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| Incident review report template |
| Client Incident Management System (CIMS) |
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**Instruction text**

[Bracketed text is a guide only and should be deleted prior to providing the investigation report to the department

*Text in purple italics is guidance or example – please delete prior to providing the investigation report to the department*.

Chapter 5: Reviewing an incident of the *Client incident management system – Policy and guidance* sets out the minimum requirements for incident reviews.

Delete these instructions before submitting your report to the department. End instruction text.

# Incident details

|  |  |
| --- | --- |
| CIMS Incident number | [IRD number] |
| Date incident occurred  |  |
| Date incident disclosed to service provider |  |
| Date of incident report |  |
| Organisation conducting incident review | [Organisation name] |
| Incident review manager | [Name, Position title, Organisation, Contact details] |

# Persons involved

*Identify all persons involved in the incident, as detailed in the incident report. If a client is a witness to the incident, provide their details in the ‘other relevant persons’ section below.*

#### Client 1

|  |  |
| --- | --- |
| Name | [Name] |
| Address | [Address] |
| Date of Birth | [Date of birth] |
| Sex/Gender | [Sex] / [Gender] |
| Indigenous status | [Aboriginal/Torres Strait Islander/Both] [Not Aboriginal or Torres Strait Islander] |
| Client identifier, if applicable  | [Detail the type of identifier][If a Child Protection client – please use the CRIS number. CRIS – 10101010] |
| Primary incident type  |  |
| Secondary incident type |  |

*Copy the table above to add additional clients as required, up to a maximum of 10.*

#### Other relevant persons

*Delete if not required*

|  |  |
| --- | --- |
| Name | [name]  |
| Position title / relationship to client | [position title]/[relationship to victim] |
| Organisation, if applicable | [organisation, if applicable]  |
| Contact details | [address / work address / phone number] |
| Length of employment / length of caring role or relationship, if applicable | [length of employment/length of caring role or relationship] |

*Copy the table above to add additional persons as required*

# Executive summary

|  |
| --- |
| *Provide a succinct overview of:** *key details of the incident*
* *how was the incident responded to or managed,*
* *key steps taken to review the incident,*
* *assessment of the response and management of the incident*
* *assessment of the contributing factors or causes of the incident*
* *recommendations in response to the incident review findings.*

*It is recommended that the executive summary is completed last.* |

# Summary of incident review process

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| *Summarise how the review was conducted. An incident review plan can be included as an attachment (optional).**Include an overview of the review plan, such as identifying the key questions to be answered, the information is needed to answer the review questions, the best way to obtain that information, and a rationale or considerations that informed the methodology for the review.**The focus of the review should be to identify what happened, and what process or system issues may have contributed to the incident.* |

# Information gathered

### Summary of information gathered

*List the information collected throughout the review*

|  |  |
| --- | --- |
| Date | Type of information |
| [01/01/2024] | [Interview with client] |
| [02/01/2024] | [Interview with staff] |
| [02/01/2024] | [Review of client case file] |
| [04/01/2024] | [Review of policy or protocol] |

### Detailed information gathered

*Provide details on the information identified in the table above*

#### Interview – [Client/Staff/Carer/Witness]

|  |  |
| --- | --- |
| Name of person being interviewed |  |
| Name of interviewer | [name of person conducting the interview] |
| Date/s and location/s of interview |  |
| Details of others present during interview | [details of support person / ACSASS / additional interviewers] |
| Purpose of interview | [for what reason is this person interviewed] |
| Summary of interview | [provide a summary of the information gathered throughout the interview. A full interview transcript can be added as an attachment to the incident review report] |

*Add additional interviews as required*

#### Summary of other relevant information reviewed

*For each type of information reviewed, consideration should be given to the following:*

* *Are there any process or system issues that have contributed to the incident?*
* *Were the actions that were taken consistent with recommended policies and procedures?*
* *Were the actions taken in alignment with the client’s care, safety, behaviour or support plan?*
* *Are there any opportunities for improvement and learning?*

|  |  |
| --- | --- |
| Type | Description, date reviewed, and details  |
| [information source] | [Description, date reviewed, and details] |
| *Service provider OHS policy* | *Reviewed on [date]**Why was this document reviewed?**Were staff actions consistent with current OHS policy requirements?**Policy outlines [details] must occur in the event of [incident]* |
| *[photographs] (Attachment 1)*  | *[Date taken]**Photographs provided of property layout consistent with incident as described by client 1 and staff member 1**Are there any hazards or risk factors identified?* |
| *Client behaviour support plan* | *Reviewed on [date]**Client support plan identifies [actions] to occur in the event of [situation]**Are there strengths or gaps in the plan that have contributed to the incident?**Are there opportunities for revision or learning from the incident?* |
| *Program requirements* | *Reviewed on [date]**Were staff actions consistent with the program requirements?**Are processes and procedures consistent with the program requirements?**Are there opportunities for learning from the incident?* |

# Analysis and assessment

|  |
| --- |
| *Provide an assessment of:** *The response and management of the incident,*
* *The contributing factors or causes of the incident, and*
* *What needs to occur to reduce the risk of future harm.*

*Consideration should be given to:** *How were the client/s’ support and safety needs met during and after the incident?*
* *How does the client feel about the service provider’s response?*
* *Are there consistent or differing perspectives on how the incident was managed, and how can any differing perspectives be resolved?*
* *If anything, what could have been done differently?*
* *Were the actions taken consistent with service provider and department policies and procedures?*
* *Is it likely that the incident will reoccur?*
* *Are there any key issues identified, and what are the learning opportunities?*
 |

# Key findings and recommendations

*This section presents the high-level recommendations to promote the safety and wellbeing of the client or support the continuous improvement of service delivery.*

|  |  |
| --- | --- |
| Finding | Recommendation |
| *Insert findings made from the information gathered through the incident review.* *The incident review findings identify what happened and why.**Finding statements describe the links between the contributing factors identified during data analysis, and the outcome of the incident.**There may be multiple findings identified.* | *List the high-level recommendations to promote the safety and wellbeing of the client or support the continuous improvement of service delivery, including opportunities for learning and what could be done differently in future to reduce the risk of an incident reoccurring.* *The recommendation addresses the finding identified in the same row. There may be multiple recommendations made against the same finding/s.* |
| *EXAMPLE** *Client slipped and fell, sustaining a broken arm at the new facility due to the rain causing the floor at the entrance to be wet.*
 | * *Review of building exterior and internal entrance to identify whether any structural changes should be made to improve client safety and access during wet weather.*
* *Work with reception staff to identify responsibilities for the monitoring of safe access for clients to the building, particularly when it is raining.*
 |

# Approval

|  |  |
| --- | --- |
| Report prepared by: | [name and position title of incident review manager] |
| Conflict of interest declaration | As the incident review manager, I declare that I have not had any prior personal involvement in this matter, nor do I have any personal bias or inclination, obligation or loyalty, that would in any way affect my conducting this investigation; nor any comments or critical analysis that I provide. As the incident review manager, I have verified that any other staff member involved in conducting the incident review also does not have a conflict of interest relating to this incident. |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Approved by: | [name and title of service provider CEO or equivalent, or delegated authority] |
| Signature |  |
| Date |  |

# Attachments

*Include relevant attachments or appendices here. This may include the incident review plan, photographs, medical notes, case notes or detailed interview notes.*

*Attachments should be titled, and context provided where appropriate.*