## Corporate Harm Score 1 Review

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| **COVERSHEET** |
| Health Service – | MoH RIB number –  |
| Incident management system number – | Health Service reference (optional) – |
| Date of incident – | Date of incident notification – |
| Date of safety check – | Review method – |
| Date report due to MoH – | Date report submitted to the MoH – |
| Referral to agencies or committees –  |
|  |
| Review decommissioned? Y/N | If yes, has a review been undertaken on systems issues? Y/N |
| Contact – |

DESCRIPTION

Summarise what happened (1 paragraph)

Describe the sequence of events (1 to 2 pages)

ANALYSIS

Identify how the incident occurred.

Identify any factors that caused or contributed to the incident.

AREAS FOR REVIEW FINDINGS

Identify any procedures, practices or systems for review.

If no areas for review are identified, state “none”.

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| --- |
| Table 1 - Recommendations related to factors that caused or contributed to the incident [insert incident management system number and MoH RIB number] |
| # | Recommendation | Relevant factor/s  | Outcome measure | Timeframe | Oversight committee | Position responsible for implementation | Management agrees (Y/N) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

Delete/add rows as required.

|  |
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| Table 2 - Recommendations for system improvements unrelated to incident causal or contributory factors |
| # | Recommendation | Outcome measure | Timeframe | Oversight committee | Position responsible for implementation | Management agrees (Y/N) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Delete/add rows as required. Numbering follows on from any previous recommendations.

REPORT SIGN OFF

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date report due to MoH:

The Chief Executive (CE) of [insert Health Service]

**endorses / does not endorse** [circle] the recommendation/s of the corporate HS1 review.

If the CE does not endorse one or more recommendations, the CE has attached alternate recommendations to this report.

NAME:

SIGNATURE:

Date: