

Monitor

Making the health sector
work for patients

Measurement pick list



Measurements you could use to analyse your trust's performance

These resource pages are intended to support and inform your approach to performance measurement, providing a comprehensive list of possible measures to choose from. We have collated the data from a wide range of sources. They are not a mandated set of FT performance measures from Monitor:

- 1. Options for measurement across four dimensions of performance:** It is important to always try to use a 'balanced' set of measures, ie covering different dimensions and not just, for example, finance or operational measures. This section sets out possible quality, finance, operational and workforce measurements and lists the sources of data available
- 2. Detailed quality measures:** This section draws on a wide variety of sources to give a comprehensive listing of available quality measures organised by specialty. This includes national audits, comparative data from professional groups and measures collected by national statutory bodies, for example. Some of these are not commonly used or understood within trusts and so the list may be a useful starting point to select reliable quality measures at a specialty level.

Options for measurement across
four dimensions of performance

Detailed quality measures

Measurement pick list

Options for measurement across four dimensions of performance

Quality measurements by sub-dimension (1/2)

Dimension	Sub-dimension	Measurement	Units	Source
Quality	Safety	• Litigation claims rate	• Claims per 10,000 bed days	NHSLA
		• Rate of written complaints	• Cases per 1,000 bed days	HSCIC
		• Medication errors	• Cases per 1,000 bed days	NPSA
		• Patient accidents	• Cases per 1,000 bed days	NPSA
		• Treatment, procedure	• Cases per 10,000 bed days	NPSA
		• All other categories	• Cases per 1,000 bed days	NPSA
		• Clostridium difficile infection rate	• Cases per 1,000 bed days	HPA
		• MRSA infection rate	• Cases per 10,000 bed days	HPA
		• Rate of surgical site infections	• Cases per 10,000 bed days	HES
		• Summary of Hospital Mortality Indicator	• Ratio	NHS Indicators
	Patient experience	• Overall IP experience	• Rating	Patient Survey
		• Overall OP experience	• Rating	Patient Survey
		• Overall A&E experience	• Rating	Patient Survey
		• Mother's satisfaction	• Rating	Patient Survey
		• Mixed sex accommodation breach	• Rate	NHS England
		• 18 week target	• %	NHS England
		• Delayed transfer of care	• Patients per 1,000 spells	NHS England
		• Delayed transfer of care	• Days per 1,000 spells	NHS England
		• Patient harms	• %	Safety Therm.
		• All pressure ulcers	• %	Safety Therm.
• New pressure ulcers	• %	Safety Therm.		
• Catheter and urinary tract infection	• %	Safety Therm.		

Quality measurements by sub-dimension (2/2)

Dimension	Sub-dimension	Measurement	Units	Source	
Quality	Clinical outcome	• Readmission rate for elective spells	• %	HES	
		• Emergency readmission babies within 30 days of birth	• %	HES	
		• Readmission rate for non-elective spells	• %	HES	
		• Emergency readmission total	• %	HES	
		• % patients discharged to usual place of residence	• %	HES	
		• Stroke patients spending >90% time in stroke unit	• %	Nat. Stroke Audit	
		• Stroke patients receiving CT scan within 24 hours	• %	Nat. Stroke Audit	
		• Patients receiving #NOF surgery within 48 hours	• %	HES	
		• Admitted patients risk assessed for VTE	• %	NHS England	
		• C-sections	• %	HES	
		• Mothers with 3 rd /4 th degree tear	• %	HES	
		Patient reported outcome	• PROMS: groin hernia	• Score	NHS England
			• PROMS: hip replacement	• Score	NHS England
	• PROMS: knee replacement		• Score	NHS England	
	• PROMS: varicose vein		• Score	NHS England	
	• Pre-op questionnaires		• %	NHS England	
	• Participation rate all procedures				
	• Post-op questionnaires issue rate all procedures	• %	NHS England		

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Operational measurements (1/3)

Dimension	Sub-dimension	Measurement	Units	Source
Operations	Elective pathway	• Hospital OP cancellation rate	• %	HES
		• DNA rate	• %	HES
		• DNA rate for new patients	• %	HES
		• DNA rate for follow-up patients	• %	HES
		• Follow-up to new ratio	• Ratio	HES
		• First OP to elective IP spell ratio	• Conversion rate	HES
		• Imaging & radio-diagnostic investigations per total spells	• Ratio	NHS England/ HES
		• Daycase rate – 0 LOS	• Spells with 0 LOS/total IP spells	HES
		• Daycase rate – Intended	• Daycase spells/total IP spells	HES
		• Ratio of actual daycase + OP procedures to potential activity	• %	HES
		• % of intended daycases that are converted to inpatients on the day	• %	HES
		• Day of procedure admission	• %	HES
		• Cancelled operations	• % total spells	NHS England
		• Surgical OPCS/surgeons FTE	• Ratio	HES/HCHS
		• Elective ALOS	• Days	HES
		• % of excess bed days for elective spells	• %	HES
		• Readmission rate for elective spells	• %	HES
		• Patient cancellation	• %	HES
		• Actual OP activity to potential	• Ratio	HES

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Operational measurements (2/3)

Dimension	Sub-dimension	Measurement	Units	Source
Operations	Non-elective pathway	• Median time to treatment	• Minutes	HES
		• Median time to departure	• Minutes	HES
		• Patients waiting less than 4 hours in A&E	• %	NHS England
		• Patients leaving A&E before being seen	• %	NHS England
		• Re-attendance rate	• %	NHS England
		• Planned follow-up to new	• %	HES
		• % of all A&E attendances that are re-attendances	• %	NHS England /HES
		• Admissions from A&E/total emergency admissions	• %	NHS England /HES
		• Admissions from A&E total A&E attendances	• %	NHS England /HES
		• Admissions from A&E with 0 LOS/total admissions from A&E	• %	NHS England /HES
		• Non-elective ALOS	• Days	HES
		• % of non-elective spells with 0 LOS	• %	HES
		• % of excess bed-days for non-elective spells	• %	HES
		• Readmission rate for non-elective spells	• %	HES

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Operational measurements (3/3)

Dimension	Sub-dimension	Measurement	Units	Source
Operations	Staff measurement	• Medical staff to consultant ratio	• Ratio	FIMS/AR ¹
		• Consultant productivity	• Spells/consultant FTE	HCHS/HES
		• Clinical income per consultant	• £m/consultant FTE	FIMS/AR/HCHS
		• Clinical income per total FTE	• £'000/total FTE	FIMS/AR
		• Nurse staff to qualified nurse ratio	• Ratio	HCHS
		• Bed days/nurse FTE	• Ratio	HES/HCHS
		• MFF adj – clinical income/ST&T FTE	• £'000/FTE	FIMS/AR
		• Non-clinical staff to total staff ratio	• Ratio	FIMS/AR
		• MFF adj – clinical income/non clinical FTE	• £'000/non-clinical FTE	FIMS/AR
	Operational resources	• % of beds open overnight	• %	NHS England
		• % of day only beds	• %	NHS England
		• % of critical care beds	• %	NHS England
		• % of residential care beds	• %	NHS England
		• Surgical procedures per operating theatre	• Ratio	HES/NHS
		• Dedicated daycase theatres	• as % of total theatre	England
		• Daycase spells per dedicated daycase theatre	• Ratio	NHS England
		• Non-utilised space	• %	NHS England/ HES
		• Occupied space per bed	• Square metres/bed	HEFS

