PRIMARY CARE DIVISION
PRIMARY CARE DIVISION   **PROGRAMME BOARD** (13th November 2018)
Patient Safety Database scoping exercise   Scoping the potential for better use of   patient safety data in Primary Care
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Distribution: • Primary Care Hub Programme Board
Purpose: To report on the status of a project to scope the potential for the development of a database collating information on patient safety from multiple sources.

Please state if the paper is for: Primary Care Division Programme Board

Information	
Discussion	X
Decision	X

Aim

To scope the existing patient safety data sources relating to primary care in Wales.

Objectives

- To identify all of the primary care data sources, their primary purposes and their individual properties
- To list all of the custodians of these sources
- To understand the usefulness of the data associated with these sources

Background

Assuring the public that services are safe and of the highest standard is of significant importance. In providing such a guarantee providers of primary care services must be able to identify where risks to patient safety occur, and be confident in the processes in place to address risks to patient safety wherever and however they occur.

In order to provide such a level of confidence the NHS should be in a position to review, assess, analyse and utilise validated data that is accurate, comprehensive and highly relevant to the issues of safety, effectiveness and quality. Additionally the professionals to whom the data relate must be able to access that information, and use it to develop risk reductions processes, through system re-design and education.

There are a plethora of sources of primary care data with relevance to patient safety. There is very little connectivity between these sources and they have a wide range of purposes, contributors, formats and dissemination arrangements.

The possibility exists that there is a potential for synergy within these sources and that triangulating information from a number of providers generates powerful messages about the risks to patient safety.

In mid-2017 the Primary Care Division began a process to explore the potential for the development of a Primary Care Patient Safety Intelligence Database. This exploration included engagement with representatives from all organisations and agencies with a supporting responsibility or interest in the safe provision of Primary Care services, to assess the value of such a resource to the NHS in Wales.

This vision was initially proposed as a component of a wider agenda and link to a Quality and Safety Group led by 1000 Lives Improvement, which lead to the formation of a Patient Safety Expert Reference Group whose advice would guide the early stages of the project, with the primary aim of raising the profile of patient safety in primary care.

At the inaugural meeting of the group in October 2017, a consensus was reported in the meeting notes concluding that safety in primary care '*doesn't feature in LHB IMTPs and often doesn't feel like a priority. A key role of this group would be to raise awareness of key safety issues in primary care and help to create a sense of urgency. Messages need to be framed positively to promote the potential of clusters to improve safety rather than blame practitioners – promoting an understanding of systems thinking and complexity will help with this*'.

At this inaugural meeting it was also proposed to develop of a 'community of interest' to support practitioners in learning from error and improving safety. Key features of the COI would be the development of a network of people with a common interest in safety in primary care, willing to jointly develop and share learning. The key action from this meeting, for the Primary Care Hub was that it would investigate the potential for greater interactivity between these sources and the creation of a combined patient safety database for primary care.

Methodology

The first step of the present scoping process involved identification of organisations and agencies holding data pertinent to patient safety. Custodians of the various data sources were identified and invited to attend a workshop, with the purpose of assessing the characteristics of patient safety data, and to understand the usefulness of the data associated with these sources.

The workshop

In May 2018 representatives from those groups were contacted and invited to attend a workshop to hear a number of presentations from users, developers and researchers of data sources.

Delegates were presented with information in the form of a workbook (Appendix A) listing all of the data sources identified with relevance to patient safety. The workbook contained summaries of the principal purpose and properties of the data these sources contained, and then asked for responses to three questions.

- Are you aware of these data i.e. do you report into it or use it to review safety?
- Are these data useful to you?
- How could these data be improved and become more useful to improving safety?

Delegates worked in small groups to discuss the sources listed and the supporting information before completing the workbooks. Narrative responses from delegates attending the workshop were collated and grouped into separate themes, as shown below (see Appendix B);

- How accessible are these data?
- What further uses could these data have?
- What do the data tell us?
- What could be learned from these data?
- What actions should be based on these data?

Results

The results reflected the experience of the delegates with regard to the relevant data sources. Often delegates were unable to comment, due to lack of familiarity of the source in question. Consequently, the most numerous 'response' was 'Not Completed'. The results were subjected to a basic analysis looking at quantitative and qualitative responses

Analysis

(See Appendix B and Appendix C); to assess the degree to which delegates declared;
- Awareness
- Usefulness
- Suggested improvements

The analysis was matched against the known properties of the data sources assembled and assessed with regard to their;

Awareness; responses suggested that there is huge variation in knowledge of patient safety sources. Some key findings became apparent, such as;
- Some data sources yielded few comments, suggesting that they had a low profile with regard to patient safety.
- Low awareness of certain data sources strongly suggesting that there is a pressing need for a review of the usefulness of many of these data sources.

Usefulness; responses suggested low levels of satisfaction with regard to usefulness from delegates, citing poor standardisation and access problems. Poor feedback was also reported as a demotivating factor in use of certain data sources

- There is considerable potential for improving the standardisation of data at the point of collection.
- The interface for a number of data sources led to access issues which limited the usefulness of the data sources.
- Lack of feedback negatively affects quality and frequency of data reporting.
- Data quality, frequency of reporting, reliability, purpose, accuracy of application were factors influencing perceptions of usefulness.
- Responses indicated that access issues were a limiting factor on the usefulness of the data sources
- There were a number of responses around the usefulness of the data sources. Data quality, frequency of reporting, reliability, purpose, accuracy of application were all factors that influence perceptions of usefulness.

Improvement; some responses were received with regard to potential improvements to certain data sources. These referred mostly to the lack of feedback to reports sent (notably DATIX; NRLS; GPSAT)

During the analysis it became clear that in most cases the delegates were unable to comment, presumably due to lack of knowledge or understanding of the source in question. As a result the most numerous 'response' was 'Not completed'.

Conclusions

The project set out with the following objectives, to;

- **Identify all of the primary care data sources**, **their primary purposes and individual characteristics**. This was largely achieved prior to the workshop, but additional detail from the workshop was reported and recorded.
- **List all of the custodians of these sources**. Also achieved prior to the workshop.
- **Understand the usefulness of the data associated with these sources**; this was explored during the workshop and the comments from delegates captured. Sources were generally deemed to be useful only for addressing their specific intended purposes. It should be noted that delegates attending the workshop may not have been in a position to comment on the wider uses of the data. The usefulness of data is often affected by accessibility and data set design.

It became clear, as a result of reviewing and analysing the findings from the workshop, that there are significant barriers to alignment of data sources, in terms of quality, taxonomy and collation of patient safety data.

Low awareness was noted amongst delegates who attended the workshop, of those data sources with which they were not directly involved. This suggests data sources may have been developed for specific purposes which might limit universal application and wider integration with other data sources. Delegate responses indicate that there was no significant appetite for development in this area.

Abstention was a default reply to many of the questions, notably those around awareness, usefulness, accessibility, feedback or extended use of data.

Many delegates stated that many data sources could be improved by better accessibility, data quality, collation and standardisation. This presents significant obstacles to developing a well-integrated database of taxonomised patient safety data that could have potential benefits for primary care in Wales. Any support for developing this project further to address these obstacles would require substantial resources.

In light of the complexities and variation associated with the purposes, systems and governance arrangements inherent within the organisations and agencies who manage and maintain the data sources at the centre of this project, and the seemingly irreconcilable formats and processes around accessibility, it would appear that there are no practical solutions that would offer greater interaction between the data sources examined during the course of this project.

Recommendations;

Primary Care Hub Programme Board are advised to:

(1)   Endorse the decision to cease the Patient Safety Database project as given we found no recommendable options for continuation of action by the Primary Care Division beyond the objectives stated at the beginning of this report.

(2)   Agree to the sharing of this report with key stakeholders, workshop participants and via the Quality and Safety pages on Primary Care One

Appendix. A; Data Sources and Characteristics

Data Source	Individual (I) Practice (P) Cluster (C) Health Board (HB) All Wales (W)	Main Contact	Type of Data Qualitative (Qual) Quantitative (Quant) READ Coded (RC)	Current Purpose, re Patient Safety	Level of Accessibility
DATIX	P; HB; W	enquiries@improvement.nhs.uk	Quantitative	Report PS Incidents	Online fully available
NRLS	P; HB; W	https://report.nrls.nhs.uk/nrlsreporting/ContactAdmin.aspx	Quantitative	Report PS Incidents	
CGPSAT (Health Boards)	I; P; C; HB	CG Leads for Health Boards	Quantitative	Reports PS Processes	Limited; through HB
Deanery	I	BowsherJF@cardiff.ac.uk	Qualitative	GP Revalidation; PDP, covers PS issues	Restricted
PMCAT	I; P	nwssp-primarycareservices@wales.nhs.uk	Qualitative	Investigation; clear implications to PS	Confidential
Health Boards x7	I; P; C; HB; W	Quality and Patient Safety Lead/s	Quantitative; Qualitative; RC	Reports PS Processes	Limited through HB
Public Services Ombudsman	HB; W	http://www.ombudsman-wales.org.uk/en/Contact%20us.aspx	Quantitative	Reports Complaints; implications to PS	Online fully available
HIW− and MRHA agreed a Memorandum of Understanding in Jan 2018; Yellow Card Centre (Wales)	P	http://hiw.org.uk/about/whatwedo/?lang=en	Qualitative	Reports on GMP's; PS a key line of enquiry	
Social Care Wales National Social Care Dataset (Sources; SAIL Database; Wales Health Survey)	HB; W	https://socialcare.wales/contact info@socialcare.wales	Quantitative	Research and Service Development	Online fully available

Data Source	Individual (I) Practice (P) Cluster (C) Health Board (HB) All Wales (W)	Main Contact	Type of Data Qualitative (Qual) Quantitative (Quant) READ Coded	Current Purpose, re Patient Safety	Level of Accessibility
NWIS Clinical Audit Portal	C; HB; W	Simon.Scourfield@wales.nhs.uk	Quantitative; RC	National reporting functions; GMS	Restricted
GMC	I	https://www.gmc-uk.org/about/contacts.asp	Qualitative	Professional Validation	Confidential; HIW
NMC	I, HB, W	https://www.nmc.org.uk/concerns-nurses-midwives/concerns-complaints-and-referrals/	Qualitative	Professional Validation	Confidential
CSSIW	P	https://careinspectorate.wales/contactus/?lang=en	Qualitative	Inspection	Online; fully available
WAST	I	Via NRLS	Qualitative	Reporting Incidents	Online; fully available
Community Health Councils (7)	I; P	Seven Local Representative and National Board http://www.communityhealthcouncils.org.uk/	Qualitative	Inspection / Public Awareness	Online; fully available
Welsh Government	I; P; HB	improvingpatentsafety@wales.gsi.gov.uk	Quantitative	serious incident reporting system	
Wales Concordat Cymru	I	http://hiw.org.uk/about/workingwithother/walesconcordat/?lang=en	Qualitative	Professional Validation	Confidential; HIW
Patient Safety Wales (NRLS)	P; HB; W	http://www.patientsafety.wales.nhs.uk/home	Quantitative	PS Incidents	Online; fully available

Data Source	Individual (I) Practice (P) Cluster (C) Health Board (HB) All Wales (W)	Main Contact	Type of Data Qualitative (Qualy) Quantitative (Quant) READ Coded (RC)	Current Purpose, re Patient Safety	Level of Accessibility
Older People's Commissioner				National Raising Concerns Programme Board	
Children's Commissioner for Wales					
Coroners Offices	W	Improvingpatientsafety@Wales.GSI Gov.UK www.patientsafety.wales.nhs.uk stats.healthinfo@gov.wales	Qualitative	Warning notification; Report via Regulation 28	Across the NHS / HB's / WG
Patient Safety Wales	W			Notices; explain emerging / existing risks Alerts; provide specific actions/solutions to explain risk; organisations must implement.	
Medication Safety Officers Network	W	roger.williams@wales.nhs.uk	Qualitative	One MSOs for each Health Board; registered with the Central Alerting System. To receive e-mail alerts. Members of the MSO Network co-ordinated by NHS England	
Welsh Healthcare Associated Infection Programme	W	http://howis.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=5272	both	WHAIP provides independent professional advice and information about HCAIs to health professionals in Wales and to the Welsh Government	
Public Health Wales Health Protection Division; Surveillance Data for Vaccine Preventable Disease in Wales	W	http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54134	Both		Fully Accessible

Data Source	Individual (I) Practice (P) Cluster (C) Health Board (HB) All Wales (W)	Main Contact	Type of Data Qualitative (Qual) Quantitative (Quant)	Current Purpose, re Patient Safety	Level of Accessibility
Yellow Card System (MRHA); MHRA and HIW agreed a Memorandum of Understanding in Jan 2018; Link to AWTTC	Specific to named Medication; (UK only)	mailto:yellowcard@mhra.gsi.gov.uk	Quant	Report; Notifications of Adverse Drug Reactions (ADR); Drug safety updates Yellow Card (Wales)	Online fully accessible
All Wales Therapeutics and Toxicology Centre (AWTTC); Yellow Card Centre Wales	HB; W ADR reports by Profession and setting	Mrs Ruth Lang; awttc@wales.nhs.uk Kath Haines; Kath.Haines@wales.nhs.uk Jenna Walker; Jenna.walker@wales.nhs.uk	Quant	WNPU; Advise HP's and the public about poisons YCC; Encourage ADR reporting. Advisory WAPSU; Advice and analysis on use of drugs WeMeReC; Educational PAMS; Advisory	Online; Fully available
Welsh Centre for Medicines					
Welsh Cancer Intelligence and Surveillance Unit	W	http://www.wcisu.wales.nhs.uk/home	Both	WCISU is the National Cancer Registry for Wales. Its primary role is to record, store and report on all incidence of cancer	Fully Accessible
Advisory Panel on Substance Misuse; APoSM					

Enhanced Contacts List

Data Source	Representative	Main Contact
DATIX	Once for Wales Risk Management Project Lead	Maria.Stolzenberg@wales.nhs.uk enquiries@improvement.nhs.uk
NRLS	Via general enquiry proforma	https://report.nrls.nhs.uk/nrlsreporting/ContactAdmin.aspx
Aneurin Bevan UHB	CG Lead (CGPSAT)	Angela Powell; Lead Nurse, QI Team Angela.Powell2@wales.nhs.uk
	Quality and Patient Safety Lead	
ABMU UHB	CG Lead (CGPSAT)	Laura Jones, Primary Care Manager; Laura.Jones13@wales.nhs.uk
	Quality and Patient Safety Lead	
Betsi Cadwaladr UHB	CG Lead (CGPSAT)	Nia Pain PC Clinical Governance Facilitator; Nia.Pain@wales.nhs.uk
	Quality and Patient Safety Lead	
Cardiff and Vale UHB	CG Lead (CGPSAT)	Helen O'Sullivan Quality & Safety Manager; Helen.Osullivan3@wales.nhs.uk
	Quality and Patient Safety Lead	
Cwm Taf UHB	CG Lead (CGPSAT)	Janet Kelland; PC Service Dev Manager Janet.Kelland@wales.nhs.uk
	Quality and Patient Safety Lead	Julie Reynolds; PS Improvement Manager; Julie.reynolds@wales.nhs.uk
Hywel Dda UHB	CG Lead (CGPSAT)	Sonia Luke; Quality Manager Primary Care; Sonia.J.Luke@wales.nhs.uk
	Quality and Patient Safety Lead	
Powys THB	CG Lead (CGPSAT)	Daintry Ristic; Practice Support Manager; Daintry.Ristic@wales.nhs.uk
	Quality and Patient Safety Lead	
Wales Deanery	Sub Dean and Director of General Practice and Revalidation	Malcolm.Lewis@wales.nhs.uk

Data Source	Representative	Main Contact
PMCAT	Professional Lead	Helen.kemp3@wales.nhs.uk nwssp-primarycareservices@wales.nhs.uk
Public Services Ombudsman	Via general enquiry proforma	http://www.ombudsman-wales.org.uk/en/Contact%20us.aspx
HIW / Wales Concordat Cymru	Via general enquiry proforma	http://hiw.org.uk/about/whatwedo/?lang=en http://hiw.org.uk/about/workingwithother/walesconcordat/?lang=en
NWIS Clinical Audit Portal	Primary Care Informatics Lead	Simon.Scourfield@wales.nhs.uk
GMC	Via general enquiry Email	gmc@gmc-uk.org
NMC	NMC council for Wales	Ruth.Walker@wales.nhs.uk Lorna Tinsley (Trying to get email)
CSSIW	Via general enquiry proforma	https://careinspectorate.wales/contactus/?lang=en
WAST	Via general enquiry Email	http://www.ambulance.wales.nhs.uk/Default.aspx?pageId=221&lan=en
Welsh Government; Patient Safety Wales (NRLS)	National Professional Lead for Primary Care; NHS Wales	Richard.Lewis4@wales.nhs.uk
	Patient Safety Wales Team PS Wales Website queries	Lisa.conway@wales.nhs.uk ABM.patientsafetywales@wales.nhs.uk stats.healthinfo@gov.wales ImprovingPatientSafety@Wales.GSI.Gov.UK
	Advisory Panel on Substance Misuse (APoSM)	Rosemary Allgeier Principle Pharmacist Public Health Wales Rosemary.allgeier@wales.nhs.uk
Older People's Commissioner	Via general enquiry Proforma	Sarah.Rochira@olderpeoplewales.com Daisy.Cole@olderpeoplewales.com
Children's Commissioner for Wales	Via general enquiry Proforma	https://www.childcomwales.org.uk/contact/
Social Care Wales	Via general enquiry Proforma	https://socialcare.wales/contact

Data Source	Representative	Main Contact
Coroners Offices (9)	Powys, Bridgend and the Glamorgan Valleys	Andrew Barkley; coroner.admin@rctcbc.gov.uk
Medication Safety Officers Network	Lead MS Officer	roger.williams@wales.nhs.uk
Welsh Healthcare Associated Infection Programme	Senior Project Officer	Laurie.martin@wales.nhs.uk http://howis.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=5272
All Wales Therapeutics and Toxicology Centre; Yellow Card System	Head of Liaison & Administration	Mrs Ruth Lang; awttc@wales.nhs.uk
Communicable Disease Surveillance Centre; Public Health Wales HP Division	Via general enquiry Email	surveillance.requests@wales.nhs.uk
Welsh Medicines Information Centre	Cant access their web site	
CARIS	Unit Manager	David.tucker2@wales.nhs.uk http://www.caris.wales.nhs.uk/home
Welsh Cancer Intelligence and Surveillance Unit (WCISU)	Via general enquiry Email	wcu.stats@wales.nhs.uk
ImmForm Help-sheet	Via general enquiry Email	helpdesk@immform.org.uk
Community Health Councils in Wales	ABMU	http://www.communityhealthcouncils.org.uk/abm/
	Aneurin Bevan	http://www.communityhealthcouncils.org.uk/aneurinbevan/
	Betsi Cadwaladr	http://www.communityhealthcouncils.org.uk/betsicadwaladr/
	Cardiff and Vale	http://www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils/897
	Cwm Taf	http://www.communityhealthcouncils.org.uk/cwmtaf/
	Hywel Dda	http://www.communityhealthcouncils.org.uk/hyweldda/
	Powys	http://www.communityhealthcouncils.org.uk/powys
	Board of CHC's	http://www.communityhealthcouncils.org.uk/

Data Source	Representative	Main Contact
Putting Things Right	ABMU UHB Complaints	ABM.complaints@wales.nhs.uk
	Aneurin Bevan UHB Complaints	Puttingthingsright.ABHB@wales.nhs.uk
	Betsi Cadwaladr UHB Complaints	ConcernsTeam.bcu@wales.nhs.uk
	Cardiff and Vale UHB Complaints	concerns@wales.nhs.uk
	Cwm Taf UHB Complaints	CTHB_Concerns@wales.nhs.uk
	Hywel Dda UHB Concerns	hdhb.patientsupportservices@wales.nhs.uk
	Powys UHB Concerns	concerns.qualityandsafety.POW@wales.nhs.uk
	WAST	Amb_PuttingThingsRight@wales.nhs.uk
	Velindre NHS Trust	handlingconcernsvelindre@wales.nhs.uk

Patient Safety (PS) Data Sources; Additional detail

Data Source	What the data describes	What the Data and its Source looks like
DATIX	Any adverse incident with potential to produce unexpected or unwanted effects. Any incident which has a consequence or a learning point i.e. An event that causes a loss, injury or a near miss to a patient, staff or others; e.g. Clinical Issues; Medication, communication, infection issues, medical device failure, delays in treatment, poor outcomes Environmental Issues – Accidents, violence and aggression, staff / Professional issues; breaches of confidentiality, standards, registration; loss of service, loss of data, performance issues, financial losses.	Template based; currently a number of versions of the software used for data entry. High degree of user choice of template design. Developments underway to homogenise the platform within the 'Once for Wales' programme. Datix uses a Common Classification System (CCS) providing a common language of incidents wherever they occur in the healthcare environment, regardless of organisational size and purpose. CCS facilitates efficient identification, analysis and prioritisation, and is a key component in PS learning systems, focusing on harm reduction and improved safety for patients and others in the healthcare system.
NRLS (NHS Improvement)	NRLS Data provides a national picture of patient safety incidents (type, care setting, degree of harm). National bodies (e.g. Care Quality Commission, Monitor, and the National Audit Office) use the data to create trend analyses for audit and inspection functions and prioritise resources. These data also provide a context for research undertaken by academic organisations and scoping work undertaken by Royal Colleges. Additionally, they provide trend and context data to support NHS England in the development of patient safety resources, such as Safer Practice Notices.	Data is drawn from primary sources of PS Data such as Datix, and forwarded for collation and analysis. To ensure NRLS PS incident data is as accurate as possible, two different datasets are used. The '**Reported Dataset'** contains incidents that were reported to the NRLS within a specified time period. The **Occurring Dataset** looks at patient safety incident characteristics and contains incidents that have been reported as actually taking place within a specific time period. Quarterly reports in table and chart formats.
CGPSAT	Data submitted by participating GM Practices to self-assess their levels of organisational maturity in all areas of practice operations and service delivery, including Patient Safety. Responses are arranged in a series of levels of maturity and provide a commentary on the practices organisational approach to a range of internal processes, useful to the practices and The Health Boards when assessing capacity and functionality in those areas.	Data are submitted to the host Health Boards, analysed and charts produced to reflect the practices own responses to the questions posed. Health Boards use the data to base conversations around development, performance and sustainability.

Data Source	What the data describes	What the Data and its Source looks like
Wales Deanery Cardiff University (Revalidation Support Unit)	GPs submit one or more Significant Event Analyses to their appraisal each year"	Qualitative Appraisal summaries
PMCAT	Qualitative accounts of investigations instigated following referrals from Local Health Boards. These referrals are made following reports of concerns about clinical performance at a General Medical Practice	Reports based on the findings of investigations into concerns raised and referred to PMCAT from Local Health Boards across Wales. The reports will be a narrative of processes at and leading up to the incident/s where concern has been noted and referred. The reports will include conclusions that will provide a commentary of systems within the practice, their effectiveness and where deviation from accepted practice may have occurred. Description of these processes and events will allow assessment of effective clinical care within that practice to be made, and messages of learning to be highlighted. Aggregation of similar messages could offer a broader interpretation of current practice/s and wider application of learning.
Putting Things Right	Putting Things Right was established to review the existing processes for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales. The aim is to provide a single, more integrated and supportive process for people to raise concerns. Local health boards and NHS trusts have appointed facilitators to support the Senior Investigations Manager in the implementation of Putting Things Right at a local level.	Qualitative data is analysed internally and themes from concerns and lessons learnt should be discussed at Health Board. Grading systems provide a scale of harm caused.

Data Source	What the data describes	What the Data and its Source looks like
Public Services Ombudsman	Enquiries Public Body Complaints Code of Conduct Complaints	Qualitative reports of investigations following complaints from members of the public that have not been resolved by the responsible authority. Ombudsman reports will include a series of recommendations based upon the findings of the reports
HIW	HIW review and inspect local health board and NHS trust and report on the quality, safety and effectiveness of the healthcare services.	Qualitative reports of inspections of Primary Care establishments in Wales, including comments regarding key areas of patient safety in areas such as infection prevention, medicines management, safeguarding, significant events etc
Social Care Wales (National Social Care Dataset (Sources SAIL Database; Wales Health Survey)	Social Care Wales hold a broad range of quantitative outcome data about many aspects of health and social circumstances, for instance; Adults' health; Life expectancy; Children's health; Conceptions; Births and deaths; Mental health; Older people's health; Population estimates Also data on service delivery, efficiency and needs analyses	Tabular data by year and locality
Public Health Wales (PHW) Communicable Disease Surveillance Centre (CDSC); Public Health Wales HP Division	CDSC collect data from Laboratories; GMP's; Cancer registries, ONS and other sources. The data describes trends and rates across a wide range of infections by locality, age, gender, testing labs etc. immunisation data is also available, as is data on sexual health, antibiotic resistance, zoonoses, clinical instrument and other surveillance, environmental health protection for use by HP's and the Public	Quantitative data; tables, charts, maps, infographics

Data Source	What the data describes	What the Data and its Source looks like
NWIS Clinical Audit Portal	The initial focus for the Portal is reporting General Practice information aggregated at an all-Wales, Local Health Board and GP Cluster level. Reports produced to date include: •The Quality and Outcomes Framework (QOF) •GMS Flu Reports •National Audits • National Prescribing Indicators •QOF Quality & Productivity indicators (QPI) •Primary Care Measures as commissioned by the Directors of Primary Care	Quantitative data by practice, Health Board, and national by year
Welsh Cancer Intelligence and Surveillance Unit (WCISU)	The Welsh Cancer Intelligence & Surveillance Unit (WCISU) is the National Cancer Registry for Wales. WCISU data is used to record, store and report on all incidence of cancer for the resident population of Wales.	Quantitative data, dashboards and infographics detailing all major cancers with regard to incidence, survival and mortality The data is also used to inform research projects, and programmes through the UK and internationally and publishes scientific reports and papers relating to cancer.
CSSIW	Reports from inspections carried out periodically by CSSIW Adult Residential; Adult Care Home / Older; Adult Care Home / Young; Adult Care Home with nursing Older; Adult Care Home with nursing Younger; Children's Day Care; Child Minder; Crèche; Full Day Care; Open Access Play Provision; Out of School Care; Sessional Day Care; Children's Services; Adoption Services; Boarding Schools; Children's Homes; Further Education Colleges; Fostering Services; Residential Family Centres; Residential Special Schools; Secure Unit; Domiciliary Care;	Qualitative accounts based upon the findings of inspections, includes results of user satisfaction interviews. • Care and Support • Environment • Leadership and Management

Data Source	What the data describes	What the Data and its Source looks like
WAST (Putting Things Right / NRLS)	Data describing a broad range of emergency situations, collected, stored and reported and defined by the mode of response; Help Me Choose; Answer My Call; Come to See Me; Give Me Treatment and Take Me To Hospital.	Quantitative; Tables by Health Board and Nationally.
CHC's	Reports based upon patients experience and inspection	Qualitative data describing patient experience and findings of CHC inspections
NHS Delivery Unit (Patient Safety Wales)	As below	
Welsh Government; Patient Safety Wales Team (NRLS)	Linked to NRLS (see above) Never Events (Qualitative Data)	By date; type, location
Welsh Healthcare Associated Infection Programme (WHAIP)	Surveillance Data of infections e.g. Blood stream (bacteraemia) infection surveillance; Staphylococcus aureus bacteraemia infection surveillance; Top ten bacteraemia infections surveillance; Clostridium difficile infection and ribotype surveillance; Critical care infection; Central Venous Catheter infections; Ventilator Associated Pneumonia; Hospital outbreak surveillance; Surgical site infection surveillance; Orthopaedic SSI surveillance; Caesarean section SSI surveillance	Quantitative Data of HCA infection rates over time; Monthly updates are reported by Health Board area
All Wales Therapeutics and Toxicology Centre (AWTTC); Yellow Card Centre Wales; Has a number of Teams within it;	**WNPU**; Welsh National Poisons Unit advise HP's and public about poisons. Linked to National Poisons Information Service through its TOXBASE Resource.	Quantitative Data describing use of the UK TOXBASE Resource. This is online for health professionals and a phone line for members of the public
	YCC; Yellow Card Centre for Wales records ADR reporting. Data shows sources of reporting by type, profession, location	Quantitative data shown by type, profession, location, age, seriousness etc over time.
	WAPSU; The Welsh Analytical Prescribing Support Unit seeks to improve health by optimising medicine usage in Wales. Data received reports current and guides future practice.	Linked to NPI Data. Quantitative data informs reports of compliance by HB area and guidance to the NHS; Advice to HB's Clinical Effectiveness Prescribing Programmes (CEPPs)
	WeMeReC; Is an educational resource	Use quantitative data provided by WAPSU, to produce maps highlighting prescribing information and areas of improvement
	PAMS; Advises patients about how to access and best use medicines	

Data Source	What the data describes	What the Data and its Source looks like
Older People's Commissioner	Reports and Reviews of health and social care services and providers emanating from inspections and enquiries	Narrative reports based on findings of inspections and citizen comments, critiques of documents and quality statements from responsible agencies such as Health Boards.
Coroners Offices	Annual national statistics on deaths reported to coroners, including inquests and post-mortems held, inquest conclusions	Quantitative data of deaths and still-births by cause and underlying cause; also by age, locality. The Coroner's Office also provide summaries of trends relating to mortality.
Medication Safety Officer's Network	Reporting via NRLS	Quantitative; NRLS
Public Health Wales (PHW); Advisory Panel on Substance Misuse (APoSM);	The APoSM is not a primary collector of data. Its reports and publications utilise a range of routinely available data and may include other sources such as requests to organisations for specific data. The reports and publications are relevant to safety issues in terms of the associated health and social harms of substance misuse and how they can be prevented or reduced.	The Advisory Panel on Substance Misuse (APoSM) is an Independent Expert Panel and is a Welsh Government sponsored body. It advises ministers on substance misuse related matters. The remit of the Panel is to: •advise the Minister of Social Services and Public Health on measures to prevent or reduce substance misuse •advise the minister on the associated health and social harms of substance misuse and how they can be prevented or reduced •review the implementation of the Welsh Government's substance misuse strategy. The Panel produces reports and publications; copies of these are available at: https://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/governance/advice/?lang=en
NHS Direct / 111	Details of the calls made to NHS Direct	Quantitative data describing the method of contact / referral to NHS Direct

Appendix B; Quantitative Analysis

	Please state if one or more of your group represents this organisation, and if yes in what capacity	Are you aware of this data? Do you report into it or use it to review safety?	Is this data useful to you?	How could this data be improved, to be more useful to improving safety?	Did the contributor comment on how **Accessible the Data is?**	Did the Contributor comment on **Further uses of the Data?**	Did the Contributor comment on what the **Data is telling us?**	Did the Contributor suggest what could be **Learned from the Data?**	Did the Contributor recommend what **Actions should be based on the Data?**
DATIX	NO 28 NOT COMPLETED 5 YES - 3	NO - 2 NOT COMPLETED 6 YES - 28	NO - 10 NOT COMPLETED 8 YES - 18	24 Respondents suggested ways the data could be improved; 12 did not reply	NO - 26; YES - 10	NO - 27; YES - 9	NO - 20; YES - 16	NO - 22; YES - 14	NO - 23; YES - 13
NRLS	NO – 21 NOT COMPLETED 15 YES - 0	NO - 6 NOT COMPLETED 16 YES - 14	NO - 7 NOT COMPLETED 23 YES - 6	10 Respondents suggested ways the data could be improved; 26 Did not reply	NO - 26; YES - 10	NO - 32; YES - 4	NO - 30; YES - 6	NO - 31; YES - 5	NO - 31; YES - 5
GPSAT	NO - 18 NOT COMPLETED 15 YES - 3	NO - 7 NOT COMPLETED 16 YES - 12 Not Sure - 1	NO - 5 NOT COMPLETED 23 YES - 8	11 Respondents suggested ways the data could be improved; 25 Did not reply	NO - 27 YES - 9	NO - 31; YES - 5	NO - 28; YES - 8	NO - 27; YES - 9	NO - 27; YES - 9
Deanery	NO -17; NOT COMPLETED 17 YES - 2	NO - 6; NOT COMPLETED 19 YES - 11	NO - 5; NOT COMPLETED 26 YES - 5	8 Respondents suggested ways the data could be improved; 28 Did not reply	NO - 30 YES - 6	NO - 32; YES - 4	NO - 27; YES - 9	NO - 28; YES - 8	NO - 29; YES - 7
PMCAT	NO -17; NOT COMPLETED - 17 YES - 2	NO - 6; NOT COMPLETED 19 YES - 11	NO - 5; NOT COMPLETED 26 YES - 5	8 Respondents suggested ways the data could be improved; 28 Did not reply	NO - 30 YES - 6	NO - 35; YES - 1	NO - 31; YES - 5	NO - 30; YES - 6	NO - 31; YES - 7
HB's (7); CGPSAT; PTR	NO -14; NOT COMPLETED 17 YES - 5	NO - 6 ; NOT COMPLETED 20 YES - 10	NO - 3; NOT COMPLETED 25 YES - 8	Respondents suggested ways the data could be improved; 9 Did not reply 27	NO - 33 YES - 3	NO - 31; YES -5	NO - 29; YES - 7	NO -30; YES -6	NO -29; YES -7

	Please state if one or more of your group represents this organisation, and if yes in what capacity	Are you aware of this data? Do you report into it or use it to review safety?	Is this data useful to you?	How could this data be improved, to be more useful to improving safety?	Did the contributor comment on how **Accessible the Data is?**	Did the Contributor comment on **Further uses of the Data?**	Did the Contributor comment on what the **Data is telling us?**	Did the Contributor suggest what could be **Learned from the Data?**	Did the Contributor recommend what **Actions should be based on the Data?**
Public Service Ombudsman	NO -25; NOT COMPLETED 10 YES-1	NO -3; NOT COMPLETED 12 YES -21	NO-3; NOT COMPLETED 19 YES -14	Respondents suggested ways the data could be improved; 9 Did not reply - 27	NO - 34 YES - 2	NO -32 ; YES -4	NO -23; YES -13	NO -23; YES -13	NO -24; YES -13
HIW / MRHA	NO -20; NOT COMPLETED 13 YES-3	NO -2; NOT COMPLETED 14 YES-20	NO -3; NOT COMPLETED 19 YES-14	Respondents suggested ways the data could be improved; 8 Did not reply; 28	NO -27 YES - 9	NO -36 YES -0	NO -28 YES -8	NO -28 YES -8	NO -29 YES -7
Social Care Wales; SAIL; WHS	NO -16; NOT COMPLETED 20 YES-0	NO -10; NOT COMPLETED 21 YES-5	NO -3; NOT COMPLETED 30 YES-3	Respondents suggested ways the data could be improved; 3 Did not reply;33	NO -34 YES -2	NO -34 YES -2	NO -34 YES -2	NO -34 YES -2	NO -33 YES -3
NWIS Primary Care Portal	NO -13 NOT COMPLETED 19 YES- 4	NO - 3 NOT COMPLETED 19 YES - 14	NO - 1 NOT COMPLETED 23 YES -12	9 Respondents suggested ways the data could be improved; 25 Did not reply;	NO - 29 YES - 7	NO - 30 YES - 6	NO - 28 YES - 8	NO - 28 YES - 8	NO - 28 YES - 8
GMC	NO -14; NOT COMPLETED 21 YES-1	NO -4; NOT COMPLETED 24 YES-8	NO -2; NOT COMPLETED 27 YES-7	Respondents suggested ways the data could be improved;1 Did not reply;35	NO -33 YES -3	NO - 35 YES -1	NO - 32 YES -4	NO -32 YES -4	NO -31 YES -5
NMC	NO -11; NOT COMPLETED 24 YES-1	NO -8; NOT COMPLETED 26 YES-2	NO -1; NOT COMPLETED 33 YES-2	Respondents suggested ways the data could be improved; 1 Did not reply; 35	NO - 34 YES - 2	NO - 35 YES - 1	NO - 34 YES - 2	NO - 34 YES - 2	NO - 34 YES - 2

Primary Care Division; Programme Board November 2018

	Please state if one or more of your group represents this organisation, and if yes in what capacity	Are you aware of this data? Do you report into it or use it to review safety?	Is this data useful to you?	How could this data be improved, to be more useful to improving safety?	Did the contributor comment on how **Accessible the Data is?**	Did the Contributor comment on **Further uses of the Data?**	Did the Contributor comment on what the **Data is telling us?**	Did the Contributor suggest what could be **Learned from the Data?**	Did the Contributor recommend what **Actions should be based on the Data?**
CCSIW	NO -13; NOT COMPLETED 22 YES- 1	NO -6; NOT COMPLETED 23 YES- 7	NO -4; NOT COMPLETED 30 YES- 2	Respondents suggested ways the data could be improved; 1 Did not reply; 35	NO - 35 YES - 1	NO - 36 YES - 0	NO - 35 YES - 1	NO - 35 YES - 1	NO - 35 YES - 1
WAST	NO -14; NOT COMPLETED 22 YES- 0	NO -9; NOT COMPLETED 21 YES- 6	NO -2; NOT COMPLETED 30 YES- 4	Respondents suggested ways the data could be improved; 2 Did not reply; 34	NO - 32 YES - 4	NO - 35 YES - 1	NO - 31 YES - 5	NO - 31 YES - 5	NO - 32 YES - 4
CHC	NO -17; NOT COMPLETED 17 YES- 2	NO -9; NOT COMPLETED 17 YES- 10	NO -3; NOT COMPLETED 23 YES- 10	Respondents suggested ways the data could be improved; 4 Did not reply; 32	NO - 30 YES - 6	NO - 33 YES - 3	NO - 28 YES - 8	NO - 28 YES - 8	NO - 28 YES - 8
NHS Delivery Unit	NO 15; NOT COMPLETED 21 YES- 0	NO -11; NOT COMPLETED 22 YES- 3	NO -1; NOT COMPLETED 30 YES-5	Respondents suggested ways the data could be improved; 1 Did not reply; 35	NO - 35 YES - 1	NO - 36 YES - 0	NO - 35 YES - 1	NO - 35 YES - 1	NO -36 YES - 0
WG Patient Safety	NO 17; NOT COMPLETED 19 YES-0	NO 7; NOT COMPLETED 20 YES-9	NO 2; NOT COMPLETED 28 YES- 6	Respondents suggested ways the data could be improved 3; Did not reply 33	NO 31; YES - 5	NO - 33; YES - 3	NO - 32; YES - 4	NO - 32; YES -4	NO - 32; YES -4
Older Peoples Commissioner	NO 14; NOT COMPLETED 22 YES-0	NO 8; NOT COMPLETED 24 YES- 4	NO 1; NOT COMPLETED 32 YES-3	Respondents suggested ways the data could be improved 0; Did not reply 36	NO 35; YES -1	NO 36; YES -0	NO 33; YES - 3	NO33; YES - 3	NO 34; YES -2

	Please state if one or more of your group represents this organisation, and if yes in what capacity	Are you aware of this data? Do you report into it or use it to review safety?	Is this data useful to you?	How could this data be improved, to be more useful to improving safety?	Did the contributor comment on how **Accessible the Data is?**	Did the Contributor comment on **Further uses of the Data?**	Did the Contributor comment on what the **Data is telling us?**	Did the Contributor suggest what could be **Learned from the Data?**	Did the Contributor recommend what **Actions should be based on the Data?**
Children's Commissioner	NO 12; NOT COMPLETED 24 YES 0	NO 9; NOT COMPLETED 23 YES 4	NO 0; NOT COMPLETED 34 YES 2	Respondents suggested ways the data could be improved 0; Did not reply 36	NO 36; YES -0	NO 36; YES -0	NO 36; YES -0	NO 36; YES -0	NO 36; YES -0
Coroners Offices	NO 17; NOT COMPLETED 19 YES-0	NO 5; NOT COMPLETED 20 YES-11	NO 0; NOT COMPLETED 31 YES-4	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 30; YES - 6	NO 35; YES - 1	NO 30; YES - 6	NO 30; YES - 6	NO 30; YES - 6
Medications Safety Offices	NO 14; NOT COMPLETED 22 YES 0	NO 8; NOT COMPLETED 23 YES 5	NO 0; NOT COMPLETED 32 YES 4	Respondents suggested ways the data could be improved 0; Did not reply 36	NO 36; YES - 0	NO 36; YES - 0	NO 34; YES - 2	NO 34; YES - 2	NO 34; YES - 2
WHAIP	NO 14; NOT COMPLETED 21 YES-1	NO 8; NOT COMPLETED 20 YES-8	NO 1; NOT COMPLETED 32 YES- 3	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 33; YES - 3	NO 35; YES - 1	NO 33; YES - 3	NO 33; YES - 3	NO 33; YES - 3
AWTTC	NO 15; NOT COMPLETED 20 YES 1	NO 5; NOT COMPLETED 20 YES 11	NO 0; NOT COMPLETED 28 YES 8	Respondents suggested ways the data could be improved 3; Did not reply 33	NO 35; YES - 1	NO 35; YES - 1	NO ; 27 YES - 9	NO ; 27 YES - 9	NO ; 27 YES - 9
Welsh Centre for Medicines	NO 11; NOT COMPLETED 25 YES- 0	NO 7; NOT COMPLETED 27 YES- 2	NO 0; NOT COMPLETED 34 YES- 2	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 36; YES - 0	NO 36; YES - 0	NO 35; YES - 1	NO 35; YES - 1	NO 35; YES - 1

	Please state if one or more of your group represents this organisation, and if yes in what capacity	Are you aware of this data? Do you report into it or use it to review safety?	Is this data useful to you?	How could this data be improved, to be more useful to improving safety?	Did the contributor comment on how **Accessible the Data is?**	Did the Contributor comment on **Further uses of the Data?**	Did the Contributor comment on what the **Data is telling us?**	Did the Contributor suggest what could be **Learned from the Data?**	Did the Contributor recommend what **Actions should be based on the Data?**
WICSU	NO 16; NOT COMPLETED 20 YES-	NO 7; NOT COMPLETED 24 YES- 5	NO 1; NOT COMPLETED 32 YES- 3	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 36; YES - 0	NO 36; YES - 0	NO 32; YES - 4	NO 33; YES - 3	NO 33; YES - 3
PHW Communicable Disease Surveillance Centre	NO 14; NOT COMPLETED 20 YES 2	NO 1 NOT COMPLETED 23 YES 12	NO 0; NOT COMPLETED 27 YES 9	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 29; YES -7	NO 36; YES - 0	NO 30; YES -6	NO 30; YES - 6	NO 30; YES - 6
APOSM	NO 13; NOT COMPLETED 21 YES 2	NO 9; NOT COMPLETED 23 YES 4	NO 0; NOT COMPLETED 32 YES 4	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 35; YES - 1	NO 35; YES -1	NO 34; YES - 2	NO 34; YES - 2	NO 34; YES -2
NHS OOH / 111	NO 14; NOT COMPLETED 21 YES 1	NO 1; NOT COMPLETED 23 YES 12	NO 2 NOT COMPLETED 25 YES 9	Respondents suggested ways the data could be improved 1; Did not reply 35	NO 30; YES -6	NO 35; YES - 1	NO 29; YES - 7	NO 29; YES - 7	NO 29; YES - 7

Appendix C Qualitative Analysis; Safety Data Sources

Advisory Panel on Substance Misuse (APOSM)

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
There was a mixed response over the awareness of APOSM data. Some responders used it, some were aware of it but don't use it. A response from those who reported awareness of it indicated that it is used in Enhanced Serviced development.

Is this data useful to you? There was also a mixed response to the question over the usefulness of APOSM data. Some answered yes, some didn't respond to the question, and there was a response that APOSM is useful, and ImmForm is potentially useful.

Could this be improved, to be more useful to improving safety?
A responder suggested that the inclusion of adverse reactions would make APOSM data more valuable.

All Wales Therapeutics & Toxicology Centre

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they are aware of AWTTC data in the following contexts:
Welsh Analytical Prescribing Support Unit provides data on NPIs and yellow card reporting indicators, which are linked to patient safety incidents
Enhanced services
Improvement and audit
Learning from Clostridium difficile incidents
Occasional reporting

Is this data useful to you? There was a response that this data source is very important for patient safety & medicines management

Could this be improved, to be more useful to improving safety?
The responses suggested that this source could be improved by enabling simpler and quicker reporting, and also by providing reports on trends and themes.

Communicable disease surveillance centre

Common themes;

Are you aware of this data? Do you report into it or use it to review safety?
Responders indicated that they are aware of CDSC in the following contexts:
Outbreak reports – informing practice
Data provided on request
Receiving the newsletter (flu notifications)
Occasional reports and bulletins
Identifying immunisation uptake rates

Is this data useful to you? Responders commented that this data is especially useful for the flu and measles reports.
A responder felt that communicable infections would be common interest; data on which is already collected by CARIS.

Could this be improved, to be more useful to improving safety?
The only response to this question was that this data source needs no improvement.

CGPSAT

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Those responders who use CGPSAT reported that it informs practice development and, albeit poorly, provides assurance.

Is this data useful to you? Whilst some responders didn't find CGPSAT useful, those who did reported that it:
Guides practice review
Informs practice development
Identifies areas for improvement
Demonstrates practice competency

Could this be improved, to be more useful to improving safety?
Improve the interface
Improve the functionality of analysis and sharing (of both data and learning)
Permit wider access, e.g. for secondary care
Improve the assurance it provides, so that it holds more weight

Theories; Some responders felt that CGPSAT completion wasn't a useful exercise. Implementing the improvements above could add more value and solve the issue.
One of the responders felt that the CGPSAT is a tick-box exercise.

Community Health Councils

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they access the CHC data for:
Accessing reports (inspections)
Sharing learning
Recording data
Managing complaints with DATIX
Reviewing practices (safety)
Thematic analysis
One response commented that the advocacy service data informs the visiting programme, and meetings with the HB concerns team.

Is this data useful to you? Responders felt that this data was useful because it:
Ensures learning is captured
Helps to identify themes
Describes issues raised with practices

Could this be improved, to be more useful to improving safety?
The responders suggested the following areas could be improved:
Data quality & consistency at entry
Functionality to feed back
Functionality to share learning

Children's commissioner for Wales

- There was no qualitative response for this data source.

Coroner's offices

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they are aware of coroner's office data in the following contexts:
Review of Registration 28s
Occasional review of patient reports
Improvement notices
Actions identified via inquests
Reading between the lines, it looks like a portion of the use seemed to be on a case-by-case basis

Is this data useful to you? Responders commented that learning was good to share, and that the reports are very useful for improving service.

Could this be improved, to be more useful to improving safety?
A responder suggested that sharing learning and acting on Registration 28 themes could be improved, but another response suggested the data was already good enough.

Care Inspectorate Wales

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they access the CIW data for care homes and for POVA investigations.

Is this data useful to you? Responders felt that this data was occasionally useful for care homes review.

Could this be improved, to be more useful to improving safety?
The only response to the question of improving the CIW as a data source was the suggestion to improve the communication.

Datix

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
A number of people use Datix for reporting data
A number use it for Patient safety review
A number use it for Incident investigation
A number feel that Datix isn't useful

Is this data useful to you? Some find it useful for finding themes and trends
Some find it useful for incident investigation; complaints, medication errors.
Some find the user interface is bad
Some note that the quality of the data is reliant on the reporter
Some are unable to access Datix

Could this be improved, to be more useful to improving safety?
Improve the data quality & consistency
Improve the user interface
Provide feedback to reporters
Sharing lessons learned

Theories; A feeling was reported among some responders that Datix reporting is more of a bureaucratic exercise than a worthwhile task. Possible ways to address this are as follows:

If the functionality was tweaked so as to provide feedback to reporters, this could go some way to removing the feeling that their entries are not becoming a part of a learning process.

Responses indicated that the Datix user interface is bad. If users don't have a good experience when interacting with a tool, then enthusiasm will fall.

Another common response indicated a lack of confidence in the quality of the data. If reporters give bad data, then that is what will come out when a user tries to access a record. Suggestions to standardise (limit) the entry where possible could help to improve consistency, and training could be provided.

A function to share lessons learned with others could further increase the value of Datix.

Deanery

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Those responders who access the Deanery data reported that it facilitates:
The review of learning needs
Engagement with enquiries
Revalidation
Appraisal compliance
The identification of where GPs need support

Is this data useful to you? Some responders identified that it is useful for providing assurance, whilst others shared concerns that unless the data is verified, it holds little value.

Could this be improved, to be more useful to improving safety? Responders felt that the Deanery could be improved as a data source by collating individual responses into anonymised, thematic patterns, which can be shared widely as well as fed back to the reporter.

A suggestion was made to take a more systematic/standardised approach to the data capture.

Theories; Standardising the data capture stage and verifying the data could increase the quality of assurance provided.

General Medical Council

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they are aware of the GMC through outcomes of GMC investigations; GP investigations, and are aware of issues around things like safety of review and double jeopardy.
Users access data and via the website.

Is this data useful to you? There were no responses to the question of usefulness.

Could this be improved, to be more useful to improving safety? The only response to the question of improving the GMC as a data source was that movement to a learning environment requires law change.

Health Boards; CGPSAT; PTR

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they use these sources to:
Identify themes
Analyse incidents and safety data
Linking between health board and PTR team
Reviewing practices
Investigating concerns and complaints

Is this data useful to you? Some responders felt that data from these sources lacked qualitative context, or would pose no value unless the data is anonymised, analysed, and made sharable.
Those responders who found this data useful did so because it:
Helps assess practice performance
Helps address concerns and complaints

Could this be improved, to be more useful to improving safety?
Responders recommended the following improvements to these data sources:
Shared learning (Potentially via a PC learning committee)
Measurement of the impact of concerns and whether they are addressed
Establishing route causes of complaints/concerns using qualitative analysis
Making the data sources more widely accessible
Improved detail and consistency of reports

HIW; MRHA

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they use HIW; MRHA to:
Access reports
Reporting practice data
Share learning
Occasional yellow card
Support practice improvement

Is this data useful to you? The responders who found the data useful to:
Benchmark
Inform planning
Inform practice visits
Yellow card feedback
Identify ADRs
Identify teams & training needs
There was a comment that the HIW; MRHA data was too high a level to provide much realistic use.

Could this be improved, to be more useful to improving safety?
Responders recommended the following improvements to the HIW; MRHA data:
Local level reporting
Shared learning
Wider availability to access HIW; MRHA
More focus / increased detail
Increase the awareness of HIW; MRHA

Medications safety offices

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they are aware of medications safety office data in the context of working with the practice.

Is this data useful to you? No responses to this question.

Could this be improved, to be more useful to improving safety?
No responses to this question.
•

NHS 111; OOH

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
The responders indicated awareness of NHS 111; OOH in the contexts of:
CHCs sharing learning about 111 usage
OOH data being provided regularly
Receiving patient reports
Triangulating this source with other information
A few responders noted that this source isn't really about patient safety data.

Is this data useful to you? Responders noted that this data is useful for scrutinising service development, and reviewing access arrangements and workflow.
Another comment felt that this data was useful to them only for context, or as a denominator.

Could this be improved, to be more useful to improving safety?
A responder suggested that sharing this data more widely would be beneficial.

Nursing & Midwifery Council

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they access the NMC data for investigations; reviewing NMC cases, and reviewing revalidation, nurse reg & status.

Is this data useful to you? Responders felt that this data was occasionally useful.

Could this be improved, to be more useful to improving safety? The only response to the question of improving the NMC as a data source was the suggestion to review themes in order to inform training needs and service issues.
-

National Reporting and Learning System (NRLS)

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Some responders access this data via a feed from Datix
Some responders report using NRLS
This data is used for incident investigation
This data is used by WG

Is this data useful to you? Whilst a number of responders found the NRLS to be a useful data source, a number also felt that there wasn't much value to be found.

Could this be improved, to be more useful to improving safety?
Improve the data quality & consistency
Improve access, particularly for primary care users

Theories; Some responders felt that the data isn't high enough quality. There were comments that the data is only as good as how it's reported, which suggests an opportunity for standardisation and training in reporting.
Comments which suggested functionality to align national definitions, to provide feedback to reporters, and to share learning could make NRLS seem like a more valuable use of time.

NWIS Primary Care Information Portal

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they use the NWIS Primary Care Information Portal to access and report data, using the platform to inform audits, and access NPIs.

Is this data useful to you? The responders felt the most useful points of the NWIS portal were that it:
Allows access to a wide spectrum of data
Enables cluster level review
Informs national audit
Is useful for NPIs
Helps users to see the wider picture

Could this be improved, to be more useful to improving safety?
Responders recommended the following to improve this data source:
Make it more widely available and utilised; publicise what it is and how to access it
Streamline the functionality; e.g. Excel reporting
Give context to the reliability and the sources of the data
Increase detail to practice level
Anonymise and share learning
Add linkage to national audit

Ombudsman

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they use the ombudsman to:
Report data
Review data (casebook, reports, trends)
Respond to issues
Contribute at referral

Is this data useful to you? The responders who found the data useful to:
Review complaints
Identify and share learning
Prioritise activities
Identify themes to guide actions (which possibly contradict recommendations)
Inform practice health
Some commented that the Ombudsman data only proved slightly useful on certain occasions, and also that the data was limited in value because the same issues are reported by other means.

Could this be improved, to be more useful to improving safety?
Responders recommended the following improvements to the Ombudsman data:
Shared learning
Making it more widely available
Increasing the level of detail
Improved clinical advice
Improved method of communication with the Ombudsman

Older people's commissioner

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
The response which indicated awareness of this data commented that it was used to inform the older persons' e-service.

Is this data useful to you? Responder felt that the RPS & OPC collaborating to improve prescribing in care homes.

Could this be improved, to be more useful to improving safety?
No responses to this question.

PMCAT

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Those responders who access PMCAT data reported that it facilitates investigations and the reviewing of GP performance.

Is this data useful to you? Those responders who felt that PMCAT data is useful reported that the data:
Is useful to the health board
Supports performance review
Is useful in other specific cases

There was a response that PMCAT data isn't useful because it can't be collated, anonymised, and reported.

Could this be improved, to be more useful to improving safety?
Recommendations for improvement boiled down to the removal of confidentiality obstacles to facilitate the sharing of aggregated, anonymised data with other health boards.

Social Care Wales; SAIL; WHS

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they use these data sources to access and report data.

Is this data useful to you? The responders who found the data useful to:
Access Cluster/HB area datasets (review hotspots)
Create action plans
There was a comment that the data is useful but value is limited unless all cluster practices are included.

Could this be improved, to be more useful to improving safety?
Responders recommended increasing the level of detail would improve this data source.

Welsh Ambulance Service

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they access the WAST data for:
Complaints
Links to national clinical audits
Incident review
One response indicated that WAST is not used for patient safety analysis.

Is this data useful to you? Responders felt that this data was periodically useful. It was noted that users do not always receive feedback on incidents.

Could this be improved, to be more useful to improving safety? The only response to the question of improving the WAST as a data source was the suggestion for better collaboration.

Welsh Cancer Intelligence & Surveillance Unit

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
One responder indicated that they use the WCISU dashboard. Another indicated that they are aware in context of the National Clinical Audit.

Is this data useful to you? The only response indicated that this source isn't particularly useful, and made partially redundant by CARIS.

Could this be improved, to be more useful to improving safety? No suggestions for improvement.

Welsh Centre for Medicines

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
A Responders indicated that they are aware of WCM data via an enhanced service.

Is this data useful to you? No responses to this question.

Could this be improved, to be more useful to improving safety? The response indicated that the user was already happy with the data source; no suggestions for improvement.

Welsh Government; NHS Delivery Unit

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
There was a response that CHC is used to align delivery group information to NCA.

Is this data useful to you? No responses regarding usefulness of the data source.

Could this be improved, to be more useful to improving safety? The only response to the question of improving the WG; NHS delivery unit as a data source was a suggestion for feedback.

Welsh Government; Patient Safety

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders were aware of WG; NHS Patient Safety data for the following:
Patient safety alerts
Monitoring compliance
Notices used in HB
Reporting and closure of Sis

Is this data useful to you? Responders felt that WG; PS data is useful to:
Address patient safety issues
Highlight risks (NRLS)
It was noted that the data available is limited.

Could this be improved, to be more useful to improving safety? Responders suggested:
A function to identify actions
Better communication & sharing of learning
A function to give feedback from incident investigations

Welsh Healthcare Associated Infection Programme

Common themes

Are you aware of this data? Do you report into it or use it to review safety?
Responders reported that they are aware of WHAIP data in the following contexts:
Infection outbreaks
Clinical audit
Regulatory processes within IMPC
Reports on incentives and IC requirements
Data fed back at meetings

Is this data useful to you? There was a response that Indicator level

Could this be improved, to be more useful to improving safety?
There was a response to this question which suggested All Wales reports on an annual basis would be useful.