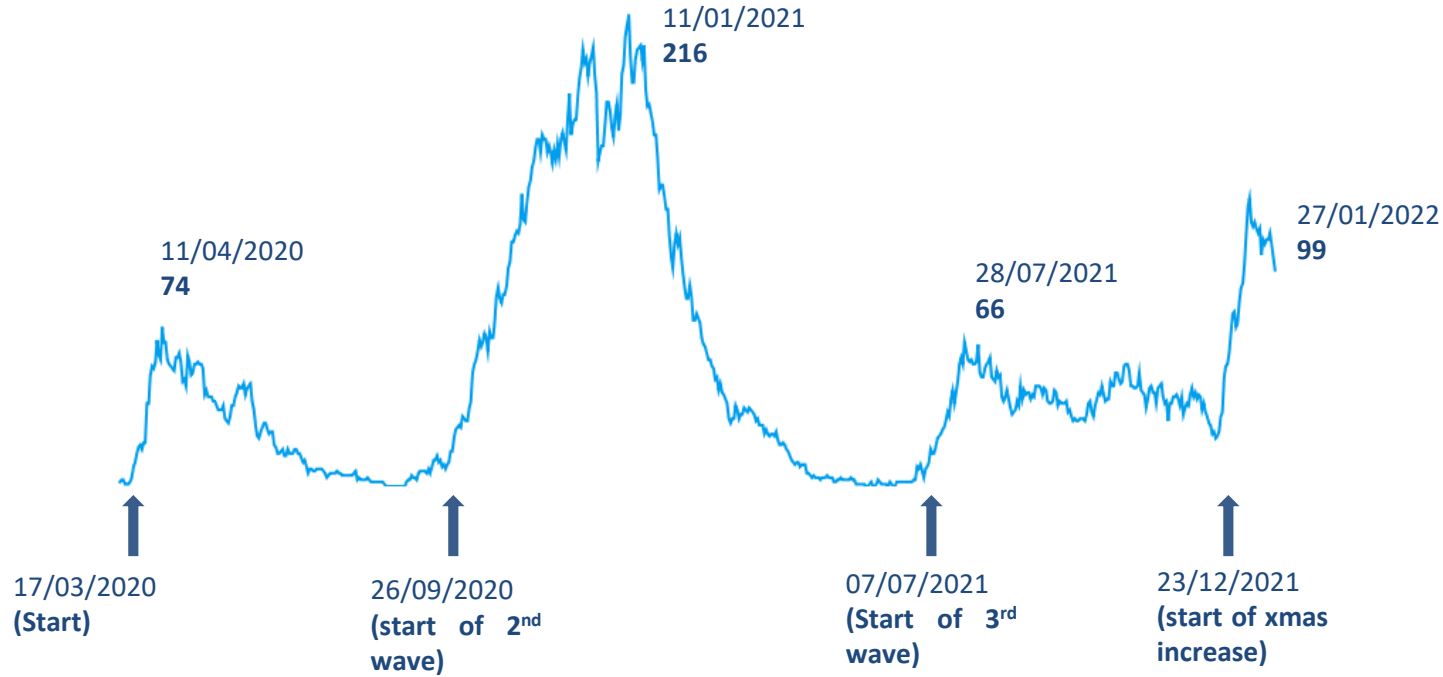
Infection Type	*2020 -21	*2021- 22	Year on Year
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	0
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	22	20	-2
Escherichia coli (E.coli)	22	61	+39
Klebsiella species (Kleb sp) bacteraemia	6	14	+8
Pseudomonas aeruginosa (Ps a) bacteraemia	3	12	+9

*Data is for April to January for both financial years

In 2021-2022 trajectories were reintroduced after having non for the period of 2020-21 due to the Covid-19 pandemic. The reporting criteria for bacteraemia has changed and we now report all healthcare *associated* cases whether their onset was in hospital or community. This is in line with the criteria that is used for Clostridioides difficile, which means that comparing data from previous years not possible

