Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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14 November 2019

9(2)(a) [redacted]

RE Official Information Act request CDHB 10212

I refer to your email, dated 24 October 2019, requesting the following information under the Official Information Act from Canterbury DHB.

For the last five financial years:

1. **The number of bullying, harassment or other complaints laid by staff**
2. **The outcomes of the complaints**
3. **How many were taken to mediation**
4. **What was the outcome of mediation**
5. **Any anonymous information regarding the nature of the complaints**
6. **How many times was bullying or harassment stated as a reason for leaving the DHB in exit interviews**

The above information is not held in an easily retrievable central data system and would take considerable collation and research to provide. We are therefore declining a response to these questions under section 18(f) of the Official Information Act. To provide this information would involve going through individual personal records.

Canterbury DHB is a large health service employer with more than 11,000 employees (including permanent and casuals), and we are committed to providing a healthy and safe working environment. We are clear that any form of harassment and bullying is unacceptable in the workplace and we strive to ensure that the best practice policies, procedures and processes are in place for all our employees, and to maintain proper standards of integrity and conduct at all times.

Canterbury DHB policies/regulations, protocols relating to alleged staff bullying, harassment or inappropriate behaviour and reporting of such incidents are attached as follows:

Appendix 1 - Code of conduct
Appendix 2 - Harassment policy
Appendix 3 - Disciplinary Action
Appendix 4 - Incident Management Policy

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Melissa Macfarlane
Acting Executive Director
Planning, Funding & Decision Support

Appendix 1

1 Code of Conduct & Disciplinary Policy

1.1 Code of Conduct

Introduction

Knowing what responsibilities we have to our fellow employees to conduct ourselves according to certain rules of good behaviour, conduct and performance is an essential part of working at Canterbury DHB.

Scope

All employees.

Associated Documents

Disciplinary Action Policy

Health Practitioners Competency Assurance Policy

Policy

Employees have an obligation to:

1. Be present at work as required and to be absent from the workplace only with proper authorisation.
2. Maintain expected standards of performance. Employees should carry out their duties in an efficient and competent manner, and avoid behaviour which might impair their work performance.
3. Display loyalty to the Canterbury DHB and use their best endeavours to assist the organisation to meet its objectives.
4. Respect the rights of their colleagues and the public. In performing their duties, employees are expected to:
   - avoid behaviour which might endanger or cause distress to other employees, or otherwise contribute to disruption of the workplace.

- Refrain from allowing workplace relationships to adversely affect the performance of official duties.
- Respect the privacy of individuals when dealing with personal information.
- Not discriminate against, or harass clients, visitors or colleagues because of their sex, age, marital status, ethnicity, disability, religious or ethical beliefs, colour, race, political opinion, employment status or sexual orientation.
- Respect the cultural background of colleagues and clients in all dealings
- Have due regard for the safety of themselves and others in the use of Canterbury DHB property and resources.

5. Comply with all lawful and reasonable instructions and policies and to work as directed. Implicit in this is an obligation to obey the law.
6. Maintain proper standards of integrity and conduct in the performance of their duties and in their private lives, where it may reflect badly upon the Organisation.
7. Show reasonable care, and neither use, nor allow the use of departmental property, resources, or funds for anything other than authorised purposes.
8. Incur no liability on the part of the Organisation without proper authorisation.
9. Maintain all necessary qualifications (including registration and annual practising certificates) to enable the Employee to perform his/her duties legally.
10. Notify the CDHB immediately if their registration is revoked or in anyway amended; or if they cease to have a valid practising certificate; or if the scope of practice endorsed on their practising certificate, or any condition, is revoked or altered in anyway, as per the requirements of the HPCA Act 2003.
11. Not to demand, claim or accept any fee, gratuity, commission or benefit from any person or persons other than the CDHB in payment for any matter or thing concerned with the Employee's duties and responsibilities, except with the prior written consent of the Canterbury DHB.
12. Ensure that at any time during their employment or termination they do not knowingly or without due care disclose or allow access to confidential information, or information relating to any of the business affairs, software, property or other activities of the Employer and shall use his/her best endeavours to prevent the publication or disclosure of same.
13. Except with the prior written approval of the Canterbury DHB, engage in alternative employment with/or be a member of an organisation which may impinge on the proper performance of the

Employee's employment or be in conflict with the interests of the CDHB.

The Code of Conduct sets guidelines for all employees to ensure that:

1. The Organisation runs efficiently and effectively
2. Staff are treated fairly and equitably
3. Employees understand the expectations of the CDHB so that disciplinary action does not come as a surprise to staff.

1.1.1 Breaches of the Code of Conduct

Breaches of the Code of Conduct should be read in conjunction with the Discipline and Dismissal Procedures.

As a general rule, misconduct usually falls into one of the following categories:

- Absenteeism
- Dishonesty
- Wilful disobedience
- Misconduct
- Unsatisfactory Work Performance.

However for the purpose of this Policy, misconduct is divided into three areas:

Misconduct

These items of misconduct will usually lead to the disciplinary procedures being invoked.

Serious Misconduct

These items will usually lead to summary dismissal, that is, dismissal without further warning. In cases of serious misconduct, a dismissal will usually be given without notice, however in certain circumstances, notice could be given.

Conduct Detrimental to the Best Interests of the Organisation

These items will generally lead to disciplinary procedures being invoked including the possibility of summary dismissal.

Important Notes

Conduct generally construed as misconduct may be regarded as serious misconduct if these actions are such that they could lead to substantial risks to patients or major ramifications for the CDHB.

It should be noted that professional incompetence/misconduct will probably lead to disciplinary action under this code. All cases of professional incompetence/misconduct should be reported to the Professional Advisor and General Manager who should consider reporting it to the appropriate registration authority.

Where a health professional either resigns, or is dismissed, for reasons relating to competence, The CDHB has a statutory obligation to inform the appropriate registration authority.

1.1.2 Misconduct

Misconduct comprises of actions or omissions which, regarded in isolation, do not warrant severe disciplinary action, such as dismissal.

Where an employee is guilty of an offence classified as misconduct he/she will usually receive two clear warnings (usually but not necessarily an oral and written warning) before being dismissed. Normally the first warning will be oral and the second written. Should an employee offend again after a final written warning, he/she may be dismissed with notice or pay in lieu of notice.

The warning procedure may be applied to offences of a dissimilar nature and is not restricted to the repetition of a specific form of offence.

Instances of such behaviour may include, but are not confined to the following examples:

- Failing to comply with Canterbury DHB Policies or Procedures.
- Failing to maintain an acceptable level of work performance.
- Failing to provide due loyalty to the CDHB.
- Habitually arriving late for duty.
- Damage to Canterbury DHB property.

1.1.3 Serious Misconduct

Serious misconduct is behaviour which undermines the contractual relationship between the Employee and the Employer, and/or seriously threatens the wellbeing of the organisation, staff or patients.

Where an employee is guilty of an offence classified as serious misconduct, he/she may be dismissed without warning.

When it is suspected that an employee is guilty of serious misconduct, he/she may be suspended, usually for a period of up to seven days, pending a full investigation of the alleged offence(s). A suspension of this nature will normally be on full pay.

Whilst an employee is suspended, he/she must not come onto CDHB property or engage in any duty related to his/her position without authorisation.

Where practicable, an employee will be given the opportunity to be represented by an official of his/her employee organisation or other person of his/her choice at an interview preceding a formal warning or notice of dismissal.

Instances of such behaviour may include, but are not confined to the following examples:

- Refusing to carry out lawful instructions.
- Unauthorised consumption of alcohol on CDHB premises.
- Assault.
- Disclosing confidential information to an unauthorised person.
- Not being in possession of a required annual practising certificate and claiming reimbursement from the CDHB.
- Use or possession of illicit drugs.
- Working while under the influence of alcohol or drugs.

1.1.4 Private Conduct Detrimental to the Best Interest of the Organisation

As a general principle, personal behaviour is of no concern of the Canterbury DHB, except where it interferes with the performance of official duties or reflects on the standing or integrity of the Organisation or the Employee's profession or trade. Therefore employees should not bring the Canterbury DHB or profession into disrepute through their private activities.

Whether such actions fall into the category of Misconduct or Serious Misconduct will depend on the circumstances in each case. In making judgements of this kind, regard should be had to the following factors:

- The nature and circumstances of the activity.
- The position, duties and responsibilities of the Employee.
- The consequences of the activity on the Employee to fulfil her/his duties and responsibilities.

The effects of the activity or its consequences on working relationships with colleagues, patients, outside contacts and the general public.

Policy Owner	Group Manager, Human Resources
Date of Authorisation	~~27 November 2001~~ ~~28 April 2004~~ ~~6 September 2005~~ June 2012
Date of Review	June 2013

Harassment Policy

Contents

Policy

The Canterbury District Health Board is committed to the principles of being a "good employer". In accordance with those principles, harassment and bullying will not be tolerated.

Purpose

All employees have the right to work for Canterbury District Health Board without being harassed or bullied.

The purpose of this policy is to outline the procedure employees are able to take where they feel subjected to harassment and/or bullying to protect their right to work in an environment which is free from harassment and/or bullying.

It should be noted that sexual and racial harassment are both unlawful in terms of the Human Rights and Employment Relations Acts.

Scope/Audience

All Employees.

Definitions

Harassment

Harassment occurs when a person is offended, humiliated or intimidated by the actions of others. It includes, but is not limited to the abuse or improper use of power or authority, jokes or innuendo, public displays of offensive material, offensive questions, comments, abuse or gestures, offensive physical contact or physical assault and bullying. Harassment can also be based on gender, race or national origin, religious or ethical belief, political affiliation, employment status, age, and physical disability.

Harassment on the basis of gender or sexual orientation (Sexual Harassment)

Is defined as any situation involving staff in their relationship with management, other staff or users of our services as follows:

- A request for any form of sexual activity where that request contains an implied or overt promise of preferential treatment and/or threat of detrimental treatment.
- The use of unwelcome or offensive language, physical behaviour, or visual material of a sexual nature which is used in a repeated manner or to such a significant extent that it has a detrimental effect on the employee.
- Examples of sexual harassment may include but are not limited to: patting, pinching or touching in a sexual way, dirty jokes, obscene gestures, offensive telephone calls, photographs, reading matter and/or emails, displays of offensive pictures or written material, suggestive remarks about sex or one's personal life, persistent invitations to go out or requests for sexual favours.

Harassment on the basis of race (Racial Harassment)

Is defined in relation to one person versus another in regard to their race as the repeated or detrimental use of language, visual material or physical behaviour that expresses hostility against a person or brings that person into contempt and is both hurtful or offensive, or is either repeated or so severe that it has a detrimental effect on that person.

Examples of racial harassment may include but are not limited to: language written or verbal, visual material or physical behaviour that brings into contempt or ridicules or expresses hostility against any person on the grounds of race, colour or ethnic or national origins and is hurtful or offensive or is either repeated or of such a significant nature that it has a detrimental effect on a person.

Bullying/Personal Harassment

Is defined as any situation involving staff in their relationship with management, other staff or users of our services as follows:

- Use of force or threats to pressure or coerce a person to do something they would otherwise feel comfortable to debate and/or dispute.
- Examples of bullying/personal harassment may include but are not limited to: intimidation (e.g. shouting, obscene language), emotional abuse (e.g. patronising humiliation, name calling), isolation (e.g. stopping access to other managers/staff, withholding information), coercion and threats, economic abuse (e.g. withholding training or other benefits), positional abuse (eg. unjustifiable and/or inconsistent disciplinary action, being set up to fail with an overload of work).

Associated documents

Canterbury DHB Pamphlet "Harassment" Ref: 0161

Canterbury DHB Pamphlet "Your Rights" Ref: 0208

Guidelines

Any harassment by any person, be they an employee or a person who has contact with our business, will not be tolerated and appropriate action will be taken to remedy any complaint.

Any breach of this policy will be considered as serious misconduct within the terms of the Code of Conduct and upon investigation, may result in disciplinary action and/or dismissal.

Complaint Procedure

Informal Approach

1. You can tell the offender very clearly that you do not like his/her behaviour and ask the person to stop it.

2. You can go to a contact person (HR Advisor) who will assist you or go to a Manager or Supervisor who will:
   - act as, or arrange an appropriate support person if requested by the complainant
   - provide support, advice, and listen to the person with the complaint
   - make appropriate referrals if requested by the complainant, and provide low level resolution such as mediation
3. You can go to someone you trust for advice or assistance. Useful contacts are:
   - your union or legal advisor
   - Human Rights Commission
   - Kaumatua or Taua
   - Manager, Human Resources
4. Details arising from an informal approach will only be provided to the co-ordinator, (Manager, Human Resources) if agreed by you. An informal approach for advice can be made on a confidential basis.

Formal Approach

If the matter has not been resolved by the informal process, or warrants formal investigation from the outset, you can make a formal written complaint which will be treated in a confidential manner between the parties directly affected/involved. This formal written complaint can be made to:

- Internal
  - Human Resources Advisors (contact person)
  - your Supervisor or Manager
  - Manager, Human Resources
- External
  - your union or legal advisor
  - Human Rights Commission

(Please note if a complaint is made to the Human Rights Commission an employee's right to pursue a personal grievance is restricted. Your union or external advisor can advise further of your legal remedies.)

Your formal written complaint will need to include:

- Details of time, place and what was said or done, and outline the breach to the policy.
- The name of the respondent.
- The names of any witnesses.

- Details of any action you have taken to date including informal approaches, whether you have spoken to the respondent, etc.
- The expected remedy or outcome you are seeking (optional).

Early notification and intervention is desirable and usually results in a more successful outcome.

A record of all formal written complaints will be kept confidentially by the co-ordinator. Possible consequences of your complaint will be discussed with you.

Employer Responsibilities

- Ensure the workplace is free from harassment and bullying.
- Inform all staff about this policy as part of their induction.
- Act immediately should complaints be made to you and ensure that complaints are followed up appropriately, including advice from Human Resources.
- The person receiving the formal complaint must seek HR advice and manage the processes in a procedurally correct manner. In seeking HR advice, consideration should be given that there is sufficient grounds and evidence to carry out an investigation. This will include consultation with the complainant. The Manager, Human Resources shall be advised of all formal written complaints.
- Any investigation must respect the principles of natural justice and generally will follow the procedures as set out in the disciplinary investigation flow chart. This includes but is not limited to:
  - Advising the respondent of the complaint, including copies of the formal written complaint and a record of interview notes with the complainant.
  - Providing the respondent with the opportunity to provide an explanation and to make representations including having any witnesses heard.
  - To be represented and or supported by the person of their choice.
  - An unbiased consideration of the respondent's explanation in that consideration must be free from predetermination and influenced by irrelevant considerations.
  - An explanation if a complaint is discovered to be unfounded or vexatious.

Contact Person (HR Advisor) will:

- be trained and understand harassment issues.
- be totally familiar with harassment complaints procedure.
- promote awareness and provide training.
- be aware of defamation issues and importance of confidentiality.
- ensure policy and procedures are followed.
- be accessible to individuals and to empower them to approach the alleged harasser with or without support.
- assist complainant to find ways of resolving their issues.

HR Manager Operations will:

- ensure procedures are maintained and up to date.
- establish and maintain networks of contact people.
- ensure training and awareness is provided to contact people regularly.
- monitor and report on issues to the CEO/GM HSS.
- raise awareness through education and promotion.
- ensure staff confidentiality is maintained.

Policy Authoriser	GM Human Resources
Date of Authorisation	June 2012

Appendix 3

1 Disciplinary Action

Introduction

Employee discipline is a difficult managerial task. Even potential disciplinary action situations cause apprehension. There are however principles established for acceptable conduct and performance and these should underpin any disciplinary action.

These situations can occur when expected standards of performance or general conduct of an employee are not being met, or where breaches of the organisation's Code of Conduct occur.

Principles

1. Agreement that there are minimum standards of human behaviour and performance so that a harmonious, efficient and safe environment may exist in the workplace.
2. It is expected that the Canterbury DHB and employees will act in a responsible manner towards each other, Canterbury DHB property, agents, and clients of Canterbury DHB.
3. Canterbury DHB shall have the right to summarily dismiss an employee for serious misconduct and staff recognise the legal rights of the organisation in this regard. The employee will be given the opportunity to explain his/her actions in the presence of the employee's appropriate representative / support person unless the employee stipulates otherwise.
4. Canterbury DHB and their staff understand that, because of the complexity of human nature, the difference between serious misconduct and less serious misconduct, and individual interpretations of right and wrong, both parties have an obligation to uphold the principles that are acceptable to society in general.

5. Canterbury DHB and its staff accept that less serious misconduct should be corrected before the disciplinary procedure is evoked. Canterbury DHB agrees to provide appropriate support to initiate change where less serious misconduct in relation to behaviour or performance is not acceptable to the work environment.
6. The disciplinary procedure and / or termination of employment is seen by the parties as a last resort when positive action, feedback and encouragement, and, where appropriate, employee assistance programmes have failed.

1.1 Disciplinary Procedure

This procedure may be invoked by Canterbury DHB where conduct of an employee takes place which is not in the interests of Canterbury DHB and / or other employees. It is the responsibility of the manager to whom the employee reports and, where appropriate the Professional Leader, to manage this procedure. However, this procedure may be varied after consultation with Human Resources, and an authorised bargaining agent / support person.

For serious misconduct the penalty can be instant dismissal. Alternatively in extenuating circumstances, a final written warning may be issued. Advice on what constitutes serious misconduct and extenuating circumstances should be taken from your Human Resources Advisor, in conjunction with Canterbury DHB Code of Conduct (see page **Error! Bookmark not defined.**).

1.2 Procedural Unfairness (Natural Justice)

Even where there are apparently sound substantive grounds to take a particular action that adversely affects an employee, as a general rule it is unacceptable to do so if the requirements of procedural fairness have not been observed. This is so even though the result appears to be a foregone conclusion. The principles of natural justice represent the basic requirements of fair procedure in most cases.

The minimum requirements are:

1. Prior warning to the employee of the meeting to explain the specific allegation of misconduct to which he / she must answer and of the likely consequences if the allegation is established and
2. An opportunity, which must be real as opposed to a nominal one, for the employee to refute the allegation or to explain or mitigate his / her conduct and

3. An unbiased consideration of the employee's explanation in the sense that consideration must be free from predetermination and uninfluenced by irrelevant considerations.
4. Procedural fairness consists not only of compliance with the principles of natural justice, it also includes compliance with any procedure that may be expressly set out in an employment agreement which can legitimately be expected to be followed.

1.3 Fair Hearing

The right to be heard is one of the most fundamental tenets of natural justice. As well as providing notice of the allegations against the employee he/she must also be told in clear terms:

1. dismissal or warning is a possibility
2. he / she is entitled to seek assistance from an authorised bargaining agent or other representative and
3. any explanations offered will be taken into account.

1.4 Warnings

1.4.1 Verbal Warning

An employee may be given a verbal warning outlining the employee's misconduct or lack of performance and shall be given up to three months for improvement. The warning shall be issued in the presence of the appropriate delegate / support person unless the employee stipulates otherwise.

1.4.2 Written Warning

Should positive action as outlined above fail to bring about the required change in conduct and / or performance and, after discussion with the employee and if there is no satisfactory explanation given, a written warning will be given to the employee by the appropriate supervisor. The written warning will detail the nature of the misconduct and / or poor performance, give a period of up to six months for correction, and a warning of the consequences should the conduct and / or performance not be corrected. This written warning shall be given to the employee concerned in the presence of the appropriate delegate / support person unless the employee stipulates otherwise and a copy of that warning shall be given to the delegate / support person.

1.4.3 Final Written Warning

Should the conduct or performance not improve, a final written warning will be given to the employee setting out the nature of the misconduct, and / or poor performance allowing up to six months for correction, stating that it is a final warning and warning of the consequences should the conduct and / or performance not be corrected. This final written warning shall be given to the employee concerned in the presence of the appropriate delegate / support person unless the employee stipulates otherwise and a copy of that warning shall be given to the delegate / support person. A copy will be placed in the employee file.

1.4.4 Dismissal

Following the final written warning, should misconduct and / or poor performance not be corrected, the employee will be liable to have his / her employment terminated. Such termination will take place after discussion with Human Resources and the appropriate delegate / support person and the employee concerned.

Professional Obligations

The CDHB has a statutory obligation to inform the responsible registering authority when a health practitioner employee resigns or is dismissed for reasons relating to competence.

Duration of Warnings

If an employee does not breach any of the rules outlined in the warning for a period of 3 months after a verbal warning, 6 months after a written warning or 6 months after a final written warning the warnings shall be treated as having lapsed.

