**NHS Digital**

**Indicator Supporting Documentation**

**IAP00425 The proportion of people who use services who say that those services have made them feel safe and secure**

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| Indicator set | ASCOF |
| Brief Description | The Adult Social Care Survey (ASCS) seeks to learn more about how safe service users feel. Question 7b is used for this indicator, it asks:  “Do care and support services help you in feeling safe?” To which the following answers are possible:  • Yes  • No |
| Purpose | Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality.  The Adult Social Care Survey (ASCS) seeks to learn more about how safe service users feel. Question 7b is used for this indicator, it asks:  “Do care and support services help you in feeling safe?” To which the following answers are possible:  • Yes  • No  This indicator, Adult Social Care Outcomes Framework (ASCOF) 4B, supports ASCOF 4A (The proportion of people who use adult social care services and who feel safe) by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors.  The Government’s aim is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. All adult social care users, including those whose circumstances make them vulnerable, should feel safe and secure. |
| Definition | The Adult Social Care Survey (ASCS) seeks to learn more about how safe service users feel. Question 7b is used for this indicator, it asks:  “Do care and support services help you in feeling safe?” To which the following answers are possible:  • Yes  • No |
| Data Source | Adult Social Care Survey (ASCS)  The Adult Social Care User Survey was created in 2010-11, one year before becoming the basis for a number of the indicators in the ASCOF, including 4B. The survey was put in place to generate the data needed for the outcome’s framework. There are no other available data sources. |
| Numerator | The numerator is the number of people answering “Yes” to the question “Do care and support services help you in feeling safe?” after weighting has been applied. |
| Denominator | The denominator is the number of people answering the question “Do care and support services help you in feeling safe?” after weighting has been applied. |
| Calculation | For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Digital to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures.  Worked example:  The number of users who said services had helped them feel safe was 197.  The total number of users who responded to the question was 345.  Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.  The measure value is [(197/345)\*100] which is equal to 57.1%. |
| Interpretation Guidelines | This indicator is to be taken together with ASCOF 4A (The proportion of people who use adult social care services and who feel safe) to allow analysis of how care services are affecting users’ perceived safety.  As such it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors. |
| Caveats | Following on from the public consultation regarding the adult social care data returns, the activity return Short and Long Term (SALT) replaced the Referrals, Assessments and Packages (RAP) return in 2014-15, meaning that the tables used for determining the eligible population for were not directly comparable, so the time series from 2014-15 onwards would not be directly comparable with previous years. |

**Indicator Submission Form (IAP00425)**

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| **Section 1: Introduction and Overview** |  |  |  |
| **1.1 Indicator title** |  | **1.2 Submission date** | 17/05/2018 |
| **1.3 Requesting organisation** | Department of Health and Social Care | **1.4 Request** | **New** |
| **1.5 Topic area** | Adult Social Care | **1.6 SRO / Sponsor** | Name Jane Campbell  Title: Adult Social Care Informatics Policy Lead  Phone:  Email: ASCOF@dh.gsi.gov.uk |
| **1.7 Frequency of reporting** | Annually |  |  |
| **1.8 Indicator owner** | Name Robyn Wilson  Title Analytical Section Head  Phone 01132542470  Email [robyn.wilson@nhs.net](mailto:robyn.wilson@nhs.net) | **1.9 Alternate contact details** | Name Robyn Wilson  Title Analytical Section Head  Phone 01132542470  Email [robyn.wilson@nhs.net](mailto:robyn.wilson@nhs.net) |
| **1.10 Set** | ASCOF | **1.11 Domain** | Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm |
| **1.12 Target assurance date** | 13/09/2018 |  |  |

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| **Section 2: Rationale** |  |
| **2.1 Why is this indicator needed and why is it important that it be measured?** | Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality.  The Adult Social Care Survey (ASCS) seeks to learn more about how safe service users feel. Question 7b is used for this indicator, it asks:  “Do care and support services help you in feeling safe?” To which the following answers are possible:   * Yes * No   This indicator, Adult Social Care Outcomes Framework (ASCOF) 4B, supports ASCOF 4A (The proportion of people who use adult social care services and who feel safe) by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors.  The Government’s aim is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. All adult social care users, including those whose circumstances make them vulnerable, should feel safe and secure. |
| **2.2 Who would use this indicator and why?**  *For example, performance monitoring or as a management tool to prompt further investigation* | The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.  The key roles of the ASCOF are:   * Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models. * Locally, it is also a useful resource for Health and Wellbeing boards who can use the information to inform their strategic planning and leadership role for local commissioning. * Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services. * Regionally, the data support sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice. * At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.   The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability. |
| **2.3 Is there clinical evidence (such as NICE) or professional opinion to support the need for this indicator?** | The framework has been developed by the Department of Health (DH), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).  Previously the framework was overseen by the Outcomes and Information Development Board (OIDB) made up of representatives from across the social care sector including HSCIC, Local Government Association (LGA) and Care Quality Commission (CQC) and co-chaired by the Department of Health and Association for the Directors of Adult Social Services (ADASS). Due to the increasing remit of the board, it has been decided to split the board to allow for a more tailored approach to the issues. In September 2014, two new boards were established; the Adult Social Care Data and Outcomes Board (ASC-DOB) and the Adult Social Care Technology and Informatics Group (ASC-TIG). Going forward ASC-DOB will be responsible for overseeing national data collections and for the annual Framework publication and Handbook of Definitions.  The development project was carried out by Personal Social Services Research Unit (PSSRU), which fed into the survey design. There are various studies using ASCOF data by the PSSRU such as https://www.pssru.ac.uk/pub/dp2542.pdf, https://www.pssru.ac.uk/pub/4633.pdf which demonstrate the importance of ASCOF, however they don’t specifically reference the development of ASCOF. Information on this may exist in a historic PSSRU paper, however this has not been located. |
| **2.4 Which governmental strategies or policies support the use of this indicator?** | The Care and Support White Paper, published in July 2012, set out the Government’s vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care, and Transparency in Outcomes: a framework for quality in adult social care  The Care Bill became the Care Act in May 2014, signalling the most significant change in care and support policies in over sixty years. The impact of the Care Act will be far reaching with fundamental changes to the way that care is delivered and paid for taking place over the next few years. These changes will mean that service users and their cares are in control of their own care and support. The ASCOF for 2015/16 will support councils to rise to this challenge of delivering key priorities by providing a clear focus for local priority setting and improvement and by strengthening the accountability of councils to local people |
| **2.5 Is there a relationship to other existing indicators?**  *For example, rationale for a new framework and how it fits in or if part of an existing framework, how does the indicator meet a different need?* | This indicator is to be taken together with ASCOF 4A (The proportion of people who use adult social care services and who feel safe) to allow analysis of how care services are affecting users’ perceived safety.  As such it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors. |
| **2.6 Comparability to other existing indicators**  *If similar, include justification as to why an additional indicator is required* | The comparability of measure 4B over time is addressed via the ASCOF publication. In common with all ASCS-based measures (1A, 1B, 1I(1), 1J, 3A, 3D(1), 4A and 4B), changes to these measures have created a break in the time-series, as described in early sections due to the change in eligible population from which survey samples are selected. with the introduction of Short and Long Term Support (SALT) return.  Previously, the eligible population of adult social care users for the ASCS had been those in receipt of Council with Adult Social Service Responsibility (CASSR) funded services following a full assessment of need (i.e. a snapshot of those eligible for inclusion in Referrals, Assessments and Packages of Care (RAP) return table P1). However, with the introduction of SALT, the eligible population has changed to a snapshot of the most closely comparable SALT table, LTS001b, as at the chosen extract date. To be included in table LTS001b, a service user must, at the point that data are extracted from CASSR systems, be in receipt of long-term support services funded or managed by the CASSR following a full assessment of need.  Further information can be found on in the publications in Appendix C and a specific sheet detailing comparability over time in the timeseries publications that accompany the ASCOF release, the most recent was published in October 2017 and can be found at https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current |
| **Section 3: Data** |  |
| **3.1 What is the source of the data and why should it be used?**  *For each dataset, justify the inclusions and exclusions* | Adult Social Care Survey (ASCS)  The Adult Social Care User Survey was created in 2010-11, one year before becoming the basis for a number of the indicators in the ASCOF, including 4B. The survey was put in place to generate the data needed for the outcome’s framework. There are no other available data sources. |
| **3.2 Was any other data source considered?**  *Why was it discarded?* | As 3.1 |
| **3.3 What period coverage is required?** | The survey is carried out annually. |
| **3.4 Is the indicator re-using an existing collection or extraction or is it primarily being collected for this indicator?** | Reusing from the ASCS publication. |
