Care Quality Commission

The state of health care and adult social care in England 2016/17

Hospitals, community health services and ambulance services

STATE OF CARE

Key points

- Fifty-five per cent of NHS acute hospital core services were rated as good and 6% as outstanding. This compares with 51% rated as good and 5% rated as outstanding last year. At the trust level, 11 NHS acute trusts were rated as outstanding.
- A majority of community health services were providing good (66%) or outstanding (6%) care. Three of the 10 ambulance trusts were rated as good and one as outstanding.
- Pockets of poor care exist, even in services rated as good. We continued to see a large amount of variation in the quality of care of services within individual hospitals and between hospitals in the same NHS acute trust.
- The safety of NHS acute hospitals remains a concern with 7% rated as inadequate for the safe key question. Ratings have improved though, as last year 9% were rated as inadequate for safety.
- Staff recruitment and appropriate skills mix were a concern in most sectors. We found NHS acute services relying too much on agency staff, and emergency departments with not enough medical staff. We have concerns that community and ambulance services are also facing staffing challenges.
- We continued to find that good leadership from senior leaders through to frontline staff, combined with strong staff engagement and a positive organisational culture, helps to ensure good quality care and drives improvement.

Introduction and context

In March 2017 we published *The state of care in NHS acute hospitals 2014 to 2017*, a report that captured our findings over the last three years of our programme of inspections of NHS acute hospitals.[64] The report showed that we now know more about the quality of care in our hospitals than ever before, and we have a unique baseline of quality against which we can monitor improvement.

In this chapter we look at the whole range of emergency and secondary care that we regulate, comprising NHS acute trusts, ambulance services, community health services and independent hospitals. The findings from our NHS acute programme report are summarised along with findings from the wider sector. We report on mental health services in the mental health chapter.

As we have highlighted in part 1 of this report, the pressure and demand on emergency and secondary care has continued to increase this year. The model of acute care that has been in operation since the NHS first started cannot continue to meet the needs of today's ageing population. In NHS acute hospitals, the steadily increasing demand for urgent and emergency services, coupled with continued delays around transferring patients from hospitals to home or community care, mean that patients are being kept too long in acute services. This system flow is not working and people are frequently not being cared for in the right place for them. This is a risk to the health and wellbeing of people. We continue to see a variety of pressures across the sector:

- Emergency and elective admissions to hospitals have risen substantially in the last six years (page 15 to page 16, figures 1.1 to 1.3).
- Ambulance calls increased from 8.2 million to 9.8 million from 2011/12 to 2016/17, an increase of 20%.[65] In 2016/17, there were 680,000 ambulance hours lost due to turnaround times at A&E taking longer than the maximum target of 30 minutes.[66]
- Waiting times have steadily worsened – from April 2011 to April 2017, the number of patients at the end of each month waiting to start treatment on the 18-week pathway increased by 53% from 2.47 million to 3.78 million.[67]
- In acute hospitals, bed occupancy has remained above the recommended maximum of 85% since at least the start of 2012/13. From January to March 2017, it was the highest ever recorded at an average of 91.4%.[68]
- The number of days that people were delayed in hospital waiting for domiciliary care more than tripled from March 2014, peaking in December 2016 at more than 42,000 days (although since then there has been some improvement). However, the majority of delays remain attributed to the NHS (acute and non-acute services). In March 2017, 55% of all days delayed at hospital were attributed to the NHS, compared with 37% to adult social care, and 8% to both.[69]

Our programme of local system reviews is looking at how people move between health and social care, including delayed transfers of care, and where there are opportunities for improving how the system works (page 39).

The NHS's most important resource – the dedicated workforce – is feeling the strain, and staff resources are stretched. As we highlight in part 1, across the NHS, including in some of the main staff groups, data from NHS Digital based on advertisements on the NHS Jobs website suggests there was an increase in vacancies between March 2015 and March 2017 that outstrips any increase in the total number of posts.[70] As we also mention in part 1, there has been a sharp drop in the number of new nurses arriving from the EU to register to work in the UK.[71] We have found NHS acute services relying too much on agency staff, and emergency departments with not enough medical staff.

The reported financial deficit for all NHS providers had reduced from £2.4 billion at the end of 2015/16 to £791 million at the end of 2016/17.[72] However, as noted in part 1, the Nuffield Trust have argued that the underlying deficit remains substantial despite the significant savings that providers have already delivered.[73] Providers are being asked to make further productivity gains to build sustainable services, at the same time as new models of care are being created to meet the changing needs of the population.[74]

Overview of quality

Overall and key question ratings

NHS acute trusts

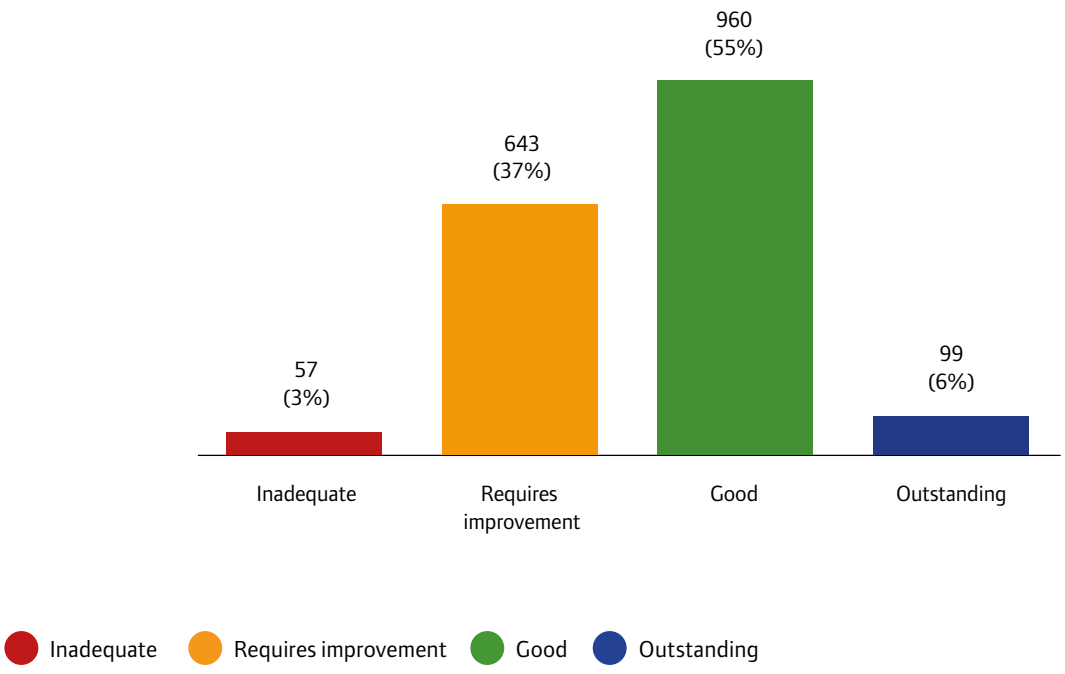
Our ratings look at the whole picture of NHS acute care, providing ratings at:

- core service level (where patients directly experience the quality of care being given, for example by a maternity or surgery service)
- hospital level (ratings are combined from each of the core services)
- trust level (ratings are combined from one or more hospitals and other services).

At the core service level most people were receiving good or outstanding care and the overall quality of care has improved since last year.

At 31 July 2017, 55% of NHS acute hospital core services were rated as good and 6% as outstanding (figure 2.4). This compares with 51% rated as good and 5% rated as outstanding last year. Note that at this time last year not all core services had been rated.

Figure 2.4 NHS acute hospital core service overall ratings



Source: CQC ratings data, 31 July 2017, total 1,759 core services.

However, people may experience a variation in quality depending on which core service they use, often within the same hospital – 37% of core services were rated as requires improvement and 3% were rated as inadequate. Urgent and emergency services and outpatient services were more likely to be rated as inadequate (figure 2.5).

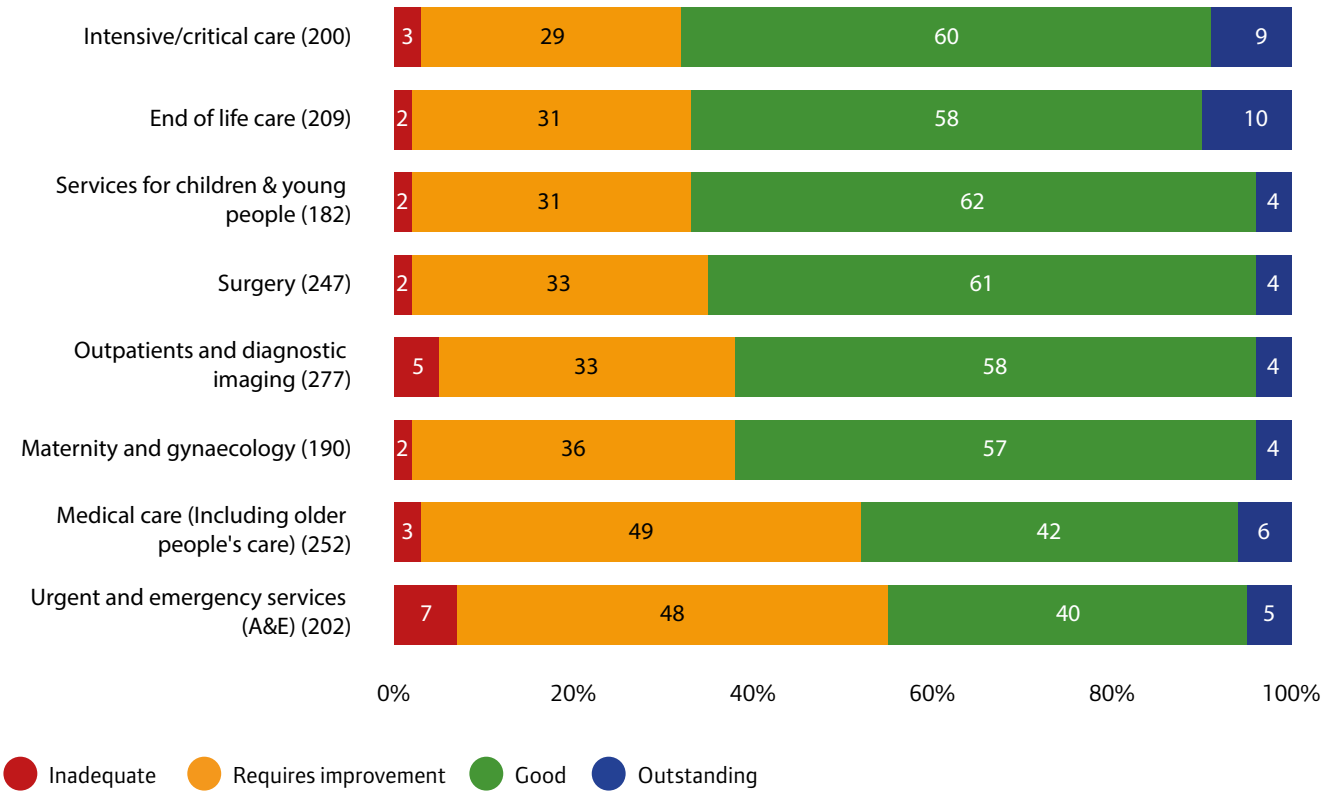
At the acute hospital and the acute trust level, the good and outstanding ratings tend to be slightly lower due to their complexity and the variation of quality that often occurs within hospitals and between hospitals in the same trust.

At hospital level, 40% of acute hospitals were rated as good and 6% were rated as outstanding. Just under half of hospitals (49%) were rated as requires improvement with 5% rated as inadequate (figure 2.6). Overall this is a slightly improved picture compared with last year, although variation in the quality of care remains.

The safety of hospitals remains our biggest concern with 7% of NHS acute hospitals rated as inadequate for the safe key question. Despite the unprecedented pressures that acute hospitals are facing, ratings have improved from last year when 9% were rated as inadequate for safety. This largely reflects improvements in the safety cultures of providers, with staff more ready to speak up about their concerns and trusts more willing to act on them.

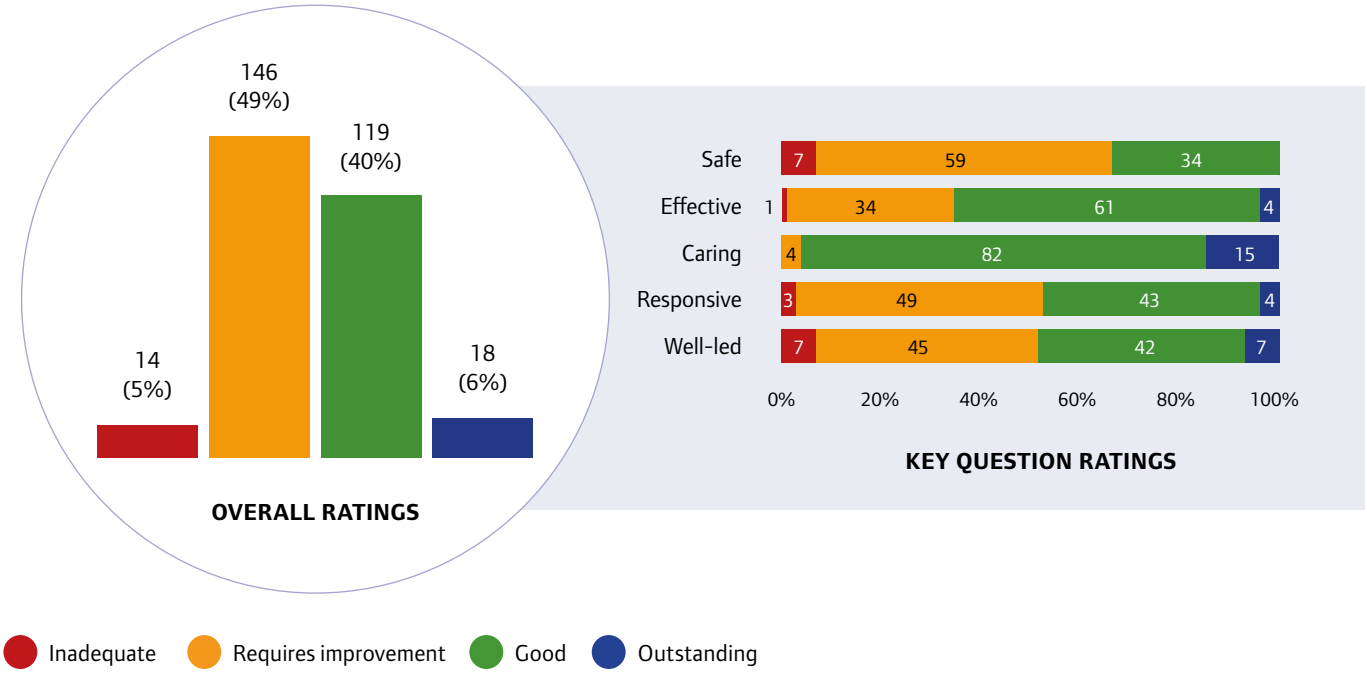
At trust level, 34% of NHS acute trusts were rated as good and 7% as outstanding (figure 2.7). Last year, 28% were rated as good and 4% were rated as outstanding. However, 51% of trusts were rated as requires improvement and 8% as inadequate.

Figure 2.5 NHS acute hospital overall ratings by core service



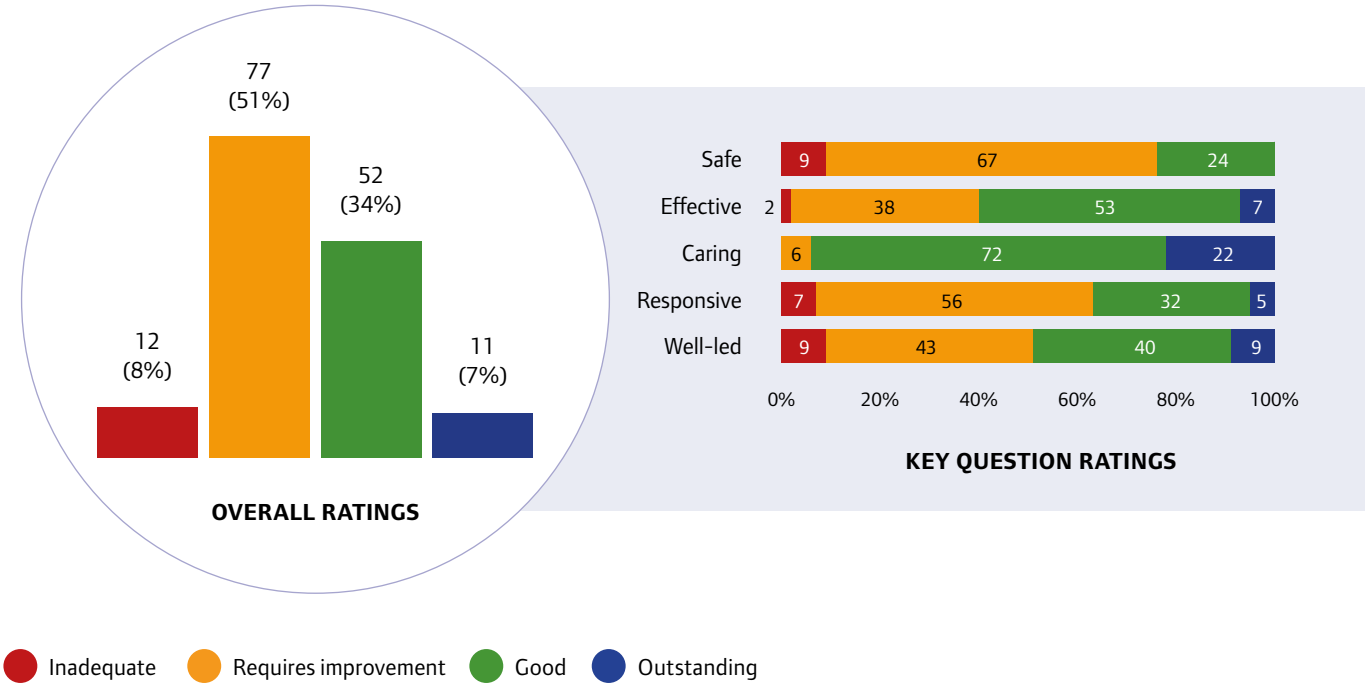
Source: CQC ratings data, 31 July 2017.

