

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		DATIX – Risk Management System Unavailable		GOV003		
Scope		ALL PC24 STAFF				
Purpose		To ensure safe, effective and timely business continuity in the event that the organisations electronic incident reporting system (DATIX) is unavailable.				
Guid	Guidelines To ensure prompt instigation of DATIX business continuity plans.					
PRO	CEDUR	E	RESPON	SIBILITY		
	In the	event of planned DATIX system downtime:	•			
1		nunications will be sent in advance to all staff within the sation via usual communication channels.	Communi Manager	cations		
2	The Quality Governance Team will prepare reports for Heads of Service of open incidents, complaints and concerns no more than 24 hours before the planned downtime. The Quality Governance Team will also retain a copy of these			Quality Governance Team		
	reports	•				
3	Heads of service will ensure that all teams have electronic and paper contingency DATIX templates available for: Incident reporting. Complaints, Concerns and Compliments reporting.					
4	Service leads, Service Mangers and Practice Managers will ensure that all staff know how to access paper contingency templates. Service Leads			eads		
5	In the event of an incident, complaint, concern or compliment the relevant staff member will complete the paper contingency Datix reporting form and escalate to their line manager, face to face, by email or telephone.			All staff		
6	day of Email: In the	ATIX contingency reporting form should be sent on the the incident to the Quality Governance Team: datix@pc24.nhs.uk event that all electronic systems are down the incident be reported to the line manager who will determine if	All staff			

	the Quality Governance team need to be informed immediately by telephone on: 0151 254 2553 or by Fax on: 0151 228 8845		
7	Quality Governance Team will collate all new paper/electronic Datix reporting forms submitted during the down time and liaise with Heads of Service to enable them to continue to manage incidents, complaints and concerns accordingly.	Quality Governance Team	
8	The service lead, service manager or practice manager should continue as normal to mitigate any immediate risks and carry out any other immediate actions determined by the incident and maintain a log of all actions on the paper or electronic template in use.	Service Leads, Service Managers, Practice Managers	
9	When Datix becomes available, the Quality Governance Team will enter the Datix reports retrospectively and upload the electronic or paper template.	Quality Governance Team	
10	All staff will resume using Datix and retrospectively input actions that have taken place during the down time to each incident/complaint.	All staff	
	In the event of unplanned DATIX downtime:		
11	Follow the above process starting at point 3. All staff	All staff	
	Appendices:		
	Incident Reporting Template,		
	Complaints, Concerns, Compliments Reporting Template		



Incident Reporting

Please complete this form and email to datix@pc24.nhs.uk

If you have any queries or want to discuss the incident please call the Quality Governance Team 0151 254 2553.

Incident date (dd/mm/yyyy)	
Time (hh:mm)	
Service	
Location	
Incident type (Did the incident affect	
the patient, staff, practice, PC24, visitor,	
contractor or member of the public?)	
contractor or mornisor or the public.	
Category: Examples: electrical,	
environmental issues (weather, road	
closures), drug/medication, equipment,	
diagnosis/treatment, contact with sharps	
or needles, health records, infection	
control, equipment, fire, information	
governance, IT, Security, Safeguarding, Staffing issues, violence and	
aggression, Vandalism, slip, trip, fall.	
aggression, varidatism, stip, trip, tail.	
Description:	
Enter facts, not opinions. Please	
enter job titles and do not enter	
names of any person, including	
patients and staff.	
Please add the Adastra/EMIS number	
here.	

Immediate Action t	akon
Enter actions taken	
incident by yourself	
lincident by yoursen	of anyone else.
Patient Details (if a	patient was involved in the incident)
Name	
Address	
D.O.B	
Case Number	
Contact number	
if necessary) Name	
Job role	
Contact number	
Witnesses to the inc	cident
Name	
D.O.B	
Contact details	
Job Role (if PC24	
staff member)	
Was anyone else in	volved in the incident?
Name	
D.O.B	
Case Number	
Contact details	
Safeguarding	You have a duty of care to your patients/service users and your
Incident? (Yes or	colleagues. Safeguarding is everybody's business.
No)	Please confirm that you have also reported this safeguarding incident
	to the relevant agency.



Details of person reporting the incident

Name	
Contact details	
Email	
Job Role	
Name of your	
Name of your Manager	

PLEASE RETURN COMPLETED FORM TO: datix@PC24.nhs.uk or PC24 Quality Goverance Team, 4 – 6 Enterprise Way, Wavertree Technology Park, Liverpool L13 1FB.



Complaint, Concern & Compliment Reporting & Recording Please complete this form and email to datix@pc24.nhs.uk

If you have any queries or want to discuss the complaint please call the Quality Governance Team 0151 254 2553.

Name of Service / Practice

Area:	
Is this a complaint, concern, or compliment	
Date received.	
Incident date (dd/mm/yyyy)	
Time (hh:mm)	
Designation of the person reporting this	
complaint. (patient / advocate / relative)	
Is consent required Yes/No	
If consent is required, has this been	
requested Yes/No	
Has consent been received Yes/No/	
Date consent received	
Method of receipt of	
complaint/concern/compliment:	
(verbal/letter/email/CCG/NHSE)	
Description of Complaint / Concern /	
Compliment.	
D	
Please describe the complaint details	
Enter as much information as	
possible, and ensure the information	
is clear, accurate and contains only	
factual information, not opinions,	
 Do not enter names of staff in this 	
section, please use job roles only	
Please continue on separate piece of paper	
if necessary.	
,	

Complainants Details (p	erson who submitted	the complaint)			
Name Address					
Address					
Contact number					
Designation of the	Please provide as mu	ch information as possible. i.e. if relative, is this			
complainant i.e. patient	the daughter, son, par				
/ advocate / relative					
f the executation and to made	(b	outh a complete to the company of the details of			
		y the complaint, please provide details of			
he patient affected by the	ie compiant				
	1				
Name					
Date of birth					
Date of birth Address					
Date of birth Address Contact number					
Date of birth Address					
Date of birth Address Contact number NHS Number	involved in the incide	nt including CPs Nursing staff and			
Date of birth Address Contact number NHS Number f any staff member was		nt, including, GPs, Nursing staff and			
Date of birth Address Contact number NHS Number f any staff member was administrative staff plea					
Date of birth Address Contact number NHS Number f any staff member was					

Contact number

Name	
Job Role	
Contact number	
Name	
Job Role	
Contact number	
Name	
Job Role	
Contact number	
Name	
Job Role	
Contact number	
	volved in the incident?
Name	volved in the incident?
Name Relationship to	volved in the incident?
Name Relationship to complaint	volved in the incident?
Name Relationship to complaint (e.g. someone from	volved in the incident?
Name Relationship to complaint (e.g. someone from another organisation,	volved in the incident?
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc)	volved in the incident?
Name Relationship to complaint (e.g. someone from another organisation,	volved in the incident?
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc) Contact number	
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc) Contact number	
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc) Contact number Details of staff member Name Contact No	
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc) Contact number Details of staff member Name Contact No Email	
Name Relationship to complaint (e.g. someone from another organisation, police, NWAS etc) Contact number Details of staff member Name Contact No	
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STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		DATIX – Risk Management System Unavailable					Doc. No.	GOV003	
Version					v2.0				
Supersedes					v1.0				
Approving	g Mai	nagers/C	ommitte	e	Executive Director of Nu	rsing & Q	uality		
Date Rati	ified				07/05/19				
Departme	ent of	Originat	or		Quality Governance Tea	ım			
Responsi	ible E	xecutive	Director	r	Executive Director of Nu	rsing & Q	uality		
Responsi	ible N	/lanager/	Support		Operational Managers				
Date Issu	ıed				07/05/19				
Next Rev	iew D	Date			July 2022 or sooner if ch	nanges die	ctate.		
Target Au	udien	се			All staff				
Version	Date	e	Contro	l Re	ason	Accountable Person for this Version			
v1.0	07.0	5.2019	Formal	Formalising process across services Paul Kavanagh-Fields			anagh-		
v2.0	27.0	7.2020	First re	First review of SOP			Paul Kavanagh- Fields		
Reference documents E			E	lectronic Locations	Locations for Hard Copies				
S:\C Gov Poli SOI mar Gov				S:\C Go\ Poli SOI mar Go\	nary Care 24 Intranet / Operations\Quality vernance\Corporate cies & SOPs\PC24 Ps\8. governance & risk nagement\Current vernance SOP's	Standard Operating Procedures File in the Call Centre.			
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