Adverse Incident Reporting & Investigation Policy
<table>
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<tr>
<th><strong>Version</strong></th>
<th>6</th>
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<tbody>
<tr>
<td><strong>Date Ratified</strong></td>
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<tr>
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<td>Complaints and Patient Care Manager</td>
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<td>02.04.2013</td>
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1. **Introduction**

The aim of this document is to put in place an integrated system for the reporting, analysis and learning from all adverse incidents involving patients, staff and others. It includes incidents relating to clinical activity, accidents, fires, security and health and safety. It applies to all services provided by East Berkshire Primary Care Out of Hours Services (EBPCOOH).

When things go wrong, the response should not be one of blame and retribution, but of learning in a drive to reduce risk in the future. The overriding purpose of this policy is to solve and learn from problems, not to attribute individual blame or to punish.

Department of Health publications identify the significant opportunities that exist to reduce unintended harm to patients arising during their care. This document sets out the way in which EBPCOOH will manage, report, analyse and learn from all adverse incidents.

All healthcare staff have a professional and ethical responsibility to ensure that patients in their care come to no harm. All staff have a duty to ensure their own and colleagues health and safety at work. Ensuring that incidents are properly reported and investigated is part of discharging that responsibility.

It is only through the reporting of incidents, including near misses that root causes can be identified and plans developed and implemented to prevent a recurrence.

This document should be read together with the Risk Management Strategy, this sets out EBPCOOH’s approach to the proactive identification of risks as part of a systematic approach to risk assessment.

2. **Objective**

- To foster a ‘just blame’ culture, not to attribute individual blame or to punish, but to enable opportunities for learning and change to be identified.
- That lessons will be learnt through the investigation and analysis of individual adverse incidents (including near misses) enabling change and improvements to be made where needed.
- That, through the analysis of incident trend data, areas for investigation and further analysis will be identified to enable change and improvements to be made.
- Lessons learnt in EBPCOOH will be shared within the organisation.

In recognition of the essential learning that happens following an incident, and recognising the need for all staff to understand their responsibilities in relation to reporting incidents, the Quality Governance, Patient Safety & Risk Committee (QGPS&R) has agreed the following statement:

**Fear of disciplinary action may deter staff from reporting an adverse incident. The view of the Council is that disciplinary action should not form part of the response to an incident except in cases where one or more of the following applies:**

- There is a second occurrence involving the same individual
- Where the incident results in a police investigation
- Where the action causing the incident is far removed from acceptable practise
- Where there is a failure to report an incident in which a member of staff was either involved or aware.
- Where someone misrepresents
3. **Policy**

This policy provides the framework for reporting and managing all incidents and near misses, which affect employees, patients, visitors to premises, or have an impact on EBPCOOH services, its reputation, or its legal duty of care.

EBPCOOH is committed to an open and fair culture and reporting of incidents is encouraged so that the organisation can learn from mistakes and take actions to put them right.

The policy and related procedures will ensure that EBPCOOH meets its statutory requirements relating to the Standards for Better Health, legal requirements and Strategic Health Authority guidelines.

4. **Definitions**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>Medical Director</td>
</tr>
<tr>
<td>MHSW</td>
<td>Management of Health and Safety at Work Regulations</td>
</tr>
<tr>
<td>Adverse Incident</td>
<td>This is a term to describe an adverse event which is graded major or catastrophic, i.e. death, act of god, bankruptcy</td>
</tr>
<tr>
<td>Near Miss</td>
<td>Events that have the potential to cause injury or ill health and may cause damage to property, personal effects, work in progress.</td>
</tr>
<tr>
<td>Incident</td>
<td>An event which <strong>resulted in actual harm</strong>, loss or damage.</td>
</tr>
<tr>
<td>RIDDOR</td>
<td>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.</td>
</tr>
</tbody>
</table>

5. **Scope**

This Policy is intended to cover all areas and activities of EBPCOOH.

