



NHS Oversight Framework 2019/20 annex 2: Provider oversight: metrics

August 2019

Introduction

This document sets out the detail of the metrics used to monitor and assess provider performance as part of our overall approach to provider oversight within the NHS Oversight Framework. It will help providers understand which metrics NHS England and NHS Improvement joint teams are using to assess their performance, how these metrics are defined and calculated, and the frequency of data publication. We provide a link to the data source where this is publicly available.

We will try to keep the data source links up to date but if you come across any outdated links, please get in touch with us at NHSI.oversightframework@nhs.net.

New service models

Measure	Description/Calculation	Data frequency	Data source	Standard ¹
Acute and specialist providers				
A&E maximum waiting time of four hours from arrival to admission/transfer/discharge	The percentage of attendances at an A&E department that were discharged, admitted or transferred within four hours of arrival.	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2016-17/	95%

¹ Minimum % of patients for whom standard must be met.

Quality of care and outcomes

In addition to the CQC inspection ratings of hospitals, we will also use the metrics below as quality 'proxies' at providers to identify any trends or other issues representing a potential concern.

Measure	Type	Description/Calculation	Data frequency	Source
General				
CQC rating	n/a	Most recent CQC inspection rating, as published on CQC website	Ad hoc based on inspection	www.cqc.org.uk/sites/default/files/Latest_ratings.xlsx
Written complaints – rate	Caring	Count of written complaints/count of whole time equivalent staff	Quarterly	http://content.digital.nhs.uk/catalogue/PUB21536
Staff Friends and Family Test % recommended – care	Caring	Count of those categorised as extremely likely or likely to recommend/count of all responders	Quarterly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Occurrence of any Never Event	Safe	Count of Never Events in rolling six-month period	Monthly (six-month rolling)	https://improvement.nhs.uk/resources/never-events-data/
Patient Safety Alerts not completed by deadline	Safe	Number of NHS England or NHS Improvement Patient Safety Alerts outstanding in most recent monthly snapshot	Monthly	https://improvement.nhs.uk/resources/data-patient-safety-alert-compliance/

Acute providers				
Mixed-sex accommodation breaches	Caring	Count of number of occasions sexes were mixed on same-sex wards	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/
Inpatient scores from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
A&E scores from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Maternity scores from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Emergency c-section rate	Safe	Percentage of births where the mother was admitted as an emergency and had a c-section	Monthly	Admitted patient care Hospital Episode Statistics (HES)
CQC inpatient survey	Organisation-al health	Findings from the CQC survey looking at the experiences of people receiving inpatient services at NHS hospitals	Annual	http://www.cqc.org.uk/publications/surveys/surveys
Venous thromboembolism (VTE) risk assessment	Safe	Number of patients admitted who have a VTE risk assessment/number of patients admitted in most recently published quarter	Quarterly	https://improvement.nhs.uk/resources/vte/
<i>Clostridium difficile</i> (<i>C. difficile</i>) plan: <i>C.difficile</i> actual variance from plan	Safe	Count of trust apportioned <i>C. difficile</i> infections in patients aged two years and over compared to the number of planned <i>C. difficile</i> cases	Monthly	Public Health England – data available here <i>C. difficile</i> infection objectives by trust available here:

(actual number v plan number) ²				https://improvement.nhs.uk/resources/clostridium-difficile-infection-objectives/
<i>Clostridium difficile</i> – infection rate	Safe	Rolling 12-month count of trust-apportioned <i>C. difficile</i> infections in patients aged 2 years and over/rolling 12-month average occupied bed days per 100,000 beds	Monthly (12-month rolling)	Public Health England – data available here
Meticillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia infection rate	Safe	Rolling 12-month count of trust assigned MRSA infections/rolling 12-month average occupied bed days multiplied by 100,000	Monthly (12-month rolling)	Public Health England – data available here
Meticillin-susceptible <i>Staphylococcus aureus</i> (MSSA) bacteraemias	Safe	Rolling 12-month count of trust-apportioned MSSA infections/rolling 12-month average occupied bed days multiplied by 100,000	Monthly (12-month rolling)	Public Health England – data available here
<i>Escherichia coli</i> (<i>E. coli</i>) bacteraemia bloodstream infection (BSI)	Safe	Rolling 12-month count of all <i>E. coli</i> infections/rolling 12-month average occupied bed days multiplied by 100,000	Monthly (12-month rolling)	Public Health England – data available here
Hospital Standardised Mortality Ratio	Effective	The ratio of observed deaths that occurred following admission in a provider to a modelled expectation of	Quarterly	Dr Foster Intelligence (licensed data)

² NHS Improvement has access to the Public Health England (PHE) Data Capture System (DCS) through which organisations report their infection data. Infection data is downloaded from the DCS by NHS Improvement before publication to allow timely internal reporting. The agreement with PHE is that NHS Improvement will not share this information outside the organisation. This unpublished data is used in the SOF. The DCS is a live system and there may be slight differences between the data used here and that which is published by PHE on www.gov.uk and <https://fingertips.phe.org.uk/> due to the timing of the data extracts.

		deaths (multiplied by 100) on the basis of the average England death rates for 56 specific clinical groups given a selected set of patient characteristics for those treated there.		
Summary Hospital-level Mortality Indicator	Effective	The ratio of the actual number of patients who die following hospitalisation at the trust or within 30 days of discharge to the number that would be expected to die on the basis of the average England death rate, given a selected set of patient characteristics for those treated there.	Quarterly	www.digital.nhs.uk/SHMI
Potential under-reporting of patient safety incidents ³	Safe	Count of reported incidents (no harm, low harm, moderate harm, severe harm, death)/estimated total person bed days for rolling six months shown as rate per 1000 bed days	Monthly (six-month rolling)	https://improvement.nhs.uk/resources/monthly-data-patient-safety-incident-reports/
Community providers				
Community scores from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/Count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Mental health providers				

³ This indicator is valid only at the level of extreme outliers for under-reporting as per CQC Intelligent Monitoring methodology and only in non-specialist acute trusts.

CQC community mental health survey	Organisation- al health	Findings from the CQC survey which gathered information from people who received community mental health services	Annual	Data available here: www.cqc.org.uk/publications/surveys/surveys
Mental health scores from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Admissions to adult facilities of patients under 16 years old	Safe	Number of children and young persons under 16 who are admitted to adult wards	Monthly	NHS Digital (MHSDS) Reference: MHS24a Further information: http://content.digital.nhs.uk/mhsds
Care programme approach (CPA) follow-up – proportion of discharges from hospital followed up within seven days ⁴ – Mental Health Services Data Set	Effective	Proportion of discharges from hospital followed up within 7 days	Monthly	NHS England Further information: www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/
% clients in settled accommodation	Effective	Percentage of people aged 18 to 69 in contact with mental health services in settled accommodation	Monthly	NHS Digital (MHSDS) Reference: AMH15 Further information: http://content.digital.nhs.uk/mhsds

⁴ We are following the development of indicators to measure 48-hour follow-up, in line with evidence, and will consider amending this in future oversight frameworks.

% clients in employment	Effective	Percentage of people aged 18 to 69 period in contact with mental health services in employment	Monthly	NHS Digital (MHSDS) Reference: AMH18 Further information: http://content.digital.nhs.uk/mhsds
Potential under-reporting of patient safety incidents ⁵	Safe	Count of reported incidents (no harm, low harm, moderate harm, severe harm, death)/estimated total person bed days for rolling six months shown as rate per 1000 bed days	Monthly (6-month rolling)	https://improvement.nhs.uk/resources/monthly-data-patient-safety-incident-reports/
Ambulance providers				
Ambulance see-and-treat from Friends and Family Test – % positive	Caring	Count of those categorised as extremely likely or likely to recommend/Count of all responders	Monthly	www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Ambulance Clinical Outcomes Return of Spontaneous Circulation (ROSC) where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT)	Effective	Proportion of patients who had resuscitation (advanced or basic life support) begun/continued by ambulance service following out-of-hospital cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed and the initial rhythm was VF or VT, and who had return of spontaneous circulation on arrival at hospital	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

⁵ This indicator is valid only at the level of extreme outliers for under-reporting as per CQC Intelligent Monitoring methodology.

Stroke 60 minutes	Effective	Proportion of FAST ⁶ positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyperacute stroke centre within 60 minutes of call connecting to the ambulance service	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
Stroke care	Effective	Proportion of suspected stroke patients assessed face to face who received an appropriate care bundle	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
ST Segment elevation myocardial infarction (STEMI) 150 minutes	Effective	Proportion of patients with initial diagnosis of 'definite myocardial infarction' for whom primary angioplasty balloon inflation occurs within 150 minutes of call connected to the ambulance service, where first diagnostic electrocardiogram (ECG) is performed by ambulance personnel and patient was directly transferred to a designated Primary Percutaneous Coronary Intervention (PPCI) centre as locally agreed	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

⁶ Act FAST is a national campaign to raise aware of the signs of stroke and encourage people to dial 999 if they recognise any one of the symptoms.

- Face: has their face fallen to one side? Can they smile?
- Arms: can they raise both arms and keep them there?
- Speech: is their speech slurred?
- Time to call 999 if you see any one of these signs of a stroke.

Measure	Description/calculation	Data frequency	Data source	Standard ⁷
Acute and specialist providers⁸				
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Count of the number of patients whose clock period is less than 18 weeks during the calendar months of the return/count of number of patients whose clock has not stopped during the calendar months of the return	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2016-17/#Jan17	92%
All cancers – maximum 62-day wait for first treatment from: a. urgent GP referral for suspected cancer b. NHS cancer screening service referrals	Proportion of patients referred for cancer treatment by: a. their GP, who have currently been waiting for less than 62 days for treatment to start	Monthly	Provider-level cancer waiting time data available here: www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-prov-	a. 85% b. 90%

⁷ Minimum % of patients for whom standard must be met.

⁸ We are tracking the development of metrics to measure, analyse and improve the following aspects of liaison mental health services in acute hospitals, and may incorporate these in future iterations of this framework:

- numbers of presentations at A&E of people of all ages with a mental health condition or dementia and liaison mental health service response times
- numbers of emergency admissions of people of all ages with a mental health condition or dementia
- length of stay for people of all ages admitted with a mental health condition or dementia
- delayed transfers of care for people of all ages with a mental health condition or dementia.

	b. the NHS screening service, who have currently been waiting for less than 62 days for treatment to start		cwt/201617-monthly-prov-cwt/	
Maximum 6-week wait for diagnostic procedures	Maximum 6-week wait for diagnostic procedures: proportion of patients referred for diagnostic tests who have been waiting six weeks or longer.	Monthly	Data available here: www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2016-17/	1%
Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: a. who have a diagnosis of dementia or delirium or to whom case finding is applied b. who, if identified as potentially having dementia or delirium, are appropriately assessed and	The number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: a. who have a diagnosis of dementia or delirium or to whom case finding is applied b. who, if identified as potentially having dementia or delirium, are appropriately assessed and	Quarterly	Data source: NHS England Further information: www.england.nhs.uk/statistics/statistical-work-areas/dementia/dementia-assessment-and-referral-2017-18/	a. 90% b. 90% c. 90%

c. where the outcome was positive or inconclusive, are referred on to specialist services.	c. where the outcome was positive or inconclusive, are referred on to specialist services.			
Ambulance providers				
Category 1 (C1) – Life-threatening calls	The mean average response time across all incidents coded as C1 that received a response on scene = the total response time aggregated across all incidents coded as C1 that received a response on scene in the period/the count of incidents coded as C1 that received a response on scene.	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/	7 minutes mean response time 15 minutes 90 th centile response time
Category 2 (C2) – Emergency calls	The mean average response time across all incidents coded as C2 that received a response on scene = the total response time aggregated across all incidents coded as C2 that received a response on scene in the period/the count of incidents coded	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/	18 minutes mean response time 40 minutes 90 th centile response time

	as C2 that received a response on scene			
Category 3 (C3) – Urgent calls	The mean average response time across all incidents coded as C3 that received a response on scene = the total response time aggregated across all incidents coded as C3 that received a response on scene in the period/the count of incidents coded as C3 that received a response on scene.	Monthly	www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/	120 minutes 90 th centile response time
Category 4 (C4) – Less urgent calls	The mean average response time across all incidents coded as C4 that received a response on scene = the total response time aggregated across all incidents coded as C4 that received a response on scene in the period/the count of incidents coded as C4 that received a response on scene.	Monthly	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/	180 minutes 90 th centile response time

Mental health providers ⁹				
People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (UNIFY2, moving to Mental Health Services Data Set – MHSDS) ¹⁰	Percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral	Quarterly (three-month rolling)	www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/	50%

⁹ We are tracking the development of metrics to measure, analyse and improve the following areas, and may incorporate these in future iterations of this framework:

- access and waiting times for children and young people with eating disorders to begin NICE-recommended treatment, in line with the Five Year Forward View (5YFV) mental health commitment that by 2021, 95% of children and young people in need receive treatment within one week for urgent cases, and four weeks for routine cases.
- providers' collection of data on waiting times for: acute mental healthcare (decision to admit to time of admission, decision to home treat to time of home-treatment start) and dementia care, including memory assessment services
- the quality and responsiveness of care provided to people of all ages with urgent and emergency mental health needs, including liaison services and crisis resolution and home treatment teams
- differential rates of detention under the Mental Health Act for people from black, Asian and minority ethnic (BME) groups
- access to individual placement support.
- the implementation of the Prime Minister's Challenge on Dementia 2020
- young people's experience of transition to adult mental health services
- data quality of key data items related to 5YFV MH priorities, including data related to referral to treatment waiting times, interventions delivered, outcomes and experience.

¹⁰ This standard applies to anyone with a suspected first episode of psychosis who is aged 14 to 65. People aged over 35 who may historically not have had access to specialist early intervention in psychosis services should not be excluded. Technical guidance is available at: www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf.

Provider boards must be fully assured that RTT data submitted is complete, accurate and in line with published guidance. Both 'strands' of the standard must be delivered:

- performance against the RTT waiting-time element of the standard is being measured via MHSDS and UNIFY2 data submissions.
- performance against the National Institute for Health and Care Excellence concordance element of the standard is to be measured via:
 - a quality assessment and improvement network being hosted by the College Centre for Quality Improvement at the Royal College of Psychiatrists; all providers will be expected to take part in this network and submit self-assessment data, which will be validated and performance-scored on a four-point scale at the end of the year. This assessment will be used to track progress against the trajectory set out in [Implementing the Five Year Forward View for Mental Health](#):

Data Quality Maturity Index (DQMI) – MHSDS dataset score	MHSDS quarterly score in DQMI	Quarterly	Data source: NHS Digital Further information: http://content.digital.nhs.uk/dq	95%
Improving Access to Psychological Therapies (IAPT)/talking therapies a. proportion of people completing treatment who move to recovery (from IAPT minimum dataset) b. waiting time to begin treatment (from IAPT minimum dataset): i) within 6 weeks ii) within 18 weeks	a. Percentage of people completing a course of IAPT treatment moving to recovery b. Percentage of people waiting i) six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT) ii) 18 weeks or less from referral to entering a course of talking treatment under IAPT	a. Quarterly b i. 3-month rolling b ii. 3-month rolling	Source: NHS Digital http://content.digital.nhs.uk/iaptmonthly Further information: www.england.nhs.uk/men-tal-health/adults/iapt/service-standards/	a. 50% b i. 75% b ii. 95%

- submission of intervention and outcomes data using SNOMED-CT codes in line with published guidance. Provider boards must be fully assured that intervention and outcomes data submitted is complete and accurate.

Further information can be found in the [implementation guidance published by NHS England](#):

Inappropriate out-of-area placements for adult mental health services.	Total number of bed days patients have spent out of area in last quarter	Quarterly	<p>Source: http://content.digital.nhs.uk/oaps</p> <p>Further information: www.gov.uk/government/publications/oaps-in-mental-health-services-for-adults-in-acute-inpatient-care/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care</p>	Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021
Community providers				
Any relevant mental health or acute metrics above				

Leadership and workforce

Measure	Type	Description / calculation	Data frequency	Source
Staff sickness	Organisational health	<p>Level of staff absenteeism through illness in the period</p> <p>Numerator = number of days sickness reporting within the month. Denominator = number of days available within the month</p>	Monthly	<p>NHS Digital maintains staff sickness here: https://digital.nhs.uk/article/6743/Staff-management</p>
Staff turnover	Organisational health	<p>Number of staff leavers reported within the period /average of number of total employees at end of the month and total employees at end of the month for previous 12-month period</p> <p>Numerator = number of leavers within the report period. Denominator = staff in post at the start of the reporting period</p>	Monthly	<p>NHS Digital maintains staff sickness here: https://digital.nhs.uk/article/4304/Workforce</p>
NHS Staff Survey	Organisational health	Staff recommendation of the organisation as a place to work or receive treatment	Annual	<p>Data available here: www.nhsstaffsurveys.com/Page/1006/Latest-Results/2016-Results/</p>

Proportion of temporary staff	Organisational health	Agency staff costs (as defined in measuring performance against the provider's cap) as a proportion of total staff costs. Calculated by dividing total agency spend over total pay bill.	Monthly	Monthly provider return
Support and compassion	Organisational health	Average rating of: <ul style="list-style-type: none"> • % experiencing harassment, bullying or abuse from staff in the last 12 months • % not experiencing harassment, bullying or abuse at work from managers in the last 12 months • % not experiencing harassment, bullying or abuse at work from managers in the last 12 months 	Annual	www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/
Teamwork	Organisational health	Average of: <ul style="list-style-type: none"> • % agreeing that their team has a set of shared objectives • % agreeing that their team often meets to discuss the team's effectiveness Trusts in lowest third across the sector will represent a concern	Annual	www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/
Inclusion (1)	Organisational health	Average of <ul style="list-style-type: none"> • % staff believing the trust provides equal opportunities for career progression or promotion • % experiencing discrimination from their manager/team leader 	Annual	www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/

		<p>or other colleagues in the last 12 months</p> <p>Trusts in lowest third across the sector will represent a concern</p>		
Inclusion (2)	Organisational health	<p>The BME leadership ambition (WRES) re executive appointments.</p> <p>Trusts in lowest third across the sector will represent a concern.</p>	Annual	www.england.nhs.uk/about/equality/equality-hub/equality-standard/

Finance and use of resources

The in-year financial performance score for providers is a mean average of the scores on five individual metrics, which are defined and calculated as set out in Figure 1, except that:

- If a provider scores 4 on any individual in year financial performance metric, their in-year financial performance score is at least a 3 – ie cannot be a 1 or 2 – triggering a potential support need.
- If a provider has not agreed a control total:
 - where they are planning a deficit their in-year financial performance score will be at least 3 (ie it will be 3 or 4)
 - where they are planning a surplus their in-year financial performance score will be at least 2 (ie it will be 2, 3 or 4).

Scores are rounded to the nearest whole number. Where a trust's score is exactly between two whole numbers, it is rounded to the lower whole number (eg both 2.2 and 2.5 are rounded down to 2).

Figure 1: In-year financial performance metrics

Area	Weighting	Metric	Definition	Score			
				1	2	3	4
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	≥2.5x	<2.5- ≥1.75x	<1.75 - ≥1.25x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	≥0	<0 - ≥(7)	<(7)- ≥(14)	<(14)
Financial efficiency	0.2	Income & Expenditure (I&E) margin	I&E surplus or deficit / total revenue	≥1%	<1- ≥0%	<0- ≥ (1)%	<(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	≥0%	<0 - ≥ (1)%	<(1)- ≥ (2)%	<(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	>0- ≤25%	>25- ≤50%	>50%

Note: brackets indicate negative numbers