|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pharmacy name (& branch number, if applicable) |       | ODS (F code) |       | Date of report |       |
| Report completed by |       | Period covered by the report |       | to |       |
| Pharmacy team members who participated in preparing this report (initials) |       |

**Summary of patient safety incidents and activity at this pharmacy (enter numbers in the table below)**

|  |  |  |  |
| --- | --- | --- | --- |
| Year |       |       |  |
| Month | Apr | May | June | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | **Total** |
| Prescribing incidents |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Near misses |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Dispensing incidents |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Other patient safety activity\*  |       |       |       |       |       |       |       |       |       |       |       |       |       |

\*(e.g. response to medicines recalls, national patient safety alerts)

**1) Describe the key learning points that have made the most significant improvements to your team’s professional practice.**

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**2) List the actions the team has taken because of the key learning points (listed in 1).**

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**3) Describe how you have shared the key learning points (listed in 1).**

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**4) What patient safety improvements have occurred in the pharmacy because of the actions the team has taken (listed in 2)?**

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**5) What has the team done in response to any relevant national patient safety alerts and drug recalls within the last 12 months?**

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**6) Reflecting on this report, what will be the team’s patient safety priorities for the next 12 months?**

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This report may contain confidential information - retain this report within the pharmacy.