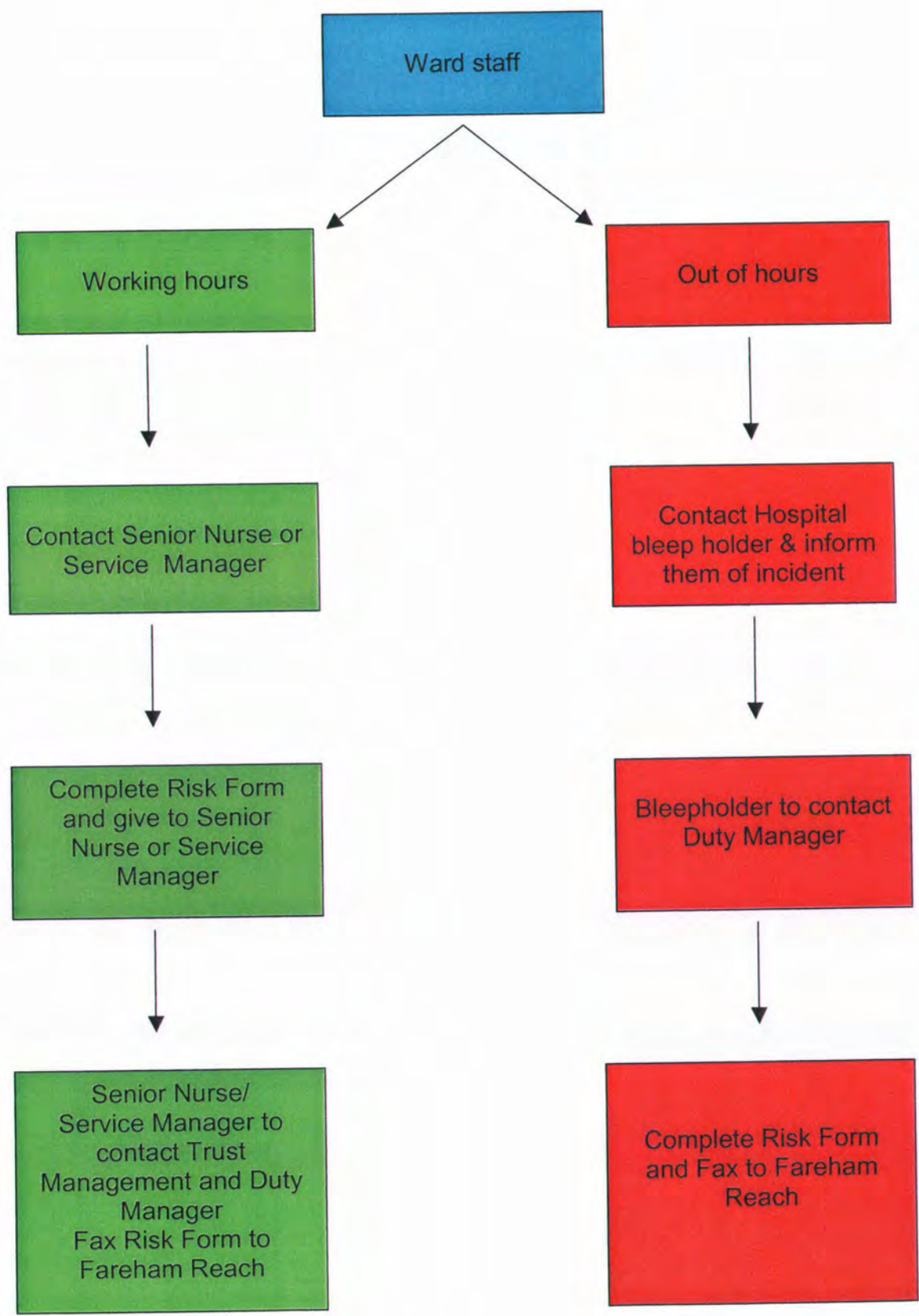


**Guidelines for Reporting Critical Clinical Incident**



Fareham and Gosport   
Primary Care Trust

**MEMORANDUM**

**To:** See Distribution List

**From:** Caroline Harrington,  
Risk & Litigation Manager

**Date:** 01 December 2003

**c.c.** Nigel McFeteridge, Head of Clinical  
Governance

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**Critical Incident/Serious Untoward Incident Procedure**

Following a recent Serious Untoward Incident, Fareham and Gosport PCT has reviewed the procedure for managing and communicating Critical and Serious Untoward Incidents.

