|  |
| --- |
| Investigation outcome and Root Cause Analysis (RCA) template |
| Client incident management system (CIMS) |

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# **Investigation outcome and Root Cause Analysis (RCA) template**

[The investigation outcome and RCA template are to be used when the investigation manager, on the balance of probabilities, determines an outcome for an allegation of abuse or poor quality of care at the time of investigation screening and considers an RCA to be an appropriate follow up method of review.

**Note:** The first five pages of this template relating to the investigation outcome must be completed in full. The RCA component of the template is provided for reference and use as appropriate.

The investigation outcome and RCA template must be completed within 60 working days of the divisional office endorsing the recommendation to conduct this follow up action. It must be approved by the service provider chief executive officer/senior delegate and recorded on the service provider’s client incident register.

All documents must be stored in a secure location to protect the privacy of the parties involved and to ensure the integrity of the investigation is maintained.

**The text in orange throughout this template serves as a guide and should be deleted as you work through the document.]**

## Incident reference number

|  |
| --- |
| <Enter incident report ID (IRD) here>  |

## Service Providers details

|  |  |
| --- | --- |
| Organisation name  | <Enter organisation name here> |

## Incident details

### 3.1 Details of clients involved in the incident

### Client 1

[This section only required to be completed if IR does not contain sufficient details of the client/s.]

|  |  |
| --- | --- |
| Client’s full name  | <Enter the client’s full name here> |
| Date of birth | <Enter the client’s date of birth here> [DD/MM/YYY] |
| Primary incident type | <Enter primary incident type, as identified in the incident report, here> |
| Secondary incident type (applicable for incident types of abuse only) | <Enter secondary incident type, as identified in the incident report, here> |
| List allegations/unexplained injuries | [Described in more specific detail the nature of the allegation/s. List allegations/unexplained injuries for example allegation 1 – physical abuse, allegation 2 – sexual abuse, when providing specific detail] |

[Copy and paste the Client 1 template for each client impacted by the incident, as required, up to a maximum of 10.]

### 3.2 Details of subject of allegation

[This section only required to be completed if IR does not contain sufficient details of the client/s.]

### Subject of allegation 1

|  |  |
| --- | --- |
| Subject of allegation full name  | <Enter the subject of allegation full name here> |
| Date of birth | <Enter the subject of allegation date of birth here>[DD/MM/YYY] |
| Sex | <Enter the subject of allegation sex here> |
| Home address | <Enter the subject of allegation current home address here> |
| Indigenous status | <Enter the indigenous status of the subject of allegation, as identified in the incident report, here> |
| Role in incident  | <Enter subject of allegation role in incident here>[Include the capacity the subject of allegation was acting in, for example the position title if staff and type of carer for volunteers.] |
| Client unique ID | <Enter client’s unique ID, if applicable, here> |
| Client unique ID type (e.g. CRIS or CRISSP number, HiiP ID, etc.) | <Enter client’s unique ID type, if applicable, here> |

[Copy and paste the Subject of allegation 1 template for each person considered a subject of allegation, as required, up to a maximum of 10.]

 [Copy and paste the Subject of allegation 1 template, if required, up to a maximum of 10.]

## Allegation findings

 [The outcomes are to be clearly and concisely stated. Each substantiated allegation is to have an outline of the processes, the witnesses interviewed, and evidence examined which led to the outcome.]

| **Allegation** | **Evidence Considered** | **Outcome** |
| --- | --- | --- |
| <Enter allegation 1 here> | <Enter the relevance of the evidence considered, that is, how the evidence, on the balance of probability, substantiates the allegation here>. |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

[Add additional lines if required.]

## Rationale for conducting the RCA review

[Why is an RCA review the most appropriate course of action?]

|  |
| --- |
| <Enter the rational for conducting the RCA review here> |

## Communication strategy

Used to notify clients, staff and others of the RCA review while it is underway

[Note: Confidentiality procedures and protection of the client’s and any subject(s) of allegation identities must be followed at all stages]

| Description | Timeline  |
| --- | --- |
| <Enter the communication strategy here>[How will each of the key stakeholders involved in the review be kept up to date with the progress and any outcome of the review?] | <Enter timeline here>[For each of the communication steps identified provide timeline details for when they will be conducted, who will be responsible for communicating with each person and when will it be completed.] |

## Investigation response plan

[The Investigation response plan outlines the follow up actions identified by the service provider to respond to the investigation outcomes. If the allegations are not substantiated, service provider practice improvements must still be identified with the service provider service improvement section of the Investigation response plan completed below.]

| **Outcome** | **Response Theme** | **Response** | **Expected result** | **Timeline** | **Monitoring** |
| --- | --- | --- | --- | --- | --- |
| <Enter outcome here> | <Choose one theme / category of response here> | <Enter response planned for outcome, including actions and support for clients (client impacted / subject of allegation / witness) here> | <Enter expected result / rational for planned response here> | <Enter anticipated timeline for planned response here> | <Enter how action will be monitored by service provider here> |

[Note: one response theme is mandatory unless the outcome of the investigation is ‘not substantiated – no further action’.

Response theme options (choose one per outcome): Client placement/mix, Client plan, Client access to support services, Staff capability, Staff or Carer qualification/accreditation, Staff terminated/stood down, Staff rostering/support model, Operational policy/procedure, Property repair/upgrade/modifications required, Human resources policy/procedures, Organisational governance, Notify relevant parties, Other]

[Add rows to the above Investigation response plan by copying and pasting the template columns as required.]

## Outcome approval

### Details of person who prepared the incident investigation report

|  |  |
| --- | --- |
| Prepared by | <Enter name of person who prepared incident investigation report (the investigation manager)> |
| Position/title | <Enter position or job title of person who prepared incident investigation report> |
| Conflict of interest declaration: | 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 investigation manager, I have verified that any other staff member involved in conducting the investigation also does not have a conflict of interest relating to this incident. |
| Signature | <Enter signature of person who prepared incident investigation report. Electronic signatures are acceptable.> |
| Date | <Enter date of above signature> [DD/MM/YYY] |

### Details of the person who approved the prepared incident investigation report

|  |  |
| --- | --- |
| Approved by[Service provider’s Chief executive officer or delegated authority] | <Enter name of person who approved the incident investigation report> |
| Position/title | <Enter position or job title of person who endorsed incident investigation report > |
| Signature | <Enter signature of person who approved the incident investigation report. Electronic signatures are acceptable> |
| Date | <Enter date of above signature> [DD/MM/YYY] |

# RCA review

[An RCA review is a deep-dive analysis to get to the heart of an incident – to find out why and how it happened. RCA is a methodology intended to unveil system and process issues, so they can be proactively addressed by the service provider to minimise the risk of the incident reoccurring.

An RCA review is a structured process for identifying the cause(s) and contributing factors of a client incident. It is a process designed to facilitate learning from a complex incident, and to provide the information needed to modify and improve policies, procedures and systems. A RCA review is different to a case review. A separate template is to be used for when a case review is conducted in response to an incident.]

## Service details

|  |  |
| --- | --- |
| Organisation name  | <Enter organisation name here> |
| Address of service delivery[As identified in the incident report] | <Enter address of service delivery here> |
| Department Area[As identified in the incident report] | <Enter Department of Health and Human Services service area here > |
| Program[As identified in the incident report] | <Enter program here > |
| Service type[As identified in the incident report] | <Enter service type here > |

## RCA review manager details

[The RCA review manager is the person responsible for undertaking the RCA. Refer to the *Client incident management guide* for further information regarding roles and responsibilities of the review manager]

|  |  |
| --- | --- |
| Surname / family name  | <Enter surname / family name here > |
| Given name | <Enter given name here > |
| Position title  | <Enter position title here > |
| Telephone | <Enter telephone here > |
| Email | <Enter email here > |