Figure 2.6 NHS acute hospital ratings overall and by key question



Source: CQC ratings data, 31 July 2017, total 297 hospitals.

Figure 2.7 NHS acute trust ratings overall and by key question



Source: CQC ratings data, 31 July 2017, total 152 providers.

Where trusts were doing well for being responsive, they had a person-centred-approach and addressed issues from the patient's point of view. Inspectors saw examples of trusts that had invited community members, for example from Black and minority ethnic (BME) populations, to sit on their board. They also saw trusts that provided a service tailored to the needs of particular local groups, for example refugees.

Although not the lowest rated question, we do have concerns about the 43% of trusts rated as requires improvement for well-led and the 9% rated as inadequate for well-led. This is because the quality of leadership, management and governance is an important influence in driving improvement in the quality of care.[75] This compares with the 50% of acute trusts rated as requires improvement and the 8% rated as inadequate for well-led last year.

However, 40% of trusts were rated as good for the well-led key question and 9% were rated as outstanding. This compares with 36% rated as good and 6% rated as outstanding last year.

Ambulance services

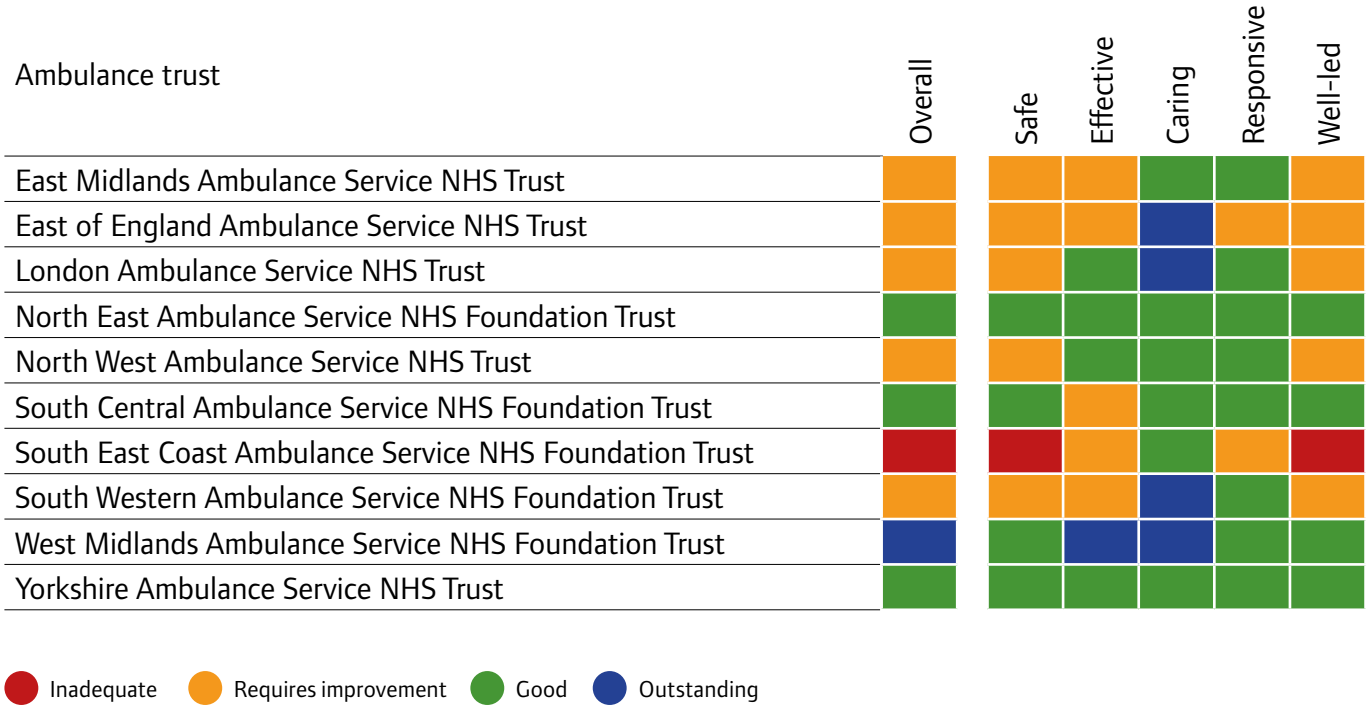
Ambulance services provide a vital link between members of the public and urgent and emergency care.

We have rated all 10 NHS ambulance trusts in England (note that additionally, Isle of Wight NHS trust provides ambulances services). There are also around 260 registered independent ambulance providers that vary from corporate to voluntary to family-owned providers. We do not rate independent ambulance providers, although this may change in 2018 following a Department of Health consultation.

We rated one NHS ambulance trust as outstanding overall and three as good. However, the quality of care is variable across this sector with five trusts rated as requires improvement and one trust rated as inadequate (figure 2.8).

Major incidents such as the London and Manchester terror attacks and the Grenfell tower fire have brought the exceptional commitment and responsiveness of the frontline staff in emergency

Figure 2.8 NHS ambulance trust ratings overall and by key question



Source: CQC ratings data, 31 July 2017.

services to public attention. Six of the 10 trusts were rated as good for the caring key question and four as outstanding. Eight of the 10 trusts were rated as good for the responsive key question. The safe and well-led key questions were most likely to be rated as inadequate or as requires improvement.

Ambulance trusts had a lower staff engagement score in the 2016 NHS staff survey compared with other NHS sectors.[76] We have some concerns around staffing in the ambulance service, which may affect the ability of providers to follow reporting processes and learn from events. We are likely to explore these issues, among others such as leadership, and report on our findings in due course.

Our programme of inspecting independent ambulance services continues, and we have inspected more than 70 providers. We have some common care quality concerns around medicines management, cleanliness and infection control practices, and ensuring appropriate recruitment checks.[77] At 31 July 2017, we had taken enforcement action against 12 providers.

