Patient Safety Data on NHS Choices

Introduction

1. On 24 June 2014, NHS Choices began publishing a wider range of patient safety information in relation to secondary care providers on one single patient. The publication was in response to *Hard Truths* which called for more detailed data on safety and in particular data on staffing levels to be published.

2. Data was published via a specific patient safety micro-site on the NHS Choices platform and was presented for the whole of England with the ability to rank organisations for their performance against each indicator as well as in a downloadable excel format listing the data for each organisation. Data was also made available via the 'Find and Compare' function which allows users to find hospitals and other services in their locality and compare the data about those services.

3. The table below outlines the data presented on NHS Choices. Annex A contains a full description of each indicator/data type including its source and methodology for construction

Data	**New to NHS Choices?**
Ward staffing data	NEW
Infection and cleanliness	NEW composite indicator using a range of existing data on NHS Choices
Open and Honest Reporting	NEW composite indicator using a range of existing data from various sources
VTE Risk Assessment	EXISTING
Responding to patient safety alerts	EXISTING
Staff recommendation	EXISTING but new as a safety indicator
NHS Safety Thermometer	NEW to NHS Choices using existing data
CQC ratings	EXISTING

4. The table below shows the usage of the safety data on NHS Choices since June 2014. The 'visits' column refers to hits on the main 'Patient Safety in the NHS' page accessible via the NHS Choices homepage and the 'completed searches' column refers to completed searches for patient safety data using a link on the patient safety page to search either by location (ie nearest hospitals) or for England as a whole. This data can also be exported as can a spreadsheet of all England data, as indicated.

Month	Visits	Completed searches	Exports of search data	Summary Spreadsheet Downloads
Jun-14	9,647	6,494	135	571
Jul-14	5,538	3,031	101	936
Aug-14	1,098	2,865	104	154
Sep-14	1,057	1,918	93	53
Oct-14	1,144	1,364	68	48
Nov-14	1,057	1,285	58	43
Dec-14	426	546	11	12
Total	19,967	17,503	570	1,817

5. The staffing data that was published was the most novel information made available on NHS Choices and represented the first time that this information had been collected and made available for the whole NHS. The table below summarises the use of this data since June 2014.

Month	Hospital Overview Page Visits[1]	Click through to safer staffing[2]	% click through	Hospital Department & Services Page Visits[3]	Scorecard Speciality Facts Page Visits[4]
Jun-14	605,741	1,189	0.20%	335,720	3
Jul-14	640,227	1,670	0.26%	359,156	0
Aug-14	597,705	1,343	0.22%	347,719	576
Sep-14	596,646	1,844	0.31%	372,221	1,313
Oct-14	629,226	1,693	0.27%	411,872	1,396
Nov-14	572,650	1,652	0.29%	330,992	1,075
Total	3,642,195	9,391	0.26%	2,157,680	4,363

1. **Hospital overview visits** – number of total visits to the hospital pages where the 4 site level indicators are displayed. This is total reach as we can't say how many people look at the indicators on the right hand panel, including the safer staffing indicators.
2. **Click through** – this is the number of click throughs to find more information on the Trust's website
3. **Hospital department** – number of visits. This is where the ward level data is presented. This is total reach as we can't say how many people look at the indicators.
4. **Scorecard speciality facts** - number of visits to 'more information' for the ward level data.

6. In September 2014, the Government launched the My NHS microsite on the NHS Choices platform with a range of data on NHS performance, including the patient safety data, as well as data on surgical outcomes. A summary of My NHS usage is provided below covering usage from 19 September to 10 December;

My NHS Overall							
	Visits	Performance Searches	Consultant Searches	Completed searches	CSV downloads	Clicks to External URLs	Clicks to 'Choosing a Consultant'
Total	132,694	45,227	115,817	161,044	1,354	1,877	3,715

My NHS Performance Searches					
	Hospital	Social Care	Public Health Services	Public Health Outcomes	Mental Health Hospitals
Total	68%	8%	9%	7%	8%

My NHS Consultant Searches											
	Adult cardiac surgery	Bariatric surgery	Colo-rectal surgery	Endocrine and thyroid surgery	Head and neck cancer surgery	Inter-ventional cardiology	Lung cancer	Ortho-paedic surgery	Upper GI surgery	Urological surgery	Vascular surgery
Total	13%	5%	15%	4%	7%	4%	4%	22%	7%	12%	8%

Accountability and Patient Safety Downloads							
	CSV exports of accountability / patient safety search results	Accountability Indicators - GP	Accountability Indicators - Hospital	Accountability Indicators - LA	Accountability Indicators - CCG	Total Accountability Downloads	Patient Safety spreadsheet downloads
Total	149	214	218	191	179	951	113

Annex A – background to data

Ward staffing data

The data will shows what the average nurse, midwife and care staffing level was by hospital and ward over a month compared with the planned level. It is broken down by hours over each day and night.

The 'planned' level is the level agreed by the Board, based on what evidence shows is the typical staffing level requirements for each ward. We would expect the actual level to be close to the planned level. However, if a ward is below 100%, it doesn't mean it is understaffed or unsafe. Likewise, if a ward is above the planned level, it doesn't mean a ward is overstaffed.

It is vitally important to understand the context and nuances of the data:

- Nurses, midwives and care staff work as part of a wider multidisciplinary ward team
- The demand on wards can change quickly and it will always be a clinical judgement as to whether to bring more staff in.
- This is a high level indicator - it doesn't take into account the ongoing considerations forward managers in ensuring that on each shift there is the right level of experience and expertise in the ward team.
- The nature of each ward varies. The number and type of patients seen on some wards will be relatively consistent. The number and type of patients seen on other wards will vary more dramatically, meaning that there could be greater change from the planned level and the average will be somewhere in the middle of the highs and lows of this variation.
- There will need to be greater investigation of wards where the actual varies dramatically from the planned level over a consistent period of time. It could be that over time, using evidence, the planned level changes to more accurately reflect the typical needs of a ward. It could be that the ward does need to ask questions and review its staffing needs. The publication of this data is designed to raise these questions.

Staffing level data will be published on a monthly basis. Over time, used with other data, this will to provide a fuller more holistic picture of services on a ward which will lead to greater informed scrutiny and ultimately to targeted improvements.
We will also be working with patient and public groups to further refine how the data is presented in the future.

Infection and cleanliness

This is a composite indicator constructed from the following existing data on NHS choices:

- MRSA and *C. difficile* infections over the previous 3 months
- NHS patient survey data on cleanliness of wards

- The most recent results of each Trust's Patient-led Assessments of the Care Environment (PLACE), introduced in April 2013.

This data is combined to give an overall rating – good (green), ok (blue) or poor (red). The data is rated as follows;

Components of the composite indicator	RED	BLUE (OK)	GREEN
Number of MRSA cases in last 3 months (as currently displayed on NHS Choices)	Trusts with one or more MRSA cases in the last 3 months	Not used (zero tolerance means trusts are either good – zero – or bad – 1 or more	Trusts with no MRSA cases in the last 3 months
C. difficile infections (CDIs) in last 3 months (as currently displayed on NHC Choices)	Trusts who are statistical outliers in the top [quartile/quintile] for CDIs in the last three months	All other trusts	Trusts who are statistical outliers in the bottom [quartile/quintile] for CDIs in the last three months
Patient survey score for cleanliness of wards (as currently displayed on NHS Choices)	Trusts who are worse than expected (Z score methodology)	Trusts who are as expected (z score methodology)	Trusts who are better than expected (Z score methodology)
PLACE assessment score for cleanliness (new data for NHS Choices)	Lower quartile for cleanliness	All other trusts	Upper quartile for cleanliness

There is no differential weighting of individual components to calculate the composite as there is at present no evidence for any individual component indicator being a stronger or weaker indicator than others, and no evidence patients and the public value components differently. A construction will be used whereby:

- Any organisation with two or more red indicators will be given an overall red rating.
- Any organisation with a single red indicator will be given an overall blue rating regardless of the other ratings (even if all others are green). This is because it is possible that a single red rating for either *C. difficile*, MRSA, cleanliness assessment or patient survey score is an isolated issue or of limited immediate concern if all other indicators are not of concern, but it should not be possible to get a green rating where one of the subsidiary indicators suggests a concern.
- Any organisation with two or more green indicators and no red indicators will be given a green rating
- All other organisations will be given an overall blue rating (OK).

Open and Honest Reporting

This is a composite indicator using patient safety incident reporting and response indicators used by the CQC as part of their intelligent monitoring. The components of this indicator use the current RAG ratings published by CQC, NHS England and the National NHS Staff Survey Co-ordination Centre, with the RAG terminology used by each standardised to the NHS Choices model.

This data is based on spotting those organisations that are statistically significantly worse at reporting than their peers. We have a good understanding of what we expect acute organisations to report – what types of incidents and how often – so we are confident in judging when an organisation is not reporting as many incidents as expected. They are 'too good to be true' and the information is used by CQC to ask further questions.

Our understanding of the reporting patterns of other types of organisation, including mental health trusts and community trusts is less well developed. We are working to improve our understanding and will widen the scope of this indicator as soon as possible.

