

INCIDENT (SIGNIFICANT EVENT) REPORTING FORM

The purpose of this form is to encourage professionals to report and share the learning from significant events with the CCG and other practices/pharmacies. This form should be freely available to everyone working in your practice or pharmacy

Use this form to record any incidents and significant events, positive or negative that occur and that effect your customers or staff.

The following incidents should be reported to the CCG as soon as possible:

- Serious incidents (report within 48 hours)
- Controlled drugs incidents even if considered insignificant
- Possible warfarin related admissions (report within 72 hours)
- Incidents involving other providers (report promptly to allow follow up with provider)

Insignificant, minor or moderate incidents not involving the above need to be discussed in house or at Practice Manager meetings – no need to submit to CCG

We would suggest that in order for other members of your team to learn from significant events, they should be routinely shared and reviewed by the wider team.

Completion of this form does not constitute an admission of liability of any kind by any person.

Additional guidance on incident reporting is available via your local CCG. If you are unsure or need a copy please contact d-ccg.SafetySystems@nhs.net

This form should be completed and returned to the Manager OR Clinical Governance Lead in your Practice or Pharmacy, with a copy of the completed signed form to Leanne Dowds, Incident's and Alerts Officer, Commissioning Headquarters, County Hall, Exeter, EX2 4QL
Tel 01392 267651. E-mail d-ccg.SafetySystems@nhs.net

Date completed:		Reporter's Name (optional):		Profession/Role:	
Practice/Pharmacy name:					
Address/Contact details:					
General Practice <input type="checkbox"/> Please tick		Pharmacy <input type="checkbox"/> Please tick		Other Organisation <input type="checkbox"/> Please tick	
<small>For Practice Internal Use Only – optional</small>					
Patient Identifier/Practice reference:			(Computer Number or other internal code)		
Date and Time of Event:					
Location of Event:					
Names of other people or organisations involved:					

Description of event: Factual account of what happened in chronological order and details of actions taken
Controlled drug related <input type="checkbox"/>

What impact or potential impact did the event have? (harm/distress/benefit to patient, staff, organisation or others, financial impact etc.)

Please categorise significance/potential significance (tick A for actual harm and P for potential harm)

Insignificant	P <input type="checkbox"/>	Minor	P <input type="checkbox"/>	Moderate	P <input type="checkbox"/>	Major	P <input type="checkbox"/>	Catastrophic	P <input type="checkbox"/>
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
No obvious harm		Non-permanent harm – increased level of care 1-7 days		Semi-permanent harm (up to 1 year). Increased level of care >8-15 days. Hospital admission?		Major permanent harm. Increased level of care >15 days. Hospital admission + stay >15 days		Death	

BEFORE REVIEWING THE EVENT - Please attempt to assess the likelihood of a similar event happening again

A	B	C	D	E
Almost certain	Likely	Don't know	Unlikely	Rare

Part 2: Significant event review

Date of review:

Those present (optional):

Summary (what went well and why, what went less well and why, immediate and underlying causes)

Key risk issues:

As a result of your significant event review, what actions are proposed?

Planned Action	By whom/lead?	By when?	Date completed

(Optional – Please attach details of Practice action plan in relation to event)

How and when will you review these? _____

What lessons might be learned and shared with others?

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Have you identified any factors you are not in a position to change?

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NOW YOU HAVE REVIEWED THE EVENT - Please assess the likelihood of a similar event happening again

- | | | | | |
|----------------|----------|------------|----------|----------|
| A | B | C | D | E |
| Almost certain | Likely | Don't know | Unlikely | Rare |