AGENDA ITEM
2.2.6

QUALITY & SAFETY COMMITTEE

FEEDBACK FROM INCIDENT REPORTING

Date of meeting	19/01/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kellie Jenkins-Forrester, Once for Wales Project Manager
Presented by	Kellie Jenkins-Forrester, Once for Wales Project Manager
Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
RLDatix Management Group		NOTED

ACRONYMS	

1. SITUATION/BACKGROUND

A significant barrier to a good incident reporting culture is a lack of feedback to staff following submission of an incident. Through surveys, staff have highlighted that there is little or no response following an incident report, along with no sharing of lessons learned to inform improvement in safety.

The mechanisms to address this are multifaceted and the Health Board has taken steps to explore how feedback to staff following an incident report can be improved.

The options available within the Health Board's Quality, Safety and Risk Management System (RLDatix) were reviewed, with the automatic feedback message functionality identified as a key action to be progressed. This process involves the automatic sending of an email notification to the reporter on the incident being moved to the final approval stage by the responsible manager.

The email notification contains information directly from the *feedback to reporter of what action was taken* field within the investigation screen of the RLDatix system. This feature was activated on the 01.10.19 and applied to all incidents reported after this date.

A review was undertaken on the 23.11.2020 of incidents reported between the 01.10.2019 and 31.10.2020. As this is live information, with incidents moving through the approval process constantly, the information provided in this report is accurate as at that point in time.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The review undertaken focused on the number of incidents that were moved to final approval without the *feedback to the reporter of what action was taken* field (feedback field) being completed.

Between the 01.10.2019 and 31.10.2020 a total of 24,071 incidents were reported. At the time of collating the data, of the total 18,569 incidents had been moved to final approval. 21.85% (4058) of these incidents were moved to final approval without the feedback field being completed. Feedback was therefore provided in 78.15% of reported incidents moved to final approval during the period.

Of these incidents 47 were reported as a no surprises to Welsh Government, which would contain sensitive information and be subject to restricted access. A feedback message would not be generated in these circumstances. There is a separate process for the management of these.

The percentage of incidents moved to final approval without the feedback field completed has continued to decrease over the time period and is reflected in the chart below.

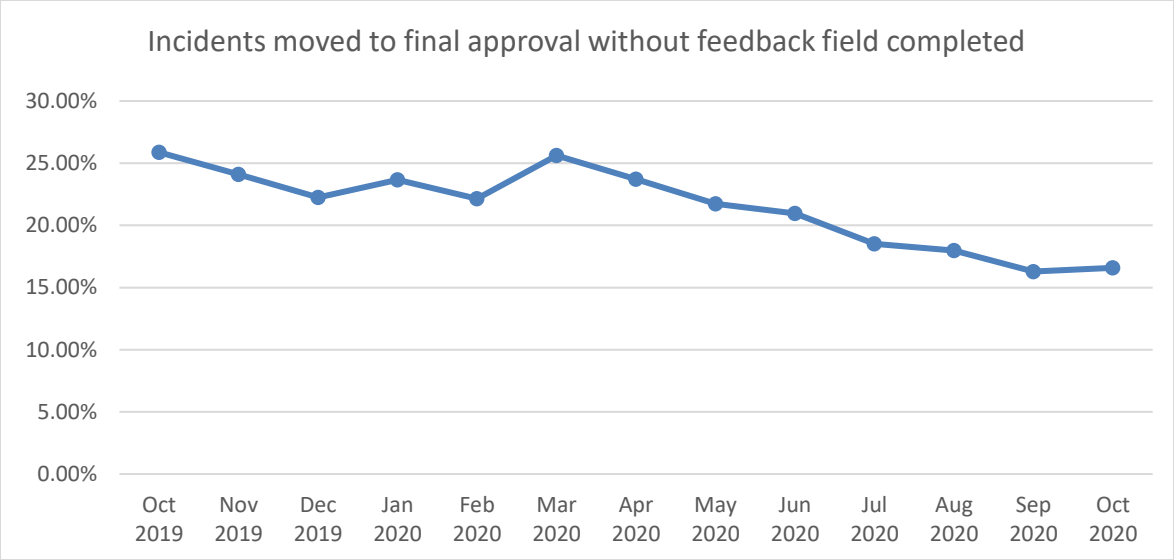

Chart 1: % of incidents moved to final approval without feedback field completed (total)

On average 1428 incidents are moved to final approval per month, with 21.49% moved to final approval without the feedback field being completed.

