

How to use your Quality and Risk Profile (QRP)

Guidance for NHS providers

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Introduction

This guidance will help you to understand your Quality and Risk Profile (QRP). It explains:

- what an NHS QRP is;
- how to use your QRP;
- the sources of data that we have used;
- how the QRP is organised;
- how we calculate outcome risk estimates, and
- how to access your QRP and get help.

Main points

The QRP is a tool used for gathering together key information about your organisation to support how we monitor your compliance with the essential standards of quality and safety. The QRP helps our compliance inspectors to assess where risks lie and may prompt front line regulatory activity, such as further enquiries.

Compliance inspectors use the QRP alongside the **Guidance about compliance: Essential standards of quality and safety** (the essential standards), the **Judgement Framework** and your Provider Compliance Assessment records (if available).

QRPs can also be an important tool for providers and commissioners of services – both to support continuous monitoring of compliance, by ensuring that everyone is working from the same information, and to improve how care is provided and commissioned.

Your QRP may also be useful to support how you monitor quality internally, by identifying areas of lower than average performance and taking action to address them where necessary. Commissioners (including, in time, the GP commissioning consortiums) may also find the QRP a useful tool in monitoring the providers that they commission services from, and in improving their commissioning for quality. However, it is important to stress that the items of data contained in the QRP do not constitute a new set of requirements, and that low risk estimates in a QRP do not guarantee compliance.

The history of this document

We published the original version of this guidance when we shared QRPs as PDF files with NHS providers, commissioners and other regulators in autumn 2010. In July 2011, this process was replaced by an enhanced system, which presents the QRP in a web-page format, as well as allowing the QRP to be extracted into a spreadsheet or PDF. The guidance was further updated in October 2012 in line with a number of small changes to methodology.

1. What is a Quality and Risk Profile (QRP)?

A QRP is a tool that brings together a wide range of information about each provider of health and adult social care registered with the Care Quality Commission. The QRP:

- Brings together key information about an organisation in one place.
- Displays information in an easily accessible format.
- Combines both quantitative (numerical) and qualitative (textual) information.
- Provides an estimate of the risk of potential non-compliance with the essential standards of quality and safety.
- Is dynamic and is updated over time as new data becomes available.
- May trigger further regulatory activity by compliance inspectors to support them in monitoring compliance, this is called a responsive review.
- Helps compliance inspectors to make judgements about an organisation's performance.
- Enables providers and their compliance inspectors to look at the same information.

2. How does CQC use a QRP?

We use QRPs to support how we monitor providers' compliance with the essential standards of quality and safety. Our inspectors use the QRP:

- When carrying out a planned review of compliance, to identify and prioritise potential risks of non-compliance.
- To regularly review potential non-compliance, which may trigger regulatory action that can include a responsive review of compliance.

The QRP **does not** provide a judgement about services. It is designed to allow inspectors to ask questions about whether or not an organisation is complying with the essential standards. After talking to patients and staff, inspectors then judge whether the organisation is compliant.

The principle of using information held in the QRP as a method for asking questions about quality should also underpin how providers and commissioners view the QRP. It should not be used as a performance management tool.

3. How do I access my trust's QRP?

If you have registered access to the secure website, you can log in at:

www.cqc.org.uk/qrp

Once you are logged in, you can click on the blue hyperlink for the most recent QRP, which launches a new web page containing the QRP. Likewise, clicking on the green Microsoft Excel icon next to the hyperlink will open the data in a spreadsheet, and clicking on the red PDF icon will download the QRP in a PDF file.

If you are a member of NHS staff and think you need access to the secure website, you can request this from your trust's chief executive. All NHS trust chief executives have accounts that enable them to create (and if necessary disable) additional log-ins for their staff where they decide this is appropriate. Once logged in, chief executives can create additional accounts by taking the following steps, which will generate an email to the new user containing a password:

1. Go to 'trust user admin'.
2. Select 'add new trust user'.
3. Add the email address of the new user.
4. Tick the box against the name of the relevant trust.
5. Click 'Save'.

4. How do I navigate through the different sections of the QRP?

The navigation bar on the left side of the screen is designed to make it easier to find your way around. You can use it to return back to the Home Page or any other part of the QRP at any time.

The Home Page shows an overview of the information held about your organisation and displays an overview for each part of the QRP. Clicking on the summary boxes for each part will take you to the relevant page detailing further information.

