



# CQC Insight: development and information sources

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# Overview



- Development of an **Insight model** that monitors quality – as part of an intelligence driven approach
  - Builds on learning from previous use of information to monitor quality
  - Purpose of insight - changes in quality markers since CQC's inspection and rating
  - Brings together markers from different sources – including next phase Provider information Request
  - Some data challenges
  - Development approach
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# Our next strategy at a glance



## Our ambition for the next five years is...

A more targeted, responsive and collaborative approach to regulation, so more people get high quality care.



## We will achieve this by focusing on four priorities...

- 1 Encouraging improvement, innovation and sustainability in care
- 2 Delivering an intelligence-driven approach to regulation
- 3 Promoting a single shared view of quality
- 4 Improving our efficiency and effectiveness



## We will know we've succeeded when...

People trust and use our expert, independent judgements about the quality of care

People have confidence that we will identify good and poor care and that we will take action where necessary so their rights are protected

We encourage organisations that deliver care to improve quality

We encourage organisations to use resources as efficiently as possible to deliver high-quality care.

# Delivering an intelligence driven approach to regulation



- Through our comprehensive inspection regime we are building a **unique baseline of knowledge** that provides critical insights into the quality of care people are receiving.
  - We will soon complete inspections of all the services we rate. When we have finished, the answer is not simply to start again, but to **use what we have learned** – and what people tell us – to target our inspections where poor care, or a change in quality, is more likely.
  - We will build a **new Insight model** that monitors quality. We will better monitor changes in quality by bringing together what people who use services are telling us, knowledge from our inspections, and data from our partners.
  - We will inspect all new services, but then focus our follow-up inspections on areas where our **insight suggests risk is greatest or quality is improving.**
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# CQC Insight – the journey so far...



## Quality & Risk Profiles

Lots of indicators based around 16 essential standards; difficult to identify “What do I follow up?”

## Intelligent (IM) Monitoring

Priority Tier 1 indicators based around key questions  
Good for scheduling but less so for ongoing monitoring

## IM development

Clearer picture of indicators that correspond most to ratings  
Model still lacks local information required for monitoring  
No qualitative risk indicators

## CQC Insight

Bring together all information CQC holds in one risk model.  
Combining quantitative and qualitative data.  
Identifying sentinel indicators to follow up directly as well as those that need routine monitoring as a theme.

# Questions that CQC Insight is seeking to answer



## All sectors in scope of CQC Insight

- Does the information we have suggest a change in overall performance since the last rating was awarded?
  - Are Good/ Outstanding providers and locations maintaining or improving their performance?
  - Are RI/I providers and locations improving or declining?
- Does the information we hold suggest there are concerns or improvements relating to any of the five key questions?

### Hospitals

- Since our last rating, does the information we hold suggest there are concerns or improvements at location and/or core service level?

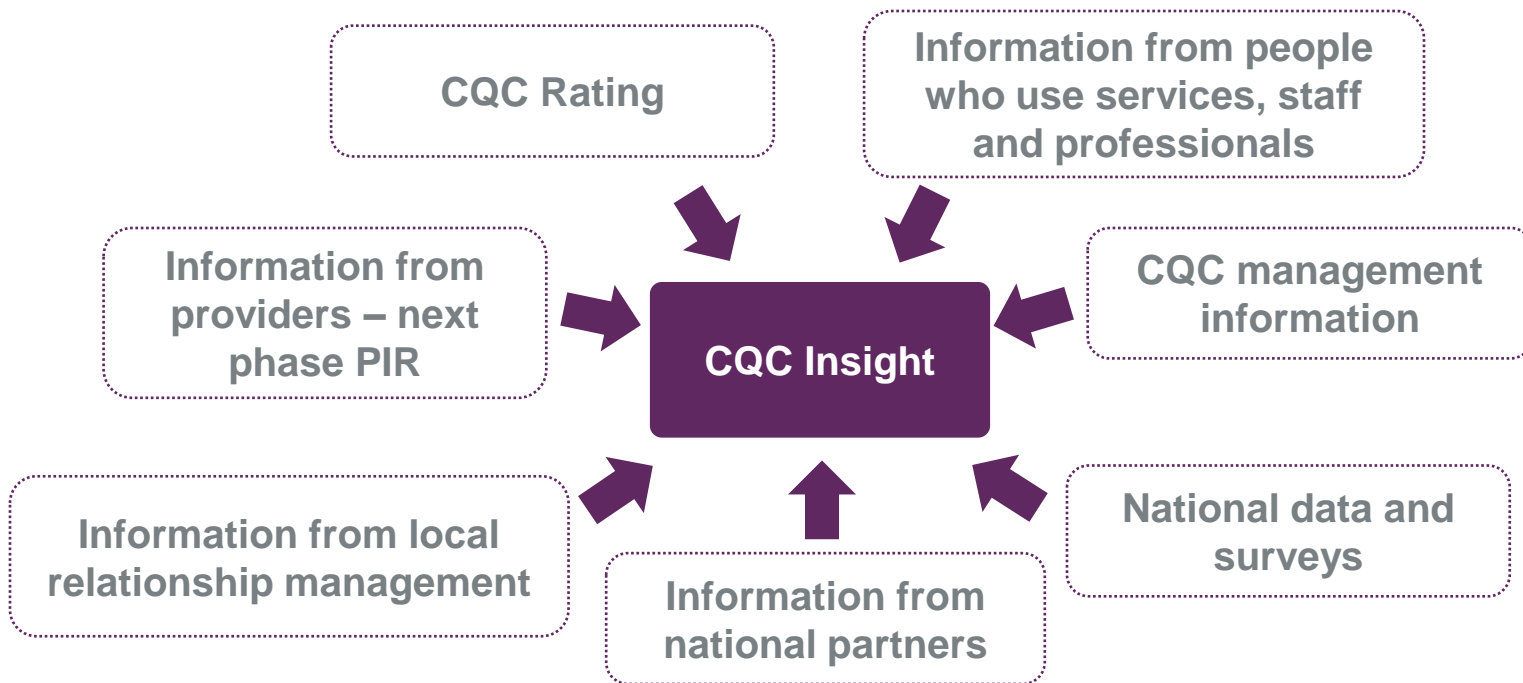
### GPs

- Across corporates, multi-location providers and federations, is there any change in overall performance?
- Is there any change/ specific concerns at population group, conditions or CCG level?

### ASC

- Across corporates and multi-location providers, is there any change in overall performance?

# Turning information into intelligence



# We are building our approach around the main data challenges



Making better use of the data we have

Developing new and improved data sets

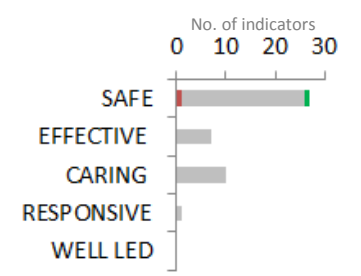
Harnessing the power of qualitative data

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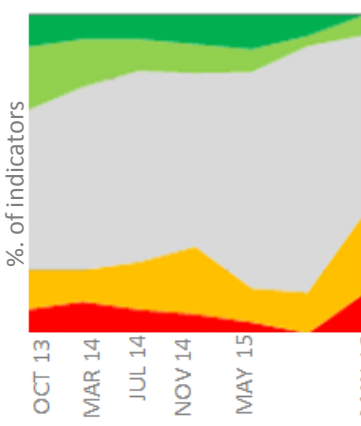


|                           |       |          |     |     |    |      |     |     |     |              |          |                |       |     |     |    |      |     |     |     |     |         |           |
|---------------------------|-------|----------|-----|-----|----|------|-----|-----|-----|--------------|----------|----------------|-------|-----|-----|----|------|-----|-----|-----|-----|---------|-----------|
| FACTS, FIGURES, & RATINGS |       |          |     |     |    |      |     |     |     | Intelligence |          |                |       |     |     |    |      |     |     |     |     |         |           |
| RATINGS                   | TRUST | LOCATION | A&E | CYP | CC | EOLC | MAT | MED | OPD | SUR          | OVERVIEW | KEY INDICATORS | TRUST | A&E | CYP | CC | EOLC | MAT | MED | OPD | SUR | SURVEYS | MORTALITY |

