

To: Board

For meeting: 24 May 2018

Agenda item: 8

Report by: Richard Wilson, Quality Insight and Intelligence Director

Report on: Quality Dashboard

Purpose

1. This paper highlights the key observations from the Quality Dashboard report, as discussed by the Quality Committee on 26 April 2018. The Board is asked to note the key findings.

Context

2. 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

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

CQC

- From 1st April 2017 to 31st March 2018 20 trusts moved from either inadequate or requires improvement to good or outstanding achieving the NHS Improvement 2017/18 objective of at least 17 trusts made this improvement.
- More trusts (127) are good or outstanding than inadequate or requires improvement (115). This is the first time this has been the case

Safe

- The assessment of patients for VTE, reported for quarter 3 is 95.3%, however when we look at the data by month December 2017 is a statistical outlier at 94.9% and below the retired CQUIN of 95%.
- The rate of E. coli infections which previously had been rising has returned to an average of around 3200 infections per month.
- The rate of MRSA infections remains around 1 per 100,000 bed days
- The rate of C. difficile infections remains around an average of ~14 per 100,000 bed days, which is ~390 infections per month.

Effective

- The emergency readmission rate within 30 days has been around 7.7% since 2014. The peak in December 2017 at 8.08% was higher than all previous Decembers throughout the period.

Caring

- In general, patient experience is still positive. The one indicator showing a downward drift is the Accident and Emergency Friends and Families Test that is close to being a statistical outlier. This has happened in previous winters.

Responsive

- This section includes for the first time the mental health Out of Area Placements, which are currently running at 20,645 bed days per month.
- The number of mixed sex accommodation breaches has increased. The increase pre-dated the recommendation on 3rd January by the National Emergency Pressures Panel (NEPP) that sanctions for mixed sex accommodation breaches are suspended.

Well Led

- The NHS staff survey showed that more staff would recommend their trust as a place to work or receive treatment, although overall engagement has decreased very slightly between 2016 and 2017.

Mental Health

4. At the October meeting, the Quality Committee requested that the report is more representative of mental health. Since the January meeting there has been progress in a number of areas that will address the paucity of measures currently reported.
5. The Nursing Directorate has funded a fixed term post in the NHS England mental health analytical team to create provider views of those indicators that track progress on the Five Year Forward View for mental health. This arrangement enables NHS Improvement to access the skills that the NHS England team has in querying the complex Mental Health Services Data Set, and adds vital capacity across the ALBs.

6. Nationally the Mental Health Safety Improvement Programme is identifying a safety measures for the prioritisation approach in place to identify NHS Trusts for support. Once produced these will be adopted into our quality reporting. They are scheduled to be developed and shared with NHS trusts in Quarter 1 2018/19.
7. The core set of indicators will cover the following areas:
 - managing risks (staffing levels, staff working extra hours, and restrictive interventions);
 - track record on safety (suicide, self-harm, assaults on patients);
 - and reporting and learning from incidents when things go wrong (consistency of recording, deaths, staff survey: staff witnessing harmful events, effectiveness of reporting procedures, dealing with CAS alerts).
8. In advance of both the delivery of the Five Year Forward View work with NHSE and the Mental Health Patient Safety Improvement Programme measures, it has been possible to include in the report the inappropriate out of area placements in the responsiveness domain. This measure has been reported from January 2018.

Community Services

9. In February, the Community Services Data Set was published. This provides the first opportunity to develop indicators for these services for the whole population and not just for children and younger people. Like all new data sets it will take some time to mature for it to be fit to produce meaningful indicators on the quality of services. Whilst the data set matures NHS Improvement is at the vanguard of designing the outputs the NHS needs. The Quality Insight and Intelligence Director is working with Operational Productivity to ensure that NHS Improvement has a single set of requirements. The southern regions have brought together providers and commissioners to discuss the indicators they would like to see. The priority that all agree on is wound care, and hence the Quality Insight and Intelligence team is already working with NHS Digital to produce data on this area.
10. It is too early to say when indicators will be available as it is dependent on the quality of the data. NHS Improvement is promoting awareness of the new data set through the community indicator scorecard, which has been shared with trusts for the last three years. NHS Improvement is considering including the Data Quality Maturity Index (DQMI) and Valid, Other, Default, Invalid, or Missing, (VODIM) measures for the CSDS in the Single Oversight Framework for 2019.

Maternity

11. The Quality Committee requested further consideration of maternity services within the report. The Director of Quality Insight and Intelligence has worked with the Clinical Director – Maternity and Children to review the currently available indicators, however this is a service that remains limited by incomplete data. Nationally the Maternity Transformation Programme has agreed 14 measures:

1. Smoking rate at booking
2. Normal birth rate
3. Caesarean section delivery rate in Robson group 1 women
4. Caesarean section delivery rate in Robson group 2 women
5. Caesarean section delivery rate in Robson group 5 women
6. 3rd and 4th degree tear rate among women delivering vaginally
7. Rate of postpartum haemorrhage of 1500ml or greater
8. Rate of successful vaginal birth after a single previous caesarean section
9. Smoking rate at delivery
10. Proportion of babies born at term with an Apgar score <7 at 5 minutes
11. Proportion of babies born at term admitted to the neonatal intensive care unit
12. Proportion of babies readmitted to hospital at <30 days of age
13. Breastfeeding initiation rate
14. Breastfeeding rate at 6-8 weeks

12. Despite the agreement of the indicators, the reporting of them is limited by the data collected and submitted to NHS Digital by trusts. Table 1 reports the number and percentage of trust that 'Did not submit'¹ data for 11 of the indicators that are constructed from the Maternity Services Data Set (MSDS) for the most recent publication. The range of 'Did not submit' is between 6% and 50% of trusts.

Table 1: Data completeness for the clinical quality measures, for data collected in September 2017ⁱ

Indicator	Count of Trusts DNS	% of trusts DNS
Count of women who were current smokers at booking appointment	8	6%
Count of babies born at or after 37 weeks gestation with an Apgar score at 5 minutes <7	21	16%
Count of babies with a first feed of breast milk	26	19%
Count of women giving birth vaginally who had 3rd or 4th degree tears	28	21%
Count of women who had a vaginal birth after a single previous caesarean section	32	24%
Count of women with a recorded postpartum haemorrhage of 1,500ml or more (June 2017)	61	45%
Count of women who were current smokers at delivery (June 2017)	68	50%
Count of women in Robson group 1 who had a caesarean section	46	34%
Count of women in Robson group 2 who had a caesarean section	35	26%
Count of women in Robson group 5 who had a caesarean section	36	27%
Count of births without intervention	45	33%

Reference <http://content.digital.nhs.uk/media/25725/Quality-Improvement-Metrics---counts-from-the-Maternity-Services-Data-Set-september-2017/xls/>

¹ 'Did not submit' means that for one or more of the data items used to derive each count, the maternity service provider's submission to the MSDS did not contain any records with valid values for that data item.

13. To seek to address the data quality issues, the Executive Nurse Director has acted on this and written to the seven lowest reporting trusts on 12th February reminding them of the requirement to submit data.

Conclusion

14. The Board is asked to note the key findings in the Quality Dashboard report.

ⁱ Currently the following are not calculable

- Proportion of babies readmitted to hospital at <30 days of age
- Breastfeeding initiation rate
- Breastfeeding rate at 6-8 weeks

Quality Report

24 May 2018



CQC

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Caring

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Responsive

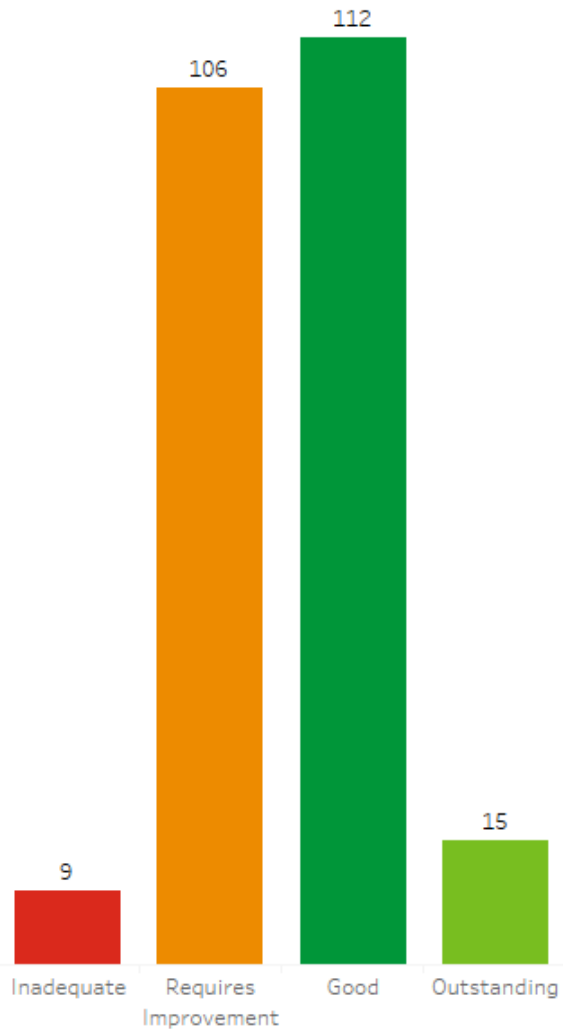
- This section includes for the first time the mental health Out of Area Placements, which are currently running at 20,645 bed days per month.
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Well Led

