South Wales and South West Congenital Heart Disease Network

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Patient Safety Event, Risk and Learning Reporting Form

This form is used to share patient safety events, risks or concerns that require Network oversight, coordination, or shared learning. It does not replace local incident reporting or Patient Safety Incident Response Framework ("PSIRF") processes.

Section 1 – Reporter Details	
Name:	
Role:	
Organisation (Trust / Health Board):	
Contact email / phone:	
Date of submission:	
Section 2 – Patient Details (if applicable)	
NHS Number (if applicable):	
Date of Birth:	
CHD service area:	☐ Neonate ☐ Child ☐ Adult
CHD service area:	☐ Paediatric ☐ Transition ☐ Adult

Section 3 – Type of Submission	
Please indicate the primary reason for reporting (tick all that apply): ☐ Patient safety event ☐ Risk or emerging concern ☐ Pathway or system issue ☐ Workforce or capacity issue ☐ Quality, audit or outcome concern ☐ Reputational or statutory concern	☐ Other (please specify):

Section 4 – Brief Description	
Briefly describe the event, risk or concern, including what happened (or may have happened), and the part of the CHD pathway involved:	

Section 5 – Local Status	
Has this been reported and managed locally? ☐ Yes – local PSIRF learning response underway ☐ Yes – risk logged locally ☐ No – shared for information and learning only	If yes, please provide local reference number (if available) & update on progress:

Section 6 – Network Learning and Oversight Considerations	
Why is Network oversight or shared learning helpful? (e.g. cross-provider pathway issue, repeated theme, system risk, learning for others):	

Section 7 – Immediate Actions / Risks	
Are there any immediate safety concerns or actions required at Network level?	☐ Yes (please describe) ☐ No

Section 8 – Learning to Share (if known)	
Any initial learning, insights or questions for the Network to consider:	

Section 9 – Key Contacts	
Clinical Lead contact	
Nursing / AHP contact:	

Operational / governance contact:	
Section 10 – Network Use Only	
Date received:	
Reference no:	
Reviewed by:	
Theme / category:	
Actions agreed:	
Escalation required: Yes / No	
Date reviewed by Network Clinical Governance Group	
Any further action following review:	
Action implemented (if appropriate) and date:	