

TRauma Issues Database (TRID)

Reporting Form v2: mac

**Please use this form to notify the Network of an adverse event as soon as possible**

**Email to sarah.vickers3@nhs.net**

**Part 1 – Notification**

|  |  |
| --- | --- |
| Datix reference number |  |
| Other Trust reference number |  |
| Reporting clinician |  |
| Organisation name |  |
| Date of notification |  |

**Part 2 – Patient Details**

|  |  |
| --- | --- |
| Patient name |  |
| Date of Birth |  |
| NHS Number |  |

**Part 3 – Case Details**

|  |  |
| --- | --- |
| Date the issue occurred? |  |
| Time the issue occurred? |  |
| Trust / organisation the issue is about? |  |
| *Other, if not on above list* |  |
| Issue location |  |
| *Other, if not on above list* |  |
| Issue Type |  |
| *Other, if not on above list* |  |
| Issue Team |  |
| *Other, if not on above list* |  |
| Issue Description? – please provide as much detail as possible inc time-lines |  |
| What actions have been taken to date? |  |
| What actions are outstanding? |  |

**Part 4 –– Risk Scoring**

**Instructions for use**

1. Use table 1 to determine the likelihood score for the potential adverse outcome relevant to the risk being evaluated.

2 Use table 2 to determine the likelihood score for those adverse outcomes.

|  |  |
| --- | --- |
| Likelihood score |  |
| Consequence score |  |

Table 1:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood score** | **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **Frequency**  How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur,possibly frequently |

Table 2:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence Score** | **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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Guidance Information Only** | **Consequence score (severity levels) and examples of descriptors** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **Domains** | **Negligible** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Impact on the safety of patients, staff or public (physical/psychological harm)** | Minimal injury requiring no/minimal intervention or treatment.  No time off work | Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days | Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients | Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects | Incident leading to death  Multiple permanent injuries or irreversible health effects    An event which impacts on a large number of patients |
| **Quality/complaints/audit** | Peripheral element of treatment or service suboptimal  Informal complaint/inquiry | Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on | Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Low performance rating  Critical report | Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards |