Reporting an Incident on InPhase

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Ask about the #ELFTPromise

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Objectives

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This session will include

Incident reporting definitions, why report and how to report an incident

What is InPhase - an overview of LFPSE (Learning From Patient Safety Events)

- New harm ratings - physical and psychological
- New NHSE questions
- Essentials for reporting
- Where to access training videos

What Is InPhase

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The Trust moved from Datix to InPhase on the 1 November 2023.

InPhase delivers a number of other apps to enable us to streamline a number of different platforms and bring various quality assurance information together in one place.

Incidents

Complaints, PALS, Compliments

Clinical Alert System (CAS)

NICE

CQC Compliance

Policy

Audit

Risk registers

Mortality

Definitions

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Definition of an Incident

Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare”

Definition of a near miss.

“Any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.”

We also report incidents for staff.

Why Report ?

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- Open and transparent.
- It is not about blame, we want to learn, identify where improvement is needed.
- Formal record of the incident / near miss. Evidence / audit trail.
- We want to identify trends / themes, identify changes in practice.
- Identify where support is needed.
- Involved in national benchmarking.
- Mandatory requirement; CQC, HSE, NHS England

What is LFPSE (Learning From Patient Safety Events)

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The Learning From Patient Safety Events (LFPSE) is an improved central NHS England service for the recording and analysis of patient safety events

An updated national collection of patient safety data to support the NHS to learn and improve, around the identification of new and under-recognised risks, so action can be taken to keep patients safe.

Non LFPSE forms are used for all no patient safety events , this can include incidents involving a patient where no harm has come, deaths that are not patient safety related , environmental incidents, estates , the list is extensive

NHSE New harm ratings

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Physical harm

- Low physical harm
- Moderate physical harm
- Severe physical harm
- Fatal – (previously documented as 'Death's , not all deaths are recorded as fatal - expected deaths are often as no harm as they were not Patient safety incidents)

Psychological harm

When recording psychological harm, you are not required to make a formal diagnosis; your answer should be an assessment based on the information you have at the point of recording and can be changed if further information becomes available

- No psychological harm
- Low psychological harm
- Moderate psychological harm
- Severe psychological harm

How is the information used?

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- Within teams ; think about how as a team you can use the information, drilling down into themes i.e. severity / type / category / sub category.
- Directorate level review.
- Quality Committee and Specialist Committees
- QI Projects
- Externally by our commissioners
- National mandatory reporting e.g. Use of Force Act
- LFPSE (The Learn from **Patient Safety** Events service is a new national **NHS** service for the recording and analysis of **patient safety events** that occur in healthcare.
- RIDDOR (stands for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, a law that requires employers, the self-employed and people in control of work places to report)

How to report an Incident

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The InPhase system can be accessed by clicking on the INPHASE icon

InPhase.

Once you have successfully opened InPhase log in using your NHS credentials

To report an incident click on either Patient Safety Incident or Non Patient Safety Incident.

Select the appropriate Incident form. You will see the name of the form you are completing in the top corner of the form

