**SWUK Burn Care Operational Delivery Network**

**Burns Incident Reporting Form**

**Referrer’s Details:**

|  |  |
| --- | --- |
| **Name of Reporting Clinician/Job Title\*** |  |
| **Reporting Clinicians e-mail\*** |  |
| **Reporting Clinicians Contact Tel No.\*** |  |
| **Name of Reporting Organisation\*** |  |
| **Date Report sent to Investigator** |  |
| **Name of Investigator/Job Title** |  |
| **Name of Investigator’s Organisation** |  |
| **Investigator’s E-mail** |  |

**Patient Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient’s NHS Number\*** | |  | | |
| **DOB\*** |  | | **Gender:** |  |

**Incident Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Incident\*** |  | | **Time of Incident\*** | |  | |
| **Location of Incident\*** |  | | | | | |
| **Organisation(s) involved in Incident\*** | |  | | | | |
| **If Ambulance or HEMS incident, please include this information:** | | | | **Patient Report Form (PRF) No:** | |  |
| **Incident Details** *(please provide as much detail as possible including method of burn, size of burn, time lines, organisation(s) concerned, team concerned):* | | | | | | |
| **Main Concerns about the incident:** | | | | | | |

**Investigator Details:**

|  |  |
| --- | --- |
| **Name of Reporting Clinician\*** |  |
| **Job Title** |  |
| **Reporting Clinicians e-mail\*** |  |
| **Reporting Clinicians Contact Tel No.\*** |  |
| **Name of Reporting Organisation\*** |  |
| |  | | --- | | **Response Date:**  The Network requires a response to this form within 2 weeks unless it is an SUI/Formal Investigation | |  |

**Investigator Findings:**

|  |  |
| --- | --- |
| **Response to Concern(s):** |  |
| **Feedback to persons involved**  *(incl dates)* |  |
| **Actions required or taken** *(By whom and timescales)* |  |
| **Duty of Candour** | **Is there evidence that sub-optimal care has led to:**  *See – Consequence Categories Table*  No Harm  Minor Harm  Significant Harm  Considerable Harm  Major Harm  Catastrophic Harm  **If YES, has Duty of Candour been fulfilled?** Yes  No  **By whom:** |

Please return this form to: [SWUKBurnsODN@nbt.nhs.uk](mailto:SWUKBurnsODN@nbt.nhs.uk)

**Network Actions:**

|  |  |
| --- | --- |
| **Actions required or taken** *(By whom and timescales)* |  |
| **Risk** | **Placed on Network Risk Register**? **Yes**  **Risk No:** …….. **No**  **Discussed at SWUK ODN Clinical Governance Meeting?** **Yes**  **Date**: **No** |

**Duty of Candour – Consequence Categories**

|  |  |  |
| --- | --- | --- |
| **Consequence Category** | **Interpretation** | **Patients Affected** |
| **Catastrophic Harm** | Death | Multiple |
| Permanent life changing incapacity and any condition for which the prognosis is death or permanent life changing incapacity; severe injury or severe incapacity from which recovery is not expected in the short term. | Multiple |
| **Major Harm** | Death. | Single |
| Permanent life changing incapacity and any condition for which the prognosis is death or permanent life changing incapacity; severe injury or severe incapacity from which recovery is not expected in the short term. | Single |
| Severe injury or severe incapacity from which recovery is expected in the short term. | Multiple |
| Severe psychological trauma. | Multiple |
| **Considerable Harm** | Severe injury or severe incapacity from which recovery is expected in the short term. | Single |
| Severe psychological trauma. | Single |
| Minor injury or injuries from which recovery is not expected in the short term. | Multiple |
| Significant psychological trauma. | Multiple |
| **Significant Harm** | Minor injury or injuries from which recovery is not expected in the short term. | Single |
| Significant psychological trauma. | Single |
| Minor injury from which recovery is expected in the short term. | Multiple |
| Minor psychological upset; inconvenience. | Multiple |
| **Minor Harm** | Minor injury from which recovery is expected in the short term; minor psychological upset; inconvenience; any negligible consequence. | Single |