**Network Governance Incident/ Reporting & Response Form**

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| **CMMTN SSCN Log Number:** |  |

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| **Section 1** | |
| **Incident Date** |  |
| **Incident Time** |  |
| **Reporting Organisation** |  |
| **External Organisation(s) Involved** |  |
| **Trust Trauma Lead Informed?** |  |
| **Patient Safety Incident Reported Locally?** |  |
| **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** |
| **Description of Incident:**  (Please include relevant clinical information such as injuries sustained/patient outcome) |
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| **Section 4** |
| **Specific Concerns:**  (Please state fact only, avoid opinion and exclude individuals’ names) |
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| **Section 5** | |
| **Response Due by Date** |  |
| **Response**  (Please state fact only, avoid opinion and exclude individuals’ names) | |
|  | |
| **Completed by** |  |

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| **SSCN Use Only** | | | |
| **RAG Rating** | **Likelihood** | **Consequence** | **Overall Rating** |
|  |  |  |
| **Patient Safety Incident Reported?** |  | | |
| **CMMTN Medical Lead & Director informed?** |  | | |
| **Discussion at Clinical Group Meeting Required?** |  | | |
| **Date of Clinical Group Meeting (CGM)** |  | | |
| **Outcome of CGM Discussion and/or further information:** | | | |
|  | | | |
| **Date Incident Closed** |  | | |
| **Completed by** |  | | |

A screenshot of a graph

Description automatically generated