**West Yorkshire Major Trauma Network - Incident Report**

*This form should be used to report clinical incidents related to the West Yorkshire Major Trauma Network. This includes all issues relating to triage, referral and transfer of adult & paediatric patients with traumatic injuries. All clinical incidents occurring within an NHS organisation must also be reported via your own incident reporting system.*

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| --- | --- | --- | --- |
| Date of incident |  | Patient’s NHS number |  |
| Date of reporting |  | YAS PRF number |  |
|  | | | |
| Your name |  | Your organisation |  |
| Your role |  | | |
| Your email address |  | | |

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| --- |
| Please describe the incident including any adverse impact on the patient and what you think should have happened. |
|  |

|  |  |
| --- | --- |
| Has the incident already been reported and investigated by YAS? |  |

Please email or send the completed form to [jonathanjones1@nhs.net](mailto:jonathanjones1@nhs.net) A&E Offices, Ward X38, Leeds General Infirmary, Great George St, Leeds LS1 3EX