

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

Essex Partnership University NHS Foundation Trust

## Click on a button to see the content for that page

#### What we've updated since October 2021

**Sharing with providers:** We will share the Insight reports with NHS providers during February 2022 and will work towards sharing an updated version with them again in April 2022.

#### New and updated content:

- We have refreshed our indicators and featured data source page based on the Community Mental Health Survey with data from the 2021 survey, published in December. The 2021 results introduced a new seven-point scale for banding trusts' question-level scores (much better, better, somewhat better, about the same, somewhat worse, worse and much worse than expected), which we have carried over into both our indicators and featured data source page.
- We have introduced a new set of featured data source pages on Community Services Data Set (CSDS) record validity for trusts that provide community health services (CHS), including overall validity levels for the providers' CSDS submissions as well as detailed information on individual field-level data quality. For more information on these pages, please refer to our User Guide.
- Please see further notes on removed content in the sections below and opposite.

**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.

#### Facts, figures and ratings - refreshed content:

- Patient contacts Mental Health Services Data Set (MHSDS) Monthly Activity
- Finance and governance Financial turnover
- Resources Electronic Staff Records (ESR)
- Ratings

Please note, with the publication of the Community Mental Health Framework, Care Programme Approach (CPA) has been superseded nationally. As such, measures relating to CPA have been removed from all Mental Health Services Data Set (MHSDS) outputs from April 2021 data onwards. Correspondingly, we have removed these rows from our patient contact tables based on MHSDS monthly statistics. Furthermore, in April 2021, a decision was made by NHS England to end the Mental Health Community Teams Activity return, meaning that the last time period was Q3 2019/20. We have correspondingly removed content based on this collection, which included admissions to acute wards gate kept by the crisis resolution home treatment team and seven day follow up of patients on CPA.

#### Intelligence analysis - refreshed data sources:

- Care Quality Commission (CQC) Community Mental Health Survey
- Care Quality Commission (CQC) 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)
- NHS Digital Out of Area Placements
- NHS England & NHS Improvement (NHSEI) KH03 bed occupancy
- NHS England & NHS Improvement (NHSEI) National Reporting and Learning System (NRLS)

Please note, we have taken a decision to remove our indicator based on Single Oversight Framework (SOF) segmentations. SOF has been replaced by the new NHS System Oversight Framework for 2021/22 and we are working to introduce an indicator based on the new framework segmentations as soon as possible. In the meantime, please see the list of trust segmentations here: <a href="https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/">https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/</a>, and information for providers on the CQC website here: <a href="https://www.cqc.org.uk/guidance-providers/nhs-trusts/mandated-support-recovery-support-programme">https://www.cqc.org.uk/guidance-providers/nhs-trusts/mandated-support-recovery-support-programme</a>.

#### Featured data sources - refreshed content:

#### Mental Health Act

- Use of the Mental Health Act
- · Complaints and notifications
- Second Opinion Appointed Doctor (SOAD) Measures

#### 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

Patient Surveys - Community Mental Health Survey

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

CSDS Data Quality - Community Services Data Set (CSDS) record validity

**EIP Physical Health** – Early Intervention in Psychosis (EIP) audit – Physical health screening and intervention

Please note, following 2018/19, CQUIN indicators on improving physical health care for people with serious mental illness are no longer being produced. However, we have refreshed our CQUIN featured data source pages focussed on Early Intervention in Psychosis (EIP services) with data from the National Clinical Audit of Psychosis (NCAP) EIP audit 2020/21. We have renamed this section EIP Physical Health. The previous CQUIN pages focussed on Community MH Services have been removed, as this data is no longer collected.

### **CQC** Mental Health NHS Insight

#### **Table of contents**

Click on a button to see the content for that page

Facts, figures and ratings

| FACTS, FIGURES & RATINGS               | INTELLIGENCE FEATURED DATA SOURCES   |                             | DEFINITIONS AND APPENDICES  |
|--|--|-----------------------------|---|
| TRUST INPATIENT SERVICES               | COMMUNITY-BASED R  | RATINGS                     |   |
| services  • Activity levels at provide | the trust/provider, inpatient and<br>hed assessments of CCG common,<br>inpatient and community-based<br>er and sickness; financial informa | nissioning of mental health | <ul> <li>Ratings data at provider and core service level; changes over time in the ratings</li> <li>An indication of the changes in intelligence</li> </ul> |

#### **Intelligence analysis**

| FACTS, FIGURES & RATINGS INTELLIGENCE  |                                      | FEATURED DATA SOURCES | DEFINITIONS AND APPENDICES  |
|--|--------------------------------------|-----------------------|---|
| OVERVIEW TRUST WIDE  | INPATIENT COMMUNIT<br>SERVICES SERVI |                       |   |
| <ul> <li>Intelligence overview of keeping</li> <li>based services</li> </ul> | ey messages for trust/provider, inp  | atient and community- | <ul> <li>Indicator detail pages - for trust/provider, inpatient and community-based services</li> </ul> |

#### **Featured data sources**

| FACTS, FIGURES & RATINGS INTELLIGENCE                              | FEATURED DATA SOURCES            | DEFINITIONS AND APPENDICES                                    |
|--|----------------------------------|---|
| MENTAL HEALTH ACT INCIDENTS ESR PLACE DELAYED TRANSFERS            | PATIENT STAFF<br>SURVEYS SURVEYS | WRES DATA CSDS DATA EIP PHYSICAL QUALITY HEALTH               |
| Mental Health Act  |                                  | Community Mental Health Survey                                |
| • Incidents (mortality, notifications, incidents reported to StEIS | and NRLS)                        | NHS Staff Survey  |
| Electronic Staff Records (ESR)                                     |                                  | Workforce Race Equality Standard (WRES)                       |
| Patient-Led Assessments of the Care Environment (PLACE)            | scores                           | Data quality measures for MHSDS and CSDS                      |
| Delayed transfers of care  |                                  | Early Intervention in Psychosis (EIP) audit – Physical health |

#### **Definitions**

| FACTS, FIGURES                 | & RATINGS           | INTELLIGENCE | FEATURED DATA SOURCES DEFINITIONS AND APPENDICES |
|--------------------------------|---------------------|--------------|--|
| KEY                            | DATA                | APPENDIX 1   |  |
| Key of syr                     | mbols and colours   |              | Locations registered with CQC                    |
| <ul> <li>Data defir</li> </ul> | nitions and downloa | d            |  |

Facts and figures > Trust level > Activity



| FACTS, FIGURES & RATINGS |                    | & RATINGS             | INTELLIGENCE                | FEATU      | JRED DATA SOURCES | DEFINITIONS AN | ND APPENDICES | 14 February 2022 |          |
|--------------------------|--------------------|-----------------------|-----------------------------|------------|-------------------|----------------|---------------|------------------|----------|
| т                        | TRUST              | INPATIENT<br>SERVICES | COMMUNITY-BASED<br>SERVICES | RATINGS    |                   |                |               | Table of Content | <u>s</u> |
| Trust le                 | evel rating:       |                       | Safe                        | Effective  | Caring            | Responsive     | Well led      | Overall          |          |
|                          | f last inspections | on: 07/06/2021        | RI                          | G          | 0                 | G              | G             | G                |          |
| Date of                  | i publication.     | 13/09/2021            | 09/10/2019                  | 09/10/2019 | 09/10/2019        | 09/10/2019     | 09/10/2019    | 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 30/09/2021   | Adult mental health services | Learning disability and autism services | Children and young people's services |
|--|------------------------------|---|--------------------------------------|
| People in contact with services                            | 28680                        | 630                                     | 40                                   |
| All contacts   | 40305                        | -                                       | -                                    |
| Attended contacts  | 35235                        | -                                       | 1310                                 |
| Open referrals   | 36795                        | 2870                                    | 40                                   |
| Open ward stays  | 495                          | 40                                      | 10                                   |
| People discharged from the service                         | 6835                         | -                                       | 210                                  |
| People assigned to a Mental Health Care Cluster            | 15685                        | -                                       | -                                    |
| People in contact with mental health services aged 0 to 18 | -                            | -                                       | 400                                  |

| People in contact with adult mental health services                   | At the end of 31/03/2021 | At the end of 30/09/2021 |
|---|--------------------------|--------------------------|
| At the end of the reporting period                                    | 29165                    | 28680                    |
| People with a crisis plan in place at the end of the reporting period | 10670                    | 9575                     |

| Finance and governance                      | Previous | Latest              | Change | National comparison |
|---|----------|---------------------|--------|---------------------|
| Projected surplus [£000s] (deficit)         |          | Data not available  |        |                     |
| Turnover [£000s]                            | 325,388  | 360,609             | (11%)  | □ □ □               |
| NHS System Oversight Framework segmentation |          | Data not available* |        |                     |

\*Please note that the previous Single Oversight Framework has been replaced by the new NHS System Oversight Framework for 2021/22. We are working to update our products with the new framework segmentations as soon as possible. In the meantime, please see the list of trust segmentations here: <a href="https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/">https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/</a>, and information for providers on the CQC website here: <a href="https://www.cqc.org.uk/quidance-providers/nhs-trusts/mandated-support-programme">https://www.cqc.org.uk/quidance-providers/nhs-trusts/mandated-support-programme</a>.

## **Essex Partnership University NHS Foundation Trust (R1L)**Facts and figures > Trust level continued



**FACTS, FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 INPATIENT COMMUNITY-BASED **TRUST RATINGS Table of Contents SERVICES** SERVICES Trust level rating: Responsive Caring Safe **Effective** Well led Overall

Date of last inspection: 07/06/2021 Date of publication: 15/09/2021 RI G
09/10/2019 09/10/2019

O9/10/2019

**G** 09/10/2019 **G** 09/10/2019 **G** 09/10/2019

Provider type: Mental Health - FT

| Resources   |             |                      |           |
|---|-------------|----------------------|-----------|
| FTE Staff; Nov 21   |             |                      |           |
| Admin & Support   |             | 1,461.1              |           |
| AHP/STT Support   |             | 349.8                |           |
| Allied Health Professional/ Scientific, Therapeutic and Technical |             | 651.3                |           |
| Healthcare Assistant  |             | 960.1                |           |
| Medical and Dental  |             | 233.2                |           |
| Not Specified   |             | 0.0                  |           |
| Nursing & Midwifery   |             | 1,444.0              |           |
| Nursing Associates & Trainees                                     |             | 4.0                  |           |
| All   |             | 5,103.6              |           |
| Staff turnover (FTE); Dec 20 - Nov 21                             | Average FTE | <b>Total Leavers</b> | Turnover  |
| Admin & Support   | 1,387.3     | 141.1                | 10.2%     |
| AHP/STT Support   | 312.8       | 60.1                 | 19.2%     |
| Allied Health Professional/ Scientific, Therapeutic and Technical | 615.6       | 83.5                 | 13.6%     |
| Healthcare Assistant  | 857.7       | 63.3                 | 7.4%      |
| Medical and Dental  | 217.1       | 32.5                 | 15.0%     |
| Nursing & Midwifery   | 1,408.0     | 116.0                | 8.2%      |
| Nursing Associates & Trainees                                     | 3.4         | 0.0                  | 0.0%      |
| All   | 4,801.9     | 496.4                | 10.3%     |
| Staff sickness; Dec 20 - Nov 21                                   | Staff Days  | Sick Days            | Sick Rate |
| Admin & Support   | 504,857     | 24,481               | 4.8%      |
| AHP/STT Support   | 113,429     | 4,472                | 3.9%      |
| Allied Health Professional/ Scientific, Therapeutic and Technical | 224,381     | 6,976                | 3.1%      |
| Healthcare Assistant  | 312,066     | 27,180               | 8.7%      |
| Medical and Dental  | 83,242      | 2,384                | 2.9%      |
| Nursing & Midwifery   | 513,729     | 28,886               | 5.6%      |
| Nursing Associates & Trainees                                     | 1,168       | 21                   | 1.8%      |
| All   | 1,752,873   | 94,400               | 5.4%      |
| Source: ESR   |             |                      |           |

## **Essex Partnership University NHS Foundation Trust (R1L)**Facts and figures > Inpatient services



| FACTS, FIGURES & RATINGS  | INTELLIGENCE                | FEATU                   | JRED DATA SOURCES      | DEFINITIONS AN          | DEFINITIONS AND APPENDICES |                         |            |
|---|-----------------------------|-------------------------|------------------------|-------------------------|----------------------------|-------------------------|------------|
| TRUST INPATIENT SERVICES  | COMMUNITY-BASED<br>SERVICES | RATINGS                 |                        |                         |                            | <u>Table o</u>          | f 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) | <b>RI</b><br>09/10/2019     | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 | <b>RI</b><br>09/10/2019    | <b>RI</b><br>09/10/2019 |            |
| Long stay/rehabilitation mental health wards for working age adults (09/10/2019)        | <b>G</b><br>09/10/2019      | <b>RI</b><br>09/10/2019 | <b>G</b><br>09/10/2019 | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019     | <b>G</b><br>09/10/2019  |            |
| Forensic inpatient/secure wards (26/07/2018)  | <b>RI</b><br>26/07/2018     | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018 | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018     | <b>G</b><br>26/07/2018  |            |
| Child and adolescent mental health wards (15/09/2021)                                   | <b> </b><br>15/09/2021      |                         | <b> </b><br>15/09/2021 |                         | <b> </b><br>15/09/2021     | <b> </b><br>15/09/2021  |            |
| Wards for older people with mental health problems (09/10/2019)                         | <b>RI</b><br>09/10/2019     | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 | <b>G</b><br>09/10/2019     | <b>RI</b><br>09/10/2019 |            |
| Wards for people with learning disabilities or autism (26/07/2018)                      | <b>G</b><br>26/07/2018      | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018 | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018     | <b>G</b><br>26/07/2018  |            |

#### Admissions, discharges and bed days

| Activity                         | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 |
|----------------------------------|--------|--------|--------|--------|--------|--------|
| Admissions to hospital           | 270    | 230    | 265    | 240    | 220    | 250    |
| Discharges from hospital         | 235    | 210    | 295    | 230    | 220    | 270    |
| Bed days                         | 15385  | 14300  | 15765  | 14530  | 14370  | 16020  |
| Days of delayed discharge        | 145    | 155    | 100    | 160    | 240    | 300    |
| Under 16 bed days on adult wards | *      | *      | *      | *      | *      | *      |
| Age 16 bed days on adult wards   | *      | *      | *      | *      | *      | *      |
| Age 17 bed days on adult wards   | *      | 25     | *      | 15     | 15     | *      |

#### Open ward stays

| Inpatient service                        | At the end of 31/03/2021 | At the end of 30/09/2021 |
|--|--------------------------|--------------------------|
| Adult mental health services             | 410                      | 495                      |
| Adult acute mental health care           | 210                      | 265                      |
| Specialised adult mental health services | 115                      | 125                      |

## **Essex Partnership University NHS Foundation Trust (R1L)**Facts and figures > Inpatient services



| FACTS, FIGURES & RATING   | S              | INTELLIGENCE                | FEAT                    | URED DATA SOURCES      | DEFINITIONS AN          | ID APPENDICES           | 14 February 2022        |             |
|---|----------------|-----------------------------|-------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------|
| IRIISI  | TIENT<br>VICES | COMMUNITY-BASED<br>SERVICES | RATINGS                 |                        |                         |                         | <u>Table</u>            | of Contents |
| Ratings for inpatient core  | services:      | Safe                        | Effective               | Caring                 | Responsive              | Well led                | Overall                 |             |
| Acute wards for adults of working a psychiatric intensive care units (09/ |                | <b>RI</b><br>09/10/2019     | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 |             |
| Long stay/rehabilitation mental hea working age adults (09/10/2019)       | lth wards for  | <b>G</b><br>09/10/2019      | <b>RI</b><br>09/10/2019 | <b>G</b><br>09/10/2019 | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019  |             |
| Forensic inpatient/secure wards (26                                       | 6/07/2018)     | <b>RI</b><br>26/07/2018     | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018 | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018  |             |
| Child and adolescent mental health wards (15/09/2021)                     |                | <b> </b><br>15/09/2021      |                         | <b> </b><br>15/09/2021 |                         | <b> </b><br>15/09/2021  | <b> </b><br>15/09/2021  |             |
| Wards for older people with mental health problems (09/10/2019)           |                | <b>RI</b><br>09/10/2019     | <b>G</b><br>09/10/2019  | <b>G</b><br>09/10/2019 | <b>RI</b><br>09/10/2019 | <b>G</b><br>09/10/2019  | <b>RI</b><br>09/10/2019 |             |
| Wards for people with learning disa autism (26/07/2018)                   | bilities or    | <b>G</b> 26/07/2018         | <b>G</b><br>26/07/2018  | <b>G</b><br>26/07/2018 | <b>G</b><br>26/07/2018  | <b>G</b> 26/07/2018     | <b>G</b><br>26/07/2018  |             |

Age profiles

| 7 190 p. 011100 |   |
|-----------------|---|
| Age profile     | Open hospital spells at the end of 30/09/2021 |
| 0 – 18          | 15  |
| 19 – 64         | 380   |
| 65 and over     | 120   |

| Age profile | Subject to detention at end of 30/09/2021 |
|-------------|---|
| 0 – 17      | 10  |
| 18 – 64     | 275                                       |
| 65 and over | 50  |

## Essex Partnership University NHS Foundation Trust (R1L) Facts and figures > Community-based services

G

26/07/2018



**FACTS, FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 INPATIENT COMMUNITY-BASED TRUST **RATINGS Table of Contents SERVICES** SERVICES Ratings for community-based core Safe **Effective** Caring Responsive Well led Overall services: G G Community-based mental health services for G G G G adults of working age (26/07/2018) 26/07/2018 26/07/2018 26/07/2018 26/07/2018 26/07/2018 26/07/2018 RI Mental health crisis services and health-based G G G G G places of safety (26/07/2018) 26/07/2018 26/07/2018 26/07/2018 26/07/2018 26/07/2018 Specialist community mental health services for NA NA NA NA NA NA children and young people RI G Community-based mental health services for G G G G older people (26/07/2018) 26/07/2018 26/07/2018 26/07/2018 26/07/2018 26/07/2018

0

26/07/2018

G

26/07/2018

G

26/07/2018

G

26/07/2018

#### Contact with specialist community teams:

G

26/07/2018

| Contacts at 30/09/2021                           | All Contacts | Attended contacts |
|--|--------------|-------------------|
| Crisis resolution service or home treatment team | 2780         | 2645              |
| Memory services team                             | 1805         | 1615              |
| Perinatal mental health team                     | 3240         | 2950              |

Community mental health services for people with learning disabilities or autism (26/07/2018)

Facts and figures > Ratings overview



**FACTS, FIGURES & RATINGS** INTELLIGENCE DEFINITIONS AND APPENDICES **FEATURED DATA SOURCES** 14 February 2022 **INPATIENT** COMMUNITY-BASED **TRUST RATINGS Table of Contents** SERVICES SERVICES Responsive Well led Safe **Effective** Caring Overall This page displays the latest ratings and the direction of travel for intelligence indicators that relate to the five key questions (safe, G 0 G G G Overall effective, caring, responsive and well-led), inpatient and community mental health Acute wards for adults of working age and services and to the trust overall. G G psychiatric intensive care units Long stay/rehabilitation mental health wards **Key messages** G G G G G for working age adults Intelligence indicates that: Forensic inpatient/secure wards G G G G G Inpatient services • Overall performance for this trust is about the Child and adolescent mental health wards same Wards for older people with mental health G G problems • Safe, Well led performance is improving Wards for people with learning disabilities or • Effective, Caring, Responsive performance is autism stable • Trust wide indicators, Inpatient services Community-based mental health services for G G G G G performance is improving adults of working age Mental health crisis services and health-G G G G G · Community-based services performance is based places of safety stable Community-Specialist community mental health services NA NA NA NA NA based NA for children and young people services Community-based mental health services for G G G G G older people Community mental health services for people G 0 with learning disabilities or autism

Source(s): CQC data warehouse 9



Community-based services performance is

stable



**FACTS, FIGURES & RATINGS** INTELLIGENCE DEFINITIONS AND APPENDICES **FEATURED DATA SOURCES** 14 February 2022 INPATIENT COMMUNITY-BASED **TRUST RATINGS Table of Contents SERVICES** SERVICES Responsive Well led Safe **Effective** Caring Overall This page displays the latest ratings for any  $\Rightarrow$ community health services provided and the direction of travel for intelligence indicators G 0 G G G Overall that relate to the five key questions (safe, effective, caring, responsive and well-led) for the trust overall. G G G G G G Community health services for adults Community health services for children. Key messages G G G G G 0 young people and families Intelligence indicates that: Community health inpatient services G G G G G G Community G Community end of life care G 0 0 0 • Overall performance for this trust is about the health same services Urgent care services NA NA NA NA NA NA • Safe, Well led performance is improving Community dental services NA NA NA NA NA NA • Effective, Caring, Responsive performance is stable NA HIV and sexual health services NA NA NA NA NA • Trust wide indicators, Inpatient services performance is improving

Source(s): CQC data warehouse 10



Intelligence indicates that:

performance is improving

same

• Overall performance for this trust is about the

• Effective, Caring, Responsive performance is

· Safe, Well led performance is improving

• Trust wide indicators, Inpatient services

• Community-based services performance is



| FACTS, FIGURES & RATINGS  |                       | INTELLIGENC                          | Ē                    | FEATURED DATA SO | URCES           | DEFINI    | TIONS AND AF | PENDICES   | 14 Febr  | uary 2022      |            |
|---|-----------------------|--------------------------------------|----------------------|------------------|-----------------|-----------|--------------|------------|----------|----------------|------------|
| TRUST   | INPATIENT<br>SERVICES | COMMUNITY-BASED<br>SERVICES          | RATINGS              |                  |                 |           |              |            |          | <u>Table o</u> | f Contents |
| This page displays the la   |                       |                                      |                      | S                | afe<br><b>↑</b> | Effective | Caring<br>⇒  | Responsive | Well led | Overall        |            |
| 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 |                       | Over                                 | all                  |                  | RI              | G         | 0            | G          | G        | G              |            |
| the trust overall.  Key messages  |                       | Additional Substantial Core services | ance misuse services |                  | RI              | G         | G            | G          | RI       | RI             |            |

Source(s): CQC data warehouse

Intelligence > Overview



**FACTS, FIGURES & RATINGS** INTELLIGENCE DEFINITIONS AND APPENDICES **FEATURED DATA SOURCES** 14 February 2022 INPATIENT COMMUNITY-BASED **OVERVIEW** TRUST WIDE **Table of Contents SERVICES SERVICES** Safe Well led Trust level rating: Effective Caring Responsive Overall Date of last inspection: 07/06/2021 G G G G Date of publication: 15/09/2021 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. 26 indicator(s) have been compared to data from 12 months previous, of which 7 (27%) have shown an improvement and 0 (0%) have shown a decline. Safe, Well led performance is improving. No key questions are declining. Much better compared nationally Much worse compared nationally Improved Proportion of days sick in the last 12 months for Nursing Whistleblowing alerts received by the CQC that have been Quality of care Associates and Trainees open for at least 10 weeks. Safety Culture Morale Staff Engagement • Proportion staff believe they have adequate material resourcing (%) • Health & wellbeing • Safe Environment - Violence Better compared nationally Worse compared nationally Declined • Proportion of Staff Doing Paid Overtime (%) Proportion staff believe they have adequate material resourcing (%) · Quality of care Inpatient services indicators Of the 37 Inpatient indicators, 0 (0%) are categorised as much better, 0 (0%) as better, 1 (3%) as worse and 0 (0%) 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 Improved • Deaths of patients subject to the MHA: Trusts flagging for risk in the number of suicides of patients subject to the Mental Health Act (all ages) Better compared nationally Worse compared nationally Declined • Deaths of patients subject to the MHA: Trusts flagging for risk in the number of suicides of patients subject to the Mental Health Act (all ages)



Intelligence > Overview

Much worse compared nationally

**FACTS, FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 INPATIENT COMMUNITY-BASED **OVERVIEW** TRUST WIDE **Table of Contents SERVICES SERVICES** Trust level rating: Safe **Effective** Caring Responsive Well led Overall Date of last inspection: 07/06/2021 RI G 0 G G G Date of publication: 15/09/2021

#### Intelligence key messages

Much better compared nationally

#### Community-based services indicators

Of the 9 Community indicators, 0 (0%) are categorised as much better, 0 (0%) as better, 0 (0%) as worse and 0 (0%) as much worse. 8 indicator(s) have been compared to data from 12 months previous, of which 0 (0%) have shown an improvement and 1 (13%) have shown a decline. No key questions are improving. Effective performance is declining.

Improved

| Better compared nationally | Worse compared nationally | Declined   |
|----------------------------|---------------------------|--|
|                            |                           | <ul> <li>In the last 12 months, have you had a specific meeting with<br/>someone from NHS mental health services to discuss how</li> </ul> |
|                            |                           | vour care is working?  |

**Intelligence > Trust-wide indicators** 



FACTS, FIGURES & RATINGS

INTELLIGENCE

**FEATURED DATA SOURCES** 

DEFINITIONS AND APPENDICES

14 February 2022

OVERVIEW

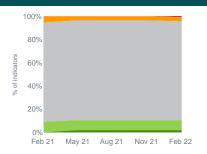
TRUST WIDE

INPATIENT SERVICES COMMUNITY-BASED SERVICES

**Table of Contents** 



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



| Key KLOE   |      | E Indicator   | National | Performance                                      |  |          | National   |
|------------|------|---|----------|--|--|----------|------------|
| question   | KLUE | moleatol  | average  | Previous   | Latest   | Change   | comparison |
|            | S1   | Proportion staff believe they have adequate material resourcing (%) PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 65.28%   | 61.82%<br>Sep 19 - Dec 19                        | 69.09%<br>Sep 20 - Dec 20                        | •        | В          |
|            | S2   | Proportion of Staff Doing Paid Overtime (%) PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 24.16%   | 29.78%<br>Sep 19 - Dec 19                        | 27.80%<br>Sep 20 - Dec 20                        | <b>→</b> | W          |
|            | S2   | Proportion of Staff Doing Unpaid Overtime (%) PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 60.61%   | <b>62.01%</b> Sep 19 - Dec 19                    | 61.69%<br>Sep 20 - Dec 20                        | <b>⇒</b> | S          |
|            | S5   | Proportion of patient safety incidents reported as resulting in harm (%) NHS Improvement - OBIEE NRLS STEIS (05 Feb 2022)   | 40.0%    | 31.2%<br>Dec 19 - Nov 20                         | 29.4%<br>Dec 20 - Nov 21                         | <b>⇒</b> | S          |
| Safe       | S6   | Central Alerting System (CAS): Composite indicator on dealing with (CAS) safety alerts indicators in a timely way  MHRA - CAS Alerts/CAS Open Alerts (24 Jan 2022)                                  |          | NA   | May 18 - Dec 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<br>Jan 20 - Dec 20           | 0 alerts still open<br>Jan 21 - Dec 21           | <b>⇒</b> | 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<br>May 18 - Dec 19           | 0 alerts still open<br>May 18 - Dec 20           | <b>→</b> | 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<br>late<br>Jan 20 - Dec 20 | <25% of alerts closed<br>late<br>Jan 21 - Dec 21 | <b>→</b> | S          |
|            | S6   | Risk of under-reporting patient safety incidents to the National Reporting and Learning System (NRLS)  NHS Improvement - OBIEE NRLS STEIS (05 Feb 2022)   | 0.2      | 0.4<br>Dec 19 - Nov 20                           | 0.4<br>Dec 20 - Nov 21                           | <b>⇒</b> | S          |
| Effective  | E1   | Ratio of the number of uses of section 4 to the number of uses of section 2 of the MHA NHS Digital - MHA Detention Report (18 Dec 2021)   | 0.00     | 0.00<br>Jul 19 - Jun 20                          | 0.00<br>Jul 20 - Jun 21                          | <b>⇒</b> | S          |
| Responsive | R3   | The average number of days per out of area placement NHS Digital - NHS Digital- Out of area placements (10 Feb 2022)  | 17.2     | 14.1<br>Dec 19 - Nov 20                          | 17.2<br>Dec 20 - Nov 21                          | <b>→</b> | 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%<br>Sep 19 - Dec 19                        | 87.76%<br>Sep 20 - Dec 20                        | <b>⇒</b> | S          |
|            | W3   | Equality, diversity & inclusion PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 9.1      | 8.9<br>Sep 19 - Dec 19                           | 9.0<br>Sep 20 - Dec 20                           | •        | <b>S</b>   |

Intelligence > Trust-wide indicators



FACTS, FIGURES & RATINGS

INTELLIGENCE

**FEATURED DATA SOURCES** 

DEFINITIONS AND APPENDICES

14 February 2022

OVERVIEW

TRUST WIDE

INPATIENT SERVICES COMMUNITY-BASED SERVICES

| Key      | KLOE | Indicator  | National | Pe                          | erformance                                    |          | National   |  |
|----------|------|--|----------|-----------------------------|---|----------|------------|--|
| question | KLUE | Indicator  | average  | Previous                    | Latest  | Change   | comparison |  |
|          | W3   | General Medical Council (GMC) – enhanced monitoring General Medical Council - GMC Enhanced Monitoring (06 Jan 2022)  |          | No concerns<br>Jan 21       | No concerns<br>Jan 22                         | <b>→</b> | S          |  |
|          | W3   | General Medical Council (GMC) national<br>training survey - trainees overall satisfaction<br>General Medical Council - GMC National Training Survey<br>(28 Jul 2021)                             |          | -                           | In middle 50%<br>of scores<br>Apr 21 - May 21 | NA       | S          |  |
|          | W3   | Health & wellbeing PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 6.4      | 6.1<br>Sep 19 - Dec 19      | 6.4<br>Sep 20 - Dec 20                        | •        | S          |  |
|          | W3   | Immediate managers PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 7.3      | 7.2<br>Sep 19 - Dec 19      | 7.3<br>Sep 20 - Dec 20                        | <b>→</b> | S          |  |
|          | W3   | Morale PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 6.4      | 6.2<br>Sep 19 - Dec 19      | 6.4<br>Sep 20 - Dec 20                        | •        | S          |  |
|          | W3   | Proportion of days sick in the last 12 months<br>for Allied Health Professionals and Scientific,<br>Therapeutic and Technical staff<br>Electronic Staff Record - CH MH Sickness (19 Jan 2022)    | 3.4%     | 2.8%<br>Dec 19 - Nov 20     | 3.1%<br>Dec 20 - Nov 21                       | <b>⇒</b> | 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 (19 Jan 2022) | 4.4%     | 3.6%<br>Dec 19 - Nov 20     | 3.9%<br>Dec 20 - Nov 21                       | <b>→</b> | S          |  |
|          | W3   | Proportion of days sick in the last 12 months<br>for Healthcare Assistants<br>Electronic Staff Record - CH MH Sickness (19 Jan 2022)   | 8.3%     | 6.8%<br>Dec 19 - Nov 20     | 8.7%<br>Dec 20 - Nov 21                       | •        | S          |  |
|          | W3   | Proportion of days sick in the last 12 months<br>for Medical and Dental staff (%)<br>Electronic Staff Record - CH MH Sickness (19 Jan 2022)  | 2.1%     | 3.8%<br>Dec 19 - Nov 20     | 2.9%<br>Dec 20 - Nov 21                       | •        | S          |  |
|          | W3   | Proportion of days sick in the last 12 months<br>for non-clinical staff (%)<br>Electronic Staff Record - CH MH Sickness (19 Jan 2022)  | 4.4%     | <b>4.6%</b> Dec 19 - Nov 20 | 4.8%<br>Dec 20 - Nov 21                       | •        | S          |  |
|          | W3   | Proportion of days sick in the last 12 months for Nursing and Midwifery staff (%) Electronic Staff Record - CH MH Sickness (19 Jan 2022)   | 5.8%     | <b>4.6%</b> Dec 19 - Nov 20 | 5.6%<br>Dec 20 - Nov 21                       | <b>⇒</b> | S          |  |
|          | W3   | Proportion of days sick in the last 12 months for Nursing Associates and Trainees Electronic Staff Record - CH MH Sickness (19 Jan 2022)   | 6.0%     | -                           | 1.8%<br>Dec 20 - Nov 21                       | NA       | МВ         |  |

**Intelligence > Trust-wide indicators** 



FACTS, FIGURES & RATINGS INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

OVERVIEW

TRUST WIDE

INPATIENT SERVICES COMMUNITY-BASED SERVICES

| (ey   | KLOE | Indicator   | National | P                        | National                 |          |            |
|-------|------|---|----------|--------------------------|--------------------------|----------|------------|
| stion | LUE  | indicator   | average  | Previous                 | Latest                   | Change   | comparison |
|       | W3   | Proportion of Health Care Workers with direct<br>patient care that have been vaccinated<br>against seasonal influenza (%)<br>NHS England - Flu Vac (28 Jun 2021)            | 74.2%    | 62.0%<br>Sep 19 - Feb 20 | 64.3%<br>Sep 20 - Feb 21 | •        | S          |
|       | W3   | Quality of care PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 7.5      | 7.5<br>Sep 19 - Dec 19   | 7.6<br>Sep 20 - Dec 20   | •        | В          |
|       | W3   | Safe Environment - Bullying & Harassment PICKER - NHS staff survey themes and questions (11 Mar 2021)   | 8.2      | 7.9<br>Sep 19 - Dec 19   | 8.0<br>Sep 20 - Dec 20   | <b>⇒</b> | S          |
|       | W3   | Safe Environment - Violence PICKER - NHS staff survey themes and questions (11 Mar 2021)  | 9.4      | 9.4<br>Sep 19 - Dec 19   | 9.5<br>Sep 20 - Dec 20   | •        | S          |
|       | W3   | Safety Culture PICKER - NHS staff survey themes and questions (11 Mar 2021)   | 6.9      | 6.7<br>Sep 19 - Dec 19   | 6.9<br>Sep 20 - Dec 20   | •        | S          |
|       | W3   | Staff Engagement PICKER - NHS staff survey themes and questions (11 Mar 2021)   | 7.2      | 7.0<br>Sep 19 - Dec 19   | 7.2<br>Sep 20 - Dec 20   | •        | S          |
|       | W3   | Team Working PICKER - NHS staff survey themes and questions (11 Mar 2021)   | 7.0      | 6.9<br>Sep 19 - Dec 19   | 6.9<br>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 (10 Feb 2022) |          | -                        | 1 or more<br>Feb 22      | NA       | MW         |
|       | W6   | Overall Data Quality Maturity Index Score-<br>monthly (%) Monthly Data Quality Maturity Index (31 Jan 2022)   | 87.3%    | 93.6%<br>Oct 20          | 92.3%<br>Oct 21          | NA       | S          |

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FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

OVERVIEW TRUST WIDE

INPATIENT SERVICES

COMMUNITY-BASED SERVICES



| Key      | 1/1 0= |  | National | Po                             | erformance                     |        | National   |  |
|----------|--------|--|----------|--------------------------------|--------------------------------|--------|------------|--|
| question | KLOE   | Indicator  | average  | Previous                       | Latest                         | Change | comparison |  |
|          | S1     | PLACE (patient-led assessments of the care environment) score for cleanliness of environment  NHS Digital - PLACE (30 Jan 2020)  | 98.6%    | 99.7%<br>Mar 18 - Jun 18       | 99.5%<br>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%<br>Mar 18 - Jun 18       | 97.2%<br>Sep 19 - Nov 19       | NA     | S          |  |
|          | S1     | PLACE (patient-led assessments of the care<br>environment) score for dementia<br>NHS Digital - PLACE (30 Jan 2020)   | 89.5%    | 87.5%<br>Mar 18 - Jun 18       | 95.1%<br>Sep 19 - Nov 19       | NA     | S          |  |
|          | S1     | PLACE (patient-led assessments of the care<br>environment) score for disability<br>NHS Digital - PLACE (30 Jan 2020)   | 87.3%    | 90.4%<br>Mar 18 - Jun 18       | 84.7%<br>Sep 19 - Nov 19       | NA     | S          |  |
|          | S2     | High rates of restrictive interventions NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (09 Dec 2021)  | 0.2      | 0.2<br>Sep 20                  | <b>0.4</b> Sep 21              | NA     | S          |  |
| Safe     | S2     | Low rates of restrictive interventions NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (09 Dec 2021)   | 0.2      | 0.2<br>Sep 20                  | <b>0.4</b> Sep 21              | NA     | S          |  |
|          | S2     | Non-submission of restrictive interventions data to the MHSDS  NHS Digital - NHS Digital - MHSDS monthly Restrictive Interventions (09 Dec 2021)   |          | Data submitted<br>Sep 20       | Data submitted<br>Sep 21       | NA     |            |  |
|          | S2     | Rate of recorded uses of formal seclusion per<br>100 learning disability inpatients on general<br>non-secure (level 0) wards<br>NHS Digital - MHSDS (CQC Assault Seclusion Self Harm<br>Restraint) (18 Dec 2021) | -        | 100.0<br>Sep 19 - Aug 20       | 64.7<br>Sep 20 - Aug 21        | NA     |            |  |
|          | S2     | Rate of recorded uses of formal seclusion per<br>100 mental health inpatients on general non-<br>secure (level 0) wards<br>NHS Digital - MHSDS (CQC Assault Seclusion Self Harm<br>Restraint) (18 Dec 2021)      | -        | 1.8<br>Sep 19 - Aug 20         | 1.9<br>Sep 20 - Aug 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) (18 Dec 2021)                             | -        | <b>36.8</b><br>Sep 19 - Aug 20 | <b>27.1</b><br>Sep 20 - Aug 21 | NA     |            |  |

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FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

**OVERVIEW** 

TRUST WIDE

INPATIENT SERVICES

COMMUNITY-BASED SERVICES

| Key      | VI OF | Indicator   | National | Po                              | erformance                      |        | National   |
|----------|-------|---|----------|---------------------------------|---------------------------------|--------|------------|
| question | KLOE  | Indicator   | average  | Previous                        | Latest                          | Change | comparison |
|          | 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) (18 Dec 2021) | -        | <b>423.1</b><br>Sep 19 - Aug 20 | <b>229.4</b> Sep 20 - Aug 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) (18 Dec 2021)            | -        | 69.2<br>Sep 19 - Aug 20         | 30.0<br>Sep 20 - Aug 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) (18 Dec 2021)       | -        | 19.8<br>Sep 19 - Aug 20         | <b>42.5</b><br>Sep 20 - Aug 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) (18 Dec 2021)                  | -        | 70.0<br>Sep 19 - Aug 20         | 116.6<br>Sep 20 - Aug 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) (18 Dec 2021)                       | -        | 38.5<br>Sep 19 - Aug 20         | 5.9<br>Sep 20 - Aug 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) (18 Dec 2021)                             | -        | 3.6<br>Sep 19 - Aug 20          | 0.8<br>Sep 20 - Aug 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) (18 Dec 2021)                                       | -        | 4.9<br>Sep 19 - Aug 20          | 8.8<br>Sep 20 - Aug 21          | NA     |            |
|          | 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) (18 Dec 2021)                             | -        | 523.1<br>Sep 19 - Aug 20        | <b>241.2</b><br>Sep 20 - Aug 21 | NA     |            |

**Intelligence > Inpatient services** 



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

**OVERVIEW** 

TRUST WIDE

INPATIENT SERVICES

COMMUNITY-BASED SERVICES

| Key      | KI OF  | Indicator  | National | P                                     | erformance                            |        | National   |
|----------|--|--|----------|---------------------------------------|---------------------------------------|--------|------------|
| question | KLOE   | Indicator  | average  | Previous                              | Latest                                | Change | comparison |
|          | 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) (18 Dec 2021)                          | -        | <b>84.6</b> Sep 19 - Aug 20           | 30.0<br>Sep 20 - Aug 21               | NA     |            |
|          | 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) (18 Dec 2021)  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) (18 Dec 2021)  Deaths of patients subject to the MHA: Trusts flagging for risk in the number of suicides of patients subject to the Mental Health Act (all ages) MHA Deaths of Detained Patients (02 Feb 2022) |  | -        | 30.9<br>Sep 19 - Aug 20               | <b>56.7</b><br>Sep 20 - Aug 21        | NA     |            |
|          |  |  | -        | 80.7<br>Sep 19 - Aug 20               | 140.9<br>Sep 20 - Aug 21              | NA     |            |
|          |  |  |          | Data<br>suppressed<br>Dec 19 - Nov 20 | Data<br>suppressed<br>Jan 21 - Dec 21 | •      | w          |
|          | 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) (18 Dec 2021) | -        | 6.6<br>Sep 19 - Aug 20                | 1.8<br>Sep 20 - Aug 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) (18 Dec 2021)           | -        | 95.5<br>Sep 19 - Aug 20               | 81.2<br>Sep 20 - Aug 21               | NA     |            |
|          | 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) (18 Dec 2021)   |  | -        | 146.2<br>Sep 19 - Aug 20              | 88.2<br>Sep 20 - Aug 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) (18 Dec 2021)                                  | -        | <b>84.6</b> Sep 19 - Aug 20           | <b>20.0</b><br>Sep 20 - Aug 21        | NA     |            |

**Intelligence > Inpatient services** 



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

OVERVIEW

TRUST WIDE

INPATIENT SERVICES

COMMUNITY-BASED SERVICES

| SERVICES   |      | SERVICES   |          |                           |                                |          |            |
|------------|------|--|----------|---------------------------|--------------------------------|----------|------------|
| Key        | KLOE | Indicator  | National |                           | erformance                     |          | National   |
| question   | oL   |  | average  | Previous                  | Latest                         | Change   | comparison |
|            | 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) (18 Dec 2021)  | -        | 38.2<br>Sep 19 - Aug 20   | 33.1<br>Sep 20 - Aug 21        | NA       |            |
|            | S5   | Rate of recorded self-harm per 100 mental<br>health inpatients on secure (level 1-3) wards<br>NHS Digital - MHSDS (CQC Assault Seclusion Self Harm<br>Restraint) (18 Dec 2021)   | -        | 94.6<br>Sep 19 - Aug 20   | 116.0<br>Sep 20 - Aug 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) (18 Dec 2021)  | -        | 3.4<br>Sep 19 - Aug 20    | 2.4<br>Sep 20 - Aug 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) (18 Dec 2021)  | -        | 3.1<br>Sep 19 - Aug 20    | 3.9<br>Sep 20 - Aug 21         | NA       |            |
|            | E1   | PLACE (patient-led assessments of the care<br>environment) score for food<br>NHS Digital - PLACE (30 Jan 2020)   | 92.8%    | 90.0%<br>Mar 18 - Jun 18  | 90.5%<br>Sep 19 - Nov 19       | NA       | S          |
| 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%<br>Mar 18 - Feb 19 | 100.0%<br>Mar 19 - Feb 20      | <b>→</b> | S          |
| 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%<br>Mar 18 - Jun 18  | 84.9%<br>Sep 19 - Nov 19       | NA       | S          |
|            | R3   | Bed occupancy: Occupancy ratio, looking at<br>the average daily number of available and<br>occupied consultant-led beds open overnight<br>- NHS England<br>NHS England - KH03 Overnight (18 Nov 2021)                            |          | 0.85<br>Oct 19 - Sep 20   | 0.77<br>Oct 20 - Sep 21        | •        | S          |
| Responsive | R3   | Bed occupancy: Occupancy ratio, looking at<br>the number of detained patients allocated to<br>visited wards, compared with the number of<br>available beds<br>Care Quality Commission - MHA Visits - Ward Level (03<br>Dec 2020) | 0.94     | 0.90<br>Mar 18 - Feb 19   | <b>0.96</b><br>Mar 19 - Feb 20 | <b>→</b> | S          |

**Intelligence > Inpatient services** 



FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

OVERVIEW

TRUST WIDE

INPATIENT SERVICES

COMMUNITY-BASED SERVICES

| Key      | KLOE | Indicator   | National | Po                       | erformance               |             | National   |
|----------|------|---|----------|--------------------------|--------------------------|-------------|------------|
| question | KLOE | Indicator   | average  | Previous                 | Latest                   | Change      | comparison |
|          | R3   | Delayed transfers of care: Ratio of daily<br>average beds delayed to daily average<br>occupied consultant-led beds open overnight<br>in quarter, where delay is attributable to NHS<br>or to NHS and social care<br>NHS England - Delayed Transfers of Care (09 Dec 2020) | 0.04     | 0.02<br>Oct 18 - Dec 18  | 0.02<br>Oct 19 - Dec 19  | <b>&gt;</b> | S          |
|          | W6   | Data quality: Composite indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes (%) NHS Digital - MHSDS (CQC closed episodes) (18 Dec 2021)  |          | NA                       | Aug 20 - Jul 21          | NA          | S          |
| Well led |      | Data quality: The proportion of provider closed hospital inpatient episodes out of total closed patient episodes over a 12 month period (%)   | 96.0%    | 96.5%<br>Aug 19 - Jul 20 | 92.5%<br>Aug 20 - Jul 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 (%)   | 89.3%    | 95.9%<br>Aug 19 - Jul 20 | 93.4%<br>Aug 20 - Jul 21 | •           | S          |

**Intelligence > Community-based services** 



FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

OVERVIEW TRUST WIDE INPATIENT SERVICES SERVICES SERVICES Table of Contents



| Key       | 1/1 0= |   | National | Po                     | erformance             |          | National   |
|-----------|--------|---|----------|------------------------|------------------------|----------|------------|
| question  | KLOE   | Indicator   | average  | Previous               | Latest                 | Change   | comparison |
|           | E1     | Have you been told who is in charge of organising your care and services? PICKER - CQC Community Mental Health Survey 2021 (24 Jan 2022)  | -        | 7.3<br>Sep 19 - Nov 19 | 7.1<br>Sep 20 - Nov 20 | <b>→</b> | S          |
|           | E1     | Would you know who to contact out of office hours within the NHS if you had a crisis? PICKER - CQC Community Mental Health Survey 2021 (24 Jan 2022)  | -        | 6.9<br>Sep 19 - Nov 19 | 7.4<br>Sep 20 - Nov 20 | <b>→</b> | S          |
| Effective | E2     | In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working? PICKER - CQC Community Mental Health Survey 2021 (24 Jan 2022)                           | -        | 7.5<br>Sep 19 - Nov 19 | 6.5<br>Sep 20 - Nov 20 | •        | S          |
|           | E5     | In the last 12 months, did NHS mental health<br>services support you with your physical<br>health needs?<br>PICKER - CQC Community Mental Health Survey 2021 (24<br>Jan 2022)   | -        | 5.1<br>Sep 19 - Nov 19 | 4.5<br>Sep 20 - Nov 20 | <b>⇒</b> | S          |
|           | 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 - CQC Community Mental Health Survey 2021 (24 Jan 2022) | -        | 7.5<br>Sep 19 - Nov 19 | 7.1<br>Sep 20 - Nov 20 | •        | S          |
| Caring    | 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 - CQC Community Mental Health Survey 2021 (24 Jan 2022)   | -        | 6.9<br>Sep 19 - Nov 19 | 6.2<br>Sep 20 - Nov 20 | <b>⇒</b> | S          |
|           | C2     | Were you involved as much as you wanted to<br>be in agreeing what care you will receive?<br>PICKER - CQC Community Mental Health Survey 2021 (24<br>Jan 2022)   | -        | 7.0<br>Sep 19 - Nov 19 | 7.3<br>Sep 20 - Nov 20 | <b>⇒</b> | 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 - CQC Community Mental Health Survey 2021 (24 Jan 2022)   | -        | 8.5<br>Sep 19 - Nov 19 | 8.2<br>Sep 20 - Nov 20 | <b>⇒</b> | S          |

Intelligence > Community-based services



FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

OVERVIEW TRUST WIDE INPATIENT SERVICES SERVICES SERVICES Table of Contents

| Key      | KI OF | lu di satan   | National | Р  |  | National |            |
|----------|-------|---|----------|--|--|----------|------------|
| question | KLOE  | Indicator   | average  | Previous                                 | Latest                                   | Change   | comparison |
| 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 (13 Jan 2022) |          | NA                                       | Sep 19 - Nov 20                          | NA       | 6          |
|          |       | Survey errors: Occurrence of errors and/or non-submission<br>of data relating to the current iteration of the Community<br>Mental Health Survey   |          | Submission, no errors<br>Sep 19 - Nov 19 | Submission, no errors<br>Sep 20 - Nov 20 | <b>⇒</b> | S          |
|          |       | Survey errors: Occurrence of sampling errors or non-<br>submission of data relating to the previous iteration of the<br>Community Mental Health Survey  |          | Submission, no errors<br>Sep 18 - Nov 18 | Submission, no errors<br>Sep 19 - Nov 19 | <b>⇒</b> | S          |

#### Featured data sources > Mental health act



| FACTS, FIGURES & RATINGS |           |     | INTELLIGE | NCE                  | FEATURED DATA SOURCES |                  |    | DE | FINITIONS AND APPENDICES       | 14 Feb                 | 14 February 2022  |  |  |
|--------------------------|-----------|-----|-----------|----------------------|-----------------------|------------------|----|----|--------------------------------|------------------------|-------------------|--|--|
| MENTAL<br>HEALTH ACT     | INCIDENTS | ESR | PLACE     | DELAYED<br>TRANSFERS | PATIENT<br>SURVEYS    | STAFF<br>SURVEYS | WR | ES | DATA QUALITY CSDS DATA QUALITY | EIP PHYSICAL<br>HEALTH | 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)

#### Featured data sources > Mental health act



INTELLIGENCE **FACTS, FIGURES & RATINGS FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 MENTAL DELAYED **PATIENT** STAFF CSDS DATA EIP PHYSICAL DATA QUALITY **INCIDENTS** ESR PLACE WRES **Table of Contents HEALTH ACT TRANSFERS** SURVEYS **SURVEYS** QUALITY HEALTH

#### Use of Mental Health Act

|                                | (Jul 20 - Dec 20)  | (Jan 21 - Jun 21)  | detained patients<br>(30 Jun 21)  |
|--------------------------------|--|--|---|
|                                | 635  | 636  | 71  |
|                                | 298  | 330  | 343   |
| 5                              | 0  | *  | *   |
| 6                              | *  | *  | *   |
| 7 with Section 41 restrictions | *  | *  | 65  |
| 7                              | *  | 6  | 35  |
| 5A                             | 0  | 0  | 0   |
| 7 with Section 49 restrictions | *  | *  | 16  |
| 7                              | 0  | 0  | 0   |
| 3 with Section 49 restrictions | 9  | 12   | 10  |
| 3                              | 0  | 0  | 0   |
| 6                              | 0  | 0  | 0   |
| 3                              | *  | *  | 0   |
| 4                              | 0  | 0  | 0   |
| 35                             | 6  | 7  | 0   |
| 36                             | 34   | 35   | 0   |
|                                | 0  | 0  | 0   |
| (2)                            | 141  | 101  | *   |
| (4)                            | 10   | *  | 0   |
|                                | 7 with Section 41 restrictions 7 bA 7 with Section 49 restrictions 7 as with Section 49 restrictions 8 base 8 base 9 base | 298 0 0 3 7 with Section 41 restrictions 7 7 8 7 8 7 9 8 8 8 9 9 8 9 9 9 9 9 9 9 | 298 330 5 0 * 6 * 7 with Section 41 restrictions * 7 with Section 49 restrictions * 7 0 0 0 7 with Section 49 restrictions 9 12 8 with Section 49 restrictions 9 12 8 0 0 0 8 with Section 40 0 8 3 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 8 3 0 0 0 0 8 3 0 0 0 0 8 3 0 0 0 0 8 3 0 0 0 0 8 3 0 0 0 0 8 0 0 0 0 8 0 0 0 0 8 0 0 0 0 8 0 0 0 0 |

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

Data source: NHS Digital Mental Health Services Data Set





| FACTS, FIGURES & RATINGS |           |     | INTELLIGE | NCE       | FEATURED DATA SOURCES |         |       | EFINITIONS AND A | APPENDICES | 14 February 2022 |                   |
|--------------------------|-----------|-----|-----------|-----------|-----------------------|---------|-------|------------------|------------|------------------|-------------------|
|                          |           |     |           |           |                       |         |       |                  |            |                  |                   |
| MENTAL                   | INCIDENTS | ESR | PLACE     | DELAYED   | PATIENT               | STAFF   | WRES  | DATA QUALITY     | CSDS DATA  | EIP PHYSICAL     | Table of Contents |
| HEALTH ACT               | INCIDENTS | LSK | FLACE     | TRANSFERS | SURVEYS               | SURVEYS | VVKES | DATA QUALITY     | QUALITY    | HEALTH           | Table of Contents |

#### **Complaints and Notifications**

#### **Mental Health Act Complaints**

CQC received 43 Mental Health Act complaints for this provider from 01/02/2021 to 31/01/2022.

| Location  | Total number of complaints |
|---|----------------------------|
| Broomfield Hospital Mental Health Wards (R1LZ1) | 13                         |
| Basildon Mental Health Unit (R1L40)             | 12                         |
| Rochford Hospital (R1L10)                       | 7                          |
| Colchester Hospital Mental Health Wards (R1LK3) | 4                          |
| Brockfield House (R1LK9)                        | 3                          |
| Chelmer & Stort Mental Health Wards (R1LPA)     | 3                          |
| Trust Head Office (R1LZ8)                       | 1                          |





| FACTS, FIGURES & RATINGS |           |     | INTELLIGE | NCE       | FEATURED DATA SOURCES |         |       | EFINITIONS AND A | APPENDICES | 14 February 2022 |                   |
|--------------------------|-----------|-----|-----------|-----------|-----------------------|---------|-------|------------------|------------|------------------|-------------------|
|                          |           |     |           |           |                       |         |       |                  |            |                  |                   |
| MENTAL                   | INCIDENTS | ESR | PLACE     | DELAYED   | PATIENT               | STAFF   | WRES  | DATA QUALITY     | CSDS DATA  | EIP PHYSICAL     | Table of Contents |
| HEALTH ACT               | INCIDENTS | LSK | FLACE     | TRANSFERS | SURVEYS               | SURVEYS | VVKES | DATA QUALITY     | QUALITY    | HEALTH           | Table of Contents |

#### Complaints and Notifications

#### **Deaths of Detained Patients**

CQC received 5 notification(s) of death(s) that occurred at this provider for the period 01/01/2021 to 31/12/2021. Summary details of deaths are listed in the table below

| Reference number     | Date of death | Location                                   | Ward             | Cause of death          | Additional information                           |
|----------------------|---------------|--|------------------|-------------------------|--|
| DTH1-<br>10284573331 | 26/01/2021    | Broomfield Hospital Mental<br>Health Wards |                  | 2 - Natural Causes      |  |
| DTH1-<br>10764374301 | 19/04/2021    | The St Aubyn Centre                        | Longview         | 1F - Self Strangulation | Death within 7 days of an incident of self-harm. |
| DTH1-<br>11787851021 | 04/10/2021    | Broomfield Hospital Mental<br>Health Wards |                  |                         |  |
| DTH1-<br>11778283670 | 04/10/2021    | Broomfield Hospital Mental<br>Health Wards | Christopher Unit |                         |  |
| DTH1-<br>10437244271 | 03/01/2021    | Thurrock Hospital                          | Meadowview       | 2 - Natural Causes      |  |





| FACTS, FIGURES & RATINGS |            | GS        | INTELLIGE | NCE   | FEATURED DATA SOURCES |         |         | EFINITIONS AND A | PPENDICES    | 14 February 2022 |              |                   |
|--------------------------|------------|-----------|-----------|-------|-----------------------|---------|---------|------------------|--------------|------------------|--------------|-------------------|
|                          |            |           |           |       |                       |         |         |                  |              |                  |              |                   |
|                          | MENTAL     | INCIDENTS | ESR       | PLACE | DELAYED               | PATIENT | STAFF   | WRES             | DATA QUALITY | CSDS DATA        | EIP PHYSICAL | Table of Contents |
| H                        | HEALTH ACT | INCIDENTS | LOR       | FLACE | TRANSFERS             | SURVEYS | SURVEYS | WKES             | DATA QUALITY | QUALITY          | HEALTH       | Table of Contents |

#### Complaints and Notifications

#### **Absence Without Leave (AWOL)**

CQC received 5 notification(s) of unauthorised absence that occurred at this provider for the period 01/01/2021 to 31/12/2021.

The notification(s) referred to 3 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 | 2     |
| Failed to return from authorised leave        | 2     |
| Absented him or herself from hospital         | 1     |
| Not Known                                     | 0     |

#### Featured data sources > Mental health act



| FACTS, FIGURES & RATINGS |            | GS        | INTELLIGENCE |       | FEATURE   | D DATA SOURC | ES D    | DEFINITIONS AND APPENDICES |              |           | ruary 2022   |                   |
|--------------------------|------------|-----------|--------------|-------|-----------|--------------|---------|----------------------------|--------------|-----------|--------------|-------------------|
|                          |            |           |              |       |           |              |         |                            |              |           |              |                   |
|                          | MENTAL     | INCIDENTS | ESR          | PLACE | DELAYED   | PATIENT      | STAFF   | WRES                       | DATA QUALITY | CSDS DATA | EIP PHYSICAL | Table of Contents |
| H                        | HEALTH ACT | INCIDENTS | LOR          | FLACE | TRANSFERS | SURVEYS      | SURVEYS | WKES                       | DATA QUALITY | QUALITY   | HEALTH       | 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 01/01/2021 to 31/12/2021.

| Total Number of SOAD Visits |    | Proportion of relevant SOAD visit requests that exceeded the expiry period <sup>2</sup> | Proportion of relevant SOAD visits requests that were received after the target dates <sup>3</sup> |
|-----------------------------|----|---|--|
| 266                         | 2% | 15%   | 77%  |

<sup>&</sup>lt;sup>1</sup> Problems reported by SOADs with the administration of the visit, e.g. paperwork/consultees/patient not available etc.

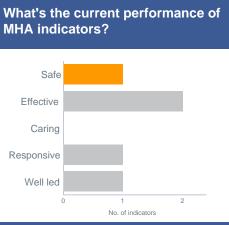
Please note: includes problems reported during SOAD visits for CTO patients, where non-attendance of patients may not be the direct fault of the provider that requested the visit.

- <sup>2</sup> 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).
- <sup>3</sup> 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.

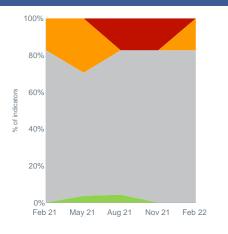




| FACTS, FIGURES & RATINGS |           |     | INTELLIGE | NCE                  | FEATURED DATA SOURCES |                  |      | EFINITIONS AND A | PPENDICES            | 14 February 2022       |                   |  |
|--------------------------|-----------|-----|-----------|----------------------|-----------------------|------------------|------|------------------|----------------------|------------------------|-------------------|--|
| MENTAL<br>HEALTH ACT     | INCIDENTS | ESR | PLACE     | DELAYED<br>TRANSFERS | PATIENT<br>SURVEYS    | STAFF<br>SURVEYS | WRES | DATA QUALITY     | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | Table of Contents |  |



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



| Key        | KLOE    | Indicator  | National | P                                     | erformance                            |          | National   |
|------------|---------|--|----------|---------------------------------------|---------------------------------------|----------|------------|
| question   | uestion |  | average  | Previous                              | Latest                                | Change   | comparison |
| Safe       | S5      | Deaths of patients subject to the MHA: Trusts flagging for risk in the number of suicides of patients subject to the Mental Health Act (all ages)  MHA Deaths of Detained Patients (02 Feb 2022)                                 |          | Data<br>suppressed<br>Dec 19 - Nov 20 | Data<br>suppressed<br>Jan 21 - Dec 21 | •        | w          |
| 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%<br>Mar 18 - Feb 19             | 100.0%<br>Mar 19 - Feb 20             | <b>⇒</b> | S          |
|            | E1      | Ratio of the number of uses of section 4 to the number of uses of section 2 of the MHA NHS Digital - MHA Detention Report (18 Dec 2021)  | 0.00     | 0.00<br>Jul 19 - Jun 20               | 0.00<br>Jul 20 - Jun 21               | •        | S          |
| Responsive | R3      | Bed occupancy: Occupancy ratio, looking at<br>the number of detained patients allocated to<br>visited wards, compared with the number of<br>available beds<br>Care Quality Commission - MHA Visits - Ward Level (03<br>Dec 2020) | 0.94     | 0.90<br>Mar 18 - Feb 19               | <b>0.96</b><br>Mar 19 - Feb 20        | •        | <b>S</b>   |
| Well to I  | W6      | Data quality: Composite indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes (%) NHS Digital - MHSDS (CQC closed episodes) (18 Dec 2021)   |          | NA                                    | Aug 20 - Jul 21                       | NA       | S          |
| Well led   |         | Data quality: The proportion of provider closed hospital inpatient episodes out of total closed patient episodes over a 12 month period (%)  | 96.0%    | 96.5%<br>Aug 19 - Jul 20              | 92.5%<br>Aug 20 - Jul 21              | <b>⇒</b> | 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 (%)  | 89.3%    | 95.9%<br>Aug 19 - Jul 20              | 93.4%<br>Aug 20 - Jul 21              | <b>⇒</b> | S          |





| FACTS, FIGURES & RATINGS       |     |   | INTELLIGE | NCE                  | FEATURED DATA SOURCES |                  |     | DEFINITIONS AND | APPENDICES           | 14 February 2022       |                   |
|--------------------------------|-----|---|-----------|----------------------|-----------------------|------------------|-----|-----------------|----------------------|------------------------|-------------------|
| MENTAL<br>HEALTH ACT INCIDENTS | ESF | ? | PLACE     | DELAYED<br>TRANSFERS | PATIENT<br>SURVEYS    | STAFF<br>SURVEYS | WRE | S DATA QUALIT   | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | 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<br>Dec 19 - Nov 20 | Latest<br>Dec 20 - Nov 21 |
|---|-----------------------------|---------------------------|
| National Reporting and Learning System (NRLS) | 74                          | 91                        |

#### Notifications and whistleblowing to CQC

|                                | Dec<br>2020 | Jan<br>2021 | Feb<br>2021 | Mar<br>2021 | Apr<br>2021 | May<br>2021 | Jun<br>2021 | Jul<br>2021 | Aug<br>2021 | Sep<br>2021 | Oct<br>2021 | Nov<br>2021 |
|--------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 12-3 Statement of Purpose      | 3           | 1           | 2           | 3           | 0           | 0           | 0           | 1           | 2           | 1           | 1           | 2           |
| 17-1 MHA Death in Detention    | 1           | 1           | 3           | 0           | 1           | 0           | 0           | 0           | 0           | 0           | 2           | 0           |
| 18-2c DoL Apply Supervis Body  | 5           | 13          | 13          | 12          | 0           | 15          | 93          | 28          | 3           | 12          | 27          | 23          |
| 18-2h Adm Child to Adult Psych | 0           | 0           | 0           | 0           | 0           | 2           | 1           | 0           | 0           | 0           | 0           | 0           |
| Whistleblower                  | 0           | 2           | 0           | 0           | 0           | 0           | 2           | 2           | 1           | 1           | 2           | 1           |

#### Safeguarding alerts to CQC

|                    | Dec  | Jan  |      |      |      |      |      | Jul  |      |      |      |      |
|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|
|                    | 2020 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 |
| Safeguarding Alert | 3    | 3    | 1    | 3    | 3    | 4    | 7    | 2    | 1    | 4    | 2    | 1    |

#### **Never Events**

Never events reported between 01/12/2020 and 30/11/2021:0

## Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Serious incidents > STEIS



| FACTS, FIGURES & RATIN | INTELLIGE | NCE   | FEATURED DATA SOURCES |         |         | DEFINITIONS AND AF | PPENDICES    | 14 February 2022 |              |                   |
|------------------------|-----------|-------|-----------------------|---------|---------|--------------------|--------------|------------------|--------------|-------------------|
|                        |           |       |                       |         |         |                    |              |                  |              |                   |
| MENTAL INCIDENTS       | FCD       | PLACE | DELAYED               | PATIENT | STAFF   | WRES               | DATA QUALITY | CSDS DATA        | EIP PHYSICAL | Table of Contents |
| HEALTH ACT INCIDENTS   | ESK       | PLACE | TRANSFERS             | SURVEYS | SURVEYS | WKES               | DATA QUALITY | QUALITY          | HEALTH       | Table of Contents |

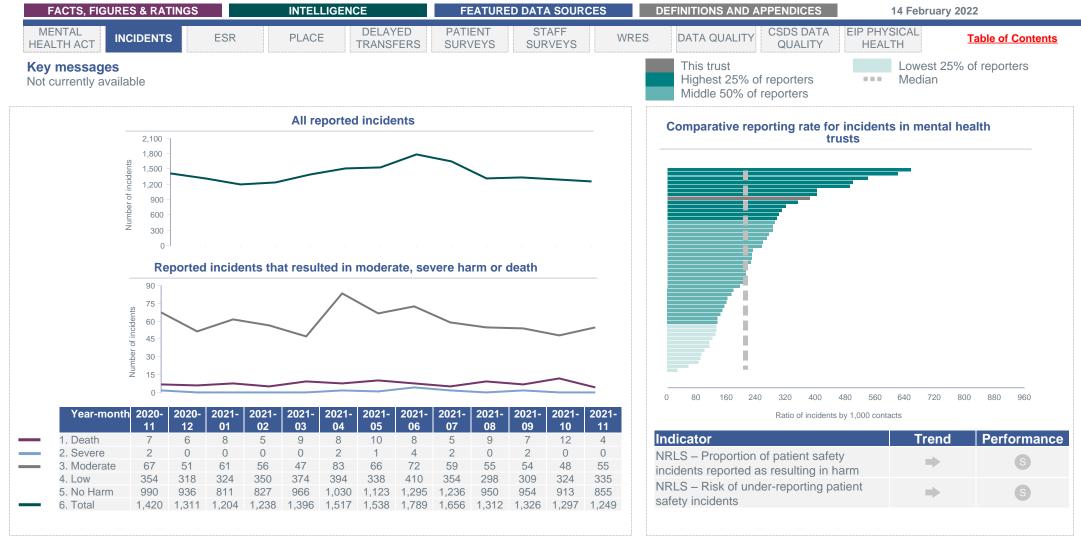
#### Serious incidents reported to Strategic Executive Information System (from 01/12/2020 and 30/11/2021)

| Type of Incident  | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Total |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Apparent/actual/suspected self-inflicted harm meeting SI criteria | 7      | 7      | 3      | 9      | 5      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 32    |
| PSIRF Early Adopter (incident selected for investigation)         | 0      | 0      | 0      | 0      | 1      | 1      | 3      | 1      | 1      | 2      | 0      | 0      | 9     |
| Slips/trips/falls meeting SI criteria                             | 0      | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 2     |
| Apparent/actual/suspected homicide meeting SI criteria            | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1     |
| Unauthorised absence meeting SI criteria                          | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1     |
| Pressure ulcer meeting SI criteria                                | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1     |
| Grand Total   | 8      | 8      | 4      | 9      | 8      | 1      | 3      | 1      | 1      | 2      | 1      | 0      | 46    |

Source: STEIS (01/12/2020 - 30/11/2021 ) 32

#### Featured data sources > Incidents





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.

Source: NRLS 33

## Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Incidents > NRLS



FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

MENTAL DELAYED **PATIENT** STAFF CSDS DATA EIP PHYSICAL INCIDENTS DATA QUALITY **ESR** PLACE **WRES Table of Contents HEALTH ACT TRANSFERS SURVEYS SURVEYS** QUALITY HEALTH

#### National Reporting and Learning System (NRLS) incidents by type and severity between Dec 20 and Nov 21

| Type of Incident   | No Harm | Low  | Moderate | Severe | Death | Total |
|--|---------|------|----------|--------|-------|-------|
| Self-harming behaviour   | 2816    | 1000 | 87       | 2      | 27    | 3932  |
| Disruptive, aggressive behaviour (includes patient-to-patient)                       | 2488    | 716  | 130      | 5      |       | 3339  |
| Treatment, procedure   | 2631    | 106  | 2        |        |       | 2739  |
| Implementation of care and ongoing monitoring / review                               | 233     | 1521 | 428      |        | 1     | 2183  |
| Patient accident   | 1050    | 358  | 26       | 3      | 1     | 1438  |
| Access, admission, transfer, discharge (including missing patient)                   | 957     | 140  | 12       |        |       | 1109  |
| Medication   | 676     | 92   | 8        |        |       | 776   |
| Infrastructure (including staffing, facilities, environment)                         | 389     | 49   | 1        |        |       | 439   |
| Consent, communication, confidentiality  | 325     | 24   | 1        |        |       | 350   |
| Other  | 52      | 65   | 5        | 1      | 62    | 185   |
| Documentation (including electronic & paper records, identification and drug charts) | 131     | 11   |          |        |       | 142   |
| Patient abuse (by staff / third party)   | 30      | 25   | 3        |        |       | 58    |
| Medical device / equipment   | 44      | 9    |          |        |       | 53    |
| Clinical assessment (including diagnosis, scans, tests, assessments)                 | 35      | 8    | 2        |        |       | 45    |
| Infection Control Incident   | 39      | 4    | 2        |        |       | 45    |
| Total  | 11896   | 4128 | 707      | 11     | 91    | 16833 |

| Specialty                                     | No Harm | Low  | Moderate | Severe | Death | Total |
|---|---------|------|----------|--------|-------|-------|
| Mental health                                 | 10165   | 2161 | 240      | 9      | 66    | 12641 |
| Primary care / Community                      | 777     | 1547 | 421      |        |       | 2745  |
| Medical specialties                           | 322     | 180  | 27       | 2      | 1     | 532   |
| Learning disabilities                         | 262     | 132  | 7        |        | 24    | 425   |
| Other specialties                             | 289     | 104  | 12       |        |       | 405   |
| Not applicable                                | 63      | 1    |          |        |       | 64    |
| Surgical specialties                          | 9       |      |          |        |       | 9     |
| Unknown                                       | 5       | 1    |          |        |       | 6     |
| Other   | 2       | 2    |          |        |       | 4     |
| Anaesthesia Pain Management and Critical Care | 2       |      |          |        |       | 2     |
| Total   | 11896   | 4128 | 707      | 11     | 91    | 16833 |

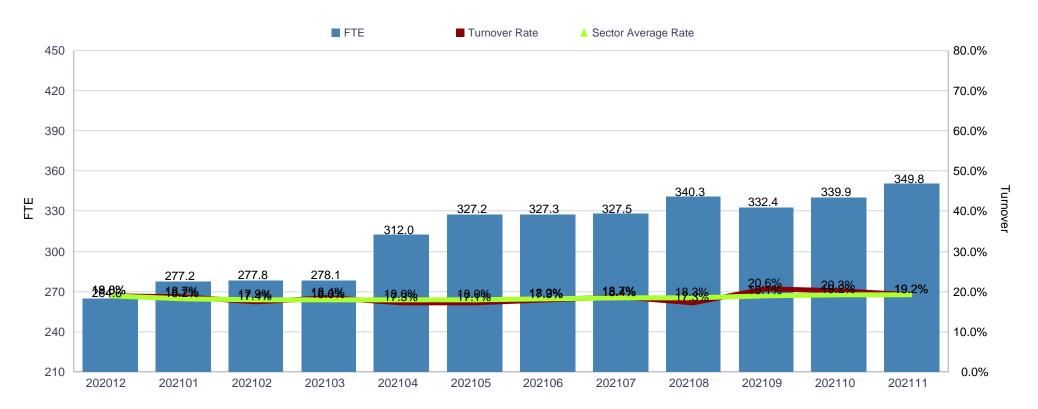
Source: NRLS 34

#### Featured data sources > Electronic Staff Record





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



|                      | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing             | 264.6  | 277.2  | 277.8  | 278.1  | 312.0  | 327.2  | 327.3  | 327.5  | 340.3  | 332.4  | 339.9  | 349.8  |
| R12 Average Staffing | 259.3  | 261.6  | 264.3  | 266.0  | 270.5  | 276.3  | 282.0  | 287.0  | 293.4  | 299.5  | 305.6  | 312.8  |
| R12 Leavers          | 48.8   | 49.0   | 46.0   | 48.8   | 46.8   | 47.4   | 50.6   | 53.7   | 50.8   | 61.7   | 62.0   | 60.1   |
| Turnover %           | 18.8%  | 18.7%  | 17.4%  | 18.4%  | 17.3%  | 17.1%  | 17.9%  | 18.7%  | 17.3%  | 20.6%  | 20.3%  | 19.2%  |
| Sector Turnover %    | 19.0%  | 18.2%  | 17.9%  | 18.0%  | 18.0%  | 18.0%  | 18.2%  | 18.4%  | 18.3%  | 19.1%  | 19.2%  | 19.2%  |

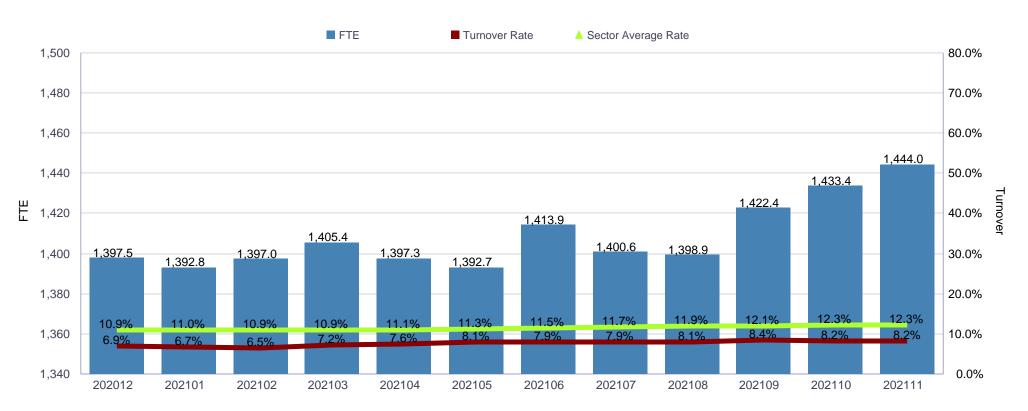
Source: NHS Electronic Staff Record 35

#### Featured data sources > Electronic Staff Record





#### **Nursing & Midwifery Staff FTE and Turnover Rate**



|                      | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing             | 1397.5 | 1392.8 | 1397.0 | 1405.4 | 1397.3 | 1392.7 | 1413.9 | 1400.6 | 1398.9 | 1422.4 | 1433.4 | 1444.0 |
| R12 Average Staffing | 1349.5 | 1355.2 | 1361.7 | 1367.9 | 1374.3 | 1380.5 | 1387.8 | 1393.6 | 1398.6 | 1402.0 | 1405.0 | 1408.0 |
| R12 Leavers          | 93.0   | 91.0   | 88.6   | 98.8   | 104.2  | 111.5  | 109.6  | 109.9  | 113.1  | 117.6  | 114.8  | 116.0  |
| Turnover %           | 6.9%   | 6.7%   | 6.5%   | 7.2%   | 7.6%   | 8.1%   | 7.9%   | 7.9%   | 8.1%   | 8.4%   | 8.2%   | 8.2%   |
| Sector Turnover %    | 10.9%  | 11.0%  | 10.9%  | 10.9%  | 11.1%  | 11.3%  | 11.5%  | 11.7%  | 11.9%  | 12.1%  | 12.3%  | 12.3%  |

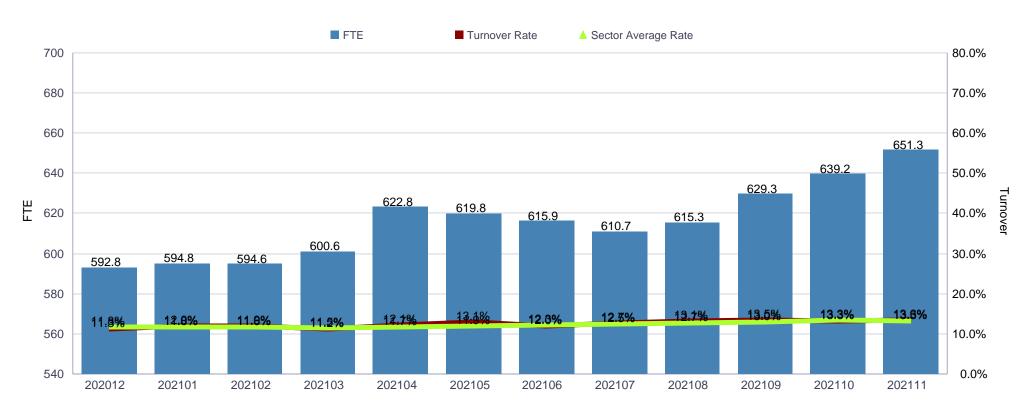
Source: NHS Electronic Staff Record 36

### Featured data sources > Electronic Staff Record





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



|                      | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing             | 592.8  | 594.8  | 594.6  | 600.6  | 622.8  | 619.8  | 615.9  | 610.7  | 615.3  | 629.3  | 639.2  | 651.3  |
| R12 Average Staffing | 550.2  | 555.6  | 561.1  | 566.4  | 573.7  | 580.7  | 587.6  | 593.8  | 599.8  | 605.4  | 610.4  | 615.6  |
| R12 Leavers          | 62.4   | 66.5   | 66.8   | 63.2   | 69.6   | 76.0   | 70.7   | 75.7   | 78.8   | 81.9   | 81.1   | 83.5   |
| Turnover %           | 11.3%  | 12.0%  | 11.9%  | 11.2%  | 12.1%  | 13.1%  | 12.0%  | 12.7%  | 13.1%  | 13.5%  | 13.3%  | 13.6%  |
| Sector Turnover %    | 11.8%  | 11.8%  | 11.6%  | 11.5%  | 11.7%  | 11.9%  | 12.3%  | 12.5%  | 12.7%  | 13.0%  | 13.3%  | 13.3%  |

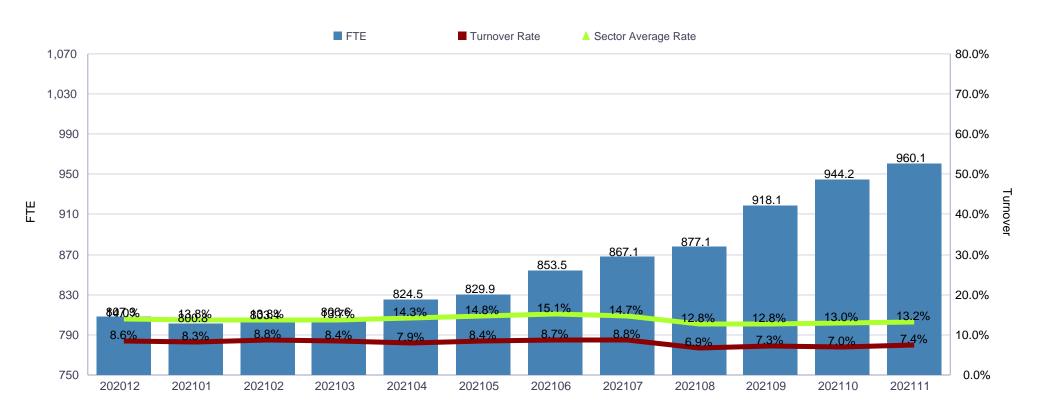
Source: NHS Electronic Staff Record 37

### Featured data sources > Electronic Staff Record





### **Healthcare Assistants Staff FTE and Turnover Rate**



|                      | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing             | 807.3  | 8.008  | 803.4  | 806.6  | 824.5  | 829.9  | 853.5  | 867.1  | 877.1  | 918.1  | 944.2  | 960.1  |
| R12 Average Staffing | 837.6  | 839.5  | 841.3  | 842.3  | 843.9  | 840.7  | 835.7  | 829.7  | 824.8  | 832.5  | 844.5  | 857.7  |
| R12 Leavers          | 72.0   | 69.3   | 73.8   | 70.6   | 67.0   | 71.0   | 72.9   | 73.3   | 56.6   | 61.0   | 58.8   | 63.3   |
| Turnover %           | 8.6%   | 8.3%   | 8.8%   | 8.4%   | 7.9%   | 8.4%   | 8.7%   | 8.8%   | 6.9%   | 7.3%   | 7.0%   | 7.4%   |
| Sector Turnover %    | 14.0%  | 13.8%  | 13.8%  | 13.7%  | 14.3%  | 14.8%  | 15.1%  | 14.7%  | 12.8%  | 12.8%  | 13.0%  | 13.2%  |

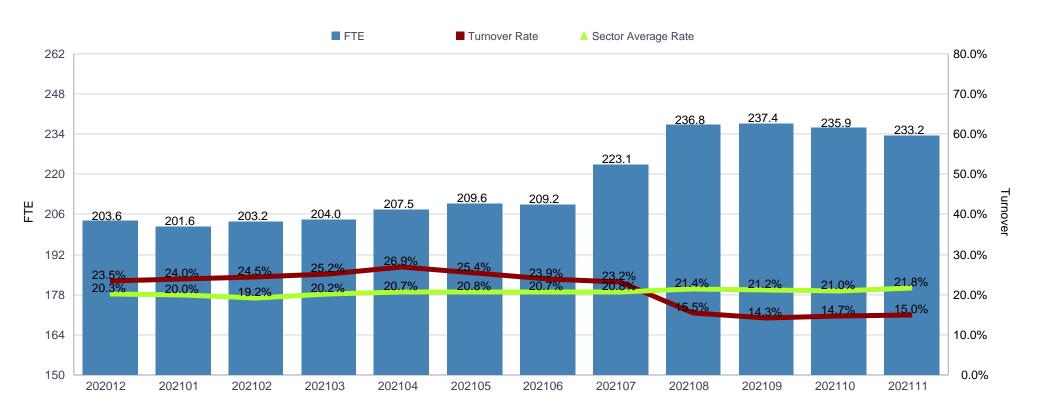
Source: NHS Electronic Staff Record 38

### Featured data sources > Electronic Staff Record





### **Medical & Dental Staff FTE and Turnover Rate**



|                      | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staffing             | 203.6  | 201.6  | 203.2  | 204.0  | 207.5  | 209.6  | 209.2  | 223.1  | 236.8  | 237.4  | 235.9  | 233.2  |
| R12 Average Staffing | 202.5  | 202.4  | 202.4  | 202.2  | 202.4  | 202.8  | 203.4  | 205.4  | 208.6  | 211.6  | 214.6  | 217.1  |
| R12 Leavers          | 47.5   | 48.5   | 49.5   | 50.9   | 54.5   | 51.5   | 48.7   | 47.7   | 32.3   | 30.3   | 31.5   | 32.5   |
| Turnover %           | 23.5%  | 24.0%  | 24.5%  | 25.2%  | 26.9%  | 25.4%  | 23.9%  | 23.2%  | 15.5%  | 14.3%  | 14.7%  | 15.0%  |
| Sector Turnover %    | 20.3%  | 20.0%  | 19.2%  | 20.2%  | 20.7%  | 20.8%  | 20.7%  | 20.8%  | 21.4%  | 21.2%  | 21.0%  | 21.8%  |

Source: NHS Electronic Staff Record 39

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



| FACIS, FIGURES & RATINGS |     | INTELLIGENCE |           | FEATURED DATA SOURCES |         |       | DEFINITIONS AND A | APPENDICES | 14 February 2022 |                   |
|--------------------------|-----|--------------|-----------|-----------------------|---------|-------|-------------------|------------|------------------|-------------------|
|                          |     |              |           |                       |         |       |                   |            |                  |                   |
| MENTAL INCIDENTS         | ESR | PLACE        | DELAYED   | PATIENT               | STAFF   | WRES  | DATA QUALITY      | CSDS DATA  | EIP PHYSICAL     | Table of Contents |
| HEALTH ACT               | ESK | PLACE        | TRANSFERS | SURVEYS               | SURVEYS | VVKES | DATA QUALITY      | QUALITY    | HEALTH           | 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 sco | res        |          |            |
|---|----------------------------|-------------|---------------------------------|-----------|------------|----------|------------|
| Site name   | Site type                  | Cleanliness | Privacy, dignity and well being | Food      | Facilities | Dementia | Disability |
| CHRISTOPHER UNIT (LINDEN)                             | Mental Health Only         | 98.53%      | 78.79%                          | 90.52%    | 95.16%     |          | 61.36%     |
| BYRON COURT - 5 HEATH CLOSE                           | Learning Disabilities Only | 100.00%     | 84.44%                          | 85.25%    | 98.04%     |          | 76.61%     |
| KING'S WOOD CENTRE - COLCHESTER                       | Mental Health Only         | 100.00%     | 81.67%                          | 90.95%    | 98.39%     | 90.38%   | 76.61%     |
| THE ST. AUBYN'S CENTRE, COLCHESTER                    | Mental Health Only         | 100.00%     | 86.21%                          | 88.48%    | 98.44%     |          | 76.85%     |
| COLCHESTER - THE LAKES                                | Mental Health Only         | 99.21%      | 86.44%                          | 90.95%    | 97.58%     |          | 77.68%     |
| ROBIN PINTO UNIT                                      | Mental Health Only         | 98.67%      | 76.60%                          | 90.95%    | 98.08%     |          | 77.70%     |
| MOUNTNESSING COURT, BILLERICAY                        | Mental Health Only         | 100.00%     | 76.60%                          | 91.04%    | 95.28%     |          | 77.98%     |
| THE BRAMBLES - COLCHESTER                             | Mental Health Only         | 100.00%     | 82.93%                          |           | 97.30%     |          | 78.57%     |
| BROCKFIELD HOUSE                                      | Mental Health Only         | 99.39%      | 92.09%                          | 90.53%    | 97.85%     |          | 79.44%     |
| WOOD LEA CLINIC, BEDFORD                              | Mental Health Only         | 100.00%     | 86.67%                          | 90.23%    | 97.12%     |          | 80.26%     |
| BROOMFIELD HOSPITAL                                   | Mental Health Only         | 99.09%      | 90.08%                          | 98.04%    | 98.21%     | 98.70%   | 84.51%     |
| CHELMER & STORT                                       | Mental Health Only         | 100.00%     | 86.15%                          | 91.06%    | 98.75%     |          | 84.76%     |
| BASILDON MENTAL HEALTH UNIT, BASILDON                 | Mixed Service              | 98.69%      | 82.73%                          | 86.35%    | 95.52%     |          | 86.11%     |
| THURROCK COMMUNITY HOSPITAL                           | Mental Health Only         | 100.00%     | 81.25%                          | 90.39%    | 98.72%     | 94.41%   | 87.32%     |
| 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%     |
| CLIFTON LODGE   | Mental Health Only         | 98.23%      | 76.60%                          | 93.04%    | 90.38%     | 95.15%   | 90.45%     |
| RAWRETH COURT   | Mental Health Only         | 100.00%     | 78.72%                          | 91.57%    | 94.23%     | 96.64%   | 90.45%     |
| ROCHFORD COMMUNITY HOSPITAL                           | Mental Health Only         | 99.56%      | 85.29%                          | 89.71%    | 98.50%     | 93.03%   | 90.53%     |
| ST MARGARET'S HOSPITAL                                | Mental Health Only         | 100.00%     | 90.76%                          | 90.95%    | 99.07%     | 97.05%   | 92.16%     |
| 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%   |            |

Source: NHSE (Sep 19 - Nov 19)

Featured data sources > Delayed transfers of care



| FACTS, FIGURES & RATING        | INTELLIGE | NCE   | FEATURED DATA SOURCES |                    |                  | DEFINITIONS AND A | APPENDICES   | 14 February 2022     |                        |                   |
|--------------------------------|-----------|-------|-----------------------|--------------------|------------------|-------------------|--------------|----------------------|------------------------|-------------------|
|                                |           |       |                       |                    |                  |                   |              |                      |                        |                   |
| MENTAL<br>HEALTH ACT INCIDENTS | ESR       | PLACE | DELAYED<br>TRANSFERS  | PATIENT<br>SURVEYS | STAFF<br>SURVEYS | WRES              | DATA QUALITY | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | Table of Contents |

### Delayed transfers of care between Mar 19 - Feb 20

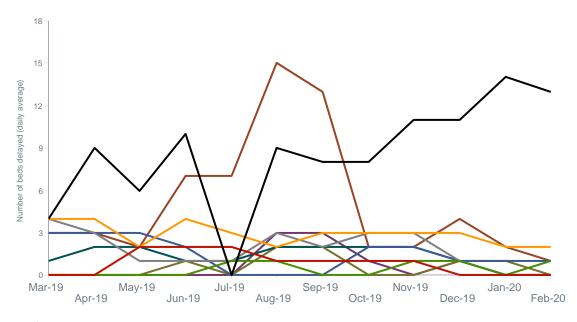
### Daily average beds delayed by responsibility

|        | NHS   | Social<br>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



- Completion of assessment
- Waiting further NHS non-acute care
- Awaiting nursing home placement or availability
- Awaiting community equipment and options
- Disputes

- Public funding
- Awaiting residential home placement or availa...
- Awaiting care package on own home
- Patient or family choice
- Housing patients not covered by NHS and Co...

Source: NHSE (Mar 19 - Feb 20) 41

Featured data sources > Delayed transfers of care



| FACTS, FIGURES & RATINGS INTELLI |           |     | INTELLIGE | NCE                  | FEATURE            | D DATA SOURC     | ES   | DEFINITIONS AND A | PPENDICES            | 14 February 2022       |                   |  |
|----------------------------------|-----------|-----|-----------|----------------------|--------------------|------------------|------|-------------------|----------------------|------------------------|-------------------|--|
|                                  |           |     |           |                      |                    |                  |      |                   |                      |                        |                   |  |
| MENTAL<br>HEALTH ACT             | INCIDENTS | ESR | PLACE     | DELAYED<br>TRANSFERS | PATIENT<br>SURVEYS | STAFF<br>SURVEYS | WRES | DATA QUALITY      | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | Table of Contents |  |

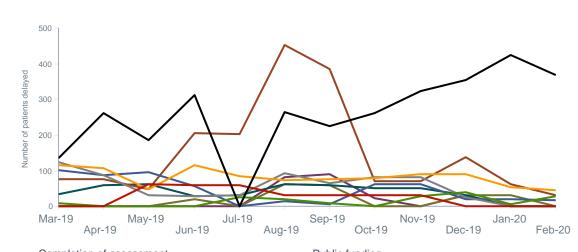
Delayed transfers of care between Mar 19 - Feb 20

### Number of days delayed by responsibility

|        | NHS  | Social<br>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



- Completion of assessment
- Waiting further NHS non-acute care
- Awaiting nursing home placement or availability
- Awaiting community equipment and options
- Disputes

- Public funding
- Awaiting residential home placement or availa...
- Awaiting care package on own home
- Patient or family choice
- Housing patients not covered by NHS and Co...

Source: NHSE (Mar 19 - Feb 20) 42

## Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Surveys > Community mental health survey



| FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS  | AND APP | ENDICES             |         | 14 Febr           | uary 20 | )22       |          |              |
|--|---------|---------------------|---------|-------------------|---------|-----------|----------|--------------|
| MENTAL EALTH ACT INCIDENTS ESR PLACE DELAYED TRANSFERS SURVEYS WRES DATA QUA   |         | SDS DATA<br>QUALITY |         | PHYSICAL<br>EALTH |         | Table o   | f Cont   | <u>tents</u> |
| 2021 score key:  About the same  No significant change   |         |                     |         |                   | Ou      | tlier sta | atus ke  | ey:          |
|  | 19      | No out              |         | 2021              | Bet     | ter than  | expect   | ted          |
| Better than expected  Worse than expected  2021 score is significantly lower than 2020 score status*:  |         | status<br>202       |         |                   | Abo     | out the s | same     |              |
| Somewhat better than expected Much worse than expected 2021 score is significantly higher than 2020 score  |         |                     |         |                   | Wo      | rse thar  | n expect | cted         |
|  | 2040    | 2040                | 2020    | 004               |         |           | out of   |              |
|  | 2018    | 2019                | 2020 2  | 021 Trend         |         |           |          |              |
| Question   |         | Score ou            | t of 10 |                   | 0       | 3         | 6        | 9            |
| n 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     | 5.7               |         |           |          |              |
| n the last 12 months, were care and services available when you needed them?   | -       | -                   | -       | 6.9 NA            |         |           |          |              |
| Vere you informed how the care and treatment you were receiving would change due to the coronavirus pandemic?  | -       | -                   | -       | 6.3 NA            |         |           |          |              |
| Vere you given enough time to discuss your needs and treatment?  | 7.3     | 7.7                 | 7.5     | 7.1               |         |           |          |              |
| oid the person or people you saw understand how your mental health needs affect other areas of your life?  | 6.8     | 6.9                 | 7.1     | 6.6               |         |           |          |              |
| id the person or people you saw appear to be aware of your treatment history?  | -       | -                   | 7.0     | 6.8               |         |           |          |              |
| ave you been told who is in charge of organising your care and services?   | 7.3     | 7.8                 | 7.3     | 7.1               |         |           |          |              |
| Oo you know how to contact this person if you have a concern about your care?  | 9.8     | 9.8                 | 9.7     | 9.6               |         |           |          |              |
| low well does this person organise the care and services you need?   | 8.2     | 8.4                 | 8.2     | 8.3               |         |           |          |              |
| lave you agreed with someone from NHS mental health services what care you will receive?   | 5.8     | 6.2                 | 6.0     | 5.9               |         |           |          |              |
| Vere you involved as much as you wanted to be in agreeing what care you will receive?  | 7.4     | 6.9                 | 7.0     | 7.3               |         |           |          |              |
| Ooes this agreement on what care you will receive take into account your needs in other areas of your life?  | -       | -                   | 6.9     | 6.7               |         |           |          |              |
| n the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?                    | -       | -                   | 7.5     | 6.5               |         |           |          |              |
| oid you feel that decisions were made together by you and the person you saw during this discussion?   | 7.2     | 7.4                 | 7.8     | 7.3               |         |           |          |              |
| Vould you know who to contact out of office hours within the NHS if you had a crisis?  | -       | -                   | 6.9     | 7.4               |         |           |          |              |
| hinking about the last time you tried to contact this person or team, did you get the help you needed?   | -       | -                   | -       | 7.0 NA            |         |           |          |              |
| las the purpose of your medicines ever been discussed with you?  | -       | 7.6                 | 7.7     | 7.6               |         |           |          |              |
| Have the possible side effects of your medicines ever been discussed with you?   | -       | 5.8                 | 5.6     | 5.6               |         |           |          |              |
| n the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?                                   | 7.7     | 7.7                 | 8.6     | 7.1               |         |           |          |              |
| Vere these NHS talking therapies explained to you in a way you could understand?   | 8.1     | 8.4                 | 8.4     | 7.5               |         |           |          |              |
| Vere you involved as much as you wanted to be in deciding what NHS talking therapies to use?   | 7.5     | 7.4                 | 7.1     | 6.1               |         |           |          |              |
| n the last 12 months, did NHS mental health services support you with your physical health needs?  | -       | -                   | 5.1     | 4.5               |         |           |          |              |
| the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?                      | 4.6     | 4.5                 | 4.5     | 3.6               |         |           |          |              |
| the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?       | -       | -                   | 4.8     | 3.5               |         |           |          |              |
| lave NHS mental health services involved a member of your family or someone else close to you as much as you would like?                                   | 6.1     | 6.3                 | 6.9     | 6.2               |         |           |          |              |
| Overall  | 6.7     | 7.1                 | 7.1     | 6.8               |         |           |          |              |
| Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?                                 | 8.2     | 8.2                 | 8.5     | 8.2               |         |           |          |              |
| Aside from in this guestionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? |         | 2.2                 | 1.9     | 1.7               |         |           |          |              |

<sup>\*</sup>Outliers are flagged where a high proportion of people told us their experience of care was either in line with the worst or best possible answer to a wide range of questions across the entire survey. Source: Community mental health survey

## Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Surveys > NHS Staff survey

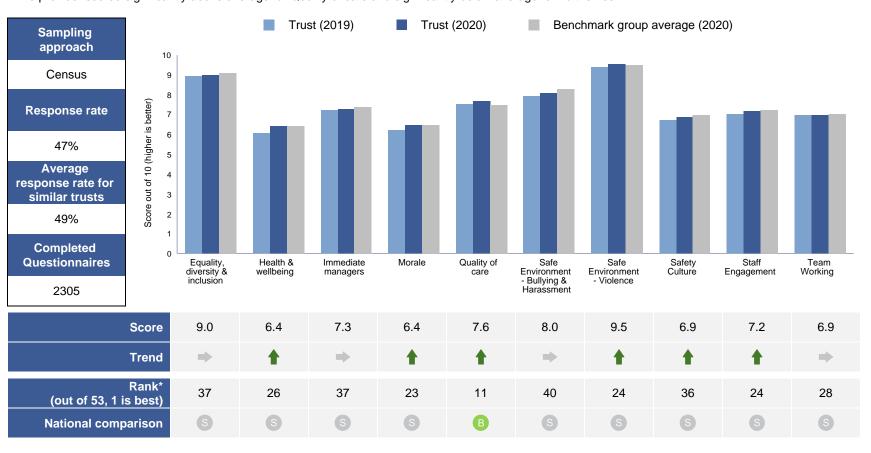


FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

DELAYED **EIP PHYSICAL MENTAL PATIENT STAFF** CSDS DATA **INCIDENTS ESR** PLACE **WRES** DATA QUALITY **Table of Contents TRANSFERS HEALTH ACT SURVEYS SURVEYS** QUALITY HEALTH

#### **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

## Key to tables Statistically significant improvement No statistically significant change Statistically significant deterioration Much better Better About the same Worse Much worse \*Rank and national comparison are based on the peer group of 53

Mental Health

### Featured data sources > Staff surveys > Workforce Race Equality Standards

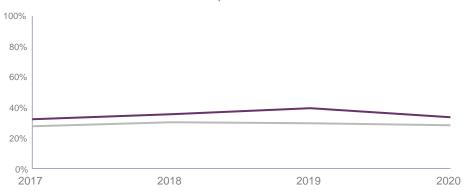


**FACTS, FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES DEFINITIONS AND APPENDICES** 14 February 2022 DELAYED STAFF EIP PHYSICAL MENTAL **PATIENT** CSDS DATA **INCIDENTS** ESR PLACE **WRES** DATA QUALITY **Table of Contents HEALTH ACT TRANSFERS SURVEYS SURVEYS QUALITY** HEALTH

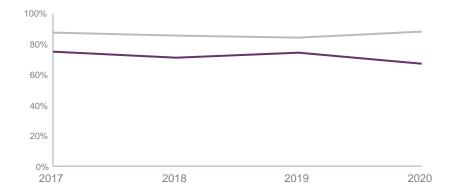
#### **Key messages**

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

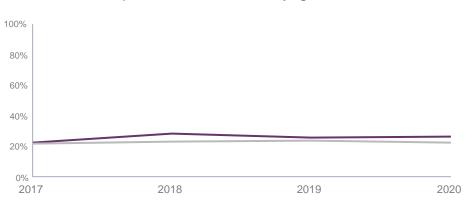
Staff who experienced harassment, bullying or abuse from patients, relatives or the public



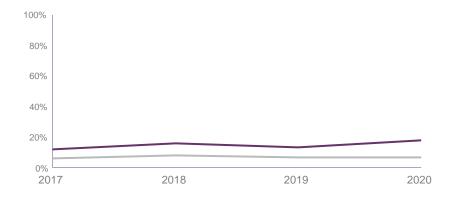
Staff believing the trust offers equal opportunities for career progression and promotion



Staff who experienced harassment, bullying or abuse from staff



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



INTELLIGENCE FEATURED DATA SOURCES **FACTS. FIGURES & RATINGS DEFINITIONS AND APPENDICES** 14 February 2022 **MENTAL** DELAYED **PATIENT** STAFF **EIP PHYSICAL** CSDS DATA DATA QUALITY **INCIDENTS ESR PLACE WRES Table of Contents HEALTH ACT TRANSFERS SURVEYS** SURVEYS QUALITY HEALTH

#### 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 4 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

Source: NHS Staff Survey 46

# **Essex Partnership University NHS Foundation Trust (R1L)**Featured data sources > Workforce race equality standard > Indicators



INTELLIGENCE FEATURED DATA SOURCES **FACTS, FIGURES & RATINGS** DEFINITIONS AND APPENDICES 14 February 2022 MENTAL DELAYED **PATIENT** STAFF CSDS DATA EIP PHYSICAL DATA QUALITY **INCIDENTS ESR** PLACE WRES **Table of Contents HEALTH ACT TRANSFERS SURVEYS** SURVEYS QUALITY HEALTH

|  |            |                   |                     |               | Are there significant differences between |                                |                                     |          |  |
|--|------------|-------------------|---------------------|---------------|---|--------------------------------|-------------------------------------|----------|--|
| WRES Indicators from ESR (HR data) <sup>(*)</sup>  |            | BME St            | aff \               | White Staff   | 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%                          |                                     | <b>→</b> |  |
| 1b. Proportion of non-clinical staff in senior roles, band 8+  |            | 6.1%              |                     | 6.5%          | •   | -0.6%                          |                                     | <b>→</b> |  |
| 2. Proportions of shortlisted candidates being appointed to positions  |            | 14.4%             |                     | 18.2%         | •   | -20.0%                         |                                     | <b>+</b> |  |
| 3. Proportion of staff entering formal disciplinary processes  |            | 4.7%              |                     | 2.2%          | •   | 1.9%                           |                                     | <b>+</b> |  |
| 4. Proportion of staff accessing non-mandatory training and CPD  |            | 12.4%             |                     | 20.2%         |   | Not assessed                   |                                     |          |  |
|  |            | Proportion of     | f responde<br>"Yes" | nts answering | Are there sig                             |                                |                                     |          |  |
| WRES Indicators from the NHS staff survey (**)   |            | BME staff White s |                     | aff All staff | BME and white staff?                      | This trust and its peer group? | Last year and thi<br>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%                               | <b>⇒</b> |  |
|  | Peer group | 32.7%             | 25.5%               | 27.2%         |   |                                |                                     |          |  |
| 6. Staff experiencing harassment, bullying or abuse from staff in the last 12 months                             | Trust      | 26.7%             | 22.2%               | 23.1%         | •   | •                              | 1.2%                                | <b>⇒</b> |  |
|  | 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%                               | <b>⇒</b> |  |
|  | Peer group | 71.2%             | 89.0%               | 85.0%         |   |                                |                                     |          |  |
| 8. Staff experiencing discrimination at work from a manager / team leader or other colleague?                    | Trust      | 17.7%             | 6.6%                | 8.6%          | •   | •                              | 4.4%                                | <b>*</b> |  |
|  | Peer group | 15.2%             | 5.7%                | 7.5%          |   |                                |                                     |          |  |
| Trust staffing numbers (*)   |            | 20                | )19                 | 2018          |   |                                |                                     |          |  |
| 9. [BME Voting Board Members] and Board compared to overall staff demographic                                    |            |                   | l                   | •             | [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

## Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Workforce race equality standard > Contextual data



| FACTS, FIGURES & RATINGS |     | INTELLIGE | INTELLIGENCE |         | FEATURED DATA SOURCES |      |              | APPENDICES | 14 February 2022 |                   |
|--------------------------|-----|-----------|--------------|---------|-----------------------|------|--------------|------------|------------------|-------------------|
|                          |     |           |              |         |                       |      |              |            |                  |                   |
| MENTAL                   | EQD | PLACE     | DELAYED      | PATIENT | STAFF                 | WRES | DATA QUALITY | CSDS DATA  | EIP PHYSICAL     | Table of Contents |
| HEALTH ACT               | LON | FLACE     | TRANSFERS    | SURVEYS | SURVEYS               | WKES | DATA QUALITT | QUALITY    | HEALTH           | 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  |
| Department from total registrate (reg. min. 500/)     | Trust      | 46.7%  | 48.3%  |
| Response rate from total recipients (rec. min. 50%)   | 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.



**FACTS, FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 MENTAL DELAYED **PATIENT** STAFF CSDS DATA EIP PHYSICAL **INCIDENTS** ESR PLACE WRES DATA QUALITY **Table of Contents HEALTH ACT TRANSFERS SURVEYS SURVEYS** QUALITY HEALTH

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

|  | Provi                | ider          | National Ave | erage  |
|--|----------------------|---------------|--------------|--------|
| Results shown as a percentage of denominator                                   | Oct 20               | Sep 21        | Oct 20       | Sep 21 |
| Data quality measures - Percentage (MHS-DQM01 - MHS-DQM11, MHS-DQM18 - MHS-DQN | 120. MHS-DQM31 - MHS | S-DQM33)      |              |        |
| MHS-DQM01 NHS Number   | 100%                 | 100%          | 97%          | 96%    |
| MHS-DQM02 Postcode Of Usual Address  | 99%                  | 99%           | 98%          | 98%    |
| MHS-DQM03 Person Birth Date  | 100%                 | 100%          | 100%         | 100%   |
| MHS-DQM04 Person Stated Gender Code  | 100%                 | 100%          | 99%          | 99%    |
| MHS-DQM05 Ethnic Category Code   | 93%                  | 93%           | 80%          | 80%    |
| MHS-DQM06 General Medical Practice Code (Patient Registration)                 | 98%                  | 98%           | 97%          | 97%    |
| MHS-DQM07 Mental Health Act Legal Status Classification Code                   | 63%                  | 63%           | 93%          | 919    |
| MHS-DQM08 Treatment Function Code (Mental Health)                              | 95%                  | 98%           | 97%          | 97%    |
| MHS-DQM09 Organisation Site Identifier (Of Treatment)                          | 100%                 | 100%          | 98%          | 96%    |
| MHS-DQM10 Primary Reason for Referral (Mental Health)                          | 89%                  | 94%           | 59%          | 63%    |
| MHS-DQM11 Care Professional Service or Team Type Association (Mental Health)   | 96%                  | 98%           | 90%          | 89%    |
| MHS-DQM18 Service Or Team Type Referred To (Mental Health)                     | 90%                  | 91%           | 88%          | 89%    |
| MHS-DQM20 Clinical Response Priority Type                                      | 97%                  | 99%           | 99%          | 99%    |
| Data quality commissioner - Percentage (MHS-DQM12 - MHS-DQM16)                 |                      |               |              |        |
| MHS-DQM12 Organisation Identifier (Of Commissioner) - Referral                 | 99%                  | 98%           | 90%          | 93%    |
| MHS-DQM13 Organisation Identifier (Of Commissioner) - Contact                  | 99%                  | 98%           | 91%          | 949    |
| MHS-DQM14 Organisation Identifier (Of Commissioner) - Indirect Activity        | not available        | not available | 90%          | 919    |
| Data Integrity Measures - Count / Percent (MHS-DIM01 - MHS-DIM03)              |                      |               |              |        |
| MHS-DIM01 Referrals to CYP-MH services starting in RP                          | 9%                   | 5%            | 72%          | 69%    |
| MHS-DIM02 Referrals to Eating Disorder services starting in RP                 | 5%                   | 7%            | 3%           | 39     |
| MHS-DIM03 Coded Procedure (SNOMED Stop Clock for ED)                           | not available        | not available | 15%          | 139    |
| MHS-DIM04 Care contact time (Hour)   | 44%                  | 43%           | 40%          | 409    |
| MHS-DIM05 Care contact time (Midnight)   | 0%                   | 0%            | 0%           | 19     |
| MHS-DIM06 Onward referral time (Hour)  | 3%                   | 3%            | 8%           | 89     |
| MHS-DIM07 Onward referral time (Midnight)                                      | not available        | not available | 1%           | 19     |
| MHS-DIM08 Indirect activity time (Hour)  | not available        | not available | 30%          | 299    |
| MHS-DIM09 Indirect activity time (Midnight)                                    | not available        | not available | 2%           | 09     |
| MHS-DIM10 Discharge plan creation time (Hour)                                  | not available        | not available | 13%          | 129    |
| MHS-DIM11 Discharge plan creation time (Midnight)                              | not available        | not available | 0%           | 09     |
| MHS-DIM12 Referral request received time (Hour)                                | 4%                   | 5%            | 25%          | 229    |
| MHS-DIM13 Referral request received time (Midnight)                            | 0%                   | 0%            | 10%          | 79     |
| MHS-DIM14 Service discharge time (Hour)  | 31%                  | 27%           | 15%          | 15%    |
| MHS-DIM15 Service discharge time (Midnight)                                    | 2%                   | 1%            | 4%           | 49     |
| MHS-DQM15 Organisation Identifier (Of Commissioner) - Group Session            | not available        | not available | 33%          | 739    |



Featured data sources > Data quality

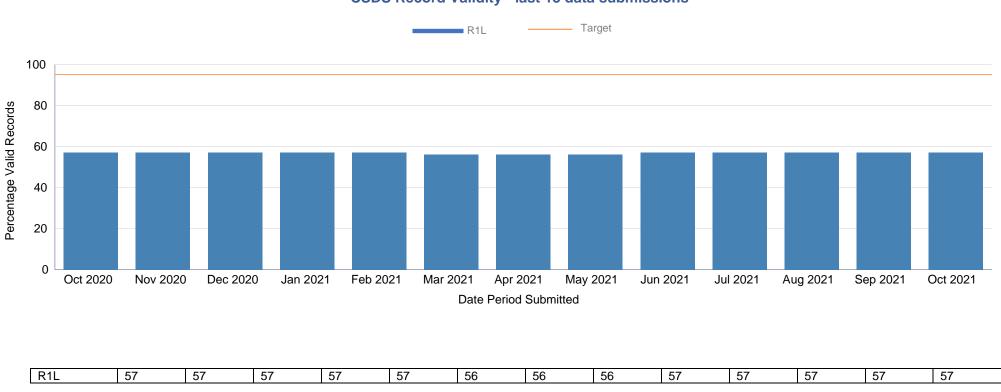
| FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DA  | ATA SOURCES        | DEFINITIONS   | AND APPENDICES       | 14 Febru               | ary 2022         |
|--|--------------------|---------------|----------------------|------------------------|------------------|
| INCIDENTS ESP PLACE  | STAFF<br>URVEYS WI | RES DATA QU   | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | Table of Content |
| MHS-DQM16 Organisation Identifier (Of Commissioner) - Hospital Provider Spell Commissioner | r                  | 100%          | 99%                  | 84%                    | 94%              |
| MHS-DQM31 Hospital Bed Type (Mental Health)  |                    | 100%          | 100%                 | 98%                    | 92%              |
| MHS-DQM32 Referred out of area reason (adult acute mental health)                          |                    | not available | not available        | 92%                    | 82%              |
| MHS-DQM33 Ex-British armed forces indicator  |                    | 24%           | 24%                  | 52%                    | 56%              |
| MHS-DQM34 Source of Referral   |                    | 100%          | 100%                 | 96%                    | 95%              |
| MHS-DQM35 Consultation medium used   |                    | 99%           | 97%                  | 92%                    | 92%              |
| MHS-DQM37 Activity location type code  |                    | 77%           | 79%                  | 69%                    | 70%              |
| /IHS-DQM38 Delayed discharge reason  |                    | 82%           | 77%                  | 93%                    | 94%              |
| /IHS-DQM39 Delayed discharge attributable to   |                    | 100%          | 100%                 | 95%                    | 91%              |
| /IHS-DQM42 Care plan type  |                    | 100%          | 100%                 | 100%                   | 100%             |
| /IHS-DQM45 Provisional Diagnosis date  |                    | 100%          | 98%                  | 94%                    | 93%              |
| /IHS-DQM46 Primary Diagnosis date  |                    | 99%           | 99%                  | 95%                    | 94%              |
| MHS-DQM47 Secondary Diagnosis date   |                    | 96%           | 98%                  | 93%                    | 92%              |
| /IHS-DQM48 Attended or did not attend  |                    | 100%          | 100%                 | 98%                    | 98%              |
| /IHS-DQM51 Referral closure reason   |                    | 100%          | 100%                 | 94%                    | 94%              |
| MHS-DQM52 Estimated discharge date   |                    | 48%           | 47%                  | 58%                    | 55%              |
| /IHS-DQM53 Specialised mental health service code - Referral                               |                    | not available | not available        | 49%                    | 65%              |
| /IHS-DQM54 Specialised mental health service code - Contact                                |                    | not available | not available        | 89%                    | 91%              |
| /IHS-DQM55 Specialised mental health service code - Ward Stay                              |                    | 100%          | 100%                 | 92%                    | 99%              |
| MHS-DQM56 Delayed discharge; Local Authority of responsibility                             |                    | 73%           | 92%                  | 65%                    | 51%              |

### Featured data sources > CSDS Data Quality



| FACTS, FIG           | URES & RATING | SS  | INTELLIGE | NCE                  | FEATURE            | FEATURED DATA SOURCES DEFINITIONS AND APPENDICES |     | 14 February 2022 |              |                   |                        |                   |
|----------------------|---------------|-----|-----------|----------------------|--------------------|--|-----|------------------|--------------|-------------------|------------------------|-------------------|
| MENTAL<br>HEALTH ACT | INCIDENTS     | ESR | PLACE     | DELAYED<br>TRANSFERS | PATIENT<br>SURVEYS | STAFF<br>SURVEYS                                 | WRI | ES               | DATA QUALITY | CSDS DATA QUALITY | EIP PHYSICAL<br>HEALTH | Table of Contents |

### **CSDS** Record Validity - last 13 data submissions





**FACTS, FIGURES & RATINGS** INTELLIGENCE **DEFINITIONS AND APPENDICES FEATURED DATA SOURCES** 14 February 2022 **MENTAL** DELAYED **PATIENT** STAFF **CSDS DATA EIP PHYSICAL INCIDENTS ESR** PLACE **WRES** DATA QUALITY **Table of Contents HEALTH ACT TRANSFERS** SURVEYS **SURVEYS** QUALITY HEALTH

|   |          |   | C      | SDS Validity by Fi | eld     |         |          |                           |
|---|----------|---|--------|--------------------|---------|---------|----------|---------------------------|
| Table   | Field ID | Item  | Valid  | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| All   | All      | Organisation Submission                                   | 1      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000010  | DATA SET<br>VERSION<br>NUMBER                             | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000020  | ORGANISATION IDENTIFIER (CODE OF PROVIDER)                | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000030  | ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION) | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000040  | REPORTING<br>PERIOD START<br>DATE                         | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000050  | REPORTING<br>PERIOD END<br>DATE                           | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000060  | DATE AND TIME<br>DATA SET<br>CREATED                      | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | C000070  | PRIMARY DATA<br>COLLECTION<br>SYSTEM IN USE               | 5      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP000 CSDS<br>Header                                 | CYP000   | CYP000 Table<br>Submission                                | 1      | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001010  | ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)        | 630150 | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001020  | ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)        | 626085 | 2160               | 225     | 1685    | 100%     | 5%                        |
| CYP001 Master   | C001030  | ORGANISATION  | 537000 | 0                  | 19410   | 73745   | 85%      | -9%                       |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL
HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED
TRANSFERS

DATA QUALITY
Table of Contents
SURVEYS

WRES

DATA QUALITY

CSDS DATA
QUALITY
HEALTH
HEALTH

| HEALTH ACT "  |          |   | RANSFERS SURVI | EYS SURVEYS         | WILES   | QUALITY | HEALTH   | Table of Contents         |
|---|----------|---|----------------|---------------------|---------|---------|----------|---------------------------|
|   |          |   | (              | CSDS Validity by Fi | eld     |         |          |                           |
| Table   | Field ID | Item  | Valid          | Default             | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Patient Index and Risk Indicators                     |          | IDENTIFIER<br>(EDUCATIONAL<br>ESTABLISHMENT)          |                |                     |         |         |          |                           |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001040  | NHS NUMBER  | 629135         | 0                   | 0       | 1015    | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001050  | NHS NUMBER<br>STATUS<br>INDICATOR CODE                | 630150         | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001060  | PERSON BIRTH<br>DATE                                  | 630150         | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001070  | POSTCODE OF USUAL ADDRESS                             | 627865         | 0                   | 1575    | 715     | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001080  | PERSON STATED<br>GENDER CODE                          | 630125         | 25                  | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001090  | ETHNIC<br>CATEGORY                                    | 507210         | 0                   | 0       | 122945  | 80%      | -14%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001100  | LANGUAGE CODE<br>(PREFERRED)                          | 314080         | 0                   | 0       | 316075  | 50%      | -45%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001110  | PERSON<br>RELATIONSHIP<br>(MAIN CARER)                | 16810          | 0                   | 0       | 613345  | 3%       | -92%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001120  | HEALTH VISITOR<br>FIRST<br>ANTENATAL VISIT<br>DATE    | 5              | 0                   | 0       | 630150  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001130  | LOOKED AFTER<br>CHILD<br>INDICATOR                    | 533825         | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001140  | SAFEGUARDING<br>VULNERABILITY<br>FACTORS<br>INDICATOR | 533825         | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP001 Master   | C001150  | CONSTANT  | 630150         | 0                   | 0       | 0       | 100%     | 5%                        |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED TRANSFERS

DATA QUALITY

CSDS DATA QUALITY

REPPHYSICAL HEALTH

Table of Contents

| HEALTH ACT  | CIDENTS  | TI  | RANSFERS SURVE | YS SURVEYS          | WKLS DATA QU | QUALITY | HEALTH   | Table of Contents         |
|---|----------|---|----------------|---------------------|--------------|---------|----------|---------------------------|
|   |          |   | С              | SDS Validity by Fie | ld           |         |          |                           |
| Table   | Field ID | Item  | Valid          | Default             | Invalid      | Missing | Validity | Validity vs 95%<br>Target |
| Patient Index and<br>Risk Indicators                  |          | SUPERVISION AND CARE REQUIRED DUE TO DISABILITY INDICATOR |                |                     |              |         |          |                           |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001160  | EDUCATIONAL<br>ASSESSMENT<br>OUTCOME                      | 685            | 0                   | 0            | 629465  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001170  | PREFERRED DEATH LOCATION DISCUSSED INDICATOR              | 630150         | 0                   | 0            | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001180  | PERSON AT RISK<br>OF UNEXPECTED<br>DEATH<br>INDICATOR     | 630150         | 0                   | 0            | 0       | 100%     | 5%                        |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001190  | DEATH<br>LOCATION TYPE<br>CODE<br>(PREFERRED)             | 1515           | 565                 | 0            | 628070  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001200  | PERSON DEATH<br>DATE                                      | 310            | 0                   | 40           | 629800  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001210  | DEATH<br>LOCATION TYPE<br>CODE (ACTUAL)                   | 225            | 0                   | 0            | 629930  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001220  | DEATH NOT AT<br>PREFERRED<br>LOCATION<br>REASON           | 5              | 5                   | 0            | 630150  | 0%       | -94%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001230  | NHS NUMBER<br>(MOTHER)                                    | 83715          | 0                   | 0            | 450115  | 16%      | -79%                      |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | C001240  | NHS NUMBER<br>STATUS<br>INDICATOR CODE<br>(MOTHER)        | 86015          | 0                   | 0            | 544135  | 14%      | -81%                      |
| CYP001 Master   | C001901  | LOCAL PATIENT   | 630150         | 0                   | 0            | 0       | 100%     | 5%                        |



| HEALTH ACT  |          |  | RANSFERS SURVE |                      |         | QUALITY | HEALTH   |                           |
|---|----------|--|----------------|----------------------|---------|---------|----------|---------------------------|
|   |          | 1  | (              | CSDS Validity by Fig | eld     |         | T        | 14 11 114 0 0004          |
| Table   | Field ID | Item   | Valid          | Default              | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Patient Index and Risk Indicators                     |          | IDENTIFIER<br>(EXTENDED)                             |                |                      |         |         |          |                           |
| CYP001 Master<br>Patient Index and<br>Risk Indicators | CYP001   | CYP001 Table<br>Submission                           | 1              | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP002 GP<br>Practice<br>Registration                 | C002010  | GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION) | 630760         | 5445                 | 400     | 0       | 100%     | 5%                        |
| CYP002 GP<br>Practice<br>Registration                 | C002020  | START DATE<br>(GMP PATIENT<br>REGISTRATION)          | 624660         | 0                    | 0       | 11950   | 98%      | 4%                        |
| CYP002 GP<br>Practice<br>Registration                 | C002030  | END DATE (GMP<br>PATIENT<br>REGISTRATION)            | 6460           | 0                    | 0       | 630150  | 1%       | -93%                      |
| CYP002 GP<br>Practice<br>Registration                 | C002040  | ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY) | 630090         | 0                    | 1060    | 5460    | 99%      | 4%                        |
| CYP002 GP<br>Practice<br>Registration                 | C002901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)            | 636610         | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP002 GP<br>Practice<br>Registration                 | CYP002   | CYP002 Table<br>Submission                           | 1              | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP003<br>Accommodation<br>Type                       | C003010  | ACCOMMODATIO<br>N STATUS CODE                        | 7265           | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP003<br>Accommodation<br>Type                       | C003020  | ACCOMMODATIO<br>N STATUS<br>RECORDED DATE            | 7265           | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP003<br>Accommodation<br>Type                       | C003901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)            | 7265           | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP003<br>Accommodation<br>Type                       | CYP003   | CYP003 Table<br>Submission                           | 1              | 0                    | 0       | 0       | 100%     | 5%                        |
| CYP004 Care Plan                                      | C004010  | CARE PLAN  | 13175          | 0                    | 0       | 0       | 100%     | 5%                        |



| HEALTH ACT                                     |          |  | RANSFERS SUR | VEYS SURVEYS       |         | QUALITY | HEALIH   |                           |
|--|----------|--|--------------|--------------------|---------|---------|----------|---------------------------|
|  | 1        |  | i .          | CSDS Validity by F | ield    | +       | <u> </u> | <u> </u>                  |
| Table  | Field ID | Item   | Valid        | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Туре   |          | IDENTIFIER                                     |              |                    |         |         |          |                           |
| CYP004 Care Plan<br>Type                       | C004030  | CARE PLAN TYPE<br>(COMMUNITY<br>CARE)          | 13175        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP004 Care Plan<br>Type                       | C004040  | CARE PLAN CREATION DATE                        | 13175        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP004 Care Plan<br>Type                       | C004050  | CARE PLAN<br>CREATION TIME                     | 13175        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP004 Care Plan<br>Type                       | C004060  | CARE PLAN LAST UPDATED DATE                    | 10210        | 0                  | 0       | 2965    | 77%      | -17%                      |
| CYP004 Care Plan<br>Type                       | C004070  | CARE PLAN LAST UPDATED TIME                    | 10210        | 0                  | 0       | 2965    | 77%      | -17%                      |
| CYP004 Care Plan<br>Type                       | C004080  | CARE PLAN<br>IMPLEMENTATIO<br>N DATE           | 0            | 0                  | 0       | 13175   | 0%       | -95%                      |
| CYP004 Care Plan<br>Type                       | C004901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)      | 13175        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP004 Care Plan<br>Type                       | CYP004   | CYP004 Table<br>Submission                     | 1            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP005 Care Plan<br>Agreement                  | C005010  | CARE PLAN<br>IDENTIFIER                        | 5            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP005 Care Plan<br>Agreement                  | C005020  | CARE PLAN<br>AGREED BY                         | 5            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP005 Care Plan<br>Agreement                  | C005030  | CARE PLAN<br>AGREED DATE                       | 5            | 0                  | 0       | 5       | 50%      | -45%                      |
| CYP005 Care Plan<br>Agreement                  | C005040  | CARE PLAN<br>AGREED TIME                       | 5            | 0                  | 0       | 5       | 50%      | -45%                      |
| CYP005 Care Plan<br>Agreement                  | CYP005   | CYP005 Table<br>Submission                     | 1            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP006 Social and<br>Personal<br>Circumstances | C006010  | SOCIAL AND PERSONAL CIRCUMSTANCE (SNOMED CT)   | 1345         | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP006 Social and<br>Personal<br>Circumstances | C006020  | SOCIAL AND PERSONAL CIRCUMSTANCE RECORDED DATE | 1345         | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP006 Social and                              | C006901  | LOCAL PATIENT                                  | 1345         | 0                  | 0       | 0       | 100%     | 5%                        |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL
HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED
TRANSFERS

PLACE

DELAYED
SURVEYS

DATA QUALITY

CSDS DATA
QUALITY

CSDS DATA
QUALITY

HEALTH
HEALTH

Table of Contents

| HEALTH ACT                                     | CIDENTS  | TI   | RANSFERS SURVE | YS SURVEYS          | WKLS DATA Q | QUALITY | HEALTH   | Table of Contents         |
|--|----------|--|----------------|---------------------|-------------|---------|----------|---------------------------|
|  |          |  | С              | SDS Validity by Fig | eld         |         |          |                           |
| Table  | Field ID | Item   | Valid          | Default             | Invalid     | Missing | Validity | Validity vs 95%<br>Target |
| Personal<br>Circumstances                      |          | IDENTIFIER<br>(EXTENDED)   |                |                     |             |         |          |                           |
| CYP006 Social and<br>Personal<br>Circumstances | CYP006   | CYP006 Table<br>Submission   | 1              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP007<br>Employment Status                    | C007010  | EMPLOYMENT<br>STATUS   | 7395           | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP007<br>Employment Status                    | C007020  | EMPLOYMENT<br>STATUS<br>RECORDED DATE                                      | 7395           | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP007<br>Employment Status                    | C007030  | WEEKLY HOURS<br>WORKED   | 0              | 7395                | 0           | 0       | 100%     | 5%                        |
| CYP007<br>Employment Status                    | C007901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                                  | 7395           | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP007<br>Employment Status                    | CYP007   | CYP007 Table<br>Submission   | 1              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral             | C101010  | REFERRAL<br>REQUEST<br>RECEIVED DATE                                       | 641655         | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral             | C101020  | REFERRAL<br>REQUEST<br>RECEIVED TIME                                       | 641655         | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral             | C101030  | SOURCE OF<br>REFERRAL FOR<br>COMMUNITY                                     | 626760         | 3355                | 0           | 11535   | 98%      | 4%                        |
| CYP101 Service or<br>Team Referral             | C101040  | ORGANISATION<br>IDENTIFIER<br>(REFERRING)                                  | 144815         | 0                   | 305         | 496535  | 23%      | -72%                      |
| CYP101 Service or<br>Team Referral             | C101050  | REFERRING CARE PROFESSIONAL STAFF GROUP (MENTAL HEALTH AND COMMUNITY CARE) | 23450          | 0                   | 0           | 618205  | 4%       | -91%                      |
| CYP101 Service or<br>Team Referral             | C101060  | PRIORITY TYPE<br>CODE  | 640550         | 0                   | 0           | 1100    | 100%     | 5%                        |
| CYP101 Service or                              | C101070  | PRIMARY  | 91945          | 6130                | 0           | 543575  | 15%      | -79%                      |



| HEALTH ACT                                    |          |  | RANSFERS SURV |                     |         | QUALITY | HEALTH   |                           |
|---|----------|--|---------------|---------------------|---------|---------|----------|---------------------------|
|   |          |  | (             | CSDS Validity by Fi | eld     |         |          |                           |
| Table   | Field ID | Item   | Valid         | Default             | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Team Referral                                 |          | REASON FOR<br>REFERRAL<br>(COMMUNITY<br>CARE)                                  |               |                     |         |         |          |                           |
| CYP101 Service or<br>Team Referral            | C101080  | SERVICE<br>DISCHARGE<br>DATE   | 11510         | 0                   | 0       | 630140  | 2%       | -93%                      |
| CYP101 Service or<br>Team Referral            | C101090  | DISCHARGE<br>LETTER ISSUED<br>DATE (MENTAL<br>HEALTH AND<br>COMMUNITY<br>CARE) | 390           | 0                   | 0       | 641265  | 0%       | -94%                      |
| CYP101 Service or<br>Team Referral            | C101901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                                      | 641655        | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral            | C101902  | SERVICE<br>REQUEST<br>IDENTIFIER   | 641655        | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral            | C101905  | NHS SERVICE<br>AGREEMENT<br>LINE NUMBER  | 0             | 0                   | 0       | 641655  | 0%       | -95%                      |
| CYP101 Service or<br>Team Referral            | C101912  | ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)                                 | 639310        | 0                   | 2345    | 0       | 100%     | 5%                        |
| CYP101 Service or<br>Team Referral            | CYP101   | CYP101 Table<br>Submission   | 1             | 0                   | 0       | 0       | 100%     | 5%                        |
| CYP102 Service or<br>Team Type<br>Referred To | C102010  | SERVICE OR<br>TEAM TYPE<br>REFERRED TO<br>(COMMUNITY<br>CARE)                  | 553815        | 0                   | 5       | 0       | 100%     | 5%                        |
| CYP102 Service or<br>Team Type<br>Referred To | C102020  | REFERRAL<br>CLOSURE DATE   | 7660          | 0                   | 0       | 546165  | 1%       | -93%                      |
| CYP102 Service or<br>Team Type<br>Referred To | C102030  | REFERRAL<br>REJECTION DATE   | 75            | 0                   | 0       | 553745  | 0%       | -94%                      |



| HEALTH ACT                                    |          |   | RANSFERS SURVI |                    |         | QUALITY  | HEALIH   |                           |
|---|----------|---|----------------|--------------------|---------|----------|----------|---------------------------|
|   | 1        | 1   | (              | SDS Validity by Fi | eld     | <b>†</b> | i        | _                         |
| Table   | Field ID | Item  | Valid          | Default            | Invalid | Missing  | Validity | Validity vs 95%<br>Target |
| CYP102 Service or<br>Team Type<br>Referred To | C102040  | REFERRAL<br>CLOSURE<br>REASON                               | 2465           | 0                  | 0       | 551360   | 0%       | -94%                      |
| CYP102 Service or<br>Team Type<br>Referred To | C102050  | REFERRAL<br>REJECTION<br>REASON                             | 75             | 0                  | 0       | 553745   | 0%       | -94%                      |
| CYP102 Service or<br>Team Type<br>Referred To | C102902  | SERVICE<br>REQUEST<br>IDENTIFIER                            | 553825         | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP102 Service or<br>Team Type<br>Referred To | C102905  | CARE PROFESSIONAL TEAM LOCAL IDENTIFIER                     | 0              | 0                  | 0       | 553825   | 0%       | -95%                      |
| CYP102 Service or<br>Team Type<br>Referred To | CYP102   | CYP102 Table<br>Submission                                  | 1              | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP103 Other<br>Reason for Referral           | C103010  | OTHER REASON<br>FOR REFERRAL<br>(COMMUNITY<br>CARE)         | 525            | 625                | 0       | 0        | 100%     | 5%                        |
| CYP103 Other<br>Reason for Referral           | C103902  | SERVICE<br>REQUEST<br>IDENTIFIER                            | 1150           | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP103 Other<br>Reason for Referral           | CYP103   | CYP103 Table<br>Submission                                  | 1              | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP104 Referral to<br>Treatment               | C104010  | UNIQUE<br>BOOKING<br>REFERENCE<br>NUMBER<br>(CONVERTED)     | 0              | 0                  | 0       | 10175    | 0%       | -95%                      |
| CYP104 Referral to<br>Treatment               | C104020  | PATIENT<br>PATHWAY<br>IDENTIFIER                            | 10175          | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP104 Referral to<br>Treatment               | C104030  | ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER) | 10175          | 0                  | 5       | 0        | 100%     | 5%                        |



| HEALTH ACT                      |          |  | RANSFERS SURV |                     |         | QUALITY | HEALTH   |                            |
|---------------------------------|----------|--|---------------|---------------------|---------|---------|----------|----------------------------|
|                                 | <u> </u> |  |               | CSDS Validity by Fi | eld     | T       |          | 11/11/11/11/11/11/11/11/11 |
| Table                           | Field ID | Item   | Valid         | Default             | Invalid | Missing | Validity | Validity vs 95%<br>Target  |
| CYP104 Referral to<br>Treatment | C104040  | WAITING TIME<br>MEASUREMENT<br>TYPE              | 10175         | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP104 Referral to<br>Treatment | C104050  | REFERRAL TO<br>TREATMENT<br>PERIOD START<br>DATE | 10175         | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP104 Referral to<br>Treatment | C104060  | REFERRAL TO<br>TREATMENT<br>PERIOD END<br>DATE   | 3010          | 0                   | 0       | 7170    | 30%      | -65%                       |
| CYP104 Referral to<br>Treatment | C104070  | REFERRAL TO<br>TREATMENT<br>PERIOD STATUS        | 10175         | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP104 Referral to<br>Treatment | C104080  | REFERRAL TO<br>TREATMENT<br>PERIOD START<br>TIME | 10175         | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP104 Referral to<br>Treatment | C104090  | REFERRAL TO<br>TREATMENT<br>PERIOD END<br>TIME   | 3010          | 0                   | 0       | 7170    | 30%      | -65%                       |
| CYP104 Referral to<br>Treatment | C104902  | SERVICE<br>REQUEST<br>IDENTIFIER                 | 10175         | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP104 Referral to<br>Treatment | CYP104   | CYP104 Table<br>Submission                       | 1             | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP105 Onward<br>Referral       | C105010  | ONWARD<br>REFERRAL DATE                          | 45            | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP105 Onward<br>Referral       | C105020  | ONWARD<br>REFERRAL<br>REASON                     | 0             | 0                   | 0       | 45      | 0%       | -95%                       |
| CYP105 Onward<br>Referral       | C105030  | ORGANISATION<br>IDENTIFIER<br>(RECEIVING)        | 45            | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP105 Onward<br>Referral       | C105902  | SERVICE<br>REQUEST<br>IDENTIFIER                 | 45            | 0                   | 0       | 0       | 100%     | 5%                         |
| CYP105 Onward                   | CYP105   | CYP105 Table                                     | 1             | 0                   | 0       | 0       | 100%     | 5%                         |



| HEALTH ACT             |          |  | RANSFERS SUR | RVEYS              |         | QUALITY  | HEALIH   |                           |
|------------------------|----------|--|--------------|--------------------|---------|----------|----------|---------------------------|
|                        | 1        |  | ı            | CSDS Validity by F | ield    | <u> </u> |          |                           |
| Table                  | Field ID | Item   | Valid        | Default            | Invalid | Missing  | Validity | Validity vs 95%<br>Target |
| Referral               |          | Submission   |              |                    |         |          |          |                           |
| CYP201 Care<br>Contact | C201010  | CARE PROFESSIONAL TEAM LOCAL IDENTIFIER            | 0            | 0                  | 0       | 95845    | 0%       | -95%                      |
| CYP201 Care<br>Contact | C201020  | CARE CONTACT<br>DATE                               | 95845        | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP201 Care<br>Contact | C201030  | CARE CONTACT<br>TIME                               | 95845        | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP201 Care<br>Contact | C201040  | ADMINISTRATIVE<br>CATEGORY<br>CODE                 | 0            | 0                  | 0       | 95845    | 0%       | -95%                      |
| CYP201 Care<br>Contact | C201050  | CLINICAL<br>CONTACT<br>DURATION OF<br>CARE CONTACT | 72965        | 0                  | 0       | 22880    | 76%      | -18%                      |
| CYP201 Care<br>Contact | C201060  | CONSULTATION<br>TYPE                               | 69495        | 0                  | 0       | 26350    | 73%      | -22%                      |
| CYP201 Care<br>Contact | C201070  | CARE CONTACT<br>SUBJECT                            | 95845        | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP201 Care<br>Contact | C201080  | CONSULTATION<br>MEDIUM USED                        | 56420        | 0                  | 0       | 39425    | 59%      | -36%                      |
| CYP201 Care<br>Contact | C201090  | GROUP THERAPY INDICATOR                            | 95845        | 0                  | 0       | 0        | 100%     | 5%                        |
| CYP201 Care<br>Contact | C201100  | ATTENDED OR DID NOT ATTEND CODE                    | 72585        | 0                  | 0       | 23260    | 76%      | -19%                      |
| CYP201 Care<br>Contact | C201110  | EARLIEST<br>REASONABLE<br>OFFER DATE               | 0            | 0                  | 0       | 95845    | 0%       | -95%                      |
| CYP201 Care<br>Contact | C201120  | EARLIEST<br>CLINICALLY<br>APPROPRIATE<br>DATE      | 0            | 0                  | 0       | 95845    | 0%       | -95%                      |
| CYP201 Care<br>Contact | C201130  | CARE CONTACT<br>CANCELLATION<br>DATE               | 7850         | 0                  | 0       | 87995    | 8%       | -86%                      |
| CYP201 Care<br>Contact | C201140  | CARE CONTACT CANCELLATION                          | 0            | 0                  | 0       | 95845    | 0%       | -95%                      |



| HEALTH ACT              | CSDS Validity by Field |   |       |         |         |         |          |                           |  |  |  |
|-------------------------|------------------------|---|-------|---------|---------|---------|----------|---------------------------|--|--|--|
| Table                   | Field ID               | Item  | Valid | Default | Invalid | Missing | Validity | Validity vs 95%<br>Target |  |  |  |
|                         |                        | REASON  |       |         |         |         |          |                           |  |  |  |
| CYP201 Care<br>Contact  | C201150                | REPLACEMENT<br>APPOINTMENT<br>DATE OFFERED          | 580   | 0       | 0       | 95265   | 1%       | -94%                      |  |  |  |
| CYP201 Care<br>Contact  | C201160                | REPLACEMENT<br>APPOINTMENT<br>BOOKED DATE           | 525   | 0       | 55      | 95265   | 1%       | -94%                      |  |  |  |
| CYP201 Care<br>Contact  | C201902                | SERVICE<br>REQUEST<br>IDENTIFIER                    | 95845 | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP201 Care<br>Contact  | C201903                | CARE CONTACT IDENTIFIER                             | 95845 | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP201 Care<br>Contact  | C201906                | ORGANISATION<br>SITE IDENTIFIER<br>(OF TREATMENT)   | 0     | 0       | 95845   | 0       | 0%       | -95%                      |  |  |  |
| CYP201 Care<br>Contact  | C201909                | ACTIVITY<br>LOCATION TYPE<br>CODE                   | 53590 | 0       | 0       | 42255   | 56%      | -39%                      |  |  |  |
| CYP201 Care<br>Contact  | C201912                | ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)      | 95840 | 0       | 5       | 0       | 100%     | 5%                        |  |  |  |
| CYP201 Care<br>Contact  | CYP201                 | CYP201 Table<br>Submission                          | 1     | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP202 Care<br>Activity | C202010                | COMMUNITY CARE ACTIVITY TYPE                        | 68165 | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP202 Care<br>Activity | C202020                | CARE PROFESSIONAL LOCAL IDENTIFIER                  | 68165 | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP202 Care<br>Activity | C202030                | CLINICAL<br>CONTACT<br>DURATION OF<br>CARE ACTIVITY | 68165 | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |
| CYP202 Care<br>Activity | C202040                | PROCEDURE<br>SCHEME IN USE                          | 16565 | 0       | 0       | 51600   | 24%      | -70%                      |  |  |  |
| CYP202 Care<br>Activity | C202050                | CODED<br>PROCEDURE                                  | 16565 | 0       | 0       | 51600   | 24%      | -70%                      |  |  |  |



**FACTS, FIGURES & RATINGS** INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022 CSDS DATA MENTAL DELAYED PATIENT STAFF EIP PHYSICAL INCIDENTS PLACE DATA QUALITY ESR **WRES Table of Contents** HEALTH ACT TRANSFERS SURVEYS SURVEYS HEALTH

| HEALTH ACT              |          |   | RANSFERS SUR | VEYS SURVEYS       |         | QUALITY | HEALTH   |                           |
|-------------------------|----------|---|--------------|--------------------|---------|---------|----------|---------------------------|
|                         | 1        |   | T            | CSDS Validity by F | ield    |         |          | ı                         |
| Table                   | Field ID | Item  | Valid        | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
|                         |          | (CLINICAL<br>TERMINOLOGY)                           |              |                    |         |         |          |                           |
| CYP202 Care<br>Activity | C202060  | FINDING SCHEME IN USE                               | 23495        | 0                  | 0       | 44670   | 34%      | -60%                      |
| CYP202 Care<br>Activity | C202070  | CODED FINDING<br>(CODED CLINICAL<br>ENTRY)          | 23495        | 0                  | 0       | 44670   | 34%      | -60%                      |
| CYP202 Care<br>Activity | C202080  | OBSERVATION SCHEME IN USE                           | 12450        | 0                  | 0       | 55715   | 18%      | -76%                      |
| CYP202 Care<br>Activity | C202090  | CODED OBSERVATION (CLINICAL TERMINOLOGY)            | 12450        | 0                  | 0       | 55715   | 18%      | -76%                      |
| CYP202 Care<br>Activity | C202100  | OBSERVATION VALUE                                   | 12450        | 0                  | 0       | 55715   | 18%      | -76%                      |
| CYP202 Care<br>Activity | C202110  | UCUM UNIT OF MEASUREMENT                            | 8865         | 0                  | 0       | 59300   | 13%      | -81%                      |
| CYP202 Care<br>Activity | C202903  | CARE CONTACT IDENTIFIER                             | 68165        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP202 Care<br>Activity | C202904  | CARE ACTIVITY IDENTIFIER                            | 68165        | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP202 Care<br>Activity | CYP202   | CYP202 Table<br>Submission                          | 1            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP301 Group<br>Session | C301010  | GROUP SESSION IDENTIFIER                            | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session | C301020  | GROUP SESSION DATE                                  | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session | C301030  | CLINICAL<br>CONTACT<br>DURATION OF<br>GROUP SESSION | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session | C301040  | GROUP SESSION<br>TYPE<br>(COMMUNITY<br>CARE)        | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session | C301050  | NUMBER OF<br>GROUP SESSION<br>PARTICIPANTS          | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group            | C301060  | CARE  | 0            | 0                  | 0       | 0       | 0%       | -95%                      |



| HEALTH ACT                                       |          |   | RANSFERS SURV |                    |         | QUALITY | HEALTH   |                           |
|--|----------|---|---------------|--------------------|---------|---------|----------|---------------------------|
|  |          |   | 1             | CSDS Validity by F | ield    |         |          |                           |
| Table  | Field ID | Item  | Valid         | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Session  |          | PROFESSIONAL<br>LOCAL<br>IDENTIFIER               |               |                    |         |         |          |                           |
| CYP301 Group<br>Session                          | C301905  | NHS SERVICE<br>AGREEMENT<br>LINE NUMBER           | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session                          | C301906  | ORGANISATION<br>SITE IDENTIFIER<br>(OF TREATMENT) | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session                          | C301909  | ACTIVITY<br>LOCATION TYPE<br>CODE                 | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session                          | C301912  | ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)    | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP301 Group<br>Session                          | CYP301   | CYP301 Table<br>Submission                        | 0             | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP401 Special<br>Educational Need<br>Identified | C401010  | SPECIAL<br>EDUCATIONAL<br>NEED TYPE               | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP401 Special<br>Educational Need<br>Identified | C401901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)         | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP401 Special<br>Educational Need<br>Identified | CYP401   | CYP401 Table<br>Submission                        | 0             | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP402<br>Safeguarding<br>Vulnerability Factor   | C402010  | SAFEGUARDING<br>VULNERABILITY<br>FACTORS TYPE     | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP402<br>Safeguarding<br>Vulnerability Factor   | C402901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)         | 0             | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP402<br>Safeguarding<br>Vulnerability Factor   | CYP402   | CYP402 Table<br>Submission                        | 0             | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP403 Child<br>Protection Plan                  | C403010  | CHILD<br>PROTECTION<br>PLAN REASON                | 5             | 0                  | 0       | 0       | 100%     | 5%                        |



**FACTS, FIGURES & RATINGS** INTELLIGENCE **DEFINITIONS AND APPENDICES FEATURED DATA SOURCES** 14 February 2022 MENTAL INCIDENTS DELAYED PATIENT STAFF CSDS DATA EIP PHYSICAL PLACE TRANSFERS SURVEYS SURVEYS DATA QUALITY **Table of Contents** HΕΔΙΤΗ

| HEALTH ACT  |          |   | RANSFERS SURVI |                    | WILE    | QUALITY | HEALTH   | Tuble of Contents         |
|---|----------|---|----------------|--------------------|---------|---------|----------|---------------------------|
|   | T        | T   | (              | SDS Validity by Fi | eld     | T       | 1        | 1                         |
| Table   | Field ID | Item  | Valid          | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
|   |          | CODE  |                |                    |         |         |          |                           |
| CYP403 Child<br>Protection Plan                                 | C403020  | CHILD<br>PROTECTION<br>PLAN START<br>DATE         | 5              | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP403 Child<br>Protection Plan                                 | C403030  | CHILD<br>PROTECTION<br>PLAN END DATE              | 0              | 0                  | 0       | 5       | 0%       | -95%                      |
| CYP403 Child<br>Protection Plan                                 | C403901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)         | 5              | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP403 Child<br>Protection Plan                                 | CYP403   | CYP403 Table<br>Submission                        | 1              | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP404 Assistive<br>Technology To<br>Support Disability<br>Type | C404010  | ASSISTIVE<br>TECHNOLOGY<br>FINDING<br>(SNOMED CT) | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP404 Assistive<br>Technology To<br>Support Disability<br>Type | C404020  | PRESCRIPTION<br>DATE (ASSISTIVE<br>TECHNOLOGY)    | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP404 Assistive<br>Technology To<br>Support Disability<br>Type | C404901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)         | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP404 Assistive<br>Technology To<br>Support Disability<br>Type | CYP404   | CYP404 Table<br>Submission                        | 0              | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP501 Coded<br>Immunisation                                    | C501010  | PROCEDURE<br>SCHEME IN USE                        | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP501 Coded<br>Immunisation                                    | C501020  | IMMUNISATION PROCEDURE (CLINICAL TERMINOLOGY)     | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP501 Coded<br>Immunisation                                    | C501901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)         | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP501 Coded  | C501907  | IMMUNISATION                                      | 0              | 0                  | 0       | 0       | 0%       | -95%                      |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL HEALTH ACT

| HEALTH ACT "                                      | NOIDLINIS LON | TI  | RANSFERS SURVE | EYS SURVEYS        | WINES   | QUALITY | HEALTH   | Table of Contents         |
|---|---------------|---|----------------|--------------------|---------|---------|----------|---------------------------|
|   |               |   | (              | CSDS Validity by F | ield    |         |          |                           |
| Table   | Field ID      | Item  | Valid          | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Immunisation                                      |               | DATE  |                |                    |         |         |          |                           |
| CYP501 Coded<br>Immunisation                      | C501908       | ORGANISATION<br>IDENTIFIER<br>(IMMUNISATION<br>RESPONSIBLE<br>ORGANISATION) | 0              | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP501 Coded<br>Immunisation                      | CYP501        | CYP501 Table<br>Submission  | 0              | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP502<br>Immunisation                            | C502010       | CHILDHOOD IMMUNISATION TYPE (CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES)   | 125            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP502<br>Immunisation                            | C502901       | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                                   | 125            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP502<br>Immunisation                            | C502907       | IMMUNISATION<br>DATE  | 125            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP502<br>Immunisation                            | C502908       | ORGANISATION IDENTIFIER (IMMUNISATION RESPONSIBLE ORGANISATION)             | 125            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP502<br>Immunisation                            | CYP502        | CYP502 Table<br>Submission  | 1              | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP601 Medical<br>History (Previous<br>Diagnosis) | C601010       | PREVIOUS DIAGNOSIS (CODED CLINICAL ENTRY)                                   | 5380           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP601 Medical<br>History (Previous<br>Diagnosis) | C601020       | DIAGNOSIS DATE  | 5380           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP601 Medical<br>History (Previous<br>Diagnosis) | C601901       | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                                   | 5380           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP601 Medical<br>History (Previous               | C601913       | DIAGNOSIS<br>SCHEME IN USE  | 5380           | 0                  | 0       | 0       | 100%     | 5%                        |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL
HEALTH ACT
HEALT

| HEALTH ACT  | LON      | TI   | RANSFERS SURVE | YS SURVEYS          | WKLS DATA Q | QUALITY | HEALTH   | Table of Contents         |
|---|----------|--|----------------|---------------------|-------------|---------|----------|---------------------------|
|   |          |  | С              | SDS Validity by Fie | ld          |         |          |                           |
| Table   | Field ID | Item   | Valid          | Default             | Invalid     | Missing | Validity | Validity vs 95%<br>Target |
| Diagnosis)  |          |  |                |                     |             |         |          |                           |
| CYP601 Medical<br>History (Previous<br>Diagnosis)         | CYP601   | CYP601 Table<br>Submission                                   | 1              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP602 Disability<br>Type                                 | C602010  | DISABILITY CODE  | 6455           | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP602 Disability<br>Type                                 | C602020  | DISABILITY<br>IMPACT<br>PERCEPTION                           | 0              | 0                   | 0           | 6455    | 0%       | -95%                      |
| CYP602 Disability<br>Type                                 | C602901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                    | 6455           | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP602 Disability<br>Type                                 | CYP602   | CYP602 Table<br>Submission                                   | 1              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | C603010  | NEWBORN<br>HEARING<br>SCREENING<br>OUTCOME                   | 5              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | C603020  | SERVICE<br>REQUEST DATE<br>(NEWBORN<br>HEARING<br>AUDIOLOGY) | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | C603030  | PROCEDURE<br>DATE (NEWBORN<br>HEARING<br>AUDIOLOGY)          | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | C603040  | NEWBORN<br>HEARING<br>AUDIOLOGY<br>OUTCOME                   | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | C603901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                    | 5              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP603 Newborn<br>Hearing Screening<br>Audiology Referral | CYP603   | CYP603 Table<br>Submission                                   | 1              | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP604 Blood<br>Spot Result                               | C604010  | BLOOD SPOT<br>CARD   | 0              | 0                   | 0           | 0       | 0%       | -95%                      |



**FACTS, FIGURES & RATINGS** INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022 MENTAL DELAYED PATIENT STAFF **CSDS DATA EIP PHYSICAL** DATA QUALITY **INCIDENTS** ESR PLACE **WRES Table of Contents HEALTH ACT TRANSFERS** SURVEYS SURVEYS QUALITY HEALTH

|                             | CSDS Validity by Field |   |       |         |         |         |          |                           |  |  |  |
|-----------------------------|------------------------|---|-------|---------|---------|---------|----------|---------------------------|--|--|--|
| Table                       | Field ID               | Item  | Valid | Default | Invalid | Missing | Validity | Validity vs 95%<br>Target |  |  |  |
|                             |                        | COMPLETION<br>DATE  |       |         |         |         |          |                           |  |  |  |
| CYP604 Blood<br>Spot Result | C604020                | NEWBORN<br>BLOOD SPOT<br>TEST RESULT<br>RECEIVED DATE   | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |
| CYP604 Blood<br>Spot Result | C604030                | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (PHENYLKETONU RIA)                                | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |
| CYP604 Blood<br>Spot Result | C604040                | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (SICKLE CELL DISEASE)                             | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |
| CYP604 Blood<br>Spot Result | C604050                | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (CYSTIC FIBROSIS)                                 | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |
| CYP604 Blood<br>Spot Result | C604060                | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (CONGENITAL HYPOTHYROIDIS M)                      | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |
| CYP604 Blood<br>Spot Result | C604070                | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (MEDIUM CHAIN ACYL-COA DEHYDROGENAS E DEFICIENCY) | 0     | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |



**FACTS, FIGURES & RATINGS** INTELLIGENCE FEATURED DATA SOURCES **DEFINITIONS AND APPENDICES** 14 February 2022 MENTAL DELAYED PATIENT STAFF **CSDS DATA** EIP PHYSICAL INCIDENTS DATA QUALITY PLACE **WRES Table of Contents** HEALTH ACT TRANSFERS SURVEYS SURVEYS HEALTH

| HEALTH ACT   | i        |   | RANSFERS SURV |                             | iald    | QUALITY | HEALIH   |                 |
|--|----------|---|---------------|-----------------------------|---------|---------|----------|-----------------|
| Table  | Field ID | Item  | Valid         | CSDS Validity by F  Default | Invalid | Missing | Validity | Validity vs 95% |
| CYP604 Blood<br>Spot Result                                | C604080  | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (HOMOCYSTINUR IA)           | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP604 Blood<br>Spot Result                                | C604090  | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (MAPLE SYRUP URINE DISEASE) | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP604 Blood<br>Spot Result                                | C604100  | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (GLUTARIC ACIDURIA TYPE 1)  | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP604 Blood<br>Spot Result                                | C604110  | NEWBORN BLOOD SPOT TEST OUTCOME STATUS CODE (ISOVALERIC ACIDURIA)       | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP604 Blood<br>Spot Result                                | C604901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)                               | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP604 Blood<br>Spot Result                                | CYP604   | CYP604 Table<br>Submission  | 0             | 0                           | 0       | 1       | 0%       | -95%            |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | C605010  | INFANT PHYSICAL EXAMINATION DATE  | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | C605020  | INFANT PHYSICAL EXAMINATION RESULT (HIPS)                               | 0             | 0                           | 0       | 0       | 0%       | -95%            |
| CYP605 Infant  | C605030  | INFANT  | 0             | 0                           | 0       | 0       | 0%       | -95%            |



| HEALTH ACT   |          |  | RANSFERS SUR |                    |         | QUALITY | HEALTH   |                           |
|--|----------|--|--------------|--------------------|---------|---------|----------|---------------------------|
|  | •        |  |              | CSDS Validity by F | ield    |         |          |                           |
| Table  | Field ID | Item   | Valid        | Default            | Invalid | Missing | Validity | Validity vs 95%<br>Target |
| Physical<br>Examination (GP<br>Delivered)                  |          | PHYSICAL<br>EXAMINATION<br>RESULT (HEART)    |              |                    |         |         |          |                           |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | C605040  | INFANT PHYSICAL EXAMINATION RESULT (EYES)    | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | C605050  | INFANT PHYSICAL EXAMINATION RESULT (TESTES)  | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | C605901  | LOCAL PATIENT<br>IDENTIFIER<br>(EXTENDED)    | 0            | 0                  | 0       | 0       | 0%       | -95%                      |
| CYP605 Infant<br>Physical<br>Examination (GP<br>Delivered) | CYP605   | CYP605 Table<br>Submission                   | 0            | 0                  | 0       | 1       | 0%       | -95%                      |
| CYP606<br>Provisional<br>Diagnosis                         | C606010  | PROVISIONAL DIAGNOSIS (CODED CLINICAL ENTRY) | 35           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP606<br>Provisional<br>Diagnosis                         | C606020  | PROVISIONAL<br>DIAGNOSIS DATE                | 35           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP606<br>Provisional<br>Diagnosis                         | C606902  | SERVICE<br>REQUEST<br>IDENTIFIER             | 35           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP606<br>Provisional<br>Diagnosis                         | C606913  | DIAGNOSIS<br>SCHEME IN USE                   | 35           | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP606<br>Provisional<br>Diagnosis                         | CYP606   | CYP606 Table<br>Submission                   | 1            | 0                  | 0       | 0       | 100%     | 5%                        |
| CYP607 Primary<br>Diagnosis                                | C607010  | PRIMARY DIAGNOSIS (CODED CLINICAL            | 0            | 0                  | 0       | 0       | 0%       | -95%                      |



| HEALTH ACT   |          |  | RANSFERS SUR |         |         | QUALITY | HEALTH   |                           |  |  |  |  |
|--|----------|--|--------------|---------|---------|---------|----------|---------------------------|--|--|--|--|
| CSDS Validity by Field                             |          |  |              |         |         |         |          |                           |  |  |  |  |
| Table  | Field ID | Item                                       | Valid        | Default | Invalid | Missing | Validity | Validity vs 95%<br>Target |  |  |  |  |
|  |          | ENTRY)                                     |              |         |         |         |          |                           |  |  |  |  |
| CYP607 Primary<br>Diagnosis                        | C607020  | DIAGNOSIS DATE                             | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP607 Primary<br>Diagnosis                        | C607902  | SERVICE<br>REQUEST<br>IDENTIFIER           | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP607 Primary<br>Diagnosis                        | C607913  | DIAGNOSIS<br>SCHEME IN USE                 | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP607 Primary<br>Diagnosis                        | CYP607   | CYP607 Table<br>Submission                 | 0            | 0       | 0       | 1       | 0%       | -95%                      |  |  |  |  |
| CYP608<br>Secondary<br>Diagnosis                   | C608010  | SECONDARY DIAGNOSIS (CODED CLINICAL ENTRY) | 4580         | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |  |
| CYP608<br>Secondary<br>Diagnosis                   | C608020  | DIAGNOSIS DATE                             | 4580         | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |  |
| CYP608<br>Secondary<br>Diagnosis                   | C608902  | SERVICE<br>REQUEST<br>IDENTIFIER           | 4580         | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |  |
| CYP608<br>Secondary<br>Diagnosis                   | C608913  | DIAGNOSIS<br>SCHEME IN USE                 | 4580         | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |  |
| CYP608<br>Secondary<br>Diagnosis                   | CYP608   | CYP608 Table<br>Submission                 | 1            | 0       | 0       | 0       | 100%     | 5%                        |  |  |  |  |
| CYP609 Coded<br>Scored<br>Assessment<br>(Referral) | C609010  | ASSESSMENT<br>TOOL<br>COMPLETION<br>DATE   | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP609 Coded<br>Scored<br>Assessment<br>(Referral) | C609902  | SERVICE<br>REQUEST<br>IDENTIFIER           | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP609 Coded<br>Scored<br>Assessment<br>(Referral) | C609910  | CODED ASSESSMENT TOOL TYPE (SNOMED CT)     | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |
| CYP609 Coded                                       | C609911  | PERSON SCORE                               | 0            | 0       | 0       | 0       | 0%       | -95%                      |  |  |  |  |



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED TRANSFERS

PLACE

DELAYED SURVEYS

SURVEYS

WRES

DATA QUALITY

CSDS DATA QUALITY

HEALTH

Table of Contents

| HEALTH ACT   |          |  | RANSFERS SURVE |         | WILE BATTA GO | QUALITY | HEALTH   | Table of Contents         |  |  |  |
|--|----------|--|----------------|---------|---------------|---------|----------|---------------------------|--|--|--|
| CSDS Validity by Field                             |          |  |                |         |               |         |          |                           |  |  |  |
| Table  | Field ID | Item                                   | Valid          | Default | Invalid       | Missing | Validity | Validity vs 95%<br>Target |  |  |  |
| Scored Assessment (Referral)                       |          |  |                |         |               |         |          |                           |  |  |  |
| CYP609 Coded<br>Scored<br>Assessment<br>(Referral) | CYP609   | CYP609 Table<br>Submission             | 0              | 0       | 0             | 1       | 0%       | -95%                      |  |  |  |
| CYP610<br>Breastfeeding<br>Status                  | C610010  | BREASTFEEDING<br>STATUS                | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP610<br>Breastfeeding<br>Status                  | C610904  | CARE ACTIVITY IDENTIFIER               | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP610<br>Breastfeeding<br>Status                  | CYP610   | CYP610 Table<br>Submission             | 0              | 0       | 0             | 1       | 0%       | -95%                      |  |  |  |
| CYP611<br>Observation                              | C611010  | PERSON WEIGHT                          | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP611<br>Observation                              | C611020  | PERSON HEIGHT<br>IN METRES             | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP611<br>Observation                              | C611030  | PERSON LENGTH IN CENTIMETRES           | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP611<br>Observation                              | C611904  | CARE ACTIVITY IDENTIFIER               | 0              | 0       | 0             | 0       | 0%       | -95%                      |  |  |  |
| CYP611<br>Observation                              | CYP611   | CYP611 Table<br>Submission             | 0              | 0       | 0             | 1       | 0%       | -95%                      |  |  |  |
| CYP612 Coded<br>Scored<br>Assessment<br>(Contact)  | C612904  | CARE ACTIVITY<br>IDENTIFIER            | 5              | 0       | 0             | 0       | 100%     | 5%                        |  |  |  |
| CYP612 Coded<br>Scored<br>Assessment<br>(Contact)  | C612910  | CODED ASSESSMENT TOOL TYPE (SNOMED CT) | 5              | 0       | 0             | 0       | 100%     | 5%                        |  |  |  |
| CYP612 Coded<br>Scored<br>Assessment<br>(Contact)  | C612911  | PERSON SCORE                           | 5              | 0       | 0             | 0       | 100%     | 5%                        |  |  |  |
| CYP612 Coded                                       | CYP612   | CYP612 Table                           | 1              | 0       | 0             | 0       | 100%     | 5%                        |  |  |  |

# Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > CSDS Data Quality



FACTS, FIGURES & RATINGS

INTELLIGENCE

FEATURED DATA SOURCES

DEFINITIONS AND APPENDICES

14 February 2022

MENTAL
HEALTH ACT

INCIDENTS

ESR

PLACE

DELAYED
TRANSFERS

DATA QUALITY

CSDS DATA
QUALITY
HEALTH

Table of Contents

| HEALTH ACT   "                          | LOK LOK  | TLACE   | RANSFERS SURVE | YS SURVEYS          | WKLS DATA Q | QUALITY | HEALTH   | Table of Contents         |
|---|----------|---|----------------|---------------------|-------------|---------|----------|---------------------------|
|   |          |   | С              | SDS Validity by Fig | ld          |         |          |                           |
| Table                                   | Field ID | ltem  | Valid          | Default             | Invalid     | Missing | Validity | Validity vs 95%<br>Target |
| Scored<br>Assessment<br>(Contact)       |          | Submission  |                |                     |             |         |          |                           |
| CYP613<br>Anonymous Self-<br>Assessment | C613010  | ASSESSMENT<br>TOOL<br>COMPLETION<br>DATE                | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP613<br>Anonymous Self-<br>Assessment | C613909  | ACTIVITY<br>LOCATION TYPE<br>CODE                       | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP613<br>Anonymous Self-<br>Assessment | C613910  | CODED ASSESSMENT TOOL TYPE (SNOMED CT)                  | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP613<br>Anonymous Self-<br>Assessment | C613911  | PERSON SCORE  | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP613<br>Anonymous Self-<br>Assessment | C613912  | ORGANISATION<br>IDENTIFIER<br>(CODE OF<br>COMMISSIONER) | 0              | 0                   | 0           | 0       | 0%       | -95%                      |
| CYP613<br>Anonymous Self-<br>Assessment | CYP613   | CYP613 Table<br>Submission                              | 0              | 0                   | 0           | 1       | 0%       | -95%                      |
| CYP901 Staff<br>Details                 | C901010  | CARE PROFESSIONAL LOCAL IDENTIFIER                      | 895            | 0                   | 0           | 0       | 100%     | 5%                        |
| CYP901 Staff<br>Details                 | C901020  | PROFESSIONAL<br>REGISTRATION<br>BODY CODE               | 545            | 0                   | 0           | 350     | 61%      | -34%                      |
| CYP901 Staff<br>Details                 | C901030  | PROFESSIONAL<br>REGISTRATION<br>ENTRY<br>IDENTIFIER     | 675            | 0                   | 0           | 220     | 75%      | -19%                      |
| CYP901 Staff<br>Details                 | C901040  | CARE<br>PROFESSIONAL<br>STAFF GROUP<br>(COMMUNITY       | 430            | 0                   | 0           | 460     | 48%      | -46%                      |

# Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > CSDS Data Quality



**FACTS, FIGURES & RATINGS** INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022 MENTAL DELAYED PATIENT STAFF **CSDS DATA** EIP PHYSICAL PLACE DATA QUALITY **INCIDENTS** ESR **WRES Table of Contents HEALTH ACT TRANSFERS** SURVEYS SURVEYS QUALITY HEALTH

|  | CSDS Validity by Field |  |     |   |   |     |      |      |  |  |  |
|--|------------------------|--|-----|---|---|-----|------|------|--|--|--|
| Table Field ID Item Valid Default Invalid Missing Validity |                        |  |     |   |   |     |      |      |  |  |  |
|  |                        | CARE)                                      |     |   |   |     |      |      |  |  |  |
| CYP901 Staff<br>Details                                    | C901050                | OCCUPATION<br>CODE                         | 0   | 0 | 0 | 895 | 0%   | -95% |  |  |  |
| CYP901 Staff<br>Details                                    | C901060                | CARE<br>PROFESSIONAL<br>(JOB ROLE<br>CODE) | 850 | 0 | 0 | 45  | 95%  | 0%   |  |  |  |
| CYP901 Staff<br>Details                                    | CYP901                 | CYP901 Table<br>Submission                 | 1   | 0 | 0 | 0   | 100% | 5%   |  |  |  |

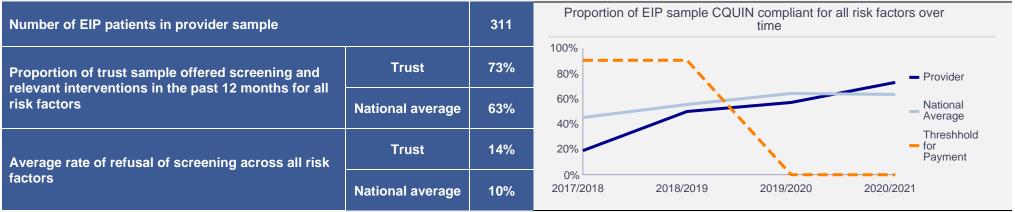
# Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Early Intervention in Psychosis (EIP) audit – Physical health



| FACTS, FIGURES & RATINGS |                      | INTELLIGE | INTELLIGENCE |       | FEATURED DATA SOURCES |                    | DEFINITIONS AND APPENDICES |      | 14 Feb       | ruary 2022           |                        |                   |
|--------------------------|----------------------|-----------|--------------|-------|-----------------------|--------------------|----------------------------|------|--------------|----------------------|------------------------|-------------------|
|                          |                      |           |              |       |                       |                    |                            |      |              |                      |                        |                   |
|                          | MENTAL<br>HEALTH ACT | INCIDENTS | ESR          | PLACE | DELAYED<br>TRANSFERS  | PATIENT<br>SURVEYS | STAFF<br>SURVEYS           | WRES | DATA QUALITY | CSDS DATA<br>QUALITY | EIP PHYSICAL<br>HEALTH | Table of Contents |

#### Early Intervention in Psychosis (EIP) audit – Physical health screening and intervention

- CQUIN was 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. Following 2018/19, the CQUIN indicator is no longer being produced; however, this page has been refreshed with data
  collected by the National Clinical Audit of Psychosis (NCAP) EIP audit.
- 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 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 offered screening and relevant interventions in the past 12 months for all seven risk factors was 73%.
- The average rate of screening refusal across the seven risk factors was 14%. 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).



N.B. CQUIN compliance was determined by whether each patient had been offered screening, and if required, intervention for each risk factor. A patient was CQUIN compliant for a risk factor if there was documented evidence of screening being carried out or refused; **and** where screening was carried out and intervention is found to be required, there was documented evidence of intervention being carried out or refused. We have carried this principle forward in the analysis of data from the EIP audit above. As the CQUIN indicator is no longer produced, the threshold for payment is reduced to zero on the above graph from 2019/20 onwards.

# Essex Partnership University NHS Foundation Trust (R1L) Featured data sources > Early Intervention in Psychosis (EIP) audit – Physical health



| FACTS, FIGURES & RATINGS INTEL |            | INTELLIGE | TELLIGENCE FEATURED DATA SOURCES |  | ES    | DEFINITIONS AND APPENDICES | 14 February 2022 |         |        |                        |              |                   |
|--------------------------------|------------|-----------|----------------------------------|--|-------|----------------------------|------------------|---------|--------|------------------------|--------------|-------------------|
|                                |            |           |                                  |  |       |                            |                  |         |        |                        |              |                   |
|                                | MENTAL     | INCIDENTS | ESR                              |  | PLACE | DELAYED                    | PATIENT          | STAFF   | WRES   | DATA QUALITY CSDS DATA | EIP PHYSICAL | Table of Contents |
|                                | HEALTH ACT | INCIDENTO | LOIN                             |  | ILACL | TRANSFERS                  | SURVEYS          | SURVEYS | VVICES | QUALITY                | HEALTH       | Table of Contents |

| <b>leasure</b>        | 2019/2020 | 2020/2021 | National Average | Соі | Comparison to other providers |     |      |  |
|-----------------------|-----------|-----------|------------------|-----|-------------------------------|-----|------|--|
| Smoking status        | 96%       | 95%       | 92%              | 45% | 90%                           | 99% | 100% |  |
| Alcohol intake        | 98%       | 95%       | 92%              | 45% | 90%                           | 99% | 100% |  |
| Substance misuse      | 95%       | 95%       | 92%              | 45% | 90%                           | 99% | 100% |  |
| Body Mass Index (BMI) | 92%       | 92%       | 86%              | 44% | 82%                           | 96% | 1009 |  |
| Blood pressure        | 96%       | 93%       | 86%              | 47% | 83%                           | 96% | 1009 |  |
| Glucose regulation    | 88%       | 89%       | 81%              | 36% | 75%                           | 93% | 1009 |  |
| Blood lipids          | 80%       | 87%       | 81%              | 44% | 73%                           | 93% | 1009 |  |

**Definitions > Key** 

Inspected but not formally rated

NA

Not rated



**FACTS, FIGURES & RATINGS** INTELLIGENCE DEFINITIONS AND APPENDICES **FEATURED DATA SOURCES** 14 February 2022 KEY DATA APPENDIX 1 **Table of Contents Understanding data** Performance level Much better Better The boxes represent all Mental Health NHS trusts from smallest to largest in five groups, or quintiles. The purple highlighted box Somewhat better (Community 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 MH Survey only) 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. About the same Somewhat worse (Community What do N/A, \*, and - mean when they are used for data values? MH Survey only) Value is not applicable n/a Worse 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 Much worse to all published data. This requires that small numbers are supressed to prevent individuals being identified and to ensure that patient confidentiality is maintained. Non-submission No data **Definitions and guidance documents:** Performance change **Improving Statistical Methods of Analysis Guidance** About the same Declining **Indicator Guidance** Ratings Outstanding Good Requires improvement Inadequate





| FACTS, FIGURES | & RATINGS | INTELLIGENCE | FEATURED DATA SOURCES | DEFINITIONS AND APPENDICES | 14 February 2022  |
|----------------|-----------|--------------|-----------------------|----------------------------|-------------------|
|                | _         |              |                       |                            |                   |
| KEY            | DATA      | APPENDIX 1   |                       |                            | Table of Contents |

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**

**Definitions > Appendix 1** 

DEFINITIONS AND APPENDICES 14 February 2022

**FACTS, FIGURES & RATINGS** 

INTELLIGENCE

FEATURED DATA SOURCES

**Table of Contents** 

**Insight** 

KEY

DATA

APPENDIX 1

**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<br>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<br>Mental Health Act |

30/07/2019

Essex

**Definitions > Appendix 1** 

R1LPA



**FACTS. FIGURES & RATINGS** INTELLIGENCE **FEATURED DATA SOURCES** DEFINITIONS AND APPENDICES 14 February 2022 **KFY** DATA **APPENDIX 1 Table of Contents** Location Name & ID Local Authority **Location Service Type Description** Service User Bands **Last Site Visit Location Team** Hospital services for people with mental Learning disabilities or health needs, learning disabilities and Basildon Mental Health Unit - R1L40 11/04/2019 MH & CHS Essex Essex autistic spectrum disorder problems with substance misuse Hospital services for people with mental health needs, learning disabilities and Brockfield House - R1LK9 03/05/2018 MH & CHS Essex Older People Essex problems with substance misuse Hospital services for people with mental Brockfield House - R1LK9 03/05/2018 MH & CHS Essex health needs, learning disabilities and Mental Health Essex problems with substance misuse Hospital services for people with mental People detained under the Brockfield House - R1LK9 03/05/2018 MH & CHS Essex health needs, learning disabilities and Essex Mental Health Act problems with substance misuse Hospital services for people with mental Brockfield House - R1LK9 MH & CHS Essex health needs. learning disabilities and Younger Adults 03/05/2018 Essex problems with substance misuse Hospital services for people with mental Broomfield Hospital Mental Health Wards -30/07/2019 MH & CHS Essex health needs. learning disabilities and Older People Essex R1LZ1 problems with substance misuse Hospital services for people with mental Broomfield Hospital Mental Health Wards health needs, learning disabilities and 30/07/2019 Essex MH & CHS Essex Dementia R1LZ1 problems with substance misuse Hospital services for people with mental Broomfield Hospital Mental Health Wards -People detained under the health needs, learning disabilities and 30/07/2019 MH & CHS Essex Essex R1LZ1 Mental Health Act problems with substance misuse Hospital services for people with mental Broomfield Hospital Mental Health Wards health needs, learning disabilities and 30/07/2019 MH & CHS Essex Younger Adults Essex R1LZ1 problems with substance misuse Hospital services for people with mental Broomfield Hospital Mental Health Wards -30/07/2019 MH & CHS Essex health needs, learning disabilities and Mental Health Essex R1LZ1 problems with substance misuse Hospital services for people with mental Chelmer & Stort Mental Health Wards -People detained under the 30/07/2019 MH & CHS Essex health needs, learning disabilities and Essex R1LPA Mental Health Act problems with substance misuse Hospital services for people with mental Chelmer & Stort Mental Health Wards -

MH & CHS Essex

health needs, learning disabilities and

problems with substance misuse

Mental Health

# Essex Partnership University NHS Foundation Trust (R1L) Definitions > Appendix 1



| FACTS, FIGURES & RATINGS                        | INTELLIGENCE    | FEATU           | IRED DATA SOURCES                    | DEFINITIONS AND APPENDICES  | 14 February 2022                               |
|---|-----------------|-----------------|--------------------------------------|---|--|
| 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<br>England Hub 1 | Care home service with nursing  | Dementia                                       |
| Clifton Lodge - R1LJ3                           | 09/01/2019      | Southend-on-Sea | ASC Central East of<br>England Hub 1 | Care home service with nursing  | Mental Health                                  |
| Clifton Lodge - R1LJ3                           | 09/01/2019      | Southend-on-Sea | ASC Central East of<br>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<br>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                                   |



| FACTS, FIGURES & RATINGS                      | INTELLIGENCE    | FEAT            | URED DATA SOURCES | DEFINITIONS AND APPENDICES  | 14 February 2022                                    |
|---|-----------------|-----------------|-------------------|---|---|
| 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<br>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<br>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                                       |

# Essex Partnership University NHS Foundation Trust (R1L) Definitions > Appendix 1



| FACTS, FIGURES & RATINGS  | INTELLIGENCE    | FEAT            | URED DATA SOURCES                    | DEFINITIONS AND APPENDICES  | 14 February 2022                            |
|---------------------------|-----------------|-----------------|--------------------------------------|---|---|
| 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<br>England Hub 1 | Care home service with nursing  | Dementia                                    |
| Rawreth Court - R1LJ2     | 22/11/2018      | Essex           | ASC Central East of<br>England Hub 1 | Care home service with nursing  | Older People                                |
| Rawreth Court - R1LJ2     | 22/11/2018      | Essex           | ASC Central East of<br>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                         |

# Essex Partnership University NHS Foundation Trust (R1L) Definitions > Appendix 1



| FACTS, FIGURES & RATINGS                  | INTELLIGENCE    | FEAT            | URED DATA SOURCES | DEFINITIONS AND APPENDICES  | 14 February 2022                               |
|---|-----------------|-----------------|-------------------|---|--|
| 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<br>Mental Health Act |
| St Margaret's Community Hospital - R1LT1  | 03/05/2018      | Essex           | MH & CHS Essex    | Community healthcare service  | People detained under the<br>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<br>Mental Health Act |
| St Margaret's Community Hospital - R1LT1  | 03/05/2018      | Essex           | MH & CHS Essex    | Community healthcare service  | Mental Health                                  |



| FACTS, FIGURES & RATINGS                 | INTELLIGENCE    | FEAT            | URED DATA SOURCES | DEFINITIONS AND APPENDICES  | 14 February 2022                               |
|--|-----------------|-----------------|-------------------|---|--|
| 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 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<br>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                                 |



| FACTS, FIGURES & RATINGS    | INTELLIGENCE    | FEAT            | URED DATA SOURCES | DEFINITIONS AND APPENDICES  | 14 February 2022                                    |
|-----------------------------|-----------------|-----------------|-------------------|---|---|
| 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<br>Mental Health Act      |
| The St Aubyn Centre - R1L22 | 07/06/2021      | Essex           | MH & CHS Essex    | Hospital services for people with mental<br>health needs, learning disabilities and<br>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<br>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  |



| FACTS, FIGURES & RATINGS  | INTELLIGENCE    | FEAT            | URED DATA SOURCES | DEFINITIONS AND APPENDICES  | 4 February 2022                                     |
|---------------------------|-----------------|-----------------|-------------------|---|---|
| KEY DATA                  | APPENDIX 1      |                 |                   |   | Table of Content                                    |
| Location Name & ID        | Last Site Visit | Local Authority | Location Team     | Location Service Type Description   | Service User Bands                                  |
|                           |                 |                 |                   | problems with substance misuse  |   |
| Fhurrock 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                                      |
| Frust Head Office - R1LZ8 | 10/05/2018      | Essex           | MH & CHS Essex    | Community based services for people with a learning disability  | Whole Population                                    |
| Γrust Head Office - R1LZ8 | 10/05/2018      | Essex           | MH & CHS Essex    | Community based services for people with mental health needs  | Whole Population                                    |
| rust Head Office - R1LZ8  | 10/05/2018      | Essex           | MH & CHS Essex    | Community healthcare service  | Whole Population                                    |
| Γrust Head Office - R1LZ8 | 10/05/2018      | Essex           | MH & CHS Essex    | Community based services for people who misuse substances   | Whole Population                                    |
| Vood 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         |
| Vood 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 |
| Vood 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                                      |
| Vood 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                                       |
| Vood 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  |

**Definitions > Appendix 1** 



FACTS, FIGURES & RATINGS INTELLIGENCE FEATURED DATA SOURCES DEFINITIONS AND APPENDICES 14 February 2022

KEY DATA APPENDIX 1 Table of Contents