

Once For Wales Community Pharmacy Patient Safety Incident Reporting Form		
<b>Pharmacy Details</b>		
<b>Incident Affecting?</b>		
<b>Who was affected?</b> <i>(Please tick)</i>	<input type="checkbox"/> Organisation	<input type="checkbox"/> Patient/Service User <input type="checkbox"/> Public/Visitor <input type="checkbox"/> Staff/Contractor
<b>Branch number</b> <i>(If applicable)</i>		<b>Reference Number</b> <i>(Optional)</i>
<b>When did the incident happen?</b>		
<b>Incident date</b> <i>(dd/mm/yyyy)</i>		
<b>Where did the incident happen?</b>		
<b>Location of Incident</b>		<b>Exact Location</b>
<b>Incident Details/What Happened</b>		
<b>Description</b> <i>(Please provide a brief description of the incident ensuring that <b>no identifiable information</b> is included in this box. 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>Vehicle Registration Number</b>		
<b>Booking or CAS Number if applicable (WAST)</b>		
<b>Laboratory Specimen Number</b>		

Person Affected / Patient				
Peron's name		DoB:		NHS No:
Address				
Postcode				
Incident Type				
Incident Type				
Incident Sub Type		Incident Sub Subtype		
Additional Information				
Was any equipment involved in the accident? <i>(Please circle)</i>	Yes		No	
Was there any medication involved? <i>(Please circle)</i>	Yes		No	
Does this incident have Information Governance considerations? <i>The answer should be "yes" if the incident involved personal or sensitive data, including near misses. For example, a breach of confidentiality, theft, loss or misuse of personal data, information security, etc. For further advice, please contact your information governance team)</i>	Yes		No	
Does this incident have any safeguarding elements?	Yes	No		Don't Know
Is this related to Coronavirus/COVID 19	Yes		No	
Is this related to Industrial Action?	Yes*		No	
	*If Yes enter Date of Industrial Action (dd/mm/yyyy)			

<b>Further information pertinent to industrial action</b>			
<b>Is this incident connected to the nursing care?</b> <i>(This relates to the NHS Wales Nurse Staffing Act and appropriate staff)</i>	<b>Yes</b>	<b>No</b>	
<b>Are there any documents to be attached to this record?</b>	<b>Yes</b>	<b>No</b>	
<b>Was any other contact involved in the incident?</b>	<b>Yes</b>	<b>No</b>	
<b>Equipment</b>			
<b>Type of product</b>			
<b>Manufacturer name</b>		<b>Serial Number</b>	<b>Equipment ID</b>
<b>Description and location of the defect/problem</b>			
<b>Medications</b>			
<b>Please provide details of any medication involved</b> <i>(Where possible, include Manufacturer, Brand and dosage)</i>			
<b>Was a Controlled Drug (CD) involved?</b> <i>(Please circle)</i>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>

Information Governance					
Has personal data been disclosed outside of the organisation?	Yes			No	
If Yes what type of data is included? <i>(e.g. Name, DOB, Address, Tel. No, NHS/Hospital number, Staff number, Password/security details)</i>					
Has there been (or is there likely to be) any impact to the individuals as a result of the incident?					
Incident Severity					
Reporters View on level of harm	None	Low	Moderate	Severe	Catastrophic/Death
Potential Harm	Low		Medium		High
Does this incident need External reporting? <i>Certain incidents and events are reportable to external agencies or other NHS bodies e.g. another LHB or Trust, NHS Wales Delivery Unit, Welsh Government, Health and Safety Executive (HSE) including RIDDOR, Medicines Healthcare Regulatory Agency (MHRA), Never Events</i>	Yes			No	
If the patient took/used the medicine/medical device, what symptoms did they experience?					
Following the Initial/Management review, what level of adverse outcome was considered? <i>(If unexpected or unintended harm was considered which is deemed Moderate or above, the Duty of Candour panel which contains procedure questions will be triggered)</i>	Incident occurred Pre 1 <sup>st</sup> April 2023	None	Moderate	Severe	Catastrophic/Death

Following the initial review, has the grading changed	Yes	No
If yes, please explain why the grading has changed since the record was submitted		
<b>Communication</b>		
Who have you informed of the Incident?	<input type="checkbox"/> Line Manager <input type="checkbox"/> HB – Safeguarding <input type="checkbox"/> Estates <input type="checkbox"/> Hotel Services <input type="checkbox"/> Lead clinician <input type="checkbox"/> Patient Safety <input type="checkbox"/> Health & Safety <input type="checkbox"/> Security Team <input type="checkbox"/> Police <input type="checkbox"/> Fire Safety <input type="checkbox"/> Occupational Health	<input type="checkbox"/> Information Governance <input type="checkbox"/> Communication Department <input type="checkbox"/> Public Health Wales <input type="checkbox"/> Human Resources <input type="checkbox"/> Relatives <input type="checkbox"/> Counter fraud Team <input type="checkbox"/> Local Authority – Safeguarding <input type="checkbox"/> Nobody Informed <input type="checkbox"/> Other NHS Body <input type="checkbox"/> Governance Team <input type="checkbox"/> WAST
Is this incident highly confidential (not For circulation)? <i>This may include highly confidential information (staff/service User/patient) which requires Restricted access.</i>	Yes	No
<b>Openness and Transparency (Triggers for incidents graded moderate or above only)</b>		
Was the patient/appropriate person informed that an incident occurred? <i>(Please circle)</i>	Yes  If Yes, what date they were informed <i>(dd/mm/yyyy)</i>	No  Don't know

