Intelligent Monitoring

Trusts that provide mental health services

Indicators and methodology

November 2014
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Introduction

CQC has developed a new model for monitoring a range of key indicators about mental health services. These indicators relate to the five key questions we ask of all services – are they safe, effective, caring, responsive, and well-led? This document provides the full details for each indicator used in the model and explains how we have created an overall ‘band’ for each individual mental health trust.

We will use our analysis of these indicators to raise questions – not make judgments – about the quality of care. Our judgments will always follow inspections, which take into account the results of our Intelligent Monitoring and reports from other organisations.

This is the first version of the indicators we will use to help monitor quality in mental health trusts. We have developed this set of indicators through consultation and testing.

We have analysed each of the indicators to identify one of the following levels for each trust:

- ‘no evidence of risk’
- ‘risk’
- ‘elevated risk’.

We then created an overall summary band for each trust, by reviewing the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ for each trust out of all the applicable indicators in the model.

This guidance provides details of how we have created the summary view for each mental health trust as well as definitions of the individual indicators. For each indicator we explain:

- how the numerator and denominator have been constructed (for quantitative indicators)
- how we have determined ‘risk’ and ‘elevated risk’
- the time period of the data source
- the data source and links to the original source (where this is available).

We have also published a separate detailed statistical methodology document on our website, which supplements the details in this document.

Summary statistics for each trust

The following fields have been calculated for each mental health trust. These are provided on each trust level profile.

**Number of risks:** total number of indicators identified as ‘risk’ (thresholds and rules for identifying risk are provided in the individual indicator details below).
**Number of elevated risks:** total number of indicators identified as ‘elevated risk’ (thresholds and rules for identifying elevated risk are provided in the individual indicator details below).

**No evidence of risk:** refers to where our statistical analysis has not deemed there to be a risk or elevated risk.

**Number of applicable indicators:** a count of the number of indicators that apply to the individual trust.

**Overall risk score:** a weighted sum of (number of risks) + (number of elevated risks x 2).

**Maximum possible risk score:** the score a trust would receive if it had flagged as elevated risk for every single applied indicator in the model.

**Proportional score:** calculated from (overall risk score) / (maximum possible risk score) converted to a percentage.

**Band:** We have categorised trusts into one of four summary bands, with band 1 representing highest risk and band 4 the lowest risk. These bands have been assigned based on the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’. We have used the following thresholds:

- Band 1 $\geq$ 6.5%
- Band 2 $\geq$ 4% $<$ 6.5%
- Band 3 $\geq$ 2% $<$ 4%
- Band 4 $<$ 2%

Some NHS trusts that have a unique configuration of services are included in Intelligent Monitoring, but have not been assigned a priority band for inspection; all other indicator analysis results are shown in their report. “No band” is stated for these trusts. This is to reflect the fact that, although these trusts provide mental health services, only a small portion of their activity relates to mental health services and/or many of the mental health Intelligent Monitoring indicators may not be applicable to them.
**Description of the indicators**

### Safe

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHSAF65</th>
<th>Category: Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Occupancy ratio, looking at the number of patients allocated to a location, compared with the number of available beds</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>This identifies where the number of patients allocated to a ward is more than the number of available beds, which could compromise the quality of care that each patient receives (this includes patients on section 17 leave)</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: The total number of patients allocated per location</td>
<td>Denominator: The total number of beds per location</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Ratio</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/10/2012 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>MHA Reviewer visit reports recorded in the Mental Health Act database (CQC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHEFF61</th>
<th>Category: Admissions, discharges and re-admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Ratio of recalled community treatment orders (CTO) compared with the total number of CTOs</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Measures the ratio of instances where CTOs have been recalled</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Number of CTO recalls</td>
<td>Denominator: Total number of CTOs</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Ratio of counts</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
</tbody>
</table>
| Data source | Mental Health Minimum Data Set  
http://www.hscic.gov.uk/mhmds |
|---|---|

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHSAFO7C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Reporting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Potential underreporting of patient safety incidents. Count of reported incidents as a ratio of Mental Health Minimum Data Set (MHMDS bridged to Hospital Episode Statistics (HES) spells (‘no harm’, ‘low harm’, ‘moderate harm’, ‘severe harm’, or ‘death’))</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rationale</th>
<th>It is mandatory to report patient safety incidents to the National Reporting and Learning System (NRLS). Underreporting may indicate a poor safety culture in the organisation.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th><strong>Numerator:</strong> Number of reported patient safety incidents resulting in ‘no harm’, ‘low harm’, ‘moderate harm’ ‘severe harm’ or ‘death’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator:</strong> The number of MHMDS spells</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Ratio of counts</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessment of risk</th>
<th><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time period</th>
<th>01/08/2013 to 31/07/2014</th>
</tr>
</thead>
</table>

| Data source | **Numerator:** National Reporting and Learning System  
http://www.nrls.npsa.nhs.uk/resources/  
**Denominator:** Mental Health Minimum Data Set bridged to Hospital Episode Statistics  
http://www.hscic.gov.uk/hesmhmds |
|---|---|

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHSAFE06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Reporting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Proportion of reported patient safety incidents that are harmful – rate of incidents reported to the NRLS that are categorised as ‘low harm’, ‘moderate’, ‘severe’ or ‘death’</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rationale</th>
<th>A high proportion of harmful incidents may indicate that there are potential risks around the quality and safety of care provided.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th><strong>Numerator:</strong> The total number of notified incidents rated as ‘low harm’, ‘moderate harm’ ‘severe harm’ or</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator:</strong> The total number of notified incidents reported</td>
<td></td>
</tr>
</tbody>
</table>
### Indicator ID: NRLSL08

**Category:** Reporting

**Indicator:** Consistency of reporting to the National Reporting and Learning System (NRLS)

**Rationale:** The NRLS holds details of patient safety incidents reported by NHS organisations. The NRLS data is analysed to identify emerging patient safety issues, and patterns and trends in safety. Information is fed back to NHS providers for them to use to make healthcare safer. High levels of reporting of incidents to the NRLS are essential to make sure that the NHS is aware of and can learn from patient safety risks. Trusts that do not report incidents to the NRLS on a regular basis are likely to have less well-developed systems for reporting.

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator: Number of months in which data was reported to the NRLS</th>
<th>Denominator: Total number of months in time period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of risk</strong></td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>01/10/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>National Reporting and Learning System</td>
<td></td>
</tr>
</tbody>
</table>

### Indicator ID: MHSAFE63

**Category:** Mortality

**Indicator:** Patients that die following injury or self-harm within 3 days of being admitted to acute hospital beds

**Rationale:** To address mortality from causes that would not have normally resulted in death

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Intelligent Monitoring: Trusts that provide mental health services v1
### Indicator construction

| Numerator: | Number of deaths among inpatients within 3 days of being admitted to acute hospital beds |
| Denominator: | Total number of mental health patient spells |

### Indicator type

Proportional

### Assessment of risk

| Risk: | z-score greater than or equal to 2 but less than 3 |
| Elevated risk: | z-score greater than or equal to 3 |

### Time period

01/04/2013 to 31/03/2014

### Data source

Hospital Episode Statistics (HES)  
http://www.hscic.gov.uk/hes

### Indicator ID

COM_SAF66

### Category

Mortality

### Indicator

Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act using CUSUM and Poisson analysis

### Rationale

This is to address mortality in cases where we received notifications. Notified deaths may be avoidable; providers should do their utmost to make sure that service users are protected against the risk of receiving care or treatment that is inappropriate or unsafe. (Community treatment orders (CTOs) were excluded).

### Indicator construction

The observed value shown is the trust’s numerator

| Numerator: | Number of deaths of patients detained under the Mental Health Act |
| Denominator: | Total number of patients detained |

### Indicator type

Ratio of observed to expected (converted to p-value) and rules based

### Assessment of risk

| Risk: | Occurrence of at least 2 deaths over the annual period where at least one death occurred in the most recent 3 months |
| Elevated risk: | p-value less than or equal to 0.025 (95% level) |

OR

CUSUM signal for high reporting in the most recent 3 months

(Please refer to the statistical guidance (will be inserted) on the calculation of the p-value and cusum)

### Time period

01/12/2012 to 30/11/2013
<table>
<thead>
<tr>
<th>Data source</th>
<th><strong>Numerator:</strong> Mental Health Act database (CQC)</th>
<th><strong>Denominator:</strong> Mental Health Minimum Data Set (Restricted data)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note</strong></td>
<td>This indicator is composed of the two separate components. Where at least one must flag to indicate risk and elevated risk.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHSAFE64</th>
<th>Category: Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
<td>Suicides within 3 days of discharge from hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>To address changing patterns and risk factors behind cases of coroner certified suicides among psychiatric inpatients.</td>
<td></td>
</tr>
<tr>
<td><strong>Indicator construction</strong></td>
<td><strong>Numerator:</strong> Observed number of suicides</td>
<td><strong>Denominator:</strong> Expected number of suicides</td>
</tr>
<tr>
<td><strong>Indicator type</strong></td>
<td>Ratio of observed to expected (converted to p-value)</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment of risk</strong></td>
<td>Risk: n/a</td>
<td>Elevated risk: p-value less than or equal to 0.025 (95% level)</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Mental Health Minimum Data Set bridged to Hospital Episode Statistics <a href="http://www.hscic.gov.uk/hesmhmds">http://www.hscic.gov.uk/hesmhmds</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHRES20</th>
<th>Category: Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
<td>Proportion of discharges from hospital followed up within 7 days</td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Arrangements for providing appropriate care for people with mental health problems after discharge from hospital, supports a reduction in the overall rate of death by suicide. This includes action to reduce risk and social exclusion, improve care pathways and to quickly follow up people who are discharged from an inpatient stay. Guidance to support best practice, including the mental health national service framework and NHS plan, is available to support local planning and service delivery. Measures mental health services can take to achieve a reduced risk of suicide are also set out in the national suicide prevention strategy for England and <em>Preventing suicide: A toolkit for mental health services</em>. The data includes care programme approach (CPA) and non-CPA patients.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator:</td>
<td>Denominator:</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>Discharges from hospital, net, followed up within 7 days in the reporting period</td>
<td>Discharges from hospital, net, in the reporting period - (the data file does not give us specific discharge dates, just a total per trust so we can’t check those admitted near the end of the reporting period)</td>
</tr>
</tbody>
</table>

**Indicator type**

Proportional

**Assessment of risk**

**Risk:** z-score greater than or equal to 2 but less than 3  
**Elevated risk:** z-score greater than or equal to 3

**Time period**

01/04/2013 to 31/03/2014

**Data source**

Mental Health Minimum Data Set  
[http://www.hscic.gov.uk/mhmds](http://www.hscic.gov.uk/mhmds)

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<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>NHSSTAFF11</th>
<th>Category: Governance and monitoring</th>
</tr>
</thead>
</table>

**Indicator**

KF15. Fairness and effectiveness of incident reporting procedures

**Rationale**

Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. For example, staff pledge 2 is: *To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.* Staff who are appropriately supported will be more empowered to care for patients.

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of staff who reported that they felt the incident reporting procedures are fair and effective</td>
<td>Number of respondents</td>
</tr>
</tbody>
</table>

**Indicator type**

z-scored

**Assessment of risk**

**Risk:** z-score greater than or equal to 2 but less than 3  
**Elevated risk:** z-score greater than or equal to 3

**Time period**

01/09/2013 to 31/12/2013

**Data source**

Department of Health (NHS Staff Survey)  
[http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/)

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### Effective

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHEFF60</th>
<th><strong>Category:</strong> Admissions, discharges and re-admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Percentage re-admissions of less than 7 days out of total admissions</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>This indicator highlights where patients are having short-term hospital readmissions.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td><strong>Numerator:</strong> Readmissions after less than 7 days of discharge. <strong>Denominator:</strong> Total number of admissions to the trust's acute wards during the quarter</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3 <strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
<td></td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Mental Health Minimum Data Set <a href="http://www.hscic.gov.uk/mhmds">http://www.hscic.gov.uk/mhmds</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CMHSURA06</th>
<th><strong>Category:</strong> Care in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>2014 Community Mental Health Patient Experience Survey - Organising care: Q8. Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a ‘care coordinator’ or ‘lead professional’)</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>People using community mental health services should generally have a single person or team with an identified lead professional who will keep in touch with them, and who is responsible for planning, overseeing and reviewing their care. People who need the additional support provided by CPA will often have a wide range of needs from a number of services, and so having a designated care co-ordinator is a vital aspect of their care. People who are not on CPA may only require the support of one agency and so may only see one person. People using the service should be given the name of their care coordinator/lead professional and their contact details</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td><strong>Risk:</strong></td>
<td></td>
</tr>
<tr>
<td>Elevated risk:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Indicator ID: MHCAR201
**Category:** Physical health needs

**Indicator:** Proportion of patients who have been in hospital less than a year who received a physical health check on admission

**Rationale:** As morbidity among people with mental health problems is generally high, this indicator looks at the need for good-quality general healthcare for mental health patients, whether they are inpatients or receiving community-based care.

