

### Serious Incident Reporting Document

Created by URWN on \_\_\_\_\_ at \_\_\_\_\_

Exit

Save as Draft

Save and Submit

Organisation reporting SI on STEIS:		Log No:	
Region (Geography):		Status:	Ongoing
CCG/CSU: <input type="button" value="Select from list"/>		Commissioner leading oversight of investigation:	
BF/wd Date:		Organisation leading investigation	

**When, Where & Your Details**

Date of Incident: <input type="text"/>		Reporter Name: <input type="text"/>	
Time of Incident: <input type="text"/>		Reporter Job Title: <input type="text"/>	
Site of Incident: <input type="text"/>		Reporter Tel. No.: <input type="text"/>	
Location of Incident: <input type="text"/>	Please Select <input type="text"/>	Reporter Email: <input type="text"/>	
Date Incident Identified: <input type="text"/>			


**Who**


Care Sector: <input type="text"/>	Please Select <input type="text"/>	Type of Patient at time of incident: <input type="text"/>	Please Select <input type="text"/>
Clinical Area: <input type="text"/>	Please Select - more than one area can be selected <input type="checkbox"/> Accident and Emergency <input type="checkbox"/> General practice out of hours <input type="checkbox"/> General practice surgery <input type="checkbox"/> Gynaecology	Gender: <input type="text"/>	Please Select <input type="text"/>
Date of Birth (dd/mm/yyyy, N/A or Not Known): <input type="text"/>		Ethnic Group: <input type="text"/>	Please Select <input type="text"/>
Patient's GP Practice: <input type="text"/>		Legal Status of patient at time of incident: <input type="text"/>	Please Select <input type="text"/>


**What Happened?**

Reason for Reporting: <input type="text"/>	Please Select <input type="text"/>		
Type of Incident: <input type="text"/>	Please select <input type="text"/>		
Where is patient at time of reporting: <input type="text"/>	Please Select <input type="text"/>	Never Event: <input type="text"/>	Please Select <input type="text"/>
Internal Investigation Required: <input type="text"/>	Please Select <input type="text"/>	Expected investigation Completion date (excluding externally led investigations): <input type="text"/>	Read Only This will be calculated 60 days from date report submitted
Independent Required: <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Pending Review		Expected date of Completion <input type="text"/>
Non-health led investigation required: <input type="text"/>	Please Select <input type="text"/>	Expected date of Completion <input type="text"/>	
Description of what happened: <input type="text"/>			
Immediate action taken: <input type="text"/>			

SAMPLE - DO NOT USE

Patient family / victims family informed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Obtaining contact details		
Patient(s) informed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable		
Duty of Candour comments - include Steps taken to involve and support those affected (including patient(s), victims, families, staff): 			
Media Interest:	<input type="radio"/> Yes <input type="radio"/> No	Line being taken by Trust/CCG:	
Externally reportable:	<input type="radio"/> Yes <input type="radio"/> No	Externally reportable to:	<input type="text" value="Please Select - more than one can be selected"/> <ul style="list-style-type: none"> <li>Care Quality Commission (via NRLS)</li> <li>Care Quality Commission (via direct communication/notification)</li> <li>Confidential Inquiries</li> <li>Coroner</li> </ul>
Have relevant organisations been notified:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Ongoing		

Trust / Commissioner File			
Provider Lead:	<input type="text"/>	Provider Lead Tel No.:	<input type="text"/>
Commissioner Lead:	<input type="text"/>	CCG Lead Tel No.:	<input type="text"/>
Current File Holder:	<input type="text"/>	BF/wd Date:	<input type="text"/>
Date Internal Investigation Report and action plan submitted:	<input type="text"/>		
Date Independent Investigation Report submitted (where applicable):	<input type="text"/>		
Correspondence History:			
Comments / further action required: 			
Has an extension been agreed:	<input type="radio"/> Yes <input type="radio"/> No		
State reason for extension			
State agreed extension date	<input type="text"/>		

Key Findings (i.e. fundamental issues/root causes) and recommendations	
Key findings (i.e. fundamental/root causes) and recommendations: 	
How will lessons be disseminated to interested parties:	
Plan for monitoring action plan in place:	<input type="radio"/> Yes <input type="radio"/> No
Date Closed by commissioner:	<input type="text"/>

Modified Date and Time	By
	URWN

SAMPLE - DO NOT USE