## Recommendations report template

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.

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 serious adverse event review.

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

NAME:

SIGNATURE:

Date: