

Patient Safety Incident Report

(From an External Agency to BPAS)



British Pregnancy Advisory Service

CONFIDENTIAL

Reporting organisation:	
Reporters name:	
Reporters email:	
Reporters telephone number:	
Preferred means of contact?	
Reporters reference number:	
Incident category:	
Date incident occurred:	
Time incident occurred:	
Date notification sent to BPAS?	
Funding CCG:	

Actual effect on:	
Client:	
Service:	
Staff:	
Public/visitors/other	

Background and context:		
Patient:	Initials:	
	DOB: (dd/mm/yy)	
	Date of treatment with BPAS?	
	BPAS unit which provided treatment?	
	Has the client provided explicit consent for their information to be shared with BPAS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Incident Chronology:		
Date:	Time:	Description:

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Which third parties have been notified of this investigation? (e.g. Police/CQC/DWP/PHE)	
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Lapses in practice/concerns/care and service delivery problems:	
1.	
2.	
3.	
4.	

Initial lessons learnt:	
1.	
2.	
3.	
4.	

Report completed by: Name:

Date:

Please email this report to: BPAS.Incidents@NHS.Net

IF FOUND, PLEASE RETURN IMMEDIATELY TO: BPAS, 20 Timothy's Bridge Road, Stratford Enterprise Pak, Stratford-upon-Avon, Warwickshire CV37 9BF