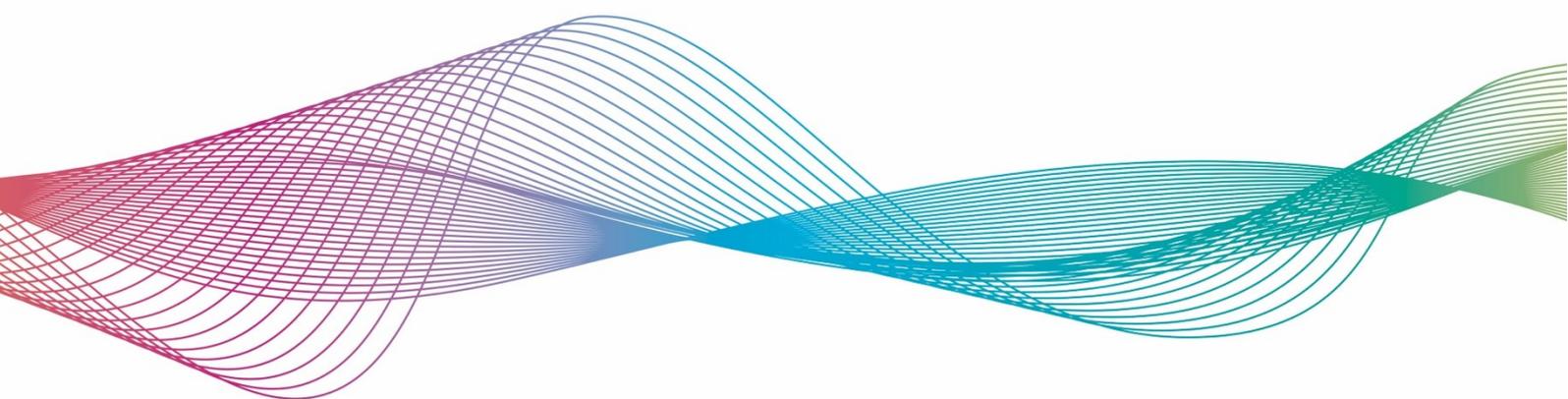


# Reporting events using Insight

*A guide for care setting staff*

Shropshire, Telford and Wrekin ICB

January 2025



## Table of Contents

<b>Guidance notes .....</b>	<b>3</b>
<b>Accessing the reporting form.....</b>	<b>3</b>
<b>Reporting form overview .....</b>	<b>4</b>
Provider Partner feedback form .....	4
Event description .....	5
Event location .....	7
People involved in the event .....	8
Medication .....	9
Attachments.....	10
Reporters risk assessment .....	11
Additional questions.....	11
Submitting and/or printing the record.....	12

## Guidance notes

Fields in blue are mandatory.

At any time, you can click on the  icon to collapse that section.

You can spell-check the content of a field by clicking on the  icon

You can 'pop out' a text field by clicking on the  icon. This will give you more visual space to enter the details.

If a field has a  icon to the right of it, click on it to bring up some help text.

It will not be possible to save your progress.

If you require further assistance, please contact the Insight helpdesk by e-mailing:  
[mlcsu.insightteam@nhs.net](mailto:mlcsu.insightteam@nhs.net).

## Accessing the reporting form

To report an event, please use the following web link:

<https://ulysses.midlandsandlancashirecsu.nhs.uk/Incident.aspx?link=D0155A368A63EBE15F>

# Reporting form overview

## Provider Partner feedback form

Provider Partner Feedback Form

Clear Details

Surname

First Name

Job Title

Email Address

**if a personal email is used, no feedback will be provided**

ICB Name

Reporting Place

Enter your surname, first name, job title, e-mail address and reporting place (your workplace).

# Event description

Event Description

Event date  

Event time (24 hr clock)   (hh:mm)

**Please describe what happened**

**Please Enter Any Immediate Actions Taken Following**

Sub-subject search  Clear Details

Reporting Place Type

Domain of Patient Experience

Sub-subject

Type of Event  

Reported SI (ICB Use Only)  Yes  No

## Event Date and Time

Enter the event date in the DD/MM/YYYY format. You can also choose an event date by clicking on the calendar icon (📅). Enter the event time in a 24-hour time format (HH:MM).

## Please describe what happened

Enter a brief description, in your own words, of what has happened. Personal identifiable information (PID) must not be included.

## Please enter any immediate actions taken following

This is the immediate action that was taken at the time of the event. It could be that the action taken is reporting of the event.

## Sub-subject search / Domain of Patient Experience / Sub-subject

Use this to search for the sub-subject that best fits the event.

The screenshot shows a search dropdown menu with the following items:

- Access To Appointments  
*Access And Waiting*
- Access To Services  
*Access And Waiting*
- Failure To Follow Procedure - Access And Waiting  
*Access And Waiting*

Below the dropdown is a text input field labeled "Sub-subject search" containing the text "Access t".

Domain of Patient Experience and Sub-subject will automatically populate when you select a sub-subject from the search results.

The screenshot shows a form with the following fields:

- Sub-subject search: Access To Services
- Reporting Place Type: [Dropdown menu]
- Domain of Patient Experience: Access And Waiting
- Sub-subject: Access To Services
- Type of Event: [Dropdown menu]

### Reporting Place Type

Please select 'Care home / Care agency - Shropshire, Telford and Wrekin' from the list.

The screenshot shows a dropdown menu for "Reporting Place Type" with the following options:

- Care Home / Care Agency - Shropshire, Telford And Wrekin
- GP - Shropshire, Telford And Wrekin
- ICB - Shropshire, Telford And Wrekin
- Provider - Shropshire, Telford And Wrekin

### Type of Event

Choose a category that fits best for the record you're entering from the following:

- Care home - Good/best practice / Appreciation feedback
- Care home - Medicines Management Incident
- Care home - Quality and safety concerns relating to a provider partner

Once complete, click on the **Next** button at the bottom.

## Event location

Event Location

Where did the Event take place?

Place Search

Type of Care

Place

Service

Specialty/Pathway

GP Practice of person affected

[Clear Details](#)

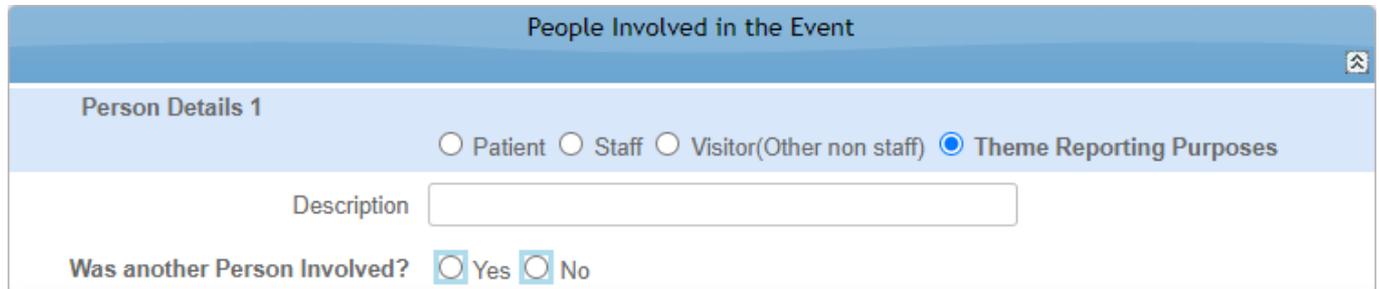
Search for the place of the event using the Place Search field. The remaining fields, except 'GP Practice of person affected', will automatically populate.

### GP Practice of person affected

Enter the GP Practice of the person affected in the event. This is not a mandatory field.

## People involved in the event

This section is mandatory and is used to enter details of the person / people involved in the Incident.



People Involved in the Event

Person Details 1

Patient  Staff  Visitor(Other non staff)  Theme Reporting Purposes

Description

Was another Person Involved?  Yes  No

This is used to enter details on the person / people involved in the event and captures the following information:

- **Patient**
  - NHS number
  - Date of birth
- **Staff**
  - Surname
  - Forename
  - Job title
- **Visitor (other non-staff)**
  - Surname
  - Forename

You can select 'Theme reporting purposes' if a patient, staff member or visitor has not been affected.

You can enter a second person using the 'Was another Person Involved?' field e.g. one patient and one member of staff.

# Medication

This section captures the following information:

- **Was this a Medication Error Incident?** (Yes/No)

If Yes is selected, the Medicines Management team will have access to the record.

You can enter medication details if necessary:

Medication ⌵

---

Was this a Medication Error Event?  Yes  No

---

Process Error

Type of Error

Drug Given (if incorrect)  ?  No Drug Given ?

Was this the correct drug?  Yes  No

Controlled drug?  Yes  No

Critical drug?  Yes  No

Recorded drug?  Yes  No

Dosage Given (if incorrect)

Was this the correct dosage?  Yes  No

Form Given

Was this the correct form?  Yes  No

Route Given (if incorrect)

Was this the correct route?  Yes  No

Date/Time Given (if incorrect)     (hh:mm)

Was this the correct Date/Time?  Yes  No

Add a Medication Error

Please ensure all relevant fields are completed.

You can add multiple medication issues to the one record by clicking:

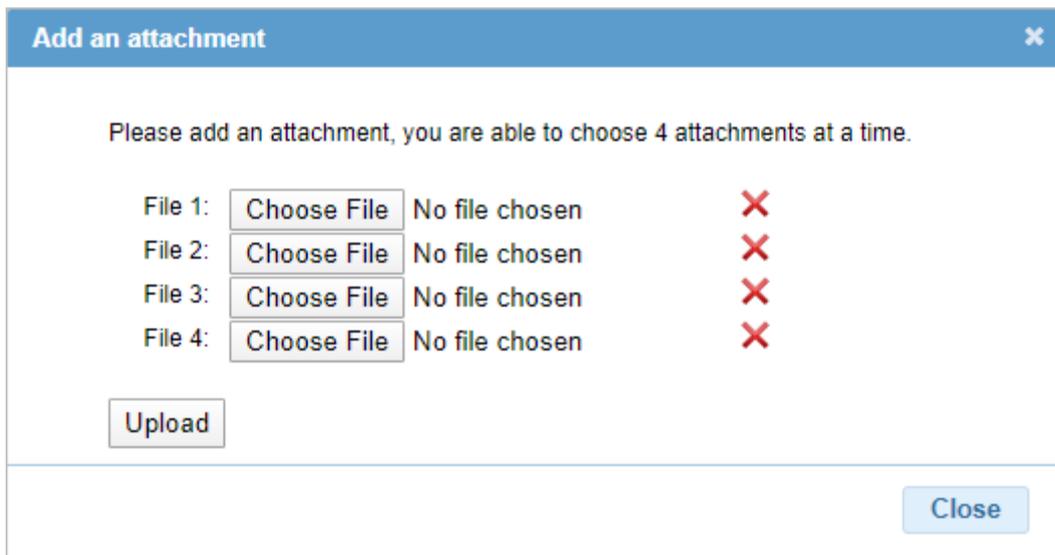
Add a further Medication Issue

# Attachments

You can use this section to upload / attach documents to support the record.



Clicking 'Add' you present with the following:



Four attachments can be added at a time.

To upload more than four attachments, after clicking 'Close' to upload your current four, click on 'Add' again in the Attachments section.

Click on the **X** icon to delete an attachment.

Please note, attachments will retain the file name that is uploaded from your computer. We recommend uploaded files are in a format of date and brief description e.g. "2024-06-12 Initial contact", to easily identified individual record attachments.

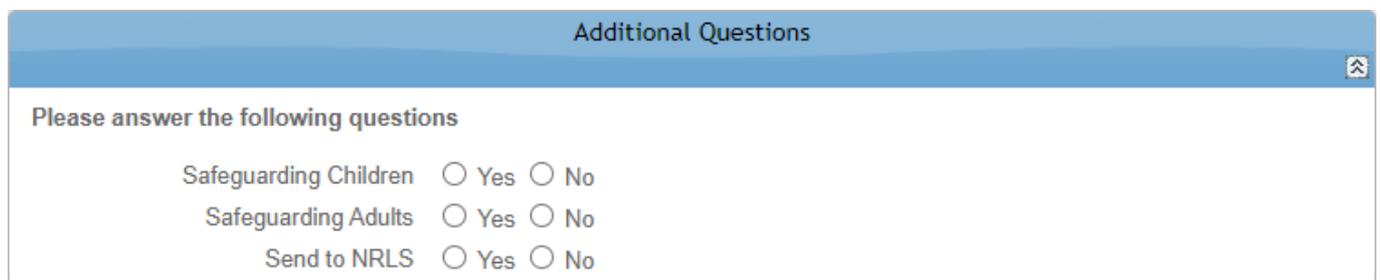
## Reporters risk assessment



The screenshot shows a form titled "Reporters Risk Assessment". It features a dropdown menu labeled "Severity" with a question mark icon to its right. The dropdown menu is open, displaying five options: "Low", "Moderate", "Near Miss", "None", and "Severe Death". The "Low" option is currently selected and highlighted in blue.

Please select a severity of the event based on the information you have.

## Additional questions



The screenshot shows a form titled "Additional Questions". It begins with the instruction "Please answer the following questions". Below this, there are three questions, each followed by two radio button options: "Yes" and "No".

- Safeguarding Children  Yes  No
- Safeguarding Adults  Yes  No
- Send to NRLS  Yes  No

This section captures the following information:

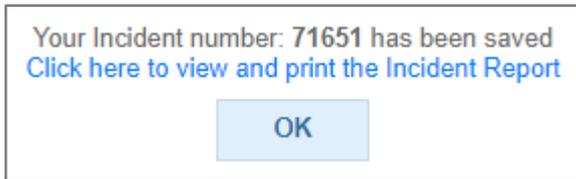
- **Safeguarding Children** (Yes/No)
- **Safeguarding Adults** (Yes/No)
- **Send to NRLS** (Yes/No)

These questions are not mandatory.

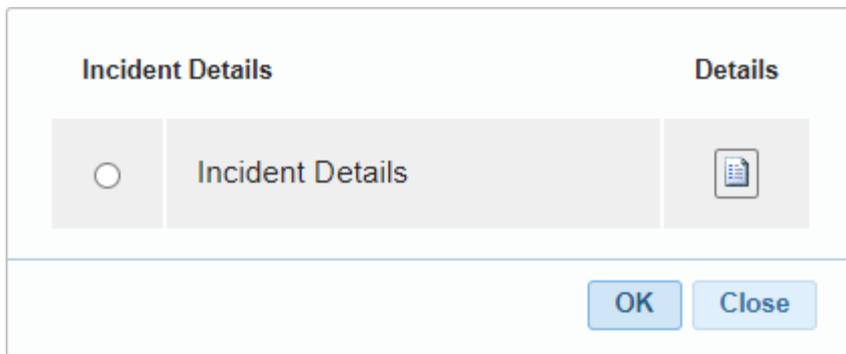
# Submitting and/or printing the record

Once you have entered all event details, click on the Submit and Close button.

At this point, you will be able to print the record by clicking on the 'Click here to view and print the Incident Report' link.



Upon clicking the link, select the button to the *left* of 'Incident Details' and click OK.



This will display a PDF copy of the record in your Web browser.

You can then either  download it or  print it.