Merthyr & Cynon Locality are significantly over the Health Board's average with an average of 37.68% of incidents moved to final approval without the feedback field completed.

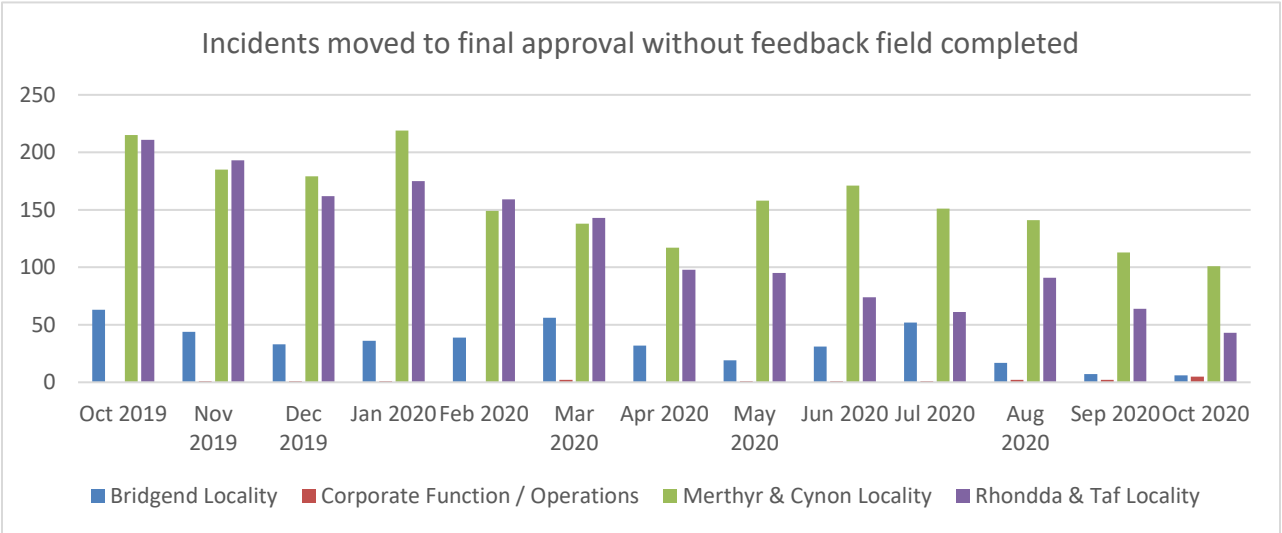

Chart 2: Number of Incidents moved to final approval without feedback field completed by Locality

The top five service groups for incidents moved to final approval without the feedback field completed are consistent across the Health Board. These are:

- Medicine

- Mental Health
- Community
- General Surgery
- Obstetrics & Gynaecology

It should be noted that these are areas with the highest number of reported incidents.

Improvement Action
To ensure that a 100% of incidents are moved to final approval with the feedback field completed, an update to the RLDatix system will take place with effect from the 01.12.2020.

When an incident is moved to Investigation Completed the *feedback to the reporter of what action was taken* field will appear and become mandatory. This means that before the record can be saved in that status the feedback field will have to be completed. This will also ensure that when the responsible manager moves the incident to final approval the field will have been previously completed.

Following activation, the number of incidents moved to final approval will require monitoring to ensure that this is not impacted by the improvement action.

To further strengthen the feedback process, in addition to the feedback field, the notification email is being updated to contain a standard paragraph advising the reporter of how further information can be obtained and to discuss with their line manager any concerns they still have.

3. KEY RISKS/MATTERS FOR ESCALATION TO GROUP

There are 1712 incidents currently within the investigation completed status for incidents reported prior to the 01.10.2019. A batch update exercise will be applied to these incidents which means no feedback message will be sent.

Whilst the data highlights an improving picture in relation to the number of incidents moved to final approval with the appropriate field completed, the quality of the detail contained within the feedback field cannot be substantiated currently. The reason for this is that the feedback field is a free text field completed by the investigation officer or responsible manager, and each case would require individual review. It is proposed a mechanism for assessment of the quality of feedback is established within the Health Board, i.e. staff survey.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The RLDatix system provides data to enable opportunities for improvement in safety and experience to be identified.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Resources to support the implementation of the system are being applied for in accordance with the Health Board processes.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

5. RECOMMENDATION

The Committee is asked to **NOTE** the report.