

**Freedom of Information Request**

**Ref: 25-108**

20 February 2025

By Email

Dear Sir/Madam

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

- We can confirm that we do hold the information you are requesting

**I am requesting information under the Freedom of Information Act 2000 regarding the management and reporting of Clinical Risk vs. Patient Data.**

**I am looking for information surrounding CQC inspection and/or Trust risk register actions relating to patient data and recorded risks relating to the availability of patient data (digital and physical data assets). Please find my questions below:**

**Q1: How many Clinical IT System/Patient Data risks with a risk score of 16 or above have been recorded on the Trust risk register in Financial Years 2022/23 and 2023/24?**

None

**Q2: How many Physical Patient Record risks with a risk score of 16 or above have been recorded on the Trust risk register in Financial Years 2022/23 and 2023/24?**

None

**Q3: How many Datix Incidents did the Trust record in Financial Years 2022/23 and 2023/24?**

**2022/2023:** 35500

**2023/2024:** 36520

**Q4: Of these incidents recorded in Datix or other risk-based reporting systems:**

**a) How many were categorised as no harm?**

**2022/2023:** 27142

**2023/2024:** 28055

**b) How many were categorised as no harm but appointment rescheduled?**

Not applicable

**c) How many were categorised as low harm (minor harm)?**

**2022/2023:** 7571  
**2023/2024:** 7144

**d) How many were categorised as moderate harm?**

**2022/2023:** 469  
**2023/2024:** 469

**e) How many were categorised as severe harm (significant harm)?**

**2022/2023:** 273  
**2023/2024:** 788

**f) How many were categorised as death (catastrophic)?**

**2022/2023:** 45  
**2023/2024:** 64

**g) If your organisation uses different grading criteria or additional categories, could you please specify and provide details?**

We classify no harm under the following degrees of harm: None; None – near miss; Unavoidable death.

We do not have a classification for “no harm but appointment rescheduled”

Low/minor harm we classify as Negligible harm and Minor harm

Severe harm we classified as Major

Death we classify as Catastrophic harm or Unexpected death

**Q5: Could you please provide the total number of incidents reported in Datix or any other risk-based reporting systems for the years 2022/23 and 2023/24 that are specifically related to Digital Patient Records?**

The information provided below relates to incidents recorded under the Documentation and Information Governance category. We do not separate documentation incidents between digital and physical records

**2022/2023:** 1273 incidents  
**2023/2024:** 1607 incidents

**Q6: For the incidents recorded in response to Q5 that are recorded in Datix or other risk-based reporting systems:**

**a) How many were categorised as no harm?**

**2022/2023:** 1184  
**2023/2024:** 1500

**b) How many were categorised as no harm but appointment rescheduled?**

Not applicable

**c) How many were categorised as low harm (minor harm)**

**2022/2023:** 86

**2023/2024: 99**

**d) How many were categorised as moderate harm?**

**2022/2023: \***

**2023/2024: 7**

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, providers and Trusts may allow identification of patients and should not be published.

**e) How many were categorised as severe harm (significant harm)?**

**2022/2023: 0**

**2023/2024: 0**

**f) How many were categorised as death (catastrophic)?**

**2022/2023: 0**

**2023/2024: \***

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, providers and Trusts may allow identification of patients and should not be published.

**g) If your organisation uses different grading criteria or additional categories, could you please specify and provide details?**

We classify no harm under the following degrees of harm: None; None – near miss; Unavoidable death.

We do not have a classification for “no harm but appointment rescheduled”

Low/minor harm we classify as Negligible harm and Minor harm

Severe harm we classified as Major

Death we classify as Catastrophic harm or Unexpected death

**Q7: Could you please provide the total number of incidents reported in Datix or any other risk-based reporting systems for the years 2022/23 and 2023/24 that are specifically related to Physical Patient Records?**

The information provided below relates to incidents recorded under the Documentation and Information Governance category. We do not separate documentation incidents between digital and physical records

**2022/2023:** 1273 incidents

**2023/2024:** 1607 incidents

**Q8: For the incidents listed in response to Q7 that are recorded in Datix or other risk-based reporting systems:**

**a) How many were categorised as no harm?**

**2022/2023:** 1184

**2023/2024:** 1500

**b) How many were categorised as no harm but appointment rescheduled?**

Not applicable

**c) How many were categorised as low harm (minor harm)?**

**2022/2023:** 86

**2023/2024:** 99

**d) How many were categorised as moderate harm?**

**2022/2023:** \*

**2023/2024:** 7

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, providers and Trusts may allow identification of patients and should not be published.

**e) How many were categorised as severe harm (significant harm)?**

**2022/2023:** 0

**2023/2024:** 0

**f) How many were categorised as death (catastrophic)?**

**2022/2023:** 0

**2023/2024:** \*

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The

Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, providers and Trusts may allow identification of patients and should not be published.

**g) If your organisation uses different grading criteria or additional categories, could you please specify and provide details?**

We classify no harm under the following degrees of harm: None; None – near miss; Unavoidable death.

We do not have a classification for “no harm but appointment rescheduled”

Low/minor harm we classify as Negligible harm and Minor harm

Severe harm we classified as Major

Death we classify as Catastrophic harm or Unexpected death

**Q9: Has the Trust received any recommendations from the Care Quality Commission (CQC) on resolving the fragmentation or dispersal of patient data and / or medical records across the Trust?**

No

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:

Data Protection Officer  
University Hospitals Bristol and Weston 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

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust’s Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information

(such as your name, email and so on) from any information we make public to protect your personal information.

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

Yours sincerely

**Freedom of Information Team**  
**University Hospitals Bristol and Weston NHS Foundation Trust**