**PATIENT SAFETY**

**Serious Incidents and Performance Reporting**

**Where to Report Primary Care Serious Incidents, Incidents and Poor Performance**

Primary care providers will experience incidents occurring from time to time. It is recognised that where things go wrong, you will address the issue and put things right. NHS England and the CCGs wish to ensure that Serious Incidents are recorded and reported. Dedicated email addresses have been established for reporting of patient safety incidents. The intended outcome is to support contractors and practices, identify any trends emerging, share learning and drive up quality within primary care.

**Serious Incidents**

Serious Incidents are where severe harm or death occurred (or could have), or there is severe interruption of service or breach of protocol. Where serious incidents meet the criteria defined within the Serious Incident Framework 2015 please inform the serious incident team by email on within 2 days of the incident being identified. Guidance is available - <https://improvement.nhs.uk/resources/serious-incident-framework/>

Please use the form below (**F1**) to report Serious Incidents to [nyyccgs.seriousincidents@nhs.net](mailto:nyyccgs.seriousincidents@nhs.net) The form has some drop down boxes for ease of use.

**Poor Performance**

Where you are concerned about the performance of a primary care colleague or service, please use the form below (**F2**) to report Incidents to NHS England by email on england.nyhatperformance@nhs.net

If you are not sure about reporting something, and want some advice, you can contact [england.primarycare@nhs.net](mailto:england.primarycare@nhs.net)

Or by mail: NHS England North Yorkshire and Humber Area Team, Unit 3, Alpha Court, Monks Cross, York, YO32 9DN

**SERIOUS INCIDENT REPORT FORM**

**F1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CCG Area** | | click to select organisation | | | | | | | |
| **Reporting organisation** | |  | | | | | | | |
| **Reporter Details** | | | | | | | | | |
| **Reporter name** | |  | | | **Reporter Job Title** | | |  | |
| **Reporter Tel. no** | |  | | | **Reporter E-mail** | | |  | |
| **Incident Details** | | | | | | | | | |
| **Date of incident?** | | |  | | **Date Incident Identified?** | | |  | |
| **Incident Site? (if other than reporting org)** | | |  | | **Incident Location?** | | | Click to select Location | |
| **Who Was Involved** | | | | | | | | | |
| **Type of Patient?** | | click to Select Type | | | | | | | |
| **GP Practice?** | |  | | | | | | | |
| **Gender?** | | **Male** **Female** | | | | | | | |
| **Date Of Birth?** (dd/mm/yyyy or N/A) | |  | | | | | | | |
| **Ethnic Group?** | |  | | | | | | | |
| **Persons Notified?** | | **Patient**  **Family**  **Carer** | | | | | | | |
| **Degree of Harm** | | **None Low Moderate Severe Death** | | | | | | | |
| **Junior Doctor Involvement?** | | **Include Specialty and Grade** | | | | | | | |
| **What Happened** | | | | | | | | | |
| **Type of Incident** | | Click to select incident | | | | | | | |
| **Actual/Near Miss?** | |  | | | | | | | |
| **Never Event?**  **F1** | | **Yes** | | | | **Incident Grade** | | |  |
| **Description of Incident** | | | | | | | | | |
|  | | | | | | | | | |
| **Immediate Action Taken** | | | | | | | | | |
|  | | | | | | | | | |
| **Media Interest?** | **Yes**  **No** | | | **Comms informed?** | | | **Yes**  **No** | | |
| **Externally reportable?** | **Yes** **No** | | | **Externally reported to?** | | |  | | |
| **Any Other Comments: e.g. multiagency incident, police and /or HSE investigation, Coroner’s inquest, CQC involvement.** | | | | | | | | | |
|  | | | | | | | | | |

**Signature**: Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Raising a Performance concern regarding a clinician**

**F2**

|  |  |
| --- | --- |
| Details of individual raising the issue | |
| Name |  |
| Organisation |  |
| Telephone number |  |
| Address |  |
|  |
|  |
|  |
| E-mail address |  |
| Date of referral |  |
| Details of incident and practitioner concerned | |
| Date of incident |  |
| Clinician Name |  |
| Source of concern | PALS ref:  DATIX ref:  Complaints:  Other please specify: |
| Summary of concern (linked to regulatory standards ie GMC, NICE etc) | |
| Relevant background to clinician or case | |
| Investigation steps to date/action taken by referrer:  **F2**  (please include relevant meetings with clinician, ie dates, place, attendees and outcomes) | |
| Clinician response to concern | |
| Potential ongoing risks | |
| Referral opinion including any identified next steps: | |
| For Office Use only | |
| Recommendations to Area Team: | For Information □  For action □  Other (Please State): |

If you would like to speak to someone regarding completion of the form or regarding any performance queries please contact Louise Metcalfe, 07876 869467 or Kate Memluks 07876 869461.

Once completed please return to [england.nyhatperformance@nhs.net](mailto:england.nyhatperformance@nhs.net)