

Freedom of Information request 393-17

Request

Could you please disclose your serious incidents and adverse events reports in 2016, 2015 and 2014.

Clarification received: the number of incidents

Please also disclose the total number of serious incidents and adverse events by category with a similar annual breakdown.

Clarification received: By event type and outcome please

Response

- Number of Adverse Events that are considered to be Significant Adverse Events (that is, those with a major or extreme adverse outcome) for each calendar year

2014	2015	2016
63	59	86

- The event type for each Significant Adverse Event (that is, those with a major or extreme adverse outcome) for each calendar year:

	Major Outcome	Extreme Outcome
Event Type	2014	
Access/Appointment/Admission/Transfer/Discharge	<5	
Aggression & Violence/Personal Safety	<5	
Fall/ Slip/Trip	27	
Investigation, Diagnosis & Treatment Problems	<5	<5
Medication Event	<5	
Moving & Handling	<5	
Obstetric Event	<5	
Other Event	<5	<5
Patient Experience Event	11	
Tobacco/ Alcohol/ Illicit substance Event		<5
Absconsion/self harming behaviour		<5
Child Health Event		<5
TOTAL	53	10
Event Type	2015	
Access/Appointment/Admission/Transfer/Discharge		<5
Fall/ Slip/Trip	24	<5
Investigation, Diagnosis & Treatment Problems	<5	<5
Medication Event	<5	
Obstetric Event		<5
Other Event	<5	<5
Patient Experience Event	8	
Tobacco/ Alcohol/ Illicit substance Event		<5
Absconsion/self harming behaviour	<5	6

Procedure Problems	<5	
Transfusion Related Event	<5	
TOTAL	42	17
Event Type	2016	
Access/Appointment/Admission/Transfer/Discharge	<5	
Aggression & Violence/Personal Safety	<5	
Fall/ Slip/Trip	39	<5
Investigation, Diagnosis & Treatment Problems	5	
Medication Event	<5	
Moving & Handling	<5	
Obstetric Event		<5
Other Event	<5	6
Patient Experience Event	14	
Tobacco/ Alcohol/ Illicit substance Event		<5
Absconsion/self harming behaviour	<5	5
Infection Control Event	<5	
TOTAL	68	18

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or foi.enquiries@borders.scot.nhs.uk.

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **393-17** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.