**North West Congenital Heart Disease Network**

**Incident Reporting Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | |