General
Medical
Council

Agenda item:	**14**
Report title:	**Patient Safety Intelligence Forum: February 2016**
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Action:	**To note**

Executive summary

This report provides an update on the development of the Patient Safety Intelligence Forum. Plans are focused on the refinement of three priority areas: purpose and referral criteria; presentation of data and intelligence; and definition of regulatory levers.

Recommendations

The Strategy and Policy Board is asked to:

a Note the progress made since the last update in July 2015 and plans for continued development.

b Note the revised timing of the next planned update to the Board.

Working with doctors Working for patients

Issue

1   The Patient Safety Intelligence Forum (PSIF) was established in February 2014. Its purpose is to consider the implications of information from across the GMC where circumstances indicate significant risk to patients or safe medical education and practice. In practice, it reviews regulatory interventions to ensure sufficiency and appropriateness and directs further action as required. The Triage group was established in 2015 to advise PSIF on the sites raised for referral to PSIF, advise on the sufficiency of actions and suggest further action where appropriate. Both groups are supported by the Regulation Policy Team (RPT).

2   This paper provides an update on the priority areas identified in the report brought to the Board at its meeting on 22 July 2015.

Progress and continued development of PSIF

3   The July 2015 update to the Board included the RPT's plan for continuing to develop PSIF over the subsequent 12 months. There are three priority areas for continued development: clarifying purpose and referral criteria; improving data and intelligence available; and defining regulatory levers.

Purpose and referral criteria

4   We are in the process of reviewing PSIF's terms of reference and how it interacts with the Triage group, data and analytics teams, operational teams and the newly established operational intelligence sharing groups. We held a productive workshop with the Triage group in November 2015 to consider the terms of reference and escalation criteria and have had informative further engagement with teams and several operational sharing groups.

5   We are also taking account of recommendation 6 of Moore Stephens' advisory audit report *Review of data and intelligence use and gathering*, 'Consider adopting a formal framework - such as the National Intelligence Model framework for organisations – with the PSIF role broadly following the role of the Strategic Group. This recommendation will need to be considered in concert with those groups internally that would take on the tactical and operational elements of the National Intelligence Model and we are in the process of engaging broadly with colleagues around the organisation.

6   Through workshops and engagement we have already identified some recommended changes to the terms of reference for both groups and these, together with any changes that arise from this recommendation, will be presented to PSIF and the Triage group in the first half of 2016.

Data and intelligence

7   The Intelligence and Insight Unit and Data Strategy Team are continuing to progress three projects that will allow the RPT to present PSIF with improved data and intelligence. This will include what and how information is presented to the membership and the development of a risk-based model for referral.

8   The RPT is providing feedback to the Data strategy team as they work to develop a 'common and core dashboard' that will allow us to more easily and reliably assemble high-quality information for Triage and PSIF to consider. Additionally, there is a project to improve the way the organisation captures qualitative intelligence. We expect to be able to refine the templates presented to Triage and PSIF once the dashboard is live in March 2016.

9   The Intelligence and Insight Unit is continuing working on the pilot phase of the Intelligence model, which will allow us to derive actionable insight around specific areas of risk or 'harms'. In 2016 PSIF will begin to consider the insights identified for each 'harm' that has been analysed by the intelligence model and will help the organisation determine the size, scale and nature of an appropriate regulatory response.

10   More immediately we will be considering the insight provided by the recently published *State of medical education and practice in the UK report 2015* and the role PSIF could play in considering its findings. Through this and the Intelligence model we will be able to provide PSIF intelligence to allow it to consider the strategic implications of patterns and themes to improve the effectiveness of our regulatory activities and policies.

Regulatory levers

11   The RPT has is developing a map of the GMC's regulatory powers, both those set out in statute and the actions we may take outside our statutory power, for example exercising influence or sharing information. By clarifying the GMC's powers we will be better able to consider the effectiveness of our response and to intelligence and the circumstances in which we employ our statutory and non-statutory powers.

12   We are considering the relative impact of these interventions and where and how these actions may overlap or are affected by other organisations' levers, or vice versa. In addition to clearly defining our levers, we are seeking to define the circumstances in which they are currently employed.

13   In anticipation of the emerging findings of the intelligence model in late 2016, we are also exploring whether it is possible to differentiate the powers we use in reaction to a situation where we can evidence an adverse incident from the actions we may be

able to take proactively in circumstance where a level of risk can be identified, but an adverse incident or situation has not yet arisen.

14   We will also be taking account of recommendation 10 of the *Review of data and intelligence use and gathering,* 'Develop responses to key sets of intelligence at strategic, tactical and operational levels. The National Intelligence Model could provide a framework for what the response should be.'

15   We are consulting widely with staff across the organisation on this project and will be presenting our findings to a Directors' meeting in the first half of 2016.

Progress in other areas

16   In addition to the progress outlined above, in the last six months we have:

a   Enabled coordinated action in relation to emerging situations where we have viewed there to be potential risk to patient safety.

b   Refined the referral criteria used to raise sites for discussion at Triage and PSIF.

c   Piloted decision trees in the Triage group.

d   Brought greater consistency to Triage group recommendations by defining four standard recommendations.

e   Begun tracking the percentage of Triage group recommendations that are accepted by PSIF. Of 41 recommendations made in the last three meetings, 90 percent have been accepted without change or with minor amendments.

f   Engaged with Care Quality Commission (CQC) and the Chief Inspector of Hospitals, who has attended a PSIF meeting, to discuss what we are trying to achieve through PSIF and areas where further cooperation or information sharing may be mutually beneficial.

g   Begun strategic discussions in Triage and PSIF about how we could consider practice environments where our data is more difficult to coordinate.

h   Continued to work with data teams to streamline our processes for gathering information as much as possible to minimise the impact of our reporting requirements.

Future reporting

17   When the Board agreed to establish PSIF in February 2014, we committed to provide an update on progress every six months; this is the third of these updates. Taking

account of the governance review and the time frame of the projects on which PSIF is dependent, in particular the Intelligence model, it will be more proportionate to provide an annual update. This will allow a more meaningful update, which will include an initial evaluation of the intelligence model as part of PSIF's working.