1 AR: trust annual report

Options for measurement across four dimensions of performance

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Workforce measurements

Dimension	Sub-dimension	Measurement	Units	Source	
Work force	Staff satisfaction	• Staff survey response rate	• %	Staff survey	
		• Care Quality Commission (CQC) staff satisfaction	• Score	Staff survey	
		• Staff recommend trust as a place to work	• Score	Staff survey	
		• Staff recommend trust as a place to receive treatment	• Score	Staff survey	
		• Staff satisfied with quality of work and patient care they provide	• %	Staff survey	
		• Quality of job design	• Score	Staff survey	
	Development and HR processes		• Good communication between senior management and staff	• %	Staff survey
			• Support from immediate managers	• Score	Staff survey
			• Staff given updated personal development plan	• %	Staff survey
			• Staff receiving training within past 12 months	• %	Staff survey
			• Job vacancy rate	• %	NHS IC
			• Rate of absenteeism and sick days	• %	NHS IC
			• Staff turnover rate	• %	NHS IC

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Financial measurements

Dimension	Sub-dimension	Measurement	Units	Source
Finance	Income	• Tariff income per spell	• £'000 per spell	HES
		• ICD-10 diagnoses per spell 1	• Ratio	HES
		• OPCS procedures per spell 1	• Ratio	HES
		• Casemix complexity	• Ratio	HES
		• Total income per total FTE	• £'000/FTE	FIMS/AR
		• Clinical income per total FTE	• £'000/FTE	FIMS/AR
	Cost	• Non-clinical income per total FTE	• £'000/total FTE	FIMS/AR ¹
		• Operating cost per total income	• %	FIMS/AR
		• Total cost per total income	• Ratio	FIMS/AR
		• Clinical pay cost per clinical FTE	• £'000/clinical FTE	FIMS/AR
		• Non-clinical pay cost per non-clinical FTE	• £'000/non clinical FTE	FIMS/AR
		• Clinical supplies cost per clinical FTE	• £'000/clinical FTE	FIMS/AR
		• Clinical supplies cost per IP spell	• £'000 per spell	FIMS/AR/HES
		• Estates and general supplies cost per total FTE	• £'000/total FTE	FIMS/AR
	• Services and staff training costs per total FTE	• £'000/total FTE	FIMS/AR	
	Financial ratios	• Operating surplus	• %	FIMS/AR
		• EBITDA	• %	FIMS/AR
		• Income trend	• %	FIMS/AR
		• Cost trend	• %	FIMS/AR
		• Current ratio	• Ratio	FIMS/AR
		• Cash flow to total liabilities	• Ratio	FIMS/AR
• Total asset turnover		• Ratio	FIMS/AR	
• CapEx to operating revenues		• Ratio	FIMS/AR	
• Return on assets		• Ratio	FIMS/AR	
• Days cash on hand	• Ratio	FIMS/AR		

1. AR: trust annual report

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Measurement pick list by treatment specialty (1/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Gastroenterology	Diagnostic Endoscopy	1.1 • Successful intubation of upper GI endoscopy	• Available to trusts only through own system	• Outcomes	• Joint Advisory Group on GI Endoscopy
		1.2 • Completion rate of upper GI endoscopy	• Available to trusts only through own system	• Process	• Joint Advisory Group on GI Endoscopy
		1.3 • Repeat endoscopy for gastric ulcers within 12 weeks	• Available to trusts only through own system	• Process	• Joint Advisory Group on GI Endoscopy
		1.4 • >90% unadjusted completion rate for colonoscopy	• Available to trusts only through own system	• Process	• Joint Advisory Group on GI Endoscopy
		1.5 • Adenoma detection rate >10% for colonoscopy and flexible sigmoidoscopy	• Available to trusts only through own system	• Process	• Joint Advisory Group on GI Endoscopy
		1.6 • Polyp recovery >90%	• Available to trusts only through own system	• Process	• Joint Advisory Group on GI Endoscopy
		1.7 • Diagnostic colo-rectal biopsies experiencing persistent diarrhoea (100%)	• Available to trusts only through own system	• Outcomes	• Joint Advisory Group on GI Endoscopy
	Irritable Bowel Disease	2.1 • Irritable bowel disease (IBD) patient seen by the IBD team?	• National Audit – not publicly available, but available to trusts through participation	• Process	• Royal College of Physicians UK Irritable Bowel Audit
		2.2 • IBD patient seen by IBD nurse specialist ?	• National Audit – not publicly available, but available to trusts through participation	• Process	• Royal College of Physicians UK Irritable Bowel Audit
		2.3 • IBD patient transferred to specialist gastroenterology bed?	• National Audit – not publicly available, but available to trusts through participation	• Process	• Royal College of Physicians UK Irritable Bowel Audit
		2.4 • Was the IBD patient given prophylactic heparin upon admission?	• National Audit – not publicly available, but available to trusts through participation	• Process	• Royal College of Physicians UK Irritable Bowel Audit
		2.5 • Was a nutritional risk assessment undertaken for IBD ?	• National Audit – not publicly available, but available to trusts through participation	• Process	• Royal College of Physicians UK Irritable Bowel Audit
		2.6 • Proportions of IBD patients suffering complications following stomal surgery?	• Available to trusts only through own system	• Outcomes	• Royal College of Physicians UK Irritable Bowel Audit
	General performance	3.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		3.2 • 18-week target referral to treatment (RTT)	• NHS national data set	• Process	• NHS England Statistics
		3.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.4 • Non-elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.5 • % inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		3.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

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Measurement pick list by treatment specialty (2/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Geriatric medicine	Elderly mortality	1.1 • Summary Hospital Mortality Indicator – pneumonia	• NHS national data set	• Outcomes	• Quality Observatory – Methods Analytics
		1.2 • Pneumonitis mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		1.3 • Pneumonia mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		1.4 • MI mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		1.5 • Septicaemia mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		1.6 • COPD mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		1.7 • CHF mortality rates 65+	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
	#NOF	2.1 • Summary Hospital Mortality Indicator – #NOF	• Available to trusts only through own system	• Outcomes	• Quality Observatory – Methods Analytics
		2.2 • % admitted to orthopaedic care within 4 hrs	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.3 • % surgery within 48hrs	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.4 • % pre-operative assessment by geriatrician	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.5 • % patients developing pressure ulcers	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.6 • % falls assessment	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.7 • % bone health medication assessment	• National Audits -publicly available	• Process	• National Hip Fracture Audit
		2.8 • Mean (SD) length of acute stay (days)	• National Audits -publicly available	• Inputs	• National Hip Fracture Audit
		2.9 • Enhancing quality – #NOF – Data completeness	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		2.10 • Enhancing quality – #NOF – Appropriate care score (ACS)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		2.11 • Enhancing quality – #NOF – Individual measure reporting	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
	Dementia	3.1 • Dementia mortality rates (PDC or SDC)	• Available to trusts only through own system	• Outcomes	• CQC proposed through consultation
		3.2 • % emergency admissions for >65 years old with dementia	• NHS national data set	• Inputs	• Quality Observatory – Methods Analytics
		3.3 • LOS (days) for patients >65 years old admitted in an emergency	• NHS national data set	• Inputs	• Quality Observatory – Methods Analytics
		3.4 • LOS (days) for patients >65 years old admitted in an emergency with dementia	• NHS national data set	• Inputs	• Quality Observatory – Methods Analytics
		3.5 • Dementia (assessment, identify and refer)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		3.6 • Dementia – antipsychotic prescribing	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		3.7 • Dementia (carers’ feedback)	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard

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Detailed quality measures

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Measurement pick list by treatment specialty (3/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Geriatric medicine (cont'd)	Knee replacement	1.1 • Patient reported outcome measures - knee replacement	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		1.2 • Proportion of patients whose ability to care for themselves decreases after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		1.3 • Proportion of patients whose ability to perform usual activities decreases after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		1.4 • Proportion of patients whose pain/discomfort has increased after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		1.5 • Proportion of patients whose anxiety has increased after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
	Hip replacement	2.1 • Patient reported outcome measures - Hip Replacement	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		2.2 • Proportion of patients whose ability to care for themselves decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		2.3 • Proportion of patients whose ability to perform usual activities decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		2.4 • Proportion of patients whose ability to perform usual activities decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		2.5 • Proportion of patients whose pain/discomfort has increased after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		2.6 • Proportion of patients whose anxiety has increased after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
	General performance	3.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		3.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		3.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.4 • Non-elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
3.5 • % Inpatient staying over 30 days		• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
3.6 • Readmission rate for elective spells		• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
3.7 • Medical FTE per bed day		• Available to trusts only through own system	• Inputs	• Internal data	
3.8 • Medical staff to consultant ratio		• Available to trusts only through own system	• Inputs	• Internal data	

Options for measurement across four dimensions of performance

Detailed quality measures

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Measurement pick list by treatment specialty (4/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Cardiology	MI	1.1 • Summary Hospital Mortality Indicator - myocardial infarction	• NHS national data set	• Outcomes	• Quality Observatory – Methods Analytics
		1.2 • STEMI patients receiving thrombolytic treatment within 30 mins of hospital arrival	• National Audits - publicly available	• Process	• MINAP
		1.3 • STEMI patients receiving thrombolytic treatment within 60 mins of calling for help	• National Audits - publicly available	• Process	• MINAP
		1.4 • STEMI patients that received primary PCI	• National Audits - publicly available	• Process	• MINAP
		1.5 • nSTEMI patients seen by a cardiologist or a member of team	• National Audits - publicly available	• Process	• MINAP
		1.6 • nSTEMI patients admitted to cardiac unit or ward	• National Audits - publicly available	• Process	• MINAP
		1.7 • nSTEMI patients that were referred for or had angiography	• National Audits - publicly available	• Process	• MINAP
		1.8 • nSTEMI patients seen by a cardiologist or a member of team	• National Audits - publicly available	• Process	• MINAP
		1.9 • nSTEMI patients admitted to cardiac unit or ward	• National Audits - publicly available	• Process	• MINAP
		1.10 • nSTEMI patients that were referred for or had angiography	• National Audits - publicly available	• Process	• MINAP
		1.11 • Mean length of stay (LOS) for patients admitted for angina	• NHS national data set	• Inputs	• Quality Observatory – Methods Analytics
	Heart failure	2.1 • Summary Hospital Mortality Indicator - heart failure	• National Audits - publicly available	• Outcomes	• Quality Observatory – Methods Analytics
		2.2 • CHF patients receiving an echocardiography upon admission	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.3 • CHF patients treated on cardiology wards	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.4 • CHF patients treated on general medicine wards	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.5 • CHF overall mean length of stay	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.6 • CHF (LSVD) patients prescribed angiotensin-converting enzyme (ACE) inhibitors on discharge	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.7 • CHF(LSVD) patients prescribed angiotensin receptor blockers (ARB) on discharge	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.8 • CHF (LSVD) patients prescribed beta blockers on discharge	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.9 • CHF patients prescribed mineralocorticoid receptor antagonist on discharge	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.10 • CHF patients referred to a heart failure liaison service on discharge	• National Audits - publicly available	• Process	• National Heart Failure Audit
		2.11 • CHF patients having a cardiology follow-up appointment	• National Audits - publicly available	• Process	• National Heart Failure Audit

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Measurement pick list by treatment specialty (5/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Cardiology (cont'd)	Heart failure (cont'd)	2.12 • CHF in-hospital mortality treated in cardiology ward	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.13 • CHF in-hospital mortality treated in general medicine ward	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.14 • CHF in-hospital mortality treated in other wards	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Heart Failure Audit
		2.15 • Enhancing quality - heart failure - data completeness	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		2.16 • Enhancing quality - heart failure - appropriate care score (ACS)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		2.17 • Enhancing quality - heart failure - individual measure reporting	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		2.18 • Enhancing quality - heart failure - patient experience	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard

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Measurement pick list by treatment specialty (6/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Cardiac surgery	Cardiac surgery	1.1 • CABG standardised mortality rates	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Cardiac Audit Surgery
		1.2 • First-time CABG In hospital mortality rate	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Cardiac Audit Surgery
		1.3 • First-time aortic valve replacement standardised mortality rates	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Cardiac Audit Surgery
		1.4 • First-time mitral valve replacement standardised mortality rates	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Cardiac Audit Surgery
		1.5 • First-time mitral valve replacement + CABG standardised mortality rates	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Cardiac Audit Surgery
		1.6 • Emergency readmission - % within 30 days following discharge - angina	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
	General performance	2.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		2.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		2.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.4 • Non Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.5 • % inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		2.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

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Measurement pick list by treatment specialty (7/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Paediatrics	Paediatrics	1.1 • Paediatric mortality rates (age 1-18)	• Available to trusts only through own system	• Outcomes	• Royal College of Paediatrics and Child Health
		1.2 • Post-operative deaths for all procedures (age 1-18)	• Available to trusts only through own system	• Outcomes	• CQC Proposed through consultation
		1.3 • Pneumonia mortality rates (age 1-18)	• Available to trusts only through own system	• Outcomes	• CQC Proposed through consultation
		1.4 • Morality resulting from cardiac interventions (age 1-18)	• Available to trusts only through own system	• Outcomes	• CQC Proposed through consultation
		1.5 • Children admitted to a paediatric department seen by a paediatrician within 4 hours of admission	• Available to trusts only through own system	• Process	• Royal College of Paediatrics and Child Health
		1.6 • Paediatric consultant is present in weekend hospital peak times	• Available to trusts only through own system	• Inputs	• Royal College of Paediatrics and Child Health
		1.7 • Paediatric surgical admissions operated on within 24 hours of admission	• Available to trusts only through own system	• Process	• Royal College of Paediatrics and Child Health
	Paediatric intensive care	2.1 • PIC units should have good support for parents and carers - Interfaith and spiritual support, social workers, interpreters, bereavement support, patient advice and advocacy services, psychological support for families and children, psychological support for families and staff	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.2 • 1 consultant available to the unit at all times, ie for every 8 to 10 beds	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.3 • 1 medical trainee or equivalent grade doctor should not be allocated more than five patients (during normal working hours)	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.4 • At least 1 ST4 (or above) grade doctor available for every 8 PICU beds at all times (outside normal working hours)	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.5 • All medical staff working on the unit should have training in advanced paediatric life support.	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.6 • Unit's nursing establishment and nursing rosters should be appropriate to the anticipated number and dependency of patients. The minimum number of qualified nurses required to staff 1 critical care bed > 7.01 WTE	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
		2.7 • All nurses should have up to date paediatric resuscitation training. Senior nurses should have up to date advanced paediatric resuscitation training	• Available to trusts only through own system	• Inputs	• Paediatric Intensive Care Audit Network
2.8 • Satisfaction with the level of information provided on your child's condition by hospital staff	• Available to trusts only through own system	• Outcomes	• Royal College of Paediatrics and Child Health		
2.9 • All emergency admissions to be seen and assessed by the responsible consultant within 12 hours of admission or within 14 hours of the time of arrival at the hospital. Where children are admitted with surgical problems they should be jointly managed by teams with competencies in both surgical and paediatric care.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Paediatric Emergency Services		

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (8/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Paediatrics (cont'd)	Paediatric intensive care (cont'd)	<p>2.10 • All emergency departments which see children to have a named paediatric consultant with designated responsibility for paediatric care in the emergency department. All emergency departments are to appoint a consultant with sub-specialty training in paediatric emergency medicine. Emergency departments to have in place clear protocols for the involvement of an on-site paediatric team.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.11 • All children admitted as an emergency to be seen and reviewed by a consultant during twice daily ward rounds.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.12 • A consultant paediatrician is to be present and readily available in the hospital during times of peak emergency attendance and activity. Consultant decision-making and leadership to be available to cover extended day working (up until 10pm), seven days a week.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.13 • All short-stay paediatric assessment facilities to have access to a paediatric consultant throughout all the hours they are open, with on site consultant presence during times of peak attendance.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.14 • All hospital-based settings seeing paediatric emergencies including emergency departments and short-stay paediatric units to have a policy to identify and manage an acutely unwell child. Trusts are to have local policies for recognition and escalation of the critical child and to be supported by a resuscitation team. All hospitals dealing with acutely unwell children to be able to provide stabilisation for acutely unwell children with short term level 2 high dependency unit (HDU).</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.15 • When functioning as the admitting consultant for emergency admissions, a consultant and their team are to be completely free from any other clinical duties or elective commitments.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.16 • Hospital-based settings seeing paediatric emergencies, emergency departments and short stay units to have a minimum of two paediatric trained nurses on duty at all times, (at least one of whom should be band 6 or above) with appropriate skills and competencies for the emergency area.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.17 • Paediatric inpatient ward areas are to have a minimum of two paediatric trained nurses on duty at all times and paediatric trained nurses should make up 90 per cent of the total establishment of qualified nursing numbers.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Paediatric Emergency Services
		<p>2.18 • All hospitals admitting medical and surgical paediatric emergencies to have access to all key diagnostic services in a timely manner 24 hours a day, seven days a week to support clinical decision - making: critical – imaging and reporting within 1 hour, urgent – imaging and reporting within 12 hours and all non-urgent – within 24 hours</p>	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Paediatric Emergency Services

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (9/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Paediatrics (cont'd)	Paediatric Intensive care (cont'd)	2.19 • Hospitals providing paediatric emergency surgery services to be effectively co-ordinated within a formal network arrangement, with shared protocols and workforce planning.	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Process 	<ul style="list-style-type: none"> London Health Programmes - Quality and Safety Paediatric Emergency Services
	General performance	3.1 • Rate of surgical site infections per 10,000 spells	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Outcomes 	<ul style="list-style-type: none"> Hospital Episode Statistics
		3.2 • 18-week target RTT	<ul style="list-style-type: none"> NHS national data set 	<ul style="list-style-type: none"> Process 	<ul style="list-style-type: none"> NHS England Statistics
		3.3 • Elective ALOS (casemix adjusted)	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Hospital Episode Statistics
		3.4 • Non Elective ALOS (casemix adjusted)	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Hospital Episode Statistics
		3.5 • % Inpatient staying over 30 days	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Hospital Episode Statistics
		3.6 • Readmission rate for elective spells	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Hospital Episode Statistics
		3.7 • Medical FTE per bed day	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Internal data
		3.8 • Medical staff -to -consultant ratio	<ul style="list-style-type: none"> Available to trusts only through own system 	<ul style="list-style-type: none"> Inputs 	<ul style="list-style-type: none"> Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (10/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Obstetrics & Gynaecology	Maternity	1.1 • Obstetric units to be staffed to provide 168 hours a week (24/7) of obstetric consultant presence on the labour ward.	• Available to trusts only through own system	• Inputs	• Royal College of Obstetrics & Gynaecology
		1.2 • 3rd or 4th degree perineal tears during child birth	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• Hospital Episode Statistics
		1.3 • % Pre-eclampsia going on to develop eclampsia	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
		1.4 • APGAR Scores	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
		1.5 • Midwifery staffing ratios to achieve a minimum of one midwife to 30 births, across all birth settings.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.6 • Midwifery staffing levels should ensure that there is one consultant midwife for every 900 expected normal births.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.7 • All women are to be provided with 1:1 care during established labour from a midwife, across all birth settings.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.8 • A midwife labour ward co-ordinator, to be present on duty on the labour ward 24 hours a day, 7 days a week and be supernumerary to midwives providing 1:1 care.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.9 • All postpartum women are to be monitored using the national modified early obstetric warning score (MEOWS) chart. Consultant involvement is required for those women who reach trigger criteria. Clinical expert panel consensus BJOG (2011) Saving Mothers' Lives	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.10 • Obstetric units to have 24-hour availability of a health professional fully trained in neonatal resuscitation and stabilisation who is able to provide immediate advice and attendance.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.11 • All birth settings to have a midwife who is trained and competent in neo-natal life support (NLS) present on site 24 hours a day, 7 days a week.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Maternity Services
		1.12 • Immediate postnatal care to be provided in accordance with NICE guidance, including: – advice on next delivery during immediate post-natal care, before they leave hospital – post-delivery health promotion – care of the baby – consistent advice, active support and encouragement on how to feed their baby – skin to skin contact • Follow-up care is to be provided in writing and shared with the mother's GP.	• Available to trusts only through own system	• Process	• London Health Programmes - Maternity Services

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (11/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Obstetrics & gynaecology (cont'd)	Neonatal	2.1 • Babies ≤28+6 weeks gestation have their temperature taken within the 1st hour after birth?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.2 • Eligible mothers who deliver their babies between 24+0 and 34+6 weeks gestation given ANY dose of antenatal steroids?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.3 • Babies <1501g or gestational age at birth <31+0 weeks and still an inpatient undergo the first Retinopathy of Prematurity (ROP) screening in accordance with the current guideline recommendations?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.4 • What proportion of babies <33+0 weeks gestation at birth receiving any of their own mother's milk at discharge to home from a neonatal unit?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.5 • Is there a documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of admission?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.6 • Are all babies who require transfer out of a unit kept within their own network, except where clinical reasons dictate otherwise?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.7 • Neurodevelopmental outcomes from two year (corrected post term) health follow-up	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.8 • Respiratory and Gastro-intestinal outcomes from two year (corrected post term) health follow-up	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
		2.9 • Babies admitted to a neonatal unit have i. one or more episodes of a pure growth of a pathogen from blood; ii. one or more episodes of a pure growth of a pathogen from CSF iii. and either a pure growth of a skin commensal or a mixed growth with ≥3 clinical signs at the time of blood sampling?	• National Audit - not publicly available, but available to trusts through participation	• Process	• National Neonatal Audit Programme
	Gynaecology	3.1 • Enhanced recovery pathway - gynaecology - data completeness	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		3.2 • Enhanced recovery pathway - gynaecology - appropriate care score (ACS)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		3.3 • Enhanced recovery pathway - gynaecology - individual measure reporting	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (12/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Obstetrics & gynaecology (cont'd)	General performance	4.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		4.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		4.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.5 • % inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		4.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (13/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Respi-ratory medicine	Pneu-monia	1.1 • Summary Hospital Mortality Indicator - pneumonia	• NHS national data set	• Outcomes	• Quality Observatory - Methods Analytics
		1.2 • Enhancing quality - pneumonia - data completeness	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		1.3 • Enhancing quality - pneumonia - appropriate care score (ACS)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		1.4 • Enhancing quality - pneumonia - individual measure reporting	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		1.5 • COPD BTS care bundle	• ...	• Process	• BSUHT S&Q Dashboard
	COPD	2.1 • Summary Hospital Mortality Indicator - COPD	• NHS national data set	• Outcomes	• Quality Observatory - Methods Analytics
		2.2 • Emergency readmission - % within 30 days following discharge - COPD	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
		2.3 • Mean length of stay (LOS) for patients admitted for COPD	• NHS national data set	• Process	• Quality Observatory - Methods Analytics
	Bron-chiecta-sis	3.1 • People with a clinical diagnosis of bronchiectasis have the diagnosis confirmed by CT chest (using 1mm slices).	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.2 • People with bronchiectasis are taught appropriate airway clearance techniques by a specialist respiratory physiotherapist and advised of the frequency and duration with which these should be carried out.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.3 • People with bronchiectasis have sputum bacteriology culture when clinically stable recorded at least once each year.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.4 • Sputum is sent for bacterial culture at the start of an exacerbation before starting antibiotics. Empirical antibiotic therapy to start as soon as feasible and not await the sputum culture results.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.5 • People with bronchiectasis to attend pulmonary rehabilitation if they have breathlessness affecting their daily living activities.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.6 • People with bronchiectasis receiving intravenous antibiotic therapy to have an objective evaluation of the efficacy of their treatment and the result recorded.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
		3.7 • Services for people with bronchiectasis to include provision of nebulised prophylactic antibiotics for suitable patients supervised by a respiratory specialist.	• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society
3.8 • People with bronchiectasis to be investigated for allergic bronchopulmonary aspergillosis (ABPA), common variable immunodeficiency (CVID) and cystic fibrosis (latter if indicated) as these are specific treatable causes		• National Audit - not publicly available, but available to trusts through participation	• Process	• Quality Standards for Clinically Significant Bronchiectasis in Adult - British Thoracic Society	

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (14/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Respiratory medicine (cont'd)	Asthma	4.1 • Emergency readmissions within 30 days following discharge	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
		4.2 • Mean Length of stay for patient with Asthma	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
	General performance	5.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		5.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		5.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		5.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		5.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		5.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		5.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		5.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (15/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Diabetic medicine	Diabetes	1.1 • Summary Hospital Mortality Indicator - diabetes	• NHS national data set	• Outcomes	• Quality Observatory - Methods Analytics
		1.2 • Emergency readmission - % within 30 days following discharge - Diabetes	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
		1.3 • Mean length of stay (LOS) for patients admitted for diabetes	• NHS national data set	• Inputs	• Quality Observatory - Methods Analytics
		1.4 • % Diabetes patients admitted with foot disease	• NHS national data set	• Outcomes	• National Diabetes Inpatient Audit
		1.5 • % Diabetes patient seen by MDT within 24 hours	• NHS national data set	• Process	• National Diabetes Inpatient Audit
		1.6 • % Diabetes patients undergoing a foot risk assessment within 24 hours	• NHS national data set	• Process	• National Diabetes Inpatient Audit
		1.7 • % Diabetes patients experiencing severe hypoglycaemia	• NHS national data set	• Outcomes	• National Diabetes Inpatient Audit
		1.8 • % Diabetes patients experiencing minor hypoglycaemia	• NHS national data set	• Outcomes	• National Diabetes Inpatient Audit
		1.9 • Quality of life for people with long term conditions - adults	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
		1.10 • Quality of life for people with long term conditions - children	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
		1.11 • HII - 3 million lives	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
General performance	General performance	2.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		2.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		2.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		2.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (16/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Haematology	Severe sepsis/ septic shock	1.1 • Temperature, pulse rate, respiratory rate, blood pressure, oxygen saturation, mental status (AVPU or GCS) and capillary blood glucose taken within 15 minutes of arrival	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.2 • Senior EM assessment of patient within 60mins of arrival	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.3 • High flow O2 via non-re-breathe mask was initiated (unless there is a documented reason to the contrary) before leaving the ED	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.4 • Serum lactate measured before leaving the ED	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.5 • Blood cultures obtained before leaving the ED	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.6 • Fluids - first intravenous crystalloid fluid bolus (up to 20mls/kg) given • 75% within 1 hour of arrival • 100% before leaving the ED	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.7 • Antibiotics administered • 50% within 1 hour of arrival • 100% before leaving the ED	• National Audit - not publicly available, but available to trusts through participation	• Process	• Severe sepsis & septic shock - College of Emergency Medicine
		1.8 • Urine output measurements instituted before leaving the ED.	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• Severe sepsis & septic shock - College of Emergency Medicine
	General performance	2.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		2.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		2.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.4 • Non Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		2.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (17/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
General medicine	Stroke	1.1 • Summary Hospital Mortality Indicator - stroke	• NHS national data set	• Outcomes	• BSUHT S&Q Dashboard
		1.2 • Stroke patients scanned within 1 hour of arrival at hospital	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.3 • Stroke patients scanned within 24 hours of arrival at hospital	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.4 • Stroke patients who arrived on stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours)	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.5 • Stroke patients seen by stroke consultant or associate specialist within 24h	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.6 • Stroke patients with a known time of onset for stroke symptoms	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.7 • Stroke patients for whom their prognosis/diagnosis was discussed with relative/carer within 72h where applicable	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.8 • Stroke patients who had continence plan drawn up within 72h where applicable	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.9 • Potentially eligible patients thrombolysed	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.10 • Bundle 1: Seen by nurse and one therapist within 24h and all relevant therapists within 72h (proxy for NICE QS 5)	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.11 • Bundle 2: Nutrition screening and formal swallow assessment within 72 hours where appropriate	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.12 • Bundle 3: Patient's first ward of admission was stroke unit and they arrived there within four hours of hospital arrival	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
		1.13 • Bundle 4: Patient given antiplatelet within 72h where appropriate and had adequate fluid and nutrition in all 24h periods	• National Audits -publicly available	• Process	• Stroke Improvement National Audit Programme
	General performance	2.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		2.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		2.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.4 • Non Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		2.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
2.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data		

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (18/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Colo-rectal surgery	Bowel cancer	1.1 • Bowel Cancer observed 30-day mortality (%)	• NHS national data set	• Outcomes	• National Bowel Cancer Audit
		1.2 • 30-day mortality following major surgery for cancer located in the colon	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
		1.3 • 30-day mortality following major surgery for cancer located in the Rectosigmoid	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
		1.4 • 30-day mortality following major surgery for rectal cancer	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
		1.5 • Bowel cancer observed 90-day mortality (%)	• NHS national data set	• Outcomes	• National Bowel Cancer Audit
		1.6 • 90-day mortality following major surgery for cancer located in the colon	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
		1.7 • 90-day mortality following major surgery for cancer located in the Rectosigmoid	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
		1.8 • 90-day mortality following major surgery for rectal cancer	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Bowel Cancer Audit
	1.9 • Enhanced recovery pathway - colorectal - data completeness	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard	
	1.10 • Enhanced recovery pathway - colorectal - appropriate care score (ACS)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard	
	1.11 • Enhanced recovery pathway - colorectal - individual measure reporting	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard	
General performance	2.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics	
	2.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics	
	2.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
	2.4 • Non Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
	2.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
	2.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics	
	2.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data	
	2.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data	

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (19/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Trauma & orthopaedics	Critical care unit	1.1 • In-hospital mortality Standard Mortality Ratio	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• Critical Care Unit Case Mix Programme (CMP) Annual Quality Report
		1.2 • Unplanned admissions within 48 hrs	• National Audit - not publicly available, but available to trusts through participation	• Inputs	• Critical Care Unit Case Mix Programme (CMP) Annual Quality Report
		1.3 • Out-of-hours discharges (between 22:00 and 06:59) to the ward	• National Audit - not publicly available, but available to trusts through participation	• Process	• Critical Care Unit Case Mix Programme (CMP) Annual Quality Report
		1.4 • Non-clinical transfers (patients discharged for comparable critical care to a Level 3 bed in an ICU or ICU/HDU in another acute hospital and receiving Level 3 care on discharge from the critical care unit)	• National Audit - not publicly available, but available to trusts through participation	• Process	• Critical Care Unit Case Mix Programme (CMP) Annual Quality Report
	#NOF	2.1 • All emergency fractured neck of femur operations to be prioritised on planned emergency lists and the operation undertaken within 24 hours of being admitted to hospital. The date, time and decision-maker should be documented clearly in the patient's notes and any delays to emergency surgery and the reasons why recorded	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.2 • All emergency admissions for fractured neck of femur to be seen and assessed by a consultant orthopaedic surgeon, a consultant geriatrician/physician and a consultant anaesthetist within 12 hours of the decision to admit or within 14 hours of the time of arrival at the hospital	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.3 • All patients to be considered for pre-operative optimisation by critical care and a decision documented. Fractured neck of femur clinical expert panel	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.4 • All patients to be routinely offered fascia iliaca block (a localised anaesthetic) as soon as possible after admission in order to provide the patient with optimal dynamic analgesia and reduce the dose and side effects of opioid analgesia	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.5 • All patients to have their operation carried out under the direct supervision of a consultant surgeon and consultant anaesthetist; early referral for anaesthetic assessment is made to optimise peri-operative care. NICE (2011) Hip Fracture. The management of hip fracture in adults RCS (2011) Emergency Surgery Standards for unscheduled care	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
		2.6 • All patients to be under the joint care of a consultant orthopaedic surgeon and a consultant geriatrician	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
2.7 • All patients to be seen and reviewed by a consultant and their team during twice daily ward rounds for the pre-operative period and for 48 hours post-operation		• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards	

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (20/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Trauma & orthopaedics (cont'd)	#NOF (cont'd)	2.8 • When on-take consultants and their teams should be freed from all other elective and clinical commitments	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
		2.9 • All patients admitted with a fractured neck of femur to be continually assessed using the National Early Warning System (NEWS). The NEWS competency based escalation trigger protocol should be used for all patients. In addition, consultant involvement for patients considered 'high risk' should be within one hour.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
		2.10 • A clear and comprehensive multi-disciplinary assessment of each patient's health, nutritional, nursing and social needs should be completed within 24 hours of admission. This assessment should produce an individualised care plan which includes referrals for further specialist assessment and treatment: physiotherapy, occupational therapy, pharmacy, pain management and dietetics. Early referral to social services should take place to facilitate timely discharge.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
		2.11 • All admitted patients to have discharge planning and an estimated discharge date as part of their management plan as soon as possible and no later than 24 hours post-admission. Discharge planning to include multidisciplinary rehabilitation. Patients to be discharged to a named GP. NICE (2011) Hip Fracture. The management of hip fracture in adults NCEPOD (2007) Emergency admissions: A journey in the right direction? RCP (2007) The right person in the right setting – first time	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.12 • Consultant-led communication and information to be provided to patients and to include the provision of patient information leaflets. Adult emergency services standards	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety #NOF Standards
		2.13 • Patient experience data to be captured, recorded and routinely analysed and acted on. Review of data is a permanent item on the trust board agenda and findings are disseminated.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety #NOF Standards
	Hip replacements	3.1 • Primary hip replacement revision rates after 30 days	• National Audits -publicly available	• Outcomes	• National Joint Registry
		3.2 • Primary hip replacement revision rates after 90 days	• National Audits -publicly available	• Outcomes	• National Joint Registry
		3.3 • Hip replacement 90 days Standardised mortality ratio (SMR)	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Joint Registry
		3.4 • Patient reported outcome measures - hip replacement	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		3.5 • Proportion of patients whose ability to care for themselves decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		3.6 • Proportion of patients whose ability to perform usual activities decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (21/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Trauma & orthopaedics (cont'd)	Hip replacements (cont'd)	3.7 • Proportion of patients whose ability to perform usual activities decreases after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		3.8 • Proportion of patients whose pain/discomfort has increased after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		3.9 • Proportion of patients whose anxiety has increased after hip replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
	Knee replacement	4.1 • Primary knee replacement revision rates after 30 days	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Joint Registry
		4.2 • Primary knee replacement revision rates after 90 days	• National Audit - not publicly available, but available to trusts through participation	• Outcomes	• National Joint Registry
		4.3 • Patient reported outcome measures - Knee Replacement	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		4.4 • Proportion of patients whose ability to care for themselves decreases after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		4.5 • Proportion of patients whose ability to perform usual activities decreases after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		4.6 • Proportion of patients whose pain/discomfort has increased after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		4.7 • Proportion of patients whose anxiety has increased after knee replacement?	• NHS national data set	• Outcomes	• Health and Social Care Information Centre
		4.8 • Enhancing quality - hip and knee replacements - patient experience	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
	Severe trauma	5.1 • Survival rates after major trauma	• Available to trusts only through own system	• Outcomes	• Trauma Audit Research Network
		5.2 • Patients with severe head injuries or focal signs should be transferred to the care of neurosurgical units regardless of whether they need surgical intervention	• Available to trusts only through own system	• Outcomes	• Trauma Audit Research Network
		5.3 • Immediate referral must be made to the appropriate spinal injury service if there is evidence of partial or complete spinal cord or cauda equina lesion	• Available to trusts only through own system	• Outcomes	• Trauma Audit Research Network
		5.4 • Examination of the chest is a fundamental component of the cardiopulmonary assessment of the seriously injured and should be supervised by the most experienced clinician	• Available to trusts only through own system	• Outcomes	• Trauma Audit Research Network
5.5 • All patients (adults and children) with high energy open tibial and/or fibular fractures should be performed by senior surgeons within 24 hours of injury		• Available to trusts only through own system	• Outcomes	• Trauma Audit Research Network	

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (22/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Trauma & orthopaedics (cont'd)	General performance	6.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		6.2 • 18-week target RTT	• NHS national data set	• Process	• NHS England Statistics
		6.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		6.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		6.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		6.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		6.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		6.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (23/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Vascular surgery	TIA (carotid endarterectomy)	1.1 • Duration between transient ischaemic attack (TIA)/stroke symptoms index and hospital referral (2 days? 14 days?)	• National Audits -publicly available	• Process	• UK Carotid Interventions Audit
		1.2 • Duration between hospital referral and surgery (2 days? 14 days?)	• National Audits -publicly available	• Process	• UK Carotid Interventions Audit
		1.3 • Stroke mortality after 30 days of receiving a carotid endarterectomy	• Available to trusts only through own system	• Outcomes	• UK Carotid Interventions Audit
		1.4 • MI after a carotid endarterectomy	• Available to trusts only through own system	• Outcomes	• UK Carotid Interventions Audit
		1.5 • Post-operative carotid endarterectomy bleeding	• Available to trusts only through own system	• Outcomes	• UK Carotid Interventions Audit
		1.6 • Post-operative carotid endarterectomy cranial nerve injury	• Available to trusts only through own system	• Outcomes	• UK Carotid Interventions Audit
	Varicose veins	2.1 • Patient reported outcome measures - Varicose Veins	• NHS national data set	• Outcomes	• Health & Social Care Information Centre
		2.2 • PROMS participation rate - Varicose Veins	• Available to trusts only through own system	• Outcomes	• BSUHT S&Q Dashboard
		2.3 • PROMS - reported health gains scores - Varicose Veins	• NHS national data set	• Outcomes	• BSUHT S&Q Dashboard
	Venous thromboembolism (VTE)	3.1 • VTE - Risk assessment	• NHS national data set	• Outcomes	• BSUHT S&Q Dashboard
		3.2 • VTE - Root Cause Analysis	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
		3.3 • VTE - Audit (#submitted/quality of)	• Available to trusts only through own system	• Process	• BSUHT S&Q Dashboard
	General performance	4.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		4.2 • 18-week target RTT	• NHS national data set	• Process	• NHS England Statistics
		4.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		4.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		4.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Inputs	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (24/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Ophthalmology	Cataract	1.1 • Improvement in post-operative refractive status after undergoing cataract surgery	• Available to trusts only through own system	• Outcomes	• The Royal College of Ophthalmologists - Quality Standards for Cataract Services
		1.2 • Use of biometric A constants for each method of measurement	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Cataract Services
		1.3 • Proportion of patients experiencing posterior capsule rupture during cataract surgery	• Available to trusts only through own system	• Outcomes	• The Royal College of Ophthalmologists - Quality Standards for Cataract Services
		1.4 • Has policies in place for the management of endophthalmitis	• Available to trusts only through own system	• Outcomes	• The Royal College of Ophthalmologists - Quality Standards for Cataract Services
	Glaucoma	2.1 • There is a clinical lead for glaucoma with this role specified in their job plan and job description	• Available to trusts only through own system	• Outcomes	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services
		2.2 • At least 80% of glaucoma patients seen in dedicated Glaucoma services	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services
		2.3 • All open angular glaucoma patients undergoing an optic nerve assessment, with dilatation, using stereoscopic slit lamp biomicroscopy with fundus examination	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services
		2.4 • All patients with a diagnosis of open angle or normal tension glaucoma have visual fields measured at least once a year	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services
		2.5 • All patients with ocular hypertension have visual fields measured at least every 2 years	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services
		2.6 • Patients with open angle and normal tension glaucoma are routinely given instruction on eye drop instillation technique	• Available to trusts only through own system	• Process	• The Royal College of Ophthalmologists - Quality Standards for Glaucoma services

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (25/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Ophthalmology (cont'd)	General performance	3.1 • Rate of surgical site infections per 10,000 spells	• Available to trusts only through own system	• Outcomes	• Hospital Episode Statistics
		3.2 • 18 week target RTT	• NHS national data set	• Process	• NHS England Statistics
		3.3 • Elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.4 • Non elective ALOS (casemix adjusted)	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.5 • % Inpatient staying over 30 days	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.6 • Readmission rate for elective spells	• Available to trusts only through own system	• Inputs	• Hospital Episode Statistics
		3.7 • Medical FTE per bed day	• Available to trusts only through own system	• Inputs	• Internal data
		3.8 • Medical staff to consultant ratio	• Available to trusts only through own system	• Outcomes	• Internal data

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (26/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Breast surgery	Breast cancer	1.1 • Satisfaction with information provision about (mastectomy)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.2 • Satisfaction with consultant surgeon (mastectomy)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.3 • Satisfaction with clinical team (mastectomy)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.4 • Proportion of women reporting post-discharge complications 3 months after surgery (mastectomy)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.5 • Risk-adjusted rates of return to theatre after mastectomy	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.6 • Proportion of patients reporting severe pain and perceptions about pain management in the postoperative period (mastectomy)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.7 • Access to postoperative psychological support (mastectomy)	• Available to trusts only through own system	• Process	• National Mastectomy & Breast Reconstruction Audit
		1.8 • Satisfaction with information provision about (breast reconstructive surgery)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.9 • Satisfaction with consultant surgeon (breast reconstructive surgery)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.10 • Satisfaction with clinical team (breast reconstructive surgery)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.11 • Proportion of women reporting post-discharge complications 3 months after surgery (breast reconstructive surgery)	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.12 • Risk-adjusted rates of return to theatre after breast reconstructive surgery	• Available to trusts only through own system	• Outcomes	• National Mastectomy & Breast Reconstruction Audit
		1.13 • Proportion of patients reporting severe pain and perceptions about pain management in the postoperative period (breast reconstructive surgery)	• Available to trusts only through own system	• Process	• National Mastectomy & Breast Reconstruction Audit
		1.14 • Access to postoperative psychological support (breast reconstructive surgery)	• Available to trusts only through own system	• Process	• National Head & Neck Cancer Audit

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (27/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Oral surgery	Oral cancer	1.1 • Clinical nurse specialist (CNS) support along the oral cancer patient journey	• Available to trusts only through own system	• Process	• National Head & Neck Cancer Audit
		1.2 • Patient has pre-treatment speech and swallowing assessment	• Available to trusts only through own system	• Process	• National Head & Neck Cancer Audit
		1.3 • Oral cancer patient seen by multidisciplinary team (MDT) – are all patients discussed?	• Available to trusts only through own system	• Process	• National Head & Neck Cancer Audit
		1.4 • Number of deaths in the index period within one year of diagnosis	• Available to trusts only through own system	• Outcomes	• National Head & Neck Cancer Audit

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (28/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Accident & emergency	A&E	<p>1.1 • A trained and experienced doctor (ST4 and above or doctor of equivalent competencies) in emergency medicine</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes
		<p>1.2 • A consultant in emergency medicine to be scheduled to deliver clinical care in the emergency department for a minimum of 16 hours a day (matched to peak activity), seven days a week. Outside these 16 hours, a consultant will be on-call and available to attend the hospital for the purposes of senior clinical decision-making and patient safety within 30 minutes.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes
		<p>1.3 • "24/7 access to the minimum key diagnostics:</p> <ul style="list-style-type: none"> – X-ray: immediate access with formal report received by the ED within 24 hours of examination – CT: immediate access with formal report received by the ED within one hour of examination – Ultrasound: immediate access within agreed indications/12 hours with definitive report received by the ED within one hour of examination – Lab sciences: immediate access with formal report received by the ED within one hour of the sample being taken – Microscopy: immediate access with formal result received by the ED within one hour of the sample being taken <p>• When hot reporting of imaging is not available, all abnormal reports are to be reviewed within 24 hours by an appropriate clinician and acted upon within 48 hours."</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.4 • "Emergency department patients who have undergone an initial assessment and management by a clinician in the emergency department and who are referred to another team, to have a management plan (including the decision to admit or discharge) within one hour from referral to that team.</p> <p>• When the decision is taken to admit a patient to a ward/unit, actual admission to a ward/unit to take place within one hour of the decision to admit. If admission is to an alternative facility the decision-maker is to ensure the transfer takes place within timeframes specified by the London inter-hospital transfer standards."</p>	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.5 • A clinical decision/observation area is to be available to the emergency department for patients under the care of the emergency medicine consultant that require observation, active treatment or further investigation to enable a decision on safe discharge or the need for admission under the care of an inpatient team.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.6 • A designated nursing shift leader (band 7) to be present in the emergency department 24 hours a day, seven days a week with provision of nursing and clinical support staff in emergency departments to be based on emergency department-specific skill mix tool and mapped to clinical activity.</p>	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Emergency Department Standards

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (29/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Accident & emergency (cont'd)	A&E	<p>1.7 • Triage to be provided by a qualified healthcare professional and registration is not to delay triage.</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Inputs 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.8 • "Emergency departments to have a policy in place to access support services seven days a week including:</p> <ul style="list-style-type: none"> - Alcohol liaison - Mental health - Older people's care - Safeguarding- Social services" 	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Process 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.9 • Timely access seven days a week to, and support from, onward referral clinics and efficient procedures for discharge from hospital</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Process 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.10 • Timely access seven days a week to, and support from, physiotherapy and occupational therapy teams to support discharge from hospital</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Process 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.11 • "Emergency departments to have an IT system for tracking patients, integrated with order communications.A reception facility with trained administrative capability to accurately record patients into the emergency department to be available 24 hours a day, seven days a week. Patient emergency department attendance record and discharge summaries to be immediately available in case of re-attendance and monitored for data quality."</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Inputs 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.12 • The emergency department is to provide a supportive training environment and all staff within the department are to undertake relevant ongoing training.</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Inputs 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.13 • Consultant-led communication and information to be provided to patients and to include the provision of patient information leaflets.</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Process 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Emergency Department Standards
		<p>1.14 • Patient experience data to be captured, recorded and routinely analysed and acted on. Review of data is a permanent item on the trust board agenda and findings are disseminated.</p>	<ul style="list-style-type: none"> • Available to trusts only through own system 	<ul style="list-style-type: none"> • Process 	<ul style="list-style-type: none"> • London Health Programmes - Quality and Safety Critical Care Standards

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (30/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Critical care medicine	Consultant presence	1.1 • Consultant intensivist to be present and available on site to see all 'high risk' patients, within one hour of being called, 24 hours a day, seven days a week.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		1.2 • All emergency admissions to critical care to be seen and assessed by a consultant intensivist within 12 hours of admission to the critical care unit.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		1.3 • Consultants to be freed from all other clinical commitments when covering critical care services.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		1.4 • Critical care units to have out-of-hours consultant intensivist rotas dedicated to critical care.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
	Admission & discharge	2.1 • All referrals for admission to intensive care to be immediately reviewed by the critical care team and discussed with a consultant intensivist. Intensive Care Society (1997) Intensive Care Society (2007) NCEPOD (2005) An acute problem RCS (2011) Emergency Surgery Standards LHP (2011) Adult emergency services commissioning standards NPSA 2007 RCP (2012) National Early Warning Score	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		2.2 • At the point of admission to the critical care unit, all patients to have a management plan directed by a consultant intensivist.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		2.3 • Once a patient is admitted to the critical care unit, the consultant intensivist is the responsible consultant for that patient's care.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		2.4 • All discharges from a critical care unit (including a step down in critical care level 3 to level 2 that involves a change in location) are to be to an appropriate named consultant. A written discharge summary is to be provided.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		2.5 • Prior to discharge all patients to be monitored with the National Early Warning Score for at least eight hours.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		2.6 • 100% of discharges to be between 08.00 and 20.00. 80% of discharges from critical care to wards to be during the normal working day for that ward, normally 08.00 to 17.00.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
Patient review	3.1 • All patients on critical care units to be seen and reviewed by the consultant in clinical charge of the unit at least twice a day, seven days a week, with nursing and junior medical staff. This is in addition to specific calls to individual unstable patients. RCS (2011) Emergency Surgery Standards Department of Health (2000) RCP (2011)	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards	

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list

Measurement pick list by treatment specialty (31/31)

Treatment specialty	Detail	Quality measurement	Source type	Measurement type	Source detail
Critical care medicine (cont'd)	Patient review (cont'd)	3.2 • There is to be daily review by microbiologists and pharmacists.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		3.3 • "A daily review by the MDT of the patients physical and non-physical short and medium-term rehabilitation goals is to take place. – There is to be physiotherapy input to critically ill patients as determined by the needs of the patient – There is to be input from dieticians, occupational and speech therapists"	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
	Staffing	4.1 • Medical staff capable of providing immediate life sustaining advanced airway support to be available to the critical care unit 24 hours a day.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		4.2 • "There are to be clearly defined nurse:patient ratios for each level of critical care, which as a minimum will be: – Level 3 patients have 1:1 nursing ratios – Level 2 patients have 1:2 nursing ratios"	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		4.3 • A minimum of 70% of nursing staff to have post-graduate qualification in intensive care equivalent to CC3N standards.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		4.4 • The nurse in charge is not to be rostered for direct patient care.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
	Critical care review	5.1 • Critical care review to be available 24 hours a day, 7 days a week to assess and respond to patients who deteriorate on any ward within the hospital.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		5.2 • Once a patient is discharged from the critical care unit to another ward in the hospital, critical care review to be available to review the patient 24 hours and 48 hours after discharge.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards
		5.3 • The national EWS should be utilised in all hospitals to standardise observation charts and reduce risk.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
		5.4 • An education programme to be available to all ward staff to improve standards of assessment, recognition of the deteriorating patient and escalation of care.	• Available to trusts only through own system	• Inputs	• London Health Programmes - Quality and Safety Critical Care Standards
	Transfers	6.1 • No non-clinical critical care transfers out of a hospital to take place with an operational standard of ≤5%.	• Available to trusts only through own system	• Process	• London Health Programmes - Quality and Safety Critical Care Standards

Options for measurement across four dimensions of performance

Detailed quality measures

Measurement pick list