## RCA reviewer details (only required if an external reviewer is engaged)

[In certain circumstances an organisation may wish to engage the services of an external RCA reviewer to ensure independence and appropriate skills and experience of the reviewer undertaking an RCA. This individual may be from the reporting organisation or a third party. If an external reviewer is engaged by the service provider to undertake the reviewer, an RCA review manager must still be allocated by the service provider to provide oversight of the review process.]

|  |  |
| --- | --- |
| Surname / family name  | <Enter surname / family name> |
| Given name | <Enter given name> |
| Position title  | <Enter position title> |
| Organisation | <Enter reviewer’s organisation> |
| Telephone | <Enter telephone> |
| Email | <Enter email> |

# Incident summary details

## Incident

|  |  |
| --- | --- |
| Date of the incident | <Enter date of the incident here > [DD/MM/YYY] |
| Date the incident disclosed to the service provider | <Enter the date incident was disclosed to the service provider here > [DD/MM/YYY] |
| Brief description of the incident[As identified in the incident report] | <Enter the details of the incident here > |

# Root cause analysis (RCA) review findings

## RCA review period

|  |  |
| --- | --- |
| RCA review start date | <Enter review start date here> |
| RCA completion date[Within 60 working days of the department endorsing the recommendation to conduct an RCA review.] | <Enter review completion date here>[A provisional due date will be provided by the department divisional office upon endorsement of the recommendation to undertake an RCA review in response to a major impact incident.] |
| Rationale for review period exceeding 60 working days[If applicable] | <Enter rationale for review period exceeding 60 working days or ‘not applicable’ here> |

## Executive summary

[The purpose of an Executive summary is to facilitate the reader to rapidly become acquainted with a large body of material without having to read all the content. Someone reading this summary should have a clear understanding of the key findings and recommendations that emerged from the whole RCA review process by reading this section of the report alone.

Please provide a one to two page Executive summary that summarises the full body of material and key findings from the RCA review.]

|  |
| --- |
| <Enter the Executive summary here> |

## RCA review scope and objectives

|  |
| --- |
| <Enter the scope of the RCA review here> |
| <Enter the objectives of the RCA review here> |

## RCA review methodology

[Provide a brief summary of the approach used to conduct the RCA review.]

|  |
| --- |
| <Enter a summary of how the RCA review was conducted here> |

## Client(s) interviewed

[This section applies to the clients involved in the incident or clients who witnessed the incident. Please address the information outlined below individually for each client interviewed.]

### Client 1

|  |  |
| --- | --- |
| Name of the client interviewed | <Enter the name of the client interviewed here> |
| Name of the person who conducted the interview | <Enter the name of the person who conducted the interview here> |
| Date and location of the interview [If multiple interviews were conducted, include all dates and locations] | <Enter the date and location of the interview(s) here> |
| Details of the guardian, advocate or key support person present[If applicable] | <Enter the details of the guardian, advocate or key support person present here> |
| Support mechanisms in place to assist the client with the interview[For example, whether the interview was audio/video recorded or the nature of the response provided, written/oral etcetera] | <Enter the support mechanisms in place to assist the client here> |
| Brief summary of the client’s statement(s) | <Enter a brief summary of the client’s statement(s) here and attach a full transcript of the client’s statement as an appendix> |

 [Copy and paste the Client detail table, if required.]

## Client(s) not interviewed

[Please identify any relevant client(s) not interviewed and provide details as to why they were not interviewed. This section applies to clients impacted by or witness to the incident. Please address the information outlined below individually for each client involved.]

### Client 1

|  |  |
| --- | --- |
| Name of the client who could not be interviewed | <Enter the name of the client who could not be interviewed here> |
| Rationale as to why client/s were not interviewed | <Enter the rationale as to why the client was not interviewed here > |

 [Copy and paste the client detail table, if required.]

## Staff members/other relevant persons interviewed

[Please address the information outlined below, individually, for each staff member/other relevant person interviewed. This includes any person who is a witness to the incident or critical events leading up to the incident, etc.]

### Staff member/other relevant person 1

|  |  |
| --- | --- |
| Name of the staff member/other relevant person interviewed | <Enter the name of the staff member/other relevant person interviewed here > |
| Role in the incident[For example, witnessed the incident or critical event in lead up to incident] | <Enter the role of the staff member/other relevant person in the incident here > |
| Name of the person who conducted interview | <Enter the name of the person who conducted interview here > |
| Date and location of the interview[If multiple interviews were conducted, include all dates and locations] | <Enter the date and location of the interview here > |
| Name of the guardian, advocate or key support person present[If applicable] | <Enter the details of the guardian, advocate or key support person present here > |
| Processes associated with how the interview was conducted [For example, audio/video recorded, the nature of the response provided- written/oral] | <Enter the brief summary of the person’s statement(s) here> |

 [Copy and paste the Staff member/other relevant person detail table, if required.]

## Staff members/other relevant persons not interviewed

[Please identify any relevant staff members/other relevant persons who were not interviewed and explain why they did not participate in the interview]

|  |  |
| --- | --- |
| Name of the staff member/other relevant person who were not interviewed | <Enter the name of staff member/other relevant person not interviewed here > |
| Role of the staff member/other relevant person in the incident | <Enter the role of the staff member/other relevant person in the incident here > |
| Rationale as to why staff member/other relevant person was not interviewed | <Enter the rationale as to why the staff member / other relevant person was not interviewed here > |

[Copy and paste the Staff member/other relevant person detail table, if required.]

# Summary of key evidence

### Documentary evidence

[Please provide a description of documentary evidence and the relevance of documents as evidence.]

| Description of evidence | Relevance of evidence |
| --- | --- |
| <Enter a description of the documentary evidence> | <Enter the relevance of the documentary evidence, that is, how the documentary evidence, on the balance of probabilities, substantiates the abuse here> |
|  |  |
|  |  |
|  |  |
|  |  |

[Add additional lines if required.]

## Critical event analysis

[Provide an outline of the critical events in the lead up to and following the incident that were identified and analysed as part of the RCA review. These events should be defined in terms of the time and place where they occurred, who was there, and what each person was doing. The RCA reviewer should clearly articulate why each event is significant in understanding how and why the incident happened. The completed critical event map should also be attached with the RCA review report & risk reduction action plan when it is submitted to the department.]

****Table 1: Measure of Likelihood – Identifies the likelihood of a critical event occurring/reoccurring again in future****

| Likelihood | Description |
| --- | --- |
| Highly likely | Could occur at any time, for example once a week |
| Likely | Will probably occur in most circumstances, (for example once per month) |
| Possible | Might occur at some time, (for example once a year) |
| Unlikely | Could happen at some time, (for example once every three years) |
| Rare | Could happen, but very rarely, (for example once in more than three years) |

Table 2: Measure of Consequence – Identifies the outcome of a critical event again in future

| Description | Example |
| --- | --- |
| Extreme | Cessation of multiple services; death/s; multiple disabling injury of clients; significant adverse media event i.e. Royal Commission, Parliamentary Inquiry |
| Major | Disruption to multiple services; disabling injury to a client; media interest i.e. Coroner’s Inquest |
| Moderate | Disruption to service; multiple injuries to clients; local media concern |
| Low | Minimal disruption to service; minor injury to a client; minimal media interest |
| Negligible | No service disruption; no injury to client or employee; no public concern  |

Table 3: Risk analysis matrix – Identifies the risk of a critical event happening again in future\*



\*The Risk analysis matrix is for suggested use. Organisations may use their own risk matrix variations if preferred.

### Event detail

|  |
| --- |
| <When and where event occurred> |
| <Who was there> |
| <What happened> |
| <Why is this event significant in understanding how and why the incident happened?> |
| <Rating for likelihood of reoccurrence [choose one]: Rare/ Unlikely/ Possible/ Likely/ Highly Likely> |
| <Rating for measure of consequence [choose one]: Negligible/ Low/ Moderate/ Major/ Extreme> |
| <Grading of Event Risk [Use table 3 above]: Critical/ High/ Medium/ Low> |

[Copy and paste the Event detail table, if required, for each critical event.]

## Root cause analysis

[Provide an outline of the root cause(s) of the incident, recognising that there is rarely a single cause that gives rise to an incident. It also recognises that to avoid such incidents in the future, a range of measures need to be identified and a variety of actions taken at different points in the system.

For the purposes of CIMS:

* A **cause** is defined as a condition that produces an effect; eliminating a cause(s) will eliminate the effect.

For example: The client used heroin, which caused them to overdose (the effect) and resulted in them being hospitalised.

* A **contributing factor** is defined as a condition that influences the effect, rather than being a cause in and of itself. A contributing factor may increase the likelihood of an event occurring, accelerate the effect, affect the severity of the consequence, and so on. Eliminating a contributing factor(s) will not necessarily eliminate the effect.

For example: The client had not used heroin for one month prior to that. Earlier in the day the client had an argument with another client that resulted in the client feeling highly anxious. This anxiety increased the clients craving for heroin, and the client then proceeded to use it. The argument was a contributing factor of the resulting overdose (the effect) but was not the cause itself.]

### Root cause

|  |
| --- |
| <Reference number> |
| <What was the cause?> |
| <What was the effect (undesirable outcome?)> |
| <Enter causal statement here. This statement should clearly describe the ‘cause and effect’ relationship or clear link between the cause and the undesirable outcome |

 [Copy and paste the root cause table, as required, for each cause.]

# Conclusions

[The RCA reviewer should present the conclusions of the RCA review in a way that clearly and succinctly describes:

* what happened? (the incident itself)
* why it happened? (the root causes and corresponding effects underpinning the incident)
* what can be done to prevent the incident or other problems uncovered in the review process from happening again in future?]

|  |
| --- |
| <Enter conclusion statements here> |

## Recommendations

[The RCA reviewer must outline the key recommendations for the service provider to implement based on the conclusions outlined in the prior section, ensuring that any recommendations must take into account the wider system implications of the service provider actually putting them into place.]

|  |  |
| --- | --- |
| Recommendation 1: | <Enter recommendation here> |
| Recommendation 2: | <Enter recommendation here> |
| Recommendation 3: | <Enter recommendation here> |
| Recommendation 4: | <Enter recommendation here> |
| Recommendation 5: | <Enter recommendation here> |

## Risk reduction plan

[A risk reduction action plan is developed from the causal statements of an RCA report. The risk reduction action plan should include a description of:

* RCA reference number (from root cause analysis above)
* who is accountable for ensuring this risk is addressed
* description of identified risk
* what action is to be taken to mitigate reoccurrence
* when is the mitigation action to be initiated or implemented
* what is the target completion date for the determined action (if applicable)
* date for reviewing identified risk to ensure adequate management].

| RCA reference number | Staff member/s accountable | Description of identified risk | Proposed action | Action initiation date  | Action completion date | Review date |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Root cause analysis review report & risk reduction action plan endorsement

|  |  |
| --- | --- |
| Prepared by | <Enter name of person who prepared the RCA review report & risk reduction action plan (the review manager) here> |
| Position/title | <Enter position or job title of person who prepared the RCA review report & risk reduction action plan here> |
| **Conflict of interest declaration** | As the RCA 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 review; nor any comments or critical analysis that I provide. As the review manager, I have verified that any other staff member involved in conducting the review also does not have a conflict of interest relating to this incident. |
| Signature | <Enter signature of person who prepared the RCA review report & risk reduction action plan here> |
| Date | <Enter date of above signature here> [DD/MM/YYY] |

|  |  |
| --- | --- |
| Approved by[Service provider’s chief executive officer or delegated authority] | <Enter name of person who approved the RCA review report & risk reduction action plan here> |
| Position/title | <Enter position or job title of person who endorsed the RCA review report & risk reduction action plan here> |
| Signature | <Enter signature of person who approved the RCA review report & risk reduction action plan here. Electronic signatures are acceptable> |
| Date | <Enter date of above signature here> [DD/MM/YYY] |

|  |
| --- |
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