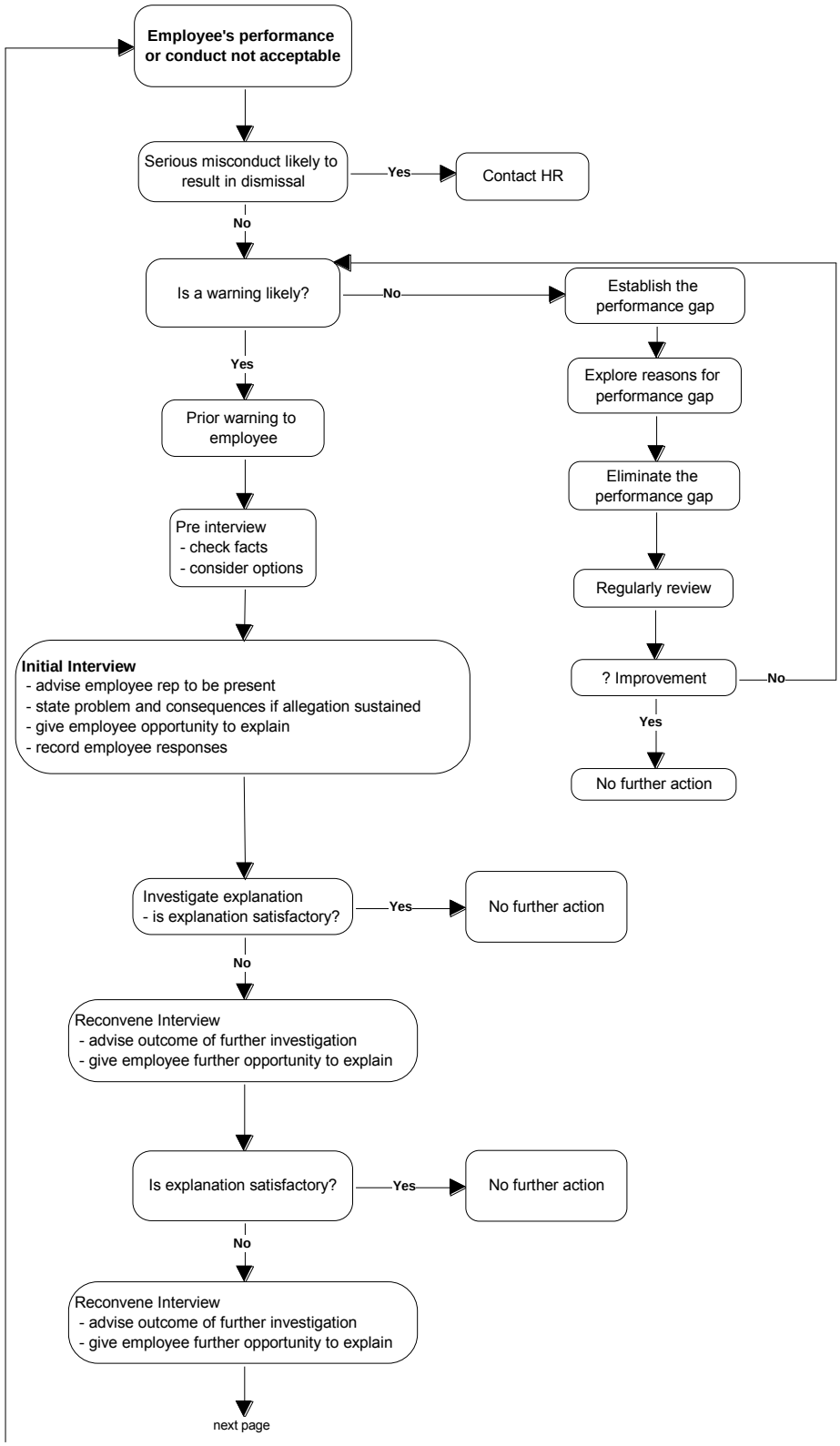
Documentation of Warnings

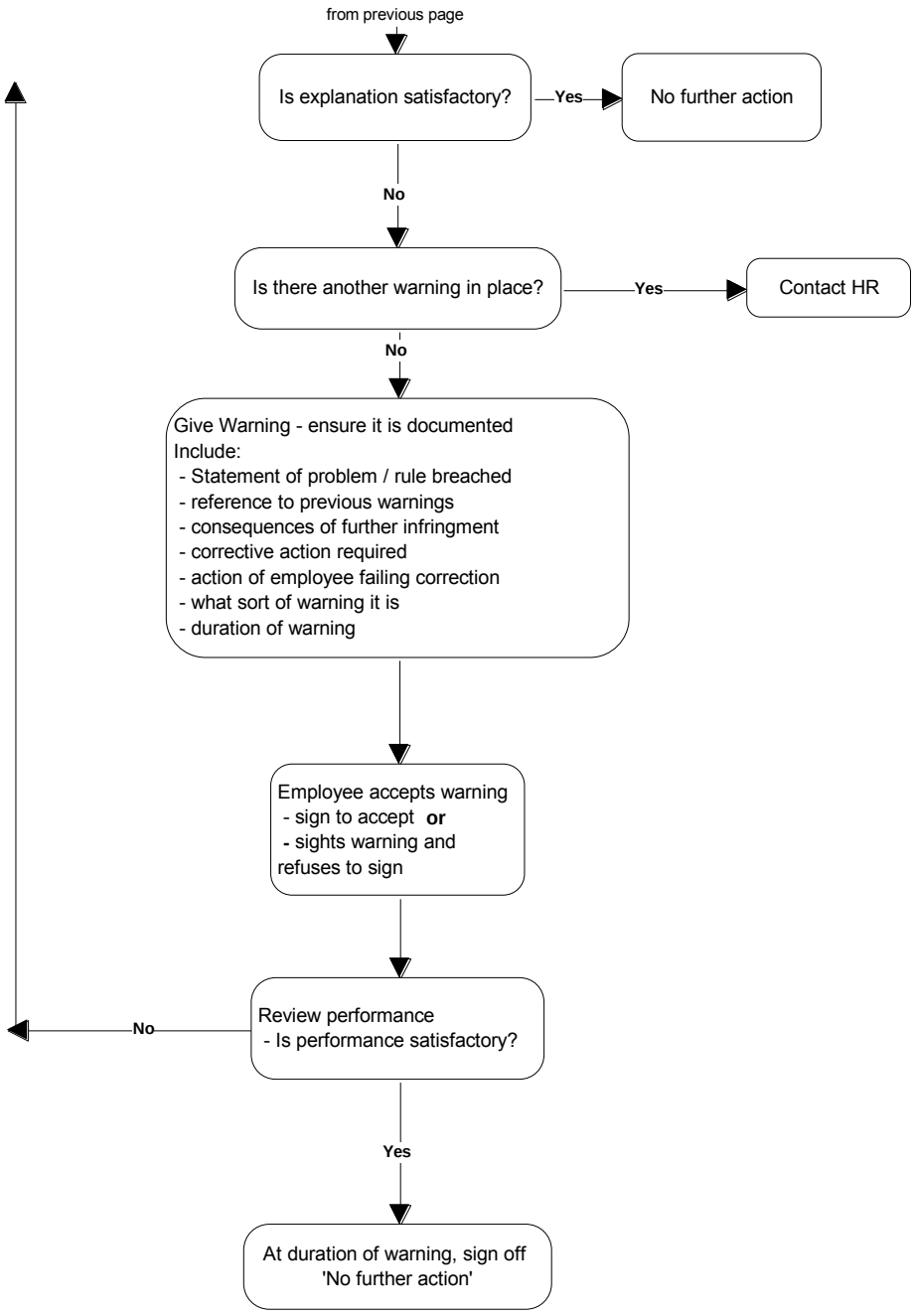
All warnings should be documented in writing and filed in the employee's file. Lapsed warnings should be retained on the employee file.

1.5 Authority to Terminate Employment

The authority to terminate employment as a result of disciplinary action must be approved by the line manager of the manager to whom the employee reports.

1.6 Flowchart of Disciplinary Process





Policy Owner	Group Manager, Human Resources
Date of review & Authorisation	~~27 November 2001~~ ~~28 April 2004~~ ~~6 September 2005~~ June 2012

Contents

Purpose

Canterbury District Health and West Coast District Health Boards aim for zero harm occurring to any person within our facilities or care. Implementation of this policy contributes to meeting current legislative requirements, standards (e.g. HDSS 2.4, NZS8134:1:2008) and the Health and Quality Safety Commission (HQSC) Health and Disability Services' National Reportable Events Policy 2012.

Policy

Both the Canterbury District Health Board (DHB) and the West Coast Health Board (WCDHB) are committed to providing safe environment for all individuals. Leadership, education and training, role clarity, teamwork, well designed processes, relevant metrics, and regular feedback are essential for safety in any system. Promotion of safety and prevention of harm must be the first consideration in all actions. However, we recognise that incidents happen and need to be managed effectively to prevent recurrence in the future.

When an incident occurs, immediate remedial action with open disclosure and regular communications with patient/ family/ whanau/ staff through to closure of the incident must be the norm.

These DHBs' promote just cultures, with the focus of any response being on the 'what and how' an incident happened and not on 'who' made an error.

The ability to continuously assure and systematically learn and improve system safety is reliant on having all incidents and 'near misses' accurately recorded. An appropriate level of investigation is then conducted in a timely manner to learn and improve the system, and provide timely information to those involved, services and relevant agencies.

Scope

Inclusion

Applies to all Canterbury and West Coast DHB staff, inclusive of honorary or unpaid employees, temporary employees, students, volunteers, contractors and any other persons working for, or providing services to, these two DHBs'.

This scope includes incidents identified in the respective services and sites and/or during the performance of duties in both clinical and non-clinical settings, and those discovered through reports, team discussions, observation, complaints, audits and other forms of chart review, and reporting for other purposes.

For brevity, the use of the term 'incident' represents both 'incident' and 'near miss' in this policy and the pluralism of DHBs' refers specifically to Canterbury and the West Coast District Health Boards.

Exclusion

Employee incidents are managed under the Health Safety and Wellbeing Policy.

Employment relationship issues are managed under the Employment Relations Act 2000 (and regulations).

Roles and Responsibilities

Our Workforce

- Work to minimise the occurrence of incidents and continuously improve services.
- Take immediate action to reduce any consequences of an incident, and support open disclosure with patient and/or family.
- Notify all incidents to the clinical leader/ manager at the time and enter incidents into the electronic incident recording system and record fully in clinical notes.
- Participate in the review of an incident and implementation of recommendations made, as requested by their manager, completing any requested activity in a timely manner.

  Note: People involved in an incident review are entitled to have a support person of their choice accompany them during interviews.
- Encourage colleagues to report incidents that have been identified.
- Complete an incident form for incidents involving volunteers or other personnel working or providing services to Canterbury DHB.

Clinical Leaders/Managers

For purposes of this policy, is any employee with supervisory responsibilities or line management of any area. In addition to the workforce responsibilities above, clinical leaders/managers:

- Promote excellence, safety, teamwork, open disclosure, learning, and continuous improvement.
- Address the affected person and their family's needs as a priority during the incident management process. This includes timely, co-ordinated communication and development of a meaningful investigation report.
- Ensure appropriate support of staff, and notified appropriate agency personnel when an incident involves a student, (see Appendix 1).
- Manage and review incidents to the required standard within timeframes. Complete hazard registers as necessary.
- Ensure staff have adequate training and are aware of their responsibilities with regard to notifying, and management of incidents and open disclosure.
- Check the accuracy of data, manage access and keep data secure so that privacy and confidentiality requirements for patients and employees are met.
- Ensure that an agreed single point of contact has been identified (either the responsible clinician or a member of the incident review team) who will:
  - keep the patient or the spokesperson for the family briefed on progress throughout the incident review process at regular agreed intervals (at least monthly)
  - arrange for the review team to discuss the final outcome and review report with the patient/family
- Ensure where serious harm has occurred, they contact the appropriate person in charge/ Clinical Lead/ Manager and Department Lead (i.e. Quality and Patient Safety) as soon as practicable who will report incidents to appropriate departments and senior leaders.

- Notify and seek advice from Quality and Patient Safety Teams, Legal team and senior line managers when handling complex matters.
- Ensure clinical governance activities are robust at department and service level. They include monitoring, trending, and constructively using incident, complaints and risk data in system improvement and workforce development.

Quality and Patient Safety Teams

- Provide advice and support to clinical leaders and managers and consult with the Legal Team and senior line managers as required, when handling complex matters.
- Support clinical leaders and managers to ensure the quality of management and review of incidents is to an appropriate standard and completed within set timeframes.
- Provide incident management education and training.
- Ensures processes are in placed so all SAC 3 and 4 Incidents are investigated within 30 calendar days at a divisional level and are closed off by the file manager's manager or designated quality staff.
- Ensure there is a process in place for accuracy of data, manage access and keep data secure so that privacy and confidentiality requirements for patients and employees are met (see Appendix 2).
- Support clinical leaders, managers, clinical governance committees to promote improvement, analyse, monitor, and improve outcomes and safety, and reduce risk. This includes ensuring the use of incident data is for improvement purposes, and not used to the detriment of individuals or services.
- Ensure processes are in place and used to monitor, analyse, and compile divisional reports on incident rates, types, trends and implementation of recommendations and escalate concerns to Clinical Governance bodies.

Serious Harm

- Co-ordinate serious incident reviews using standard processes and templates, monitoring timeliness of report completion, implementation of recommendations and review sign off by the relevant General Manager.
- Ensure that an agreed single point of contact has been identified (either the responsible clinician or a member of the incident review team) who will:
  - keep the patient or the spokesperson for the family briefed on progress throughout the incident review process at regular agreed intervals (at least monthly)
  - arrange for the review team to discuss the final outcome and review report with the patient/family as appropriate
- The members of the CDHB and the WCDHB Serious Incident Review Committees must be notified of a Serious Adverse Event (SAC 1 and 2). A Reportable Event Brief (REB) must be completed and attached to the file within 5 working days.

  All serious adverse events require a Serious Event Review to be completed within 70 calendar days of notification of the incident. The review approach is decided by the senior team. The report is approved for release by the appropriate General Manager when completed and the event is signed off when the recommendations have been implemented.

- Ensure evaluation of implemented recommendations from serious harm events occurs within 3 months of completion.

Clinical Governance Committees

In addition to the above:

- Ensure services have adequate clinical governance and risk management processes in place.
- Are proactively promoting safety, reducing risk and sharing learnings.
- Oversee the monitoring of the implementation of recommendations that arise from:
  - Serious Event Review Reports, Coroner reports, Health & Disability Commissioner.
  - ACC treatment injury reports.
  - Trigger Tools.
  - Hazard identification.
- Monitor timeliness of reporting, data accuracy and completion, closure and implementation of recommendations.
- Monitor incident types, trends, recommendation themes and consider how best to approach improvement.
- Embed learnings through systemic change in organisational processes and workforce development systems. Incorporate potential systemic improvement into organisational planning processes.

General Managers

- Ensure clinical governance groups are fully functioning and achieving their terms of reference.
- Monitor serious incident investigation quality, timeliness of reporting, and implementation of recommendations.
- Work with clinical leads and Quality Teams to approve and sign off serious event review reports.
- Sign off serious event reviews following implementation of recommendations, approve closure to Serious Event Review Committees.
- Support monitoring of improvements to ensure sustainability.

Quality and Patient Safety - Corporate

- Has responsibility for application systems administration, upgrades, and assuring governance processes (see Appendix 2).
- Works with regional partners to maintain the integrity of the application and works to maximise full use of its functionality.
- Manages organisational reporting.
- Supports the Serious Event Review Committees and reporting to the Clinical Board and Quality, Finance and Risk Committees (QFARC).

Serious Incident Review Committees
Through the Corporate Quality and Patient Safety Department, on behalf of the Clinical Leaders and General Managers, the Committees:

- Promote safety and risk reduction.
- Ensure appropriate review methods are utilised for serious event reviews.
- Monitor incident types, trends, recommendation themes and considers how best to approach improvement (excludes staff incidents).
- Oversee system performance including application maintenance, file management performance, report quality, and adequacy of education and training.
- Oversee monitoring of the implementation of recommendations that arise from:
  - Serious Event Review Reports, Coroner reports; or
  - Health & Disability Commissioner; or
  - Ministry of Health reported system improvements of ACC treatment injury reports; or.
  - Trigger Tools; or
  - Any other sources of incident or near miss data.
- Monitor timeliness of serious event review reporting, sign off, and implementation of recommendations.
- Close Serious Event Review Reports (severity assessment code (SAC) 1 and 2) with completed recommendations when approved by General Managers.
- Ensure the privacy, confidentiality of individual incident data; assure the integrity of data, access management and keep the system secure.
- Approve incident review templates, tools as well as education and training.
- Ensure lessons learnt are shared across the organisation.
- Link to the South Island Safety1st Control Group and Quality and Safety Alliance.

