

**Leicestershire & Lincolnshire Area**

**Please use this form to report all Serious Incidents and Never Events to**

**NHS England Leicestershire & Lincolnshire Area Team.**

Please ensure that this form is filled in as completely as possible and that it is submitted within 2 working days of the incident being identified to NHS England (Leicestershire & Lincolnshire area team), via our secure email address below:

Email: [**england.lat-si-alerts@nhs.net**](mailto:england.lat-si-alerts@nhs.net)

Tel: 0116 295 7538 or 0116 295 7540

Post: Patient Safety Lead

Nursing Directorate

Fosse House

6 Smith Way, Enderby

Leicestershire

LE19 1SX

A serious incident is defined as an incident that occurred during NHS funded healthcare (including in the community), which resulted in one or more of the following:

* unexpected or avoidable death or severe harm[[1]](#footnote-1) of one or more patients, staff or members of the public
* A Never Event[[2]](#footnote-2) - all never events are defined as serious incidents although not all never events necessarily result in severe harm or death e.g. maladministration of Insulin, falls from unrestricted windows.
* a scenario that prevents, or threatens to prevent, an organisation’s ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
* allegations, or incidents, of physical abuse and sexual assault or abuse
* loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

**If the incident does not meet the definition above please report as an Adverse Event directly to the National Reporting & Learning System via:** [**http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/**](http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. INDEPENDENDENT CONTRACTOR TYPE | | | | | | | | | | |
| GP  PHARMACY  DENTIST  OPTICIAN | | | | | | | | | | |
| B. INDIVIDUAL AFFECTED BY THE INCIDENT | | | | | | | | | | |
| Patient(s)  Employee  Contractor  Visitor | | | | | | | | | | |
| Surname: |  | | | | Forenames: | |  | | | |
| Home Address: |  | | | | | | | | | |
| Post Code: |  | | Date of Birth: | | |  | | | NHS No: |  |
| Female  Male | | | | | | | | | | |
| C. INCIDENT DETAILS | | | | | | | | | | |
| Date of incident: | |  | | Location of incident: | | | |  | | |
| Date incident  identified: | |  | |  | | | | | | |
| Description of Incident: | | | | | | | | | | |
|  | | | | | | | | | | |

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| --- | --- |
| If drug error incident, please state name of drug/medication involved: | |
|  | |
| Immediate Action Taken: | |
|  | |
| Further Information: | |
|  | |
| Level of Harm to patient/staff/public (tick relevant and category and provide description if applicable) | |
| No Harm  Low Harm  Moderate Harm  Severe Harm  Death  Description: | |
| D. REPORTER DETAILS | |
| Practice Name & Address: |  |
| Reporter name & Job Title: |  |
| Reporter Tel No: |  |
| Reporter Email: |  |
| STEIS number: | *To be completed by the Area Team* |

Please email completed form to: [england.lat-si-alerts@nhs.net](mailto:england.lat-si-alerts@nhs.net)

A Root Cause Analysis (RCA) investigation should commence immediately after submitting this form to the Area Team.

The RCA toolkit and advice is available from Leicestershire & Lincolnshire Area Team. Please contact the Patient Safety Lead on the number provided above.

1. A patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS funded care [↑](#footnote-ref-1)
2. The Never Events Policy Framework, Department of Health (October 2012) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213046/never-events-policy-framework-update-to-policy.pdf> [↑](#footnote-ref-2)