

CQC Insight for NHS Trusts and Community Interest Companies that provide Mental Health Services

Essex Partnership University NHS Foundation Trust

What we've updated since August 2021

Sharing with providers

We will share the Insight reports with NHS providers during October 2021 and will work towards sharing an updated version with them again in December 2021.

Covid-19

Covid-19 has had an impact on some data sets. Analyst and inspection teams will take the effects of Covid-19 into account when interpreting analysis. Publication of some data sets is suspended. Data will be refreshed as soon as it is available.

Intelligence analysis

Refreshed data sources:

- Care Quality Commission – MHA Deaths of Detained Patients*
- Care Quality Commission (CQC) – Whistleblowing
- Central Alerting System (CAS) – Patient Safety Alerts
- Electronic Staff Records (ESR) – Staff Sickness
- General Medical Council (GMC) – Enhanced Monitoring
- NHS Digital – Data Quality Maturity Index (DQMI)
- NHS Digital – Mental Health Services Data Set (MHSDS) Monthly Restrictive Interventions
- NHS Digital – Out of Area Placements
- NHS England & NHS Improvement – National Reporting and Learning System (NRLS)

*We have reinstated an indicator on the number of deaths of patients detained under the Mental Health Act due to suicide/suspected suicide based on notifications to CQC. Please see our [indicators and methodology guidance](#) for details.

We have taken a decision to temporarily suspend an indicator on consistency of reporting to NRLS while we undertake work to improve the timeliness of the analysis. Please see our guidance documents for a full list of indicators currently suspended from Insight.

Facts, figures and ratings

Refreshed content:

- Patient contacts – MHSDS Monthly Activity
- Resources – Electronic Staff Records (ESR)
- Ratings

Featured data sources

Refreshed content:

Mental Health Act

- Mental Health Act Complaints
- Deaths of Detained Patients

Incidents

- Incidents reported to National Reporting and Learning System (NRLS)
- Notifications and whistleblowing to CQC
- Safeguarding alerts to CQC
- Never Events/Serious incidents reported to Strategic Executive Information System (StEIS)

ESR – Staff FTE and Turnover Rates

Data Quality – MHSDS Monthly Statistics – Provider level data quality measures

Facts, figures and ratings

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | |
|---|--------------------|--------------------------|---------|---|--|----------------------------|--|
| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | | | | |
| <p>Contextual information relating to the trust/provider, inpatient and community-based services</p> <ul style="list-style-type: none"> Links to externally published assessments of CCG commissioning of mental health services Activity levels at provider, inpatient and community-based services level Staffing capacity, turnover and sickness; financial information | | | | | | | |
| | | | | <ul style="list-style-type: none"> Ratings data at provider and core service level; changes over time in the ratings An indication of the changes in intelligence | | | |

Intelligence analysis

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | |
|--|------------|--------------------|--------------------------|---|--|----------------------------|--|
| OVERVIEW | TRUST WIDE | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | | | | |
| <ul style="list-style-type: none"> Intelligence overview of key messages for trust/provider, inpatient and community-based services | | | | | | | |
| | | | | <ul style="list-style-type: none"> Indicator detail pages - for trust/provider, inpatient and community-based services | | | |

Featured data sources

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | |
|--|-----------|--------------|-------|-----------------------|-----------------|---|------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |
| <ul style="list-style-type: none">Mental Health ActIncidents (mortality, notifications, incidents reported to StEIS and NRLS)Electronic Staff Records (ESR)Patient-Led Assessments of the Care Environment (PLACE) scoresDelayed transfers of care | | | | | | <ul style="list-style-type: none">Community Mental Health SurveyNHS Staff SurveyWorkforce Race Equality Standard (WRES)Provider level data quality measures for MHSDSCommissioning for Quality and Innovation (CQUIN) | | | |

Definitions

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | |
|---|------|--------------|--|---|--|----------------------------|--|
| KEY | DATA | APPENDIX 1 | | | | | |
| <ul style="list-style-type: none"> Key of symbols and colours Data definitions and download | | | | | | | |
| | | | | <ul style="list-style-type: none"> Locations registered with CQC | | | |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | |
|-------|--------------------|--------------------------|---------|--|
|-------|--------------------|--------------------------|---------|--|

[Table of Contents](#)

Trust level rating:

Date of last inspection: 07/06/2021

Date of publication: 15/09/2021

| Safe | Effective | Caring | Responsive | Well led | Overall |
|-------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| RI 09/10/2019 | G 09/10/2019 | O 09/10/2019 | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 |

Provider type: Mental Health - FT

Organisational context

This is a main provider for the following local authorities:

The main clinical commissioning groups for this provider are: Information not currently available

Assessments of CCGs can be found at:

- [Mental Health Five Year Forward View Dashboard](#)
- [NHS RightCare CCG data packs](#)

[Link to PHE's Mental Health fingertips tools](#)

Registered locations

For detailed information about the registered locations please refer to the [Definitions and Appendices](#) section.

Population estimate: 2,500,000

| People in contact with services at the end of 30/06/2021 | Adult mental health services | Learning disability and autism services | Children and young people's services |
|--|------------------------------|---|--------------------------------------|
| People in contact with services | 29010 | 730 | 75 |
| All contacts | 43170 | - | - |
| Attended contacts | 37920 | - | 1690 |
| Open referrals | 37750 | 3040 | 80 |
| Open ward stays | 485 | 40 | 25 |
| People discharged from the service | 7315 | - | 220 |
| People assigned to a Mental Health Care Cluster | 16680 | - | - |
| People in contact with mental health services aged 0 to 18 | - | - | 485 |

| People in contact with adult mental health services | At the end of 31/12/2020 | At the end of 30/06/2021 |
|---|--------------------------|--------------------------|
| At the end of the reporting period | 29280 | 29010 |
| On CPA at the end of the reporting period | 4120 | |
| On CPA for 12 months at the end of the reporting period | 2700 | |
| On CPA for 12 months with review at the end of the reporting period | 2335 | |
| People with a crisis plan in place at the end of the reporting period | 11540 | 10030 |

| People in contact with mental health services on CPA aged 18-69 at the end of the reporting period | At the end of 31/12/2020 | | At the end of 30/06/2021 | |
|--|--------------------------|---------|--------------------------|---------|
| | Provider | England | Provider | England |
| On Care Programme Approach (CPA) aged 18-69 at the end of the reporting period | 3470 | 126323 | | |
| Aged 18-69 on CPA at the end of the reporting period in settled accommodation | 935 | 70827 | | |
| Proportion of aged 18-69 on CPA at the end of the reporting period in settled accommodation | 27.0% | 56.1% | | |
| Aged 18-69 on CPA at the end of the reporting period in employment | 610 | 11016 | | |
| Proportion aged 18-69 on CPA at the end of the reporting period in employment | 18.0% | 8.7% | | |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | |
|-------|--------------------|--------------------------|---------|--|
|-------|--------------------|--------------------------|---------|--|

[Table of Contents](#)

Trust level rating:

Date of last inspection: 07/06/2021

Date of publication: 15/09/2021

Safe

RI

09/10/2019

Effective

G

09/10/2019

Caring

O

09/10/2019

Responsive

G

09/10/2019

Well led

G

09/10/2019

Overall

G

09/10/2019

Provider type: Mental Health - FT

Resources

FTE Staff; Jul 21

| | |
|---|----------------|
| Admin & Support | 1,432.0 |
| AHP/STT Support | 327.5 |
| Allied Health Professional/ Scientific, Therapeutic and Technical | 610.7 |
| Healthcare Assistant | 867.1 |
| Medical and Dental | 223.1 |
| Not Specified | 0.0 |
| Nursing & Midwifery | 1,400.6 |
| Nursing Associates & Trainees | 4.0 |
| All | 4,865.0 |

Staff turnover (FTE); Aug 20 - Jul 21

| | Average FTE | Total Leavers | Turnover |
|---|----------------|---------------|--------------|
| Admin & Support | 1,333.4 | 118.8 | 8.9% |
| AHP/STT Support | 287.0 | 53.7 | 18.7% |
| Allied Health Professional/ Scientific, Therapeutic and Technical | 593.8 | 75.7 | 12.7% |
| Healthcare Assistant | 829.7 | 73.3 | 8.8% |
| Medical and Dental | 205.4 | 47.7 | 23.2% |
| Nursing & Midwifery | 1,393.6 | 109.9 | 7.9% |
| Nursing Associates & Trainees | 2.9 | 0.0 | 0.0% |
| All | 4,645.7 | 479.1 | 10.3% |

Staff sickness; Aug 20 - Jul 21

| | Staff Days | Sick Days | Sick Rate |
|---|------------------|---------------|-------------|
| Admin & Support | 484,729 | 21,412 | 4.4% |
| AHP/STT Support | 104,470 | 3,808 | 3.6% |
| Allied Health Professional/ Scientific, Therapeutic and Technical | 216,210 | 6,090 | 2.8% |
| Healthcare Assistant | 303,074 | 24,172 | 8.0% |
| Medical and Dental | 74,896 | 2,213 | 3.0% |
| Nursing & Midwifery | 508,098 | 25,485 | 5.0% |
| Nursing Associates & Trainees | 645 | 3 | 0.5% |
| All | 1,692,122 | 83,182 | 4.9% |

Source: ESR

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | Table of Contents | | |
|--|--------------------|--------------------------|---------|-----------------------------------|------------------------|------------------------|
| Trust level rating: Date of last inspection: 07/06/2021 Date of publication: 15/09/2021 | | | | | | |
| | | | | Safe | Effective | Caring |
| | | | | RI 09/10/2019 | G 09/10/2019 | O 09/10/2019 |
| | | | | Responsive | Well led | Overall |
| | | | | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 |
| Provider type: Mental Health - FT | | | | | | |

| Finance and governance | Previous | Latest | Change | National comparison |
|--|------------------------------------|------------------------------------|--------|---------------------|
| Projected surplus [£000s] (deficit) | | Data not available | | |
| Turnover [£000s] | 318,734 | 325,388 | (2%) | |
| NHSI Single Oversight Framework segmentation | Providers offered targeted support | Providers offered targeted support | NA | |

Please note that the Single Oversight Framework segmentation data is not currently being refreshed, due to the previous oversight framework being replaced by a new NHS Systems Oversight Framework for 2021/22. We will update Insight with the new framework segmentations when the full data is available. In the meantime, please see a list of trusts and systems that have been placed into the Recovery Support Programme (replacing Special Measures from the previous framework) here: <https://www.england.nhs.uk/system-and-organisational-oversight/national-recovery-support-programme>, and information for providers on the CQC website here: <https://www.cqc.org.uk/guidance-providers/nhs-trusts/mandated-support-recovery-support-programme>.

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS |
|-------|--------------------|--------------------------|---------|
|-------|--------------------|--------------------------|---------|

[Table of Contents](#)

Ratings for inpatient core services:

| | Safe | Effective | Caring | Responsive | Well led | Overall |
|---|------------------|------------------|-----------------|------------------|------------------|------------------|
| Acute wards for adults of working age and psychiatric intensive care units (09/10/2019) | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | RI 09/10/2019 | RI 09/10/2019 | RI 09/10/2019 |
| Long stay/rehabilitation mental health wards for working age adults (09/10/2019) | G 09/10/2019 | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 |
| Forensic inpatient/secure wards (26/07/2018) | RI 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |
| Child and adolescent mental health wards (15/09/2021) | I 15/09/2021 | | I 15/09/2021 | | I 15/09/2021 | I 15/09/2021 |
| Wards for older people with mental health problems (09/10/2019) | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | RI 09/10/2019 | G 09/10/2019 | RI 09/10/2019 |
| Wards for people with learning disabilities or autism (26/07/2018) | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |

Admissions, discharges and bed days

| Activity | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|----------------------------------|--------|--------|--------|--------|--------|--------|
| Admissions to hospital | 175 | 185 | 240 | 270 | 230 | 265 |
| Discharges from hospital | 170 | 175 | 230 | 235 | 210 | 295 |
| Bed days | 13580 | 12155 | 13670 | 15385 | 14300 | 15765 |
| Days of delayed discharge | 95 | 75 | 105 | 145 | 155 | 100 |
| Under 16 bed days on adult wards | * | * | * | * | * | * |
| Age 16 bed days on adult wards | * | * | * | * | * | * |
| Age 17 bed days on adult wards | * | 5 | * | * | 25 | * |

Open ward stays

| Inpatient service | At the end of 31/12/2020 | At the end of 30/06/2021 |
|--|--------------------------|--------------------------|
| Adult mental health services | 375 | 485 |
| Adult acute mental health care | 185 | 265 |
| Specialised adult mental health services | 95 | 125 |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS |
|-------|--------------------|--------------------------|---------|
|-------|--------------------|--------------------------|---------|

[Table of Contents](#)

Ratings for inpatient core services:

| | Safe | Effective | Caring | Responsive | Well led | Overall |
|---|------------------|------------------|-----------------|------------------|------------------|------------------|
| Acute wards for adults of working age and psychiatric intensive care units (09/10/2019) | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | RI 09/10/2019 | RI 09/10/2019 | RI 09/10/2019 |
| Long stay/rehabilitation mental health wards for working age adults (09/10/2019) | G 09/10/2019 | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 | G 09/10/2019 |
| Forensic inpatient/secure wards (26/07/2018) | RI 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |
| Child and adolescent mental health wards (15/09/2021) | I 15/09/2021 | | I 15/09/2021 | | I 15/09/2021 | I 15/09/2021 |
| Wards for older people with mental health problems (09/10/2019) | RI 09/10/2019 | G 09/10/2019 | G 09/10/2019 | RI 09/10/2019 | G 09/10/2019 | RI 09/10/2019 |
| Wards for people with learning disabilities or autism (26/07/2018) | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |

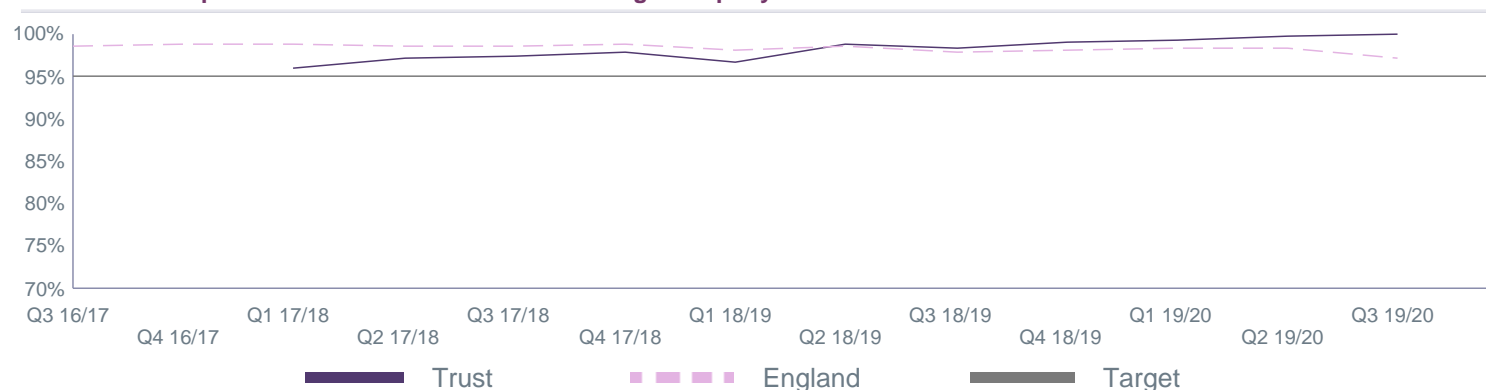
Age profiles

| Age profile | Open hospital spells at the end of 30/06/2021 |
|-------------|---|
| 0 – 18 | 30 |
| 19 – 64 | 370 |
| 65 and over | 120 |

| Age profile | Subject to detention at end of 30/06/2021 |
|-------------|---|
| 0 – 17 | 25 |
| 18 – 64 | 270 |
| 65 and over | 65 |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | | | | Table of Contents |
|---|--------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|-----------------------------------|
| Ratings for community-based core services: | | Safe | Effective | Caring | Responsive | Well led | Overall |
| Community-based mental health services for adults of working age (26/07/2018) | | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |
| Mental health crisis services and health-based places of safety (26/07/2018) | | RI 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |
| Specialist community mental health services for children and young people | | NA | NA | NA | NA | NA | NA |
| Community-based mental health services for older people (26/07/2018) | | RI 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |
| Community mental health services for people with learning disabilities or autism (26/07/2018) | | G 26/07/2018 | G 26/07/2018 | O 26/07/2018 | G 26/07/2018 | G 26/07/2018 | G 26/07/2018 |

Proportion of admissions to acute wards gate kept by the crisis resolution home treatment team



Contact with specialist community teams:

| Contacts at 30/06/2021 | All Contacts | Attended contacts |
|--|--------------|-------------------|
| Crisis resolution service or home treatment team | 2825 | 2690 |
| Memory services team | 1940 | 1750 |
| Perinatal mental health team | 3105 | 2815 |

Seven day follow up of patients on Care Programme Approach (CPA):

| | Trust | England Average |
|------------|-------|-----------------|
| 2018/19 Q3 | 92.4% | 95.5% |
| 2018/19 Q4 | 93.3% | 95.8% |
| 2019/20 Q1 | 90.6% | 95.1% |
| 2019/20 Q2 | 86.5% | 94.5% |
| 2019/20 Q3 | 100% | 95.5% |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | Table of Contents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|--------------------------|---------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>This page displays the latest ratings and the direction of travel for intelligence indicators that relate to the five key questions (safe, effective, caring, responsive and well-led), inpatient and community mental health services and to the trust overall.</p> <p>Key messages</p> <p>Intelligence indicates that:</p> <ul style="list-style-type: none">• Overall performance for this trust is improving• Safe, Well led performance is improving• Responsive performance is stable• Trust wide indicators, Inpatient services performance is improving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| TRUST | | INPATIENT SERVICES | | COMMUNITY-BASED SERVICES | | RATINGS | | Table of Contents | | | |
|--|--|--------------------|--|----------------------------------|---|---------|-----------|-----------------------------------|------------|----------|---------|
| <p>This page displays the latest ratings for any community health services provided and the direction of travel for intelligence indicators that relate to the five key questions (safe, effective, caring, responsive and well-led) for the trust overall.</p> <p>Key messages</p> <p>Intelligence indicates that:</p> <ul style="list-style-type: none">• Overall performance for this trust is improving• Safe, Well led performance is improving• Responsive performance is stable• Trust wide indicators, Inpatient services performance is improving | | | | Community health services | Overall | Safe | Effective | Caring | Responsive | Well led | Overall |
| | | | | | | ↑ | NA | NA | → | ↑ | ↑ |
| | | | | | | RI | G | O | G | G | G |
| | | | | | Community health services for adults | G | G | G | G | G | G |
| | | | | | Community health services for children, young people and families | G | G | O | G | G | G |
| | | | | | Community health inpatient services | G | G | G | G | G | G |
| | | | | | Community end of life care | G | G | O | O | G | O |
| | | | | | Urgent care services | NA | NA | NA | NA | NA | NA |
| | | | | | Community dental services | NA | NA | NA | NA | NA | NA |
| | | | | | HIV and sexual health services | NA | NA | NA | NA | NA | NA |

| TRUST | INPATIENT SERVICES | COMMUNITY-BASED SERVICES | RATINGS | Table of Contents | | | | | |
|---|--------------------|--------------------------|---------|-----------------------------------|-----------|--------|------------|----------|---------|
| <p>This page displays the latest ratings for any additional core service provided and the direction of travel for intelligence indicators that relate to the five key questions (safe, effective, caring, responsive and well-led) for the trust overall.</p> | | | | Safe | Effective | Caring | Responsive | Well led | Overall |
| | | | | ↑ | NA | NA | → | ↑ | ↑ |
| Overall | | | | RI | G | O | G | G | G |
| Additional core services | | | | | | | | | |
| Substance misuse services | | | | RI | G | G | G | RI | RI |

Key messages

Intelligence indicates that:

- Overall performance for this trust is improving
- Safe, Well led performance is improving
- Responsive performance is stable
- Trust wide indicators, Inpatient services performance is improving

[OVERVIEW](#)
[TRUST WIDE](#)
[INPATIENT SERVICES](#)
[COMMUNITY-BASED SERVICES](#)
[Table of Contents](#)

Trust level rating:

Date of last inspection: 07/06/2021

Date of publication: 15/09/2021

Safe

RI

Effective

G

Caring

O

Responsive

G

Well led

G

Overall

G

Intelligence key messages

Trust-wide indicators

Of the 31 Trust wide indicators, 1 (3%) are categorised as much better, 2 (6%) as better, 1 (3%) as worse and 1 (3%) as much worse. 27 indicator(s) have been compared to data from 12 months previous, of which 8 (30%) have shown an improvement and 0 (0%) have shown a decline. Well led performance is improving. No key questions are declining.

Much better compared nationally

- Proportion of days sick in the last 12 months for Nursing Associates and Trainees

Much worse compared nationally

- Whistleblowing alerts received by the CQC that have been open for at least 10 weeks.

Improved

- Safety Culture
- Quality of care
- Morale
- Staff Engagement
- Health & wellbeing
- Proportion staff believe they have adequate material resourcing (%)
- Safe Environment - Violence
- Proportion of days sick in the last 12 months for Nursing Associates and Trainees

Better compared nationally

- Proportion staff believe they have adequate material resourcing (%)
- Quality of care

Worse compared nationally

- Proportion of Staff Doing Paid Overtime (%)

Declined

Inpatient services indicators

Of the 39 Inpatient indicators, 0 (0%) are categorised as much better, 0 (0%) as better, 0 (0%) as worse and 1 (3%) as much worse. 5 indicator(s) have been compared to data from 12 months previous, of which 1 (20%) have shown an improvement and 0 (0%) have shown a decline. No key questions are improving or declining.

Much better compared nationally

Much worse compared nationally

- Detained patient deaths: Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages)

Improved

- Detained patient deaths: Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages)

Better compared nationally

Worse compared nationally

Declined

Trust level rating:

Date of last inspection: 07/06/2021

Date of publication: 15/09/2021

Safe

RI

Effective

G

Caring

O

Responsive

G

Well led

G

Overall

G

Intelligence key messages

Community-based services indicators

Of the 10 Community indicators, 0 (0%) are categorised as much better, 0 (0%) as better, 0 (0%) as worse and 0 (0%) as much worse. No key questions are improving or declining.

Much better compared nationally

Much worse compared nationally

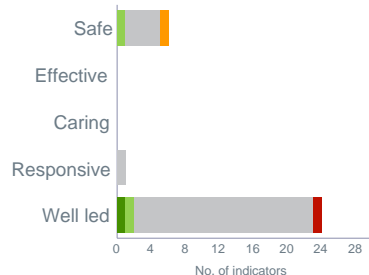
Improved

Better compared nationally

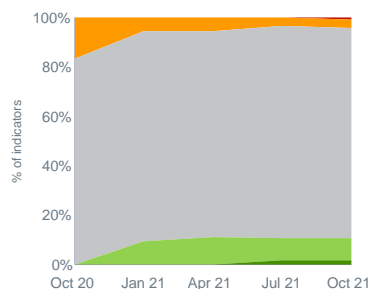
Worse compared nationally

Declined

What's the current performance of trust wide indicators?



How have the performance of the trust-wide indicators changed over time?

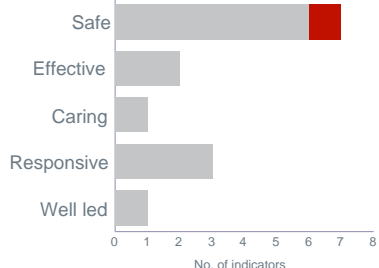


| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|---|---|--------|---------------------|
| | | | | Previous | Latest | Change | |
| Safe | S1 | Proportion staff believe they have adequate material resourcing (%) PICKER - NHS staff survey themes and questions (11 Mar 2021) | 65.28% | 61.82% Sep 19 - Dec 19 | 69.09% Sep 20 - Dec 20 | ↑ | B |
| | S2 | Proportion of Staff Doing Paid Overtime (%) PICKER - NHS staff survey themes and questions (11 Mar 2021) | 24.16% | 29.78% Sep 19 - Dec 19 | 27.80% Sep 20 - Dec 20 | → | W |
| | S2 | Proportion of Staff Doing Unpaid Overtime (%) PICKER - NHS staff survey themes and questions (11 Mar 2021) | 60.61% | 62.01% Sep 19 - Dec 19 | 61.69% Sep 20 - Dec 20 | → | S |
| | S5 | Proportion of patient safety incidents reported as resulting in harm (%) NHS Improvement - OBIEE NRLS STEIS (09 Oct 2021) | 40.7% | 30.2% Sep 19 - Aug 20 | 30.0% Sep 20 - Aug 21 | → | S |
| | S6 | Central Alerting System (CAS): Composite indicator on dealing with (CAS) safety alerts indicators in a timely way MHRA - CAS Alerts/CAS Open Alerts (23 Sep 2021) | | NA | May 18 - Aug 21 | NA | S |
| | | Central Alerting System (CAS): 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 CQC extracted data | | 0 alerts still open Sep 19 - Aug 20 | 0 alerts still open Sep 20 - Aug 21 | → | S |
| | | Central Alerting System (CAS): 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 CQC extracted data | | 0 alerts still open May 18 - Aug 19 | 0 alerts still open May 18 - Aug 20 | → | S |
| | | Central Alerting System (CAS): The percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late | | <25% of alerts closed late Sep 19 - Aug 20 | <25% of alerts closed late Sep 20 - Aug 21 | → | S |
| | S6 | Risk of under-reporting patient safety incidents to the National Reporting and Learning System (NRLS) NHS Improvement - OBIEE NRLS STEIS (09 Oct 2021) | 0.2 | 0.4 Sep 19 - Aug 20 | 0.4 Sep 20 - Aug 21 | → | S |
| Responsive | R3 | The average number of days per out of area placement NHS Digital - NHS Digital- Out of area placements (09 Sep 2021) | 16.0 | 14.7 Jul 19 - Jun 20 | 16.0 Jul 20 - Jun 21 | → | S |
| Well led | W1 | Proportion staff who know who senior managers are (%) PICKER - NHS staff survey themes and questions (11 Mar 2021) | 86.49% | 86.94% Sep 19 - Dec 19 | 87.76% Sep 20 - Dec 20 | → | S |
| | W3 | Equality, diversity & inclusion PICKER - NHS staff survey themes and questions (11 Mar 2021) | 9.1 | 8.9 Sep 19 - Dec 19 | 9.0 Sep 20 - Dec 20 | → | S |

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|--------------------------|--|--------|---------------------|
| | | | | Previous | Latest | Change | |
| | W3 | General Medical Council (GMC) – enhanced monitoring General Medical Council - GMC Enhanced Monitoring (09 Oct 2021) | | No concerns Oct 20 | No concerns Oct 21 | → | S |
| | W3 | General Medical Council (GMC) national training survey - trainees overall satisfaction General Medical Council - GMC National Training Survey (28 Jul 2021) | | - | In middle 50% of scores Apr 21 - May 21 | NA | S |
| | W3 | Health & wellbeing PICKER - NHS staff survey themes and questions (11 Mar 2021) | 6.4 | 6.1 Sep 19 - Dec 19 | 6.4 Sep 20 - Dec 20 | ↑ | S |
| | W3 | Immediate managers PICKER - NHS staff survey themes and questions (11 Mar 2021) | 7.3 | 7.2 Sep 19 - Dec 19 | 7.3 Sep 20 - Dec 20 | → | S |
| | W3 | Morale PICKER - NHS staff survey themes and questions (11 Mar 2021) | 6.4 | 6.2 Sep 19 - Dec 19 | 6.4 Sep 20 - Dec 20 | ↑ | S |
| | W3 | Proportion of days sick in the last 12 months for Allied Health Professionals and Scientific, Therapeutic and Technical staff Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 3.0% | 3.0% Aug 19 - Jul 20 | 2.8% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for Allied Healthcare Professionals and Scientific Therapeutic and Technical Support staff Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 4.0% | 4.1% Aug 19 - Jul 20 | 3.6% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for Healthcare Assistants Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 7.7% | 6.6% Aug 19 - Jul 20 | 8.0% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for Medical and Dental staff (%) Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 2.0% | 3.7% Aug 19 - Jul 20 | 3.0% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for non-clinical staff (%) Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 3.9% | 5.1% Aug 19 - Jul 20 | 4.4% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for Nursing and Midwifery staff (%) Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 5.3% | 4.7% Aug 19 - Jul 20 | 5.0% Aug 20 - Jul 21 | → | S |
| | W3 | Proportion of days sick in the last 12 months for Nursing Associates and Trainees Electronic Staff Record - CH MH Sickness (23 Sep 2021) | 5.6% | 40.2% Aug 19 - Jul 20 | 0.5% Aug 20 - Jul 21 | ↑ | MB |

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|--|--|--------|---------------------|
| | | | | Previous | Latest | Change | |
| | W3 | Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza (%) NHS England - Flu Vac (28 Jun 2021) | 74.2% | 62.0% Sep 19 - Feb 20 | 64.3% Sep 20 - Feb 21 | → | S |
| | W3 | Quality of care PICKER - NHS staff survey themes and questions (11 Mar 2021) | 7.5 | 7.5 Sep 19 - Dec 19 | 7.6 Sep 20 - Dec 20 | ↑ | B |
| | W3 | Safe Environment - Bullying & Harassment PICKER - NHS staff survey themes and questions (11 Mar 2021) | 8.2 | 7.9 Sep 19 - Dec 19 | 8.0 Sep 20 - Dec 20 | → | S |
| | W3 | Safe Environment - Violence PICKER - NHS staff survey themes and questions (11 Mar 2021) | 9.4 | 9.4 Sep 19 - Dec 19 | 9.5 Sep 20 - Dec 20 | ↑ | S |
| | W3 | Safety Culture PICKER - NHS staff survey themes and questions (11 Mar 2021) | 6.9 | 6.7 Sep 19 - Dec 19 | 6.9 Sep 20 - Dec 20 | ↑ | S |
| | W3 | Staff Engagement PICKER - NHS staff survey themes and questions (11 Mar 2021) | 7.2 | 7.0 Sep 19 - Dec 19 | 7.2 Sep 20 - Dec 20 | ↑ | S |
| | W3 | Team Working PICKER - NHS staff survey themes and questions (11 Mar 2021) | 7.0 | 6.9 Sep 19 - Dec 19 | 6.9 Sep 20 - Dec 20 | → | S |
| | W3 | Whistleblowing alerts received by the CQC that have been open for at least 10 weeks. Care Quality Commission - OBIEE Notifications/Whistle Blowing/Complaints (14 Oct 2021) | | - | 1 or more Oct 21 | NA | MW |
| | W4 | Identified level of support needs by provider segmentation NHS Improvement - SOF (15 Jun 2021) | | Providers offered targeted support Jun 20 | Providers offered targeted support Jun 21 | → | S |
| | W6 | Overall Data Quality Maturity Index Score-monthly (%) Monthly Data Quality Maturity Index (09 Oct 2021) | 89.0% | 93.8% Jun 20 | 94.2% Jun 21 | NA | S |

What's the current performance?



| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|--|------------------|--------------------------|--------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| Safe | S1 | PLACE (patient-led assessments of the care environment) score for cleanliness of environment NHS Digital - PLACE (30 Jan 2020) | 98.6% | 99.7% Mar 18 - Jun 18 | 99.5% Sep 19 - Nov 19 | NA | S |
| | S1 | PLACE (patient-led assessments of the care environment) score for condition, appearance and maintenance NHS Digital - PLACE (30 Jan 2020) | 95.7% | 96.7% Mar 18 - Jun 18 | 97.2% Sep 19 - Nov 19 | NA | S |
| | S1 | PLACE (patient-led assessments of the care environment) score for dementia NHS Digital - PLACE (30 Jan 2020) | 89.5% | 87.5% Mar 18 - Jun 18 | 95.1% Sep 19 - Nov 19 | NA | S |
| | S1 | PLACE (patient-led assessments of the care environment) score for disability NHS Digital - PLACE (30 Jan 2020) | 87.3% | 90.4% Mar 18 - Jun 18 | 84.7% Sep 19 - Nov 19 | NA | S |
| | S2 | High rates of restrictive interventions NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (20 Sep 2021) | 1.9 | - | 1.0 Jun 21 | NA | S |
| | S2 | Low rates of restrictive interventions NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (20 Sep 2021) | 1.9 | - | 1.0 Jun 21 | NA | S |
| | S2 | Non-submission of restrictive interventions data to the MHSDS NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (20 Sep 2021) | - | - | Data submitted Jun 21 | NA | |
| | S2 | Rate of recorded uses of formal seclusion per 100 learning disability inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 36.4 Feb 19 - Jan 20 | 90.9 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of formal seclusion per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 1.0 Feb 19 - Jan 20 | 2.5 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of formal seclusion per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 13.0 Feb 19 - Jan 20 | 31.9 May 20 - Apr 21 | NA | |

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|--|------------------|--------------------------|--------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| | S2 | Rate of recorded uses of physical restraint (excluding prone) per 100 learning disability inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 181.8 Feb 19 - Jan 20 | 427.3 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of physical restraint (excluding prone) per 100 learning disability inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 46.2 Feb 19 - Jan 20 | 81.8 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of physical restraint (excluding prone) per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 15.5 Feb 19 - Jan 20 | 35.0 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of physical restraint (excluding prone) per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 41.9 Feb 19 - Jan 20 | 124.3 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of prone restraint per 100 learning disability inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 18.2 Feb 19 - Jan 20 | 9.1 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of prone restraint per 100 learning disability inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 7.7 Feb 19 - Jan 20 | 9.1 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of prone restraint per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 3.1 Feb 19 - Jan 20 | 1.7 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of prone restraint per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 4.1 Feb 19 - Jan 20 | 9.5 May 20 - Apr 21 | NA | |

OVERVIEW

TRUST WIDE

INPATIENT
SERVICES

COMMUNITY-BASED
SERVICES

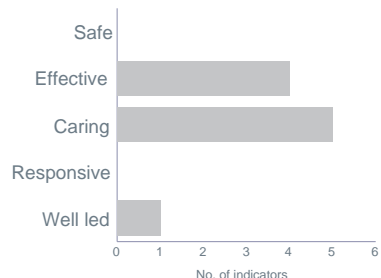
[Table of Contents](#)

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|--|------------------|------------------------------------|------------------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| | S2 | Rate of recorded uses of restraint per 100 learning disability inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 218.2 Feb 19 - Jan 20 | 445.5 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of restraint per 100 learning disability inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 53.8 Feb 19 - Jan 20 | 100.0 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of restraint per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 22.4 Feb 19 - Jan 20 | 47.7 May 20 - Apr 21 | NA | |
| | S2 | Rate of recorded uses of restraint per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 47.2 Feb 19 - Jan 20 | 150.5 May 20 - Apr 21 | NA | |
| | S5 | Detained patient deaths: Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages) MHA Deaths of Detained Patients (09 Oct 2021) | | Data suppressed Sep 19 - Aug 20 | Data suppressed Oct 20 - Sep 21 | ↑ | MW |
| | S5 | Rate of recorded assaults on patients by other patients per 100 learning disability inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | - | 9.1 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded assaults on patients by other patients per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 1.7 Feb 19 - Jan 20 | 2.4 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded assaults on patients by other patients per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 17.9 Feb 19 - Jan 20 | 108.6 May 20 - Apr 21 | NA | |

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|---------------------------|---------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| | S5 | Rate of recorded self-harm per 100 learning disability inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 81.8 Feb 19 - Jan 20 | 127.3 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded self-harm per 100 learning disability inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 30.8 Feb 19 - Jan 20 | 81.8 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded self-harm per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 18.7 Feb 19 - Jan 20 | 41.3 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded self-harm per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Assault Seclusion Self Harm Restraint) (09 Aug 2021) | - | 63.4 Feb 19 - Jan 20 | 127.6 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded unauthorised absences per 100 mental health inpatients on general non-secure (level 0) wards NHS Digital - MHSDS (CQC Absence Without Leave) (12 Aug 2021) | - | 3.0 Feb 19 - Jan 20 | 2.6 May 20 - Apr 21 | NA | |
| | S5 | Rate of recorded unauthorised absences per 100 mental health inpatients on secure (level 1-3) wards NHS Digital - MHSDS (CQC Absence Without Leave) (12 Aug 2021) | - | 4.9 Feb 19 - Jan 20 | 2.9 May 20 - Apr 21 | NA | |
| Effective | E1 | PLACE (patient-led assessments of the care environment) score for food NHS Digital - PLACE (30 Jan 2020) | 92.8% | 90.0% Mar 18 - Jun 18 | 90.5% Sep 19 - Nov 19 | NA | |
| | E1 | Proportion of wards visited where there is an Independent Mental Health Advocacy (IMHA) service available for detained patients Care Quality Commission - MHA Visits - Ward Level (03 Dec 2020) | 99.7% | 100.0% Mar 18 - Feb 19 | 100.0% Mar 19 - Feb 20 | ➡ | |
| Caring | C3 | PLACE (patient-led assessments of the care environment) score for privacy, dignity and well being NHS Digital - PLACE (30 Jan 2020) | 91.9% | 89.2% Mar 18 - Jun 18 | 84.9% Sep 19 - Nov 19 | NA | |

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|--|------------------|--------------------------|--------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| Responsive | R3 | Bed occupancy: Occupancy ratio, looking at the average daily number of available and occupied consultant-led beds open overnight - NHS England NHS England - KH03 Overnight (19 Aug 2021) | | 0.91 Jul 19 - Jun 20 | 0.72 Jul 20 - Jun 21 | ➡ | S |
| | R3 | Bed occupancy: Occupancy ratio, looking at the number of detained patients allocated to visited wards, compared with the number of available beds Care Quality Commission - MHA Visits - Ward Level (03 Dec 2020) | 0.94 | 0.90 Mar 18 - Feb 19 | 0.96 Mar 19 - Feb 20 | ➡ | S |
| | R3 | Delayed transfers of care: Ratio of daily average beds delayed to daily average occupied consultant-led beds open overnight in quarter, where delay is attributable to NHS or to NHS and social care NHS England - Delayed Transfers of Care (09 Dec 2020) | 0.04 | 0.02 Oct 18 - Dec 18 | 0.02 Oct 19 - Dec 19 | ➡ | S |
| Well led | W6 | Data quality: Composite indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes (%) NHS Digital - MHSDS (CQC closed episodes) (09 Aug 2021) | | NA | Apr 20 - Mar 21 | NA | S |
| | | Data quality: The proportion of provider closed hospital inpatient episodes out of total closed patient episodes over a 12 month period (%) | 95.8% | 97.3% Jan 19 - Dec 19 | 95.0% Apr 20 - Mar 21 | ➡ | S |
| | | Data quality: The proportion of provider closed episodes of patients detained under the Mental Health Act (MHA) out of total closed patient episodes over a 12 month period (%) | 88.1% | 87.0% Jan 19 - Dec 19 | 96.0% Apr 20 - Mar 21 | ⬆ | S |

What's the current performance?



| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|------------------------|------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| Effective | E1 | Have you been told who is in charge of organising your care and services? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 7.8 Sep 18 - Nov 18 | 7.3 Sep 19 - Nov 19 | NA | S |
| | E1 | Would you know who to contact out of office hours within the NHS if you have a crisis? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | - | 6.9 Sep 19 - Nov 19 | NA | S |
| | E2 | In the last 12 months, have you had a specific meeting with NHS mental health services to discuss how your care is working? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | - | 7.5 Sep 19 - Nov 19 | NA | S |
| | E5 | In the last 12 months, did NHS mental health services support you with your physical health needs? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | - | 5.1 Sep 19 - Nov 19 | NA | S |
| Caring | C1 | Were you given enough time to discuss your needs and treatment the most recent time you saw someone from NHS mental health services for your mental health needs? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 7.7 Sep 18 - Nov 18 | 7.5 Sep 19 - Nov 19 | NA | S |
| | C2 | Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 6.3 Sep 18 - Nov 18 | 6.9 Sep 19 - Nov 19 | NA | S |
| | C2 | Were you involved as much as you wanted to be in agreeing what care you will receive? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 6.9 Sep 18 - Nov 18 | 7.0 Sep 19 - Nov 19 | NA | S |
| | C2 | Were you involved as much as you wanted to be in decisions about which medicines you receive? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 7.0 Sep 18 - Nov 18 | 7.1 Sep 19 - Nov 19 | NA | S |
| | C3 | Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? PICKER - Community Mental Health Survey 2020 (16 Mar 2021) | - | 8.2 Sep 18 - Nov 18 | 8.5 Sep 19 - Nov 19 | NA | S |




OVERVIEW

TRUST WIDE

INPATIENT
SERVICES

COMMUNITY-BASED
SERVICES

[Table of Contents](#)

| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|--|--|--------|---|
| | | | | Previous | Latest | Change | |
| Well led | W6 | Survey errors: 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 PICKER - Community Mental Health Survey - Errors and Non Submissions (18 Mar 2021) | | NA | Sep 18 - Nov 19 | NA |  |
| | | Survey errors: Occurrence of errors and/or non-submission of data relating to the current iteration of the Community Mental Health Survey | | Submission, no errors Sep 18 - Nov 18 | Submission, no errors Sep 19 - Nov 19 | ➔ |  |
| | | Survey errors: Occurrence of sampling errors or non-submission of data relating to the previous iteration of the Community Mental Health Survey | | Submission, no errors Sep 17 - Nov 17 | Submission, no errors Sep 18 - Nov 18 | ➔ |  |

FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

18 October 2021

MENTAL
HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED
TRANSFERS

PATIENT
SURVEYS

STAFF
SURVEYS

WRES

DATA QUALITY

CQUIN

[Table of Contents](#)

Summary Information

Mental Health Act Visited Locations:

439 Ipswich Road (R1LX7)
Basildon Mental Health Unit (R1L40)
Brockfield House (R1LK9)
Broomfield Hospital Mental Health Wards (R1LZ1)
Chelmer & Stort Mental Health Wards (R1LPA)
Colchester Hospital Mental Health Wards (R1LK3)
Heath Close (R1LA4)
Landermere Centre Mental Health Wards (R1LG7)
Robin Pinto Unit (R1L31)
Rochford Hospital (R1L10)
St Margaret's Community Hospital (R1LT1)
The St Aubyn Centre (R1L22)
Thurrock Hospital (R1L50)
Wood Lea Clinic (R1LL8)

Use of Mental Health Act

| Detention Type | Section | Sections starting in previous 6 months (Apr 20 - Sep 20) | Sections starting in most recent 6 months (Oct 20 - Mar 21) | Snapshot of number of detained patients (31 Mar 21) |
|--|---|--|---|---|
| Detentions under Part ii of the Mental Health Act | Section 2 | 649 | 567 | 79 |
| | Section 3 | 296 | 269 | 280 |
| Detentions under Part iii of the Mental Health Act | Section 35 | 0 | 0 | 0 |
| | Section 36 | * | * | * |
| | Section 37 with Section 41 restrictions | * | * | 66 |
| | Section 37 | 7 | * | 38 |
| | Section 45A | 0 | 0 | 0 |
| | Section 47 with Section 49 restrictions | * | * | 14 |
| | Section 47 | 0 | 0 | 0 |
| | Section 48 with Section 49 restrictions | 9 | 10 | 14 |
| | Section 48 | 0 | 0 | 0 |
| | Section 46 | 0 | 0 | 0 |
| | Section 44 | 0 | 0 | 0 |
| | Section 38 | * | * | * |
| Place of safety orders | Section 135 | 7 | 6 | 0 |
| | Section 136 | 42 | 24 | 0 |
| Uses of Section 4 | Section 4 | 0 | 0 | 0 |
| Uses of Section 5 | Section 5(2) | 134 | 108 | * |
| | Section 5(4) | 11 | 7 | 0 |

An asterisk (*) indicates a suppressed value between 1 & 5.

Data source: NHS Digital Mental Health Services Data Set

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

Complaints and Notifications

Mental Health Act Complaints

CQC received 30 Mental Health Act complaints for this provider from 01/10/2020 to 30/09/2021.

| Location | Total number of complaints |
|---|----------------------------|
| Basildon Mental Health Unit (R1L40) | 10 |
| Broomfield Hospital Mental Health Wards (R1LZ1) | 7 |
| Rochford Hospital (R1L10) | 4 |
| Brockfield House (R1LK9) | 3 |
| Chelmer & Stort Mental Health Wards (R1LPA) | 2 |
| Colchester Hospital Mental Health Wards (R1LK3) | 2 |
| Robin Pinto Unit (R1L31) | 1 |
| St Margaret's Community Hospital (R1LT1) | 1 |

| | | | | | | | | | |
|--------------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |
|--------------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|

[Table of Contents](#)

Complaints and Notifications

Deaths of Detained Patients

CQC received 8 notification(s) of death(s) that occurred at this provider for the period 01/10/2020 to 30/09/2021. Summary details of deaths are listed in the table below

| Reference number | Date of death | Location | Ward | Cause of death | Additional information |
|------------------|---------------|---|---------------|--------------------------------------|--|
| DTH1-10439207481 | 29/12/2020 | Thurrock Hospital | Meadowview | 2 - Natural Causes | |
| DTH1-9976501941 | 29/11/2020 | Chelmer & Stort Mental Health Wards | Stort | 2 - Natural Causes | Death during escorted leave. |
| DTH1-10284573331 | 26/01/2021 | Broomfield Hospital Mental Health Wards | | 2 - Natural Causes | |
| DTH1-9785301231 | 23/10/2020 | Broomfield Hospital Mental Health Wards | Finchingfield | 9 - Awaiting Information | Death whilst AWOL. |
| DTH1-10438927251 | 22/12/2020 | Thurrock Hospital | Meadowview | 2 - Natural Causes | |
| DTH1-10764374301 | 19/04/2021 | The St Aubyn Centre | Longview | 1F - Self Strangulation | Death within 7 days of an incident of self-harm. |
| DTH1-9785408841 | 09/10/2020 | Colchester Hospital Mental Health Wards | | 1D - Self Poisoning By Drug Overdose | |
| DTH1-10437244271 | 03/01/2021 | Thurrock Hospital | Meadowview | 2 - Natural Causes | |

Complaints and Notifications

Absence Without Leave (AWOL)

CQC received 2 notification(s) of unauthorised absence that occurred at this provider for the period 01/06/2019 to 31/05/2020.

The notification(s) referred to 2 service user(s).

A count of absences by type is recorded in the table below.

| AWOL Incident Description | Count |
|---|-------|
| Absented him or herself during escorted leave | 1 |
| Failed to return from authorised leave | 1 |
| Absented him or herself from hospital | 0 |
| Not Known | 0 |

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

Second Opinion Appointed Doctor (SOAD) Measures

Below is a table showing a summary of the SOAD visits carried out by the CQC at the provider's request for the period 01/06/2020 to 31/05/2021.

| Total Number of SOAD Visits | Proportion of visits where problems were reported ¹ | Proportion of relevant SOAD visit requests that exceeded the expiry period ² | Proportion of relevant SOAD visits requests that were received after the target dates ³ |
|-----------------------------|--|---|--|
| 267 | 3% | 18% | 84% |

¹ Problems reported by SOADs with the administration of the visit, e.g. paperwork/consultees/patient not available etc.

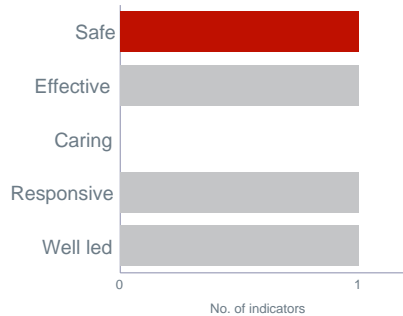
Please note: includes problems reported during SOAD visits for CTO patients, where non-attendance of patients may not be the direct fault of the provider that requested the visit.

² The proportion of requests for SOAD visits for medication submitted due to the expiry of a one month (for community patients) or three month (for detained patients) rule that were received later than one or three months (as appropriate) from the date of section (for community patients) or the date of treatment (for detained patients).

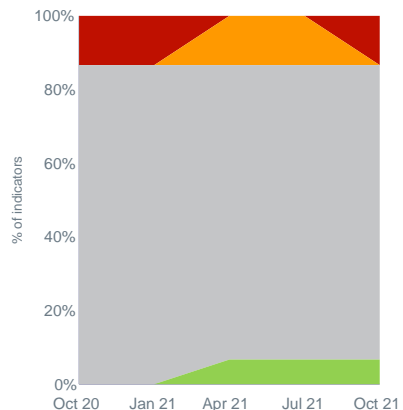
³ The proportion of requests for SOAD visits for medication that were received after 2 days from the date of section for community patients (one month rule) or after 8 weeks (56 days) from the date of treatment for detained patients (3 month rule). Providers are asked, where possible, to submit second opinions in good time. These target dates are to enable the appointment of SOADs prior to the expiry of the one or three month periods.

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | 18 October 2021 | |
|--------------------------|-----------|--------------|-------|-------------------|-----------------------|---------------|----------------------------|--------------|-------|-----------------------------------|--|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents | |

What's the current performance of MHA indicators?



How have the performance of the MHA indicators changed over time?



| Key question | KLOE | Indicator | National average | Performance | | | National comparison |
|--------------|------|---|------------------|------------------------------------|------------------------------------|--------|---------------------|
| | | | | Previous | Latest | Change | |
| Safe | S5 | Detained patient deaths: Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages) MHA Deaths of Detained Patients (09 Oct 2021) | | Data suppressed Sep 19 - Aug 20 | Data suppressed Oct 20 - Sep 21 | ↑ | MW |
| Effective | E1 | Proportion of wards visited where there is an Independent Mental Health Advocacy (IMHA) service available for detained patients Care Quality Commission - MHA Visits - Ward Level (03 Dec 2020) | 99.7% | 100.0% Mar 18 - Feb 19 | 100.0% Mar 19 - Feb 20 | → | S |
| Responsive | R3 | Bed occupancy: Occupancy ratio, looking at the number of detained patients allocated to visited wards, compared with the number of available beds Care Quality Commission - MHA Visits - Ward Level (03 Dec 2020) | 0.94 | 0.90 Mar 18 - Feb 19 | 0.96 Mar 19 - Feb 20 | → | S |
| Well led | W6 | Data quality: Composite indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes (%) NHS Digital - MHSDDS (CQC closed episodes) (09 Aug 2021) | | NA | Apr 20 - Mar 21 | NA | S |
| | | Data quality: The proportion of provider closed hospital inpatient episodes out of total closed patient episodes over a 12 month period (%) | 95.8% | 97.3% Jan 19 - Dec 19 | 95.0% Apr 20 - Mar 21 | → | S |
| | | Data quality: The proportion of provider closed episodes of patients detained under the Mental Health Act (MHA) out of total closed patient episodes over a 12 month period (%) | 88.1% | 87.0% Jan 19 - Dec 19 | 96.0% Apr 20 - Mar 21 | ↑ | S |

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

Mortality

Deaths recorded in ONS mortality statistics

| Deaths of people aged 0-74 in contact with mental health services | Previous | Latest |
|---|----------|--------------------|
| People in contact with community mental health services | | Data not available |
| People in contact with community mental health services due to self-harm or undetermined injury | | Data not available |
| Mental health inpatients | | Data not available |

An asterisk (*) indicates a suppressed value between 1 & 5.

Reported deaths

| Reporting System | Previous Aug 19 - Jul 20 | Latest Aug 20 - Jul 21 |
|---|-----------------------------|---------------------------|
| National Reporting and Learning System (NRLS) | 69 | 74 |

Notifications and whistleblowing to CQC

| | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 12-3 Statement of Purpose | 0 | 0 | 0 | 1 | 3 | 1 | 2 | 3 | 0 | 0 | 0 | 1 |
| 17-1 MHA Death in Detention | 0 | 1 | 2 | 1 | 1 | 1 | 3 | 0 | 1 | 0 | 0 | 0 |
| 18-2c DoL Apply Supervis Body | 14 | 22 | 9 | 15 | 5 | 13 | 13 | 12 | 0 | 15 | 93 | 28 |
| 18-2c DoL Outcome Supervis Bdy | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18-2g Events that Stop Service | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18-2h Adm Child to Adult Psych | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 |
| Whistleblower | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 2 |

Safeguarding alerts to CQC

| | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Safeguarding Alert | 4 | 6 | 5 | 2 | 3 | 3 | 1 | 3 | 3 | 4 | 7 | 2 |

Never Events

Never events reported between 01/08/2020 and 31/07/2021 : 0

Serious incidents reported to Strategic Executive Information System (from 01/08/2020 and 31/07/2021)

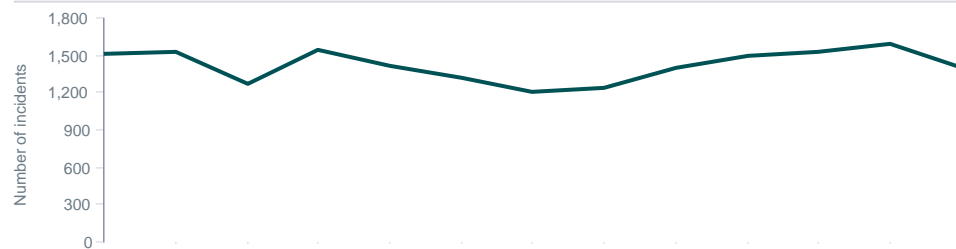
| Type of Incident | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Total |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Apparent/actual/suspected self-inflicted harm meeting SI criteria | 7 | 6 | 8 | 8 | 7 | 7 | 3 | 10 | 5 | 0 | 0 | 0 | 61 |
| Slips/trips/falls meeting SI criteria | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 5 |
| Pressure ulcer meeting SI criteria | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 |
| PSIRF Early Adopter (incident selected for investigation) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 4 |
| Unauthorised absence meeting SI criteria | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| Apparent/actual/suspected homicide meeting SI criteria | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Abuse/alleged abuse of adult patient by third party | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Disruptive/ aggressive/ violent behaviour meeting SI criteria | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Environmental incident meeting SI criteria | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Grand Total | 9 | 8 | 13 | 10 | 8 | 8 | 4 | 10 | 8 | 1 | 2 | 0 | 81 |

Key messages

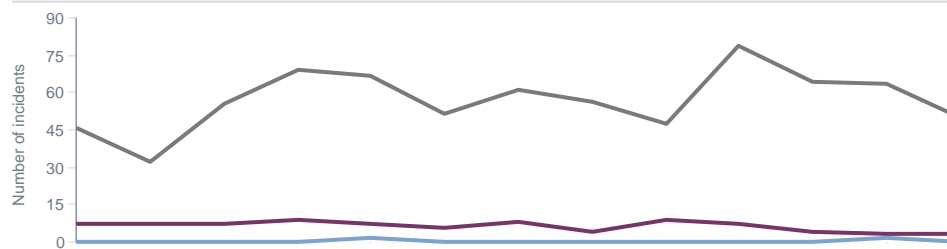
Not currently available

This trust
Highest 25% of reporters
Middle 50% of reporters
Lowest 25% of reporters
Median

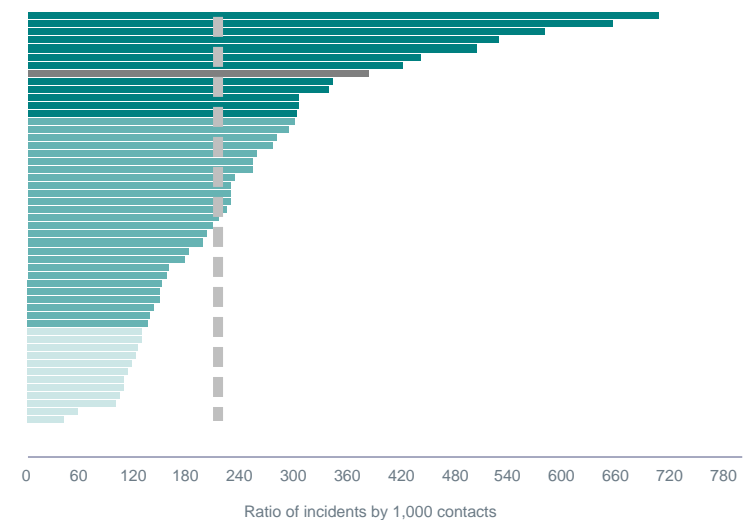
All reported incidents



Reported incidents that resulted in moderate, severe harm or death



Comparative reporting rate for incidents in mental health trusts



| Indicator | Trend | Performance |
|--|-------|-------------|
| NRLS – Proportion of reported incidents that are harmful | ➔ | S |
| NRLS – Potential under-reporting of patient safety incidents | ➔ | S |

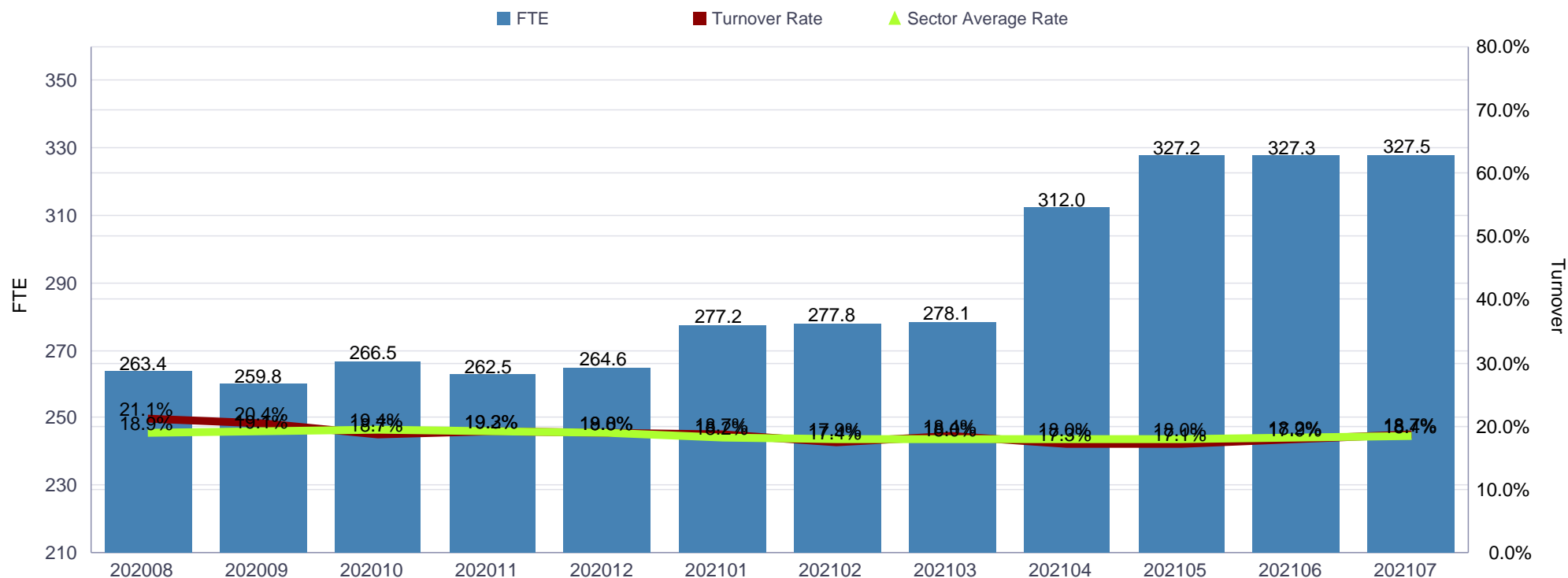
Please note: CQC receives data about incidents reported to NRLS by NHS trusts only. Any incidents reported to NRLS by independent Community Interest Companies will not be displayed on this page.

National Reporting and Learning System (NRLS) incidents by type and severity between Aug 20 and Jul 21

| Type of Incident | No Harm | Low | Moderate | Severe | Death | Total |
|--|--------------|-------------|------------|----------|-----------|--------------|
| Self-harming behaviour | 2859 | 1169 | 81 | | 22 | 4131 |
| Disruptive, aggressive behaviour (includes patient-to-patient) | 2518 | 668 | 127 | 2 | | 3315 |
| Treatment, procedure | 2547 | 94 | 1 | | | 2642 |
| Implementation of care and ongoing monitoring / review | 220 | 1653 | 426 | | | 2299 |
| Patient accident | 1032 | 352 | 22 | 2 | 2 | 1410 |
| Access, admission, transfer, discharge (including missing patient) | 1040 | 103 | 14 | | 2 | 1159 |
| Medication | 714 | 88 | 8 | | | 810 |
| Infrastructure (including staffing, facilities, environment) | 297 | 39 | 2 | | | 338 |
| Consent, communication, confidentiality | 300 | 16 | 1 | | | 317 |
| Other | 42 | 56 | 5 | | 48 | 151 |
| Documentation (including electronic & paper records, identification and drug charts) | 118 | 6 | | | | 124 |
| Patient abuse (by staff / third party) | 37 | 23 | 6 | | | 66 |
| Infection Control Incident | 49 | 5 | | | | 54 |
| Medical device / equipment | 41 | 7 | | | | 48 |
| Clinical assessment (including diagnosis, scans, tests, assessments) | 39 | 5 | 1 | | | 45 |
| Total | 11853 | 4284 | 694 | 4 | 74 | 16909 |

| Specialty | No Harm | Low | Moderate | Severe | Death | Total |
|---|--------------|-------------|------------|----------|-----------|--------------|
| Mental health | 10131 | 2245 | 237 | 4 | 61 | 12678 |
| Primary care / Community | 698 | 1650 | 408 | | | 2756 |
| Medical specialties | 351 | 189 | 32 | | | 572 |
| Learning disabilities | 322 | 110 | 6 | | 13 | 451 |
| Other specialties | 290 | 87 | 11 | | | 388 |
| Not applicable | 52 | | | | | 52 |
| Surgical specialties | 5 | | | | | 5 |
| Other | 1 | 2 | | | | 3 |
| Unknown | 2 | 1 | | | | 3 |
| Anaesthesia Pain Management and Critical Care | 1 | | | | | 1 |
| Total | 11853 | 4284 | 694 | 4 | 74 | 16909 |

Allied Health & Scientific, Therapeutic, Technical Support Staff FTE and Turnover Rate

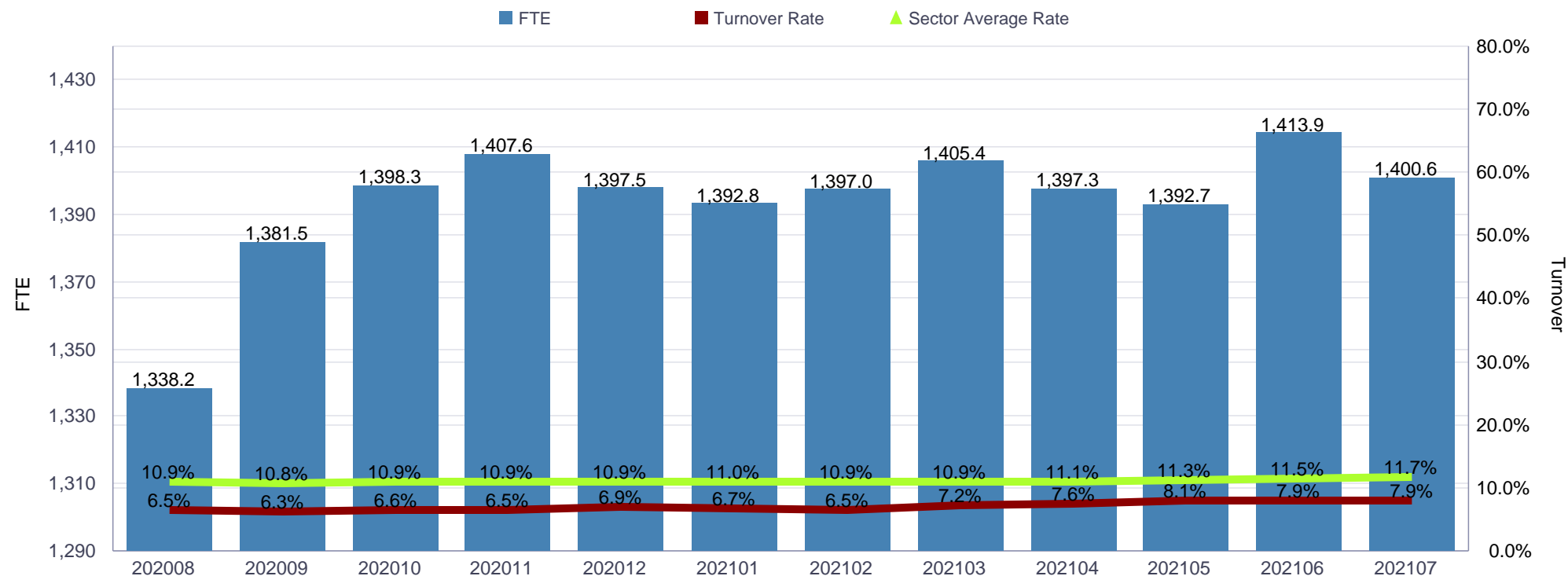


| | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing | 263.4 | 259.8 | 266.5 | 262.5 | 264.6 | 277.2 | 277.8 | 278.1 | 312.0 | 327.2 | 327.3 | 327.5 |
| R12 Average Staffing | 252.3 | 253.4 | 255.7 | 257.5 | 259.3 | 261.6 | 264.3 | 266.0 | 270.5 | 276.3 | 282.0 | 287.0 |
| R12 Leavers | 53.2 | 51.6 | 47.8 | 49.5 | 48.8 | 49.0 | 46.0 | 48.8 | 46.8 | 47.4 | 50.6 | 53.7 |
| Turnover % | 21.1% | 20.4% | 18.7% | 19.2% | 18.8% | 18.7% | 17.4% | 18.4% | 17.3% | 17.1% | 17.9% | 18.7% |
| Sector Turnover % | 18.9% | 19.1% | 19.4% | 19.3% | 19.0% | 18.2% | 17.9% | 18.0% | 18.0% | 18.0% | 18.2% | 18.4% |

| | | | | | | | | | |
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|

[Table of Contents](#)

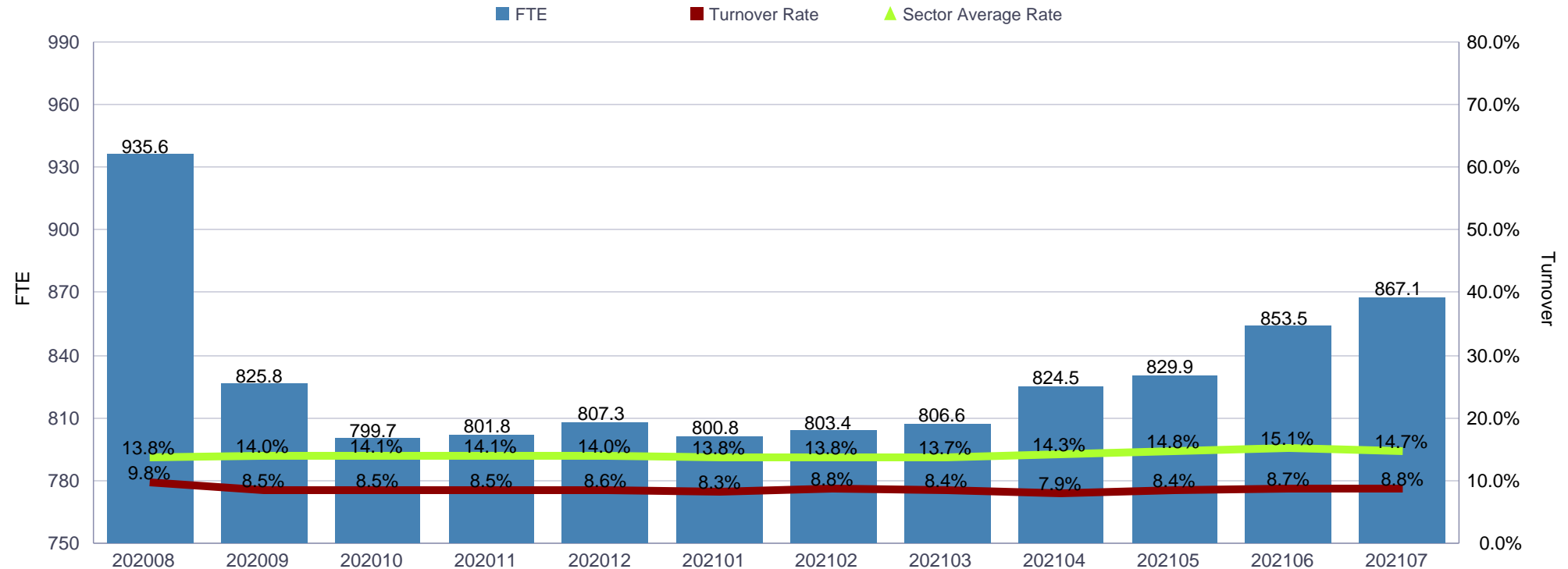
Nursing & Midwifery Staff FTE and Turnover Rate



| | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing | 1338.2 | 1381.5 | 1398.3 | 1407.6 | 1397.5 | 1392.8 | 1397.0 | 1405.4 | 1397.3 | 1392.7 | 1413.9 | 1400.6 |
| R12 Average Staffing | 1318.8 | 1327.5 | 1334.6 | 1342.6 | 1349.5 | 1355.2 | 1361.7 | 1367.9 | 1374.3 | 1380.5 | 1387.8 | 1393.6 |
| R12 Leavers | 86.1 | 84.0 | 87.5 | 87.7 | 93.0 | 91.0 | 88.6 | 98.8 | 104.2 | 111.5 | 109.6 | 109.9 |
| Turnover % | 6.5% | 6.3% | 6.6% | 6.5% | 6.9% | 6.7% | 6.5% | 7.2% | 7.6% | 8.1% | 7.9% | 7.9% |
| Sector Turnover % | 10.9% | 10.8% | 10.9% | 10.9% | 10.9% | 11.0% | 10.9% | 10.9% | 11.1% | 11.3% | 11.5% | 11.7% |

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | FEATURED DATA SOURCES | | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-----------------------|-------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

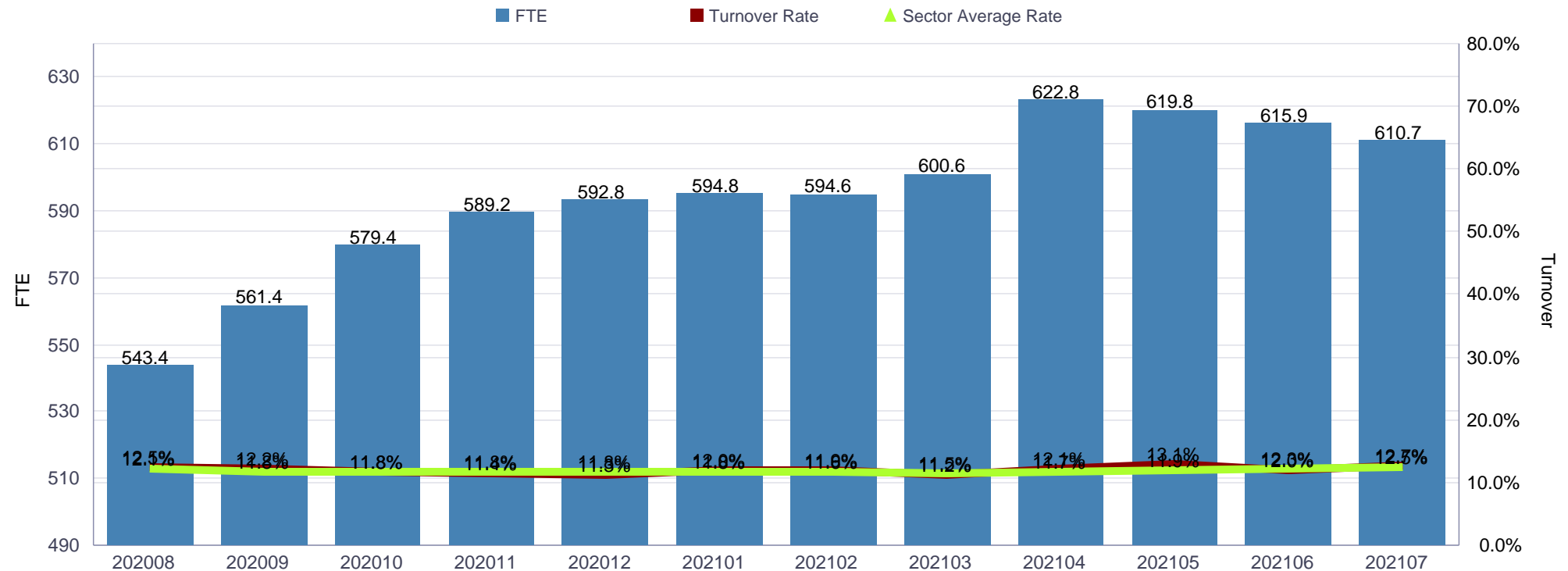
Healthcare Assistants Staff FTE and Turnover Rate



| | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing | 935.6 | 825.8 | 799.7 | 801.8 | 807.3 | 800.8 | 803.4 | 806.6 | 824.5 | 829.9 | 853.5 | 867.1 |
| R12 Average Staffing | 827.2 | 829.8 | 832.2 | 834.8 | 837.6 | 839.5 | 841.3 | 842.3 | 843.9 | 840.7 | 835.7 | 829.7 |
| R12 Leavers | 80.7 | 70.2 | 70.5 | 70.7 | 72.0 | 69.3 | 73.8 | 70.6 | 67.0 | 71.0 | 72.9 | 73.3 |
| Turnover % | 9.8% | 8.5% | 8.5% | 8.5% | 8.6% | 8.3% | 8.8% | 8.4% | 7.9% | 8.4% | 8.7% | 8.8% |
| Sector Turnover % | 13.8% | 14.0% | 14.1% | 14.1% | 14.0% | 13.8% | 13.8% | 13.7% | 14.3% | 14.8% | 15.1% | 14.7% |

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | FEATURED DATA SOURCES | | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-----------------------|-------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

Allied Health & Scientific, Therapeutic, Technical Staff FTE and Turnover Rate

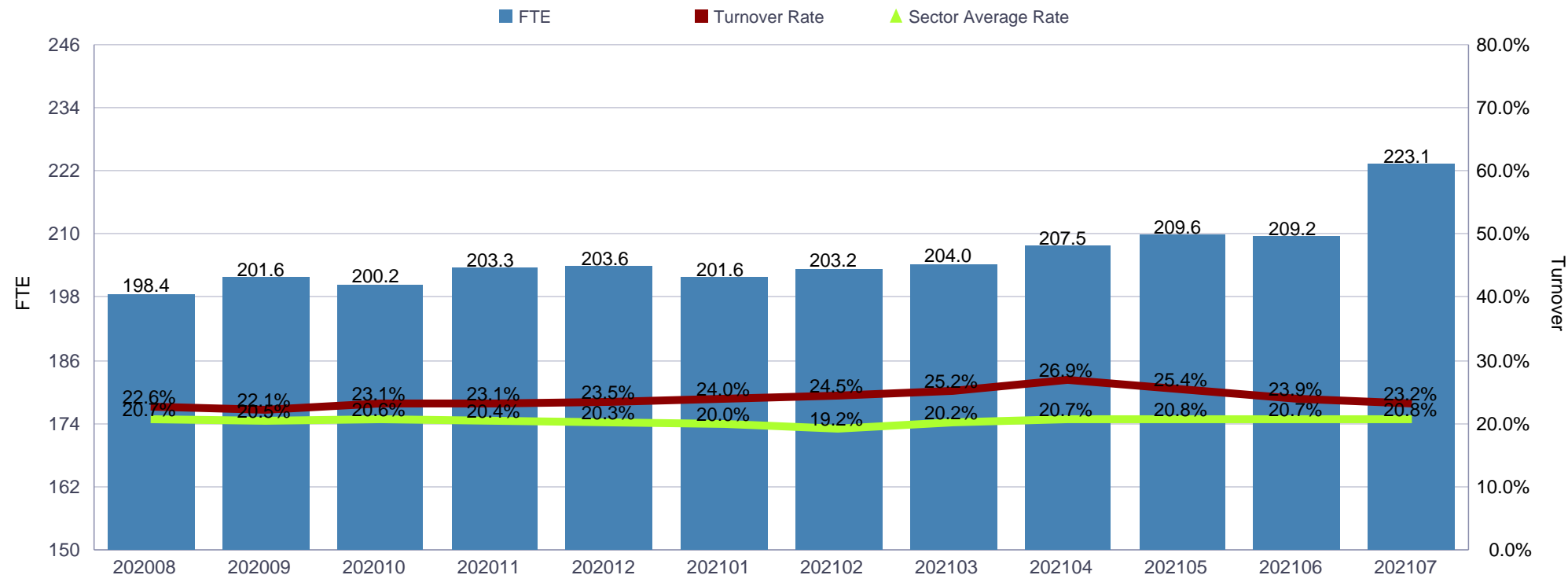


| | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing | 543.4 | 561.4 | 579.4 | 589.2 | 592.8 | 594.8 | 594.6 | 600.6 | 622.8 | 619.8 | 615.9 | 610.7 |
| R12 Average Staffing | 532.0 | 535.4 | 539.8 | 544.9 | 550.2 | 555.6 | 561.1 | 566.4 | 573.7 | 580.7 | 587.6 | 593.8 |
| R12 Leavers | 66.6 | 65.3 | 63.9 | 61.9 | 62.4 | 66.5 | 66.8 | 63.2 | 69.6 | 76.0 | 70.7 | 75.7 |
| Turnover % | 12.5% | 12.2% | 11.8% | 11.4% | 11.3% | 12.0% | 11.9% | 11.2% | 12.1% | 13.1% | 12.0% | 12.7% |
| Sector Turnover % | 12.1% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.6% | 11.5% | 11.7% | 11.9% | 12.3% | 12.5% |

| | | | | | | | | | |
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|

[Table of Contents](#)

Medical & Dental Staff FTE and Turnover Rate



| | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing | 198.4 | 201.6 | 200.2 | 203.4 | 203.6 | 201.6 | 203.2 | 204.0 | 207.5 | 209.6 | 209.2 | 223.1 |
| R12 Average Staffing | 201.8 | 202.2 | 202.3 | 202.4 | 202.5 | 202.4 | 202.4 | 202.2 | 202.4 | 202.8 | 203.4 | 205.4 |
| R12 Leavers | 45.7 | 44.7 | 46.7 | 46.7 | 47.5 | 48.5 | 49.5 | 50.9 | 54.5 | 51.5 | 48.7 | 47.7 |
| Turnover % | 22.6% | 22.1% | 23.1% | 23.1% | 23.5% | 24.0% | 24.5% | 25.2% | 26.9% | 25.4% | 23.9% | 23.2% |
| Sector Turnover % | 20.7% | 20.5% | 20.6% | 20.4% | 20.3% | 20.0% | 19.2% | 20.2% | 20.7% | 20.8% | 20.7% | 20.8% |

Essex Partnership University NHS Foundation Trust (R1L)

Featured data sources > Patient led assessments of the care environment (PLACE)

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | | 18 October 2021 |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

PLACE assessments are self-assessments undertaken by teams of NHS and private/independent health care providers, and include at least 50 per cent members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services such as cleanliness.

The 2019 PLACE scores for Essex Partnership University NHS Foundation Trust were:

| Site scores | | PLACE scores | | | | | |
|---|----------------------------|--------------|---------------------------------|--------|------------|----------|------------|
| Site name | Site type | Cleanliness | Privacy, dignity and well being | Food | Facilities | Dementia | Disability |
| BASILDON MENTAL HEALTH UNIT, BASILDON | Mixed Service | 98.69% | 82.73% | 86.35% | 95.52% | | 86.11% |
| BYRON COURT - 5 HEATH CLOSE | Learning Disabilities Only | 100.00% | 84.44% | 85.25% | 98.04% | | 76.61% |
| MOUNTNESSING COURT, BILLERICAY | Mental Health Only | 100.00% | 76.60% | 91.04% | 95.28% | | 77.98% |
| RAWRETH COURT | Mental Health Only | 100.00% | 78.72% | 91.57% | 94.23% | 96.64% | 90.45% |
| THURROCK COMMUNITY HOSPITAL | Mental Health Only | 100.00% | 81.25% | 90.39% | 98.72% | 94.41% | 87.32% |
| THE BRAMBLES - COLCHESTER | Mental Health Only | 100.00% | 82.93% | | 97.30% | | 78.57% |
| CHELMER & STORT | Mental Health Only | 100.00% | 86.15% | 91.06% | 98.75% | | 84.76% |
| ROCHFORD COMMUNITY HOSPITAL | Mental Health Only | 99.56% | 85.29% | 89.71% | 98.50% | 93.03% | 90.53% |
| BROOMFIELD HOSPITAL | Mental Health Only | 99.09% | 90.08% | 98.04% | 98.21% | 98.70% | 84.51% |
| CLIFTON LODGE | Mental Health Only | 98.23% | 76.60% | 93.04% | 90.38% | 95.15% | 90.45% |
| WOOD LEA CLINIC, BEDFORD | Mental Health Only | 100.00% | 86.67% | 90.23% | 97.12% | | 80.26% |
| ROBIN PINTO UNIT | Mental Health Only | 98.67% | 76.60% | 90.95% | 98.08% | | 77.70% |
| BROCKFIELD HOUSE | Mental Health Only | 99.39% | 92.09% | 90.53% | 97.85% | | 79.44% |
| CHRISTOPHER UNIT (LINDEN) | Mental Health Only | 98.53% | 78.79% | 90.52% | 95.16% | | 61.36% |
| COLCHESTER - THE LAKES | Mental Health Only | 99.21% | 86.44% | 90.95% | 97.58% | | 77.68% |
| LANDERMERE CENTRE MENTAL HEALTH WARDS, CLACTON-ON-SEA | Mental Health Only | 100.00% | 83.05% | 91.06% | 98.44% | 95.55% | 88.64% |
| SAFFRON WALDEN COMMUNITY HOSPITAL | Mental Health Only | 100.00% | 84.44% | 90.75% | 92.31% | 95.12% | 90.22% |
| ST MARGARET'S HOSPITAL | Mental Health Only | 100.00% | 90.76% | 90.95% | 99.07% | 97.05% | 92.16% |
| THE ST. AUBYN'S CENTRE, COLCHESTER | Mental Health Only | 100.00% | 86.21% | 88.48% | 98.44% | | 76.85% |
| KING'S WOOD CENTRE - COLCHESTER | Mental Health Only | 100.00% | 81.67% | 90.95% | 98.39% | 90.38% | 76.61% |
| This trust | | 99.5% | 84.89% | 90.46% | 97.16% | 95.09% | 84.71% |
| England average (MH and LD trusts) | | 98.5% | 91.86% | 92.35% | 95.48% | 89.46% | 87.16% |
| England average (ALL MH trusts) | | 98.49% | 91.74% | 92.78% | 95.69% | 89.28% | 87.04% |

Delayed transfers of care between Mar 19 - Feb 20

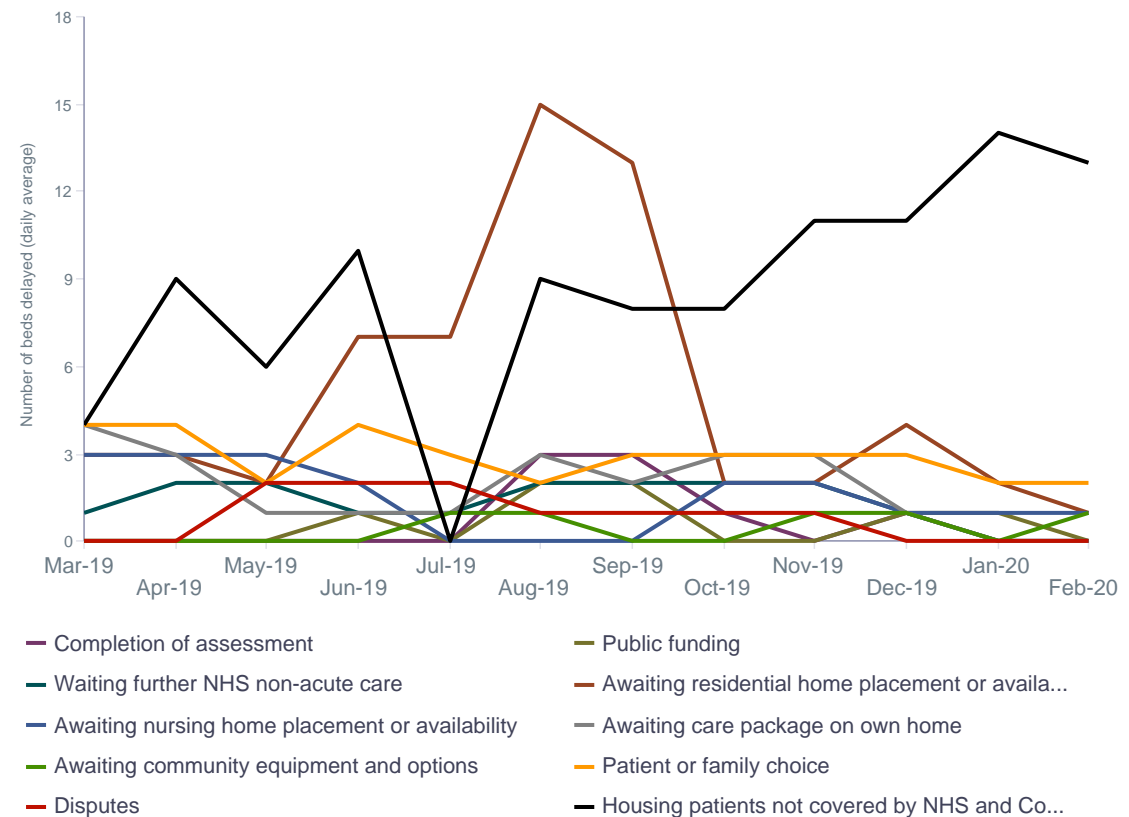
Daily average beds delayed by responsibility

| | NHS | Social Care | Both | Total |
|--------|-------|-------------|------|-------|
| Mar-19 | 11.4 | 5.5 | 2.4 | 19.3 |
| Apr-19 | 17.1 | 2.4 | 3.2 | 22.8 |
| May-19 | 15.1 | 2.2 | 0.0 | 17.3 |
| Jun-19 | 18.6 | 7.1 | 2.0 | 27.6 |
| Jul-19 | 11.2 | 5.8 | 1.8 | 18.8 |
| Aug-19 | 15.1 | 15.4 | 6.7 | 37.2 |
| Sep-19 | 14.4 | 14.3 | 5.0 | 33.7 |
| Oct-19 | 14.9 | 3.6 | 3.1 | 21.6 |
| Nov-19 | 17.6 | 4.1 | 3.2 | 24.8 |
| Dec-19 | 16.6 | 8.0 | 0.0 | 24.6 |
| Jan-20 | 15.1 | 4.3 | 0.0 | 19.3 |
| Feb-20 | 15.2 | 0.7 | 1.0 | 16.9 |
| Total | 182.3 | 73.3 | 28.4 | 283.9 |

Footnotes: Numbers include delays from Non-Acute settings only, which include all Mental Health services and any other Non-Acute services the trust provides.

The DTOC Beds figure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month.

Delayed Transfers of Care (DTOC) Beds by reason



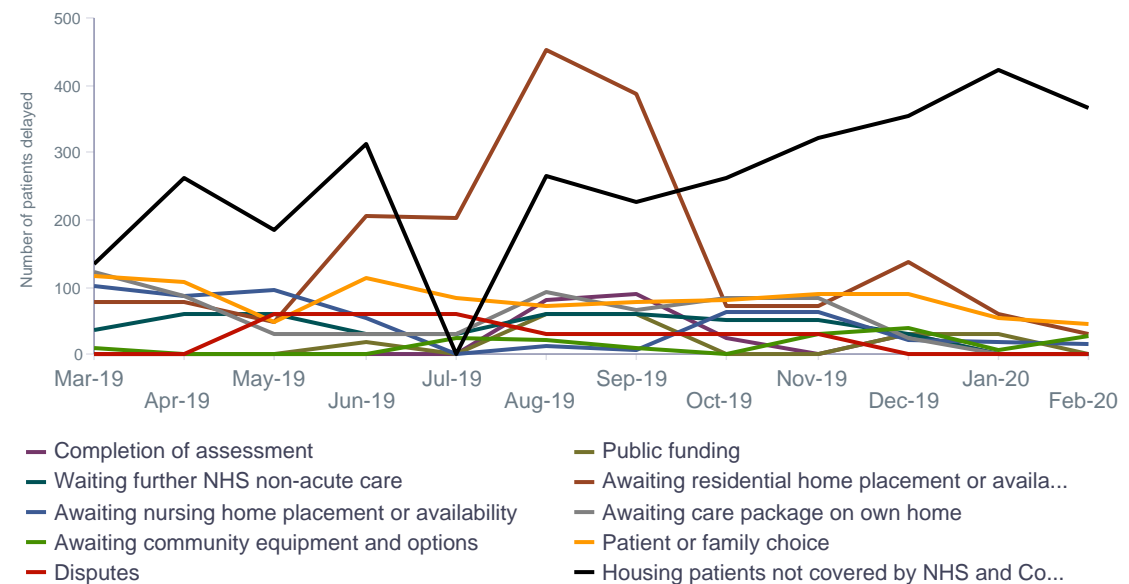
Delayed transfers of care between Mar 19 - Feb 20

Number of days delayed by responsibility

| | NHS | Social Care | Both | Total |
|--------|------|-------------|------|-------|
| Mar-19 | 354 | 170 | 75 | 599 |
| Apr-19 | 514 | 73 | 96 | 683 |
| May-19 | 469 | 67 | 0 | 536 |
| Jun-19 | 557 | 212 | 60 | 829 |
| Jul-19 | 347 | 179 | 56 | 582 |
| Aug-19 | 467 | 478 | 208 | 1153 |
| Sep-19 | 432 | 429 | 151 | 1012 |
| Oct-19 | 462 | 112 | 95 | 669 |
| Nov-19 | 527 | 123 | 95 | 745 |
| Dec-19 | 515 | 247 | 0 | 762 |
| Jan-20 | 467 | 132 | 0 | 599 |
| Feb-20 | 441 | 20 | 29 | 490 |
| Total | 5552 | 2242 | 865 | 8659 |

Footnotes: Numbers include delays from Non-Acute settings only, which include all Mental Health services and any other Non-Acute services the trust provides.

Number of days delayed by reason

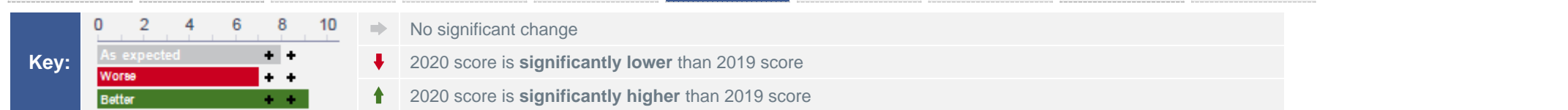


Essex Partnership University NHS Foundation Trust (R1L)

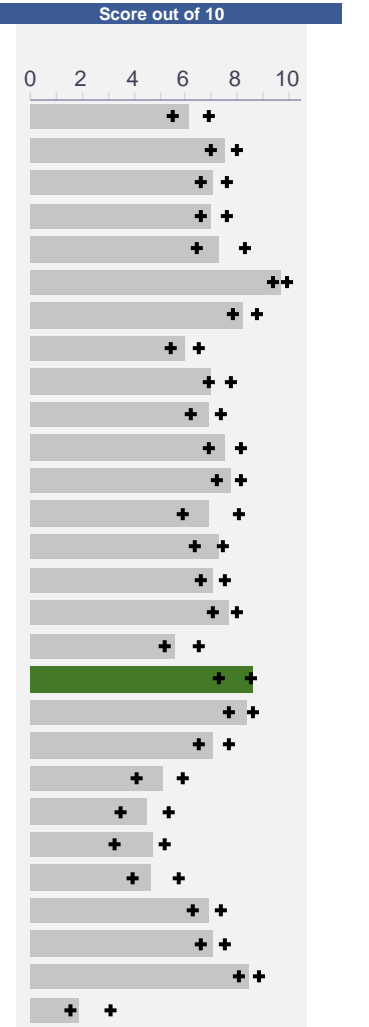
Featured data sources > Surveys > Community mental health survey

FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 18 October 2021

| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|-----------------------------------|
|-------------------|-----------|-----|-------|-------------------|-----------------|---------------|------|--------------|-------|-----------------------------------|



| Question | 2017 | 2018 | 2019 | 2020 | | Trend | Score out of 10 | | | | | | |
|--|-----------------|------|------|-------------------------------------|--------|-------|-----------------|---|--|--|--|--|--|
| | Score out of 10 | | | Threshold between 'As expected' and | | | | | | | | | |
| | | | | Worse | Better | | | | | | | | |
| In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? | - | 5.8 | 6.3 | 6.1 | 5.5 | 6.9 | NA | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | | | | |



| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | | |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |

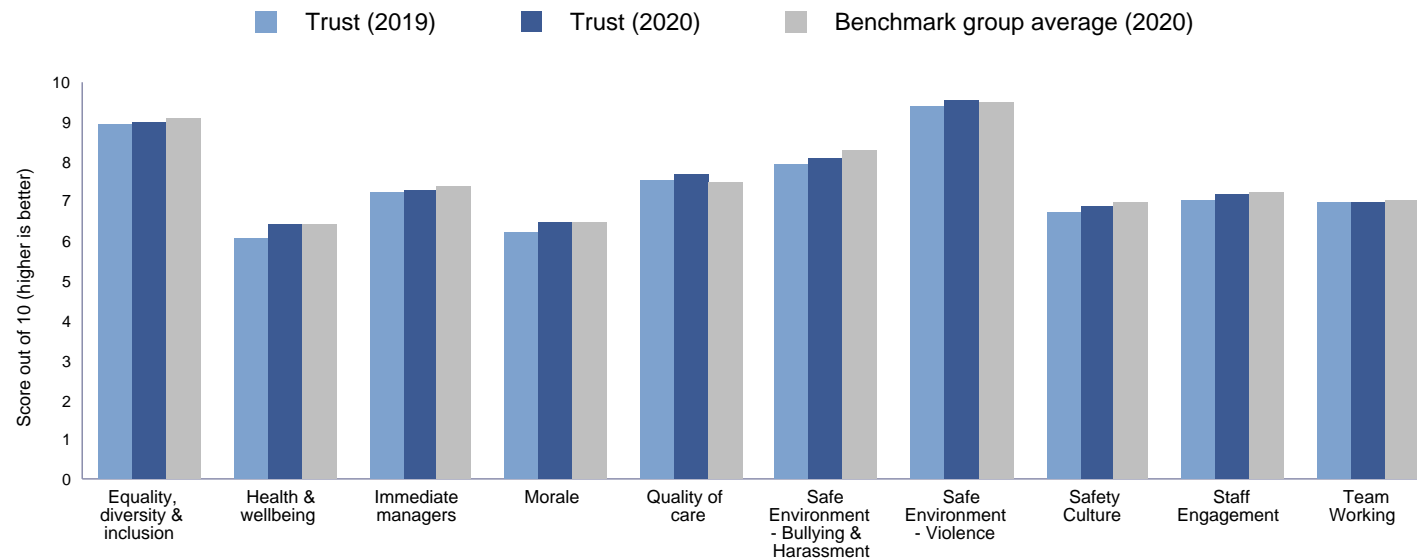
[Table of Contents](#)

Key messages

- The 2020 NHS staff survey has used the same methodology and timings as in previous years but a key focus of the survey this year has been on understanding the experience of staff during the Covid-19 pandemic period. Results of the 2020 NHS staff survey should be seen within this context.
- The provider's staff survey results are being compared to a group of 53 Mental Health trusts across ten themes all scored 0-10 with 0 the worst possible score and 10 the best.
- The provider scored significantly above average for Quality of care and significantly below average for no themes.

