

**Checklist for Engagement / Communication  
with Service User<sup>1</sup>/ Family/ Carer following a Serious Adverse Incident**

<b>Reporting Organisation</b>		<b>HSCB Ref Number:</b>	
<b>SAI Ref Number:</b>			

**SECTION 1**

**INFORMING THE SERVICE USER<sup>1</sup> / FAMILY / CARER**

1) Please indicate if the SAI relates to a single service user, or a number of service users.  Please select as appropriate (✓)	<b>Single Service User</b>		<b>Multiple Service Users*</b>	
	<b>Comment:</b>			
	<i>*If multiple service users are involved please indicate the number involved</i>			
2) Was the Service User <sup>1</sup> / Family / Carer informed the incident was being reviewed as a SAI?  Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
	If <b>YES</b> , insert <b>date informed</b> :			
	If <b>NO</b> , please select <b>only one</b> rationale from below, for <b>NOT INFORMING</b> the Service User / Family / Carer that the incident was being reviewed as a SAI			
	a) No contact or Next of Kin details or Unable to contact			
	b) Not applicable as this SAI is not 'patient/service user' related			
	c) Concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user			
	d) Case involved suspected or actual abuse by family			
	e) Case identified as a result of review exercise			
	f) Case is environmental or infrastructure related with no harm to patient/service user			
	g) Other rationale			
	If you selected c), d), e), f) or g) above please provide further details:			
3) Was this SAI also a Never Event? Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
4) If <b>YES</b> , was the Service User <sup>1</sup> / Family / Carer informed this was a Never Event?  Please select as appropriate (✓)	<b>YES</b>	If <b>YES</b> , insert <b>date informed</b> : DD/MM.YY		
	<b>NO</b>	If <b>NO</b> , provide details:		
<b>For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))</b>				
<b>Content with rationale?</b>	<b>YES</b>		<b>NO</b>	

**SHARING THE REVIEW REPORT WITH THE SERVICE USER<sup>1</sup> / FAMILY / CARER**

*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

5) Has the Final Review report been shared with the Service User <sup>1</sup> / Family / Carer?  Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
	If <b>YES</b> , insert date informed:			
	If <b>NO</b> , please select <b>only one</b> rationale from below, for <b>NOT SHARING</b> the SAI Review Report with Service User / Family / Carer:			
	a) Draft review report has been shared and further engagement planned to share final report			
	b) Plan to share final review report at a later date and further engagement planned			
	c) Report not shared but contents discussed <i>(if you select this option please also complete 'I' below)</i>			

## SHARING THE REVIEW REPORT WITH THE SERVICE USER<sup>1</sup> / FAMILY / CARER

*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

	d) No contact or Next of Kin or Unable to contact	
	e) No response to correspondence	
	f) Withdrew fully from the SAI process	
	g) Participated in SAI process but declined review report	
	<b><i>(if you select any of the options below please also complete 'I' below)</i></b>	
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user <sup>1</sup> family/ carer	
	i) case involved suspected or actual abuse by family	
	j) identified as a result of review exercise	
	k) other rationale	
	l) If you have selected <b>c), h), i), j), or k)</b> above please provide further details:	

**For completion by HSCB/PHA Personnel Only** (Please select as appropriate (✓))

<b>Content with rationale?</b>	<b>YES</b>		<b>NO</b>	
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## SECTION 2

### INFORMING THE CORONERS OFFICE

**(under section 7 of the Coroners Act (Northern Ireland) 1959)**

*(complete this section for all death related SAIs)*

1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
	If <b>YES</b> , insert <b>date informed</b> :			
	If <b>NO</b> , please provide details:			
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
	If <b>YES</b> , insert <b>date report shared</b> :			
	If <b>NO</b> , please provide details:			
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? Please select as appropriate (✓)	<b>YES</b>		<b>NO</b>	
	<b>N/A</b>		<b>Not Known</b>	
	If <b>YES</b> , insert <b>date informed</b> :			
	If <b>NO</b> , please provide details:			

<b>DATE CHECKLIST COMPLETED</b>	
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<sup>1</sup> Service User or their nominated representative