

Mental Health Perinatal Quality Dashboard 2018/19

Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator/Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Data Quality Concerns	Notes	Reporting Periods				
																Q1	Q2	Q3	Q4	
MHG01-PR	Domain 1: Preventing people from dying prematurely	Clinical outcome	Mortality	All inpatients and day care (MTS) that die while receiving care and treatment from the service	Percentage of patients that die while receiving care and treatment from the service	Number of patients that die while receiving care and treatment from the service	Number of patient discharges during time period	Rolling Annual	Quarterly	Provider submitted data	Provider submitted data	0%	Lower is better		This applies to all inpatient and day care services. This includes all patients whether in units, on leave or off site with / without permission	Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	Apr 18 - Mar 19	
MHG02-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Delayed discharge - number of patients with delayed discharge after decision has been made to discharge	Clinical teams will identify all cases when a patient is clinically ready for discharge. The clinical team identifies all patients who are clinically ready for discharge. This does not mean that they have the required legal permission or if they do or do not have alternative accommodation	Average delay to discharge (days) after decision to discharge has been reached, by ward and service	Sum of number of days between decision to discharge (excluding day decision made) and actual day of discharge for all specialised service patients within time period	Number of patient discharges during time period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	0	Lower is better	Theoretical risk that if a patient is never discharged then they will be missed by this metric as only looks at discharges	Time period is defined by date of discharge for both numerator and denominator 3 month cohort	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	
MHG03-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Comprehensive discharge information	To ensure good clinical information is passed to all those responsible for provision of care within the care pathway	Percentage of specialised service patients discharged who have comprehensive information sent to the receiving clinician and GP	Number of patients discharged with comprehensive information (as defined in the databook) sent to the receiving clinician and/or GP whichever is most appropriate	Number of patient discharges during time period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Higher is better		Comprehensive information should include: summary of last episode of treatment, outcome, medication, follow-up advice, CPA care plan documentation (when under CPA), risk assessment (when applicable), relapse indicators, secondary referral advice, MAPPA eligibility (when required)	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	
MHG04-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Patient satisfaction	To ensure service user involvement and consultation on services	Percentage of completed patient satisfaction surveys.	Total number of returned satisfaction surveys	Number of patients asked to complete satisfaction surveys	Rolling Annual	Quarterly	Provider submitted data	Provider submitted data		Higher is better				Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	Apr 18 - Mar 19
MHG05a-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Patient satisfaction	Ensuring robust and transparent complaints process	Rate of complaints	Total number of complaints in period	Number of patient contacts during time period (this will be made up of the number of inpatient episodes added to the number of non-admitted care contacts)	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral				Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG05b-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Complaints	Ensuring robust and transparent complaints process	Proportion of complaints received by trust / organisation from service users (including advocacy representing service user)	Number of complaints received from service users (including advocacy representing service user)	Total number of complaints in period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral				Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG05c-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Complaints	Ensuring robust and transparent complaints process	Proportion of complaints received by trust / organisation from carers	Number of complaints received from carers	Total number of complaints in period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral				Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG05d-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Complaints	Ensuring robust and transparent complaints process	Proportion of complaints received by trust / organisation from statutory organisations (e.g. CQC)	Number of complaints received from statutory organisations (e.g. CQC)	Total number of complaints in period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral				Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19

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																Q1	Q2	Q3	Q4
MHG05e-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Complaints	Ensuring robust and transparent complaints process	Proportion of complaints received by trust / organisation from non-statutory organisations (e.g. advocacy not representing service user)	Number of complaints received from non-statutory organisations (e.g. advocacy not representing service user)	Total number of complaints in period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral			Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG06-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Number of upheld or partially upheld complaints received	Ensuring robust and transparent complaints process, and identifying number of upheld / partially upheld complaints	Rate of upheld or partially upheld complaints	Number of upheld or partially upheld complaints in period	Actual number of complaint investigations completed in period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Lower is better			Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG08-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical Outcome	Safety and security	Ensuring security and safety staff, service users and public	Number of never events (as referenced in 'Never Events' standard contract)	Total Number of 'Never Events'	One (1)	Quarterly	Quarterly	Provider submitted data	Provider submitted data	0	Lower is better			Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG11-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Workforce - percentage of eligible staff who have received clinical supervision	Ensuring people who provide direct care are able to reflect on their practice and receive the required supervision, support and development to ensure continual clinical effectiveness and efficiency	Percentage of eligible staff who have received clinical supervision as per trust / organisation policy	Number of eligible staff who have received clinical supervision as per trust / organisation policy	Number of eligible staff	Quarterly	Quarterly	Provider submitted data	Provider submitted data	≥91% = green, >75% <91% = amber, ≥75 = red	Higher is better		Eligible staff: all staff with a responsibility to provide care, included professionally qualified or unqualified staff  Clinical supervision: The provision of either professionally mandated or clinically agreed individual practice supervision on a 1:1 basis or in professionally supervised groups. To an agreed standard set out by the organisation to the CQC and or SCG	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG12a-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Percentage of staff requiring training, who have received safeguarding vulnerable adults training in specialised services	Ensuring compliance to statutory safeguarding responsibility. Ensuring security and safety staff, service users and public	Percentage of staff who have received annual safeguarding vulnerable adults training	Of those in denominator, number of staff who received safeguarding vulnerable adults training	Number of staff requiring safeguarding vulnerable adults training	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Higher is better			Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG12b-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Percentage of staff requiring training, who have received safeguarding children training in specialised services	Ensuring compliance to statutory safeguarding responsibility. Ensuring security and safety staff, service users and public	Percentage of staff who have received annual safeguarding children training	Of those in denominator, number of staff who received safeguarding children training	Number of staff requiring safeguarding children training	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Higher is better			Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19
MHG13-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical Process	Safeguarding reports	Ensuring compliance to statutory safeguarding responsibility. Ensuring security and safety staff, service users and public	Percentage of investigated safeguarding reports	Of safeguarding reports in denominator, the number investigated by the local authority	Total number of safeguarding reports made to the local authority	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Neutral		Safeguarding reports are incidents / concerns that are reported to the local authority as a safeguarding concern	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19

Data collection has been approved by the Review of Central Returns - ROCR  
ROCR/OR/2230/001MAND