

**To:** The Board

**For meeting:** 22 March 2018

**Agenda item:** 9

**Report by:** Richard Wilson, Quality Insight and Intelligence Director

**Report on:** Quality Dashboard

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### **Purpose**

1. This paper highlights the key observations from the Quality Dashboard report, which is attached as Annex A.
2. The paper and the dashboard were considered by the Quality Committee on 17 January 2018 and were submitted to the Board as a private paper for its meeting on 24 January 2018. The Quality Committee and the Board requested that this report become a standing item on the public agenda from March 2018 onwards. The dashboard is constructed using published data only.
3. The Terms of Reference of the Quality Committee are attached for information as Annex B.
4. The Board is asked to note the report.

### **Context**

5. The report provides a view of the performance of NHS Trusts and Foundation Trusts, and hence some values may differ from other national statistics that include data from primary care and the independent sector.

## **Key findings**

6. Key findings from the draft version of the Quality Dashboard are as follows:

### *CQC*

- Since the last Quality Committee up to 31st December 2017 there were three trusts that had a change in their CQC inspection rating. They all moved from inadequate to requires improvement.
- 14 trusts are rated outstanding and 12 trusts are rated as inadequate.

### *Safe*

- There has been a decline in the assessment of patients for venous thromboembolism (VTE). It is now just above the 95% level of the retired CQUIN at 95.08%.
  - The regions have provided a response to how they are addressing this with their trusts through their local oversight arrangements.
- The rate of E. coli infections is still rising, and is now around 127 per 100,000 bed days, which is 41,415 reported infections a year.
- The rate of MRSA infections appears to have stabilised around at around 1 per 100,000 bed days, which is 342 reported infections a year. The rate is higher than the level two years ago.

### *Effective*

- The rate of improvement in the crude death rate in hospital has slowed and is levelling at 1.2%.

### *Caring*

- The inpatient Friends and Family Test (FFT) has slightly improved to an average of 95.7%.
- The mental health FFT has slightly improved to an average of 88.3%. However, in the most recent month (October 2017) it has dropped significantly.

### *Responsive*

- Mixed sex accommodation breaches have been rising and occur on average 766 times each month. October 2017 saw a new peak of 1140 breaches; the majority of these are in the South.
  - The regions have provided a response to how they are addressing this with their trusts through their local oversight arrangements.

## Well Led

- Staff recommendation of their trusts for both places to receive care and work has been trending upwards for the past 3 years, though the latest quarter shows a slight decline.

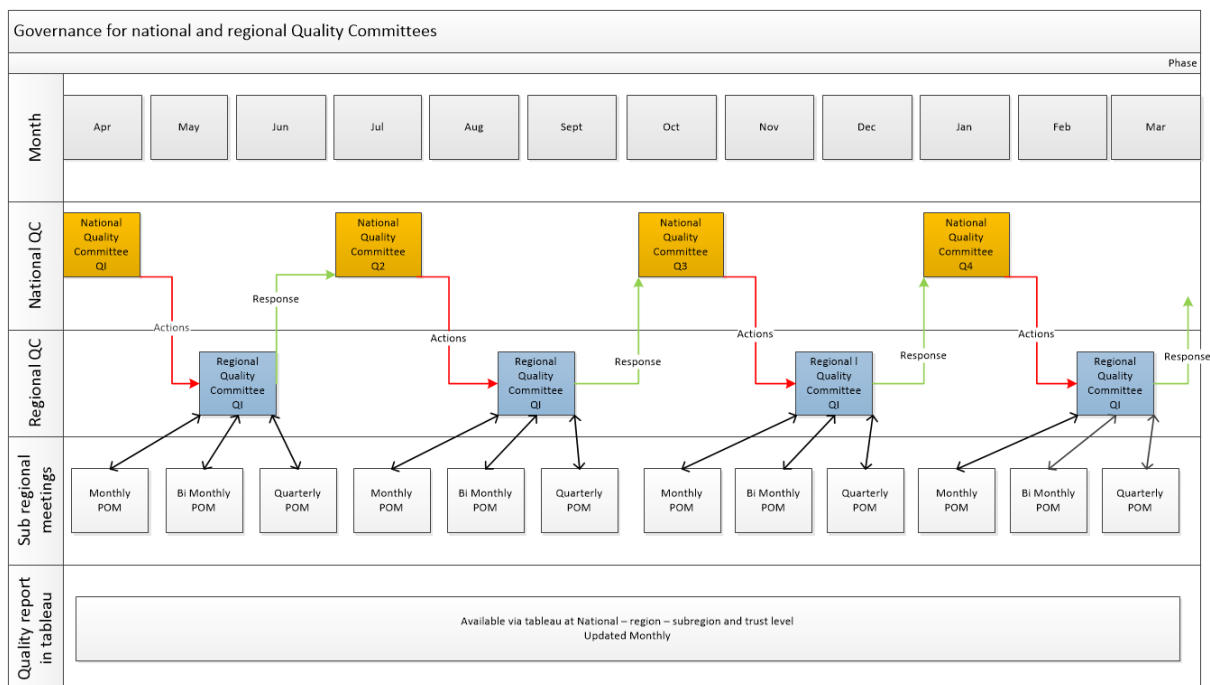
## Mental Health

- At the October meeting, the Committee requested that the report is more representative of mental health, and ambulance services. This work will be reported to the April Committee meeting.

## Governance

- To ensure that there is a 'clear line of sight' from regional oversight arrangements to the Quality Committee for this report a process has been consulted on and agreed with the regions. The figure below illustrates the typical process, although there are regional variations in regard to their governance architecture. The governance approaches are described in the regional quality report papers. Underpinning process will be a monthly dashboard based on the report to ensure the regions are sighted on the trends for their trusts. This monthly view of the data will therefore form the core of the quality oversight for NHS Improvement.

**Figure 1: Governance relationship for the national and regional reports.**





# Quality Report

**22 March 2018**



# Summary



## Improvement

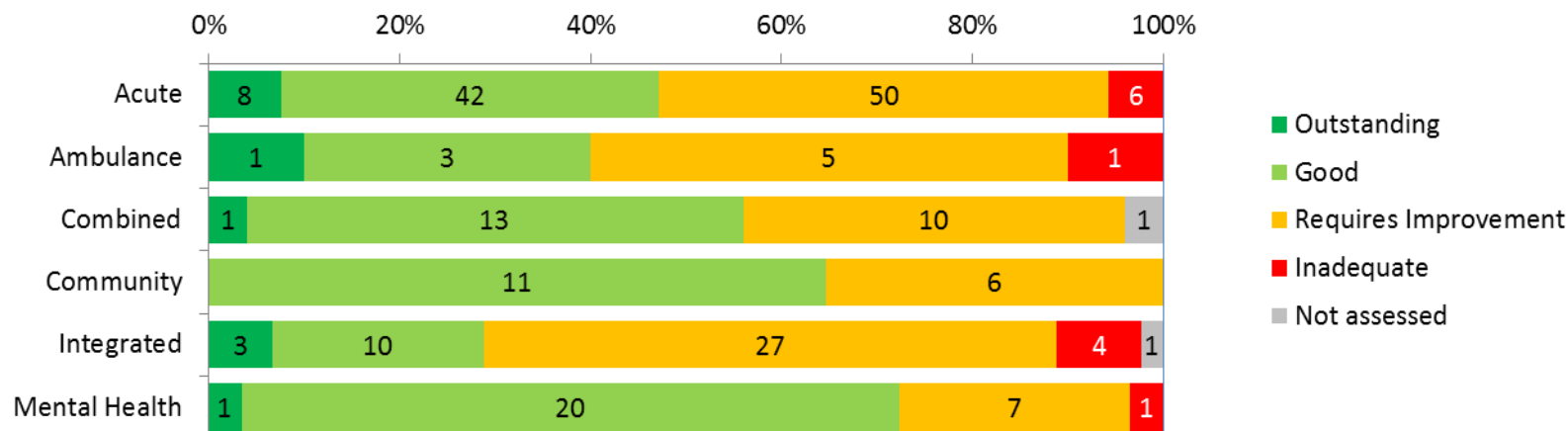
- Since the last Quality Committee up to 31st December 2017, there were three trusts that have improved their CQC rating from inadequate to requires improvement.
- **Safe**
  - There has been a decline in the assessment of patients for VTE. It is just above the 95% level of the retired CQUIN at 95.08%.
  - The rate of E. coli infections is still rising, and is now around 127 per 100,000 bed days, which is 41,415 reported infections a year.
  - The rate of MRSA infections appears to have stabilised at around 1 per 100,000 bed days, which is 342 reported infections a year. The rate is higher than the level two years ago.
- **Effective**
  - The rate of improvement in the crude death rate in hospital has slowed and is levelling at 1.2%.
  - The rate of readmissions within 30 days has shifted up to around 8% (March to September 2017)
- **Caring**
  - The inpatient FFT has slightly improved to an average of 95.7%.
  - The mental health FFT has slightly improved to an average of 88.3%. However, the most recent month (October 2017) dropped significantly.
- **Responsive**
  - Mixed sex accommodation breaches have been rising and occur on average 766 times each month. October 2017 saw a new peak of 1140 breaches, the majority of these are in the South.
- **Well Led**
  - Staff recommendation of their trusts for both places to receive care and work has been trending upwards for the past 3 years, though the latest quarter shows a slight decline.

# CQC Inspections

Since the last Quality Committee up to 31<sup>st</sup> December 2017, there were three trusts that have improved their CQC rating from inadequate to requires improvement.

Provider	Sector	Region	Shadow Segment	Publication Date	Rating & change	Previous inspection
Walsall Healthcare NHS Trust	Integrated	M&E	4	20/12/2017	Requires Improvement ↑	Inadequate
Barts Health NHS Trust	Acute	London	4	10/11/2017	Requires Improvement ↑	Inadequate
Colchester Hospital University NHS Foundation Trust	Acute	M&E	3	02/11/2017	Requires Improvement ↑	Inadequate

14 trusts are rated outstanding and 12 trusts are rated as inadequate. Two newly merged trusts Manchester University FT and Essex Partnership University NHS Foundation Trust have yet to be rated.



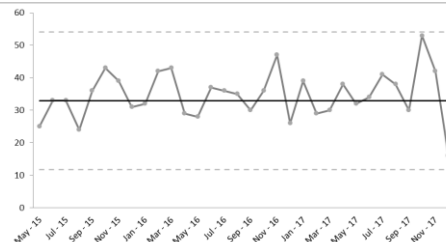
# Safe



## Improvement

### Never events

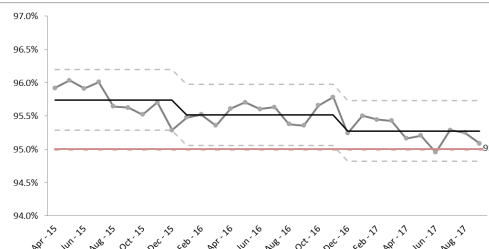
May 2015 to December 2017



The number of never events remains around an average of 33 a month.

### % of patients with completed VTE assessment

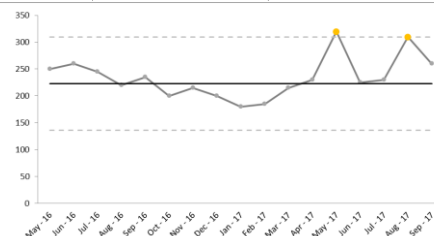
April 2015 to September 2017



There has been a decline in the assessment of patients for VTE. It is just above the 95% level of the retired CQUIN (red line) at 95.08%.

### Number of patients absconding (Absent without leave)

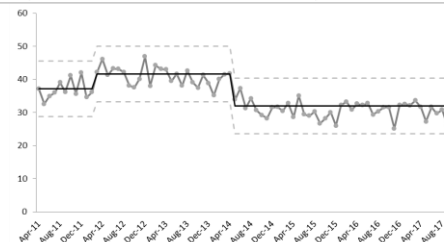
May 2016 to September 2017



For the last 6 months (Apr to Sept 2017), the numbers have been consistently above the monthly average of 223, which hints at the beginning of a shift in the average.

### Inpatient hip fractures per 100,000 admissions for those aged 60 and over

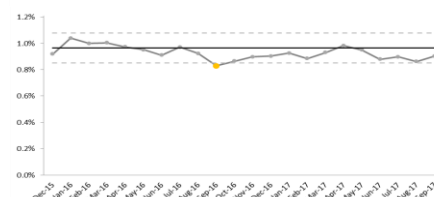
April 2011 to October 2017



The rate of falls resulting in a hip fracture is 32 per 100,000 for those aged 60 and over.

### New pressure ulcers (Safety Thermometer)

December 2015 to September 2017



The percentage of patients reported as having a new pressure ulcer (category 2-4) is around 0.97% (~1 patient in 100).

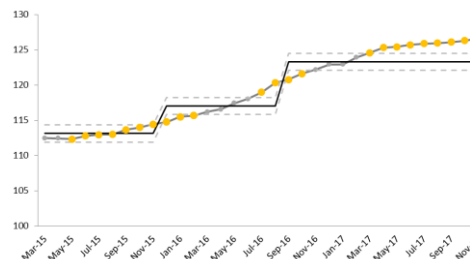


## Safe cont. (infections)

### E. coli

*rolling 12 month rate  
(per 100,000 bed days)*

March 2015 to November 2017

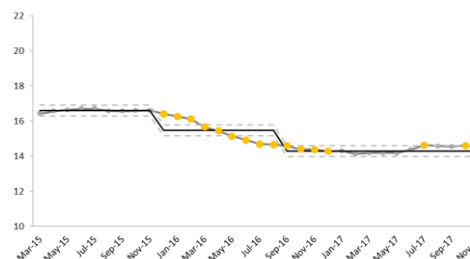


The rate of E. coli infections is still rising, and is now around 127 per 100,000 bed days, which is 41,415 reported infections a year.

### C. difficile

*Trust apportioned rolling 12 month rate  
per 100,000 bed days*

March 2015 to November 2017

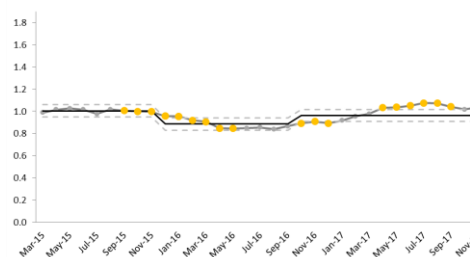


The rate of C. difficile remains around the average of around 14 per 100,000 bed days, which is 4,765 reported infections a year.

### MRSA

*Trust assigned rolling 12 month rate  
per 100,000 bed days*

March 2015 to November 2017

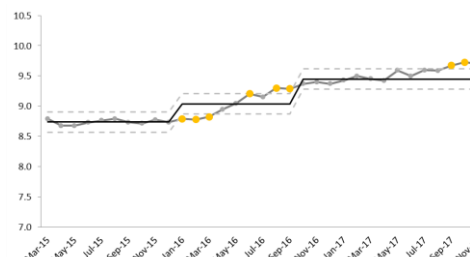


The rate of MRSA infections appears to have stabilised around at around 1 per 100,000 bed days, which is 342 reported infections a year. The rate is higher than the level two years ago. It is highest in London region.

### MSSA

*Trust apportioned rolling 12 Month rate  
per 100,000 bed days*

March 2015 to November 2017



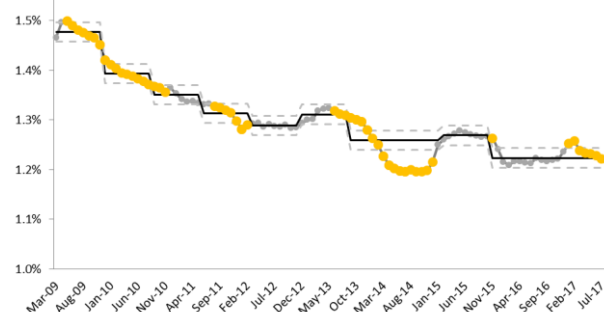
The rate of MSSA has risen to 9.7 per 100,000 bed days, which is 3,211 reported infections a year.

# Effective

# Improvement

## Crude mortality 12 month rolling rate

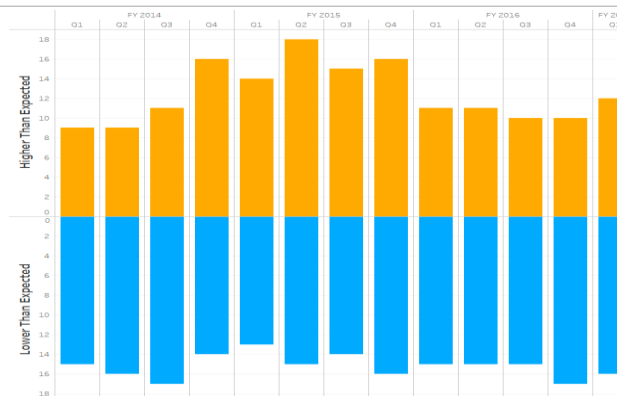
April 2009 to October 2017



The crude mortality rate for all admissions is 1.2%.

## Summary Hospital-level Mortality Indicator (SHMI)

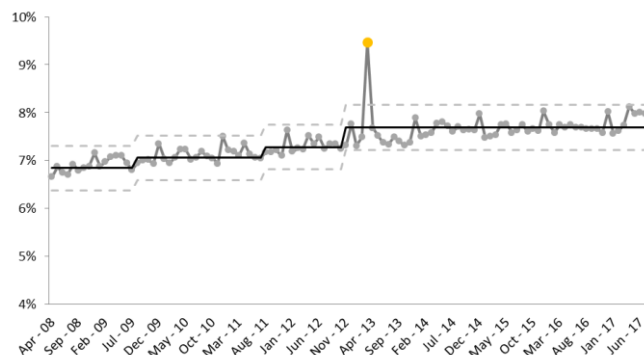
Q1 2014/15 – Q1 2017/18



There are 12 trusts that have a SHMI higher than expected and 16 that are lower than expected.

