

Using intelligence to support risk based activity

Objective

This paper explains how HIW uses intelligence as part of a risk-based approach to influence its work programme to inspect and regulate health care in Wales. This is important to ensure that scarce resources are used effectively in the regulation and inspection of health settings.

Current Practice

The way in which HIW makes decisions about where to focus its inspection and investigation activity is primarily risk based and intelligence led. However, some activities are also based on a cyclical pattern to support our statutory requirements.

When we consider risk we pose a broader set of questions that may include the following.

- How vulnerable is the client group?
- What evidence and intelligence has HIW built up over time?
- Are there any previous reviews that HIW has conducted in this setting?
- Have our partners raised concerns with us?
- Have we had any concerns from the public, staff or patients?
- What are the national priorities, standards and requirements associated with the service provision?
- Are there known inequalities in service provision?
- Are there concerns about an absence of intelligence about this setting or service?

HIW has put in place arrangements to ensure the use of evidence is consistent and open to challenge. Of particular note are the Healthcare Summits, hosted twice a year, by HIW which bring together a significant number of external review bodies in Wales along with the professional regulators. Attendees include the Wales Audit Office, the Community Health Councils, the Public Services Ombudsman for Wales, the Wales Deanery and representatives of the professional regulators. This is an interactive forum to share intelligence on the quality and safety of healthcare services provided by NHS Wales. The aim of the summit is to share evidence and concerns to test emerging views and with a view to influencing the work programmes of those organisations attending. It also supports HIW in forming its views to feed into the Escalation and Intervention Arrangements for NHS Wales.

In addition to the Healthcare Summits, HIW conducts a monthly internal Risk and Escalation Committee meeting to review HIW's annual work program based on the

most recent intelligence. This allows us to alter our activity based upon regular review of new and emerging intelligence on both the NHS and independent sector.

Finally, if HIW is made aware of more urgent intelligence that requires immediate activity we have processes in place to ensure we can mobilise ourselves to respond accordingly.

Evidence that HIW captures itself, directly, is sourced from the work that we conduct on site in health settings through inspections and investigations. This is actively used to inform our forward work program either in the form of providing assurance for a certain period of time or because follow up work is required. Further intelligence that HIW holds is sourced directly from people, patients and staff, who share their experiences of health care with us directly. In addition to our review information, our current cadre of intelligence includes serious untoward incidents (SUIs), Regulation 30/31 and IRMER notifications, concerns and registration data.

We also have access to routine Welsh Government performance statistics on NHS Wales through a partnership agreement. This allows us access to contextual information on process targets and also some outcome data.

Other information that is regularly considered by HIW includes intelligence shared by the Wales Audit Office, Community Health Councils, the Public Services Ombudsman, the Wales Deanery and others. Staff within HIW review the breadth of this information to form their views of healthcare organisations to feed into the Risk and Escalation Committee and annual planning process. We also have a range of memoranda of understanding in place to support the flow of intelligence between us and our partners.

To help us keep track of the different types of information that flow into HIW, we have established an intelligence map. This lists what we hold and how it's used in HIW and is reviewed on a six monthly basis (or sooner if needed), when potential new data sources are identified that HIW might wish to consider as part of its intelligence that supports our work program.

Working together

The approach to risk based and intelligence led work programming is supported by our work with our partner organisations. Where a risk is identified, there will be occasions when another organisation is better placed to respond, if this is the case we will place reliance on that organisation's findings, or consider whether joint work is the most appropriate response.

Going Forward

Within the health system in Wales there is a significant amount of data flowing within and between organisations. HIW needs to ascertain what intelligence is useful for us to consider when determining our work programme and what is better used by others. This currently managed through HIW's intelligence map.

By focussing on a broader set of information we may be able to better target our inspection and investigation activity. We will interpret the usefulness of the different indicators for highlighting changes in quality and safety of service provision from this broader set of information. We will then use those indicators that are most relevant in supporting a risk framework to feed into our planning arrangements.

We are fortunate that Wales is small enough that we can make our assessments on risk, based on personal judgement of the intelligence we hold and conversations with our partners. As a result we have not had to develop a formulaic method to predicting risk through data analysis. However, this has also meant that the scrutiny and challenge of these judgements internally, and through interaction with our partners, is a critical dimension to our approach.

Influencing our outcomes

Through our work HIW seeks to influence four outcomes. This approach to risk based and intelligence led review activity supports these outcomes in a number of ways and this is shown in the table below.

| Outcome | How does this strategy support these? |
|---|--|
| Provide independent assurance on the safety quality and availability of healthcare by effective regulation and reporting openly and clearly on inspections and investigations | <p>We will have a risk based and intelligence led program to ensure we focus our activity where it can have the greatest impact. The nature of this means we are likely to conduct work in areas where either the most vulnerable are affected or where we have concerns about the quality of a service or a visit hasn't been conducted for a certain time period.</p> <p>Reports from these inspections will form part of our future intelligence.</p> |
| Encourage and support improvements in care through reporting and sharing good practice and areas where actions is require | <p>Our investigations and inspections test organisations against published standards. Our transparent reporting can help them and others identify areas of improvement and also to share good practice.</p> <p>Intelligence shared with partner organisations assist us in ensuring the focus of our activity is appropriate and we have the greatest impact in improving the standard of care.</p> |
| Place patient experience at the heart of our inspection and investigation processes. | Intelligence sourced from the public, patients, carers and staff are key components of how we determine our future activity. In addition, patient engagement and questionnaires are a key aspect of our inspection and investigation methodologies. |
| Use our experience of service delivery to influence policy, standards and practice. | Where we establish themes from our work programme we inform policy makers of our findings. We do this through letters direct to the Welsh Government and also openly through the publication of our suite of annual health board and thematic reports. |