| **3.5 How will the data be extracted or collected?**  *Is the indicator re-using an existing collection or extraction or is it primarily being collected for this indicator?* | The ASCS is a survey of users who are in receipt of council funded services. Service users are sent a self-completion questionnaire, although some service users have help completing the questionnaire, which is returned by post using a pre-paid envelope.  There are two main variants of the questionnaire which can be sent to a service user depending on their particular situation. However, these variants are designed to cover the same questions and the answers are combined to produce the results. The variants are:   * Users receiving services in the community / users in residential care (with slight differences to reflect different settings) * Users with a learning disability (easy-read version)   Service users who are sent the easy-read version of the questionnaire (designed for, but not exclusively sent to, service users with a learning disability) will be treated in the same way, as this version of the questionnaire has been designed to be equivalent to the non-learning disabilities version. The easy-read version uses images from the Valuing People Clipart Collection (www.inspiredservices.org.uk) to make the questionnaire accessible to those with learning difficulties.    This survey covers those individuals who were in receipt of a council-funded long-term social care support service, as defined in the Equalities and Classifications Framework for adult social care (EQ-CL) on an extract date chosen by the council (i.e. the date on which these data are extracted from council information systems). This is the same population of service users as would be reported in table LTS001b of the Short and Long Term services (SALT) return if this table was populated in relation to the chosen extract date rather than 31 March These service users make up what is known as the ‘Eligible Population’ for the survey. In depth information on the sample can be found in section 5 of the Information and guidance for the Adult Social Care Survey for 2017-18 <http://content.digital.nhs.uk/media/25522/ASCS-Guidance-2017-18/pdf/ASCS_Guidance_2017-18.pdf>  Managers of care homes and supported living are contacted at various stages during the survey process, to ask them to provide information about whether any service users lack the mental capacity to consent to taking part in the survey, so that they are not included in the final sample. To ensure compliance with the Mental Capacity Act 2005, and the Social Care REC ethical clearance for the survey, it is essential that mental capacity checks take place for service users in residential care homes, nursing care homes or supported living arrangements (including shared living schemes and extra-care housing for people with dementia. Further information about the Mental Capacity Act, 2005 can be found at: <http://www.legislation.gov.uk/ukpga/2005/9/contents>. |
| **3.6 Data fields required**  *With justification* | Question 7b: “Do care and support services help you in feeling safe?” |
| **3.7 Are any data filters required?**  *With justification* | **None** |
| **3.8 Are there any linkages to other datasets?** | **N/A** |
| **3.9 Further notes on data:** | The response rate to question 7b for the 2016/17 ASCS was 94.6% for England, and response rates for CASSRs ranged from 73% to 100%. |
| **Section 4: Construction and Testing** |  |
| **4.1 How will the indicator measure be calculated / constructed?** | This indicator is calculated as the percentage. |
| **4.2 Numerator explanation** | The numerator is the number of people answering “Yes” to the question “Do care and support services help you in feeling safe?” after weighting has been applied (see section 4.6 for weighting methodology). |
| **4.3 Denominator explanation** | The denominator is the number of people answering the question “Do care and support services help you in feeling safe?” after weighting has been applied (see section 4.6 for weighting methodology). |
| **4.4 Provide a worked example** | For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure.  The data from the survey will be weighted by the NHS Digital to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures.  Worked example:  The number of users who said services had helped them feel safe was 197.  The total number of users who responded to the question was 345.  Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.  The measure value is [(197/345)\*100] which is equal to 57.1%. |
| **4.5 Could any risks be associated with the use of this indicator?** | As 4.8 |
| **4.6 Risk adjustment or standardisation type and methodology**  *Include the relevant methodology with justification or state why it is not relevant* | **Weighting Methodology**  *Variables and methodology:*  The introduction of stratified sampling and allowing councils to oversample in strata of interest to them, leads to the need to weight the data to convert the achieved sample back to represent the population from which the sample was drawn.  This is commonly done by dividing the number of people in each of the stratum in the eligible population by the number of returned questionnaires in each stratum. This has the effect of weighting for both the sample design and non-response at the same time.  These weights are provided automatically within the data return based on the number of responses in each stratum and the number of people in the eligible population in each stratum.  Example provided at end of this table.  While the survey question asks directly about services, it is potentially subject to influence of exogenous factors, for example the characteristics of users. Further analysis will be required to explore this and establish whether risk adjustment should be applied. |
| **4.7 What are the confidence intervals and control limits and why have they been used?**  *Include the relevant methodology with justification or state why they are not relevant* | Confidence Intervals  *Methodology[[1]](#footnote-1):*  The confidence coefficient is determined by the value of the ALPHA= option, which by default equals 0.05 and produces 95% confidence limits. The confidence limits are computed as:  Formula to calculate confidence coefficient  Where:  Yis the estimate of the mean,  Y=standard erroris the standard error of the mean  Formula to calculate standard erroris the Formula to calculate standard errorth percentile of the ***t*** distribution with ***df*** calculated as:  Formula to calculate standard error  Weights are used to ensure the survey results are representative of the eligible population. The following standard formula for variance of estimates in a stratified design has been used.  Taking H to be the total number of strata within the survey; the sampling weight for each stratum *h*, where *h=1,…,H,* is denoted by:  where is the number of eligible population elements in each stratum and  is the overall eligible population for the survey.  The variance is:  This provides the information needed to calculate the 95 per cent confidence interval, calculated by:  𝑒𝑠𝑡𝑖𝑚𝑎𝑡𝑒 ±1.96√𝑉(𝑝)  where:  *p* is the sample proportion (statistic of interest) for the aggregated result  *ph* is the sample proportion in stratum h  *nh* is the achieved sample size (number of useable responses) in council h  *Nh* is the size of the eligible population in stratum h  *H* is the number of strata.  In the normal distribution, 95 per cent of the area under a normal curve lies within roughly 1.96 standard deviations of the mean. NHS Digital uses PROC SURVEYMEANS, within the SAS software package, to calculate margins of error. Rather than using 1.96, this uses a calculation[[2]](#footnote-2) which gives slightly greater accuracy and makes fewer assumptions about the sample size. |
| **4.8 Could the indicator be manipulated to influence the outcome?** | One of the key risks of undesired behaviours with any survey is inconsistencies introduced by the survey process. For example, where service users are helped to complete the questionnaire by a representative of the service provider or where the method of carrying out the survey excludes certain service users for example by being web- or telephone-based.  Guidance documentation is provided to local authorities to support them in carrying out the survey in a robust way. This seeks to mitigate the risks of these undesired behaviours occurring by for example providing a summary of the strengths and weaknesses of postal questionnaires compared to face-to-face and telephone interviews. This is designed to help councils in reaching informed decisions about how they administer the survey locally.  There are instances where it is reasonable for service users to call upon their service providers to help them in completing the questionnaire. Anecdotal evidence suggests that it is very difficult to instruct a service user not to ask their care worker for help when they are used to turning to them for help with everyday tasks such as dealing with the post. The questionnaire does ask if a user has had assistance completing the questionnaire, the responses to this are factored into both the analyses and data quality assessment.  To mitigate these risks however, the guidance also provides a range of ways though which councils can ensure service users are able to complete the questionnaire as independently as possible through for example family members, informal carers or advocates. The guidance also explicitly states that “Anyone directly involved in the provision of services to the participant should not help them to complete the questionnaire. This is because respondents may not feel able to give their true opinion and this would bias the results.”  Where it is not possible to find appropriate support to enable service users to complete a postal questionnaire, the survey may be administered as an interview, either by telephone or face-to-face. Interviews should be used by exception: the number of interviews completed should be small in relation to the size of the sample (generally this would be expected to be less than five per cent).  Ultimately, councils are able to use ASCS guidance documentation to ensure data are collected robustly and consistently, and to support transparent and fair comparisons between service providers. |
| **Section 5: Presentation and interpretation** |  |
| **5.1 In what format will the indicator be presented?** | This indicator is disseminated by NHS Digital as part of ASCOF annual publications. There is an annual disaggregated spreadsheet released, as well as a time-series of aggregated outcomes. The data is also available in a PowerBI report which is available in the Social Care Analytical Hub (http://bit.ly/SocialCare\_HUB). This enables councils to view interactive tables and charts of their data compared to their peers and councils in their region.  The data is also available in the NHS Digital [Clinical Indicators](https://indicators.hscic.gov.uk/webview/) collection. |
| **5.2 What contextual information will be provided alongside the indicator?**  *With justification* | There is a need to understand more about how services and support are affecting the outcomes in people’s lives. Personalisation means putting the user at the heart of care planning and provision and it is critical to have high quality information to aid our understanding of the impact and outcomes achieved, to enable choice and inform services development and improvement. A robust survey programme, collecting the views of the people who use services and support, is the best and most appropriate vehicle to achieve this.  The Care Act 2014 consolidates past legislation and regulation, and continues to strive for greater transparency, accountability and personalisation in health and social care. Key to supporting the implementation of the Act is the need for outcome-focused intelligence.  The ASCS is the most significant pool of personal outcome information for those receiving LA-funded or managed adult social care. It is an important resource for reporting what has been achieved for local people, supporting development and improvement of local services and enabling people to make better choices about their care.  It is important to understand at national level how well services are meeting user and carer needs. However, data from the survey is not intended to be used solely to monitor performance through national outcome measures but also to be used locally to inform delivery of service and support and to monitor and develop standards. It is recognised that surveys are an important means for obtaining this information. It is understood that some councils may undertake regular feedback via their agreements with service providers but this survey will give a greater insight into outcomes for users and provide a consistent basis for comparing results across different areas.  The survey provides assured, benchmarked local data on outcomes to support local services to think about ways of improving outcomes in a very challenging financial climate. It is constructed so that an individual outcome can be disaggregated into constituent groups. So, as well as providing an overall quality of life index, it provides intelligence on whether specific groups experience better outcomes, whether services and support are meeting all outcome needs, and, in time, the value-added by social care services.  Indicator 4B follows up from: (4A) Proportion of people who use adult social care services who feel safe.  Numerators and denominators are presented in the annex files alongside the publication. Data is available at council, council type, regional and England level.  Furthermore, the 2016-17 Adult Social Care Survey publication can be found at <http://digital.nhs.uk/catalogue/PUB30102> . Outputs published include a narrative-based report which provides analysis of the key themes and trends in the data as well as a series of annex files which provide:   1. details of the methodology and 2. datasets in various formats (by question, local authority and key demographics)   to support further analysis by end-users. |
| **5.3 Is there a target to be achieved?** | The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability.  Regionally however, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice.  Using the PowerBI report, councils can for example benchmark their performance against Chartered Institute of Public Finance and Accountancy (CIPFA) derived nearest neighbour peer groups as well as against their regional peers or known, similar organizations. CIPFA derived nearest neighbour peer groups are groupings of comparable local authorities chosen using a model which finds similarities between authorities based on a range of social and economic indicators such as employment. More information about the Nearest Neighbour Model is on the CIPFA website (<http://www.cipfastats.net/resources/nearestneighbours/>). The standard 2014 model (i.e. using default settings) is currently being used. For the 2017/18 data, we will endeavour to update this to the new 2018 model (time and resources allowing).  Also, as outlined above, local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services.  Furthermore, within the 2014/15 ASCOF publication, we were able to include evidence of where local authorities had been able to identify areas to improve processes: “We use ASCOF scores to produce summary sheets with quartiles, rankings and colour coding to show how our local authority is performing compared to other local authorities within the region and nationally. We identify areas where performance looks low and add text boxes to document explanations. From the comments received we have identified some themes and we are now using these to produce an action plan to address the issues. We also highlight areas where we are performing well. We have used the benchmarking data to improve our 2C part 2 measure outcome by reviewing processes and implementing regular monitoring.” |
| **5.4 Are there any limitations or potential bias?** | Following on from the public consultation regarding the adult social care data returns, the activity return Short and Long Term (SALT) replaced the Referrals, Assessments and Packages (RAP) return in 2014-15, meaning that the tables used for determining the eligible population for were not directly comparable, so the time series from 2014-15 onwards would not be directly comparable with previous years.  The eligible population for the ASCS changed from a snapshot of table P1 in RAP to the most closely comparable SALT table, LTS001b, as at the chosen extract date. To be included in LTS001b a service user must, at the point that data are extracted from LA systems, be in receipt of long-term support services funded or managed by the LA following a full assessment of need. The most important changes to note are:  • The population covered by the survey now includes only those in receipt of long-term support services (community and residential); those in receipt of low-level support only (e.g. equipment and adaptations, professional support, short-term residential care) are not included in the survey population or sample.  • The population covered by the survey now includes those service users who receive support from CASSRs in terms of assessment and care management but who pay in full for the cost of their services (full cost clients); previously service users were included only where the CASSR made a contribution towards the costs of services received.  These changes are detailed in full in the [methodological change notice](http://content.digital.nhs.uk/media/18151/Personal-Social-Services-Adult-Social-Care-Survey-England-2014-15/pdf/MethChange20150724_PSS_ASCS_2014-15.pdf) that was published in July 2015.  In addition to the impact on the time-series, these changes may have an impact on the comparability of data between LAs. The removal of those service users in receipt of low-level and/or short-term support only may result in greater comparability between councils as there was inconsistency in whether or not LAs included these individuals in RAP, particularly for those in receipt of reablement services.  All changes to the survey can be found in the Information and guidance for the Adult Social Care Survey for 2014-15 <http://content.digital.nhs.uk/media/15141/Adult-Social-Care-Survey-2014-15--guidance-for-local-authorities/pdf/ASCS_Guidance_2014-15_v1.0.pdf>.  The higher the level of non-response to a survey the greater the number of questionnaires that need to be sent out in order to achieve an acceptable sample size. Unfortunately, the higher the level of non-response, the higher the risk of serious non-response bias. Non-response bias comes about because the people who do not take part in a survey are different from those that do. If for example the people who respond to user satisfaction surveys are more likely to be dissatisfied than those that do not, any user satisfaction survey is likely to overestimate the true level of dissatisfaction among all users. The higher the level of non-response the greater this overestimation will be. In other words, any advantage gained by boosting the sample size in order to reduce the margins of error around results will be compromised if the issue of non-response is ignored.  To ensure results are meaningful and that comparisons can be made with a degree of certainty, it is a requirement that the margin of error around the estimates produced by the survey is no more than +/- 5%. Early in the process, councils need to work out how large a sample they will need to survey in order to achieve this margin of error. If the response rate achieved falls below that outlined as required by the sample size calculator available on the NHS Digital website at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/guidance/social-care-user-survey-guidance-2017-18, the margins of error (produced as part of the annex outputs that are made available alongside the final report) could be too wide for the results to be useful.  Random variation – Not all service users are sent a questionnaire so the measures are only an estimate of the true value, which would be obtained only if the entire population was surveyed. Councils are required to select a sample size such that any estimates from the survey have a 95 per cent confidence interval of less than +/- 5 per cent. This also means that ASCOF measure 1A, which is calculated from scores based on eight questions, has a confidence interval of less than +/- 2 per cent.  Survey design – Respondents are allowed to have help to complete the questionnaire. 81 per cent of respondents did so, and the type of help provided and who provided it was also captured. Although not ideal, allowing this as part of the survey design is essential in order to make the survey representative of as many service users as possible.  The development project carried out by Personal Social Services Research Unit (PSSRU), which fed into the survey design, found that care home workers were instrumental in ensuring care home residents were able to respond. This help ranged from simply chasing up a response to helping residents to interpret the questions by making them more meaningful to their life. To mitigate against care home workers trying to persuade residents to answer more positively than they would do otherwise, both the covering sheet of the questionnaire and the letter which was sent to care home managers said the results would not be used for inspection purposes, however it is acceptable to breach the confidentiality clause, as detailed in sections 4.76 and 4.77 of guidance documentation at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/guidance/social-care-user-survey-guidance-2017-18  Anecdotal evidence also suggests it is very difficult to instruct a service user not to ask their care worker for help (both in residential and community settings) when they are used to turning to them for help with everyday tasks such as dealing with the post. Service users were also able to turn to friends and family members for assistance although the covering letter and instructions informed service users that it was their views which should be recorded and not those of the helper.  The service users who did complete the survey unaided are a small subset of state funded social care users and, therefore, restricting the survey to this small group would provide quite a biased impression of the view of social care users. It would also leave a much smaller number of respondents which would increase the potential of random bias.  Collection mode bias – 99.9 per cent of the returned questionnaires were completed by post (councils were able to use a face to face or telephone interview if requested by the service user) and therefore there is minimal bias caused by the different methods of data collection. |
| **5.5 What is considered “good” performance? What is considered “bad” performance?** | Generally speaking, the higher the indicator value the better the performance. However, as with all indicators, particularly high values should be investigated, either for good practice which can be shared across organisations, or to find out if there are untoward reasons for the high scores. ‘Yes’ responses to question 7b ranged from 65% to 95% across CASSRs in the 2016-17 data, with a median value of 86.6%.. |
| **5.6 What actions can be taken to improve a “bad” result?** | Local authorities, having reviewed their outcomes for this measure compared to the scores achieved by their peer group / region / national, will be able to undertake a combination of:   * investigating disaggregation’s provided as part of ASCOF output files; * investigating disaggregation’s available as part of the underlying adult social care user survey outputs; * linking with relevant organizations to understand how their practices differ   in order to understand what they can do in terms of service improvement and/or amendments to policies and processes, to improve the outcomes experienced by service users within their geographical area. |
| **5.7 How will any interested parties use the information provided by the indicator?** |  |
| **5.8 Consider how the results can be used for benchmarking and if so, what methodology will be used?** | As 5.5 |

Example referenced in section 4.7:

|  |  |  |  |
| --- | --- | --- | --- |
| **Stratum description** | **Eligible population** | **Returned questionnaires** | **Weight** |
| LD- all ages | 1000 | 100 | 10 |
| Non LD, 18-64 | 2000 | 100 | 20 |
| Non LD, 65+, in residential and nursing care | 3000 | 200 | 15 |
| Non LD, 65+, receiving community based services | 6000 | 500 | 12 |

|  |  |  |
| --- | --- | --- |
|  | **To be completed by the Indicator Methodology and Assurance Service (IMAS)** |  |
| **Indicator no** | IAP00425 |  |
| **Target IGB** | 25/05/2018 |  |
| **Target MRG** | 17/05/2018 |  |
| **Assigned to** | David Wheatley |  |
| **Date rec’d** | 17/09/2018 |  |
| **Suggested length of indicator accreditation** | Five years |  |
| **Assurance Type** | **Current status** | **RAG status** |
| **Library and Directory check**  *Is there anything already in the library or directory which is equal / similar? Is there enough of a distinction to add this indicator?* | No other indicators look at whether the recipients of adult social care and support services help the client in feeling safe. | Green |
| **DSAS check**  *Relationship to any standards, data sets or data collection* | N/A | Green |
| **Policy justification**  *Has an appropriate policy been selected?* | Yes, the Care Act 2014  <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> | Green |
| **Patient safety check** *Will there be any associated patient safety implications?* | There is a risk that respondents to the survey aren’t properly representative of the whole population receiving care, although weighting may go some way to mitigate this.  There is no corresponding measure of failure of service providers to meet needs (i.e. patients saying they are not helped to feel via care and support services and answer ‘No’ to this indicator’s question), which could mean that the worst care in the system is not being addressed. | Amber |
| **IG check**  *Are there any Information Governance (IG) considerations such as small numbers or sensitive information?* | Data may have a measure of ‘– ‘. This is the value represented by the unique combination of ASCOF Measure Code, Geographical Level, Disaggregation Level and Measure Type for a given measure.  Some of the cells within the data file are blank. These will be as a result of either:  o the measure type not being relevant for a given measure. For example, the short and long term activity based measures do not have a base as the numerator and denominator represent the whole reported population.  o small numbers having been suppressed,  o data not having been submitted by a council. | Amber |
| **Dependencies**  *On other indicators, programmes, standards, data sets* | **N/A** | Green |
| **Risk / impact**  *What level of risk is associated by using this indicator or the impact of using / not using?* | Results from the survey are published as official statistics and will be published regardless of inclusion within the Quality Library of Indicators. Publication of the indicators will continue until the mandate to do so ceases. | Amber |
| **Data quality checks**  *How accurate and complete is the data? Are there any known constraints? Is there evidence that data is:*   * *available with sufficient frequency and timeliness* * *robust enough* | Coverage  Completeness:  Validity:  Default:  Integrity:  Timeliness:  Linked to other data:  Results from the Personal Social Services Adult Social Care Survey are published as official statistics. The latest Personal Social Services Adult Social Care Survey, England was published in October 2017, and covers the period 2016-17. There is an accompanying data quality note. | Green |
| **Overall analysis and recommendations** | ASCOF measures are reviewed annually by various stakeholders (DH, ADASS, PSSRU), and there is plenty of analysis done on the data regarding its importance. While the initial work done to determine how and why the measures were determined is not readily available, there seems to be enough to justify the inclusion of the ASCOF indicators. While there may be some concerns over the sampling of the data and who is included/whether CASSRs meet their sampling target, these are well documented in supporting guidance for the collections and publications, and this should not be seen as a reason to not approve the indicators, with caveats if MRG/IGB consider them necessary. | Choose an item. |





