Intelligent Monitoring Report

Report on

Nottinghamshire Healthcare NHS Trust

February 2016

To view the most recent inspection report please visit the link below.

http://www.cqc.org.uk/Provider/RHA
CQC has developed a model for monitoring a range of key indicators about Trusts that provide Mental Health services. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. **Our judgements will always be based on the result of an inspection, which will take into account our Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.**

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What does this report contain?

This report presents CQC’s analysis of the key indicators (which we call ‘tier one indicators’) for Nottinghamshire Healthcare NHS Trust. We have analysed each indicator to identify two possible levels of risk.

We have used a number of statistical tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate. Where an indicator has ‘no evidence of risk’ this refers to where our statistical analysis has not deemed there to be a risk or elevated risk. For some data sources we have applied a set of rules to the data as the basis for these thresholds - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

Further details of the analysis applied are explained in the accompanying guidance document.

What guidance is available?

We have published a document setting out the definition and full methodology for each indicator. If you have any queries or need more information, please email enquiries@cqc.org.uk or use the contact details at www.cqc.org.uk/contact-us
### Trust Summary

#### Count of 'Risks' and 'Elevated risks'

- **Overall**: 7 risks, 3 elevated risks
- **Overall Risk Score**: 13
- **Number of "No Evidence of risk"**: 53
- **Number of Applicable Indicators**: 63
- **Proportional Score**: 10.48%
- **Maximum Possible Risk Score**: 124

#### Trust Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - MHA database/MHLDDS</td>
<td>Risk</td>
</tr>
<tr>
<td></td>
<td>Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way - CAS</td>
<td>Risk</td>
</tr>
<tr>
<td></td>
<td>Proportion of reported patient safety incidents that are harmful - NRLS</td>
<td>Risk</td>
</tr>
<tr>
<td>Responsive</td>
<td>Mental Health Act complaints received by CQC as a ratio to MHA activity - MHA Database/KP90</td>
<td>Risk</td>
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<td>Composite indicator to assess bed occupancy - MHA Database/KH03</td>
<td>Risk</td>
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<tr>
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<td>NHS written complaints - HSCIC</td>
<td>Risk</td>
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<td>Proportion of care spells where patients are discharged without a recorded crisis plan - MHLDDS</td>
<td>Elevated risk</td>
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<tr>
<td>Well-led</td>
<td>Snapshot of whistleblowing alerts received by CQC - CQC</td>
<td>Elevated risk</td>
</tr>
<tr>
<td></td>
<td>Composite Indicator: Proportion of Mental Health Act (MHA) and hospital inpatient episodes closed by the provider - MHLDDS</td>
<td>Risk</td>
</tr>
<tr>
<td></td>
<td>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 - CMH Survey</td>
<td>Elevated risk</td>
</tr>
<tr>
<td>Key Question</td>
<td>Potential under-reporting of patient safety incidents - NRS/MDLDG-HES Bridged</td>
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<tr>
<td>MHSAF027C</td>
<td>Proportion of reported patient safety incidents that are harmful - NRLS</td>
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<tr>
<td>MHSAF016</td>
<td>Proportion of mortality among mental health inpatients aged 0-74 (death recorded in ONS) - MHDSS-HE/ONS</td>
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<tr>
<td>MHSDS_PMNK1</td>
<td>Proportion of mortality among people in contact with community mental health services aged 0-74 (death recorded in ONS) - MHDSS-HE/ONS</td>
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<tr>
<td>MHSDS_FRCT1</td>
<td>Proportion of mortality among people in contact with community mental health services aged 0-74 (suicide or undetermined ONS deaths) - MHDSS-HE/ONS</td>
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<tr>
<td>MHSDS_FRCT2</td>
<td>Proportion of mortality among people in contact with community mental health services aged 0-74 (suicide or undetermined ONS deaths) - MHDSS-HE/ONS</td>
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<tr>
<td>MHSAF011</td>
<td>Patients that do the following stay or self-harm within 3 days of being admitted to acute hospital beds - MHDSS-HE/HS Bridged</td>
<td></td>
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<tr>
<td>MHSAF004</td>
<td>People that take their own lives within 3 days of discharge from hospital - MHDSS-HE/HS Bridged</td>
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<tr>
<td>CDM Nobo01</td>
<td>Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - MHA database/MHDSS</td>
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<tr>
<td>IMHA007</td>
<td>Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages) - MHA database/NCSC EPR</td>
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<tr>
<td>IMHA007</td>
<td>Trusts flagging for risk in relation to the number of deaths due to natural causes of patients detained under the Mental Health Act (people aged under 75) - MHA database/NCSC EPR</td>
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<tr>
<td>NHSSTA10</td>
<td>Fairness and effectiveness of incident reporting procedures - NHS Staff Survey</td>
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<tr>
<td>NHSSTA10</td>
<td>Consistency of reporting to the National Reporting and Learning System - NRLS</td>
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<tr>
<td>COM_CAMSR</td>
<td>Composite of Central Alerting System (CAS), Dealing with CAS alerts in a timely way - CAS</td>
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<tr>
<td>CASMP014</td>
<td>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 CDC extracted data from the CAS system - CAS</td>
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<tr>
<td>CASMP018</td>
<td>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 CDC extracted data from the CAS system - CAS</td>
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<tr>
<td>CASM3P012</td>
<td>Percentage of CAS alerts with closing dates during the preceding 12 months within the trust has closed late - CAS</td>
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<tr>
<td>IMHE210</td>
<td>Proportion of discharges from hospital followed up within 7 days - MHDSS</td>
<td></td>
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<tr>
<td>NHSSTA10</td>
<td>Proportion of staff receiving health and safety training in last 12 months - NHS Staff Survey</td>
<td></td>
</tr>
<tr>
<td>PLACE NHN01</td>
<td>PLACE (patient-led assessments of the care environment) score for cleanliness of environment - PLACE</td>
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<tr>
<td>SAREGUAR01</td>
<td>CQC's National Customer Service Centre (NCSC) safeguarding concerns - CQC</td>
<td></td>
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<tr>
<td>IMHE1020</td>
<td>Proportion of registered nursing staff - EDR</td>
<td></td>
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<tr>
<td>IMHE1020</td>
<td>Ratio of occupied beds to all nursing staff - EDR</td>
<td></td>
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<tr>
<td>CMHU006</td>
<td>Being informed - for having been told who is in charge of organising their care and services - CMH Survey</td>
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</tr>
<tr>
<td>CMHU006</td>
<td>Help finding support for physical health needs; for those with physical health needs needing help or advice with finding support for this, if they needed this - CMH Survey</td>
<td></td>
</tr>
<tr>
<td>MHCAR03</td>
<td>Proportion of patient records checked that show evidence of a physical health check on admission where the patient has been in hospital less than a year - MHA Database</td>
<td></td>
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<tr>
<td>MHSSS ACI</td>
<td>Proportion of detained mental health inpatients who attend Accident and Emergency departments - MHDSS - HES bridge</td>
<td></td>
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<tr>
<td>MHSSS AC51</td>
<td>Proportion of emergency assessments of mental health inpatients for ambulatory care sensitive conditions - MHDSS - HES bridge</td>
<td></td>
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<tr>
<td>MHCAR08</td>
<td>Proportion of wards visited where there were difficulties in arranging GP services for detained patients - MHA Database</td>
<td></td>
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<tr>
<td>MHREF020</td>
<td>Proportion of patient records checked where care plans showed evidence of discharge planning - MHA Database</td>
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<tr>
<td>NAS PH02</td>
<td>Service users who had five individual cardiometabolic health risk factors monitored in the past 12 months - NAS2</td>
<td></td>
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<tr>
<td>NAS PH03</td>
<td>Monitoring of alcohol intake in the past 12 months - NAS2</td>
<td></td>
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<tr>
<td>NAS FT01</td>
<td>Has cognitive behavioral therapy been offered to the service user? - NAS2</td>
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<tr>
<td>NAS FT02</td>
<td>Has family intervention been offered to the service user? - NAS2</td>
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<tr>
<td>PLACE NHN02</td>
<td>PLACE (patient-led assessments of the care environment) score for food - PLACE</td>
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<tr>
<td>NHSSTA10</td>
<td>Proportion of staff appraisal in last 12 months - NHS Staff Survey</td>
<td></td>
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<tr>
<td>NHSSTA10</td>
<td>Proportion of staff having well-structured appraisals in last 12 months - NHS Staff Survey</td>
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<tr>
<td>NHSSTA10</td>
<td>Proportion of staff receiving support from immediate managers - NHS Staff Survey</td>
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</table>

[Table of indicators with data and risk assessments]
<table>
<thead>
<tr>
<th>Key Question</th>
<th>Description</th>
<th>From</th>
<th>To</th>
<th>Observed</th>
<th>Expected</th>
<th>Risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLCAR02</td>
<td>Proportion of wards visited where detained patients have direct access to the</td>
<td>01/09/14</td>
<td>31/08/15</td>
<td>0.94</td>
<td>0.95</td>
<td>No evidence of risk</td>
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<tr>
<td>MHEP106</td>
<td>Proportion of patient records checked where there was an approved mental health practitioner (AMHP) report available - MHA Database</td>
<td>01/09/14</td>
<td>31/08/15</td>
<td>0.75</td>
<td>0.77</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>MHSFP013</td>
<td>Proportion of patient records checked that show evidence of discussions about rights on detention - MHA Database</td>
<td>01/09/14</td>
<td>31/08/15</td>
<td>0.85</td>
<td>0.89</td>
<td>No evidence of risk</td>
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<tr>
<td>CMHSURA18</td>
<td>Respect and dignity: for feeling that they were treated with respect and dignity by NHS mental health services - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
</tr>
<tr>
<td>CMHSURA21</td>
<td>Time: for being given enough time to discuss their needs and treatment - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
</tr>
<tr>
<td>PLACE_MHA03</td>
<td>PLACE (patient-led assessments of the care environment) score for privacy, dignity and well-being - PLACE</td>
<td>04/02/2015</td>
<td>30/06/2015</td>
<td>0.92</td>
<td>0.90</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>CMHSURA22</td>
<td>Involvement in planning care: for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
</tr>
<tr>
<td>CMHSURA25</td>
<td>Involvement in decisions: for those receiving medicines, being involved as much as they wanted to in decisions about medicines received - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
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<tr>
<td>WC_SDG05</td>
<td>Was the patient provided with written information (or an appropriate alternative) about the most recent antipsychotic prescribed? - NAS2</td>
<td>30/06/2015</td>
<td>30/11/2015</td>
<td>0.32</td>
<td>0.36</td>
<td>No evidence of risk</td>
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<tr>
<td>CMHSURA16</td>
<td>Support: for the people seen through NHS mental health services helping them achieve what is important to them - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
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<tr>
<td>CQC_BEDS</td>
<td>Composite indicator to assess bed occupancy - MHA Database/KH03</td>
<td>01/09/2014</td>
<td>30/08/2014</td>
<td>n/a</td>
<td>n/a</td>
<td>Risk</td>
</tr>
<tr>
<td>MHSATSE02</td>
<td>Occupancy ratio, looking at the number of patients allocated to visited wards, compared with the number of available beds - MHA Database</td>
<td>01/09/2014</td>
<td>31/08/2014</td>
<td>0.91</td>
<td>n/a</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>MHSATSE01</td>
<td>Occupancy ratio, looking at the average daily number of available and occupied consultant-led beds open overnight - MHA Database</td>
<td>01/09/2014</td>
<td>31/08/2014</td>
<td>0.88</td>
<td>n/a</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>PLACE_MHA04</td>
<td>PLACE (patient-led assessments of the care environment) score for facilities - PLACE</td>
<td>04/02/2015</td>
<td>30/06/2015</td>
<td>0.94</td>
<td>0.92</td>
<td>No evidence of risk</td>
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<tr>
<td>CMHSURA23</td>
<td>Contact: for knowing who to contact out of office hours if they have a crisis - CMH Survey</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
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<tr>
<td>CP_MHA01</td>
<td>Proportion of care spells where patients are discharged without a recorded crisis plan - MHLDDS</td>
<td>01/09/2014</td>
<td>31/08/2014</td>
<td>1.00</td>
<td>0.75</td>
<td>Elevated risk</td>
</tr>
<tr>
<td>CQC_DTMH01</td>
<td>Composite indicator using analysis of delayed transfers of care where bed data is available (DTCMH01) and where it is not available (DTCHM02) - NHS England Delayed Transfers of Care/KH03</td>
<td>01/07/2015</td>
<td>30/06/2015</td>
<td>n/a</td>
<td>0.05</td>
<td>No evidence of risk</td>
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<tr>
<td>DTCHM02</td>
<td>Tools where there is evidence of delayed transfers of care but no bed data available - Delayed Transfers of Care</td>
<td>04/07/2015</td>
<td>30/09/2015</td>
<td>0.05</td>
<td>0.05</td>
<td>No evidence of risk</td>
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<tr>
<td>CQC_COM02</td>
<td>Concerns and complaints received by CDC - CQC</td>
<td>01/11/2014</td>
<td>31/10/2014</td>
<td>58.00</td>
<td>52.88</td>
<td>No evidence of risk</td>
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<tr>
<td>PHSMW04</td>
<td>Fully and partially upheld investigations into complaints - PHSG</td>
<td>01/04/2014</td>
<td>31/03/2014</td>
<td>2.00</td>
<td>2.34</td>
<td>Risk</td>
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<tr>
<td>PROV_COM01</td>
<td>NHS written complaints - HSDC</td>
<td>01/04/2014</td>
<td>31/03/2014</td>
<td>850.00</td>
<td>300.14</td>
<td>Risk</td>
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<td>MHA_COP01</td>
<td>Mental health Act complaints received by CQC as a ratio to MHA activity - MHA Database/KP90</td>
<td>01/11/2014</td>
<td>31/10/2014</td>
<td>14.95</td>
<td>n/a</td>
<td>Risk</td>
</tr>
<tr>
<td>CQC_CPSMH</td>
<td>Composite Indicator: Proportion of Mental Health Act (MHA) and hospital inpatient episodes closed by the provider - MHLDDS</td>
<td>01/07/2014</td>
<td>30/06/2014</td>
<td>n/a</td>
<td>n/a</td>
<td>Risk</td>
</tr>
<tr>
<td>MHSISE01_CPSMH</td>
<td>Proportion of provider closed hospital episodes continued by the Mental health Act (MHA) - MHLDDS</td>
<td>01/07/2014</td>
<td>30/06/2014</td>
<td>0.94</td>
<td>n/a</td>
<td>No evidence of risk</td>
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<tr>
<td>MHSISE02_CPSMH</td>
<td>Proportion of provider closed hospital inpatient episodes - MHLDDS</td>
<td>01/07/2014</td>
<td>30/06/2014</td>
<td>0.76</td>
<td>n/a</td>
<td>Risk</td>
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<tr>
<td>MFFECT_01</td>
<td>Monitor: risk rating for governance - Monitor</td>
<td>17/11/2015</td>
<td>17/11/2015</td>
<td>Monitor risk rating: No evident concerns</td>
<td>n/a</td>
<td>No evidence of risk</td>
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<tr>
<td>TDA_MHA03</td>
<td>NHS Trust Development Authority escalation score - TDA</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
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<tr>
<td>FLAVA01</td>
<td>Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza - Department of Health</td>
<td>01/09/2014</td>
<td>30/06/2014</td>
<td>0.66</td>
<td>0.43</td>
<td>No evidence of risk</td>
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<tr>
<td>MHWI1134</td>
<td>Proportion of days sick in the last 12 months for medical and dental staff - ESR</td>
<td>01/10/2014</td>
<td>30/06/2014</td>
<td>0.03</td>
<td>0.02</td>
<td>No evidence of risk</td>
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<td>MHWI1135</td>
<td>Proportion of days sick in the last 12 months for nursing and midwifery staff - ESR</td>
<td>01/10/2014</td>
<td>30/06/2014</td>
<td>0.06</td>
<td>0.05</td>
<td>No evidence of risk</td>
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<td>MHWI1139</td>
<td>Proportion of days sick in the last 12 months for other clinical staff - ESR</td>
<td>01/10/2014</td>
<td>30/06/2014</td>
<td>0.06</td>
<td>0.05</td>
<td>No evidence of risk</td>
