Sharing Intelligence for Health and Care Group

Memorandum of Understanding

AUDIT SCOTLAND
care inspectorate
Healthcare Improvement Scotland
mental welfare commission for scotland
NHS Education for Scotland
Public Health Scotland
SCOTTISH PUBLIC SERVICES OMBUDSMAN

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Sharing Intelligence for Health and Care Group

'To care appropriately, you must share appropriately'[1]. Recent events have further brought into focus the necessity to improve data gathering and information sharing amongst health and social care regulators. The Francis Inquiry report into Mid-Staffordshire Hospitals recommended that information sharing between regulators "should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern".

Across the public sector there is a wealth of information, gathered formally and informally, about the providers of health and social care services. Often the information held by one organisation alone will not cause concern. However, when combined with intelligence from another organisation this may identify a particular concern about the safety or quality of care that needs investigated further. By bringing together the key audit, inspection and training bodies to form the Sharing Intelligence for Health and Care Group (SIHCG) we can provide:

- a proactive and supportive environment for collaboration and intelligence sharing
- regular opportunities to build stronger working relationships and a better understanding of roles
- a shared view of risks to quality through our collective intelligence
- an early warning mechanism of risk about the safety and quality of health and social care
- coordinated action to drive improvement

The activities of the SIHCG will not interfere with the statutory roles of constituent organisations (e.g. contractual powers or regulatory responsibilities) nor will it substitute the need for individual organisations to act promptly when concerns become apparent.

In order for the operation of the SIHCG to be successful, it is essential that all members are empowered and committed to share good quality and relevant information in a responsible and secure way.

[1] Information: To share or not to share? The information governance review. 2013.

Purpose of the Memorandum of Understanding

This document is not a legally binding document. It aims to provide the basis for an agreement between members of the SIHCG to facilitate and govern the group and in particular the efficient, appropriate and secure sharing of information about the safety and quality of health and social care. It sets out:

- The background and purpose of the SIHCG
- The principles underpinning information sharing
- The general purposes for information sharing
- The types of information that will be shared
- The process for handling any emerging concerns
- The process for confidentiality and information security
- The information that will be put in the public domain

This memorandum aligns with all other MoUs or information sharing agreements to which organisations may already be signatories and does not in any way supersede those existing agreements.

It is not intended that this document be definitive or exhaustive, it is recognised that as the SIHCG continues to develop and information sharing arrangements mature, this memorandum of understanding will be regularly reviewed and updated to ensure that it remains 'fit for purpose'.

Parties to the Memorandum of Understanding

- Audit Scotland
- Care Inspectorate
- Healthcare Improvement Scotland
- Mental Welfare Commission Scotland
- NHS Education for Scotland
- Public Health Scotland
- Scottish Public Service Ombudsman

Scope of the Sharing Intelligence for Health & Care Group

As stated above, this agreement covers the operation of SIHCG and the sharing of information between all members of the SIHCG to gain a better, more rounded understanding of the risks facing health and care services and the relative importance of those risks. The overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence.

The focus for the Group is primarily on NHS boards and we will consider data/information, where available, from Health & Social Care Partnerships as part of our consideration of an NHS board.

A list of signatories is included at Appendix A. This is not exhaustive and will be updated regularly as part of the monitoring and review process, as required.

The scope of this agreement will be considered as part of a regular monitoring and review process.

Purposes for Sharing Information

By collating and sharing information and intelligence that they hold on the service/organisation that is being reviewed, members of the SIHCG will collectively work together to assimilate risks and concerns, and establish whether there is an issue requiring action. This could relate to a single event or a combination of factors which may relate to areas such as:

- Quality and safety of care
- Capacity and capability
- Leadership and culture
- Financial management
- Planning
- Other governance arrangements
- Other performance issues
- Adequacy of the response of the Body to address the concerns

The intention is to create an environment in which partner organisations gain a deeper understanding of each other's roles and responsibilities, the collective information held and the actions each organisation can take. This will be based on deliberation and debate of the data and intelligence presented.

