



Instructions for using the Right Care Quality Dashboards

Contents

Navigating the Dashboards	1
SPINE CHARTS.....	3
Notes on Statistical Process Control	5
Time Series Charts.....	5
Directly Standardised Activity Rates	6

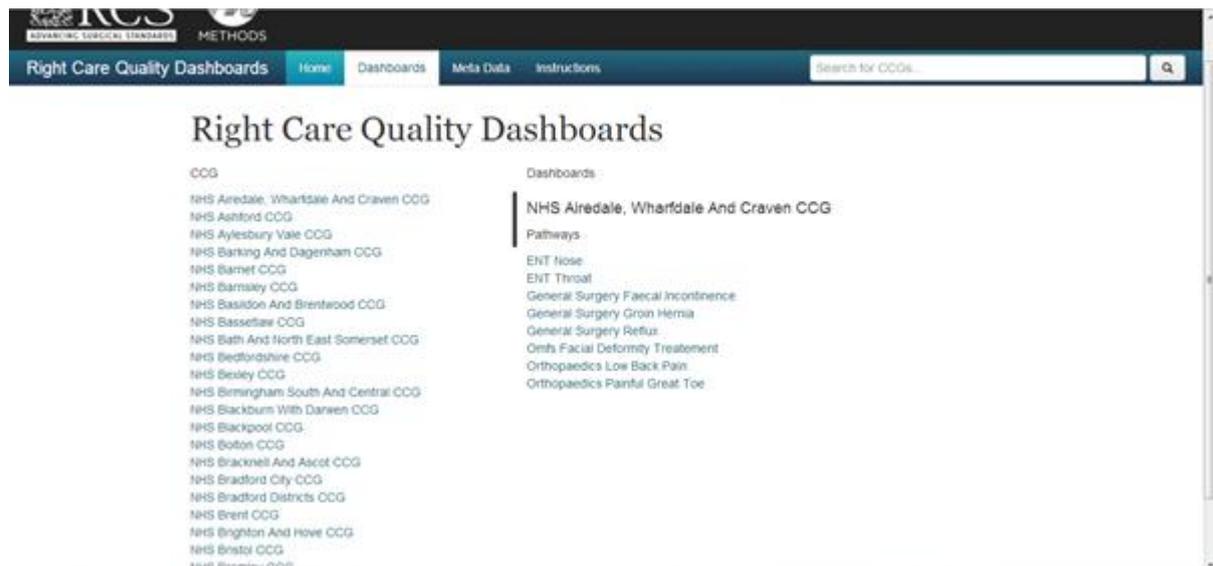
Navigating the Dashboards

After clicking on the 'Dashboard' link you will be presented with a list of Clinical Commissioning Groups (CCGs). There are two ways to search for the CCG you wish to view commissioning quality data for:

- 1) Type the name of the CCG into the search box in the upper right hand side of the screen and click on the magnifying glass.
- 2) Use the grey scroll-bar to the right of the CCG list to move up and down and find the CCG you are interested in. Click on that name.

The screenshot shows the 'Right Care Quality Dashboards' website. At the top, there is a navigation bar with the 'RCS' logo and the text 'ADVANCING SURGICAL STANDARDS' on the left, and the 'METHODS' logo on the right. Below the navigation bar, there is a search box with the text 'Search for CCGs...' and a magnifying glass icon. The main content area is titled 'Right Care Quality Dashboards'. On the left side, there is a list of Clinical Commissioning Groups (CCGs) with the following names: NHS Airedale, Wharfedale And Craven CCG; NHS Ashford CCG; NHS Aylesbury Vale CCG; NHS Barking And Dagenham CCG; NHS Barnet CCG; NHS Barnsley CCG; NHS Basildon And Brentwood CCG; NHS Bassettlaw CCG; NHS Bath And North East Somerset CCG; NHS Bedfordshire CCG; NHS Berley CCG; NHS Birmingham South And Central CCG; NHS Blackburn With Darwen CCG; NHS Blackpool CCG; NHS Bolton CCG; NHS Bracknell And Ascot CCG; NHS Bradford City CCG; NHS Bradford Districts CCG; NHS Brent CCG. On the right side, there is a search box with a magnifying glass icon. A yellow circle with the number '2' is placed over the search box, indicating the second step in the instructions.

Next you will be presented with a list of pathways you can view information for. Just click on any of the pathways to go to the next screen.



You are now presented with all of the commissioning outcome measures for your chosen pathway. For each procedure that has been commissioned you will see a section of charts and data. In the screen shot below the user is looking at Rhinosinusitis under the ENT-Nose pathway.

Each column of data shows the following information:

METRIC: A Description of the quality outcome measure

PERIOD: Shows the period of time the data relates to. 'RY' represents a rolling financial year. RY Q3 1213 represents outcomes for January 2012 to the end of December 2012.