Clinical Boards
Across all areas of CDHB and WCDHB responsibilities (including strategic planning and resource allocation):

1. an improved focus on patient and population health outcomes
2. robust quality improvement systems
3. more effective inter-departmental and inter-organisational functioning
4. a culture of innovation and best practice
5. a skilled and well-supported health workforce.

CEO and Executive Management Teams
The DHB executive management teams will proactively lead strategies, principles, policies and practices that promote optimal outcomes, well designed patient centred systems, and an environment conducive to respect, safety, teamwork and learning.

Quality and Finance Review Committees
On behalf of the respective DHBs', the committees promote safety, and ensure adequate systems are in place to effectively manage incidents, share learnings, and maintain privacy, confidentiality and integrity of individuals' data in the system.

Measurement or Evaluation

Reports demonstrate improvement in regard to key performance indicators, incident trends and improvement actions, including meeting investigation completion timeframes.

The Institute of Healthcare Improvement Global Trigger Tool is used to measure the overall level of harm in our health care organisations. A consistent sample of clinical records are assessed at regular intervals providing a reliable measure on which to judge harm levels over time. Incident reports are provided for 'reported' harm.

Associated Documents

Canterbury and West Coast DHB documents e.g.

- Health Safety and Wellbeing
- Informed consent
- Open disclosure
- Complaints
- ACC Treatment Injury Claims process
- Notification of Serious Wrongdoing
- Consumer, family and whanau feedback
- Fluid and Medication Management
- Adverse Reactions Identification
- Clinical Incident Management Guide
- Safety1st training materials
- Safety1st office procedures
- Canterbury Serious Event Review Committee Terms of Reference
- Contracts with tertiary education providers.

Forms

South Island Regional Safety 1st Reporting Forms

Canterbury DHB Reportable Event Brief (REB)

West Coast DHB Reportable Event Brief (REB)

Electrical Accident Notification Form (available from www.ess.govt.nz)

Form for reporting Adverse Reactions to Medicines, Vaccines and Devices and all Clinical Events for IMMP (available from www.otago.ac.nz/carm or www.medsafe.govt.nz

Definitions

Harm

This refers to any physical or emotional injury to a patient or visitor, or damage to property or the environment. Patient harm is unrelated to the natural course of the patient's illness or underlying conditions, and differs from the expected outcome of the health care provided.

Serious harm is determined by a SAC score of 1 or 2.

Hazard
This is an activity, arrangement, incident or substance that is an actual or potential source of harm, or gradual process condition.

Incident
This is an unplanned or unexpected event resulting in, or having the potential for harm, ill health, damage, loss or disruption to service delivery. This includes being verbally abused by any person (visitor, patient or staff).

Just Culture
A just culture recognises that professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms (shortcuts, 'routine violations') which need to be addressed. A just approach has zero tolerance for reckless behaviour.

Near Miss
This is an incident which under different circumstances could have caused harm to a consumer but did not, and which is indistinguishable from an adverse event in all but outcome (definition from National Reportable Events Policy 2012).

Open Disclosure
Open disclosure or communication refers to the timely and transparent approach to communicating, engaging with, and supporting consumers and their families (whānau) when things go wrong - refer to the Open Disclosure Policy.

An apology is made and, if an investigation is to take place, those concerned are advised and may be involved, and always receive the report.

Review Methods
Both DHBs' have developed robust methods of review:

1. Serious Event Review (SER)

   This type of review involves a full team of staff (process support, technical expert(s), content expert(s), frontline staff member and possibly a consumer) gathering information about the incident and producing a report. The Canterbury DHB's Serious Event Review report template encompasses key aspects of both of the following recognised methodologies:

   Root Cause Analysis (RCA): A systematic, review where factors that led to an incident are identified in order to establish the contributing factors/hazards/causes. The focus is on systems and processes rather than individuals.

   London Protocol: A process of incident investigation and analysis designed to be a structured process of reflection on incidents providing a 'window on the healthcare system' (Vincent, QSHC 2004).

2. Independent File Review (IFR) – (includes 'clinical review')

   An independent file review is a detailed and thorough review following a patient sustaining significant harm or a near miss event with the potential for significant harm. It uses a similar approach to the SER, although is less resource intense than the SER methodology, in that the review may initially be conducted by two people (may be one

person for Specialist Mental Health only) and then the report approved by a committee.

3. Service Level Review

   A review by senior department staff that are independent from the treating team. The incident is discussed by the multidisciplinary team (MDT) then a nominated person writes a brief report [LINK] which is then agreed by the MDT.

4. Mortality & Morbidity Review - (includes 'facilitated interdepartmental review')

   Mortality and Morbidity Reviews (M&Ms) are a routine, structured forum for the open examination and review of cases involving patient illness or death. The aim is to collectively learn from these events and to improve future patient management and quality of care.

5. Post Falls or Pressure Injury Event Review

   Utilises a specifically developed, concise Post Falls or Pressure Injury Human Factors Assessment Tool [LINK] to review all the relevant factors that may have contributed to the event occurring.

6. Standard Line Manager Review

   A simple process by the line manager of evaluating the details recorded in Safety 1st, gathering additional information if required, identifying contributing factors and implementing and recording any actions taken in Safety 1st.

Severity Assessment Code (SAC)

SAC is a numerical score given to an incident. This is based on the consequence or outcome of the incident and the likelihood that it will recur - refer to the HQSC website.

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- Health Quality and Safety Commission (HQSC), 2017. *National Adverse Events Reporting Policy: New Zealand Health and Disability Services.* Wellington. Author; http://www.hqsc.govt.nz/our-programmes/reportable-events/national-reportable-events-policy/
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- Taylor-Adams, S and Vincent, C. *Systems Analysis of Clinical Incidents: The London Protocol.* London, United Kingdom: Clinical Safety Research Unit, Imperial College London. Available via http://www.hqsc.govt.nz/our-programmes/reportable-events/publications-and-resources/publication/528/

- Lynn, D. 2008. *Notification of Serious Harm Arising from the Work of Registered Health Professionals*. Department of Labour (now the Ministry of Business, Innovation and Employment); Wellington.

