

LEVEL 1 – SIGNIFICANT EVENT AUDIT INCLUDING LEARNING SUMMARY REPORT

SECTION 1

1. ORGANISATION:	2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:
3. HSCB UNIQUE IDENTIFICATION NO. / REFERENCE (if applicable):	4. DATE OF INCIDENT/EVENT: DD / MM / YYYY
5. PLEASE INDICATE IF THIS INCIDENT IS INTERFACE RELATED WITH OTHER EXTERNAL ORGANISATIONS: YES / NO <i>Please select as appropriate</i>	6. IF 'YES' TO 5. PLEASE PROVIDE DETAILS:
7. DATE OF SEA MEETING / INCIDENT DEBRIEF: DD / MM / YYYY	
8. SUMMARY OF EVENT:	

SECTION 2

9. SEA FACILITATOR / LEAD OFFICER:

10. TEAM MEMBERS PRESENT:

11. SERVICE USER DETAILS:
Complete where applicable

12. WHAT HAPPENED?

13. WHY DID IT HAPPEN?

SECTION 3 - LEARNING SUMMARY

14. WHAT HAS BEEN LEARNED:

15. WHAT HAS BEEN CHANGED or WHAT WILL CHANGE?

16. RECOMMENDATIONS (please state by whom and timescale)

17. INDICATE ANY PROPOSED TRANSFERRABLE REGIONAL LEARNING POINTS FOR CONSIDERATION BY HSCB/PHA:

18. FURTHER REVIEW REQUIRED? YES / NO
Please select as appropriate

If 'YES' complete SECTIONS 4, 5 and 6.

If 'NO' complete SECTION 5 and 6.

SECTION 4 (COMPLETE THIS SECTION ONLY WHERE A FURTHER REVIEW IS REQUIRED)

19. PLEASE INDICATE LEVEL OF REVIEW:
LEVEL 2 / LEVEL 3
Please select as appropriate

20. PROPOSED TIMESCALE FOR COMPLETION:
DD / MM / YYYY

21. REVIEW TEAM MEMBERSHIP (*If known or submit asap*):

22. TERMS OF REFERENCE (*If known or submit asap*):

SECTION 5

APPROVAL BY RELEVANT PROFESSIONAL DIRECTOR AND/OR OPERATIONAL DIRECTOR

23. NAME:

24. DATE APPROVED:

25. DESIGNATION:

SECTION 6

26. DISTRIBUTION LIST: