

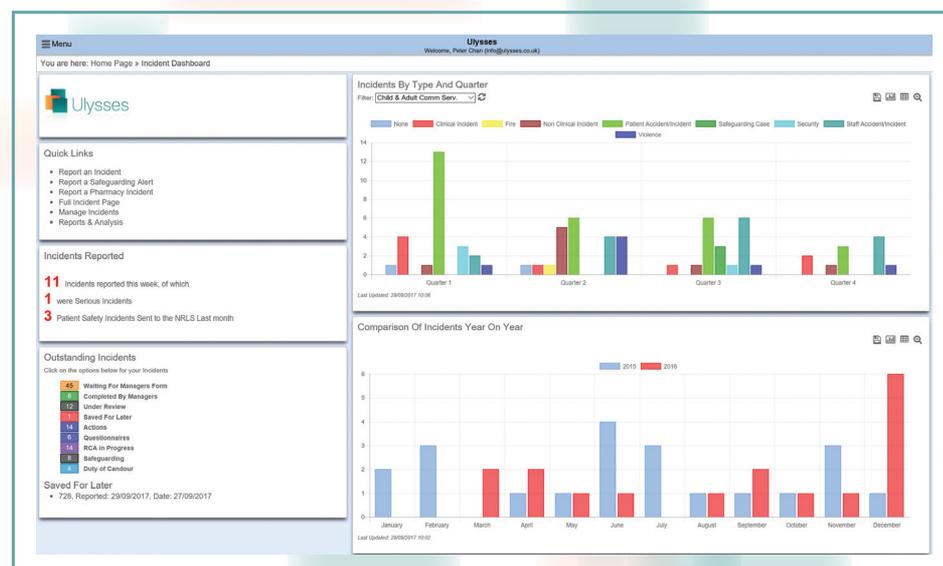
INTRODUCTION

Ulysses Incident provides a straight forward and easy to use web-based solution for the reporting of all Clinical and Non-Clinical Incidents and Accidents, Near Misses and examples of Excellence. This includes Patient, Staff, Information Governance & Security events.

The pages are tailored to the type of Incident being entered, avoiding unnecessarily long forms that dissuade staff from reporting. Anonymous reporting is available so that Incidents involving employment issues can be entered e.g. unsafe working conditions, harassment / bullying. Managers access the information for which they are responsible, having a clear view of the Incidents / Near Misses that have occurred and the actions that need to be completed.

Action Plans can be tailored to the individual incident, or identified as part of the Service Improvement activity within the Organisation. The Lessons Learned module ensures that learning is disseminated to reinforce positive processes and prevent mistakes being repeated. Information recorded is then shown in dashboards, tailored for the user as they log in to the system.

Our users include NHS Organisations (NHS Trusts, CCGs, CSUs, Ambulance Trusts), Charities, Hospices, Independent Providers, Fire Services and Councils. The system is scalable, configurable and adaptable for use in any size Organisation.

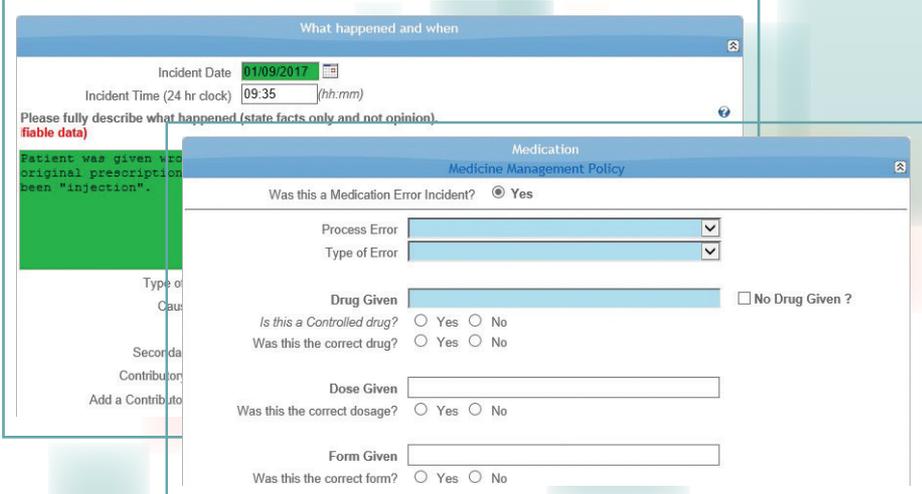


Ulysses Incident Web has been designed with as much flexibility as possible, enabling the form to be tailored to the Organisations' requirements in terms of mandatory fields, field headings, hiding fields, tool tips and personalised help. Sections can be renamed and re-ordered. The form adapts to the type of incident being recorded, ensuring forms are short and only ask pertinent questions with mandatory fields set appropriate for the incident being entered. The System Administrator can complete these changes.

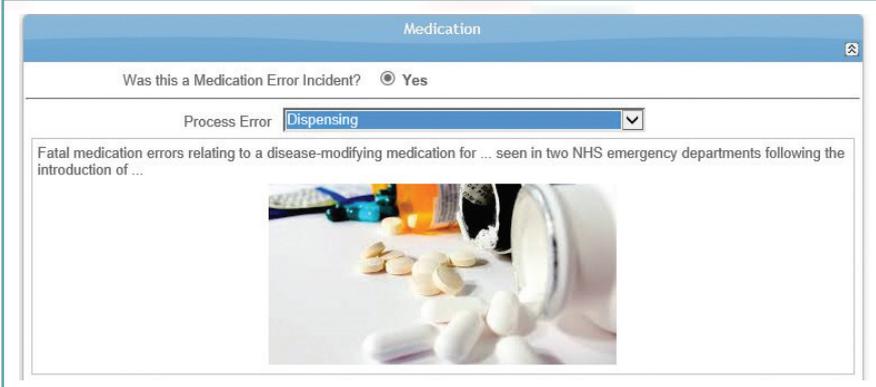
Guidance, including pictures and links to websites can be set at field level.

Scrolling text, useful links, governance information and guidance / documents to the web forms or home pages may also be added. Colours can be changed and logos added, encouraging ownership and familiarity of the Integrated Risk & Governance System. This customisation is completed using the system configuration tools. Ulysses provides System Administrator training, so that the Organisation can adapt their system as they move forward, responding to new requirements.

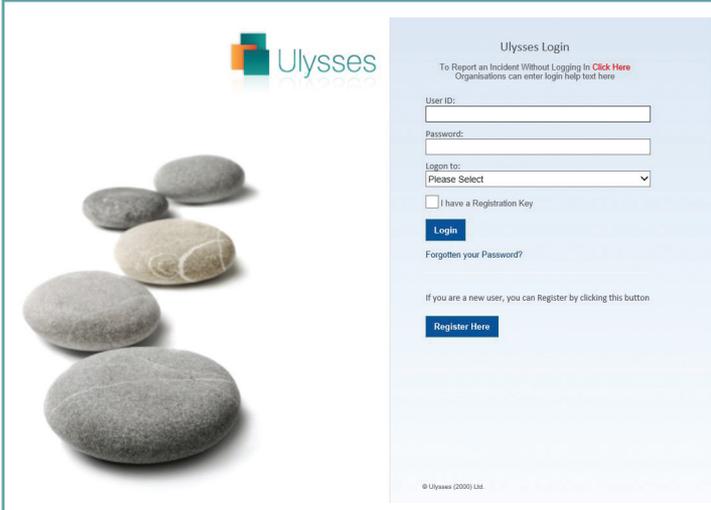
The Organisation's colours and logo can be used throughout the systems from the login page shown here, to the individual incident forms.



The screenshot displays two overlapping windows from the Ulysses Incident Web. The top window, titled "What happened and when", contains fields for "Incident Date" (01/09/2017) and "Incident Time (24 hr clock)" (09:35). Below these is a text area for "Please fully describe what happened (state facts only and not opinion)", with a green box highlighting the text: "Patient was given with original prescription been 'injection'". The bottom window, titled "Medication Management Policy", asks "Was this a Medication Error Incident?" (Yes) and provides several dropdown menus for "Process Error" and "Type of Error". It also includes radio buttons for "Is this a Controlled drug?", "Was this the correct drug?", "Dose Given" (Was this the correct dosage?), and "Form Given" (Was this the correct form?).



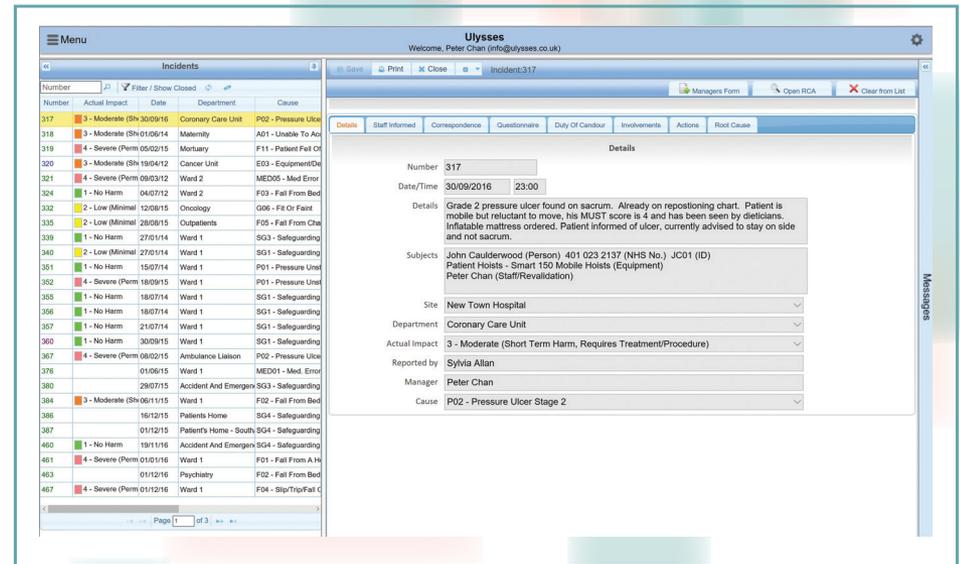
This screenshot shows a "Medication" form window. It asks "Was this a Medication Error Incident?" (Yes) and has a dropdown menu for "Process Error" set to "Dispensing". Below this, there is a text area containing the text: "Fatal medication errors relating to a disease-modifying medication for ... seen in two NHS emergency departments following the introduction of ...". An image of a white pill bottle with several pills spilled out is displayed below the text.



The screenshot shows the Ulysses Login page. It features the Ulysses logo and a background image of several smooth, grey stones. The login form includes fields for "User ID:" and "Password:", a "Login to:" dropdown menu, and a checkbox for "I have a Registration Key". There are "Login" and "Register Here" buttons, and a link for "Forgotten your Password?". The footer contains the text "© Ulysses (2009) Ltd."

INCIDENT MANAGEMENT AND WORKFLOW

The management work flow can be multi-tiered, with the line manager and deputies notified at the time of entry, and escalation to further levels if the incident is found to be sufficiently serious. An incident can trigger several notification rules, for example to Pharmacy, Tissue Viability, Falls and Safeguarding. These teams can be prompted for additional information specific to the type of Incident and used to determine whether the incident requires further investigation. When one member of the team picks up the Incident, all staff can see that it is in progress. When completed, it is completed for the whole team. The notification emails may also be amended by the Organisation and customised according to the type and seriousness of the Incident. This ensures that Managers know why they have been notified, what is expected of them and a manager can see instantly within their inbox that a serious incident has been reported.



The screenshot displays the Ulysses incident management system. The main window is titled 'Ulysses' and shows a list of incidents on the left and a detailed view of incident 317 on the right. The detailed view includes the following information:

- Number:** 317
- Date/Time:** 30/09/2016 23:00
- Details:** Grade 2 pressure ulcer found on sacrum. Already on repositioning chart. Patient is mobile but reluctant to move, his MUST score is 4 and has been seen by dietitians. Inflatable mattress ordered. Patient informed of ulcer, currently advised to stay on side and not sacrum.
- Subjects:** John Caulderwood (Person) 401 023 2137 (NHS No.) JC01 (ID)
Patient Hoists - Smart 150 Mobile Hoists (Equipment)
Peter Chan (Staff/Revalidation)
- Site:** New Town Hospital
- Department:** Coronary Care Unit
- Actual Impact:** 3 - Moderate (Short Term Harm, Requires Treatment/Procedure)
- Reported by:** Sylvia Allan
- Manager:** Peter Chan
- Cause:** P02 - Pressure Ulcer Stage 2

INCIDENT MANAGEMENT

The majority of Incidents are minor or no harm, and the system ensures that these incidents are assessed, documented and signed-off quickly and easily. The more serious incidents may have further investigation, as explained in the next section. This could lead to recommendations, action plans and lessons learned. Each manager has a list of incidents for their area and for which they are responsible, and columns can be selected to give as much information at a glance as possible. Users can flag incidents to themselves, order and filter, and place records on their closed list to remove from view. In addition, the Involvement tab shows all other incidents for that person.



ULYSSES INCIDENT



INVESTIGATIONS USING ULYSSES QUESTIONNAIRES

Some Incidents require additional details to help determine the level of investigation required. Ulysses Questionnaire enables very specific details to be requested, and these can be triggered by the type or severity of incident entered. Example triggers include incidents involving pressure sores, slips trips and falls, or medication errors. The information entered via Questionnaires can be used, in conjunction with the Incident information, to populate external referral or other commissioner forms. The creation of these completed forms avoids duplication and keeps all the information in one place.

Here is an example of a custom report generated by the system using information from the Incident and Questionnaire.

Critical Incident Summary Sheet Your Logo Here [2025]

Incident: 460

Critical Incident Form for Incident: 460

Additional Information for Critical Incidents Involving Service Users
This form should be completed in addition to the Incident Reporting Form (IRF) if the incident involves a death or scores 15 or over on the risk scale at the end of the incident form. This form must be forwarded within 10 working days of the date of the incident to the Compliance, Inspection & Audit Coordinator.

Incident reference number: (written on the top of the IRF) IRF Central Office: 460	Date of incident: 19/11/2016	
Place incident occurred: Accident And Emergency	Individual involved: (i.e. client, pharmacist, staff member, GP) IRF: 201	
Type of service provided: Drug Addition Unit	Worker: Name and job title of next staff member in contact Name: JobBrown Job Title: Project Support Worker	
Reporter: Name of person submitting this form including job title	Responsible manager for this case: (i.e. should better investigated or required) Name: Larry Gedling Job Title: Service Manager	
Other: List other external workers/significant others (including their job title known to be involved, and their roles with this case) Jack Regency - Assistant Service Manager		
Brief incident description: Reported by the community team that the patient had died. At the time of reporting the incident the cause of death is unknown.		
Please list what assessment(s) have been carried out:		
Assessment	Initial date	Last review date
Initial Assessment	12/05/2016	25/10/2016
Comprehensive Assessment	31/08/2016	31/10/2016
Please confirm whether the following were in place and attach to this documentation:		
If you are scanning these attachments please quote the Central Office incident reporting number provided		
Care Plan in place?	Comments:	Attached:
Yes		
Risk Management Plan in Place?	Yes	
Risk Assessment carried out if applicable to above?	Yes	
Risk Factors: Detail any known risk factors that relate to the incident (e.g. safeguarding, health and safety, wellbeing, violence and aggression etc) and detail any risk management plans in place to minimise these risks. There are no other known factors related to this incident.		
Was the service user involved with Community Mental Health?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is media interest likely:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If any previous user:		

Health & Safety Handbook
Version 6.0 (March 2015)

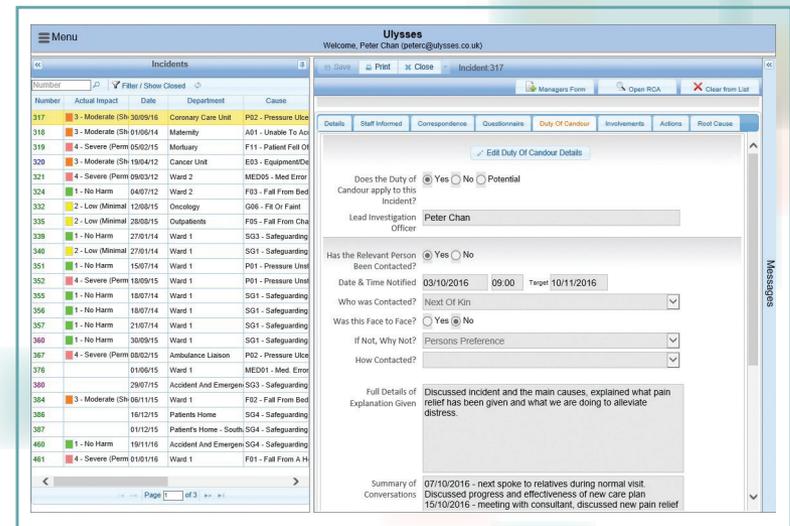
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Service Provided	Drug Addition Unit
Staff member in contact with service user	Name: John Brown Job Title: Project Support Worker
Responsible Manager	Name: Larry Gedling Job Title: Service Manager
Other external workers/significant others (including their job title) known to be involved	Jack Regency - Assistant Service Manager
Assessment: Please state what assessment(s) have been carried out	
Assessment	Initial Date: 12/05/2016 Last Review Date: 25/10/2016
Comprehensive Assessment	Initial Date: 01/06/2016 Last Review Date: 31/10/2016

SERIOUS INCIDENTS

Serious Incidents are managed using a combination of the Investigation Stages and Root Cause Analysis (RCA) tools. The Investigation Stages enables the Organisation to map the key steps and timeframes; for example the 72 hour report, STEIS, SI Groups, Commissioners and other reporting deadlines. Organisations can map their own internal KPIs, each stage having a Target & Completion Date for monitoring purposes. The RCA element of Ulysses brings together the clinical information and the investigation, identifying Action Planning and learning.

The Duty of Candour is automatically prompted for moderate and above incidents, with the process being monitored and documented through the system.



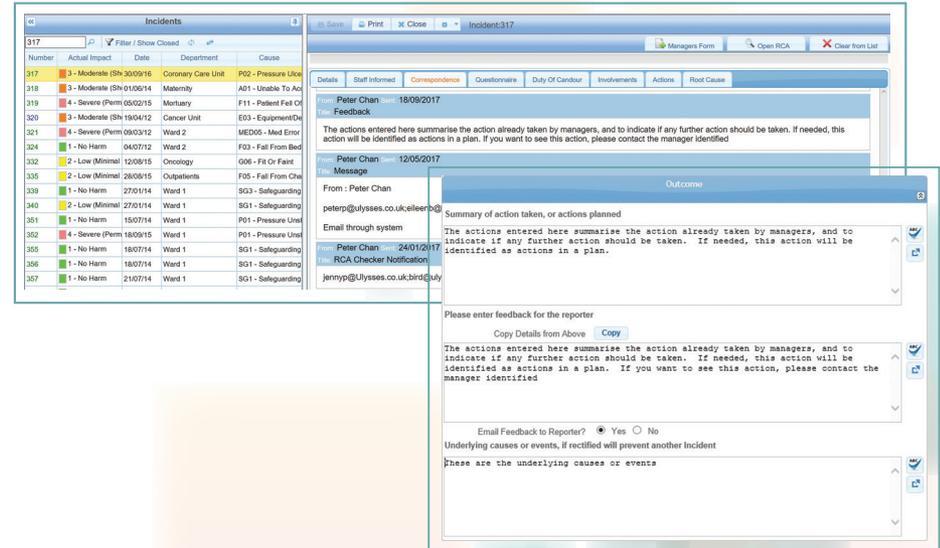
The screenshot displays the Ulysses web application interface. On the left, a table lists incidents with columns for Number, Actual Impact, Date, Department, and Cause. Incident 317 is highlighted. The main panel shows the details for Incident 317, including a 'Duty of Candour' form with fields for 'Does the Duty of Candour apply to this Incident?', 'Lead Investigation Officer', 'Date & Time Notified', 'Who was Contacted?', and 'Full Details of Explanation Given'. The interface includes a 'Menu' bar at the top and a 'Messages' sidebar on the right.

Number	Actual Impact	Date	Department	Cause
317	3 - Moderate (Sh)	26/09/16	Concomary Care Unit	P02 - Pressure Ulcer
318	3 - Moderate (Sh)	01/09/14	Maternity	A01 - Unable To Act
319	4 - Severe (Perm)	05/02/15	Mortuary	F11 - Patient Fall Of
320	3 - Moderate (Sh)	18/04/12	Cancer Unit	E03 - Equipment De
321	4 - Severe (Perm)	08/03/12	Ward 2	MED05 - Med Error
324	1 - No Harm	04/07/12	Ward 2	F03 - Fall From Bed
332	2 - Low (Minimal)	12/08/15	Oncology	G06 - Fit Or Faint
335	2 - Low (Minimal)	28/08/15	Outpatients	F05 - Fall From Cha
339	1 - No Harm	27/01/14	Ward 1	SG3 - Safeguarding
340	2 - Low (Minimal)	27/01/14	Ward 1	SG1 - Safeguarding
351	1 - No Harm	15/07/14	Ward 1	P01 - Pressure Ulcer
352	4 - Severe (Perm)	18/09/15	Ward 1	P01 - Pressure Ulcer
355	1 - No Harm	18/07/14	Ward 1	SG1 - Safeguarding
356	1 - No Harm	18/07/14	Ward 1	SG1 - Safeguarding
357	1 - No Harm	21/07/14	Ward 1	SG1 - Safeguarding
360	1 - No Harm	30/09/15	Ward 1	SG1 - Safeguarding
367	4 - Severe (Perm)	08/02/15	Ambulance Liaison	P02 - Pressure Ulcer
378	1 - No Harm	01/08/15	Ward 1	MED01 - Med. Error
380	3 - Moderate (Sh)	28/07/15	Accident And Emergen	SG3 - Safeguarding
384	3 - Moderate (Sh)	08/11/15	Ward 1	F02 - Fall From Bed
386	1 - No Harm	18/12/15	Patients Home	SG4 - Safeguarding
387	1 - No Harm	01/12/15	Patients Home - South	SG4 - Safeguarding
400	1 - No Harm	19/11/16	Accident And Emergen	SG4 - Safeguarding
461	4 - Severe (Perm)	01/01/16	Ward 1	F01 - Fall From A H

ULYSSES INCIDENT

FEEDBACK AND INCIDENT CORRESPONDENCE

Feedback to the reporter is sent directly from Ulysses and is recorded in the system as part of the incident correspondence. This correspondence also includes incidents that are returned to the reporter, or where additional managers are notified outside the automated notification rules, with reasons sent. In addition, there is in-built messaging that is used to capture the “informal” correspondence between managers about an incident so that a complete audit trail of the actions and discussion is recorded. Any replies to emails sent by the system can also be captured and recorded against the incident.



The screenshot displays the Ulysses incident management system interface. On the left, a table lists incidents with columns for Number, Actual Impact, Date, Department, and Cause. Incident 317 is highlighted. On the right, a detailed view of incident 317 is shown, including a 'Feedback' section with a message from Peter Chan dated 18/09/2017. Below this, there is a 'Please enter feedback for the reporter' section with a 'Copy Details from Above' button and a 'Copy' button. The feedback section includes a text area for 'The actions entered here summarise the action already taken by managers, and to indicate if any further action should be taken. If needed, this action will be identified as actions in a plan. If you want to see this action, please contact the manager identified' and a radio button for 'Email Feedback to Reporter?' set to 'No'. There is also a text area for 'Underlying causes or events, if rectified will prevent another incident' and a text area for 'These are the underlying causes or events'.

Number	Actual Impact	Date	Department	Cause
317	3 - Moderate (Sh 30/09/16)		Coronary Care Unit	P02 - Pressure Ulcer
318	3 - Moderate (Sh 01/06/14)		Maternity	A01 - Unable To Ad
319	4 - Severe (Perm 05/02/15)		Mortality	F11 - Patient Fall O
320	3 - Moderate (Sh 18/04/12)		Cancer UH1	E03 - Equipment/Da
321	4 - Severe (Perm 09/03/12)		Ward 2	MED05 - Med Error
324	1 - No Harm	04/07/12	Ward 2	F03 - Fall From Bed
332	2 - Low (Minimal)	12/06/15	Oncology	G06 - Fit Or Fair
335	2 - Low (Minimal)	28/06/15	Outpatients	F05 - Fall From Ch
338	1 - No Harm	27/01/14	Ward 1	SG3 - Safeguarding
340	2 - Low (Minimal)	27/01/14	Ward 1	SG1 - Safeguarding
351	1 - No Harm	15/07/14	Ward 1	P01 - Pressure Ulcer
352	4 - Severe (Perm 18/09/15)		Ward 1	P01 - Pressure Ulcer
355	1 - No Harm	18/07/14	Ward 1	SG1 - Safeguarding
356	1 - No Harm	18/07/14	Ward 1	SG1 - Safeguarding
357	1 - No Harm	21/07/14	Ward 1	SG1 - Safeguarding

ULYSSES INCIDENT

LEARNING

Learning is captured on the managers form for individual incidents. This learning can be shared with the Organisation, based on the Department or Division of where the incident took place. The information can be posted on to the incident home page, sharing the learning that has taken place within different parts of the Organisation for a given time period. Learning can also be associated with Corporate Themes so when incidents or problems are identified in one area of the Organisation, similar lessons from other parts of the Organisation can be reviewed.



ULYSSES INCIDENT

ROOT CAUSE ANALYSIS

Ulysses Investigation and RCA module is included within Incident. Different levels of investigation are setup so that if a 72 hour report indicates an RCA is required, the information can be carried forward to the full RCA. The Ulysses RCA uses the contributory factors and root causes defined by the National Reporting and Learning System as the default, although this can be replaced by other coding if required. Several versions of the final report can be created for different recipients, for example an anonymous version for commissioners and another version for the patient and their relatives. For more information on Root Cause Analysis within Ulysses, see [UlyssesRCA.pdf](#)



ULYSSES INCIDENT

EXCELLENCE REPORTING

Recording examples of good practice is a positive message to all those involved in incident recording and learning from Organisational behaviour. A workforce can learn from excellent care as well as mistakes that are made, and this encourages staff to engage with the whole reporting process. Excellence Reporting uses a simplified version of the incident form.



ULYSSES INCIDENT

ACTION PLANNING

The Actions from Incident or any of the other Ulysses modules can be monitored and managed through the Action Planning module that links in with incident reporting.

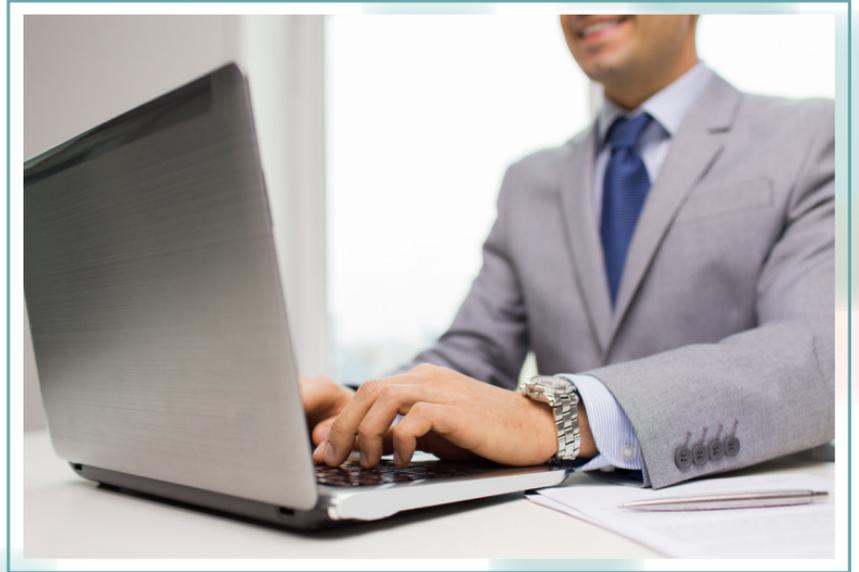
For more information on Action Planning within Ulysses, see [UlyssesActionPlanning.PDF](#)