## Re-admissions within 30 days % of all admissions

April 2008 to September 2017



The emergency readmission rate within 30 days has been consistently above the average of 7.7% for the most recent 7 months (Mar – Sept 2017). This may be the beginning of an upward shift.

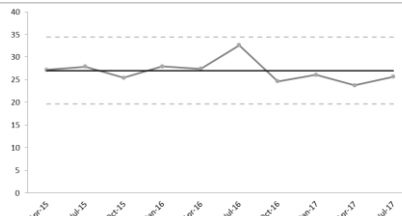
# Caring



## Improvement

### Complaints *rate per 1000 WTE*

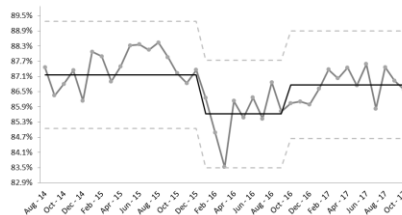
Q1 2015/16 to Q2 2017/18



The rate of complaints is on average 27 per 1,000 wte, an average of ~26,500 complaints a quarter.

### Friends and Family Test: A&E *% rated likely or extremely likely*

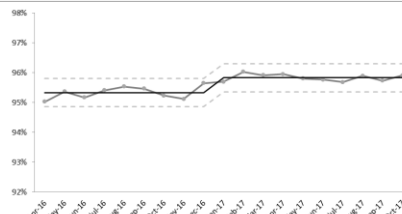
June 2015 to October 2017



The A&E FFT remains around an average of 86.8%.

### Friends and Family Test: Community *% rated likely or extremely likely*

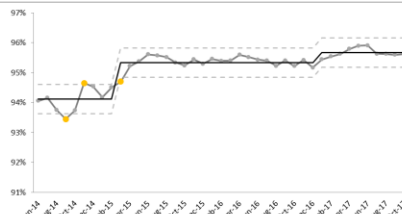
April 2016 to October 2017



The community FFT has slightly improved to an average of 95.8%.

### Friends and Family Test: In-patient *% rated likely or extremely likely*

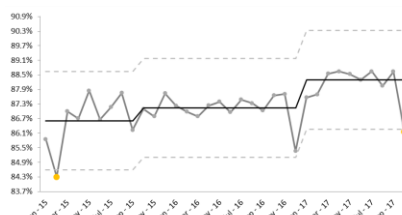
June 2014 to October 2017



The inpatient FFT has slightly improved to an average of 95.7%.

### Friends and Family Test: Mental Health *% rated likely or extremely likely*

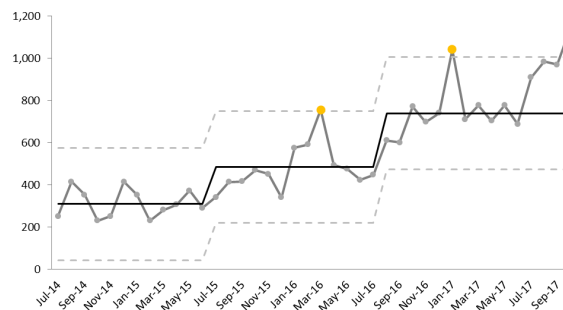
January 2015 to October 2017



The mental health FFT has slightly improved to an average of 88.3%. However, the most recent month (October 2017) dropped significantly.

### Mixed sex accommodation breaches

July 2014 to October 2017



Mixed sex accommodation breaches have been rising and now occur on average 766 times every month. October 2017 saw a new peak of 1140 breaches, the majority of which were in the South.

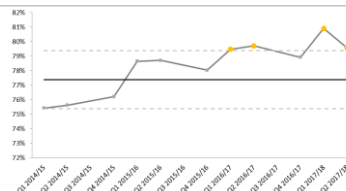
# Well Led



## Improvement

### Friends and Family Test: % of staff recommending place of care

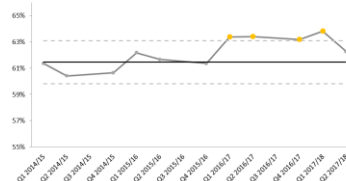
Q1 2014/15 – Q2 2017/18



As of Q2 2017/18, 79.5% of staff are likely to extremely likely to recommend their trust as a place to be cared for.

