

User Group: Recorder - Engaged

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

Description

Healthcare professionals who currently engage with recording patient safety incidents through any medium



Personas

Ward nurse

Medications Safety Officer

Registrar

Key needs to consider

Time poor

Conscious of blame culture

Mixed access to technology

Incident Recording

I need to provide information as quickly as possible so that I can return to my patients

If I can't easily answer it, I'll find an excuse not to

Do I need to answer all of these questions?

I need to record no more than the information I have readily available

What if I don't know any answer?

What if the patient's condition is as yet unknown

I need to record the facts as soon as the event happens

I want to record what I know so that I don't forget

I need my records to be taken seriously, so that we learn, not apportion blame

What will happen to the data I provide?

Can I remain anonymous?

I need to be able to abandon my record so that I can prioritise emergencies

Can I come back and add more detail later/

I need to be able to find answers relevant to my specialty

I want to provide additional information relevant to medications

I struggle to use existing NRLS themes

I need to access the service from any device so that I am not reliant on the shared terminal becoming free

I'm accustomed to the software we have and struggle with changes

Availability of computers is low

I need to understand what are the impact and benefits of me recording so that I know it is worth my time

Recording is a bit of a black hole – I want to know that I'm not wasting my time

Two-way LRMS Integration

I need to see updates to my incident so that I understand when my responses have been altered

What was the final level of harm?

I need to see what has happened after I recorded the event

What happened as a result of recording the incident?

I need the relevant senior staff to see my incident so that events are escalated appropriately

How do I make sure that appropriate investigation occurs after recording?

Investigation Management

I need to be informed of when I am required to provide a statement for an investigation

I need to understand the outcome of an investigation so that I know the outcome

I have previously given a statement regarding an incident and not heard back for many months on end. This has left me anxious as to if I will be blamed and found responsible

Reporting and Analysis

I need to receive points of learning so that I can improve my practices and provide better patient care

I need to understand how our care compares to other similar providers so that I know the level of quality we are providing

Collaboration

I need to understand the latest best practice and guidance in patient care

I need to share details of new methods that have worked well with colleagues so that care is improved for everyone

Can't we learn from greatness as well as when things go wrong?

I need to feel part of a community of practitioners of safety

I need to be able to find examples of safety in practice, and experts, so that I can continue my personal development

I need to be able to talk about things that are happening in my provider so that I can see if others are having the same issues

Surely someone else is having this problem too?

User Group: Recorder – Less Engaged  
Alpha: user needs

Description

Healthcare professionals who do not currently report into NRLS – either because they are not technically able to, feel they are not part of the process, or see no benefit



Personas

Small provider of care  
e.g. dentist, GP

Independent provider

Key needs to consider

Disengaged

Do not see the benefit of reporting

Not financially viable to invest in expensive LRMS licenses

Conscious of risks to mixing NHS and private patient data

What is my experience at this stage?

What am I concerned about at this stage?

Incident Recording

- I need any additional overhead to fit in with our current practices and forms
  - We have existing forms to track incidents locally, to complement professional development.
- I need forms to be relevant to my service area so that I don't need to shoehorn data into fields
  - We feel distant from the NHS as current systems aren't designed for our needs
  - Terminology varies between providers, I need to know that when I say something people understand what I mean
- I need to understand the value of reporting so that I am not unnecessarily adding to my workload
  - I understand that patient safety is important, but don't currently see how the national picture fits in with our individual, local, needs
- I need new incident recording services to be financially viable for my practice
  - We don't have the budget for expensive risk management software
  - We should be able to use our existing devices and technology to meet patient safety reporting obligations
- I need to ensure that NHS funded and privately funded patients remain separate
- I need to provide information as quickly as possible so that I can return to my patients
  - We have more people asking for appointments than we can provide for – I need to ensure that I keep as many slots available as possible

Two-way LRMS Integration

- I need national reporting to directly tie into our long standing method for recording incidents in our LRMS
  - We've been using Datix for over 10 years, now that we are looking to integrate with the national system, it should be seamless
- I need to receive updates from the national review team so that we report according to the standard
  - We want to continue to learn best practice for recording incidents by understanding where we went wrong before
- I need to be able to report outside of an LRMS – without being any less compliant
  - We don't have an LRMS and have no intention of procuring one – but we shouldn't be excluded as a result

Investigation Management

- I need to be able to investigate incidents that we are reporting so that we can identify a root cause
  - If we are going to have to record all these new incidents, then we need to understand better why they are happening. At the moment we have no tool to centralise this process.
- I need supervisory and commissioning bodies to understand the progress of my investigations
  - We need to keep CQC and HSIB up to date on more severe incidents, it would be good if they had an overview of our data

Reporting and Analysis

- I need to be treated fairly when compared to other providers so that we continue to maintain our reputation
- I need to know that reporting terms mean the same in private care as in public healthcare/NHS
  - We don't report number of incidents per 1,000 bed days

Collaboration

- I need to get something back if I am going to put something in
  - I want to understand what has been learnt from previous years of reporting by other organisations
- I need the opportunity to collaborate with professionals from the public sector as the private sector seems disconnected at the moment
- I need to find expertise in order to inform our working practices
- I need to share information about NHS funded care in the private sector so that others can learn from our experience

User Group: Recorder – Administrative  
Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

Description

Those who record new incidents on behalf of other healthcare professionals, or add further information to records once it becomes available.



Personas

Nurse in charge

Trust risk manager

Key needs to consider

Not directly involved in the incident

Different level of patient data access

Scheduled part of job to update incidents

Wants to align new details with existing

Incident Recording

I need to be able to reference incident details that have already been recorded

We conduct internal review of incidents and quite often have additional details that we want to append to records

I need to edit and append details to existing records so that I avoid creating duplicates

Currently we have to create a new record in order to provide an update to NRLS, this can skew our reporting statistics

I need to be able to create an incident record even if I don't have all of the details

I might not have access to the patient's file, in order to protect privacy.

Sometimes I am passed an account of an incident and have to make do with the details that I am given.

I need to record serious incidents without repetition of data that has been documented elsewhere

I have to create a STEIS record for each SI, as well as an entry in our LRMS. This just asks the same questions.

I need to escalate incidents, update their severity, and alter patient details in case their condition deteriorates

Sometimes it isn't obvious what the level of harm is at the time of the incident so we need to update this later

The clinician doesn't always have all patient details handy – so I go in and add these later

Two-way LRMS Integration

I need updates to incidents to be directed to all relevant parties, so that learning is maximised

I need data that will be reported nationally and locally to be input via one system

We have to add details to NRLS and STIES and Datix, this is a headache for cross checking data

Investigation Management

I need to support incident investigations by recording the additional information that these require

I need to notify my commissioner of a potential Serious Incident

Reporting and Analysis

I need reporting and raw data stores to have single records for each incident so that data integrity is maintained

Collaboration

I need to share learning and best practice with those who ask me to record for them so that patient safety standards are improved

User Group: Recorder – Public

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

Description

Non healthcare professionals who have, or know someone close who has, been involved in a patient safety incident



Personas

Patient with long term condition

PPV Rep

Carer for elderly patient

Key needs to consider

Wants the event to never happen to anyone else

Do not understand technical medical terms

Sensitive to reliving events

Needs to span the range of accessibility requirements

Incident Recording

I need to report any incident where patient safety was endangered, so that it doesn't happen to anyone else

I want to ensure that no one else has to incur the same suffering as me, as it was entirely preventable

I need to record what happened in my words, so that the message is clear

Medical terminology is a minefield, I'd rather provide the information that I know and be asked to follow up with more technical details if necessary

I need the option to remain anonymous, so that I can be reassured that my ongoing care will not be affected by my record

I need to use assistive technologies when using computers

I use a screen reader when perusing website

Since the incident, I have found it difficult to use a mouse

I need details to be right, the first time that I submit them, and may need help to ensure the right detail is included

I don't want to relive the ordeal more than once, therefore I would like assistance to complete the report correctly

I need a record of what I submitted so that I can refer to it at a later date

Two-way LRMS Integration

I need my report to be referred to the provider it concerns

Provider:- "We want to receive details of all incidents reported outside of our trust, that involve care given by our trust"

Investigation Management

I need to be updated on progress of an investigation so that I know I have been listened to

e-Forms can seem a bit of a black hole – I want to know my record is going somewhere

Reporting and Analysis

I need to know differences in quality of healthcare provision so that I can decide where to obtain care from

Collaboration



User Group: Reviewer - Administrative

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

Description

Healthcare Provider support staff who have the remit to provide data quality assessment and mid-tier review of new records



Personas

Safety data manager

Trust risk manager

Patient Safety Data Analyst

Key needs to consider

Tired of issues with duplicate recording in existing services

Not directly involved in incidents

Needs to meet SLAs for reporting, whereas dependencies don't

Incident Recording

I need to ensure compliance with standards for incident data capture

Staff can complete records in variety of ways, we need to ensure continuity in recording

I need to ensure that data protection and patient identity is conserved

"Patients and staff should not be able to be identified by reports to the national database"

I need to comply with time limits to reporting – external and internal

Staff aren't aware of my reporting deadlines, so can be difficult to chase!

How do I know what is nearing end of SLA?

I need to compare data from multiple sources

Accounts can differ in the places that we have to store details – we need continuity, which can be difficult when questions are different in each place

I need to declare an incident a Serious Incident

Serious Incidents are a big deal, only authorised staff should declare one

I need data administration tasks to be straightforward so that someone else could pick up my tasks and run with them

My role is a bit of a one man band – making me a single point of failure. If I were to be struck down – someone else needs to be able to pick up the slack so we don't miss deadlines

Two-way LRMS Integration

I need details about serious incidents to be recorded on our LRMS

I need to continually improve data quality

Any issues around data which make it to the national database, should be filtered back to us so we can learn from the mistakes

Investigation Management

I need to maintain quality of investigation data

I need to protect sensitive data whilst investigations are ongoing

Investigations are a sensitive business, we need to ensure that patient and staff data are kept confidential

Reporting and Analysis

I need my organisation to be performing to national KPIs with regard to national data submission

Reporting and analysis on our national reports help us understand the reporting culture within our organisation

Collaboration

# User Group: Reviewer – Sign Off

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

## Description

Healthcare experts who review records to say they are ready for sharing nationally. This includes review at both a local and national level.



## Personas

Nurse in charge

Trust Risk Manager

NHSI Clinical Reviewer

## Key needs to consider

Ensuring the fullest picture is known before submitting

Protecting the reputation of the provider

Access to secure and sensitive data

## Incident Recording

*Incident means different things to different people*

I need the national record of incidents to be the single record of truth, with consistency and data integrity

*Staff can complete records in variety of ways, we need to ensure continuity in recording*

*If something isn't to hand when recording, then it might be left blank*

I need reports to consistently record level of harm and severity

*A death doesn't always mean that the incident was fatal – it could have been natural causes*

I need to be able to compare multiple records at once

*Incident review can often involve viewing multiple records at once – especially when multiple people have reported the same thing*

I need to review activities to comply with expected turn around times

*Incidents must be uploaded nationally as soon as possible. Therefore the process should highlight slow moving incidents and help speed up review*

## Two-way LRMS Integration

I need to update local providers on issues with their data

*We often update a classification and need to report this back to local providers to ensure their data are in line with ours*

I need all data producer's taxonomies to align with the latest national standard

*We let local providers know of new taxonomies, but it can take a long time for their software to be updated*

## Investigation Management

## Reporting and Analysis

I need to highlight trends in national incidents and raise to patient safety experts

*We have a virtual response meeting where high severity incidents are raised*

I need to alert local providers to patient safety risks

*We create patient safety alerts where critical issues have been identified in current care pathways*

I need to query the national database as quickly as possible

*My role can lead to multiple searches of the entire national database per day – this is currently a huge blocker to the speed of my work*

## Collaboration

# User Group: Reviewer – Investigator

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

## Description

Experts involved in the investigation of incidents and SIs, understanding the cause and developing action plans locally



## Personas

Patient Safety Lead

HSIB Intelligence Team Lead

Commissioner

Trust Risk Manager

## Key needs to consider

Complying with investigation turn around times

Protecting those involved in the incident

Transparency in the process

Visibility of when Serious Incident occur

## Incident Recording

How do I know that I have all the reported information about an incident?

I need accounts of the same incident to be easily accessible

## Two-way LRMS Integration

I need to draw information from all data sources

## Investigation Management

I need a centralised location for all information regarding an incident

I have to view data in STEIS, our LRMS, and local fileshare to understand the full picture

I need to identify simple root causes so that we can find solutions to them

I need to know who is responsible for an investigation so that I can find out more

As the lead of an investigation team, I want to identify who to go to for more information when my team prioritises an area for work.

I need the relevant authority to be identified of investigation progress automatically

As a commissioner I don't know when investigations are progressing – I want to receive notifications of what is going on in my CCG

I need all investigation practices to stand up to scrutiny if questioned

I need only those with permission to be able to access identifiable information

Investigations are highly sensitive until their outcome is known – I don't want anything to get into the wrong hands

I need to access information from my own work environment

As an external body to the NHS, we don't have access to their infrastructure

I need investigations to complete within stipulated timeframes

## Reporting and Analysis

## Collaboration

User Group: Consumer - Overseeing

Alpha: user needs

What is my experience at this stage?

What am I concerned about at this stage?

Description

Members of bodies who oversee, commission and control healthcare services. Those interested in performance of providers.



Personas

Commissioner

CQC Safety Data Lead

NHS Director of Patient Safety

NHSI Official Stats Producer

NHSI Policy & Strategy Lead

Key needs to consider

Highlight both poor and good performance

Currency of data

Measuring impact of policy/organisation decisions

Incident Recording

Two-way LRMS Integration

Investigation Management

Reporting and Analysis

Collaboration

I need to understand which providers are underperforming

By knowing performance, I can find where to send inspectors

By identifying those who report less, we can prioritise communications to encourage involvement

I need to measure safety in each provider and service area

Access to data that can be segregated allows us to analyse where the issues are

I need data to be timely

I need to run my own analyses of data

I need to be able to compare different providers

I need to evidence providers that are doing well

As part of the Care Quality Commission we want to mark out providers on the full spectrum of quality

I need to make the community aware of the latest PS developments

I need PS to be something that people actively engage in rather than have it pushed on them

I need to identify who to speak to about specialty specific areas of PS



User Group: Consumer - Analyst

Alpha: user needs

Description

Those who access national patient safety data for their own analysis – creating reports and learning outputs



Personas

- Trust Risk Manager
- Patient Safety Lead
- Patient Safety Data Analyst
- PPV Representative
- MHRA Vigilance Team
- Academic
- Journalist
- Official Stats User

Key needs to consider

- Authoritative source of truth
- Currency of data
- To be able to share findings

What is my experience at this stage?

Two-way LRMS Integration

Investigation Management

I need to understand the root cause of incidents so that I can analyse these

What am I concerned about at this stage?

Reporting and Analysis

I need to complement national data with local

Is national data compatible with our locally held data?  
We need one to supplement the other

I need stats to be the authoritative source of truth on patient safety

We produce the reports and stats that people rely on for the absolute truth

I need to be able to analyse raw data so that I can draw my own conclusions

I need zero risk of releasing personal data accidentally

I need data to be contemporary so that I can highlight current risks

We have to wait up to one year for data to become available – this doesn't help!

I need to identify the data that applies to my provider/service area

I need to access data over time (so that I can specify the period I am concerned with in each case)

I need to encourage greater levels of reporting

Collaboration

I need to share my findings so that as many people can learn from them as possible

I need people to know where to go for information – I need information to be open