

**To:** The Board

**For meeting:** 26 July 2018

**Agenda item:** 8

**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. 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:

#### *Care Quality Commission (CQC)*

- From 11<sup>th</sup> June 2017 to 11<sup>th</sup> June 2018 14 trusts moved from either inadequate or requires improvement to good or outstanding
- So far this year 7 trusts have moved from requires improvement to good with 1 trust moving from good to requires improvement

#### *Safe*

- There has been a decline in the assessment of patients for VTE. However, performance has been above the 95% level of the retired CQUIN from January to March 2018.

- 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 around 3300 infections per month
- The rate of MRSA infections remains around 1 per 100,000 bed days. This indicator has been updated to reflect trust apportioned which is the new measure.
- The rate of C. difficile infections remains around an average of around 14 per 100,000 bed days, which is around 390 infections per month.

#### *Effective*

- The crude mortality rate for all admissions is around 1.2%. The recent increase was expected given the elevated levels of mortality seen this winter.

#### *Caring*

- The A&E FFT has returned to an average of 86.5% after falling to significantly low levels in February and March 2018.
- The mental health FFT improved throughout much of 2017. Though there was a dip from October to December, the position has recovered to around 88.5% from January 2018.

#### *Responsive*

- The number of bed days attributed to inappropriate out of area placements has reduced from 20,645 in January 2018 to 17,900 in February 2018. It is too early to draw any conclusion as to whether this decline will continue.
- Mixed sex accommodation breaches rose sharply over winter 2017/18, with a peak of 2,278 breaches in February 2018. In April 2018 there were 1584 breaches.

#### *Well Led*

- Staff sickness averages around 4.2%. The peak in January 2018 of 5.1% was the highest across the period and in line with expectations as this was the peak month for influenza.

### **Venous thromboembolism**

4. At the April meeting, the Quality Committee requested that additional data on Venous thromboembolism VTE outcomes would be included in the dashboard. Issues at the Office of National Statistics (ONS) with the release of mortality data has delayed work looking at deaths within 90 days of discharge from a VTE, which is the recognised national statistic for this condition. Once NHS Improvement receives the mortality data, this analysis will be undertaken and considered for inclusion in the dashboard. In the meantime further explorative work has been undertaken looking at re-admissions for patients with a VTE following discharge. This has not found a correlation between low assessment rates and re-admission rates.

## **Mental health**

5. Work is progressing well through the partnership with NHS England on expanding the indicators for mental health services. Pilot work is underway exploring care plans, the use of outcome measures, self harm and measures along the dementia pathway. It is expected that a proposal for indicators to be included will be provided to the next meeting.

## **CQC Safe domain**

6. At the April meeting, the Quality Committee commented that no providers were currently rated 'outstanding' for the 'safe' domain, and that further work should be undertaken to understand why this was the case. NHS Improvement's policy team are taking forward this work with the CQC. An update will be provided to the next meeting.

## **Community Services**

7. NHS Digital have continued to produce pilot analysis from the Community Service Data Set (CSDS). Of interest to the Committee for this meeting is that the last analysis was on referrals to end of life care teams<sup>1</sup>. This showed that 40% of patients who were expressed a preference to die at home did so. However the location of death was not recorded in 45% deaths where people had expressed a preference of dying at home.

## **Conclusion**

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

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<sup>1</sup> [https://digital.nhs.uk/binaries/content/assets/website-assets/supplementary-information/supplementary-info-2018/csds\\_eol\\_oct\\_dec\\_17\\_final.xlsx](https://digital.nhs.uk/binaries/content/assets/website-assets/supplementary-information/supplementary-info-2018/csds_eol_oct_dec_17_final.xlsx)

# Quality Report

26 July 2018



### CQC

- From 11th June 2017 to 11th June 2018 14 trusts moved from either inadequate or requires improvement to good or outstanding
- So far this year 7 trusts have moved from requires improvement to good with 1 trust moving from good to requires improvement

### Safe

- There has been a decline in the assessment of patients for VTE. However, performance has been above the 95% level of the retired CQUIN from January to March 2018.
- 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 around 3300 infections per month
- The rate of MRSA infections remains around 1 per 100,000 bed days. This indicator has been updated to reflect trust apportioned which is the new measure.
- The rate of C. difficile infections remains around an average of around 14 per 100,000 bed days, which is around 390 infections per months

### Effective

- The crude mortality rate for all admissions is around 1.2%. The recent increase was expected given the elevated levels of mortality seen this winter.

