Quality Statement:
CCG Indicator 5.1 (NHS OF 5a)

Patient Safety Incidents

Indicator Reference: I00803

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Author: Specification Development Service

Contents

Introduction

Context for the quality statement.

This background quality report accompanies the Specification and will support future data releases of the CCG Indicator 5.1 Patient Safety Incidents.

Additional information can be found on the Health and Social Care Information Centre website: **http://www.hscic.gov.uk** and its indicator portal: **http://indicators.ic.nhs.uk/webview/**

The following data sources have been used to construct this indicator:

- Organisation Patient Safety Incident Workbook: **http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/directory/**
- These data have historically been reported to the National Patient Safety Agency (NPSA) by the National Reporting and Learning System (NRLS). This has now been transitioned to NHS England following the abolition of NPSA.
- Hospital Episode Statistics (HES) Admitted Patient Care (APC) is used to identify a CCG's five main providers **http://www.hscic.gov.uk/hes**

This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as the Public Health England mandatory surveillance information and the NRLS Quarterly Data Summaries. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs' processes on outcomes.

This indicator has been assured through the Indicator Assurance Service which is managed by the Health and Social Care Information Centre.

Relevance

The degree to which the statistical product meets user needs in both coverage and content

The intended audience for the indicator is Clinical Commissioning Groups, the Department of Health, Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.

This indicator forms part of Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm. The indicator supports the objective of reducing patient safety incidents.

How actionable is the indicator?

It is expected that Clinical Commissioning Groups will use this as an estimate to identify how improvements in care at providers can help to minimise patient safety incidents.

Accuracy and Reliability

How well the information is recorded and transmitted, and, where applicable, the proximity between and estimate and the unknown true value.

It is only mandatory for providers to report incidents with a *severe degree of harm or death*; the reporting of patient safety incidents in general is voluntary and under-reporting is known to be common. There are concerns regarding the level of completeness in the NRLS dataset currently available, particularly because NRLS has traditionally focused upon learning from patient safety incidents and was never intended to be a data collection mechanism. The data in NRLS is not a complete count of all cases where a patient is harmed during contact with the NHS. Some providers may not report a full 6 months of data during a reporting period. Further information can be found at:

- Organisation Patient Safety Incident Workbook: **http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/about-reporting-patient-safety-incidents/**
- Hospital Episode Statistics (HES) Admitted Patient Care (APC) data is used to calculate a CCG's five main providers, based on total bed days. Data quality for HES APC data is considered to be good. Further information can be found at: **http://www.hscic.gov.uk/hes**

Reliable patient safety incident data cannot be provided at CCG level, so an alternative approach has been used to indicate the outcomes for a CCG's patients.

The CCG's five main providers, based on total bed days commissioned (as recorded in HES inpatient data), are reported with their provider level crude patient safety incident figure (as reported by the provider). In addition, the number of incidents per 1,000 total provider bed days (based on the bed days definition below) is given. This is to provide context without the need for figures to be attributed to CCGs. There is no evidence that patient safety incidents are linked to inpatient activity, this is a proxy measure. The activity levels, expressed as inpatient bed days, do not take outpatients, critical care and A&E bed days into consideration. It is important to note that not all Mental Health inpatient activity is recorded in HES, which may affect rates for some Mental Health trusts.

Bed days are defined as: (Provider spell discharge date – Provider spell admission date) + 0.5. An arbitrary 0.5 days are added to the length of stay calculation to take into account day case admissions. This definition was assured by the HSCIC Indicator Assurance Service for calculating bed days. Bed days are limited to the period in which the patient safety incident data relates to. For example, patients that are admitted before April will have their bed days calculated from 1st April onwards for the April to September patient safety incident period. Only closed finished provider spells have been used within the HES data.

The patient safety incident rate per 1,000 total bed days is calculated using the number of reported incidents by the provider and that provider's total number of bed days according to HES inpatient data, irrespective of which CCG commissions them.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Data is reported by the NRLS bi-annually, 6 months in arrears. The 6 month period from April to September is reported the following March and the 6 month period from October to March is reported the following September. Following on from these dates, it is anticipated that this CCG data will be reported in June and December.

Provisional HES data is used for the bed days calculations. This ensures that data is more timely, however care should be taken as it is subject to changes and revisions each month and should be treated as an estimate until the final annual data is released. Admitted Patient Care Data Quality notes are available at: **http://www.hscic.gov.uk/article/2021/Website-Search?q=%22Admitted+Patient+Care+Data+Quality+Note%22&sort=Most+recent&size=10&page=1&area=both#top**

These indicators are official statistics and the publication date is pre-announced. There is no gap between the planned and actual publication date.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The indicators which support commissioning are available in the public domain from the Health and Social Care Information Centre website: **http://www.hscic.gov.uk/** and its Indicator Portal: **http://indicators.ic.nhs.uk/webview/**. The publication includes the indicator data, the specification document and the quality statement.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.

Comparability is the degree to which data can be compared over time and domain.

A similar indicator exists in the NHS Outcomes Framework, upon which this indicator is based. It provides quarterly counts of patient safety incidents at a national level and bi-annual counts at provider level. Indicator P01394 (5a Patient Safety Incident Reporting) is available on the HSCIC Indicator Portal: **http://indicators.ic.nhs.uk/webview/**.

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality

are balanced against each other.

1. This indicator requires careful interpretation and should not be used in isolation. It should be taken in conjunction with other indicators and information from other sources that together form a holistic view of CCG outcomes and a fuller overview of how CCG processes are impacting on outcomes.
2. This indicator is not subject to standardisation, as there are no age breakdowns in the NRLS data. Furthermore, there are an array of patient safety incidents including ‘Patient Accident’, ‘Medication’, ‘Treatment/Procedure’ and ‘Documentation’ that can

occur across all equality dimension groups.

3. This indicator is not provided as a single output, as is the case with other CCG level indicators, as reliable CCG level data cannot be obtained for patient safety incidents.
4. The patterns of providing care may vary between organisations in terms of: extent of treatment in primary care settings; referral policies and practices; hospital outpatient facilities/walk-in clinics; and hospital inpatient admission policies and practices.
5. A number of factors outside the control of healthcare providers, such as the socio-economic mix of local populations, may determine whether a patient acquires an infection; thus this could influence incidence.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

Comments can be made through various media:

- Health and Social Care Information Centre general enquiries by email **enquiries@hscic.gov.uk** or by telephone 0300 303 5678.

As well as initially assuring the quality and methodology of this indicator, the Indicator Assurance Service will be used on an on-going basis to review any new indicators. User needs and feedback will be taken into consideration during this assurance process.

Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.

This indicator makes use of existing data collections, so there are no additional data collection cost implications or burden.

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

This publication is subject to a standard Health and Social Care Information Centre risk assessment prior to issue. Disclosure control is implemented where judged necessary.

Detailed methodology specification documents and other supporting material are available on the Health and Social Care Information Centre Indicator Portal:
http://indicators.ic.nhs.uk/webview/

The Statistics Code of Practice is followed regarding security and release of information prior to publication.