By working together more effectively partner organisations will also reduce unnecessary burden. For example, we will do this by encouraging partner organisations to develop joint plans when we share similar concerns, or by taking assurance from each other's actions.

Information Sharing Requirements

A key role of the SIHCG is to actively support and promote the sharing of knowledge and good practice to inform innovation and improve service delivery.
Members of the SIHCG will share quantitative and qualitative information regarding the quality, safety and performance of health and care delivery organisations in Scotland.

Data and intelligence will be gathered and shared by all partner organisations. In addition, members will contribute softer intelligence. Such information will require a level of judgement about the degree of confidence in the information provided and an assessment of 'weight' of the information provided.

Each partner organisation will use the combined intelligence document and the softer intelligence to help promote coordination of actions to drive improvement and also help inform their statutory responsibilities by sharing the intelligence within their respective organisation.

Types of information to be shared

The duty to share information can be as important as the duty to protect patient confidentiality[1]. In line with the Caldicott2 principles, there is a requirement to re-balance the critical need to share information against the requirement to protect information. SIHCG partner organisations will share information and intelligence to help target resources and activities and minimise duplication.

For the purposes of SIHCG it is not necessary for organisations to share person identifiable information. Personal data of service users and staff will be redacted from reports and other information sources before sharing. Guidance on removing personal data is available from the Information Commissioner's Office

Statistical and qualitative information shall be shared appropriately in aggregate form. Partner organisations are responsible for deciding what information it is appropriate to share and for judging that it is suitably robust and accurate for the purposes of SIHCG.

Where opinions are expressed verbally or in writing within SIHCG, these shall be based on cited evidence. Participants must be aware that opinions so expressed may form part of the record and evidence base of SIHCG.

The patient perspective from national and local data sources are a key source of intelligence about the quality and safety of services and will be routinely shared.

Public Health Scotland will provide indicator data to give an overarching view of the health of the population in each NHS Board. This information will provide important context in understanding the wider measures and behaviours of the population and the workforce under consideration by the SIHCG.

Data and intelligence from SIHCG partner organisations is collated into a combined document under the following headings:

- Leadership
- Culture
- Governance
- Financial Performance
- Workforce
- Professional Engagement
- Clinical & Care Performance/Outcomes

The Group will use an Analytical Framework to guide discussions and identify potential warning signs of quality and safety concerns – see Appendix B.

Risk Management

The aim of risk management is to ensure risks are identified early, assessed as to the best way to manage or control them and to reduce their effect. Good risk management awareness and practice is a critical success factor for the SIHCG in achieving its objectives. Risk management is the collective responsibility of all partner organisations on the SIHCG, it is the responsibility of all partner organisations to manage the identified risks and ensure that there are controls in place to manage them. The group will review the risk register at every SIHCG meeting and any concerns will be escalated to the chairs.

Emerging concerns

Following a review of the combined intelligence at each SIHCG meeting, members will discuss and agree whether further action is required to address any potential areas of emerging concern regarding health and care systems.

Actions may include:

- No action, beyond any already planned
- Additional progress review
- Seek further information from NHS Board
- Action by individual partner organisations
- Joint actions between partner organisations
- Escalate to Scottish Government

In addition, there will be a standing item on the agenda at all SIHCG meetings to allow members to highlight and discuss emerging concerns regarding any NHS Board/Health & Social Care Partnership.

Engagement with NHS boards

Following each SIHCG meeting, a letter will be sent to each of the NHS boards considered, providing collective feedback from the Group. This will be accompanied by the combined intelligence document. A feedback meeting will be held with the NHS board if SIHCG feel it would be beneficial (i.e. if the Group has any significant concerns about which further action might be required) or if the NHS board requests one. A note of any feedback meeting will be shared with SIHCG members and the relevant NHS board.

The group shares information about health and social care services delegated under the Public Bodies (Joint Working) (Scotland) Act 2014. The feedback letters are therefore copied to the integration authorities and input from the integration authorities into feedback meetings encouraged. SIHCG has made a commitment to prepare an options appraisal on how its work relates to Integration Authorities, and this will be used to inform how the Group engages with Integration Authorities in future.

A simple flow chart showing the SIHCG processes is included in Appendix C.

Engagement with Scottish Government

The Joint Chairs will engage with representatives from Scottish Government Health and Social Care Directorates every 2 months to discuss and share any joint areas of concern/emerging issues for Scottish Government and SIHCG. In addition an embargoed version of the SIHCG feedback summaries will be shared with Scottish Government for information 7 days prior to publication.

Learning from Public Inquiries

Public inquiries investigate issues of serious public concern, scrutinising past decisions and events. It is a retrospective examination of events or circumstances, specially established to find out what happened, understand why, and learn from the experiences of all those involved. It is important that the SIHCG and its partner organisations learn from public inquiries in order to contribute to future improvement. The SIHCG will review the outputs from all healthcare public inquiries, consider the recommendations and identify lessons learned for the work of the group to support improvement in the quality of care provided for the people of Scotland. However, this provision does not inhibit individual members of SIHCG from separately implementing any recommendation made by any public inquiry, if that member in its sole discretion determines that such implementation is necessary in the discharge of its functions.

Confidentiality and Freedom of Information

While personal data is explicitly out of scope, thereby removing data protection implications associated with information sharing, it is accepted that elements of the information that will be shared and the resulting collective information generated will be confidential in nature. As such, and where appropriate, the classification OFFICIAL: SENSITIVE should be applied.

Documentation will be shared via email to named individuals through existing mechanisms.

Organisations shall take appropriate measures to ensure that information derived from SIHCG is held securely and accessible only to relevant officials within each organisation.

The Freedom of Information (Scotland) Act 2002 (FOISA) provides public access to information held by public authorities through routine publication and the right to request information.

Any constituent member of SIHCG in receipt of a request for information relating to the activities of SIHCG remains responsible for responding to the request in line with FOISA. However all parties to SIHCG should, as a matter of courtesy, be informed of the question, timescale and intended response.

Requests may fall out with the remit of SIHCG such as those that seek information regarding activities relating to wider activities of constituent member parties or of the territorial boards. In such situations guidance should be sought from local Information Governance/FOISA teams.

In the case of disclosure of statistical information, where small numbers may lead to a risk of personal identification in combination with other data, the NSS Statistical Disclosure Protocol will be applied prior to any release of information under FOISA legislation.

Publishing Information from the SIHCG

It is important that the SIHCG achieves a balance on information sharing that allows a safe space to discuss issues and concerns whilst meeting stakeholders' reasonable expectations for openness and transparency. As part of a commitment to openness, the SIHCG will publish the following information on a dedicated page on the HIS website:

- the timetable showing which NHS boards are to be considered and when
- a list of the data types reviewed and analysed by the Group
- the feedback summaries to NHS boards
- an annual summary report (the group is reviewing the frequency and purpose of these reports).

Any enquiries relating to the detail of the individual feedback summaries will be advised to contact the respective NHS board direct.

Governance, Monitoring and Review

Appropriate records of meetings, discussions and correspondence within SIHCG shall be kept by Healthcare Improvement Scotland and retained for seven years beyond the calendar year in which the records are created.

The review, monitoring and amendment of this MoU will be undertaken by Healthcare Improvement Scotland. Any changes to the MoU are subject to approval by the SIHCG chair(s) after consultation with SIHCG partner organisations. Formal review of the MoU will be undertaken every three years unless legislation or policy changes dictate otherwise.

New parties to this MoU may be included at any time, the formal arrangements for which will be managed by Healthcare Improvement Scotland and agreed by the chair(s) of the SIHCG.

Resolution of disagreement

Any disagreement regarding findings or the need for escalation will normally be resolved through the SIHCG. If this is not possible, it may be brought to the attention of the Chief Executive or equivalent of the partner organisations who will then be responsible for ensuring a mutually satisfactory resolution.

Any complaints regarding the working of the group will be reviewed initially by the co-chairs and discussed thoroughly by the group before a response is provided. Any complaints regarding the outputs from the group will be referred back to the specific partner(s) that own the data or intelligence that the complaint relates to for review and a response agreed with the co-chairs before a response is provided.

Conclusion

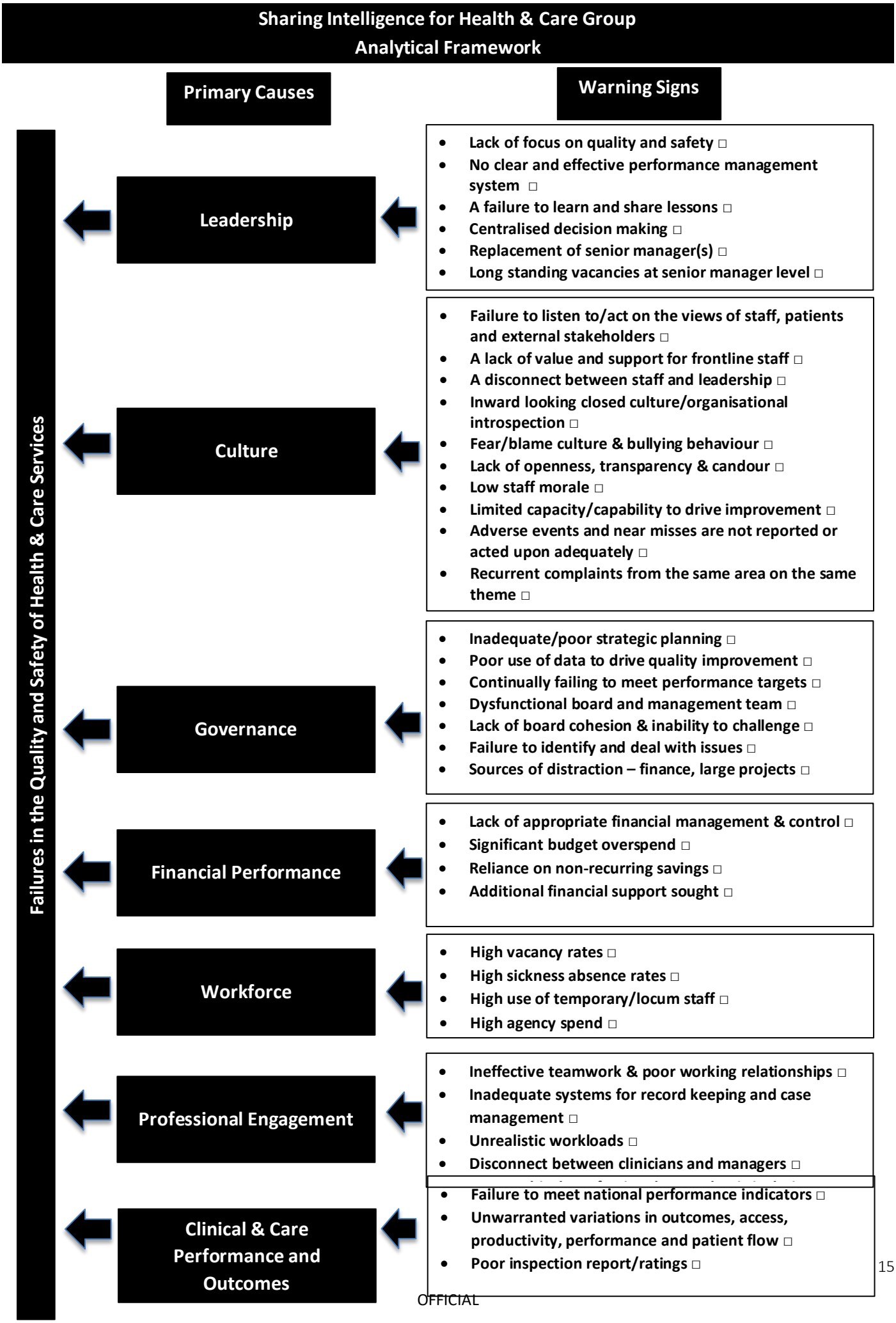
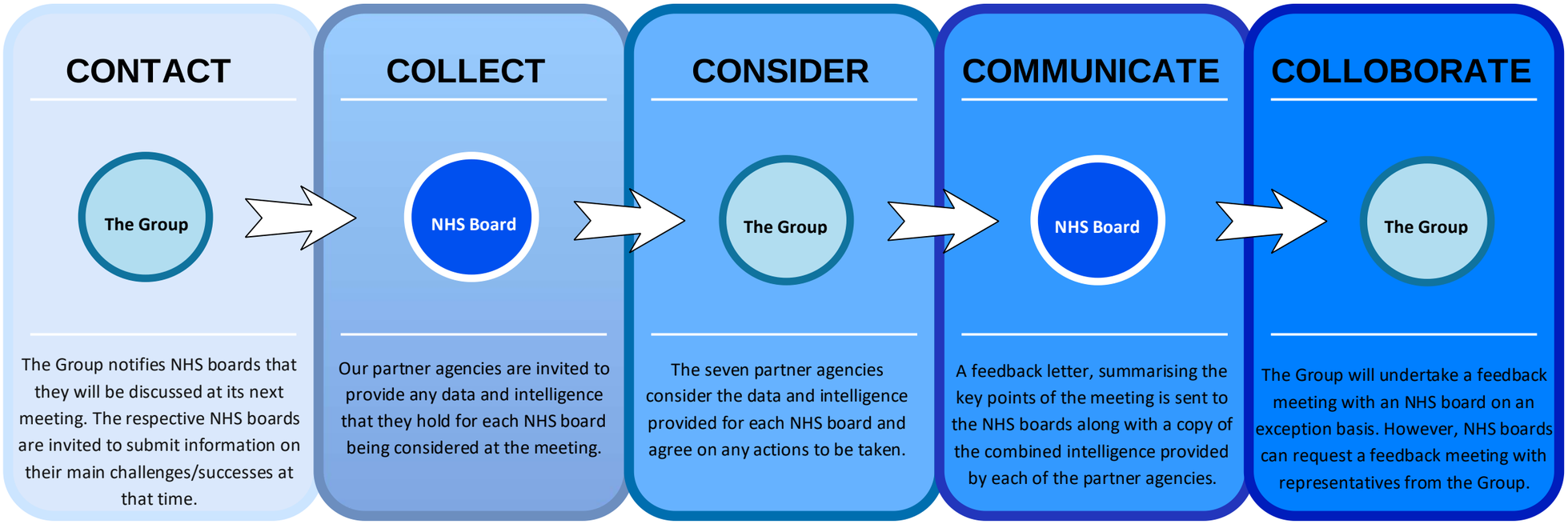
This agreement sets out a consistent approach to the sharing of information between members of the SIHCG in order to identify potential or actual risks to patient safety and quality of care and, where necessary, institute further investigation.

All organisations need to be able to balance the conflicting demands between the need to share information with other agencies and the requirement to maintain confidentiality. These conflicting demands are acknowledged by this MoU which provides a basis for organisations to be confident that where information is shared it will be done in a consistent, responsible and secure way to support the work of the SIHCG.

Appendix A SIHGC signatories

Ms Karen Reid **Chief Executive Officer** NHS Education for Scotland	Ms Rosemary Agnew **Scottish Public Services Ombudsman**
Mr Stephen Boyle **Auditor General and Accountable Officer** Audit Scotland	Mr Robbie Pearson **Chief Executive** Healthcare Improvement Scotland
Mr Peter Macleod **Chief Executive** Care Inspectorate	Ms Julie Paterson **Chief Executive** Mental Welfare Commission Scotland
Ms Angela Leitch **Chief Executive Officer** Public Health Scotland	

Appendix B SIHGC Analytical Framework



Appendix C SIHCG Flow Chart