### Friends and Family Test: % of staff recommending place to work

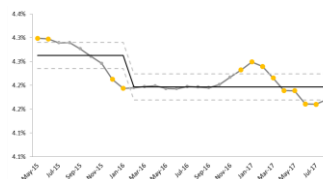
Q1 2014/15 – Q2 2017/18



As of Q2 2017/18, 62.2% of staff are likely to extremely likely to recommend their trust as a place to work.

### Staff sickness rolling 12 month average

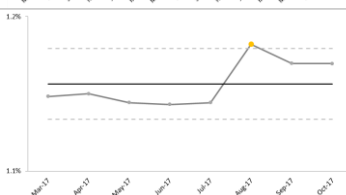
April 2014 to August 2017



Staff sickness averages around 4.2%.

### Staff turnover rolling 12 month average

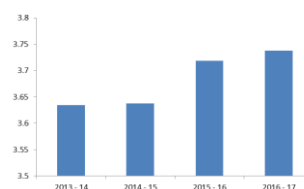
April 2016 to October 2017



Staff turnover averages around 1.16%.

### Staff survey - overall

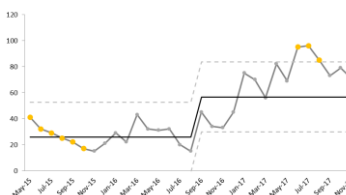
2013/14 to 2016/17



Like staff FFT, staff are reporting higher levels of overall satisfaction.

### Outstanding Patient Safety Alerts

June 2015 to November 2017



The number of PSA open beyond deadline has been above the average of 56 for 8 months. We are reviewing the methodology for this indicator to better reflect the tardiness of compliance. They are highest in Midlands and East.

# Detailed views

## VTE Risk Assessment

% of patients with completed VTE assessment

Monthly, April 2015 – September 2017

There has been a decline in the assessment of patients for VTE. As of September 2017, the 95% level of the retired CQUIN is just being met (95.08%).

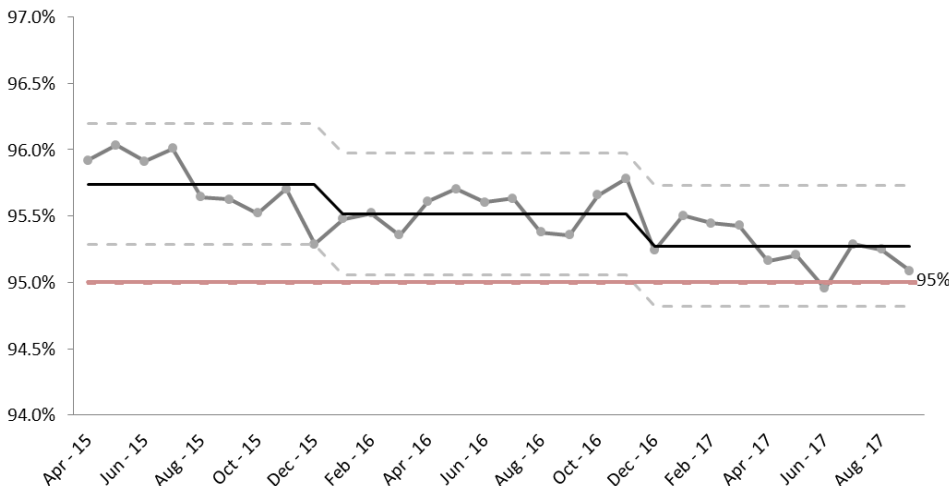
This decline is repeated across the four regions although some started the trend earlier than others. North and South both saw shifts in early 2016, whilst Midlands and East and London have only recently seen down turns.

The **M&E** clinical support manager receives the report, highlights providers below 95% and forwards the data to quality leads for action. Quality leads report that they discuss trusts whose performance is below 95% at the Trust's performance review meetings. So far VTE has not been reviewed as a themed subject at our regional quality meetings.

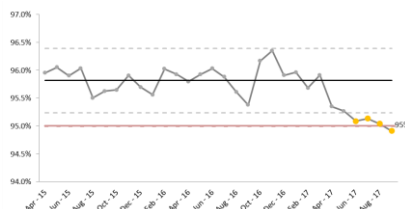
The **London** position has remained fairly consistent overall apart from a dip in the numbers for June 2017. In Quarter 2 published in December 2017, the latest data indicated that the London Region had the highest rate for all providers (95.6%) and NHS acute care providers (95.6%) and achieved the required standard. Only one London Trust recorded a percentage of VTE assessments below 90%, the Chelsea and Westminster at 84% and will be discussed with the Trust by the sub regional clinical quality team. Eighteen of the 22 acute trusts in the region recorded above 95% with RHOH scoring 99.2%.

