

Serious Adverse Incident Investigation Report Checklist

(This check list should accompany all levels of SAI completed Investigation Reports when forwarding to HSCB)

1. FAMILY INVOLVEMENT

(a) Notification

What was the level of Service User /Family involvement at the time the SAI was notified to HSCB?
(This should reflect what was reported on notification form)

Additional Comments:

(b) Review Process

| | | |
|--|--|--|
| <p>i. Were the Terms of Reference of the Review Team shared with the Service User / Family?</p> | <p>Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>No <input style="width: 30px; height: 20px;" type="checkbox"/></p> | <p>Date shared:/...../.....</p> <p>If No - Please comment:</p> |
| <p>ii. Were Service User / Family given the opportunity to attend the review and/or meet with the chair and/or members of the review team?</p> | <p>Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>No <input style="width: 30px; height: 20px;" type="checkbox"/></p> | <p>Date attended:/...../.....</p> <p>If No - Please comment:</p> |

(c) Investigation Report

| | | |
|---|--|---|
| <p>i. Has the investigation report been shared with Service User / Family?</p> | <p>Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>No <input style="width: 30px; height: 20px;" type="checkbox"/></p> | <p>Date shared:/...../.....</p> <p>If No - Please comment</p> |
| <p>ii. Has Service User / Family been given the opportunity to meet with member/s of the review team to discuss the findings of the report?</p> | <p>Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>No <input style="width: 30px; height: 20px;" type="checkbox"/></p> | <p>Date attended:/...../.....</p> <p>If No - Please comment</p> |

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2. CORONER'S OFFICE (this section only to be completed for death related SAIs)

| | |
|---|--|
| <p>i. Was there a requirement to notify the Coroner?</p> | <p>Yes <input type="text"/> Date notified:/...../.....</p> <p>No <input type="text"/> If No - Please comment</p> <p>N/A <input type="text"/></p> |
| <p>ii. If the Coroner was notified, has this case since been closed by the Coroner?</p> | <p>Yes <input type="text"/> Date closed:/...../.....</p> <p>No <input type="text"/> If No - Please comment</p> <p>N/A <input type="text"/></p> |