## GP/Independent Provider/Care Home Serious Incident (SI) Reporting Template

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| **STEIS Number** | (CCG Use only) |
| **Organisation Internal Incident Reference:**  (where applicable) |  |
| **Reporting Organisation:**  (Name of the independent provider/GP Practice) |  |
| **Commissioner of Service:**  (Determined by patient GP Practice) |  |
| **Date of Incident:** | Click or tap to enter a date. |
| **Site of Incident:**  (If different GP Practice – i.e. name of hospital etc.) |  |
| **Location:**  (i.e. hospital/public place/GP Practice etc.) |  |
| **Date Incident Identified as SI:**  (This is the date decision made that incident meets SI framework) |  |
| **Date reported on STEIS:** | (CCG Use only)  Click or tap to enter a date. |
| **Reason why reported outside of 48 hours:**  (Reason for any delay in the provider notifying CCG of serious incident when it became apparent it meets SI criteria) |  |
| **Patient CCG:** |  |
| **Patient’s GP Practice:** |  |
| **Patient Gender:** |  |
| **Patient Date of Birth:** |  |
| **Patient Ethnicity:** |  |
| **Reason for reporting:**  (As referenced in SI framework – please identify which one) | Choose an item. |
| **Type of Incident:**  (As referenced in the SI framework – please identify which one) | Choose an item. |
| **Where is patient at time of reporting incident to CCG:** | Choose an item. |
| **Description of Incident:**  (Brief details of incident; please enter facts, not opinions. Do not enter names of people. Further documents can accompany submissions to CCG.) |  |
| **Immediate actions taken:**  (Actions taken by provider to make patient safe/mitigate against chances of happening again etc.) |  |
| **Has the patient been informed?** |  |
| **Has the patient’s family/victim’s family been informed?** |  |
| **Duty of candour comments:** |  |
| **Other organisations notified:**  (i.e. police/safeguarding/CQC etc.) |  |
| **Has a Safeguarding Referral been made?** | Choose an item. |