**Incident Reporting**

**Please complete this form and email to datix@pc24.nhs.uk**

If you have any queries or want to discuss the incident please call the Quality Governance Team 0151 254 2553**.**

|  |  |
| --- | --- |
| **Incident date (dd/mm/yyyy)** |  |
| **Time (hh:mm)** |  |
| **Service** |  |
| **Location** |  |

|  |  |
| --- | --- |
| **Incident type** (Did the incident affect the patient, staff, practice, PC24, visitor, contractor or member of the public?)  |  |
| **Category:** Examples: electrical, environmental issues (weather, road closures), drug/medication, equipment, diagnosis/treatment, contact with sharps or needles, health records, infection control, equipment, fire, information governance, IT, Security, Safeguarding, Staffing issues, violence and aggression, Vandalism, slip, trip, fall.  |  |

|  |  |
| --- | --- |
| **Description:****Enter facts, not opinions. Please enter job titles and do not enter names of any person, including patients and staff.** **Please add the Adastra/EMIS number here.** |  |
| **Immediate Action taken**Enter actions taken at the time of the incident by yourself or anyone else. |  |

**Patient Details (if a patient was involved in the incident)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| D.O.B |  |
| Case Number  |  |
| Contact number |  |

**Staff Details (if any staff were involved in the incident – please continue over the page if necessary)**

|  |  |
| --- | --- |
| Name |  |
| Job role |  |
| Contact number |  |

**Witnesses to the incident**

|  |  |
| --- | --- |
| Name  |  |
| D.O.B |  |
| Contact details |  |
| Job Role (if PC24 staff member) |  |

**Was anyone else involved in the incident?**

|  |  |
| --- | --- |
| Name |  |
| D.O.B |  |
| Case Number  |  |
| Contact details |  |

|  |  |
| --- | --- |
| **Safeguarding Incident? (Yes or No)**(All safeguarding concerns must be reported to the relevant agency) | ***You have a duty of care to your patients/service users and your colleagues. Safeguarding is everybody’s business.*** Please confirm that you have also reported this safeguarding incident to the relevant agency. |

**Details of person reporting the incident**

|  |  |
| --- | --- |
| Name |  |
| Contact details |  |
| Email |  |
| Job Role |  |
| Name of your Manager |  |

**PLEASE RETURN COMPLETED FORM TO:** **datix@PC24.nhs.uk** **or PC24 Quality Goverance Team, 4 – 6 Enterprise Way, Wavertree Technology Park, Liverpool L13 1FB.**