



Ref	Indicator	Scope	Rationale	Guidance
QR1	New Serious Incidents Requiring Investigation (SIRIs) reported per month (excluding all grades of pressure ulcers)	Community provision as a whole. Including community services and community hospitals.	A 'Zero tolerance' approach should be taken to SIRIs. It can also highlight under or over-reporting by NHS organisations, and whether or not the appropriate governance and reporting structures are in place.	A Serious Untoward Incident (SIRI) can be defined as an event that is out of the ordinary or unexpected, with the potential to cause serious harm or death, and/or likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. SIRIs should exclude all Pressure Ulcers , which should be reported separately against indicator QR2 below.
QR2a	Rate of New Grade 2, 3 and 4 Preventable Pressure Ulcers acquired whilst under care of the provider in a Community Hospital setting per 1,000 occupied bed days	Community Hospitals	All organisations should be looking to eliminate all grades of Pressure Ulcers whilst under their care.	Trusts should provide the rate per 1,000 occupied bed days of new Grade 2, 3 and 4 preventable Pressure Ulcers reported each month, acquired under its care only. Rate expressed as a number to two decimal places.
QR2b	Rate of New Grade 2, 3 and 4 Preventable Pressure Ulcers acquired whilst under care of the provider in a Community setting per 1,000 patients (on caseload)	Community Services	All organisations should be looking to eliminate all grades of Pressure Ulcers whilst under their care.	Trusts should provide the rate per 1,000 patients (on caseload) of new Grade 2, 3 and 4 preventable Pressure Ulcers reported each month, acquired under its care only. Rate expressed as a number to two decimal places.
QR3a	Percentage of beds occupied by delayed transfers of care due to NHS delays	Community Hospitals	Measures capacity occupied by patients who require discharge to another facility, but whose discharge is delayed	A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer; and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer; and (c) the patient is safe to discharge/transfer. Please include delayed transfers of care due to NHS delays only . The rate is calculated as the total number of delayed days occupied by patients whose discharge is delayed for non-clinical reasons (NHS delays only), divided by total OBDs for the month, expressed as a percentage.
QR3b	Percentage of beds occupied by delayed transfers of care due to Social Care delays	Community Hospitals	Measures capacity occupied by patients who require discharge to another facility, but whose discharge is delayed	A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer; and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer; and (c) the patient is safe to discharge/transfer. Please include delayed transfers of care due to Social Care delays only . The rate is calculated as the total number of delayed days occupied by patients whose discharge is delayed for non-clinical reasons (Social Care delays only), divided by total OBDs for the month, expressed as a percentage.
QR3c	Percentage of beds occupied by delayed transfers of care due to both NHS and Social Care delays	Community Hospitals	Measures capacity occupied by patients who require discharge to another facility, but whose discharge is delayed	A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer; and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer; and (c) the patient is safe to discharge/transfer. Please include delayed transfers of care due to both NHS and Social Care delays only . The rate is calculated as the total number of delayed days occupied by patients whose discharge is delayed for non-clinical reasons (both NHS and Social Care delays only), divided by total OBDs for the month, expressed as a percentage.
QR5	Rate of falls (injurious) per 1,000 Occupied Bed Days (OBDs)	Community Hospitals	To establish the overall rate of inpatient falls resulting in an injury - low through to severe, including deaths. Although falls may be expected on some types of but, e.g. rehabilitation, consistently higher rates of falls may indicate concerns around nursing care or patient monitoring.	Numerator - total number of falls on inpatient units, resulting in harm Denominator - Total number of occupied bed days divided by 1,000. Rate expressed as a number to two decimal places.
QR6	Rate of all falls per 1,000 Occupied Bed Days (OBDs)	Community Hospitals	To establish the overall rate of inpatient falls regardless of the level of any harm, including no harm. Although falls may be expected on some types of but, e.g. rehabilitation, consistently higher rates of falls may indicate concerns around nursing care or patient monitoring.	Numerator - total number of falls on inpatient units Denominator - Total number of occupied bed days divided by 1,000. Rate expressed as a number to two decimal places.
QR8	Number of incidents (causing harm or otherwise) per 1,000 WTE budgeted clinical staff	Community provision as a whole. Including community services and community hospitals.	To establish the overall rate of incidents reported across the Trust. High rates may indicate over-reporting, or genuine patient safety issues (which can be triangulated with the safety thermometer scores), whereas low rates may indicate high quality care or under-reporting.	Numerator - total number of incidents reported, whether or not they caused harm and for those that did, all levels of harm including death. Denominator - Total number of whole time equivalent (WTE) budgeted clinical staff divided by 1,000. Rate expressed as a number to two decimal places.
QR9	Number of formal complaints reported per 1,000 WTE budgeted staff	Community provision as a whole. Including community services and community hospitals.	To establish the level of satisfaction, or otherwise, with services provided by the Trust. This can be viewed in the context of compliments or patient satisfaction ratings.	Numerator - total number of formal complaints received and reported. Denominator - Total number of whole time equivalent (WTE) budgeted staff divided by 1,000 (include ALL staff for this calculation). Rate expressed as a number to two decimal places.
QR10	Friends and Family test % of responses indicating Extremely Likely or Likely to recommend service	Community provision as a whole. Including community services and community hospitals.	The main benefits of applying the Friends and Family Test lies in its abilities to measure an outcome of user experience using a simple metric and to track changes in user experience over time. Poor scores tell the Trust is has a problem, but not how to solve it.	As per national tool calculation (%).
QR12	Safety Thermometer - Percentage of 'Harm Free' care (New Harms only)	Community provision as a whole. Including community services and community hospitals.	The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that providers can measure and monitor local improvement and harm free care over time. From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme.	As per national tool calculations, expressed as a percentage for New Harms only.
QR14a	Number of incidences of post 48 hour C.Difficile per 1,000 occupied bed days	Community Hospitals	Establish healthcare acquired infection rates	Numerator - Number of incidences of post 48 hour C.Difficile in Community Hospital inpatient beds Denominator - Total number of occupied bed days divided by 1,000. Rate expressed as a number to two decimal places.
QR15	Medication errors rate per 1,000 OBDs (Community Hospitals)	Community Hospitals	Establish rate of medication errors in inpatient setting	Numerator - number of medication errors (Community Hospitals) Denominator - Total number of occupied bed days (OBDs) divided by 1,000. Rate expressed as a number to two decimal places. (Note: If you are a provider who also provides inpatient mental health care, please exclude the mental health inpatient wards medication errors rate as this is likely to skew the reporting).
QR15a	Medication errors rate per 1,000 WTE budgeted clinical staff - in a community setting	Community Services	Establish rate of medication errors in community setting	Numerator - number of medication errors (excluding those in Community Hospitals) Denominator - Total number of whole time equivalent (WTE) budgeted clinical staff divided by 1,000 (do not include community hospital staff as this relates to community settings only; do not include non-clinical staff in this calculation).
P5	Average length of stay - (excl day cases)	Community Hospitals	To understand, how long on average, a patient's length of stay is in a community hospital bed (recognising the composition of a Trust's overall bed base)	Mean average length of stay of patients who were admitted to a community hospital bed. Include all of those who were discharged in the month. Patients admitted for planned respite care should be excluded.
P6	Percentage occupancy of community hospital beds	Community Hospitals	Establish community bed utilisation	Numerator - total number of occupied bed days in the month Denominator - total number of available bed days (excluding closed beds) Calculated figure expressed as a percentage to one decimal place.



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P9	Did Not Attend - Adult services	Community Services	Understand lost clinical capacity within adult services	Numerator - total number of patients in the month who did not attend a booked outpatient appointment (excluding domiciliary contacts and consultant-led clinics) Denominator - total number of appointments booked in the month (adult services) Calculated figure expressed as a percentage to one decimal place.
P10	Did Not Attend - Children's services	Community Services	Understand lost capacity within children's clinical services where DNA rates tend to be higher	Numerator - total number of patients in the month who did not attend a booked outpatient appointment (excluding domiciliary contacts and consultant-led clinics). Not all Trusts provide consultant-led services, and where they do, national data suggests DNA rates are significantly higher than the average. Denominator - total number of appointments booked in the month (children's services) Calculated figure expressed as a percentage to one decimal place.
P11a	Percentage spend on clinical Bank staff	Community provision as a whole. Including community services and community hospitals.	To establish the level of spend on temporary staff (excluding Medical & Dental) supporting the face-to-face delivery of clinical services	Numerator - total pay spend on temporary Bank staff providing clinical services (Bank staff, but excluding Medical & Dental) Denominator - total expenditure on Pay in the period Calculated figure expressed as a percentage to one decimal place.
P11b	Percentage spend on clinical Agency staff	Community provision as a whole. Including community services and community hospitals.	To establish the level of spend on temporary staff (excluding Medical & Dental) supporting the face-to-face delivery of clinical services	Numerator - total pay spend on temporary Agency staff providing clinical services (Agency staff, but excluding Medical & Dental) Denominator - total expenditure on Pay in the period Calculated figure expressed as a percentage to one decimal place.
P12a	Attendances at minor injury units per 100,000 registered population	Minor injury units	To evidence the volume of services users seen within the provider's Minor Injury Unit (MIU). Minor injury and illness units are a key element of community provider provision.	Numerator - The total number of attendances at a Minor Injury unit during the month Denominator - Registered population divided by 100,000. Use the registered population of the CCG(s) where the MIUs are situated.
P13	% of referrals seen in crisis response services within a 2 hour target response time	Community Services	To evidence that high quality care is delivered across the breadth of community service provision. Crisis response services are a key element of community provider provision.	Numerator - total number of patients seen in crisis response or rapid response services within 2 hours Denominator - total number of patients seen in crisis response or rapid response services Calculated figure expressed as a percentage to one decimal place.
P13a	% of referrals seen in crisis response services within a 4 hour target response time	Community Services	To evidence that high quality care is delivered across the breadth of community service provision. Crisis response services are a key element of community provider provision.	Numerator - total number of patients seen in crisis response or rapid response services within 4 hours Denominator - total number of patients seen in crisis response or rapid response services Calculated figure expressed as a percentage to one decimal place.
P14	Total number of unique service users accessing Community Services during the month	Community Services	To evidence the scale and volume of Community Services provision (excl inpatient provision)	Number of unique service users seen across all Community Services. This should exclude community hospital inpatients. Each unique service user should only be counted once, regardless of the number of referrals.
P15	Total face to face contacts delivered by community services per 100,000 registered population	Community Services	To evidence the productivity of Community Services	Numerator - total number of face to face contacts Denominator - registered population divided by 100,000 Calculated figure expressed as a number to one decimal place. (All contacts delivered in a community hospital inpatient setting should be excluded) Face to face activity is only valid if it directly entails contact with the patient or with a proxy for the patient, such as the parent of a young child. Contacts with proxies only count if the contact is in lieu of contact with the patient. Contacts about the patient should not be counted. A group counts as one contact. A visit where multiple clinical activities takes place should be counted as one contact.
P16	Total face to face contacts delivered by community therapy services (Physiotherapy & Occupational Therapy) per 100,000 registered population	Community Services	To evidence the productivity of Community Therapy Services	Numerator - total number of face to face contacts delivered by community therapy (PT & OT) Denominator - registered population divided by 100,000 Calculated figure expressed as a number to one decimal place. (All contacts delivered in a community hospital inpatient setting should be excluded) Physiotherapy and occupational therapy contacts across community based pathways should be included. Physiotherapy and Occupational therapy input as part of condition specific teams should be excluded. Intermediate care activity should be excluded. Face to face activity is only valid if it directly entails contact with the patient or with a proxy for the patient, such as the parent of a young child. Contacts with proxies only count if the contact is in lieu of contact with the patient. Contacts about the patient should not be counted. A group counts as one contact. A visit where multiple clinical activities takes place should be counted as one contact.
P17	Total face to face contacts delivered by Community / District Nursing services per 100,000 registered population	Community Services	Total face to face contacts delivered by Community / District Nursing services per 100,000 registered population	Numerator - Total face to face contacts delivered by Community / District Nursing services Denominator - registered population divided by 100,000 Calculated figure expressed as a number to one decimal place. (Include here just contacts delivered by District Nursing Services; do not include Health Visiting or Specialist Nursing services) Face to face activity is only valid if it directly entails contact with the patient or with a proxy for the patient, such as the parent of a young child. Contacts with proxies only count if the contact is in lieu of contact with the patient. Contacts about the patient should not be counted. A group counts as one contact. A visit where multiple clinical activities takes place should be counted as one contact.
W1a	Sickness absence rates (short & long term)	Community provision as a whole. Including community services and community hospitals.	Well established benchmark and has previously been used by the NHSI	Numerator - whole time equivalent (WTE) lost to sickness absence in the month Denominator - total WTE staff in post in the month. Calculated figure should be expressed as a percentage to one decimal place. Days lost to sickness and should include only staff employed directly by the organisation. Bank or agency staff in should not be included. Maternity leave, carers leave, or any periods of absence agreed under family friendly/flexible working policies should not be included as sickness absence.
W3	Mandatory training compliance rates	Community provision as a whole. Including community services and community hospitals.	To monitor the level of compliance of mandatory training undertaken by staff within the Trust. The CQC also check that "Staff should be properly trained and supervised, and have the chance to develop and improve their skills (Outcome 14) "	Numerator - Number of staff compliant with mandatory training Denominator - Total number of staff required to undertake training within the Trust. Training that is mandated by the Trust should be included. Training is likely to include Information Governance, Fire Training, Basic Safeguarding and Equality & Diversity. Expressed as a percentage to one decimal place.
W4	Appraisal compliance rates	Community provision as a whole. Including community services and community hospitals.	To monitor compliance for staff appraisals. The delivery of high-quality patient care within the NHS critically depends on every member of staff having a clear understanding of their role and the part they play in their team and organisation, having an agreed set of priorities and objectives for their work and possessing and applying the knowledge and skills they need to perform that role effectively and to achieve their objectives (The NHS Staff Council)	Numerator - Number of appraisals undertaken in the period Denominator - Total number of staff required to have an appraisal. Expressed as a percentage to one decimal place.
W5a	Staff turnover rate	Community provision as a whole. Including community services and community hospitals.	Overall turnover is a well established benchmark and has previously been used by the NHS	Staff turnover rate. Numerator - total number of leavers in 12 month period Denominator - current wte in post Calculated figure expressed as a percentage to one decimal place. Leavers should include all staff who left the organisation in the period and should also include retirements or staff who moved to a different NHS organisation, but should not include staff who left one role but stayed within the organisation to take up another role. Bank staff or agency staff should not be included in the figures.



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W6a	Vacancy rate	Community provision as a whole. Including community services and community hospitals.	To monitor the number of vacancies held by a Trust	Rate of vacancies held by a Trust. Difference between Funded Establishment and Actual Establishment expressed as a percentage to one decimal place.
F1	Better Payment Practice Code by Volume (%)	Community provision as a whole. Including community services and community hospitals.	An indicator of prompt payment by the provider to its creditors	Payment to non-NHS suppliers within 30 days by the volume of invoices payable expressed as a percentage to one decimal place.
F3	Cost Improvement Plan (CIP) Performance against Plan (%)	Community provision as a whole. Including community services and community hospitals.	Provides a measures as to the level of CIP achieved compared to the plan (in-month)	Total amount of actual CIP achieved in the month, divided by the planned amount of CIP in the month, expressed as a percentage. For example, if the CIP achieved in-month was £200k, and the planned amount was £150k, the level of achievement would be 133%.
F10	I&E variance against plan (%)	Community provision as a whole. Including community services and community hospitals.	To identify whether the financial situation of a provider could place these key NHS services at risk.	Variance between a trust's planning I&E margin and its actual I&E margin, expressed as a percentage to one decimal place. I&E margin is the degree to which the organisation is operating a surplus/deficit.