CareQuality Commission

CQC Insight

NHS trusts and community interest companies that provide specialist mental health services

Indicators and methodology guidance

This document defines the indicators and methods of calculating risk for the indicators in the Intelligence section of the tool.

Contents

Introduction

CQC Insight is an intelligence tool primarily for CQC operational staff to help monitor potential changes to the quality of care and to support regulatory decision making. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care by giving inspectors routine access to key information. CQC Insight is intended to help our inspection teams decide what, where and when to inspect and to provide national data analysis to support the evidence in the well-led inspection report.

CQC Insight includes a set of indicators for monitoring risks to the quality of care. These indicators measure outcomes that have a high impact on service users and relate to the five key questions that are asked during inspections, namely: are services safe, effective, caring, responsive, and well-led?

This guidance document provides key information on the quality monitoring indicators included in the CQC Insight tool for mental health NHS services. The analysis includes the NHS Trusts and community interest companies that provide a standard range of NHS funded specialist mental health services to a local population. Additionally, some of the analyses of the Mental Health Services Data Set now also include Independent healthcare providers. Indicator data comes from a variety of sources including data held by CQC, national data, as well as data and intelligence from providers, other stakeholders and partners.

Risk assessment

This section provides details of how we identify risks. The definitions and construction of individual indicators are given in the following section.

We carry out analysis on all of the indicators to identify the following levels:

- ‘about the same’
- ‘worse’
- ‘much worse’.

Where appropriate, we also assess positive performance in some indicators and therefore also identify where performance is:

- ‘better’
- ‘much better’

This analysis uses a number of tests to determine where the thresholds of performance sit for each indicator, based on our judgement of which statistical tests are most appropriate. These tests include Poisson calculations and z-scoring techniques. Where an indicator has ‘about the same’ this refers to where our statistical analysis has not deemed the results on that indicator to be an outlier (either negative or positive). For some data sources these thresholds are determined by a rules-based approach, for example concerns raised by staff to CQC where these have taken time to resolve are always flagged in the model. We have produced a separate document that describes the statistical methods of data analysis in further detail. This is available here.

Please note:

Suppression: We apply a strict statistical disclosure control in accordance with the NHS Digital protocol, to all published HES/MHSDS data. This suppresses small numbers to stop people identifying themselves and others, to ensure that patient confidentiality is maintained. An asterisk (*) in the observed column indicates a suppressed value between 1 and 5.

We also include MHSDS data published by NHS Digital. In this data small numbers are also suppressed. However, note that suppressed values in this data INCLUDE ZERO.

Not applicable or N/A Values: “n/a” is used to mean either that an expected value is not relevant to a specific indicator because the indicator is rules based or the indicator does not have an observed value.

Change over time

The rules for determining whether a change is improving or declining depend on the types of indicator. The ones used in Insight currently are:

Type of change (code*)	Type of change	Improving 	About the same 	Declining 
1	Change in category	Improved by one or more categories	Same category as before	Worsened by one or more categories
3	Percentage change	Increased or decreased by at least five percentage points, depending on whether high or low values are better	Change is less than five percentage points	Decreased or increased by at least five percentage points, depending on whether low or high values are worse
7	Change in national comparison	National comparison improved by at least one performance band	No change to national comparison	National comparison worsened by at least one performance band
10	T-test	Statistically significant improvement based on a two-sample t-test	No statistically significant change	Statistically significant deterioration based on a two-sample t-test
-1, 9	N/A	Change over time not currently provided		
* The change over time numerical codes are used in the Insight datasheet				

Indicator descriptions

For each indicator we explain:

- The indicator ID and description
- The coverage (whether the indicator applies to all services provided by trust/community interest company or only their mental health services)
- The rationale
- Change(s) to indicator (if the indicator has changed with regards to the construction, the method of calculation, the indicator ID or if it is a new indicator)
- How the numerator and denominator are constructed
- How we have determined the comparison with other providers and whether the results for the provider are ‘about the same’, ‘worse’ or ‘much worse’. Where appropriate, we also apply thresholds in relation to positive results – ‘better’ or ‘much better’
- The time period the data source covers
- The change over time method
- The methodology used to generate change over time flags, and wether the results for the provider have improved, declined, or stayed the same since the previous reporting period.
- The data source and links to the original source (where this is available).

Trust-wide

Safe

Indicator ID	QL_SS01	**Coverage:** All services
Indicator Description	**Proportion staff believe they have adequate material and resourcing (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who answered affirmative to question *4f 'I have adequate materials, supplies and equipment to do my work'*	**Denominator:** Total number of respondents to question *4f 'I have adequate materials, supplies and equipment to do my work'*
Indicator type	Rule based and Z-Scored	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score ≥3.0 Worse than expected: Z-score ≥2.0 About the same: -2>Z-score<2 Better than expected: Z-score ≤-2.0 Much better than expected: Z-score ≤-3.0	
Time period	3 months	
Change over time	Percentage change	
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Indicator ID	QL_SS03	**Coverage:** All services
Indicator Description	**Proportion of staff doing paid overtime (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who responded with a number greater than zero to question *10b 'On average how many additional paid hours do you work per week'*	**Denominator:** Total number of respondents to question *10b 'On average how many additional paid hours do you work per week'*
Indicator type	Rule based and Z-Scored	
Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as "much better" than expected • Otherwise, the best-scoring 25% of trusts are "better" than expected. • Trusts with z-score>2 are shown as "much worse" than expected. • Otherwise, the worst-scoring 25% of trusts are "worse" than expected. • Trusts in the middle 50% of trusts are "about the same" as expected.	
Time period	3 months	
Change over time	Percentage change	
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Indicator ID	QL_SS04	**Coverage:** All services
Indicator Description	**Proportion of staff doing unpaid overtime (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who responded with a number greater than zero to question *10c 'On average how many additional unpaid hours do you work per week'*	**Denominator:** Total number of respondents to question *10c 'On average how many additional unpaid hours do you work per week'*
Indicator type	Rule based and Z-Scored	
Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as "much better" than expected • Otherwise, the best-scoring 25% of trusts are "better" than expected. • Trusts with z-score>2 are shown as "much worse" than expected. • Otherwise, the worst-scoring 25% of trusts are "worse" than expected. • Trusts in the middle 50% of trusts are "about the same" as expected.	
Time period	3 months	
Change over time	Percentage change	
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Indicator ID	MHSAFE06	**Coverage:** All services
Indicator Description	**Proportion of reported patient safety incidents that are harmful - proportion of all incidents reported to the NRLS that are categorised as low harm, moderate, severe or death (%)**	
Rationale	A high proportion of harmful incidents may indicate that there are potential risks around the quality and safety of care provided.	
Change to indicator?	No	
Indicator construction	**Numerator:** The total number of notified incidents rated as 'low harm', 'moderate harm', 'severe harm' or 'death' during the last year	**Denominator:** The total number of notified incidents reported
Indicator type	Proportion	
Assessment of risk	**Worse:** z-score greater than or equal to 2 but less than 3	**Much Worse:** z-score greater than or equal to 3
Time period	12 months with the most recent month at least 2 months old	
Change over time	Percentage change	
Data source	National Reporting and Learning System http://www.nrls.npsa.nhs.uk/resources/	

Indicator ID	COM_CASMH	**Coverage:** All services
Indicator Description	**Central Alerting System (CAS): Composite indicator on dealing with (CAS) safety alerts indicators in a timely way**	
Rationale	The Central Alerting System (CAS) issues safety-critical information and guidance to the NHS and other providers of health and social care. NHS trusts are given a set amount of time to respond to each alert, and confirm that action has been taken (or that no action is required). Failure to sign off on alerts may represent a risk to patient safety.	
Change to indicator?	No	
Indicator construction	This is a composite indicator comprising:	

	CASMH01A: Number of CAS alerts outstanding for up to 12 months after the closing date CASMH01B: Number of CAS alerts outstanding for 12 or more months after the closing date CASMH01C: Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late Detailed specifications of the underlying CAS indicators in Appendix 1. The final risk assigned is the highest risk level from any of the three components.	
Indicator type	Categorical rules based	
Assessment of risk	**Worse:** CASMH01A: 1 to 4 CAS alerts still open after due date CASMH01B: 1 CAS alerts still open after the due date CASMH01C: >25% and <50% alerts closed late	**Much worse:** CASMH01A: 5 or more CAS alerts still open after due date CASMH01B: 2 or more CAS alerts still open after the due date CASMH01C: 50% or more alerts closed late
Time-period	Snapshot of data downloaded on one day CASMH01A and CASMH01C: Alerts scheduled for completion within the last 12 months CASMH01B: Open alerts from before the last 12 months	
Change over time	Change in risk bands	
Data source	Central Alerting System https://www.cas.mhra.gov.uk/Home.aspx	
Notes	This indicator includes the following types of alert issued through the Central Alerting System: • Patient safety alerts • Medical device alerts • Estates and Facilities notices • Other alerts issued by DH Four patient safety alerts have been excluded on the advice of NHS England. These are: • Safer spinal (intrathecal), • Epidural and regional devices Parts A and B, • Minimising risks of mismatching spinal,	

	• Epidural and regional devices with incompatible connectors and technical patient safety solutions for medicines reconciliation on admission of adults to hospital.

Indicator ID	NRLSL08MH	**Coverage:** All services
Indicator Description	**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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of months in which data was reported to the NRLS (maximum number of months possible is 6)	**Denominator:** n/a
Indicator type	Categorical or ordinal	
Assessment of risk	**Worse**: Data was reported to NRLS in 3 or 4 of the 6 months	**Much Worse**: Data was reported to the NRLS in 0, 1 or 2 of the 6 months
Time period	6 months	
Change over time	Change in national comparison	
Data source	National Reporting and Learning System http://www.nrls.npsa.nhs.uk/resources/	

Indicator ID	MHSAF07C	**Coverage:** All services
Indicator Description	**Potential under-reporting of patient safety incidents - count of reported incidents as a ratio to MHMDS and HES spells (no harm, low harm, moderate harm, severe harm, death)**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Count 1:** Number of reported patient safety incidents resulting in 'no harm', 'low harm', 'moderate harm', 'severe harm' or 'death'. Note: a low number is an indicator of risk	**Count 2:** Total mental health patient count
Indicator type	Ratio of counts	
Assessment of risk	**Worse**: z-score greater than or equal to 2 but less than 3	**Much Worse:** z-score greater than or equal to 3
Time period	**Count 1:** 12 months with the most recent month at least 2 months old	**Count 2:** The most recent 12 month period for which data is available. This may not be the same period as Count 1.
Change over time	Change in national comparison	
Data source	**Count 1:** National Reporting and Learning System http://www.nrls.npsa.nhs.uk/resources/	**Count 2:** NHS Digital - Mental Health Services Data Set (MHSDS) https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set

Indicator ID	QL_SS05	**Coverage:** All services
Indicator Description	**Proportion staff reporting errors, incidents or near misses in last month (%)**	
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. Staff feedback about their work	

	environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who answered affirmative to question *16c 'The last time you saw an error, near miss or incident…did you or a colleague report it'*	**Denominator:** Total number of respondents to question *16c 'The last time you saw an error, near miss or incident…did you or a colleague report it'*
Indicator type	Rule based and Z-Scored	
Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as "much better" than expected • Otherwise, the best-scoring 25% of trusts are "better" than expected. • Trusts with z-score>2 are shown as "much worse" than expected. • Otherwise, the worst-scoring 25% of trusts are "worse" than expected. • Trusts in the middle 50% of trusts are "about the same" as expected.	
Time period	3 months	
Change over time	Percentage change	
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Effective

Indicator ID	MHSDS_4MHA1	**Coverage**: Mental health services only
Indicator Description	**Ratio of the number of uses of section 4 to the number of uses of section 2 of the MHA**	
Rationale	The Mental Health Act Code of Practice indicates that Section 4 (admission for assessment in emergency) should be used only 'in a genuine emergency where the patient's need for urgent assessment outweighs the desirability of	

	waiting for a second doctor'. Although it is likely that most use of Section 4 is a response to a clinical emergency, high use of section 4 may signal difficulties in accessing a second Section 12 approved doctor and/or a doctor with previous acquaintance of the patient (and preferably a doctor who has personally treated the patient or at the very least a doctor who has some previous knowledge of their case).	
Change to indicator?	No	
Indicator construction	**Numerator:** Count of uses of section 4 of the MHA	**Denominator:** Count of uses of section 2 of the MHA
Indicator type	Ratio of counts	
Assessment of risk	**Worse:** Ratio between 0.04 and 0.08	**Much worse:** Ratio greater than 0.08
Time period	12 months	
Change over time	Change in national comparison	
Data source	NHS Digital - Mental Health Services Data Set (MHSDS)	

Indicator ID	QL_SS07	**Coverage:** All services
Indicator Description	**Proportion staff appraised (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who answered affirmative to question *19a 'In the last 12 months have you had an appraisal, annual review or development review'*	**Denominator:** Total number of respondents to question *19a 'In the last 12 months have you had an appraisal, annual review or development review'*
Indicator type	Rule based and Z-Scored	

Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>2 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected.
Time period	3 months
Change over time	Percentage change
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Responsive

Indicator ID	OAPMH01	**Coverage:** Mental health services
Indicator Description	**The average number of days per out of area placement**	
Rationale	An Out of Area Placement (OAP) for acute mental health in-patient care is defined as happening when: A person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of their usual local network of services. Higher numbers of days per OAP are an indication of risk. Various studies have linked out of area placements to social dislocation and risks of mental health deterioration. There is evidence that children, young people and vulnerable disabled people experience the worst outcomes of out of area placements.	
Change to indicator?	No	

Indicator construction	**Numerator:** Total number of out of area placements days over the period for which the trust was the 'sending provider'	**Denominator:** Out of area placements which were active during the period (total number ended in period + total number active at period end) for which the trust was the 'sending provider'
Indicator type	Ratio of counts	
Assessment of risk	**Worse** z-score greater than or equal to 2 but less than 3	**Much Worse** z-score greater than or equal to 3
Time period	12 months	
Change over time	Change in national comparison	
Data source	NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services	
Note	Trust data is suppressed if the value is between one and four. This is replaced by an * in the raw data. Also the number of placements is rounded to the nearest 5 for each trust.	

Well led

Indicator ID	QL_SS08	**Coverage:** All services
Indicator Description	**Proportion staff who know who senior managers are (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who answered affirmative to question *9a 'I know who the senior managers are here'*	**Denominator:** Total number of respondents to question *9a 'I know who the senior managers are here'*

Indicator type	Rule based and Z-Scored
Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>2 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected.
Time period	3 months
Change over time	Percentage change
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY01	**Coverage:** All services
Indicator Description	**Equality, diversity & inclusion**	
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 1: The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.	
Change to indicator?	No	
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected.	

	• Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England – NHS Staff Survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	GMC_MH01	**Coverage:** All services
Indicator Description	**General Medical Council (GMC) – enhanced monitoring**	
Rationale	Enhanced monitoring is used to support medical training organisations with concerns about the quality and safety of training. Issues that require enhanced monitoring are those that could affect patient safety or training progression or quality. Issues are usually referred to the GMC if they meet the following criteria: • Persistent and serious patient safety concerns • Doctors in training’s safety is at risk • Doctors in training are not getting the experience required • Local quality management processes alone are insufficient to address the issue. • GMC monitoring information is important as, when considered with other information, it can provide a fuller picture of the provider’s performance.	
Change to indicator?	No	

Indicator construction	Count of entries	
Indicator type	Categorical	
Assessment of risk	**Worse**: 1 or more entries where the GMC is status is 'New concern identified', 'Plan in place', 'Checking sustainability' or 'Progress being monitored'.	**Much worse:** 1 or more entries where the GMC status 'Changes falling behind'.
Time-period	Snapshot of data downloaded on one day.	
Change over time	Change in category	
Data source	Data supplied by the General Medical Council (GMC) based on information published by the GMC at: http://www.gmc-uk.org/education/enhanced_monitoring.asp	