Components of the composite indicator		RED	BLUE (OK)	GREEN
	Potential under-reporting of patient safety incidents to the NRLS	Trusts who are statistical outliers 'at risk' or 'at elevated risk'	All other trusts	Not used (under-reporting a concern, but elevated reporting ambiguous)
	Potential under-reporting of death and severe harm patient safety incidents to the NRLS	Trusts who are statistical outliers 'at risk' or 'at elevated risk'	All other trusts	Not used (under-reporting a concern, but elevated reporting ambiguous)
	Proportion of incidents reported to the NRLS that are harmful	Trusts who are statistical outliers 'at risk' or 'at elevated risk'	All other trusts	Not used (high proportions a concern, but extremely low proportions ambiguous)
	Organisational commitment to at least monthly reporting to the NRLS	Reported in only three or less out of past six months	Reported in only four or five out of the past six months	Reported at least monthly for past six months
	NHS Staff survey KF15 Fairness and effectiveness of incident reporting procedures	Trusts who are statistical outliers 'at risk' or 'at elevated risk'	Trusts in neither the red nor the green category	Top 20%

There will be no differential weighting of individual components to calculate the composite for its initial release in June, as there is at present no evidence for any individual component indicator being a stronger or weaker indicator than others, and no evidence patients and the public value components differently.

- Any organisation with any red indicator will be given an overall red rating. This is because all component indicators, even in isolation, have thresholds for a red rating that indicate concerns about reporting culture. Green component indicators cannot be used to 'cancel out' a red indicator, as it would not convey an appropriate message to patients and public, nor be consistent with how CQC and others use these indicators
- Any organisation with at least two green indicators and no red indicators will be given an overall green rating
- All other organisations will be given an overall blue rating (OK).

VTE Risk Assessment

The indicator shows the percentage of all adult inpatients who were assessed for blood clots risk on their admission to hospital using the national risk assessment tool. To calculate this indicator, the number of inpatients admitted who received a risk assessment is divided by the total number of adults who were admitted as inpatients (including those admitted as day cases, maternity admissions, transfers and both elective, or planned, and non-elective, or unplanned, admissions).

All hospitals should risk assess at least 95% of patients when they are admitted, so 95% or more is good (green) and fewer than this is poor (red).

Responding to patient safety alerts

Alerts are a key way to help trusts improve the quality of care they provide, and give them an opportunity to demonstrate their accountability for the safety of patients. NHS trusts in England are required to respond to alerts and to indicate, using the Central Alerting System, when they have completed the actions required in the alert, or to confirm that no action is required.

The poor (red) category shows that the organisations has not signed off as complete one or more NHS England Patient Safety Alerts for which the deadline has passed, the good (green) category shows that the organisation has signed off all NHS England Patient Safety Alerts for which the deadline has passed.

Staff recommendation

This is the percentage of staff who agreed that if a friend or relative needed treatment they would be happy with the standard of care provided by the trust, as measured by the NHS Staff Survey. This data is already displayed on NHS Choices.

Information for Mental Health or community trusts is not yet provided because determining which organisations are outliers has to be done differently than for acute

trusts as different staff groups will have different views of their employers and also some community trusts at least do local surveys instead of the national one.. Data for Mental Health and Community trusts will be put in over the coming months and will be bolstered by the inclusion of the results from the staff Friends and Family Test in the autumn.

NHS Safety Thermometer

NHS Safety Thermometer data on pressure ulcer prevalence and falls with harm in the last 72 hours is now on NHS Choices on the organisation overview page for each Trust. We know that NHS Safety Thermometer cannot be used in isolation to directly compare Trusts due to differences in the way data is collected and the fact that the data will to a large extent be affected by the case mix of the patients being treated. However putting this data on NHS Choices will make it more easily accessible.

The NHS Safety Thermometer is a data collection that is used once a month in hospitals and other organisations to do a spot check survey on how many patients that are currently being cared for have suffered one or more of a defined list of patient safety associated ‘harms’; pressure ulcers (bed sore), falls resulting in harm, urinary tract infections in patients with catheters and venous thromboembolism. It provides a quick ‘temperature check’ of how many of their current patients have a pressure ulcer (bed sore). The survey does not distinguish if the harm was avoidable or not, nor does it determine whether the harm was caused by the organisation that is currently caring for the patient. However, it is very useful for allowing hospitals to measure how they are doing internally and to help the whole local healthcare community to track whether they are reducing the risk of patients developing pressure ulcers in the community and in hospital.

CQC ratings

As the independent regulator for health and adult social care in England, the Care Quality Commission (CQC) check whether services are meeting their national standards of quality and safety. The data presented summarises CQC’s assessment of whether the hospital is meeting standards as expected. Organisations are rated as either meeting the required standards or not. This is the most authoritative view of the safety of a hospital and is the most meaningful source of data that is available on patient safety. Detailed descriptions of how CQC inspects organisations and assesses if they are meeting standards can be found on the Care Quality Commission's website