Quarterly Dataset Summary (QDS) workbook: Scope, Methods & Reasoning

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Overall goal

The purpose of these workbooks is to provide a national picture of patient safety incidents, in terms of patient safety incident reporting and incident characteristics (type, care setting, degree of harm). National bodies (such as the Care Quality Commission, Monitor, and the National Audit Office) can use these datasets to build up trend analyses in order to timetable their 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.

1 Scope

The NRLS was established in late 2003 as a voluntary scheme for reporting patient safety incidents, and therefore it does not provide the definitive number of patient safety incidents occurring in the NHS. Consequently, the data in these reports is composed entirely of patient safety incidents reported to the NRLS within the timeframes specified in the workbooks.

As a result, patient safety incidents reported to the NRLS are simply just that – incidents reported to the NRLS. They should not be presented as the number of incidents actually occurring in an organisation. *Please see the Data Quality Notes for more information.*

2 Methods and Reasoning

Decision point 1: What arrangements have we put in place to safeguard confidentiality?

Given that the vast majority of the incidents are uploaded directly from organisations' local risk management systems (LRMS), it is understandable that sometimes, person identifiable information (PII) is included in the free text description of the patient safety incident. Therefore, in 2009, data quality standards were published to support organisations in uploading data to the NRLS: this guidance stressed the importance of removing any PII before uploading the incident to the NRLS (http://www.nrls.npsa.nhs.uk/resources/?entryid45=62099.)

The NRLS takes further steps to ensure patient confidentiality is protected. Once the patient safety incident report has been successfully uploaded to the NRLS, specialist software automatically scans the free text fields for anything that has the potential to be PII, and these incident fields are then reviewed individually by trained people, and any PII removed.

Decision point 2: How do we define the datasets that we use?

To describe NLRS patient safety incident data as accurately as possible, two different datasets are used.

The 'Reported Dataset'

To look at patterns in reporting, the 'Reported Dataset' is used, which contains incidents that were reported to the NRLS within a specified time period.

The 'Occurring Dataset'

To look at patient safety incident characteristics, the 'Occurring Dataset' is used, which contains incidents that have been reported as actually taking place within a specific time period (this is because, for range of legitimate reasons, there are often time lags between an incident occurring and being reported to the NRLS). The date that the incident is reported to have occurred is also important because there is seasonality in patterns of patient safety incidents. (Seasonality is due to the fact that patterns, variations and fluctuations in patient safety incidents are caused by the season, month, day of the week, or some other time period they occur in.) Therefore, in order to reduce the effects of 'administrative seasonality', when looking at the characteristics of patient safety incidents, the dataset is based on the date that the incident was reported to have actually taken place. This is done to minimise any artificially-created seasonality, whilst recognising inherent incident seasonality.

Exclusions

The following are excluded from both datasets:
- reports from the public or patients.

Decision point 3: How do we handle small/low numbers?

The numbers are what they are, and some types of incidents are, thankfully, rare. Where the numbers involved are small, statistics (such as percentages), are not calculated and comparisons are not made. This is because statistics based on small numbers are unreliable, as it is almost impossible to distinguish random fluctuation from true changes in the statistic.

For the purposes of the all NRLS workbooks, 'small' has been defined as thirty incidents or fewer.