**Indicator construction**
- **Numerator:** Number of patients who have received a physical health check in the sample of care records checked
- **Denominator:** Number of patients admitted in the sample of care records checked

**Indicator type:** Proportional

**Assessment of risk**
- **Risk:** z-score greater than or equal to 2 but less than 3
- **Elevated risk:** z-score greater than or equal to 3

**Time period:** 01/10/2012 to 31/03/2014

**Data source:** CQC – Mental Health Act database

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### Indicator ID: MHEFF107
**Category:** Personalised/evidence-based care

**Indicator:** Proportion of records checked that show evidence of discharge planning

**Rationale:** This addresses the continuity of care for mental health patients as represented by discharge planning in the sample of records reviewed.

**Indicator construction**
- **Numerator:** Number of patients whose records were checked who have a discharge plan in place
- **Denominator:** Number of patients discharged within the time period in the sample of cases looked at (patients who were not discharged are excluded, so the
<table>
<thead>
<tr>
<th><strong>Indicator type</strong></th>
<th>Proportional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of risk</strong></td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>01/10/2012 to 31/03/2014</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>CQC – Mental Health Act database</td>
</tr>
</tbody>
</table>

**Indicator ID**  MHEFF106  **Category:** Use of evidence-based guidelines

**Indicator**  Proportion of approved mental health practitioner (AMHP) reports available

**Rationale**  The number of reports available from AMHPs involved in the care of patients who have been detained under the Mental Health Act.

**Indicator construction**

| **Numerator:** | Number of patients where AMHP reports are available in the sample checked. |
| **Denominator:** | Total number of detained patients where records were checked. |

**Indicator type**  Proportional

**Assessment of risk**

| **Risk:** | z-score greater than or equal to 2 but less than 3 |
| **Elevated risk:** | z-score greater than or equal to 3 |

**Time period**  01/10/2012 to 31/03/2014

**Data source**  CQC – Mental Health Act database
Caring

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CMHSURA10</th>
<th>Category: Care in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>2014 Community Mental Health Patient Experience Survey - Planning care: Q13. Were you involved as much as you wanted to be in agreeing what care you will receive?</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Actively involving people who use services in planning, developing and reviewing their care and treatment is a principle that is enshrined in mental health policy – it is important to their recovery. ‘No decision about me without me’ is a governing principle of involvement. A central element of the recovery approach is that people should be a partner in agreeing their own care. To make sure that service users and their carers are partners in the planning, development and delivery of their care, they need to be fully involved in the process from the start. Service users will only be engaged if the care planning process is meaningful to them, and their input is genuinely recognised, so that their choices are respected. Everyone receiving care from specialist mental health services should have a care plan (or recovery plan) which they have developed jointly with staff. This should set out their individual mental health needs, plans and goals for their care and treatment.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: Modified z-score greater than or equal to 1.96 but less than 3.09</td>
<td>Elevated risk: Modified z-score greater than or equal to 3.09</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 30/11/2013</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Community Mental Health Patient Experience Survey <a href="http://www.nhssurveys.org/surveys/811">http://www.nhssurveys.org/surveys/811</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHCAR202</th>
<th>Category: Physical health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Are there any difficulties in arranging GP services for any detained patients?</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>In order to meet the general healthcare needs of detained patients, they should be able to access GP services.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td><strong>Numerator:</strong> Number of detained patients where there were difficulties in arranging GP services</td>
<td><strong>Denominator:</strong> Total number of detained patients who require GP access for general healthcare needs</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Indicator type</strong></td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment of risk</strong></td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
<td><strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>01/04/13 to 31/03/14</td>
<td></td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>CQC – Mental Health Act database</td>
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</table>

### Indicator ID

<table>
<thead>
<tr>
<th>CMHSURA38</th>
<th><strong>Category:</strong> Physical health needs</th>
</tr>
</thead>
</table>

### Indicator

2014 Community Mental Health Patient Experience Survey - Other areas of life: Q32. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?

### Rationale

Having a mental health problem increases the risk of physical ill health. A key objective of national mental health policy is that ‘more people with mental health problems will have good physical health’ and reducing the premature mortality of people with mental health conditions is a public health priority.

Assessing and addressing the physical health needs of a mental health service user should be given a high priority. Service users should be encouraged and supported to access support for their physical health needs and receive at least a basic physical medical assessment, including issues around smoking and obesity, through primary care if this has not already been undertaken.

Mental health professionals should consider the service users’ needs holistically and aim to improve their quality of life and their health. Assessments and care plans should identify and tackle the impact that mental illness symptoms and possible treatment programmes can have on physical health and the impact that physical symptoms can have on an individual's mental well-being.

### Indicator construction


### Indicator type

Modified z-score
### Assessment of risk

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Risk: Modified z-score greater than or equal to 1.96 but less than 3.09</th>
<th>Elevated risk: Modified z-score greater than or equal to 3.09</th>
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### Time period

<table>
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<tr>
<th>Time period</th>
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</tr>
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### Data source

<table>
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<tr>
<th>Data source</th>
<th>Community Mental Health Patient Experience Survey <a href="http://www.nhssurveys.org/surveys/811">http://www.nhssurveys.org/surveys/811</a></th>
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### Indicator ID: CMHSURA35 Category: Involvement

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014 Community Mental Health Patient Experience Survey - Treatments: Q25. Were you involved as much as you wanted to be in decisions about which medicines you receive?</th>
</tr>
</thead>
</table>

| Rationale | Service users have expressed concerns that medication issues are not always appropriately addressed and reviewed, and information needs are not adequately met, in the assessment and care planning processes.  
Staff who work with people using mental health services should promote active participation in decisions about treatment, and support people to manage their own condition. For people who are prescribed medication, this should include the impact that their medication has on their lives. |
|-----------|------------------------------------------------------------------------------------------------------------------|

|------------------------|------------------------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Modified z-score</th>
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### Assessment of risk

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<tr>
<th>Risk: Modified z-score greater than or equal to 1.96 but less than 3.09</th>
<th>Elevated risk: Modified z-score greater than or equal to 3.09</th>
</tr>
</thead>
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### Time period

<table>
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<th>Time period</th>
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### Data source

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### Indicator ID: CMHSURA12 Category: Involvement

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014 Community Mental Health Patient Experience Survey - Reviewing Care: Q16. Were you involved as much as you wanted to be in discussing how your care is working?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rationale</th>
<th>A central element of the recovery approach is that people should be a partner in agreeing their own care. People should be involved and encouraged to be partners in their care and in making decisions, with any support they need. Hope is central to recovery and can be enhanced by</th>
</tr>
</thead>
</table>
each person seeing how they can have more active control over their lives.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
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</tbody>
</table>
| Assessment of risk      | **Risk:** Modified z-score greater than or equal to 1.96 but less than 3.09  
**Elevated risk:** Modified z-score greater than or equal to 3.09 |
| Time period             | 01/09/2013 to 30/11/2013                                                                                                                                                                         |
| Data source             | Community Mental Health Patient Experience Survey [http://www.nhssurveys.org/surveys/811](http://www.nhssurveys.org/surveys/811)                                                                      |

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CMHSURA31</th>
<th>Category: Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td><strong>2014 Community Mental Health Patient Experience Survey - Health and social care workers: Q6. Thinking about the most recent time you saw someone from NHS mental health services for your mental health needs, were you given enough time to discuss your needs and treatment?</strong></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>People using mental health services and their families or carers should feel that they are treated with empathy, dignity and respect. When carrying out an assessment, services should make sure that there is enough time for the person to describe and discuss their problems, and allow enough time towards the end of the appointment for summarising the conclusions of the assessment and for discussion, with questions and answers.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
<td></td>
</tr>
</tbody>
</table>
| Assessment of risk      | **Risk:** Modified z-score greater than or equal to 1.96 but less than 3.09  
**Elevated risk:** Modified z-score greater than or equal to 3.09 |
<p>| Time period             | 01/09/2013 to 30/11/2013                                                                                                                                                                         |
| Data source             | Community Mental Health Patient Experience Survey <a href="http://www.nhssurveys.org/surveys/811">http://www.nhssurveys.org/surveys/811</a>                                                                      |</p>
<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CMHSURA43</th>
<th>Category: Involvement</th>
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</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>2014 Community Mental Health Patient Experience Survey - Overall views and experiences: 42. Overall… (Overall experience rated from 1 to 10)</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>A key objective of national mental health policy is that more people will have a positive experience of care and support. The survey of people who use community mental health services has been identified as a key source of information for monitoring progress in achieving this objective.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: Modified z-score greater than or equal to 1.96 but less than 3.09</td>
<td>Elevated risk: Modified z-score greater than or equal to 3.09</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 30/11/2013</td>
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</tr>
<tr>
<td>Data source</td>
<td>Community Mental Health Patient Experience Survey <a href="http://www.nhssurveys.org/surveys/811">http://www.nhssurveys.org/surveys/811</a></td>
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<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CMHSURA18</th>
<th>Category: Treatment with dignity and respect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>2014 Community Mental Health Patient Experience Survey - Overall views and experiences: Q43. Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>People using mental health services and their families or carers should feel that they are treated with empathy, dignity and respect. When working with people using mental health services staff should make sure that discussions take place in settings in which confidentiality, privacy and dignity are respected. They should be respectful of and sensitive to service users' gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) and any disability.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Modified z-score</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: Modified z-score greater than or equal to 1.96 but less than 3.09</td>
<td>Elevated risk: Modified z-score greater than or equal to 3.09</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 30/11/2013</td>
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<tr>
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<tr>
<td>Data source</td>
<td>Community Mental Health Patient Experience Survey <a href="http://www.nhssurveys.org/surveys/811">http://www.nhssurveys.org/surveys/811</a></td>
<td></td>
</tr>
</tbody>
</table>

**Indicator ID**: MHCAR19  
**Category**: Access to services and support  
**Indicator**: Is there a current independent Mental Health Advocate (IMHA) service?  
**Rationale**: Independent mental health advocates (IHMA) help people detained under the Mental Health Act 1983 to understand their rights, understand what they are being told by mental health professionals, and can speak on their behalf. There should be an IMHA available to all eligible patients. The patient's ability to be involved in their service could be compromised if they do not have access to an IMHA  
**Indicator construction**:  
**Numerator**: Number of wards that have an IMHA service  
**Denominator**: Number of wards  
**Indicator type**: Proportional

<table>
<thead>
<tr>
<th>Assessment of risk</th>
<th>Risk: z-score greater than or equal to 2 but less than 3</th>
<th>Elevated risk: z-score greater than or equal to 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time period</td>
<td>01/10/2012 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>CQC - Mental Health Act Database</td>
<td></td>
</tr>
</tbody>
</table>

**Indicator ID**: PLACE01  
**Category**: Care environment  
**Indicator**: PLACE (patient-led assessments of the care environment) score for cleanliness of environment  
**Rationale**: Every patient should be cared for with compassion and dignity in a clean and safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be made better.  
**Indicator construction**: Numerator and denominator values used are the sum of all scores achieved and the sum of the maximum scores possible for all aspects of the care environment assessed, by domain.  
**Numerator**: Sum of PLACE scores achieved (cleanliness)  
**Denominator**: Sum of maximum PLACE score possible (cleanliness)
<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Proportional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
</tr>
<tr>
<td>Time period</td>
<td>29/01/2014 to 17/06/2014</td>
</tr>
<tr>
<td>Data source</td>
<td>Patient-led assessments of the care environment (PLACE) <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/place/">link</a></td>
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</tbody>
</table>

**Indicator ID**: PLACE02  
**Category**: Care environment

<table>
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<tr>
<th>Indicator</th>
<th>PLACE (patient-led assessments of the care environment) score for food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Every patient should be cared for with compassion and dignity in a clean and safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be made better.</td>
</tr>
</tbody>
</table>

**Indicator construction**

Numerator and denominator values used are the sum of all scores achieved and the sum of the maximum scores possible for all aspects of the care environment assessed, by domain.

- **Numerator**: Sum of PLACE scores achieved (food)
- **Denominator**: Sum of maximum PLACE score possible (food)

<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Proportional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
</tr>
<tr>
<td>Time period</td>
<td>29/01/2014 to 17/06/2014</td>
</tr>
<tr>
<td>Data source</td>
<td>Patient-led assessments of the care environment (PLACE) <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/place/">link</a></td>
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</table>

**Indicator ID**: PLACE03  
**Category**: Care environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PLACE (patient-led assessments of the care environment) score for privacy, dignity and well being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Every patient should be cared for with compassion and dignity in a clean and safe environment. Where standards fall short, they should be able to</td>
</tr>
</tbody>
</table>
draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be made better.

**Indicator construction**

Numerator and denominator values used are the sum of all scores achieved and the sum of the maximum scores possible for all aspects of the care environment assessed, by domain.

<table>
<thead>
<tr>
<th><strong>Numerator:</strong></th>
<th><strong>Denominator:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of PLACE scores achieved</td>
<td>Sum of maximum PLACE score possible (privacy and dignity)</td>
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</tbody>
</table>

**Indicator type**

Proportional

**Assessment of risk**

Risks:

- **Risk:** z-score greater than or equal to 2 but less than 3
- **Elevated risk:** z-score greater than or equal to 3

**Time period**

29/01/2014 to 17/06/2014

**Data source**

Patient-led assessments of the care environment (PLACE)  
http://www.england.nhs.uk/ourwork/qual-clin-lead/place/

---

**Responsive**

**Indicator ID**

MHCAR20  
**Category:** Information

**Indicator**

Do detained patients have direct access to the Independent Mental Health Advocate (IMHA) service?

**Rationale**

Independent mental health advocates (IMHAs) help people detained under the Mental Health Act in England to understand their rights, understand what they are being told by mental health professionals and can speak on their behalf. Patients should have direct and regular access to an IMHA. Having no availability to an IMHA service could compromise the ability of patients to be involved in their service.

**Indicator construction**

Numerator:

- Number of detained patients with access to an IMHA in the sample of locations visited

Denominator:

- Number of detained patients at the sample of locations visited

**Indicator type**

Proportional

**Assessment**

Risks:

- **Risk:**  
- **Elevated risk:**
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<th>z-score greater than or equal to 3</th>
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<tr>
<td>Time period</td>
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<td>Data source</td>
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<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>DTC45</th>
<th>Category: Discharge and integration</th>
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</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>The ratio of the number of patients whose transfer of care is delayed to the average daily number of occupied beds open overnight in the quarter, where the delay is attributable to NHS and social care</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>People should receive the right care in the right place at the right time, and trusts must make sure, with partners, that people move on from the hospital environment once they are safe to be transferred. The Community Care Act 2003 facilitates joint working with social services and requires partners to identify the causes of delay, and implement the actions required to tackle delays within their local system. Although this indicator does look at adults of all age, the vast majority of those delayed are patients aged over 75 years.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td><strong>Numerator:</strong> The number patients whose transfer of care is delayed at midnight on the last Thursday of a month, averaged over a quarter, where the delay was attributable to both the NHS and social care services.</td>
<td><strong>Denominator:</strong> The average daily number of occupied beds open overnight, per quarter.</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Ratio</td>
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</tr>
<tr>
<td>Assessment of risk</td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
<td><strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2014 to 30/06/2014</td>
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<tr>
<td>Indicator ID</td>
<td>PLACE04</td>
<td>Category: Care environment</td>
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<tr>
<td>-------------</td>
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</tr>
<tr>
<td>Indicator</td>
<td>PLACE (patient-led Assessments of the care environment) score for facilities</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Every patient should be cared for with compassion and dignity in a clean and safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator and denominator values used are the sum of all scores achieved and the sum of the maximum scores possible for all aspects of the care environment assessed, by domain</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Numerator:</strong> Sum of PLACE scores achieved (facilities)</td>
<td><strong>Denominator:</strong> Sum of maximum PLACE score possible (facilities)</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
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<tr>
<td>Assessment of risk</td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
<td><strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>29/01/2014 to 17/06/2014</td>
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<tr>
<th>Indicator ID</th>
<th>MHRES12</th>
<th>Category: Waiting times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of new service requests received yet to have a first assessment</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>To measure how promptly psychological therapy is delivered. An assessment is currently defined as those with a PHQ9, GAD7 or other ADSM score recorded.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td><strong>Numerator:</strong> Total number of new service requests in the quarter still awaiting first assessment</td>
<td><strong>Denominator:</strong> Total number of new service requests in the quarter</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
<td><strong>Elevated risk:</strong> z-score greater than or equal to 3</td>
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<tr>
<td>Time period</td>
<td>01/01/2014 to 31/03/2014</td>
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</table>
### Data source

| Data source | IAPT (Improving Access to Psychological Therapies)  
|-------------|---------------------------------------------|

### Indicator ID

<table>
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<tr>
<th>Indicator ID</th>
<th>MHRES13</th>
</tr>
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</table>

### Category

Waiting times

### Indicator

**Proportion of service requests that have waited more than 28 days from the referral request received date to the date of first treatment**

### Rationale

To measure the time delay (in days) between referral and delivery of psychological therapy.

### Indicator construction

**Numerator:**  
Total number of new service requests for psychological therapy that have waited more than 28 days from referral date to 1st treatment

**Denominator:**  
Total number of new service requests for psychological therapy in the quarter

### Indicator type

Proportional

### Assessment of risk

<table>
<thead>
<tr>
<th>Risk:</th>
<th>Elevated risk:</th>
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<tbody>
<tr>
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</table>

### Time period

01/01/2014 to 31/03/2014

### Data source

IAPT (Improving Access to Psychological Therapies)  

### Notes

Service requests in the quarter for which the 28 days has not yet elapsed are excluded

### Well-led

### Indicator ID

<table>
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<tr>
<th>Indicator ID</th>
<th>MHEFF17</th>
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</thead>
</table>

### Category

Admissions, discharges and re-admissions

### Indicator

**Length of stay of informal patients that is less than 7 days, as proportion of all informal patients**

### Rationale

To measure the proportion of all informal patients, whose length of stay in hospital is less than 7 days.

### Indicator construction

**Numerator:**  
Number of informal patients whose length of stay was <7days

**Denominator:**  
Total number of informal patients who were discharged
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<thead>
<tr>
<th>Indicator type</th>
<th>Proportional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of risk</strong></td>
<td><strong>Risk:</strong> z-score greater than or equal to 2 but less than 3</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
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</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Mental Health Minimum Data Set <a href="http://www.hscic.gov.uk/mhmds">http://www.hscic.gov.uk/mhmds</a></td>
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<thead>
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<th>Indicator ID</th>
<th>MONITOR01</th>
<th><strong>Category:</strong> Discharge and integration</th>
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</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
<td>Monitor: risk rating for governance</td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Formal governance risk rating supplied by Monitor, an external healthcare regulatory body. Monitor assesses trust governance on a four-point scale:</td>
<td></td>
</tr>
<tr>
<td>1. No risk rating currently available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No evident concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Currently under investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Subject to enforcement action.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicator construction</strong></td>
<td>Numerator: n/a</td>
<td>Denominator: n/a</td>
</tr>
<tr>
<td><strong>Indicator type</strong></td>
<td>Categorical (z-scored)</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment of risk</strong></td>
<td><strong>Risk:</strong> Trust currently under investigation</td>
<td><strong>Elevated risk:</strong> Red</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>As at 09/09/2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor regulatory action: <a href="http://www.monitor.gov.uk/about-your-local-nhs-foundation-trust/regulatory-action/action-were-taking-nhs-foundation-trusts">http://www.monitor.gov.uk/about-your-local-nhs-foundation-trust/regulatory-action/action-were-taking-nhs-foundation-trusts</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MONITOR02</th>
<th><strong>Category:</strong> Discharge and integration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
<td>Monitor: continuity of service rating</td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Formal continuity of service rating supplied by Monitor, an external healthcare regulatory body. Monitor assesses this on the following five-point scale:</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: n/a</td>
<td>Denominator: n/a</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Categorical (z-scored)</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: Score of 2: material risk</td>
<td>Elevated risk: Score of 1: significant risk</td>
</tr>
<tr>
<td>Time period</td>
<td>As at 09/09/2014</td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td>The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and a rating of 4 the least risk. A rating of 2* means that the trust has a risk rating of 2, but its financial position is unlikely to get worse.</td>
<td></td>
</tr>
</tbody>
</table>

**Indicator ID**: TDA03  
**Category**: Discharge and integration

**Indicator**: NHS Trust Development Authority risk rating for governance

**Rationale**: This is a formal governance risk rating supplied by an external regulatory body. NHS TDA assesses trust governance on the following five-point scale:

1. Special measures  
2. Intervention (significant delivery issues)  
3. Intervention (some delivery issues)  
4. Standard oversight (limited/no delivery issues)  
5. Standard oversight (good or outstanding rating).

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator: n/a</th>
<th>Denominator: n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator type</td>
<td>Categorical or Ordinal (z-scored)</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: 2 Intervention (significant delivery issues)</td>
<td>Elevated Risk: 1 Special measures</td>
</tr>
<tr>
<td>Time period</td>
<td>01/06/2014 to 30/06/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>NHS TDA – Protected data which is sent directly to CQC</td>
<td></td>
</tr>
</tbody>
</table>
### NHSSTAFF16

**Category:** Governance and monitoring

#### Indicator
**NHS Staff Survey: KF21. % reporting good communication between senior management and staff**

#### Rationale
Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. For example, staff pledge 2 is: *To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.*

Staff who are appropriately supported will be more empowered to care for patients.

#### Indicator construction

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Number of staff reporting good communication between senior management and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator:</td>
<td>Number of respondents</td>
</tr>
</tbody>
</table>

#### Indicator type
z-scored

#### Assessment of risk

<table>
<thead>
<tr>
<th>Risk:</th>
<th>z-score greater than or equal to 2 but less than 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated risk:</td>
<td>z-score greater than or equal to 3</td>
</tr>
</tbody>
</table>

#### Time period
01/09/2013 to 31/12/2013

#### Data source
Department of Health (NHS Staff Survey)
[http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/)

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### NHSSTAFF05

**Category:** Governance and monitoring

#### Indicator
**NHS Staff Survey: KF8. % having well-structured appraisals in last 12 months**

#### Rationale
The staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. Staff pledge 2: *To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.*

Based on KF8, this indicator measures the proportion of staff stating that they have had well-structured appraisals in the last 12 months. A percentage value is converted into a proportion.

#### Indicator construction

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Number of staff having well-structured appraisals in last 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator:</td>
<td>Number of respondents</td>
</tr>
</tbody>
</table>

---
<table>
<thead>
<tr>
<th>Indicator type</th>
<th>z-scored</th>
</tr>
</thead>
</table>
| Assessment of risk | **Risk:** z-score greater than or equal to 2 but less than 3  
| | **Elevated risk:** z-score greater than or equal to 3 |
| Time period | 01/09/2013 to 31/12/2013 |
| Data source | Department of Health (NHS Staff Survey)  
| | [http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/) |

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>STASURBG01</th>
<th>Category: Governance and monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>NHS Staff Survey: KF24. % of staff who would recommend the trust as a place to work or receive treatment</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.</td>
<td></td>
</tr>
</tbody>
</table>
| Indicator construction | **Numerator:**  
| | Number of staff who would recommend the trust as a place to work or receive treatment  
| | **Denominator:** Number of respondents |
| Indicator type | z-scored |
| Assessment of risk | **Risk:** z-score greater than or equal to 2 but less than 3  
| | **Elevated risk:** z-score greater than or equal to 3 |
| Time period | 01/09/2013 to 31/12/2013 |
| Data source | Department of Health (NHS Staff Survey)  
| | [http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/) |

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>NHSSTAFF04</th>
<th>Category: Staff training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>NHS Staff Survey: KF7. % appraised in last 12 months</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. For example, staff pledge 2 is: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed. Staff who are appropriately supported will be more empowered to care for patients.</td>
<td></td>
</tr>
</tbody>
</table>
### Indicator construction

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator: Number of staff appraised in last 12 months</th>
<th>Denominator: Number of respondents</th>
</tr>
</thead>
</table>

### Indicator type

- z-scored

### Assessment of risk

<table>
<thead>
<tr>
<th>Risk: z-score greater than or equal to 2 but less than 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
</tbody>
</table>

### Time period

- 01/09/2013 to 31/12/2013

### Data source

- Department of Health (NHS Staff Survey)
  - [http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results)

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### Indicator ID

- NHSSTAFF07

### Category

- Staff training

### Indicator

- NHS Staff Survey: KF10. % receiving health and safety training in last 12 months

### Rationale

Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. For example, staff pledge 2 is: *To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.*

Staff who are appropriately supported will be more empowered to care for patients.

### Indicator construction

<table>
<thead>
<tr>
<th>Numerator: Number of staff receiving health and safety training in last 12 months</th>
<th>Denominator: Number of respondents</th>
</tr>
</thead>
</table>

### Indicator type

- z-scored

### Assessment of risk

<table>
<thead>
<tr>
<th>Risk: z-score greater than or equal to 2 but less than 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
</tbody>
</table>

### Time period

- 01/09/2013 to 31/12/2013

### Data source

- Department of Health (NHS Staff Survey)
  - [http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results](http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results)

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### Indicator ID

- NHSSTAFF06

### Category

- Staff training

### Indicator

- NHS Staff Survey: KF9. Support from immediate managers

### Rationale

Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution
also includes staff responsibilities. For example, staff pledge 2 is: *To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.*

Staff who are appropriately supported will be more empowered to care for patients.

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator: Number of staff reporting that they have received support from immediate managers</th>
<th>Denominator: Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator type</td>
<td>z-scored</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 31/12/2013</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Department of Health (NHS Staff Survey)</td>
<td><a href="http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/">http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>NTS12</th>
<th>Category: Staff training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>General Medical Council (GMC) national training survey – trainee's overall satisfaction</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>This indicator combines general questions about the quality and usefulness of the training post, and provides an overall score of staff satisfaction.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Categorical or Ordinal (z-scored)</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: Below Q2/IQR level</td>
<td>Elevated risk: n/a to this indicator</td>
</tr>
<tr>
<td>Time period</td>
<td>26/03/2014 to 08/05/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>General Medical Council (GMC) national training survey 2013 <a href="http://www.gmc-uk.org/education/surveys.asp">www.gmc-uk.org/education/surveys.asp</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Summary of survey - GMC permission is required to access trust level data via a secure portal)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHWEL129</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of registered nursing staff (NHS electronic staff record)</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>CQC guidance about compliance:</td>
<td></td>
</tr>
</tbody>
</table>
Providers can demonstrate that there are enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FTE nursing staff (not including community nurses)</td>
<td>FTE ward staff (not including those working in the community)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Proportional</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessment of risk</th>
<th>Risk: z-score greater than or equal to 2 but less than 3</th>
<th>Elevated risk: z-score greater than or equal to 3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time period</th>
<th>As at 31/05/2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data source</th>
<th>Electronic Staff Record Data Warehouse (Protected data)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHWEL132</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ratio of occupied beds to all nursing staff</th>
</tr>
</thead>
</table>

| Rationale | CQC guidance about compliance: Providers can demonstrate that there are enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times. |