Independent contractors who provide services on behalf of EBPCOOH are strongly recommended to adopt this policy or to develop a local policy, with regard to this document, to ensure reporting, analysis and learning from adverse incidents.

6. **Responsibility**

Whilst the QGPS&R Committee has overall responsibility for Risk Management within the organisation, departmental managers equally have a responsibility for the management of risk within their own department. Following every incident, whether a near miss or an adverse event, all managers must take and record immediate and/or preventative actions. All incident report forms must be passed to the departmental manager where the incident occurred so that this can happen.

Actions to be taken immediately following an incident may include:

- Ensuring equipment has been secured
- Support to staff
- Informing patient/family
- Keeping evidence secure that may be relevant to the investigation.

**Trends identified from the analysis of the incidents will be reported to the Quality, Governance, Patient Safety and Risk Committee**

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Adverse Incident Reporting and Investigation Policy
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7. How to report an Adverse Incident

Your first responsibility in any incident is to respond to the immediate needs of the patient and/or others involved, including staff and to re-establish a safe environment.

The EBPCOOH Risk Management Strategy requires that all incidents including near misses must be reported. This policy covers adverse incidents of any nature occurring in any area of the EBPCOOH or any service provided by EBPCOOH.

An Adverse Incident (IR1) Form must be completed as soon as possible after the incident and sent to the Line Manager for assessment and action accordingly. Incident forms are sent electronically to the Complaints/Patient Care Manager for central processing. The Complaints/Patient Care Manager will enter details onto the Adverse Incident Register, submit reports and trends to the Management Executive and QGPS&R committees for discussion/outcomes which will be taken forward to the Council to make them aware of high risks and measures taken to mitigate the risk.

If the incident is serious (Amber/Red) this must be reported immediately to the Chief Executive or senior person in charge (On Call Manager) or your departmental manager who will make the decision on next steps of action needed.

The IR1 Form must be completed in line with record keeping standards and be confined to accurate factual statement; opinion should not be recorded. The report will be disclosed in the event of subsequent inspection / investigation.

7.1 Incident Rating

When rating an incident, consider the actual impact of the incident on the individual or organisation. This will give the rating of the severity for this particular incident. Incident Examples:-

Clinical Incident- For incidents concerning patient safety, medication errors, medical devices or pharmaceutical errors where either a process or procedure failed to work or a patient was harmed

General Incident - For incidents relating to the building, including security, fire, theft, financial and media coverage

Clinical Near Miss - For incidents concerning patient safety, medical devices or pharmaceutical errors where an incident occurred but no harm came to those involved and there was no disruption to services offered by EBPCOOH

General Near Miss - For incidents relating to the building, facility, or procedures followed by EBPCOOH where there was no disruption to service and no lasting harm to either people in the building or the company’s reputation

Occupational Health - For accidents that occur whilst you are performing your duties / job role
Below are further examples of incidents that may be recorded on the IR1 form:

<table>
<thead>
<tr>
<th>IR1 Form:</th>
<th>Clinical Incident</th>
<th>General Incident</th>
<th>Clinical Near Miss Incident</th>
<th>General Near Miss Incident</th>
<th>Occupational Health Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosing error</td>
<td>Theft</td>
<td>Misplaced drugs but later found</td>
<td>Door left open but nobody entered</td>
<td>Needle stick</td>
<td></td>
</tr>
<tr>
<td>Collapse of patient requiring further treatment</td>
<td>Hosting of Domain was changed resulting in loss of external email/IT connection</td>
<td>Patient consented for wrong procedure but noticed before procedure carried out</td>
<td>Patient did not pay before treatment but did later</td>
<td>Slip and Trip</td>
<td></td>
</tr>
<tr>
<td>Adastra Clinical Software System fails to work and patient safety is compromised</td>
<td>Security issues unable to leave without assistance</td>
<td>A medical device fails to work but is not needed for clinical use that day and is fixed before it effects our service</td>
<td>Doctors Duty Car breaks down during evening when there are no patients or visitors, the problem is fixed before disruption to service occurs</td>
<td>Manual Handling (Back Pain)</td>
<td></td>
</tr>
</tbody>
</table>

Employees need to fill in all relevant sections of the IR1 form (see Appendix 2 Guide on how to fill out an IR1 Form correctly and Appendix 3 on carrying out a Risk Score/RAG Rating). The form is then to be passed to their Line Manager who will document their remedial actions, comments and then carry out a further Risk Score (RAG Rating). The Line Manager will feedback to staff on actions taken and document the feedback given on the IR1 form. The form will be sent to Complaints/Patient Care Manager.

Upon receiving an electronically submitted IR1 Form the Complaints/Patient Care Manager (S Davis) will enter the incident onto the Adverse Incident Register and ensure it is submitted to the QGPS&R committee at their next meeting.

Where further information is required, the Complaints/Patient Care Manager will contact the Line Manager of the person reporting the incident and it will be their responsibility to gather the necessary information or witness statements.

Where the incorrect form is used to report an incident or the IR1 Form is filled out incorrectly, the Complaints/Patient Care Manager will return the form to Line Manager of the individual reporting the incident and ask that the correct form be completed.

### 7.2 Investigation of adverse incidents

The level of investigation to be undertaken will be determined by the severity of the incident (as set out in the RAG Escalation Plan in Appendix 3). It will range from a full Root Cause Analysis of the incident to an immediate departmental action to correct the problem.

All action to be taken must be recorded on the IR1 form and if the Risk Score/RAG Rating is Amber or Red carry out the appropriate action in line with the Risk Management Policy.

Both the IR1 Form and if appropriate the Risk Reporting Form will be discussed at the next QGPS&R meeting following the incident.

The IR1 Form will be signed by the Clinical Governance Lead (or Chair in his absence) as proof of discussion.

Feedback from the committee will be given to the Line Manager of the individual who completed the incident report form by a designated QGPS&R committee member. The Line Manager will ensure that staff are communicated to on outcomes and to reassure the individual(s) that actions have been taken.
concerning the incident. This feedback will be confirmed to the Complaints/Patient Care Manager for central recording.

If a Risk Reporting Form has been completed by all relevant parties they will be processed through the central logging system as appropriate in line with the Risk Management Policy

The legal reasons for conducting an investigation are:
- To ensure the organisation is operating in compliance with legal requirements;
- That it forms an essential part of the MHSW Regulation 5 requirements plan, organise, control, monitor and review health and safety arrangements;
- To comply with the Woolf Report on civil action which changed the way cases are run. Full disclosure of the circumstances of an accident/incident has to be made to the injured parties considering legal action.

The fact that a thorough investigation was carried out and remedial action taken would demonstrate to a court that a company has a positive attitude to health and safety. The investigation will also provide essential information for insurers in the event of an employer’s liability or other claim.

### 7.3 Patient Record Keeping

A contemporaneous record of a clinical incident involving a patient must be made in the patient’s record. Record keeping of the investigation must be kept separate from medical records. Only fact and not opinion must be recorded.

### 7.4 Accident book

In line with the Social Security (Claims and Payments) Regulations 1979, Regulation 25. Anyone injured at work is required to inform the employer and record information on the accident in an accident book, including a statement on how the accident happened.

The employer is required to investigate the cause and enter this in the accident book if they discover anything that differs from the entry made by the employee. The purpose of this record is to ensure that information is available if a claim is made for compensation.

The Accident Book is to be kept in a safe place accessible to all staff within each department. The Health & Safety appointed person is to be made aware of all entries into the Accident Book.

### 8. Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. The CQC regulates health and adult social care services in England, whether they’re provided by the NHS, local authorities, private companies or voluntary organisations.

The CQC ensure that essential common quality standards are being met where care is provided and work towards the improvement of care services. They promote the rights and interests of people who use services and have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

The work of the CQC brings together independent regulation of health, mental health and adult social care. Before 1 April 2009, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organisations no longer exist.

EBPCOOH will become a registered provider of health care from April 2012 and will be inspected by the CQC in the form of self assessment reports and planned and unplanned spot checks. As part of our self assessment report which is compiled annually, we are required to provide copies of incident reports and registers along with evidence that a satisfactory outcome was achieved and changes to our service were made in respect of these incidents occurring and our practices have now changed to prevent a reoccurrence of events or incidents.
EBPCOOH will report incidents on a quarterly basis.

9. **Role of the committees**

*Quality, Governance, Patient Safety and Risk Committee*

All incidents will be entered onto the Adverse Incident Register as per the incident rating categories:

- General Incidents
- Near Miss General Incidents
- Clinical Incidents
- Near Miss Clinical Incidents
- Occupational Health and Safety Incidents

This information will be used to analyse incident data and to provide accurate reporting to the QGPS&R Committee who will then compile this information into their annual report to the Council.

Trend analysis will be used to assist with the targeting of risk reduction programmes. The QGPS&R Committee will screen all incident report forms. Where indicated, further information will be sought to ensure that all necessary corrective action has been taken.

As well as the above the QGPS&R committee reviews the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the clinics activities (both clinical and non-clinical), which supports the achievement of the Clinics’ strategic objectives.

They specifically review:

- Contracts and Corporate/Risk Registers
- The Corporate Strategies / Policies and Procedures for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- The Clinic’s cohesion with corporate policies

**Infection Control**

EBPCOOH Infection control is discussed at the QGPS&R Risk committee where all matters regarding infection control are discussed and reviewed. The committee monitors rates of infection, cleaning throughout the building and preventative and control measures relating to patient care and employees.

10. **External reporting**

EBPCOOH has an obligation to report certain incidents to external organisations. Most of the reports need to be made within a strict time frame; therefore the IR1 Form must arrive with the departmental manager within the 24 hours following the incident to ensure that external reporting requirements are met.

External organisations include:

- Health and Safety Executive – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Reporting occupational health and safety incidents/accidents at work is a legal requirement. The information enables the Health and Safety Executive (HSE) and local authorities, to identify where and how risks arise, and to investigate serious accidents.
• MHRA – Medicines and Healthcare products Regulatory Agency; any incident involving a medical device, wheeled mobility equipment and ancillary items or an external limb prosthesis. Any adverse drug reactions where a causal relationship between the drug and the reaction is suspected (see Appendix 4)
• CFSMS-Counter Fraud and Security Management Service.
• Coroner – any death within 24 hours of visitation, any sudden unexplained death.
• Police – criminal activity, e.g. assault, theft.
• Environmental health.

When Adverse Incidents are reported to an external agency then a note must be made on the IR1 Form in the final section.

10.1 Statutory Notifications
Health care providers have to tell the CQC about a variety of different events. There is a different timescale for each kind of notification. These events involve:

• People who use the service
• Registered persons and their staff
• Premises, fixtures, fittings and equipment
• Events flowing from the bankruptcy of a registered person or the insolvency of a service

For further information, please refer to the CQC website where guidance is available to be downloaded:

http://www.cqc.org.uk/node/2285

10.2 National Reporting and Learning Service
The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

All clinical incidents and those involving patient safety should be reported via the NRLS website where you can:

• Upload incident reports from your local risk management reporting system
• Review incident reports submitted by your organisation
• View incident reports submitted online to the NRLS for your organisation
• View feedback reports for your organisation

For more information see the following link to the NPSA website and NRLS reporting;


Alternatively you can contact NPSA at:
National Patient Safety Agency
4-8 Maple Street
London W1T 5HD
Tel: 02079279500
e-mail: support@npsa.nhs.uk
10.3 Yellow Card Scheme

EBPCOOH participates in the Yellow Card Scheme for reporting Adverse Drug Reactions. The Yellow Card Scheme is vital in helping the MHRA monitor the safety of the medicines and vaccines that are on the market. Before a medicine is granted a license so that it can be made available in the United Kingdom, it must pass strict tests and checks to ensure that it is acceptably safe and effective. All effective medicines, however, can cause side effects (also known as adverse drug reactions), which can range from being minor to being very serious. Sometimes, it is difficult to tell whether a possible side effect is due to a medicine, or something else. Even if it is only a suspicion that a medicine or combination of medicines has caused a side effect, MHRA ask patients and health professionals to send us a Yellow Card.

Yellow Card reports that MHRA receive on suspected side effects are evaluated, together with additional sources of information such as clinical trial data, medical literature or data from international medicines regulators, in order to identify previously unidentified safety issues or side effects. Information gathered from Yellow Card reports made by patients and health professionals is continually assessed at the MHRA by a team of medicine safety experts made up of doctors, pharmacists and scientists who study the benefits and risks of medicines. If a new side effect is identified, information is carefully considered in the context of the overall side effect profile for the medicine, and how the side effect profile compares with other medicines used to treat the same condition. The MHRA takes action, whenever necessary, to ensure that medicines are used in a way that minimizes risk, while maximizing patient benefit.

Further information on MHRA Adverse Drug Reaction reporting can be found in Appendix 4 or on the MHRA website.
www.mhra.gov.uk/yellowcard

11. Implementation and training

Introduction at induction – Incident Reporting will be implemented and mandatory for all employees to attend.

Staff will receive training in the use of the incident report form, how incidents are monitored and reviewed along with information on external reporting to other medical bodies and how they will receive feedback for any incidents that they log.

Implementation of this policy will commence on the 1st April 2012 and be reviewed as stated on the front cover.

12. Further Reading

Risk Management Policy and Procedures
Whistle-blowing Policy
The 4 ‘C’s Policy
Infection Control and Decontamination Policy
Health and Safety Policy
Health & Safety Executive website: https://www.hse.gov.uk/forms/incident/index.htm
Violence and Aggression Management Policy
Adverse Incident IR 1 Report Form

Location ________________________________

Type of Incident (please tick one or more as appropriate)

- Fire
- Near Miss
- Patient/Manual Handling
- Clinical Risk
- Vehicle
- Welfare
- Frequent/Hoax Caller
- Finance
- Equipment
- Assault
- Security
- Violent Incident
- Telecommunications/Media
- Inter Agency Issue
- Control of Infection
- Information Governance
- Personal Accident
- Ill Health
- Estates/Buildings
- Patient Confidentiality
- Theft
- Waiting area
- Mental Health
- Other

If Other (please specify) ____________________________________________________________________________

Did the Incident Result in Injury/Ill Health? __ Yes __ No

Details of Incident

Date ____________ Time ____________ Incident No ____________

Location

Premises No/Name __________________________________________ Street ___________________________

Town __________________________ County __________________________ Postcode _____________

Details of Person Injured/Involved

- Staff
- Member of the Public
- Patient
- Contractor
- Other Medical Staff
- Other

Name of Person Injured/Involved __________________________ Occupation/Job Title __________________________

Premises No/Name __________________________________________ Street __________________________

Town __________________________ County __________________________ Postcode _____________

Date of Birth ________ Tel No __________________________

Nature of Injuries

- None
- Low
- Moderate
- Severe
- Death

Description of Injuries

Treatment/Medical Attention

- No
- First Aid
- GP
- A&E
- Occ Health

Has it been necessary to stop work? ________ Yes ________ No

Estimated Duration of Absence __________________________ Date Last Worked ____________
Equipment

Type of Equipment

Model No Serial No Batch No

Current Location of Equipment

Removed from Service? Yes No

Violent Incident

Name of Assailant

Premises No/Name Street

Town County Postcode

Police Informed? Yes No Name of Officer Dealing

PC Shoulder No Station Crime URN No

Type of Incident: Verbal Abuse Physical Abuse Sexual Abuse

Alcohol Involved Drugs Involved Racial Abuse

Weapon Involved? (If yes please specify type)

Damage to Property? Yes No

Risk Rating and Details of Incident

Witness or Staff Name Address Tel No

Description of Incident: include vehicle registration number if applicable and also actual location within the building. (Please attach a separate sheet for additional comments. DO NOT write on the back of these forms)

Risk Rating (tick as appropriate)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Insignificant (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Catastrophic (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood</td>
<td>Rare (1)</td>
<td>Unlikely (2)</td>
<td>Possible (3)</td>
<td>Likely (4)</td>
<td>Almost Certain (5)</td>
</tr>
<tr>
<td>Total Risk Rating (Impact x Likelihood): Name Signature Date Place of Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Line Manager Remedial actions taken and Comments

(Please attach a separate sheet for additional comments. DO NOT write on the back of these forms)

---

### Line Manager Risk Rating

(rating should be completed as soon as possible after the incident and after remedial actions undertaken, tick as appropriate)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Insignificant (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Catastrophic (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood</td>
<td>Rare (1)</td>
<td>Unlikely (2)</td>
<td>Possible (3)</td>
<td>Likely (4)</td>
<td>Almost Certain (5)</td>
</tr>
</tbody>
</table>

**Total Risk Rating** (Impact x Likelihood):

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Place of Work</th>
</tr>
</thead>
</table>

### Feedback to Staff

Signature | Date | Via E-mail | Declined |

---

**RCA to be Conducted?** Yes ☐ No ☐

**RCA Conducted?** Yes ☐ No ☐

### Supplementary Reporting

- CQC
- CFSMS
- RIDDOR
- NPSA
- MHRA
- Police
- Feature
- Other NHS Bodies

**Reviewed by:** Clinical Governance (QGPS&R)

Name (Please Print) ____________________________

Signature ____________________________ Date ____________
### HOW TO FILL OUT AN IR1 FORM CORRECTLY

Reference number is assigned at central logging **NOT** by the person filling out the form.

Location can be anywhere, even a car.

When completing an IR1 form to cover a near miss, please tick the Near Miss box and fill out the rest of the form accordingly. More than one box can be ticked to get the best description of the incident you are reporting.

Not all adverse incidents have to result in Injury but can result in ill health if the person involved becomes traumatised. Adverse Incidents which do not result in ill health or injury must still be reported.

The incident number will also be assigned during administration and **NOT** by the person filling out the form.

More than one person can be ticked for this section as multiple persons might be involved, however if more than one person is listed then details must also be provided for this person e.g. a member of staff and a witness.

Contact details must be listed correctly in case of follow ups.

Please write N/A (not applicable) in any space where this is appropriate, **DO NOT** leave blank spaces.

<table>
<thead>
<tr>
<th>Adverse Incident IR 1 Report Form</th>
<th>Ref No:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Incident (please tick one or more as appropriate)</strong></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>Equipment</td>
</tr>
<tr>
<td>Near Miss</td>
<td>Security</td>
</tr>
<tr>
<td>Patient/Manual Handling</td>
<td>Violent Incident</td>
</tr>
<tr>
<td>Clinical Risk</td>
<td>Telecommunications/Media</td>
</tr>
<tr>
<td>Vehicle</td>
<td>Inter Agency Issue</td>
</tr>
<tr>
<td>Welfare</td>
<td>Control of Infection</td>
</tr>
<tr>
<td>Frequent/Hoax Caller</td>
<td>Information Governance</td>
</tr>
<tr>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>If Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>Did the Incident Result in Injury/Ill Health?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Details of Incident</strong></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Premises No/Name</td>
</tr>
<tr>
<td>Town</td>
<td>County</td>
</tr>
<tr>
<td><strong>Details of Person Injured/Involved</strong></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Patient</td>
</tr>
<tr>
<td>Member of the Public</td>
<td>Contractor</td>
</tr>
<tr>
<td>Name of Person Injured/Involved</td>
<td>Occupation/Job Title</td>
</tr>
<tr>
<td>Premises No/Name</td>
<td>Street</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Tel No</td>
</tr>
<tr>
<td><strong>Nature of Injuries</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Description of Injuries</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment/Medical Attention</strong></td>
<td>None</td>
</tr>
<tr>
<td>Has it been necessary to stop work?</td>
<td>Yes</td>
</tr>
<tr>
<td>Estimated Duration of Absence</td>
<td>Date Last Worked</td>
</tr>
</tbody>
</table>
Equipment can be application devices, medical equipment or drugs. Please enter the batch and model information if available e.g. in the case of incidents involving Controlled Drugs which are all logged onto a system.

