An intelligence-driven CQC

Our strategy and roadmap for delivering knowledge and information-driven regulation 2014/15 to 2016/17
Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and we publish what we find, including performance ratings to help people choose care.
Contents

Foreword

Summary

Introduction

Our plans for 2014/15 to 2016/17

Key overall deliverables
1. Qualitative data and analysis
2. Quantitative data and analysis
3. Information management and intelligence systems
4. Information governance
5. Reporting and publishing

Managing change

Appendices
1. Commitments outlined in CQC’s corporate strategy
2. Milestones aligned with CQC’s operating model
3. Aligning the work streams with our key deliverables
Foreword

CQC’s corporate strategy ‘Raising standards, putting people first’ and our Knowledge and Information Strategic Framework, collectively set out the organisation’s aim of transforming the way that we use knowledge and information to underpin our decision making. This is fundamental to CQC being able to effectively deliver our purpose of making sure health and social care services provide people with safe, effective, compassionate, high quality care and encouraging care services to improve. This document provides our roadmap to making an intelligence-driven CQC a reality at both a corporate level as well as in the local regulatory judgements we make. It is constructed around the five key areas of knowledge and information identified by CQC.

CQC has a responsibility to inspire and motivate a community to engage with the transformative impact of good knowledge and information. This includes our own staff as well as the providers we regulate, people using services and their carers and relatives. When appropriately interpreted and applied, good knowledge and information can empower, advocate and drive service improvement that changes lives.

Our credibility comes from doing well that which we expect of others. We are ambitious about how we can better innovate and use information more effectively to protect people who use services, work together better with our partners across the sectors we regulate, and manage ourselves as an organisation. We will continue to develop information and work with our system partners to assure ourselves we are effective and don’t make decisions we cannot clearly explain to others and be transparent about.

We seek to better disseminate what we know to support the decision making of others. CQC has a unique set of information and we have an obligation to share more widely the insight we derive from the information we create and hold. This will enable us to support the government transparency agenda by making our analysis, and the raw data behind it, available on our website. This strategy is not just about CQC becoming a high performing organisation in the way it uses information, but also how we lead and support others to join us in our determination to make a difference.

Paul Bate – Executive Director of Strategy and Intelligence

Emma Rourke – Director of Intelligence
Summary

To be an effective and well-led regulator, CQC must be outstanding in how we create and use information. Making better use of knowledge and information to support our purpose of improving care and protecting the public is a central tenet to our transformational corporate strategy, and is what we require of the providers we regulate.

Whilst CQC has made great strides to strengthen our regulatory model over the past 18 months, we know there is more to do before we reach our goal of becoming truly intelligence-driven. We consulted widely across the organisation to develop this strategy, and the messages were clear. Our staff told us they needed more analysis and interpretation, rather than raw data. They asked for information that is accurate, timely, simple to understand, and at the right level.

They said our reports need to be more focused, composed of contextualised analysis, that guide inspection teams with clear hypotheses to test, and drive decision-making. They told us that improvements are needed in how staff access intelligence, as well as in how CQC manages its information to make it easier to bring together information from multiple sources to inform ratings and identify risks.

This strategy sets out what we will do to respond to these challenges and make it easier for our staff to be supported by CQC’s knowledge and information in their roles. We will build on our existing Intelligent Monitoring and outlier programme to produce a comprehensive surveillance model, which will enable us to better protect people who use services by triggering actions where concerns are raised. This model will drive a new scheduling solution, so that we can target our finite inspection resources to where the risks to the public are greatest.

We will strengthen the intelligence inspection briefing materials (data and information packs), so they provide more focused, targeted analysis and insight to ‘frontload’ our inspections and guide our inspection teams when they are on site. The key information in them will automatically populate our final inspection reports. We will strengthen our registration processes by collecting a new minimum data set at the point of registration to provide more evidence for us to assess if a provider meets the minimum standards to enter regulation. This will also support the subsequent ongoing monitoring of that provider.

We will invest in the right systems, software and technology to underpin this ambition, making sure we secure value for money as well as solutions that are fit for purpose. This will include introducing a new, more efficient way to store, create and retrieve records and evidence to make it easier for our staff to find and use our information. New tools will enable our analysts and our inspectors
to create and access the data and information they need, in the formats that best support them, wherever they may be. We will also introduce new HR information support, which with the new enhanced scheduling, will enable CQC to better plan and make better use of our resources.

CQC will seek to be increasingly recognised as speaking with an independent, confident voice on behalf of people who use services. We will better exploit our evidence base and report accessibly on what it is telling us about the quality of care nationally, regionally, locally and by different population groups.

Finally, through the CQC Academy, we will ensure our staff receive the training and support they need to gain the maximum benefit from all these changes.

It is also essential that we make it easier for the public to use our information to help them choose care, and to empower them to understand the standards they should expect. Our intelligence must also increase public accountability through transparency, and encourage services to improve. As we set out in CQC’s public engagement strategy, to achieve these aims our information will be clear, timely, accurate, and meet people’s needs both in terms of content, format, and the way it is delivered, whether it is on our website, on social media, or in printed formats.

The successful implementation of this strategy will need energy and commitment and team working across the whole of CQC. In return, the benefits around improving the way that we work and strengthening the way we regulate are considerable. Fundamentally they will help us to become as effective as we can be in carrying out our role to ensure the public receive the care they deserve.
Introduction

This comprehensive strategy and roadmap sets out how we will realise key elements of CQC’s corporate vision and strategy, set out in ‘Raising standards, putting people first’. Specifically it explains what our ambition of an intelligence-driven CQC looks like, how we will get there, and addresses the barriers that until now have held us back from achieving this goal. The document is not intended to provide all the answers yet. We still have some gaps which our evaluation will help us close whilst we maintain our momentum to deliver.

To be an effective regulator it is essential that CQC develops the ways in which knowledge and information are created and used as part of our regulatory processes. Currently we are using many of our knowledge and information assets to good effect. However, we should aim to go further and be an exemplar of the best practice we expect from the organisations we regulate.

The most successful organisations capture and exploit information in a way that increases their knowledge of what they do, the context in which they operate and the impact they have. They make their intelligence clear and accessible so it is easy for their staff to use, interpret and inform their decisions and judgements. As a regulator and system leader, CQC will invoke the necessary levers to drive better data availability, usability and interpretation across health and social care services.

As a member of the National Information Board (NIB), CQC is committed to transforming the landscape of information and putting the citizen in control of their health and care record. We are also committed to the NIB strategic framework and will encourage providers to follow our example and make better use of digital technology and innovation to improve care.

Part of driving change and providing leadership is becoming more transparent in what we do with data and information and exposing ourselves to critical challenge from experts in this field. We can improve the way we engage with both internal and external expertise, including specialists in their fields, partner organisations and think tanks. We should test our methodology with these experts, prior to roll out and publication of our analysis and be confident we are applying the correct methods for the data’s purpose.

---

1 A list of these published commitments can be found in Appendix 1
2 Currently scheduled for publication on 19 November 2014
Under the five chapters (which align with the five delivery work streams) of this strategy are key milestones which, together with the principles set out in this document, will be used as a framework to support business planning over the next three years with the majority of work taking place in the next 12-24 months. We will also refresh our infrastructure and digital communication strategies to align with these commitments and enable the changes.
Our plans for 2014/15 to 2016/17

The rest of this document sets out the strategy’s key overall deliverables and our plans for the next three years in the following areas:

1. Qualitative data and analysis
2. Quantitative data and analysis
3. Information management and intelligence systems
4. Information governance
5. Reporting and publishing
**Key overall deliverables**

The table below sets out the key items we will deliver from across the actions in sections 1-5 below.

<table>
<thead>
<tr>
<th>New deliverable</th>
<th>Benefits</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extending Intelligent Monitoring to deliver a comprehensive surveillance model, combining quantitative and qualitative information.</td>
<td>This will enable CQC to better protect people who use services by triggering action where concerns are raised. If an inspection is considered the necessary response, then the intelligence in the model will seamlessly drive that inspection.</td>
<td>2015/16</td>
</tr>
<tr>
<td>2. More focused, targeted reports to ‘frontload’ and direct inspections with the intelligence and insight our inspectors need.</td>
<td>Truly intelligence-driven inspections where our onsite resources are focused on the areas of concern, to ensure our inspection judgements are as robust and evidence based as they can be.</td>
<td>2015/16</td>
</tr>
<tr>
<td>3. A national scheduling solution driven by risk-based quantitative intelligence.</td>
<td>We will be more efficient as a regulator and target our finite inspection resources where the risks to people who use services are greatest.</td>
<td>2015/16</td>
</tr>
<tr>
<td>4. A new way to store, create and retrieve records and evidence. Easier access to the information to support our roles.</td>
<td>Our inspectors will be able to build on and validate the information in the intelligence inspection briefing materials ‘data and information pack’ electronically with their own evidence whilst out in the field. CQC’s information will be easier to find and use.</td>
<td>Begins in 2015/16</td>
</tr>
<tr>
<td>5. An ‘Intelligence Hub’ that will bring all our quantitative information into one place.</td>
<td>This will significantly improve how quickly, efficiently and effectively we are able to analyse, extract insight and report from our knowledge and information.</td>
<td>Begins in 2014/15</td>
</tr>
<tr>
<td>6. A fit for purpose self-service HR staff system (ESR).</td>
<td>Better quantitative information for CQC to plan and manage our workforce.</td>
<td>2015/16</td>
</tr>
<tr>
<td>7. Training for inspectors.</td>
<td>To ensure our staff gain the maximum value from CQC’s intelligence to deliver our purpose.</td>
<td>2015/16</td>
</tr>
<tr>
<td>8. A review of our data gaps, including national surveys of people who use services, and staff surveys.</td>
<td>To help fill the gaps in our intelligence with a particular focus on the sectors where we have the least information. Also within sectors to ensure we have the intelligence we need, at for example each core service in NHS Trusts.</td>
<td>From 2014/15</td>
</tr>
<tr>
<td>9. A new minimum quantitative data set collected at the point of registration.</td>
<td>A stronger registration process by providing more evidence for us to assess if a provider meets the minimum standards to enter regulation, and subsequently support the ongoing monitoring of that provider.</td>
<td>2015/16</td>
</tr>
<tr>
<td>10. New national, regional and local reports about the quality of care.</td>
<td>We will further develop CQC’s confident, independent voice, reporting what we find about care to drive improvement nationally and locally.</td>
<td>From 2015/16</td>
</tr>
</tbody>
</table>
1. Qualitative data and analysis

► Strategic objective

We will deliver a sustainable approach to analysing and reporting non-numerical information (including user voice) to support evidence based decision-making, in order to drive improvement and help protect people who use services.

► Actions we will take

1. We will use qualitative intelligence to support a comprehensive surveillance model.
2. We will prioritise information from new sources, such as social media, and in sectors where we have gaps in our intelligence.
3. We will analyse information using a set of topics relevant to each sector and automated tools where possible.
4. We will develop our internal capability to analyse and use qualitative intelligence, following best practice.
Exploiting qualitative data more fully across our regulatory model

Qualitative data incorporates all the non-numerical information that CQC analyses, uses and reports as part of its regulatory model. This includes information collected nationally and locally about people’s experiences of care, including intelligence collected to support our inspection model. We will develop a sector specific approach to using qualitative intelligence that builds on our experience of using this type of information at three stages in CQC’s operating model: at registration, to support inspection and ratings, and to trigger regulatory activity to protect those who use services. This will ensure that we can gain the maximum benefit from our analysis. We will also work with the providers of care to help them increase their use of qualitative information to gain insight into the quality of the care they provide.

2015/16
► We will review and improve our existing use of qualitative intelligence within our Intelligent Monitoring to ensure that our understanding of risk takes into account what qualitative information can tell us about quality. We will also enhance and expand our use of qualitative information in the intelligence inspection briefing materials (data and information packs) that support our inspection regime across the sectors that we regulate.
► We will review how we can support registration, and use the information CQC collects at registration, in a more effective way. This will include how we can use qualitative intelligence to improve our registration decisions, and how we can use qualitative intelligence provided at registration within the rest of our regulatory model.

2016/17
► We will develop our approach to using qualitative information to support our aim to protect the people who use services, in between our inspections. As a result we will begin triggering regulatory responses as part of a comprehensive surveillance model, which we explain in the ‘Quantitative data and analysis’ section of this document. We will do this where highly relevant small volumes of qualitative intelligence and/or combinations of qualitative intelligence from a number of sources indicate a risk to the quality of services.

Identifying and prioritising key sources

There are vast amounts of qualitative information that CQC could use to help inform our regulatory model. In order to focus our resources effectively we will identify and prioritise those information sources that tell us the most about risks to the quality of care, or give us useful insight into areas where we have gaps in our intelligence.
2014/15
▶ We will review what qualitative information is available to CQC from a range of stakeholders and sources, in each of the sectors we regulate. This will tell us what is available to be analysed and where there are gaps in our intelligence by sector, population group, and service.
▶ We will identify a set of criteria to prioritise qualitative intelligence, to ensure that the most useful information is captured, analysed and used within our regulatory model.
▶ We will start to analyse prioritised qualitative information to support our regulatory model, beginning with those sectors where we have less routine information, to support our understanding of quality. We will therefore start in the adult social care sector, followed by primary care and hospitals as soon as possible.

Better analysis and interpretation
It is important that we understand what qualitative intelligence can tell us about the quality of care. This will include what topics are being discussed, whether the information indicates good performance or a risk to the quality of care, and if it raises serious concerns. To support this we will build a standard set of themes for each sector that we will use to analyse qualitative intelligence, and explore automated and manual processes to undertake that coding.

2014/15
▶ We will develop frameworks of topics to support the coding of qualitative information so that we can consistently report what themes are being identified in this intelligence, along with the sentiment behind it.
▶ We will start to develop ways to automate the analysis of qualitative information.

2015/16
▶ We will develop a process to identify qualitative information that indicates a serious risk to the quality of care either on its own or in combination with other qualitative or quantitative information.
▶ We will review methods for analysing qualitative information at a national and a local level to begin developing our approach to using this information. We will present the information in ways that ensure the messages from it are clear, easy to understand and acted upon if required.
▶ We will deliver automated solutions for qualitative coding to allow CQC to manually code highly relevant documents and extract meaning from large volumes of qualitative data sustainably.
Building expertise in using qualitative intelligence

It is important we develop the skills and capabilities of CQC’s staff to ensure they are able to capture, code and analyse qualitative data effectively. We will also review and expand the Intelligence Expert Advisory Group to ensure that as we develop our approach we do this based on best practice within qualitative fields.

2014/15
► We will identify and recruit expert advice and guidance to support qualitative development in all sectors, managed by CQC’s Intelligence Expert Advisory Group.

2015/16
► We will build CQC’s capability to analyse and use qualitative intelligence through the Academy to ensure that all analytical and non-analytical staff have an appropriate knowledge and understanding of qualitative information.
2. Quantitative data and analysis

► **Strategic objective**

We will source, create and analyse numerical information to support sound, evidence-based decision making across the organisation, in order to drive improvement and help protect people who use services.

► **Actions we will take**

1. We will develop new data sets to address information asymmetry between and within sectors, and pilot new ways of using information from providers to fill gaps in our knowledge.

2. We will use the most appropriate analytical techniques to extract the best possible insight from our data.

3. We will build a comprehensive surveillance model, building on our existing work and developing its predictive capability.
Filling the gaps in our analysis

Quantitative data is numeric or categorical information that can be analysed at different levels. In the context of the health and social care sectors it refers to data sets about services and the people who use them. There is currently an asymmetry in the data sets available at national level across health and adult social care, with health services generally much better covered by such data sets than adult social care. Asymmetries also exist within the hospitals sector with gaps in information within some of the core services, our five domains, or the individual hospital sites we inspect below Trust level within the NHS. The creation of national data sets for health services provided by the independent and voluntary sector has also not had the drivers that exist in public service provision.

2014/15
► We will carry out and publish a gap analysis by sector, and by our key lines of enquiry, to identify where we need to collect new data and where we need to improve existing data. We will do this for all the sectors CQC regulates and across the functions in CQC’s operating model. We will refer to this analysis as a ‘data roadmap’. We will differentiate between developing existing data and working with partners to develop new data.
► We will complete a pilot in the hospitals sector to assess the quality of NHS providers’ own account of their performance, using their own data and reporting systems.

2015/16
► We will develop a minimum data set for CQC registration across all providers, starting with the adult social care sector, to accompany online applications. This will strengthen the information available to us to support registration. It will ensure we have a data set that provides a consistent set of information across all providers within a sector, which will support our regulatory processes following registration.
► Working with the Department of Health and NHS England we will agree a core data set that all NHS funded care providers have to make available to support transparency.
► We will be a leading contributor to a consultation with care providers across the care system, including in social domiciliary and residential care, on the development and publication of appropriate data sets. This information will provide an effective insight into the safety and quality of care services. The aim of this work will be a national minimum data set for the adult social care sector.
► We will complete pilots to assess the quality of providers’ own accounts of their performance, using their own data and reporting systems, across our
three sectors. The results will contribute to CQC’s ongoing evaluation of our regulatory approach.

- We will roll out a new fit for purpose self-service HR staff system, to provide CQC with better information to plan, and to manage our workforce.

- We will work with the Department of Health and NHS England to review the national staff survey programme, and surveys of people who use health and social care services, including the NHS patient experience survey, to improve their coverage across the sectors we regulate, frequency of collection and levels of reporting.

**2016/17**

- We will introduce a minimum data set for CQC registration across all providers in all the remaining sectors to accompany online applications.

- We will work with our partners to implement the findings of the review of national surveys of people who use services, and staff survey programmes.

**Putting in place the foundations**

It is essential that we can be confident in the quality of the data we use and our analysis of it. We must ensure that the quantitative analysis we produce, including indicators, are fit for purpose and go through appropriate internal scrutiny. This will increase internal confidence in our work and will minimise external challenge. It will also enable us to publish more of our analysis. In order to achieve this we will need to increase the analytical skills and capability of our staff across CQC. Applying the correct analytical techniques and deriving insight is not just the role of an analyst. We aim to create a culture of data literacy where all our staff have the confidence to interact with quantitative data and information to support their work.

**2014/15**

- We will publish a competency framework for all our analytical and non-analytical staff which outlines their responsibilities when handling quantitative data and information.

- We will improve the capacity and capability of our specialist analyst teams to interpret and apply quantitative analysis across all the sectors that we regulate. This will be achieved through internal training sessions and seminars, alongside the creation of a professional development framework for analytical staff, including a skills framework for each role. We will begin a new graduate analyst scheme to enable us to develop fresh talent in the organisation.
We will test our governance processes to ensure we have the most robust process for agreeing the use of quantitative methods, and develop action plans where improvements can be made.

We will implement the recommendations from the 2013 Macpherson ‘Review of quality assurance of Government analytical models’ to ensure that our analysis meets the highest standards of quality, including our financial analysis.

A first cohort of our analysts and policy development staff will carry out evidence based problem solving training to establish a new rigour to developing our thinking in CQC.

2015/16

We will build on our existing training schedule and roll out a more comprehensive training programme on quantitative analysis, and CQC’s indicator model, to all staff in our inspection directorates.

We will document all our governance processes for new analytical work, in line with the Macpherson recommendations.

Those analysts and policy development staff who did not receive the training in 2014/15 will carry out our new evidence-based problem solving training.

Ensuring we use the right analytical techniques

The development of CQC’s analytical detection techniques has been focused on producing estimates of risk or anomalies or oddness in quantitative data. In order to make the best use of our quantitative data we need to be flexible in the methodology that we apply. Sometimes this will involve more complex techniques to better answer a problem, but at other times it involves applying simple but more appropriate methods to derive insight for the intended audience. We need to give consideration to the interpretation and applicability of any methods that we use.

2014/15

We will contribute to the testing of linked General Practice data sets with Hospital Episode Statistics (HES) to determine what insight this reveals about how care services work together.

We will develop plans to make better use of external and internal expertise, including through our Intelligence Expert Advisory Group.

We will consider options around the use of time series analysis methodologies in our Intelligent Monitoring as part of our predictive capability discovery, and also to assure ourselves the right methodology is being applied.
2015/16

- We will test a range of indicators from nationally available linked data sets to improve our analysis across pathways of care. This will support our role in monitoring the integration of care.

- As we explain in the ‘Information management and intelligence systems’ section of this strategy, the new Intelligence Hub will allow us to access our data in one place. This will enable us to produce analysis from a range of data sets and reduce the time we take to produce analysis and insight.

- We will introduce more time series based analysis, so we can better monitor provider performance over time, and in particular be able to identify trends in those data sets that are collected less frequently. We will be clear in our messaging why the analysis is appropriate and useful.

