



AGENDA ITEM

5.2

QUALITY & SAFETY COMMITTEE

DATIX CYMRU – INCIDENT REPORTING

Date of meeting	(15/11/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence
Presented by	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence
Approving Executive Sponsor	Director of Corporate Governance / Board Secretary
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
DCIQ	Datix Cloud IQ

1. SITUATION/BACKGROUND

The Once for Wales programme was established in 2017 by the Welsh Government as part of the response to address the recommendations set out in Keith Evans "The Gift of Complaints" Report.

Aimed at bringing consistency across NHS Wales with regards to the use of electronic tools, the programme commenced development and implementation of DatixCymru (DatixCloudIQ). The new system has many of the features that people will be familiar with from our existing RLDatix system, with the added benefit of being a bespoke cloud-based tool that meets the needs of Putting Things Right, through the development of specific functionality such as the Redress Module and Mortality Review process.

A key objective of the system is to support the Health Board in providing real time data and information that can facilitate ward to board assurance leading to improvements in quality, safety and experience for patients and staff. Through successful embedding of the system, we can take proactive steps to demonstrate that we are a listening and learning organisation.

The Health Board implemented the Incident Management Functionality of Datix Cymru on the 1st April 2022. As part of the implementation of this functionality a new All Wales Coding Structure was adopted. This moved the coding from a two tier structure in the Health Board's Legacy System to a three tier structure in Datix Cymru. In addition to this, a further segregation of incidents has been introduced in relation to who was affected. As result staff are adjusting to the both a new system and a new coding structure.

It was reported at the Health, Safety & Fire Committee that the since the implementation of the Incident Management Functionality, there had been a decrease of 50% in the number of incidents reported relating to staff.

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

2.1 Incident Reporting Data

A review of the incidents reported between the 01.04.22 and 30.09.22, including a comparison of incidents for the same time period in the previous 3 years has been undertaken. The trend is provided in the chart below.

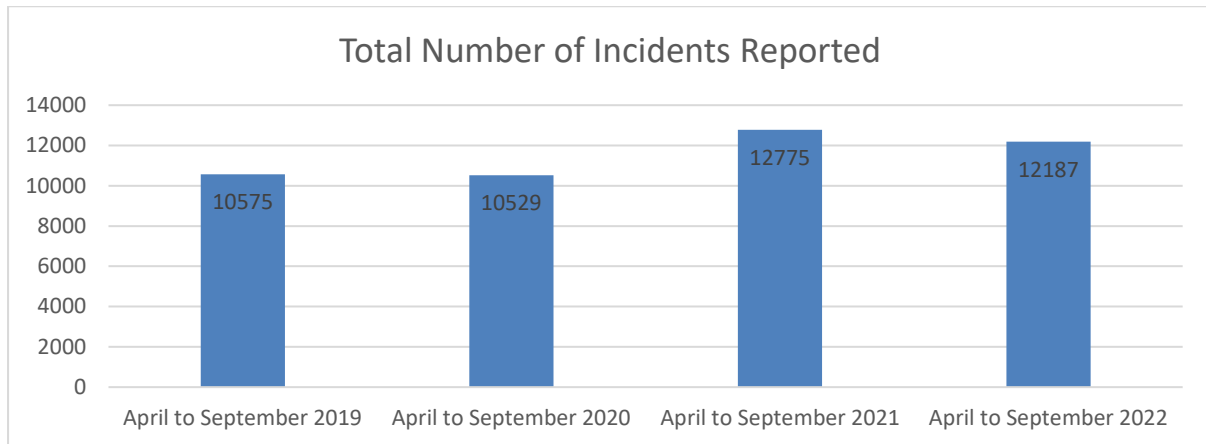


Chart 1: Total number of incidents reported

Whilst the overall number of incidents reported during April to September 2022, has slightly decreased (by 588) compared to 2021, it remains higher than 2019 and 2020. The decrease in 2022 can be attributable to the increase in 2021 associated with the Covid Pandemic and the transition to a new system where a decrease in reported incidents would be expected.

Who was Affected	Legacy System			Datix Cymru
	2019	2020	2021	2022
Patient	9,102	9,225	11,138	10,547
Non-Patient Safety	1,473	1,304	1,636	
Organisational			1	697
Staff/Contractor				910
Public/Visitor				33
Totals	10,575	10,529	12,775	12,187

Table 1: Incidents by those affected

The table above demonstrates that the Non-patient safety incidents have similar figures to the combined total of Organisational, Staff/Contractor and Public/Visitor incidents.

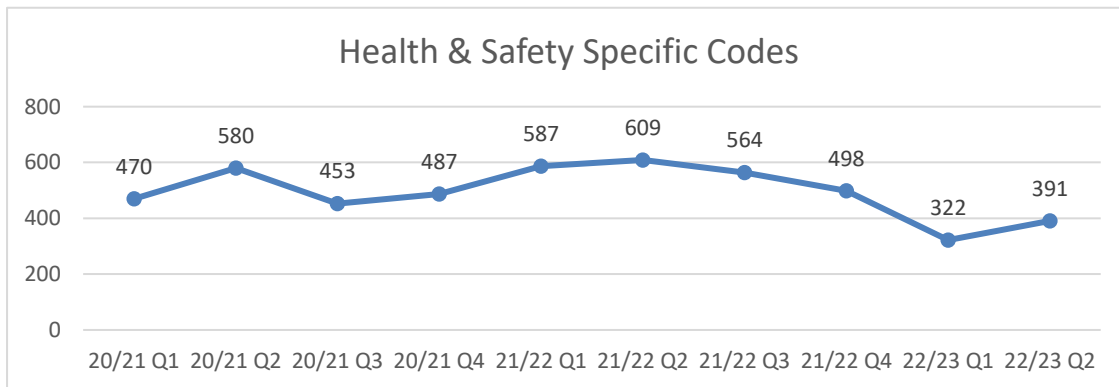


Chart 2: Health & Safety Specific Codes

A review of the Health & Safety specific codes highlights a decrease in the numbers reported, with those reported under the type of clinically challenging behaviour representing the largest reduction (a decrease from 115 to 1 between Q4 21/22 and Q1 22/23). Whilst further scrutiny does not highlight a direct correlation to a significant rise in another incident type, the overall incident figures suggest that incidents continue to be reported but under different coding types.

2.2 Incident Management

There have been no significant changes to the management of the incidents with the Health Board following the implementation of Datix Cymru. This is articulated within the Incident Reporting & Management Framework, which outlines the following:

- Incident occurs - complete immediate make-safes.
- Datix submitted and escalation notification automatically sent via DATIX to senior management.
- Report to other bodies as relevant e.g. safeguarding
- Manager along with key stakeholders identifies what level of harm occurred. If it is unclear, then proceed to RAPID review meeting. Where harm is moderate/severe/death, proceed to RAPID review meeting.
- **no/low harm** - complete level 1 (DATIX only) or level 2 (SBAR) investigation

- **moderate harm** - complete level 2 (SBAR) investigation or for more complex incidents, level 3 RCA investigation may be more suitable.
- **Severe harm/death/Never Event** - complete level 3 (RCA) investigation.
- Following investigation complete a SMART action plan.
- Monitoring of actions via the clinical service group and/or governance teams.

2.3 Training

To support the transition to Datix Cymru, a tranche of training was provided to responsible managers during March and April 2022, which continues to be available on a weekly basis across the Health Board. The training outlines the requirements to undertaken validation as part of the initial including ensuring that the incident is coded under the correct type. In addition a user guide is available via SharePoint and is issued to all users of the system.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

The high level incident data provides assurance that incidents continue to be reported and investigated, with appropriate actions being taken in line with Health Board processes.

Previous reports to Committee regarding the implementation of the Datix Cymru System have highlighted the issue of maintaining of high quality data and reports during the early stages of implementation of the new system. This is a result of the following:

- Information will span two systems adding challenges to providing trend data.
- The Health Board has undertaken developments within the existing system to reflect internal processes and board information requirements that are not available on initial implementation as this forms part of the system enhancement programme. An updated gap analysis is being undertaken, with alternative options to support the

processes being identified. These options will be potentially be more resource intensive, due to the increased manual intervention required in presenting information.

- The effective and efficient extraction of data from DatixCymru at a locality, service group and speciality level continue to be challenging.

Whilst there are system requirements that have been escalated to the National team, there are a number of local measures being implemented to improve the validity of data held within the system. These include:

- Corporate validation following initial reporting of the incident to be undertaken by the Patient Safety, Health & Safety and Business Intelligence Teams. To facilitate this, a quality assurance checklist is being developed to facilitate consistency, highlight key fields for review and act as a prompt for immediate action or escalation. This will ensure incidents are coded appropriately and enable identification for themes and trends.
- Development of detailed guidance for top reporting incidents impacted by the change, i.e. restraints, clinically challenging behavior, community acquired pressure damage.
- Analysis of clinically challenging behavior incidents. Initial review has not identified a decrease in incidents reported within the Mental Health Service, an area where this type of incident was predominantly reported.
- Further scrutiny of incident information to determine areas for targeted training.
- Monthly monitoring of incident information to anticipate areas for flagging and prompt action
- Commencement of weekly audits by the Business Intelligence Team of closed incidents to confirm data accuracy and completeness of all required fields.



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 (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Relates to the implementation of an All Wales System.
	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	
	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Quality and Safety Committee is asked to **NOTE** the contents of the report.



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