Mental Health Service for Deaf People (Adults) Quality Dashboard 2021/22
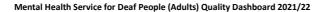
NHS England

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-DFA	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 and all patients whether in units, on leave or off site with / without permission	Jul 20 - Jun 21	Oct 20 - Sep 21	Jan 21 - Dec 21	Apr 21 - Mar 22
MHG02-DFA	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		Apr 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG03-DFA	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, mMedication, follow-up advice, CPA Care Plan documentation (when under CPA), risk assessment (when applicable), relapse indicators, secondary referral advice, MAPPA eligibility (when required)	Apr 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG04-DFA	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 20 - Jun 21	Oct 20 - Sep 21	Jan 21 - Dec 21	Apr 21 - Mar 22
MHG05a-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG05b-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG05c-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG05d-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG05e-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG06-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22

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MHG08-DFA	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 submitted data	N/A	0	Lower is better		Apr 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG11-DFA	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		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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG12a-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG12b-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22
MHG13-DFA	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 21 - Jun 21	Jul 21 - Sep 21	Oct 21 - Dec 21	Jan 22 - Mar 22

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