Annex D – Consultation response form

Respondent information

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Please return this form by 1 March 2013 to: hcis.adverseevents@nhs.net

Consultation questions

1	**What do you think should be included within the scope of the national approach?** The Royal College of Physicians of Edinburgh ("the College") supports the suggestion put forward in paragraph 24 that the scope of the national approach could be restricted to adverse events which result in, or have the potential to cause, harm to people (patients, staff, visitors and the public). It might be appropriate to have a phased introduction of the national approach in order to ensure this is done effectively and successfully. This would be supported by the use of a single reporting system and clear national definitions.
2	**What principles should form the basis of the national approach?** The College is supportive of the principles outlined in paragraph 28.
3	**How should adverse events be defined?** Adverse advents should be defined in a way that covers the concept of avoidable harm, or potential harm, to patient, relative or carer.

4	**How should we categorise adverse events?** The College agrees with the categorisation suggested in paragraph 33.
5	**How should near-misses be reported and responded to?** No particular comment.
6	**How can we achieve consistency of approach for events that are assessed at the boundary between a significant adverse event and all other adverse events?** No particular comment.
7	**How could a nationally agreed list of significant adverse events add value?** A nationally agreed list would ensure there was no dubiety over the categorisation of significant adverse events.
8	**How do we promote reporting and foster a 'just culture' across NHSScotland?** No particular comment.
9	**How can the national approach ensure that adverse events are responded to in a simple, proportionate and consistent manner across NHSScotland?** No particular comment.

10	**How do we ensure appropriate governance arrangements at a local level and how could this be supported nationally?** No particular comment.
11	**How do we embed a focus on involving patients and family in adverse event management?** No particular comment.
12	**Should patients and families be involved in the review of near-misses?** No particular comment.
13	**How do we involve and support staff in adverse event management?** A culture change at all levels in the NHS is needed to encourage a transparent and supportive environment for staff to feel comfortable in tackling adverse event management.
14	**How would analysis of national trends add value?** Analysis of national trends allows comparison of areas across Scotland and monitoring at a national level, and would add value through sharing learning and best practice. Paragraph 55 suggests that a national system would be unaffordable; however the College would be interested to know if this proposal has been costed? Would this system need to be very different from the current DATIX system?
15	**What mechanisms could be used to systematically share learning from adverse events across NHSScotland?** The learning/sharing mechanisms need to target specific clinical areas. For example, gastroenterologists don't need to know about cardiac surgery. Targeted clinical "envelopes" sent electronically, with sign-off, would be most useful.

16	**How can we measure if NHS boards, and NHSScotland, learn from adverse event reviews?** This could be measured through the analysis of reoccurrence of particular types of adverse events.
17	**How should the national approach be aligned to other national safety programmes?** No particular comment.
18	**What impact would the application of a common definition of adverse events across NHSScotland have on NHS board systems?** No particular comment.
19	**How should implementation of the national approach be monitored?** No particular comment.
Any other comments	The College is in general agreement with much of what is proposed in this document. The challenge, which we do not think is fully addressed, is how to put principle into practice. As discussed in question 1, we suggest a phased introduction of the national approach to allow NHS Scotland time to effectively adjust to the approach and ensure that it works as intended.