

Mental Health
 Adult Secure Services
 Mental Health High Secure Services (Adult) - Male

1752/Male

Code	Metric	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Notes	Q1	Q2	Q3	Q4
MHHSM01	Proportion of whole Hospital vacancies	Total number of hospital Staff vacancies (WTE)	Total establishment of hospital Staff vacancies (WTE)	Quarter	Quarterly	Provider	Provider		To include all staff employed at the high secure hospitals including Admin and Clerical staff	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM02a	Proportion of Medical staff vacancies (consultant)	Total number of Medical Staff vacancies (WTE)	Total establishment of Medical Staff vacancies (WTE)	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM02b	Proportion of Medical staff vacancies (non consultant)	Total number of Medical Staff vacancies (WTE)	Total establishment of Medical Staff vacancies (WTE)	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM03	Proportion of ward based Registered Nursing vacancies	Total number of ward based Registered Nursing Staff vacancies (WTE)	Total establishment of ward based Registered nurse vacancies (WTE)	Quarter	Quarterly	Provider	Provider		Ward nursing staff only, to include ward manager	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM04	Proportion of non registered ward based clinical staff	Total number of non registered ward based clinical staff vacancies (WTE)	Total establishment of non Registered ward based clinical staff vacancies (WTE)	Quarter	Quarterly	Provider	Provider		Include ward based HCAs and ward based therapists/activity coordinators	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM05a	Proportion of patients waiting over 21 days from referral for decision to admit	Of those in the denominator, the number of patients who have already been waiting over 21 days for decision to admit following referral	The total number of male patients waiting to be admitted in the reporting period	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM05b	Proportion of patients waiting over 21 days for admission following decision to admit	Of those in the denominator, the number of patients who have already been waiting over 21 days to be admitted following decision to admit	The total number of male patients waiting to be admitted in the reporting period	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM06	Proportion of non-emergency referrals assessed within 28 days from receipt of referral	Of those in the denominator, the number of referrals assessed within 28 days from receipt of referral	The total number of non emergency referrals assessed in the reporting period	Quarter	Quarterly	Provider	Provider		Definition of assessed: been to panel, admission assessment completed made and communicated Include where life is at imminent risk and where individuals can not be contained in their usual environment Exclude patients turned down by admission panel but referrer has appealed	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM07	Proportion of patients offered at least 25 hours per week of meaningful activity	Of those in the denominator, the number of patients who are offered at least 25 hours of meaningful activity	The total number of inpatients in the reporting period	Quarter	Quarterly	Provider	Provider		Meaningful activity should improve and maintain wellbeing of the patient not only focusing upon recovery but gaining life skills. It should contribute towards the recovery and treatment of the patient and should enhance the quality of life by meeting identified needs. Each activity is appropriately considered for each individual taking into account their unique needs and any risks associated with the requested or offered activity. The meaningful activity plan should be co-developed with the patient and reflect their needs, interests and level of ability. It should help them feel valued and useful building self-esteem. This should be built into the patients care plan and reviewed at the CPAs and monitored through this progress with regular report to the commissioners. Average of 25 hours per week over the reporting period Exclude new admissions and discharges For other exclusions please confirm with NHSE commissioners	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23

