

Intelligent Monitoring

Trusts that provide mental health services

Frequently asked questions

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1. What is CQC's Intelligent Monitoring? Does it differ from the inspection judgement of a trust's performance?

The Intelligent Monitoring tool has been developed to give our inspectors a clear picture of the areas of care that need to be followed up within a trust providing mental health services. The system is built on a set of indicators that look at a range of information including patient experience, staff experience and performance. The indicators relate to the five key questions we will ask of all services: Are they safe, effective, caring, responsive and well-led?

The Intelligent Monitoring report is publicly available in line with our commitment to transparency and the model will change and be refined as we gain greater insight and receive feedback.

2. What is the process for providing feedback on the content of the Intelligent Monitoring report?

CQC shares the Intelligent Monitoring draft reports with trusts for two weeks before final publication. This time is provided for trusts to inform us of any factual accuracy concerns. Members of the public can provide feedback once the report is made available on our website.

Any queries regarding the content of the Intelligent Monitoring reports should be sent to enquiries@cqc.org.uk. We endeavour to respond to every query within 10 working days.

3. How will CQC use this analysis?

CQC will use the indicators to raise questions about the provision and outcomes of care, but we will not use them on their own to make final judgements. The judgements will always be based on a combination of what we find at inspection, Intelligent Monitoring analysis and local information from the trust and other organisations.

4. What are your criteria for selecting data sources to populate results against the tier 1 indicators?

Tier 1 indicators are used in the Intelligent Monitoring model to assess risk.

Criteria for deciding which data sources to use for an indicator include, but are not limited to, the following:

The data must be:

- robust
- timely
- relevant
- comparable
- easily gathered.

While the data sources selected to analyse the tier 1 indicators may not be the most obvious choice in all cases, the decision will have been made based on the above criteria. We are always happy to receive suggestions of other sources that might be more relevant or effective. In some cases, the most recent data available maybe be more than a year old, but we endeavor to use the latest data where possible.

Please see the indicators and methodology guidance document [here](#) for more details on the data sources used to source the numerator and denominator for each indicator. This document also includes more information on the data sources themselves.

5. How do 'tier 2' and 'tier 3' indicators fit with the Intelligent Monitoring tool?

There is a much wider range of evidence which we use as part of the inspection process. Further evidence is used when Intelligent Monitoring indicators signal a concern. This helps us to understand the issues raised and decide on the focus of an inspection. A wider set of indicators are considered in the planning stage for inspection, and analyses of these indicators feature in the data packs that are prepared for each inspection. These indicators are referred to as 'tier 2' indicators.

We are committed to improving Intelligent Monitoring. However, there are other aspects of quality that cannot yet be monitored because, for example, of the limited availability of national datasets. We will continue to test new indicator sources as they become available and decide whether these should be included as part of Intelligent Monitoring or as part of the wider set of evidence to support inspections.

6. Which data sources have been used?

We have created indicators using existing datasets that we can access or information that is submitted directly to us. Some of the main datasets that have been used include:

- Incidents reported to National Reporting and Learning System (NRLS)
- Community Mental Health Patient Experience Survey - CQC
- Mental Health Act database including evidence from MHA visits and MHA notifications
- Mental Health Minimum Data Set (MHMDS)/Mental Health and Learning Disabilities Data Set (MHLDDS)
- MHMDS/MHLDDS bridged to Hospital Episode Statistics
- NHS Staff Survey
- Electronic Staff Record Data Warehouse
- Concerns/complaints reported to CQC from staff, service users and the public (including whistleblowing and safeguarding concerns)
- Health and Social Care Information Centre (HSCIC) – NHS written complaints
- Central Alerting System (CAS)
- General Medical Council (GMC)
- National Audit of Schizophrenia (NAS)
- Patient-led assessments of the care environment (PLACE)
- KH03 – Bed Availability and Occupancy
- Delayed transfers of care
- Monitor
- NHS Trust Development Authority
- Parliamentary Health Service Ombudsman (PHSO)
- Department of Health
- KP90 - Admissions, Changes in Status and Detentions under the Mental Health Act
- Share Your Experience and Patient Opinion

For a more detailed explanation of the data sources that we have used to generate these indicators, please refer to the document 'Indicators and methodology guidance' [here](#).

7. How up-to-date are the datasets that you are using?

CQC uses the most up-to-date datasets that we can access. The time period varies depending on the dataset. For some indicators there is a time lag between the date the data was originally collected and the point at which the information is available to us, whereas for others, we may have access to the data source within a week. Information about the time periods for the indicators included in the most recent and the previous versions of the reports can be found in the list of indicators for the third version of the reports which can be accessed [here](#).

8. How often will Intelligent Monitoring reports be published and where?

The publication schedule is not fixed; however, we strive to communicate to trusts with as much advance notice as possible. There have been two previous iterations of the Intelligent Monitoring reports for trusts that provide mental health services and this will be the third. The reports are made available on our [website](#).

9. Do you wait for the refreshed data to make decisions about inspections? What if there's a serious incident at a mental health service?

We will continue to carry out inspections whenever we have information that people might be at risk of poor care. Intelligent monitoring helps us to determine our programme of inspections.

If we had concerns that people were at risk, we would carry out an immediate inspection, outside of our planned programme.

10. My local mental health NHS trust is flagged as having a 'risk' or 'elevated risk' for a specific indicator. Is it safe?

Intelligent Monitoring is a tool to support inspection by monitoring risk and highlighting areas of focus for an inspection. It does not represent a judgement on a trust's performance in terms of quality of care. The report supports inspections by pointing to areas of potential risk. This does not mean that people are at risk.

11. What's happened to the Quality and Risk Profiles (QRP)?

We are no longer producing QRPs for mental health NHS trusts. These were phased out in 2014.

12. Why are values suppressed or do not appear for some of the indicators in the Intelligent Monitoring report?

Due to confidentiality and statistical disclosure rules, small numbers that can be linked to individual or confidential personal information (CPI) will not be disclosed in the report. This is in order to protect the individual's confidentiality. Such values will not show in

the report but will only display elevated risk, a risk, or no evidence of risk for the trust.

13. How will trust reconfigurations be reflected in the Intelligent Monitoring?

Where a trust reconfiguration takes place we will update Intelligent Monitoring to reflect this once new data for the successor trust(s) becomes available.

14. Do the indicator results relate solely to the mental health services provided at the trust, or to the whole provider, especially in the case of combined trusts?

Indicators from the following data sources report only on mental health services: Mental health minimum data set (MHMDS) /mental health and learning disabilities data set (MHLDDS); CQC's Mental Health Act database; the Community Mental Health Survey; National Audit of Schizophrenia. Several indicators based on the electronic staff records also focus on psychiatry as an area of work.

For indicators from all other data sources, the data available is at trust, not service level. As a result, we are unable to separate out the results for locations or services for these indicators.

15. Will the set of indicators change with each publication of Intelligent Monitoring data?

We expect that the indicator set will change over time as we continue to develop the model. However, we will keep providers and the public aware of any changes made. No changes will be made while we produce the analyses and reports. With help from our stakeholders (providers and arm's length bodies), we hope to improve the overall model for Intelligent Monitoring and the indicators within it. We will communicate any changes made each time the data is refreshed. For more information for this publication please see the 'Updates to Intelligent Monitoring' section in the Indicators and methodology guidance document [here](#).

16. Why are you using Monitor's financial risk rating? This could be seen as double counting and blurring the boundaries between CQC and Monitor?

We recognise that performance managers and regulators have different remits. As a result, we are working with Monitor, and other regulatory partners, to make sure that indicators are used as consistently as possible.

17. Are non-NHS providers included in Intelligent Monitoring reports for mental health?

Intelligent Monitoring for non-NHS organisations providing mental health services is currently in development. Once plans are in place and finalised for these reports, the relevant organisations will be informed and consulted with accordingly (as has been the case for NHS trusts providing mental health services).

18. Are providers able to replicate all the analysis carried out to calculate the indicators?

In cases where the information is not publicly available, we will provide the data for indicators as part of the data sheet which is published alongside the Intelligent Monitoring report. However, for some indicators, such as those that use the Mental Health and Learning Disabilities Data Set and Hospital Episode Statistics bridging file, we are unable to do this due to the presence of small numbers and potential confidentiality issues.
