

# **Risk Management**

## **Adverse Incident Reporting Form Statement Form**

Risk Management Department  
1st Floor, Education Centre  
St. Mary's Hospital  
Portsmouth Hospitals NHS Trust  
Ext. 2476 or 3278.

**The Trust is committed to,**

***“An open, honest, ‘just’ and non-punitive culture in which staff are encouraged to report adverse events or near misses, rather than be exposed to recrimination or blame.”***

**It is only by reporting adverse events and near misses that lessons may be learned and shared, to effect change locally and Trust wide.**

Complete using black ballpoint pen - please write clearly. Do not write on the back of this form

Portsmouth Hospitals <b>NHS</b> <small>NHS Trust</small>	<b>ADVERSE INCIDENT REPORTING FORM</b>	Incident No.: <span style="font-size: 1.2em;">002501</span>
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<b>DETAILS OF AFFECTED PERSON</b> <small>(affix photo label if available/appropriate)</small> Full Name: _____ <small>(surname first)</small> Hospital Number: _____ DOB: _____ Patient <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> If accident - please tick box below to record any immediate action taken Occ Health <input type="checkbox"/> A&E <input type="checkbox"/> First Aid <input type="checkbox"/> None <input type="checkbox"/> GP: _____ Was the accident RIDDOR reportable? YES / NO <small>(See guidance at back of folder)</small> If YES, has the accident been reported to Health and Safety? YES / NO	<b>INCIDENT DETAILS</b> QAH <input type="checkbox"/> SMH <input type="checkbox"/> RHH <input type="checkbox"/> Division: Med / Surg / W&C / CSS / FM / Exec Speciality: _____ Ward/Dept: _____ Incident date: _____ Incident time: _____ Date reported: _____ Incident reported in patient's notes? YES / NO Patient informed? YES / NO Relatives informed? YES / NO MOD staff involvement? YES / NO
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**INITIAL INCIDENT GRADING** - for further details please see Trust Policy for the Management of Adverse Events

Near Miss: <input type="checkbox"/>	Green: <input checked="" type="checkbox"/>	Yellow: <input type="checkbox"/>	Amber: <input type="checkbox"/>	Red: <input type="checkbox"/>
<small>(Incident occurred but did not reach pt)</small>	<small>(No obvious harm)</small>	<small>(Minor non permanent harm)</small>	<small>(Moderate semi-permanent harm)</small>	<small>(Major/catastrophic)</small>

**ALL RED INCIDENTS SHOULD BE REPORTED IMMEDIATELY**  
 WITHIN WORKING HOURS - RISK MANAGEMENT DEPARTMENT, ext: 2476 or 2428, or Fax: 2451  
 OUTSIDE WORKING HOURS - CLINICAL SITE MANAGER ON Bleep: 1118

**List of Key Issues** (e.g. fall from bed; details of drug error)

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

**Details of immediate action taken** (to be completed by staff involved in incident)

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

**Long-term Action plan** (to be completed by Line Manager and for Line Manager to feedback to originator of form)

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

Signature of person completing form \_\_\_\_\_  
 Name/Grade (please print) \_\_\_\_\_ Contact/Bleep No. \_\_\_\_\_

If equipment involved, where retained _____	By whom _____	Serial No. _____
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**To be completed by Risk Management department only**

Date received _____	Form reviewed by _____	Action taken by _____
Occupational Health _____	Claims _____	Complaints _____
Other _____		

**CODE**

Ref: MP105/210

## PROCESS FOR THE REPORTING OF ADVERSE INCIDENTS/NEAR MISSES

For further details please refer to the Trust Policy and Protocol for the Management Of Adverse Events And Near Misses

### INCIDENT OCCURS

1. Address the immediate health needs of the person(s) involved/prevent recurrence
  2. Complete an adverse incident report form
  3. Grade incident - red/amber/yellow/green
- NB: Incident may be regraded following review by Risk Management Dept or following investigation

#### RED

##### Report incident immediately to:

1. Risk Management Department in normal working hours. Out of hours incident should be reported to Duty Manager via switchboard.
2. Patient's Consultant
3. Divisional/Dept/Line manager

##### Head of Risk Management (or deputy) to ensure:

Executive Director with responsibility for Risk Management is informed

- Executive Director to inform EMT (including CE)
- Patient/Relatives informed
- External agencies informed inc. GP
- Information hotline invoked (if necessary)

##### Investigation:

To be facilitated by Risk Management Department

#### AMBER

1. Copy of report form to Risk Management Department within 24 hours
2. Inform Divisional/Dept/Speciality/ Risk Lead asap
3. Inform appropriate Divisional/Dept/ Speciality/Line manager asap

##### Investigation:

Level of investigation to be determined by Risk Lead in conjunction with Risk Management

#### YELLOW

1. Copy of report form to Risk Management Department
2. Inform Divisional/Dept/Speciality/ Risk Lead asap
3. Inform senior member of Staff/ Line Manager asap

##### Investigation:

Any necessary investigation and actions to be taken at Divisional/Dept/Speciality level

#### GREEN

### Grading

DESCRIPTOR	Impact on individual(s)	Scope of Impact e.g. Number of people affected	Impact on Organisation	Financial impact/ potential for litigation
<b>Catastrophic</b>	Death <ul style="list-style-type: none"> <li>• Unexpected death of patient</li> </ul>	Many (>50) e.g. Cervical screening error	<ul style="list-style-type: none"> <li>• National adverse publicity</li> <li>• Extended service closure</li> </ul>	Litigation expected <ul style="list-style-type: none"> <li>• Over £1 million</li> </ul>
<b>Major</b>	E.g. <ul style="list-style-type: none"> <li>• Permanent major harm</li> <li>• Procedure on wrong body part</li> <li>• Retained instruments</li> <li>• Radiation dosage problems</li> <li>• Infant abductions</li> </ul>	16 - 50	<ul style="list-style-type: none"> <li>• National adverse publicity</li> <li>• Service closure</li> <li>• Increased length of stay &gt;15 days</li> </ul>	Litigation expected <ul style="list-style-type: none"> <li>• £0.25 - £1 million</li> </ul>
<b>Moderate</b>	Semi-permanent harm	3 - 15	<ul style="list-style-type: none"> <li>• Local adverse publicity</li> <li>• Temporary service closure</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation possible</li> <li>• High potential for complaint</li> </ul>
<b>Minor</b>	Non-permanent harm	1 - 2	<ul style="list-style-type: none"> <li>• Minimal</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation unlikely</li> <li>• Possibility of complaint</li> </ul>
<b>None</b>	No obvious harm	N / A	<ul style="list-style-type: none"> <li>• Minimal</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation/complaint remote</li> </ul>

## Guidance for writing of Statements

**If you are unsure about whether a statement is necessary, or what should be contained within that statement, please contact the Risk Management Department BEFORE compiling your statement.**

- Statements will normally only be required if the adverse event has been graded 'red' or 'amber'.
- Statements should ideally be written within 48 hours of an adverse event occurring.

### What your statement should contain

- Facts only
- Who you are - name, grade, dept/ward/speciality, extension number
- Where the incident occurred
- Time of the incident
- Your involvement in the incident
- What happened
- What you knew about the patient and their condition at the time of the incident
- What you found on examination/on seeing the patient
- The situation with which you perceived you were dealing
- What you did/ did not do
  - Why / why not?

### What your statement should **NOT** contain

- Opinion
- Petulant comment
- A verbatim regurgitation of the entries made in the patient's case notes - statements are designed to 'flesh out' information contained therein

### Please note

Statements made following an adverse incident - if litigation has not been intimated at the time the statement is written - will be disclosable if the case subsequently becomes the subject of a claim. That means that the affected person's legal team will have access to the statement. For that reason, it is important that if any member of staff is unsure whether to write a statement, or the content of that statement, they should contact the Risk Management or Litigation department for advice.

Would staff also remember that, similarly, e-mails written between staff members, before legal action has been intimated, would be disclosable to the affected person's legal team should the case become the subject of a claim.



## RIDDOR GUIDANCE

### What is RIDDOR?

RIDDOR '95 means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, which came into force on 1 April 1996.

RIDDOR '95 requires the reporting of all work-related accidents, diseases and dangerous occurrences. It applies to all work activity, but not all incidents

### Why should I report?

Reporting accidents and ill health at work is a legal requirement. The information enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. The enforcing authorities can then help and advise you on preventative action to reduce injury, ill health and accidental loss - much of which is uninsurable

### Do the regulations apply to me?

If you are an employer, self-employed or in control of work premises you will have duties under the Regulations

### What do I need to do?

Not very much! - A reportable accident, dangerous occurrence or case of disease is a comparatively rare event. If one occurs you must contact the Trust's Health & Safety Department without delay so that, if necessary, it may be reported to the enforcing authority within ten days

### When do I need to act?

You need to report:

- Death
- Diseases
- Major injuries
- Dangerous Occurrences
- Accidents resulting in over three days off work

### Death or major injury

If there is an accident connected with work and:

- an employee, or a self-employed person working on your premises, is killed or suffers a major injury (including as a result of physical violence); or
- a member of the public is killed or taken to hospital

Examples of reportable major injuries are:

Fracture other than to fingers, thumbs or toes	Loss of sight (temporary or permanent)
Amputation	Injury resulting from an electric shock or electrical burn, leading to unconsciousness or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
Dislocation of shoulder, hip, knee or spine	Chemical or hot metal burn to the eye or any penetrating injury to the eye

### Over-three-day injury

If there is an accident connected with work (including an act of physical violence) and the employee, or self-employed person working on Trust premises, suffers an over-three-day injury, it must be reported to the Trust Health & Safety Department without delay. An over-three-day injury is one which is not major but results in the injured person being away from work, or unable to do their normal work, for more than three days (including any days they would not normally be expected to work e.g. weekends, rest days or holidays) not counting the day of the injury itself

### Diseases

If a doctor notifies you that an employee suffers from a reportable work-related disease

Examples of reportable diseases are:

Certain poisonings	Lung diseases including occupational asthma, asbestosis
Some skin diseases e.g. occupational dermatitis	Infections such as hepatitis, TB, legionellosis, tetanus

### Dangerous occurrences

If something happens which did not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported without delay

Examples of dangerous occurrences are:

Collapse or failure of load-bearing parts of lifts and lifting equipment	Any unintentional explosion
Explosion, collapse or bursting of any closed vessel or pipework	Accidental release of a biological agent likely to cause severe illness
Electrical short circuit or overload causing fire or explosion	Accidental release of any substance which may damage health

**This guidance is not exhaustive. Further information may be obtained from the Trust's Health and Safety Department on Ext 2491 Bleep 498, or from the RIDDOR website at [www.riddor.gov.uk](http://www.riddor.gov.uk)**