**Quality Accounts Data Dictionary 2018/19**

This data dictionary is designed to support the production of Quality Accounts in 2018/19. We have included information requested of NHS England last year and the dates when the latest data sets will be available. The next refresh of the NHS Digital Quality Accounts website is March 2019. At that point the data sets contained here are all available through the NHS Digital Corporate Website (https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts).

We will keep this Quality Accounts Data Dictionary up to the 30 June 2019 and add to it if any specific queries arise. If there are any discrepancies or amendments that need to be made please email: QualityAccounts@dhsc.gov.uk and we will clarify and respond to your enquiry and update the data dictionary as necessary.

The data dictionary should be read in conjunction with the Quality Accounts FAQ available at:

https://www.nhs.uk/using-the-nhs/about-the-nhs/quality-accounts/about-quality-accounts/

For enquiries relating to the NHS Digital corporate website please email: enquiries@nhsdigital.nhs.uk

**Quality Accounts Data Dictionary**

**The core Quality Account Indicators**

***\*all are required as per their regulations except for the Friends and Family Test - patient element.***

| ***Prescribed Information*** | ***Related NHS Outcomes Framework Domain & who will report on them*** | ***Indicator Title*** | ***Indicator Definition*** | ***Data available March 2019*** | ***Date next time this data set will be updated*** |
| --- | --- | --- | --- | --- | --- |
| **12.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to—1. the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and
2. the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

***\*the palliative care indicator is a contextual indicator.*** | 1: Preventing People from dying prematurely2: Enhancing quality of life for people with long-term conditions**Trusts providing relevant acute services** | Summary Hospital-Level Mortality Indicator (SHMI)  | The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.  It covers patients admitted to non-specialist acute trusts in England who died either while in hospital or within 30 days of discharge.SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 - higher than expected', '2 - as expected' or '3 - lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected.The SHMI value and SHMI banding for each trust can be found in the '[SHMI data at trust level](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data)' file.The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care. However, in order to support the interpretation of the SHMI, various contextual indicators are published alongside it, including indicators on the topic of palliative care coding.The percentage of deaths with palliative care coded at either diagnosis or specialty level for each trust can be found in the '[Percentage of deaths with palliative care coding](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/palliative-care-coding)' file.[Historic SHMI and contextual indicator data is also available](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi).**Guidance on how to accurately describe and interpret the SHMI is available to download from the**[**SHMI homepage**](http://digital.nhs.uk/SHMI) **and trusts are strongly advised to consult the document 'SHMI interpretation guidance' prior to completing their Quality Account.**The England average SHMI is 1.0 by definition, and this corresponds to a SHMI banding of 'as expected'.  For the SHMI, a comparison should not be made with the highest and lowest trust level SHMIs because the SHMI cannot be used to directly compare mortality outcomes between trusts and, in particular, **it is inappropriate to rank trusts according to their SHMI**.Trusts are advised to use the banding descriptions i.e. 'higher than expected', 'as expected', or 'lower than expected' in their Quality Account rather than the numerical codes which correspond to these bandings. This is because, on their own, the numerical codes are not meaningful and cannot be readily understood by readers.Where trusts include other mortality indicators e.g. HSMR or RAMI in their Quality Account it is advised that some explanation of the main differences between these and the SHMI is provided to assist users.  Also, if trusts use sources of SHMI data in addition to NHS Digital's SHMI publication, the data source should be stated. | SHMI is updated quarterly and exact publication dates are released on our website at:https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi. | SHMI is updated quarterly and exact publication dates are released on our website at:https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi |
| **13.** The data made available to the National Health Service trust or NHS foundation trust with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period. | 1: Preventing People from dying prematurely2: Enhancing quality of life for people with long-term conditions**All trusts providing mental health services** | Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay.  | The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.[Access the latest data.](http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/%20)Select the value from the "Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care (QA)" column. Technical definitions for this indicator can be found in the [guidance document.](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/MHPrvCom_Guidance-v2.3.doc) | Q1-Q4 of 2018/19 | Publication timetable at: <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>  |
| **14.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period. | 1: Preventing People from dying prematurely**Ambulance trusts** | Category A telephone calls (Red 1 and Red 2 calls); emergency response within 8 minutes.  | The percentage of Category A telephone calls resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period. Access the [annual summary.](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2018-19/)Within the "Ambulance Systems Indicators" select values (for Red 1 and Red 2 calls separately) from the two "Proportion of calls responded to within 8 minutes" columns. | February 2019  | Publication timetable at:[www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators](http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators) |
| **14.1** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period. | 1: Preventing People from dying prematurely**Ambulance trusts** | Category A telephone calls; ambulance response within 19 minutes.  | The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period. Access the [annual summary.](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2018-19/)Within the "Ambulance Systems Indicators" select the value from the "Proportion of calls responded to within 19 minutes" column. | February 2019  | Publication timetable at: [www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators](http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators) |
| **15.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period. | 1: Preventing People from dying prematurely3: Helping people to recover from episodes of ill health or following injury**Ambulance trusts** | Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle. (Domain 1 and 3) | The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (STEMI) who received an appropriate care bundle from the trust during the reporting period.   Access the [annual summary.](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2018-19/)Within the "Ambulance Clinical Outcomes" file select the value from the "Proportion with ST-elevation myocardial infarction who received an appropriate care bundle" column in the "Acute STEMI" tab. | November 2018  | Publication timetable at: [www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators](http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators) |
| **16.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period. | 1: Preventing People from dying prematurely3: Helping people to recover from episodes of ill health or following injury**Ambulance trusts** | Patients with suspected stroke assessed face to face who received an appropriate care bundle. (Domain 1 and 3)  | The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.  Access the [annual summary.](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2018-19/)Within the "Download Ambulance Clinical Outcomes" file select the value from the "Proportion of suspected stroke patients assessed face to face who received an appropriate care bundle" column in the "Stroke" tab. | November 2018  | Publication timetable at: [www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators](http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators) |
| **17.** The data made available to the National Health Service trust or NHS foundation trust with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period. | 2: Enhancing quality of life for people with long-term conditions**All trusts providing mental health services** | Admissions to acute wards gate kept by Crisis Resolution Home Treatment Team.  | The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.  Access the [latest data.](http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/%20)Select the value from the "Proportion of admissions to acute wards that were gate kept by the CRHT teams (QA)" column.  Technical definitions for this indicator can be found in the [guidance document.](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/MHPrvCom_Guidance-v2.3.doc) | Q1-Q4 of 2018/19 | Publication timetable at: <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/> |
| **18.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s patient reported outcome measures scores for—1. hip replacement surgery, and
2. knee replacement surgery,

