

# Created and maintained by NHS East Midlands Quality Observatory

## Acute Trust Quality Dashboard

The Acute Trust Quality Dashboard provides an assessment of quality across the 5 domains of the NHS Outcomes Framework:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protect them from avoidable harm

A sixth domain has been created "Organisational Context" which contains a number of metrics which look at organisational behaviour and measures useful in interpreting other metrics in the Dashboard.

### Report Overview

Section title listing operating framework domain.

Period for which data is displayed

Actual value for this indicator

The mean value for all acute trusts in England

SPC Chart displaying variance for each indicator\*\*

Where data is available indicators will have a 'sparkline' showing the previous 8 data points. These are a condensed way to show variation and trend. The volume of change is not represented on this dashboard and the sparkline should be used to interpret directional change only.

Indicator reference

Indicator name\*

3. Helping people to recover from episodes of ill health or following injury		Period	Value	National Mean	Chart	
IH01	Emergency readmission - % within 30 days following non-elective admission	Q3 1011	11.08%	10.87%		
IH02	Emergency readmission - % within 30 days following elective admission	Q3 1011	5.85%	5.60%		
IH03	Emergency readmission - % within 2 days following non-elective admission	Q3 1011	2.14%	2.31%		
IH04	Emergency readmission - % within 2 days following elective admission	Q3 1011	1.03%	0.94%		
IH05	Emergency readmission - % within 30 days following discharge - Stroke	Q3 1011	7.93%	7.95%		
IH06	Emergency readmission - % within 30 days following discharge - COPD	Q3 1011	19.54%	18.95%		
IH07	Emergency readmission - % within 30 days following discharge - MI	Q3 1011	12.00%	12.25%		
IH08	Emergency readmission - % within 30 days following discharge - #NOF	Q3 1011	8.15%	9.36%		
IH09	Emergency readmission - % within 30 days following discharge - pneumonia	Q3 1011	10.89%	10.89%		

### How to interpret charts

If a trust is in this range their rate is much worse than expected by chance (99.8% or 3SD)\*\*

If a trust is in this range their rate is worse than expected by chance (2SD or 95%)\*\*

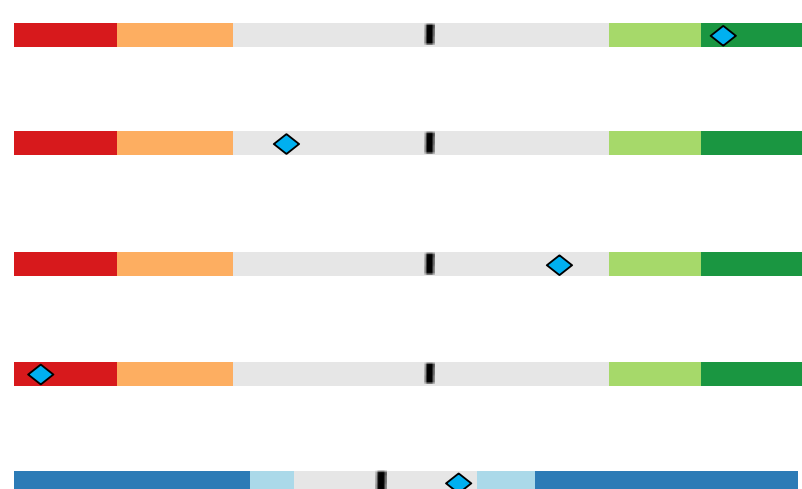
If a trust is in this range their rate is better than expected by chance (2SD or 95%)\*\*

The scale of each chart is dynamic to show a range that enables each measure to be viewed clearly for the trust in question. See Meta data document \* for further information.

This diamond represents the value for the acute trust.

The vertical bar represents the average value for all acute Trusts in England

If a trust is in this range their rate is much better than expected by chance (99.8% or 3SD)\*\*



The chart on the left shows a trust whose performance on this indicator is better than the national picture by a degree that is unlikely to be explained by random chance\*\*

The two charts on the left shows a trust whose performance on this indicator does not differ from the national picture by more than can be explained by random chance\*\*

The chart on the left shows a trust whose performance on this indicator is worse than the national picture by a degree that is unlikely to be explained by random chance\*\*

The chart on the left is for an indicator that does not have a desired direction for improvement. The Trust shown in this example is within the expected range based on the national picture.

\* For a full description of each metric and metadata, please see technical guidance available at <http://www.emqo.eastmidlands.nhs.uk/welcome/atqd/>

\*\* These charts are constructed using statistical process control (SPC) principles and use control limits to indicate variation from the national mean. The display shows both two standard deviation (95%) control limits and three standard deviation (99.8%) control limits. Values within these limits (the light grey section) are said to display 'normal cause variation' in that variation from the mean can be considered to be random. Values outside these limits (in the light green or orange sections) are said to display 'special cause variation' at a two standard deviation level, and a cause other than random chance should be considered. Values outside these sections (in the dark green or red sections) also display 'special cause variation' but against a more stringent test.

Variation at the two standard deviation level can be considered to raise an alert, and variation at the three standard deviation level to raise an alarm.

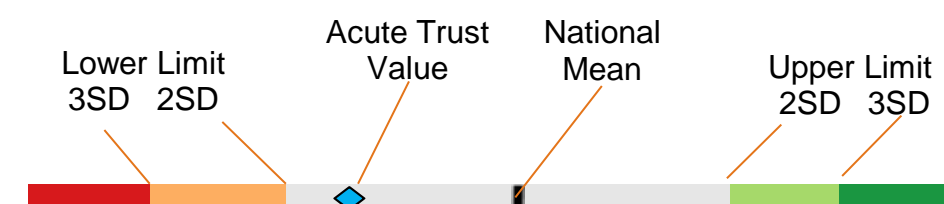
# Acute Trust Quality Dashboard











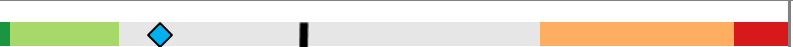















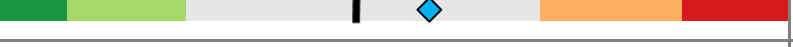










































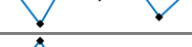
















## WEST HERTFORDSHIRE HOSPITALS NHS TRUST

(pre) Release 1: Summer 2011

Description to follow...







































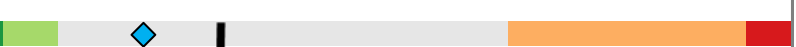



























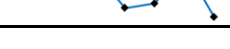




























### Legend



Clinical Effectiveness	1. Preventing People from dying prematurely		Period	Value	National Mean	Chart	Trend
	PD01	Crude in hospital mortality per 1,000 provider spells	RY Q3 1011	15.8	14.1		
	PD02	Crude in hospital mortality per 100,000 provider spells from conditions amenable to healthcare	RY Q3 1011	443.1	232.9		
	PD03	Rate of in hospital mortality per 1,000 episodes in low risk HRGs	RY Q3 1011	1.9	1.7		
	PD04	Crude in hospital perinatal mortality rate per 1,000 births (including still births)	RY Q3 1011	5.8	6.5		
	PD05	Summary Hospital-level Mortality Indicator (SHMI)				Awaiting release	
	PD06	Emergency & Elective age/sex standardised mortality ratio (SMR)	RY Q3 1011	101.0	100.0		
	PD07	Elective Age/Sex standardised mortality ratio (SMR)	RY Q3 1011	77.9	100.0		
	PD08	Emergency age/sex standardised mortality ratio (SMR)	RY Q3 1011	104.8	100.0		
	PD09	Emergency age/sex standardised mortality ratio - Stroke (SMR)	RY Q3 1011	88.8	100.0		
	PD10	Emergency age/sex standardised mortality ratio - COPD (SMR)	RY Q3 1011	72.3	100.0		
	PD11	Emergency age/sex standardised mortality ratio - MI (SMR)	RY Q3 1011	97.2	100.0		
	PD12	Emergency age/sex standardised mortality ratio - #NOF (SMR)	RY Q3 1011	81.2	100.0		
	PD13	Emergency age/sex standardised mortality ratio - Pneumonia (SMR)	RY Q3 1011	95.5	100.0		
	PD14	Emergency age/sex standardised mortality ratio - CHF (SMR)	RY Q3 1011	100.7	100.0		
	PD15	Emergency age/sex standardised mortality ratio - AKI (SMR)	RY Q3 1011	104.1	100.0		
	PD16	Emergency age/sex standardised mortality ratio - Diabetic Emergencies (SMR)	RY Q3 1011	105.7	100.0		
	PD17	Emergency age/sex standardised mortality ratio - AAA (SMR)	RY Q3 1011	101.2	100.0		
	PD25	% of patients with a fractured neck of femur operated on within 48 hours	Q3 1011	61.9	71.1		
	PD26	Myocardial Infarction - % receiving no reperfusion treatment	0910	34.0%	26.6%		
	PD27	Myocardial Infarction - % receiving primary angioplasty	0910	65.0%	65.2%		
	PD28	Myocardial Infarction - % receiving primary angioplasty within 150 mins of calling for help	0910	92.0%	77.4%		
	PD29	Myocardial Infarction - % nStemi seen by a cardiologist	0910	96.0%	89.1%		
Clinical Effectiveness	2. Enhancing quality of life for people with long term conditions		Period	Value	National Mean	Chart	
	EQ01	% emergency admissions for >65 years old with dementia	Q3 1011	11.9%	12.3%		
	EQ02	LOS (Days) for patients >65 years old admitted in an emergency with Dementia	Q3 1011	4.6	5.5		
	EQ03	LOS (Days) for patients >65 years old admitted in an emergency	Q3 1011	3.5	4.0		
	EQ04	Rate of admissions to palliative care specialty per 10,000 admissions	Q3 1011	0.0	2.9		
	EQ05	Myocardial Infarction - % receiving all four elements of secondary prevention				In development with MINAP	
Clinical Effectiveness	3. Helping people to recover from episodes of ill health or following injury		Period	Value	National Mean	Chart	
	IH01	Emergency readmission - % within 30 days following non-elective admission	Q3 1011	9.1%	10.9%		
	IH02	Emergency readmission - % within 30 days following elective admission	Q3 1011	5.0%	5.6%		
	IH03	Emergency readmission - % within 2 days following non-elective admission	Q3 1011	2.5%	2.3%		
	IH04	Emergency readmission - % within 2 days following elective admission	Q3 1011	1.2%	0.9%		
	IH05	Emergency readmission - % within 30 days following discharge - Stroke	Q3 1011	6.3%	8.0%		
	IH06	Emergency readmission - % within 30 days following discharge - COPD	Q3 1011	15.1%	18.9%		
	IH07	Emergency readmission - % within in 30 days following discharge - MI	Q3 1011	8.3%	12.2%		
	IH08	Emergency readmission - % within 30 days following discharge - #NOF	Q3 1011	9.3%	9.4%		
	IH09	Emergency readmission - % within 30 days following discharge - pneumonia	Q3 1011	11.6%	10.9%		
	IH10	Emergency readmission - % within 30 days following discharge - CHF	Q3 1011	15.2%	15.3%		
	IH11	Emergency readmission - % within 30 days following discharge - AKI	Q3 1011	11.8%	12.2%		
	IH12	Emergency readmission - % within 30 days following discharge - Diabetic Emergencies	Q3 1011	25.7%	14.4%		
	IH21	% patients discharged to usual place of residence	Q3 1011	94.0%	95.1%		
	IH22	% of eligible patients taking part in PROMS (eligible FCEs)	Feb-11	84.7%	70.4%		
	IH23	Patient Reported Outcome Measures - % Patients reporting an improvement following hip replacement	Feb-11	88.8%	86.5%		
	IH24	Patient Reported Outcome Measures - % Patients reporting an improvement following knee replacement	Feb-11	77.7%	1.4%		
	IH25	Patient Reported Outcome Measures - % Patients reporting an improvement following varicose vein procedure	Feb-11	51.8%	51.7%		
	IH26	Patient Reported Outcome Measures - % Patients reporting an improvement following hernia procedure	Feb-11	53.8%	51.0%		