The three sections of the QRP are:

1. **Summary information.**
2. **Latest risk estimates** – including an at-a-glance comparison of latest and previous risk estimates to show where estimates have changed, and the ability to drill down to look at the items of data that make up each of the latest risk estimates.
3. **Risk estimates over time** – a number of different graphical and numerical presentations of trends in risk estimates over the previous six QRP refreshes.

The 'clickable' areas include many of the dials that show the estimates about the risk of non-compliance. If you place your mouse cursor over them, the cursor changes to a hand symbol. By clicking on this, you will be taken to the relevant constituent levels of detail and information.

For more information about the dials please see **question 23** below.

5. There are some higher risk estimates (dials) for an outcome in my trust's QRP; how will this affect our registration?

The presence of higher estimates of risk of non-compliance within your QRP will not automatically affect your registration status. This is because the QRP does not produce a judgement about your compliance with the essential standards. Instead, it is designed to help our compliance inspectors to determine whether they need to inspect or find out more about an organisation. Compliance inspectors will need to gather further information when assessing the risk estimates. For example, they may ask you for more information or, where necessary, they may carry out a visit. CQC can then make judgements about your compliance using the **Guidance about compliance: Essential standards of quality and safety** and the **Judgement Framework**.

6. What should I do about higher risk estimates?

If any of your risk estimates suggest that your performance may be worse than expected, you may wish to consider them in more detail to decide if you need to address any issues to ensure continued compliance with the essential standards.

You can look at the details in the QRP that describe the underlying data and the results of the analysis to help you pinpoint the issues that have contributed to the risk estimates. We believe that the information provided in the QRP will complement the information that NHS trusts already use to monitor their compliance with essential standards.

However, the data should be a starting point to consider how care is actually delivered. The correct response is not to seek to reach a target level performance for any given indicator.

If you need further information about the underlying data for any of the items of information in the QRP, please refer firstly to the data source documents published on our **website**. If you have more detailed or specific questions, you can email our National Contact Centre enquiries@cqc.org.uk putting 'NHS QRP query' in the subject line.

7. What type of information is in the QRP?

The QRP combines both quantitative (numerical) and qualitative (textual) information. Most **quantitative** data is derived from existing nationally-held data sets, for example from:

- The Information Centre for Health & Social Care.
- The Department of Health.
- Medical royal colleges.
- Other organisations with an interest in healthcare.
- National assessments carried out by CQC (e.g. patient surveys, reviews and studies).

The **Data source documents** on our website provide more detail about the sources of quantitative data that we use to feed into the profiles for each essential standard for each of NHS provider.

Qualitative information can come from a variety of sources including:

- Engagement activities between CQC staff and their local providers and stakeholders.
- Information from people who use the services and LINKs.
- Our internal and external reviews.
- Our inspection reports, for example, the findings from monitoring compliance relating to dignity and nutrition.

8. How does CQC get information from people who use services and representative groups?

Including the views of people using services and representative groups is central to our approach to regulation. We routinely incorporate information from people who use services within the QRP. We get this information from a variety of sources:

- Information from user representative bodies such as Local involvement networks (LINKs). (From April 2013, LINKs will be replaced by Local Healthwatch).

- Information from statutory bodies, such as foundation trust boards of governors and overview and scrutiny committees.
- Information from people's feedback on websites such as NHS Choices and Patient Opinion.
- Findings from the national NHS patient survey programme, for example, the inpatient and outpatient surveys.

9. How up to date is the information presented in the QRP?

We frequently refresh the source data in each QRP. However, each refresh only affects a subset of the data within the QRP, as not all data sources change each month. Please see our [website](#) for details of when refreshes to the NHS QRP will be made available.

10. What level of service does the QRP relate to?

The QRP is presented at provider (NHS trust) level, rather than at registered location level. This is because most of the information currently held about NHS organisations is at provider level.

However, where available, the QRP will also show information below provider level. This information may be gathered from either:

- Our assessments at each location or for a particular service, or
- Other external sources that use other categories to report information. For example, information from the Patient Environment Action Team (PEAT) is at hospital level, which may or may not have the same meaning as a registered location, and data about service accreditation, such as accreditation of electroconvulsive therapy provision.

11. How is information organised in the QRP?

The NHS QRP is structured as follows:

Home Page: contains an overview of the information we hold about your organisation.

Summary Information: contains general information about your organisation or locations and important details about your organisation that do not necessarily relate to one of the essential standards for quality and safety.

Latest Risk Estimates: contains the latest estimates of the risk of non-compliance with each outcome, shown next to the previous risk estimates.

Risk estimates over time: contains graphical and tabular presentations of risk estimates over the previous six refreshes of the QRP.

12. What information is displayed on the Home Page?

On the Home Page of the QRP you will see summaries of the three main sections. Clicking on the boxes for each will direct you to the relevant page where further information is detailed.

The Navigation Bar is at the top left hand side of each page – you can use it to return back to the Home Page or any other part of the QRP at any time.

13. What is displayed in the Summary Information section?

This shows descriptive information for your organisation such as provider type, regulated activities and locations. It also includes general information on regulatory performance that does not fall within the specific outcome areas in the essential standards, or information that relates to recurrent themes (e.g. equality and human rights), which may still be considered when assessing compliance.

14. What information is displayed in the Latest Risk Estimates section?

This section displays information about your organisation against the essential standards of quality and safety.

The first level of information shows the previous and most recent risk estimates for each of the 16 key outcomes. The outcome risk estimates have been produced from our statistical model (see [question 20](#) for a further explanation of outcome risk estimates). For each outcome, the page also shows the total number of data items underlying the risk estimate, broken down into qualitative and quantitative items.

You can look below the first level of information to see individual pieces or 'items' of information that make up the outcome risk estimate by clicking the hyperlink for each Outcome title in the Outcome column, or clicking on the latest risk estimate dial. This information is aggregated to calculate the outcome risk estimates (see [appendix A](#) for a more detailed explanation of an item of information). [Question 15](#) of this guidance gives details about the information that you can see at this level.

15. How is item level data displayed for each Outcome Risk Estimate in the QRP?

This information is structured around the outcomes in the essential standards.

The information is displayed in a table that shows all the items for a particular outcome under the following headings:

- An item identifier.
- A description of the measure.
- The source of the information.
- The time period the information relates to.
- The outcome of the item level analysis.
- The weightings applied to each item in relation to:
 - Data quality
 - Patient experience
 - Relevance (see [question 21](#) for further information on the weightings).

You can sort this information by clicking on the column headings to enable you to group the items in different ways, such as by 'comparison with expected' or by 'data quality'.

For further information about the aggregation that has been performed, see **Quality and Risk Profiles: Statistical guidance** on our website.

You can view further information for quantitative data items including the actual values (numerator, denominator, expected), along with a rationale for its inclusion and any notes relating to the method of calculation by clicking on the item identifier (in the left hand column). Qualitative data items are identified by a negative sign (-) preceding the item identifier, while quantitative data items all have a positive reference number (i.e. no '-' sign).

If you need further information about the underlying data for any item you can email our National Customer Service Centre at enquiries@cqc.org.uk with 'NHS QRP query' in the subject line. As with the previous method of sharing QRPs, qualitative content is not routinely included beyond the coding of 'negative comment' or 'positive comment'. NHS trusts can request access to specific comments, and the inspector will consider requests as they arise.

16. What information is displayed in the Risk Estimates Over Time section?

This section displays a graphical representation of changes to the outcome risk estimates for your organisation over time.

The risk estimates for the past six refreshes of your QRP are shown. You can select the 'Risk estimates over time' section from the left hand navigation bar to show the risk estimates for each outcome grouped by the five sections in the Guidance about Compliance.

The information is presented as graphs showing each outcome within each of the five sections and also in tables beneath each graph.

17. Does the QRP display information for all outcomes?

QRPs focus on the 16 essential standards that most closely relate to quality and safety. The 'Suitability of management' section is not included as it does not contain any of the essential quality and safety outcomes (see [Appendix C](#) for details of the 16 essential quality and safety outcomes).

Over time, we will review how we use information relating to the additional outcomes and incorporate these into QRPs as appropriate.

18. How will I know which site/location the item level data relates to?

If we have used information that relates to a specific area within an NHS provider – for example, site-specific data – the data description will include a note of which area of the provider the item relates to.

19. How is information displayed for NHS providers formed from a merger after 1 April 2008?

For NHS providers that were formed after 1 April 2008, the data included in the QRP may relate to their pre-merger organisations. For these providers there may be more than one instance of the same measure (item), as it was measured in all predecessor organisations. The data description will include a note of which previous provider the item relates to.

Following reconfigurations that occurred as part of the 'Transforming Community Services' (TCS) programme, no data for PCTs has been included since October 2011. Where services have been transferred from a PCT to another NHS provider the QRPs will, over time, start to reflect this based on data submitted by the receiving provider.

20. What is an outcome risk estimate and how is it calculated?

For each quantitative (numerical) item of information, we assess whether the result for your organisation is in line with what would be expected.

For qualitative (textual) information, the information is converted into a numeric representation. Positive information indicates that you are less likely to be at risk of non-compliance, while negative comments suggest you are more likely to be at risk of non-compliance.

We then aggregate results for all items associated with an outcome. This produces an estimate of the risk of non-compliance with the outcome.

For more information regarding item level analysis please see [Appendix A](#) of this guidance.

21. Is all information weighted equally when producing an outcome risk estimate?

The risk model has been constructed to recognise that some items of information are of greater importance than others to each of the outcomes. We give greater weight to information that:

- is most closely related to the outcome ('relevance');
- tells us about the experience of people who use services ('patient experience') and
- is of better quality ('data quality').

The weightings for each item are shown in the tables of item level data. Each is rated low, medium or high.

See [Quality and Risk Profiles: Statistical guidance](#) on our website for more information.

22. Is an outcome risk estimate displayed whenever there is information for an outcome?

Yes. However, in some cases an estimate of the risk of non-compliance may be less conclusive as it is based on a very small number of underlying data items. This means that you should treat the estimate with additional caution. Likewise, if the underlying data items show a wide spread of positive and negative comments and 'much worse than expected' to 'much better than expected' quantitative data items, you should be particularly cautious. However, remember that every risk dial is an estimate based on a statistical analysis of the available data and may therefore differ from an inspector's judgement or from your trust's internal assessment of compliance.

If there is no information that can be mapped to the outcome, this is also indicated.

The absence of any information about a specific outcome, or having a less conclusive result is not a sign that there is no risk of non-compliance. Indeed, if there is no information, CQC will recognise this as something that is in itself risky (and we will therefore prioritise information gathering about this), while a less conclusive result will still be looked at in detail to understand what information is available.

23. How are outcome risk estimates displayed in the QRP?

The results will be displayed as a coloured dial, which has been designed to be a quick method for interpreting the risk of non-compliance for an outcome. The dial represents the level of risk running from 'low' on the left to 'high' on the right and the colour ranges from green (low risk) to red (high risk). See **Appendix D** for the full range of outcome dials available.

If no information has been mapped to the outcome, this will be indicated with a white dial labelled 'no data'.

24. Where is the contextual risk section?

The original PDFs shared with NHS trusts and commissioners up to June 2011 included a section called 'contextual risk'. At the present time this section has been removed from QRP Online. We aim to add more features over time, including contextual risk.

Contextual risk contains information about an organisation's risk that is not related to the Regulations. It may be about risks arising from the services that are provided, where they are provided from, and how they are organised. We call this the 'environment' or 'context' within which the health service is provided.

25. Who has access to QRPs?

Our compliance inspectors have access to QRPs and we will share them with some other bodies:

- **NHS trusts** are able to view their updated QRP.
- **Commissioning PCTs** are able to view the updated QRPs for their providers.
- **Strategic health authorities and Monitor** are able to view the QRPs for their relevant trusts.
- **Other regulators such as the Audit Commission, National Audit Office and General Medical Council** are able to view certain QRPs.

Your QRP will be available to view approximately one week after being refreshed for our compliance inspectors.

Currently your organisation's QRP is **not** shared with the public.

26. Will the QRP be published externally?

We do not currently plan to publish the QRPs externally. Our website contains up to date information for the public on all the latest judgements made by our inspectors.

27. Who do I contact if I have a query about my QRP?

If you have queries about the information in your QRP (e.g. data inaccuracies or data sources) please email our National Contact Centre at enquiries@cqcc.org.uk with 'NHS QRP query' in the subject line.

Or write to:

Care Quality Commission National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Appendix A: What is an information item and how is it analysed?

Items of information may be either qualitative or quantitative.

Quantitative information

A quantitative information item contains numerical information. Different types of numerical information are:

1. **Proportion:** A fraction of a total amount e.g. proportion of patients entering A&E who are seen within four hours.
2. **Ratio of counts:** The ratio of two counts e.g. number of incidents reported in relation to the number of admissions.
3. **Standardised ratio:** The observed number of events divided by the expected number of events e.g. Standardised Mortality Ratios.
4. **Categorical outcomes:** This is where information fits into a number of discrete categories e.g. the outcome of an assessment carried out by Patient Environment Action Team ('unacceptable', 'poor', 'acceptable', 'good' and 'excellent').
5. **Percentage:** A fraction of a total amount provided to CQC as a proportion of 100, e.g. the percentage of patients weighed during admission, reported in the National Sentinel Stroke Audit.

The result for one organisation for one item of information is called the **observed result** for that organisation.

For an item, the organisation's observed result is compared to an expected result. How far the observed result is from an expected result and the direction of the difference (i.e. better or worse than the expected result) is analysed.

This analysis produces a statistical measure, which is presented as one of seven categories ranging from "much worse than expected" to "much better than expected" (see **Appendix B** for further details of how these categories are assigned).

The expected level can be set in two ways:

1. An expected result may be set as the average of all the NHS organisations measured.
2. An expected result may be set based on established expectations e.g. a government policy or target, such as length of stay in A&E departments.

An NHS organisation's result may be significantly influenced by factors beyond its control. In these cases, the 'raw' data for the provider may be standardised (for example, by age and sex) or the expected result may be set as the average for a group of other organisations with similar local circumstances (referred to as the 'benchmark group').

None of the methods penalise (or reward) NHS organisations simply for being at the bottom (or top) of a list, they are designed to look for genuine differences from the expected result. It is entirely possible that all NHS organisations will be performing similarly to expectation on a data item.

Qualitative information

Each qualitative source, e.g. report, is analysed for information relevant to the registration outcomes for a provider and is broken down into parts, which may be a sentence, paragraph or more.

An item of qualitative information is one of these parts. These differ from quantitative data as one item only covers one provider and there may not be equivalent information for other providers.

In order to be included in the QRP outcome risk estimates, the qualitative information has to be converted into a numeric representation.

Each identified information item is determined as being either positive or negative, therefore indicating if the NHS organisation is less or more likely to be at risk of non-compliance respectively.

For more information about the statistical model used in the QRP, please see [**Quality and Risk Profiles: Statistical guidance**](#) on our website.

Appendix B: Categorical descriptions of item level analysis results and assignment of descriptions

The outcome of the analysis for each item is a statistical measure regarding how far each provider's result was from the expected level. The results are presented using the categories shown in the table below.

Risk estimate category	Description
Much worse than expected	The provider's result is statistically much worse than expected – roughly this equates to the provider being outside the 97.5% confidence interval.
Worse than expected	The provider's result is statistically noticeably worse than expected – roughly this equates to the provider being outside the 95% confidence interval.
Tending towards worse than expected	The provider's result is somewhat worse than expected, but not at a level that would mean the observation is notable on its own. However, a pattern of items appearing in this category will increase our estimate of the risk of non-compliance.
Similar to expected	The provider's result is broadly in line with expectation.
Tending towards better than expected	The provider's result is somewhat better than the expected level.
Better than expected	The provider's result is statistically noticeably better than expected – roughly this equates to the provider being outside the 95% confidence interval.
Much better than expected	The provider's result is statistically much better than expected – roughly this equates to the provider being outside the 97.5% confidence interval.

Appendix C: Essential standards by section and key outcome

Section	Outcome	Regulation
Involvement and information	1: Respecting and involving people who use services	17
	2: Consent to care and treatment	18
Personalised care, treatment and support	4: Care and welfare of people who use services	9
	5: Meeting nutritional needs	14
	6: Cooperating with other providers	24
Safeguarding and safety	7: Safeguarding people who use services from abuse	11
	8: Cleanliness and infection control	12
	9: Management of medicines	13
	10: Safety and suitability of premises	15
	11: Safety, availability and suitability of equipment	16
Suitability of staffing	12: Requirements relating to workers	21
	13: Staffing	22
	14: Supporting staff	23
Quality and management	16: Assessing and monitoring the quality of service provision	10
	17: Complaints	19
	21: Records	20

Section 6 of the essential standards, 'Suitability of management', is not included as it contains no essential quality and safety outcomes.

Appendix D: key to the dial positions