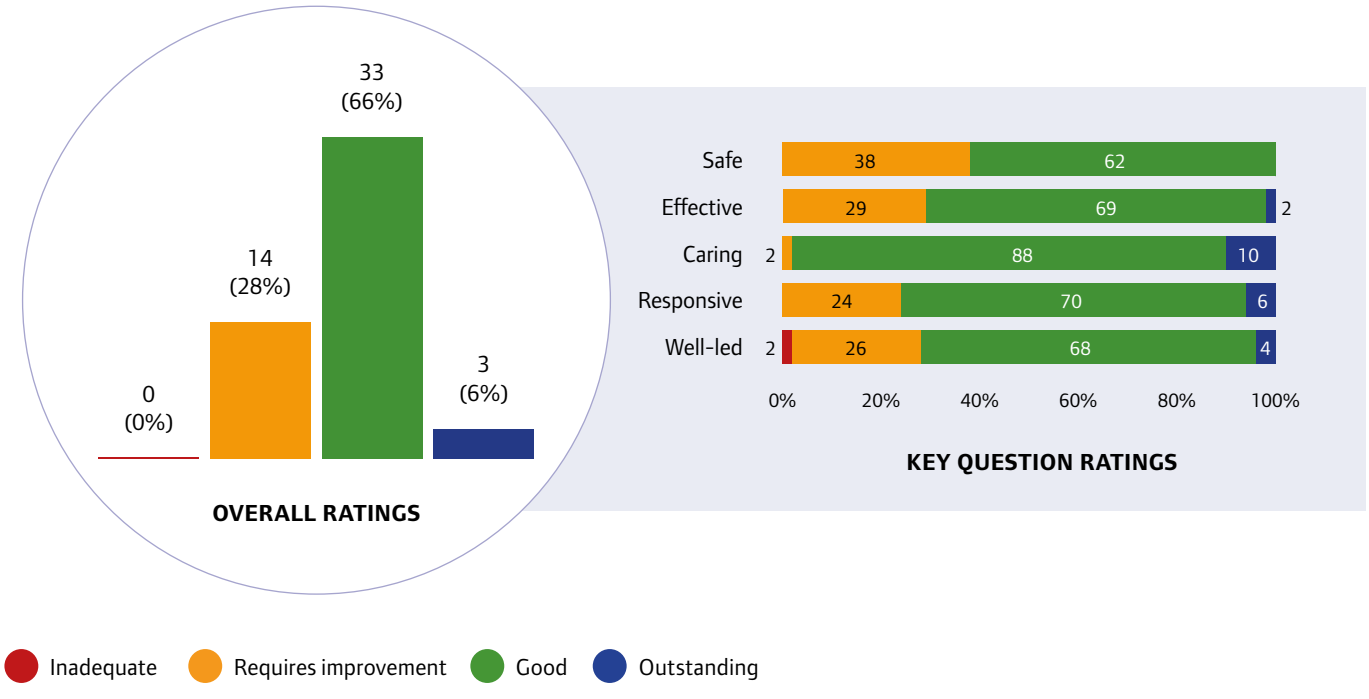
Community health services

Community health services are used by people who need long-term care or regular support and are provided in locations such as clinics that are closer to home, or in a person's own home. Community health services include, for example, physiotherapy, health visiting and care for people with long-term conditions such as diabetes.

Community health services span a range of different types of organisations and settings. There are 18 specific NHS community health trusts but care is also provided by more than 30 NHS acute trusts and more than 20 NHS trusts that also provide mental health services. There are also more than 100 independent community health services, often social enterprises, charities and community interest companies.

We have now inspected and reported on all community health services. As at 31 July 2017, a majority of those that were rated were providing good (66%) or outstanding (6%) care (figure 2.9).

Figure 2.9 Community health services ratings overall and by key question



Source: CQC ratings data, 31 July 2017, total 50 providers.

The caring key question was very positive with 88% of services rated as good and 10% as outstanding for caring. The highest number of requires improvement ratings were under the safe key question.

Most core services were rated as good or as outstanding. Community dental services had the best care with 66% of services rated as good and 22% as outstanding, followed by community sexual health services.

We have some concerns around staffing shortages, particularly in community adult services and inpatient services, and around variation of caseload size in both adult services, and children and young people's services. However, we do see community services working well in partnership with acute hospital services and others to provide integrated care. We will report on our findings in due course.

Hospices

Hospices were generally rated as good (70%) with a quarter rated as outstanding – this was higher than for any other secondary care service (figure 2.10). Since 31 July 2017, the date at which ratings in this report are based, one hospice has been rated as inadequate.

Hospices also performed very well for safety in comparison with the majority of other types of services – 88% were rated as good and 1% as outstanding. And hospices are very caring and compassionate with a third rated as outstanding for caring.

We looked at two examples of hospices that provide high-quality care that is typical of hospices rated good or outstanding. We found some common factors that led to their strong performance, and that show best practice. The staff were genuinely committed to person-centred care and really took time to understand people and to support their emotional, social and financial needs, as well as physical needs. There were high staffing levels, enabling better monitoring and attention to personalised care. Good partnership working with other professional services and the local community, and a supportive and well-led culture were also common factors.

Independent acute hospitals

Independent acute hospitals provide services to insured, self-funded and NHS patients. They almost exclusively provide elective services, such as orthopaedic surgery. They can range from corporate hospital groups to specialist surgeries and providers of specific treatments.

By 31 July 2017 we had rated 197 independent acute hospitals, with 64% rated as good and 7% as outstanding. There were 27% rated as requires improvement and 2% rated as inadequate (figure 2.11).

We will publish a detailed report later in 2017/18 on our findings from our first programme of inspections of independent acute hospitals. We intend to explore leadership in the sector and anticipate sharing insights on how well providers' governance systems allow them to proactively manage risk. We will look at areas such as managing incidents and learning from them. Specifically, we intend to consider how well provider governance systems monitor consultants' practicing privileges to ensure they are working within the agreed scope of practice to protect patients effectively. We will also look at how well providers ensure effective multidisciplinary meetings take place and how providers monitor clinical outcomes.