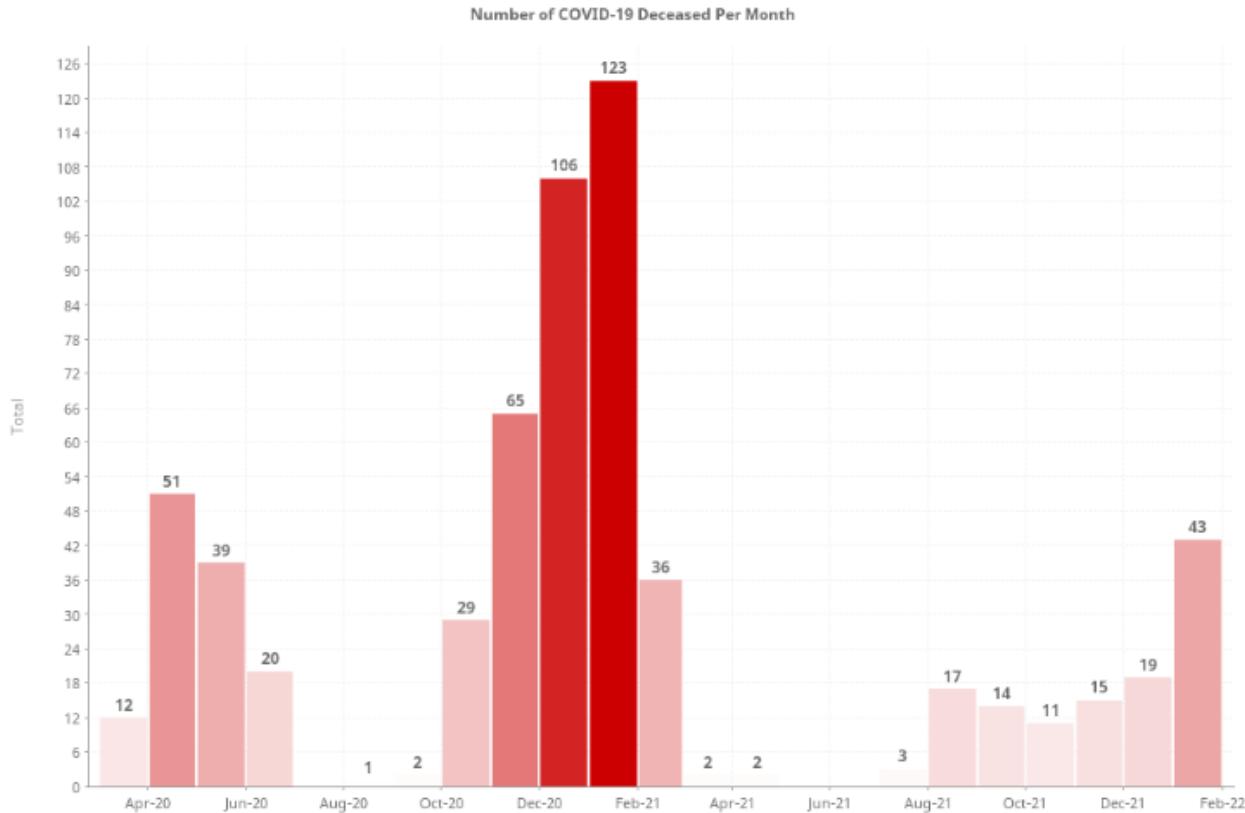
COVID-19 Infections

COVID-19 Positive Patients In Hospital



COVID-19 Deaths

COVID-19 Deaths



The Trust has experienced **610** deaths associated to patients with a COVID-19 diagnosis since the start of the pandemic.

The peak during January 2021 with 123 deaths.

