**Initial Incident Investigation 72 hours report template**

***Please do not use the names or initials of staff involved in the incident in the content of this report. All fields are mandatory to enable the executive team to make an informed decision and also aid reporting on STEIS.***

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| **Trust reference: (InPhase number)** |  | | | |
| **Report generated by:** | G&R department |  | Directorate |  |

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| Date of sign off by Decision Making Panel |  |

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| **Person affected** | | | |
| Patient’s name |  | Hospital no/NHS no |  |

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| Gender |  | Date of Birth | | |  | | | Age: | |  | |
| Contact number | |  | | | Ethnic origin | | |  | | |  |
| Patient status: Inpatient / Community Patient / Other (specify): | | | | | | |  | | | | |
| Mental Health Act status | | |  | Subject to CPA: Yes/No | | | |  | | | |
| Open to safeguarding: YES/NO | | |  | CPA Review date: | | | |  | | | |
| Date and Time of last inpatient admission: | | |  | Observation status/level | | | |  | | | |
| Discharged from the inpatient ward and home treatment team within seven days of the incident. | | | | Yes/No | | | |  | | | |
| Date of discharge from ward/Community Team | | |  |  | | | |  | | | |
| GP details | | |  | | | Next of Kin Details | | |  | | |

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| **Incident details** | | | | | | | | | | | |
| Date of incident | |  | | | Date incident was reported on InPhase: | | |  | Time | |  |
| Directorate | |  | | | Site of incident | | |  | | | |
| Service/Ward | |  | | | Were Physical health factors identified? | | | Yes/No | | | |
| Is this incident an unexpected death? | | Yes/No | | |  | | |  | | | |
| What is this incident about? | |  | | | | | | | | | |
| Level of harm: | No harm | | Low | Moderate | | Severe | Death | | | Near miss | |
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| **Staff involved & Consultant Details** | | | | | | | | | | | |
| Consultant’s Name | |  | | | Ward Manager’s/Clinical Lead’s name | | |  | | | |
| Consultant’s contact number | |  | | | Named nurse/Social worker/CPA/other/ | | |  | | | |
| Have the staff been de-briefed and supported by the Trust policy?  Evidence: (Give dates & details of team meetings/de-briefing sessions etc.) | | | | | Yes/No | | | | | | |

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| **Brief description of the incident and patient’s last contact with EFLT.** |

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| Demographics – age, gender, diagnosis, and treatment / care plan:  Relevant antecedents:  Description of incident: |

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| **Patient Risk Assessment** | |
| **When was the patient's last risk assessment?** |  |
| **Did it reflect all identified risks?** |  |
| **Was it up to date and in line with the Trust's policy?** |  |
| **Please highlight the last date the Risk Assessment was updated.** |  |
| **What was the patient's care plan at the last contact? Was the care plan up to date and in line with Trust Policy? If not, please highlight the last date updated.** |  |
| **Were there any historical or current safeguarding concerns related to the patient.** |  |
| **Were there any missed appointments or opportunities for follow-up?** |  |

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| **Chronology of events**  **Chronological timeline of KEY events starting three months from the last contact with ELFT services. The chronology should include missed appointments and failed attempts at contact.** | | | |
| **Date/Time** | **Source of information (Rio, EMIS etc.)** | **Action/Event – progress notes** | **Comments/Concerns/gaps in care/analysis.** |
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| **Highlight any act/omissions in care identified above** | |
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| **Immediate actions taken to prevent re-occurrence** |
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| **Areas of Good Practices identified** |
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| **Duty of Candour - *complete for all Notifiable Safety Incidents. There is a Statutory Obligation for EFLT to undertake the Duty of Candour within 10 working days.*** | | | |
| Has the patient/relative been fully informed of the incident? |  | Apology given? |  |
| Has a letter been sent to the next of kin informing them of Trust investigation process and what to expect? |  | | |
| If DoC has not been undertaken, what is the plan for its completion? |  | | |
| Has Doc outcome been recorded on RiO? |  | | |

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| **Report completed by:** | | | |
| Name: |  | Designation: |  |
| Tel: |  | Date: |  |
| **Manager/Senior staff Sign off:** | | | |
| Name: |  | Designation: |  |
| Tel: |  | Date: |  |

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| **Action Plan/Recommendation** |

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| **Issue Identified**  (clearly link to identified lesson/gap/care or service delivery problem) | **Recommendation** | Themes  (for listing - click here) | Actions to be taken  (Please refer to guidance below on producing SMART actions which explain how the action will best prevent the issue arising again) | **By Who**  (Name and designation | **Current status of action**  **(‘Not started’, ‘in progress’, or ‘completed’?)** | Outcome | Completion  Sign-off |
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**Appendix 1. Risk assessment scoring tool**

Risk scoring = consequence x likelihood

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| **Consequence** | **Likelihood** | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Rare | Unlikely | Possible | Likely | Almost certain |
| 5. Catastrophic | **5** | **10** | **15** | **20** | **25** |
| 4. Major | **4** | **8** | **12** | **16** | **20** |
| 3. Moderate | **3** | **6** | **9** | **12** | **15** |
| 2. Minor | **2** | **4** | **6** | **8** | **10** |
| 1. Negligible | **1** | **2** | **3** | **4** | **5** |

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|  | 1-3 | Low risk |
|  | 4-6 | Moderate risk |
|  | 8-12 | High risk |
|  | 15-25 | Extreme risk |