### Caring

- The A&E FFT has returned to an average of 86.5% after falling to significantly low levels in February and March 2018.
- The mental health FFT improved throughout much of 2017. Though there was a dip from October to December, the position has recovered to around 88.5% from January 2018.

### Responsive

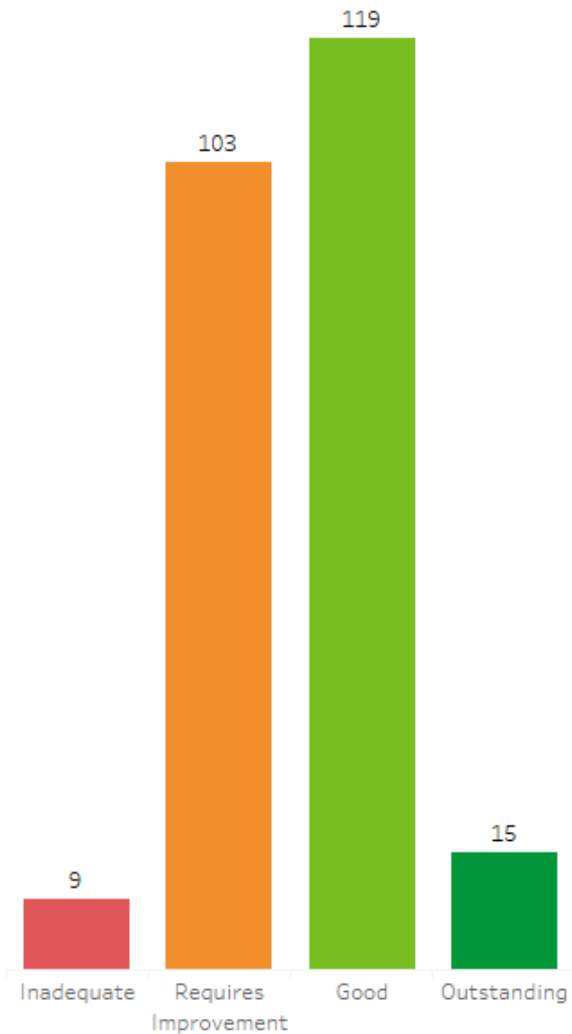
- The number of bed days attributed to inappropriate out of area placements has reduced from 20,645 in January 2018 to 17,900 in February 2018. It is too early to draw any conclusion as to whether this decline will continue.
- Mixed sex accommodation breaches rose sharply over winter 2017/18, with a peak of 2,278 breaches in February 2018. In April 2018 there were 1584 breaches.

### Well Led

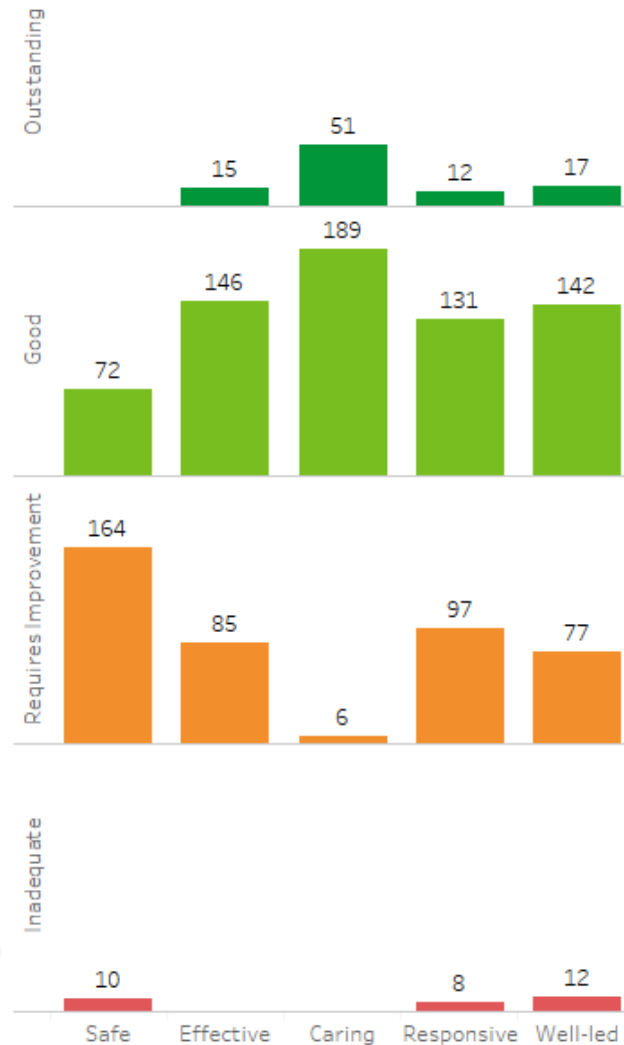
- Staff sickness averages around 4.2%. The peak in January 2018 of 5.1% was the highest across the period and in line with expectations as this was the peak month for influenza.

# CQC Inspection Ratings

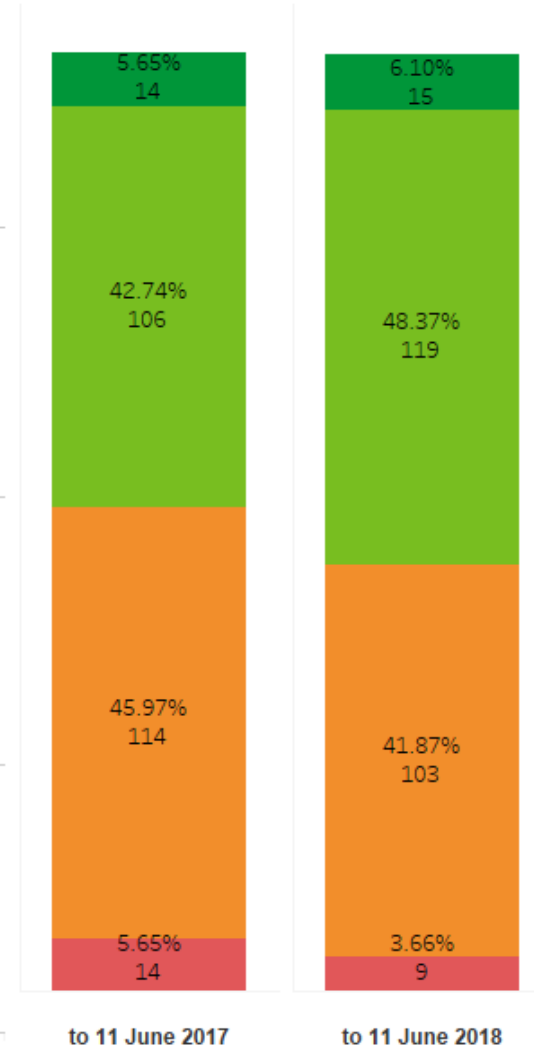
Current **Overall** provider ratings



Current provider ratings by **Domain**



Provider ratings year on year comparison

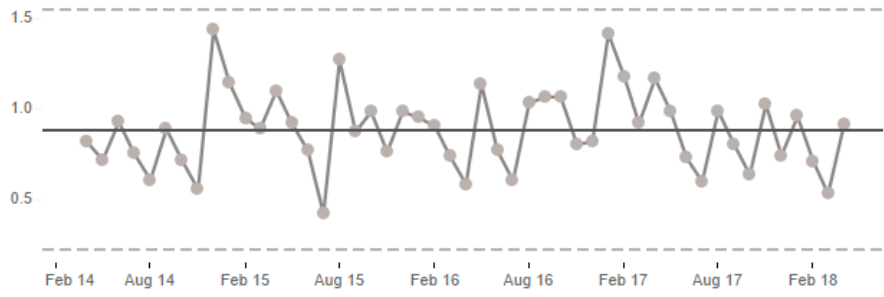


## Infections

## Improvement

### MRSA

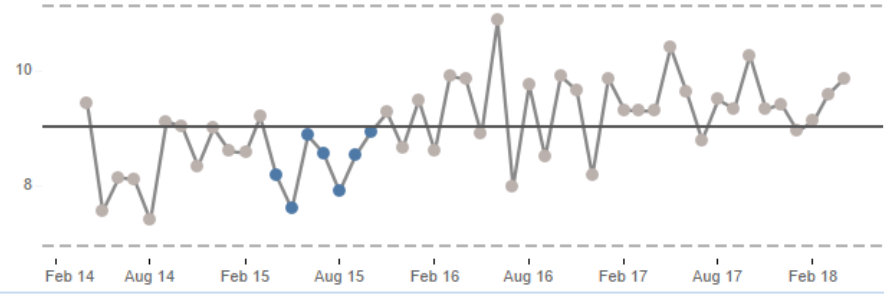
Trust apportioned rate per 100,000 bed days



The rate of MRSA infections appears to have stabilised around at around 1 per 100,000 bed days, which is around 25 reported infections per month. This indicator has been updated to reflect trust apportioned which is the new measure. It is highest in London region.

### MSSA

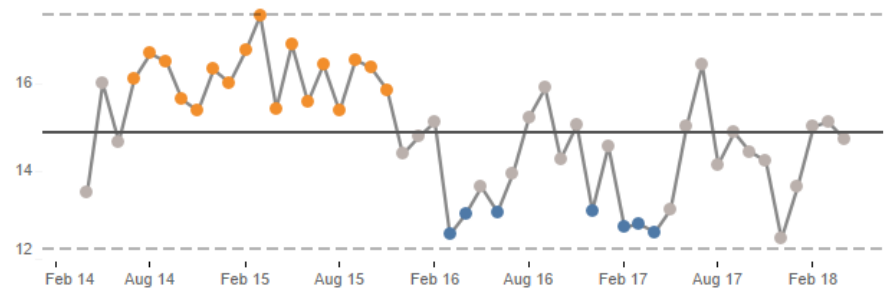
Trust apportioned rate per 100,000 bed days



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

### C. difficile

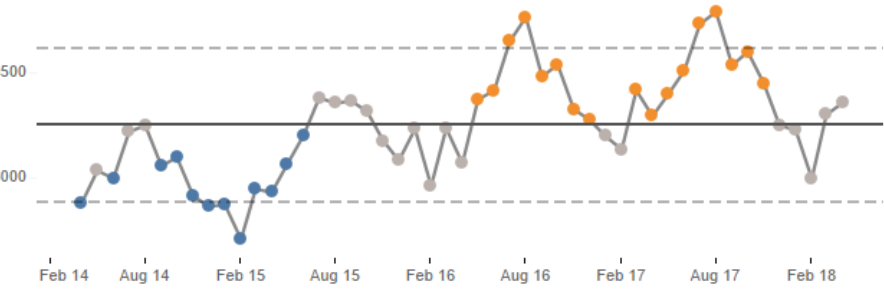
Trust apportioned rate per 100,000 bed days



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

### E. coli

Number of infections

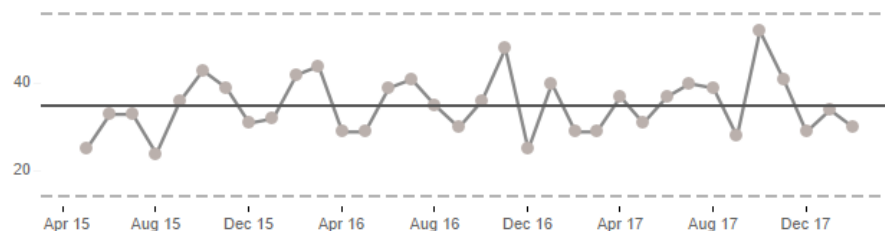


The number of E. coli infections had been steadily rising since 2015, but this increase appears to have levelled off since December 2017. There are around 3300 infections per month.

## Safe

### Other

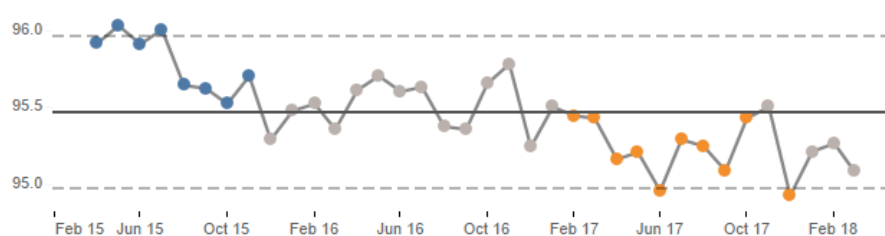
#### Never events



The number of never events remains around an average of 35 per month.