Patient Safety, Non- Patient Safety Incident form

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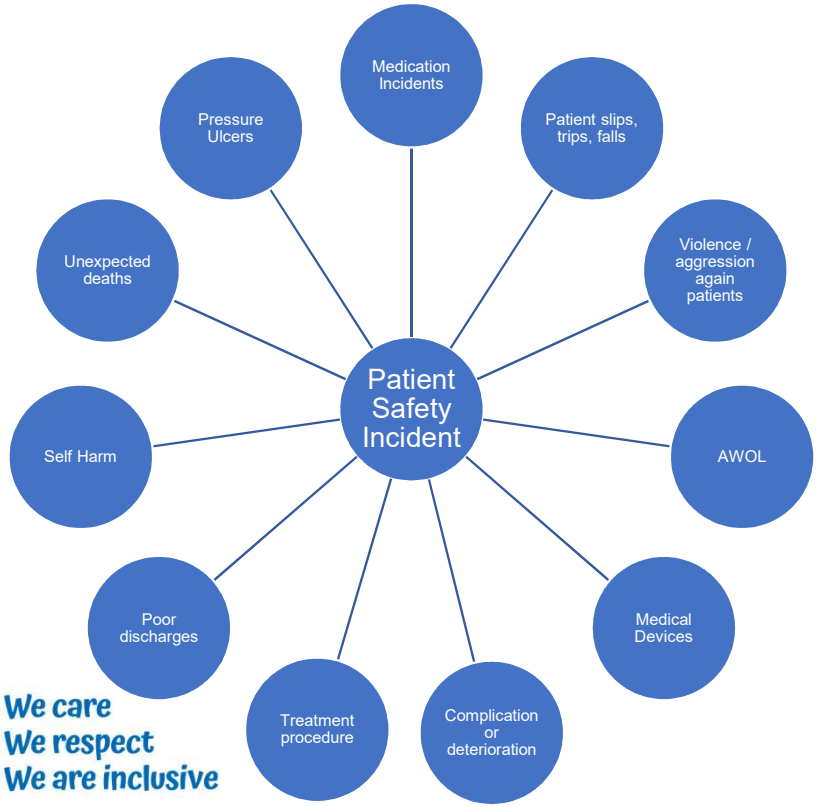
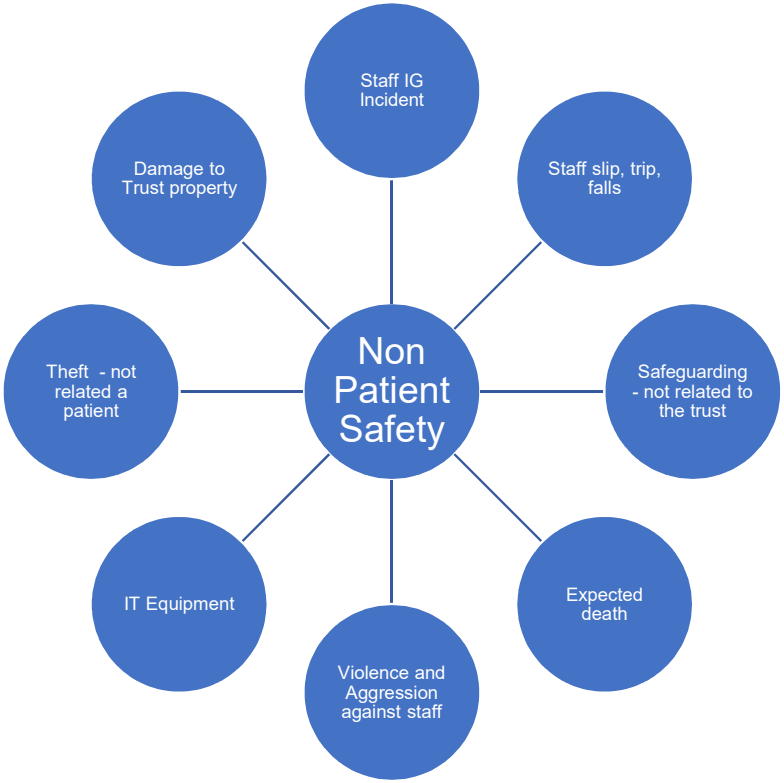
In order to meet LFPSE reporting requirements our supplier has recommended that we create two separate incident reporting forms, separating patient safety and non-patient safety incidents.





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Life of an Incident

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- Reported on InPhase
- Incidents will be directly uploaded to NHSE by the reporter before reviewed by manager or any specialty leads (managers will have the opportunity to correct/over write details and resubmit – should be reviewed and signed off by managers within 48hrs)
- Feedback should be provided by the manager as appropriate to the reporter and team.
- All incidents are reviewed daily by the Governance & Risk Team (Patient Safety Reviewer)
- Incidents of concern or potential harm are discussed in a Daily Grading meeting and a decision is made on the type and level of review /learning response
- Learning response is identified - 72hr report, CRT, AAR, PSII.
- Learning response is completed
- Incidents are closed by the Governance & Risk Department, closed at Patient Safety & Learning Committee, closed by ICB and Coroners Court

Completing the form

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- If it is a patient safety related death report it on a LFPSE form , if it is not patient safety related and classed as expected report it on a non LFPSE form
- Your details
- Service user/patient details, it is important that you include all the details , name , NHS number and dob
- Incident details – which directorate and service , the date of the incident
- No identifiable information in the incident description section
- Was a person patient involved - select yes if you are reporting about someone – reporters often miss this
- Does the service user patient have a learning disability or are they autistic – if it is a death make sure you add the LeDeR notification details
- Safeguarding implications - if you select yes upload the form if you can
- Incident classification - type, category and sub category, often incorrect and do not match the incident
- Describe what happened and be as descriptive as possible
- If there is a restraint , add all staff initials in the restraint section and what position they held - add all staff full names in the section ‘contacts - was any other person involved ‘
- A number of initial requests, for 72 hour reports are simply due to a lack of information recorded on the incident report and can become time consuming, cause delays in response, legal affairs and the coronial process
- Immediate action taken

Missing information causes delays in the process and is time consuming for all involved

What is unhelpful

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- Selecting no for some of the sections
- Skipping sections
- Using one line to describe the incident
- Adding identifiable information in the incident description, this should only contain initials, you will be asked for full names in different parts of the form ‘ contacts ‘
- Copying and pasting
- Using jargon as not everyone understands what you mean
- Use acronyms without explaining what they are
- Submitting the incident with out checking that it makes sense to others

Where can I access training / useful information

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- Pre recorded videos are available on East London Learning Academy (ELA)
- You can access training videos via the InPhase Portal
- You can access this via the intranet ‘InPhase’ page, where there are training videos as well as regular updates on the project.

Thank you.

If you have any questions you can email

elft.inphasesupport@nhs.net

or

speak to someone in our Patient Safety Team

Governance & Risk Department