NIPEC
Northern Ireland Practice & Education Council

Learning Disability Safety and Quality Dashboard Operational Definitions



This document provides guidance for teams who are using the Learning Disability Safety and Quality Dashboard for monitoring and reporting the agreed regional metrics. Each measure has been set out using an operational definition. An operational definition tells what is being measured, how it will be measured and what rules apply to that measurement. It removes ambiguity so that two different people, at different times, will get the same result when measuring the same thing.

PS1: Patient Safety Incident Rate per 100 bed days

Measure Theme	Patient Safety
Measure Number	PS1
Measure	Patient Safety Incident Rate per 100 bed days
Rationale	Recognising and reporting incidents is an important sign of an organisation's culture. It is important to note that reporting safety incidents is good and that high reporting does not mean an unsafe organisation. By calculating incidents per occupied bed days, this enables benchmarking against other areas even if the number of patients increases or decreases per month
Definition	This measure is calculated as a crude rate of the number of patient safety incidents reported via datix against the number of occupied bed days
Inclusion Criteria	All Datix incidents reported
Exclusion Criteria	No exclusions
Calculation	Numerator: Total number of incidents reported via datix per calendar month Denominator: A count of occupied bed days within the ward over the period of a calendar month This measure will be presented as the patient safety incident rate (numerator) per 100 occupied bed days (denominator) and will be calculated as $\frac{\text{numerator}}{\text{denominator}} \times 100$
Data Source	Incidents reported on Datix; occupied bed days from Information Performance systems
Notes	Calculation of occupied bed days provides context when patient numbers vary.

PS2: Adult Safeguarding Rate per 100 bed days

Measure Theme	Patient Safety
Measure Number	PS2
Measure	Adult Safeguarding Rate per 100 bed days
Rationale	There is a shared responsibility to ensuring that steps are taken to identify those who may be at risk of harm from abuse, exploitation or neglect and who also may not be able to protect themselves from the action or inaction of others. Timely and accurate Safeguarding referrals help teams work together to keep adults with care and support needs safe.
Definition	This measure is calculated as a crude rate of the number of adult safeguarding referrals reported via datix against the number of occupied bed days.
Inclusion Criteria	All adult safeguarding referrals recorded for the LD inpatient ward
Exclusion Criteria	No exclusions
Calculation	Numerator: Total number of adult safeguarding referrals reported per calendar month Denominator: A count of occupied bed days within the ward over the period of a calendar month This measure will be presented as the safeguarding referral rate (numerator) per 100 occupied bed days (denominator) and will be calculated as $\frac{\text{numerator}}{\text{denominator}} \times 100$
Data Source	Safeguarding referrals reported via APP1 forms

PS3 - Number of times where safety intervention hold techniques were used

Measure Theme	Patient Safety
Measure Number	PS3
Measure	Number of times where safety intervention hold techniques were used
Rationale	Safe holding techniques are utilised when de-escalation techniques or non-restrictive interventions have failed to effectively restrain individuals who may present a risk to themselves or others while receiving care and treatment.
Definition	This measure is a count of all episodes where a safety intervention holding technique was used
Inclusion Criteria	All events
Exclusion Criteria	No exclusions
Calculation	Count every single safety hold intervention carried out each month and report as a whole number.
Data Source	Reported on Datix
Notes	A patient may require a safety intervention hold more than once so count each episode as a separate event.

PS4 - Number of patients where safety intervention hold techniques were used

Measure Theme	Patient Safety
Measure Number	PS4
Measure	Number of patients where safety intervention hold techniques were used
Rationale	Safe holding techniques are utilised when de-escalation techniques or non-restrictive interventions have failed to effectively restrain individuals who may present a risk to themselves or others while receiving care and treatment.
Definition	This measure is a count of Patients who have required a safety intervention hold
Inclusion Criteria	All Patients
Exclusion Criteria	No exclusions
Calculation	Count the number of patients involved in a safety intervention hold.
Data Source	Reported on Datix
Notes	A patient may require a safety intervention hold on more than one occasion but this will be captured in measure PS3

PS5 - Duration of safety Intervention hold technique

Measure Theme	Patient Safety
Measure Number	PS5
Measure	Duration of safety Intervention hold technique
Rationale	Use of physical restraint must not be prolonged (exceeding 10 minutes) unless in exceptional circumstances and must follow best practice standards.
Definition	This measure is a count in seconds/minutes of the length of time for each safety intervention hold technique
Inclusion Criteria	All episodes
Exclusion Criteria	No exclusions
Calculation	Record in seconds/minutes the time for each separate episode where safety intervention hold was used. Data will be recorded in a pareto monthly with total numbers cumulatively added within the allocated time limits
Data Source	Reported on Datix
Notes	If restraint is required for longer than 10 minutes alternative non-physical interventions such as rapid tranquillisation or seclusion should be considered.

PS6 - Number of Seclusion interventions per month

Measure Theme	Patient Safety
Measure Number	PS6
Measure	Number of Seclusion interventions per month
Rationale	The use of seclusion can often be a traumatic experience for those involved and can cause potential damage to therapeutic relationships compromising recovery and well-being. Seclusion should be applied flexibly and in the least restrictive manner possible, considering the patient's circumstances
Definition	This measure is calculated as the total number of seclusion interventions (based on the definition in the notes) per month
Inclusion Criteria	All episodes
Exclusion Criteria	No exclusions
Calculation	Count of the number of seclusion interventions per month (note one patient could have more than one episode so count all as single episodes)
Data Source	Reported on Datix
Notes	Definition: Seclusion is the confinement of a person in a room or area from which the person is not free to leave. The term seclusion refers to a specific intervention. It is not intended to be interpreted broadly to cover circumstances where a person is being cared for in an environment (such as care home or supported living service) where they are not free to leave and there may be a deprivation of liberty authorisation in place (Regional Policy on the use of Restrictive Practices in Health and Social Care Settings And regional operational procedure for the use of Seclusion, NI 2023)

PS7 - Duration of Seclusion Interventions

Measure Theme	Patient Safety
Measure Number	PS7
Measure	Duration of Seclusion Interventions
Rationale	The use of seclusion can often be a traumatic experience for those involved and can cause potential damage to therapeutic relationships compromising recovery and well-being. Seclusion should be applied flexibly and in the least restrictive manner possible, considering the patient's circumstances
Definition	This measure is calculated as the total duration in mins of seclusion interventions (based on the definition in the notes) per month
Inclusion Criteria	All episodes
Exclusion Criteria	No exclusions
Calculation	Record the duration in minutes of each seclusion intervention per month (note one patient could have more than one episode so count all as single episodes)
Data Source	Reported on Datix
Notes	Definition: Seclusion is the confinement of a person in a room or area from which the person is not free to leave. The term seclusion refers to a specific intervention. It is not intended to be interpreted broadly to cover circumstances where a person is being cared for in an environment (such as care home or supported living service) where they are not free to leave and there may be a deprivation of liberty authorisation in place (Regional Policy on the use of Restrictive Practices in Health and Social Care Settings And regional operational procedure for the use of Seclusion, NI 2023)

PS8 - Number of episodes of Rapid Tranquilisations per month

Measure Theme	Patient Safety
Measure Number	PS8
Measure	Number of episodes of Rapid Tranquilisations per month
Rationale	At times non-pharmacological approaches to calm agitation are not successful therefore it is necessary for urgent sedation with medication to be used
Definition	This measure is calculated as the total number of episodes of rapid tranquilisation (based on the definition in the notes) per month
Inclusion Criteria	All episodes
Exclusion Criteria	No exclusions
Calculation	Count of the number of episodes where rapid tranquilisation was used in a calendar month
Data Source	Encompass
Notes	Definition: Use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed (Violence and aggression: short-term management in mental health, health and community settings, NICE guideline [NG10] Published: 28 May 2015)

PS9 - Number of PRN Medications administered per month to reduce emotional and behavioural disturbance

Measure Theme	Patient Safety
Measure Number	PS9
Measure	Number of PRN Medications administered per month to reduce emotional and behavioural disturbance
Rationale	PRN (Pro Re Nata) psychotropic medication is frequently used to reduce emotional and behavioural disturbance. NICE guidelines advise that oral Pro Re Nata (PRN) medication on its own is not de-escalation
Definition	This measure is based on the total number of PRN Benzodiazepines AND/OR Antipsychotic Medications administered per month
Inclusion Criteria	E.g. Lorazepam, Diazepam, Promethazine, Quetiapine or Aripiprazole (NOTE: this list is not exhaustive)
Exclusion Criteria	All other PRN Medications administered
Calculation	Count of the number of episodes where PRN Benzodiazepine AND/OR Antipsychotic Medication was administered in a calendar month
Data Source	Encompass
Notes	National Institute for Health and Care Excellence (NICE) (May 2015), Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (nice.org.uk)

Q1 - Number of complaints received per month

Measure Theme	Quality of Care
Measure Number	Q1
Measure	Number of complaints received per month
Rationale	Complaints are an important measure quality of care in within a ward/department and data can be used to identify areas where repeat findings may indicate wider issues which need to be addressed.
Definition	This measure is based on the total number of complaints per month
Inclusion Criteria	All complaints
Exclusion Criteria	No exclusions
Calculation	Count the number of complaints received each month
Data Source	Complaints Department

W1 - % nursing staff absences per month

Measure Theme	Workforce
Measure Number	W1
Measure	% nursing staff absences per month
Rationale	Absenteeism refers to how many unexpected absences an employee has due to sickness or personal reasons. It's usually calculated as a percentage. The absence metric u doesn't include approved absences such as annual leave
Definition	This measure is based on the percentage of absence in the registered and unregistered Nursing workforce per month
Inclusion Criteria	Unexpected absence such as sickness or personal events
Exclusion Criteria	Annual leave or other planned leave
Calculation	Numerator: Number of staff with unexpected absence Denominator: Total number of staff $\frac{\text{numerator}}{\text{denominator}} \times 100$
Data Source	E-Roster

W2 - Number of shifts with insufficient numbers of nursing staff to safely meet patient need

Measure Theme	Workforce
Measure Number	W2
Measure	Number of shifts with insufficient numbers of nursing staff to safely meet patient need
Rationale	Appropriate staffing plays an important part in the delivery of safe and effective health and care. Safe staffing must be matched to patients' needs and is about skill mix as well as numbers
Definition	This measure is based on the numbers of staff against the patient needs and is based on Telford or MHost guidance
Inclusion Criteria	All shifts
Exclusion Criteria	No exclusions
Calculation	Number of shifts per month with insufficient staff on duty to safely meet patient need
Data Source	E-Roster

W3 - Number of hours of agency usage staff per month

Measure Theme	Workforce
Measure Number	W3
Measure	Number of hours of agency usage staff per month
Rationale	The use of agency staff to plug workforce shortages is widespread and often due to an ad hoc response to recruitment and retention difficulties caused by local skill shortages
Definition	This measure is based on the total number of hours of agency staff usage over a calendar month
Inclusion Criteria	All agency staff usage to cover registered and unregistered nursing shifts
Exclusion Criteria	Other forms of shift coverage such as bank, overtime
Calculation	Count the number of hours of agency staff usage per month
Data Source	E-Roster

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