ULYSSES INCIDENT

PATIENT LINKS

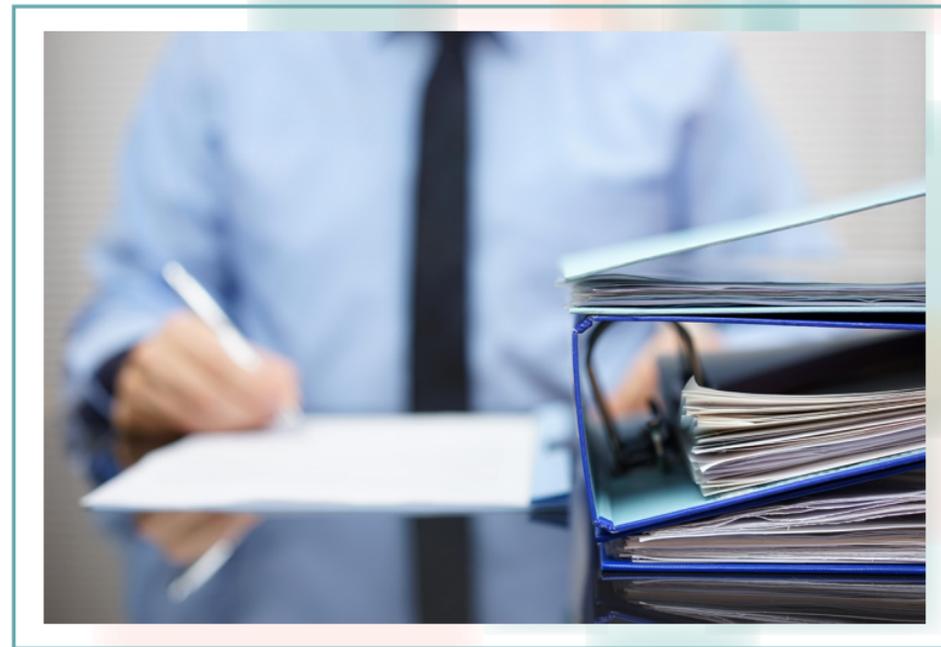
The Ulysses Incident form can be linked to the organisation's patient system with the patient details selected from the web form. Enhanced integration allows an incident to be entered directly from the patient system with the patient details pre-populated. In addition, Ulysses can show a list of Incidents for the selected patient from within the patient system. For more information on integration, see [UlyssesEnhancedPatientLinks.PDF](#)



ULYSSES INCIDENT

RAISING CONCERNS AND WHISTLEBLOWING

Ulysses Incident also captures the raising of concerns and whistleblowing under the “Freedom to Speak Out”. A separate anonymous form can be provided where notification rules are suppressed, and the information hidden from the reports produced by Ulysses.



ULYSSES INCIDENT

SMALL BUSINESS

Ulysses is ideal for use by small businesses and charities, as well as for large complex Organisations. The system is scalable both up and down, for a simple solution the forms can be short and concise, and the workflow kept to a single level of management.



CUSTOMER / USER FEEDBACK



Two years ago, the Company was sourcing a fit for purpose system to host its governance and internal control functions. We started with the Incident Reporting module initially, and to date, we have also adopted the Risk, Audit and Customer Service modules and the Training module is being developed for us.

Over the time, our Incident Reporting module has been proved to be a user friendly and effective system supporting all our staff-users to fulfil their incident reporting duties. The built-in BI report and analysis functionality has enabled our managers and clinicians to instantly extract real-time data and insightful analysis reports from the system with no processing effort and delay.

Over the time, our integrated Ulysses Safeguard system as a whole has generated efficiency and cost savings and allowed the Company to plan its resources and care better.

