Front Cover Page: Insert RQIA and Regulatory Stakeholders Logos

DRAFT

A Framework for Sharing Intelligence Among Regulators of Health and Social Care in Northern Ireland. (Including Emerging Concerns Protocol)

Version 16:27 February 2024

Version Control

Note: Refer to RQIA Version Control Policy and Guidelines for Electronic Documents

Version number	Purpose / Changes	Author	Date
1	Initial Draft	HH	29.06.23
2	Additions to list of other stakeholders	HH	30.06.23
3	Draft prepped for circulation	HH	19.07.23
3.1	Reworkings after JRF approval • MH Champion Changed 27.10.23	HH	27.10.23
4	Redraft following consultation exercise taking account of recommendations made - tracked changes	HH	09.11.23
5	Clean copy	HH	09.11.23
6	Recommendations from JRF	EH	30. 11.23
7	Clean Copy	RM	01.12.23
8	Formatted copy of document	EH	08.12.23
9	Redraft following consultation and returned comments from colleagues	EH	16.01.24
10	Clean version with comments/track changes as agreed by HH/RM	RM/HH	23.01.24
11	Further checking by HH, with clean version for review by EH	HH	23.01.24
12	Changes to be applied following meeting with EH/HH	HH	3.02.24
13	Draft copy awaiting legal advice 13.1 legal advice return	HH HH	01.02.24 07.02.24
14	Revised Draft with legal comments noted/actioned to be shared with BARC	HH	08.02.24
15	BSO suggested changes actioned	HH	15.02.24
16	Final draft post EH to table at JRF and share with Authority	HH	27.02.24
17	Final draft line added at request of GMC to section 5"a*ny issues or concerns regarding an individual practitioner will be managed through the established communication and escalation processes that are in place between the employer and professional regulators"*	EH	19 03 2024
Final	[Once the paper has been finalised, the Version Control table will be removed]		

Distribution

This document has been distributed by the author (identified above) as follows:

Version number	Name	Date of Issue
1	EH for consideration and onward sharing with Authority	29.06.23
3	Shared with partners for consideration and comment	26.07.23
5	Clean copy shared with EH for final read over and submission to EMT (Approved 09.11.23)	09.11.23
8	For Distribution to the NI Joint Regulators Forum	??
13	Shared for Legal and IG advice	02.02.24
14	Shared with BARC meeting on 15.02.24	08.02.24
16	To be shared with Authority meeting on 28.03.24	14.03.24

Final		

Content

1. Introduction

1.1 The health and social care professional and system Regulators ("Regulators"), and others with a role in the quality and safety of care provision have an essential role in ensuring that services which they regulate, or in which their registrants work, promote, protect and maintain the health, safety and well-being of people who use services, and the public.

1.2 As a group of organisations, Regulators expect providers and professionals to work together to provide the best possible care. We hold ourselves to the same standards and believe that working together more effectively can reduce unnecessary burden. We can do this by encouraging the development of joint plans, or by learning and taking assurance from each other's actions when we share similar concerns.

1.3 A group of Regulators in Northern Ireland have been meeting on a regular basis since (2021) and have collectively agreed on the benefit to our Health and Social Care System of formalising our cooperation through this Framework document.

2. Purpose of the Shared Intelligence Framework

2.1 The intended purpose of the 'Shared Intelligence Framework' (The Framework) and its embedded 'Emerging Concerns Protocol' (ECP) is to make sure that risks are identified, reviewed and addressed at the earliest opportunity.

2.2 It aims to support the public protection work of Regulators in Health and Social Care in Northern Ireland, and in doing so, to help ensure openness and transparency in regulation.

2.3 This will support organisations who are signatories to the Framework (Signatories), with their respective responsibilities related to supporting quality and safety in the provision of care, and to share information that may indicate risks to people who use services, their carers and professionals.

2.4 The framework is intended to be flexible and empowering, supporting Regulators to work together and to openly share information. This protocol is designed to work alongside the existing bilateral information sharing agreements that already exist between Signatories, in the form of Memorandums of Understanding and Data Sharing Agreements. It is specifically aimed at supporting collaborative working across several Signatories to support decision making, agree supportive actions, or to further escalate information of concern with one or more organisations, and to triangulate such information about a concern with information that may be held by others.

2.5 The framework is not intended to work against established good

working relationships and mechanisms that already exist, but will strengthen and encourage openness and good practice. Nor is it intended to override the autonomy and accountability of Signatories.

3. Signatory Organisations (Signatories)

3.1 In line with the bi-annual shared intelligence meeting, the following organisations are Signatories of the Shared Intelligence Framework:

- Regulation and Quality Improvement Authority (RQIA)
- Northern Ireland Social Care Council (NISCC)
- General Medical Council (GMC)
- General Dental Council (GDC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland
- The Health and Care Professions Council (HCPC)

4. Bi-Annual Shared Intelligence Meetings

4.1 The bi-annual shared intelligence meeting is intended to create a structure for regular information sharing and strengthening of relationships between Signatories. This includes good practice and what has gone well, as well as risks and issues across Health and Social Care in Northern Ireland. It will enable discussion between audit, inspection, regulation and improvement bodies and support a robust and coordinated information sharing process for Northern Ireland, through which we share and respond to intelligence as a collective.

4.2 The Intelligence Sharing meeting will adhere to a defined Terms of Reference, acting as a separate forum to the existing Joint Regulatory Forum, which discusses broader policy and professional matters.

4.3 The focus of the bi-annual Shared Intelligence Meeting is to discuss and share specific intelligence on the quality and safety of healthcare services provided to the population of Northern Ireland. This may include the identification of national themes and risks. Following each bi-annual meeting, a learning template will be sent to participants, to provide a summary of the key regional themes and concerns that emerged from discussions. A sample agenda for this meeting is provided at (Appendix A).

4.4 This Shared Intelligence Framework includes also an “Emerging Concerns Protocol” (ECP) providing a trigger mechanism for responding to new areas of concern arising and to share information that may indicate risks to people who use services, their carers and professionals; ensuring we can bring partners together swiftly if required.

4.5 RQIA has agreed to provide secretariat support for the bi-annual

shared intelligence meetings. RQIA will produce a meeting record and support logistical arrangements. Other Signatories may wish to consider providing the secretariat function in future and such changes can be agreed by majority decision.

4.6 All Signatories will be expected to retain a local record of their attendance at such meetings and any actions related.

4.7 During the first year of operation of the Shared Intelligence Framework there will be two scheduled shared intelligence meetings held, six months apart after which the forum will collectively determine the frequency of these moving forward.

4.8 A Terms of Reference for the Shared Intelligence Meeting will be agreed at its first meeting.

5. Principles of the Emerging Concerns Protocol (ECP)

5.1 The purpose of invoking the ECP is to provide a mechanism for Health Care Related Regulators and partners to convene on a specific emerging issue or risks.

5.2 The ECP will support relevant Signatories to share and triangulate information at an early stage and in a timely manner, so as to respond early to any safety concerns.

5.3 No matter how small, issues can be identified for discussions between partners where there may be matters of relevance to other Regulators/ organisations or where collaboration can otherwise improve outcomes to emergency concerns.

5.4 These concerns may fall into three categories:

- Concerns about individual or groups of professionals
- Concerns about healthcare systems and the healthcare environment (including the learning environments of professionals)
- Concerns that might have an impact on trust and confidence in professionals or the professions overall

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5.5 The following principles underpin the protocol:

- Signatories involved should work to model an open culture in which staff can speak up about concerns
- Signatories involved should be transparent about how the protocol is used, while maintaining confidentiality of content (in all directions, including the providers, public and registrants)
- Signatories acknowledge that each is subject to the Data Protection Act (DPA) and the Freedom of Information Act (FOIA) and that requests for information transferred under

this Protocol may be received by any Party under either the FOIA or the DPA. The Parties shall co-operate with each other to ensure that each can comply with their respective obligations under the DPA and the FOIA.

- Signatories involved shall maintain and respect each individual organisation's executive autonomy
- The protocol must work within the law, including any restrictions on information sharing that are included in each Signatories statutory role
- The protocol should be short and simple, with a focus on feasibility
- The protocol has been developed through a collaborative, partnership approach between organisations
- No issue will be too small for an organisation to consider using the protocol

5.6 Any Signatory (proposer) can initiate the ECP, on the emergence of a specific concern or risk, to trigger an ECP meeting.

5.7 The ECP meetings have a very different focus to the regular bi-annual shared intelligence meetings; they focus on a specific issue and on identifying actions to be taken to mitigate risk, address issues, gain assurance and support improvement.

5.8 Any issues or concerns regarding an individual practitioner will be managed through the established communication and escalation processes that are in place between the employer and professional regulators

5.9 The meetings, focused on specific issues (which may be local or national issues), are trigged via the process outlined below. A sample agenda is provided at (Appendix C).

6. Triggering an Emerging Concerns Protocol Meeting (ECP meeting)

6.1 A single Signatory (proposer) can trigger the ECP process if they become aware of emerging risks or significant concerns that meet the criteria (outlined in paragraph 5.4 above).

6.2 This view must be supported by evidence and consideration given to the credibility, currency, accuracy and relevance of the information.

6.3 Issues may relate to a whole system issue, a specific or group of services, a single provider or Trust, or service registered with RQIA. Information relating to an individual's professional practice are expected to be managed through the appropriate Regulators/ employers internal procedures, but there may be related intelligence indicative of wider system issues, or management arrangements, governance and/or cultural concerns that would benefit from triangulation through an ECP meeting.

6.4 Were a signatory is considering an issue and there is uncertainty about whether an ECP meeting would be helpful it is expected that a confidential discussion would take place with another Signatory as part of sense checking process.

- Authority: the credibility and reliability of the information source
- Currency: the timeliness of the information
- Accuracy: the reliability, truthfulness and correctness of the information
- Relevance: the level of risk to people who use services, their carers and professionals

6.5 When a decision has been made the proposing Signatory will submit an ECP pro forma (Appendix B) to RQIA via the dedicated email info@RQIA.org.uk. The subject line of the Email must be prefixed by 'Emerging Concerns Protocol' and should be followed up if receipt is not acknowledged. This inbox has limited access and is regularly monitored.

6.6 The ECP pro forma requires the proposer to describe the specific potential patient safety risks, and the rationale for triggering an ECP meeting. The proforma deliberately does not set out an exhaustive list of the situations in which it should be used however it is provided to assist in deciding whether a concern fits the purpose.

6.7 The proposer may wish to complete the optional patient safety risk Exposure Rating as part of Appendix B. The Risk Exposure Rating may be helpful for some partners' decision making but would not be used as a threshold to exclude concerns.

6.8 In deciding which concerns would benefit from an ECP meeting, the primary consideration is that intelligence may be held by other partners which would aid consideration of any regulatory response.

6.9 RQIA will consult with participating Signatories and provide a brief analysis of the issue and a recommendation for next steps. If a majority or organisations agree to a meeting, this would usually be held within ten working days of initial receipt, following consultation with the proposer.

6.10 The decision will be notified to all Signatories within five working days of the decision and a meeting will be arranged.

6.11 If the issue is urgent and time sensitive, the ECP Meeting will be called as soon as possible.

6.12 Any ECP meetings convened under the ECP should be chaired by the Signatories raising the issue (the proposer); administration and

facilitation will be provided by RQIA under their role as secretariat.

6.13 All Signatories will receive an invitation, and the ECP pro forma completed by the proposer. To ensure the meeting remains focused on a specific issue, Signatories should only send a representative if there is a direct interest in the risk or concern and should confine their submission and discussion to that issue, in line with the Signatories roles and responsibilities.

6.14 In line with Good Information Governance: Personal Identifiable information would not be disclosed, but can if necessary be shared through existing bilateral information sharing mechanisms where action may be required to protect the public.

6.15 Other organisations, in addition to the signatories to the framework, may be invited where it is considered such involvement would add considerably to the discussion and triangulation of information. The proposer of the meeting should give careful consideration to this and should seek advice from another Signatory if uncertain.

6.16 All Regulators should be consulted on whether they are happy for this to go ahead, and the proposing Signatory should make clear the proposed remit of the invited organisation.

Other organisations could include:

- Department of Health
- Northern Ireland Audit Office
- Northern Ireland Ombudsman
- Prisoner Ombudsman for Northern Ireland
- Northern Ireland Human Rights Commission (NIHRC)
- Commissioner for Older People for Northern Ireland (COPNI)
- Commissioner for Children and Young People in Northern Ireland (NICCY)
- Mental Health Champion for Northern Ireland
- Patient Client Council (PCC)
- Police Service of Northern Ireland (PSNI)
- Health and Safety Executive (HSENI)

This list is not intended to be exhaustive:

6.17 Organisations which accept the meeting will be invited to send any relevant supporting information in advance via the dedicated email: info@RQIA.org.uk in line with section seven below.

6.18 The meeting will focus on gaining a shared understanding of the specific issue or risk, an assessment of risk across all sectors and discussion of potential actions that each organisation can take forward to mitigate the risk(s) and / or address the concern.

6.19 The meeting shall consider whether it is useful to share concerns, actions or impacts with other equivalent forums in UK jurisdictions, and action accordingly.

