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| **SBAR: HAI Situation Needs Assessment\***    NHS Board:  Contact name/designation:  Contact details: | |
| **Situation**   * **Describe the problem/issue** * **Describe where/when** * **Number of persons involved/number of recommendations or requirements identified** * **Impact on health** * **Impact on services** * **Related media/comms** |  |
| **Background**   * **Context to incident** * **Guidance available** |  |
| **Assessment**   * **Data provided by NHS Board** * **National data** * **HEI Inspectorate report** * **NHS Board action plan** * **Assess against national guidance (where applicable)** * **Procedural change(s)** * **Gaps in data** * **Identify weaknesses e.g. processes, procedures** |  |
| **Recommendation**   * **HPS visit –specify timeframe (agree objectives of visit)** * **input from other national agencies** |  |
| HPS Lead Consultant Name: | Designation: |
| Email: | Tel: |
| Other HPS Support: (HCS, SNIC etc) |  |