## **Annexure A – Investigation plan template**

This template can be adjusted to reflect your specific IMS and needs.

Investigation plan – incident/subject of allegation:

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| Incident # | *Record your internal incident number* |
| SIRS notification # | *Record the number issued to you by the Commission after receiving your notification of the incident* |
| Access controls | |
| Information access controls | *Specify who will/will not have access to information about the allegation/incident and investigation and list actions to restrict access.* |
| Details of incident to be investigated | |
| Alleged victim (AV) | **Full name and DOB:**  **SPARC/ACMPS ID:**  **Nature of any support needs:**  **Known physical/psychological impact of incident:** |
| Subject of allegation  if care recipient | **Full name and DOB:**  **SPARC/ACMPS ID:**  **Nature of any support needs:**  **Known physical/psychological impact of incident:** |

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| Subject of allegation  if staff member | Full name and DOB:  Role:  Nature of any support needs: |
| Summary of allegation/incident | *Include only facts and circumstances leading up to the incident if known* |
| Reportable incident type/form of conduct | *Specify the reportable incident type. If the incident involves an allegation of inappropriate conduct by a staff member, also provide details here e.g, breach of relevant provision of Code of Conduct* |
| Date and time of allegation/incident | *State if unknown or uncertain* |
| Location where allegation/incident occurred | *State if unknown or uncertain* |
| Name and role of the first staff member who became aware of the incident/allegation |  |
| Date and time the first staff member became aware of the incident/allegation |  |
| How the first staff member became aware of the incident/allegation | *Example: Observation, disclosure, verbal complaint, written complaint. Include the name of any person who reported the matter to the first staff member, including relationship to AV/SOA* |

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| Date and time the incident/allegation was reported by the first staff member to key personnel |  | | |
| Name and role of key personnel who received the report |  | | |
| Witnesses to the incident | **Name** | **Contact details** | **Relationship to SOA/AV** |
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| External agencies involved e.g.:   * Police * Aged Care Quality and Safety Commission * Coroner * Safe Work Australia * AHPRA * Health practitioner * Other | **Agency** | **Contact person & details** | **Nature of involvement** |
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| Investigation overview | | |
| Investigation purpose | The purpose of the investigation is [*tailor as appropriate*]:   1. *Ensure all appropriate external authorities are notified of the allegation and related investigation.* 2. *Gather all relevant evidence to inform the investigation of the alleged conduct.* 3. *Determine whether, on the available evidence (applying the requisite standard of proof), what has been alleged to have occurred and if so, make a finding in relation to the conduct.* 4. *Identify any risks that may impact on the process or individuals involved if such risks arise during the investigation and provide appropriate advice.* 5. *Provide appropriate advice on any risks that should be managed following on from the completion of the investigation.* 6. *Ensure appropriate individuals and authorities are notified of the outcome of the investigation.*   NB: Include any aspect of the incident or allegation that will NOT form a part of the investigation and the reasoning for this. | |
| Details of investigator | **Name:**  **Contact details:**  **Date engaged:** | |
| Details of manager responsible for investigation |  | |
| Investigation commencement and approval | **Date commenced:** | **Approved by:** |
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| Investigation key activities | | | |
| External notifications | | | |
| Police report | * Date and event number for report | | |
| SIRS notification | * Date and notification number | | |
| Other |  | | |
| Initial risk assessment and management | | | |
| * Risks to AV * Risks to SOA * Risks to other affected parties (e.g. other care recipients, witnesses, staff) * Risks to integrity of investigation * Organisational risks | **Risk Type** | **Risk Level** | **Mitigation strategy** |
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| Support, welfare and procedural fairness | | | |
| Support for AV | * *Steps taken to ensure the AV has immediate and ongoing support and is informed during the investigation* * *Include details of any further action that has been considered or is being considered* * *Include details of how family/representative/support person/s will be involved and informed (if appropriate) during the investigation, including details of consent given by AV.* | | |
| Support for SOA (care recipient) | * *Steps taken to ensure the SOA has immediate and ongoing support and is informed during the investigation, if appropriate* * *Include details of any further action that has been considered or is being considered* * *Include details of how family/representative/support person/s will be involved and informed, if appropriate, during the investigation, including details of consent given by SOA.* | | |
| Procedural fairness, welfare and support for SOA (staff member) | * *Steps taken to ensure the SOA will be provided with procedural fairness throughout the investigation, including:* * *informing them of the allegations (initial and detailed letters of allegation)* * *explaining the investigation process* * *providing the opportunity to respond to the allegations (via an interview or in writing)* * *providing the opportunity (post interview/written submission) to comment on any proposed adverse information.*   *Referrals or support arrangements made e.g. referral to employee assistance program or other counselling; nomination of liaison officer/support person for duration of investigation.* | | |
| Support for other involved parties (e.g. witnesses, other care recipients, staff member) | * *Steps taken to ensure other involved parties have immediate and ongoing support and are informed, where appropriate, during the investigation. This includes steps taken to protect the person who reported the incident from victimisation/reprisal.* * *Include details of any further action that has been considered or is being considered.* * *Include details of how family/representative/support person/s will be involved and informed, if appropriate, during the investigation, including details of consent given by involved person.* | | |
| Communication strategy | | | |
| Stakeholders and responsibilities | * *Identify who is responsible for liaising with different stakeholders as well as what information should/should not be shared with them.* | | |
| Sources of evidence | | | |
| Internal evidence | *Relevant internal evidence may include:*   * *Policies and procedures* * *Incident report/s* * *Medical records* * *Behaviour support plans* * *Staff rosters* * *Shift notes* * *Care recipient records* * *SOA's employment, induction/training and disciplinary records* * *Photographs, CCTV/video footage.* | | |
| Other evidence | *List any other sources of evidence to be obtained* | | |

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| Interviews  *When planning interviews, you should consider and separately record the key lines of enquiry for each interview* | Who | Interviewer | Date | Support person |
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| Investigation outcome | | | | |
| Outcome | **Allegation** | **Finding** | | **Reason** |
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| Have any systems or practice issues been identified? Are there areas for improvement? | *Consider:*   * *whether the incident could have been prevented* * *how well the incident was managed and resolved at all stages of the process, from the first staff member becoming aware of the matter through to finalising the investigation* * *what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise harm.* | | | |

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| Recommendations:   * Systems/practice issues identified * Restorative action that can be taken to address impact/harms to the AV * Who (individuals or other agencies) should be provided with information about the outcome of the investigation | Action | Person responsible | Timeframe |
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| Decision-maker’s comments | *If the decision-maker does not agree with the investigator’s proposed findings and recommendations, this should be recorded together with reasons and the decision-maker’s final decisions about the outcome of the investigation.* | | |
| Notification of outcome | **Agency/person notified** | **Form of notification  & date** | **Comment**  *Include any feedback received* |
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| Closure | | |
| Investigator | **Name and signature** | **Date** |
| Decision-maker | **Name and signature** | **Date** |