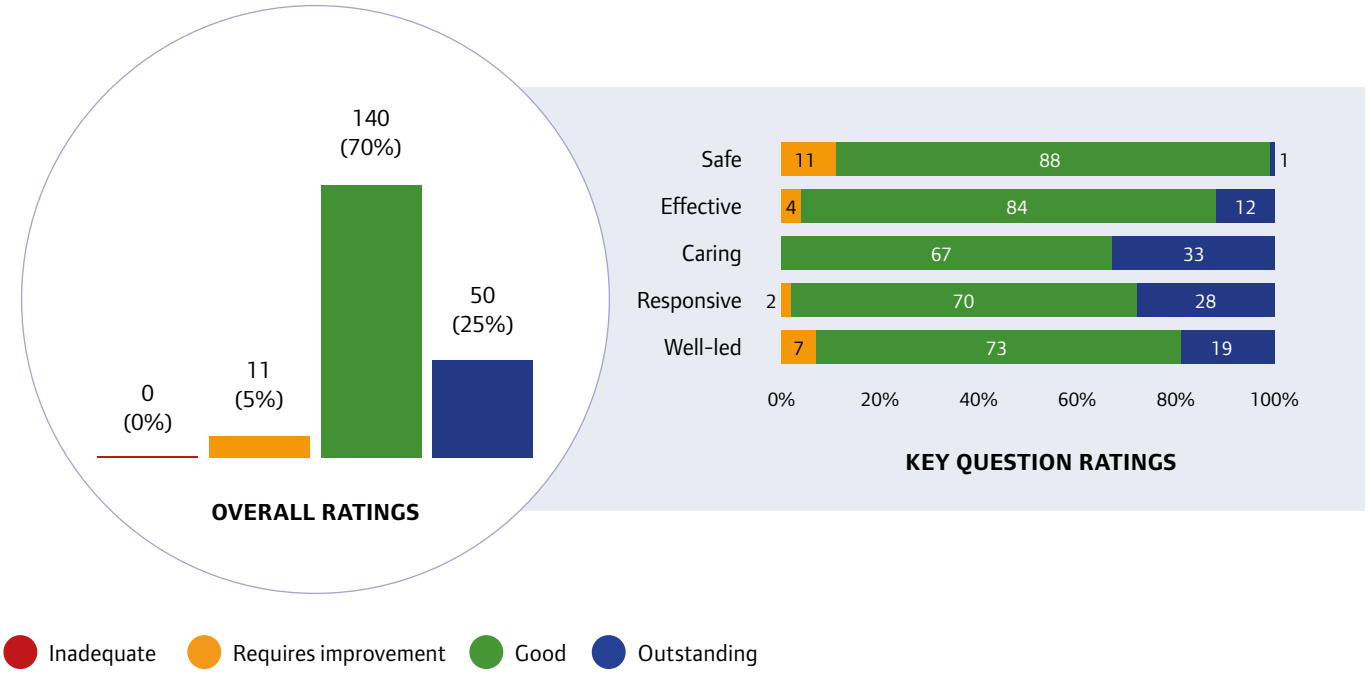
High-quality care

People using services have a right to expect the best care possible. We have found examples of good and outstanding care that providers can learn from and we have identified three important areas that help drive high-quality care – good leadership, a positive organisational culture and a focus on safety.

Good leadership

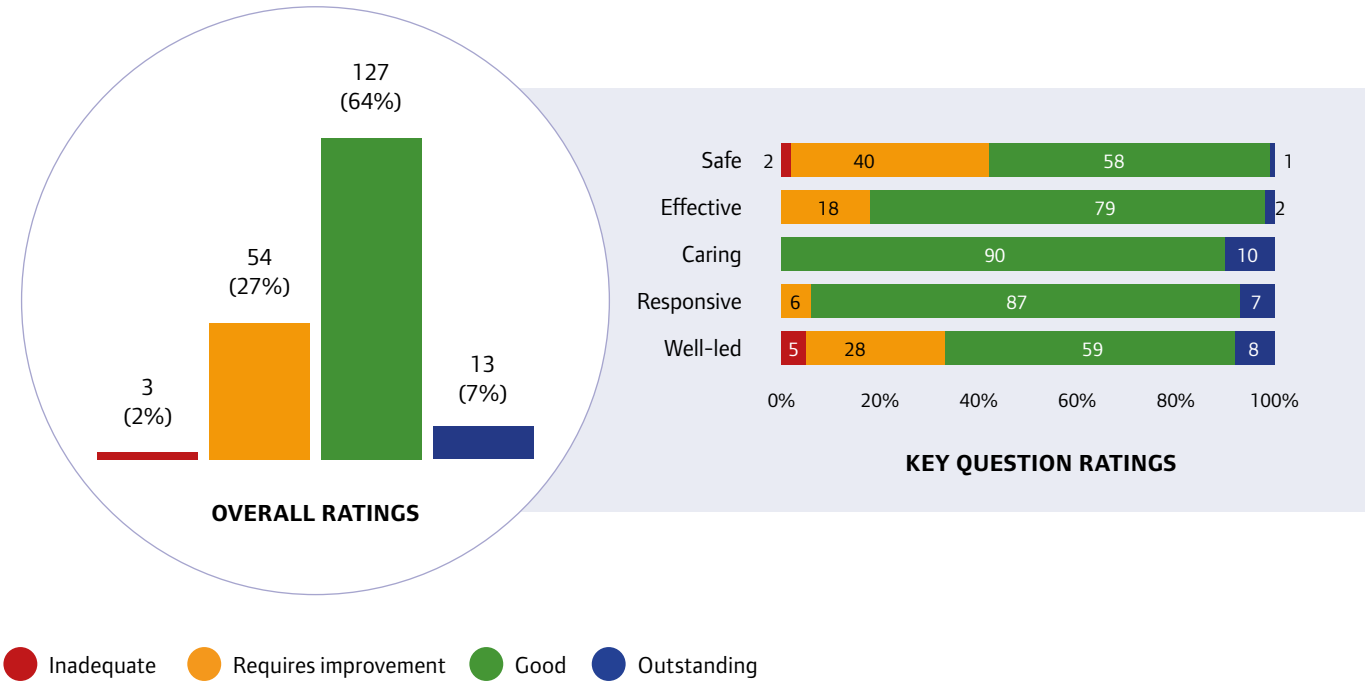
As highlighted in our NHS acute programme report, good leadership – from a board level, through to frontline staff – plays a crucial role in providing high-quality care. Good leadership genuinely puts the person at the centre of care, supports staff to learn and innovate, and promotes an open and fair culture.