#### VTE

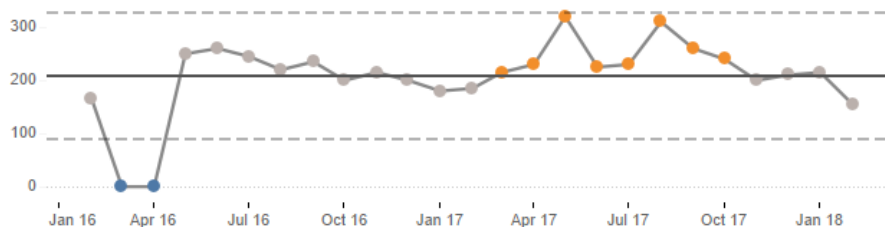
% of patients with completed assessment



There has been a decline in the assessment of patients for VTE. However, performance has been above the 95% level of the retired CQUIN from January to March 2018.

#### Number of patients absconding

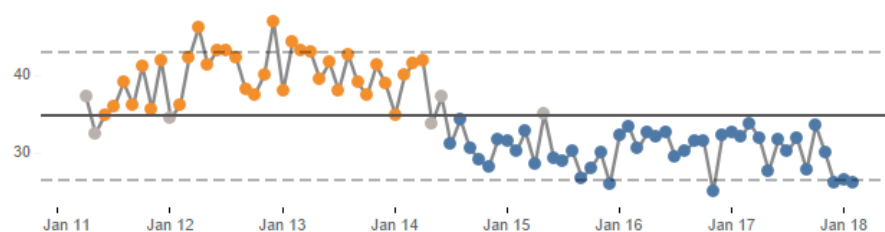
Absent without leave



The numbers of patients absconding remains around 200 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

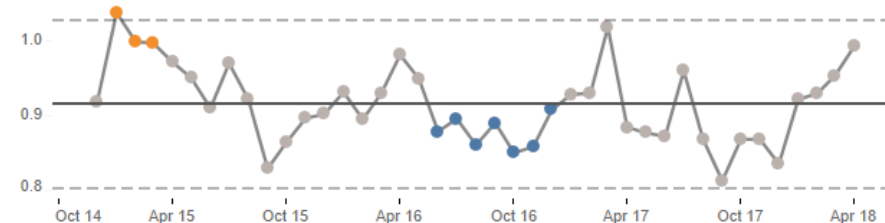
Rate per 100,000 admissions for those aged 60 and over



The rate of falls resulting in a hip fracture is approximately 30 per 100,000 for those aged 60 and over. We are reviewing the completeness of data for this indicator.

#### New pressure ulcers %

Safety Thermometer

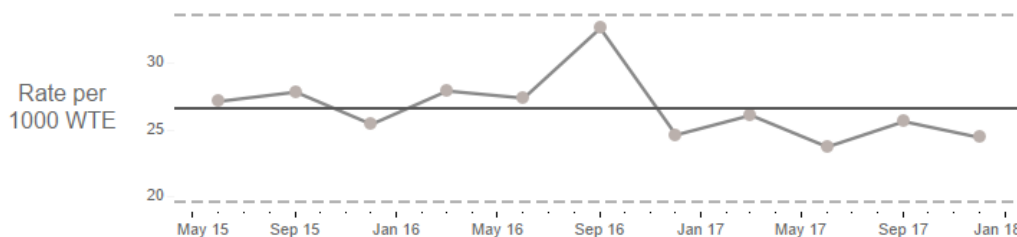


The percentage of patients reported as having a new pressure ulcer (category 2-4) is around 0.9% (around 1 patient in 100)



