**Network Excellence Feedback Form**

The *Network Excellence Feedback Form* should be used to share examples of excellent practice.

This can be relating to your own organisation, an external organisation or a combination of collaborative working that resulted in excellence at any point in the patient’s pathway and regardless of the overall outcome.

Feedback for an external organisation will be shared with their trauma Leads and Excellence Forms will be discussed in the CMMTN Governance meeting.

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| **Section 1** | |
| **Reporting Organisation** |  |
| **External Organisation(s) Involved** |  |
| **Form Completed By** |  |
| **Date Form Completed** |  |

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| **Section 2** | |
| **Patient Name** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Pre-Hospital Incident No.** |  |

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| **Section 3** |
| **Timeline of Event:**  (Please provide a brief description & timeline that led to this excellence event) |
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| **Section 4** |
| **Specific Highlights:**  (Please provide key highlights of what went well) |
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| **Section 5** | |
| **SSCN Use** | |
| **Date feedback shared with External Organisation(s)** |  |
| **Date discussed in CMMTN Meeting** |  |