Figure 2.10 Hospice ratings overall and by key question



Source: CQC ratings data, 31 July 2017, total 201 locations.

Figure 2.11 Independent acute hospital ratings overall and by key question



Source: CQC ratings data, 31 July 2017, total 197 hospitals.

In NHS acute trusts rated as good or outstanding, we usually found they performed equally well under the well-led key question. In almost all of the trusts rated as outstanding we saw leaders who were:

- passionate about the delivery of high-quality care for patients
- actively engaged and sought the views of staff and patients, and were committed to organisational development
- had a clear vision and strategy that was understood by staff
- made sure that governance was strong, so that problems were dealt with swiftly
- had a clear model for quality improvement across the trust.

In part 1 of this report, we highlight that the best services collaborate at a local level. Good leaders work closely with different parts of the health and social care system to provide a more joined-up and person-focused experience. We have seen some good examples of integration, particularly between acute and community care with the aim of bringing care closer to home. However, these examples tended to be at the developmental stage.

Inspectors saw good integrated care between an independent ambulance service and a specialist children's NHS acute hospital service. The two services worked closely together to ensure that sick children from across England could be transported to receive specialist care. The hospital provided a designated doctor and nurse and the ambulance service provided two vehicles. The strong leadership behind this partnership that put the patient's needs at the centre was thought to be a driving force in making it happen.

Inspectors saw acute trust and community trust leaders working together to jointly deliver an acute care service in a community setting. A very positive result of this partnership has been improved continuity of care for patients who need to attend pulmonary rehabilitation clinics and reduced pressure on acute services. They have been able to attend appointments closer to home in a local community venue and to see their own consultants there.

Positive and engaged organisational culture

The culture of an organisation clearly reflects the quality of its leadership and is essential to the delivery of high-quality care. A culture where all staff are fully aligned with the organisation's vision and values, and are inspired to work as a team helps to sustain and improve the quality of care.

In NHS hospitals rated as good or outstanding, boards actively engaged with staff to support them to learn from mistakes and to be honest about problems with patients and families.

Organisational culture is reflected in the NHS staff survey. The 2016 survey looked at all trust types and showed an overall improvement in staff engagement scores since 2012, with more than half of all respondents (59%) saying they often or always look forward to going to work, and 74% of all respondents saying they feel enthusiastic about their job. Too many staff reported a blame or bullying culture in their workplaces, with 13% of respondents saying they had experienced bullying or harassment from their manager, and 18% from other colleagues. Staff at NHS acute trusts have told us that the poor culture of clinical teams and the barriers they face to delivering good quality care are the most common reasons for them wanting to change jobs. Staff wellbeing and engagement need to be a priority for all types of NHS trusts.

CQC now assesses how well NHS trusts have implemented the NHS Workforce Race Equality Standard (WRES) as part of assessing the well-led key question. WRES looks at the experiences of BME staff. We have found that, as with other staff indicators, a strong and effective commitment to equality is an essential part of a culture that delivers high-quality care. There have been some improvements in the implementation of WRES but progress is slow. We have found that services rated as outstanding almost always have effective plans in place for looking at the WRES (see the equality in health and social care chapter).

Focus on safety

At the heart of providing good care is keeping people safe. Safety also has a strong link with leadership. It is rare for NHS acute trusts to be well-led but to have substantial problems with safety.

NHS acute trusts that performed well in this area genuinely put safety as a top priority. They had good monitoring and reviewing activities that gave staff a clear, accurate and current picture, so that risks could be looked at on a daily basis. They also had embedded systems and operational processes for keeping people safe and protected. Staff felt empowered to speak out about safety issues and there was a supportive learning culture.

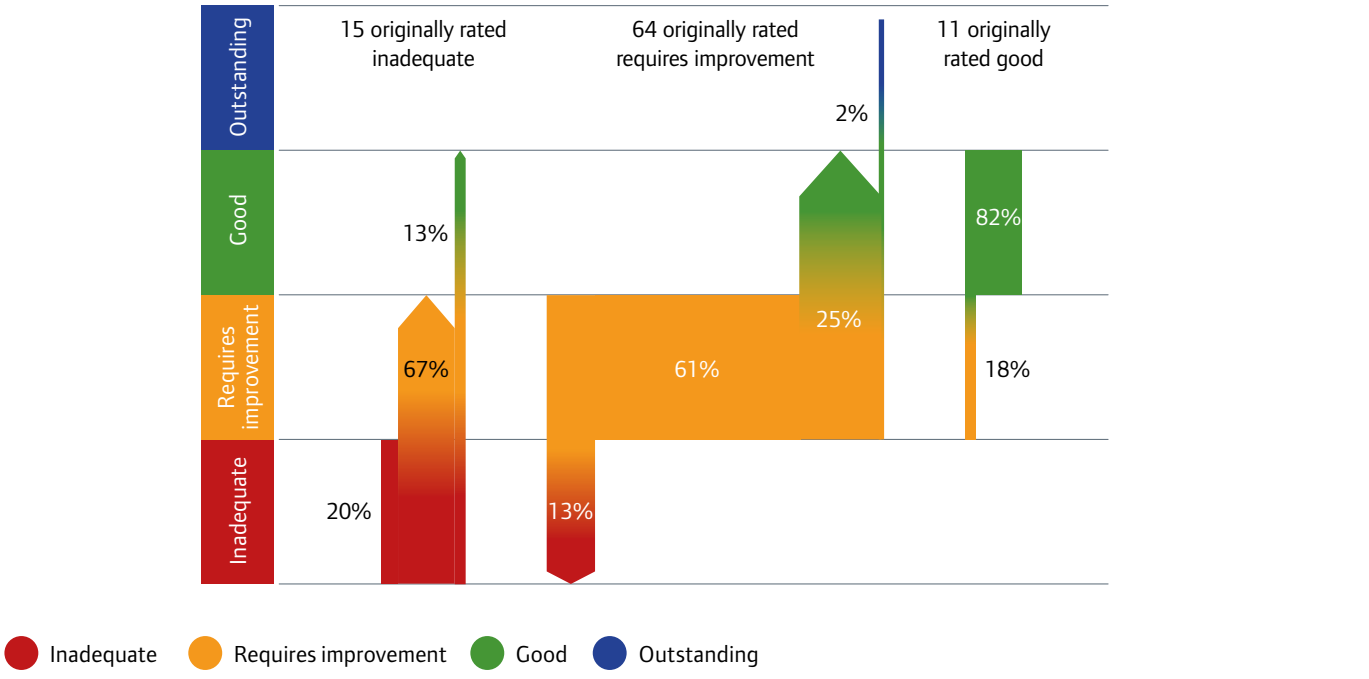
Ensuring staffing levels and skills mix are well planned, implemented and reviewed was found to be another important part of a good safety culture. NHS acute trusts that were rated as good or outstanding for safety had staffing plans in place to respond quickly and adequately to emergencies and they anticipated likely changes in demand.

