

**NHS to NHS Concern Escalation Proforma: NHS Shropshire Telford and Wrekin**

<b>Reporter of Event / Incident</b>	
First Name	
Surname	
Job Title	
Email Address	
ICB Name	Shropshire, Telford and Wrekin ICB
Reporting Place	
<b>Incident Details and Description</b>	
Incident Date	
Incident Time *if applicable	
Incident Location	
Service User's NHS number if applicable	
To your knowledge, has a similar concern been raised previously?	Yes
	<input type="checkbox"/>
	No
	<input type="checkbox"/>
<p style="text-align: center;"><b>Please describe what happened and the impact of the event</b> <i>Enter facts, not opinions. Please do not include any patient identifiable data in this section.</i></p>	
<p style="text-align: center;">Please describe any immediate actions taken</p>	
<p><i>*Once this form has been completed, please email it to <a href="mailto:quality.stwccg@nhs.net">quality.stwccg@nhs.net</a>, on receipt, we'll upload it to our incident platform for review and escalation. We will supply you with a unique reference which will be used in ongoing communications regarding the progress of the concern.</i></p>	