I enclose three templates which set out individual responsibilities of :

- a) **All staff** – reporting an incident, (FORM A)
- b) **Secretariat/‘receiving’ staff** – anyone who may receive the faxed incident report, and (FORM B)
- c) **‘Named Director’** – actions to be taken immediately following the reporting of an incident. (FORM C)

Each template applies during and out of office hours. The Director’s template also signposts additional, more detailed information available to inform the management of the incident.

In the event of either a Critical or Serious Untoward incident action taken during the initial response is likely to be scrutinised both within the PCT and by external agencies, possibly even by the Police and the Courts. It is therefore essential that actions are written down, and the reasoning behind decision-making is, as far as possible, noted for future reference. Worst case scenario may see these notes used as evidence to support the management of the incident, so clear, concise, legible facts are required.

These templates are being distributed to all Fareham & Gosport PCT Services with *immediate* effect, and copied to neighbouring PCTs and Strategic Health Authority for information.

Regards,

**Code A**

Distribution List

Lucy Docherty, Chair

Fareham & Gosport PCT Executive Directors

Fareham & Gosport PCT Service Managers

Janice Combs, Business Manager

Justina Jeffs, Clinical Governance Manager (Community Services)

Nicky Heyworth, Clinical Governance Manager (Primary Care)

Sue Damerell-Kewell, Head of Service Quality East Hampshire PCT

Jo York, Head of Quality Portsmouth City PCT



FORM A

Fareham and Gosport **NHS**  
Primary Care Trust

## CRITICAL INCIDENT & SERIOUS UNTOWARD INCIDENT GUIDANCE

### FOR ALL STAFF – IN & OUT OF HOURS

The table below sets out the procedure for managing the communication aspect of any Critical Incident. Copies of this guidance is kept by the safe haven fax machine at Unit 120, Fareham Reach.

**Column C MUST be completed by the person receiving the fax – decisions may be scrutinised post-incident and this form will provide your evidence.**

RESPONSIBLE PERSON (Column A)	ACTION – DURING OFFICE HOURS (Column B)	ACTION TAKEN (Column C) Note who you spoke to/what action was agreed and by whom etc.
<b>STEP 1</b> Member of staff reporting the incident	<ol style="list-style-type: none"> <li>As soon as SERIOUS/CRITICAL incident discovered inform the local manager.</li> <li>Complete an Adverse Event Form <i>as soon as possible</i>.</li> </ol>	Name of Manager informed: <hr/> Time informed: <hr/>
<b>STEP 2</b> Appropriate Local Manager	<ol style="list-style-type: none"> <li>Telephone PCT Headquarters main switchboard (01329 233447) to:               <ol style="list-style-type: none"> <li>Alert staff to incoming fax, and</li> <li>notify appropriate Director</li> </ol> </li> <li>Fax Adverse Event Form directly to PCT Headquarters – to safe haven fax (Unit 120). Ensure fax cover clearly states the <b>NAME</b> of the receiving Director. <b>Fax No: 01329 229446</b></li> </ol>	Name of Director informed: <hr/> Time informed: <hr/>

RESPONSIBLE PERSON (Column A)	ACTION – OUT OF HOURS (Column B)	ACTION TAKEN (Column C) Note who you spoke to/what action was agreed and by whom etc.
Member of staff reporting the incident	<ol style="list-style-type: none"> <li>Adverse Event Form completed <i>as soon as</i> incident occurs.</li> <li>Report incident to Person in Charge <b>(COMPLETE COLUMN C)</b></li> </ol>	Name of Manager informed: <hr/> Time informed: <hr/>
Person in Charge of Ward/Home/Premise	<ol style="list-style-type: none"> <li>Report incident to Service Manager on-call <b>(COMPLETE COLUMN C)</b></li> </ol>	Name of Manager informed: <hr/> Time informed: <hr/>
Service Manager on-call	<ol style="list-style-type: none"> <li>Report incident to PCT Director on-call (Mob: 07880 737245; back-up pager 07699 716954):  Be prepared to provide as much information as possible about the situation, who has been informed, and what action has already been taken.</li> <li>Fax Adverse Event Form directly to PCT Headquarters – to safe haven fax (Unit 120). Ensure fax cover clearly states the <b>NAME</b> of the receiving Director. <b>Fax No: 01329 229446</b> <b>(COMPLETE COLUMN C)</b></li> </ol>	Name of Director informed: <hr/> Time informed: <hr/>



FORM B

Fareham and Gosport   
Primary Care Trust

## CRITICAL INCIDENT & SERIOUS UNTOWARD INCIDENT GUIDANCE FOR SECRETARIAT/RECEIVING STAFF

The table below sets out the procedure for managing the communication aspect of any Critical Incident. Copies of this guidance is kept by the safe haven fax machine at Unit 120, Fareham Reach.

**Column C MUST be completed by the person receiving the fax – decisions may be scrutinised post-incident and this form will provide your evidence.**

1. Adverse Event Form completed by staff at point of incident, as soon as incident occurs.
2. Member of staff reporting the incident will telephone the PCT Headquarters main switchboard (01329 233447) to:
  - a) Alert staff to incoming fax and
  - b) notify appropriate Director
3. Completed Adverse Event Form will be faxed directly to PCT Headquarters – to safe haven fax (Unit 120). The fax cover should clearly state the **NAME** of the receiving Director.

RESPONSIBLE PERSON	ACTION	ACTION TAKEN Note who you spoke to/what action was agreed and by whom etc.
Any person receiving an Adverse Event Form marked 'CI'	1. <u>As soon as</u> the completed Adverse Event Form is faxed through to the Safe Haven fax (Fax No: 01329 229446), <u>hand it</u> to the named Director (as stated on the fax cover sheet).  <p style="text-align: center;"><b>Confirm hand-over by completing column C.</b></p>	Fax receiver's initials: _____  Named Director's initials: _____  Time of handover: _____



FORM C

Fareham and Gosport   
Primary Care Trust

## CRITICAL INCIDENT & SERIOUS UNTOWARD INCIDENT GUIDANCE FOR DIRECTORS (IN & OUT OF OFFICE HOURS)

The table below sets out the procedure for managing the communication aspect of any Critical Incident. Copies of this guidance is kept in a) all Director's on-call packs and b) by the safe haven fax machine at Unit 120, Fareham Reach.

**Column C MUST be completed by the Named Director – decisions may be scrutinised post-incident and this form will provide your evidence.**

COLUMN A	COLUMN B	COLUMN C
<p><b>STEP 1</b></p> <p>In hours - <b>Named Director</b></p> <p>Out of hours – <b>Director on-call is 'Named director'</b></p>	<p>1. From the information you have been given via conversation with member of staff reporting the incident and the Adverse Event Form, decide whether this incident is a <b>Critical Incident (CI)</b> or a <b>Serious Untoward Incident (SUI)</b>. The main difference is that a Critical Incident would be contained within the PCT, whereas a SUI is likely to attract media interest (see SUI Guidance issued by HIOW StHA, April 2002, a copy of summary guidance is in every Director's on-call pack).</p> <p>Note: During office hours you should have a faxed copy of the completed adverse Event Form. The form should have been faxed as soon as possible to the Safe Haven fax located in Unit 120.</p> <p>Out of hours information will be via on-call mobile phone, and a copy of the faxed Adverse Event Form should be available the next working day via the Safe Haven fax located in Unit 120.</p>	<p>Time informed of incident: _____</p> <p>Route to be followed for this incident will be <u>CI</u> or <u>SUI</u> was made based on the following elements:</p>

FOR SERIOUS UNTOWARD INCIDENTS GO TO STEP 3 – SEE OVERLEAF

FOR CRITICAL INCIDENTS GO TO RECORDING & REVIEWING RISK EVENT POLICY



<b>STEP 2 – Named Director</b>	<p>1. <b>Immediately</b> <u>VERBALLY</u> inform the Chief Executive, Chair, and on-call Director. Note time of conversation and action agreed with each person.</p> <p>2. Inform the Strategic Health Authority by telephoning the SUI Hotline: <b>07977 517637</b></p> <p>3. E-mail all Directors and Chair giving brief details of incident and action taken so far. Remember to note the date and time of the e-mail.</p> <p style="text-align: center;"><b>COMPLETE THE TABLE BELOW TO CONFIRM ACTION TAKEN.</b></p>
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INCIDENT CHECKLIST	Yes/No	Details
Family informed		
Police involvement		
Media involvement		
Staff involvement		
Patient involvement		

ALERTING ARRANGEMENTS	Time	Action agreed
1. Chief Executive informed		
2. Chair informed		
3. On-call Director informed		
4. Communications team informed		
5. Strategic Health Authority informed		