Investigation Template – please complete all sections

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datix Reference No. | |  | Risk Grading, Department, actual effect on patient/service and severity of incident |  |
| Date Incident/ Complaint received | |  |  |  |
| Is this StEIS Reported Yes/No | |  |  |  |
| Incident Detail | |  |  |  |
| Duty of Candour / Involvement, support patient relatives, staff | |  |  |  |
| Investigation Type  (Concise, Comprehensive, Independent) | |  |  |  |
| Investigation Lead / Team | |  | | |
| Terms of Reference | |  | | |
| Date Investigation Commenced | |  | | |
| Target Date for Completion | |  | | |
| Case / Adastra Number | |  | | |
| Contributory factors (internal / External) | |  | | |
| Care & Service Delivery Issues | |  | | |
| Investigation findings/conclusion | |  | | |
| Planned actions – please detail who these actions are assigned to (please use separate action plan if required). | |  | | |
| Feedback to individuals concerned | |  | | |
| Lessons Learnt |  | | |
| Details of any disseminated learning/feedback |  | | |
| Date investigation completed |  |  |  |