

<u>SERIOUS ADVERSE INCIDENT REPORT</u>		
1. Organisation:		
Incident Identifier No.		
2. Date and brief summary of incident:		
3. Why incident considered serious:		Briefly, explain why this SAI meets the criteria:
a. warrants regional action to improve safety or care within the broader HPSS;		
b. is of public concern; or		
c. requires an independent review.		
4. Immediate action taken:		
Classification of incident as initially assessed by organisation: Catastrophic / Major / Moderate / Minor / Insignificant		
5. Is any regional action recommended? Y/N (if 'Yes', full details should be submitted):		
Are there any aspects of this incident which could contribute to learning on a regional basis?		
6. Is an Independent Review being considered? Y/N (if 'Yes', full details should be submitted):		
7. Has any employment-related action been taken as a result of this incident, such as:		
a. suspension from duties? Y/N		
b. a referral been made to POCVA? Y/N		
c. a referral to the relevant Professional Regulatory Body, NCAS or PSNI? Y/N (if 'Yes', specify which organisation)		
8. Other Organisations informed:		Date informed
HSS Board	Y/N	Date informed:
HM Coroner	Y/N	
Mental Health Commission	Y/N	
NIHSE	Y/N	
PSNI	Y/N	
RQIA	Y/N	
9. I confirm that the designated senior manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Department. (<i>delete as appropriate</i>) Report submitted by: (name and contact details of reporting officer)		
Date:		

Completed proforma should be sent, by email, to:

adverse.incidents@dhsspsni.gov.uk

If e-mail cannot be used, fax to (028) 9052 3206