**Final Assurance Rating from the Indicator Governance Board - 13/09/2018**

|  |  |
| --- | --- |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st IGB meeting |

|  |  |  |
| --- | --- | --- |
| **Ratings Against Assessment Criteria** |  | **Overall Rating** |
| Clarity | **Fit for use** | **Fit for use** |
| Rationale | **Fit for use** |  |
| Data | **Fit for use** |  |
| Construction | **Fit for use** |  |
| Presentation and Interpretation | **Fit for use** |  |
| Risks and Usefulness | **Fit for use** |  |

|  |  |
| --- | --- |
| **Outcome** | **This indicator has been approved for inclusion in the National Library of Quality Assured Indicators** |

|  |  |
| --- | --- |
| **Approval date** | 13/09/2018 |
| **Review date** | 13/09/2023 |

**Details of Methodology Appraisal – 26/07/2018**

|  |  |
| --- | --- |
| **Methodology appraisal body** | NHS Digital Indicator Methodology and Assurance Service |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st MRG meeting |

***Suggested Assurance Rating by Methodology Appraisal Body***

|  |  |  |
| --- | --- | --- |
| **Ratings Against Assessment Criteria** |  | **Overall Rating** |
| Clarity | **Fit for use** | **Fit for use** |
| Rationale | **Fit for use** |  |
| Data | **Fit for use** |  |
| Construction | **Fit for use** |  |
| Presentation and Interpretation | **Fit for use** |  |
| Risks and Usefulness | **Fit for use** |  |

**Summary Recommendation to Applicant:**

MRG thanked the applicant for addressing the remaining outstanding issues in the appraisal log below. The application can progress to IGB for assurance and inclusion in the library of indicators  
**Summary Recommendation to IGB:**

MRG recommend this indicator as fit for use.