Indicator ID	NTS12_MH01	**Coverage:** All services
Indicator Description	**General Medical Council (GMC) national training survey – trainee's overall satisfaction**	
Rationale	This indicator combines general questions about the quality and usefulness of the training post, and provides an overall score of staff satisfaction. The GMC apply a five-point scale to score the results of the national training survey as follows:	

GMC statement	**Description**
RED	Below Outlier
PINK	Within the lower quartile (Q1), but not a below outlier
WHITE	Within the middle quartile (Q2/IQR)
GRASS	Within the upper quartile (Q3), but not an above outlier

	GREEN: Above outlier
Change to indicator?	No
Indicator type	Categorical or Ordinal
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Below outlier **Worse:** Within lower quartile (Q1), but not below outlier **About the same:** Within middle quartile (Q2/IQR) **Better:** Within upper quartile (Q3), but not above outlier **Much better:** Above outlier
Time period	12 month
Change over time	Change in category
Data source	General Medical Council (GMC) national training survey 2019 www.gmc-uk.org/education/surveys.asp (Summary of survey - GMC permission is required to access trust level data via a secure portal)

Indicator ID	NHSSTFSVY02	**Coverage:** All services
Indicator Description	**Health & wellbeing**	
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 4: The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.	
Change to indicator?	No	

Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY03	**Coverage:** All services
Indicator Description	**Immediate managers**	
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 3: The NHS commits to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.	
Change to indicator?	No	
Indicator construction and	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor.	

Assessment of risk	At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY04	**Coverage:** All services
Indicator Description	**Morale**	
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 1: The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.	
Change to indicator?	No	

Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	MHWEL141	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for Allied Health Professionals and Scientific,Therapeutic and Technical staff**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	

Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0
Time period	1 month
Change over time	Percentage change
Data source	Electronic Staff Record Data Warehouse (Protected data)

Indicator ID	MHWEL142	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for Healthcare Assistants**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0	
Time period	1 month	
Change over time	Percentage change	
Data source	Electronic Staff Record Data Warehouse (Protected data)	

Indicator ID	MHWEL137	**Coverage:** All services

Indicator Description	**Proportion of days sick in the last 12 months for medical and dental staff**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0	
Time period	1 month	
Change over time	Percentage change	
Data source	Electronic Staff Record Data Warehouse (Protected data)	

Indicator ID	MHWEL140	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for non-clinical staff**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2	

	Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0
Time period	1 month
Change over time	Percentage change
Data source	Electronic Staff Record Data Warehouse (Protected data)

Indicator ID	MHWEL138	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for nursing and midwifery staff**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0	
Time period	1 month	
Change over time	Percentage change	
Data source	Electronic Staff Record Data Warehouse (Protected data)	

Indicator ID	MHWEL143	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for Nursing Associates and Trainees**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0	
Time period	1 month	
Change over time	Percentage change	
Data source	Electronic Staff Record Data Warehouse (Protected data)	

Indicator ID	MHWEL144	**Coverage:** All services
Indicator Description	**Proportion of days sick in the last 12 months for Allied Healthcare Professionals and Scientific Therapeutic and Technical Support staff**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of days sick	**Denominator:** Total number of days available
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: Much worse than expected: Z-score **≥**3.0 Worse than expected: Z-score **≥**2.0 About the same: -2>Z-score<2 Better than expected: Z-score **≤**-2.0 Much better than expected: Z-score **≤**-3.0	
Time period	1 month	

Change over time	Percentage change
Data source	Electronic Staff Record Data Warehouse (Protected data)

Indicator ID	FLUVACMH01	**Coverage:** All services
Indicator Description	**Proportion of healthcare workers with direct patient care that have been vaccinated against seasonal influenza**	
Rationale	High rates of healthcare workers (HCWs) being vaccinated against seasonal influenza have been shown to reduce the risk of passing the infection to patients and reduce sickness absence of staff.	
Change to indicator?	No	
Indicator construction	**Numerator:** Total number of HCWs who received vaccine	**Denominator:** Total number of HCWs employed by trust
Indicator type	Proportional	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0	
Time period	6 months	
Change over time	Percentage change	
Data source	Department of Health https://www.gov.uk/government/statistics/announcements/seasonal-flu-vaccine-uptake-in-healthcare-workers-in-england-winter-2018-to-2019	

Indicator ID	NHSSTFSVY05	**Coverage:** All services
Indicator Description	**Quality of appraisals**	
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 3: The NHS commits to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
Change to indicator?	No
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY06	**Coverage:** All services
Indicator Description	**Quality of care**	

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: The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
Change to indicator?	No
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY07	**Coverage:** All services

Indicator Description	**Safe Environment - Bullying & Harassment**
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 4: The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
Change to indicator?	No
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY08	**Coverage:** All services

Indicator Description	**Safe Environment – Violence**
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 4: The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
Change to indicator?	No
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY09	**Coverage:** All services

Indicator Description	**Safety Culture**
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 7: The NHS commits to encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.
Change to indicator?	No
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected
Indicator type	Rule-based and z-scored
Time period	3 months
Change over time	T-test
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey

Indicator ID	NHSSTFSVY10	**Coverage:** All services
Indicator Description	**Staff Engagement**	
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 5: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.	
Change to indicator?	No	
Indicator construction and Assessment of risk	Staff survey questions relating to Equality, diversity & inclusion are aggregated into a single score out of 10 by Picker, the staff survey contractor. At CQC the indicator values are z-scored and assessed using these rules: • Trusts with z-score <-3 are shown as “much better” than expected • Otherwise, the best-scoring 25% of trusts are “better” than expected. • Trusts with z-score>3 are shown as “much worse” than expected. • Otherwise, the worst-scoring 25% of trusts are “worse” than expected. • Trusts in the middle 50% of trusts are “about the same” as expected	
Indicator type	Rule-based and z-scored	
Time period	3 months	
Change over time	T-test	
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Indicator ID	WBLOW_MH01	**Coverage:** All services
Indicator Description	**Whistleblowing alerts received by the CQC that have been open for at least 10 weeks.**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	Snapshot count of alerts that are 'open',' in progress', 'pending' or 'on hold' at the start of the time period and not closed by the end of it.	
Indicator type	Count	
Assessment of risk	**Worse** n/a	**Much Worse** One or more alerts that are 'open', 'in progress', 'pending' or 'on hold'
Time period	Snapshot of whistleblowing alerts, that were active on the day which the data was downloaded and were raised at least 10 weeks earlier	
Change over time	Change in category	
Data source	Care Quality Commission (internal data)	

Indicator ID	SOF_MH01	**Coverage:** All services
Indicator Description	**Identified level of support needs by provider segmentation**	
Rationale	The Single Oversight Framework helps to identify NHS providers' potential support needs across five themes. These are quality of care, finance/use of resources, operational performance, strategic change, and leadership/improvement capability. Individual trusts are placed into a segment according to the level of support they need.This is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'.	
Change to indicator?	No	
Indicator construction	Categorical indicator based on segmentation applied under the Single Oversight Framework.	
Indicator type	Categorical	

Assessment of risk	Four point scale used to assess risk and good performance (there is no 'Much better' category at present for this indicator): **Better:** Providers with maximum autonomy. **About the same:** Providers offered targeted support. **Worse:** Providers receiving mandated support. **Much worse:** Providers in special measures.
Time period	Snapshot of data downloaded on one day
Change over time	Change in category
Data source	https://improvement.nhs.uk/resources/single-oversight-framework-segmentation/
Notes	1. Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance. 2. Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support. 3. Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements. 4. Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.

Indicator ID	QL_SS14	**Coverage:** All services
Indicator Description	**Staff receive updates on patient feedback (%)**	
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. Staff feedback about their work environment and how their trust is performing is an indicator of how the trust is functioning.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of staff who answered affirmative to question *22b 'I*	**Denominator:**

	receive updates on patient feedback'	Total number of respondents to question *22b 'I receive updates on patient feedback'*
Indicator type	Rule based and Z-Scored (Percentage)	
Assessment of risk	A five-point scale was assigned, giving positive and negative bandings: • Trusts with z-score <-2 are shown as "much better" than expected • Otherwise, the best-scoring 25% of trusts are "better" than expected. • Trusts with z-score>2 are shown as "much worse" than expected. • Otherwise, the worst-scoring 25% of trusts are "worse" than expected. • Trusts in the middle 50% of trusts are "about the same" as expected.	
Time period	3 months	
Change over time	Percentage change	
Data source	NHS England - NHS staff survey https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/	
Note	Note: Livewell Southwest CIC is not listed in the survey data. Because of this, no change over time analysis was possible for this provider. Please refer to the link below for additional information regarding the survey: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey	

Indicator ID	DQMI_MH03	**Coverage:** All services
Indicator Description	**Overall Data Quality Maturity Index Score – monthly (%)**	
Rationale	The Data Quality Maturity Index (DQMI) is a monthly publication intended to raise the profile and significance of data quality in the NHS in line with the NHS Digital data quality assurance strategy 2015-2020.	
Change to indicator?	No	
Indicator construction	Percentage score	
Indicator type	Z-Scored (Percentage)	
Assessment of risk	Three point scale used to assess risk (there is no 'better' category at present for this indicator): **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** Z-score < 2.0	
Time period	1 Month	
Change over time	N/A	
Data source	https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality	
Note	DQMI reports from the following datasets: Accident and Emergency Admitted Patient Care Community Services Improving Access to Psychological Therapies Mental Health Services Maternity Services Outpatient Most providers will be classified as the same or worse than expected, as the expected rate for all the field is at or near 100%. Many of the datasets have been long established, though some variance might occur where newer data sets are concerned.	

Inpatient Services

Safe

Indicator ID	PLACE_MH01	**Coverage:** All services
Indicator Description	**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.	
Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.	
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the scores is: The sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.	
Indicator type	Percentage	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0	
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)	
Change over time	Percentage change	
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019	

Indicator ID	PLACE_MH05	**Coverage:** All services

Indicator Description	**PLACE (patient-led assessments of the care environment) score for score for dementia care**
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.
Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the scores is: The sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.
Indicator type	Percentage
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)
Change over time	Percentage change
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019

Indicator ID	PLACE_MH06	**Coverage:** All services
Indicator Description	**PLACE (patient-led assessments of the care environment) score for score for disability care**	
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.	

Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the scores is: The sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.
Indicator type	Percentage
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)
Change over time	Percentage change
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019

Indicator ID	PLACE_MH04	**Coverage:** All services
Indicator Description	**PLACE (patient-led assessments of the care environment) score for score for facilities (condition, appearance and maintenance)**	
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.	
Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.	
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the scores is: The sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.	
Indicator type	Percentage	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0	

	Worse: Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)
Change over time	Percentage change
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019

Indicators	**Rate of recorded uses of formal seclusion per 100 inpatients** – The following indicators use the same construction but are categorised by either mental health or learning disability as well as the level of ward security	**Coverage:** Mental health and learning disability services only
Indicator name	**LD_MHSDS_SC1 – Rate of recorded uses of formal seclusion per 100 learning disability inpatients on general non-secure (level 0) wards** **LD_MHSDS_SC2 – Rate of recorded uses of formal seclusion per 100 learning disability inpatients on secure (level 1-3) wards** **MH_MHSDS_SC1 – Rate of recorded uses of formal seclusion per 100 mental health inpatients on general non-secure (level 0) wards** **MH_MHSDS_SC2 – Rate of recorded uses of formal seclusion per 100 mental health inpatients on secure (level 1-3) wards**	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users	
Change to indicator?	No	
Indicator Construction	**Numerator:** Total count of seclusions	**Numerator:** Total count of seclusions

	For all patients in security ward level applicable to that indicator, the volume of seclusion events is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security **was unknown.**	
Indicator type	**Ratio of counts**	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	
Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts for MH are for patients flagged as MH only. Counts for LD are for patients flagged as LD or MH & LD.	

Indicators	**Recorded uses of restraint per 100 mental health inpatients –** The following indicators use the same construction but are categorised by the level of ward security and type of restraint	**Coverage:** Mental health services only
Indicator name	**MH_MHSDS_RS1** – Rate of recorded uses of restraint per 100 mental health inpatients on general non-secure (level 0) wards **MH_MHSDS_RS2** – Rate of recorded uses of restraint per 100 mental health inpatients on secure (level 1-3) wards **MH_MHSDS_RS3** – Rate of recorded uses of physical restraint (excluding prone) per 100 mental health inpatients on general non-secure (level 0) wards **MH_MHSDS_RS4** – Rate of recorded uses of physical restraint (excluding prone) per 100 mental health inpatients on secure (level 1-3) wards **MH_MHSDS_RS5** – Rate of recorded uses of prone restraint per 100 mental health inpatients on general non-secure (level 0) wards	

	MH_MHSDS_RS6 – Rate of recorded uses of prone restraint per 100 mental health inpatients on secure (level 1-3) wards	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users.	
Change to indicator?	No	
Indicator Construction	**Numerator:** Total count of restraints	**Denominator:** Total count of mental health inpatients
	For all patients in security ward level applicable to that indicator, the volume of restraints is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security was unknown.	
Indicator type	Ratio of counts	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	
Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts for MH are for patients flagged as MH only. Counts for LD are for patients flagged as LD or MH &LD.	

Indicators	**Recorded uses of restraint per 100 learning disability inpatients** – The following indicators use the same construction but are categorised	**Coverage:** Learning disability services only

	by the level of ward security and type of restraint	
Indicator names	**LD_MHSDS_RS1** – Rate of recorded uses of restraint per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_RS2** – Rate of recorded uses of restraint per 100 learning disability inpatients on secure (level 1-3) wards **LD_MHSDS_RS3** – Rate of recorded uses of physical restraint (excluding prone) per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_RS4** – Rate of recorded uses of physical restraint (excluding prone) per 100 learning disability inpatients on secure (level 1-3) wards **LD_MHSDS_RS5** – Rate of recorded uses of prone restraint per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_RS6** – Rate of recorded uses of prone restraint per 100 learning disability inpatients on secure (level 1-3) wards	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users.	
Change to indicator?	No	
Indicator Construction	**Numerator:** Total count of restraints	**Denominator:** Total count of inpatients with a learning disability
	For all patients in security ward level applicable to that indicator, the volume of restraints is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security was unknown.	
Indicator type	Ratio of counts	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	

Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts are for patients flagged as LD or MH &LD.

Indicator	**Rate of recorded assaults on patients by other patients per 100 inpatients** – The following indicators use the same construction but are categorised by either mental health or learning disability as well as the level of ward security	**Coverage:** Mental health and learning disability services only
Indicator name	**LD_MHSDS_AS1 –** Rate of recorded assaults on patients by other patients per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_AS2 –** Rate of recorded assaults on patients by other patients per 100 learning disability inpatients on secure (level 1-3) wards **MH_MHSDS_AS1 –** Rate of recorded assaults on patients by other patients per 100 mental health inpatients on general non-secure (level 0) wards **MH_MHSDS_AS2 –** Rate of recorded assaults on patients by other patients per 100 mental health inpatients on secure (level 1-3) wards	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users.	
Change to indicator?	No	
Indicator Construction	**Numerator:** Total count of assaults	**Denominator:** MH: Total count of mental health inpatients LD: Total count of inpatients with a learning disability
	For all patients in security ward level applicable to that indicator, the volume of assaults is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security was unknown.	

Indicator type	Ratio of counts	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	
Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts for MH are for patients flagged as MH only. Counts for LD are for patients flagged as LD or MH &LD	

Indicator	**Rate of recorded incidences of self-harm per 100 detained patients** – The following indicators use the same construction but are categorised by either mental health or learning disability as well as the level of ward security	**Coverage**: Mental health and learning disability services only
Indicator Description	**LD_MHSDS_SH1 –** Rate of recorded incidence of self-harm per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_SH2 –** Rate of recorded incidence of self-harm per 100 learning disability inpatients on secure (level 1-3) wards **MH_MHSDS_SH1 –** Rate of recorded incidence of self-harm per 100 mental health inpatients on general non-secure (level 0) wards **MH_MHSDS_SH2 –** Rate of recorded incidence of self-harm per 100 mental health inpatients on secure (level 1-3) wards	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users.	
Change to indicator?	No	
Indicator construction	**Numerator:** Total count of incidence of self-harm	**Denominator:** MH: Total count of mental health inpatients LD: Total count of inpatients with a learning disability

	For all patients in security ward level applicable to that indicator, the volume of incidence of self-harm is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security was unknown.	
Indicator type	Ratio of counts	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	
Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts for MH are for patients flagged as MH only. Counts for LD are for patients flagged as LD or MH &LD.	

Indicator	**Rate of recorded incidences who are reported as Absent without Leave (AWOL) per 100 detained patients** – The following indicators use the same construction but are categorised by either mental health learning disability as well as the level of ward security	**Coverage**: Mental health and learning disability services only
Indicator Description	**LD_MHSDS_AW1 –** Rate of recorded unauthorised absences per 100 learning disability inpatients on general non-secure (level 0) wards **LD_MHSDS_AW2 –** Rate of recorded unauthorised absences per 100 learning disability inpatients on secure (level 1-3) wards **MH_MHSDS_AW1 –** Rate of recorded unauthorised absences per 100 mental health inpatients on general non-secure (level 0) wards	

	MH_MHSDS_AW2 – Rate of recorded unauthorised absences per 100 mental health inpatients on secure (level 1-3) wards	
Rationale	The purpose of this measure is to monitor the frequency of an adverse event with potential safety implications for service users.	
Change to indicator?	No	
Indicator construction	**Numerator:** Total count of AWOL Events	**Denominator:** MH: Total count of mental health inpatients LD: Total count of inpatients with a learning disability
	For all patients in security ward level applicable to that indicator, the volume of AWOLs is divided by the total volume of patients on these wards. Providers are ranked according to this result. Providers with less than 10 patients are excluded from analysis. Providers with zero events are excluded from the results ranking due to the consideration of potential under reporting. We have excluded patient records where the level of ward security was unknown.	
Indicator type	Ratio of counts	
Assessment of risk	**Much Worse:** N/A	**Much Worse:** N/A
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital – Mental Health Services Data Set (MHSDS)	
Notes	Ward security levels: 0 = general, 1 = low secure, 2 = medium secure, 3 = high secure. Counts for MH are for patients flagged as MH only. Counts for LD are for patients flagged as LD or MH &LD.	

Effective

Indicator ID	PLACE_MH02	**Coverage:** All services
Indicator Description	**PLACE (patient-led assessments of the care environment) score for food (%)**	
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.	
Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.	
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the score is divided by the sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.	
Indicator type	Percentage	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0	
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)	
Change over time	Percentage	
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019	

Indicator ID	MHA_IMHA	**Coverage:** Mental health services only
Indicator Description	**Proportion of wards visited where there is an Independent Mental Health Advocacy (IMHA) service available for detained patients (%)**	

Rationale	Independent Mental Health Advocates (IMHA) 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.	
Change to indicator?	No	
Indicator construction	**Numerator:** Number of wards visited where there is an IMHA service available for detained patients	**Denominator:** Total number of wards visited where patients are detained
Indicator type	Proportional	
Assessment of risk	**Worse:** Where the proportion of wards visited where there is an Independent Mental Health Advocacy (IMHA) service available for detained patients is less than 100%.	**Much worse:** N/A
Time period	12 months: Please note this data only covers up to the end of February 2020 as Mental Health Act visits have been pasued since March 2020 due to the Coronavirus pandemic.	
Change over time	Percentage change	
Data source	MHA Reviewer visit reports recorded in the Mental Health Act database (CQC)	
Notes	The numerator and denominator for this indicator are based on unpublished data which is collected by CQC. Providers can replicate this indicator using the data provided in the data sheet for their organisation. The new methodology uses a rules-based approach that is better suited to data where the majority of proportions are 100%.	

Caring

Indicator ID	PLACE_MH03	**Coverage:** All services
Indicator Description	**PLACE (patient-led assessments of the care environment) score for privacy, dignity and well being)**	
Rationale	Every patient should be cared for with compassion and dignity in a clean, 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 will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.
Change to indicator?	The PLACE collection has been substantially reviewed and refined since publication of the 2018 results. 2019 scores therefore establish a new baseline, and cannot be compared with figures from earlier years.
Indicator construction	PLACE scores are from NHS Digital data, the construction used for the scores is: The sum of [Each site's score (points) multiplied by the number of beds in that site] divided by the total number of beds in all assessed sites.
Indicator type	Percentage
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0
Time period	Between 4 and 5 months (varies depending on annual assessment timetable)
Change over time	Percentage change
Data source	Patient-led assessments of the care environment (PLACE) https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019

Responsive

Indicator ID	KH03_BEDS	**Coverage:** Mental health services only
Indicator Description	**Bed occupancy: Occupancy ratio, looking at the average daily number of available and occupied consultant-led beds open overnight**	
Rationale	High bed occupancy rates can have a negative impact on patients and can contribute to higher incidence of violence and aggression. The Royal College of Psychiatrists has suggested that an ideal average bed occupancy rate should be about 85%, if a safe environment is to be provided. KH03 includes non-detained patients and detained patients but does not include patients on leave.	
Indicator construction	**Count 1:** Number of occupied beds	**Count 2:** Number of available beds
Indicator type	Ratio of counts	

Assessment of risk	**Worse**: Where the ratio of occupied to available beds is greater than or equal to 85%	**Much worse:** There is no 'Much worse' category at present for this indicator
Time period	12 months	
Change over time	Change in national comparison	
Data source	KH03 Bed Availability and Occupancy Data – Overnight: http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/	
Notes	The following trusts are excluded as they do not submit data on consultant-led beds to the KH03 collection: Leicestershire Partnership NHS Trust South London and Maudsley NHS Foundation Trust Hertfordshire Partnership University NHS Foundation Trust Greater Manchester West Mental Health NHS Foundation Trust	

Indicator ID	MHA_BEDS	**Coverage:** Mental health services only
Indicator	**Bed occupancy: Occupancy ratio, looking at the number of detained patients allocated to visited wards, compared with the number of available beds – MHA database**	
Rationale	High bed occupancy rates can have a negative impact on patients and can contribute to higher incidence of violence and aggression. This indicator identifies where the number of patients allocated to wards visited by CQC MHA reviewers (for wards where patients can be detained) 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).	
Indicator construction	**Count 1:** The total number of detained patients allocated per visited ward on the day of the visit	**Count 2:** The total number of beds per visited ward on the day of the visit
Indicator type	Ratio of counts	
Assessment of risk	**Worse**: Where the ratio of allocated patients to beds is equal to or greater than 100%	**Much worse:** There is no 'Much worse' category at present for this indicator

Time period	12 months: Please note this data only covers up to the end of February 2020 as Mental Health Act visits have been pasued since March 2020 due to the Coronavirus pandemic.
Change over time	Change in national comparison
Data source	MHA reviewer visit reports recorded in the Mental Health Act database (CQC)
Notes	This indicator is based on unpublished data which is collected by CQC. Subject to suppression of small numbers, providers can replicate this indicator using the data provided in the data sheet for their organisation.

Indicator ID	DTC_MH01	**Coverage:** All services
Indicator Description	**Delayed transfers of care: Ratio of daily average beds delayed to daily average occupied consultant-led beds open overnight in the quarter, where delay is attributable to the NHS or to the NHS and social care**	
Rationale	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.	
Indicator construction	**Count 1:** Number of delayed days in the month attributable to the NHS and both NHS and Social Care divided by the number of days in the month, averaged over the quarter	**Count 2:** Daily number of occupied consultant-led beds open overnight, averaged over the quarter (Note that the denominator formerly also included non-consultant bed days, but this figure is no longer published)
Indicator type	Ratio of counts	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse**: Z-score ≥ 3.0 **Worse:** Z-score ≥ 2.0 **About the same:** -2.0 > Z-score < 2.0 **Better:** Z-score ≤ -2.0 **Much better:** Z-score ≤ -3.0	
Time period	3 months	
Change over time	Change in national comparison	

Data source	**Count 1:** NHS England Delayed Transfers of Care www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/	**Count 2:** KH03 consultant led bed days from: http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/
	Please note: This analysis uses a data source that was suspended during the Covid-19 pandemic. This means results are currently unavailable after February 2020. We will refresh this analysis as soon as data becomes available.	

Indicator ID	DTC_MH02	**Coverage:** All service
Indicator Description	**Delayed transfers of care: Is there evidence of delayed transfers of care but no consultant- led bed occupancy data available?**	
Rationale	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.	
Indicator construction	Where there is evidence of delayed transfers of care, but no consultant-led bed occupancy data available, this indicator will show as “Yes”, and the risk banding of ‘worse’ will be applied. If this is not the case the indicator will not be visible.	
Indicator type	Categorical	
Assessment of risk	**Worse:** Where there is evidence of delayed transfers of care but no bed data available for that trust	**Much worse:** N/A
Time period	3 months	
Change over time	Change in category	
Data source	NHS England Delayed transfers of care data from: www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/ Bed occupancy data (KH03 consultant led bed days) from: http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/	

	Please note: This analysis uses a data source that was suspended during the Covid-19 pandemic. This means results are currently unavailable after February 2020. We will refresh this analysis as soon as data becomes available.

Well led

Indicator ID	COM_CPEMH	**Coverage:** Mental Health Services only
Indicator Description	**Data quality: Composite indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes**	
Rationale	The purpose of this measure is to draw attention to the fact that not all patient episodes opened and recorded on Mental Health Services Data Set (MHSDS) are being closed by providers once that period of care has ended. We will risk assess the proportion of all episode types closed by providers out of total closed episodes as well as looking at individual episode types: Patients detained under the Mental health act and Hospital Inpatient Episodes spells	
Change to indicator?	No	
Indicator construction	The analysis includes: a) MHSDS_CPE01: Proportion of provider closed episodes of patients detained under the Mental Health act (MHA) b) MHSDS_CPE02: Proportion of provider closed Hospital Inpatient Episodes Please refer to Appendix 2 for further information about the indicator construction	
	Numerator: MHSDS_CPE01: Number of provider closed episodes of patients detained under the MHA MHSDS_CPE02: Number of Provider closed Hospital Inpatient Episodes	**Denominator:** MHSDS_CPE01: Total number of closed episodes of Patients detained under the MHA MHSDS_CPE02: Total number of closed episodes of Hospital Inpatient Episodes
Indicator type	Rules based proportion	
Assessment of risk	**Worse** Proportion < 0.90	**Much Worse**

	(Threshold will change according to improvements in episode closures by providers in future publications of IM)	An occurrence of a Risk in both indicators
Time period	12 months	
Change over time	N/A	
Data source	NHS Digital - Mental Health Services Data Set (MHSDS)	
Notes	Providers may not be able to access all data necessary to replicate this indicator as data may have been supplied by another organisation.	

Community Services

Effective

Indicator ID	CMHS_CRISIS	**Coverage:** Mental health services only
Indicator Description	**Do you know who to contact out of office hours within the NHS if you have a crisis?**	
Rationale	A mental health crisis is an emergency, and should be considered as such by care services. People using mental health services who are at risk of crisis should have a crisis plan which has been developed jointly with their care coordinator. This should contain information about 24-hour access to services and named contacts. All those on care programme approach (CPA) should have explicit crisis and contingency plans, which is part of their care plan, and explains what they should do. Although there is not the same policy requirement for people not on CPA, they should be aware of who to contact in the event of a crisis.	
Change to indicator?	The wording of this question has been modified in order to clarify that the question was trying to ask specifically about NHS crisis services, therefore results for this question are not comparable to previous years of the survey.	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09	
Time period	3 months	
Change over time	T-test	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Indicator ID	CMHS_ORG	**Coverage:** Mental health services only
Indicator Description	**Have you been told who is in charge of organising your care and services?**	
Rationale	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 the care programme approach (CPA) will often have a wide range of needs from a number of services, and so having a designated care coordinator 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.	
Change to indicator?	No	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09	
Time period	3 months	
Change over time	T-test	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Indicator ID	CMHS_MEET	**Coverage:** Mental health services only
Indicator Description	**In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?**	

Rationale	It is important to review care regularly (12 months from when it was first set up, and every 12 months after that) as people's needs may change over time. The purpose of reviewing care is to: monitor progress and changes; consider how the care and support plan is meeting needs, allowing people to achieve their personal outcomes; keep the plan up to date; and determine what, if any, services might be needed in the future.
Change to indicator?	No
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf
Indicator type	Modified z-score
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09
Time period	3 months
Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Indicator ID	CMHS_PHYS	**Coverage:** Mental health services only
Indicator Description	**In the last 12 months, did NHS mental health services provide help or advice with finding support for physical health needs?**	
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
Change to indicator?	No
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf
Indicator type	Modified z-score
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09
Time period	3 months
Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Caring

Indicator ID	CMHS_TIME	**Coverage:** Mental health services only
Indicator Description	**Were you given enough time to discuss your needs and treatment the most recent time you saw someone from NHS mental health services for your mental health needs?**	
Rationale	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.	

Change to indicator?	No
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf
Indicator type	Modified z-score
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09
Time period	3 months
Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Indicator ID	CMHS_FAM	**Coverage:** Mental health services only
Indicator Description	**Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?**	
Rationale	Where appropriate, involvement in care and treatment decisions should extend to families and carers, who can play a central role in the recovery of the person they care for.	
Change to indicator?	No	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96	

	Much better: Z-score ≥ 3.09
Time period	3 months
Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Indicator ID	CMHS_AGREE	**Coverage:** Mental health services only
Indicator Description	**Were you involved as much as you wanted to be in agreeing what care you will receive?**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09	
Time period	3 months	

Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Indicator ID	CMHS_MED	**Coverage:** Mental health services only
Indicator Description	**Were you involved as much as you wanted to be in decisions about which medicines you receive?**	
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.	
Change to indicator?	**No**	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09	
Time period	3 months	
Change over time	T-test	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Indicator ID	CMHS_RESP	**Coverage:** Mental health services only
Indicator Description	**Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?**	
Rationale	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.	
Change to indicator?	No	
Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf	
Indicator type	Modified z-score	
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09	
Time period	3 months	
Change over time	T-test	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Responsive

Indicator ID	CMHS_EXP	**Coverage:** Mental health services only
Indicator Description	**Have you been given information about getting support from people with experience of the same mental health needs?**	
Rationale	NICE guidelines state that service users should be informed of appropriate local user-led support organisations or options for peer support.	
Change to indicator?	No	

Indicator construction	Scores as described in appendices A, B, C and D of the technical document: https://nhssurveys.org/wp-content/surveys/05-community-mental-health/04-analysis-reporting/2019/Technical%20document.pdf
Indicator type	Modified z-score
Assessment of risk	A five point scale was assigned, giving positive and negative bandings: **Much worse:** Z-score ≤ -3.09 **Worse:** Z-score ≤ -1.96 **About the same:** -1.96 > Z-score < 1.96 **Better:** Z-score ≥ 1.96 **Much better:** Z-score ≥ 3.09
Time period	3 months
Change over time	T-test
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/