<table>
<thead>
<tr>
<th>Indicator construction</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Number of occupied overnight beds in quarter / 3 * 24) + (Number of occupied day beds in quarter / 3 * 8)</td>
<td>FTE of staff * 37.5 hours * 52/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator type</th>
<th>Ratio</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessment of risk</th>
<th>Risk: z-score greater than or equal to 2 but less than 3</th>
<th>Elevated risk: z-score greater than or equal to 3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time period</th>
<th>As at 31/05/2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data source</th>
<th>Electronic Staff Record Data Warehouse (Protected data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator ID</td>
<td>MHWEL137</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>Indicator</td>
<td>Proportion of days sick in the last 12 months for medical and dental staff</td>
</tr>
<tr>
<td>Rationale</td>
<td>A high level of staff sickness could indicate a higher risk of not having enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.</td>
</tr>
</tbody>
</table>
| Indicator construction | **Numerator:** Number of days sick  
**Denominator:** Total number of days available |
| Indicator type | Proportional |
| Assessment of risk | **Risk:** z-score greater than or equal to 2 but less than 3  
**Elevated risk:** z-score greater than or equal to 3 |
| Time period | 01/04/2013 to 31/03/2014 |
| Data source  | Electronic Staff Record Data Warehouse (Protected data) |

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHWEL138</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of days sick in the last 12 months for nursing and midwifery staff</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>A high level of staff sickness could indicate a higher risk of not having enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.</td>
<td></td>
</tr>
</tbody>
</table>
| Indicator construction | **Numerator:** Number of days sick  
**Denominator:** Total number of days available |
| Indicator type | Proportional |
| Assessment of risk | **Risk:** z-score greater than or equal to 2 but less than 3  
**Elevated risk:** z-score greater than or equal to 3 |
<p>| Time period | 01/04/2013 to 31/03/2014 |
| Data source  | Electronic Staff Record Data Warehouse (Protected data) |</p>
<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHWEL139</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of days sick in the last 12 months for other clinical staff</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>A high level of staff sickness could indicate a higher risk of not having enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Number of days sick</td>
<td>Denominator: Total number of days available</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Electronic Staff Record Data Warehouse (Protected data)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHWEL140</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of days sick in the last 12 months for non-clinical staff</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>A high level of staff sickness could indicate a higher risk of not having enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Number of days sick</td>
<td>Denominator: Total number of days available</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Electronic Staff Record Data Warehouse (Protected data)</td>
<td></td>
</tr>
<tr>
<td>Indicator ID</td>
<td>FLUVAC01</td>
<td>Category: Staffing, sickness and turnover</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Indicator</td>
<td>Proportion of healthcare workers (HCW) with direct patient care that have been vaccinated against seasonal influenza</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>High rates of healthcare workers being vaccinated against seasonal influenza have been shown to reduce the risk of passing the infection to patients and reduce sickness absence of staff.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Total number of HCW who received vaccine</td>
<td>Denominator: Total number of HCW employed by trust</td>
</tr>
<tr>
<td>Indicator type</td>
<td>z-scored</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated Risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 31/01/2014</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>NHSSTAFF20</th>
<th>Category: Staffing, sickness and turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>NHS Staff Survey: KF20. % feeling pressure to attend work when feeling unwell in last 3 months</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Staff pledges, part of the NHS Constitution, define what the NHS expects from staff and what staff can expect from NHS employers. The constitution also includes staff responsibilities. For example, staff pledge 3 is: To provide support and opportunities for staff to maintain their health, well-being and safety.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Number of staff feeling pressure to attend work when feeling unwell in the last 3 months</td>
<td>Denominator: Number of respondents</td>
</tr>
<tr>
<td>Indicator type</td>
<td>z-scored</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td>Elevated Risk: z-score greater than or equal to 3</td>
</tr>
<tr>
<td>Time period</td>
<td>01/09/2013 to 31/12/2013</td>
<td></td>
</tr>
</tbody>
</table>
Data source

Department of Health (NHS Staff Survey)
http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>MHRES17</th>
<th>Category: Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Proportion of wards that have community meetings</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>Patients should have the opportunity to participate in meetings that influence the ward they are in.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: The number of wards reviewed with positive responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Denominator: Number of wards reviewed</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Proportional</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: z-score greater than or equal to 2 but less than 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elevated risk: z-score greater than or equal to 3</td>
<td></td>
</tr>
<tr>
<td>Time period</td>
<td>01/10/2012 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>MHA Reviewer visit reports recorded in the Mental Health Act database (CQC)</td>
<td></td>
</tr>
</tbody>
</table>