Effectiveness of Care

Accessibility

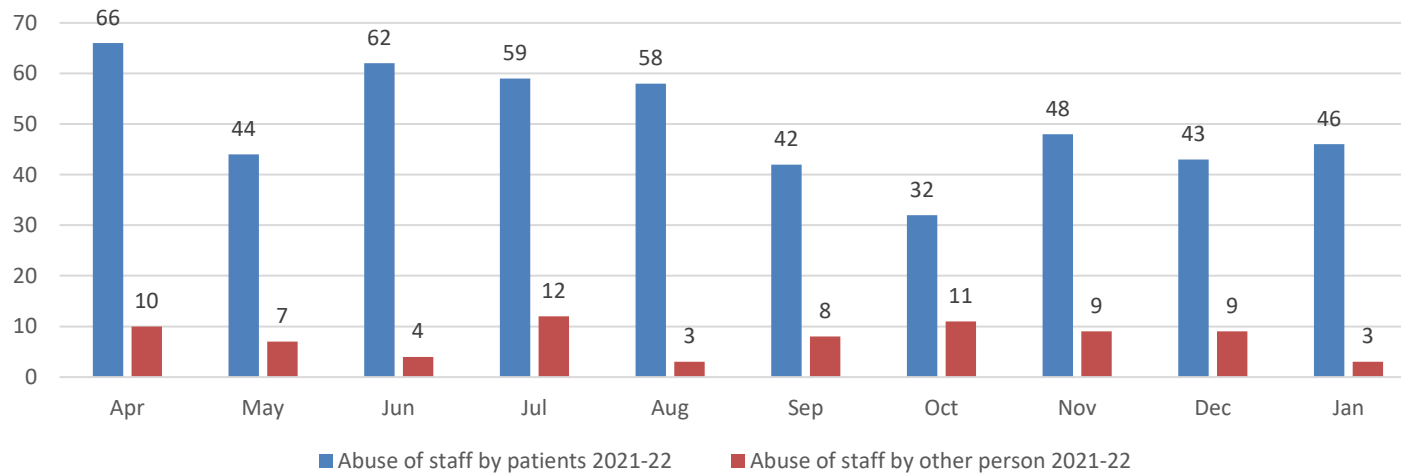
The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

- E-learning sensory loss training package is in place and promoted within the Training Bulletin and within mandatory dementia training.
- The Trust continue to work with the Trust's web developer to review and update the external website to ensure compliance with the Accessible Information Standard. The Accessibility Meeting is working with the Communication Team to develop an internal and external Accessibility website. This will provide additional information and support for staff, patients and carers who may require adjustments to our services because they have a sensory loss or learning or physical disability.
- Patient information leaflets are available in an accessible format for our service users. Leaflet authors are also asked to consider a digitally recorded version of the leaflet.
- QR codes have been introduced within the Emergency Department to allow patients to download an electronic version of a patient information leaflet. Discussions are underway to roll this out to the Women & Children's services.
- Training has been arranged with the Trust's web developers to ensure that the Trust's patient information leaflets comply with the government's Websites and Mobile Applications V2 Accessibility Regulations 2018.
- Implementation of virtual visiting to ensure patients are able to receive a virtual visit during restricted visiting periods due to the Covid pandemic is in place. Support is provided by the Trust's volunteers who facilitate the visit for our patients and can provide additional support and reasonable adjustments.
- Increased joint working with the Trust's translation and interpreter provider to provide a standardised online booking service for virtual translation and BSL in inpatient areas.
- The Accessibility Meeting has provided input into the trust's environmental/ accessibility audits.
- The Terms of Reference for the Accessibility Meeting are currently under review with the aim to increase awareness of the Accessibility Standards and develop enhanced collaborative working within the Trust to promote, share good practice and ensure compliance with the Standard.

Violent Incidents

The following demonstrates the total number of *Violent Incidents* the Trust received during 2021-2022 compared with 2020-2021.

Violent Incidents Since April 2021



There was a change in the reporting process within the Trust for 2020-21.

These changes have allowed for increased reporting that were previously not being logged.