- We will use Geographical Information Systems software in order to increase our ability to both present and analyse data at appropriate geographical units, to increase the granularity and precision of our intelligence.

- We will explore the idea of combining bespoke information, such as the information returns that we send to providers for them to complete, with national information, and evaluate the impact.

- We will purchase a flexible analytical tool that will allow us to be more dynamic and automated in our analyses, rather than relying on static, pre-prepared reports, to better identify trends and patterns in data sets and more easily link across data sets. We will then extract the best quality insight to support all the functions in CQC’s operating model.

Clear, action orientated, insight and interpretation

In order for data to become insight, it needs to be easy to understand and, where appropriate, lead to action. This could be to inform any of our activities, for example registration, inspection, enforcement, national reporting, corporate reporting or to better enable the public to choose a care provider. By exploring the data sets held by providers, we will be able to obtain information that complements existing national data collections and the observations on our inspections, and triangulate these to form a judgement. We will aim to be able to drill down into site and service level performance, which will allow key lines of enquiry to be more focused and judgements to be more robust.

For CQC to become a highly performing organisation we need to be able to evidence the value we ourselves bring to the public and to people using services, and how efficient we are as an organisation. Quantitative data sets and our analysis of these is an important part of building this picture.
2014/15

- We will evaluate how we can use our new insight to improve our intelligence inspection briefing materials (data and information packs).
- We will launch our analytical Intelligent Monitoring tool for NHS mental health service providers and general practices.
- We will improve the way we monitor adult social care services and publish the full new methodology.
- We will evaluate our initial Intelligent Monitoring approach. This will inform the definition and planning of what a comprehensive surveillance model looks like, and start to roll this out for acute NHS hospitals.
- We will begin to identify the high level connections between CQC’s financial and activity information. We will also consider how we can use our information to better understand and report the quality of CQC’s regulation and its impact. This is the first step towards CQC gaining a clearer and more detailed understanding of its costs, and how we can best demonstrate our value for money, impact and benefits.

2015/16

- We will roll out across the sectors a comprehensive surveillance model that will combine quantitative with qualitative information, building on our Intelligent Monitoring. This will enable CQC to better protect people who use services by triggering action where concerns are raised. If an inspection is considered the necessary response, then the intelligence in the model will seamlessly drive that inspection.
- We will deliver a strategic national scheduling tool by the third quarter that will be driven by analysis from the comprehensive surveillance model. This will allow CQC to plan and better target its finite resources to where the risks to people who use services are greatest.
- We will deliver more focused, targeted intelligence inspection briefing materials (data and information packs) to frontload and direct our inspections with the intelligence and insight our inspectors need. This will ensure our inspections are truly intelligence-driven, with the information and supporting hypotheses to direct our onsite resources to the areas of concern, so that we can identify inadequate care. In addition this information will populate our inspection reports, ensuring they are as robust and evidence based as they can be.
- We will roll out an analytical service to support the registration function, and ensure registration staff receive the analysis they need.
- We will improve the dissemination and interpretation of information from our Intelligent Monitoring analyses.
We will deliver a new corporate financial model that links CQC’s financial and activity information. We will provide better information to assess the quality of our regulation and its impact. This information will be used to drive and improve the economy, efficiency and effectiveness of CQC’s regulatory model.

**Innovation and continuous improvement**

The feedback from our own analysts suggests that we not sufficiently innovative and have not struck the right balance between familiarity, best practice and developing a more cutting edge approach across all of our work. Our environment can sometimes make it challenging to nurture innovation, but it is vital that our analysts understand and proactively influence new innovations in the context of their work. Innovation is all about our behaviour. It is about how we encourage and challenge ourselves and each other to generate and develop ideas. It is about always trying new things and never being one hundred per cent satisfied.

**2014/15**
- We will scan the market to test the applicability of approaches to predictive analytics, and consider these within CQC’s suite of analytical tools.
- We will increase the linkages across teams within CQC so that colleagues can work in partnership to develop hypotheses to apply to the data.

**2015/16**
- We will have a process in place to keep abreast of new developments, including discussing tools and developments with other organisations. This could be through direct relationships with individuals in other organisations or it could be through our advisors who effectively scan the marketplace for us.
- By improving our communication with providers, we will increase and maintain awareness of the tools used by providers to monitor their own performance,
- We will introduce a new annual prize for the most innovative analysis.
3. Information management and intelligence systems

► Strategic objective

We will robustly ensure that the quality, completeness and integrity of the information and data we hold is maintained and improved. We will enable the users of our information and insight to access it in ways that suit them best.

► Actions we will take

1. We will implement best practice processes and controls to ensure we manage our information effectively.

2. New externally facing data channels will enable us to share and collect information more easily and effectively.

3. We will ensure our staff can find and use the high quality information they need easily and seamlessly.
Robust controls and governance

We believe it is important that data change control mechanisms are improved in CQC. Uncoordinated developments or refinements to systems and processes can have detrimental effects on our data and its usefulness. It is essential that the benefits of best practice in information management are clearly communicated, understood, and followed by all our staff.

2014/15
- We will develop clear structures and mechanisms for change control and impact assessment, ensuring all changes to our information and systems are properly planned and controlled.
- We will ensure all staff understand their role in relation to our information and the role of others, so that dependencies and impacts are better understood.

2015/16
- We will review, revise or write new policies or guidance as appropriate, to underpin staff understanding and ensure common approaches and best practice in the way we manage our data and information, closely aligned with the ‘Information governance’ section of this strategy. Issues around email storage, retention and disposal of records and version control are singled out for priority attention.
- We will review and improve our communications, and the Knowledge and Information Management (KIM) Champion role, in order to share and promote good practice and culture in information management.
- We will reduce the proliferation of workarounds and incompatible data sets through robust governance and planning, and by following information management principles.
- We will develop homeworker and mobile working information management strategies, to ensure we are not losing or failing to capture data. This will be closely linked with CQC’s Infrastructure Strategy and broader developments around mobile working.

Sharing, collecting and exchanging information externally

There are many different routes through which CQC shares, exchanges or collects data and information from external agencies and care providers. At present these routes or channels are not aligned or coordinated, which means that we are not working as efficiently as we might be. For example we may request the same information more than once, and in different or incompatible formats. Improving and coordinating our externally facing data and information channels will also help us to improve data quality.
2014/15
► We will work across CQC to establish a common strategy and approach with respect to external data and information channels.
► We will seek specialist advice on the development of dedicated external channels, including how we can best align and rationalise what we do in this area, and how we can improve the experience of the external data users and providers.

2015/16
► We will map all current routes and initiatives for sharing and gathering data externally, in order to help us reduce the proliferation of unaligned or ad-hoc routes and methods.
► Within the context of the wider external channels plan, and linked with the ‘Reporting and publishing’ section of this strategy, we will continue to work on opening up and making available, within the legal requirements, the data CQC collects.

**Easy access to information for our staff**

To be an intelligence-driven organisation, our staff across CQC need to be able to access the information they need, as easily as possible. This includes the information in our systems like CRM, and how we find information on our network drives. Staff in our inspection directorates, for example, have told us that they need to be able to access both management and provider information more easily and seamlessly, and at the right level of detail for their role.

2014/15
► We will select and plan the implementation of a new Records and Document Management (RDM) system. The new system will allow us to better manage our documents, attachments and evidence, ensuring information is easier to find, both inside and outside of CRM. We will also review our document naming conventions. The new RDM system will also provide access to textual data for the qualitative analysis tools.
► We will review and revise the email archive and inbox size policy, in order to help staff find and share information efficiently.
► We will design and begin implementing the Intelligence Hub. This will give our analyst teams fast access to the full range of interlinked data sets, meaning they can more quickly investigate the data and design new indicators.
► We will plan a controlled expansion of the data warehouse, which is CQC’s core data repository. This will make a greater range of internal and external data sets available to support analysis and indicator development, and to underpin internal operational management information.
We will work closely with our inspection directorates to plan improvements to the ways they access the information they need, in the appropriate mobile formats and at the right level of complexity.

2015/16
- We will initiate implementation of the new RDM system.
- We will deliver the Intelligence Hub.
- We will deliver the data warehouse expansion through a series of technical releases throughout the year.
- We will deliver the requested improvements and developments to the way staff in inspection directorates access and use provider and management information data.
- We will ensure new reports and analyses devised through the Intelligence Hub are swiftly brought into our standard warehousing and reporting systems in order to make the benefits available to wider CQC and external audiences as quickly as possible.

Mapping, monitoring and quality
A fundamental underpinning requirement for good information management is knowing what data the organisation holds, where it is held, how it is linked and flows around the organisation, and what quality and currency it has. Much work has taken place over recent years to improve the quality of our data, and work has started on modelling and mapping data structures and flows, but this is not complete and needs to be accelerated. We also need a fit for purpose taxonomy, defining the structure for services, and the providers delivering them.

2014/15
- We will procure a data quality tool which will allow us to automate the discovery and resolution of issues, freeing up analyst time to investigate more complex problems. We will be able to improve the quality of our data more quickly, which will in turn improve the effectiveness our regulatory activities.
- We will procure a data modelling tool which will help us to accelerate our modelling activities. This will move us more quickly towards the point at which we have a stable and complete data model, allowing us to manage, control and govern changes to our core data.
- We will procure specialists to work with us on the design of a new, fit for purpose provider taxonomy.
2015/16
► We will have a stable data model in place, which can be used routinely to underpin and assess the impact of all data changes, protecting everything that relies on our data.
► We will map the core information flows and use them to assess the impact of all data changes.
► We will implement the new provider taxonomy, and carry out all the corresponding structural changes that will need to be made to our information, databases and reporting.
► We will implement regular and routine monitoring of the data flows between systems, ensuring warnings are triggered when any data sets are incomplete or not as up-to-date as expected.

Technical information systems
Although a great deal of information management is focused on the way people interact with and use data, the underpinning technical systems must be fit for purpose, properly deployed and maintained. A number of the deliverables in this strategy will be enabled through technical developments.

2014/15
► We will continue to develop the Enterprise Service Bus (ESB) capability, which provides us with the technical ability to link disparate data sets, supporting analyst access to data and delivery of the ‘Qualitative data and analysis’ section of this strategy.
► We will continue to further automate the production of intelligence inspection briefing materials (data and information packs) for the inspection directorates, thus freeing up analyst time for analysis and data interpretation.
► We will review our approach to backing up and protecting our data as it grows and changes.

2015/16
► We will revise the deliverables in this section of the strategy in the light of recommendations and decisions arising from CQC’s broader Systems Review in the spring of 2015.
4. Information governance

► Strategic objective

We will meet the highest standards of information governance across CQC. We will ensure that the privacy, dignity and information rights of people who use care services, and others whose information we have access to, are respected and protected.

► Actions we will take

1. Clearer support and guidance will ensure our staff understand their information governance responsibilities.
2. We will review and amend our information governance structure, and embed information governance questions in all decision-making processes across CQC.
3. We will share information safely and appropriately.
4. We will strengthen our assurance processes to ensure and report compliance.
Supporting everyone to understand their information governance responsibilities

The feedback we have received from colleagues within CQC shows an understanding of the importance of good information governance. Our staff are particularly mindful of the privacy and dignity of people who use the services that we regulate. However, it is complex and difficult to understand the legal framework of responsibilities, and to navigate the guiding policies and processes we have in place. We therefore need to adopt an approach which provides better support to help everyone within CQC understand their responsibilities when handling information.

2014/15

► We will use the Academy to deliver a range of training packages, including a ‘refreshed’ standard induction session, and role-specific training for members of inspection teams in each inspection directorate with relevant examples that reflect the particular issues in various care settings. We will continue to provide the annual Information Security training for all staff, as required for all public sector organisations.

► We will deliver a coordinated programme of reminders and awareness raising messages through internal communications channels, to ensure an increased understanding of key information governance issues.

► We will develop a ‘quick guide’, to make it easier for people to identify and locate the guidance that they need on any particular information governance issue that they may be dealing with.

2015/16

► We will review all our existing guidance documents against recognised best practice and create new and improved guidance where needed. Our guidance documents will closely link with the training programme, to ensure a consistency and clarity of approach.

► We will obtain external expertise in behavioural sciences, and will use this expertise to ensure that we engage with our people more effectively.

► We will build on the core training available through the Academy by developing a range of focused, role-specific, ‘mini-sessions’ on key issues of information governance.

► We will review other training and guidance provided to our staff, and ensure that key messages on information governance are included wherever appropriate.

► We will look for new ways to ensure that our staff can get quick and clear advice on information governance issues, wherever and whenever they need it.
Aligned with the ‘Information management and intelligence systems’ section of this strategy, we will review and refresh our ‘information asset register’ to ensure that we have a clear and shared understanding of what information CQC receives, holds and shares, of where this information is held and of how it flows through the organisation. We will ensure that managers with specific responsibilities for this information are fully trained to understand and carry out those responsibilities, and that they have adequate support and guidance to assist them in this.

We will work with the Academy, and colleagues throughout CQC, to continuously assess the effectiveness of these measures.

Making good information governance easier

In a complex and busy environment, where people are faced with multiple priorities and demands, it can be human nature to fall into habits of doing what is easy, rather than what is right – cutting corners or developing ‘work-arounds’. If this means bypassing information governance processes and controls, and creating risks to information security, confidentiality or privacy, this is not acceptable. We therefore need to make it as easy as possible for our staff to ‘do the right thing’, and relieve as much of the burden of good information governance as possible.

2015/16

We will establish a network of ‘Information Governance Champions’ in teams throughout CQC to support our staff and promote good practice throughout the organisation.

We will establish an information forum, to allow colleagues across the organisation to raise, discuss and suggest solutions to any information related issues which impact upon their work. The outputs from this group will feed into the ongoing information governance work programme and will be used to plan further steps to the aims of this strategy.

We will support the development of new information management systems as part of this strategy, and secure early involvement in their development. This will ensure that ‘easy-as-possible’ information governance compliance is designed and built into these systems.

We will ensure that we have clear standards and principles for information governance and information security, tailored and appropriate to the sensitivity of the relevant information. This will help the people developing new systems and processes to build them in ways that support and promote good information governance.

We will review CQC’s new methodologies, using feedback and input from colleagues throughout CQC, to identify information governance related pinch-points and difficulties, and we will implement steps to resolve these.
Ensuring excellence in information governance

Even when people know their responsibilities, and good practice has been made as easy as possible, good information governance is not assured. People can mishandle information in risky or unlawful ways for many reasons – error, misunderstanding or maliciousness – and it is vital that such malpractice can be swiftly identified, corrected and learned from.

2015/16
► We will develop, agree and report upon an improved set of key performance indicators. These reports will be considered by the Audit and Corporate Governance Committee and will be the basis for improved assurance to the Board.
► We will seek, and report, the views of colleagues within CQC, registered persons and people who use registered services, to understand the effectiveness and impact of our information governance approach.
► We will support directorates to use CQC’s new corporate management assurance framework to self-assess and report on whether staff are aware of their information responsibilities, understand the standards of information management they are achieving, and the improvement plans they have or need to have in place.

Information governance mechanisms that support CQC’s goals

For CQC to achieve excellence in information governance, it is vital that we have the right leadership, expertise, and structures in this area. The support and involvement of all staff from across the organisation is essential, and we must have effective systems for managing information governance.

2014/15
► We will review the membership and terms of reference of CQC’s Information Governance Group, and amend them accordingly to better suit CQC’s new structure and the delivery of this strategy. This is the advisory group that coordinates and drives information governance work within CQC.

2015/16
► We will review and amend CQC’s existing information governance structure; including the management structure, existing job roles, and the exercise of our Caldicott Guardian and Senior Information Risk Owner responsibilities, to ensure they fully support the delivery of exemplary information governance.
► We will develop plans to further align our information governance work with the delivery of CQC’s goals.
Robustly considered decisions about information

Information governance must not be a ‘stand-alone’ function, divorced from the activities and decision making in the rest of the organisation. We must consider key information governance questions – privacy, security, legal compliance, record and document management, information access and information rights – in all decision making processes, at all levels, in all parts of CQC.

2014/15

► We will maintain CQC’s Information Risk Register, and ensure that all identified risks are owned and managed by appropriate people within CQC.

2015/16

► We will work with key corporate governance committees and groups at all levels of CQC, to ensure they develop and maintain a strong understanding of information governance requirements, and that compliance with these requirements is built into all of CQC’s governance processes.

► We will develop and maintain a process to check that information governance is being considered in all key decisions, and to ensure that any failure to do so is always challenged, corrected and learned from.

► We will develop better support mechanisms for CQC colleagues making applications for section 251 approval to the Confidentiality Advisory Group hosted by the Health and Social Care Information Centre. These applications are made where access to patient identifiable health data is required, and where our powers to obtain information are not engaged and obtaining consent is not viable (for example, to obtain patients’ names and addresses for the national patient surveys that we run).

► We will seek and use expert guidance on effective practice for promoting involvement and engagement within organisations. We will use this expertise to help us influence behaviour within CQC, and ensure that colleagues follow effective information governance processes when developing and implementing changes to systems, processes or practices.

Effective information sharing with strategic partners

Information Governance is not just about keeping confidential information safe, it is also about using information effectively in order to support the quality and safety of care. This means that the right information needs to be available to the right people at the right time. In many cases, this requires sharing information in safe and appropriate ways with strategic partners outside of CQC. As an organisation, we will become more efficient and confident in sharing information, and will be a leader in coordinated action to improve care, by becoming an exemplar of effective information sharing.
2014/15
- We will ensure that the policies, guidance and training for our staff provide them with all the support they need, in order to make timely and robust decisions on information sharing.
- We will support the development of innovative ways of sharing, analysing and using information through the provision of clear and robust legal and policy advice that takes full account of the privacy and opinions of people who will be affected.

2015/16
- We will review our joint working agreements, memoranda of understanding, and information sharing agreements with strategic partners, and assess the effectiveness and appropriateness of these agreements. Where necessary, we will act to amend and improve these agreements to ensure that the information sharing purpose is supported by clear governance and support for all parties.
- We will support those agreements with clear and simple, step-by-step guidance to make them easier to understand and follow.
- As part of our programme of training, delivered through the Academy, we will provide role specific, information sharing training that focuses on real life examples.
- We will deliver and demonstrate a high standard of compliance with information governance standards and requirements, to encourage our partners’ willingness to appropriately share information with us.

2016/17
- We will have developed and begun implementing plans for ‘sharing by default’ with key strategic partners. This means moving away from the current mind-set where we keep information to ourselves unless there is a good reason to share it, to one where we share information unless there is a good reason not to.
5. Reporting and publishing

► Strategic objective

CQC will be recognised as an independent and confident voice, reporting and publishing what we find across the health and social care sectors to provide insight, support decision-making and drive improvement in the quality of care.

► Actions we will take

1. CQC will speak on behalf of people who use services, reporting at a national, regional and local level.

2. Our reports will be timely, accurate, relevant, accessible, easy to understand, and in convenient and useful formats.

3. We will use a wider and richer evidence base of information, analysis and research in our reports.
CQC’s independent, confident voice

Across the health and social care system there is a vast amount of data and information. There are some providers of information about the quality of care, but none who have the depth and breadth that CQC possesses from our comprehensive inspection findings. CQC embraces its responsibility to present our evidence base more openly and transparently and explore and report on what it is telling us about services and sectors. We will further develop our independent, confident voice so that we can speak about what we find on behalf of people who use services.

Our major publications, including surveys, will take a position on the trends and issues they examine, identify ways in which services should improve, and hold the sectors to account. Our reports will have a strong narrative from their earliest stage of development, ensuring the level of our assertion is in line with the strength of the evidence.

2014/15

- Where it will add value, CQC will work with partner organisations to combine expertise, evidence and resources to explore issues together. When analysing our findings we will consider research and information published by others within the wider health and social care system. This will enable us to present a more comprehensive, tested and coherent picture, starting with the State of Care report and the Mental Health Act report.

- We will launch our strategic engagement grid to identify opportunities for engagement, to ensure better coordination across the organisation of the key moments during the year and to ensure greater visibility for our information.

- We will develop a process for ensuring that our reports have a strong narrative from their earliest stage of development.

2015/16

- We will ensure all our reports explicitly include and reflect the experiences of people who use services, including across pathways of care.

- We will build a bank of case studies to underpin our confidence in describing good and outstanding care, to encourage improvement across each sector. We will allow these to be syndicated to other organisations.

- We will formally invite feedback on our reports to generate debate and conversations around our work, and in this way further embed CQC as an independent and confident regulator.
Tailoring our reports for different audiences

Our inspection ratings and narrative, our analysis of information and the raw data we hold are all incredibly valuable to anybody interested in improving the quality of care in England. We therefore need to ensure that our reports accommodate the needs of the different interests across the health and social care system. These include the public, providers, professionals, commissioners, the media, academics, national bodies, other regulators, the Department of Health and CQC’s own Board, Executive Team and staff.

2014/15

► We will work with stakeholders to develop and refine the reports and publications that add the greatest value in terms of providing insight, supporting decision making and driving improvements in quality. We will scope the products in a way that maximise their impact and value for money.

► In each of our national reports we will be clearer about the issues we are addressing, the approach we will take, who we think the information will be useful for, and the impact that we would like the work to have.

► We will start to drive improvement by celebrating outstanding care using case studies to explain what leading providers have done to improve people’s care, and by shining a light on areas of poor care.

► For policy-makers, academics and think tanks, we will start to provide evidence of, and insight into, changes in the quality of care or variation across services, geographical areas, population groups and any other appropriate factors.

2015/16

► As the number of services that we rate increases we will further explore and publish the key factors that are associated with, lead to, or predict outstanding or inadequate care.

► We will start to include, with every major report, a short, accessible public summary of information that focuses on the issues that matter most to them.

► We will start to produce provider briefings, providing a focus on our evidence about specific aspects of care to provide more detailed information that can drive improvement.

► We will develop and evaluate reports at different levels such as region, Local Authority area and Clinical Commissioning Group (CCG) area. These reports will explicitly highlight the quality of care as experienced by different population groups in different parts of the country.

► Where appropriate we will publish technical documents and articles showing our analyses so people can see, replicate and build on the work that we have done.
2016/17

► We will make our information available to commissioners, Healthwatch, Health and Wellbeing Boards and corporate providers in a way that provides the insight they need to support their work.

► For all these audiences, we will improve the way we make information available, ensuring we publish information at the levels and in the formats they need. We will open the raw data up behind our analysis to anybody who wants to use it.

Prioritising the areas to explore

We are legally required to publish local inspection reports and a number of national publications, and we have a comprehensive thematic activity programme, all of which encourage improvement in the quality of care. We can also encourage improvement in quality by expanding the reports and information we publish. However, resources are limited and we need to ensure we focus on the areas that will expand our knowledge about the quality of care. We will analyse and report information, both at a national level and below, which we believe will add to the policy debate, inform the public, or assist others in holding providers, commissioners, other regulators and CQC to account.

2014/15

► We will use our unique regulatory remit across health and social care to increase our focus on how well different care services work together for example in our review on joined up care for older people which will start in 2014/15.

► We will explore what analysis we could undertake, and what would be useful to publish, in relation to equalities. This work may then contribute to existing products such as thematic reviews, for example our review into end of life care, or national annual reports as well as potentially informing stand-alone publications.

► We will build our knowledge of the quality of care throughout the year, analysing ratings, the findings from inspections, performance data and wider evidence and research. We will produce quarterly sector slide packs to disseminate this information within CQC.

2015/16

► As well as looking at the breadth of care across the whole population, we will also start to provide in-depth reporting around specific services, conditions, population groups or geographical areas. We will evaluate the impact of this reporting to inform the future programme of reports.
Making an impact

Our new approach to inspecting care presents a great opportunity, through its more granular detail about core services, key questions and population groups, to offer information that better engages and meets the needs of our audiences. Our information will have the greatest impact if it is timely, accurate, relevant, accessible, easy to understand and in convenient and useful formats.

2014/15

► We will publish on our website our Intelligent Monitoring reports that give providers a risk banding, across those sectors where we have the data to be able to do this. We will also publish our ratings, breaches of regulations and registration data sets.

► Learning from others we will explore how best to use data visualisation techniques for the information that CQC holds and the different ways that stakeholders would like to use the information to derive insight, support decision making or drive improvement.

► Throughout our national reports we will use data to quantify an issue, describe trends or variation, outliers and the factors affecting quality. We will clearly explain how many people are affected by the issues and trends we report and the impact, both positive and negative, on those people.

► We will explore the different ways stakeholders want to use our information to derive insight, support decision making or drive improvement so that we can develop our publications. The initial focus will be our review into the experience and outcomes for people experiencing a mental health crisis.

2015/16

► We will build and make available on our website new online tools to help people query and drill-down into our information to find the answers they need. These tools will be built around the needs and behaviour of the user, adopting the Government Digital Service’s design principles.

► We will publish the underlying data behind our major publications, and make it easier for the public to interrogate the information. We will update and publish at several points during the year the data sets that underpin our annual State of Care report.

► We will ensure we involve the people using our reports, in testing and evaluating our publications and helping shape the way in which we improve them.

► We will make reports shorter and more accessible. This will also include easy-to-read versions for people with learning disabilities, large print, Braille or audio versions for those with impaired vision, and alternative language versions where needed. We will make more use of graphics, videos, blogs,
case studies and experiences of people who use services, social media and data downloads.

2016/17
► We will evaluate whether the accessibility and presentation of our information is supporting its use by others to improve the quality of care.
► We will aim for plain English accreditation for the publication of public-facing reports.

New information and analysis for our national reports

The value of an inspection goes beyond that of the individual report; it provides the building blocks of CQC’s independent voice. When our information is analysed, tested and developed with our internal experts it leads to insight that we can have confidence in. By considering wider information and research, we are able to place our findings in context and give a comprehensive and informed view of quality.

2014/15
► We will use surveys, interviews, workshops and focus groups to tap into the knowledge and expertise of our workforce.
► Where appropriate CQC will comment at a national level on the experience of care for people with protected characteristics under equalities legislation, where information is insufficient to support robust conclusions at a provider level.
► We will further develop our approach to qualitative analyses for national reporting so that we can efficiently and effectively explore and evidence the findings our of inspection programme. We will consider how best to present and share this analysis.

2015/16
► As the number and proportion of organisations that we have rated increases we will use analytical techniques that look at relationships, variation and explanatory factors.
► We will use comprehensive or themed inspections to explore issues and fill gaps in our information.

2016/17
► CQC will work as part of the National Information Board to improve information and will maximise the value of new information sources for reporting and publication as they emerge.
Capacity, capability and resources

Delivering and developing CQC’s independent voice will require a small group of colleagues from the Strategy and Policy, Intelligence and Engagement units to work effectively with the inspection directorates, Executive Team and the Board.

2014/15
► We will continue to recruit the staff we need, with the right skills, to report complex analysis and support our aim of being recognised as having an independent, confident voice.

2015/16
► We will actively ensure that all involved staff have the skills required to deliver this section of this strategy, and have access to relevant tools such as software packages. Bespoke training may be required.
► We will also begin to actively develop our evaluation of the implementation of the strategy, so that we can ensure that resources applied to its delivery are deployed wisely and effectively. For each deliverable or development we will be clear what the intended outputs, outcomes and impacts are at the start, and then evaluate their success against those criteria.
Managing change

Skills, capability and culture

To deliver this strategy we must capitalise on the skills and expertise of a capable workforce. This includes technical capability and appetite for innovation, but also our ability to work well internally and in partnership with others. A distinct culture and set of capabilities are required to achieve this.

A new competency framework will enable our analytical staff to work with their line managers to make an assessment of their strengths and areas for development, and drive training activities against a common set of standards. It will enable CQC’s Intelligence unit to establish a transparent level of competence for recruitment and promotion and benchmark our progress as we enhance these capabilities:

- Analytical competency, thinking and skills
- Quality control and assurance
- Taking responsibility and leading others
- Communicating with clarity and confidence
- Continually learning and improving
- Planning and delivering effectively
- Working together
- Adapting to a coping with uncertainty and change
- Developing self and others
- Strategic awareness

The Academy will provide training so that staff across CQC have the skills and the confidence they need to understand, interpret and explain information, and to carry out basic analysis.

Learning and evaluation

We will carry out regular evaluation of the changes that we introduce as part of this strategy, to ensure we gather feedback and continuously improve. As stated in CQC’s corporate strategy, ‘we will make the best use of evidence to judge whether we are achieving our aims’.

We will be responsive to the users of our information, seeking out their views and feedback. We will be innovative and embrace change.

Resources: 2014/15 to 2016/17

It is critical that we have the resources in place to be able to deliver the changes outlined in this strategy. Where possible, delivery of the changes will take place through existing teams. We will put in place a detailed resource model setting out how we will deliver.
We will work increasingly smartly by better using and exploiting the information and analysis produced by partners and providers, rather than seeking to collect data and information or produce all our analysis ourselves.

We will develop a new workforce strategy with the aim of developing a new brand for the Intelligence directorate within CQC, so that it is seen as a centre of excellence, and a desirable place for analysts to work.

Our estimate of the capital spend needed to deliver this strategy is set out in the table below:

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Estimated costs (capital) 2014/15 – 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extending Intelligent Monitoring to a comprehensive surveillance model.</td>
<td>£1.6m</td>
</tr>
<tr>
<td>2. More focused, targeted briefing reports to ‘frontload’ and direct inspections.</td>
<td>£0.5m</td>
</tr>
<tr>
<td>3. A national scheduling solution driven by risk-based intelligence.</td>
<td>£0.3m</td>
</tr>
<tr>
<td>4. A new way to store, create and retrieve records and evidence.</td>
<td>£1.8m</td>
</tr>
<tr>
<td>5. An Intelligence Hub that will bring all our information into one place.</td>
<td>£0.1m</td>
</tr>
<tr>
<td>6. A fit for purpose self-service HR staff system (ESR).</td>
<td>TBC</td>
</tr>
<tr>
<td>7. Training for inspectors.</td>
<td>£0.2m (revenue)</td>
</tr>
<tr>
<td>8. A review of our data gaps, including surveys across and within the sectors.</td>
<td>-</td>
</tr>
<tr>
<td>9. A new minimum data set collected at the point of registration.</td>
<td>£0.6m</td>
</tr>
<tr>
<td>10. New national, regional and local reports.</td>
<td>£0.2m</td>
</tr>
<tr>
<td><strong>Enablers</strong></td>
<td></td>
</tr>
<tr>
<td>11. A new provider taxonomy</td>
<td>£0.1m</td>
</tr>
<tr>
<td>12. A revised CRM system solution that supports the new inspection model</td>
<td>£1.0m</td>
</tr>
<tr>
<td>13. Refinements to Oracle Business Intelligence (OBIEE), our reporting system, to align it to the new inspection and registration frameworks.</td>
<td>£0.7m</td>
</tr>
<tr>
<td>14. Ability to ‘bulk share’ data across systems and to interested stakeholders.</td>
<td>£0.2m</td>
</tr>
<tr>
<td>15. Online services</td>
<td>£1.2m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£8.3m</strong></td>
</tr>
</tbody>
</table>
Appendix 1 – Commitments outlined in CQC’s corporate strategy

- Developing timely new intelligence and analysis to help us identify where and when we need to act to protect people who use services.

- Equipping inspection teams with clear, accurate, timely and robust reports that help them to identify both good quality and poor care.

- Listening, capturing, analysing and acting upon people’s views, experiences and complaints about the care they receive.

- Publishing our data, insight, findings and the outcomes of our investigations, to help people choose care, inform the public policy debate, and allow us to be held to account.

- Sharing our information and analysis, in particular with our partners in the health and social care system.

- Putting in place integrated intelligence systems that enable our staff and stakeholders to access analysis in ways that meet their needs, wherever they are.

- Ensuring our information assets are protected securely and that the quality, completeness and integrity of our data and information is improved.

- Implementing the highest standards of information governance.
Appendix 2 – Milestones aligned to CQC’s operating model

| Registration | We will begin to use qualitative intelligence to support registration.  
|             | Applicants will be required to complete a new minimum data set.  
|             | We will use the information collected during the registration process more effectively to inform future regulatory action, including inspections. This will help link registration up with CQC’s other responsibilities as a regulator. |
| Inspection and ratings | New approaches and sources to fill the gaps in our intelligence, prioritising the sectors where we have the least information.  
|             | A comprehensive surveillance model (building on our existing Intelligent Monitoring) across all sectors will identify providers that require an appropriate regulatory response.  
|             | Analysis from the comprehensive surveillance model will drive a new risk based inspection scheduling system.  
|             | More focused intelligence inspection briefing reports (information and data packs) that drive inspections and their final reports.  
|             | More effective ways of accessing and managing our information. |
| Enforcement and public protection | A comprehensive surveillance model (building on our existing Intelligent Monitoring) across all sectors will identify providers that require an appropriate regulatory response. A new outlier model will enable us to follow up triggers of concern in our data.  
|             | We will use information more effectively outside the comprehensive inspection schedule that may trigger an inspection that could lead to enforcement.  
<p>|             | We will use our information to ensure we take a |</p>
<table>
<thead>
<tr>
<th>Independent voice</th>
<th>consistent approach to enforcement within each of the sectors we regulate and across the teams within them.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>► We will use our information assets to speak about what we find on behalf of people who use services. We will report what we find through a new set of reports at national level, and also at regional and local authority levels.</td>
</tr>
<tr>
<td></td>
<td>► We will identify trends and variation so we can highlight good and poor care.</td>
</tr>
</tbody>
</table>
Appendix 3 – Aligning the work streams with our key deliverables

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Qualitative data and analysis</th>
<th>Quantitative data and analysis</th>
<th>Information management and intelligence systems</th>
<th>Information governance</th>
<th>Reporting and publishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extending Intelligent Monitoring to a comprehensive surveillance model.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. More focused, targeted briefing reports to ‘frontload’ and direct inspections.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3. A national scheduling solution driven by risk-based intelligence.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A new way to store, create and retrieve records and evidence.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. An Intelligence Hub that will bring all our information into one place.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. A fit for purpose self-service HR staff system (ESR).</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Training for inspectors.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>8. A review of our data gaps, including surveys across and within the sectors.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. A new minimum data set collected at the point of registration.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. New national, regional and local reports.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>