

Mental Health Deaf Services Quality Dashboard 2017/18

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	Notes	Reporting Periods			
															Q1	Q2	Q3	Q4
MHG01-DF	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. (All patients whether in units, on leave or off site with/without permission). These should include all inpatient and daycase patients.	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal	0%	Lower is better	This applies to all inpatient and day care services.	Jul 16 - Jun 17	Oct 16 - Sep 17	Jan 17 - Dec 17	Apr 17 - Mar 18
MHG02-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal	0%	Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG03-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		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 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG04-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Higher is better	The intention is to introduce a specific indicator for specific services	Jul 16 - Jun 17	Oct 16 - Sep 17	Jan 17 - Dec 17	Apr 17 - Mar 18
MHG05a-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral	We need to develop a process for recognising and recording compliments. Activity means: The total number of people in beds or the service, admitted and discharges in the reporting period or on service caseload for non admitted services.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG05b-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG05c-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG05d-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

Mental Health Deaf Services Quality Dashboard 2017/18

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	Notes	Reporting Periods			
															Q1	Q2	Q3	Q4
MHG05e-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG06-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Lower is better	Recording of the outcomes of the investigation process, if the complaint is subsequently upheld or not this will be noted to the commissioners. Activity means: The total number of people in beds or the service, admitted and discharges in the reporting period or on service caseload for non admitted services.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG08-DF	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.'		Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal	0	Lower is better	Activity means: The total number of people in beds or the service, admitted and discharges in the reporting period or on service caseload for non admitted services.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG11-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Higher is better	Eligible Staff Means: 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 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG12a-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		higher is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
MHG12b-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Higher is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

Mental Health Deaf Services Quality Dashboard 2017/18



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	Notes	Reporting Periods			
															Q1	Q2	Q3	Q4
MHG13-DF	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 Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Neutral	Safeguarding reports are incidents/concerns that are reported to the local authority as a safeguarding concern.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

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