**North West Congenital Heart Disease Network**

**Incident Reporting Form**

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| **Network Use Only** |
| Network Reference Number  |  |
| *(Please do not send any patient identifiable data to the Network)* |
| **Reporting Information** |
| Trust where incident occurred |  | Date of incident | Click or tap to enter a date. |
| Name of person completing the form  |  | Designation of person completing the form  |  |
| Consultant *(Where applicable)*  |  | Where did it happen *(If applicable)* |  |
| **Who was involved?**  |
| Staff member [ ]  | Patient [ ]  | Relative/carer [ ]  | Member of the public [ ]  |
| **Age Category** | Neonate [ ]  | Paediatric [ ]  | Adult [ ]  |
| Briefly described what happened  |  |
| **PLEASE Identify the Level of Harm** |
| **No Harm**  | **No harm (Impact prevented)**  Any patient safety incident that had the potential to cause harm but was prevented. This may be locally termed a ‘near miss’. [ ]  | **No harm** **(Impact not prevented)** Any patient safety incident that occurred but no harm resulted[ ]  |
| **Low Level Harm**  | This is described as "**Minimal harm** - patient(s) required extra observation or minor treatment[ ]  |
| **Severe Harm** | **Severe** (Permanent or long-term harm) includes any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.[ ]  |
| **Death** | Any unexpected or unintended incident that directly resulted in the **death** of one or more persons[ ]  |
| **Local Reporting**  |
| Please confirm that the incident has been reported locally | YES [ ]  NO[ ]  |
| *Please ensure that the incident has been reported locally before submitting to the Network*  |
| If the incident needs discussing urgently at the Network prior to the outcome of any local investigations – please indicate reason for urgent discussion  |  |
| **Outcome of local Investigation** |
| Describe outcome of local investigation |  |
| Please describe any lessons learnt  |  |
| Please tell us what actions resulted |  |
| **Network Discussion** ***To be completed after discussion at Network Clinical Governance Meeting*** |
| Date discussed | Click or tap to enter a date. |
| Main points of discussion |  |
| Network Lessons Learnt  |  |
| Network Actions identified |  |
| Who is responsible |  |
| **Network Use Only**  |
| Outcome fed back to reporter | Date Click or tap to enter a date. |
| Outcome fed back to Provider Hospital  | Date Click or tap to enter a date.  |
| Lessons shared  | Date Click or tap to enter a date. |