CQC’s Intelligent Monitoring Methodology and Clinical Audits

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National Quality Improvement and Clinical Audit Network (NQICAN)
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Overview

• Background and context
• From Quality and Risk Profiles to new intelligent monitoring tool
• Intelligent Monitoring development process
• Next steps
• Questions
We weren't making the best use of the information available to us

We had lots of analysis tools and reports – they weren't always being used

We were not being transparent with the public about the information that we used to inform our prioritisation of inspections and follow up

We were sitting outside of the national system on information developments – rather than engaging and influencing their development

One of these development: Intelligent monitoring
Background/ Context
CQC’s New Operating Model

Registration
- Rigorous test
- Legally binding
- Commitment to safe, high-quality care

Intelligent monitoring
- Data and evidence
- Information from people

Quality of care
- Safe?
- Effective?
- Caring?
- Responsive?
- Well-led?

Expert inspections
- Expert
- Thorough
- Talking to people and staff

Judgement & publication
- Outstanding
- Good
- Requires Improvement
- Inadequate

Action
The Old Approach: QRPs

Risk data mapped to regulatory outcomes

Risk items are independently risk rated, and collectively contribute to the outcome-level risk estimate

Drill down to detailed item information by clicking here
Intelligent Monitoring: NHS Acute and Specialist Trusts

Progress:
- Tested prototype – June 2013
- Version 1 published – October 2013
- Version 2 published – March 2014
- Version 3 published – July 2014
- Version 4 published – December 2014
• Uses comparative analysis to raise questions, it is not a judgement in itself
• Data refreshed regularly – using most up to date information that CQC can source
• Uses quantitative and qualitative information sources
• Applies similar analytical methodologies used in the QRP – z-scoring and qualitative analysis
• Common indicators and data sources, e.g. SHMI, HSMR, cancelled operations, complaints, patient surveys, staff concerns, staff concerns, NRLS
• Available to Trusts, CCGs, regulatory bodies
• Uses a prioritised set of indicators relating to the five questions
• Focuses on raising questions about risks rather than full spectrum of performance
• Does not map indicators to standards
• Overall weighted summary for each NHS Trust to help prioritise inspection activity
• Incorporates analysis from CQC’s mortality and maternity monitoring panels (CUSUM analyses)
• Available to the public
Fundamental rethink and redesign of our use of information - process

Redesign and rethink
- Objective – determine a priority set of indicators as ‘smoke detectors’ for CQC’s use
- Identified all potential indicators for inclusion from national and international research
- Testing of long list – set of principles for robust indicators
- Engagement with leaders in quality measurement

Consultation and testing
- Published draft set of indicators – organised by the ‘five questions’ for consultation
- Consultation events June - August
- Created a prototype analysis using c.120 indicators to inform 1st wave of new expert led inspections - July

Creation of new IM tool
- Learning from consultation and prototype testing
- Tested outputs with public and with CQC’s provider reference group
- Focused FTN event with c.50 Trusts
- Two CQC Board reviews
Redesign – organisation of indicators

- Prioritised indicators
- Wider set of indicators that are examined along with tier 1 to provide “key lines of enquiry” for inspection
- Do not cause regulatory action if a single indicator or a combination of several indicators breach thresholds
- “Horizon scanning” to identify future indicators
- Devised/updated through engagement with Providers, Royal Colleges, Specialist Societies and academic institutions and international best practice

Tier 1 indicators
- Safety
- Caring
- Effectiveness
- Responsiveness
- Well led

Tier 2 indicators
- Indicators that are available to the CQC at a trust level across all 5 domains

Tier 3 indicators
- Indicators being developed that are not yet nationally comparable indicators in association with the professional bodies e.g., Royal Colleges
The Domains

- **Safety**: broad indicators that cover safety issues in a trust – with existing strong incentives to report
- **Effectiveness**: risk of harm from poor quality care and treatment
- **Caring**: measured from the point of view of the patient not the system
- **Responsiveness**: access to and discharge from services most amenable to indicators
- **Well–led**: indicators of organisational stress
- **Qualitative indicators**: cross-cutting information including from people using service and strategic partners
## Indicator coverage

<table>
<thead>
<tr>
<th>Outcome measures and safety events</th>
<th>Information from patients and the public</th>
<th>Information from and about staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mortality indicators</td>
<td>• Responses from the National Inpatient Survey</td>
<td></td>
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<tr>
<td>• Readmission rates</td>
<td>• Friends and Family Inpatient Scores and Responses</td>
<td></td>
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<tr>
<td>• Results from National Clinical Audits</td>
<td>• People’s experiences shared with CQC</td>
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<tr>
<td>• Patient Reported Outcomes</td>
<td>• Feedback left on NHS Choices and Patient Opinion</td>
<td></td>
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<tr>
<td>• A&amp;E, cancer and elective waiting</td>
<td>• Complaints</td>
<td></td>
</tr>
<tr>
<td>• Infection Rates – MRSA, C.Diff, puerperal infections</td>
<td></td>
<td>• Concerns raised by staff to CQC</td>
</tr>
<tr>
<td>• Never events and patient safety incidents</td>
<td></td>
<td>• Responses from the National Staff Survey</td>
</tr>
<tr>
<td>• VTE risk assessment</td>
<td></td>
<td>• Staffing indicators – turnover, stability, sickness rates</td>
</tr>
</tbody>
</table>

Other indicators scanned: management of discharge from hospital, consistency of reporting and data quality measures, Monitor and NTDA risk/escalation scores.
What we have learned so far?

- Improved communications to providers
- Extended time for trusts and inspectors to review their reports to two weeks
- Early results but some agreement between priority banding and findings from inspection
• Develop use of the tool to inform our risk and quality monitoring in addition to informing priority for comprehensive inspections
• Application and development of the model to other sectors
• Not proposing to create a ‘priority for inspection’ banding for those sectors where national information is lacking
From the 150 indicators, could we prioritise further:

- Mortality indicators
- Staff survey indicators
- Junior Doctor Survey
- Patient survey and broader feedback
- Whistleblowing
- Serious incidents – particularly low rates of reporting
- AUDITS
## Audit Indicators - Current

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stroke</strong></td>
<td>SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator</td>
</tr>
<tr>
<td><strong>Hip Fracture</strong></td>
<td>The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database</td>
</tr>
<tr>
<td><strong>MINAP22</strong></td>
<td>Proportion of patients who received all the secondary prevention medications for which they were eligible</td>
</tr>
<tr>
<td>Medicine</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Urgent and Emergency Care</td>
<td>College of Emergency Medicine Audit(s)</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>National COPD Audit (RCP / HQIP)</td>
</tr>
<tr>
<td></td>
<td>National Lung Cancer Audit (LUCADA)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>MINAP (NICOR / HQIP)</td>
</tr>
<tr>
<td></td>
<td>Heart Failure Audit (NICOR / HQIP)</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Inflammatory Bowel Disease Audit (RCP / HQIP)</td>
</tr>
<tr>
<td>Neurology</td>
<td>National Dementia Audit (RCP / HQIP)</td>
</tr>
<tr>
<td>Other</td>
<td>National Diabetes Inpatient Audit (HQIP)</td>
</tr>
</tbody>
</table>
## Audit Indicators – Development

<table>
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<tr>
<th>Category</th>
<th>Indicators</th>
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<tbody>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>• Bowel Cancer (HSCIC/HQIP)</td>
</tr>
<tr>
<td>Trauma and Orthopaedics</td>
<td>• National Joint Registry</td>
</tr>
<tr>
<td>Other</td>
<td>• National Emergency Laparotomy (NIAA/HQIP)</td>
</tr>
<tr>
<td></td>
<td>• Adult Cardiac Surgery – if applicable (NICOR / HQIP)</td>
</tr>
<tr>
<td>Critical Care</td>
<td>• ICNARC</td>
</tr>
<tr>
<td>Maternity and Gynaecology</td>
<td>• National Audit Office Maternity Audit (National Audit Office)</td>
</tr>
<tr>
<td>Children’s and Young People</td>
<td>• National Paediatric Diabetes Audit</td>
</tr>
<tr>
<td>End-of-Life Care</td>
<td>• National Care of the Dying Audit (RCP)</td>
</tr>
</tbody>
</table>
Thank you for listening

Questions?