Improvement

Despite the pressures facing the sector, providers are able to improve. With our baseline of quality we can better identify improvement. We have re-inspected 90 NHS acute hospitals since their first rating. Of the 15 hospitals originally rated as inadequate and re-inspected, 10 (67%) improved their overall rating to requires improvement and two (13%) to good. Of the 64 hospitals rated as requires improvement, 16 (25%) improved to good. We have seen one hospital improve from requires improvement to outstanding (figure 2.12).

Most improvements in NHS acute hospitals were against our safe and well-led key questions – these then helped to drive up the overall rating. The core services that improved the most tended to be those that had the lowest ratings on first inspection.

Figure 2.12 NHS acute hospital re-inspection overall ratings



Source: CQC ratings data, 31 July 2017.

We have also seen improvement in other sectors. Of the eight independent hospitals we have re-inspected since their first rating, one improved from inadequate to good; three from requires improvement to good; and one from good to outstanding. The other three remained the same.

We have re-inspected three of the 10 NHS ambulance trusts. One trust improved from inadequate to requires improvement, one from requires improvement to good and one remained at requires improvement.

Sixteen hospices had been re-inspected as at 31 July 2017. Of eight originally rated as requires improvement, five improved to good and one to outstanding. Of eight originally rated as good, three improved to outstanding. The rest remained the same.

How services improve

In extensive interviews with eight NHS acute trusts (findings published in our *Driving improvement* report), the trusts that had improved were ready and open to change, and were receptive to our inspection findings.

Good leadership and governance were key components of those trusts that improved. They helped drive change but they had to be at every staff level including staff in clinical leadership roles.

When clinical leaders, such as consultants, ward managers and lead nurses, were effectively engaged and worked together with managers, this helped bridge the gap between senior leaders and frontline staff. This is supported by external research into the link between medical engagement and improving the quality of care.[78]

In the trusts that had improved, we saw good quality improvement initiatives that focused particularly

Northampton General Hospital NHS Trust – a commitment to quality and safety

This acute trust was rated as requires improvement when we first inspected in March 2014. Although there was some good practice, we identified areas for improvement including staffing, governance and managing medicines.

We have since re-inspected four core services. We found substantial change had taken place, particularly in establishing an inclusive and supportive staff culture with a focus on patient safety. There was a compassionate and whole team drive to improve the quality of care throughout the hospital. All four core services inspected had improved their ratings to good.

Medicines management procedures were being followed and there were enough medical and nursing staff to meet the needs of patients.

There was outstanding practice. The end of life care service – a service that had needed to really improve – had implemented a volunteer companion scheme for dying patients who may not have visitors. An end of life care room had been situated next to the resuscitation area. There was also clear guidance for situations where the patient was a child or young person. The hospital's stroke service had been rated highly by the Sentinel Stroke National Audit Programme.

There was a focus on providing integrated pathways of care, particularly for patients with multiple or complex needs, such as in the geriatric emergency service.

Senior leaders were proactive in engaging with staff and almost all staff were positive about the Board and senior management. Staff were proud of the hospital and referred to the 'Team NGH' spirit and culture.

on safety – for example, five of the eight trusts were working with the Virginia Mason Institute as part of a programme led by NHS Improvement. The programme supports healthcare organisations to develop a more patient-centred culture and to continuously improve. We also saw other local improvement initiatives, for example frontline staff who were involved in suggesting new ways to improve care, and trusts that did mock inspections to assess their quality of care on an ongoing basis.

Special measures

Despite the very encouraging signs of improvement, we have seen deterioration in some services. This is concerning for people using those services. Eight NHS acute hospitals originally rated as requires improvement dropped to an inadequate rating and two originally rated as good dropped to requires improvement.

NHS Improvement's special measures for quality regime provides support to improve for all types of NHS trust that have serious failings in their quality of care (usually with inadequate ratings in at least two out of the five key questions, one of which is for well-led). Since July 2013 when special measures started, 31 NHS trusts have entered special measures and, as at 31 July 2017, 16 have exited due to achieving enough improvement (these figures include one mental health trust). Trusts that improve and that exit special measures most quickly are those that are transparent about their quality problems and receptive to feedback.

London Ambulance Service NHS Trust – open to improvement and cultural change

Rated as inadequate in October 2015, London Ambulance Service NHS Trust was placed in special measures. Inspectors had serious concerns around staff training and culture, safety and performance.

Since then the trust has made good progress in turning around the quality of care. Thanks to an improved staff culture – including a focus on tackling bullying and harassment, better medicines management, and the recruitment and training of 700 new staff members – improvements were clearly visible at our re-inspection in February 2017.

Processes, such as those to learn from incidents, had improved. We saw good collaborative working between emergency operations centres, ambulance crews, resilience staff and external agencies. This work was coordinated to support seamless care for patients and to help find alternative care pathways to avoid unnecessary admissions to A&E.

However, there are still areas that need more work – for example, improving the communication between senior level and frontline staff; further improving medicines management; and meeting national performance targets for high priority calls.

Now rated as requires improvement, the trust remains in special measures as it continues its improvement journey.

Care Quality Commission

How to contact us

Call us on > 03000 616161

Email us at > enquiries@cqc.org.uk

Look at our website > www.cqc.org.uk

Write to us at >

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Follow us on Twitter > @CareQualityComm

Read the summary and download this report in other formats at > www.cqc.org.uk/stateofcare
Scan this code on your phone to visit the site now.

Please contact us if you would like this report in another language or format.

CQC-388-560-102017