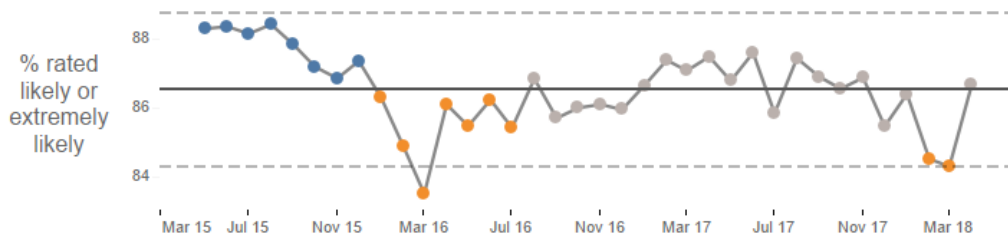
## Caring

### Complaints



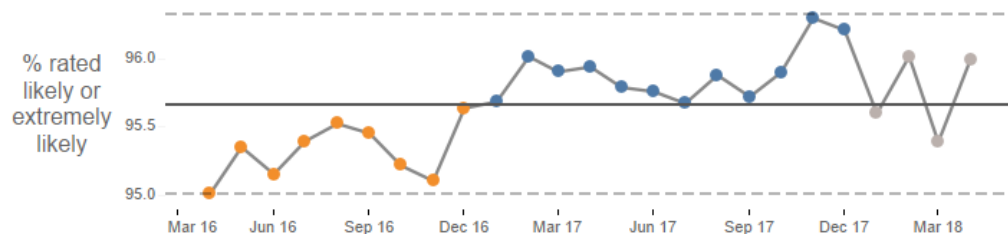
The rate of complaints is on average 27 per 1,000 WTE, an average of around 26,500 complaints a quarter.

### Friends and Families Tests: A&E



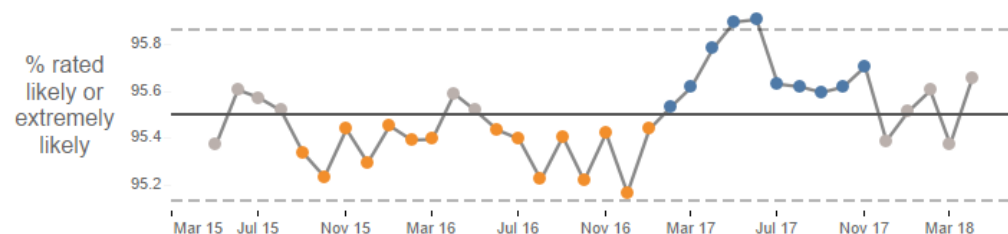
The A&E FFT remains around an average of 86.5%. The recent direction of travel saw February and March 2018 as outliers.

### Friends and Families Tests: Community



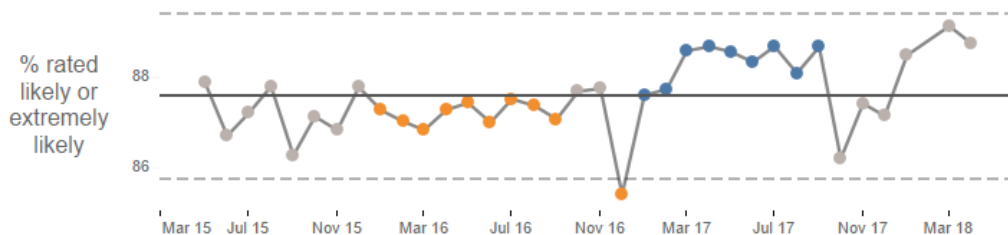
The community FFT has slightly improved during 2017 to an average of around 96%.

### Friends and Families Tests: Inpatient



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

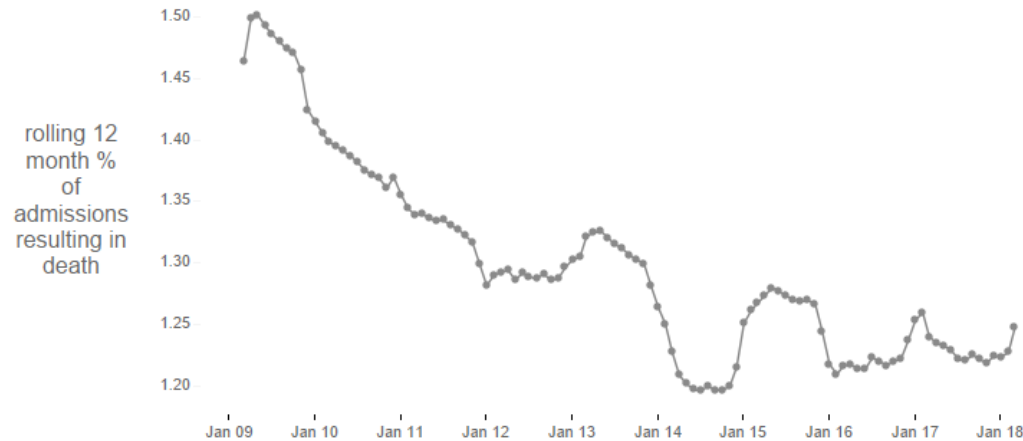
### Friends and Families Tests: Mental Health



The mental health FFT improved throughout much of 2017. Though there was a dip from October to December, the position has recovered to around 88.5% from January 2018.

## Effective

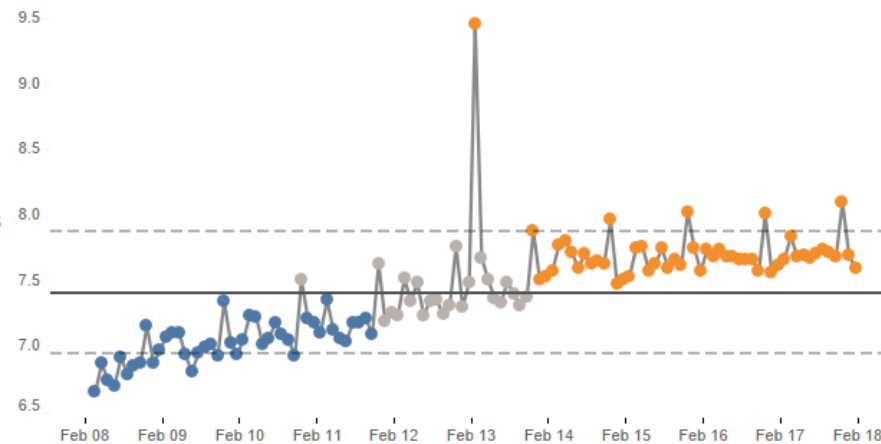
### Crude mortality



The crude mortality rate for all admissions is around 1.2%

### Re-admissions within 30 days

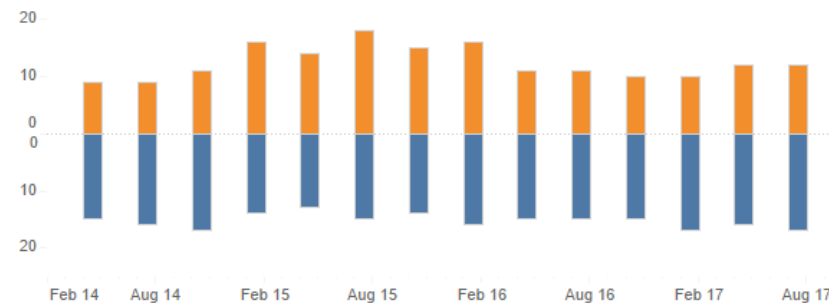
% of all admissions



The emergency readmission rate within 30 days has been around 7.7% since 2014. The peak in December 2017 of around 8.1% was higher than all previous Decembers throughout the period.

### Standardised Hospital-level Mortality Indicator (SHMI)

Outliers (high and low)

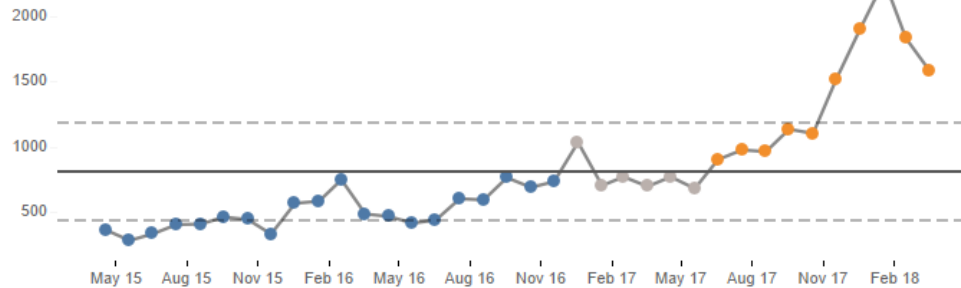


There are 12 trusts that have a SHMI higher than expected and 17 that are lower than expected.

## Responsive

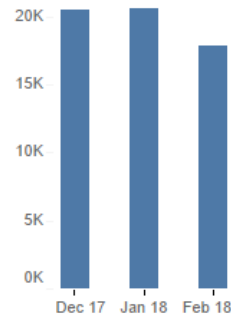
Mixed sex accommodation breaches rose sharply over winter 2017/18, with a peak of 2278 breaches in February 2018. In April 2018 there were 1584 breaches.

### Mixed sex accommodation breaches



### Out of area placements

Number of inappropriate OAP bed days

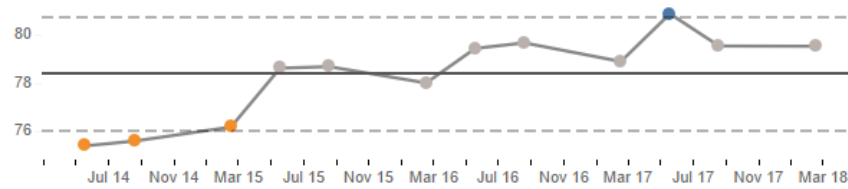


The number of bed days attributed to inappropriate out of area placements has reduced from 20,645 in January 2018 to 17,900 in February 2018. It is too early to draw any conclusion as to whether this decline will continue.

## Well-led

### Friends and Families Test

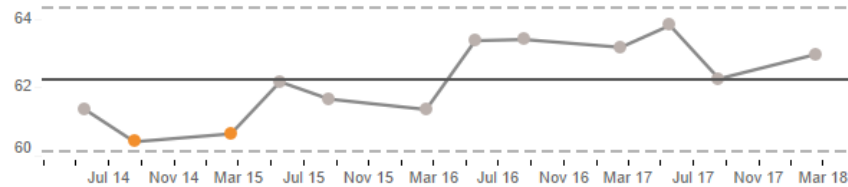
% of staff recommending place of care



As of Q4 2017/18, around 79.6% of staff are likely to extremely likely to recommend their trust as a place to be cared for.

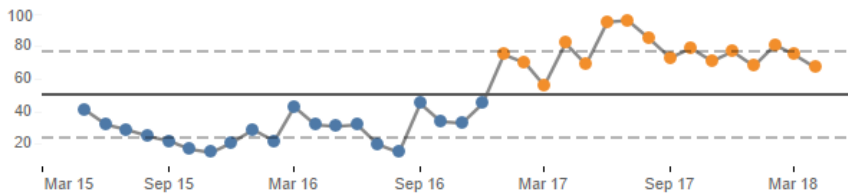
### Friends and Families Test

% of staff recommending place to work



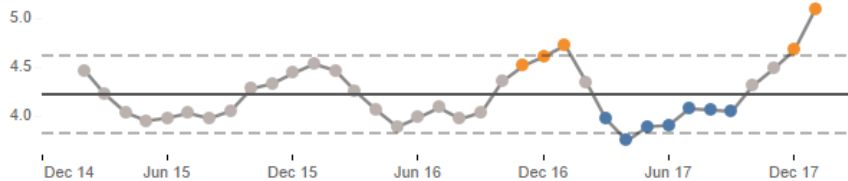
As of Q4 2017/18, around 63% of staff are likely to extremely likely to recommend their trust as a place to work.

### Outstanding patient safety alerts



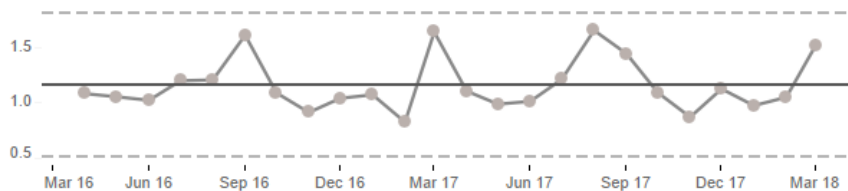
The number of PSA open beyond deadline has risen to a new average of around 76 per month. We are reviewing the methodology for this indicator to better reflect the tardiness of compliance. They are highest in Midlands and East.

### Staff sickness %



Staff sickness averages around 4.2%. The peak in January 2018 of 5.1% was the highest across the period.

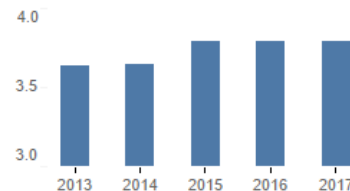
### Staff turnover %



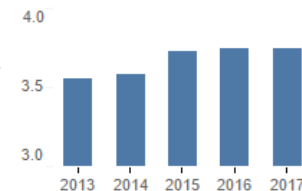
Staff turnover averages around 1.16%.

### 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.