

Date: 26/03/2015

**FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/012148**

With reference to your FOI request in connection with 'Clinical incident reporting', please see response below.

**How are clinical incidents reported; using dedicated software? Manual on excel sheet? Manual on paper? Other?**

Dedicated software

**If software or other, can you specify what software or method do you use?**

DATIX

**May I have an example of an anonymised clinical incident reporting document?**

Please see below an example of the DATIX incident reporting tool front page.

**How many incidents were reported during the financial year 2013-2014, and how many have been reported in 2014-2015 so far?**

2013/2014 - 16,135

2014/2015 (year to date) - 15,210

**How many full time equivalent staff are employed (approximately) to deal with incident reporting and documentation?**

Any person in the Trust can put an incident on Datix (the software) and anyone can be asked to look into an incident, there is not a set number of people.



# Dudley Group Incident Reporting Form

Special Forms	Training	Contact Us
<a href="#">Report a Pressure Sore from Hospital Computer</a>		
<a href="#">Report VTE from Hospital Computer</a> <a href="#">Report a Pressure Sore from a Community Computer</a> <a href="#">Report Missing Patient Records from Hospital Computer</a> <a href="#">Managers To Do List from a Hospital Computer</a> <a href="#">Managers To Do List from a Community Computer</a>	<a href="#">New Datix System Guide <small>(NEW)</small></a>  <a href="#">Managing Incidents</a>  <a href="#">Consultants Guide</a>	<a href="#">Reset your password</a>  <a href="#">Report a Missing Code/Location</a>  <a href="#">Email Datix Consultant</a> <a href="#">Lawson Odere Lead</a> <a href="#">Consultant Ext 1203</a>

1. **★Are you Reporting a Pressure Sore?**

Please do not use this form to report Pressure Sore incidents. Please use the **Report a Pressure Sore** form in the *Special Forms* box, shown directly above.

2. **(1/6) When and Where?**

Please enter the date, time, and location of the incident.

3.

**★Date of Incident: (dd/MM/yyyy)**

**★Are you reporting an Incident that occurred more than two days ago?**

**★Place:**

#### 4. (2/6) What Happened?

Please enter the details of what happened, what was done at the time, and what happened as a result.

5.

\*Patient/Non-Patient Incident:

Please type a description of what happened. Please **DO NOT PUT NAMES OF STAFF OR PATIENTS** in this section - you can add these details later in the form.

*E.g. "Member of staff slipped on ice whilst entering building, bruising her knee."*

ABC

Injury/Harm

Please record any subsequent injuries in the **Description** box.

Enter the details of what was done at the time to resolve the incident. Please **DO NOT PUT NAMES OF STAFF OR PATIENTS** in this section - you can add these later in the form.

*E.g. "First aid applied to bruised knee - Estates informed about ice."*

\*Is this incident due to an IT issue

\*Severity Level (1-5) ?

*Record the grade of harm/near miss that is a direct consequence of the incident.*

*If you feel the incident requires to be alerted to the Governance Team and /or needs a Level 3 investigation put Severity Grade as 4 or 5 (this will be reviewed and amended to the actual Severity Grade by the Governance team following review).*

## 6. (3/6) Incident Coding

*Please categorise the type of incident that is being reported by making selections from the drop-down boxes. if you are unsure please contact the DATIX team on ext 1203*

7.

*Incident Type*

\*Category

## Safeguarding

\* Is this a potential Safeguarding Issue?

## (4/6) Who is Responsible for Managing this Incident?

**Please select the team that is responsible for managing this incident by selecting from the boxes below.**

\*Hospital/Community/Other?

Department

Team

### (5/6) Multidisciplinary Team/Other

Please record the details of members of the multidisciplinary team or anyone else who was involved with this incident.

Details of Other Person(s)

To add more people to this incident, click **ADD ANOTHER** at the bottom of this section.

Clear Section

**\*Role in Incident:**

**\*Job/Role:**

**\*Surname**

### (6/6) Reporter Details

Reporter Details

Clear Section

**Role in Incident:**

**Reporter of Incident**

**\*Job/Role:**

**\*Forename:**

**\*Surname:**

**\*Your Work Email Address:**

Please put in your work e-mail address so for example:-  
forename.surname@dgh.nhs.uk or forename.surname@dgc.nhs.uk if you work in  
the community

**Work Telephone Number:**

**3. To complete this form please click SUBMIT**

**If you have questions or queries about using this form, or would like to suggest improvements or alterations, please send an [Email](#) to Sue Hammond(Datix Administrator).**

6.

1. Physical intervention/Restriction used?

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