Commissioning Incident Notification Form

PHN Inserts No.

This form is for Service Providers commissioned by South Western Sydney Primary Health Network (SWSPHN) to formally lodge notification of a Category 1 or Category 2 incident within ten (10) business days of the Service Provider becoming aware of the incident occurring.

Please return the completed form to SWSPHN by email to contracts@swsphn.com.au.

If you have any questions regarding the completion of this form, please contact SWSPHN Commissioning Team on (02) 4632 3000.

Notification details

Notifier details	Name: Position: Contact details:
Service provider details	Legal entity name: Trading name (if different): SWSPHN commissioned program name: SWSPHN contract number:
Date and time of incident	
Date and time the service became aware of the incident	
RediCASE referral ID *(only relevant if a mental health commissioned service provider who uses RediCASE)*	
Location of incident	Onsite ☐ Offsite ☐
Incident classification *(select category 1 or 2 and incident type)*	**Category 1** ☐ Choose an item. **Category 2** ☐ Choose an item.

Investigation details

Incident description	Provide a description of the incident
Was the consumer accessing other SWSPHN Commissioned services? (if yes, provide details)	Was the consumer accessing other SWSPHN commissioned services. If so, which service/s and has the service been notified of the incident.
Immediate action taken by the service	Enter details of the immediate action taken by the Service Provider
Preliminary investigation findings	Provide a high-level chronological timeline of what happened and who was involved.

	For each timeline item, provide narrative on why it happened (causation or contributing factors) from preliminary investigations. Include for each timeline item what information is still unknown and how this information will be gathered.

Recommendations

Risk mitigation actions and timeframes	Enter details of actions that will be undertaken to mitigate risks and reduce likelihood of the incident occurring again
Is an RCA required?	Yes ☐ No ☐
Legal risk	Are legal implications for the Service Provider and/or SWSPHN anticipated? Yes ☐ No ☐ If yes, please provide details:
Publicity Risk	Is there a publicity risk anticipated as a result of the incident? Yes ☐ No ☐ If yes, please provide details:
Reputation Risk	Is there any reputational risk for the Service Provider and/or SWSPHN because of the incident? Yes ☐ No ☐ If yes, please provide details:

SWSPHN Support

Is SWSPHN Support required?	Does the Service Provider require SWSPHN support regarding this incident? Yes ☐ No ☐ If yes, please identify the type of support required:

Declaration

I agree that the information I have provided in this document is true and correct. I acknowledge that additional documentation may be requested to support investigation of this incident	Signature: Name: Position: Date:

Office Use Only

Incident Notification Details	Report Number: IM_ Date Received:
Is an RCA Required	Yes ☐ No ☐
Incident Notification Form Approval	Signature:

	Name: Position: Date:

Document Control

Document review every (choose most applicable) ☐ 1 year ☐ 2 years ☒ 3 years

Version	Date Commenced	Document Owner	Change Description	Review Date	Approver
V3.0	November 2019	Commissioning Manager	Form Review	November 2020	Director of Planning and Performance
V4.0	November 2020	Commissioning Manager	Form Review	November 2021	Director of Planning and Performance
V5.0	November 2021	Commissioning Manager	Form Review	November 2024	Director of Planning and Performance
V6.0	October 2023	Commissioning Manager	Form Review & Brand Refresh	October 2026	Director of Planning and Performance
V7.0	August 2026	Commissioning Manager	Form Review	August 2029	Director of Planning and Performance

This document will remain in effect until replaced.