|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRITICAL INCIDENT REPORT FORM**  **INTERHOSPITAL TRANSFER OF CRITICALLY ILL PATIENT** | | | | | | |
| **DATE / TIME INCIDENT REPORTED** | | | |  | | |
| **PERSON REPORTING INCIDENT** | **Name** | | |  | | |
| **Organisation** | | |  | | |
| **Contact Phone** | | |  | | |
| **Contact E-mail** | | |  | | |
| **CRITICAL INCIDENT NUMBER (OFFICE USE)** | | | | | |  |
|  | | | | | | |
| **CRITICAL INCIDENT DATE / TIME** | | |  | | | |
| **LOCATION OF INCIDENT** | | |  | | | |
| **NEAS (or equivalent) TRANSFER NUMBER (if available)** | | | | | |  |
| **INCIDENT TYPE** | | **Delayed Ambulance**  **Communication - Ambulance Staff (including ambulance control)**  **Communication - Referring Staff**  **Communication - Receiving Staff**  **Equipment problem – Critical Care Transfer Trolley**  **Equipment Problem – other**  **Traffic Accident**  **Out of *“Transfer Group”* transfer**  **Other – Please explain below** | | | | |
| **BRIEF DESCRIPTION OF INCIDENT** | |  | | | | |
| **STAFF INVOLVED WITH INCIDENT** | |  | | | | |
| **SEVERITY OF INCIDENT** | | **No obvious harm / Near miss / Insignificant**  **Low harm / Minor**  **Moderate harm / Temporary harm / Additional intervention required**  **Severe harm / Major permanent harm / Major intervention required**  **Death / Catastrophic** | | | | |
| **LIKELIHOOD OF RECURRENCE OF AN INCIDENT** | | **Almost certain**  **Likely**  **Possible**  **Likely**  **Rare** | | | | |
| **ACTUAL EFFECT ON PATIENT** | | **None**  **Other, please specify** | | | | |
| **ACTUAL EFFECT ON STAFF** | | **None**  **Other, please specify** | | | | |
| **CONTRIBUTING FACTORS** | | **Patient factors**  **Individual (Staff) factors**  **Equipment factors**  **Task factors**  **Team factors**  **Organisational factors**  **Environmental factors**  **Comments about contributing factors:** | | | | |
| **OWN TRUST CRITICAL INCIDENT FORM COMPLETED** | | | | | **YES**  **NO** | |
| **CONTACT DETAILS FOR FEEDBACK** | | **NAME**  **TITLE / ROLE**  **ORGANISATION**  **TELEPHONE NUMBER**  **EMAIL ADDRESS** | | | | |

Please email within **48 HOURS** of incident to:

[Jan.malone@nhct.nhs.uk](mailto:Jan.malone@nhct.nhs.uk) or [sarah.gray13@nhs.net](mailto:sarah.gray13@nhs.net)