

Bridget
- Sr Staff Nurse

Rachel -
Staff Nurse

Hampshire and Isle of Wight
Health Authority



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Untoward Incidents

Tel:

Fax:

Code A

How do I report a serious untoward incident?

The Strategic Health Authority Serious Untoward Incident Hotline can be contacted 24 hours a day, 7 days a week, 365 days a year on **Code A**

During office hours this number will put you in touch with a strategic Health Authority Untoward Incident Duty Officer. Outside office hours this number is automatically diverted to the strategic Health Authority on-call manager.

What is serious untoward incident reporting?

From 1 April 2002 all serious untoward incidents that were previously reported to NHS Executive South East Regional Office should now be reported to strategic Health Authorities. All NHS Trusts and Primary Care Trusts are required to inform their strategic Health Authority of any serious untoward incident. This enables the strategic Health Authority to offer advice and support and to ensure that information about the incident is shared appropriately with other affected organisations. It also allows the strategic Health Authority to brief ministers and other people who need to be told. This is an essential part of the accountability of the NHS as a public service.

What is a serious untoward incident

There is no set definition of a serious untoward incident but, in general terms, it is something that is likely to have a significant impact on local health services or to attract public and media interest. This may be because it involves a large number of patients, there is a risk to public health, there is a question of poor clinical or managerial judgement, a service has failed or a patient has died in unusual circumstances.

Such incidents might include:

A number of unexpected or unexplained deaths, including apparent clusters of patients receiving psychiatric care. Impending major litigation, suspicion of large-scale theft or fraud. Any incident likely to lead to serious criminal charges including violent attacks on either staff or patients, hostage situations or abductions. Repeated serious complaints about a member of staff or contractor. Suspicion of a serious error by a member of staff or contractor that could lead to public concern, or a serious breach of confidentiality. The suicide of any person on NHS premises or under the care of a specialist team in the community. Accidental or suspicious death of, or serious injury to, any individual on NHS premises. Serious damage that occurs on NHS premises, particularly resulting in injury or disruption to services. Absence without leave by patients who may present a risk to themselves or others. A serious outbreak of an infectious disease, food poisoning or transmission of an infectious disease from a staff member to a patient, or any incident involving a healthcare worker infected with HIV or Hepatitis B or C. Serious chemical or microbiological contamination or radiation incidents. Suspension of a doctor

If you are not sure whether or not you are dealing with a serious untoward incident, it is likely that you should report the incident.

What information should I provide?

Your report is likely to include:

The date of the report - The name of the reporting organisation - The name and contact details for someone who can be contacted for further information - The apparent impact and likely future impact of the incident in terms of harm (e.g. none, moderate, catastrophic) - When the incident occurred - Where the incident occurred (specialty, location) - Who was involved - What has happened (the sequence of events) - What action has been taken as a consequence of the incident, and what else the organisations is planning to do - The likely implications of the incident for other organisations (e.g. NHS, social services) - An indication of likely media interest and the lines taken / to be taken - Any other relevant information

The role of the strategic Health Authority

The strategic Health Authority will be able to provide information and advice about the handling of major incidents. For example, they may be able to put you in touch with other organisations where similar incidents have occurred. They are also responsible for ensuring that Ministers are briefed on major incidents in the NHS, an important part of the accountability of the NHS as a public service. The strategic Health Authority additionally has some operational responsibilities in the event of certain major incidents (e.g. commissioning independent inquiries following homicide committed by people in contact with specialist mental health services). These responsibilities are set out in the strategic Health Authority's *Interim Serious Untoward Incident Guidance*.

Further Information:

A full version of this reporting guidance has been published by the Hampshire and Isle of Wight Health Authority as *Interim Serious Untoward Incident Guidance*. Further information is also available from the local Safer NHS website at www.hiow.nhs.uk/safernhs.html.

prescribing error

picked up by new hoop pharms •

family aware

staff - checking immediate
issues •

GP to be seen

CIR Sultan Ward 26/4/04
re incident 21/4/04.

Mrs T admitted date 14/4

Dr R

Co-codamol 2 x QDS
" " prn crossed out

Also prescribed paracetamol ~~TDS~~.

Disturbed whilst prescribing so
paracetamol not crossed out.

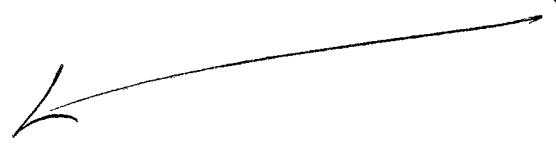
3.5 gms over

sc. pharmacist - Dr Walker.

|

poisons agency - Dr Burlein
fmr practice

↓ family seen
didn't want patient
transferred.



offer tablets not taken - fed by/j
bed.

Young lease - pts sometimes refuses
double not always takes whole
amount - not recorded.

QDS

8, 12, 6

Co-codamol
paracetamol

Should stopped at night.

14/4

16/4

T

STEP 2 – Named Director

1. **Immediately VERBALLY** inform the Chief Executive, Chair, and on-call Director. Note time of conversation and action agreed with each person.
2. Inform the Strategic Health Authority by telephoning the SUI Hotline: **Code A**
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.

COMPLETE THE TABLE BELOW TO CONFIRM ACTION TAKEN.

21/4
"
"
"
"

INCIDENT CHECKLIST	Yes/No	Details
Family informed	yes	GP discussed w family who don't want any action taken (OR)
Police involvement	no	
Media involvement	no	
Staff involvement	yes	GP / pharmacist / several qualified nurses (6) +
Patient involvement	yes	over 5 days (1 agency)

"
"
"
"

ALERTING ARRANGEMENTS	Time	Action agreed
1. Chief Executive informed	1600hrs	JP to let chairman know
2. Chair informed		Briefed by FC 17/30hrs
3. On-call Director informed	1600	JP aware
4. Communications team informed		
5. Strategic Health Authority informed	1700	Gillian Parker - Communications.

22/4

STHA updated 09.15 Gillian Parker - informed paracetamol levels -ve
 - A Liver function tests no difference to previous tests 2 weeks ago. Ctt.

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.

21 April 2004

COLUMN A	COLUMN B	COLUMN C
<p>STEP 1</p> <p>In hours - Named Director</p> <p>Out of hours – Director on-call is 'Named director'</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 Critical Incident (CI) or a Serious Untoward Incident (SUI). 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: <i>14.15 Verbal</i> <i>15.30 Fax</i></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>
<p>FOR SERIOUS UNTOWARD INCIDENTS GO TO STEP 3 – SEE OVERLEAF</p> <p>FOR CRITICAL INCIDENTS GO TO RECORDING & REVIEWING RISK EVENT POLICY</p>		

22/4/04

Paracetamol levels - ^{negative}ve

LFTs

~~Abnormal~~

no difference

to previous

two weeks ago.