

22 July 2020

Amy S Van Wey Lovatt

100 Heads Road, Private Bag 3003  
Whanganui 4540, New Zealand

**Via email:** [fyi-request-12922-4e5afdf5@requests.fyi.org.nz](mailto:fyi-request-12922-4e5afdf5@requests.fyi.org.nz)

Dear Amy

**Official Information Act Request – OIA 12963 Access to Support People to Hospitals**

Under section 14 of the Official Information Act, the Whanganui District Health Board (WDHB) received a partial transfer of your request from the Ministry of Health on 23 June 2020. You requested the following information in relation to the reporting unsafe, harmful, criminal behaviour, including the re-routing and interception of private communications, and policies on how they document such incidents and how they are to safeguard against such incidents, as the Operational Framework does indeed require every DHB to have such policies.

**Whanganui District Health Boards response:**

**Information in relation to the reporting unsafe, harmful, criminal behaviour, including the re-routing and interception of private communications, and policies on how they document such incidents and how they are to safeguard against such incidents.**

| <b>1. Patient Concerns Reporting and Safeguarding Process</b>  |
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| <p><b>RiskMan / C-Gov system for reporting patient concerns</b></p> <p>To continually improve the safety of our services to patients the WDHB is dependent on knowing about all clinical incidents. By learning from these incidents we can make changes to our systems to prevent similar incidents occurring again.</p> <p>Active and timely reporting of clinical incidents assists the WDHB achieve our goal of 'keeping our patients safe'.</p> <p>Reported incidents are investigated and action undertaken to eliminate or minimise the risk of a similar incident occurring again. It also ensures the patient / family can be provided with any extra support needed.</p> <p><u>Reporting incidents and Adverse Events Process</u></p> <ul style="list-style-type: none"> <li>▪ Advise your line manager or other relevant person of the incident as soon as possible</li> <li>▪ Report the incident in the Riskman / C-Gov incident module. The information provided should contain only facts, not opinions, and should clearly describe the sequence of events. Staff names should not be used refer to their position only, for example the consultant, the registrar.</li> <li>▪ Where appropriate, your line manager will inform others with a clinical interest in the patient's care, for example, other clinical team members, the specialist or the GP.</li> </ul> <p>Where serious harm or death of a patient has occurred, your line manager will ensure that the appropriate escalation process is initiated. This might precede the completion of an incident report.</p> <p>Record the clinical incident details and actions taken in the health record.</p> |

Chief Executive | Phone 06 348 3140 | Fax 06 345 9390

### Safeguarding processes

- Clinical Board governance
- Patient Safety, quality and innovation department
- Regular reporting to Board, Clinical Board, Combined Committees and Risk and Audit committee
- All registered staff must have an Annual Practising Certificate (APC).
- Individual and Departmental Certification processes are undertaken for all Senior Medical staff and departments.
- Hospital Accreditation / Certification
- Various audits
- Training for staff in incident management and analysis.
- Training for staff in and support for open disclosure.
- Support organisational learning and safety improvement from clinical incidents
- Provide Māori cultural advice and guidance to staff and patients / consumer and whānau
- Medical leadership, support and guidance for the escalation of high-risk clinical incidents.
- Staff are, legally entitled to decline to provide an immediate statement to the NZ Police until they have sought legal advice or other support, such as from their line manager or union delegate.
- Legislation
- Health and Disability Commissioner

### Supporting policies and procedures.

- Clinical Incident Management Policy
- Clinical Incident / Adverse Event Management Procedure
- HQSC - National Adverse Events Reporting Policy
- WDHB Guide to Clinical Incident Management
- H&DS Safety Act
- Open Communication / Open Disclosure Policy & Procedure

### Review

- RCA - A formal process of investigation designed to identify the root causes of adverse events and any other contributing factors; staff, patient and patient's family involved in the patient's care are not included as part of the investigation team but will be given the opportunity to provide information to the RCA team
- CSA - Human factor analysis which may be used for severity assessment code (SAC) two, three and four clinical incidents; staff involved with the consumer / patient's care can be included on the investigation team.
- Serious Incident Review - The type of review conducted for serious and sentinel mental health events (which often do not have root causes) that uses a similar investigation methodology, such as the London Protocol

### **Speaking up for Safety (SUFS) & Promoting professional accountability (PPA)**

The programme provided by the Cognitive Institute - part of the not-for-profit organisation, the Medical Protection Society.

*Speaking up for Safety™* encourage and enable all staff to feel comfortable in speaking up about safety and quality issues. This fits well with our organisation's commitment to achieving the safest and best care for our patients, and providing a safe environment for our staff.

### Reporting - SUFS

- Use the Safety CODE to prevent unintended patient harm.

### Notification Tool

- The Promoting Professional Accountability programme supports the Speaking Up For Safety programme by providing a system for notification when a person does not feel able to speak up about a patient and/or staff safety issue.

### Safeguarding

- Training for all staff and leaders.



- Clinical governance and clinically led.
- Confidentiality.
- Wallet Card for all staff.
- Non-punitive approach

Supporting policies and procedures.

- Speaking up for safety and promoting professional accountability procedure
- Promoting professional accountability guidelines for leaders and manager
- WDHB Code of Conduct

**Korero Mai**

Kōrero Mai seeks to enable patients, family / whanau to communicate concerns about a patient's deteriorating condition.

Process

- On admission ensure patient and family/whanau have a wallet card and understand the Kōrero Mai process
- Check in and ensure that patient and family/whanau are comfortable using the process
- Where required assess the clinical picture:
  - Check all vital signs and record on the Early warning Score (EWS) chart and follow this process
  - If EWS is normal but patient, family / whanau are still concerned seek further assistance from a senior colleague or the medial team

Safeguarding

- Document all Kōrero Mai conversations and related actions in the patient records.
- Complete TrendCare assessment form, print and add to patient notes.
- Involve Haumoana/support services if/as required.
- Undertake a review of the patient's condition and discuss your findings/action plan with the family/whanau.
- Act and escalate depending on your clinical assessment/findings.
- Ensure patient, family/whanau are informed of outcome of conversation and planned next steps.
- Ensure patient, family/whanau are aware of the complaints process.

Supporting policies and procedures.

- Korero Mai – staff guideline

**Clinical systems**

'Visual policing' of patient documents where clinicians can view the previous five individuals that accessed a specific patient record  
System audits and controls

Safeguarding

- Training for all staff and leaders.
- Clinicians involved in system development

Supporting policies and procedures.

- Information, Communication, Technology Security Policy

**IT Systems**

Security is everyone's responsibility and the WDHB ICT policy sets out those responsibilities.

All data contained in the Board's Information, Communication & Technology is the property of the WDHB. The Board reserves the right to use all data and information on its Information, Communication & Technology for any purpose that it sees fit, at any time without notice to the creator, sender or receiver of that data or information. This use is restricted by prevailing New Zealand law and statute.

All access to and use of the WDHB's computers is subject to review and monitoring at managements discretion. WDHB reserve the right to at any time inspect, delete or retain a user's Internet and email usage, and to block the transmission or receipt of unacceptable content or messages.

Users of the WDHB's Information, Communication & Technology have no right of privacy for any data in any format, including but not limited to email, which is contained in the Board's Information, Communication & Technology.

WDHB reserves the right to audit any user account and/or data (of any format) associated with that account on instruction from the Chief Executive Officer or the appropriate General or Service Manager.

When required by law, or when there is reason to believe that breaches of this policy or the law have taken place, or at any other time on decision by the Chief Executive Officer, General Manager Corporate (or their delegate), WDHB may wholly or partially restrict access to its Information, Communication & Technology for a particular user without prior notice and without consent of that user.

