NHS England

LFPSE: LRMS guidance for better user experience

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1. Introduction

Beyond achieving Learn from Patient Safety Events (LFPSE) compliance (the ability to connect to and exchange data with the LFPSE service), vendors of Local Risk Management Systems (LRMS) should consider how best to integrate LFPSE questions and features within their products in such a way that delivers frictionless, rewarding and intuitive local user experiences.

Streamlined and intuitive forms reduce barriers to recording high quality data, and therefore warrant significant consideration in supporting patient safety within provider organisations. Each LRMS provides different ways of delivering excellent user experience through their products, and it is paramount for providers to discuss their options and preferences for optimising LFPSE features within their customised versions.

2. LFPSE compliance principles

2.1 Overall taxonomy compliance

The LFPSE taxonomy should be displayed to the end user as stipulated in the taxonomy documentation and API. This includes standardised question labels, options, guidance text, mandatory and optional field rules, and visibility rules. This is to ensure that fully standardised and comparable question sets are delivered across the system in-line with the NHS Digital Strategy and overall direction of travel for the NHS.

While the LFPSE service is not designed to compare organisations' safety performance, it is important that data collection is consistent, so that if we are looking for themes and trends in the data across organisations, we know when we are looking at similar events in different places. Any changes to the way that questions and answer options are presented will compromise validity, and therefore limit the use of the data.

2.2 Real-time LFPSE API submissions

Timely and accurate data are one of the most valuable quality indicators of data collections. LFPSE compliance requires that local and national data are kept synchronised – a single version of the truth, so delays in data availability and inconsistencies between data views are mitigated.

Although the national patient safety team and its data sharing partners, including the Care Quality Commission (CQC), are aware that initial data quality of individual records may be low, and will improve over time, LFPSE real-time submissions enables the implementation of automated surveillance of signals, identification of emerging risks, and rapid mobilisation of national response. It also reduces the burden on local teams for the current manual processes for searching, extracting, uploading, correcting rejected records and reuploads, and on the national team for identifying and removing duplicate submissions.

3. LRMS-LFPSE integration UX guidance

3.1   Avoid duplication between local and LFPSE fields

Adopt the use of national fields instead of similar local fields wherever possible to avoid duplication.

Some local lists may present more detailed options and for this reason organisations may prefer to retain them. In this case (for example: for service area/location; specialty; and national safety challenges), allow the use of local lists, which should be presented first and then auto-populate the relevant matched values within the LFPSE questions. LFPSE questions should be displayed on the form alongside the relevant local question, and be editable so the user can change, clear or add LFPSE options as necessary.

Removal or disabling editing of LFPSE questions is not permitted.

3.2   Minimise Input fields

Another way of minimising input of fields is to auto-populate LFPSE questions with information already available elsewhere: for example, patient and recording staff demographics and other information can be imported from electronic patient record systems (age, gender, ethnicity) and staff records (staff type, organisation/site).

LFPSE related questions should be displayed and editable in case the user chooses to update them.

3.3   Navigation flows

Display questions in an order that provides a more natural flow: keep related questions grouped together and hide irrelevant questions based on previous answers. For example, only display medication/furniture and fittings related questions if medication/furniture and fittings were selected in the "which things were involved" question.

Make clear to the user when the minimum mandatory questions have been answered, and that from that point on, they can submit the form.

3.4   Optional questions

Try to display all mandatory questions first and make clear to the user when a question is mandatory or optional.

Optional questions should not be removed from local forms. All LFPSE questions and options should be always available to end users: all users should be able to successfully complete any given LFPSE question path. This is to ensure that a member of staff from any organisation can record a patient safety event for any service/sector within healthcare easily.

Optional LFPSE questions can be made mandatory locally if required, but all LFPSE mandatory fields should always remain mandatory.

3.5   Customising to user role

Some questions (statutory and mandatory governance), require additional user privilege or authority: for example, to declare an incident as a Never Event within the organisation. In this case, allow the organisation to move such questions to the "review" form or process instead

of presenting these in the initial form. Please see Appendix 1 for the full list of potential questions.

3.6   Use inline field validation

Allow local and LFPSE field validation and business rules to be applied in real-time as the user works their way through the form. For example, check for incident dates in the future, not permitting 'None of the above' and another response to a question, or when no patient details have been provided when a patient was involved, and alert the user to this before they progress through the forms.

3.7   Use auto-fill

Auto-fill on specific fields can make incident recording must faster. This can be achieved by pulling out information from the user's past experiences or organisation most common attributes. For example, auto-fill service staff type/role based on staff's previous recording.

3.8   Smart defaults

Enabling smart defaults to speed up the form completion process and ensure accuracy in fields, such as today's date for 'date of the incident', current time for 'time of the incident', the local organisation ODS code for reporting organisation or site. Smart defaults should not be used for 'Other', 'None of the above' and 'I don't know' responses.

4. Permissions on specific LFPSE questions

Where appropriate, the below LFPSE questions can use auto-populate, auto-fill or smart default to improve the user experience.

Property ID	Question
Incident	
InvolvedAgents	Which things were involved in what went wrong?
SafetyChallenges	Does the incident appear to relate to any of these known safety challenges?

Date / TodaysDate	Did the incident happen today? / What was the date of the incident?
PreciseTime	Approximately what time did the incident happen?
LocationKnown / Organisation	Did the incident occur whilst the patient was under your organisation's care? / Under which organisation's care did the incident occur?
LocationWithinService	Where did the incident happen?
ServiceArea	Which service areas were involved?
ResponsibleSpecialty	Which speciality does the incident relate to?
AgeAtTimeOfIncidentDays	What was the patient's age at the time of the incident?
Gender	What was the patient's sex?
PatientEthnicity	What is the patient's self-identified ethnicity?
ReporterRole	Which of these best describes your role
DeviceType	What kind of medical device was involved in what went wrong?
manufacturer	Who manufactured the device
Model	What was the model or serial number of the device
DrugsInvolved	Which medicines were involved in what went wrong?
BuildingsInfrastructure	Which of the following were involved? (buildings or infrastructure)
EstatesServices	Which of the following were involved? (estate services)
Good Care	
LocationKnown	Did the good care event occur whilst the patient was under your organisation's care? / Under which organisation's care did the good care occur?
ReporterRole	Which of these best describes your role?
Outcome	
OutcomeType	Which of the following are you recording?
Date / TodaysDate	Did this happen today? / What was the date of the outcome?
LocationKnown	Did the outcome occur whilst the patient was under your organisation's care? / Under which organisation's care did the outcome occur?
ResponsibleSpecialty	Which service areas were involved?
AgeAtTimeOfIncidentDays	What was the patient's age at the time of the outcome?
Gender	What is the patient's sex?
ReporterRole	Which of these best describes your role?

Risk	
RiskTheme	What type of risk to patient safety are you recording?
RiskIdentifiedLocation / IdentifiedLocation	Where was the risk identified? / Which organisation was the risk identified in?
ServiceArea	Which service areas are at risk?
ResponsibleSpecialty	Which specialty does the risk relate to?
Date / TodaysDate	Was the risk identified today / What date was the risk identified on?
ReporterRole	Which of these best describes your role?

Appendix 1 - Statutory and mandatory governance questions

The below questions relate to questions that will predominantly be answered at the "review" stage by individuals with appropriate authority.

Property ID	Question
CqcNotify	Does this event require statutory notification to CQC?
DutyofCandour	Does this qualify as a notifiable safety incident under the Duty of Candour regulations?
CqcCriteria	Which of the following criteria does it meet?
DesignationsMentalHealth	Was the service user detained under the Mental Health Act at the time of the event?
DeprivationOfLiberty	Was the service user subject to Deprivation of Liberty Safeguards at the time of the event?
LocalAuthoritySafeguarding	Has this been referred to the Local Authority Safeguarding team?
NeverEvent	Does this event meet the national definition of a Never Event?
SeriousIncident	Does this event meet the national definition of a Serious Incident?
HsibNotify	Does this incident relate to a baby and/or mother and require notification to HSIB under the defined criteria for maternity investigations?
NeverEventType	Which Never Event type are you declaring?