[See the full benchmark report on the NHS staff survey website](#)

| Sampling approach |
|--|
| Census |
| Response rate |
| 47% |
| Average response rate for similar trusts |
| 49% |
| Completed Questionnaires |
| 2305 |



| Score | 9.0 | 6.4 | 7.3 | 6.4 | 7.6 | 8.0 | 9.5 | 6.9 | 7.2 | 6.9 |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Trend | → | ↑ | → | ↑ | ↑ | → | ↑ | ↑ | ↑ | → |
| Rank* (out of 53, 1 is best) | 37 | 26 | 37 | 23 | 11 | 40 | 24 | 36 | 24 | 28 |
| National comparison | S | S | S | S | B | S | S | S | S | S |

Key to tables

- Statistically significant improvement
- No statistically significant change
- Statistically significant deterioration
- MB Much better
- B Better
- S About the same
- W Worse
- MW Much worse

*Rank and national comparison are based on the peer group of 53 Mental Health

Essex Partnership University NHS Foundation Trust (R1L)

Featured data sources > Staff surveys > Workforce Race Equality Standards

FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

18 October 2021

MENTAL
HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED
TRANSFERS

PATIENT
SURVEYS

STAFF
SURVEYS

WRES

DATA QUALITY

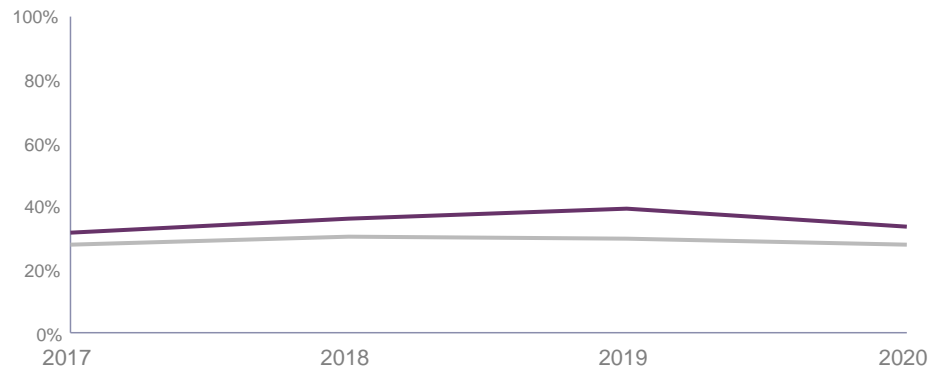
CQUIN

[Table of Contents](#)

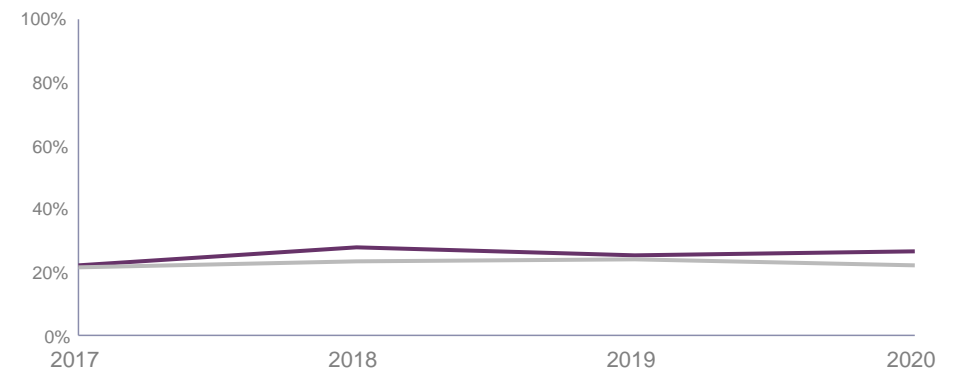
Key messages

These graphs show how BME and White staff at this trust have answered the four WRES staff survey questions over time. See the WRES section of Insight for additional analysis

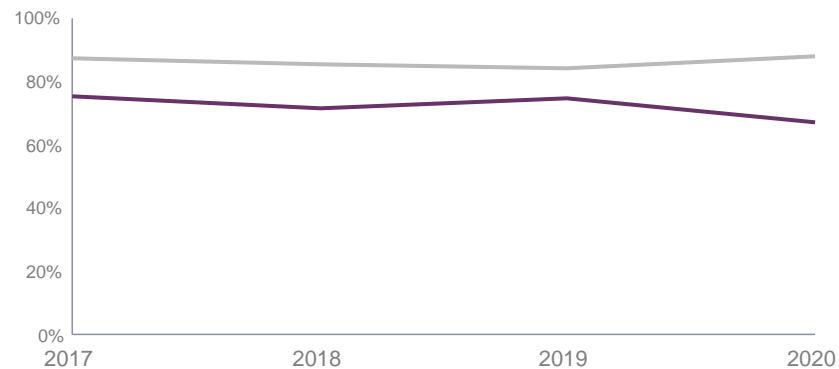
Staff who experienced harassment, bullying or abuse from patients, relatives or the public



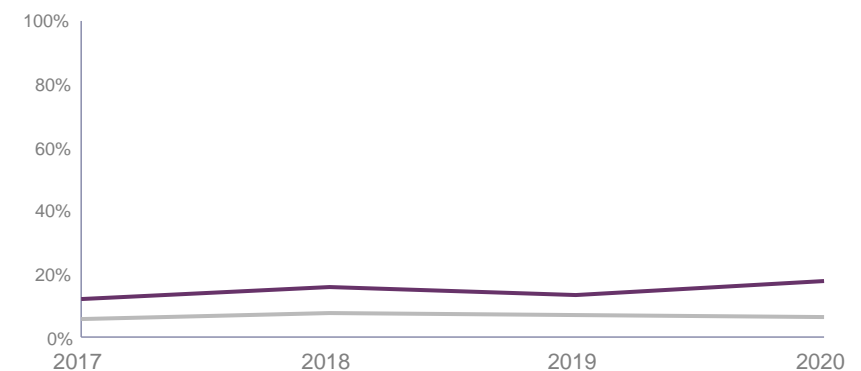
Staff who experienced harassment, bullying or abuse from staff



Staff believing the trust offers equal opportunities for career progression and promotion



Staff experiencing discrimination from their manager and/or colleagues



— BME Staff — White Staff

Essex Partnership University NHS Foundation Trust (R1L)

Featured data sources > Workforce race equality standard > Introduction

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | 18 October 2021 | | |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|----------------------------|------|-----------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

Introduction

The Workforce Race Equality Standard (WRES) now includes HR indicators derived from Electronic Staff Records (ESR) in addition to findings from the NHS Staff Survey, see box 1 for more details.

This page includes key messages from the WRES indicators which are detailed on the following page. The last WRES page includes some background staffing data and information about the NHS Staff Survey for the trust.

Key Messages

- The difference between the experiences of BME and White staff was significant for 6 indicators at this trust (out of 9)
- When compared with other trusts in its peer group, Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, for the four staff survey indicators, this trust had 0 positive findings and 3 negative findings, though no comparison to peers is available for indicator 6 yet as trust-level results have not been published for that indicator.
- The experiences of BME staff at this trust have significantly improved for 0 indicators and significantly deteriorated for 2 indicators
- The table (next page) shows whether the experiences of BME and White staff were significantly different for each indicator. The presence of a statistically significant difference between the experiences of BME and White staff may be caused by a variety of factors. Whether such differences are of regulatory significance will depend on individual trusts' circumstances.

Indicator 4, access to non-mandatory training and CPD, is not included in the above summary due to data quality concerns.

Box 1: The 9 WRES Indicators

- 1a Proportion of clinical (nursing and midwifery) staff in senior roles, band 8a+
- 1b Proportion of non-clinical staff in senior roles, band 8+
- 2 Proportions of shortlisted staff being appointed to positions
- 3 Proportion of staff entering formal disciplinary processes
- 4 Proportion of staff accessing non-mandatory training and CPD
- 5 Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- 6 Staff experiencing harassment, bullying or abuse from staff in the last 12 months
- 7 Staff believing that the trust provides equal opportunities for career progression or promotion
- 8 Staff experiencing discrimination at work from a manager / team leader or other colleague
- 9 Board compared to overall staff demographic

Sources: 1 to 4 and 9: ESR, 5 - 8 : NHS Staff Survey

Essex Partnership University NHS Foundation Trust (R1L)

Featured data sources > Workforce race equality standard > Indicators

18 October 2021

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | | DEFINITIONS AND APPENDICES | | |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|---------------|----------------------------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |

[Table of Contents](#)

| WRES Indicators from ESR (HR data) ^(*) | | BME Staff | White Staff | Are there significant differences between... | | | | |
|--|------------|---|-------------|--|--|--------------------------------|--------------------------------|---|
| | | | | BME and White staff? | Last year and this year? (BME staff) | | | |
| 1a. Proportion of clinical (nursing and midwifery) staff in senior roles, band 8a+ | | 3.4% | 8.1% | ● | -0.1% | ➡ | | |
| 1b. Proportion of non-clinical staff in senior roles, band 8+ | | 6.1% | 6.5% | ● | -0.6% | ➡ | | |
| 2. Proportions of shortlisted candidates being appointed to positions | | 14.4% | 18.2% | ● | -20.0% | ↓ | | |
| 3. Proportion of staff entering formal disciplinary processes | | 4.7% | 2.2% | ● | 1.9% | ↓ | | |
| 4. Proportion of staff accessing non-mandatory training and CPD | | 12.4% | 20.2% | Not assessed | | | | |
| WRES Indicators from the NHS staff survey ^(**) | | Proportion of respondents answering "Yes" | | | Are there significant differences between... | | | |
| | | BME staff | White staff | All staff | BME and white staff? | This trust and its peer group? | Last year and this year? (BME) | |
| 5. Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | Trust | 33.5% | 28.2% | 29.4% | ● | ● | -5.8% | ➡ |
| | Peer group | 32.7% | 25.5% | 27.3% | | | | |
| 6. Staff experiencing harassment, bullying or abuse from staff in the last 12 months | Trust | 26.7% | 22.2% | 23.1% | ● | ● | 1.2% | ➡ |
| | Peer group | 25.1% | 19.4% | 20.9% | | | | |
| 7. Staff believing that the trust provides equal opportunities for career progression or promotion | Trust | 67.4% | 88.0% | 84.7% | ● | ● | -7.0% | ➡ |
| | Peer group | 71.1% | 89.0% | 84.8% | | | | |
| 8. Staff experiencing discrimination at work from a manager / team leader or other colleague? | Trust | 17.7% | 6.6% | 8.6% | ● | ● | 4.4% | ➡ |
| | Peer group | 15.2% | 5.7% | 7.5% | | | | |
| Trust staffing numbers ^(*) | | 2019 | | | 2018 | | | |
| 9. [BME Voting Board Members] and Board compared to overall staff demographic | | [1] | | ● | | [2] | | ● |

| Key | |
|-----|---|
| ● | Statistically significant difference |
| ● | Not statistically significant |
| ● | Negative finding |
| ● | Positive finding |
| ○ | Statistical analysis not undertaken as less than 30 BME staff responded |
| ↑ | Statistically significant improvement |
| ➡ | No statistically significant change |
| ⬇ | Statistically significant deterioration |

^(*) SOURCES: NHS England (31/03/2019)

^(**) SOURCES: NHS Staff Survey (2020)

Essex Partnership University NHS Foundation Trust (R1L)

Featured data sources > Workforce race equality standard > Contextual data

18 October 2021

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | | DEFINITIONS AND APPENDICES | | |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|---------------|----------------------------|--------------|-------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |

[Table of Contents](#)

| Trust staffing numbers (*) | 2019 | 2018 |
|----------------------------|-------|-------|
| BME staff | 1,477 | 1,597 |
| White staff | 4,535 | 5,414 |
| BME Voting Board Members | 1 | 2 |
| White Voting Board Members | 12 | 11 |

| NHS Staff Survey Details (**) | | 2020 | 2019 |
|---|------------|--------|--------|
| Sampling method | Trust | Census | Census |
| Total number of recipients (ineligible staff removed) | Trust | 4,935 | 4,724 |
| Response rate from total recipients (rec. min. 50%) | Trust | 46.7% | 48.3% |
| | Peer group | 49.4% | 50.3% |

Trusts are encouraged to perform a census rather than a basic or extended sample in order to best understand experiences of different staff groups and to get more of their staff to participate in the survey so the trust can better understand issues affecting their staff. CQC inspection staff should follow up on what the trust is doing to understand the potential underlying causes and improve the experience of staff.

(*) SOURCES: NHS England (31/03/2019)

(**) SOURCES: NHS Staff Survey (2020)

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | | DEFINITIONS AND APPENDICES | | | 18 October 2021 |
|--------------------------|-----------|--------------|-------|-----------------------|-----------------|---------------|----------------------------|--------------|-------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN | Table of Contents |

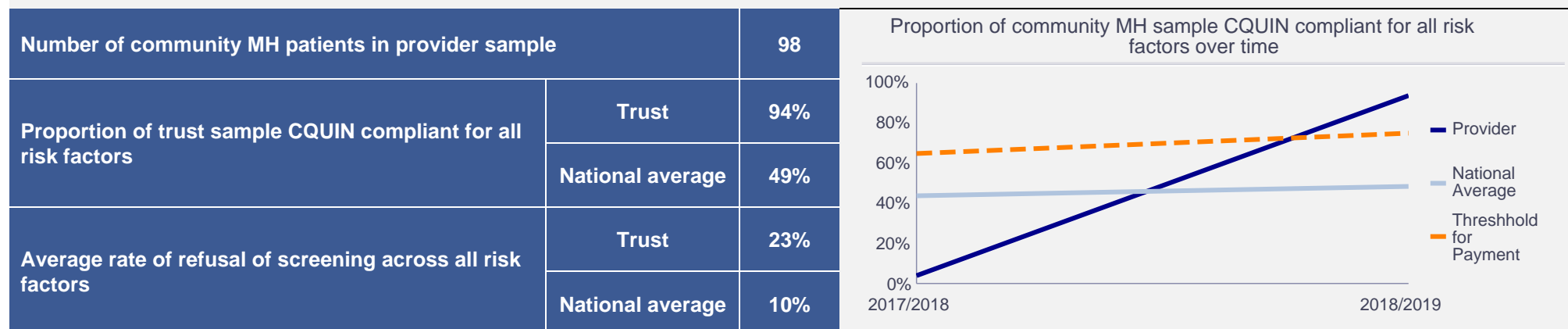
Mental Health Services Data Set Monthly Statistics - Provider level data quality measures

| Results shown as a percentage of denominator | Provider | | National Average | |
|---|---------------|---------------|------------------|--------|
| | Jul 20 | Jun 21 | Jul 20 | Jun 21 |
| Data quality measures - Percentage (MHS-DQM01 - MHS-DQM11, MHS-DQM18 - MHS-DQM20, MHS-DQM31 - MHS-DQM33) | | | | |
| MHS-DQM01 NHS Number | 100% | 100% | 97% | 97% |
| MHS-DQM02 Postcode Of Usual Address | 99% | 99% | 96% | 98% |
| MHS-DQM03 Person Birth Date | 100% | 100% | 100% | 100% |
| MHS-DQM04 Person Stated Gender Code | 100% | 100% | 98% | 99% |
| MHS-DQM05 Ethnic Category Code | 94% | 94% | 80% | 79% |
| MHS-DQM06 General Medical Practice Code (Patient Registration) | 98% | 98% | 97% | 97% |
| MHS-DQM07 Mental Health Act Legal Status Classification Code | 63% | 64% | 92% | 92% |
| MHS-DQM08 Treatment Function Code (Mental Health) | 94% | 97% | 96% | 97% |
| MHS-DQM09 Organisation Site Identifier (Of Treatment) | 100% | 100% | 98% | 96% |
| MHS-DQM10 Primary Reason for Referral (Mental Health) | 87% | 93% | 57% | 62% |
| MHS-DQM11 Care Professional Service or Team Type Association (Mental Health) | 96% | 97% | 91% | 89% |
| MHS-DQM18 Service Or Team Type Referred To (Mental Health) | 90% | 90% | 87% | 89% |
| MHS-DQM20 Clinical Response Priority Type | 96% | 97% | 98% | 98% |
| Data quality commissioner - Percentage (MHS-DQM12 - MHS-DQM16) | | | | |
| MHS-DQM12 Organisation Identifier (Of Commissioner) - Referral | 100% | 99% | 99% | 90% |
| MHS-DQM13 Organisation Identifier (Of Commissioner) - Contact | 99% | 98% | 98% | 91% |
| MHS-DQM14 Organisation Identifier (Of Commissioner) - Indirect Activity | not available | not available | 94% | 90% |
| Data Integrity Measures - Count / Percent (MHS-DIM01 - MHS-DIM03) | | | | |
| MHS-DIM01 Referrals to CYP-MH services starting in RP | 11% | 8% | 64% | 70% |
| MHS-DIM02 Referrals to Eating Disorder services starting in RP | 4% | 8% | 3% | 3% |
| MHS-DIM03 Coded Procedure (SNOMED Stop Clock for ED) | not available | not available | 15% | 13% |
| MHS-DIM04 Care contact time (Hour) | 44% | 44% | 40% | 40% |
| MHS-DIM05 Care contact time (Midnight) | 0% | 0% | 1% | 1% |
| MHS-DIM06 Onward referral time (Hour) | 2% | 3% | 10% | 8% |
| MHS-DIM07 Onward referral time (Midnight) | not available | not available | 2% | 1% |
| MHS-DIM08 Indirect activity time (Hour) | not available | not available | 33% | 28% |
| MHS-DIM09 Indirect activity time (Midnight) | not available | not available | 2% | 0% |
| MHS-DIM10 Discharge plan creation time (Hour) | not available | not available | 12% | 12% |
| MHS-DIM11 Discharge plan creation time (Midnight) | not available | not available | 0% | 0% |
| MHS-DIM12 Referral request received time (Hour) | 4% | 5% | 26% | 22% |
| MHS-DIM13 Referral request received time (Midnight) | 0% | 0% | 10% | 8% |
| MHS-DIM14 Service discharge time (Hour) | 32% | 25% | 15% | 15% |
| MHS-DIM15 Service discharge time (Midnight) | 2% | 3% | 3% | 4% |
| MHS-DQM15 Organisation Identifier (Of Commissioner) - Group Session | not available | not available | 99% | 70% |

| FACTS, FIGURES & RATINGS | | INTELLIGENCE | | FEATURED DATA SOURCES | | DEFINITIONS AND APPENDICES | | 18 October 2021 | |
|--|-----------|--------------|-------|-----------------------|-----------------|----------------------------|---------------|-----------------|-----------------------------------|
| MENTAL HEALTH ACT | INCIDENTS | ESR | PLACE | DELAYED TRANSFERS | PATIENT SURVEYS | STAFF SURVEYS | WRES | DATA QUALITY | CQUIN |
| | | | | | | | | | Table of Contents |
| MHS-DQM16 Organisation Identifier (Of Commissioner) - Hospital Provider Spell Commissioner | | | | | | | 100% | 100% | 98% |
| MHS-DQM31 Hospital Bed Type (Mental Health) | | | | | | | 100% | 100% | 93% |
| MHS-DQM32 Referred out of area reason (adult acute mental health) | | | | | | | 88% | not available | 93% |
| MHS-DQM33 Ex-British armed forces indicator | | | | | | | 24% | 24% | 54% |
| MHS-DQM34 Source of Referral | | | | | | | 100% | 100% | 95% |
| MHS-DQM35 Consultation medium used | | | | | | | 97% | 99% | 92% |
| MHS-DQM37 Activity location type code | | | | | | | 75% | 76% | 66% |
| MHS-DQM38 Delayed discharge reason | | | | | | | 100% | not available | 95% |
| MHS-DQM39 Delayed discharge attributable to | | | | | | | 100% | 100% | 93% |
| MHS-DQM42 Care plan type | | | | | | | 100% | 100% | 100% |
| MHS-DQM45 Provisional Diagnosis date | | | | | | | 100% | 99% | 94% |
| MHS-DQM46 Primary Diagnosis date | | | | | | | 99% | 99% | 95% |
| MHS-DQM47 Secondary Diagnosis date | | | | | | | 95% | 98% | 92% |
| MHS-DQM48 Attended or did not attend | | | | | | | 100% | 100% | 98% |
| MHS-DQM51 Referral closure reason | | | | | | | 100% | 100% | 94% |
| MHS-DQM52 Estimated discharge date | | | | | | | 44% | 48% | 56% |
| MHS-DQM53 Specialised mental health service code - Referral | | | | | | | not available | not available | 49% |
| MHS-DQM54 Specialised mental health service code - Contact | | | | | | | not available | not available | 88% |
| MHS-DQM55 Specialised mental health service code - Ward Stay | | | | | | | 100% | 100% | 97% |
| MHS-DQM56 Delayed discharge; Local Authority of responsibility | | | | | | | 82% | 100% | 50% |








