**
Information template**

**Referring concerns about the quality or safety of patient care**

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| **Date the concerns were received/identified by XXXX (name of organisation):** |  |
| **Date concerns were referred to HIS:** |  |
| **If you are referring concerns raised by an individual:****Do you have their contact details and are they happy for us to contact them?****Name:****Email address:****Contact number:****Have they raised their concerns anywhere else?** |  |
| **NHS Board and site/hospital/specialty the concerns are in relation to:** |  |
| **Details of concerns (including any dates/events and any harm that has been/could be caused):** |  |
| **Is this a summary of the concerns, or do you have further details not shared at this time?** |  |
| **Have you referred the concerns to any other organisation?** |  |
| **Are you responding to the individual/the concerns in any way?** |  |