2021-22	576
2020-21	471

Violent Incidents		Total
Abuse etc. of staff by patients		500
Abuse of staff by other person		76

Data is for Apr to Dec for both financial years

Violent Incidents - Events

Adverse event	2020-21	2021-22	Difference
Assault etc with a weapon	3	9	6
Concerns to do with personal safety	17	79	62
Disruptive, aggressive behaviour - other	124	81	-43
Inappropriate behaviour and/or personal comments	23	22	-1
Need for use of control and restraint with patient	25	52	27
Physical abuse, assault or violence - Malicious	28	26	-2
Physical Abuse, assault or violence - unintentional	72	91	19
Racial	9	13	4
Sexual	0	1	1
Verbal abuse or disruption	170	208	38
Total	471	582	111

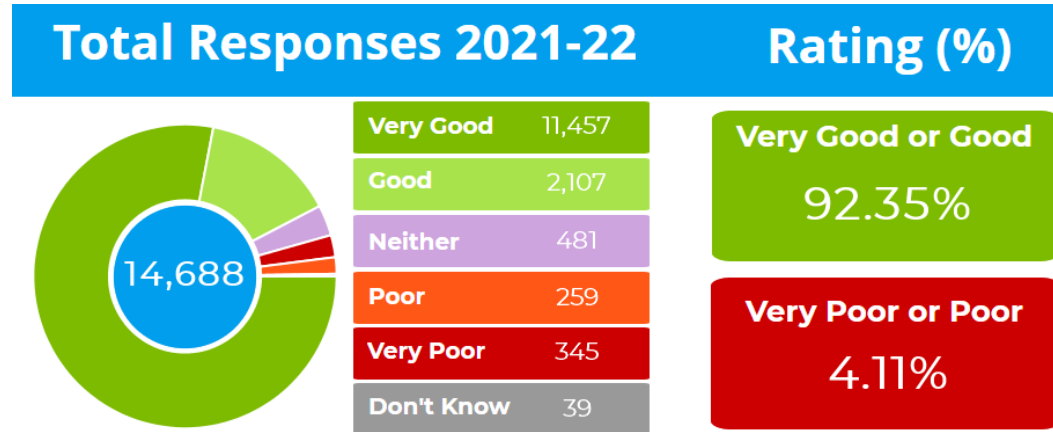
Data is for Apr to Jan for both financial years

Patient Experience

Friends and Family Test (FFT)



Data from April 2021 to December 2021



April 2020 to December 2020

Total Responses	2020-21
FFT Response	Total
Very Good	8,966
Good	1,649
Neither Good nor Poor	387
Poor	195
Very Poor	284
Don't know	58
Total	11,539

Very Good/Good % 91.99%

Very Poor/Poor % 4.15%

Complaints

The following demonstrates the total number of **Complaints** the Trust received during 2021-2022 compared with 2020-2021 and 2019-2020.

Complaint Type	*2019-20	*2020-21	*2021-22	2021-22 v 2020-21
Stage 1 - Informal	829	823	1,006	+183
Stage 2 - Formal (meeting)	73	17	67	+50
Stage 3 - Formal Response Letter	132	111	85	-26
Total	1,034	951	1,158	

*Data is for April to January for all financial years

Complaints

The following demonstrates the top 10 number of **Complaints** types so far for April 2021 to January 2022

