

# Increasing Medication Incident Reporting Rates

**15% of the Quality Premium**

**Carole Mattock, Head of Quality & Safety**  
**Mark Eaton, Head of Delivery & Performance**

## Background

Domain 5 of the 14/15 Quality Premium includes an opportunity for the BHH CCGs to ultimately improve safety by increasing the rate of reporting for medication-related safety incidents within key providers. Achievement of this target represents 15% of the Quality Premium and would accrue approximately £750k across the 3 CCGs. We propose to share this on a 50/50 basis with the three specified providers (THH, NWLHT and CNWL) meaning that each would receive a maximum of approximately £107k (see next slide for calculation).

The Quality Premiums are dictated to CCGs by NHS England (NHSE) but the mechanism for monitoring performance and demonstrating that the improvements have been delivered is proposed by the local CCG.

To achieve Domain 5 of the Quality Premium the BHH CCGs must agree a target for improvement for our specified local providers (THH, NWLHT and CNWL) with both their local Health & Wellbeing Boards (HWBB) and NHSE. The CCGs will then also need to ensure that the provider achieves the specified increase.

In this document we have identified the baseline information taken from the NRLS database (Sep 13 Baseline) and proposed targets for improvement for each of the three providers. The demonstration that there has been an increase in incident reporting related to medication incidents will be via data uploaded to the NRLS database. Providers are expected to upload incidents from their local incident management systems onto the NRLS database on a monthly basis.

There is a concern by NHSE that areas of poor performance within a provider organisation may be masked by the provider's overall reporting rate. To provide assurance that this is not the case providers are to be asked to produce a quarterly report for presentation at their CQG meetings that demonstrate not only an increase in the rate of reporting but also that the spread of reporting is equitable across the organisation.

This programme will be managed and monitored by Carole Mattock and Mark Eaton on behalf of the BHH CCGs.

## Calculation of Expected Amount

	2014 Population (Thousands)	Total Quality Premium (£5/Head) (All Domains)	15% of Premium (Domain 5)	50% Share to CCG (Max if received)	Each Provider Receives:
<b>Brent</b>	319.8	£1,599,000	£239,850	<b>£119,925</b>	
<b>Harrow</b>	247.9	£1,239,500	£185,850	<b>£92,925</b>	
<b>Hillingdon</b>	291.1	£1,455,500	£218,325	<b>£109,162</b>	
<b>TOTAL</b>	<b>858.8</b>	<b>£4,294,000</b>	<b>£644,025</b>		<b>£107,337</b>

The information above is obtained from the ONS Population Data for 2014. DH/NHSE may decide to use a different baseline and this would affect the amounts received and the amounts payable.

## Questions for NHSE

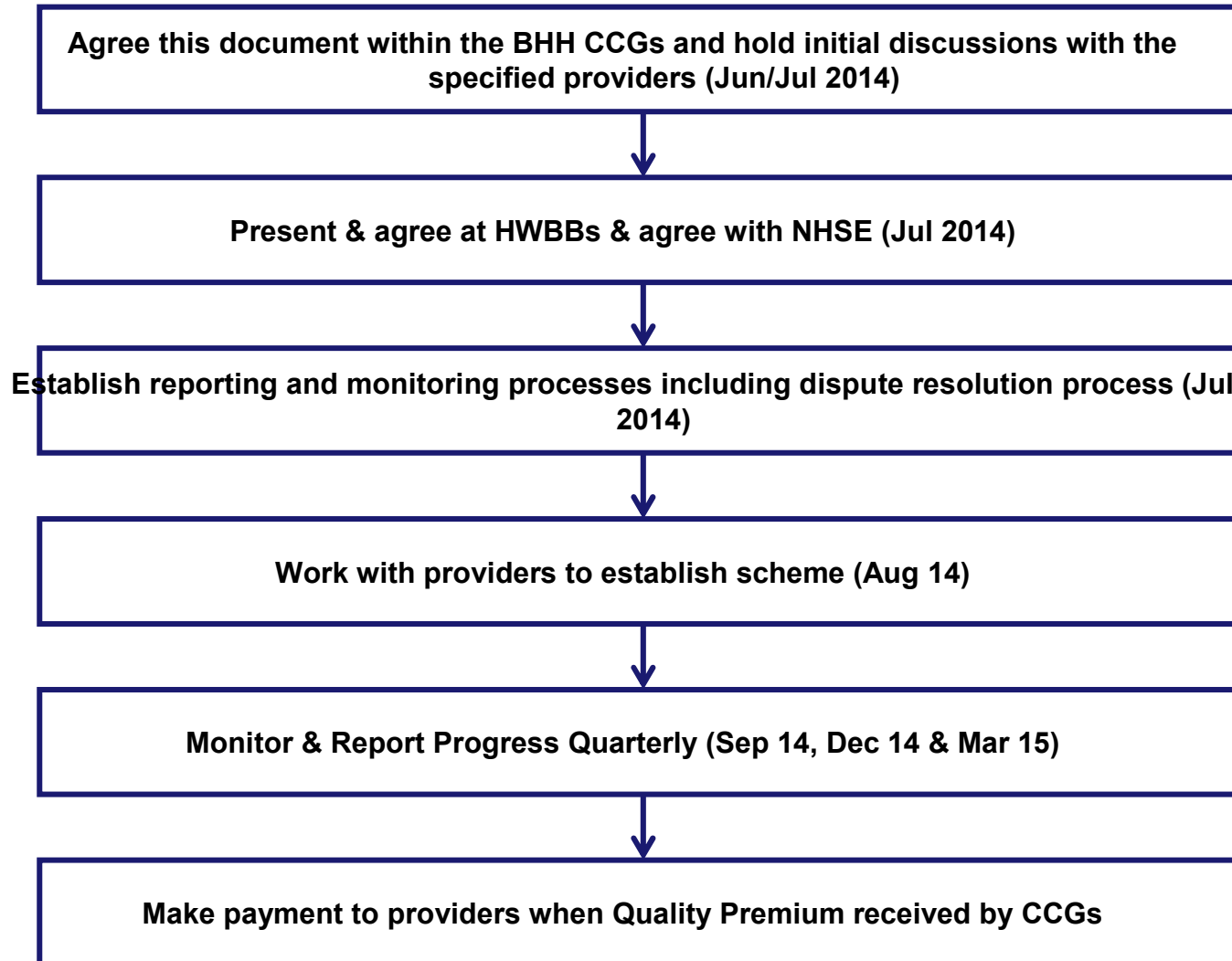
The following questions need to be posed to NHSE as part of the signoff from this process:

§If one or two of the providers achieve the targets but the others do not will NHSE consider a part payment of the Quality Premium for Domain 5 to avoid unduly penalising those providers that have achieved the objectives?

§The data from NRLS is not available until six months after the end of the period considered. Therefore, data uploaded by March 2015 will not be available to review until September 2015. As such, can we use information from the providers about the number of incidents uploaded to qualify their achievement rather than wait for six months for the NRLS data to become available? We can use the NRLS data to verify that the information given to us was correct.

§Will the Quality Premium payment be scaled based on achievement? For example, if one of the providers only achieves 50% of the proposed improvement in reporting rates will the payment be scaled to 50% or will the whole amount be paid on the basis that there has been an improvement? If it is to be scaled, we will need to discuss how this is managed across the three providers to give us the correct scaling.

# High Level Implementation Plan



# **Increasing Medication Incident Reporting Rates at THH**

**Carole Mattock, Head of Quality & Safety**  
**Mark Eaton, Head of Delivery & Performance**

# THH Targets & Baseline Information

The BHH CCGs propose to work with THH to deliver Domain 5 of the Quality Premium. The following is a summary of the baseline information and proposed improvements in performance.

## THH

### Baseline Information

(Six Months to Sep 13)

-Total Incidents Reported: 2,481

-Medication Incidents: 176

-Medication Reporting Rate: 7.1%

### Comparison To Similar Organisations

The comparison to similar organisations suggests that THH should be reporting medication related incidents at a rate of around 11% of all incidents. Therefore THH are currently reporting at a rate 3.9% below that of comparable organisations.

### Proposed Target for December 2014

Increase Medication Related Incidents reporting to more than 270/six months (with approximately 2,400 +/-10% reported incidents overall). This represents a 53% increase in overall reporting rates for THH.

# THH Proposed Income Share

We propose to share income with THH using the following scale based on the money received by the BHH CCGs against Domain 5 of the Quality Premium.

Proposed Payments		
<p><b>Pre-Qualification Requirements</b>            No money under this scheme will be paid where:</p> <ul style="list-style-type: none"> <li>•The BHH CCGs do not receive any money under Domain 5 of the Quality Premium</li> <li>•THH do not appoint a Medication Safety Officer (MSO) by September 2014.</li> <li>•THH do not show an increase in the absolute number of medication related incidents reported per quarter.</li> </ul>		
Measure	% Split	Approximate Maximum Value (£)
Defined reporting process in place assured by HCCG for reporting medication and other incidents using the NRLS system.	10% of total value	£10,700 approx
Communications plan in place to educate and encourage staff to report both actual incidents and near misses.	10% of total value	£10,700 approx
Risk assessment of the medication pathway and three or more major areas of the organisation and demonstration of improved controls in place.	20% of total value	£21,400 approx
Quarterly improvements in the total number of reported medication incidents for Q3 and Q4 of 14/15	30% of total value for each quarter	£32,100 approx Per Quarter for 2 Quarters
	<b>TOTAL</b>	<b>£107,000 approx</b>



# Increasing Medication Incident Reporting Rates at CNWL

**Carole Mattock, Head of Quality & Safety**  
**Mark Eaton, Head of Delivery & Performance**

# CNWL Targets & Baseline Information

The BHH CCGs propose to work with CNWL to deliver Domain 5 of the Quality Premium. The following is a summary of the baseline information and proposed improvements in performance.

## CNWL

### Baseline Information

(Six Months to Sep 13)

-Total Incidents Reported: 3,660

-Medication Incidents: 383

-Medication Reporting Rate: 10.5%

### Comparison To Similar Organisations

The comparison to similar organisations suggests that CNWL should be reporting medication related incidents at a rate of around 8.8% of all incidents. Therefore they are currently reporting at a rate 1.7% above that of comparable organisations.

### Proposed Target for December 2014

Increase Medication Related Incidents reporting to more than 430/six months whilst maintaining this at a rate above 8.8% of all incidents reported. This represents a 12.2% increase in the overall reporting rates.

# CNWL Proposed Income Share

We propose to share income with CNWL using the following scale based on the money received by the BHH CCGs against Domain 5 of the Quality Premium.

Proposed Payments		
<p><b>Pre-Qualification Requirements</b>            No money under this scheme will be paid where:</p> <ul style="list-style-type: none"> <li>•The BHH CCGs do not receive any money under Domain 5 of the Quality Premium</li> <li>•CNWL do not appoint a Medication Safety Officer (MSO) by September 2014.</li> <li>•CNWL do not show an increase in the absolute number of medication related incidents reported per quarter.</li> </ul>		
Measure	% Split	Approximate Maximum Value (£)
Defined reporting process in place assured by HCCG for reporting medication and other incidents using the NRLS system.	10% of total value	£10,700 approx
Communications plan in place to educate and encourage staff to report both actual incidents and near misses.	10% of total value	£10,700 approx
Risk assessment of the medication pathway and three or more major areas of the organisation and demonstration of improved controls in place.	20% of total value	£21,400 approx
Quarterly improvements in the total number of reported medication incidents for Q3 and Q4 of 14/15	30% of total value for each quarter	£32,100 approx Per Quarter for 2 Quarters
	<b>TOTAL</b>	<b>£107,000 approx</b>

# Increasing Medication Incident Reporting Rates at NWLHT

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**Mark Eaton, Head of Delivery & Performance**

# NWLHT Targets & Baseline Information

The BHH CCGs propose to work with NWLHT to deliver Domain 5 of the Quality Premium. The following is a summary of the baseline information and proposed improvements in performance.

## NWLHT

### Baseline Information

(Six Months to Sep 13)

-Total Incidents Reported: 2,062

-Medication Incidents: 255

-Medication Reporting Rate: 12.4%

### Comparison To Similar Organisations

The comparison to similar organisations suggests that NWLHT should be reporting medication related incidents at a rate of around 10.6% of all incidents. Therefore they are currently reporting at a rate 1.8% above that of comparable organisations.

### Proposed Target for December 2014

Increase Medication Related Incidents reporting to more than 300/six months whilst maintaining this at a rate above 10.6% of all incidents reported. This represents a 17.6% increase in overall reporting rates.

# NWLHT Proposed Income Share

We propose to share income with NWLHT using the following scale based on the money received by the BHH CCGs against Domain 5 of the Quality Premium.

Proposed Payments		
<p><b>Pre-Qualification Requirements</b>            No money under this scheme will be paid where:</p> <ul style="list-style-type: none"> <li>•The BHH CCGs do not receive any money under Domain 5 of the Quality Premium</li> <li>•NWLHT do not appoint a Medication Safety Officer (MSO) by September 2014.</li> <li>•NWLHT do not show an increase in the absolute number of medication related incidents reported per quarter.</li> </ul>		
Measure	% Split	Approximate Maximum Value (£)
Defined reporting process in place assured by HCCG for reporting medication and other incidents using the NRLS system.	10% of total value	£10,700 approx
Communications plan in place to educate and encourage staff to report both actual incidents and near misses.	10% of total value	£10,700 approx
Risk assessment of the medication pathway and three or more major areas of the organisation and demonstration of improved controls in place.	20% of total value	£21,400 approx
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	<b>TOTAL</b>	<b>£107,000 approx</b>