Corporate Development Director

Danshell Group – *a specialist health and social care provider supporting and caring for adults living with a learning disability or autism*

CUSTOMER / USER FEEDBACK

Taunton and Somerset 
NHS Foundation Trust

Having been involved in the recent NHS Resilience Pilot, Ulysses have been very supportive and helped us look at different ways of collecting and using our data which will improve data analysis in the future.

One of the main advantages for us is that they are always responsive and open to any suggestions / requests we have made to them, to help enhance the system for those that use it. We always feel that they give our ideas due consideration in their ongoing development of the database.

Governance Systems Administrator / CAS Liaison Officer
Taunton & Somerset NHS Foundation Trust

CUSTOMER / USER FEEDBACK



The Office of the
Committee for
Health & Social Care

We have been using the Incident module for 8 years and are continuing to discover the many ways it can contribute to effective incident management within our Organisation.

The incident reporting forms are customisable and easy to amend as the needs of the Organisation change and the ability to automatically notify managers of incidents enables them to respond quickly. Once incidents are managed, the automatic feedback to the reporter ensures our staff know their comments and concerns have been heard and acted upon. Through the scheduler and report designer, we are able to ensure the information our teams and leaders need is available when they need it, in a format that is right for them.

Our Organisation recently started using the RCA function within the module and my colleagues can already see the improvements it has made to our process. The RCA function keeps everything relating to the investigation in one place, ensuring a single point of reference and updates 'at a glance'.

Governance Systems and Risk Officer
The Office of the Committee for Health and Social Care
States of Guernsey

CUSTOMER / USER FEEDBACK



We have implemented Ulysses Safeguard as a standardised tool for incident reporting and management in our own Organisation (a CSU), in 11 CCGs (originally 13) and in the 469 GP practices across the North East and Cumbria.

When the CSU was created, we discovered a mixed culture of incident reporting across geographic areas/predecessor Organisations and had to market both the system and supporting processes to achieve a high level of buy-in.

The benefits of using Ulysses Safeguard to support our incident reporting and management processes include:

- Standard tool tailored to our need
- Useful for practices in providing evidence for CQC inspections
- Provides our CCGs with valuable clinical quality intelligence
- Promotes cooperation between primary/secondary care
- Contributes to sharing of best practice, training & development

As a result of the role out we have created a more effective dialogue between commissioners and service providers.

The recent developments that Ulysses have undertaken have greatly improved the tool and we have received very positive feedback from users who feel that it's much easier to report incidents.

Senior Governance Officer (SIRMS)
North of England Commissioning Support

CUSTOMER / USER FEEDBACK

Birmingham and Solihull 
Mental Health NHS Foundation Trust

Ulysses' incidents module is an innovative, cost-effective and highly customisable incidents management system that is continuously supported and developed by a responsive and talented team at Ulysses. Not only does the module support front-line clinicians to easily report, manage and learn from incidents but it is furthermore extendable to integrate with other modules and systems to support an integrated reporting approach. Having used the system for 7 years we have witnessed first-hand how Ulysses continuously developed the module in collaboration with providers like ourselves and the end result is a continuous improvement in staff satisfaction, improved governance intelligence capabilities and better patient safety.

Most marketing materials for other systems would show you bells and whistles, usually in the form of fancy graphs and reports but dig deep and you will find rigidity, hidden costs, limited customisation, locked systems and poor interoperability. Ulysses' incidents module is as good a system on the surface as it is in its core, all delivered in a great package with fantastic support.

Head of Governance Intelligence
Birmingham and Solihull Mental Health Foundation Trust

CUSTOMER / USER FEEDBACK



The Ulysses Incident Module has allowed our Organisation to provide all NHS Forth Valley staff with an easily accessible form for reporting adverse events. Behind the scenes mapping and the setting up of notification rules means that appropriate personnel are automatically notified as the incidents occur and can act on them immediately. Actions can be initiated through the system with target and reminder dates set, triggering automatic e-mail reminders which are sent to the relevant staff if target dates are breached.

All communications sent through the system are recorded therefore avoiding duplication of requests and providing a good audit trail of events.

Questionnaires have been set up for several incident types e.g. needlestick injuries, requesting specific information which provides a more accurate picture of the event to assist with investigation and follow up.

The attachment function has been well received which allows any documentation relating to an incident e.g. statements, reports, photographs etc. to be stored in one location and can be accessed by everyone linked to the form.

We have developed many reports which have been scheduled to run automatically on specified days, displaying a variety of summarised information from the events reported. We have also set up several report templates and assigned them to specific staff who can access these through the Safeguard Reports section to be run whenever required.

As the management of Incidents is critical, we have also set up a report on key performance indicators (time of reporting and time of signing off) to measure how efficiently staff and managers are managing these events.

Safeguard Administration Co-ordinator
NHS Forth Valley