

## One for Wales Community Pharmacy Patient Safety Incident Reporting Form (V1.0)

### Pharmacy Details

<b>Where did the incident occur?</b>			
<b>Exact location</b>			
<b>Branch number</b> <i>(If applicable)</i>		<b>Reference number</b> <i>(Optional)</i>	

### Incident Service

<b>Service</b> <i>(where incident occurred)</i>	
---	--

### Incident Details

<b>Incident date</b> <i>(dd/mm/yyyy)</i>		<b>Incident Time</b> <i>(hh:mm)</i>		<b>Reported date</b> <i>(dd/mm/yyyy)</i>	
--	--	-------------------------------------	--	--	--

<b>Description</b> <i>(Please provide a brief description of the incident ensuring that <b>no identifiable information</b> is included. Please <b>DO NOT</b> put: Names, Hospital/NHS Number, Date of Birth, Acronyms e.g., GP, HV, DN)</i>					
--	--	--	--	--	--

<b>Immediate action taken</b> <i>(Please provide a brief description of the incident ensuring that <b>no identifiable information</b> is included. Please <b>DO NOT</b> put: Names, Hospital/NHS Number, Date of Birth, Acronyms e.g., GP, HV, DN)</i>					
---	--	--	--	--	--

<b>Actual harm</b> <i>(Please circle)</i>	<b>None</b>	<b>Low</b>	<b>Moderate</b>	<b>Severe</b>	<b>Death</b>
---	-------------	------------	-----------------	---------------	--------------

<b>If the patient took/used the medicine/medical device, what symptoms did they experience?</b>					
---	--	--	--	--	--

### Person Affected / Patient

<b>Person's name</b>		<b>Date of birth</b>		<b>NHS No</b>	
<b>Address</b>					
<b>Postcode</b>					

Incident Type			
Who was affected? <i>(Please tick)</i>	Organisation <input type="checkbox"/>	Patient/Service User <input type="checkbox"/>	Public/Visitor <input type="checkbox"/> Staff/Contractor <input type="checkbox"/>
Incident Type			
Incident Type <i>(See Appendix 1 for medication codes)</i>			
Incident Sub Type		Incident Sub Subtype	
Additional Information			
Please provide the description of any equipment involved in the incident <i>(e.g.: manufacture name/serial number /equipment id /description and location of the defect/problem)</i>			
Please provide details of any medication involved <i>(Where possible, include Manufacturer, Brand and dosage)</i>			
Was a Controlled Drug (CD) involved? <i>(Please circle)</i>	Yes	No	Don't Know
Are there any documents to be attached to this record?	Yes	No	
Openness and Transparency (Triggers for incidents graded moderate or above only)			
Was the patient/appropriate person informed that an incident occurred? <i>(Please circle)</i>	Yes*	No	Don't Know
	*If yes, what date they were informed (dd/mm/yyyy)		
Were any members of staff involved in the incident also involved in informing the patient/appropriate person?	Yes	No	Don't Know
Please provide details of staff members who informed the patient/appropriate person.			
Please provided details of the patient/appropriate person who was informed.			
Was an apology provided to the patient/appropriate person?	Yes	No	Don't Know

Openness and Transparency (Triggers for incidents graded moderate or above only)			
Was a truthful account of the facts known at the time shared with the patient/appropriate person?	Yes	No	Don't Know
Was the patient/appropriate person advised about next investigative steps to be undertaken?	Yes	No	Don't Know
Yorkshire Contributory Factors Framework			
Domain 1 : Situational Factors			
Team Factors: Was there any failure of team function?	Yes	No	Maybe
Individual Staff Factors: Were there any reasons this incident was more likely to occur with the particular staff involved?	Yes	No	Maybe
Task characteristics: Did the task features make the incident more likely?	Yes	No	Maybe
Patient factors: Were there any reasons this incident was more likely to occur to this particular patient?	Yes	No	Maybe
If 'Yes' or 'maybe' is selected, please include comments.			
Domain 2 : Local Working Conditions			
Workload and staffing issues: Was there a mismatch between workload and staff provision around the time of the incident?	Yes	No	Maybe
Leadership, Supervision and Roles: Was there any failure of team function?	Yes	No	Maybe
Drugs, Equipment and Supplies: Were there difficulties obtaining the correct drugs and/or working equipment and/or supplies?	Yes	No	Maybe
If 'Yes' or 'maybe' is selected, please include comments.			

## Yorkshire Contributory Factors Framework (continued)

### Domain 3 : Organisational Factors

Physical environment: Did the environment hinder the work in any way?	Yes	No	Maybe
Support from other departments: Were there any problems from other departments?	Yes	No	Maybe
Scheduling: Did any time pressures play a role in the incident?	Yes	No	Maybe
Staff training and Education: Were there any issues with staff skill or knowledge?	Yes	No	Maybe
If 'Yes or maybe' is selected, please include comments.			

### Domain 4 : External Factors

Design of Equipment, Supplies and Drugs: Was there any characteristic about the equipment, disposables or drugs that was unhelpful?	Yes	No	Maybe
National policies: Have any national policies influenced this incident?	Yes	No	Maybe
If 'Yes or maybe' is selected, please include comments.			

### Domain 5 : Communication and Culture

Safety culture: Did the lack of safety culture in your clinical area contribute to this incident?	Yes	No	Maybe
Verbal and Written communication: Did poor written or verbal communication worsen the situation?	Yes	No	Maybe
If 'Yes or maybe' is selected, please include comments.			

## Causal Factors Framework Summary

Which are the most important contributory factors for this incident?

## Conclusion

Is this incident related to the five harms of Covid 19? *(Please tick one)*

☐ N/A

☐ Related to harm from Covid 19 itself.

☐ Related to harm from overwhelmed NHS and Social Care System.

☐ Related to harm from reduction of non-Covid 19 activity.

☐

Related to harm from wider lockdown-societal actions.

☐

Related to harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society.

## Conclusion

Severity of Incident post investigation  
*(Please circle as relevant)*

None

Low

Moderate

Severe

Death

Result *(Please circle as relevant)*

No Injury/ Harm

Near Miss  
Incident Prevented

Harm

Death

Lessons Learned

## Reporter Details

Reporter's name

Reporter's role

Reporter's contact details

Email  
address

Telephone Number