National Patient Safety Incident Reports (NaPSIR)

- Correction Impact Statement

October 2022

Contents

1. Summary

This document is an impact statement that concerning corrections and revisions to the April 2020 – March 2021 National Patient Safety Incident Reports (NaPSIR) publication by NHS England.

Issues were identified with submissions to the National Reporting and Learning System (NRLS) for a small number of providers and data have been corrected and updated.

The updated data do not substantially change the distributions of incident reports, nor any interpretation made in the published commentaries. Minor changes in report number for April 2020 – March 2021 have been seen across organisations.

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2. Revision Reasons

2.1 Reporting issue

For the later part of the reporting period (April 2020 - March 2021), NHS England's National Patient Safety Team, were alerted to discrepancies between reported monthly data from the National Reporting and Learning System (NRLS) and a Trust's local records. This reporting error was traced to a change in organisation code field mapping by a provider a Local Risk Management (LRM) system that, in-turn, is used to extract data for NRLS submission. Once identified, the mapping discrepancy was resolved, but we have identified impacts on the April 2020 – March 2021 publication NaPSIR publication.

2.2 Duplicated reports from merging organisations

Two organisations were in the process of merging during the fiscal year and, although formally merged after the end of reporting period, the organisations incorrectly submitted reports against both residual organisation codes and the new organisation codes. The National Patient Safety Team have worked with the organisations to strip duplicated reports from the dataset and apportion them correctly to the appropriate organisation code.

2.3 Typos in original publication

When reviewing, as part of the correction process, we have encountered a small number of typos related to text and figures and these have been corrected.

In-line with our NRLS revisions and corrections policy, we consider this publication to be primarily a correction, but it also functions as a revision in some cases. We have chosen to update and reissued the publication along with this impact statement to summarise differences.

3. Impacts of corrections and revisions

We have identified updates at Trusts affected by the reporting issue described in 2.1, and each NHS Trust's figures have been updated accordingly. This only affected a single organisation in the reporting period, but others were also affected after the period.

Since the original publication, the distribution of categorical data associated with some reports has altered. This is due to Trusts updating incident reports, either correcting reports, or adding more information revealed thought their investigation processes.

There have been no changes in interpretations or substantial changes to figure that warrant further explanation. The updated data do not require any changes to the commentary/narrative presented with the original publication, other than the figures themselves.

3.1 General changes

A total of 87 fewer incidents were reported in the period, with 227 more reported as occurring incidents (by incident date) reported in the period. This is because incidents may be reported outside of the reporting period they occurred in. These figures include the mapping issue described in 2.1, and merger described in 2.2. They reflect the merger of Pennine Acute Hospitals Trust (RW6) and Salford Royal NHS Foundation Trust (RM3) into Northern Care Alliance NHS Foundation Trust (RM3). The organisation subsequently deleted incidents that were duplicated on both trust codes, and resolved them to the codes relevant at the time of submission (Table1).

Table 1: Organisation-level changes since original OPSIR report.

Organisation Name	Organisation Code	Difference in reported incidents
CROYDON HEALTH SERVICES NHS TRUST	RJ6	805
PENNINE ACUTE HOSPITALS NHS TRUST	RW6	-550
SALFORD ROYAL NHS FOUNDATION TRUST	RM3	-28
Total		**227**

All affected figures in categories for April 2020 – March 2021 have been updated, but few proportional changes were observed.

3.2 Specific changes within NaPSIR Commentary

- **Summary:**
    - All increases in reporting are seen in the Acute (non-specialist) cluster (+227)
- **3. Reported:**
    - 811 more incidents reported in the period (as opposed to the 227 reported as occurring in the period), an 0.2% increase.
- **4. Page 17:**
    - As described above, total incident has increased by 277.
    - Percentage change figure for the 'Implementation of care and ongoing monitoring / review' category has increased by 0.1% and is subject to rounding to 1 decimal place.
    - Percentage change figure for the 'Treatment, procedure' category has decreased by 0.1% and is subject to rounding to 1 decimal place.
- **Table 4:**
    - As described above, total incident has increased by 277.

    - Percentage change figure for the ‘Community nursing, medical and therapy service (incl. community hospital)’ setting has increased by 0.1% and is subject to rounding to 1 decimal place.

- **Incident Type by care setting**

    - Implementation of care and ongoing monitoring / review’ category has increased by 232, but percentages remain the same.

- **Reported degree of harm**

    - Percentage change figure for the ‘Moderate harm’ category has decreased by 0.6% and is subject to rounding to 1 decimal place.

    - Percentage change figure for the ‘Death’ category has increased by 0.3% and is subject to rounding to 1 decimal place.

- **Table 5:**

    - Percentage change figure for the ‘Moderate harm’ category has decreased by 0.6% and is subject to rounding to 1 decimal place.

    - Percentage change figure for the ‘Severe harm’ category has decreased by 1% and is subject to rounding to 1 decimal place. This is now a small reduction compared to previous year, rathe than a small increase, but still represents the same proportion within year.

    - Percentage change figure for the ‘Death’ category has increased by 0.3% and is subject to rounding to 1 decimal place.

- **Reported degree of harm by incident type**

    - A misplaced comma in the first data cell of this table has been updated to make logical sense, but number remains the same.

4. Conclusions

The OPSIR data for April 2020 – March 2021 have been updated and rereleased after a reporting issue was identified and duplicates due to Trust mergers resolved. 277 more reports occurred during the period, and small changes to categorical distributions of data have been noted and presented. There were no material changes to the conclusions or commentary presented with the data release.