All Complaints – Top 10 Subjects

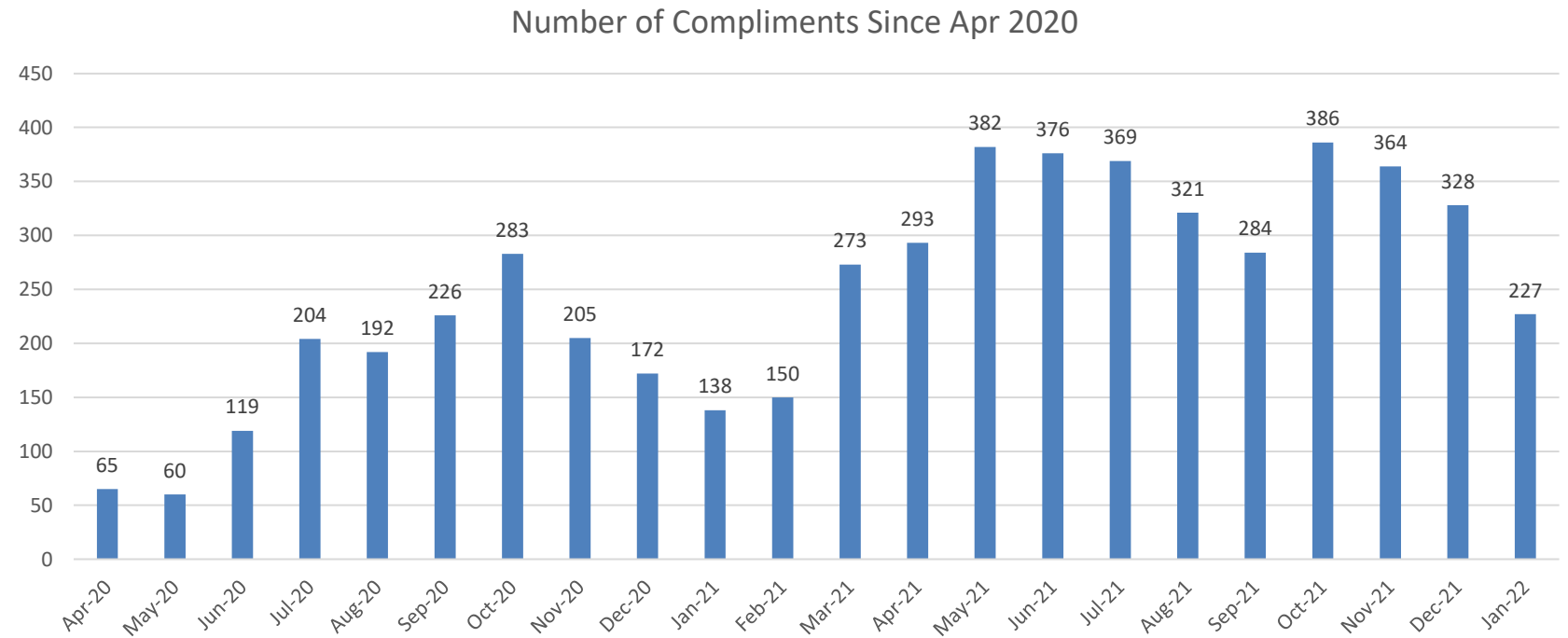
Sub-subject (primary)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Attitude of staff	12	15	25	33	18	25	13	26	11	15	193
Communication - verbal / non verbal	17	24	9	12	10	22	16	22	15	18	165
Treatment and procedure delays	14	6	4	5	11	13	12	7	8	11	91
Care and compassion	9	5	6	6	7	16	10	7	9	4	79
Competence of staff member	3	8	6	7	5	7	6	5	5	4	56
Length of time to be given apt	2	9	2	6	13	5	0	6	2	8	53
Discharge arrangements	7	3	5	2	6	7	5	0	4	5	44
Outpatient cancellation	6	4	5	1	4	2	4	4	7	2	39
Delay to diagnosis	6	3	7	4	1	1	10	1	1	2	36
Receptionist/administration staff incl attitude and communication	5	4	2	4	3	4	3	4	3	3	35

Compliments

The following demonstrates the total **Compliments** received so far for April 2021 to January 2022 compared to the same period for 2020-21.

**Total
Apr to Jan**

2020-21	1,664
2021-22	3,330



2021-22 Timeline

- Engagement process between January 2022 to March 2022
- 2021-2022 document finalised in May 2022
- The 2021-22 Quality Accounts to be published on the Trust website by 30 June 2022 deadline