What's the current performance of trust wide indicators?



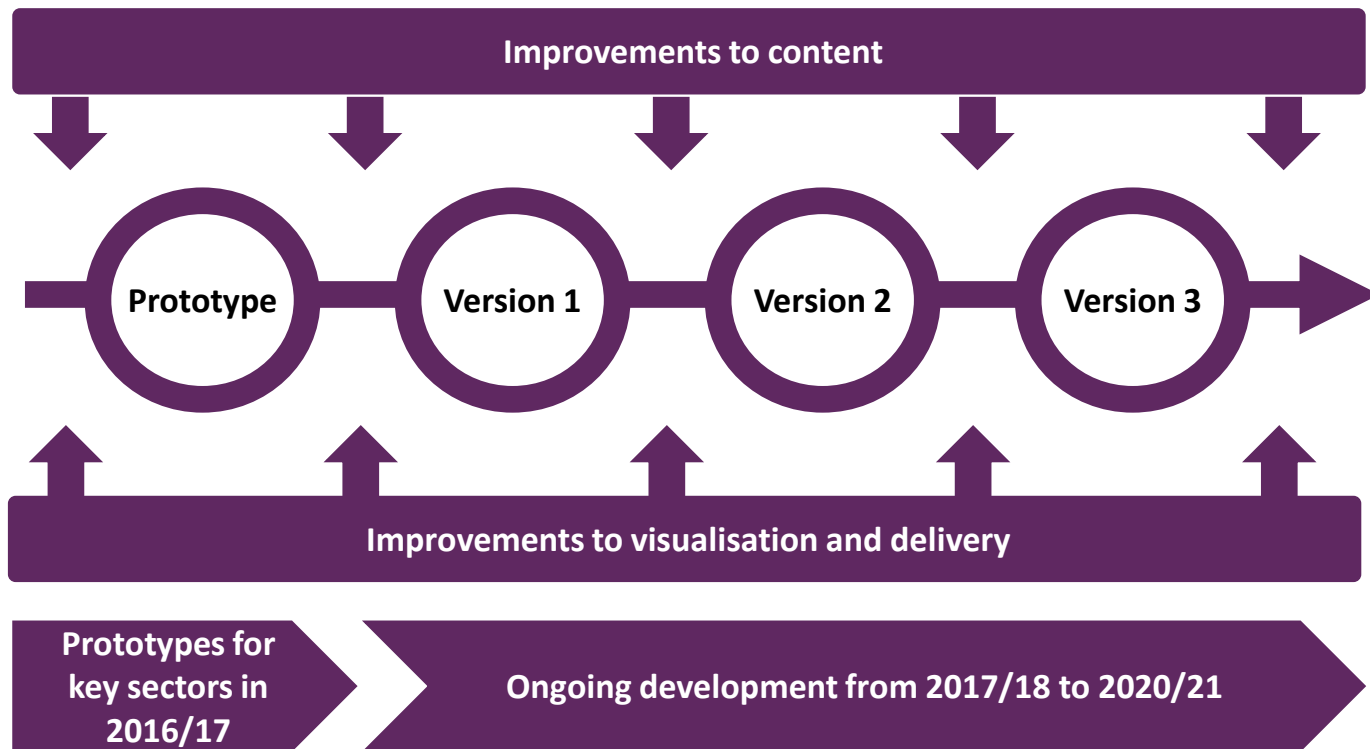
How has the trust-wide indicator performance changed over time?



| KEY QUESTION & KLOE  | INDICATOR  | PREVIOUS  | LATEST                     | TREND   | NATIONAL COMPARISON    |                        |   |   |
|--|--|---|----------------------------|---|------------------------|------------------------|---|---|
|  |  | PERFORMANCE   | PERFORMANCE                |   |                        |                        |   |   |
| Safe   | S1   | Open and effective reporting (score)<br>Source: NHS England – NHS Staff Survey                          | 0.61<br>01/09/14-31/12/14  | 0.62<br>25/9/15-04/12/15  | ↓                      | ●                      |   |   |
|  |  | Consistent NRLS reporting (months)<br>Source: NRLS  | 6<br>01/10/13-31/03/14     | 6<br>01/10/14-31/03/15  | →                      | ●                      |   |   |
|  | S1, S2   | Clostridium difficile incidence<br>Source: PHE – not given  | 23<br>01/08/13-31/07/14    | 19<br>01/01/15-31/12/15   | →                      | ●                      |   |   |
|  |  | MRSA incidence<br>Source: PHE – not given   | 2<br>01/08/13-31/07/14     | 5<br>01/01/15-31/12/15  | →                      | ●                      |   |   |
|  |  | Safety incidents involving harm (proportion)<br>Source: PHE – not given                                 | 0.27<br>01/06/13-31/05/14  | 0.31<br>01/12/14-30/11/15   | →                      | ●                      |   |   |
|  |  | Under-reporting of death/severe harm incidents<br>Source: National Reporting and Learning System – NRLS | 77<br>01/06/13-31/05/14    | 74<br>01/12/14-30/11/15   | →                      | ●                      |   |   |
|  |  | Under-reporting of patient safety incidents<br>Source: National Reporting and Learning System – NRLS    | 1,300<br>01/12/13-30/11/14 | 5,780<br>01/12/14-30/11/15  | →                      | ●                      |   |   |
|  |  | STEIS Never event incidence<br>Source: STEIS – not given  | 3<br>01/12/13-30/11/14     | 0<br>01/03/15-29/02/16  | ↑                      | ●                      |   |   |
|  |  | Effective   | S3                         | Unclosed CAS alerts in preceding 12 months (no.)<br>Medicines and Healthcare products Regulatory Agency   | 0<br>01/09/13-31/08/14 | 1<br>01/03/15-29/02/16 | → | ● |
|  |  |   |                            | Unclosed CAS alerts more than 12 months, CAS (no.)<br>Medicines and Healthcare products Regulatory Agency | 0<br>01/04/04-31/08/13 | 1<br>23/01/12-28/02/15 | → | ● |
| CAS alerts closed late in last 12 months; CAS (%)<br>Medicines and Healthcare products Regulatory Agency | -<br>01/09/13-31/08/14   |   |                            | 1<br>01/03/15-29/02/16  | ↑                      | ●                      |   |   |
| PLACE cleanliness (score)<br>IC-Patient-led assessments of care environment                              | 0.98<br>29/01/14-17/06/14  |   |                            | 0.98<br>04/02/15-30/06/15   | →                      | ●                      |   |   |
|  | PLACE facilities (score)<br>IC-Patient-led assessments of care environment | 0.98<br>29/01/14-17/06/14   | 0.98<br>04/02/15-30/06/15  | →   | ●                      |                        |   |   |

In development

# Development approach



# Recap



- A **new Insight model** that monitors quality
  - Bringing together what people who use services are telling us, knowledge from our inspections, and data from our partners
  - Building on our learning from Intelligent Monitoring evaluation to focus on most relevant, predictive indicators and incorporate different types of analysis
  - Development of an annual information collection from providers
  - Developed over the whole strategy period, with prototypes in 2016/17
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**Questions?**

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