Legislation

- Employment Relations Act 2000
- Health Information Privacy Code 1994
- Public Records Act 1995
- Official Information Act 1992
- Privacy Act 1993

Appendix 1

Ara Institute of Canterbury Requirements

When an Ara student or any teaching staff are involved in an incident, the standard Canterbury DHB incident management process is utilised. The appropriate Ara Clinical Liaison Nurse and Canterbury DHB Director of Nursing or delegate (e.g. Duty Nurse Manager after-hours) is notified at the time an incident occurs.

Any records are to be completed with Ara involvement in the process. Tracking events over time can provide useful information for student placement and education.

Appendix 2

Summary of Safety1st Support

(Manager includes administrative or clinical leader/ manager or service managers)

Ref	Service		Provided By	Provided To (Users)
Prerequisites				
P1	Orientation and expectations about staff reporting of incidents (local escalation process)	Provide orientation and support to new staff about the incident management policy and local procedures	*Manager or delegate*	All staff new to area
P2	Corporate orientation	Overview of Safety1st and how to submit an incident	*Online programme*	All new staff
P3	Standards for investigation and follow up for improvement	Establish, teach and support the required level of investigation into incidents, action plan and track improvements. This includes data quality and completion	*Divisional Quality Teams*	New managers or investigators
P4	Local clinical governance	Active clinical governance in which incident reporting, issues / themes and improvement actions are discussed/ shared/ planned, and tracked	*Local service*	Clinical leaders managers
A. LOCAL AREA Safety1st SUPPORT				
A1	Request for new Safety1st file manager/GM access	Determine the access need and put in request to Quality Team	*Manager recruiting*	Quality Teams
A2	Resigning file manager access	Notify Safety1st and Quality Team	*Manager recruiting*	Quality Teams
A3	Orientation to investigation requirements and tools to new file managers	Provide orientation and support to new file managers and senior managers	*Manager recruiting*	Divisional Quality Team
A4	Clinical governance	Ensure active clinical governance in which incident reporting, issues / themes and improvement actions are discussed/ shared/ planned, and tracked	*File manager*	Team

Ref	Service		Provided By	Provided To (Users)
B. LOCAL DHB DIVISIONAL Safety1st SUPPORT				
B1	Determine Safety1st file manager requirements	Determine the access rights, widgets and alert requirements of new managers and request to Safety1st	*Divisional Quality Teams*	Safety1st Office
B2	Orientation to investigation requirements and tools	Provide orientation and support to new file managers and senior managers	*Divisional Quality Teams*	File Managers and above
B3	Investigation and data quality	Review and assure the quality of data submitted	*File Manager*	Divisional Quality Team
B4	Investigation and data quality, and closing events	Review and assure the quality of investigation, actions, data submitted then close event	*Divisional Quality Teams*	CDHB
B5	Set up access to required reports for senior managers	Identify required reports and establish access	*Divisional Quality Teams*	File managers and senior managers
B6	Set up of specific reports	Identify required reports and request access	*Divisional Quality Teams*	File managers and senior managers
B7	File Management Training	Hand on training on how to manage a file	*IS Trainers or Divisional Quality Teams*	New File Managers
B8	Request file deletion	For forms that are started but then it is assessed t to that there is no incident report	*File Manager or service based QI staff*	Divisional Quality Team
C. SERVICE DESK Safety1st SUPPORT				
C1	ISG problems	Provide technical support to users for computer and network problems, Escalate software problems to the Safety1st Office and RL6	*Service Desk*	Workforce
D. CDHB & WCDHB Safety1st TEAM SUPPORT				
D1	Set up file manager on the system	Set up a new file manager in the application within 3 days of receiving the written request	*Safety 1st Team*	Manager recruiting
D2	File manager resignation	Archive file managers who have left position	*Safety 1st Team*	CDHB & WCDHB Safety 1st Teams

Ref	Service		Provided By	Provided To (Users)
D3	Set up CDHB & WCDHB reports	Configure reports based on approved operational data definitions Keep a record of definitions etc and a history of changes to reports as per document/ version control	*Safety 1st Team*	CDHB & West Coast Corporate Quality
D4	Provide advice		*Safety 1st Team*	Divisional Quality Managers
D5	Delete Files		*Safety 1st Team*	CDHB & WCDHB Corporate Quality Manager
D6	Training	Provide training objectives, delivery methods and evaluation tools for training	*Safety 1st Team*	CDHB Corporate
D7	Core training materials	Keep up to date and document control training resources	*Safety 1st Team*	CDHB & WCDHB Corporate
D8	Audit system quality	Develop, manage and monitor end to end quality assurance processes	*Safety 1st Team*	CDHB & WCDHB Corporate
E. REGIONAL Safety 1st SUPPORT				
E1	Provide RL6 Software and Updates	RL Solutions / Regional Sys Admin Group	*SI Safety 1st Team*	South Island Region
E2	Provide Infrastructure Hosting Services for RL6	CDHB	*ISG*	South Island Region
E3	Provide Level 3 Centralised Contact point for Technical Liaising with RL Solutions	CDHB	*SI Safety 1st Team*	South Island Region
F. CDHB Safety 1st CHANGE REQUESTS				
F1	Request for changes	Identify the problem to be overcome and the outcome to be achieved	*Divisional Quality Manager*	CDHB & WCDHB Safety1st Team
F2	Clarification of request	Establish problem issue to be solved, clarify if configuration, functionality or training issue	*CDHB Safety1st Team*	Submitting Quality Managers
F3	Change impact and analyses	Analyse changes, suggest options	*SI Safety1st Team*	Director, Quality &Patient Safety

Ref	Service		Provided By	Provided To (Users)
F4	Option endorsement	Confirm option selection and determine if change is to go on regional register	*Quality Managers Meeting*	Regional Safety1st Office
G. SI TEAM CHANGE REQUEST				
G1	Development of system enhancements	Regional User and taxonomy forum	*SI Safety 1st Team*	South Island Region
G2	Approval of system enhancements	Control Group	*SI Safety 1st Team*	South Island Region
G3	Regional Sys Admin Support	Regional Sys Admin Group (Client Key Contacts)	*SI Safety 1st Team*	South Island Region