Well led

Indicator ID	COM_CMHS	**Coverage** Mental health services only
Indicator Description	**Survey errors: Composite indicator to assess occurrence of sampling errors or non-submission of data to the two most recent iterations of the Community Mental Health Survey**	
Rationale	To identify non-submission to the Community Mental Health Survey across the two most recent iterations, as well as errors made in drawing a sample or conducting the survey which may lead to a trust's results being declared invalid and not comparable with those from previous or subsequent iterations of the survey. We are looking at non-submission and errors across the two most recent survey iterations due to the effects an absence of valid results has on the ability to make year-on-year comparisons. Even if a trust has submitted to the most recent survey with no errors, an absence of data for the previous year will mean that the current year's data is not comparable to anything in respect of that provider's performance. This approach also allows us to reflect errors and non-submission in IM if these errors are identified at a later time, after the initial publication of the survey. The intention behind this is to engender greater engagement and closer attention from trusts towards the administration of the survey, and to act as	

	an incentive for trusts to ensure samples are drawn correctly. This aim is in line with the Data Protection Act and 'section 251 approval' requirements for the running of the national surveys, as well as the expectations of the UK Statistics Authority. Ultimately it may serve to help minimise the risk of future errors occurring, which lead to the loss of suitable data.	
Change to indicator?	No	
Indicator construction	This is a composite indicator comprising: **CMHS_CURR:** Occurrence of errors and/or non-submission of data relating to the current iteration of the Community Mental Health Survey **CMHS_PREV:** Occurrence of errors and/or non-submission of data relating to the previous iteration of the Community Mental Health Survey If a trust flags as 'Much worse' on CMHS_CURR, it will flag as 'Much worse' on the composite. If a trust flags as 'Worse' on one or both of the individual indicators, it will flag as 'Worse' on the composite (except when CMHS_CURR flags as 'Much worse'). If it flags as 'About the same' on both of the individual indicators, then the composite will be 'About the same'. Detailed specifications of the underlying indicators can be found in Appendix 3.	
Indicator type	Categorical	
Assessment of risk	**Worse**: CMHS_CURR: Submission with errors (minor) **AND/OR** CMHS_PREV: Submission with errors (major) **or** non-submission	**Much worse:** CMHS_CURR: Submission with errors (major) **OR** non-submission
Change over time	N/A	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Data sources and other useful terms

Ambulatory care sensitive (ACS) conditions: It is possible to avoid unnecessary hospital admissions for patients with certain conditions by providing them with good quality preventive and primary care. These illnesses are known as ambulatory care-sensitive conditions.

Central Alerting System (CAS): A web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care.

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 mental health patient experience survey: Survey commissioned by CQC which looks at the experiences of people receiving community mental health services.

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.

CQC National Customer Service Centre (NCSC): Call centre where service users, members of the public and service providers can call to contact the CQC to raise concerns or make complaints for example

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.

General Medical Council (GMC) national training survey – Annual survey for all doctors in training and trainers for their views which helps the GMC to ensure doctors in training receive high quality training in a safe and effective clinical environment, and trainers are well supported in their role.

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.

KH03: Quarterly collection from all NHS organisations that operate beds, open overnight or day only. It collects the total number of available bed days and the total number of occupied bed days by consultant main specialty

NHS Digital: 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, NHS Digital delivers information for local decision makers to improve the quality and efficiency of frontline care.

Office for National Statistics (ONS): Charged with the collection and publication of statistics related to the economy, population and society of the UK. It produces and publishes a wide range of the information about Britain that can be used for social and economic policy-making as well as painting a portrait of the country as its population evolves over time

Patient-led assessments of the care environment (PLACE): These self-assessments are undertaken by teams of NHS and private/independent health care providers, and include at least 50 per cent members of the public (known as patient assessors). They focus on the environment in which care is provided, as well as supporting non-clinical services such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported, and aspects of the environment in relation to the provision of care to those with dementia.

Public Health England (PHE): is an executive agency of the Department of Health and Social Care in the United Kingdom that began operating on 1 April 2013. Its formation came as a result of reorganisation of the National Health Service (NHS) in England outlined in the Health and Social Care Act 2012. It took on the role of the Health Protection Agency, the National Treatment Agency for Substance Misuse and a number of other health bodies

Mental Health Act (MHA) Database: This database supports the processing of CQC's statutory duties under the Mental Health Act 1983. It contains records of Mental Health Act visits, Mental Health Act Complaints, assessments by Second Opinion Appointed Doctors (SOADs) and statutory notifications.

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

National drug treatment monitoring system (NDTMS): All services that provide structured treatment for drug and/or alcohol users are asked to submit data to NDTMS. This information is analysed by the National Drug Evidence Centre to produce the figures published via this web portal.

NHS Improvement (NHSI) Single Oversight Framework: The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework commenced from 1 October 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'.

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.

Serious Incident to the Strategic Executive Information System (StEIS): This is a system that facilitates the reporting of Serious Incidents and the monitoring of investigations between NHS providers and commissioners.

The Single Oversight Framework: monitors providers' performance and considers their support needs under five themes, Quality of care, Finance and use of resources, Strategic change, Operational performance and Leadership and improvement capability.

Whistleblowing concerns or alerts: 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.

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Appendix 1: Detailed specifications for Central Alerting System indicator (COM_CASMH)

Indicator ID	CASMH01A	**Coverage:** All services
Indicator Description	**Central Alerting System (CAS): The number of alerts which CAS stipulated should have been closed by trusts during the preceding 12 months, but which were still open on the date CQC extracted data**	
Rationale	This indicator highlights how many CAS alerts with closing dates in the 12 months preceding download remained open.	
Indicator construction	CAS alerts that have breached stipulated closing date in the 12 months preceding data download which are still open	
Indicator type	Categorical rules based	
Assessment of risk	A risk score rating for each data category is assigned using the following criteria: **Much worse:** 5 or more open alerts **Worse:** Between 1 and 4 open alerts	
Time period	12 months	
Change over time	Change in category	
Data source	Central Alerting System https://www.cas.mhra.gov.uk/Home.aspx	

Indicator ID	CASMH01B	**Coverage:** All services
Indicator Description	**Central Alerting System (CAS): The number of alerts which CAS stipulated should have been closed by trusts more than 12 months before, but which were still open on the date CQC extracted data**	
Rationale	This indicator identifies the minority of trusts which still have CAS alerts open for extraordinarily long periods after their stipulated closing date.	
Indicator construction	CAS alerts which are still open 12 months or more after the stipulated closing date on the date of download.	
Indicator type	Categorical rules based	

Assessment of risk	A risk score rating for each data category is assigned using the following criteria: **Much worse:** 2 or more open alerts **Worse:** 1 open alert
Time period	Open alerts from before the last 12 months
Change over time	Change in category
Data source	Central Alerting System https://www.cas.mhra.gov.uk/Home.aspx

Indicator ID	CASMH01C	**Coverage:** All services
Indicator Description	**Central Alerting System (CAS): The percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late**	
Rationale	This indicator gives an overall picture of trusts' timeliness in closing alerts.	
Indicator construction	CAS alerts that were due to be closed in the 12 months preceding the data download that were closed late as a percentage of all such alerts that had been closed by the time of the data download	
Indicator type	Categorical rules based	
Assessment of risk	A risk score rating for each data category is assigned using the following criteria: **Much worse:** 50% or more alerts closed after the stipulated closing date **Worse:** 25% or more, but less than 50%, of alerts closed after the stipulated closing date	
Time period	12 months	
Change over time	Change in category	
Data source	Central Alerting System https://www.cas.dh.gov.uk/Home.aspx	

Appendix 2: Detailed specifications for Provider closed episodes indicator (COM_CPEMH)

Indicator ID	MHSDS_CPE01	**Coverage:** Mental Health Services only
Indicator Description	**Data quality: The proportion of provider closed episodes of patients detained under the Mental Health Act (MHA) out of total closed patient episodes over a 12 month period**	
Rationale	The purpose of this measure is to draw attention to the fact that not all patient episodes opened and recorded on MHSDS are being closed by providers once that period of care has ended. Much MHSDS data is recorded in "episode" and "record" tables which have start and end dates. The submission mechanism used by NHS Digital can result in trusts submitting data but not sending end dates in subsequent submissions. When NHS Digital think this has happened they set an "inactive" date as follows: "...if the record / episode is open but the episode cannot be found in a superseding reporting period, record is stamped inactive with the first day of the next reporting period we would have expected to receive the record / episode." We have used this inactive stamp to generate derived end dates which we set to the last day of the previous month. If a trust is submitting data correctly, these inactive stamps (and hence derived end dates) should not occur. When they do occur they can distort indicators – for instance a length of stay indicator is not very accurate if a lot of lengths of stay are estimated. Given that all detentions under the Mental Health Act are time limited, the lack of closing dates affects our ability to check that the detentions are lawful.	
Indicator construction	This analysis involves calculating the proportion of episodes of patients detained under the Mental Health Act which are closed by providers (meaning that the providers have informed the NHS Digital of these closures) out of total closed episodes in a 12 month period.	

	Numerator: Number of provider closed episodes of patients detained under the MHA	**Denominator:** Total number of closed episodes of patients detained under the MHA
Indicator type	Rules based proportion	
Assessment of risk	**Worse** Proportion < 0.90 (Threshold will change according to improvements in episode closures by providers in future publications of IM)	**Much Worse** N/A
Time period	12 months	
Change over time	Percentage change	
Data source	Mental Health Services Data Set (NHS Digital)	

Indicator ID	MHSDS_CPE02	**Coverage:** Mental Health Services only
Indicator Description	**Data quality: The proportion of provider closed hospital inpatient episodes out of total closed patient episodes over a 12 month period**	
Rationale	The purpose of this measure is to draw attention to the fact that not all patient episodes opened and recorded on MHSDS are being closed by providers once that period of care has ended. Much MHSDS data is recorded in "episode" and "record" tables which have start and end dates. The submission mechanism used by NHS Digital can result in trusts submitting data but not sending end dates in subsequent submissions. When NHS Digital think this has happened they set an "inactive" date as follows: "...if the record / episode is open but the episode cannot be found in a superseding reporting period, record is stamped inactive with the first day of the next reporting period we would have expected to receive the record / episode." We have used this inactive stamp to generate derived end dates which we set to the last day of the previous month. If a trust is submitting data correctly, these inactive stamps (and hence derived end dates) should not occur. When they do occur they can distort	

	indicators – for instance a length of stay indicator is not very accurate if a lot of lengths of stay are estimated.	
Indicator construction	This analysis involves calculating the proportion of episodes of hospital inpatient episodes which are closed by providers (meaning that the providers have informed the NHS Digital of these closures) out of total closed episodes in a 12 month period.	
	Numerator: Number of provider closed Hospital Inpatient Episodes	**Denominator:** Total number of closed Hospital Inpatient Episodes
Indicator type	Rules based proportion	
Assessment of risk	**Worse** Proportion < 0.90 (Threshold will change according to improvements in episode closures by providers in future publications of IM)	**Much Worse** N/A
Time period	12 months	
Change over time	Percentage change	
Data source	Mental Health Services Data Set (NHS Digital)	

Appendix 3: Detailed specifications for Community Mental Health Survey submission and sampling error composite indicator (COM_CMHS)

Indicator ID	CMHS_PREV	**Coverage:** Mental health services only
Indicator	**Survey errors: Occurrence of sampling errors or non-submission of data relating to the previous iteration of the Community Mental Health Survey**	
Rationale	To identify non-submission to the Community Mental Health Survey across the two most recent iterations, as well as errors made in drawing a sample or conducting the survey which may lead to a trust's results being declared invalid and not comparable with those from previous or subsequent iterations of the survey. We are looking at non-submission and errors across the two most recent survey iterations due to the effects an absence of valid results has on the ability to make year-on-year comparisons. Even if a trust has submitted to the most recent survey with no errors, an absence of data for the previous year will mean that the current year's data is not comparable to anything in respect of that provider's performance. This approach also allows us to reflect errors and non-submission in IM if these errors are identified at a later time, after the initial publication of the survey. The intention behind this is to engender greater engagement and closer attention from trusts towards the administration of the survey, and to act as an incentive for trusts to ensure samples are drawn correctly. This aim is in line with the Data Protection Act and 'section 251 approval' requirements for the running of the national surveys, as well as the expectations of the UK Statistics Authority. Ultimately it may serve to help minimise the risk of future errors occurring, which lead to the loss of suitable data.	
Indicator construction	A trust will flag as 'Worse' if they did not submit data to the previous iteration of the survey. This does not include trusts that may be exempt from the survey due to the different nature of the services they provide and the population they serve or trusts where non-submission to the survey has been agreed with CQC. A trust will also flag as 'Worse' if a major error was identified by the CQC surveys team and the survey co-ordination centre (Picker Institute Europe). A major error is normally defined as an error that will affect the usage or quality of the survey response data: these are errors that are non-rectifiable. For example, a major sampling error would be if the sample drawn for a survey was not in line with the required methodology such as if a trust had drawn a random sample for the Inpatients survey instead of consecutive discharges. If it is too far into fieldwork (defined as where there is 10 weeks	

	or less time left of fieldwork) or the survey has completed when the error is identified, the decision will be taken by the CQC Analyst Team Leader to exclude data from the national dataset and subsequent reporting. The CQC User Voice Development manager is informed along with the relevant trust inspector and Intelligent Monitoring team. Where major errors have occurred but the trust has followed the published guidance available at the time the sample was drawn, trust performance will be categorised as 'About the same'. Major errors within the survey response data submissions would result if there was an error in the wording of a question (where the questionnaire had been set up for use on different data capture software).	
Indicator type	Categorical	
Assessment of risk	**Worse**: Submission with errors (major) **OR** non-submission	**Much worse:** N/A
Change over time	Change in category	
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/	

Indicator ID	CMHS_CURR	**Coverage:** Mental health services only
Indicator	**Survey errors: Occurrence of sampling errors or non-submission of data relating to the current iteration of the Community Mental Health Survey**	
Rationale	To identify non-submission to the Community Mental Health Survey across the two most recent iterations, as well as errors made in drawing a sample or conducting the survey which may lead to a trust's results being declared invalid and not comparable with those from previous or subsequent iterations of the survey. We are looking at non-submission and errors across the two most recent survey iterations due to the effects an absence of valid results has on the ability to make year-on-year comparisons. Even if a trust has submitted to the most recent survey with no errors, an absence of data for the previous year will mean that the current year's data is not comparable to anything in respect of that provider's performance. This approach also allows us to reflect errors and non-submission in IM if these errors are identified at a later time, after the initial publication of the survey. The intention behind this is to engender greater engagement and closer attention from trusts towards the administration of the survey, and to act as an incentive for trusts to ensure samples are drawn correctly. This aim is in	

	line with the Data Protection Act and 'section 251 approval' requirements for the running of the national surveys, as well as the expectations of the UK Statistics Authority. Ultimately it may serve to help minimise the risk of future errors occurring, which lead to the loss of suitable data.	
Indicator construction	A trust will flag as 'Much worse' if they did not submit data to the current iteration of the survey. This does not include trusts that may be exempt from the survey due to the different nature of the services they provide and the population they serve or trusts where non-submission to the survey has been agreed with CQC. A trust will also flag as 'Much worse' if a major error was identified by the CQC surveys team and the survey co-ordination centre (Picker Institute Europe). A major error is normally defined as an error that will affect the usage or quality of the survey response data: these are errors that are non-rectifiable. For example, a major sampling error would be if the sample drawn for a survey was not in line with the required methodology such as if a trust had drawn a random sample for the Inpatients survey instead of consecutive discharges. If it is too far into fieldwork (defined as where there is 10 weeks or less time left of fieldwork) or the survey has completed when the error is identified, the decision will be taken by the CQC Analyst Team Leader to exclude data from the national dataset and subsequent reporting. The CQC User Voice Development manager is informed along with the relevant trust inspector and Intelligent Monitoring team. Where major errors have occurred but the trust has followed the published guidance available at the time the sample was drawn, trust performance will be categorised as 'About the same'. Major errors within the survey response data submissions would result if there was an error in the wording of a question (where the questionnaire had been set up for use on different data capture software). A trust will flag as 'Worse' if a minor error was identified by the CQC surveys team and the survey co-ordination centre (Picker Institute Europe). A minor error is normally defined as an error that will not affect the usage or quality of the survey response data, but is still classed as a mistake. For minor errors, it is normally required that these are rectified by the trust or contractor, or by the CQC surveys team and the survey co-ordination centre if possible, before the survey data is analysed. For example, a minor sampling error would be if the wrong Clinical Commissioning Group (CCG) code was associated with a record. In this case, the trust could make a change to the code and it would not undermine the quality of the sample. Minor errors within the survey response data submissions are normally a result of an answer being transcribed incorrectly and these are rectified by asking the trust or contractor to confirm the correct information, and changes made to the dataset.	
Indicator type	Categorical	
Assessment of risk	**Worse**: Submission with errors (minor)	**Much worse:** Submission with errors (major) **OR** non-submission

Change over time	Change in category
Data source	Community Mental Health Patient Experience Survey https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2019/