## Incident Reporting Form

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| **Incident Report Ref No:** (to be inserted by Incident Reporting Lead): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 1:**  **Health & Safety related incidents:** To be completed by or on behalf of the injured/affected person.  **Information Governance (IG) and other incidents:** To be completed the person who discovered the incident had occurred. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who was injured or affected by the incident?** (please provide full name(s) and contact details – for IG incidents, this will be the person whose confidentiality was breached) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site and exact location of incident:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Incident:** *(please state if actual date/time is not known, and use date/time incident was discovered)* | | | | | | | | | | | | | **Time of incident or time it was discovered:** *(state which and use 24 hour clock)* | | | | | | | | | | | | | | | | | |
| **Was this an IG Incident?** | | | | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | |
| **If Yes, state Incident Type:** *(delete options that do not apply)*  If No, go to Section 2 below. | | | | | | | | | | | | | 1. Information lost/left unattended 2. Information sent in error 3. Information sent unnecessarily 4. Information sent insecurely 5. Information incorrect/misplaced 6. Information mis-used 7. Information disposed of insecurely 8. Information stolen. 9. Other (please describe) | | | | | | | | | | | | | | | | | |
| **Format of Information Governance Breach:** *(delete options that do not apply)* | | | | | | | | | | | | | 1. Electronic 2. Paper 3. Spoken/Verbal 4. Other (please describe) | | | | | | | | | | | | | | | | | |
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| **Section 2: About the Person Affected** *(If the event affected premises or property/assets only, go to section 3)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status of person(s) injured or affected? (please mark ‘x’) | | | Employee | |  | Client/Patient | | | | |  | General Public | | |  | | Contractor | | | | | |  | | Visitor | | | |  | |
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| Date of Birth: *(patients only)* | | | | | | | Sex: | | NHS No.: *(patients only)* | | | | | | |  | |  |  |  |  |  | |  | |  |  |  | | |
| Phone Number: | | | | | | | | Job Title: | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Details of the Incident** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Description of incident:** *(facts only, in chronological order that they occurred):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Was the incident witnessed?** Yes / No  *If yes, please supply details below. Witness statements should be obtained and submitted as soon as possible..* | | | | | | | | | | **Name of person(s) who made error*:***  *(if known at the time of reporting)* | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | Phone Number: | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | Address: | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Action Taken:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immediate Action Taken:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action that will be taken to prevent recurrence:** (this should be completed at a later stage if not immediately apparent and/or an investigation is required). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 5: Reporting the Incident:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person reporting incident: |  | | | Job Title: | | | | | | | | | | Date: | | | | | | | | | | | | | | | |
| Who was the Incident reported to? | |  | | | | | | | | | | | | Date: | | | | | | Time: | | | | | | | | | | |
| **Please pass the form to your line manager to complete PART 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **PART 2: To be Completed by Reporters/Injured Party’s Line Manager** | | | | | | |
| **Section 6: Further Action taken to Limit Reoccurrence/Control Measures Instigated** (if applicable) | | | | | | |
| Further Action Taken: | | | | | | |
| Signature of Line Manager: | | | Line Manager’s name, position and email address: | | Date: | |
| **Please forward this form to the Incident Reporting Lead and pass to the person in charge of the area at the time of the incident for investigation**  (maybe same as line manager above) | | | | | | |
| **Section 7: Investigation** | | | | | | |
| Was the incident escalated and reported to an outside organisation? **Yes / No?** | | **If Yes**, please state *(delete those that do not apply)*   1. Serious Incident – Quality Team. 2. RIDDOR Reportable – Health & Safety Executive. 3. Level 2 SIRI – Information Commissioner/Dept of Health or other regulators via the Data Security & Protection Toolkit. 4. Major Incident – Emergency Planning, Resilience and Response Team. 5. Local Counter Fraud Specialist. 6. Local Security Management Specialist. 7. Other (please state) | | | | |
| Investigation Details: *(this should include information and events leading up to the incident and the incident itself – to be submitted in a separate report if necessary).* | | | | | | |
| **Are any other actions required to reduce or eliminate the likelihood of reoccurrence?** If Yes, please state actions, who will implement and timescales for completion (a separate action plan can be provided if necessary): | | | | | | |
| Signature of investigator counter signed by Service Head if different |  | | | Print Name: | | Date |
|  | | | | | | |