**SERIOUS INCIDENT / CLINICAL REVIEW PROCESS CHECKLIST**

**Appendix B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Date of***  ***Incident:*** |  | | | ***DatixWeb***  ***Incident***  ***Form No:*** |  | | | ***SII/CR/ NCR/LR No:*** | | | |  |
| ***Date Risk***  ***Manager notified of***  ***incident:*** |  | | | ***Date reported to***  ***CCG:*** |  | | | ***STEIS No:*** | | | |  |
| ***Person responsible for***  ***investigating***  ***incident and status:*** | |  | | | ***Executive***  ***Director commissioning Inquiry/Review***  ***:*** | | |  | | | | |
| ***Risk Lead*** | |  | | |
| ***Description of incident and reasons for setting up inquiry/review:*** | | | | | | | | | | | | |
| ***Is this incident a ‘NEVER EVENT’?*** | | | | | | ***YES*** *(Please see over)* | | | | ***NO*** | | |
| **Inquiry/Review type:**  Serious Incident Inquiry:  60 working days   *For Pressure Ulcers*  Clinical Review   Local Review   Non-clinical Review  | | | | | | ***Does this report follow:*** Incident Form  Complaint  Litigation (or intended)  Other (please state)   ……………………………………………………  …………………………………………………… | | | | | | |
| ***Draft copy of report sent to Litigation Manager:*** | | | ***Date:*** | | | ***Final copy of report/statements sent to Litigation***  ***Manager*** | | | | ***Date:*** | | |
| **Copy of report to:** | | | | | | **Date:** | **Full Report**  (Please tick) | | | | **Summary**  **Report**  (Please tick) | |
| Clinical Risk Group | | | | | |  |  | | | |  | |
| Exit meeting | ***Meeting Date:*** | | | | |  |  | | | |  | |
| Clinical Management Board | | | | | |  |  | | | |  | |
| Recommendation Leads | | | | | |  |  | | | |  | |
| Directorate Management Teams | | | | | |  |  | | | |  | |
| ***Target date for completion of***  ***inquiry/review:*** | | |  | | | ***Risk Managers***  ***Signature:*** | | |  | | | |
| ***Date for***  ***submission to CCG:*** | | |  | | | ***Date signed:*** | | |  | | | |

**Never Events:**

AUTHOR : HEAD OF RISK MANAGEMENT DATE OF NEXT REVIEW: AUGUST 2021

SERIOUS INCIDENT REQUIRING INVESTIGATION POLICY

VERSION 2.0

AUGUST 2018

1. Wrong site surgery 

2. Wrong implant/prosthesis 

3. Retained foreign object post-procedure 

4. Mis-selection of a strong potassium containing solution 

5. Wrong route administration of medication 

6. Overdose of Insulin due to incorrect abbreviations or incorrect device 

7. Overdose of methotrexate for non-cancer treatment 

8. Mis-selection of high strength midazolam during conscious sedation 

9. Failure to install functional collapsible shower or curtain rails 

10. Falls from poorly restricted windows 

11. Chest or neck entrapment in bedrails 

12. Transfusion or implantation of ABO-incompatible blood components or organs 

13. Misplaced Naso- or oro-gastric tubes 

14. Scalding of patients 

15. Unintentional connection of a patient requiring oxygen to an air flowmeter 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PANEL MEMBERS** | | | | | |
|  | **Name/Title** | **Date Panel request letter sent** | **Agreed to be on panel?** | **Date panel pack sent** | **Meeting availabili ty** |
| **Chair** |  |  | Yes / No |  |  |
| 2 |  |  | Yes / No |  |  |
| 3 |  |  | Yes / No |  |  |
| 4 |  |  | Yes / No |  |  |
| 5 |  |  | Yes / No |  |  |
| 6 |  |  | Yes / No |  |  |
| 7 |  |  | Yes / No |  |  |
| 8 |  |  | Yes / No |  |  |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WITNESS STATEMENTS** | | | | | | | | |
| Request witness statements and send copy of patient notes and Guidance Notes for Witnesses  (appendix 5).  *(ensure state a deadline date of 10 – 14 days, or before date of first meeting)* | | | | | | | | |
|  | **Witness name/title** | **Date**  **letter sent** | **Date statement received** | **Date statement sent to** | **Date letter attend** | **Date sent draft report for** | **Date comments received** | **Date sent final report** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |

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