**Congenital Heart Disease Network South Wales and South West**

**Morbidity or Adverse Incident Reporting Form**

[**Click here to read guidance and process**](http://www.uhbristol.nhs.uk/media/2891518/00_-_chd_network_mobidity_or_adverse_incident_reporting_-_draft_v0.1.docx)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical Incident type** *(please see Trigger List for CHD Network Risks and Incidents)* | | | | *Tick* |
| **Impact on safety of patients, staff and public** | | | |  |
| **Quality / complaints / audit** | | | |  |
| **Workforce** | | | |  |
| **Statutory** | | | |  |
| **Reputational** | | | |  |
| **Business Objectives** | | | |  |
| **Finance** | | | |  |
| **Service Interruption / Environmental** | | | |  |
| **Notable morbidity: (please highlight / circle)** heart failures, rhythm issues, airway issues, endocarditis,process / operational issues (e.g. delayed access to clinic / diagnostic), preventable prolonged inpatient stay, lack of PICU/NICU bed, delayed repatriation between centres, **other – please specify: ……………………** | | | |  |
| **Incident being investigated locally** Yes / No | **Incident reported for information only** Yes / No | | | |
| **Incident reported by (name & title):** | **Date:** | | | |
| **Organisation:** | **NHS number of patient involved**: | | | |
| **Brief outline of incident / morbidity and outcome:** | | | | |
| **Learning to be shared with wider Network (for completion after investigation has taken place):** | | | | |
| **Contacts:**  Consultant:  Nurse:  Manager: | | **Telephone/Bleep** | | |
| **Has this Incident been referred for clinical governance procedures in another Trust?** Yes / No  **If yes, please specify which**: | | | | |
| **Date received by Network Clinical Lead / Governance Lead** | | |  | |

**Completed form to be emailed to: rachel.burrows2@uhbw.nhs.uk**