To consider

**Patient Safety Intelligence Forum update**

**Issue**

1. The Patient Safety Intelligence Forum was established in February 2014 following agreement by the Strategy and Policy Board. During its first six months of operation, the Forum has prioritised the development of the core dataset that is considered at each meeting.

2. Building on this early progress, we propose a programme of work to continue developing the Forum’s capability to discharge its functions, focusing on the referral of issues to the Forum and the regulatory levers that are available to it where actions is required.

**Recommendations**

3. The Strategy and Policy Board is asked to:

   a. Note the progress of the Forum to date.

   b. Approve our approach to developing the Forum over the next six months.

   c. Approve the establishment of a Triage Group.

   d. Approve the change of the Forum’s meeting schedule from every six weeks to every eight weeks.
Patient Safety Intelligence Forum update

Issue

4 The Patient Safety Intelligence Forum was established in February 2014 following agreement by the Strategy and Policy Board. The Regulatory Policy Team (RPT) provides secretariat support to PSIF and will provide biannual progress reports and updates on the development of the Forum to the Board. This paper represents the first of these updates.

Progress to date

5 The purpose of the Forum is to coordinate information that may demonstrate concerns about patient safety or medical practice and ensure the appropriate response. The Forum’s Terms of Reference are set out at Annex A.

6 The Forum currently meets every six weeks and has met five times to date. In preparation for each meeting, different parts of the organisation are asked to identify information (relating to Trusts/Boards) which they feel should be considered by the Forum. This information, together with data from external sources, is then collated on a template for discussion by the Forum (at Annex B). The Forum then considers what regulatory actions we are taking already and what further, if anything, we need to do.

7 Typically the things brought to the Forum’s attention will include (but not be limited to) higher than expected mortality rates, systems concerns, enhanced monitoring concerns and high revalidation deferral rates.

8 Since the Forum was established, we have begun to review the core dataset presented for discussion. In addition, we have initiated discussions on the process (and criteria) for referring organisations to the Forum.

9 The Forum is a new initiative for the GMC, representing a new way of working, and a first concerted attempt to systematically make the best use of intelligence about doctors and the healthcare environment to identify risks to patients. As such it is to be expected that the Forum will continue to evolve as challenges and issues are presented along the way.

Current issues and Challenges for the Forum

10 Reflecting on the first six months of the Forum’s operation, we have identified several challenges and issues:

a The time and resource required across different parts of the GMC to extract, process and share the data with the Regulatory Policy Team.
b The need for more clear, consistent criteria for bringing organisations to the Forum’s attention.

c Comparing and interpreting the significance of the data we’re collecting.

d Defining the regulatory levers that are available to the Forum to respond when required.

11 We propose a series of projects to address these challenges and guide the Forum’s development over the next six months.

Developing an effective process for preparing data for the Forum

12 At present, there is no simple way to extract all of the information we hold for a particular organisation. This is because our information is stored in a variety of formats across a range of platforms. For the PSIF data submission, individual teams are required to submit their data separately with the RPT then collating these into a single template for each organisation.

13 Although the implementation of our corporate data strategy and the development of the knowledge base will facilitate this process through the introduction of greater consistency in the collection, storage and analysis of data, these initiatives will not benefit the Forum in the short term.

14 As an interim measure, we will review the process for preparing data to identify whether any immediate improvements can be made. At the same time, we will review the information template, consulting as appropriate, to assess the relative strengths and weaknesses of the current data items. This will help to refine what is currently submitted and identify what else might be required.

Establishing a triage process

15 Perhaps the most significant challenge at present is the development of a means of systematically identifying and flagging those risks that will be of interest to the Forum in a consistent and transparent way.

16 Part of this is about articulating the types of risk that the Forum should review. Our proposition, informed by a cross-directorate workshop held in August 2014, is that the Forum should focus on particular organisations or issues for which we have shared concerns across functional areas. In addition, it should also focus on issues which are not being managed locally (and where patient safety concerns have arisen) or for which our current actions have not generated the required result, perhaps suggesting the need for a more strategic response.

17 To help identify these risks, we propose to do two things. Firstly, we will work with teams across the organisation to agree a shared definition of ‘systems concerns’.
Secondly, we will establish a Triage Group to review these concerns before they are referred to the Forum.

18 Subject to the Board’s approval, we propose that the group will be constituted at Assistant Director level, with subject matter experts consulted as required. As with PSIF, secretariat support will be provided by the RPT.

19 We propose that the triage group would initially review and interpret the information submitted for each organisation and then recommend a course of action to the Forum. The likely actions will vary from do nothing to ongoing monitoring, and in time (subject to clarifying available regulatory levers), to recommend a specific regulatory action.

20 The Group would also have a role in developing criteria for the types of concern that should be referred to it, taking the agreed definition of ‘systems concern’ as a starting point. It is important to emphasise that the Forum will continue to look in detail at the information about the organisations brought to its attention. The role of the Triage Group will be to perform a ‘sift’, so that the Forum can most effectively focus on those organisations (and in time, themes and systematic issues not linked to specific organisations) that may need further GMC action.

**Developing referral criteria**

21 To promote consistency in decision making, the Triage Group would make their recommendation on the basis of whether or not the submitted information reached a particular threshold for action.

22 This threshold, and the underpinning criteria that would inform it, would be developed by the Group. Potential examples of criteria could include whether or not concerns are shared across functional areas, the source of the evidence, frequency of occurrence and historical activity.

23 We anticipate that the development of these criteria will be an iterative process. To guide this process and to help ‘set the bar’ in the first instance, we propose to develop a series of case studies focusing on organisations that have already been referred to the Forum.

24 In time, the Forum will extend its focus beyond simply looking at organisational level risks to those which are more thematic in nature and therefore not linked to an individual site. Examples of these risks might include particular cohorts of registrant and/or environmental factors which constrain good medical practice.
Clarifying the regulatory levers

25 For each concern that is referred to it, the Forum is tasked with reviewing those actions we are already taking as well as deciding whether any additional immediate and/or long-term action or improvement is required.

26 As things stand, the regulatory levers available to take this action are held within relevant Directorates. However, to enable the Forum to discharge its functions effectively, and to ensure a coordinated response across our functions, there is a need to clarify the levers that are available to it at a central level and the circumstances in which these should be employed.

27 During the next six months, we will work with the Forum to define these levers and to agree the circumstances in which these can be used. As part of this we will consider the criteria that must be met for a concern or issue, once referred, to be removed from PSIF’s active consideration.

Meeting schedule

28 The Forum’s original Terms of Reference require it to meet every six weeks. However, due to competing demands on members’ time, meeting frequency has varied between four and eight weeks.

29 Taking into account the time required to collate information submissions, the frequency with which the information changes between updates, and our intention to introduce a triage stage to the referral process, we propose that the Forum should meet every eight weeks. This eight week cycle would not preclude urgent referrals outside this cycle if required.

Future developments

30 As the Forum develops, its ability to successfully discharge its functions will be significantly enhanced by the proposed development of the GMC Knowledge Base and the implementation of Corporate Data Strategy.

31 The Knowledge Base, to be developed by the Intelligence Unit, will collate, store and analyse information in order to identify thematic issues and flag significant outliers for consideration at PSIF.

32 The data strategy, and specifically the Environments Map work-stream, will then help to provide a joined up view of the data we hold for these sites of interest, enhancing our ability to extract relevant information for the Forum’s attention.

33 Therefore, as a key beneficiary of both products, it is essential that close links be established between the respective work streams to enable the Forum to effectively utilise and build upon this work.
Supporting information

How this issue relates to the corporate strategy and business plan

34 This work relates to Strategic aim 1: to make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients. This is also specified in the 2014 business plan: Establishing a patient safety intelligence Forum that will bring together information from a range of sources to help identify potential issues and risks to patient safety.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

35 A workshop was held with colleagues across the GMC in August 2014 to consider the referral process for PSIF. The emerging themes from this have informed several of the actions referred to in this paper.

36 Following this meeting of the Strategy and Policy Board, we will develop an internal communications article to socialise the Forum to staff across the organisation, focusing primarily on the purpose and functioning of the Forum and our plans to develop this over the coming months.

How the issues differ across the four UK countries

37 As PSIF is considering Trusts, boards and sites across the UK, it is important that it makes sure that any data indicators it considers are available in all four countries. For example, systems regulators in the four countries differ, as do statistics on mortality rates. The Forum must be mindful of four country engagement whilst refining its inputs. This can be achieved by fully engaging with the devolved offices and the relevant Employer Liaison Advisers/Regional Liaison Adviser to ensure that appropriate data is being requested.

What equality and diversity considerations relate to this issue

38 As the Forum begins to consider looking at ‘themes’ or ‘issues’ rather than geographies, we must be mindful of the equality and diversity requirements in responding to different groups of doctors.

If you have any questions about this paper please contact: Tom Jones, Regulation Policy Manager, TJones@gmc-uk.org, 020 7189 5370.
Purpose

1. The Forum provides an opportunity to coordinate and consider information from across the GMC directorates and the implications of this information for patient safety and medical practice.

2. The Patient Safety Intelligence Forum advises the Chief Executive. In practice it reviews and directs regulatory intervention and prompts the improvement and development of operational regulatory activities and policies.

Duties and activities

3. The Forum reviews and directs regulatory intervention and prompts the improvement and development of operational regulatory activities and policies.

4. The Forum will:

   a. Review internal and external information from across the organisation to identify trends, issues and areas relevant to patient safety and medical practice that may require further investigation, information-gathering, tactical, operational or policy intervention.

   b. As appropriate contribute to the improvement of cross-organisational information and data analysis, which could lead to intelligence on specific issues, individuals or geographies. This includes supporting the long term development of the data strategy activity.

   c. Consider and make recommendations on strategic or operational policy relevant to intelligence received, and task the appropriate team to develop proposals for the Strategy and Policy Board.

5. The Forum fulfills its duties by:
a Reviewing any actions already taken and deciding if any additional immediate and/or long-term operational action or improvements are needed.

b Considering the implications of operational actions and policy recommendations and make recommendations to the Strategy and Policy Board as needed.

c Considering the operational performance and resource implications of its recommendations and decisions to ensure that any related policy development or operational interventions can be delivered, and task the appropriate team to make recommendations for the consideration of the Performance and Resources Board as needed.

Working arrangements

6 The Patient Safety Intelligence Forum will meet every six weeks for two hours. The executive leads for the forum are the Chief Executive and Chief Operating Officer.

7 The Forum is chaired by the Chief Executive and attended by the Chief Operating officer, all Directors and the Senior Medical Advisor. Members may invite other staff, with relevant operational or policy responsibilities, to attend as required for the discussion of agenda items.

8 The Chief Executive agrees the agenda and papers are agreed by the Chief Operating Officer.

9 Secretariat duties are undertaken by the Strategic Regulatory Policy Team. The Forum Secretary records actions and minutes each meeting.

a Any decisions requiring immediate action will be agreed at the end of the meeting between the Chair and relevant Director(s) and the Secretary will confirm in writing to the relevant Director(s).

b The Secretary will additionally circulate a log of agreed actions, as cleared by the Chair.

c The Secretary will circulate minutes, as cleared by the Chair, to members for comment.

d The Forum will be asked to approve the minutes and receive an update on actions relevant to its decisions at the subsequent meeting.

10 As the Forum may be required to make decisions outside of its scheduled meetings, it can also make decisions on circulation of recommendations between meetings. Decisions made in this way will be brought to the Forum at its next meeting and included in the minutes.
Accountability

11 The Forum will report on its work to the Strategy and Policy Board twice a year.

12 This will include any refinement to governance arrangements and, at the appropriate time, evaluation of the Forum’s effectiveness, including the way in which information is considered and the relative effectiveness of the review of action and any actions that have been tasked.
Patient Safety Intelligence Forum information template

Introduction

1. This Annex sets out a copy of the information template for PSIF. The template, populated by the Regulatory Policy Team, collates information that is submitted from different parts of the organisation, together with data held externally.
The PSI F template

NAME OF ORGANISATION

- Doctor headcount (HSCIC/Apr-14)
  - xx (↓ 1)

- Staffing: xx - xx% planned level
  (only available in England)
  - xx/xx/xx

- RO start date: xx/xx/xx

- Chief Exec start date: xx/xx/xx

Summary

MEETINGS

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<th>Year</th>
<th>Jan</th>
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<th>Mar</th>
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- ELS RO meetings
  - Last: dd/mm/yyyy
  - Next: dd/mm/yyyy
  - (Exceptional meetings: details)

- RLS visits / DO meetings
  - Last: dd/mm/yyyy
  - Next: dd/mm/yyyy
  - Outcome: Actions
  - Next: dd/mm/yyyy

- Education visits
  - Last: dd/mm/yyyy
  - Outcome: Actions
  - Next: dd/mm/yyyy

- REVALIDATION STATS
  - Doctors connected: xx
  - Revalidated: xx
  - Deferred: xx
  - Non-engagement: xx
  - Late recommendations
    - Under 1 week: xx
    - 1-3 weeks: xx
    - Over 3 weeks: xx

- GMC CONCERNS

  - Top 3 FIP allegation categories
    - Theme (%)
    - Theme (%)

  - Education data
    - NB for full list of themes see slide 2
    - Patient safety
      - x/xx x
      - (xx) x
      - x/xx x
      - (xx) x

  - NTS 2014 indicators: sig below avg outcome (total) sig above avg outcome
    - x/xx x
    - (xx) x

  - NTS 2014 3 yrs consecutive below avg outcomes/total
    - x/xx x
    - (xx) x

  - NTS 2014 patient safety comments (total)
    - x/xx x
    - (xx) x

  - Dean’s report concerns (Apr-14)/total
    - x/xx x
    - (xx) x

  - Dean’s report good practice (Apr-14)/total
    - x/xx x
    - (xx) x

  - Enhanced monitoring (Jun-14)/total
    - x/xx x

SYSTEM CONCERNS

- eg CQC referral
  - CQC priority band (Mar-14)
    - 1-4
    - Last CQC visit date
      - dd/mm/yyyy

- Any CQC compliance action
  - Details
  - Risk summits
    - Date, theme, GMC attendance
    - RO/EG profile Y/N

FITNESS TO PRACTISE

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<td>xx</td>
<td>xx other</td>
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No of drs

- xx = xx drs
- xx = uninv dr

Any other important context/information

EXTERNAL INFO

- NHS Litigation
  - Authority
    - Negligence = xx
    - Damages = Exxx
  - Mortality rate = HSMR
    - (2012-13)
    - From 2013, Picker Institute

- NHS Trust Development Authority / Monitor
  - Financial/governance position
  - Friends and Family test

- NB Monitor
  - Continuity of services rating = Monitor’s view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2+ means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
  - Governance rating = Monitor’s degree of concern about how the trust is run, any steps to investigate this and/or any action.

ELS INFORMATION

- ESCALATED (TO WHOM)?
  - (Details – include who it has been escalated to, when and why)

- OTHER
  - (Details incl has the info been shared with anyone internally or externally)

RLS/DEVOLVED OFFICE INFORMATION

- ESCALATED (TO WHOM)?
  - (Details – include who it has been escalated to, when and why)

OTHER

- (Details incl has the info been shared with anyone internally or externally)