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Acute Trust Quality Dashboard

NORTH BRISTOL NHS TRUST

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 NHS outcome 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**

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	Q4 1011	13.0%	13.0%	
IH02	Emergency readmission - % within 30 days following elective admission	Q4 1011	5.76%	6.37%	
IH03	Emergency readmission - % within 2 days following non-elective admission	Q4 1011	2.26%	2.46%	
IH04	Emergency readmission - % within 2 days following elective admission	Q4 1011	1.06%	0.93%	
IH31	Emergency readmission - % within 30 days following non-elective admission (Same Specialty)	Q4 1011	8.73%	7.08%	
IH32	Emergency readmission - % within 30 days following elective admission (Same Specialty)	Q4 1011	2.63%	2.79%	
IH33	Emergency readmission - % within 2 days following non-elective admission (Same Specialty)	Q4 1011	1.47%	1.35%	
IH34	Emergency readmission - % within 2 days following elective admission (Same Specialty)	Q4 1011	0.44%	0.48%	

Where data is available indicators will have an SPC sparkline' showing the previous 8 data points. These are a condensed way to show variation and trend of Trust position against national expected limits.

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%)**

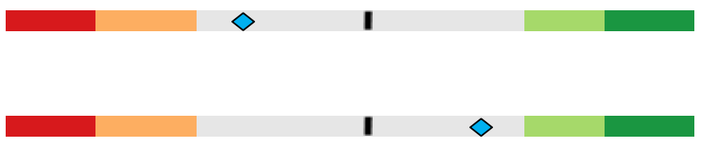
This diamond represents the value for the acute trust.

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 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.

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.

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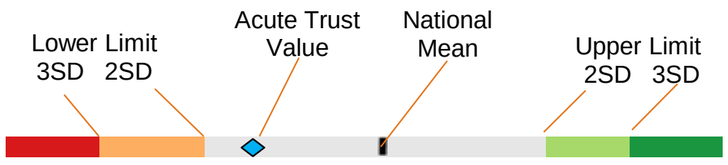
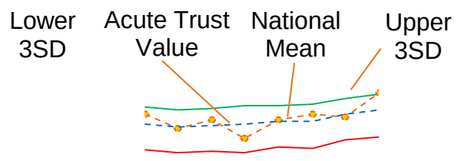
Release 3.00 : Spring 2012

Description to follow…

Spine Charts



SPC Sparklines



Clinical Effectiveness

	1. Preventing People from dying prematurely	Period	Value	National Mean	Chart	Trend
PD02	Age / Sex standardised hospital mortality from conditions amenable to healthcare	RY Q3 1112	104.5	100.0		
PD03	Age / Sex standardised hospital mortality in hospital mortality in low risk HRGs	RY Q3 1112	119.9	100.0		
PD04	Crude in hospital perinatal mortality per 1,000 births (including still births)	RY Q3 1112	5.03	6.77		
PD06	Summary Hospital-level Mortality Indicator (SHMI) - Emergency & Elective	RY Q2 1112	96.5	99.8		
PD07	SHMI - Elective (pending data)	xxx	xxx	xxx		
PD08	SHMI - Emergency (pending data)	xxx	xxx	xxx		
PD09	SHMI - Stroke (sub-group 66)	RY Q2 1112	109.7	100.0		
PD10	SHMI - COPD (sub-group 75)	RY Q2 1112	112.2	100.0		
PD11	SHMI - MI (sub-group 57)	RY Q2 1112	96.5	100.0		
PD12	SHMI - #NOF (group 120)	RY Q2 1112	110.8	100.0		
PD13	SHMI - Pneumonia (sub-group 73)	RY Q2 1112	86.0	100.0		
PD14	SHMI - CHF (sub-group 65)	RY Q2 1112	77.4	100.0		
PD15	SHMI - Renal (sub-group 99)	RY Q2 1112	82.8	100.0		
PD16	SHMI - Diabetes (sub-group 34+35)	RY Q2 1112	98.1	100.0		
PD25	% of patients with a fractured neck of femur operated on within 48 hours	Q3 1112	80.9%	75.7%		
PD30	Cancer waits – % waiting less than 31 Days from decision to treat to first treatment	Q3 1112	97.3%	98.5%		
PD31	Cancer waits – % waiting less than 62 days from GP referral to first treatment (HQU15)	Q3 1112	88.5%	88.1%		
	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 1112	12.9%	15.3%		
EQ02	LOS (Days) for patients >65 years old admitted in an emergency with Dementia	Q3 1112	19.8	14.2		
EQ03	LOS (Days) for patients >65 years old admitted in an emergency	Q3 1112	13.3	9.9		
EQ04	Ambulatory care sensitive conditions - % of emergency admissions for cellulitis and DVT (based on SQU04_01)	Q3 1112	1.67%	1.55%		
EQ05	% of admissions with zero day LOS for emergency ambulatory care conditions	Q3 1112	41.0%	40.5%		
	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 1112	10.75%	12.94%		
IH02	Emergency readmission - % within 30 days following elective admission	Q3 1112	5.79%	6.56%		
IH03	Emergency readmission - % within 2 days following non-elective admission	Q3 1112	2.19%	2.41%		
IH04	Emergency readmission - % within 2 days following elective admission	Q3 1112	0.90%	0.99%		
IH31	Emergency readmission - % within 30 days following non-elective admission (Same Specialty)	Q3 1112	3.72%	6.84%		
IH32	Emergency readmission - % within 30 days following elective admission (Same Specialty)	Q3 1112	3.05%	2.89%		
IH33	Emergency readmission - % within 2 days following non-elective admission (Same Specialty)	Q3 1112	0.96%	1.29%		
IH34	Emergency readmission - % within 2 days following elective admission (Same Specialty)	Q3 1112	0.65%	0.51%		
IH05	Emergency readmission - % within 30 days following discharge - Angina	Q3 1112	9.41%	15.22%		
IH35	Mean length of stay (LOS) for patients admitted for Angina	Q3 1112	6.4	4.1		
IH06	Emergency readmission - % within 30 days following discharge - Asthma	Q3 1112	12.33%	11.69%		
IH36	Mean length of stay (LOS) for patients admitted for Asthma	Q3 1112	5.6	5.7		
IH07	Emergency readmission - % within 30 days following discharge - CCF	Q3 1112	18.52%	18.61%		
IH37	Mean length of stay (LOS) for patients admitted for CCF	Q3 1112	11.8	10.8		
IH08	Emergency readmission - % within 30 days following discharge - COPD	Q3 1112	23.38%	24.55%		
IH38	Mean length of stay (LOS) for patients admitted for COPD	Q3 1112	8.3	6.9		
IH09	Emergency readmission - % within 30 days following discharge - Diabetes	Q3 1112	22.09%	16.24%		
IH39	Mean length of stay (LOS) for patients admitted for Diabetes	Q3 1112	16.8	12.0		
IH10	Emergency readmission - % within 30 days following discharge - Epilepsy	Q3 1112	15.06%	15.28%		
IH40	Mean length of stay (LOS) for patients admitted for Epilepsy	Q3 1112	5.5	6.6		
IH11	Emergency readmission - % within 30 days following discharge - Renal	Q3 1112	12.26%	14.39%		
IH41	Mean length of stay (LOS) for patients admitted for Renal	Q3 1112	11.9	7.5		
IH21	% patients discharged to usual place of residence	Q3 1112	95.7%	95.0%		
IH22	% of eligible patients taking part in PROMS (eligible FCEs) (Apr-Sept 11)	1112	49.2%	54.6%		
IH23	Patient Reported Outcome Measures - % Patients reporting an improvement following hip replacement (Apr-Sept 11)	1112	95.2%	88.1%		
IH24	Patient Reported Outcome Measures - % Patients reporting an improvement following knee replacement (Apr-Sept 11)	1112	67.6%	80.9%		
IH25	Patient Reported Outcome Measures - % Patients reporting an improvement following varicose vein procedure (Apr-Sept 11)	1112	76.9%	54.6%		
IH26	Patient Reported Outcome Measures - % Patients reporting an improvement following hernia procedure (Apr-Sept 11)	1112	55.8%	52.6%		

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Patient Experience	4. Ensuring that people have a positive experience of care	Period	Value	National Mean	Chart
PE00	95th Percentile wait for elective inpatient treatment (weeks)	Jan-12	21.9	22.1	
PE01	Median wait for elective inpatient treatment (weeks)	Jan-12	6.29	9.22	
PE02	Diagnostic Waits - % of patients waiting over 5 weeks	Q3 1112	7.75%	5.87%	
PE03	Cancer waits – % seen within 14 days of GP referral to first out-patient appointment (HQU14)	Q3 1112	94.3%	96.2%	
PE23	A&E - % of patients admitted, tranferred or discharged within 4 hours of arrival	Q2 1112	96.3%	96.5%	
PE08	A&E re-attendance - % within 7 days (HQU09)	Q3 1112	5.3%	6.7%	
PE10	Median total time in minutes spent in A&E for admitted and non admitted patients (HQU10)	Q3 1112	124	131.0	
PE11	A&E attendances - % of patients who leave without being seen (HQU11)	Q3 1112	2.7%	2.8%	
PE12	A&E - Median Time to initial assessment for patients brought in via ambulance in minutes (HQU12)	Q3 1112	6.0	4.0	
PE13	A&E - Median Time to treatment in minutes (HQU13)	Q3 1112	63.0	53.0	
PE14	A&E - % Admissions with zero day LOS	Q3 1112	23.7%	25.4%	
PE15	Mixed sex accommodation breach rate per 1000 FCEs (HQU08)	Feb-12	0.00	0.43	
PE16	Cancellations of elective surgery per 1000 procedures for non-clinical reasons	Q3 1112	8.2	8.8	
PE17	Overall inpatient experience measure	1011	7.6	7.4	
PE18	Overall outpatient experience measure	1011	7.9	7.9	
PE19	Overall A&E experience measure	0809	77.6	75.7	
PE20	Mother satisfaction measure	2010	89.1	83.8	
PE21	Delayed Transfers of Care per 1,000 occupied beds - NHS Responsibility	Q3 1112	865.5	570.1	
PE22	Delayed Transfers of Care per 1,000 occupied beds - Social Care Responsibility	Q3 1112	192.3	176.7	

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	APR11-SEP11	4.51	6.31	
SC02	Rate of "serious harm" patient safety incidents reported in trusts per 100 admissions	APR11-SEP11	0.19	0.42	
SC03	% of all admissions who have venous thromboembolism risk assessment (SQU01)	Dec-11	92.6%	90.9%	
SC04	Rate of surgical site infections per 10,000 specified orthopaedic operations	1011	44.2	97.2	
SC05	HCAI - MRSA bacteraemia rate per 1,000,000 occupied beds (HQU01)	Q3 1112	11.6	11.5	
SC06	HCAI - C. diff bacteria rate per 100,000 bed days (HQU02)	Q3 1112	2.04	2.14	
SC20	HCAI - MSSA rate per 100,000 bed days	Q3 1112	8.1	8.1	
SC07	Adult - Ratio of actual daycase + outpatient procedures to potential activity (As per BADS directory thresholds)	Q3 1112	85.4	84.4	
SC21	Paediatric - Ratio of actual daycase + outpatient procedures to potential activity (As per BADS directory thresholds)	Q3 1112	39.0	88.7	
SC08	% of planned day case procedures that are converted to inpatients on the day	Q3 1112	4.3%	4.4%	
SC09	% of deliveries via Caesarean Section - Elective	Q3 1112	12.56%	10.06%	
SC10	% of deliveries via Caesarean Section - Non Elective	Q3 1112	18.04%	14.98%	
SC11	% Admission of full-term babies to neonatal care	Q3 1112	Methodology Currently Being Reviewed		
SC12	Emergency readmission - % babies within 30 days following delivery	Q3 1112	4.17%	7.17%	
SC17	Medication errors per 1,000 bed days	APR11-SEP11	5.09	7.25	
SC19	Incidence of patients with pressure ulcers per 1000 admissions	Dec-11	1.13	2.94	

Organisational Context	6. Organisational Context	Period	Value	National Mean	Chart
OQ01	Admitted Patient Care - % Valid data (Average for all fields)	Feb-12	92.2%	90.37%	
OQ02	Out Patient - % Valid data (Average for all fields)	Feb-12	85.1%	86.07%	
OQ03	Accident and Emergency - % Valid data (Average for all fields)	Feb-12	88.9%	94.77%	
OQ21	Admitted Patient Care - % Records submitted with valid HRG on first submission	Jan-12	94.4%	96.9%	
OQ04	Elective - Depth of coding (mean number of secondary diagnosis)	Q3 1112	2.62	2.17	
OQ05	Non-elective - Depth of coding (mean number of secondary diagnosis)	Q3 1112	4.65	4.26	
OQ06	Rate of palliative care (ICD10: Z515) per 1,000 episodes	Q3 1112	9.39	7.85	
OQ20	Rate of palliative care (main specialty 315) per 1,000 episodes	Q3 1112	0.00	0.39	
OQ18	Rate of use of integrated palliative care pathway (ICD10: Z518) per 1,000 episodes	Q3 1112	3.01	5.10	
OQ07	Rate of written complaints per 1,000 episodes	1011	3.10	3.90	
OQ08	NHSLA Claims per 10,000 bed days	1011	No Data	1.43	
OQ09	Workforce - FTE Nurses per bed day	Dec-11	2.14	1.85	
OQ10	Workforce - Sickness % - Medical	Dec-11	1.41%	1.19%	
OQ11	Workforce - Sickness % - Nurse	Dec-11	4.3%	4.7%	
OQ12	Workforce - Sickness % - Midwife	Dec-11	5.2%	5.1%	
OQ13	Workforce - Sickness % - Other	Dec-11	5.0%	4.5%	
OQ14	Staff recommendation of the trust as a place of work (CQC survey)	2011	46.6%	52.4%	
OQ15	Staff recommendation of the trust as a place to receive treatment (CQC Survey)	2011	62.0%	62.8%	
OQ16	Overall medical trainees global satisfaction score (GMC survey)	2011	77.9	76.9	
OQ17	Consultant clinical supervision trainers given to their trainees	2011	66.6	62.3	
OQ19	% of A&E attendances which are "inappropriate" (V08 / VB11Z)	Q3 1112	3.5%	15.1%	

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This section of the dashboard is included to allow hospitals to provide notes on the content of the dashboard and indicators where required.

There are no notes for this trust.

Quality Intelligence East | West Midlands QI | Quality Observatory | AQuA Advancing Quality Alliance | YHQO Yorkshire and the Humber Quality Observatory | North East Quality Observatory System | NHS South Central | NHS South West