#### Reporting

- Concerns normally identified via audits and/or system controls
- Staff concerns can be raised with managers or formal written complaints

#### Supporting processes

- All new employees are made aware of the Information Security Policy and kept informed of any changes and updates
- Information security awareness training is included in the staff orientation process. Staff must have received this before they are provided with their system access
- IT helpdesk
- System for logging and tracking work requests

#### Safeguarding

- Staff security requirements are addressed at the recruitment stage and all staff are required to sign a confidentiality agreement
- All staff are required to sign a Security Access Agreement setting out security expectations of staff
- Password access
- Access control – individuals and websites
- Audits
- Virus and hacking protection
- Government rules and protocols
- IT governance group
- OIA processes and legislation regarding privacy and confidentiality governing release of information
- Audits of individual's use of IT systems authorised by a senior manager

#### Supporting policies and procedures

- Information, Communication, Technology Security Policy
- WDHB Code of Conduct

## **2. Health & Safety Concerns Reporting and Safeguarding Process**

#### Reporting

Health and Safety concerns are reported on the RiskMan / C-Gov system. Concerns can also be raised with managers, H&S Advisor, H&S representatives or union delegates.

#### Supporting Processes

- H&S system
- WDHB H&S meeting

- WDHB H&S Representative Meeting
- H&S representative elections
- Accredited Employer Programme and Third Party Support (Wellnz) – requires yearly audits
- Board, RAC and Combined Committee reporting
- Regular staff updates and communication

#### Safeguarding

- Training for all staff, leaders and Board members
- Training in manual handling techniques
- Supporting equipment and PPE
- Return to work programmes
- Occupational nursing team
- Measurement of H&S and people metrics
- MBIE / Labour inspector
- Investigation of H&S incidents and accidents
- Legislation

#### Supporting policies and procedures.

- Health and Safety Procedure Manual
- Infection Control Procedure Manual
- Risk Management Policy & Procedure

### **3. Fraud Concerns Reporting and Safeguarding Process**

#### Reporting

- Suspected fraud can be reported via the Health Integrity line - Phone 0800 424 888 (anonymous and free)
- Suspected fraud can also be brought to the manager/WDHB attention
- Fraud can also be reported to the NZ Police

#### Safeguarding

- Training and raising awareness of fraud with all staff
- Reporting to Board and RAC
- Various internal and external audits including year-end financial audit
- Whistle-blower protecting in accordance with the WDHB policy/procedure
- Investigations following allegations/concerns
- IT and physical access controls

#### Supporting policies and procedures.

- Fraud policy
- Protected Information Disclosures Policy and Procedure
- WDHB Code of Conduct
- WDHB Delegation Policy

### **4. Unacceptable Behaviour Concerns (including bullying and harassment) Reporting and Safeguarding Process**

#### Reporting

Unacceptable behaviour allegations/concerns can be raised verbally or in writing with managers or People and Culture Advisors.

#### Safeguarding

- Training regarding WDHB expectations and policies
- Reporting to Board and Combined Committees
- MECA agreements
- Union organiser/representative, legal representative or support person involvement
- Legislation
- ERA process



Supporting policies and procedures.

- Code of Conduct Policy
- Addressing Unacceptable Behaviour Procedure
- Preventing Unacceptable Behaviour, Harassment and Bullying Policy & Procedure

**5. Prevocational Training Concerns Reporting and Safeguarding Process**

Reporting

Unacceptable behaviour allegations/concerns can be raised verbally or using a notification tool if the individual needs confidential assistance in resolving their concerns.

Safeguarding

- Confidentiality
- Non-punitive approach

Supporting procedure

- Prevocational training dispute procedure

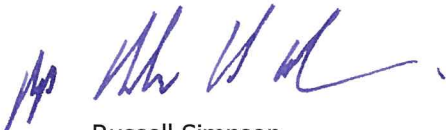
**6. General Support**

All staff are able to bring a union representative and/or support person or legal representative to investigative and disciplinary meetings.

General support available to all staff include People and Culture Advisors, Haumoana, Health and Safety Advisor, Occupational Nurse, Union delegate, Employee Assistance Programme (EAP) and Hospital Chaplain.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at [anne.phoenix@wdhb.org.nz](mailto:anne.phoenix@wdhb.org.nz)

Yours sincerely



Russell Simpson  
**Chief Executive**