

Quality Report / Account 2015/16 Dashboard – South Essex Partnership NHS Foundation Trust
(summarises Trust-wide performance against quality priorities 2015/16 and quality priorities for 2016/17)

Quality Accounts Data Set – SEPT 2015/16		
Priority 1: Effectiveness Restrictive practices To reduce the number of restrictive practices undertaken across the Trust.	Target areas	RAG
	We will have less prone restraints in 2015/16 compared to 2014/15.	GREEN 266 prone restraints in 2015/16 compared to 312 in 2014/15
Priority 2: Safety Pressure ulcers To further reduce the number of avoidable category 3 and 4 pressure ulcers acquired in our care.	Target areas	RAG
	We will have less avoidable grade 3 and 4 pressure ulcers acquired in our care in 2015/16 compared to 2014/15.	GREEN 16 avoidable grade 3 and 4 pressure ulcers acquired in our care identified for 2015/16 (some Root Cause Analyses still in progress) compared to 23 in 2014/15
Priority 3: Safety Falls To reduce the number of avoidable falls that result in moderate or severe harm within inpatient	Target areas	RAG
	We will have less avoidable falls that result in moderate or severe harm in 2015/16 compared to 2014/15.	GREEN 2 avoidable falls resulting in moderate or severe harm identified for 2015/16 compared to 5 in 2014/15.

areas.		
Priority 4: Experience Early detection of the deteriorating patient To embed system of early detection of deteriorating patients and preventative actions.	Target areas	RAG
	We will establish a baseline for improvement in Modified Early Warning System (MEWS) scores recorded.	GREEN Baseline of 70% established for MEWS scores recorded for Older People and Adult Wards
Priority 5: Experience Unexpected deaths To reduce the number of unexpected deaths (suicides).	Target areas	RAG
	We will achieve a year on year reduction in the number of suicides across clinical services in 2015/16 compared to 2014/15.	RED There have been a total of 29 unexpected deaths (suicides) in 2015/16 compared to 16 in 2014/15. Significant work is in progress to continue to address this priority.

Priority 6: Safety	Target areas	RAG
Medication omissions To reduce the number of medication omissions across the Trust and reduce the number of medication omissions where no reason code is annotated.	We will reduce the number of omitted doses in Mental Health Services in 2015/16 compared to 2014/15.	AMBER 1.2% of doses were omitted without a valid clinical reason in 2015/16 (audit in January 2016) compared to 3.7% in the baseline audit in 2014/15
	We will improve the reporting of omitted doses within Community Health Services so that a clear baseline can be established.	AMBER Reporting rates increased from 61 in 2014/15 to 94 in 2015/16. A baseline has been established for omitted doses as a result of an audit undertaken in January 2016.

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Quality Accounts Data Set – SEPT QUALITY PRIORITIES 2016/17		
Priority 1: Effectiveness Restrictive practice To further reduce the number of restrictive practices undertaken across the Trust.	Target areas We will have less prone restraints in 2016/17 compared to 2015/16.	Measurement Number of prone restraints.
	Priority 2: Safety Pressure ulcers To further reduce the number of avoidable grade 3 and 4 pressure ulcers acquired in our care.	Target areas We will have less avoidable grade 3 and 4 pressure ulcers acquired in our care in 2016/17 compared to 2015/16.
Priority 3: Safety Falls To further reduce the number of avoidable falls that result in moderate or severe harm within inpatients areas.	Target areas We will have less avoidable falls that result in moderate or severe harm in 2016/17 compared to 2015/16.	Measurement Number of avoidable falls resulting in moderate or severe harm.
	We will have a reduction in the number of patients who experience more than one fall	Number of patients who experience more than one fall.

	in 2016/17 compared to 2015/16.	
Priority 4: Experience Earlier detection of deteriorating patient To further embed a system of early detection of deteriorating patient and preventative actions.	Target areas We will increase the % of Modified Early Warning System (MEWS) scores recorded during 2016/17 from the baseline established in 2015/16.	Measurement Number and percentage of MEWS scores recorded in records, taken from a regular schedule of audit of a sample of mental health in-patient records.
	We will increase the % of patients with a MEWS score greater than 4 (or a single score of 3) that are escalated appropriately.	Number of patients with a MEWS score greater than 4 (or a single score of 3) that are escalated appropriately, taken from a regular schedule of audit of a sample of mental health in-patient records.

<p>Priority 5: Experience Reduction in unexpected deaths</p> <p>To further develop the suicide prevention culture across all services in order to achieve the Trusts strategic ambition of no avoidable suicides of patients known to services.</p>	<p>Target areas</p> <p>We will implement a bespoke training package for suicide intervention and train 50% of relevant mental health front line staff during 2016/17.</p>	<p>Measurement</p> <p>Implementation of training package. Number of relevant mental health front line staff trained.</p>
<p>Priority 6: Safety Reduction in medication omissions</p> <p>To further reduce the number of omitted doses and the number of omitted doses where no reason code is annotated.</p>	<p>Target areas</p> <p>We will further reduce the number of omitted doses within services in 2016/17 compared to 2015/16.</p>	<p>Measurement</p> <p>Number of omitted doses.</p>