In the **North** region, there are currently 12 outliers for by this metric for VTE, which is currently being tracked at the NHSI North QIM. There are some known data quality issues and VTE outliers are discussed at QRGs with trusts. At a North regional level it has been agreed that the Y&H SCL will lead on working with CCGs to develop VTE KLOEs to enhance the improvement interventions that can be supported by NHSI/E.

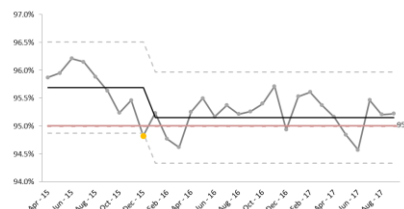
In the **South**, they continue to monitor the situation and raise where appropriate with trusts through their regular quality oversight meetings and quality surveillance groups.



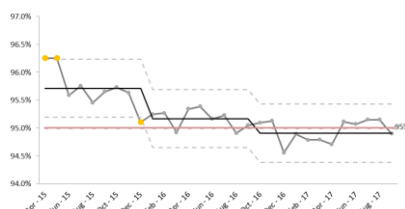
Midlands



South



North



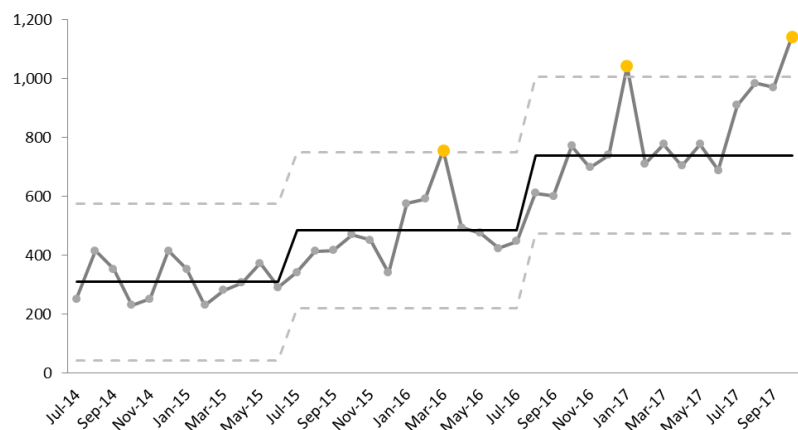
London



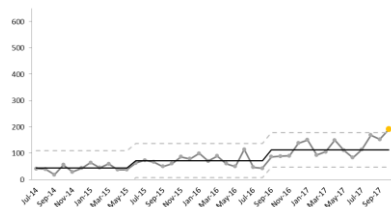
## Mixed Sex Accommodation Breaches

Number of breaches

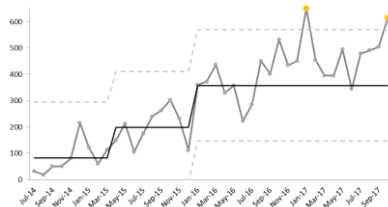
Monthly, July 2014 to October 2017



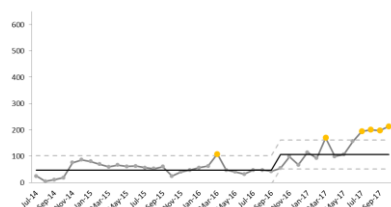
Midlands



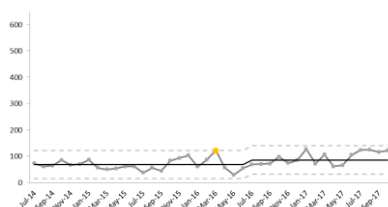
South



North



London



The South shows a starkly differing trend from other regions, which is driving the national trend. This is likely due to regional differences in reporting.

**London's** MSA breaches have remained relatively stable and occur mainly in the same trusts each month: Barts Health, Royal Free, Imperial and UCLH. The reported cases of MSA breaches occur as a result of patient flow out of high dependency areas. This can be as a result of a lack of speciality beds, inability to repatriate to other trusts and no free beds due to general pressures from emergency admissions. Discussions have taken place with the trusts and further work is required to ensure consistency of reporting to enable accurate benchmarking across London.