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<td>MHWI1140</td>
<td>Proportion of days sick in the last 12 months for non-clinical staff - ESR</td>
<td>01/10/2014</td>
<td>30/06/2014</td>
<td>0.04</td>
<td>0.04</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>NHSDAPF01</td>
<td>Proportion of staff reporting good communication between senior management and staff - NHS Staff Survey</td>
<td>01/05/2014</td>
<td>31/12/2014</td>
<td>0.37</td>
<td>0.31</td>
<td>No evidence of risk</td>
</tr>
<tr>
<td>Key Question</td>
<td>Observation</td>
<td>Risk?</td>
<td></td>
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<tr>
<td>NHSSTAFF20</td>
<td>Proportion of staff feeling pressure to attend work when feeling unwell in the last 3 months - NHS Staff Survey</td>
<td>01/09/2014 31/12/2014 0.20 0.21</td>
<td>No evidence of risk</td>
<td></td>
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<tr>
<td>NTREE_MH01</td>
<td>General Medical Council national training survey – trainee’s overall satisfaction - GMC</td>
<td>24/03/2015 06/05/2015 n/a</td>
<td>No evidence of risk</td>
<td></td>
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<tr>
<td>STASURBG01</td>
<td>Proportion of staff who would recommend the trust as a place to work or receive treatment - NHS Staff Survey</td>
<td>01/09/2014 31/12/2014 0.72 0.63</td>
<td>No evidence of risk</td>
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<tr>
<td>GMC_MH01</td>
<td>General Medical Council enhanced monitoring - GMC</td>
<td>01/09/2015 30/06/2015 No concerns</td>
<td>No evidence of risk</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MRESE01</td>
<td>Proportion of wards visited that have community meetings - MHA Database</td>
<td>01/09/2014 31/08/2015 0.94 0.92</td>
<td>No evidence of risk</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>WBLOW_MH01</td>
<td>Snapshot of whistleblowing alerts received by CQC - CQC</td>
<td>10/11/2015 01/02/2016 1 or more</td>
<td>Elevated risk</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>COM_CMHS</td>
<td>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 - CMH Survey</td>
<td>01/09/2013 30/11/2014 n/a</td>
<td>Elevated risk</td>
<td></td>
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</tr>
<tr>
<td>CMRS_CURRENT</td>
<td>Occurrence of sampling errors or non-submission of data relating to the current iteration of the Community Mental Health Survey - CMH Survey</td>
<td>01/09/2014 30/11/2014 Submission with errors (major)</td>
<td>Elevated risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMRS_PREV</td>
<td>Occurrence of sampling errors or non-submission of data relating to the previous iteration of the Community Mental Health Survey - CMH Survey</td>
<td>01/09/2013 30/11/2013 Submission with errors (minor)</td>
<td>No evidence of risk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cross cutting**

<table>
<thead>
<tr>
<th>Key Question</th>
<th>Observation</th>
<th>Risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYEMH</td>
<td>Negative comments submitted to Share Your Experience - CQC</td>
<td>01/10/2014 30/09/2015 16.00 11.04</td>
</tr>
<tr>
<td>P_OPINIONMH</td>
<td>Negative comments submitted to Patient Opinion sources - Patient Opinion</td>
<td>01/08/2014 31/07/2015 115.00 170.54</td>
</tr>
</tbody>
</table>

**Suppression:** We apply a strict statistical disclosure control in accordance with the HES protocol to all published data. This requires that small numbers are suppressed to prevent individuals being identified and to ensure that patient confidentiality is maintained. An asterisk (*) in the observed column indicates a suppressed value between 1 and 5.

**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.

**Rounding:** All observed values have been rounded to two decimal places. Therefore, numbers that are less than 0.005 may be displayed on this report as ‘0.00’. The datasheet contains the numbers used to calculate the indicators.