

INCIDENT REPORT FORM

(Only facts should be recorded, not opinions)

The Trust actively encourages reporting of incidents affecting quality or safety. Our aim is to be a learning organisation and engender an open and fair culture. Consequently, it is not normally the policy of the Trust to institute disciplinary proceedings in response to the reporting of an incident affecting quality or safety.

Section A: General Information

Adverse Event Near Miss

DATIX No.

Date Time (24 Hour Clock)

D	D	M	M	Y	Y	H	H	M	M
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Name of person reporting incident

Job title of person reporting incident (e.g. HCA, Sister)

Directorate Service (GP, Dental, Hospitals)

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Site (hosp, practice, surg) Location (exact e.g. ward)

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Name and contact details of any witnesses

Who was affected by or put at risk by the incident?

Staff* Patient Visitor Other

Name & ID of person affected (use patient label if available)

Name:	ID No:
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Contact details (if staff, include normal work location)

Gender: Male Female
 Disability: Yes No Unsure

Confirm religion:

Confirm ethnic group:

Details of other person(s)/organisations involved (e.g. aggressor for violent episodes, patient for sharps incidents)

Name: Contact: Involvement:	ID No.
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* If member of staff affected, their signature

Section B: Incident Description

BRIEF DESCRIPTION OF INCIDENT (What, How, and Why) – Facts, not opinions:

<input style="width: 100%; height: 100%;" type="text"/>

Incident Category (please tick one box only)

General

- Fall
- Slip or sat to floor
- Cut by sharp object, not contaminated sharps
- Contaminated sharps /body fluid (*)
(Contact Occupational Health Department)
- Manual handling involving patient (*)
- Manual handling, non patient
- Scald or burn
- Hit or hit by - object
- Fire incident
- Security incident
- Work related illness
- Child Protection
- Inappropriate Segregation of Waste

Equipment

- Failure – **RETAIN FOR INSPECTION**
- Current Location: _____
(Contact Risk Management Department)
- Operator error Not available

VIOLENT EPISODE

- Physical (*) Verbal (*)
- Patient to staff Staff to staff Staff to patient

COMMUNICATION & DOCUMENTATION

- Communication between staff
- Communication – staff to patient/relatives
- Delay in referral
- Policy/procedure/guideline not followed
- Other documentation issues

Clinical Incident

- Delay in treatment
- Delay in discharge to P.C.T
- Medication error
- Inappropriate discharge to P.C.T
- Unexpected admission to Acute Trust
- Pressure ulceration Acute Trust acquired
- Pressure ulceration P.C.T acquired
- Allergic reaction
- OTHER** – please specify

For categories marked with (*), ensure that the details of other person(s) involved in incident are recorded in Section A

Influencing Factors (please tick any that apply)

STAFF FACTORS

- Staff training issues
- Inadequate staff levels
- Inappropriate skill mix

PATIENT/VISITOR FACTORS

- Cognitive difficulties/head injury
- Under influence of drink/drugs/medication
- Patient/visitor angry or emotional

ORGANISATION FACTORS

- Inadequate facilities or equipment
- Inappropriate delivery of care
- Excessive waiting time

IMMEDIATE ACTION TAKEN (e.g. Person in charge informed, action to prevent recurrence):

PLEASE FORWARD THIS FORM TO THE PERSON WHO WAS IN CHARGE AT THE TIME OF THE INCIDENT. THEY WILL THEN ENSURE THE REVERSE OF THIS FORM IS COMPLETED

Section C: Clinical Report (including nature and extent of injuries)

Time (24 Hour Clock)	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">H</td> <td style="width: 20px; height: 20px;">H</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> </tr> </table>	H	H	M	M
H	H	M	M		

Clinician's Name Signature

D	D	M	M	Y	Y
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Section D: Person in Charge at Time of Incident – Action Taken (including action taken to prevent recurrence)

Update /amend clinical records <input type="checkbox"/> Take statements as appropriate <input type="checkbox"/> Other Actions: _____ _____ _____	Discuss with patient / carer / relatives <input type="checkbox"/> Carry out /update risk assessment <input type="checkbox"/>	<p>Consequence Score See Incident Policy for guidance <input type="text"/> <i>(Tick box to indicate contact made)</i></p> <p>GREEN (1 – 2) <input type="checkbox"/> ORANGE (3 – 4) <input type="checkbox"/> Contact Risk Management Department Within 1 working day</p> <p>RED (5) <input type="checkbox"/> Contact Exec Director <u>immediately</u> (via Directorate Manager or via on-call arrangement, out of hours)</p>
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Name Signature Date

D	D	M	M	Y	Y
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TO BE COMPLETED BY SERVICE MANAGER / MATRON / DIRECTORATE MANAGER

Section E: Assessment of Risk

	CONSEQUENCE	X	LIKELIHOOD	=	RISK SCORE
(Refer to Trust Incident Reporting Policy for advice on scoring)	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>

Section F: Action Plan

NOTE The following action plan MUST be completed for all **ORANGE** and **RED SERIOUS UNTOWARD** incidents. It should also be completed for any **GREEN** incident which the Service Manager, Matron or Directorate Manager wishes to investigate further, e.g. those with a high frequency or recurring theme.

Action		Name of Responsible Person	Date						
Review immediate actions in Section D	<input type="checkbox"/>	_____	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Carry out root cause analysis	<input type="checkbox"/>	_____	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Review at Governance Committee Meeting	<input type="checkbox"/>	_____	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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1. _____		_____	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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Service Manager/Directorate Manager - Name Signature Date

D	D	M	M	Y	Y
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RISK MANAGEMENT USE ONLY

<input style="width: 95%; height: 95%;" type="text"/>	Serious Incident Investigation RIDDOR – Date Reported to HSE Date Reported to MHRA
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D	D	M	M	Y	Y
D	D	M	M	Y	Y
D	D	M	M	Y	Y

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