during the reporting period. | 3: Helping people to recover from episodes of ill health or following injury**All acute trusts** | PROMS; patient reported outcome measures.  | Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves; reported at NHS Trust / independent sector provider and CCG level as scores for:   * Hip replacement surgery
* Knee replacement surgery

Access the [latest data.](https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms)Click through to the latest publication of provisional or final data, download the CSV data pack zip file and open the Provider and Commissioner data CSV file. Casemix-adjusted average health gains are shown in the 'Adjusted Average Health Gain' column. Alternatively the data can be found by using the interactive maps or by downloading the score comparison spreadsheet. | 2017/18 annual finalised PROMS data is available.   | Later provisional data is available:https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms |
| **19.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:1. 0 to 15; and
2. 16 or over,

Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period. | 3: Helping people to recover from episodes of ill health or following injury**All trusts** | Patients readmitted to a hospital within 28 days of being discharged.  | The percentage of patients readmitted to any hospital in England within 28 days of being discharged from hospital after an emergency admission during the reporting period; aged:  · 0 to 15; and· 16 or over.The latest data from the Hospital Episode Statistics: Emergency readmissions to hospital within 28 days of discharge is available from the [NHS Digital Corporate Website.](https://digital.nhs.uk/)The percentage of [patients aged 0-15 readmitted to hospital within 28 days of being discharged](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-28-days-of-discharge/emergency-readmissions-to-hospital-within-28-days-of-discharge-indirectly-standardised-percent-lt16-years-annual-trend-p) can be found here , then download the excel document on this page and select from the "Indirectly age, sex, method of admission, diagnosis, procedure standardised percentage" column.  The percentage of [patients aged 16 or over readmitted to hospital within 28 days of being discharged](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-28-days-of-discharge/emergency-readmissions-to-hospital-within-28-days-of-discharge-indirectly-standardised-percent-16-years-annual-trend-p) can be found here , then download the excel document on this page and select from the "Indirectly age, sex, method of admission, diagnosis, procedure standardised percentage" column.Please note that this indicator was last updated in December 2013. There is an ongoing review by NHS Digital of emergency readmissions indicators across frameworks, and it is intended that the Compendium of Population Health readmissions indicators will be updated and published in April/May 2019. As part of the update, certain elements of the existing specification will be updated to align with other frameworks (NHS Outcomes Indicator Set and CCG Outcomes Indicator set), e.g. length of time to readmission will be 30 days and mental health admissions will not be excluded. | 2011/12 | April / May 2019 following methodology review |
| **20.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period. | 4: Ensuring that people have a positive experience of care**All acute trusts** | Responsiveness to the personal needs of patients.  | The trust's score with regard to its responsiveness to the personal needs of its patients during the reporting period.This indicator forms part of the NHS Outcomes Framework (Domain 4 - Indicator 4.2) and the latest data is available on the [NHS Digital Corporate Website](https://digital.nhs.uk/).Download the [Responsiveness to inpatients' personal needs](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4-2-responsiveness-to-inpatients-personal-needs) data.The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals. Find [further information about the inpatient survey](http://www.cqc.org.uk/content/surveys). NHS England has produced a [Diagnostic Tool](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/%20) to help NHS managers and the general public understand what feeds in to the Overall Patient Experience Scores and to see how scores vary across individual NHS provider organisations. | 2017/18 | Publication timetable at:<http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/> |
| **21.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. | 4: Ensuring that people have a positive experience of care**All trusts**  | Staff who would recommend the trust to their family or friends.  | The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.  Access the [latest data.](http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Result/)Download the “Detailed Spreadsheets”, "Question Level Data" then "Your Organisation" and using data from the following column: "21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" add the percentages who agreed and who strongly agreed with this statement.  "Historical Staff Survey Results" are also available. | 2018/19 | 2019/20 |
| **21.1** Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).  | 4: Ensuring that people have a positive experience of care**All acute trusts** | Friends and Family Test - patient | This indicator is not a statutory requirement. The trusts score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.   It is initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2) from April 2013. Access the [latest data.](https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/)This data is to be presented as set out in the spreadsheet.  | 2018/19 | Data published monthly |
| **22.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period. | 2: Enhancing quality of life for people with long-term conditions4: Ensuring that people have a positive experience of care**All trusts providing mental health services** | Patient experience of community mental health services.  | The trust's score with regard to its patients' experience of contact with a health or social care worker during the reporting period.  This indicator forms part of the NHS Outcomes Framework (Domain 4 - Indicator 4.7) and the latest data is available on the [NHS Digital Corporate Website.](https://digital.nhs.uk/)Access the [Patient experience of community mental health services](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4-7-patient-experience-of-community-mental-health-services) data. The indicator value is based on the average score of four survey questions from the Community Mental Health Survey, which measures patients' experience of contact with a health or social care worker. [Find out further information about this survey](http://www.cqc.org.uk/content/surveys).Please note that due to a change in the 2014 survey questions, further indicator values cannot be calculated in the same way as previous years. A new methodology for this indicator is currently in development. The latest values currently available for this indicator are 2013.NHS England has produced a Diagnostic Tool to help NHS managers and the general public understand what feeds in to the Overall Patient Experience Scores and to see how scores vary across individual NHS provider organisations. [**Please click here to access the tool**.](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/%20) | 2018/19 | Publication timetable at:<http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/> |
| **23.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period. | 5: Treating and caring for people in a safe environment and protecting them from avoidable harm**All acute trusts** | Patients admitted to hospital who were risk assessed for venous thromboembolism.  | The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.  Access the [latest data.](https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-201819/)Access [previous data.](https://improvement.nhs.uk/resources/vte/)Download the Excel/CSV file for the relevant quarter or month. Select the value from the "Percentage of admitted patients risk-assessed for VTE" column.  | 2018/19  | Publication timetable at: https://improvement.nhs.uk/resources/vte/ |
| **24.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period. | 5: Treating and caring for people in a safe environment and protecting them from avoidable harm**All acute trusts** | Rate of C.difficile infection.  | The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.  Access the [latest data.](https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data%20)Download the file and use "Table 8b: Financial year counts and rates of C. difficile infection by NHS acute Trust".  Use the value from the appropriate year column to give the rate per 100,000 bed-days for specimens taken from patients aged 2 years and over for Trust apportioned cases. | Data to March 2018  | July 2019 |
| **25.** The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. | 5: Treating and caring for people in a safe environment and protecting them from avoidable harm**All trusts** | Patient safety incidents and the percentage that resulted in severe harm or death.  | The number and where available, rate of patient safety incidents that occurred within the trust during the reporting period, and the percentage of such patient safety incidents that resulted in severe harm or death.This indicator forms part of the NHS Outcomes Framework (Domain 5 - Indicator 5.6 (formerly indicators 5a, 5b and 5.4)) and the latest indicator data by trust is available on the [NHS Digital Corporate Website](https://digital.nhs.uk/)[Access the 'Patient safety incidents reported' data](http://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5-6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5-4).To find the quality account figures from the indicator data file, filter the data by the latest time period and your trust. Where the degree of harm column shows 'All' and the type of incident column shows 'All', this row gives you the number and rate of incidents. To calculate the percentage of incidents that resulted in severe harm or death, divide the indicator value (number) from the 'Severe or death' row by the indicator value (number) from the 'All' degrees of harm row and multiply the result by 100. The data for this indicator is sourced from NHS Improvement and is published every 6 months on their website. Further information about the data source can be found [for national level data](http://improvement.nhs.uk/resources/national-quarterly-data-patient-safety-incident-reports/) and [for organisational level data](http://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/).  | 2003-March 2018 | May 2019 |