CQUIN - Community Mental Health Services

- CQUIN is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
- People with severe mental illness are at increased risk of poor physical health and their life expectancy is reduced by an average of 15–20 years, most commonly due to preventable physical illness. This CQUIN feature page aims to encourage improvement in physical healthcare provision for people with severe mental illness by monitoring screening and intervention for seven key cardiometabolic risk factors.
- The percentage of patients in the provider's community MH services sample who were CQUIN compliant for all seven risk factors was 94%. This meets the threshold for payment of 75%.
- The average rate of screening refusal across the seven risk factors was 23%. High rates of refusal of screening could indicate that patients are not being given enough information regarding screening and risk for physical health conditions.
- The provider is in the top 25% of providers nationally for screening for seven CQUIN measure(s), the middle 50% for zero CQUIN measure(s), and the bottom 25% for zero CQUIN measure(s).



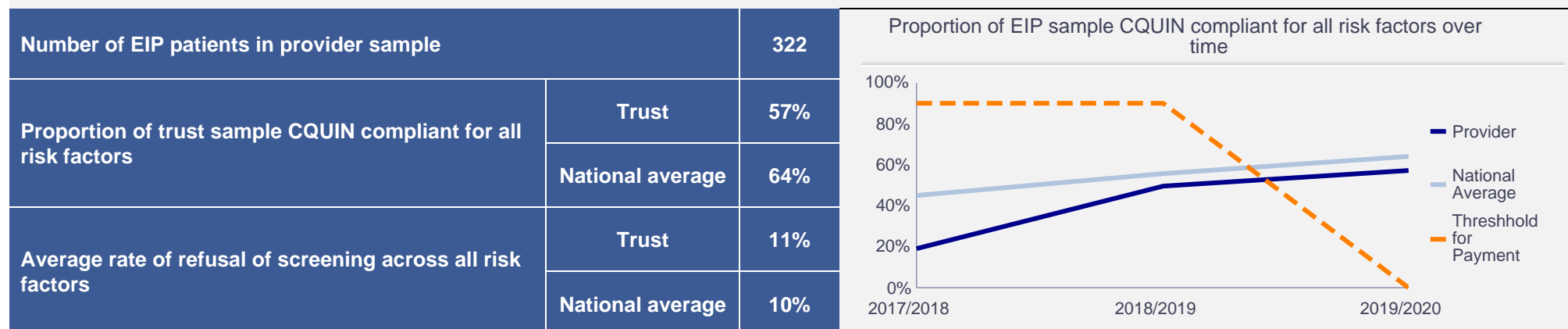
CQUIN compliance is determined by whether each patient has been offered screening, and if required, intervention for each risk factor. A patient is CQUIN compliant for a risk factor if there is documented evidence of screening being carried out or refused; **and** where screening is carried out and intervention is found to be required, there is documented evidence of intervention being carried out or refused.

CQUIN - Community Mental Health Services

| Measure | 2017/2018 | 2018/2019 | National Average | Comparison to other providers |
|-----------------------|-----------|-----------|------------------|---|
| Smoking status | 70% | 100% | 84% |  |
| Alcohol intake | 79% | 99% | 84% |  |
| Substance misuse | 76% | 100% | 82% |  |
| Body Mass Index (BMI) | 51% | 98% | 74% |  |
| Blood pressure | 47% | 98% | 76% |  |
| Glucose regulation | 33% | 100% | 70% |  |
| Blood lipids | 18% | 100% | 68% |  |








CQUIN - Early Intervention in Psychosis (EIP) services

- CQUIN is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. The CQUIN indicator is no longer being produced, however this page has been refreshed with data collected as part of the National Clinical Audit of Psychosis.
- People with severe mental illness are at increased risk of poor physical health and their life expectancy is reduced by an average of 15–20 years, most commonly due to preventable physical illness. This CQUIN feature page aims to encourage improvement in physical healthcare provision for people with severe mental illness by monitoring screening and intervention for seven key cardiometabolic risk factors.
- The percentage of patients in the provider's EIP services sample who were CQUIN compliant for all seven risk factors was 57%. This meets the threshold for payment of 0%.
- The average rate of screening refusal across the seven risk factors was 11%. High rates of refusal of screening could indicate that patients are not being given enough information regarding screening and risk for physical health conditions.
- The provider is in the top 25% of providers nationally for screening for zero CQUIN measure(s), the middle 50% for seven CQUIN measure(s), and the bottom 25% for zero CQUIN measure(s).



CQUIN compliance is determined by whether each patient has been offered screening, and if required, intervention for each risk factor. A patient is CQUIN compliant for a risk factor if there is documented evidence of screening being carried out or refused; **and** where screening is carried out and intervention is found to be required, there is documented evidence of intervention being carried out or refused.

CQUIN - Early Intervention in Psychosis (EIP) services

| Measure | 2018/2019 | 2019/2020 | National Average | Comparison to other providers |
|-----------------------|-----------|-----------|------------------|---|
| Smoking status | 98% | 96% | 94% |  |
| Alcohol intake | NA | 98% | 94% |  |
| Substance misuse | 98% | 95% | 95% |  |
| Body Mass Index (BMI) | 94% | 92% | 87% |  |
| Blood pressure | 95% | 96% | 89% |  |
| Glucose regulation | 77% | 88% | 84% |  |
| Blood lipids | 74% | 80% | 82% |  |








KEY

DATA




APPENDIX 1

[Table of Contents](#)

Performance level

-  Much better
-  Better
-  About the same
-  Worse
-  Much worse
-  Non-submission
-  No data

Performance change

-  Improving
-  About the same
-  Declining

Ratings

-  Outstanding
-  Good
-  Requires improvement
-  Inadequate
-  Inspected but not formally rated
-  Not rated

Understanding data



The boxes represent all Mental Health NHS trusts from smallest to largest in five groups, or quintiles. The purple highlighted box shows you where this trust lies relative to the other trusts. If the smallest box is highlighted this trust is in the group of the smallest trust or lowest activity level, and if the second largest box is highlighted the trust is in the second largest group, or quintile, for higher activity levels.

What do N/A, *, and - mean when they are used for data values?

- n/a** Value is not applicable
- Data is not available for trust or time period.
- *** Suppressed values between 1 and 5. 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.

Definitions and guidance documents:

- [Statistical Methods of Analysis Guidance](#)
- [Indicator Guidance](#)

Inspectors can click the link below to access a data sheet which gives further details about the indicators in the Intelligence section of the tool. Trusts can view their individual data sheets on the online website.

Please note that the data sheet is a static snapshot that represents the indicators at the point the tool was last shared with providers, which generally occurs once every two months. For CQC staff, the data in this PDF report is live and some indicators may have been updated since the reports were last shared. However, this refreshed data won't be reflected in the data sheet until the next time Insight is shared with providers.

[Data Sheet](#)

Registered Locations

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|-------------------------------------|-----------------|-----------------|----------------|---|---|
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Mental Health |
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | People detained under the Mental Health Act |
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Younger Adults |
| 439 Ipswich Road - R1LX7 | 01/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---|-----------------|-----------------|----------------|---|---|
| Basildon Mental Health Unit - R1L40 | 11/04/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Learning disabilities or autistic spectrum disorder |
| Brockfield House - R1LK9 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Brockfield House - R1LK9 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Brockfield House - R1LK9 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Brockfield House - R1LK9 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Broomfield Hospital Mental Health Wards - R1LZ1 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Broomfield Hospital Mental Health Wards - R1LZ1 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Broomfield Hospital Mental Health Wards - R1LZ1 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Broomfield Hospital Mental Health Wards - R1LZ1 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Broomfield Hospital Mental Health Wards - R1LZ1 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Chelmer & Stort Mental Health Wards - R1LPA | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Chelmer & Stort Mental Health Wards - R1LPA | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---|-----------------|-----------------|-----------------------------------|---|---|
| Chelmer & Stort Mental Health Wards - R1LPA | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Clifton Lodge - R1LJ3 | 09/01/2019 | Southend-on-Sea | ASC Central East of England Hub 1 | Care home service with nursing | Older People |
| Clifton Lodge - R1LJ3 | 09/01/2019 | Southend-on-Sea | ASC Central East of England Hub 1 | Care home service with nursing | Dementia |
| Clifton Lodge - R1LJ3 | 09/01/2019 | Southend-on-Sea | ASC Central East of England Hub 1 | Care home service with nursing | Mental Health |
| Clifton Lodge - R1LJ3 | 09/01/2019 | Southend-on-Sea | ASC Central East of England Hub 1 | Care home service with nursing | Younger Adults |
| Colchester Hospital Mental Health Wards - R1LK3 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Colchester Hospital Mental Health Wards - R1LK3 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Colchester Hospital Mental Health Wards - R1LK3 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Colchester Hospital Mental Health Wards - R1LK3 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Colchester Hospital Mental Health Wards - R1LK3 | 30/07/2019 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---|-----------------|-----------------|----------------|---|---|
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Learning disabilities or autistic spectrum disorder |
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Heath Close - R1LA4 | 10/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Landermere Centre Mental Health Wards - R1LG7 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Landermere Centre Mental Health Wards - R1LG7 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Landermere Centre Mental Health Wards - R1LG7 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Landermere Centre Mental Health Wards - R1LG7 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Mountnessing Court - R1L65 | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Younger Adults |
| Mountnessing Court - R1L65 | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Older People |
| Mountnessing Court - R1L65 | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Dementia |
| Mountnessing Court - R1L65 | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Mental Health |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---------------------------|-----------------|-----------------|-----------------------------------|---|---|
| Rawreth Court - R1LJ2 | 22/11/2018 | Essex | ASC Central East of England Hub 1 | Care home service with nursing | Younger Adults |
| Rawreth Court - R1LJ2 | 22/11/2018 | Essex | ASC Central East of England Hub 1 | Care home service with nursing | Dementia |
| Rawreth Court - R1LJ2 | 22/11/2018 | Essex | ASC Central East of England Hub 1 | Care home service with nursing | Older People |
| Rawreth Court - R1LJ2 | 22/11/2018 | Essex | ASC Central East of England Hub 1 | Care home service with nursing | Mental Health |
| Robin Pinto Unit - R1L31 | 15/05/2018 | Luton | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Robin Pinto Unit - R1L31 | 15/05/2018 | Luton | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Robin Pinto Unit - R1L31 | 15/05/2018 | Luton | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Robin Pinto Unit - R1L31 | 15/05/2018 | Luton | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Children 13-18 years |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Children 4-12 years |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---|-----------------|-----------------|----------------|---|---|
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Rochford Hospital - R1L10 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| Saffron Walden Community Hospital - R1LTH | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Physical Disability |
| Saffron Walden Community Hospital - R1LTH | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Dementia |
| Saffron Walden Community Hospital - R1LTH | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Older People |
| Saffron Walden Community Hospital - R1LTH | 02/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Younger Adults |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | People detained under the Mental Health Act |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Community healthcare service | People detained under the Mental Health Act |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Community healthcare service | Younger Adults |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Residential substance misuse treatment and/or rehabilitation service | People detained under the Mental Health Act |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Community healthcare service | Mental Health |

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|--|-----------------|-----------------|----------------|---|---|
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Older People |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Residential substance misuse treatment and/or rehabilitation service | Older People |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Mental Health |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Community healthcare service | Older People |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Residential substance misuse treatment and/or rehabilitation service | Mental Health |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Rehabilitation services | Younger Adults |
| St Margaret's Community Hospital - R1LT1 | 03/05/2018 | Essex | MH & CHS Essex | Residential substance misuse treatment and/or rehabilitation service | Younger Adults |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors treatment service | Older People |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors consultation service | Older People |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors treatment service | Younger Adults |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|-----------------------------|-----------------|-----------------|----------------|---|---|
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors consultation service | People who misuse drugs and alcohol |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors consultation service | Physical Disability |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors consultation service | Younger Adults |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors treatment service | People who misuse drugs and alcohol |
| St. Helen's Street - R1LXD | | Suffolk | MH & CHS Essex | Doctors treatment service | Physical Disability |
| The St Aubyn Centre - R1L22 | 07/06/2021 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| The St Aubyn Centre - R1L22 | 07/06/2021 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| The St Aubyn Centre - R1L22 | 07/06/2021 | Essex | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Children 13-18 years |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Learning disabilities or autistic spectrum disorder |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Dementia |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and | Older People |

KEY

DATA

APPENDIX 1

[Table of Contents](#)

| Location Name & ID | Last Site Visit | Local Authority | Location Team | Location Service Type Description | Service User Bands |
|---------------------------|-----------------|-----------------|----------------|---|---|
| | | | | problems with substance misuse | |
| Thurrock Hospital - R1L50 | 03/05/2018 | Thurrock | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Trust Head Office - R1LZ8 | 10/05/2018 | Essex | MH & CHS Essex | Community based services for people with a learning disability | Whole Population |
| Trust Head Office - R1LZ8 | 10/05/2018 | Essex | MH & CHS Essex | Community based services for people with mental health needs | Whole Population |
| Trust Head Office - R1LZ8 | 10/05/2018 | Essex | MH & CHS Essex | Community healthcare service | Whole Population |
| Trust Head Office - R1LZ8 | 10/05/2018 | Essex | MH & CHS Essex | Community based services for people who misuse substances | Whole Population |
| Wood Lea Clinic - R1LL8 | 16/05/2018 | Bedford | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | People detained under the Mental Health Act |
| Wood Lea Clinic - R1LL8 | 16/05/2018 | Bedford | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Learning disabilities or autistic spectrum disorder |
| Wood Lea Clinic - R1LL8 | 16/05/2018 | Bedford | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Younger Adults |
| Wood Lea Clinic - R1LL8 | 16/05/2018 | Bedford | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Mental Health |
| Wood Lea Clinic - R1LL8 | 16/05/2018 | Bedford | MH & CHS Essex | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse | Older People |

| | | | | |
|--------------------------|--------------|-----------------------|----------------------------|-----------------------------------|
| FACTS, FIGURES & RATINGS | INTELLIGENCE | FEATURED DATA SOURCES | DEFINITIONS AND APPENDICES | 18 October 2021 |
| KEY | DATA | APPENDIX 1 | | Table of Contents |