

# 10. Data and insight

The evidence CQC uses in assessments relies on data from both on-site activity and reviewing information published by external sources.

It is important to recognise that the data CQC receives are markedly different for NHS hospitals, primary care and adult social care. For NHS hospitals, mental health services and primary care services, several national datasets and surveys are collected. Some of these are run by NHS England (e.g. NHS Staff survey, Hospital Episode Statistics giving information on waiting times and the GP patient Satisfaction survey), while others are run by CQC. Equivalent national datasets are not generally available for independent hospitals or care homes, which are required to notify CQC each time various adverse events occur.

CQC continues to run several national surveys. These cover inpatients, maternity, children and young people, urgent and emergency care, and community mental health services. These provide useful information that can be compared between organisations. However, because of their limited size (63,000 in the case of the inpatient survey) they are only able to identify major outliers with statistical reliability. The maternity survey is now run annually.

The datasets that CQC uses relating to secondary health care enable outliers to be tracked, to support prioritisation of assessments. They should also contribute to the information packs needed for hospital and primary care inspections, and therefore to assessments, but this does not appear to be happening routinely.

Data sharing between national bodies has not been optimal, limiting the use of data by CQC.

Other potential sources of data are being explored by CQC. These include:

- The 32 national clinical audits commissioned by the Healthcare Quality Improvement Partnership (HQIP). CQC currently has access to data from 21 of these and work has started on a further 9.
- Indicators developed by [Getting it Right First Time \(GIRFT\)](#). CQC started to consider these in 2019/20, but these have not yet been incorporated into assessments/inspections.
- Information available from the Private Healthcare Information Network (PHIN) for independent acute hospitals. This includes [Patient Reported Outcome Measures \(PROMs\)](#), infection rates, never events and readmission rates. Independent sector hospitals also have a statutory duty to report to CQC on deaths, readmissions, transfers to NHS providers and re-operations.
- Electronic staff record (ESR) information on staff numbers, turnover and absence for all NHS trusts. However, it is unclear how this is being used in assessments.
- CQC is currently working with NHS England to re-develop indicators of patient safety following the introduction of the Learn from Patient Safety Events (LFPSE) service, which replaced the National Reporting and Learning System (NRLS) in June 2024.
- CQC is now close to having data from Hospital Episode Statistics and Mental Health Service datasets and is working with NHS England to pilot access to their analytical platform.

However, there are several obstacles to using data under the single assessment framework:

- Work on incorporating datasets into assessments of services has been hampered by the slow progress with the new regulatory platform.

- Little progress has been made on data and insight that is used as evidence in assessing providers since 2017, with the exception of primary care, where 'clinical searches' are giving valuable information.
- The provider information request (PIR), which was previously sent to healthcare providers around 3 months ahead of an inspection was paused in March 2020 and has not been reinstated., though this continues in adult social care.

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