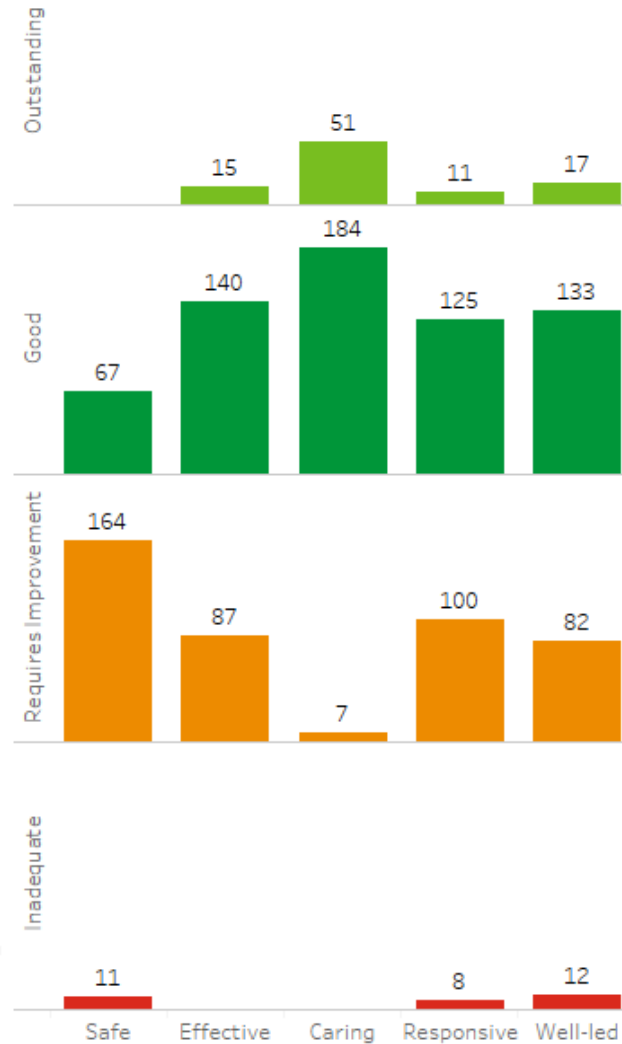
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CQC Inspection Ratings

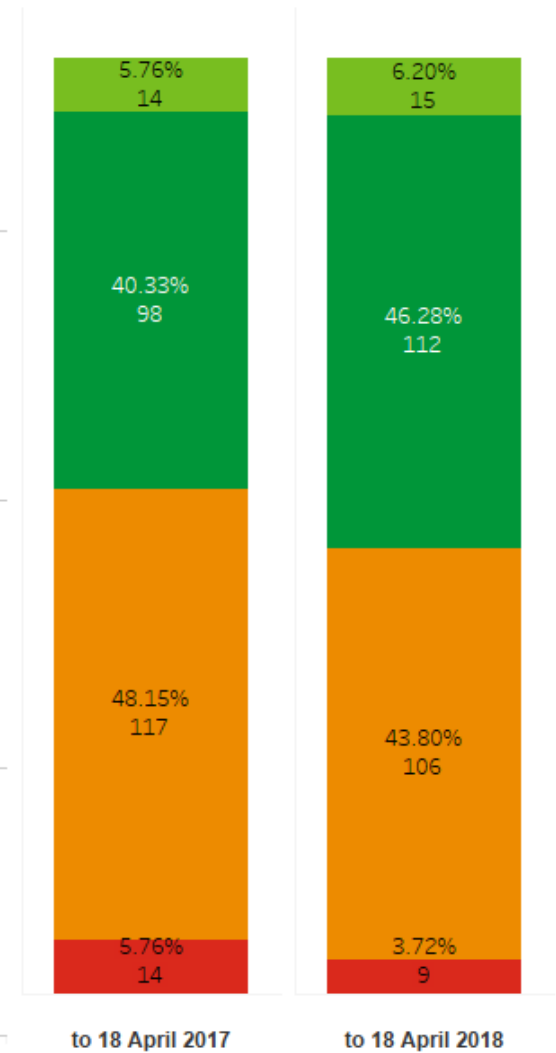
Current **Overall** provider ratings



Current provider ratings by **Domain**



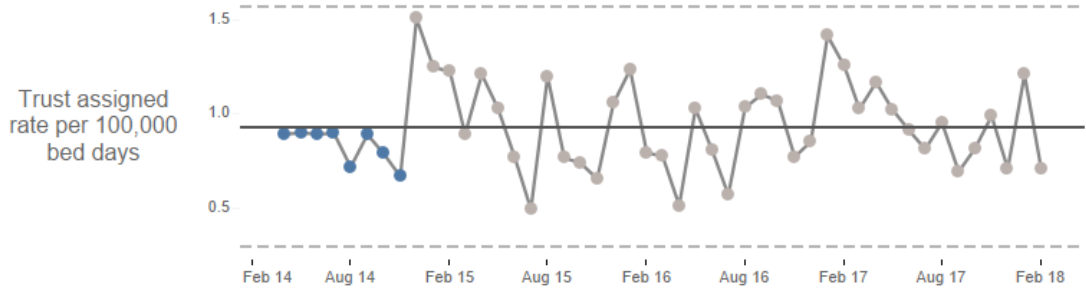
Provider ratings year on year comparison



Infections

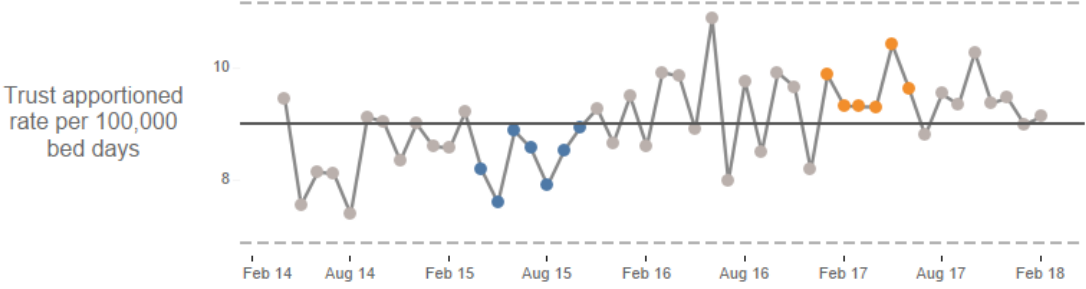
Improvement

MRSA



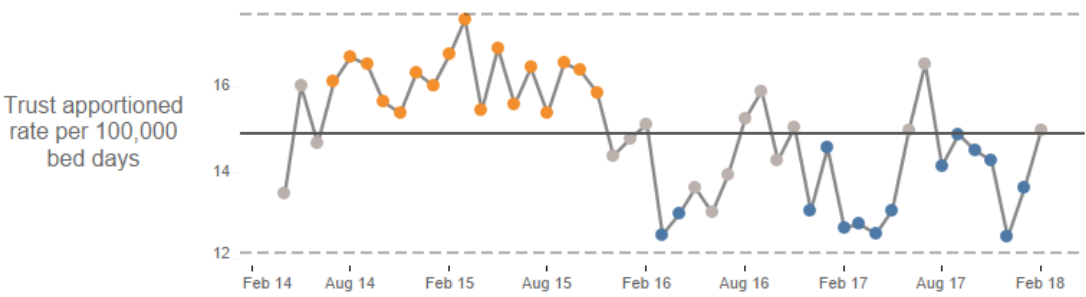
The rate of MRSA infections appears to have stabilised around at ~1 per 100,000 bed days, which is ~26 reported infections per month. It is highest in London region.

MSSA



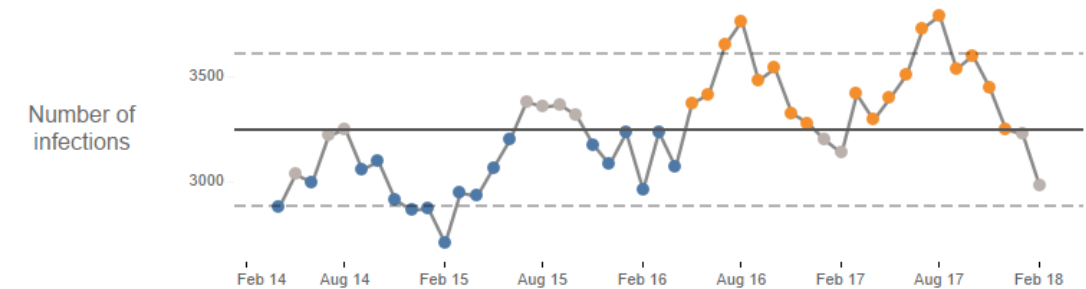
The rate of MSSA infections had been slowly increasing until the end of 2015, but has settled since. The average since then is ~9.5 infections per 100,000 bed days, which is ~260 infections per month.

C. difficile



The rate of C. difficile infections remains around an average of ~14 per 100,000 bed days, which is ~390 infections per month. The rate showed a decrease in 2015/16 which has been maintained to date.

E. coli

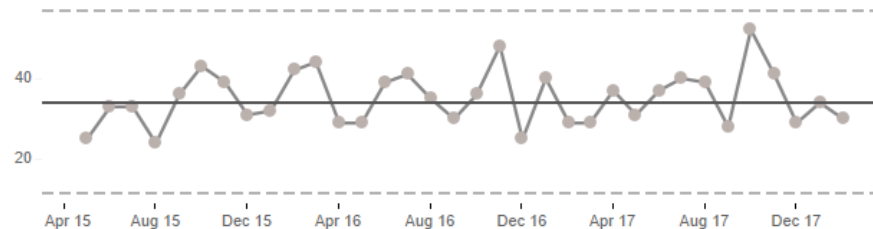


The number of E. coli infections had been steadily rising since 2015, but this increase appears to have levelled off since December 2017. There are ~3200 infections per month.

Safe

Other

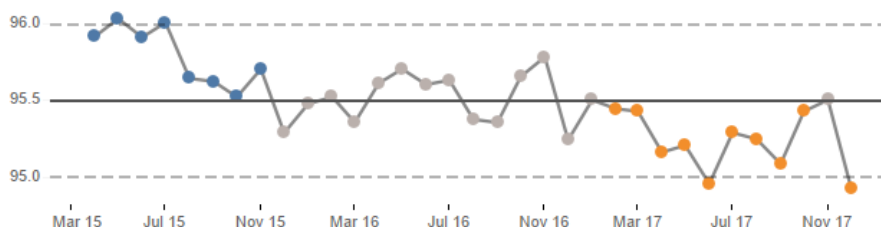
Never events



The number of never events remains around an average of 34 per month.

VTE

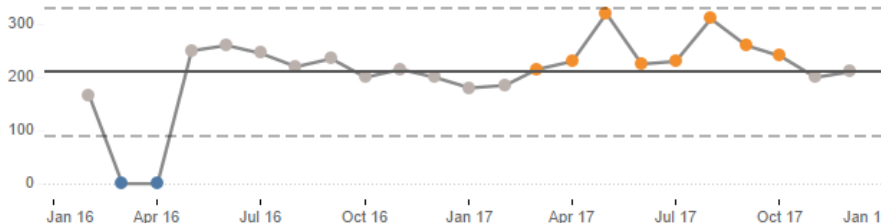
% of patients with completed assessment



There has been a decline in the assessment of patients for VTE. It is just below the 95% level of the retired CQUIN at 94.9%

Number of patients absconding

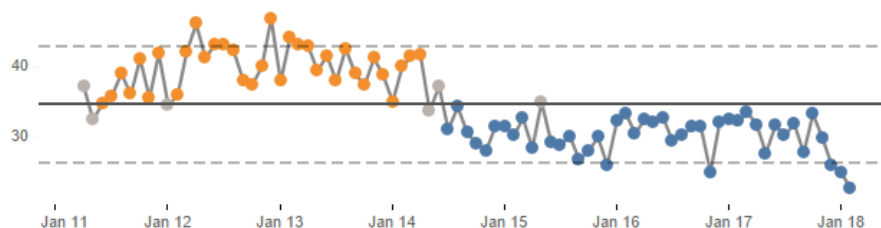
Absent without leave



The numbers of patients absconding remains around ~208 per month. March to October 2017 saw a run above the average, however as of December 2017 this appears to have settled back down.

Inpatient hip fractures

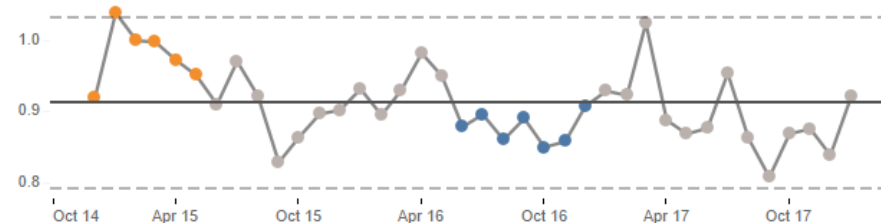
Rate per 100,000 admissions for those aged 60 and over



The rate of falls resulting in a hip fracture is approximately 32 per 100,000 for those aged 60 and over. We are reviewing the completeness of data for this indicator.

New pressure ulcers %

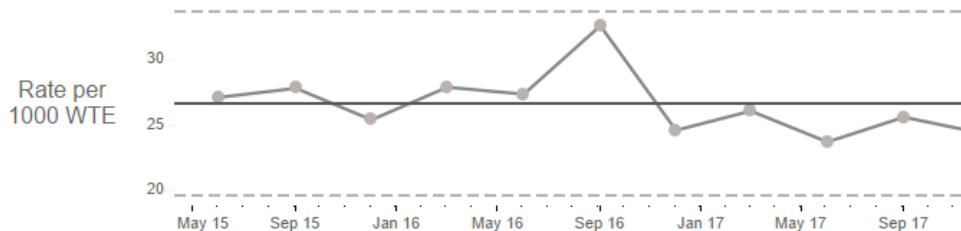
Safety Thermometer



The percentage of patients reported as having a new pressure ulcer (category 2-4) is around 0.9% (~1 patient in 100)

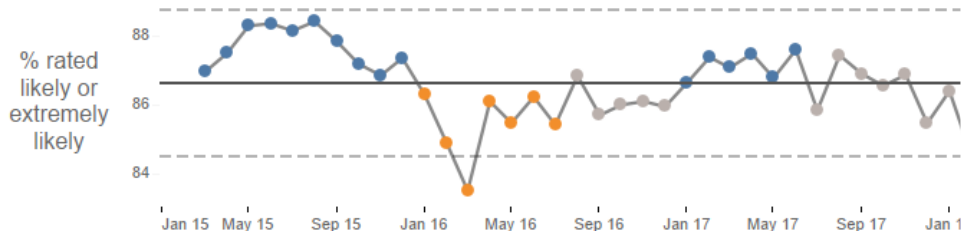
Caring

Complaints



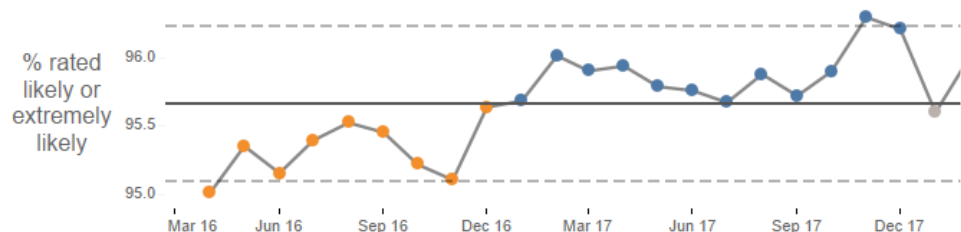
The rate of complaints is on average 27 per 1,000 WTE, an average of ~26,500 complaints a quarter.

Friends and Families Tests: A&E



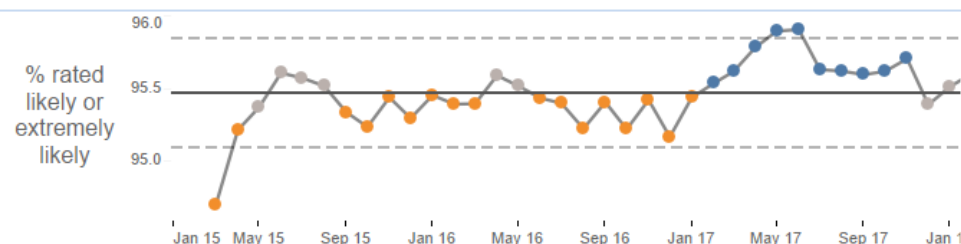
The A&E FFT remains around an average of 86.6%. The recent direction of travel saw February 2018 close to being an outlier.

Friends and Families Tests: Community



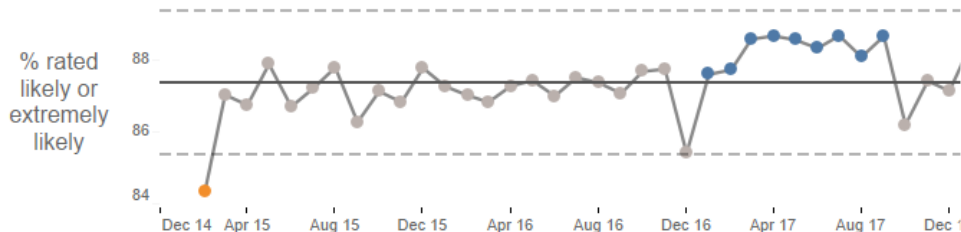
The community FFT has slightly improved during 2017 to an average of ~96%.

Friends and Families Tests: Inpatient



The inpatient FFT has slightly improved during 2017 to an average of ~95.6%.

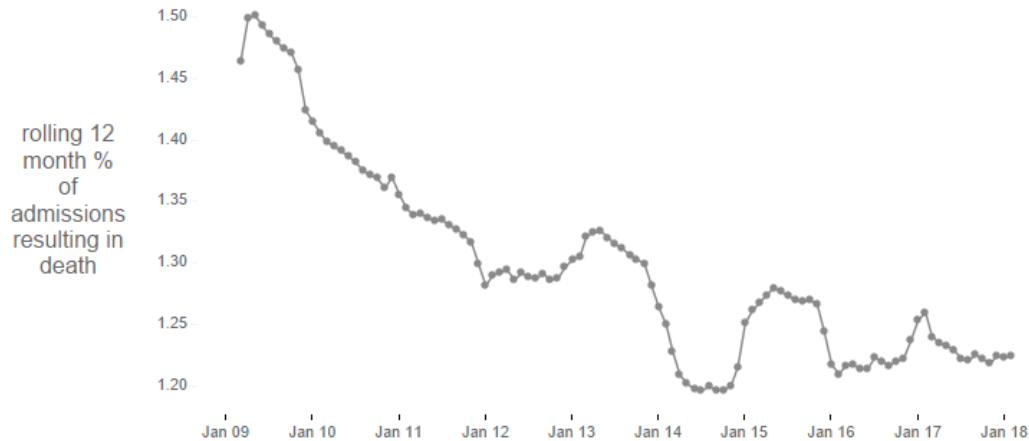
Friends and Families Tests: Mental Health



The mental health FFT improved through much of 2017 but appears to have dropped back to the average of ~87% over winter.

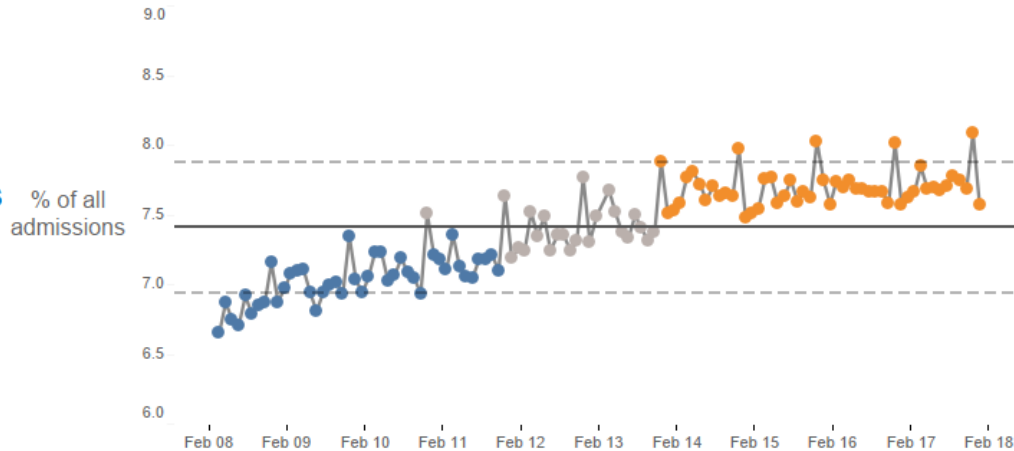
Effective

Crude mortality



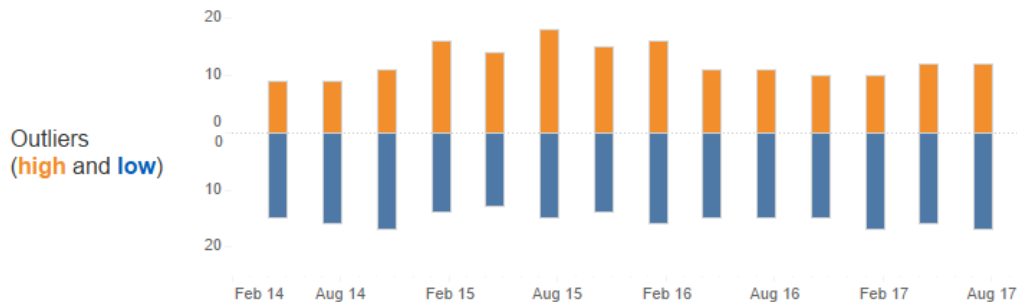
The crude mortality rate for all admissions is ~1.2%

Re-admissions within 30 days



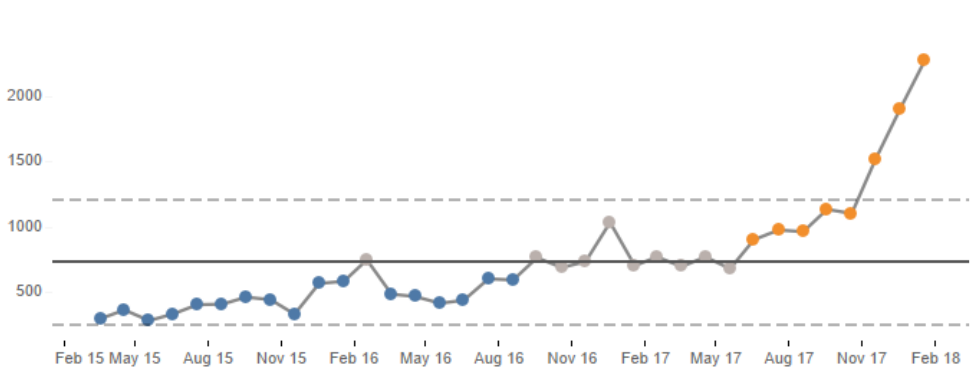
The emergency readmission rate within 30 days has been ~7.7% since 2014. The peak in December 2017 of ~8.08% was higher than all previous Decembers throughout the period.

Standardised Hospital-level Mortality Indicator (SHMI)



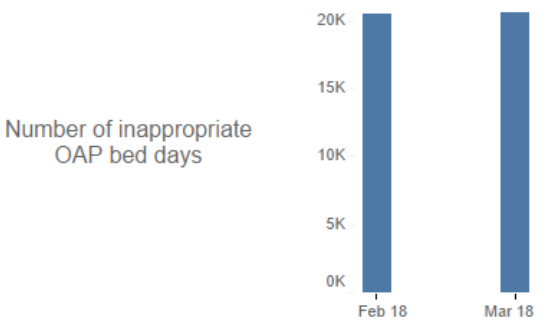
There are 12 trusts that have a SHMI higher than expected and 17 that are lower than expected.

Mixed sex accommodation breaches



Mixed sex accommodation breaches rose sharply over winter 2017/18, with 2278 breaches in February 2018.

Out of area placements

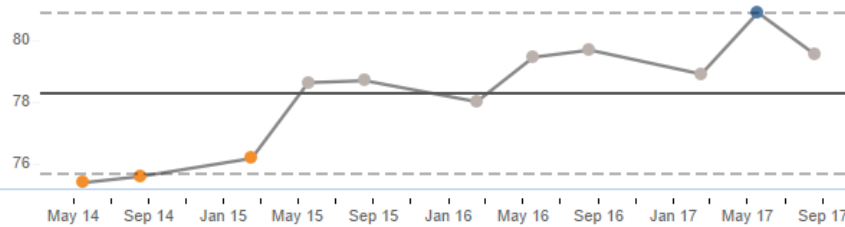


The number of bed days attributed to inappropriate out of area placements rose slightly from 20,560 in February 2018 to 20,645 in March 2018.

Well-led

Friends and Families Test

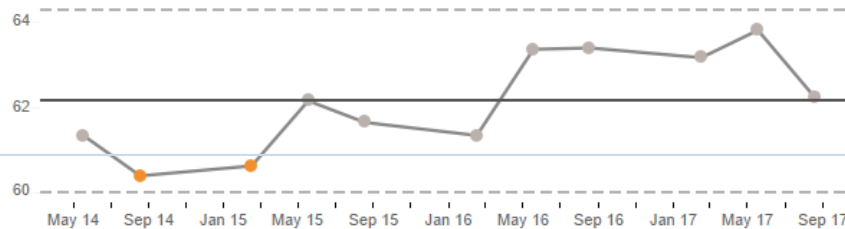
% of staff recommending place of care



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.

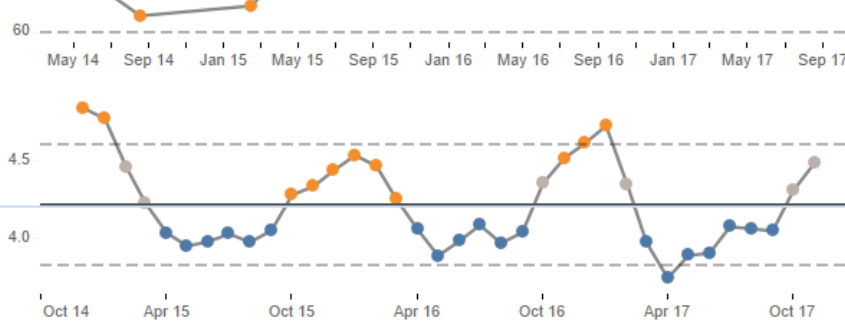
Friends and Families Test

% of staff recommending place to work



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

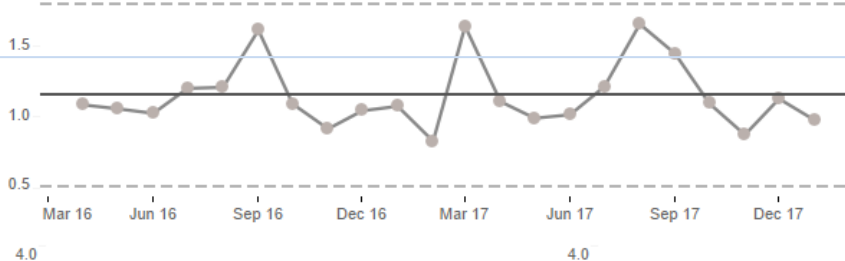
Staff sickness %



The number of PSA open beyond deadline has risen to a new average of ~77 per month. We are reviewing the methodology for this indicator to better reflect the tardiness of compliance. They are highest in Midlands and East.

Staff sickness averages around 4.2%.

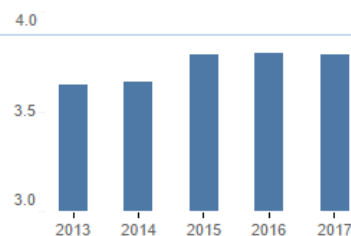
Staff turnover %



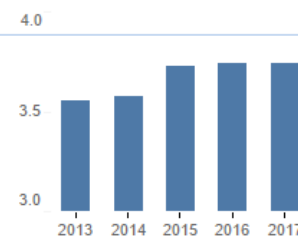
Staff turnover averages around 1.15%.

Staff survey

Overall Engagement Score



Recommend place to work or receive treatment



The staff survey shows more staff recommending their trust as a place to work or receive treatment, though overall engagement has decreased very slightly between 2016 and 2017.