# Acute Trust Quality Dashboard

Patient Experience	4. Ensuring that people have a positive experience of care		Period	Value	National Mean	Chart	
	PE01	Median wait for elective inpatient treatment (weeks)	Apr-11	9.7	8.2		
	PE02	Diagnostic Waits - % of patients waiting over 5 weeks	Q4 1011	3.4%	5.3%		
	PE03	Cancer waits – % seen within 14 days of GP referral to first out-patient appointment (HQU14)	Q4 1011	98.5%	96.0%		
	PE04	Cancer waits – % waiting less than 31 Days from decision to treat to first treatment	Q4 1011	97.1%	98.2%		
	PE05	Cancer waits – % waiting less than 62 days from GP referral to first treatment (HQU15)	Q4 1011	92.8%	86.5%		
	PE06	Ambulatory care sensitive conditions - % of emergency admissions for cellulitis and DVT (SQU04_01)	Q3 1011	1.6%	1.5%		
	PE07	% of admissions with zero day LOS for emergency ambulatory care conditions	Q3 1011	35.3%	36.5%		
	PE08	A&E re-attendance - % within 7 days (HQU09)	Q3 1011	8.0%	6.6%		
	PE09	% of all A&E attendances that are reattendances	Q3 1011	17.4%	16.1%		
	PE10	Median total time spent in A&E for admitted and non admitted patients (HQU10)	Q3 1011	123.0	137.0		
	PE11	A&E attendances - % of patients who leave without being seen (HQU11)	Q3 1011	5.0%	3.8%		
	PE12	A&E - Median Time to initial assessment for patients brought in via ambulance in minutes (HQU12)	Q3 1011	0.0	5.0		
	PE13	A&E - Median Time to treatment in minutes (HQU13)	Q3 1011	74.0	58.0		
	PE14	A&E - % Admissions with zero day LOS	Q3 1011	24.9%	25.5%		
	PE15	Mixed sex accommodation breach rate per 1000 FCEs (HQU08)	May-11	1.52	1.41		
	PE16	Cancellations of elective surgery per 1000 procedures for non-clinical reasons	Q4 1011	13.1	12.5		
	PE17	Overall inpatient experience measure	1011	71.0	74.4		
	PE18	Overall outpatient experience measure	0910	73.3	78.4		
	PE19	Overall A&E experience measure	0809	71.1	74.7		
	PE20	Mother satisfaction measure	2010	0.87	0.84		
Patient Safety	PE21	Delayed Transfers of Care per 1,000 occupied beds - NHS Responsibility	Q3 1011	16.82	21.32		
	PE22	Delayed Transfers of Care per 1,000 occupied beds - Social Care Responsibility	Q3 1011	12.78	10.68		
Patient Safety	5. Treating and caring for people in a safe environment and protecting them from avoidable harm		Period	Value	National Mean	Chart	
	SC01	Rate of patient safety incidents reported in trusts per 100 admissions	APR10-SEP10	6.6	5.6		
	SC02	Rate of "serious harm" patient safety incidents reported in trusts per 100 admissions	APR10-SEP10	0.4	0.3		
	SC03	% of all admissions who have venous thromboembolism risk assessment (SQU01)	May-11	No Data	77.0%		
	SC04	Rate of surgical site infections per 10,000 specified orthopaedic operations	0910	41.3	53.1		
	SC05	HCAI - MRSA bacteraemia rate per 1,000,000 occupied beds (HQU01)	Q3 1011	0.0	17.2		
	SC06	HCAI - C. diff bacteria rate per 100,000 bed days (HQU02)	Q3 1011	9.2	8.4		
	SC07	Ratio of actual daycase + outpatient procedures to potential activity (As per BADS directory thresholds)	Q3 1011	87.7	82.7		
	SC08	% of planned day case procedures that are converted to inpatients on the day	Q3 1011	2.1%	4.5%		
	SC09	% of deliveries via Caesarean Section - Elective	Q3 1011	9.2%	9.6%		
	SC10	% of deliveries via Caesarean Section - Non Elective	Q3 1011	17.5%	14.8%		
	SC11	% of full term babies in critical care	Q3 1011	5.2%	7.4%		
	SC12	Emergency readmission - % babies within 30 days following delivery	Q3 1011	3.8%	7.1%		
Organisational Context	6. Organisational Context		Period	Value	National Mean	Chart	
	OQ01	Admitted Patient Care - % Valid data (Average for all fields)	Q3 1011	99.6	98.09%		
	OQ02	Out Patient - % Valid data (Average for all fields)	Q3 1011	94.8	93.32%		
	OQ03	Accident and Emergency - % Valid data (Average for all fields)	Q3 1011	88.2	93.37%		
	OQ04	Elective - Depth of coding (mean number of secondary diagnosis)	Q3 1011	1.9	2.1		
	OQ05	Non-elective - Depth of coding (mean number of secondary diagnosis)	Q3 1011	5.1	4.2		
	OQ06	Rate of palliative care (Z515) per 1,000 episodes	Q3 1011	5.6	6.2		
	OQ07	Rate of written complaints per 1,000 episodes	0910	11.2	8.7		
	OQ08	NHSLA Claims per 10,000 bed days	0910	2.1	1.4		
	OQ09	Workforce - FTE Nurses per bed day	Mar-11	158.3	162.6		
	OQ10	Workforce - Sickness % - Medical	Mar-11	4.5	4.4%		
	OQ11	Workforce - Sickness % - Nurse	Mar-11	3.3	4.1%		
	OQ12	Workforce - Sickness % - Midwife	Mar-11	3.0	4.1%		
	OQ13	Workforce - Sickness % - Other	Mar-11	0.9	1.1%		
	OQ14	Staff recommendation of the trust as a place of work	2010	44.7	54.6%		
	OQ15	Staff recommendation of the trust as a place to receive treatment	2010	47.6	63.8%	