Were any members of staff involved in the incident also involved in informing the patient/appropriate person?	Yes	No	
Please provide details of staff members who informed the patient/appropriate person.			
Please provide details of the patient/appropriate person who was informed.			
Was an apology provided to the patient/appropriate person?	Yes	No	Don't know
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
<b>Duty of Candour (DoC)</b>			
Date NHS Body first became aware that DoC was triggered (dd/mm/yyyy)			
Brief description of the circumstances in which the duty came into effect			

<b>Has the Duty of Candour Point of Contact for this case made initial “in Person” contact with the Service User or the person acting on their behalf? This is when the Duty of Candour Point of Contact for this case contacts the Service User or person acting on their behalf to advise that an incident has been reported and an investigation is being undertaken.</b>	Yes		No	
<b>Duty of Candour – Initial Notification</b>				
<b>Date of “in person” initial notification</b> Dd/mm/yyyy				
<b>Method of initial notification</b> <i>This is when the Duty of Candour Point of Contact for this case contacts the patient or patient's Representative acting on their behalf to advise That an incident has been reported and an Investigation is being undertaken. Following the “in person” notification, the regulations require the NHS body to take all reasonable steps to write to the service user/person acting on their behalf within two working days</i>	By telephone	Face to face / In person	Other method	Video call e.g. Facetime, Teams, Zoom
<b>Other method (further details)</b>				
<b>Following the “in person” initial Notification, has written correspondence been sent to the Service User or person acting on their behalf</b>	Yes		No	
<b>If yes, Was the written correspondence Sent to the service user or the person acting on their behalf in Welsh?</b>	Yes		No	

Duty of Candour – Written Notification and Investigation Response			
<b>Date written notification sent</b> <i>Following The “in person” notification, the regulations Require the NHS body to take all reasonable Steps to write to the service user/person Acting on their behalf within five working days. **See Duty of Candour Guidance 8.31 for further Clarification** (dd/mm/yyyy)</i>			
<b>Duty of Candour – Final response due Date</b> <i>This date must be manually calculated to Reflect 30 working days from the date of the Written notification being sent (dd/mm/yyyy)</i>			
<b>Has the investigation response been sent to the Service User or person acting on their behalf?</b>	Yes	No	
<b>Duty of Candour – Final response Done date</b> <i>(dd/mm/yyyy)</i>			
Yorkshire Contributory Factors Framework			
Domain 1: Situational Factors			
<b>Team Factors: Was there any failure or team function?</b>	Yes	No	Maybe
<b>Individual Staff Factors: Were there Any reasons this incident was more likely to occur with the particular staff involved?</b>	Yes	No	Maybe
<b>Task characteristics: Did the task features make the incident more likely?</b>	Yes	No	Maybe
<b>Patient factors: Were there any reasons this incident was more likely to occur to this particular patient?</b>	Yes	No	Maybe
<b>Notes</b>			



Domain 2: Local Working Conditions			
<b>Workload and staffing issues: Was there a mismatch between workload and staff provision around the time of the incident?</b> <i>For example: High unit workload, staff sickness, insufficient staff</i>	Yes	No	Maybe
<b>Leadership, Supervision and Roles: Was there any failure of team function?</b>	Yes	No	Maybe
<b>Drugs, Equipment and Supplies: Were there difficulties obtaining the correct drugs and/or working equipment and/or supplies?</b> <i>For example, unavailable drugs, inadequate maintenance, equipment not working, no supply delivery</i>	Yes	No	Maybe
<b>Notes</b>			
Domain 3: Organisational Factors			
<b>Physical environment: Did the environment hinder your work in any way?</b> <i>For example: Poor layout, poor visibility (eg position of nurses' station), lack of space, poor lighting, excessive noise/heat/cold, poor access to patient.</i>	Yes	No	Maybe
<b>Support from other departments: Were there any problems from other departments?</b> <i>This includes support from IT, HR, porters, estates or clinical services such as radiology, phlebotomy, pharmacy, biochemistry, blood bank, microbiology, physiotherapy, medical or surgical sub-specialities, theatres, GP, ambulances etc</i>	Yes	No	Maybe

<b>Scheduling and Bed Management:</b> <b>Did any time or bed pressures play a role in the incident?</b> <i>For example: Delay in the provision of care, Difficulties finding a bed, Transfer to an appropriate ward, Lack of out of hours support</i>	Yes	No	Maybe
<b>Staff training and Education:</b> Were there any issues with staff skill or knowledge? <i>For example: Inadequate training, Training not standardised, No protected time for teaching, No regular/yearly updates</i>	Yes	No	Maybe
Notes			
<b>Domain 4: External Factors</b>			
<b>Design of Equipment, Supplies and Drugs:</b> Was there any characteristic about the equipment, disposables or drugs that was unhelpful?	Yes	No	Maybe
<b>National policies:</b> Have any national policies influenced this incident?	Yes	No	Maybe
Notes			

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
Notes					
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?	<input type="checkbox"/> N/A <input type="checkbox"/> Related to harm from Covid 19 itself. <input type="checkbox"/> Related to harm from overwhelmed NHS and Social Care System. <input type="checkbox"/> Related to harm from reduction of non-Covid 19 activity.			<input type="checkbox"/> Related to harm from wider lockdown-societal actions.  <input type="checkbox"/> Related to harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society.	
Severity of Incident post investigation <i>(Please circle as relevant)</i>	None	Low	Moderate	Severe	Catastrophic/Death
Result <i>(Please circle as relevant)</i>	Death		Harm	Near Miss – Incident Prevented	No Injury/Harm

<b>Lessons Learned</b>	
<b>Reporter</b>	
Forename	
Surname	
Email	
Work Telephone Number	
<b>Additional Reporter Details</b>	
Reporters Location	
Reporters Service	