If both a staff member and another person, who is considered a witness, were involved; tick both boxes but please list contact information for both persons.

DO NOT write on the back of these forms. If you run out of space, use the additional comments sheet at the end of this form, print off as many copies as you need and attach these with your completed form.

Make a rating using your best judgement and the description you just wrote but consult others if necessary. Your Total Risk Rating will be the score entered for Impact multiplied by the score entered for Likelihood.
If this form is being completed for more than one person please include place of work for both people.

The line manager of the person reporting the incident and filing out the IR1 Form must fill out this section as soon as possible after the incident has occurred. The must include any actions taken after the incident.

DO NOT write on the back of these forms. If you run out of space, use the additional comments sheet at the end of this form, print off as many copies as you need and attach these with your completed form.

The line manager must follow the same process as above to create a Total Risk Rating.

Please list any follow up actions taken after the incident here along with all feedback given to staff including training, reviews of performance and implementation of new plans or systems.

RCA or Root Cause Analysis must be completed as part of this form - if required – see RAG Rating Escalation Plan (Appendix 3B)

The full titles of the following abbreviated governing bodies are as follows:

CQC – Care Quality Commission
RIDDO – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
NPSA – National Patient Safety Agency
MHRA – Medicines and Healthcare products Regulatory Agency
CFSMS – Counter Fraud and Security Management Service
All Adverse Incidents **MUST** be reported to the QGPS&R Committee for discussion.

This sheet must be used for all additional comments. **DO NOT** write on the back of this form. Multiple copies of this form can be printed to cover all your additional comments but they must all be signed and dated.
Impact Scoring System

Appendix 3A
## Risk Score Matrix and Guidelines

### Appendix 3B

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injury (Physical &amp; Mental) to anyone</strong></td>
<td>Minor injury (not requiring first aid)</td>
<td>Minor injury or illness (first aid treatment needed)</td>
<td>Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA Contractor, CQC)</td>
<td>Major injuries, or long term incapacity / disability (loss of limb)</td>
<td>Death or major permanent incapacity</td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td>Unsatisfactory patient experience no injury</td>
<td>Unsatisfactory patient experience and or involving first aid treatment – readily resolvable</td>
<td>Mismanagement of patient care requiring more than first aid treatment and is likely to take more than one month to recover (breach of working practices)</td>
<td>Serious mismanagement of patient care (major permanent harm) (breach of working practices)</td>
<td>Totally unsatisfactory patient care (breach of working practices)</td>
</tr>
<tr>
<td><strong>Complaint / Claim Potential</strong></td>
<td>Locally resolved complaint</td>
<td>Justifiable complaint peripheral to clinical care / management</td>
<td>Justifiable complaint involving lack of appropriate care / management</td>
<td>Multiple justifiable complaints. Claim below excess</td>
<td>Multiple claims or single major claim</td>
</tr>
<tr>
<td><strong>Service / Business Interruption</strong></td>
<td>Loss / interruption &gt; 1 hour and &lt; 8 hours</td>
<td>Loss / interruption &gt; 8 hours and &lt; 24 hours</td>
<td>Loss / interruption &gt; 24 hours and &lt; 1 week</td>
<td>Loss / interruption &gt; 1 week</td>
<td>Loss / interruption &gt; 1 week</td>
</tr>
<tr>
<td><strong>Human Resources / Organisational Development</strong></td>
<td>Short term low staffing level temporarily reduces service quality &lt; 1 day</td>
<td>Ongoing low staffing level reduces service quality</td>
<td>Late delivery of key objective / service due to lack of staff (recruitment, retention or sickness). Minor error due to insufficient training. Ongoing unsafe staffing level(s)</td>
<td>Uncertain delivery of key objective / service due to lack of staff (recruitment, retention or sickness). Serious error due to insufficient training</td>
<td>Non delivery of key objective / service due to lack of staff. Very high turnover. Critical error due to insufficient training</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td>Small loss &lt; £100</td>
<td>Loss &gt; 0.1% of budget or &gt; £100 and &lt; £1,000</td>
<td>Loss &gt; 0.25% of budget or &gt; £1,000 and &lt; £5,000</td>
<td>Loss &gt; 0.5% of budget or &gt; £5,000 and &lt; £10,000</td>
<td>Loss &gt; 1% of budget or &gt; £10,000</td>
</tr>
<tr>
<td><strong>Adverse Publicity / Reputation</strong></td>
<td>Rumours</td>
<td>Local Media interest (short term)</td>
<td>Local Media interest (long term)</td>
<td>National Media interest &lt; 3 days. Local MP concern</td>
<td>National Media interest &gt; 3 days. National MP concern (questions in the House)</td>
</tr>
</tbody>
</table>
**Procedure**

1. Identify a heading from the **Descriptor** column in Table 1 the Impact Scoring System(Appendix 3A) which best describes the incident
2. Consider and match to as near as possible the Consequence – Impact of the incident / occurrence from the definitions under;
   a. **Insignificant, Minor, Moderate, Major, Catastrophic**;
3. Tick the box on the IR1 form that corresponds to this figure under the Risk Rating **Impact** heading
4. Identify a heading from the **Likelihood** column above in Table 2which match to as near as possible the Frequency and or Probability from the definitions under;
   a. **Rare, Unlikely, Possible, Likely, Almost Certain**;
5. Tick the box on the IR1 form that corresponds to this figure under Risk Rating **Likelihood** heading

Multiply the figures together from the **Impact & Likelihood** boxes and place this number in the 'The total Risk Score Box'.
YellowCard
Helping to make medicines safer

A side effect to a medicine?
You can report it using YellowCard

Visit www.mhra.gov.uk/yellowcard to report suspected side effects

You can get Yellow Card forms:
- from pharmacies or GP surgeries
- by calling 020 3080 6764

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Medicines and Healthcare products Regulatory Agency MHRA
What is the MHRA?

The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency responsible for ensuring that medicines and medical devices work and are acceptably safe. When any possible problem is found, the MHRA takes prompt action to protect the public and reduce risk.

For more information about the MHRA:
Visit: www.mhra.gov.uk
Email: info@mhra.gsi.gov.uk
Tel: 020 3080 6000

Reporting Adverse Drug Reactions to the Yellow Card Scheme

Healthcare professionals are asked to help improve medicines safety by reporting suspected Adverse Drug Reactions (ADRs) to the Yellow Card Scheme. Please support the scheme by following the these reporting guidelines:
- Please report all suspected ADRs for new medicines (identified by the black triangle ▼ symbol)
- Please report all serious suspected ADRs for established vaccines and medicines, including unlicensed medicines, herbal remedies, and medicines used off-label
- If you are unsure, please report anyway.

Help make medicines safer for everyone
www.mhra.gov.uk/yellowcard

How do I report a suspected side effect?

There are two ways to report to the Yellow Card Scheme:
- the easiest way to report is online at www.mhra.gov.uk/yellowcard
- complete a paper Yellow Card form which you can post to FREEPOST YELLOW CARD

Yellow Cards can be found in the BNF, MIMS, ABPI Compendium or ordered by calling the Yellow Card Information Service freephone on 0800 731 6789

What happens to Yellow Cards?

The MHRA (see overleaf) collects Yellow Card reports from all healthcare professionals and patients. These reports are used to identify ADRs and other problems which might not have been known about before about the medicine.

If a new ADR is found, the MHRA will review the way that the medicine can be used, and the warnings that are given to prescribers and patients.

The information you provide will be kept safe, secure and confidential. No details that could identify you or your patient(s) will be passed on without your permission.