

**Information Governance**

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Response Due: 21<sup>st</sup> November 2017

21<sup>st</sup> November 2017

Dear

**INFORMATION REQUEST UNDER THE FREEDOM OF INFORMATION ACT 2000**

We are now pleased to respond to your request for information under the FOI Act.

You asked:

1. *Which system does your Trust use for incident reporting?*

The Trust uses DATIX Web for Incident reporting

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

- a. **Online incident form**
- b. *Paper incident form (excluding form used when an online system is unavailable)*
- c. *Mobile app*
- d. *Telephone helpline*
- e. **Daily Teleconference Via the Divisional Governance Leads**

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

The Trust ensures that the policy and SOP's are communicated to all staff. Managers support and encourage staff to report any incidents. The importance of good incident reporting is taught at local induction for all members of staff and is also part of the training programme for the junior doctors, nursing and support staff. The importance of learning from incidents is embedded within the Trusts culture and staff recognise the importance of reporting incidents to promote learning to mitigate the risk of an incident happening again in the future. The Datix link for reporting of the incident is readily accessible for all members of staff and is easily found on the front page of our intranet site. The Trust promotes a 'Just Culture' reporting environment in which people are encouraged to actively report incidents without fear that they might be blamed for 'honest errors'. Any areas identified as being low reporting are highlighted and actions are taken to address this.

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

The Trust ensures that the Incident Policy and associated SOP's are effectively communicated to all staff. Incidents are escalated via the daily teleconference by the Division and any concerns of patient harm (moderate and above) are investigated immediately and actions monitored via ESC weekly.

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

Yes it is part of Trust Induction and it is a standalone session.

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

No it is not part of the Trusts Mandatory Training

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

A reported incident should be reviewed and investigated within 10 days

8. *How do you monitor the quality of investigations?*

When an incident is submitted the Divisional Governance teams will review all the incidents and request further information from the reporter accordingly. When an incident is reported it will filter through different holding areas until the appropriate investigation details have been inputted. Initially the incident will be reviewed by the ward and departmental manager and they will carry out the local investigation to establish what went wrong and what actions have been taken to prevent the same issue happening again. Once the local investigation has been completed the Divisional Governance leads will review the information provided to monitor the quality of the investigation. If further information is required they will request this accordingly, only then will the incident be given final approval and closed. Any in depth investigations that have been carried out for incidents categorised as moderate and above will have an additional investigation completed, be it 'Rapid Review' or a 'Concise Investigation' and this will be saved with the original incident and stored on the central database (DATIX). Any actions that have been identified following completion of this type of incident will be monitored via the most appropriate committee i.e. Executive Scrutiny Committee (ESC)/SIRI or DQEC. ESC members will meet weekly to discuss and review any incidents that have been escalated and here a decision will be made as to whether an incident meets NHS England's Serious Incident criteria and is reported to StEIS. Any incident that is identified as a serious incident requires a concise investigation and this investigation will be monitored via ESC and SIRI. The action plan will be monitored via SIRI with oversight by the CCG until the committee are assured that all actions have been taken to prevent occurrence of the incident.

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

Incidents that are reported are held on a centralised system this allows teams to analyse the type, frequency and severity of the incidents and to use this information to improve systems and patient care. Each Division will inform the Corporate Team via daily teleconference of any potential serious incidents and if required a Rapid Review or further investigation will be requested. Weekly Comm Cell meetings identify any immediate actions or concerns that require escalation. Within the Divisions monthly Safe Effective Caring (SEC) reports are produced, cascaded. All staff reporting an incident within the Trust will receive notification and feedback once an incident has been investigated if they have requested this. Trends and themes will be identified by the Governance Team and these will be cascaded via the same SEC report and will be discussed in depth at the Divisional Quality Executive Committee meetings held monthly. Head of Nursing will discuss this report if required at the Senior Nurse Meetings and this will then be filtered down to ward level. Directorate Clinical Cabinet Meetings are held monthly and the Governance Team provides a report of the incidents that have occurred in relation to their specialities. Any identified issues will be deep-dived and an action plan will be populated and monitored via the appropriate committees. Serious incidents identified as moderate or above are monitored on the Divisional Tracker and actions required and learning are discussed/monitored within

the Team at DQEC and Clinical Cabinet Meetings. Actions will be identified and changes to practice will be considered if relevant.

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.

From 1 September 2016 to the 31 October 2017, there have been 694 reported incidents that have been rejected

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

Yes we do

I trust that this information is helpful to you, however if you are not entirely satisfied with this response please do not hesitate to contact the Information Governance Department on 01257 488271. If we do not hear from you within 28 days we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Andrew Foster  
Chief Executive

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If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Wrightington Hospital, Hall Lane, Appley Bridge, Wigan, WN6 9EP

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF