

Reference Number: FOI202324//063
From: Other
Date: 11 May 2023
Subject: Details of the Trust's risk management procedure

Q1 Which local risk management system does your trust currently use please? (eg: Ulysses 2000 Ltd / InPhase Ltd / RLDatix etc etc)

A1 [We currently use Datix but this is being replaced by InPhase in July 2023](#)

Q2 How many responses are required as a minimum for your staff to complete a patient safety report?

A2 [Information not held – We are unable to provide this as different incidents require different categories and sub categories.](#)

Q3 On average how many patient safety forms have been completed by your staff per month over the previous 6 month period please?

A3 [Approximately 200 per month](#)

Q4 What is your ratio of events associated with harm to events associated with no harm please?

A4 [92% are low/no harm](#)

Q5 How many staff does your organisation employ?

A5 [1914](#)