Background Quality Report:

Improving Access to Psychological Therapies, Key Performance Indicators (IAPT KPIs) – Q4 2011/12 final and Q1 2012/13 provisional
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Author: The Health and Social Care Information Centre, Community & Mental Health Team
Responsible Statistician: Claire Thompson, Principal Information Analyst
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1 Formerly known as the NHS Information Centre
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Validation routines used during the online Omnibus data collection for IAPT, by indicator name

*Error! Bookmark not defined.*
Introduction

This document constitutes a background quality report for the publication of quarterly ‘Improving Access to Psychological Therapies (IAPT) key performance indicators (KPI)’ report. The statistics included in this release are:

Quarter 4 2011/12 (1st January 2012 to 31st March 2012) final data (includes refreshed Q4 where submitted).
Quarter 1 2012/13 (1st April 2012 to 30th June 2012) provisional data.

Context

Background to this publication

The ‘Improving Access to Psychological Therapies (IAPT) Key Performance Indicators’ are published as part of a mandatory Omnibus collection which is issued to all Primary Care Trusts (PCTs). Data are collected on a quarterly basis and used to produce indicators for measuring the delivery of the IAPT programme.

Purpose of this document

This paper aims to provide users with an evidence based assessment of the quality of the statistical output from these IAPT collections. It reports against those of the nine European Statistical System (ESS) quality dimensions and principles2 appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics3, particularly Principle 4, Practice 2 which states:

“Ensure that official statistics are produced to a level of quality that meets users’ needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality”.

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2 The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

3 UKSA Code of Practice for Statistics
Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

The IAPT KPIs collects information on services currently providing or in the process of setting up their services. This report contains high-level summary statistics detailing the following information:

- **KPI1**: The number of people who have anxiety or depression
- **KPI3a**: The number of people who have been referred for psychological therapies
- **KPI3b**: The number of active referrals who have waited more than 28 days from referral to first treatment/first therapeutic session (at the end of the reporting quarter)
- **PHQ13_05**: People who have entered (i.e. received) treatment as a proportion of people with anxiety or depression
- **KPI4**: The number of people who have entered (i.e. received) psychological therapies during the reporting quarter
- **KPI5**: The number of people who have completed treatment during the reporting quarter
- **KPI6a**: The number of people who are "moving to recovery" of those who have completed treatment, in the reporting quarter
- **KPI6b**: The number of people who have completed treatment not at clinical caseness at treatment commencement
- **PHQ13_06**: Number of people not at caseness at their last session, as a proportion of people who were at caseness at their first session
- **KPI7**: The number of people moving off sick pay or ill-health related benefit
- **IAPT Compliant**: Response to the question "Are you an IAPT-compliant service?"
- **Experimental Analysis SQU16_04**: People who have entered (i.e. received) treatment as a proportion of people with anxiety or depression (%), experimental figures to provide a year to date measure

Indicator SQU16_05 was discontinued from the start of the 2012/3 reporting year, and therefore is not included in the provisional quarter 1 statistics in this release. The Department of Health IAPT Central Team issued revised technical guidance⁴ for these KPIs in May 2012. Changes affect indicators KPI3b, KPI4 and KPI5 – see the ‘Comparability’ section below.

The report is presented as a series of tables with supporting text covering the KPIs. Caveats relating to data quality issues are included in the appropriate sections of this report and the data tables. See the ‘Accuracy and Reliability’ dimension below for more detail on completeness and quality indicators.

Accuracy and reliability

*This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.*

**Accuracy**

The collection was sent to all PCTs and responses were mandatory, regardless of whether IAPT services have been commissioned or whether they are in the process of being set up in which case nil returns were accepted. Quarter 1 2012/13 submissions were received from all 151 PCTs; 40 quarter 4 2011/12 refresh submissions were received.

Data quality assurance was carried out on all derived and calculated figures in the report (including replication from base data by at least one other analyst).

IAPT services conform to a model but the instability of the NHS system at the present time may affect patterns of commissioning and provision. We are aware that large differences are present on an organisational level between reporting periods and we have reviewed data quality and validation procedures in conjunction with the Department of Health. New validation procedures have been implemented and these are listed in the Appendix to this document.

Users of these data should bear in mind local knowledge may be required to distinguish changes in volume between reporting quarters that reflect changes in service delivery from those that are an artefact of changes in data quality. Such issues should be kept in mind when viewing time series analyses, as changes between reporting periods may be a product of shortfalls in earlier reporting periods and should not automatically be interpreted as trends in treatment practice or activity.

**Reliability/Known data quality issues**

Points to note regarding data quality of the Q4 final and Q4 provisional IAPT KPI outputs are listed below:

**Coverage**

**5P8 – Hastings and Rother PCT**

Since Q2 2011/12, data for this PCT has been returned under East Sussex Downs and Weald PCT and 5P8 have submitted a nil return. Please bear this in mind if making time series comparisons.

**Q4 2011/12**

Four organisations reported that, whilst they included all IAPT compliant services in their return, not all these services were able to report against every KPI. Details are provided below:

- Middlesbrough PCT (5KM):
  - KPI 3b – one service unable to provide
  - KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = ’90 and over’ & Gender = ’Not Known’
  - KPI 6a – two services unable to provide
  - KPI 6b – two services unable to provide
  - KPI 7 – one service unable to provide

- Redcar & Cleveland PCT (5QR)
  - KPI 3b – one service unable to provide
• Hartlepool PCT (5D9)
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = '90 and over' & Gender = 'Not Known'
  o KPI 6a – two services unable to provide
  o KPI 6b – two services unable to provide
  o KPI 7 – two services unable to provide

• Stockton-on-Tees PCT (5E1)
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = '90 and over' & Gender = 'Not Known'
  o KPI 6a – one service unable to provide
  o KPI 6b – one service unable to provide
  o KPI 7 – two services unable to provide

Q1 2012/13

• Middlesbrough PCT (5KM):
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = '90 and over' & Gender = 'Not Known'
  o KPI 6a – one service unable to provide
  o KPI 6b – two services unable to provide
  o KPI 7 – one service unable to provide

• Redcar & Cleveland PCT (5QR)
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide
  o KPI 6a – one service unable to provide
  o KPI 6b – one service unable to provide
  o KPI 7 – one service unable to provide

• Hartlepool PCT (5D9)
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = '90 and over' & Gender = 'Not Known'
  o KPI 6a – two services unable to provide
  o KPI 6b – two services unable to provide
  o KPI 7 – two services unable to provide

• Stockton-on-Tees PCT (5E1)
  o KPI 3b – one service unable to provide
  o KPI 5 – one service unable to provide. One service unable to provide breakdown by age and sex so number completed treatment for this service has been entered as Age = '90 and over' & Gender = 'Not Known'
  o KPI 6a – one service unable to provide
  o KPI 6b – one service unable to provide
  o KPI 7 – two services unable to provide
Double Counting

With the exception of indicators KPI 1 and KPI 3b, there is potential for the figures published to have included some double counting. The reason for this is that a patient may have treatment in two IAPT services and the total of these was submitted without cross checking. It is therefore possible that some people were being treated by both services, or referred from one to the other as part of a normal treatment pathway, and these people will therefore have been counted twice. This is exacerbated in the experimental analysis for the year-to-date version of KPI SQU16_04 (or PHQ13_05), where the same person may have been referred in more than one quarter.

Proportion of referrals entering treatment

Indicator SQU16_04 (the proportion of referrals that are entering treatment) was over 100% for three providers:

- Swindon PCT (5K3) – Q4 final
- Kensington and Chelsea PCT (5LA) – Q4 final
- Wiltshire PCT (5QK) – Q4 provisional

The reason this occurred may have been that the number of people who completed treatment within the quarter not being a direct subset of the number of people referred during the same quarter i.e. some may have been referred for treatment during a previous quarter and therefore being included in the numerator but not the denominator for the calculation of this indicator. However this issue remains from the last publication as no refresh data was submitted during the collection period.

Q4 refresh data

A number of organisations submitted Q4 refresh data which included notable revisions to quarter 4 data. We have listed below the organisations where there was an indicator change of greater than 20%, with a numerical change of at least 20:

**KPI 3a (The number of people who have been referred for psychological therapies during the reporting period)**

- Darlington PCT (5J9): Increase from 442 to 601
- County Durham PCT (5ND): Increase from 2,286 to 2,963

**KPI 3b (The number of active referrals who have waited more than 28 days from referral to first treatment/ first therapeutic session (at the end of the reporting quarter))**

- Hartlepool PCT (5D9): Increase from 94 to 249
- Stockton-on-Tees Teaching PCT (5E1): Increase from 211 to 561
- Middlesbrough PCT (5KM): Increase from 46 to 248
- County Durham PCT (5ND): Decrease from 2,567 to 1,729
- Sefton PCT (5NJ): Increase from 89 to 1,021
- Wirral PCT (5NK): Decrease from 1,443 to 879
- Liverpool PCT (5NL): Increase from 253 to 2,938
- Central and Eastern Cheshire PCT (5NP): Decrease from 1,966 to 1,522
- East Sussex Downs and Weald PCT (5P7): Increase from 1,222 to 1541
- Leicester City PCT (5PC): Decrease from 1,880 to 764
- Norfolk PCT (5PO): Decrease from 1,441 to 921
- Redcar and Cleveland PCT (5QR): Increase from 58 to 271
- North East Lincolnshire Care Trust Plus (TAN): Increase from 0 to 40
KPI 4 (The number of people who have entered (i.e. received) psychological therapies during the reporting quarter):

- Oldham PCT (5J5): Decrease from 163 to 108
- Darlington PCT (5J9): Increase from 277 to 374
- County Durham PCT (5ND): Increase from 1,507 to 1,987
- Sefton PCT (5NJ): Decrease from 822 to 410
- Wirral PCT (5NK): Decrease from 2,028 to 1,317
- Liverpool PCT (5NL): Decrease from 1,693 to 568

Note that indicator PHQ13_05 is also affected by these changes, since KPI 4 is its numerator.

KPI5 (The number of people who have completed treatment (minimum 2 treatment contacts) during the reporting quarter):

- City and Hackney Teaching PCT (5C3): Increase from 523 to 660
- Stockton-on-Tees Teaching PCT (5E1): Decrease from 508 to 385
- Oldham PCT (5J5): Decrease from 81 to 56
- Darlington PCT (5J9): Increase from 164 to 226
- Middlesbrough PCT (5KM): Decrease from 245 to 190
- County Durham PCT (5ND): Increase from 644 to 875
- Great Yarmouth and Waveney PCT (5PR): Decrease from 344 to 260
- Redcar and Cleveland PCT (5QR): Decrease from 217 to 170

KPI6a (The number of people who are “moving to recovery” (of those who have completed treatment, those who at initial assessment achieved "caseness" and at final session did not) during the reporting period)

- City and Hackney Teaching PCT(5C3): Increase from 165 to 201
- Darlington PCT (5J9): Increase from 57 to 81
- County Durham PCT (5ND): Increase from 230 to 325

KPI6b (The number of people who have completed treatment not at clinical caseness at initial assessment)

- County Durham PCT (5ND): Increase from 94 to 128
- East Sussex Downs and Weald PCT (5P7): Increase from 193 to 264
- Worcestershire PCT (5PL): Decrease from 111 to 47

KPI7 (The number of people moving off sick pay or benefits during the reporting period)

- County Durham PCT (5ND): Increase from 53 to 77
- Worcestershire PCT (5PL): Decrease from 41 to 21

Breach Reasons

A list of ‘breach reasons’ (text provided by submitting organisations in response to the Omnibus collection system flagging up validation errors) is available as two MS Excel files on the website for this publication. These are now published separately (rather than in the Appendix to this document) since a greater number of breach reasons have been generated due to the addition of the new validation routines.

Breach reasons include explanations and additional information and should be considered alongside the data, particularly when examining results at an organisational level. Most breach reasons concern organisational changes and reporting hierarchies, system and/or service implementation and/or improvement, bank holidays affecting service provision (e.g. completion of treatment) in time
for end of reporting period, seasonal fluctuation (e.g. patients’ engagement or uptake of treatment),
treatment policy (e.g. treating whether a patient is at caseness or not; whether services are providing
to under 18’s). The changes to the technical guidance in May 2012 were also cited as a breach
reason by several organisations.

Breach reasons which require consideration of the numbers submitted in the return:

East Lancashire PCT (5NH)– Q4 2011/12 final data, KPI 5: ‘Q3 data was revised but not submitted in
time for the closedown, hence the apparent breach’.

Hartlepool PCT (5D9): - Q1 2012/13 provisional data, KPI5: ‘One service previously unable to
provide breakdown by age and sex so number completed treatment for this service had been entered
as Age = ‘90 and over’ & Gender = ‘Not Known’. Breakdown by age and sex now available from
service so Total 18-64 figure has increased’.

Salford PCT (5F5) – Q1 2012/13 provisional data, KPI5: ‘we have separate provider organisations for
step 2 and step 3 services. We have identified historical problems with over-reporting and distortions
around recovery calculations for any patients that are stepped up from step 2 to step 3. Work has
been completed to correct these discrepancies, and patients stepped up from step 2 to step 3 are
now reported from step 3 service only. The exclusion of these cases from step 2 data explains the
apparent drop in overall patient completion numbers and age profile figures for line 5, but we are
confident that the IAPT data is now far more accurate’

Southampton City PCT (5L1) - Q1 2012/13 provisional data, KPI5: ‘Trust has moved to providing
combined return with the Primary Care Counselling Service and whilst there was some combined
data in the Q4 return, this is the first quarter a full set of discharges will have affected the data’.

Brighton & Hove PCT (5L1) - Q1 2012/13 provisional data, KPI4, KPI5, KPI6b: ‘Data quality issues in
June from the hospital’

Stoke on Trent PCT (5PJ) - Q1 2012/13 provisional data, KPI5: ‘Increase in 1 from last quarter where
a therapists failed to check / record data’

East Riding of Yorkshire PCT (5NW) – Q1 2012/13 provisional data, KPI 7 – ‘SystmOne clinical
reporting is unable to produce accurate data for this KPI’.

Bradford and Airedale Teaching PCT (5NY) – Q1 2012/13 provisional data, KPI 6b: ‘From 22
February 2012 Primary Care Mental Health Gateway workers have been asked to provide manual
figures for clients who completed treatment who did not achieve caseness at initial assessment. Prior
to this, PCMH Gateway workers were not asked to provide client numbers for Line 6b’.
Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

The online collection for IAPT data went live on the 2nd July 2012 and closed on 3rd August 2012. The IAPT KPI Q4 2011/12 final report describes data relating to the position on the 31st March 2012. It is a ‘refresh’ of the previously published Q4 provisional data, and continues any Q4 replacement data provided voluntarily by organisations during the Q1 2012/13 collection period. The Q1 2012/13 provisional data relates to the position on the 30th June 2012 and is considered to be provisional in nature. Organisations will be offered the opportunity to submit any refreshed data during the subsequent Q2 2012/13 collection period.

It has been acknowledged that, during 2011/12, there may have been challenges for data collection and performance management caused by the potential changes to PCTs Mental Health commissioning arrangements as GP Commissioning Clusters emerge.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

Accessibility

The publication is accessible via the Health and Social Care Information Centre (HSCIC) internet as a series of Excel spreadsheet tables and an Executive Summary in PDF format. A machine readable file containing the data used to create the analysis within the report is published alongside the main publication document. Its reuse is subject to conditions outlined here:

http://www.ic.nhs.uk/data-protection/terms-and-conditions

Clarity

The report is divided into separate tabs, each detailing the IAPT KPI result of the information submitted in response to a survey question.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Coherence

There are no current alternative sources of data with which these can be compared.
These indicators are derived from the aforementioned Omnibus survey except for indicator 1 (KPI 1), which originates from the Psychiatric Morbidity Survey, 2000.

When the IAPT dataset starts to be collected and submitted by PCTs, the KPIs will be recreated in shadow form during the first year of the dataset submission with the Omnibus collection ending in the second year as the IAPT KPIs will be instead by calculated from the dataset.

**Comparability**

*Revisions to technical guidance*

Revised KPI Technical Guidance published in May 2012 affects indicators within this publication as follows:

- Some age ranges defined in KPI5 have changed with effect from 2012/13, as outlined in the table below.

<table>
<thead>
<tr>
<th>2011/12 KPI 5 age range definitions</th>
<th>2012/13 KPI 5 age range definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>Under 18</td>
</tr>
<tr>
<td>18 - 65</td>
<td>18 - 64</td>
</tr>
<tr>
<td>66 - 74</td>
<td>65 - 74</td>
</tr>
<tr>
<td>75 - 89</td>
<td>75 - 89</td>
</tr>
<tr>
<td>90 and over</td>
<td>90 and over</td>
</tr>
</tbody>
</table>

The new age breakdowns affect only the provisional Q1 2012/13 data (not the Q4 refresh 2011/12 data).

- The revised guidance now allows providers to pause/stop the clock when calculating waiting times (see Annex 2 of the guidance). This directly affects KPI 3b, and also has an impact on the numbers entering treatment (KPI 4). These indicators should therefore not be directly compared with those published previously. The new rules should not have been adopted for the calculation of waiting times in IAPT data before 2012/13, although we cannot guarantee that this is the case with all providers.

- Previously the guidance did not specify the point in treatment at which the age for KPI5 was calculated; age is now taken at the point of referral. It is not known whether providers adopted this convention before the guidance was issued, so caution should be exercised when comparing 2012/13 data with earlier data.

*Quarter 4 refresh data*

The organisations which provided a refresh for their Q4 data were:

5C3 City And Hackney Teaching PCT
5D9 Hartlepool PCT
5E1 Stockton on Tees Teaching PCT
5F1 Plymouth Teaching PCT
5HG Ashton, Leigh And Wigan PCT

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With the exception of these organisations, the figures for finalised Q4 data did not differ from those published in the previous IAPT report for provisional Q4 data. For comments regarding the content of the refresh submissions, see the section above on ‘Reliability and Data Quality Issues’.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

This submission was mandatory and therefore all organisations in existence at the point of collection submitted data. There are no known data quality issues other than those mentioned above. Breach reasons provided by submitting organisations in response to validation checks in Omnibus surveys are now published by the HSCIC as a separate MS Excel document on the publication webpage.

Organisations are given the opportunity to revise provisional figures during the subsequent collection period by submitting ‘refresh’ data. If none is submitted, the provisional data is finalised.
This dimension covers the processes for finding out about users and uses, and their views on the statistical products.

We anticipate that the results will be used by the Department of Health and NHS organisations to assist in assessing the IAPT programme against the targets it has set. We also expect that it will be of use to specialist organisations such as local depression and anxiety groups as well as to the general public.

Feedback has suggested that calculating a cumulative figure for people who have entered (i.e. received) treatment as a proportion of people with anxiety or depression (%). We have published some experimental analysis to show this but, since there are data quality issues around possible double counting; we have caveated these statistics to ensure that they are used with caution. The issue of double counting will be addressed once record level IAPT data flow has been established.

We would welcome feedback on whether these experimental statistics are useful and any other aspects of this publication. User feedback is encouraged via the publication webpage.

Performance, Cost and Respondent Burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

We are required to report on IAPT services at organisation level so the collection is necessarily a census of PCTs. Participation in this survey was mandatory and data is collected electronically.

The collection uses existing data sources wherever possible to minimise the respondent burden. This however only applies to one indicator, KPI 1, which is derived from the Psychiatric Morbidity Survey, 2000.

The information was collected using the HSCIC Omnibus online collection system. The IAPT survey collection will continue until the end of 2012/2013 when it is proposed that the last collection will be undertaken for the period Jan 2013 – Mar 2013. From this point onwards it is intended that the IAPT KPIs will be reported on using the new IAPT dataset as the data source.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

- PCTs and LAs may provide a refresh of their data should they wish and this will be published as part of the annual release.
- All publications are subject to a standard HSCIC risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy

Freedom of Information Process

Data Access and Information Sharing Policy
Click here to go to policy

Data Protection Charter
Appendix

Validation routines used during the online Omnibus data collection for IAPT, by indicator name

The IAPT collection is a quarterly return.

Completing the return

- IAPT-compliant service: select "Yes" or "No"

- KPI 1 - pre-populated using data taken from the Psychiatric Morbidity Survey, 2000

- KPI 2 - data is no longer collected for this line

- KPIs 3a - 7 – mandatory completion

Validation

A figure greater than 0 must be entered for KPIs 3a – 7 (this applies to the total figure for KPI5).

For lines that have been returned with 0, a list of breach reasons appear next to these questions after clicking on the “validate” button (located at the top of the collection page). Organisations are instructed to select from the list of breach reasons or “Other” and provide comments in a text box.

Additional validation

- Validations to ensure Age and Sex breakdowns add up to the Totals for KPI 5

- 20% Tolerance in Kp15, KPI6a, KPI6b, KPI7

- KPI 6a must be equal to or less than the total for KPI 5

- KPI 6b must be equal to or less than the total for KPI 5