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MHHS08	Proportion of patients who undertake up to 25 hours per week meaningful activity	Of those in the denominator, the number of patients who undertake up to 25 hours of meaningful activity	The total number of inpatients offered at least 25 hours of meaningful activity in the reporting period	Quarter	Quarterly	Provider	Provider		<p>Meaningful activity should improve and maintain wellbeing of the patient not only focusing upon recovery but gaining life skills. It should contribute towards the recovery and treatment of the patient and should enhance the quality of life by meeting identified needs. Each activity is appropriately considered for each individual taking into account their unique needs and any risks associated with the requested or offered activity.</p> <p>The meaningful activity plan should be co-developed with the patient and reflect their needs, interests and level of ability. It should help them feel valued and useful building self-esteem. This should be built into the patients care plan and reviewed at the CPAs and monitored through this progress with regular report to the commissioners.</p> <p>Average of 25 hours per week over the reporting period</p> <p>Exclude new admissions and discharges</p> <p>For other exclusions please confirm with NHSE commissioners</p>	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHS09	Rate of incidents of actual physical violence from male patients to members of staff	The number of incidents of actual physical violence from male patients to members of staff	The total number of male inpatients in the reporting period	Quarter	Quarterly	Provider	Provider		<p>Actual Physical Violence to defined as intentional application of force to one person by another, without lawful justification, resulting in personal discomfort (SMS)</p> <p>Include: bodily fluids Exclude: non harmful fluids</p> <p>Includes E1 and E2 of High secure SUI reporting protocol</p>	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHS10	Proportion of male patients who have displayed actual physical violence to either staff or fellow patient	The number of individual patients involved in the incidents reported	The total number of incidents reported in the reporting period	Quarter	Quarterly	Provider	Provider		<p>Actual Physical Violence to defined as intentional application of force to one person by another, without lawful justification, resulting in personal discomfort (SMS)</p> <p>Include: bodily fluids Exclude: non harmful fluids</p> <p>Includes E1 and E2 of High secure SUI reporting protocol</p>	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHS11	Rate of incidents of actual physical violence from patients to patients (male)	The number of incidents of actual physical violence from patients to patients (male)	The total number of male inpatients in the reporting period	Quarter	Quarterly	Provider	Provider		<p>Actual Physical Violence to defined as intentional application of force to one person by another, without lawful justification, resulting in personal discomfort (SMS)</p> <p>Include: bodily fluids Exclude: non harmful fluids</p> <p>Includes E1 and E2 of High secure SUI reporting protocol</p>	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHS12	Proportion of male patients who have self harmed and have required immediate intervention or treatment	Of those in the denominator, the number of incidents that required immediate intervention and /or treatment	The total number of male inpatients who have self harmed in the reporting period	Quarter	Quarterly	Provider	Provider		<p>Intervention to include: talk down, medical treatment, deescalation</p> <p>Include all new admissions</p> <p>Exclude threats</p>	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23

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MHHSM13	Rate of incidents of self harm from male patients that required intervention/treatment	Number of incidents reported that required intervention / treatment	The total number of male inpatient incidents in the reporting period	Quarter	Quarterly	Provider	Provider		OBNs for quarter x 84 to make quarterly average for number of patients	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM14	Daily average number of patients in Long Term Segregation in the quarter	Daily average number of patients in Long Term Segregation in the reporting period		Quarter	Quarterly	Provider			Average value per day calculated for the quarter Long Term Segregation (LTS) as defined in the MH Act Code of Practice	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM15	Number of individual male patients who have been subject to long term segregation during the reporting period - male	Number of individual patients who have been subject to long term segregation		Quarter	Quarterly	Provider			Long Term Segregation (LTS) as defined in the MH Act Code of Practice	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM16	Daily average number of patients in Short Term Seclusion in the quarter	Daily average number of patients in Short Term Seclusion in reporting period Note: Average value per day calculated for the quarter		Quarter	Quarterly	Provider			Average value per day calculated for the quarter	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM16a	Number of individual male patients who have been subject to short term seclusion	Number of individual male patients who have been subject to short term seclusion during the reporting period		Quarter	Quarterly	Provider				Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM18	Proportion of patients waiting over 12 weeks from acceptance of transfer to medium secure (by medium secure service) to transfer taking place - male	Of those in the denominator, the total number of patients who waited over 12 weeks for discharge, or who are still waiting and have been for over 12 weeks	The total number of patients who have been on the waiting list to be discharged to medium secure in the reporting period	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM19	Mean length of stay measured in occupied bed days for male patients who are discharged in the quarter	Of those in the denominator, mean length of stay (in days) from admission to discharge	Total number of patients discharged in the reporting period	Quarter	Quarterly	Provider	Provider		Include length of stay in High Secure establishment only	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM19a	Mean length of stay measured in occupied bed days for male inpatients in the quarter	Of those in the denominator, mean length of stay (in days) from admission to present	Total number of inpatients (total population) in the reporting period	Quarter	Quarterly	Provider	Provider		Include length of stay in High Secure establishment only	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM20	Proportion of delayed bed nights for male patients	Total number of bed days delayed due to discharge	Total number of OBNs in reporting period	Quarter	Quarterly	Provider	Provider			Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23
MHHSM21	Total number of male patients whose discharge was delayed over 12 weeks	Total number of male patients whose discharge was delayed over 12 weeks		Quarter	Quarterly	Provider				Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23