

**Tower Hamlets GP Care Group**

**Adverse Incident Report Form**

This form should be used to report any incident or ‘near miss’ which has the potential to, or has caused loss, harm or damage to any individuals involved, or loss or damage to property or equipment for which the THGPCG is responsible.

This form should also be used for any disruption to service delivery as well as any incident which has the potential to involve the THGPCG in any adverse publicity or litigation.

Reports must be completed within 1 working day of the incident.

**In the event of a serious injury or death, the incident must be reported immediately to line managers, if out of hours the on call manager must be informed (contact telephone number 07714741806).**

Once completed this form should be forwarded to the relevant service manager for update. The form should then be emailed to Ruth.walters@nhs.net.

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| Workplace Care Area of Person or Property affected by incident | |
| Exact Location (room number, patient’s home etc) | |
| Date of Incident: | Time of Incident: |
| Date Incident Reported: | |
| Details of Person Affected:  Staff Patient Visitor Other  x  x  x  NHS No (if patient):  If Other, please state:  Full Name:  DOB: Gender:  Religion: | |
| Job Title (if staff member): | Managers Name (if staff member): |
| NHS No (if patient): | |
| Contact Details (telephone or email): | |
| Does the patient have a CPA in place: Yes/No | |

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| **Brief Description of Incident:**  (If the incident involves the police please record log number. If there were any witnesses to the incident please attach a witness statement form) | | | |
| **Was this a Medicine Related Incident?** | Yes  NHS No (if patient): | | No  NHS No (if patient): |
| **Was this an incidence of Violence & Aggression?** | Yes If yes, please complete  NHS No (if patient):  The section below | | No  NHS No (if patient): |
| Name of Assailant: | | NHS NO: | |
| DOB: | Under Section: Yes/No | | CPA: Yes/No |
| **Was this an incidence of a missing Client?** | Yes If yes, please complete  NHS No (if patient):  The section below | | No  NHS No (if patient): |
| Date Missing: | | Time Missing: | |
| Date Returned: | | Time Returned: | |
| If Returned please state how (own volition, police, staff etc) | | | |
| **Is this Incident RIDDOR reportable? (refer to the HSE website for details**  <http://www.hse.gov.uk/riddor/reportable-incidents.htm> | Yes If yes, please complete  NHS No (if patient):  The section below | | No  NHS No (if patient): |
| RIDDOR Criteria met for reporting (fracture of bone other than finger or toe, injury requiring more than 7 days off sick etc): | | | |
| Part of body injured: | | | |
| Nature of injury (burn, laceration etc): | | | |
| Treatment received (first aid, A&E, hospital admission): | | | |

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| **Safeguarding Adults/Children** | | |
| **Has a safeguarding alert been completed?** | Yes  NHS No (if patient): | No  NHS No (if patient): |
| If ‘Yes’ Is the safeguarding issue related to : | Adult  NHS No (if patient): | Child  NHS No (if patient): |
| Please attach a copy of the Alert to this incident form. | | |
| If ‘No’ and ‘Adult’ please state why an alert was not completed  NHS No (if patient):   1. The Police were informed 2. The Patient has capacity and does not want it reporting   NHS No (if patient):  NHS No (if patient):   1. Staff did not class this incident as a safeguarding issue   NHS No (if patient):   1. Other (please state) | | |

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| **Was anyone else notified of the incident?** | | Yes If yes, please give details below  NHS No (if patient): | | No  NHS No (if patient): | |
| Police Yes/No  Date: | Relative Yes/No  Date: | | Senior Manager Yes/No  Date: | | HSE Yes/No  Date: |
| CQC Yes/No  Date: | Other: (Please state)  Date: | | Other: (Please state)  Date: | | Other: (Please state)  Date: |

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| **Person Completing this form** | |
| Full Name: | |
| Job Title: | |
| Signature: | Date: |

ADVERSE INCIDENT INVESTIGATION FORM

To be completed by Line Manager

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| Date Incident Occurred: | Date Form Received by Line Manager: |
| **Root Cause & Contributing Factors** | |
| Communication – eg lack of information between teams: | |
| Educations & Training – eg lack of training at induction, mandatory training not completed, professional CPD not available/accessible | |
| Equipment & Resources – lack of equipment, inadequate maintenance | |
| Medication - prescribing or administration issue | |
| Organisation & strategic - culture, priorities | |
| Patient – diagnosis, condition | |
| Task – eg lack of policies, guidelines, decision making aids | |
| Team – lack of leadership, support or role definition | |
| Work & Environment – staffing levels, unsuitable work space | |
| Other – eg interagency working | |

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| **Risk Rating of Incident:**  (refer to <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60149&> for grading matrix) | | | | |
| Consequence (please circle) | | | | |
| Insignificant | Minor | Moderate | Major | Catastrophic |
| Likelihood (please circle) | | | | |
| Unlikely | Possible | Possible | Likely | Almost Certain |

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| **Risk Assessment (please circle)** | | |
| Was a Risk Assessment carried out prior to this incident? | No | Yes |
| Has a Risk Assessment been viewed as a result of this incident? | No | Yes |
| Have identified controls been implemented? | No | Yes |

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| **Action Plan** | | | | |
| **Action** | **Time Scale** | **Owner** | **Date completed** | **Review date** |
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| Full Name: | Contact Telephone Number and Email: |
| Signature | Date: |