Qualitative indicators

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>WBLOW_MH01</th>
<th>Category: Qualitative indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Whistleblowing enquiries</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>It is important to take into account any whistleblowing alerts received about a provider that are raised by those working for the provider, as this reflects potentially very serious problems that may need to be addressed.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>Count of alerts</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elevated risk: One or more open alerts</td>
<td></td>
</tr>
<tr>
<td>Time period</td>
<td>01/12/2012 to 31/07/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Care Quality Commission (internal data)</td>
<td></td>
</tr>
<tr>
<td>Indicator ID</td>
<td>PHSOMH01</td>
<td>Category: Qualitative indicators</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Indicator</td>
<td>Fully and partly upheld Parliamentary Health Service Ombudsman (PHSO) investigations into complaints</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The role of PHSO is to consider complaints that government departments, a range of other public bodies in the UK, and the NHS in England, have not acted properly or fairly or have provided a poor service.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Numerator: Total number of fully and partial upheld complaints</td>
<td>Denominator: n/a</td>
</tr>
<tr>
<td>Indicator type</td>
<td>Count of fully and partially upheld complaints</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: 3 or more fully and partially upheld complaints</td>
<td>Elevated risk: 6 or more fully and partially upheld complaints</td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 31/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Parliamentary Health Service Ombudsman (PHSO) <a href="http://www.ombudsman.org.uk/">http://www.ombudsman.org.uk/</a></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td>The complaints data used in the report relates to all complaints resolved during the year 2013/14 and they may relate to incidents that occurred in previous years as a result of the time taken to handle complaints by the PHSO.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>CQC_COM01</th>
<th>Category: Qualitative indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>CQC complaints</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>It is important to take into account the complaints that we receive about a provider, as this gives us additional information that we can use alongside results from analysing their quantitative data.</td>
<td></td>
</tr>
<tr>
<td>Indicator construction</td>
<td>Counts of complaints adjusted by total patient volume</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>P-value</td>
<td></td>
</tr>
<tr>
<td>Assessment of risk</td>
<td>Risk: P-value &lt;= 0.05 after Elevated Risk trusts omitted from analysis</td>
<td>Elevated Risk: P-value &lt;= 0.05 and iterative global P-value &lt;= 0.20</td>
</tr>
<tr>
<td>Time period</td>
<td>01/08/2013 to 31/07/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Care Quality Commission (internal data)</td>
<td></td>
</tr>
<tr>
<td>Indicator ID</td>
<td>SAFEGUAR01</td>
<td>Category: Qualitative indicators</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Indicator</td>
<td>CQC’s National Customer Service Centre (NCSC) safeguarding concerns</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>It is important to take safeguarding concerns received about a provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>seriously as safeguarding is a very serious matter that needs to be</td>
<td></td>
</tr>
<tr>
<td></td>
<td>monitored.</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td><strong>Numerator:</strong> Count of safeguarding concerns</td>
<td></td>
</tr>
<tr>
<td>construction</td>
<td><strong>Denominator:</strong> Total number of patients using HES MHMDS bridging file</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>p-value</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td><strong>Risk:</strong> P-value &lt;= 0.05 after Elevated Risk trusts omitted from analysis</td>
<td></td>
</tr>
<tr>
<td>of risk</td>
<td><strong>Elevated Risk:</strong> P-value &lt;= 0.05 and iterative global P-value &lt;= 0.20</td>
<td></td>
</tr>
<tr>
<td>Time period</td>
<td>01/08/2013 to 31/07/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>Care Quality Commission (internal data)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Indicator ID</th>
<th>PROV_COM01</th>
<th>Category: Qualitative indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Provider complaints</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>It’s important to take into account the complaints that each provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>receives directly as this gives us additional information to be used</td>
<td></td>
</tr>
<tr>
<td></td>
<td>alongside results from analysing their quantitative data.</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Counts of complaints adjusted by total patient volume using an iterative</td>
<td></td>
</tr>
<tr>
<td>construction</td>
<td>negative binomial regression model. Patient volume may be partly estimated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>when its availability does not cover the full time period indicated below.</td>
<td></td>
</tr>
<tr>
<td>Indicator type</td>
<td>p-value</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td><strong>Risk:</strong> P-value &lt;= 0.05 after Elevated Risk trusts omitted from analysis</td>
<td></td>
</tr>
<tr>
<td>of risk</td>
<td><strong>Elevated Risk:</strong> P-value &lt;= 0.05 and iterative global P-value &lt;= 0.20</td>
<td></td>
</tr>
<tr>
<td>Time period</td>
<td>01/04/2013 to 30/03/2014</td>
<td></td>
</tr>
<tr>
<td>Data source</td>
<td>HSCIC - NHS written data complaints</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.hscic.gov.uk/article/2021/Website-Search?productid=15261&amp;q=complaints&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.hscic.gov.uk/article/2021/Website-Search?productid=15261&amp;q=complaints&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a></td>
<td></td>
</tr>
<tr>
<td>Indicator ID</td>
<td>GMC_MH01</td>
<td><strong>Category:</strong> Qualitative indicators</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Indicator</strong></td>
<td>General Medical Council (GMC) – enhanced monitoring (mental health only)</td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>GMC monitoring information is important as when considered with other information it can provide a fuller picture of the provider’s performance.</td>
<td></td>
</tr>
<tr>
<td><strong>Indicator construction</strong></td>
<td>Count of entries</td>
<td></td>
</tr>
<tr>
<td><strong>Indicator type</strong></td>
<td>Count of entries</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment of risk</strong></td>
<td><strong>Risk:</strong> 1 or more entries where the GMC is status is not Closed or Concerns Over Progress</td>
<td></td>
</tr>
<tr>
<td><strong>Elevated risk:</strong></td>
<td>1 or more entries where the GMC status Concerns Over Progress</td>
<td></td>
</tr>
<tr>
<td><strong>Time-period</strong></td>
<td>01/08/2014 to 16/08/2014</td>
<td></td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Data supplied by the General Medical Council (GMC) based on information published by the GMC at: <a href="http://www.gmc-uk.org/education/enhanced_monitoring.asp">http://www.gmc-uk.org/education/enhanced_monitoring.asp</a></td>
<td></td>
</tr>
</tbody>
</table>
Data sources and other useful terms

**British National Formulary (BNF):** A pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the NHS.

**Care programme approach (CPA):** If you care for someone who has severe mental health problems, or a range of different needs, their care may be coordinated under a care programme approach (CPA). This is a particular way of assessing, planning and reviewing someone's mental health care needs.

**Community Meeting:** A meeting arranged by the hospital for patients and some staff members to meet as a group to discuss any concerns or suggestions about daily life and to provide information (not a meeting to discuss therapeutic measures).

**Community treatment order (CTO):** A legal measure that allows mental health teams to impose compulsory supervision on a patient after they have been discharged from an involuntary stay in hospital.

**Department of Health (DH):** Develops policies and guidelines to improve the quality of care and to meet patient expectations.

**Electronic Staff Record (ESR):** A human resources and payroll database system currently used by the NHS.

**General Medical Council (GMC):** The independent regulatory body for doctors in the UK. The GMC’s legal purpose is to protect, promote and maintain the health and safety of the public by making sure that doctors meet their standards for good medical practice.

**Hospital Episode Statistics (HES):** A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver.

**Health & Social Care Information Centre (HSCIC):** The central, authoritative source of health and social care information for England. Acting as a hub for high quality, national comparative data for secondary uses, the HSCIC delivers information for local decision makers to improve the quality and efficiency of frontline care.

**Improving Access to Psychological Therapies (IAPT):** This programme supports the frontline NHS in implementing National Institute for Health and Care Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

**Mental Health Minimum Data Set (MHMDS):** Contains record-level data about the care of adults and older people using secondary mental health services.

**Monitor:** The sector regulator for health services in England. It protects and promotes the interests of patients by ensuring that the whole sector works for their benefit.
National Reporting and Learning System (NRLS): A central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

NHS Staff Survey: An important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.

Parliamentary and Health Service Ombudsman (PHSO): Investigates complaints that individuals have been treated unfairly or have received poor service from government departments, other public organisations and the NHS in England.

Patient-Led Assessments of the Care Environment (PLACE): The new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care.

Second Opinion Appointed Doctor (SOAD): This service safeguards the rights of patients detained under the Mental Health Act 1983 who either refuse the treatment prescribed to them or are deemed incapable of consenting. The role of the SOAD is to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient.

Whistleblowing concerns: A term used when someone who works for an employer raises a concern about malpractice, risk, wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.