

Wednesday 6th September 2006

Code A

RE: Code A

Dear **Code A**

Please accept my apologies for the delay in sending you the attached information.

I enclose a copy of the notes from our meeting on 17th August 2006, a copy of the Adverse Event Form and also the report of an injury or dangerous occurrence, which goes to the Department of Health and Safety.

As discussed in our meeting, I can confirm that the raised toilet seats have been withdrawn, and new more appropriate seating is on order.

I can only apologise for this unfortunate occurrence and ask you send our best wishes to **Code A**

Many thanks

Yours sincerely

Helen Russell
Ward Sister
Sultan Ward

**MEETING WITH [Code A] AND [Code A] THURSDAY
17TH AUGUST 2006 Re; AMY SHAKESPEARE**

I met with [Code A] and [Code A] in Sultan Day Room at 1400hours. They informed me that since the accident Mrs Shakespeare has not been out of bed and was not co-operating. I conveyed my apologies.

We discussed the moments preceding the incident, what actually happened and the procedures that were followed directly after the incident. I informed them that Amy had fallen from the toilet seat, at a range of around 0.50 metres and that contributory factors were that [Code A] was unsteady and may have dislodged the raised toilet seat.

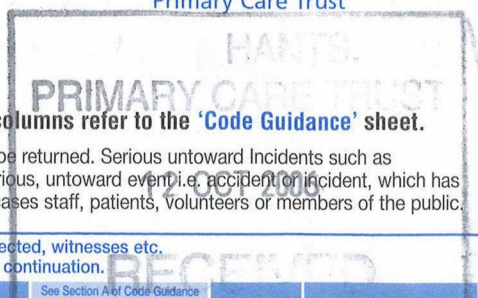
I then discussed the adverse incident Form with them and advised them that I was withdrawing the raised seats, that I was awaiting delivery of more appropriate toilet seats. They appeared happy with this.

I discussed the RIDDOR form that had been completed, and again advised them that this would be sent to an outside authority.

[Code A] asked how they could make a complaint; I gave them a P.A.L.S leaflet and also a 'Can we do better' leaflet. [Code A] added that they probably would not make a complaint, but wanted to discuss this as a family.

[Code A] informed me that QA were now looking at discharge as they felt that she was not making any progress, I added that if they wanted to discuss with the family, about a return to Sultan, then we would be happy to take her back.

[Code A] asked if I could write a letter to her explaining what happened



Adverse Event Report Form A

For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

To be completed by any member of staff in BLOCK CAPITALS using a black ballpoint pen. Incomplete or illegible forms will be returned. Serious untoward Incidents such as unexpected death must be reported IMMEDIATELY to your PCT HQ regardless of the day or time. A Critical Incident is a serious, untoward event i.e. accident or incident, which has caused severe harm or injury to PCT services, premises or property, the organisation as a whole or in particularly upsetting cases staff, patients, volunteers or members of the public.

A - Who was involved in the incident?		Please complete details of all those involved in the incident - the persons affected, witnesses etc. (See Section A guidance for further information). If necessary use Form B for continuation.									
Name of Person Affected	Sex M/F	Occupation (as applicable)	Home Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT	
Code A	F	Ret.	Code A		1	28		902584	Dr Knapman	FHG	

Names of:	Sex M/F	Job Title/Occupation (as applicable)	Base/Home Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
Person reporting - VALERIE WEBB	F	SSN	SULTAN WARD GWM.			15				FHG
Others involved - Debbie STOBIE	F	HCSW's	"			15				FHG
RUH THICK	F									

B - When & where did the incident occur? Date 4/8/06 Time 04:50 am/pm Site name G.W.M.H Area (e.g. b/rm) TOILET OPP. RM 2
 Ward dept Sultan Service 8 Independent Practice

C - What happened? In CAPITALS, please describe briefly what happened, stating only facts and not opinion (Please use Continuation Sheet if required)
 What type of incident (see codes) 69 For all events of assault against staff complete and attach Form B (indicate here)

Tell from toilet, head bleeding, wound to ht shin ht leg shortening & abducted.

D - Impact on person affected/Impact on PCT? (See Section D guidance for further information) - PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVED

Physical - Eg. Musculoskeletal, Unexpected deterioration Psychological Social Unknown N/A

Description/Nature of injury and affected area Lt. hip # Code A

Degree of Harm/Damage None Action Prevented Harm/Damage Low Moderate Severe Unexpected Death/Catastrophic event

If Staff, did they complete their shift? YES NO

E - What property was affected? DAMAGE/THEFT/LOSS/FAILURE OF/TO *Delete as appropriate. (Please include details of property on Continuation Sheet). (See Section B guidance for further information)

Approx Value £

F - How was the event dealt with? What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

Ambulance called Pt. transferred to A+E, QAH.
 Family contacted.

G - Medication adverse events Please tick and complete Form B **H - Medical device/equipment incidents** Any defective equipment should be detained for inspection Please tick and complete Form B

This section MUST be completed by the Ward/Area/ Department Manager before passing the form to the Senior Manager

I - Ward/Area/Department Managers action
 What action will be taken immediately and longer term to prevent recurrence?
 Raised toilet seat appears to have dislodged. Have now been withdrawn and more appropriate style ordered. RIDDOR completed.

I.1 Why did it happen?	I.2 Future Risk?
Causes 13	Impact Code MAJ
Contributory Cause 15	Likelihood of re-occurrence UNP
Name and Job Title of Ward/Department Manager HGRUSSELL SISTER	Date 14/9/06

Top Copy to: Risk Department
 Bottom Copy to be returned and kept securely by Ward/Dep Manager

This section to be completed by the service/senior manager (See Section J guidance for further information)

J - Service/Senior Managers action
 Who else has been informed? (PLEASE TICK RELEVANT BOXES)

Copies of forms relating to staff accidents must be sent to Occupational Health and Human Resources

Occupational Health Medicines & Healthcare Products Regulations Agency (MHRA)
 Human Resources Health and Safety Executive (RIDDOR)
 Agency/Bank Co-ordinator Emergency Services called
 Complaints Manager Code A

What other action will be taken to prevent recurrence & share learning?
 Patient has Lt Hip.

Name and Job Title of Service/Senior Manager **Code A** Date 15/9/06

Code A



Report of an injury or dangerous occurrence

Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

1 What is your full name?

HELEN RUSSELL

2 What is your job title?

WARD SISTER

3 What is your telephone number?

Code A

About your organisation

4 What is the name of your organisation?

F+G PCT

5 What is its address and postcode?

COSPORT WAR MEMORIAL
BURY ROAD
COSPORT PO12 3PW

6 What type of work does the organisation do?

HEALTHCARE

Part B

About the incident

1 On what date did the incident happen?

04/08/06

2 At what time did the incident happen?
(Please use the 24-hour clock eg 0600)

0450

3 Did the incident happen at the above address?

Yes Go to question 4

No Where did the incident happen?

elsewhere in your organisation - give the name, address and postcode

at someone else's premises - give the name, address and postcode

in a public place - give details of where it happened

If you do not know the postcode, what is the name of the local authority?

4 In which department, or where on the premises, did the incident happen?

SULTAN WARD

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

Code A

2 What is their home address and postcode?

Code A

3 What is their home phone number?

4 How old are they?

88

5 Are they

male?

female?

6 What is their job title?

NIA

7 Was the injured person (tick only one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

Part D

About the injury

1 What was the injury? (eg fracture, laceration)

FRACTURE

2 What part of the body was injured?

NECK OF femur

- a fatality?
- a major injury or condition? (see accompanying notes)
- an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- become unconscious?
- need resuscitation?
- remain in hospital for more than 24 hours?
- none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- Contact with moving machinery or material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height
How high was the fall?

0.50 metres
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to fire
- Exposed to an explosion
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person
- Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Mrs Shakespeare had been walked to the toilet by a nurse and left there. Whilst on the toilet, the raised toilet seat became detached and Mrs Shakespeare fell to the floor fracturing her ~~right~~ ^{left} neck of femur. An ambulance was called and Mrs Shakespeare was taken to Queen Alexandra Hospital, Portsmouth. Seats have now been withdrawn and more appropriate seating acquired.

Part H

Your signature

Signature

Code A

Date

17/08/06

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use

Client number

Location number

Event number

INV REP Y N

GOSPORT WAR
MEMORIAL HOSPITAL
14 SEP 2006

Community Health Services
Gosport War Memorial Hospital
Bury Road
Gosport
Hants
PO12 3PW

Code A

12th September 2006

Ref: Code A

Dear Helen Russell

On reading your letter dated the 6th September both my brother Code A and I do not feel it correctly sets out the events we discussed at the meeting held on the 17th August 2006.

You informed us that the main contributory factor for my aunts fall was a faulty toilet seat which had become loose and that you were withdrawing from use this particular seat and replacing it with a safer model, and not as suggested in your letter because she was 'unsteady' and had dislodged it.

We are now advising you that because of the result of the accident in Sultan ward our Aunt will probably not walk again and therefore we will be seeking legal advice.

Yours Sincerely

Code A

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