**Please find a detailed description of recommendations and actions in the appraisal log at the end of the document.**

**What do the Assurance Ratings mean?**

|  |  |  |
| --- | --- | --- |
|  | **Rating** | **Description** |
|  | **Fit for use** | This indicator can be used with confidence that it is constructed in a sound manner that is fit for purpose. |
|  | **Fit for use with caveats** | The indicator is fit for use however, users should be aware of caveats and/or recommendations for improvement that have been identified during the assurance process. |
|  | **Use with caution – data quality issue** | The indicator is based on a sound methodology for which the assurance process endorses the use however, issues have been identified with the national data source which have implications for its use as an indicator. |
|  | **Not fit for use** | Issues have been identified with the indicator which have resulted in the assurance process currently not endorsing its use as a quality indicator. |
|  | **Not enough information provided** | There has not been enough information supplied to the assurance process to be able to accurately give the indicator a level of assurance. |

**Appraisal Log**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rationale** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 2.1 | This section (and the rest of the document) refers to three different concepts: (1) actual safety (i.e. lack of risk from harm) (2) feeling safe (i.e. not worried about harm) and (3) being helped by service providers to feel safe. However, those definitions are not always appropriately distinguished and are often conflated, although they do not refer to the same thing. | MRG 26/07/18 | This information, and much of the information within the application, is taken directly from The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions, published by the Department of Health and Social Care, and is from the rationale for SCOFF 4B (Proportion of people who use services who say that those services have made them feel safe and secure). It is not within our remit to rewrite the Handbook of Definitions; however, this will be fed back to the development group for their review. Please see  [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)  [attachment\_data/file/687208/Final\_ASCOF\_handbook\_of\_definitions\_2018-19\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf) | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | *‘ Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality.’*  Paraphrasing here risks loss of focus / confusion. | MRG 26/07/18 | This is taken directly from The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions, published by the Department of Health and Social Care, and is from the rationale for ASCOF 4B (Proportion of people who use services who say that those services have made them feel safe and secure). Please see  [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)  [attachment\_data/file/687208/Final\_ASCOF\_handbook\_of\_definitions\_2018-19\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf) | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | If the answer to the question is ‘NO’ what happens next? Is there a safety net? Is it followed up? If so by who? | MRG 26/07/18 | The council can see all the individual’s details and they make the decision if/how/who will respond / follow up. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | When is the survey conducted and over what period of time do patients judge the service? | MRG 26/07/18 | The survey is conducted yearly. Data collected Feb / Mar to be reported / published in October. Patients are asked to comment on their last 12 months of using the service. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | MRG suggests Question 4B could be rephrased to “Did social services help you to feel safe and secure? “ to avoid ambiguity | MRG 26/07/18 | The Adult Social Care Survey was developed by Personal Social Services Research Unit (PSSRU) and piloted in 2010-11. The survey was developed in consultation with the  Social Services User Survey Group (SSUSG). The group includes Department of Health and Social Care, NHS Digital, council representatives and PSSRU. The survey methodology and questionnaire was also reviewed by the Office for National Statistics Methodology Advisory Service. Questions cannot be changed without cognitive testing on the new question and then approval by SSUSG and then Data Delivery Action Group (DDAG), which reports to the Data and Outcomes Board (DOB). However, this recommendation will be fed back to SSUSG for consideration. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | Is this really the information that is wanted? And if so why? Someone could feel perfectly safe because of other factors, and not feel that care and support services have contributed to this at all in either a positive or negative way. | MRG 26/07/18 | Yes. Whilst the overarching measure (4A - Proportion of people who use adult social care services who feel safe) indicates a higher-level individual perspective on feeling safe, this complementary measure gives a specific comment on the impact of services on this outcome. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.1 | Is there a question about “do you feel safe” as a baseline? In which case this question might go some way to finding out whether the service contributes to this feeling.  If this is about finding out how many people feel they are subjected to abuse or neglect, the question should ask this directly rather than asking it in a roundabout way. | MRG 26/07/18 | Indicator 4B follows up from: (4A) Proportion of people who use adult social care services who feel safe, and 4B is a complementary measure which gives a specific comment on the impact of services on this outcome. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.2 | What does ‘Locally’ mean? | MRG 26/07/18 | At council level | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.2 | What does ‘Regionally’ mean? | MRG 26/07/18 | These are general geographical regions: West Midlands, Yorkshire & Humber, Greater London, etc. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.2 | Response to ‘Who would use this indicator and why?’ is generic to ASCOF, tailoring to the specific indicator is needed. | MRG 26/07/18 | ASCOF is a suite of indicators, all designed to work together and so the response to the question of who would use the indicator and why is applicable to all the indicators in the suite. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.3 | Is there evidence for having this indicator? | MRG 26/07/18 | There are various studies using ASCOF data by the Personal Social Services Research Unit such as https://www.pssru.ac.uk/pub/dp2542.pdf, https://www.pssru.ac.uk/pub/4633.pdf which demonstrate the importance of ASCOF and the response to the survey, however they don’t specifically reference the development.  There is also further analysis on ASCS data, focusing on local practice, which covers safety, available at https://www.pssru.ac.uk/pub/4971.pdf | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.6 | Acronyms not explained | MRG 26/07/18 | Explanations added. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 2.6 | You need to provide a reference to the changes over time to the publication. | MRG 26/07/18 | Added text to cover this. | MRG 26/07/18 |  | MRG  26/07/2018 |
|  | **Data** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 3.5 | Some patients hold Personal Health Budgets (PHB) are these covered in this indicator / survey? | MRG 26/07/18 | The council arrange PHB so yes, they are covered. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 3.5 | How is the sampling done? An overview of the sampling would be useful. | MRG 26/07/18 | A brief overview has been added however please see section 5 of the Information and guidance for the Adult Social Care Survey for 2017-18 <http://content.digital.nhs.uk/media/25522/ASCS-Guidance-2017-18/pdf/ASCS_Guidance_2017-18.pdf> where there is in-depth information about the sampling. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 3.5 | A response rate to the survey would be useful here. | MRG 26/07/18 | The Total Questionnaire Response Rate for the 2016/17 ASCS was 35.7% for England, and response rates for CASSRs ranged from 16.3% to 56.3%. This has now been added to section 3.9 of the application.  The response rate of all those who answered the questionnaire to question 7b for the 2016/17 ASCS was 94.6% for England, and response rates for CASSRs ranged from 73% to 100%. This has now been added to section 3.9 of the application. | MRG 26/07/18 |  | MRG  26/07/2018 |
|  | **Construction and testing** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 4.2 | How is the calculation adjusted for blank responses? | MRG 26/07/18 | Blank responses are not included. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 4.2 | Is ASCOF question 7b a mandatory question? | MRG 26/07/18 | The survey is not mandatory, however in theory, all questions should be answered, however the response rate of all those who answered the questionnaire to question 7b for the 2016/17 ASCS was 94.6% for England, and response rates for CASSRs ranged from 73% to 100%. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 4.4 | Not exactly how calculated – crude rate | MRG 26/07/18 | This is taken directly from The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions, published by the Department of Health and Social Care, under section 4B as the formula for calculating the indicator.  [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)  [attachment\_data/file/687208/Final\_ASCOF\_handbook\_of\_definitions\_2018-19\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf) | MRG 26/07/18 |  | MRG  26/07/2018 |
| 4.7 | The maths are very difficult to follow. *df* mentioned but not show in calculation. | MRG 26/07/18 | This is shown in the calculation as highlighted below:  *The confidence limits are computed as:*  *Formula to calculate confidence limits*  *Where:*  *Yis the estimate of the mean,*  *Formula to calculate standard error of meanis the standard error of the mean*   * *is the* Formula*th percentile of the* ***t*** *distribution with* ***df*** *calculated as:* * *Formula* | MRG 26/07/18 |  | MRG  26/07/2018 |
| 4.8 | *To mitigate these risks however, the guidance also provides a range of ways though which councils can ensure service users are able to complete the questionnaire as independently as possible through for example family members, informal carers or advocates. The guidance also explicitly states that “Anyone directly involved in the provision of services to the participant should not help them to complete the questionnaire. This is because respondents may not feel able to give their true opinion and this would bias the results.”*  It’s easy to imagine that independence is regularly compromised by staff being present at the time of questionnaire completion or assisting in the completion. Advocacy support is highly unlikely given the financial constraints councils face. Is there any way in which questionnaire completion could be studied to quantify influence of providers? | MRG 26/07/18 | This is not the remit of NHS Digital; however, this might be something undertaken by the Personal Social Services Research Unit (PSSRU) who regularly use the data from the survey as part of their work. | MRG 26/07/18 |  | MRG  26/07/2018 |
|  | **Presentation and Interpretation** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 5.4 | Could this section be rewritten to get across better that the changes have improved comparability between LAs. | MRG 26/07/18 | Applicant thinks we might not be able to support such a claim, but we could show our DQ reports which contains analysis on SALT data vs the Eligible Population. This comparison wasn't done previously in RAP, so we wouldn't be able to demonstrate an improvement. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 5.4 | Rather than simply increasing the sample size, it would be better to focus on increasing response rate by, for example, sending reminders to non-responders. | MRG 26/07/18 | The councils are advised that their first action is to send out reminders. Only after this, if they are struggling to meet their target do we advise that they sample more people. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 5.4 | From previous discussion there were some responses which were so concerning that they would trigger someone looking into them from a safeguarding standpoint. Can this be included? | MRG 26/07/18 | Amended to reference the guidance around this detailing the circumstances and actions for breaching confidentiality. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 5.4 | Contradiction in language. Change random bias to random variation. | MRG 26/07/18 | Amended. | MRG 26/07/18 |  | MRG  26/07/2018 |
| 5.5 | Indicative figures would be useful in this section. | MRG 26/07/18 | Figures added. | MRG 26/07/18 |  | MRG  26/07/2018 |
|  | **IMAS** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
|  | Amend question in library check to be aligned with the indicator. | MRG 26/07/18 | Amended | MRG 26/07/18 |  |  |
|  | Amend language in patient safety check to clarify language around the question being asked. | MRG 26/07/18 | Amended | MRG 26/07/18 |  |  |

**Any feedback should be made to the Indicator and Methodology Assurance Service (IMAS) Team at NHS Digital. Likewise, if you are unclear regarding any of the recommendations in this report or have any queries about the assurance process in general, please contact the IMAS team.**

**Indicator and Methodology Assurance Service**

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1. SAS EG Proc Means methodology - <https://support.sas.com/documentation/cdl/en/statug/63347/HTML/default/viewer.htm#statug_surveymeans_a0000000226.htm>. [↑](#footnote-ref-1)
2. <https://support.sas.com/documentation/cdl/en/statug/63347/HTML/default/viewer.htm#statug_surveymeans_a0000000226.htm> [↑](#footnote-ref-2)