The **M&E** region's clinical support manager receives the report, highlights providers with breaches and forwards the data to quality leads for action. Quality leads report that they discuss trusts with breaches at the Trust's performance review meetings. So far MSA has not been reviewed as a themed subject at our regional quality meetings.

In the **North** region, there are currently 11 outlier trusts in October 2017. For those with continued breaches interventional support is in place and issues are discussed at provider support group meetings, regionally MSA Breaches are tracked and reviewed at the QIM (Quality Improvement Meeting – monthly).

In the **South**, they have met all the trusts in the south east, which is where the issue is greatest. They have audited the reporting processes and are continuing to monitor the variances using a systematic approach to address where the reporting is out of alignment with guidance.



## **QUALITY COMMITTEE TERMS OF REFERENCE**

### **1. Purpose**

- 1.1. The purpose of the Committee<sup>1</sup> is to support the Board and the Chief Executive by providing assurance that mechanisms are in place to identify, manage and escalate quality concerns/issues affecting the trust provider sector. The Committee will consider issues in relation to all three domains of quality – safety, clinical effectiveness and patient experience. The Committee will consider issues in relation to all NHS providers including providers of acute, mental health, community and ambulance services.
- 1.2. The Committee will support improvements in patient care in providers<sup>2</sup> of NHS services through overseeing NHS Improvement's approach to improving clinical quality and identifying appropriate resources to address quality issues.

### **2. Membership**

- 2.1 Members of the Committee shall be appointed by the Board, in consultation with the Chair of the Board.
- 2.2 The Committee shall be made up of:
  - 2.2.1 Non-Executive Directors (x 2)
  - 2.2.2 Executive Medical Director
  - 2.2.3 Executive Director of Nursing
  - 2.2.4 NHS National Director of Patient Safety
  - 2.2.5 Executive Regional Managing Director
  - 2.2.6 Regional Clinical (Medical or Nurse) Director
  - 2.2.7 Quality Intelligence and Insight Director
- 2.3 The Board shall appoint the Committee Chairperson, who shall be a Non-Executive Director.

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<sup>1</sup> The Committee has committee status in both Monitor and the NHS Trust Development Authority, the two legal entities that comprise NHS Improvement.

<sup>2</sup> For the purpose of these terms of reference 'providers' shall include all providers of NHS services whether NHS trusts or NHS foundation trusts or the independent sector.

- 2.4 It is anticipated that the Chief Executive will be a regular attendee at formal meetings of the Committee.
- 2.5 Others may be invited by the Chair to attend all or part of any meeting as and when appropriate and necessary.

### **3. Secretary**

- 3.1 The Head of Governance or their nominee shall act as Secretary of the Committee.

### **4. Quorum**

- 4.1 The quorum necessary for the transaction of business shall be four members including one Non-Executive Director. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in, or exercisable, by the Committee.
- 4.2 Participation in meetings will usually be in person, but, in exceptional circumstances, members of the Committee may participate by telephone or video conferencing facility and be deemed to be present and constitute part of the Committee for that meeting. The Committee may also conduct business in correspondence.

### **5. Frequency of Meetings**

- 5.1 The Committee shall meet at least four times a year and otherwise as required.

### **6. Duties and Responsibilities**

- 6.1 The Committee shall:
  - 6.1.1 discuss live, topical quality issues where these fall within the provider sector and require national decision making and action, taking into consideration the views of the National Quality Board;
  - 6.1.2 consider reports from NHS Improvement's regions based on a range of outputs, including: Quality Surveillance Groups, risk summits, patient complaints, reporting of incidents, responding to safety issues, patient and staff surveys and routine interactions with providers;
  - 6.1.3 review reports from groups established by NHS Improvement which focus on specific quality-related issues and programmes. Examples of these are the Mortality Surveillance and Improvement Group and the Special Measures and Challenged Provider Oversight Group;

- 6.1.4 review and challenge whether learning and intelligence on quality risks/issues is being shared between national and regional teams and, where appropriate, with external bodies such as NHS England and the Care Quality Commission;
- 6.1.5 review feedback on the effectiveness of NHS Improvement quality initiatives including the Getting It Right First Time Programme; and
- 6.1.6 advise on decisions and seek assurance from executives on the coordination of the actions required to mitigate or manage quality risks/issues.

## **7. Reporting Responsibilities**

- 7.1 The Committee's Chairperson shall report formally in writing to the Board on its proceedings after each meeting on all matters within its duties and responsibilities.
- 7.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The Committee shall provide the Board with an annual report on its activities, summarising its conclusions from the work it has done during the year.

**November 2017**