VALUE: This is the actual value or score for the outcome measure

MEAN: This represents the national mean (average) for NHS England.

CHART: The Spine Chart displays the value for the selected CCG against statistical control limits to show how the outcome varies against national outcomes. This chart is explained in detail further on.

TREND: The Trend Chart shows a timeseries showing how outcomes have changed at each quarterly point data was measured. This allows you to see if an outcome has improved, or declined and can be seen against statistical control limits. This chart is explained in detail further on.

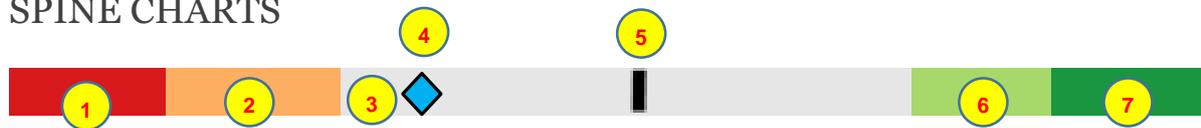
NHS AIREDALE, WHARFDALE AND CRAVEN CCG

ENT-Nose

Rhinosinusitis

Metric	Period	Value	Mean	Chart	Trend
Age/Sex Standardised Activity (per 100,000 population)	RY Q3 1213	43.46	29.46		
Average Length of Stay (Days)	RY Q3 1213	0.65	0.50		
7 Day Readmission Rate (%)	RY Q3 1213	0.00	0.87		
30 Day Readmission Rate (%)	RY Q3 1213	0.00	1.56		
30 Day Reoperation Rate (%)	RY Q3 1213	0.00	1.13		
Daycase Rate (%)	RY Q3 1213	38.24	57.26		
In Hospital Mortality Rate (per 1,000 discharges)	RY Q3 1213	0.00	0.00		

SPINE CHARTS



1. If an organisation is in this range their rate is much worse than expected by chance (99.8% or 3SD)
2. If an organisation is in this range their rate is worse than expected by chance (2SD or 95%)
3. If an organisation is in this range their rate is in the normal range of variation
4. The diamond represents the value for the organisation.
5. The vertical bar represents the average value for all acute Organisations in England
6. If an organisation is in this range their rate is better than expected by chance (2SD or 95%)
7. If an organisation is in this range their rate is much better than expected by chance (99.8% or 3SD)

Please note the scale of each chart is dynamic to show a range that enables each measure to be viewed clearly for the organisation in question.

The chart below shows an organisation whose performance on this indicator is better than the national picture by a degree that is unlikely to be explained by random chance



The two charts below show an organisation whose performance on this indicator does not differ from the national picture by more than can be explained by random chance.



The chart below shows an organisation whose performance on this indicator is worse than the national picture by a degree that is unlikely to be explained by random chance.



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



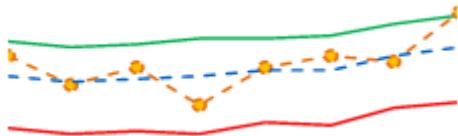
Notes on Statistical Process Control

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

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

Time Series Charts

Methods use a 'sparkline' chart combined with SPC methodology to create an SPC sparkline. This shows how an organisation varies on a quality indicator over time and how it compares to national control limits over time.



The upper 3SD limit in this chart is shown as a green line which represents the highest expected quality of commissioned care for the indicator.

The lower 3SD limit in this chart is shown as a red line which represents the lowest expected quality of commissioned care for the indicator.

The actual values for the selected organisation is represented by the orange line and round data points.

The NHS England average (mean) value is represented by the dotted blue line.

The organisation in the example chart above was within national expected range for the last 7 quarters but improved the quality of the outcome measure so much that they had commissioned better than expected outcomes during the most recent quarter.

Directly Standardised Activity Rates

Activity may vary widely by age. Such variation complicates any comparisons made between two populations that have different age structures. For example, consider two areas A and B with equal-sized populations and identical activity rates. At first glance they appear to be the same.

Suppose, however, that area A has a younger age structure than area B. Given that there is likely to be an increase in the number of interventions required with age, one would expect the older population in area B to show a higher rate of activity.

The most comprehensive way of comparing the activity rate of two populations is to present and compare their age-specific activity. However, when the number of populations being compared increases, the volume of data that needs to be considered quickly becomes unmanageable. What is needed is a single, easily interpreted, summary figure for each population that is adjusted to take into account its age structure. Such summary figures are calculated using age standardisation methods. It may also be desirable to standardise for other variables, such as sex or level of deprivation that may also potentially confound any comparisons.

For directly standardised rates the age-specific rates of the subject population are applied to the age structure of the standard population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.