

National Mental Health Intelligence Network - A CQC perspective

June 2013

Our purpose and role



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



> Consultation launched June 2013



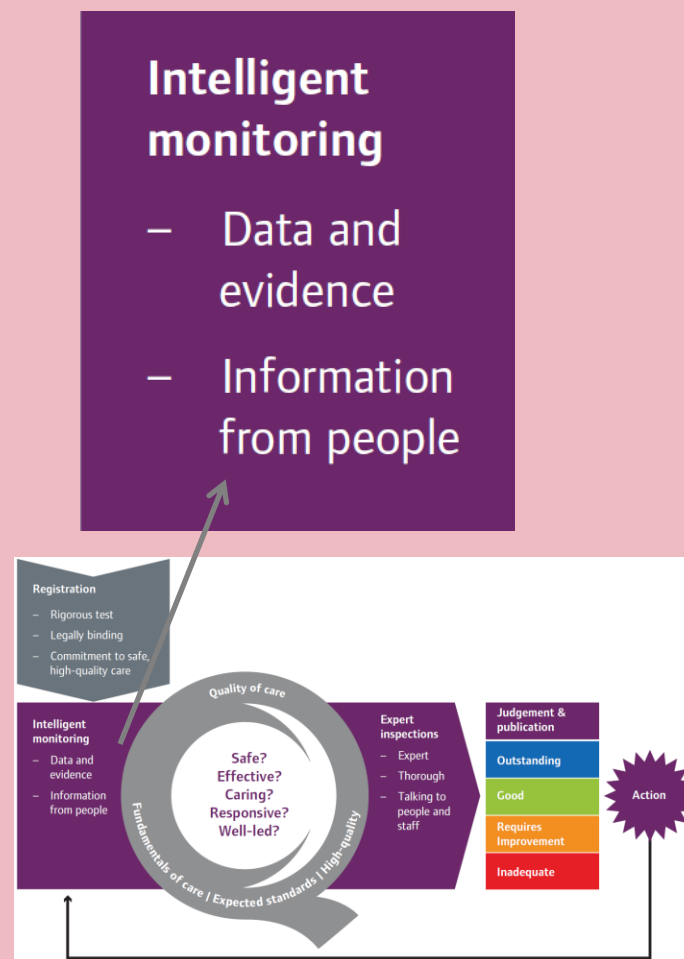
A new start

Consultation on changes to the way CQC
regulates, inspects and monitors care

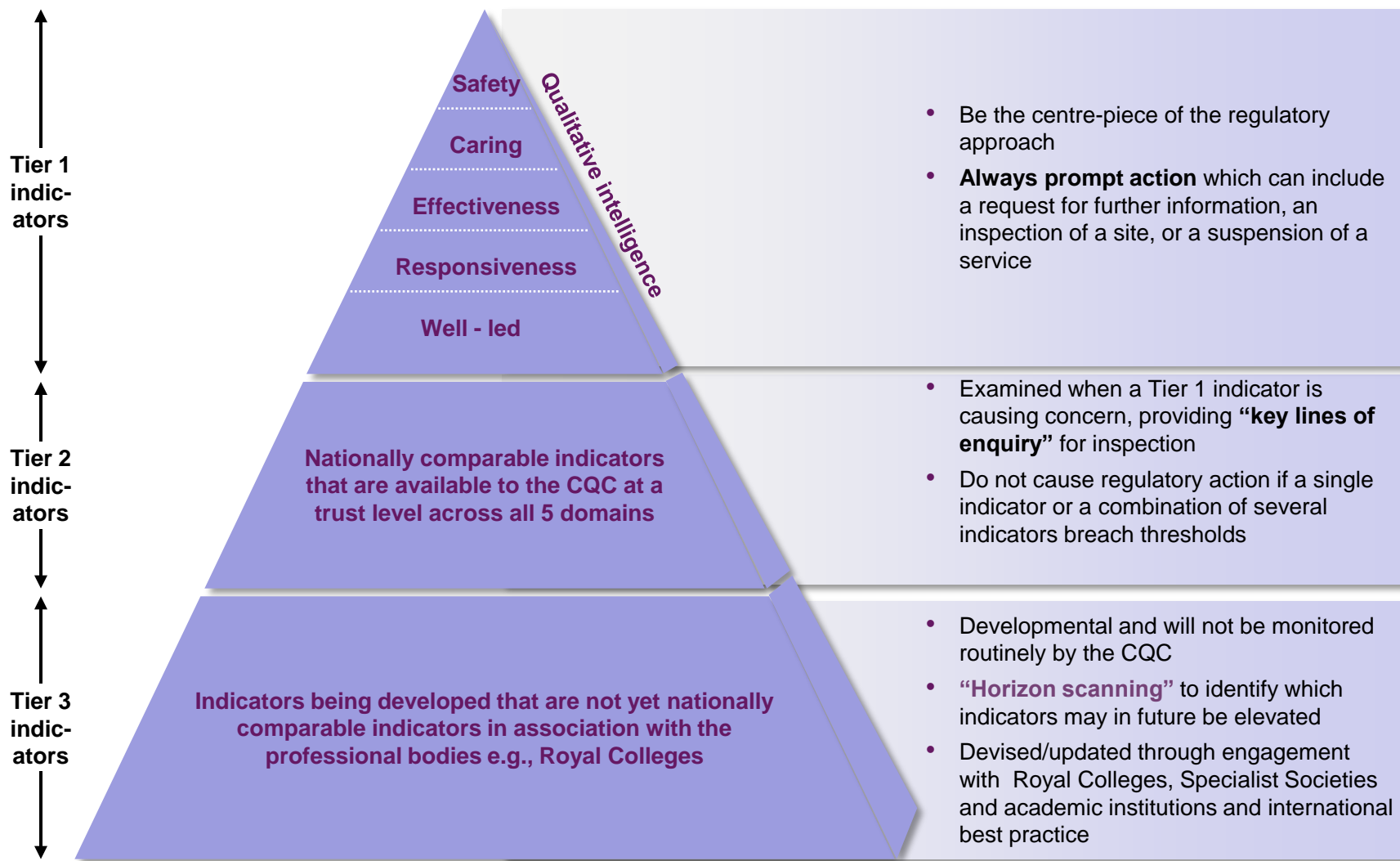
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- Continuous monitoring to identify failures and risk of failure
- Use local and national information sources
- Focus on information from people who use care services and whistleblowers
- Smaller focus of indicators to trigger action – service specific



Intelligence Model



Mental Health Intelligence development – 3 work streams



1. New Surveillance model

Objective: Deliver a set of core indicators ('early warning indicators') to identify where and what to inspect for MH NHS Trusts

Examples: Wide range of indicators to consider in building the core indicators (quantitative and qualitative sources)

Settings: Mental health services (NHS and Independent sector)

Outputs: dashboards and reports to support inspectors/ Chief Inspector of Hospitals' assessment of risk

2. Thematic Review of safety incidents in mental health services

Objective: Deliver a thematic review focusing on safety issues in MH Trusts

Examples: Major adverse events, never events, recorded incidents, safety incidents, medical treatment, MHA indicators, incident reporting, safety culture indicators, restrictive practice (thematic probe)

Settings: MH NHS Trusts

Outputs: Comparative tool (Excel output) by provider, location/ward (as appropriate) for inspectors and MHA staff

3. Monitoring use of the Mental Health Act (MHA)

Objective: Improve use of information to support monitoring of the MHA

Examples: deaths in detention, seclusion, use of sections, complaints, Second Opinion Appointed Doctors, restriction, (qualitative and quantitative sources), Rule 43 Reports

Settings: All services that operate the MHA

Outputs: set of reports to support monitoring of MHA – at national to ward level

Value to CQC in:

- Testing ideas to help inform the development of the new surveillance model for mental health services and other regulated services that provide care and support people with mental health needs
- Sharing ideas about methods and approaches – to achieve consensus or to help articulate differences
- Hearing about new developments of indicators and sources of data
- Identifying gaps in available data and collective support to prioritise and address these