6.20 A summary of the key points discussed will be produced by RQIA, which will include the agreed action plan, (See Appendix D). This will be circulated to participating organisations.

6.21 Action may include

- no action needed,
- watching brief,
- specific actions from individual organisation's,
- joint actions between organisations, and/or
- information sharing with the Department of Health relevant Branch or Minister.

7. Monitoring of Actions

7.1 RQIA will retain a copy of the notes of the ECP meeting and will record each individual concern, the details of the action(s) arising, the Signatory responsible for taking identified action(s).

7.2 However, each Signatory will remain responsible for its own oversight and follow up of any actions identified to them, for any internal escalation of the issues in line with their respective policies, and for communication as required with other organisations following the meeting.

7.3 The proposing Signatory will provide an update on progress at a date agreed or at the following bi-annual shared intelligence meetings, whichever is sooner.

8. Information Security

8.1 Participating Signatories and other organisations will respect the sensitivity and confidentially of information shared and discussions and will share only the minimum information deemed necessary to allow meaningful consideration and triangulation

8.2 Where sharing of personal identifiable information relating to patients and staff is required in the public interest and/or discharge statutory functions, this must only be on a limited basis, to what is necessary for the purpose(s) stated, within pre-existing and pre-approved confidential data access/sharing agreements between specific parties.

8.3 Information received by RQIA in line with its secretariat function for the bi-annual shared intelligence meetings, will be managed by RQIA in line

with their information governance policy. Information sent to RQIA by other signatories for this purpose will be adequately protected by these signatories prior to transmission, and regarded as sensitive and confidential, and not for onward transmission unless otherwise specified.

8.4 In all cases where Personal Data is being shared under this Protocol, and in the case of other information where agreed between the Parties, the Information Provider must ensure that the information to be shared is suitably encrypted and/or sent by other secure means. This may include, where deemed necessary, sharing through a secure file transfer system such as Egress.

8.5 The Signatory providing info gives no warranty that the information being shared meets any quality standard or is free from errors. Nothing in this Protocol shall be interpreted as compelling the Information Provider to disclose any Personal Data to the Information Recipient.

8.6 Any personal data held and generated by organisations, in relation to this framework, will be governed through their existing information governance arrangements as independent data controllers. It is each organisation's individual responsibility to comply with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act (DPA) 2018, the Freedom of Information Act (FOIA) 2000 and other information rights law.

8.7 All organisations are each responsible for having appropriate measures. including technical and organisational measures, in place to ensure the confidentiality and integrity of any personal data they process in respect to the framework.

9. Safeguarding

9.1 Any Signatory may receive information that indicates abuse, harm or neglect has taken place. Any form of abuse, avoidable harm or neglect is unacceptable. It is expected that each Signatory has procedures for managing these types of concerns and they must be followed. Each individual Signatory remains responsible for ensuring that they follow their own internal safeguarding procedures. Nobody should wait to share concerns instead of acting on safeguarding concerns; immediate action should always be taken where necessary.

10. Review of the Shared Intelligence Framework

10.1 The first year of the implementation will be considered as the start of an iterative developmental process; the Terms of Reference and the operational procedure will be reviewed no less than 12 to 18 months after initial implementation, and periodic review no less that every two years thereafter.

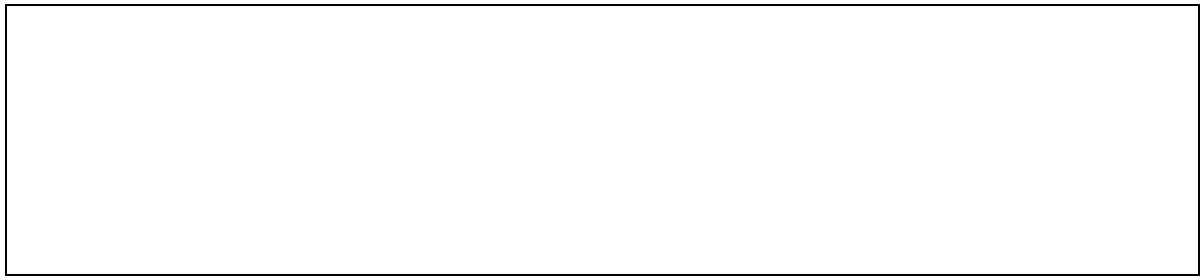
Appendix A
Bi-annual Shared Intelligence Meeting: Template Agenda

	A G E N D A
Item No	**Item**
1.	Welcome and introductions
2.	Actions from previous meeting held on <insert date of last meeting>
3.	Update on any significant issues/potential serious concerns
4.	Update on intelligence and themes arising from previous 6 months
5.	Reflections on use of the bi-annual Shared Intelligence Meeting and Emerging Concerns Protocol • What has gone well? • What could be better?
6.	Agreed actions to be taken forward
7.	Date and time of next meeting <Insert day, date and time of next meeting>

Appendix B – Emerging Concerns Pro Forma

Submitted by: < Please insert name, job title and organisation>	**Date submitted:** < Please insert date submitted >

Suggested Issue for Emerging Concerns Meeting
Please include details of the specific patient safety risks, and the rationale / what has triggered the need to hold an Emerging Concerns meeting (500 words maximum) *Authority: the credibility and reliability of the information source.* *Currency: the timeliness of the information.* *Accuracy: the reliability, truthfulness and correctness of the information.* *Relevance: the level of risk to people who use services, their carers and professionals.*



Patient Safety Risk Exposure Rating (Optional)

If helpful you may wish to use the risk scoring matrix to provide the following information, which should include the basis for allocating the likelihood / severity scores (500 words maximum):

Overall Patient Safety Risk Score:	Risk likelihood score:	Risk severity score:

Further Supporting Information

Please use this section to include any additional supporting information, which relates to the specific topic for the Emerging Concerns meeting (500 words maximum)

Patient Safety Risk Exposure Rating- Optional

Risk: Likelihood

Level	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions - a persistent issue
4	Likely	Will probably occur but it is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Unlikely to ever happen

Risk: Severity

Level	Descriptor	Actual or Potential Impact on Individual(s)
5	Catastrophic	Death
4	Major	Permanent Injury
3	Moderate	Semi-Permanent Injury / Damage
2	Minor	Short Term Injury / Damage
1	Insignificant	No Injury or Adverse Outcome

Patient Safety: Risk Score

Likelihood	Severity					Action
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic	
1. Rare	1	2	3	4	5	No action
2. Unlikely	2	4	6	8	10	No action
3. Possible	3	6	9	12	15	Emerging Concerns Meeting
4. Likely	4	8	12	16	20	
5. Almost Certain	5	10	15	20	25	

Appendix C – Emerging Concerns Meeting: Template Agenda

Convening Organisation: <To be Noted>	
Invitees	• All Signatories will receive an invitation. • Signatories should only send a representative if there is a direct link to the risk or concern and should confine their submission and discussion to that issue, in line with the Signatories roles and responsibilities. • Priority should be given to timeliness of the meeting, avoiding excessive delay due to diaries. • Attendees should have authority to make decisions about their organisations ongoing role.
Attendees	<To be Noted>
Date and time	• An emerging concerns meeting will be called immediately. • If less urgent, within ten working days of receipt of the emerging concerns pro forma. • Allow two hours for meeting.
Chair	The meeting will be chaired by proposing Signatory, and will focus on gaining a shared understanding of the specific issue or risk, and discussing potential actions that each organisation can take forward to mitigate the risk and / or address the concern.

A G E N D A
1. Welcome and introductions
2. Briefing from Convening Organisation or the regulator To include: • Summary and origin of emergent concern. • Validity and reliability of information. • Actions taken. • Impact of action(s) taken. Where dealing with information received from whistleblowers or other sources who wish to be anonymous/confidential. Careful thought needs to be given by all attendees as to what degree of information as to facts and circumstances about an incident, or setting, should be shared in any discussion/exchange of information, to ensure a confidential source is not (indirectly) identifiable.

3. Briefing from other agencies involved

To include:

- Summary and origin of emergent concern.
- Validity and reliability of information.
- Actions taken.

4. Review of options for actions

Options include:

- No action needed.
- Watching brief.
- Actions from individual organisation/s.
- Joint actions between organisations.
- Onward referral to Department of Health (DoH)

5. Decision on next steps

A summary of the key points discussed will be produced by RQIA, which will include the agreed action plan.

6. Reflection / evaluation on use of framework in this instance

Appendix D – Emerging Concerns Action Plan

Emerging Concerns: Action Plan	
Issue 1	**Agreed Action:**
	Action Owner:
	To be completed by:
Issue 2	**Agreed Action:**
	Action Owner:
	To be completed by:
Issue 3	**Agreed Action:**
	Action Owner:
	To be completed by:
The monitoring of the action plan will depend on the nature and extent of the concern. If the issue is specific to the Signatory raising the concern, it will be their responsibility to monitor actions noted.	