

Freedom of Information Request**Ref: UHB 17-640**

Date 21 November 2017

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Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

1) Which system does your Trust use for incident reporting? Datix

2) How can staff report incidents at your Trust? (select all that apply)

Online incident form	Yes
Paper incident form (excluding form used when an online system is unavailable)	No
Mobile app	No
Telephone helpline	No
Other (please specify)	No

3) What things do your Trust do to encourage a good incident reporting culture?

- We provide feedback locally to staff on learning and actions taken as a result of their reported incidents.
- There is a monthly Trust safety bulletin sharing learning across the Trust so staff can see how learning from their reported incidents results in change across the organisation
- We provide continuous positive reinforcement at every opportunity.
- All new staff on induction made aware of how to report an incident and their individual responsibility and contribution towards a just and open reporting culture
- We Feed incident themes into QI Projects/wider patient safety improvement work
- Incident reporting per 1000 bed days standard item in all divisional and trust wide patient safety reports: key message lots of reporting=shared learning=harm reduction. Also NRLS benchmark data reported as standard 6 monthly.

4) How do you ensure staff comply with the incident reporting process?

- All new staff of induction made aware of their responsibilities regarding in incident reporting
- Staff who identify and verbalise an event/concern but have not recognised or reported an incident supported to report by manager or manager reports

5) Is incident reporting training included during Trust Induction? If yes, is it a standalone session or part of another?

- It is part of a general Quality and Governance session for all new staff plus this is discussed in more detail as part of an additional patient safety induction session for all new clinical staff
- The Trust also provides one to one training for our online incident form – Datix.

6) Is incident reporting training included during Trust Mandatory training sessions? If yes, is it a standalone session or part of another session?

- Please see 5. These sessions are mandatory. There is also a reminder in mandatory 3 yearly patient safety update for clinical staff

7) What is the expected timescale for completing the investigation of none/minor harm incidents?

- The Trust's policy is that all incidents should be managed and closed with 30 days unless there is an on-going formal investigation.
- The majority of no and minor harm incidents are managed and closed within 48 hours by the local ward/department manager.

8) How do you monitor the quality of investigations?

- There is a quality assurance checklist
- There is an individual divisional quality check for all RCAs.
- There is an additional individual corporate quality check for all serious incident RCAs
- Final drafts are signed by a Senior Manager in the relevant division
- All RCAs go through divisional governance group for sign off
- All serious incident RCAs also have Executive Director sign off.
- There is also a "check and balance" checklist used for serious incidents when they are discussed in Trust wide groups prior to sign off

9) How is learning from incidents shared and embedded within your Trust?

- Via the Trust's online incident form – Datix.
- Also if there is theme we feed into QI Projects/wider patient safety improvement work
- Serious incident RCAs and divisional RCA where there is wider organisational learning are discussed at the Trust Patient Safety Group and Trust Clinical Quality Group where there is divisional representation for shared learning.

10) How many duplicate incidents (e.g. two staff members have reported the same incident) and issues that do not meet the criteria of an incident have you rejected over the past 12 months? If unknown, please estimate.

- Please note we only merge duplicate incidents i.e. this means taking the information from a duplicate and adding it to the original and then rejecting the duplicate. There are approximately one a week.

- We don't reject any other reported incident from our local incident reporting system

11) Do you submit community acquired pressure ulcers onto the NRLS?

- No. We provide the information back to community providers and commissioners for them to ascertain whether the patient is a service user and for them to report and manage accordingly.
- The National Safety Thermometer Audit picks up the burden of harm to patients – this includes data on patients in our hospitals with hospital and/or community acquired pressure ulcers.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Trust Secretary
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely,

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