

MDHB Responses to OIAs received October to December 2022

Health & Safety recommendations, Provisional Improvement Notices, ACC Partnership (OIA HNZ00004752)

SMO Numbers (OIA HNZ00005769)

New Acute Mental Health Unit (OIA HNZ00006457)

8 November 2022

Te Whatu Ora
Health New Zealand

[REDACTED]

[REDACTED]

Dear [REDACTED]

Official information request HN200004752

I refer to the Official Information Act request received by email on 10 October 2022 requesting copies of Health & Safety recommendations, Provisional Improvement Notices, ACC Partnership Programme audits, Culture review for the Radiation Oncology department, bullying, poor culture and unreasonable behaviours in the Radiation and Oncology department and respond as follows:

A. *A copy of all health and safety representative recommendations issued to the DHB from 2015 to date.*

Nil – no recommendations received.

B. *A copy of all Provisional Improvement Notices issued to the DHB from 2015 to date.*

See attached.

C. *A copy of all audits for the ACC Partnership Program from 2015 to date.*

See attached.

D. *A final copy of the culture review for the radiation oncology department conducted in 2017.*

See attached.

E. *All material, including reports and/or documents and/or communications, related to bullying, poor culture, and unreasonable behaviours in the Radiation and Oncology Department from 2015 to date.*

See attached – please note that a significant amount of information in the report has been withheld on the grounds of section 9(2)(a) or section 9(2)(ba) of the OIA due to the report written in a way that centres on the complaint made by an individual and regularly refers to that individual and the specific circumstances of their complaint. Such information has been redacted.

Appendix B – Investigation Material

Withheld under section 9(2)(a)/9(2)(ba). The appendix comprised letters from a staff member and an ex-staff member outlining their allegations against staff from the DHB. The appendix also contained a copy of the culture review document (answer D above), which has been provided separately.

Appendix C – Performance Reviews of the complainant

This appendix comprises performance reviews of the complainant. The reviews are personal information and are withheld under section 9(2)(a).

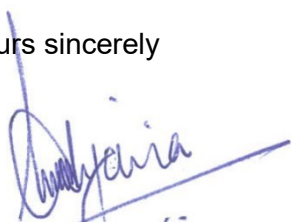
Appendix D – Email and records of a conversation between the complainant and investigator

This document is withheld under both section 9(2)(a) and 9(2)(ba).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available on our website.

Yours sincerely



Keyur Anjaria

General Manager

People and Culture

Te Pae Hauora o Ruahine o Tararua | MidCentral

PROVISIONAL IMPROVEMENT NOTICE (PIN)

This Provisional Improvement Notice (PIN) is issued under section 69 of the Health and Safety at Work Act 2015 (the Act). This PIN requires the duty holder to whom it is issued to remedy a contravention, prevent a likely contravention, or remedy the things or activities causing contravention or likely contravention of the Act or regulations. Section 76 of the Act requires that the person to whom a PIN is issued must, as soon as practicable, display a copy of the PIN in a prominent place at, or near, the workplace or part of the workplace at which work is being carried out that is affected by the PIN. See the reverse of this form for further information about a PIN being issued by a Health and Safety Representative (HSR).

Health and Safety Representative

First name: [REDACTED] Last name: [REDACTED]
Work group: RCTS - Radiation Oncology Contact number: [REDACTED]

PIN issued to

Name of duty holder: MidCentral District Health Board
(ie individual natural person or an organisation such as a company or public authority as relevant)
Address: 50 Ruahine St
Roslyn
Town/city: Palmerston North 4442

PIN given to (if the PIN is given to someone on behalf of the duty holder)

First name: Kathryn Last name: Cook
Position: Chief Executive Officer Contact number: 06 350 8910

I have consulted with the duty holder prior to issuing this PIN (section 69(3) of the Act)

Yes No

Details of contravention

Site location: Radiation Oncology Department, Palmerston North Hospital

I, [REDACTED] reasonably believe that you:
(issuing HSR's first name)

- are contravening, or are likely to contravene:
 Health and Safety at Work Act 2015, section 30
 Health and Safety at Work () Regulations (), regulation
(specific regulation, eg Asbestos) (regulation date)

Brief description of how the provision is being, or is likely to be, contravened:

Failure to respond by managing identified hazards & risks associated with poor workplace culture, inappropriate and bullying behaviours.

Brief description of recommendations to remedy or prevent contravention:

Note: The HSR may, but is not required to, recommend measures, in accordance with section 72 of the Act, that they believe should be taken to remedy the contravention or prevent the likely contravention or make recommendations about matters or activities causing the contravention or likely contravention.

Informal/formal reports of inappropriate behaviours including bullying must be investigated and appropriate action taken, observing principles of natural justice, avoiding revictimisation.

Adopt worksafe's: 'Good Practice Guideline Preventing and responding to bullying at work' and 'Reacting to reports of work-related stress in the workplace'. Update DHB definition of bullying to worksafe's definition.

Date PIN issued: 04/08/2017 Date compliance with PIN is required: 4/9/2017 Signature of HSR: [REDACTED]
(dd/mm/yyyy) (dd/mm/yyyy)
(minimum of 8 days after PIN issue)

PROVISIONAL IMPROVEMENT NOTICE (PIN)

This Provisional Improvement Notice (PIN) is issued under section 69 of the Health and Safety at Work Act 2015 (the Act). This PIN requires the duty holder to whom it is issued to remedy a contravention, prevent a likely contravention, or remedy the things or activities causing contravention or likely contravention of the Act or regulations. Section 76 of the Act requires that the person to whom a PIN is issued must, as soon as practicable, display a copy of the PIN in a prominent place at, or near, the workplace or part of the workplace at which work is being carried out that is affected by the PIN. See the reverse of this form for further information about a PIN being issued by a Health and Safety Representative (HSR).

Health and Safety Representative

First name: [REDACTED] Last name: [REDACTED]
Work group: RCTS - Radiation Oncology Contact number: [REDACTED]

PIN issued to

Name of duty holder: MidCentral District Health Board
(ie individual natural person or an organisation such as a company or public authority as relevant)
Address: 50 Ruahine St
Roslyn
Town/city: Palmerston North 4442

PIN given to (if the PIN is given to someone on behalf of the duty holder)

First name: Kathryn Last name: Cook
Position: Chief Executive Officer Contact number: 06 350 8910

I have consulted with the duty holder prior to issuing this PIN (section 69(3) of the Act)

Yes No

Details of contravention

Site location: Radiation Oncology Department, Palmerston North Hospital

I, [REDACTED] reasonably believe that you:
(issuing HSR's first name)

- are contravening, or are likely to contravene:
 Health and Safety at Work Act 2015, section 36
 Health and Safety at Work () Regulations (), regulation
(specific regulation, eg Asbestos) (regulation date)

Brief description of how the provision is being, or is likely to be, contravened:

Providing an unsafe workplace: Poor workplace culture, inappropriate and bullying behaviours
Resulting in harm - unacceptable levels of workplace stress and anxiety

Brief description of recommendations to remedy or prevent contravention:

Note: The HSR may, but is not required to, recommend measures, in accordance with section 72 of the Act, that they believe should be taken to remedy the contravention or prevent the likely contravention or make recommendations about matters or activities causing the contravention or likely contravention.

Informal/formal reports of inappropriate behaviours must be investigated and action taken, observing principles of natural justice, avoiding revictimisation. In an unsafe environment, the DHB must minimise (alter working conditions) the workers exposure, and work toward eliminating the hazard. Engage a specialist service to address our issues. Provide appropriate training. Address workplace features assessment tool issues

Date PIN issued: 04/08/2017 Date compliance with PIN is required: 4/9/2017 Signature of HSR: [REDACTED]
(dd/mm/yyyy) (dd/mm/yyyy)
(minimum of 8 days after PIN issue)

PROVISIONAL IMPROVEMENT NOTICE (PIN)

General information about PINs

1. A Health and Safety Representative (HSR) may issue a PIN if they reasonably believe that a provision of the Health and Safety at Work Act 2015 (the Act) or of regulations made under the Act, is being contravened; or is likely to be contravened.
2. A PIN is issued to the relevant duty holder to remedy or prevent a contravention of the Act or regulations. The duty holder may be an individual natural person or an organisation such as a company or public authority. The contravention must relate to the work group the HSR represents.
3. A HSR can issue a PIN to the relevant duty holder by one of the methods listed in section 116 of the Act:
 - delivering it personally to the duty holder
 - leaving it for the duty holder at the workplace, to which the PIN relates, with a person who is in charge of that workplace, eg leaving it with the area manager
 - sending it to the duty holder by electronic transmission
 - posting it to the home or business address of the duty holder, or
 - leaving it at the home or business of the duty holder, with a person 16 years or over who lives or works there.
4. An HSR must consult with the duty holder prior to issuing the PIN. Such consultation could include discussions about the contravention, likely contravention, or causes of the contravention or likely contravention.
5. An HSR cannot issue a PIN unless the HSR has completed initial training, as defined in regulations.
6. An HSR cannot issue a PIN in relation to a matter if an inspector has already issued an improvement notice or prohibition notice in relation to the same matter (refer to section 69(4) of the Act).
7. The duty holder to whom the PIN is issued is responsible for fixing the identified contravention or avoiding the likely contravention by the date written in 'Date compliance with PIN is required' field. It is an offence under section 78 of the Act for the person not to comply with this. Penalties apply. The person may comply with the notice in a different way from that directed by the HSR (refer to section 78(3) of the Act).
8. If the PIN recipient wishes to dispute the PIN, they can contact the regulator and request that an inspector review the PIN. This must be done within seven days of the 'Date of issue' of the PIN. The inspector will review and inquire into the circumstances that are the subject of the PIN and can do this even after the compliance date for the PIN has expired (refer to section 79 of the Act). An inspector can confirm, confirm with changes or cancel the PIN. A copy of a decision by an inspector must be given to the applicant for the PIN review and the HSR who issued the PIN. If the PIN is confirmed, with or without changes, the PIN is taken to be an improvement notice issued by the inspector.
9. Where there is a serious and immediate risk to the health and safety of any person, a PIN may not be an appropriate means to address the situation. Refer to section 84 of the Act regarding the right of an HSR to direct that unsafe work cease in certain circumstances.
10. If there is more than one contravention, a separate PIN for each contravention must be written.
11. If the PIN contains irregularities or defects, or fails to use the correct name of the person to whom the PIN is issued, the PIN may still be valid. The PIN will not be valid, however, if the irregularity or defect causes, or is likely to cause, substantial injustice to the PIN recipient or if the PIN fails to sufficiently identify the PIN recipient (refer to section 77 of the Act).
12. A reasonable time should be allowed between the 'Date PIN issued' and the 'Date compliance with PIN is required' to enable compliance to be achieved. However, the date for compliance must be at least eight days after the date of issue.
13. The HSR should retain a copy of the completed PIN for their records.
14. If the issue has not been remedied by the 'Date compliance with PIN is required' and an inspector has not already attended, the regulator should be contacted.
15. The PIN recipient must, as soon as practicable, display a copy of the PIN in a prominent place at or near the workplace, or part of the workplace, that is affected by the PIN.
16. A person must not intentionally remove, destroy, damage or deface a PIN that is displayed during the period the PIN is in force.
17. A failure to do any of the things referred to in points 15 and 16 is a contravention of the Act and penalties apply.
18. If the person to whom the PIN is issued disagrees with the PIN or believes they will have difficulty complying with it, they should discuss this with the HSR who issued the PIN. They may also request a review of the PIN (see point 8 above).
19. The HSR may, but is not required to, recommend measures, in accordance with section 72 of the Act, that they believe should be taken to remedy the contravention or prevent the likely contravention or make recommendations about matters or activities causing the contravention or likely contravention.

Provisional improvement notice (PIN)

Safe Work - People, Process, Plant & Place

This Provisional Improvement Notice (PIN) is issued by a Health and Safety Representative (HSR) under section 69 of the Health and Safety at Work Act 2015 (the Act). This PIN requires the duty holder to whom it is issued to remedy a contravention, prevent a likely contravention, or remedy the things or activities causing contravention or likely contravention of the Act or regulations. Section 76 of the Act requires that the person to whom a PIN is issued must, as soon as practicable, display a copy of the PIN in a prominent place at, or near, the workplace or part of the workplace at which work is being carried out that is affected by the PIN.

Health and Safety Representative

Name:

Work group:

Emergency Department

Contact number:

If PIN issued for different work group

[Identify work group and confirm reason/s as listed overleaf]

Work group:

Reason number: **1 2 3 4** [mark as applicable]

PIN issued to

Name of duty holder:

MidCentral District Health Board

Address:

50 Ruahine Street

Roslyn

Palmerston North 4442

The PCBU has failed to ensure as far as is reasonably practicable to provide for and maintain a safe standard of work within the emergency department.

The constant default to overflow and use of ambulance bay beds has created uncontrolled physical hazards endangering both staff and patients.

A lack of computing resources creates unnecessary bottlenecks of the administration of patients.

There is equipment and stores stashed in non-storage areas throughout the department.

The excessive level of ambient noise across the central station, front reception and waiting room from staff, patients, visitors and HVAC systems is causing sensory overload affecting any person in this area, creating confusion, delay and raising stress levels in an already high-stress area.

Working in this environment for a full shift is harming the workers

PIN given to

[if PIN is given to someone on behalf of the duty holder]

Name:

Lyn Horgan

Position:

Chief Operations Officer

Contact number:

Prior consultation with duty holder

I confirm I have consulted with the duty holder prior to issuing this PIN. [mark as applicable]

YES



NO



Description of recommendation/s to remedy or prevent contravention

The HSR may, but is not required to, recommend measures to remedy the contravention or prevent the likely contravention, or make recommendations about matters or activities causing the contravention or likely contravention.

Review of the usage of the overflow beds

Review of noise hazards for the entire department and implement a noise reduction strategy

Review of current digital systems

Declutter ED

Decrease and maintain the current visitor policy to 1 support person

Site location

50 Ruahine Street

Roslyn

Palmerston North 4442

Workplace name

MidCentral Emergency Department

Details of contravention

I, [redacted] [issuing
HSR's first name]

reasonably believe that you are
contravening, or
are likely to contravene the
Health and Safety at Work Act 2015,
Section 36
.....
or
Health and Safety at Work
..... Regulations
Regulation date:
Regulation/s number:

[redacted]

Date PIN issued

[redacted]

Date compliance with PIN is required
[minimum of eight days after PIN issue]

[redacted]

Signature of HSR issuing the PIN

[redacted]

What is a PIN?

A Provisional Improvement Notice (PIN) is a written notice requiring a person (the duty holder) to address a health and safety matter that is contravening, or is likely to contravene, the Health and Safety at Work Act 2015 (HSWA) or regulations.

The PIN tells the person what the health and safety issue is and can include recommendations to resolve the issue.

In all cases if the work carries a serious and immediate risk to a worker, or to another person's health and safety:

- a worker may stop work or refuse to carry out work. This is a legal right.
- a trained Health and Safety Representative (HSR) may direct a worker to cease work if the HSR represents that worker's work group.

Who can issue a PIN?

A trained HSR is the only person who can issue a PIN.

The HSR issuing the PIN must:

- have completed "initial HSR training" (which includes obtaining Unit Standard 29315), and
- have been nominated or elected by the work group affected

An HSR may act in the capacity of the HSR of another work group if:

The HSR's work under the same business or undertaking and,

1. the HSR of the work group affected has requested the other HSR to assist, or
2. the HSR of a work group is unavailable (after reasonable enquiry) and a worker from the affected work group asks the other HSR to assist, or
3. the HSR of one work group requests the other HSR to perform their duties during a period of absence or in other circumstances where are un-available to the workers they are representing, or
4. the HSR believes that there is a serious risk to health and safety arising from an immediate or imminent exposure to a hazard that affects or may affect a member of another work group.

What can a PIN be issued for?

A PIN can be issued for:

- an inadequately-controlled risk (e.g. breach of section 36 of HSWA - the primary duty of care)
- failure to comply with other legal requirements in HSWA and/or regulations (such as an HSR's entitlement to paid leave to attend HSR training).

An HSR can only issue a PIN if certain conditions are met

An HSR may issue a PIN if they reasonably believe that a duty holder is not complying with HSWA and/or regulations, or is likely to not do so.

An HSR can only issue a PIN if the HSR has first discussed the matter with the duty holder.

A HSR cannot issue a PIN if WorkSafe has already issued an improvement notice or prohibition notice for the same matter.

A PIN must be in writing.

Who is a PIN issued to?

The HSR issues a PIN to the relevant duty holder (or their representative). The duty holder may be an individual natural person or an organisation such as a company or public authority.

How is a PIN issued?

An HSR issues a PIN to the duty holder by one of these methods:

- delivering it personally to the duty holder, or
- leaving it for the duty holder at the workplace to which the PIN relates, with a person who is in charge of that workplace (e.g. leaving it with the area manager), or
- sending it to the duty holder electronically, or
- posting it to the home or business of the duty holder, or
- leaving it at the home of or business of the duty holder, with a person 16 years or over who lives or works there, or
- delivering in a prescribed manner e.g. as advised by a policy of the PCBU

What must be done with the PIN?

The person that the PIN is issued to must display it as soon as practicable. The PIN must be displayed in an obvious place at or near the workplace, or part of the workplace, where the work affected is being carried out.

It is an offence for anyone to intentionally remove, destroy, damage or deface a PIN while it is in force (active) and on display.

Who is responsible for fixing the matter?

If a PIN has been issued to a duty holder and that person has not asked WorkSafe to appoint an inspector to review the PIN, the duty holder must:

- fix the problem, or
- prevent the problem from happening

The duty holder must do this within the time frame specified in the PIN.

Although the HSR may have recommended that the problem should be fixed in a particular way, the duty holder may fix the problem in a different way as long as they still manage to substantially comply with the PIN.

Can a PIN be reviewed?

If the duty holder disagrees with the PIN or believes that will have difficulty complying with it, they should discuss this with HSR who issued the PIN.

The person who the PIN is issued to (and if that person is a worker, the PCBU at the worker's workplace) can contact WorkSafe on 0800 030 040 and request that an inspector review the PIN. This must be done within seven days after the date of issue.

An inspector may review a PIN even if the period for compliance with the notice has expired.

The inspector can confirm, confirm with changes, or can cancel the PIN. If the PIN is confirmed, with or without changes, the PIN must be treated as an improvement notice issued by a Work Safe inspector.

The inspector must give a copy of the decision to the person who asked for the PIN review and to the HSR who issued the PIN.

What happens if the matter is not fixed?

If there is more than one contravention, the HSR must write a separate PIN for each contravention.

The HSR should contact WorkSafe on 0800 030 040 if the matter has not been fixed by the date specified on the PIN.

What must a PIN include?

A PIN must state:

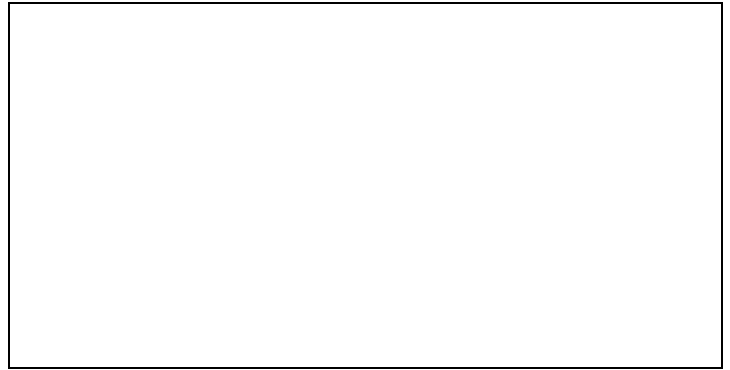
- that the HSR believes the person is contravening, or is likely to contravene, a provision of HSWA or the regulations (as the case may be)
- the provision the HSR believes is being, or likely to be, contravened
- briefly, how the provision is being, or is likely to be contravened, and
- the date, at least eight days after the notice is issued, by which the person is required to fix or prevent the matter.

A PIN may include recommendations on ways to fix or prevent the matter that the PIN deals with.

A PIN may still be valid even if it contains irregularities or defects, or does not use the correct name of the person to whom the PIN is issued.

The PIN will not be valid, however, if the irregularity or defect causes, or is likely to cause, substantial injustice to the PIN recipient or the PIN fails to sufficiently identify the PIN recipient.

Other HSR names, signatures and work group identification in support of this PIN



Provisional improvement notice (PIN)

Safe Work - People, Process, Plant & Place

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Health and Safety Representative

Name:

Work group:

Emergency Department

Contact number:

If PIN issued for different work group

[Identify work group and confirm reason/s as listed overleaf]

Work group:

Reason number: **1** **2** **3** **4** [mark as applicable]

PIN issued to

Name of duty holder:

MidCentral District Health Board

Address:

50 Ruahine Street

Roslyn

Palmerston North 4442

Description of how the provision is being, or is likely to be, contravened

The PCBU has failed to provide adequate patient capacity facilities to ensure safe and manageable working areas and space.

The department has 25 resourced beds and a further 19 un resourced beds

There is a lack of systems, procedures and resources to cope with high workload after hours and when the department becomes unsafe.

There is no capacity to keep vulnerable patients and staff safe due to overcrowding. This becomes a significant risk to both staff and patients.

Due to the high capacity of patients in the department they are being treated in corridors where there is a lack of privacy and dignity.

PIN given to

[if PIN is given to someone on behalf of the duty holder]

Name:

Lyn Horgan

Position:

Chief Operations Officer

Contact number:

Prior consultation with duty holder

I confirm I have consulted with the duty holder prior to issuing this PIN. [mark as applicable]

YES

NO

Site location

50 Ruahine Street

Roslyn

Palmerston North 4442

Description of recommendation/s to remedy or prevent contravention

The HSR may, but is not required to, recommend measures to remedy the contravention or prevent the likely contravention, or make recommendations about matters or activities causing the contravention or likely contravention.

A review of current rostering practices for nursing, medical and administration during escalation of VRM.

Review current hospital VRM with inclusion of MDT for a whole system approach.

Creation of a hospital wide weekend discharging unit operating Thursday to Tuesday.

Additional ED senior medical cover overnight and for the PM shift.

Workplace name

MidCentral Emergency Department

Details of contravention

I, [redacted] [issuing
HSR's first name]

reasonably believe that you are
contravening, or
are likely to contravene the
Health and Safety at Work Act 2015,
Section 36
.....
or
Health and Safety at Work
..... Regulations
Regulation date:
Regulation/s number:

Date PIN issued

.....

Date compliance with PIN is required
[minimum of eight days after PIN issue]

.....

Signature of HSR issuing the PIN

.....

What is a PIN?

A Provisional Improvement Notice (PIN) is a written notice requiring a person (the duty holder) to address a health and safety matter that is contravening, or is likely to contravene, the Health and Safety at Work Act 2015 (HSWA) or regulations.

The PIN tells the person what the health and safety issue is and can include recommendations to resolve the issue.

In all cases if the work carries a serious and immediate risk to a worker, or to another person's health and safety:

- a worker may stop work or refuse to carry out work. This is a legal right.
- a trained Health and Safety Representative (HSR) may direct a worker to cease work if the HSR represents that worker's work group.

Who can issue a PIN?

A trained HSR is the only person who can issue a PIN.

The HSR issuing the PIN must:

- have completed "initial HSR training" (which includes obtaining Unit Standard 29315), and
- have been nominated or elected by the work group affected

An HSR may act in the capacity of the HSR of another work group if:

The HSR's work under the same business or undertaking and,

1. the HSR of the work group affected has requested the other HSR to assist, or
2. the HSR of a work group is unavailable (after reasonable enquiry) and a worker from the affected work group asks the other HSR to assist, or
3. the HSR of one work group requests the other HSR to perform their duties during a period of absence or in other circumstances where are un-available to the workers they are representing, or
4. the HSR believes that there is a serious risk to health and safety arising from an immediate or imminent exposure to a hazard that affects or may affect a member of another work group.

What can a PIN be issued for?

A PIN can be issued for:

- an inadequately-controlled risk (e.g. breach of section 36 of HSWA - the primary duty of care)
- failure to comply with other legal requirements in HSWA and/or regulations (such as an HSR's entitlement to paid leave to attend HSR training).

An HSR can only issue a PIN if certain conditions are met

An HSR may issue a PIN if they reasonably believe that a duty holder is not complying with HSWA and/or regulations, or is likely to not do so.

An HSR can only issue a PIN if the HSR has first discussed the matter with the duty holder.

A HSR cannot issue a PIN if WorkSafe has already issued an improvement notice or prohibition notice for the same matter.

A PIN must be in writing.

Who is a PIN issued to?

The HSR issues a PIN to the relevant duty holder (or their representative). The duty holder may be an individual natural person or an organisation such as a company or public authority.

How is a PIN issued?

An HSR issues a PIN to the duty holder by one of these methods:

- delivering it personally to the duty holder, or
- leaving it for the duty holder at the workplace to which the PIN relates, with a person who is in charge of that workplace (e.g. leaving it with the area manager), or
- sending it to the duty holder electronically, or
- posting it to the home or business of the duty holder, or
- leaving it at the home of or business of the duty holder, with a person 16 years or over who lives or works there, or
- delivering in a prescribed manner e.g. as advised by a policy of the PCBU

What must be done with the PIN?

The person that the PIN is issued to must display it as soon as practicable. The PIN must be displayed in an obvious place at or near the workplace, or part of the workplace, where the work affected is being carried out.

It is an offence for anyone to intentionally remove, destroy, damage or deface a PIN while it is in force (active) and on display.

Who is responsible for fixing the matter?

If a PIN has been issued to a duty holder and that person has not asked WorkSafe to appoint an inspector to review the PIN, the duty holder must:

- fix the problem, or
- prevent the problem from happening

The duty holder must do this within the time frame specified in the PIN.

Although the HSR may have recommended that the problem should be fixed in a particular way, the duty holder may fix the problem in a different way as long as they still manage to substantially comply with the PIN.

Can a PIN be reviewed?

If the duty holder disagrees with the PIN or believes that will have difficulty complying with it, they should discuss this with HSR who issued the PIN.

The person who the PIN is issued to (and if that person is a worker, the PCBU at the worker's workplace) can contact WorkSafe on 0800 030 040 and request that an inspector review the PIN. This must be done within seven days after the date of issue.

An inspector may review a PIN even if the period for compliance with the notice has expired.

The inspector can confirm, confirm with changes, or can cancel the PIN. If the PIN is confirmed, with or without changes, the PIN must be treated as an improvement notice issued by a Work Safe inspector.

The inspector must give a copy of the decision to the person who asked for the PIN review and to the HSR who issued the PIN.

What happens if the matter is not fixed?

If there is more than one contravention, the HSR must write a separate PIN for each contravention.

The HSR should contact WorkSafe on 0800 030 040 if the matter has not been fixed by the date specified on the PIN.

What must a PIN include?

A PIN must state:

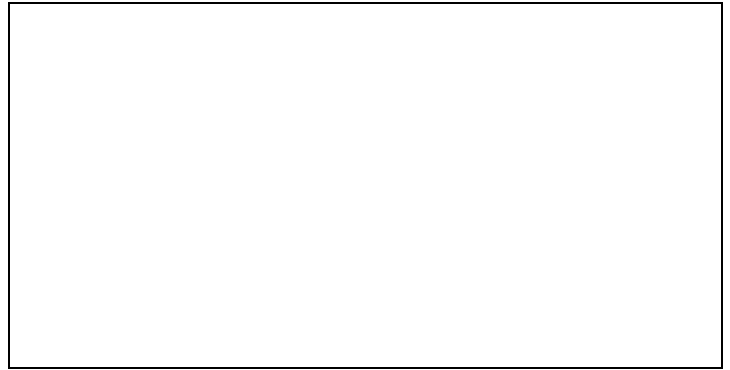
- that the HSR believes the person is contravening, or is likely to contravene, a provision of HSWA or the regulations (as the case may be)
- the provision the HSR believes is being, or likely to be, contravened
- briefly, how the provision is being, or is likely to be contravened, and
- the date, at least eight days after the notice is issued, by which the person is required to fix or prevent the matter.

A PIN may include recommendations on ways to fix or prevent the matter that the PIN deals with.

A PIN may still be valid even if it contains irregularities or defects, or does not use the correct name of the person to whom the PIN is issued.

The PIN will not be valid, however, if the irregularity or defect causes, or is likely to cause, substantial injustice to the PIN recipient or the PIN fails to sufficiently identify the PIN recipient.

Other HSR names, signatures and work group identification in support of this PIN



Provisional improvement notice (PIN)

Safe Work - People, Process, Plant & Place

This Provisional Improvement Notice (PIN) is issued by a Health and Safety Representative (HSR) under section 69 of the Health and Safety at Work Act 2015 (the Act). This PIN requires the duty holder to whom it is issued to remedy a contravention, prevent a likely contravention, or remedy the things or activities causing contravention or likely contravention of the Act or regulations. Section 76 of the Act requires that the person to whom a PIN is issued must, as soon as practicable, display a copy of the PIN in a prominent place at, or near, the workplace or part of the workplace at which work is being carried out that is affected by the PIN.

Health and Safety Representative

Name:

Work group:

Emergency Department

Contact number:

If PIN issued for different work group

[Identify work group and confirm reason/s as listed overleaf]

Work group:

Reason number: **1 2 3 4** [mark as applicable]

PIN issued to

Name of duty holder:

MidCentral District Health Board

Address:

50 Ruahine Street

Roslyn

Palmerston North 4442

Description of how the provision is being, or is likely to be, contravened

The PCBU has failed to provide and maintain a work environment where the risks to health and safety for the departmental team are being adequately managed.

Staffing levels are so inadequate that staff are working in conditions where the Limit of Safe Practice is being regularly breached.

Staff are unbearably stressed, fatigued and burnt out which has seen an increase in sick leave and resignations. The PCBU are not putting effective measures in place to ensure staff safety.

PIN given to

[if PIN is given to someone on behalf of the duty holder]

Name:

Lyn Horgan

Position:

Chief Operations Officer

Contact number:

Prior consultation with duty holder

I confirm I have consulted with the duty holder prior to issuing this PIN. [mark as applicable]

YES

NO

Site location

50 Ruahine Street

Roslyn

Palmerston North 4442

Description of recommendation/s to remedy or prevent contravention

The HSR may, but is not required to, recommend measures to remedy the contravention or prevent the likely contravention, or make recommendations about matters or activities causing the contravention or likely contravention.

The DHB as the PCBU has a duty of care to ensure the highest practicable level of safety for its workers and in that regard and without further delay, it is recommended that,

If the DHB cannot make the area safe, we need the DHB to escalate to MOH/Health NZ/Maori Health Authority

Closure of outpatients clinics

Cancellation of elective surgeries

Workplace name

MidCentral Emergency Department

Details of contravention

I, [redacted] [issuing HSR's first name]
 reasonably believe that you are contravening, or are likely to contravene the Health and Safety at Work Act 2015, Section 36

 or
 Health and Safety at Work
 Regulations
 Regulation date:
 Regulation/s number:

- Reallocate any outpatient and surgical staff appropriately
- Transfer patients to other DHBs
- Creation of an inhouse GP/Nursing service
- Engage with St Johns, Nursing schools and NZDF for assistance
- Wellbeing initiative**
- Food on shift for staff
- Retention payments for all ED staff
- Regular executive manager walk-throughs/check ins

Date PIN issued

Date compliance with PIN is required
 [minimum of eight days after PIN issue]

Signature of HSR issuing the PIN

What is a PIN?

A Provisional Improvement Notice (PIN) is a written notice requiring a person (the duty holder) to address a health and safety matter that is contravening, or is likely to contravene, the Health and Safety at Work Act 2015 (HSWA) or regulations.
 The PIN tells the person what the health and safety issue is and can include recommendations to resolve the issue.
 In all cases if the work carries a serious and immediate risk to a worker, or to another person's health and safety:
 - a worker may stop work or refuse to carry out work. This is a legal right.
 - a trained Health and Safety Representative (HSR) may direct a worker to cease work if the HSR represents that worker's work group.

Who can issue a PIN?

A trained HSR is the only person who can issue a PIN.
 The HSR issuing the PIN must:
 - have completed "initial HSR training" (which includes obtaining Unit Standard 29315), and
 - have been nominated or elected by the work group affected

An HSR may act in the capacity of the HSR of another work group if:
 The HSR's work under the same business or undertaking and,
 1. the HSR of the work group affected has requested the other HSR to assist, or
 2. the HSR of a work group is unavailable (after reasonable enquiry) and a worker from the affected work group asks the other HSR to assist, or
 3. the HSR of one work group requests the other HSR to perform their duties during a period of absence or in other circumstances where are un-available to the workers they are representing, or
 4. the HSR believes that there is a serious risk to health and safety arising from an immediate or imminent exposure to a hazard that affects or may affect a member of another work group.

What can a PIN be issued for?

Who is a PIN issued to?

The HSR issues a PIN to the relevant duty holder (or their representative). The duty holder may be an individual natural person or an organisation such as a company or public authority.

How is a PIN issued?

- An HSR issues a PIN to the duty holder by one of these methods:
- delivering it personally to the duty holder, or
 - leaving it for the duty holder at the workplace to which the PIN relates, with a person who is in charge of that workplace (e.g. leaving it with the area manager), or
 - sending it to the duty holder electronically, or
 - posting it to the home or business of the duty holder, or
 - leaving it at the home of or business of the duty holder, with a person 16 years or over who lives or works there, or
 - delivering in a prescribed manner e.g. as advised by a policy of the PCBU

What must be done with the PIN?

The person that the PIN is issued to must display it as soon as practicable. The PIN must be displayed in an obvious place at or near the workplace, or part of the workplace, where the work affected is being carried out.
 It is an offence for anyone to intentionally remove, destroy, damage or deface a PIN while it is in force (active) and on display.

Who is responsible for fixing the matter?

If a PIN has been issued to a duty holder and that person has not asked WorkSafe to appoint an inspector to review the PIN, the duty holder must:
 - fix the problem, or
 - prevent the problem from happening
 The duty holder must do this within the time frame specified in the PIN.
 Although the HSR may have recommended that the problem should be fixed in a particular way, the duty holder may fix the problem in a different way as long as they still manage to substantially comply with the PIN.

A PIN can be issued for:

- an inadequately-controlled risk (e.g. breach of section 36 of HSWA - the primary duty of care)
- failure to comply with other legal requirements in HSWA and/or regulations (such as an HSR's entitlement to paid leave to attend HSR training).

An HSR can only issue a PIN if certain conditions are met

An HSR may issue a PIN if they reasonably believe that a duty holder is not complying with HSWA and/or regulations, or is likely to not do so.

An HSR can only issue a PIN if the HSR has first discussed the matter with the duty holder.

A HSR cannot issue a PIN if WorkSafe has already issued an improvement notice or prohibition notice for the same matter.

A PIN must be in writing.

If there is more than one contravention, the HSR must write a separate PIN for each contravention.

What must a PIN include?

A PIN must state:

- that the HSR believes the person is contravening, or is likely to contravene, a provision of HSWA or the regulations (as the case may be)
- the provision the HSR believes is being, or likely to be, contravened
- briefly, how the provision is being, or is likely to be, contravened, and
- the date, at least eight days after the notice is issued, by which the person is required to fix or prevent the matter.

A PIN may include recommendations on ways to fix or prevent the matter that the PIN deals with.

A PIN may still be valid even if it contains irregularities or defects, or does not use the correct name of the person to whom the PIN is issued.

The PIN will not be valid, however, if the irregularity or defect causes, or is likely to cause, substantial injustice to the PIN recipient or the PIN fails to sufficiently identify the PIN recipient.

Can a PIN be reviewed?

If the duty holder disagrees with the PIN or believes that will have difficulty complying with it, they should discuss this with HSR who issued the PIN.

The person who the PIN is issued to (and if that person is a worker, the PCBU at the worker's workplace) can contact WorkSafe on 0800 030 040 and request that an inspector review the PIN. This must be done within seven days after the date of issue.

An inspector may review a PIN even if the period for compliance with the notice has expired.

The inspector can confirm, confirm with changes, or can cancel the PIN. If the PIN is confirmed, with or without changes, the PIN must be treated as an improvement notice issued by a Work Safe inspector.

The inspector must give a copy of the decision to the person who asked for the PIN review and to the HSR who issued the PIN.

What happens if the matter is not fixed?

The HSR should contact WorkSafe on 0800 030 040 if the matter has not been fixed by the date specified on the PIN.

Other HSR names, signatures and work group identification in support of this PIN

Provisional improvement notice (PIN)

Safe Work - People, Process & Plant

This Provisional Improvement Notice (PIN) is issued by a Health and Safety Representative (HSR) under section 69 of the Health and Safety at Work Act 2015 (the Act). This PIN requires the duty holder to whom it is issued to remedy a contravention, prevent a likely contravention, or remedy the things or activities causing contravention or likely contravention of the Act or regulations. Section 76 of the Act requires that the person to whom a PIN is issued must, as soon as practicable, display a copy of the PIN in a prominent place at, or near, the workplace or part of the workplace at which work is being carried out that is affected by the PIN.

Health and Safety Representative	
Name:	[Redacted]
Work group:	Acute & Elective Services
Contact number:	[Redacted]

If PIN issued for different work group	
Where issued on behalf of another work group or HSR, identify work group and confirm reason as listed overleaf	
Work Group:	
Reason Number:	1 2 3 (mark as applicable)

PIN issued to
Name of duty holder:
Midcentral District health board
Address:
50 Ruahine street Palmerston North

Brief description of how the provision is being, or is likely to be, contravened
The psychological well being of staff is being put at risk. Staff are regularly working through meal breaks and completing overtime due to a increased demand on the service. Staff downtime is being interrupted by constant request for shift covers. Staff have raised concerns over feeling burnt out and being overwhelmed but feel they have had no response. Staff in the ED are caring for inpatients which exceed the capacity of the ED beds alone. On July 12 at 0700hrs ED was holding 36 inpatients with 2 still in the waiting room as capacity was exceeded, this caused stress and anxiety to staff who were emotionally overwhelmed.

PIN is given to
(if PIN is given to someone on behalf of the duty holder)
Name:
Lyn Horgan
Position:
Acute & Elective Service lead
Contact number:
06 350 8825

Brief description of recommendations to remedy or prevent contravention
The HSR may, but is not required to recommend measures to remedy the contravention or prevent the likely contravention, or make recommendations about matters or activities causing the contravention or likely contravention.

- 1) Respond to concerns raised about psychological well being of staff
- 2) provide a psychologist or EAIP onsite within the department urgently.
- 3) complete identified actions from the health and safety action plan.
- 4) Fix the escalation pathway so that senior managers have both the ability and resources to help the nurses on the floor keep themselves and their patients safe.

I have consulted with the duty holder prior to issuing this PIN (section 69(3) of the Act)
Yes No (mark as applicable)

Details of contravention
Site location:
Palmerston North Hospital
Workplace name: (Ward, Unit, Department)
Emergency Department

I, reasonably believe that you:
are contravening, or are likely to contravene the
Health and Safety at Work Act 2015, section <u>36.2</u>
or
Health and Safety at Work
..... Regulations
Regulation date (Year):
Regulation number:

Date PIN issued: 13 / 07 / 2021

Date compliance with PIN is required : 21 / 07 / 2021 (minimum of 8 days after PIN issue)
--

Signature of Health and Safety Representative:
[Redacted]

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- a worker may stop work or refuse to carry out work. This is a legal right.
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- have been nominated or elected by the work group affected

A HSR may act in the capacity of the HSR of another work group if:

The HSR's work under the same business or undertaking and,

1. the HSR of the work group affected has requested the other HSR to assist, or
2. the HSR of a work group is unavailable (after reasonable enquiry) and a worker from the affected work group asks the other HSR to assist, or
3. the HSR of one work group requests the other HSR to perform their duties during a period of absence or in other circumstances where are unavailable to the workers they are representing.

What can a PIN be issued for?

A PIN can be issued for:

- an inadequately-controlled risk (e.g. breach of section 36 of HWSA - the primary duty of care)
- failure to comply with other legal requirements in HWSA and/or regulations (such as an HSR's entitlement to paid leave to attend HSR training).

An HSR can only issue a PIN if certain conditions are met

An HSR may issue a PIN if they reasonably believe that a duty holder is not complying with HWSA and/or regulations, or is likely to not do so.

An HSR can only issue a PIN if the HSR has first discussed the matter with the duty holder.

A HSR cannot issue a PIN if WorkSafe has already issued an improvement notice or prohibition notice for the same matter.

A PIN must be in writing.

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- the provision the HSR believes is being, or likely to be, contravened
- briefly, how the provision is being, or is likely to be contravened, and
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- sending it to the duty holder electronically
- posting it to the home or business of the duty holder, or
- leaving it at the home of or business of the duty holder, with a person 16 years or over who lives or works there.

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If the duty holder disagrees with the PIN or believes that will have difficulty complying with it, they should discuss this with HSR who issued the PIN.

The person who the PIN is issued to (and if that person is a worker, the PCBU at the worker's workplace) can contact WorkSafe on 0800 030 040 and request that an inspector review the PIN. This must be done within seven days after the date of issue.

An inspector may review a PIN even if the period for compliance with the notice has expired.

The inspector can confirm, confirm with changes, or can cancel the PIN. If the PIN is confirmed, with or without changes, the PIN must be treated as an improvement notice issued by a Work Safe inspector.

The inspector must give a copy of the decision to the person who asked for the PIN review and to the HSR who issued the PIN.

What happens if the matter is not fixed?

The HSR should contact WorkSafe on 0800 030 040 if the matter has not been fixed by the date specified on the PIN.

A summary of the PINS thus far

On the 4th August 2017 **Bevan Johnstone**, Radiation Therapist, issued two Provisional Improvement Notices regarding workplace culture in Radiation Oncology. The PIN's were accepted in good faith, although no specific instances of bullying or inappropriate behaviour were provided as part of the PIN or subsequently.

On the 11th August an email was sent to all staff advising that a process was to be undertaken to identify and define the culture that they would like to see within the Radiation Oncology team. The email advised that Denise Hutchins, an external consultant had been engaged to assist in defining the 'cultural baseline'. A further email followed on the 14th August to all staff, advising them of the interview process and sharing the terms of reference.

The interviewer was asked:

- To identify the expectations of staff within Radiation Oncology about their expectations of a culture where they would feel happy, safe and engaged.
- To identify the "current culture" within Radiation Oncology, including any specific issues and challenges for staff, as well as positive aspects which can be built on.
- To identify the "gap" and make recommendations in relation to supporting the team and its leadership to develop an improved culture:
 - in which all the Radiation Oncology staff feel supported and valued, and can contribute to their potential.
 - which aligns to MidCentral DHB's organisational values.

Initial interviews occurred on the 16-18th August inclusive followed by a further interviews on the 5th – 8th September 2017. In total 74 staff were interviewed. The assessor also spoke with the Deborah Powell from the APEX Union. The interviews were conducted as 'conversations' with individual staff and assessed how the team felt about workplace culture and the reasons why staff felt that the environment did not meet their needs.

A final report was received on the 22nd November and released to staff on Wednesday 29th November, allowing time for the APEX Union to review the report at their request. Feedback was invited and a number of staff took the opportunity to provide further comment.

The report provided a snapshot of a wide range of opinions which was to be expected given the large numbers interviewed (87) and the different professional backgrounds and ways of working however the assessment was not an investigation, as there was no specific complaint (and subsequently through this process no complaints have come forward).

The report found that there were some unhappy people in the workforce while conversely others felt relatively relaxed. The unhappiness was largely driven by four themes:

- A sense of unfairness regarding who was selected for opportunities (the RT workforce in particular has many senior, higher paid, roles with over a third of the staff in these positions)
- An ensuing sense of haves and haves not's surrounding who is appointed to these roles
- A deep and enduring disappointment that the model of care does not allow for part-time for all staff members who would wish to work in this way
- A culture where relationships were felt to be unhealthy particularly between those in senior roles and staff.

The perceptions that have arisen as a result range from a general need to improve the clarity/consistency of decision making through to that the decision making process is a manifestation of an inherent bullying culture. Longevity of service was also noted as a particular feature, with senior roles holding long tenures, and was considered to have contributed to some of the views formed. This manifested in a degree of inertia amongst staff.

Nine areas of focus emerged that provided a framework for improvement.

1. Teamwork
2. Change resistant culture
3. Radiation Therapist Management Team
4. Clerical / Administration Coordination
5. Communication
6. Bullying Culture?
7. Full time – Part time mix for Radiation Therapists
8. Radiation Therapist – Medical Physics relationship
9. Patient Centred Services?

These themes were developed into nine recommendations

1. *Radiation Oncology staff are provided with a copy of this Assessment and it be the subject of the first whole of service meeting – this has now occurred*
2. *The Assessment be used as the basis for identifying a phased Radiation Oncology Improvement Plan, linked to organisational strategies, that is discussed and agreed with staff and patient representatives, and includes identification of the timeframe for commissioning of replacement Linacs;*
3. *The radiation therapist staffing model be reviewed with the involvement of radiation therapists to relook at the service delivery model and flexible staffing options;*
4. *Individual personal development plans are put in place for designated Radiation Oncology clinical leaders, managers and seniors with staff responsibilities;*
5. *The Acting Service Director, Medical Head and heads of each area establish effective 'open door' mechanisms which are regularly communicated to staff;*
6. *Radiation Oncology staff are provided with a Bullying Prevention education programme within three months of receipt of this report;*
7. *A programme assisting Radiation Oncology staff to give and receive constructive feedback is developed and delivered within the Service;*
8. *Radiation Oncology enable staff to participate in MDHBs 'Speaking Up for Safety' and 'Promoting Professional Accountability' programmes as soon as is practical;*
9. *Leaders and managers explore options for refreshing the physical environment within Radiation Oncology within available resources.*

On the 13th of December 2017 a staff forum occurred presenting to the whole team a summary of the findings, feedback and a draft plan for next steps. At this forum it was confirmed by management that the recommendations have been accepted and that these would form the foundation of a Radiation Oncology Culture work plan.

Staff expressed variable responses to the report. Some staff felt that the assessment was overly negative, while others felt it did not go far enough, a number felt their views were not included, while others felt they were well represented. At the heart of the feedback however was a consensus that while people see the service and its culture differently, the spirit of the document suggested that the service could be a happier and healthy place to work if changes were made.

The initial forum was reported to be a positive experience with staff speaking out and acknowledging they could do better, about this being an opportunity to draw a line in the sand of time and look forward. The recommendations and ideas for moving forward were accepted and the plan to form a steering group agreed.

A follow-up forum was held the following week and questions answered about attending a whole of service meeting and the process for next steps. At this forum it was agreed that a summary of the feedback and next steps would be sent on the 3rd January 2018, including a call for expressions of interest to join a steering committee to lead future change.

NEXT STEPS

The assessment recommends that a Workplace Culture Improvement Plan is written and actioned to drive improvement in Radiation Oncology. While this plan will require service wide change it will start with a small Steering Group to drive and champion change as it evolves.

This group will be a collaborative effort between leadership, staff, consumers and stakeholders and be a founding mechanism for quality improvement in our business going forward.

The Group will work closely with the Health and Safety committee and report through to Radiation Oncology Governance. Until well established the group will be closely supported by the RCTS Service Director and Radiation Oncology Medical Head.

Specifically the group will focus on three recommendations which are:

Identifying a phased Radiation Oncology Improvement Plan, linked to organisational strategies, that is discussed and agreed with staff and patient representatives (rec: 2)

Reviewing the radiation therapist staffing model with the involvement of radiation therapists to relook at the service delivery model and flexible staffing options (rec: 3)

Organising a programme assisting Radiation Oncology staff to give and receive constructive feedback is developed and delivered within the Service (rec: 7)

Recommendation Two has been slightly changed from the original report as the linac replacements are being managed via a wider capital investment programme for the RCTS this year, which includes Treatment Planning and the development of a business case for a Cancer Centre and a feasibility study as to linac facilities in the Hawkes Bay and Taranaki regions.

The Radiation Oncology team are critical in this work and expressions of interest have been sought from staff who would like to show and develop their leadership as change champions. These staff will need training and skills to undertake these roles which will be provided.

Other members of the group will include representatives for Health and Safety, Consumers, Maori Health, Management, Human Resources and Unions. These representatives will be chosen in consultation with the various areas described.

The Improvement Plan will focus on Workplace Culture rather operational initiatives in line with the organisational strategies as listed below.

- *A positive and productive working environment, driven by a values-based, patient-centred culture*
- *Credible, capable and engaged leadership that is strongly connected with the teams they lead*
- *A sustainable workforce that meets both current and future capability and capacity needs, and is reflective of the communities we serve*
- *An accountable and empowered workforce, able to make decisions and take appropriate actions within the scope of their role*
- *Providing on-going opportunities for professional and career development to strengthen our overall capability and maximise individual contribution*
- *Working together, better and smarter to deliver on our strategic priorities*

Expressions of interest close 15th January 2018. The selection process is yet to be advised but it is anticipated that the group will include one physicist, medical, nursing and administration representative and 3-4 Radiation Therapists.

OTHER RECOMMENDATIONS

The other recommendations, not part of the steering group responsibilities, are being managed through different processes; however it is acknowledged that a systems approach is needed not just for the development of the right culture but for the overall delivery of clinical excellence.

The cancer systems and teams need to have better understanding of the entire system in a more transparent, more organic way that is fit for the future. For this reason all nine recommendations, and any other major development work, will be routinely reported against to Radiation Oncology Governance.

An update on the recommendations not subject to the work plan above is shown in the table below:

Recommendation	Status	When
Radiation Oncology staff provided with a copy of this Assessment and it be the subject of the first whole of service meeting	Complete	Dec 17
Individual personal development plans are put in place for designated Radiation Oncology clinical leaders, managers and seniors with staff responsibilities;	All RT grades to commence leadership training in 2018. This will be on-going in a monthly team meeting with individual coaching in development.	Feb 18
The Acting Service Director, Medical Head and heads of each area establish effective 'open door' mechanisms which are regularly communicated to staff;	██████████ offer open doors (actual and virtual). RCTS newsflash is now embedded (although some negativity about frequency) and a monthly whole of team meeting booked for 2018. RCTS leadership team to share roles / responsibilities	Nov 18
Radiation Oncology staff provided with a Bullying Prevention education programme	An external facilitated session, on HR advice, scheduled for a whole of team meeting 2018	TBC
Radiation Oncology enable staff to participate in 'Speaking Up for Safety' and 'Promoting Professional Accountability' programmes	RCTS scheduled to participate with whole of organisation roll out of this programme	TBC
Explore options for refreshing the physical environment	Included as part of the capital investment planning for 2018	TBC

QUICK WINS AND OTHER INITIATIVES

At the staff forum a number of other initiatives were tabled as on-going. These are mostly incorporated within the work described above but the following initiatives will also be actioned in 2018.

- Establish a project for team development for clerical team in partnership with PSA Union
- Continue with TPS project including the perfect day approach
- Finish the CT suite and celebrate opening (now complete)
- Recruit to vacancies
- Invite Chair Consumer Council to meet with staff
- Continue the quality improvement programme for the Radiation Oncology outpatient clinic

COMMUNICATION

Extensive engagement has occurred with staff throughout this process over numerous emails and led jointly by the service director and the medical head. Staff have been thanked and congratulated for their participation and overall the mood of the service is improved.

During this time there was a five week period where significant overtime was needed to maintain service during a linac breakdown which proceeded without incident and was supported by staff. It was also an excellent time to test improved communication and engagement, which we understand was well received.

The Health and Safety committee has also improved subsequently with three RT's now members (form one previously).

File Ref: 584798

27 June 2022

Edward Dennis
Health & Safety Advisor
Occupational Health & Safety
MidCentral District Health Board

Email: edward.dennis@midcentraldhb.govt.nz

Dear Edward

Subject: Review of Provisional Improvement Notice (PIN) – Cancellation of PIN's

Thank you for your request to review the PIN's, issued by [REDACTED] on 15 June 2022 for failing to:

- Maintain a safe standard of work within the emergency department.
- Failing to maintain a work environment without risks.
- Failing to ensure safe and manageable work areas and space.

I have reviewed these PIN's under section 80 of the Health and Safety at Work Act 2015 (the Act).

Information from both you and the issuing Health and Safety Representative has been taken into consideration.

I have decided to cancel these PIN's, under section 81 of the Act, for the following reason(s):

- The HSR has not consulted with the PCBU before issuing the PIN (section 69 of HSWA).

You are entitled under section 131 of the Act to seek a review of this decision. If you wish to do so, you must apply to WorkSafe within 14 days of receiving this notice. To do this, complete the 'Request an Internal Review of a Reviewable Decision' form located on our website.

If you have any queries, please contact me.

Yours sincerely,



Graham Bates (He/Him)
**Principal Inspector – Central
General Inspectorate**
Mobile: +64 0274 896 599
| www.worksafe.govt.nz
Email: graham.bates@worksafe.govt.nz

Dear Keyur,

Thank you for finding the time to come and discuss the commitment to resolving the PINs.

Notes/points of our quick meeting with [REDACTED] yesterday:

[REDACTED] to display PINs in staff room. We discussed prominent place and agreed on the staff room. Initial days to weeks spent on plan development. There is commitment to find deeper and meaningful resolution not just a Band-Aid fix. Proper input from all levels to establish questions and then answers. We acknowledged the PINs as having intent to eliminate hazards. Worksafe have good resources. More info gathering needed. Look at policies. Noted Worksafe recommend organisations have identified and trained person to receive and address complaints/issues. Noted [REDACTED] is that person now. Identified education and communication to staff on policies needed. Meeting closed with final message: aim that staff feeling Safe, Valued and Supported in the future.

I would also like to thank you all for your replies and your commitment to addressing our issues.

On Friday when I met with [REDACTED], I was asked a question that stuck with me; “why do we not have any complaints?” to which I replied “it is unsafe to do so”, after thinking more into this, and reflecting on the report *Understanding stress and bullying in New Zealand workplaces – Bentley et al., 2009*, I would like to elaborate:

The authors found:

“The existence of a policy is not a sufficient preventative measure without credible enforcement processes”

“Employees who have experienced bullying need to be aware of the resources available to them. One strategy is to seek help from within the organisation from a supervisor or human resource (HR) personnel but research has generally found that managers and HR personnel are ineffective when dealing with bullying ([REDACTED] 2004).”

This means:

“Employees are unlikely to trust an organisation to change its approach to bullying until there are examples of cases which have been addressed fully and fairly ([REDACTED] 2008). This is especially relevant as it is possible that a complaint can worsen the bullying for the target.”

I believe that these findings are also relevant to dealing with stress and inappropriate behaviours. As you will have noticed in the ‘workplace features assessment tool’ forms I provided:

All 6 staff observe/feel that:

- Prevention and management of bullying behaviour is not a priority for management
- There is no initiatives to prevent/manage bullying

5 observe/feel that:

- There is insufficient resources allocated to meet responsibilities

- That bullying risks have not been assessed
- No bullying policy and process developed

Couple that with the common sorts of bullying behaviours that our staff have either experienced or observed:

6 of 6 staff indicated:

- Belittling remarks – undermining integrity – lies being told – sense of judgment questioned – opinions marginalised
- Ridiculing – insulting – teasing – jokes – ‘funny surprises’ – sarcasm
- Intimidation – acting in a condescending manner
- Undervaluing contribution – no credit where it’s due – taking credit for work that’s not their own

5 of 6 indicated:

- Ignoring – excluding – silent treatment – isolating
- Persistent and/or public criticism
- Ganging up – colleagues/clients encouraged to criticise or spy – witch hunt – dirty tricks campaign – singled out
- Suggestive glances, gestures, or dirty looks
- Reducing opportunities for expression – interrupting when speaking

4 of 6 indicated:

- Attacking a person’s beliefs, attitude, lifestyle or appearance – gender references – accusations of being mentally disturbed
- Giving unachievable tasks – impossible deadlines – unmanageable workloads – overloading – ‘setting up to fail’
- Excluding – isolating – ignoring views
- No support from manager
- Denial of opportunity

As substantiated by *Bentley et al., 2009*, I believe the above features and behaviours either experienced or witnessed have led to staff:

- a) Not knowing how to complain
- b) Not trusting the system to be effective and protect them, as the day to day behaviour they have witnessed or observed reinforces that their concerns/complaints will be undermined

I believe this is why there are no complaints of stress, inappropriate behaviours or bullying. Poor behaviours are normalised in this department, people are in survival mode, as they are disempowered to speak up.

I want to make you aware of an instance where I enquired into a colleague’s welfare after an instance of what could be considered inappropriate electronic communication on social

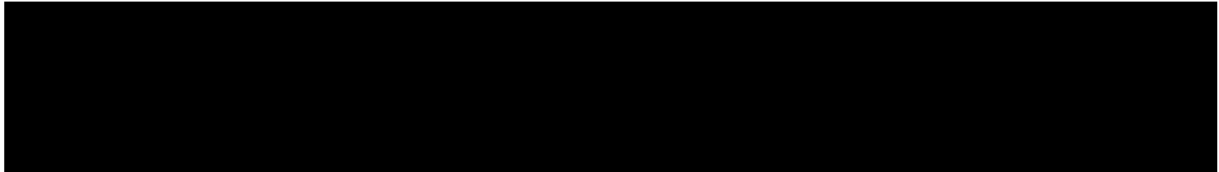
media. My genuine enquiry into my colleague's welfare was reported to my manager who then informed me that this was in fact not bullying and accused me of drumming up complaints.. At the time, several colleagues felt this social media post could be offensive.

The manager's message that I should not enquire into my colleague's welfare, and that such communications are not something the DHB would be concerned with is unhelpful and further reinforces that it is unsafe to report poor behaviors.

Please find attached, some of Worksafes documents on stress and bullying as well as the report: Understanding stress and bullying in New Zealand workplaces – Bentley et al., 2009.

Thank you for your time on this,
I am happy to assist when needed.

Kind regards,



Thanks [redacted] yn, I look forward to talking this through with Keyur.

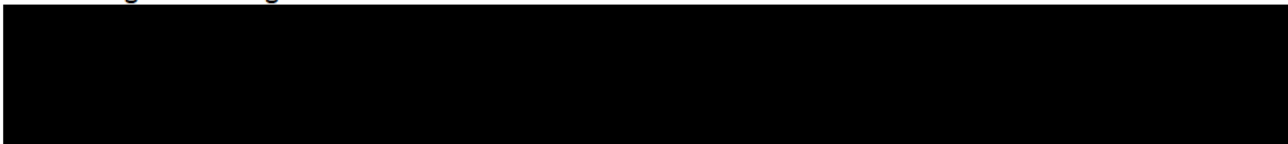
Relationships in the RT department have been difficult for some time: behaviours exist that may have been "acceptable" in the past, but today are not.

We have previously jointly sponsored some cultural work with the staff ([redacted] was engaged to do this), but with little enduring success I am afraid. I do believe there is a "senior cliché" that I also believe have ganged up on staff including [redacted] in the past. Unfortunately [redacted] has done nothing to manage this and may be conflicted in that it is easier than dealing with the issues the staff complain about. Mind you I don't think on reflection [redacted] quite knew what to do either.

Cheers



-----Original Message-----



Subject: RE: Unaddressed Poor workplace culture, inappropriate behaviours leading to workplace stress and stress leave

Dear Deborah

Thanks for your email. You won't have met Keyur Anjaria our new head of people and culture yet, however I am confident that he will provide the appropriate leadership of this. I am committed to resolving these concerns appropriately. As Keyur is new to the organisation he is now appraising himself of any relevant documentation and having conversations to assist in this. Unfortunately [REDACTED] did not communicate the concerns you conveyed to him and at the meeting I was present at there was only a general conversation about this issue which led into a conversation about our commitment to improving the culture and a discussion about the Cognitive Institute programs. I will revert to you once we have determined how best to move forward.

Kind regards

Kathryn Cook | Chief Executive Officer

MidCentral District Health Board, PO Box 2056, Palmerston North 4440 Ph (06) 3508910 | [REDACTED]

[REDACTED] | Fax (06) 3550616 Email kathryn.cook@midcentraldhb.govt.nz | Web

www.midcentraldhb.govt.nz

Quality Living - Healthy Lives - Well Communities Kia pai te noho - Kia ora te tangata - Kia ora te hapori

-----Original Message-----

From: [Deborah Powell \[mailto:Deborah@cns.org.nz\]](mailto:Deborah.Powell@cns.org.nz)

Sent: Friday, 4 August 2017 3:32 p.m.

To: Kathryn Cook

Cc: Anne Amoores; Luke@Apex.org.nz; Keyur Anjaria; Bevan Johnstone

Subject: Re: Unaddressed Poor workplace culture, inappropriate behaviours leading to workplace stress and stress leave

Dear [Kathryn](#)

To complete the picture here, I also raised concerns with [Nicholas Glubb](#) the day I visited MCDHB last (when we met as [Bevan](#) records below) regarding the workplace culture in this department, strongly urged urgent intervention and offered to assist where appropriate. Nothing had resulted from that meeting that I am aware prior to Nicholas leaving the organisation.

Kind regards

Dr Deborah Powell
National Secretary

On 4/08/17, 2:43 PM, "Bevan Johnstone"
<Bevan.Johnstone@midcentraldhb.govt.nz> wrote:

>Dear Kathryn,

>

>

>

>Unfortunately I could not manage to meet with you today however, I met

>with Keyur in your stead, I am writing to you as a health and safety

>representative to explain the unacceptable Health and Safety situation
>that exists within the Radiation Oncology Service.

>
>

>Recently, we have had 3 staff members take stress leave which is
>directly symptomatic of the poor workplace culture (including bullying
>behaviours) we have here. I identified behaviours surrounding this poor
>culture in a meeting with **Cushla Lucas** and **Vivienne Laurenson** from HR
>on the 4th of October 2016. To date, this has been unaddressed.

>
>

>Further to this, I discussed these issues with you in a meeting on the
>15th of May 2017, which was also attended by Anne Amooore, the APEX and
>NZRDA national secretary Dr Deborah Powell and the MidCentral APEX and
>NZRDA delegates. We informed you about the poor workplace culture,
>inappropriate behaviours and bullying that exists across the
>organisation, as well as explicitly in my department.

>
>
>

>As you will be aware, under the Health and Safety at Work Act 2015
>(HSWA 2015), Midcentral as an employer has a primary duty of care to
>employees
>- this includes providing a safe place of work from psychological harm
>as well as physical harm. While I think the new CESpeaking up for
>safety¹ initiative with the Cognitive Institute is a great step
>forward, I am concerned that we are still doing harm to our workers
>(indicated by the need for stress leave by my three colleagues). This
>situation needs to be addressed urgently.

>
>

>I reasonably believe that several provisions of the Health and Safety
>at Work Act 2015 are being contravened. I have decided to issue two
>Provisional Improvement Notices under the HSWA 2015 to the DHB, for the
>purpose of ensuring this systemic, ingrained issue will be acknowledged
>and will receive the urgent, well balanced and expert professional
>response required.

>
>
>

>Also attached is Worksafe's workplace features assessment tool and
>Table
>3: examples of bullying behaviours. These have been completed by a few
>of my colleagues who were simply asked to identify (with ticks or
>circles) the features and behaviours they have either experienced or
>witnessed in our workplace.

>
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>

>Thank you for your time on this matter, I look forward to helping
>achieve a healthy and safe work environment.

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>Please do not hesitate to contact me if you have any further questions.

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>
>Kind regards,

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>
>

>Bevan
>
>HRS - Radiation Oncology

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>

>| Bevan Johnstone | RADIATION THERAPIST | | Regional Cancer Treatment
>Service | | MidCentral Health | Private Bag 11036 | Palmerston North
>4442 | New Zealand | | Ph: (06) 350 8430 |
>Email:bevan.johnstone@midcentraldhb.govt.nz |

Subject: Final report - Radiation Oncology Workplace Culture Assessment

Dear all

Attached is the final workplace assessment following **Denise Hutchins's** interviews in September and October. **Dr Hardie** and I would like to thank everyone for their time, honesty and commitment to this process. It is very important to us that you feel valued, supported and satisfied in your work.

Having the right culture is fundamental for people to be successful in their roles. We all want a workplace where we are supported to perform to the best of our ability and provided with the opportunity to make a meaningful contribution to our service and patients. This means that sometimes we all need to take a good look at ourselves, be honest about how things are and where we could do better, and then make the necessary changes - so we can all feel proud to be part of the Radiation Oncology team.

A healthy culture is something we need to build together and the attached assessment is the start of the conversation about what we need to do, together, to make this a reality. In the first instance I invite feedback on the report overall, your thoughts about the conclusions and recommendations, and your suggestions about what the next steps might be. Before Christmas we will hold a staff forum to discuss the feedback and suggestions for how we will roll out a programme of improvement, which will then commence in the New Year. We also welcome suggestions ahead of this process where we can make quick changes that improve day to day work in the immediate term.

Feedback can be provided in any manner, **Claire** and I are happy to receive emails, have team or individual meetings or to have a note simply dropped in our mail boxes or the department

suggestion box. Support for all staff is also available through our Employee Assistance Programme and via the Unions.

As staff you are vital to the delivery of great patient care and outcomes. We are absolutely committed to taking action to improve the work environment, ensuring that as a team we listen to each other and use our collective wisdom to make positive changes.

Thank you again for your on-going commitment and we look forward to your feedback. The closing time for feedback is end of day Sunday December 10th.



ACC Partnership Programme Audit Report (Injury management only)

(for use with third party administrators sub-contracted to
accredited employers)

For
MidCentral District Health Board
August 2015
(Updated report)

**AUDIT STANDARDS
EFFECTIVE FROM 1 APRIL 2002**

We include the following disclaimer in the introduction to the audit standards:

“Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.”

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Partnership Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Partnership Programme

Independent audit summary

Name of company or organisation:	MidCentral District Health Board
Contact person:	Anne Amorre
Telephone:	06 350 806
Email:	anne.amorre@midcentraldhub.govt.nz
Address:	PO Box 2056 Palmerston North 4440
Date(s) of audit:	24 August 2015
Audit completion date:	24August 2015
Location(s) of audit:	Palmerston North Hospital

NOTE: that the final decision regarding the level of conformance to the Partnership Programme audit standard will be made by ACC following consideration of all information.

It is my recommendation that the above named employer:

meets the audit requirements of the ACC Partnership Programme to the following level

Primary Secondary Tertiary

does not meet the audit requirements of the ACC Partnership Programme

Summary of workplace information:

MidCentral District Health Board (MDHB) employs approximately 2500 staff, and provides health and hospital services to the Manawatu and Taranaki regions.

Staff at the MDHB are represented by a number of unions including the Nurses organisation, PSA and resident Doctors Association.

Hazards facing staff at the MDHB are typical of those in the health sector, including manual handling/patient handling, exposure to bio hazards, including needle-stick injury, slips and trips and violence from patients and members of the public.

Cleaning, maintenance and orderly services are contracted out to Spotless.

It was reported that 2 serious harm injuries to staff have been reported to WorkSafe in the past 12 months, both relating to slips and trips.

An occupational health unit which includes a team leader and occupational health nurse, occupational health physiotherapist and an occupational physician oversee and coordinate the health and safety and injury management processes across the MDHB.

WorkAon assist the MDHB in the management of work-related injuries.

The occupational health unit within the MDHB also plays a major role in return to work for staff with nonwork injuries or incapacity due to illness.

This audit was an injury management only audit, carried out at Palmerston North Hospital.

An ACC employer compliance advisor took part in the file management review in this audit.

The MDHB has been operating at tertiary level prior to this audit; Tertiary level is recommended as a result of this injury management only audit.

Note that suggestions to enhance the current injury management processes are headed "*Suggestion*". Recommendations to better meet audit requirements are marked "*Recommendation*".

<input type="radio"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
---	--

ACC Approved Auditor Details:

Name:	David Wutzler		
Date:	30 August 2015		
Address:	[REDACTED]		
Phone:	[REDACTED]	E-mail:	davidw@hss.org.nz
Auditor signature:		Date:	[REDACTED]

Summary of results	Level Demonstrated
<p>Part B – Injury Management</p> <p>10. Cover Decisions</p> <p>11. Entitlements</p> <p>12. File Management</p> <p>13. Administration and Reporting</p> <p>14. Disputes Management</p> <p>15. Development of Rehab Policies, Procedures and Responsibilities</p> <p>16. Assessment, Planning and Implementation of Rehabilitation</p> <p>17. Rehabilitation Outcomes, Return to Work and Follow-up Procedures</p> <p>Part C – Focus Group interviews and selected case studies</p> <p>18. Focus Group Interviews</p> <p>19. Case Studies</p>	<p>Secondary</p> <p>Secondary</p> <p>Secondary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Primary</p> <p>Tertiary</p>
Number of focus groups:	2
Number of case file reviews:	8

NOTE

- secondary is the maximum level that can be achieved for Elements 10, 11 and 12
- elements 13 and 14 have only primary and tertiary requirements
- primary is the maximum level that can be achieved for element 18

Critical element ten

– Cover decisions

OBJECTIVE

The employer will demonstrate a procedure for making workplace injury cover decisions that complies with the legislation* and includes review rights.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a claims lodgement system that ensures lodgement of claims for workplace injuries.	1. Documented claims lodgement procedure.	Yes	Yes
2. There is a procedure for making cover decisions on work-related personal injury claims that is timely and complies with the legislation*.	1. Procedure to determine whether a personal injury is work-related.	Yes	Yes
	2. Example or standard letters and forms.	Yes	Yes
	3. A procedure to manage work injury disputes that includes consideration of all relevant information (e.g. medical, employee and employer information).	Yes	Yes
3. Cover decision letters state the reasons for decisions and include review rights.	1. Evidence of cover decisions that are confirmed in writing (including favourable decisions) and contain review rights according to the legislation*.	Yes	Yes
	2. Any cover decision unfavourable to the employee is discussed with the employee prior to written notification.	Yes	Yes
4. There is a trained and/or experienced, designated person(s) to determine cover for work-related injuries according to the legislation*.	1. Acceptance or declinature of cover is made by designated person(s) with knowledge of the current legislation* and with no less than 12 months' claims management experience, or who is under the close personal supervision of someone with at least this experience.	Yes	Yes
5. There is employee training or similar awareness programme that ensures all employees are informed of the claims lodgement procedures.	1. Standard training or training programme examples.	Yes	N/a
	2. All employees have some means of informing service providers of their employer's ACC Partnership Programme status (e.g. identification cards, brochures, introductory letters).	Yes	N/a

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

	3. Evidence that information is provided at least annually to all employees.	Yes	N/a
	4. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes	N/a
6. There is a process for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Documented transfer process.	Yes	Yes
	2. Evidence that process conforms to ACC guidelines (ACC will notify employers through guidelines from time to time).	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Cover decisions
Standard achieved: Secondary level achieved for this element
Comments:
<p>Midcentral DHB (MDHB) manages work related injury claims with the assistance of WorkAon. The injury management systems used by MDHB are outlined in an injury management manual provided by WorkAon, last updated in August 2015, and in the MDHB safety management system. Both the injury management manual and the MDHB safety management system contained similar information regarding the injury management processes within the DHB.</p> <p>The health and safety unit within the DHB play a major role in managing work-related injuries across the DHB. The DHB's internal reporting system (Riskman) will notify the health and safety unit if an injury requires medical treatment. The health and safety unit will then seek an ACC45 form from the employee which is forwarded to WorkAon. If WorkAon received the ACC45 form directly, the WorkAon case manager will contact the health and safety unit to seek verification of a work injury.</p> <p>The manager of the injured employee and the injured employee complete an accident insurance claim form, on which the manager indicates whether they feel the injury is work-related, non work-related or requires further investigation.</p> <p>The DHB will notify WorkAon if a claim is accepted as work-related, and WorkAon will communicate cover decisions to the injured employee by letter, each cover decision letter contains review rights. If cover is declined, the injury management manual outlines a process for the decline decision to be discussed with the employee prior to issuing written notification. One claim file reviewed for this audit contained a decline decision, which was discussed with the employee prior to the employee receiving written notification.</p> <p>All employees receive a leaflet outlining the work injury management process on induction and an annual email is also sent to all staff which contains information on how work injuries are managed within the DHB. Employees are issued with a wallet card which contains contact details for WorkAon. This card is to be shown to treatment providers if an employee is seeking treatment for the work-related injury in order for the treatment provider to directly contact WorkAon in relation to the treatment.</p> <p>A claims transfer process for transferring claims that are not the responsibility of the DHB is outlined in the injury management manual.</p>
Critical issues: None.

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Recommendations for improvement:	
10.2	<p><i>Suggestion</i></p> <p>The MDHB health and safety unit receive notification of injuries that require medical treatment through the Riskman notification process (sometimes individuals notify the health and safety unit directly).</p> <p>If an incident is initially entered into Riskman as not requiring medical treatment and an employee subsequently seeks medical treatment, the health and safety unit may not receive any indication of the lodging of a work-related injury claim through Riskman, which can delay the commencement of injury management.</p> <p>Although information is supplied to MDHB staff regarding notification of work-related injury claims to the DHB, consider whether a prompt could be added to Riskman reminding an employee to notify the health and safety unit if medical treatment is sought for an injury after it has been reported.</p>

Critical element eleven

– Entitlements

The employer has developed a process for ensuring entitlements are assessed in an accurate and timely manner and claimants are notified of decisions in compliance with the legislation*.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a procedure to ensure injured employees are aware of their entitlements and of the process for applying for those entitlements.	1. Notification procedure.	Yes	Yes
	2. Evidence that information on entitlements is readily available to all employees (e.g. Intranet, fact sheets, brochures).	Yes	Yes
	3. Evidence that information on entitlements that may be applicable, is provided with acceptance of claims for cover.	Yes	Yes
2. There is a process for assessing injured employees' eligibility to entitlements according to the legislation*.	1. Evidence of assessment process that considers the range of medical, social and vocational entitlements (e.g. needs assessment sheets or similar).	Yes	Yes
	2. Example or standard letters/forms.	Yes	Yes
	3. All entitlement decisions are confirmed in writing (including favourable decisions) and contain review rights according to the legislation*.	Yes	Yes
	4. Any entitlement decision unfavourable to the employee is discussed with the employee prior to written notification.	Yes	Yes
3. There is a process to obtain and update signed, informed consent from an employee before the collection and release of information relevant to a claim.	1. Evidence of provision of written explanation to employees required to sign a consent form.	Yes	Yes
	2. Standard consent form that includes reference to the Privacy Act 1993 and Health Information Privacy Code 1994 with completed examples (where relevant).	Yes	Yes
4. There is a procedure to ensure that employees receive accurately calculated weekly compensation according to provisions of the legislation*.	1. A procedure to calculate and pay weekly compensation with reference to the period of incapacity that is being covered that considers secondary employment where relevant.	Yes	Yes

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

	2. Evidence that calculation sheets are maintained on every file where a period of incapacity exceeds seven days and a copy sent to the injured employee.	Yes	Yes
	3. Evidence of a procedure to advise injured employees in all situations where more than 80% weekly compensation is being paid.	Yes	Yes
	4. A procedure to apply indexation increases (Orders in Council) that includes reference to the relevant dates involved.	Yes	Yes
	5. A procedure to calculate and pay abated weekly compensation.	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Entitlements
Standard achieved: Secondary level achieved for this element
Comments:
Detailed information on entitlements is contained in the MDHB safety management system and in the WorkAon/MDHB injury management manual. When a work injury claim is accepted, WorkAon include a copy of an entitlement fact sheet on the cover decision letter.
The initial needs assessment carried out by the MDHB contains detailed prompts regarding the range of entitlements that the injured employee may need as part of the initial needs assessment interview. The initial needs assessment is normally carried out by the MDHB health and safety unit.
If entitlement needs are identified through the initial needs assessment carried out by the MDHB health and safety unit or by WorkAon, these are generally confirmed in entitlement decision letters to the employee. An exception to this is that the first 6 treatments of physiotherapy can be provided without an entitlement decision letter. Physiotherapy treatment beyond the first 6 visits is generally confirmed in an entitlement decision letter. Entitlement decision letters contain review rights and the injury management manual outlines a process for discussing unfavourable entitlement decisions with the employee prior to issuing written notification. No situations where unfavourable entitlement decisions occurred were contained in the files that were reviewed for this audit.
The MDHB has an in-house consent form which employees who are involved in work-related injuries are asked to sign as soon as a claim is notified to the MDHB. WorkAon also request a consent form from the employee, all files reviewed for this audit contained both the MDHB and WorkAon consent form.
The MDHB payroll section pays weekly compensation to employees after receiving advice from WorkAon on the amount of weekly compensation payable. Earnings details are entered into the WorkAon web calculator to create calculations for short-term and long-term weekly compensation entitlements. The system used by the MDHB for calculating the first week weekly compensation for work-related injuries appear to be slightly different to the process outlined in the Accident Compensation Act.
Critical issues: None.

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Recommendations for improvement:	
11.2	<p><i>Suggestion</i></p> <p>Consider adding a prompt to the initial needs assessment sheet to remind employees that treatment provided through preferred providers to the MDHB do not incur a surcharge, and that the employee will be responsible for the surcharge from treatment providers that are not MDHB preferred providers. (Although this information is provided to staff, several employees spoken to who had been involved in work-related injury claims indicated they were not aware of the surcharge policy at the time they sought treatment for a work-related injury).</p>
11.3	<p><i>Suggestion</i></p> <p>It was noted that almost all claims have 2 consent forms, one from the MDHB and a WorkAon consent form.</p> <p>Consider whether the consent form used by the MDHB can be amalgamated with the WorkAon consent form to avoid duplication</p>
11.4	<p><i>Recommendation</i></p> <p>It is recommended that the payroll section of the MDHB develop more detailed guidelines for the calculation and payment of weekly compensation for work-related injuries, particularly calculation of first week compensation which should be directly related to weekly compensation entitlements outlined in the Accident Compensation Act.</p>

Critical element twelve

– File management

OBJECTIVE

Policies and procedures are in place to ensure that files are managed and administered in a way that complies with the legislation*. (Templates or samples will only be accepted for new accredited employer applications or situations where there have been no claims.)

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a procedure detailing information to be contained in a claim file.	1. Detailed procedure.	Yes	Yes
	2. Actual claim files (refer objective).	Yes	Yes
	3. Example or standard letters and forms.	Yes	Yes
2. All claims information is collected and stored correctly in accordance with the relevant legislative requirements.	1. A procedure that includes reference to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes	Yes
	2. A secure storage area and list of authorised personnel with access.	Yes	Yes
	3. Individual claim information kept separately from other employment-related information (e.g. personnel files).	Yes	N/A
	4. Each claim file contains only information relevant to the management of that individual claim.	Yes	Yes
	5. Files not requiring transfer at the end of the claims management period are held securely and are accessible to ACC on request.	Yes	Yes
3. Claims contain confirmation of early contact and initial consideration of rehabilitation needs. (Not applicable for "medical-fees-only" claims.)	1. Procedure requiring early contact and an initial needs assessment with injured employees within five working days of injury notification.	Yes	Yes
	2. Evidence that contact is made and an initial needs assessment carried out within two working days of injury notification.	Yes	Yes
4. Claims contain up-to-date running sheets summarising the management of the claim.	1. Evidence that running sheets are held on all files that contain more than initial treatment* costs.	Yes	Yes

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

5. Closed claims that contain more than initial treatment* costs contain a closure summary (or similar).	1. Closure summary examples or templates that include (at least): <ul style="list-style-type: none"> – Total costs and final outcome – Rehabilitation intervention (where relevant). 	Yes	Yes
6. A process exists to prepare, review and transfer claims according to ACC specifications.	1. Active claims to be transferred to ACC contain a completed chronological transfer summary report.	N/A	Yes
	2. Process for transfer includes notification to the injured employee, ACC and other parties actively involved in the management of the claim (e.g. general practitioner, union representative*).	Yes	Yes
	3. A file quality check of payment accuracy and rehabilitation is carried out prior to transfer and signed off by a designated senior person.	Yes	Yes
	4. Evidence that process conforms with ACC guidelines (ACC will notify employers from time to time).	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

File management:
Standard achieved: Secondary level achieved for this element
Comments:
<p>WorkAon keep the master claim file on behalf of the Midcentral DHB.</p> <p>The MDHB and safety unit also maintain claim files for work-related injuries which contain copies of claim related information such as ACC45, ACC 18, rehabilitation plans and letters to the employee.</p> <p>The MDHB claim files are kept separately from other employment information in a locked cabinet in the health and safety unit.</p>
<p>The injury management manual outlines the processes that should be used for maintaining confidentiality of personal medical information that is collected for the purposes of managing work-related injuries.</p>
<p>The MDHB health and safety unit will contact an employee who is receiving medical treatment for a work-related injury as soon as they can to carry out an initial needs assessment which is recorded on the MDHB initial needs assessment (INA)/running sheet form.</p> <p>The initial needs assessment contains a number of prompts to identify any social, vocational and medical needs the employee may have as an immediate result of their injury.</p>
<p>The initial needs assessment form also acts as a running sheet and contacts between the injured person and the health and safety unit are summarised on the INA/running sheet.</p> <p>The majority of files reviewed for this audit contained evidence of contact to carry out an initial needs assessment or attempts to contact within 2 days of injury notification.</p> <p>In several cases, the initial needs assessments were carried out outside of the 2 day timeframe specified in critical element 12.3.2, equivalence was applied as in these cases there had been delays in</p>

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

the employee notifying the health and safety unit that medical treatment had been sought for the work-related injury.
WorkAon also keep case notes on the electronic claims management system (Figtree) which can be printed out to be included on the hard copy of a claim file.
WorkAon complete a claim closure sheet once claims that require more than initial treatment only are closed. Claim closure sheets on claim summaries were sighted on all closed claim files reviewed for this audit.
WorkAon manage the claims transfer process to ACC once a claim is handed back to ACC.
Critical issues: None.
Recommendations for improvement:
12.2 <i>Recommendation</i> Ensure that all claim related activity and information is forwarded to WorkAon to include in the master claim file, particularly the return to work plan that is developed by the MDHB health and safety unit.
12.3 <i>Suggestion</i> Consider including a question asking employees if they have secondary income as part of the MDHB initial needs assessment, so this information can be forwarded to the MDHB payroll to include any earnings lost from secondary employment in first week compensation.

Critical element thirteen

– Administration and reporting

OBJECTIVE

The employer has a computer reporting system that holds appropriate data and allows timely and accurate reporting to ACC as required by the accredited employer agreement.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. The employer has a computer reporting system that contains all data requested by ACC.	1. Programme used to record ACC data is backed up to the employer's information technology (I.T.) standards.	N/A	Yes
	2. Programme used is technically supported (e.g. by employer's I.T. department or vendor supplying programme).	N/A	Yes
	3. Programme has documented data procedures and information (e.g. user guide or manual).	N/A	Yes
	4. Reporting responsibilities defined and data-specific roles covered for leave and sickness.	N/A	Yes
2. Monthly reports are to be received within five working days of month end and in a format specified by ACC.	1. Report format (as defined by accredited employer data system).	N/A	Yes
	2. Records show timely reporting within five working days of month end with current supporting correspondence from ACC (e.g. email message confirming receipt of data – not applicable for new accredited employer applications).	N/A	Yes
3. There is a process for providing individual case estimates.	1. There is a process to provide case estimates based on (at least): <ul style="list-style-type: none"> – Injury type and severity – Occupational type – Age of claimant. 	Yes	Yes
4. Computer systems are secure and access is only available to designated personnel.	1. Evidence that information is restricted to designated personnel.	N/A	Yes
	2. Computer system security that meets the requirements of the 1993 Privacy Act and the 1994 Health Information Privacy Code.	N/A	Yes

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	3. Digital Certificate for data transmission (held either by the employer or by a subcontracted third party administrator who transmits data on behalf of the employer).	N/A	Yes
5. There is a process to identify and manage issues of inappropriate claiming or fraud independent of the ongoing injury management of a claim.	1. Fraud identification process.	Yes	Yes
	2. Evidence that any investigation process will be managed independently from the ongoing injury management process.	Yes	Yes
	3. Evidence that the employer will promptly contact ACC to seek expert advice.	Yes	Yes
6. There is a process to liaise with, and notify ACC regarding: – Fatal claims, serious injury claims or claims of a sensitive or complex nature – Changes in the employer's injury management operation or injury management personnel.	1. Liaison and notification process.	Yes	Yes
	2. Example or standard letters (where relevant).	Yes	Yes
	3. Evidence that there is designated "single point of contact" responsible for ACC notification and liaison.	Yes	Yes

Administration and reporting
Standard achieved: Tertiary level achieved for this element
Comments:
WorkAon develop case estimates for claims that require more than initial medical fees only, case estimates are communicated to MDHB as part of the open claim summaries that are regularly communicated to the MDHB from WorkAon.
WorkAon provide data reporting of claims related information to ACC on behalf of the MDHB. Accuracy of data reporting is now monitored by ACC and was not reviewed for this audit.
The injury management manual outlines a process for managing issues associated with inappropriate claiming, complex claims and sensitive claims.
Critical issues: None.
Recommendations for improvement:
13.3 <i>Suggestion</i> Consider using the case estimates to monitor injury management performance, for example through monitoring whether early intervention has had an impact on the days lost or recovery time estimated for the injury in the case estimate process. This could provide a useful indicator of the benefits to the DHB through the early intervention process and performance indicators for the management of work-related injuries.

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Critical element fourteen

- Disputes management

OBJECTIVE

The employer will demonstrate procedures to manage disputes arising out of any aspect of injury management, that comply with the legislation* and the requirements of the accredited employer agreement.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a disputes management procedure according to the requirements of the legislation* and accredited employer agreement.	1. Disputes management procedure.	Yes	Yes
	2. Standard letters and forms.	Yes	Yes
	3. Examples (where relevant).	Yes	N/A
	4. The disputes management procedure includes options for informal resolution in the first instance (e.g. meeting with relevant parties, independent complaint investigation or conciliation procedures by the designated "disputes manager").	Yes	Yes
2. There is a designated senior person(s) responsible for dispute management (not the initial decision-maker).	1. Designated "disputes manager".	Yes	Yes
3. Employees are aware of the disputes management process and rights of review and appeal and have access to the designated "disputes manager".	1. Evidence of information provided to staff regarding review and appeal rights and the disputes management process (e.g. training information, newsletters, posters).	Yes	Yes
4. There is a process for the evaluation of dispute management outcomes to ensure that opportunities for improvement are identified (where applicable). (Care must be taken to protect the privacy of individuals in reviewing dispute outcomes.)	1. Evaluation process.	Yes	Yes
	2. Evidence of evaluation of disputes management outcomes that occurs annually or when an employer's decision is overturned at review.	Yes	N/A

* Please refer to the definitions in the ACC Partnership Programme audit standards.

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Disputes management
Standard achieved: Tertiary level achieved for this element
Comments:
Detailed processes regarding management of disputes in relation to work-related injuries are outlined in the safety management system and the injury management manual. The procedures in the safety management system list the responsibilities of various parties and the disputes process including the role of the HR manager as the organisations dispute manager.
It was reported that there have been no reviews heard in the last 12 months.
The disputes management process includes options for the informal resolution of the dispute in the first instance to try and settle the dispute before a formal hearing is required.
The DHB sends a summary of the MDHB injury management procedures, including the dispute procedures with every accepted work injury claim.
The WorkAon/MDHB contains a process for an annual evaluation of dispute outcomes, as there were no disputes heard in the last 12 months, there has been no need for this evaluation to take place this year.
Critical issues: None.
Recommendations for improvement:
None.

Critical element fifteen

– Development of rehabilitation policies, procedures and responsibilities

OBJECTIVE

The employer has documented policies and procedures that promote a supportive workplace environment; so that workplace-based rehabilitation following an injury becomes the usual course of action wherever possible.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. A written rehabilitation policy that: <ul style="list-style-type: none"> – Is current, dated and signed by a senior manager – Is widely accessible in the workplace – Is included in staff orientation training – Includes objectives and responsibilities – Includes consultation with union* and other nominated employee representatives*. 	1. Policy document.	Yes	N/A
	2. Records of staff induction, provided in staff handbooks, Intranet (or similar).	Yes	N/A
	3. Evidence that the policy recognises the employees' need for support, advice and representation from the employees' union* or other nominated employee representative* (e.g. colleague, friend, family).	Yes	N/A
2. Workplace rehabilitation will be managed by a designated and trained or experienced person(s).	1. The designated ACC Partnership Programme case manager has at least: <ul style="list-style-type: none"> – 24 months' workplace rehabilitation experience; or – A tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or – Is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a third party administrator). 	Yes	Yes
	2. Responsibilities defined and rehabilitation roles covered for leave and sickness.	Yes	Yes
3. The employer has documented procedures for early intervention strategies, including managing the recovery of employees following injury, and intervention as soon as a potential gradual process injury is identified.	1. Rehabilitation and return to work procedure, including monitoring and follow-up.	Yes	N/A
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes	N/A
	3. Designated management responsibilities for rehabilitation for each work site.	Yes	N/A

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	4.	Documented rehabilitation support responsibilities for union* and other nominated employee representatives*.	Yes	N/A		
	5.	The policies and procedures are developed and implemented in consultation with union* and other nominated employee representatives*.	Yes	N/A		
	6.	Evidence that rehabilitation and return to work processes have been implemented (where applicable).	Yes	N/A		
4.	Line managers and union* and other nominated employee representatives* actively involved in rehabilitation management understand the process of maintaining employees in the workplace and supporting safe and early return to work.		1.	Information available.	Yes	N/A
			2.	Evidence of training programme (or similar) within 12 months of programme entry (not applicable for initial audit).	Yes	N/A
			3.	Evidence that training has been carried out within the last two years.	Yes	N/A
5.	Injured employees are informed and understand the process and responsibilities for rehabilitation, including the need for early intervention.		1.	Processes covering staff and management responsibilities, early return to work expectations, selected work options, support available and the right to union and other nominated employee representation*.	Yes	N/A
			2.	Evidence that information is provided at least annually to all employees.	Yes	N/A
			3.	Evidence that process information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes	N/A
6.	There is a process to monitor, evaluate and review rehabilitation plans and outcomes.		1.	Process to monitor, evaluate and review.	Yes	Yes
			2.	Designated roles and responsibilities for this process including the timeframes involved.	Yes	Yes

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7. Preferred provider network specific to the employer's workplace needs is established to support rehabilitation (e.g. general practitioners, specialists, social needs assessors).	1. Rationale and criteria for selection of preferred providers is documented.	Yes	Yes
	2. Preferred provider lists (or similar information).	Yes	Yes
	3. Process for monitoring of preferred provider performance.	Yes	Yes
	4. Evidence that preferred provider performance has been monitored within the last 12 months.	Yes	Yes
8. The rehabilitation policy includes provision of rehabilitation opportunities for non-work injuries.	1. A statement in the policy (e.g. opportunities for alternative duties when available, access to preferred providers).	Yes	N/A
	2. Evidence that employers have been involved in the rehabilitation or return to work programme of employees who have sustained non-work injuries (where applicable).	Yes	N/A
9. Rehabilitation management includes an opportunity for the employer to develop and implement an unscheduled leave management (or total absentee management) programme.	1. A statement of intent (e.g. statement in the rehabilitation policy, business plan).	Yes	N/A

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Development of rehabilitation policies, procedures and responsibilities
Standard achieved: Tertiary level achieved for this element
Comments:
<p>The MDHB rehabilitation policy was last reviewed in 2013.</p> <p>The rehabilitation policy is developed in consultation with the bipartite action group, the (BAG). BAG includes representatives from the unions that represent staff at the MDHB.</p> <p>The rehabilitation policy contains responsibilities and expectations for the DHB and injured employees during the rehabilitation process.</p>
<p>Workplace rehabilitation is managed in partnership between the health and safety unit of the MDHB and WorkAon case manager.</p> <p>The health and safety unit of the MDHB several staff that are able to provide cover for injury management in the event of absence.</p> <p>WorkAon also have case management resources to provide cover should the main case manager for the MDHB be unavailable.</p>
<p>The MDHB safety management system has detailed return to work and rehabilitation procedures. Although the responsibility for management of injured employees lies with the injured employee's manager, the MDHB health and safety unit plays a very active role in the rehabilitation/return to work process for injured employees, including making initial contact and ongoing monitoring of the claim on behalf of a manager.</p>
<p>The MDHB safety management system contains a flowchart which outlines the injury management process and responsibilities at each stage of the rehabilitation process.</p>
<p>Most of the claim files reviewed for this audit have resulted in the injured employee returning to their preinjury position.</p>

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<p>The MDHB has a training module for managers which contain a module outlining the DHB's responsibilities for injury management for work-related injuries.</p> <p>The MDHB health and safety unit works closely with managers who are involved with the work injury management process to provide ongoing coaching.</p>
<p>The MDHB health and safety unit receive a weekly update on open claims from WorkAon, this is used to monitor the progress of the rehabilitation process</p>
<p>The MDHB safety management system includes a process for selecting and monitoring preferred providers.</p> <p>A sheet outlining the preferred providers for MDHB was presented for this audit which included information on the performance review of preferred providers in 2014.</p>
<p>The MDHB has a strong emphasis on providing rehabilitation opportunities for all forms of incapacity, including nonwork injury and illness.</p> <p>A number of examples of the MDHB's involvement in the management of nonwork injuries and long-term illness claims were discussed in the focus group interviews with managers and staff.</p> <p>The rehabilitation policy makes no distinction between work and nonwork injuries.</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p>
<p>15.2 <i>Suggestion</i></p> <p>Consider whether responsibilities/expectations for co-workers of injured staff in the return to work process could be outlined in the responsibilities section of the rehabilitation policies/procedures.</p> <p>(For example, expectations that co-workers will support the injured employee.)</p>
<p>15.3 <i>Suggestion</i></p> <p>Consider outlining timeframes for the actions that should occur as part of the rehabilitation/return to work process on the flowchart which describes the rehabilitation procedure within the MDHB for work-related injuries.</p> <p>The rehabilitation flowchart could also make reference to key steps in the process such as initial needs assessment and weekly monitoring.</p>
<p>15.4 <i>Recommendation</i></p> <p>Consider how training in the injury management process can be provided to employee safety representatives to assist representatives in supporting injured employees through the return to work process.</p>
<p>15.6 <i>Suggestion</i></p> <p>Consider including key performance indicators for injury management such as completion of initial needs assessment and weekly monitoring on the spreadsheets used to monitor open claims, to help monitor the key responsibilities of the DHB in work-related injury management</p>
<p>15.7 <i>Recommendation</i></p> <p>To help make the preferred provider selection and monitoring process more objective, consider developing criteria for selecting and monitoring preferred providers, such as quality of outcome, timeliness, value for money and availability.</p> <p>These indicators could be used for the selection of preferred providers and for monitoring preferred provider performance.</p>

Critical element sixteen

– Assessment, planning and implementation of rehabilitation

OBJECTIVE

The employer has active procedures in place for ensuring that timely and appropriate rehabilitation is provided in an open, consultative manner, and in line with agreed policies (process documents accepted for new accredited employer applications).

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. Procedure to assess an employee's rehabilitation needs (includes both initial assessment and ongoing rehabilitation requirements).	1. Rehabilitation assessment procedure that includes timeframes for intervention, designated responsibilities and process for notification to third party service providers (where relevant).	Yes	Yes
2. Vocational and social rehabilitation needs are assessed (where applicable) with reference to the legislation*.	1. Procedure that provides guidelines on rehabilitation providers to be utilised when necessary.	N/A	Yes
	2. Evidence that consideration of social rehabilitation (e.g. home help and childcare) has occurred (e.g. referrals, rehabilitation plans).	Yes	Yes
	3. Evidence that consideration of vocational rehabilitation has occurred (e.g. referrals, rehabilitation plans, needs assessments).	Yes	Yes
3. There is a process to ensure referrals are made to the relevant service providers.	1. Process for referral based on the needs assessment and including procedures required, timeframes and monitoring of provider performance.	N/A	Yes
	2. Evidence of referral letters and forms.	Yes	Yes
4. Where the need for rehabilitation is identified, an individual rehabilitation plan is developed in consultation with relevant parties and based on legislative requirements and includes: <ul style="list-style-type: none"> – Goals – Actions to be taken – Responsibility for actions – Timeframes – Costs. 	1. Policies and processes for the development of rehabilitation plans within a maximum of six weeks of injury notification, following consultation with the injured employee and medical providers.	Yes	Yes
	2. Development of rehabilitation plan carried out in consultation with key workplace influencers (e.g. case manager, injured employee, line manager and (on request) union* and other nominated employee representatives*).	Yes	Yes

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	3. Process requiring rehabilitation plans or action plans to be established within 14 days of injury notification following consultation with the injured employee and medical providers.	Yes	Yes
	4. Process requiring rehabilitation plans or action plans to be established within a maximum of seven days of injury notification following consultation with the injured employee and medical providers.	Yes	Yes
	5. Rehabilitation plans are developed and monitored in face-to-face interviews with key workplace personnel (e.g. case manager, injured employee, line manager and (on request) union* and other nominated employee representatives*).	Yes	Yes
5. Rehabilitation plans are monitored and reviewed at agreed timeframes for the duration of rehabilitation.	1. The responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes	Yes
	2. Monitoring of rehabilitation progress occurs at least weekly for the duration of rehabilitation.	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Assessment, planning and implementation of rehabilitation
Standard achieved: Tertiary level achieved for this element.
Comments:
Rehabilitation needs for injured employees are assessed as part of the initial needs assessment and in the initial rehabilitation planning process.
Where rehabilitation needs are identified, such as social rehabilitation needs, WorkAon utilises providers to assess the resources required to meet those needs. Evidence of assessment of vocational needs by occupational therapists and social needs assessments for home help were sighted on files reviewed for this audit
Where entitlements for social, vocational and medical needs are confirmed, these entitlements are communicated in entitlement decision letters containing review rights. Referral letters to providers were sighted on files reviewed for this audit.
Where the need for rehabilitation is identified an initial action plan is normally communicated to the injured employee by letter from WorkAon. Initial action plans are generally developed within 7 days of injury notification. The initial action plans sighted on files reviewed for this audit all contained very similar wording.
Once rehabilitation needs are identified, rehabilitation plans containing goals, actions, responsibilities and timeframes are developed with the injured person, a representative from the MDHB and WorkAon case manager.
All files reviewed for this audit that involved more than 4 weeks incapacity had a rehabilitation plan or an initial action plan developed within that 4 week period.

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Rehabilitation plans are signed off by all parties and contain review rights.	
Critical issues: None.	
Recommendations for improvement:	
16.4	<i>Suggestion</i> Consider whether an initial action plan can be developed by the health and safety unit as part of, or following, the initial needs assessment, to clearly outline actions to be taken and responsibilities for those actions for the period between the initial needs assessment and the development of a formal rehabilitation plan.
16.4	<i>Suggestion</i> Consider outlining activities such as weekly monitoring in the rehabilitation plans so all parties understand the purpose of weekly monitoring and responsibilities.

Critical element seventeen

– Rehabilitation outcomes, return to work and follow-up procedures

OBJECTIVE

An employer has consultative processes that support safe, early and sustainable return to work of injured employees or maintenance at work where early intervention support is identified (process documents accepted for new accredited employer applications).

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. The employer has a process established that identifies suitable alternative duties and is committed to providing these duties (when available).	1. Process that includes guidelines for the consultative identification of alternative duties and the designated responsibilities for this process.	Yes	N/A
	2. Example rehabilitation plans as evidence of provision of alternative duties (where relevant).	Yes	N/A
	3. Evidence that rehabilitation outcomes have been achieved (e.g. rehabilitation plans).	Yes	N/A
2. The employer considers retraining and job seeking where return to work at the pre-injury job is not an option.	1. Process that considers the range of vocational rehabilitation options as expressed in the legislation* (where applicable).	Yes	Yes
3. The employer has a process for the consultative review of rehabilitation plans that continue beyond the agreed completion date.	1. Process for consultative review of ongoing rehabilitation plans that considers current medical, vocational and social information at least every eight weeks for the duration of the claim.	Yes	Yes
	2. A process to consider ongoing intervention options for non-progressive rehabilitation cases including (for example) vocational independence, surgery options, referred assessment service.	Yes	Yes
	3. Process for consultative review of ongoing rehabilitation plans that considers current medical, vocational and social information at least every four weeks for the duration of the claim.	Yes	Yes

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4. The employer ensures that any previously unidentified health and safety or injury prevention issues arising out of the rehabilitation process are fed back into hazard management.	1. Evidence of feedback from rehabilitation planning into hazard management (e.g. forums, hazard register, staff communications, training plans) (where applicable).	Yes	N/A
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* Please refer to the definitions in the ACC Partnership Programme audit standards.

Rehabilitation outcomes, return to work and follow-up procedures
Standard achieved: Tertiary level achieved for this element
Comments:
<p>The occupational health unit within the MDHB maintains a list of areas within the DHB that have alternate duties available for staff that are unable to perform their normal role due to injury/illness.</p> <p>The range of activities undertaken across the DHB means that the DHB is generally able to accommodate staff who are unable to perform their normal role</p>
<p>The health and safety unit will normally developed a return to work plan with the injured person and the area they will be working in as part of the rehabilitation plan which outlines the work restrictions of the injured person an outline of the tasks to be undertaken and a review date for the return to work plan.</p>
<p>A number of examples where staff have been successfully returned to their preinjury position, some after long periods of rehabilitation, were sighted as part of this audit.</p>
<p>The injury management processes in the safety management system and in the WorkAon/MDHB injury management manual outlines a hierarchy of actions available for situations where employees are unable to return to their preinjury position.</p>
<p>Rehabilitation plans for ongoing incapacity are reviewed every 4 weeks, normally prompted by the WorkAon case manager who will develop a new rehabilitation plan to outline the activities to be undertaken over the next 4 weeks in terms of social, vocational and medical rehabilitation/treatment.</p> <p>The occupational health unit is often involved in the 4 weekly rehabilitation meetings, some staff will bring a support person to these meetings.</p>
<p>A part of rehabilitation planning for staff that work in medical wards is a review of infection control risks. This does mean that some injuries preclude staff from working in certain medical areas due to potential hazards to the employee and patients.</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p>
<p>17.3 <i>Suggestion</i></p> <p>Consider incorporating the return to work plans developed by the MDHB occupational health unit into the "formal" rehabilitation plans, so the relationship between both plans is clearly understood, and the return to work plan forms part of the rehabilitation plan.</p>

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Critical element eighteen

– Focus group interview; confirmation of safe systems in action

OBJECTIVE

The employer is able to confirm and validate hazard management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. There is an understanding of what constitutes a hazard in the workplace.	Yes
2. There is an understanding of the process for hazard identification.	Yes
3. There is an awareness of respective responsibilities in the identification of hazards.	Yes
4. #There is an understanding of the term "significant hazard" and the hierarchy of controls in the management of these hazards.	Yes
5. There is an understanding of injury and incident reporting and recording requirements.	Yes
6. There is an understanding of injury or incident investigations including designated responsibilities and the role of the injured employee and the manager concerned.	Yes
7. There is an understanding of the responsibilities for corrective action resulting from an injury or incident investigation.	Yes
8. #There is an understanding of how to initiate rehabilitation support and assistance for any injured employees.	Yes
9. There is an understanding of the process for union* and other nominated employee representation* and the way in which to raise health and safety issues.	Yes
10. There is an understanding of the emergency procedures in the workplace.	Yes
11. There is an understanding of what the "partnership" refers to under the ACC Partnership Programme and how it relates to the workplace.	Yes
12. Employees are aware of the claims lodgement process and how to access entitlements.	Yes
13. #There is an understanding that work-related claims information is collected and stored in relation to the Privacy Act 1993 and the 1994 Health Information Privacy Code.	Yes
14. Employees are aware of the disputes management process and how to review decisions.	Yes
15. #There is an understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives*) (on request).	Yes
16. Employees are aware that their medical, social and vocational needs will be assessed if they sustain a work-related injury (e.g. home help, transport, weekly compensation).	Yes
17. #There is an understanding of the rehabilitation process, and there is support from management for the early return to work of injured employees.	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Focus group interview summary
Standard achieved: Primary level achieved for this element
Number of focus group interviews undertaken: Two focus group meetings were undertaken for this audit, a management focus group and an employee focus group.
Positions and interests represented in the <u>employee</u> focus group(s):
The 18 staff involved in the employee focus group included union representatives, employee safety representatives, nursing staff, staff from the mental health unit, pharmacy, dental therapy, public health, clinical wards and administration
Positions and interests represented in the <u>management</u> focus group:
The 19 managers involved in the management focus group included service managers, clinical managers, charge nurse, HR manager, quality manager, HR consultant, nurse educator, directors, team leaders and the payroll advisor.
Summary comments from focus group interviews:
Both focus groups highlighted similar hazards facing staff at the MDHB, the main hazards were seen to be slips/trips, manual handling, (normally related to patient handling), exposure to blood and body fluids, sharps and stick injury, violence from patients and members of the public. The hazard controls in place for the above hazards were discussed with both focus groups. In most cases focus groups agreed that systems in place to manage hazards have resulted in suitable controls. The MDHB appears to have had an emphasis on reducing patient handling related injuries over the past 12 months which has resulted in a 30 percent decline in manual handling related injuries. A number of staff receive training in de-escalation, calming and restraint. Employees confirmed access to equipment to assist with reducing manual handling risks, although there was some discussion regarding how quickly faulty equipment can be repaired did occur during the employee focus group.
Hazard reporting through the Riskman incident reporting system appears to be well known and both focus groups expressed confidence in the follow-up process that occurs once an incident is reported into Riskman.
Both focus groups also indicated that reporting requirements were well understood and both groups felt that most incidents were reported, again through Riskman. The employee focus group did indicate that multiple occurrences of similar incidents may be underreported, for example if an individual patient carries out a number of aggressive actions on staff members, the first few may be reported however subsequent incidents may not necessarily be reported, resulting in some underreporting.
The health and safety unit were seen to be the main individuals involved in incident investigation.
Both focus groups displayed a good understanding of injury management procedures under the partnership programme and the role of WorkAon in assisting with injury management. Overall, there was support expressed for the injury management processes in place at the MDHB, and the outcomes achieved through early intervention and offer of alternate work to staff that are unable to perform normal duties due to injury or illness. Both focus groups provided examples of situations where employees who have been unable to perform normal duties due to nonwork injuries have been accommodated with alternate duties within the DHB.
Processes for disputes relating to work-related injuries appear to be understood, as were the range of entitlements available to assist an employee who may have suffered work-related injury.
Both focus groups expressed confidence that personal medical information collected for the purposes of managing work-related injuries was treated confidentially. Both groups raised the fact that the nature of the work undertaken by most staff, means there is a good understanding of the need for confidentiality and security for personal medical information.

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<p>Emergency procedures appear to be well understood and both focus groups confirmed regular trials of emergency evacuations.</p> <p>Participants in focus group interviews who held warden roles confirmed regular training in their roles.</p>
<p>The role of the employee safety representatives and safety committees were discussed in both focus group interviews.</p> <p>The management focus group indicated that safety committees were working well; the employee focus group outlined some issues for employee safety representatives such as the lack of specific time resources for employee safety representatives which mean that the health and safety representative duties have to be juggled with the employee's full-time role.</p> <p>Employee representatives also indicated they would like to be more involved in activities such as incident investigation, particularly as they have received training in these areas.</p>
<p>Overall, both focus groups felt that there was a strong emphasis on health and safety/injury prevention and support of staff that are unable to perform normal duties due to injury or illness.</p> <p>The hazard/incident reporting process was seen as an effective system that operates a corrective action process to track incidents until closeout. (Some staff did not appear to be aware of the ability to track the progress of a reportable incident in Riskman.)</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p> <p>The main recommendation arising from the employee focus group was that the role of the employee safety representative could be enhanced with specific time available for staff to carry out activities associated with the role, such as induction of new staff to a unit, workplace inspections and attending safety committee meetings.</p> <p>It was also raised that safety representatives could have a more formal role in activities such as accident/incident investigation, particularly as a number of employee safety representatives have received training in these skills.</p>

Critical element nineteen

– *Case studies; confirmation of safe systems in action

OBJECTIVE

The employer is able to confirm and validate hazard management systems and subsequent injury management systems through the presentation of a requested number of case studies requiring rehabilitation support.

Details of requirements	Verified by	Achieved Yes/No
1. There is an ACC45 claim form for the work-related injury on file.	1. ACC45.	Yes
2. There is an individual file uniquely numbered containing only information relevant to the injury.	1. Claim file containing only injury-related information.	Yes
3. There is written confirmation of the cover decision issued within the timeframes specified in the legislation* that includes review rights.	1. A copy of the cover decision with review rights included.	Yes
4. There is signed consent, valid for the duration of the claim (not the ACC45).	1. Signed consent form on file (ACC45 sufficient for medical-fees-only claims).	Yes
5. There is a completed needs assessment (or similar).	1. Needs assessment completed within five working days of injury notification.	Yes
	2. Needs assessment completed within two working days of injury notification.	Yes
6. There is written confirmation that all entitlement decisions (including accepted decisions) contain review rights.	1. Copies of decision letters (where relevant) with review rights included.	Yes
7. Where incapacity is greater than seven days, entitlement to weekly compensation has been calculated and a copy forwarded to the injured employee.	1. A copy of the calculation sheets.	Yes
	2. A copy of calculation sheets for abatement (where relevant).	Yes
	3. Where more than 80% entitlement is paid, there is written confirmation to the employee informing them of this.	Yes
8. Referrals have been made to the appropriate provider as per the needs assessment (where applicable).	1. Copy of referral letters (or similar).	Yes
9. There is a signed rehabilitation plan on file that is based on medical advice that includes: – Goals – Actions – Responsibilities for actions – Timeframes – Costs.	1. Medical certificates/reports, records of telephone conversations with medical provider (or similar).	Yes
	2. Rehabilitation plan developed within six weeks of injury notification.	Yes
	3. Rehabilitation plan/action plan developed within 14 days of injury notification.	Yes
	4. Rehabilitation plan/action plan developed within seven days of injury notification.	Yes

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10. Evidence that the rehabilitation plan is developed and monitored "face-to-face".	1. Rehabilitation plan signed by those involved in its development.	Yes
	2. File containing evidence of case conference meetings.	Yes
11. Evidence that the opportunity for social rehabilitation support (e.g. home help, childcare, transport) has been offered to the injured employee in the development of a rehabilitation plan.	1. File notes, signed rehabilitation plan, needs assessment (or similar).	Yes
12. Consideration has been given to other rehabilitation intervention for non-progressive rehabilitation claims (where applicable).	1. Initiation of relevant occupational and medical assessments and medical case review, incorporated into rehabilitation plan (or similar).	Yes

Critical element nineteen

- *Case studies; confirmation of safe systems in action (contd)

Interview with employee/management/case manager/union or other employee support person where applicable:

Details of requirements	Verified by	Achieved Yes/No
1. The injury was reported and recorded in the injury register.	1. Interview with employee and manager or supervisor.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of acceptance of the claim for cover (including review rights) and entitlements were paid in a timely manner.	1. Interview with employee, manager and rehabilitation coordinator/case manager.	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and rehabilitation coordinator/case manager.	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
8. The employee was aware of the disputes management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Social rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, case manager.	Yes
10. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager, rehabilitation coordinator/case manager and employee representative (as appropriate).	Yes
11. Inclusion of a support person was offered to the employee throughout the rehabilitation process.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes

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Case study interviews summary
Overall standard achieved: Tertiary level achieved for this element
Number of case studies undertaken:
Positions and interests of those interviewed to support employee's perspective:
Those interviewed to support the employees perspective included 3 staff whose claims were included in the list of files to be reviewed by ACC. The staff were interviewed face-to-face. Employee safety representatives and union representatives in the employee focus group were also asked to comment on the injury management procedures in place at the MDHB.
Positions and interests of those interviewed to support employer's perspective:
Those interviewed to support the employer's perspective included a WorkAon case manager, members of the health and safety team, managers who have been involved in the return to work process for injured staff, HR manager and quality manager.
Summary comments and commendations from case study interviews:
The staff interviewed who had been involved in work-related injuries requiring rehabilitation intervention reported that there had been good communication between the MDHB and themselves, confirmed: <ul style="list-style-type: none"> • The offer of assistance with transport and home help if required • Payment of weekly compensation, although some staff did have to follow up on some payment discrepancies for weekly compensation. • Negotiation regarding return to work taking into account medical restrictions • Reasonably regular contact with the MDHB and WorkAon case manager
Both managers and staff spoken to as part of the case study interviews mentioned the assistance received through the occupational health and safety unit of the MDHB.
Critical issues: None.
Recommendations for improvement:
<i>Suggestion</i> Several staff indicated they were not aware of the MDHB policy of refunding surcharges if the employee sought treatment from an approved provider, consider including a reminder of the approved provider process in the initial needs assessment discussion between the MDHB representative and the injured person.
<i>Suggestion</i> The focus group discussions and discussions with individual employees indicated some issues relating to replacement of staff who are incapacitated due to work-related injury. In some of the cases reviewed for this audit and, and in situations discussed during focus group interviews, it appears that the roster for a unit may include the injured person, which then increases the workload on the rest of the unit if the injured person is unable to perform normal duties. Consider how the rostering process can take into account staff with restricted duties returning to a unit without increasing the workload on remaining staff in that unit. (For example, the staff on alternate duties is not include in the rostered numbers for the unit,)
<i>Suggestion</i> Some staff involved in alternate duties mentioned difficulty in meeting patient expectations when they were unable to perform the full roles due to injury. Consider whether staff who are unable to perform normal duties should continue to wear uniform while involved in alternate duties, to provide a visual indicator to patients and other staff that the individual may not be able to provide their full normal role.

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ACC Partnership Programme Audit Report

For MidCentral District Health Board August 2016

(for use with third party administrators sub-contracted to
accredited employers)

AUDIT STANDARDS EFFECTIVE FROM 1 APRIL 2002

We include the following disclaimer in the introduction to the audit standards:

“Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.”

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Partnership Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Partnership Programme

Independent audit summary

Name of company or organisation:	MidCentral District Health Board
Contact person:	Anne Amorre
Telephone:	06 350 806
Email:	anne.amorre@midcentraldhb.govt.nz
Address:	PO Box 2056 Palmerston North 4440
Date(s) of audit:	16 – 18 August 2016
Audit completion date:	18 August 2016
Location(s) of audit:	Palmerston North Hospital Primary Sites: Radiation Oncology, Neonatal and Physiotherapy. Secondary Site: Alcohol & Other Drugs unit

NOTE: that the final decision regarding the level of conformance to the Partnership Programme audit standard will be made by ACC following consideration of all information.

It is my recommendation that the above named employer:

meets the audit requirements of the ACC Partnership Programme to the following level

Primary Secondary Tertiary

does not meet the audit requirements of the ACC Partnership Programme

Summary of workplace information:

MidCentral District Health Board (MDHB) provides public health services in the Manawatu and Tararua regions.

The MDHB employees just over 2500 staff, many of whom are represented by either the PSA, NZNA, First Union, Association of Salaried Medical Specialists or APEX Unions. The MDHB has a number of mechanisms for consulting with employee and union representatives at a unit and organisational level, including the 15 safety committees across the DHB, the Safe Environment Healthy Staff Group and Health and Safety Compliance Advisory Committee (HSCAC) and Bipartite Action Group (BAG).

The MDHB has developed a number of policies and procedures that outline health and safety processes and expectations across the DHB. Policies and procedures can be accessed through the MDHB intranet which has been developed as the main source of health and safety information across the business.

The Occupational Health and Safety Unit oversees the health and safety systems across the DHB and provides health and safety and injury management advice and assistance to units across the DHB. The Occupational Health & Safety Unit currently has five staff, including a part-time occupational physician/hygienist.

The main hazards facing staff at the MDHB include manual handling, in particular patient movement, slips and trips, violence from patients and members of the public and infection/exposure to blood and body fluids.

Slips and trips and manual handling make up the bulk of work-related injuries to staff.

It was reported that three serious harm injuries have occurred over the last 12 months, all involving slips, trips and falls. WorkSafe have not taken any action as a result of these incidents.

The sites selected for this audit were:

Primary sites:

- Radiation Oncology. This unit employees 100 staff and is part of the Regional Cancer Treatment Service (RCTS). The centre provides radiation therapy care to people in the Manawatu, Taranaki, Hawkes Bay, Wanganui, Horowhenua and Wairarapa
- NeoNatal: this unit has 30 staff and provides neonatal intensive and special care to pre-term and unwell full term babies.
- Physiotherapy: the physiotherapy unit provides on-site and community physiotherapy services. The unit has gyms, a pool, a UV treatment room and treatment rooms at the hospital site.

Secondary site:

- Alcohol and Other Drug Services: this unit employ just under 30 staff and carries out activities aiming to reduce alcohol and other drug related harm in the community, including providing counselling and addiction focused training services.

WorkAon assists the MDHB with providing case and claim management services for the DHB, primarily through a Palmerston North based case manager.

The Occupational Health Physiotherapist in the occupational health and safety team oversees the management of work-related injuries across the MDHB, and is backed up from other staff in the Occupational Health and Safety Unit in times of absence.

The MDHB senior management team appear to have developed a strong focus on health and safety, particularly over the last 6 to 12 months and number of improvements are planned to monitor health and safety performance across the DHB.

Tertiary level is recommended as a result of this audit.

<input type="radio"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
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ACC Approved Auditor Details:

Name:	David Wutzler		
Date:	22 August 2016		
Address:	[REDACTED]		
Phone:	[REDACTED]	E-mail:	davidw@hss.org.nz
Auditor signature:			Date: 22 August 2016

Summary of results	Level Demonstrated
<p>Part A – Safety Management Practices</p> <ol style="list-style-type: none"> 1. Employer commitment to safety management practices 2. Planning, review and evaluation 3. Hazard identification assessment and management 4. Information, training and supervision 5. Incident and injury reporting, recording and investigation 6. Employee participation in health and safety management 7. Emergency planning and readiness 8. Protection of employees from on-site work undertaken by contractors and sub-contractors 9. Workplace Observation <p>Part B – Injury Management</p> <ol style="list-style-type: none"> 10. Cover Decisions 11. Entitlements 12. File Management 13. Administration and Reporting 14. Disputes Management 15. Development of Rehab Policies, Procedures and Responsibilities 16. Assessment, Planning and Implementation of Rehabilitation 17. Rehabilitation Outcomes, Return to Work and Follow-up Procedures <p>Part C – Focus Group interviews and selected case studies</p> <ol style="list-style-type: none"> 18. Focus Group Interviews 19. Case Studies 	<p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Primary</p> <p>Secondary</p> <p>Secondary</p> <p>Secondary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Tertiary</p> <p>Primary</p> <p>Tertiary</p>
Number of focus groups:	2
Number of case file reviews:	8

NOTE

- primary is the maximum level that can be achieved for elements 9 and 18
- secondary is the maximum level that can be achieved for Elements 10, 11 and 12
- elements 13 and 14 have only primary and tertiary requirements

Critical element one

– Employer commitment to safety management practices

(AS/NZS 4801:2001 Section 4.2, 4.4 and 4.6)

OBJECTIVE

The employer is able to demonstrate an active, consultative commitment to all areas of health and safety management in the workplace.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented health and safety policy.	1. Policy document.	Yes
2. The policy is authorised by current CEO or other senior management* representatives.	1. Appropriate signature, position and date.	Yes
	2. Process for senior management* to review policy document at least every two years.	Yes
3. The policy incorporates management commitment to comply with relevant legislation, regulations, codes of practice and safe operating procedures.	1. Policy document includes statement of commitment to comply with relevant standards.	Yes
4. The policy includes specific understanding of management responsibilities for health and safety.	1. Policy document includes management commitment to health and safety.	Yes
	2. Specific health and safety co-ordination roles are designated at senior management* level.	Yes
	3. Management positions are reviewed against the performance of designated health and safety responsibilities.	Yes
	4. Evidence that individual management performance has been reviewed against health and safety responsibilities.	Yes
5. The policy includes an outline of individual employee responsibilities for health and safety.	1. Policy document states individual responsibilities for health and safety in the workplace.	Yes
6. There is commitment to consultation with union* and other nominated employee representatives* regarding participation in health and safety management.	1. Policy document includes statement of support for employee consultation and participation.	Yes
7. There is specific management commitment to accurate reporting and recording of workplace incidents and injuries.	1. Health and safety documents include a specific statement requiring accurate reporting and recording.	Yes
	2. Records of this requirement included in performance review of management roles.	Yes

8. There is commitment to continuous improvement in health and safety.	1. Indicative statement in policy document.	Yes
	2. Evidence that a system exists for the review of health and safety related policies by senior management* to ensure their ongoing effectiveness (for example records of reviews or a documented review procedure or checklist).	Yes
	3. Evidence that excellence in health and safety management and innovation by staff is formally recognised (e.g. recognition in staff newsletter, reward for innovative ideas).	Yes
9. There is specific commitment to ensure managers (including senior management*) have an understanding of health and safety management relative to their positions.	1. Evidence of this commitment in policy statement, position descriptions (or similar).	Yes
	2. Evidence that senior management* have been involved in health and safety (e.g. seminars, briefings, conferences, training sessions) within the previous two years.	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Employer commitment to safety management practices
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The MDHB is developing an organisational vision and values that incorporates health and safety.</p> <p>The health and safety policy has had a major rewrite and refocus in the last review, the current health and safety policy, signed by the Chief Executive and chair of the DHB Board in March 2016 is a much more streamlined document which outlines the core health and safety values/expectations of the DHB.</p> <p>The policy was developed in consultation with the bipartite action group which is made up of union and management representatives.</p> <p>All core health and safety policies and procedures within the MDHB are on a review cycle, the health and safety policy statement has been reviewed annually.</p>
<p>The health and safety policy statements are supported with a more detailed health and safety policy that outlines health and safety responsibilities and expectations at all levels of the organisation.</p> <p>The more detailed policy is also in the process of being reviewed and the new draft version includes injury management responsibilities for managers and team leaders to support return to work of injured employees.</p> <p>Position descriptions include a health and safety component. A range of position descriptions were reviewed during this audit, many contain general health and safety expectations, with less detail than is outlined in the health and safety policy responsibilities section.</p>
<p>The MDHB performance appraisal process has a section that measures performance against position description expectations.</p> <p>The format of the performance appraisal has the manager outlining the health and safety activities they have undertaken, compared to the position description expectations and this is reviewed with their manager.</p> <p>The current performance appraisal does not appear to measure health and safety performance against specific performance indicators.</p> <p>Examples of completed performance appraisals were sighted at the time of the audit.</p>
<p>The MDHB appears to have strong processes for employee and union involvement and engagement in health and safety, the MDHB operate 15 safety committees that represent specific areas or workgroups. Union and employee representatives are also involved in a Health and Safety Compliance Advisory Committee and the Bipartite Action Group.</p>

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<p>The MDHB reports that a safety committee for the contracting organisations that work across the DHB has also recently been formed.</p>	
<p>The health and safety policy has a strong emphasis on incident reporting.</p> <p>The MDHB uses the computer-based "Riskman" system for event and hazard reporting.</p> <p>The DHB does not appear to have a specific measurement of accuracy or timeliness of reporting, timeframes for accident investigation are tracked and it was reported that the internal audit process has reviewed reporting processes.</p> <p>The MDHB does not use injury rates as a performance indicator.</p> <p>Equivalence has been applied to critical element 1.7.2 as the MDHB appears to have some processes in place to monitor incident reporting.</p>	
<p>The MDHB has a number of health and safety policies and procedures, each of which have a document owner responsible for maintaining the policy/procedure.</p> <p>Each policy and procedure is on a review cycle and the document owner is responsible for reviewing and updating the policy/procedure when the policy is up for review.</p> <p>A document review and authorisation procedure is used to sign off on updated policies and procedures.</p> <p>Examples of this process in action were sighted at the time of the audit.</p>	
<p>The Occupational Health & Safety Unit publishes and emails a monthly news sheet to MDHB staff.</p> <p>This publication includes a "safety star" of the month, where an individual, or group of individuals who have demonstrated excellence and innovation in health and safety are recognised.</p> <p>Examples of recognition of "safety stars" was sighted in a range of news sheets at the time of the audit.</p>	
<p>The MDHB leadership team and board have taken part in several briefings and workshops over the past 18 months in preparation for the Health and Safety at Work Act.</p> <p>The Occupational Health & Safety Unit has developed a leadership health and safety training module which is presented several times a year for new managers in the organisation outlining health and safety and injury management expectations for managers.</p>	
<p>Critical issues: None.</p>	
<p>Recommendations for improvement:</p>	
1.4.2	<p>Consider linking the health and safety responsibilities in position descriptions to the responsibilities outlined in the detailed health and safety policy document, to help develop a consistent approach to communicating health and safety and injury management responsibilities and expectations for each level in the DHB, and provide a more detailed outline of health and safety and injury management responsibilities to include in the performance appraisal process.</p>
1.4.3	<p>The current measures of health and safety performance utilised in the performance appraisal process do not necessarily provide an accurate reflection of managers performance against the specific health and safety responsibilities as outlined in the detailed MDHB health and safety policy.</p> <p>It is recommended that the DHB consider introducing measurable health and safety performance indicators into the performance appraisal that are linked to individual managers health and safety responsibilities/expectations.</p> <p>The Riskman system can provide information for a number of possible health and safety performance indicators, such as timeliness of incident reviews, completion of corrective actions within expected timeframes and reviewing hazard controls in the managers' areas.</p> <p>Other indicators such as participation in the return to work process for injured/ill employees, attendance at health and safety training and health and safety meetings could also be utilised as measurable performance indicators for individual managers.</p>
1.7.2	<p>It is recommended that the MDHB develop some measures of timeliness and accuracy of reporting to provide confidence that reported incidents and the Riskman system provide a reasonably accurate reflection of the incidents that are occurring.</p> <p>Measures that may be useful in this regard could include:</p> <ul style="list-style-type: none"> • Timeframe between incident and time of reporting,

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- | |
|---|
| <ul style="list-style-type: none">• Number of ACC claims received for work-related injuries that have not been reported in Riskman;• Ratio of first-aid incidents to medical treatment incidents |
| |

Critical element two

– Planning, review and evaluation

(AS/NZS 4801:2001 Section 4.3, 4.4 and 4.5)

OBJECTIVE

The employer is able to demonstrate a focus on continuous improvement through a systematic approach to occupational health and safety that includes setting specific objectives, establishing and supporting systems or programmes to achieve objectives, regular review of progress and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. There is a process to ensure that health and safety management for the workplace is reviewed.	1. Process to review health and safety management annually.	Yes
	2. Process to review health and safety management that occurs after a critical event and/or if there is a change in work procedures or health and safety policy.	Yes
2. Health and safety objectives are set that are appropriate to the size and type of business, relevant to each level within the business and related to identified hazards (where relevant). (NB: Objectives set should be "SMART" – Specific – Measurable – Achievable – Realistic – Time-bound.)	1. Documented objectives and management plan to achieve objectives.	Yes
	2. Procedure to review objectives annually.	Yes
	3. Evidence that health and safety objectives have been reviewed.	Yes
	4. Evidence that senior management* and union* and other nominated employee representatives* have been included in annual review and setting of objectives.	Yes
3. There is an established consultative process to review and evaluate the effectiveness of hazard management.	1. Process or planning documents (or similar).	Yes
	2. Minutes, schedules (or similar) to show there is annual review of the effectiveness of hazard management processes.	Yes
4. The employer is able to demonstrate knowledge of current health and safety related information including legislation, regulations, current codes of practice, and other health and safety standards relevant to the particular workplace.	1. Process to identify the health and safety information specific to the employer's business.	Yes
	2. Process in place to ensure compliance or conformance with relevant requirements.	Yes
	3. Evidence of regular review to identify and accommodate any changes in requirements.	Yes

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5. A procedure to undertake an annual self-assessment to ensure the programme audit standards can be met and maintained. The procedure involves management, union* and other nominated employee representatives*.	1. Self-assessment procedure.	Yes
	2. Evidence that a self-assessment has been undertaken within the previous 12 months (may be immediately prior to initial entry audit).	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Planning, review and evaluation
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The MDHB Occupational Health & Safety Unit carries out an annual review of “what is working well” and “what can be improved” for the injury prevention and injury management processes at the DHB.</p> <p>The most recent review carried out by the Occupational Health and Safety Unit was sighted at the time of this audit.</p> <p>The DHB also has a number of other review and reporting processes in place to review health and safety management within the organisation, including regular reporting to the board and two, three and six monthly reports to the various health and safety advisory groups.</p> <p>These reports have recently started to include more detailed analysis of staff accident and incident data</p>
<p>The DHB operates a critical incident review process where all incidents that are rated as SAC1 or SAC2 (Severity Assessment Code (SAC), the risk levels used by the DHB) are reviewed by a serious adverse event group and corrective actions tracked until completed.</p> <p>One example of this process in use was sighted at the time of the audit relation to a serious harm incident to a staff member.</p>
<p>The Occupational Health Unit develops health and safety objectives for the DHB which are consulted with the employee participation mechanisms used within the DHB.</p> <p>The DHB has had similar objectives for the last two years relating to:</p> <ul style="list-style-type: none"> • Improving access to health and safety information and support to managers and staff; • Strengthening the notice policy in the DHB; • Support for health and safety representatives. <p>It was reported that reviews of performance against these health and safety objectives are included in the six monthly reporting to the HSCAC.</p>
<p>The MDHB has recently introduced a new risk recording and monitoring framework in Riskman which replaces the paper-based hazard reporting and hazard registers.</p> <p>This process is still relatively new for the DHB and implementation and effectiveness is still being monitored.</p> <p>Recommendations to develop a formalised framework to review the effectiveness of risk management art detailed below.</p> <p>Equivalence has been applied to critical element 2.3 in this instance due to the recent change in hazard management system.</p>
<p>The Occupational Health And Safety Unit monitor updates to health and safety legislation, codes of practice and guidelines on the WorkSafe website and also receive the Safeguard Update publication which communicates changes and updates to codes of practice and guidelines.</p> <p>Copies of guidelines, codes of practice and legislation relevant to the DHB are available or linked to on the health and safety section of the MDHB website.</p> <p>The MDHB also holds periodic updates sessions with the organisation’s lawyers which focus on health and safety legislation changes.</p>
<p>The current process for completing a self-assessment used by the MDHB is a survey to all staff which measures staff knowledge and sections of the health and safety processes in use at the MDHB.</p> <p>Evidence of the most recent staff survey/self-assessment was sighted at the time of this audit.</p>

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Critical issues: None.	
Recommendations for improvement:	
2.2	<p>It is recommended that the health and safety objectives include information on how performance against the objectives will be measured.</p> <p>For example, the objective related to support for employee safety representatives could be measured through monitoring attendance at safety committee meetings and employee safety representative training. The objectors relating to providing ready access to health and safety information could be monitored by the number of hits on the health and safety part of the intranet.</p> <p>It is recommended that the MDHB consider developing health and safety objectives that are related to reducing the risk associated with identified hazards, such as manual handling and needle stick injury in a measurable way.</p> <p>The MDHB could also consider utilising the safety committees in the organisation to develop one or two health and safety objectives relevant to their areas which are related to some of the top risks faced by staff.</p>
2.3	<p>To better meet the tertiary requirements of critical element 2.3 it is recommended that the MDHB develop a formalised process to consultatively review the effectiveness of hazard management.</p> <p>This review could gather information from the safety committees on how well processes for:</p> <ul style="list-style-type: none"> • hazard reporting, • implementation of hazard controls, • hazard management associated with change • systems for checking the effectiveness of hazard controls, such as workplace inspections • management of occupational health risks such as psychosocial risks and long-term health risks <p>are working and practice within the organisation.</p> <p>Information from the safety committees could be collated in a review undertaken by a group such as the HSCAC.</p>
2.5	<p>Consider whether the self-assessment process can be incorporated into the six monthly/annual workplace checklists that are carried out in each unit, to monitor compliance with at least the primary level of partnership programme audit standards across the DHB.</p>

Critical element three

– Hazard identification, assessment and management

(AS/NZS 4801:2001 Section 4.3 and 4.4)

OBJECTIVE

The employer has an active method that systematically identifies, assesses and manages the actual and potential hazards in the workplace, over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There is a systematic procedure to identify and record actual and potential hazards in the workplace.	1. A procedure that covers an understanding of the range of hazards including (for example) work organisation, job design and hazards facing employees working off-site.	Yes
	2. Review of hazard registers to support process in action.	Yes
	3. Records of regular review of the hazard identification and recording process.	Yes
2. There is a process to assess identified hazards to determine which hazards are significant* according to the definition in the health and safety in employment legislation.	1. Documented definition of significance.	Yes
	2. Process to demonstrate the identification of significant hazards* and evidence of implementation of this process.	Yes
	3. The hazard register (or similar) identifies which hazards are significant.	Yes
3. There are appropriate controls in place for each significant hazard based on the hierarchy in the health and safety in employment legislation to either: (a) Eliminate the hazard completely; (b) Isolate the hazard to prevent the exposure to that particular hazard; or (c) Minimise the impact of the hazard.	1. Procedure for developing appropriate controls.	Yes
	2. Details of controls developed for significant hazards*.	Yes
	3. Process for the issue, renewal and maintenance of safety equipment related to significant hazards* including personal protective equipment.	Yes
	4. Evidence that controls developed for significant hazards* are based on appropriate documentation or advice (where applicable).	Yes
4. There are appropriately trained and/or experienced people leading the identification and management of hazards.	1. Records of training, and/or skills and experience for people leading hazard management.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard management that has occurred within the previous two years.	Yes

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5. There is a procedure for obtaining specialist advice for managing specific hazards, where this competency is not available through internal staff.	1. Procedure to support the appropriate use of specialist advice (e.g. the management of hazardous substances, monitoring of noise levels or assessment of workstations).	Yes
	2. Accessibility of reference information for all staff (e.g. hard copy or electronic) that includes relevant legislation, regulations, codes of practice, safe operating procedures, MSDS etc.	Yes
	3. List or information about availability of internal or external health and safety specialist advice (where applicable).	Yes
6. There is a schedule documenting the minimum review timetable to monitor significant hazards* that have been isolated or minimised.	1. Hazard review timetable appropriate for particular identified hazards.	Yes
	2. Responsibilities assigned for ensuring timetable is met and signed off at each period.	Yes
7. There is active management of hazards associated with any new or modified equipment, material, services or work processes introduced into the workplace.	1. Hazard identification and management documents.	Yes
	2. A process for consultation with relevant health and safety personnel in the purchase or implementation of new or modified equipment, material, services or processes.	Yes
	3. Evidence of health and safety issues incorporated into purchasing and design decisions (where applicable).	Yes
8. There is an ongoing opportunity for the active involvement of union* and other nominated employee representatives* in identifying and managing hazards in the workplace.	1. Evidence of employee consultation or active involvement in hazard management, or the provision of ongoing opportunities for involvement (process document accepted for new applications).	Yes
9. There is a process to identify and manage any areas of the workplace requiring specific health monitoring in relation to tasks being undertaken (where applicable).	1. Process to identify tasks requiring monitoring and ongoing regular testing.	Yes
	2. Process to undertake baseline monitoring of health in relation to identified tasks and to notify results to employees (e.g. hearing tests, lung function tests).	Yes
	3. Process for post-critical event testing and exit testing.	Yes
	4. Process to manage sub-optimal test results that includes consideration of individual medical and vocational needs.	Yes
	5. Process to feed back sub-optimal results into hazard management.	Yes
10. There is a process to identify tasks where significant hazards* may make pre-employment health screening appropriate to ensure that the potential for work injury or work-related illness through exposure to those particular tasks is minimised.	1. Process documents.	Yes
	2. Documented rationale and process for pre-employment health screening that is linked to specific significant hazards* (where applicable).	Yes

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11. Work areas, over which the employer has control or influence, are planned, so that the exposure of visitors and the general public to workplace hazards is minimised.	1. Clear marking of designated areas as appropriate.	Yes
	2. Signage, security logbooks or visitors' registers available as appropriate to specific areas of the workplace or escorting restrictions and induction for site visitors.	Yes
	3. Evidence that emergency procedures are covered with site visitors.	Yes
	4. Provision of appropriate personal protective equipment for visitors to the site (e.g. goggles, "hi-viz." vests).	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Hazard identification, assessment and management
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The MDHB has recently introduced the hazard management module for Riskman into the organisation supported with a number of training sessions across the DHB.</p> <p>This replaces the paper-based hazard reporting, hazard registers and hazard control plans that each unit in the DHB used to manage local and organisational wide hazards.</p> <p>Each unit has responsibility for hazard management in their area and are gradually moving the paper-based hazard registers into Riskman.</p> <p>Staff are able to report hazards directly on Riskman which then initiates a risk assessment and prompts for the development of risk controls.</p> <p>This process is still in the early stages of implementation and units visited for this audit were still transferring hazard registers into the Riskman system.</p>
<p>The Riskman process includes a bring up for all ongoing hazards which prompts a review of the hazard to the hazard owner.</p>
<p>A number of the hazard controls for ongoing hazards in MDHB units are outlined in specific policies and protocols.</p> <p>The units visited for this audit had developed protocols for managing hazards such as radiation, laser use, exposure to blood and body fluids, working with clients who have a history of violence and working in the community.</p>
<p>The Occupational Health & Safety Unit provide assistance to departments in identifying hazards and developing hazard controls, however each unit has the primary responsibility for managing hazards in their area.</p> <p>The Occupational Health and Safety Unit employers a part-time occupational physician/industrial hygienist is able to provide advice on specialised occupational health issues.</p> <p>External health and safety expertise has also been utilised for areas such as hazardous substances management.</p>
<p>The Occupational Health and Safety Unit has run numerous training sessions on hazard management and the use of Riskman in the DHB's hazard management process, including hazard identification training, risk assessment training and guidance in the development of hazard controls.</p> <p>A number of employee safety representatives have also recently taken part in unit standard training for employee safety representatives which includes hazard management training.</p>
<p>The Occupational Health and Safety Unit has developed a comprehensive health and safety resource on the MDHB intranet which provides access to legislation, material safety data sheets, codes of practice and MDHB policies and procedures.</p> <p>Both staff and managers spoken to during focus group interviews indicated that the MDHB intranet will often be the first place they go to find specific health and safety information.</p> <p>The Occupational Health & Safety Unit also maintain a list of some sources of external and internal specialist advice that can be accessed by the unit.</p>

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<p>Each medical unit across the DHB is expected to carry out a six monthly hazard inspections/checklists. Office based departments can carry out this check annually.</p> <p>The departments reviewed for this audit had recently carried out their most recent six monthly department checks.</p> <p>The checks include a range of housekeeping checks and an area for reviewing department specific hazards.</p>
<p>A product evaluation committee reviews any new products or materials prior to introducing these products and materials into clinical settings.</p> <p>A member of the Occupational Health & Safety Unit is part of the product evaluation committee.</p> <p>Several examples of product evaluation committee minutes were sighted at the time of the audit which confirmed the committee is involved in reviewing a range of products, services and materials prior to their introduction into the DHB for clinical as well as staff health and safety issues.</p> <p>Some equipment is introduced into the DHB outside of the product evaluation committee, for example some office furniture and donated goods/equipment.</p>
<p>All staff have access to the Riskman reporting process and training is continuously being rolled out across the MDHB to ensure that all staff have a good understanding of how to use the Riskman system for hazard reporting.</p>
<p>The Occupational Health & Safety Unit has a health monitoring protocol which outlines the occupational health risks that may require ongoing health monitoring for staff in the DHB that may be exposed to those risks.</p> <p>It was reported that the only ongoing monitoring that is occurring at present is hearing tests for a small number of staff that may be exposed to high noise levels and the offer of testing to some staff and contractors who may have been exposed to asbestos.</p> <p>Processes for following up critical events, such as a needle stick injury or exposure to blood and body fluids are in place across the DHB and appear to be well understood by those staff who are at risk of these types of exposures.</p> <p>Processes for following up on suboptimal results that are identified through health monitoring are outlined in the health monitoring protocols.</p> <p>The exit interview used at the MDHB includes a health questionnaire which asks whether the employee is leaving the organisation may have been exposed to health risks and provides the opportunity for exit testing.</p>
<p>New staff employed by the DHB who are going to be working in clinical areas are provided with a person description which outlines the physical and cognitive requirements of the job applied for and are asked to complete a health declaration identifying any potential health risks or issues that may impact on their ability to carry out the role applied for.</p> <p>The MDHB is able to carry out pre-employment medical screening if an issue raised in the health declaration warrants this type of screening.</p>
<p>A MDHB visitor procedure outlines policies and procedures for visitors to the hospital.</p> <p>Many parts of the hospital are open to the public and non-public areas are generally locked off and require a security card to provide access.</p> <p>Personal protective equipment is generally not required by visitors to the hospital, however gloves and masks are available for visitors if required.</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p>
<p>3.1 Consider how the transition of the unit hazard registers to Riskman is monitored to ensure that processes for reviewing and monitoring hazards remain in place across the MDHB with the introduction of Riskman.</p>
<p>3.3 Ensure that Riskman training emphasises the need to capture hazards that have not been eliminated into the Riskman hazard register, to ensure that there is periodic monitoring of the controls for ongoing hazards. (Some areas indicated that hazards that had been controlled but not eliminated may not be entered into Riskman, as there was a perception that these hazards have been managed)</p>

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3.6	It is recommended that the completion of the six monthly workplace checklists is monitored across the DHB to ensure that this process is working effectively.
3.7	Consider whether a mechanism is needed to assess risks associated with non-clinical equipment/furniture that may be introduced into the workplace that is not reviewed by the product evaluation committee. This could potentially be a function of the safety committees in each area.
3.8	<p>Ensure that each unit periodically reviews the potential occupational health hazards that staff may be exposed to that could require health monitoring. For example, the use of a lead and cadmium-based material for manufacturing moulds in the Radiation Oncology Unit may potentially expose staff to heavy metals.</p> <p>Consider including a prompt question in the six monthly workplace checklists that asks whether staff are exposed to any potential occupational health risks such as solvents, heavy metals or other substances that may require health monitoring.</p>

Hazard management observation summary table – organisation-wide hazards observed at Radiation Oncology

Significant hazard identified by the workplace	*Basic method of control selected by the workplace to	Details of controls recorded by the workplace	*Auditor's observation of controls in practice
1. Radiation from treatment machines	<ul style="list-style-type: none"> ✓ Minimise ✓ Isolate 	<ul style="list-style-type: none"> ▪ Equipment design ▪ Shielding ▪ Staff monitoring ▪ Processes for working in treatment areas. 	✓ Mostly observed
2. Computer use	<ul style="list-style-type: none"> ✓ Minimise 	<ul style="list-style-type: none"> ▪ Adjustable chairs (desk heights not adjustable) ▪ workstation assessments available from the Occupational Health and Safety Unit 	✓ Mostly observed
3. Moving patients	<ul style="list-style-type: none"> ✓ Eliminate 	<ul style="list-style-type: none"> ▪ Training ▪ Patient handling equipment 	✓ Mostly observed
4. Electrical appliances	<ul style="list-style-type: none"> ✓ Minimise 	<ul style="list-style-type: none"> ▪ Testing and tagging of electrical appliances 	✓ Mostly observed
5. Manufacturing moulds from metals with some heavy metal content	<ul style="list-style-type: none"> ✓ Minimise 	<ul style="list-style-type: none"> ▪ Fume hood for smelting pot. ▪ Gloves 	✓ Mostly observed

(*delete the non-applicable options)

Recommended outcome

Overall it was observed at the time of the workplace review that the above-identified significant hazards were being managed in accordance with the management systems documented in the workplace.

YES

Hazard management observation summary table –hazards observed at Neonatal Unit

Significant hazard identified by the workplace	*Basic method of control selected by the workplace to	Details of controls recorded by the workplace	*Auditor's observation of controls in practice
1. Exposure to sharp's and blood and body fluids	✓ Minimise	<ul style="list-style-type: none"> ▪ Sharps procedure ▪ Personal protective equipment ▪ Training ▪ Post-exposure follow-up process 	✓ Mostly observed
2. Staff hitting legs on Lazy-Boy chair handles	✓ Minimise	<ul style="list-style-type: none"> ▪ Handles modified 	✓ Mostly observed
3. Violence from family members in difficult social situations	<ul style="list-style-type: none"> ✓ Isolate ✓ Minimise 	<ul style="list-style-type: none"> ▪ Locked door to unit with video link and speaker system to vet visitors prior to entry ▪ Security available 	✓ Mostly observed
4. Trip hazards from privacy screens	✓ Minimise	<ul style="list-style-type: none"> ▪ Screens and replaced with screens with less trip hazards 	✓ Mostly observed
5. Trip/fall risk from raised nursing station area	✓ Minimise	<ul style="list-style-type: none"> ▪ Markings on steps 	✓ Mostly observed

(*delete the non-applicable options)

Recommended outcome

Overall it was observed at the time of the workplace review that the above-identified significant hazards were being managed in accordance with the management systems documented in the workplace.

YES

Hazard management observation summary table –hazards observed at Physiotherapy

Significant hazard identified by the workplace	*Basic method of control selected by the workplace to	Details of controls recorded by the workplace	*Auditor's observation of controls in practice
1. Moving of patients	✓ Minimise	<ul style="list-style-type: none"> ▪ Equipment ▪ Patient handling training 	✓ Mostly observed
2. Pool	✓ Minimise	<ul style="list-style-type: none"> ▪ Nonslip surface on floor ▪ Cleaning of water off floor ▪ Staff awareness and training 	✓ Mostly observed
3. Gym equipment	✓ Minimise	<ul style="list-style-type: none"> ▪ Training ▪ Periodic inspection of equipment by Spotless 	✓ Mostly observed
4. Sharps	✓ Minimise	<ul style="list-style-type: none"> ▪ Sharp disposal bins ▪ Training for staff ▪ Needle stick injury protocol 	✓ Mostly observed
5. Working in the community	✓ Minimise	<ul style="list-style-type: none"> ▪ Cell phones provided to staff working in community ▪ Intention board and follow-up of staff who are off-site and overdue ▪ Identification of high-risk clients 	✓ Mostly observed

(*delete the non-applicable options)

Recommended outcome

Overall it was observed at the time of the workplace review that the above-identified significant hazards were being managed in accordance with the management systems documented in the workplace.

YES

Hazard management observation summary table –hazards observed at Alcohol and Other Drugs Unit

Significant hazard identified by the workplace	*Basic method of control selected by the workplace to	Details of controls recorded by the workplace	*Auditor's observation of controls in practice
1. Violence from clients	✓ Minimise	<ul style="list-style-type: none"> ▪ Pendant alarms and associated response process in case of violent event ▪ Security services available 	✓ Mostly observed
2. Computer use	✓ Minimise	<ul style="list-style-type: none"> ▪ Some adjustable furniture ▪ Workstation assessment is available from Occupational Health & Safety unit. 	✓ Mostly observed
3. Working in the community	✓ Minimise	<ul style="list-style-type: none"> ▪ Sign in & out process ▪ phone issued to staff who are working in the community 	✓ Mostly observed
4. Use of sharps	✓ Minimise	<ul style="list-style-type: none"> ▪ Sharp disposal bins ▪ Training for staff ▪ Needle stick injury protocol 	✓ Mostly observed
5. Exposure to blood and body fluids	✓ Minimise	<ul style="list-style-type: none"> ▪ Gloves available ▪ Training ▪ Blood/body fluid exposure protocol 	✓ Mostly observed

(*delete the non-applicable options)

Recommended outcome

Overall it was observed at the time of the workplace review that the above-identified significant hazards were being managed in accordance with the management systems documented in the workplace.

YES

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Critical element four

– Information, training and supervision

(AS/NZS 4801:2001 Section 4.4)

OBJECTIVE

The employer will ensure that all employees are informed of their own responsibilities and the employer's responsibilities for health and safety in the workplace. The employer will ensure that employees have specific knowledge concerning management of the hazards to which they are exposed through workplace procedures, environment, equipment and materials.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence of staff health and safety induction training that includes consideration of the following needs (where appropriate): <ul style="list-style-type: none"> – Emergency procedures – Incident and injury reporting – Hazard identification – Employer and employee responsibilities – The process for employee health and safety representation – Information about the health and safety forum/s – Designated roles for health and safety and rehabilitation – Work injury claims process – Rehabilitation responsibilities – Use and maintenance of relevant health and safety equipment, including personal protective equipment (e.g. checklist, training information). 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards associated with specific roles, tasks or areas of work.	1. Procedure to identify training needs for specific roles, tasks, or areas of work (e.g. training needs assessment or training plan linked to hazard management).	Yes

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3. All health and safety information and training is delivered so that the key messages are clearly understood, taking into account language, literacy, vision, hearing or other variables.	1. A process to determine that health and safety information and training have been understood.	Yes
	2. Signed employee training records (or similar individual verification).	Yes
	3. Evidence that task-specific training has occurred (e.g. certification, training records or similar where applicable).	Yes
	4. A process for "bring-up" reminder facility for recurring training or certification requirements including assignment of responsibilities for this process.	Yes
	5. Evidence to demonstrate that competency has been achieved following specific health and safety training (e.g. written or oral tests, certifications, practical skill demonstrations including on-the-job assessments).	Yes
4. There is access to internal staff members with the relevant skills, experience or qualifications to undertake training.	1. Guideline document (or similar) outlining health and safety trainer selection criteria.	Yes
	2. Records of internal trainer's skills, experience or qualifications.	Yes
5. There is a process to determine the relevant skills, experience or qualifications of external trainers used for specific training requirements.	1. Selection criteria or similar for use of external trainers (where applicable).	Yes
6. There is a system for controlling health and safety related documents and information including the dissemination of applicable information to staff and notification of outdated documents.	1. Document control system (paper based or electronic).	Yes
	2. Dates on health and safety documents at operational sites.	Yes
	3. Role-specific responsibilities to review health and safety documentation control.	Yes
7. Health and safety information specific to the workplace is available to all employees.	1. Access to further information is included in health and safety information available in the workplace (e.g. posters, signs, training, Intranet, briefings, meeting schedules or similar).	Yes
8. Supervision for employees undergoing on-the-job training is provided by experienced and skilled staff to ensure the employee's newness to the task or role does not endanger themselves, others or equipment.	1. A process that requires assessment of relevant experience and skills for the supervision of employees undergoing on-the-job training.	Yes
	2. A process for the clear designation of responsibility for supervision of new employees.	Yes

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Information, training and supervision
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>All new staff to the DHB take part in an organisation orientation and a unit specific orientation. The organisational orientation can take between two and three days, depending on where the new employee will be working, and includes information on health and safety and injury management processes in use within the DHB.</p> <p>Completion of orientation is tracked on the MDHB training database.</p> <p>Those managers with staff who have not attended orientation are sent reminders that their staff are required to attend orientation.</p>
<p>Most units have developed their own unit specific induction for new staff.</p> <p>Most clinical wards have developed a detailed induction for new staff, which can include more information on the unit and hospital wide health and safety processes.</p> <p>Completion of unit specific induction is generally tracked in that unit.</p> <p>At the sites reviewed for this audit, most have developed unit specific induction training. The physiotherapy unit is in the process of formalising the unit induction for new staff.</p>
<p>A number of departments have a position dedicated as the "Educator" in the unit, who manages unit specific training and training records.</p>
<p>Core health and safety training applied across many areas of the DHB includes "no lift" training for staff who are likely to be involved in patient movement, training and the Riskman system including some hazard identification training, training in the fire and evacuation processes in place at the DHB and management and employee safety representative safety training.</p> <p>Most clinical staff are required to attend refresher training in the above areas every 2 to 4 years.</p> <p>In addition to the core MDHB training, many units have unit specific competency requirements which are assessed either internally or externally and also required revalidation periodically.</p> <p>These training requirements are generally managed within each unit.</p>
<p>The MDHB training database is part of the human resources information system used for payroll. This database is used to record internal and external training provided to staff and managers across the DHB.</p> <p>The training database allows reports to be developed to identify which training may require renewal and training renewal dates.</p> <p>At the time of this audit this is still a manual system that does not provide automated bring-ups for training renewal.</p> <p>Equivalence has been applied for critical element 4.3.4 as there appear to be regular reports generated for training that expires, however a recommendation is made below for the MDHB to consider a more automated process.</p>
<p>MDHB policies, protocols and procedures are kept on the MDHB intranet and SharePoint, which includes document control and document review and update processes.</p> <p>Each core MDHB policy, procedure or protocol has the version number and review date printed on the footer of the document.</p>
<p>The MDHB have identified trainers for some competencies including the "no lift" system used for patient moving in the DHB.</p> <p>The MDHB has held "train the trainer" sessions for those staff identified as trainers.</p>
<p>The MDHB safety management system includes guidelines for the selection of external trainers based on requirements such as industry experience, qualifications and NZQA accreditation.</p> <p>Training courses and external training providers are regularly evaluated using feedback from staff who have attended training sessions.</p>
<p>The MDHB intranet was reported by staff and managers spoken to during this audit as one of the main source of information for health and safety and injury management processes and procedures.</p> <p>Most locations also have health and safety noticeboards which include information on health and safety topics and copies of safety committee minutes etc. (these are also available on the MDHB intranet)</p>

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<p>The unit specific induction processes in place in most units provide a pathway for the training of new or transferred staff, and will often include assigning a buddy trainer to the new staff to ensure that new employee's are not put into a situation where they may endanger themselves or others.</p>	
<p>Critical issues: None.</p>	
<p>Recommendations for improvement:</p>	
4.2	<p>It is recommended that the MDHB review which units have developed unit specific induction training and how completion of this training is assessed and tracked. There may be some facility to add unit specific induction training to the MDHB train database to provide the organisation with oversight of how well units are managing training expectations.</p> <p>It is recommended that units specific induction programs are reviewed to ensure that they cover core health and safety expectations such as introduction to the health and safety representative, reinforcing the reporting requirements and communication of unit specific hazards and Hazard controls</p>
4.3.4	<p>Consider whether a system to provide bring-up reminders for training that expires can be implemented to ensure that renewal training occurs before a certification or skill competency expires.</p>
<p></p>	

Critical element five

– Incident and injury reporting, recording and investigation

(NZS/AS 4801:2001 Section 4.4 and 4.5)

OBJECTIVE

The employer has an active reporting, recording and investigation system that ensures incidents and injuries are reported and recorded, and the appropriate investigation and corrective actions are taken. The terms incidents and injuries in this context include all "near miss" or "near hit" events, work-related illnesses and injury events that harmed or might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system for reporting, recording and analysing incidents, injuries and work-related illnesses.	1. Documented procedure.	Yes
	2. Incident and injury (accident) reporting forms.	Yes
	3. On-site incident and injury (accident) registers.	Yes
	4. Procedures requiring early and prompt attention to all reported incidents and injuries.	Yes
	5. Collation of all injury and incident data into a central record for analysis.	Yes
2. Employees understand their specific responsibilities to report incidents, injuries and workplace illnesses that have or might have harmed anyone in the workplace.	1. Reporting systems available in all work areas (e.g. forms in hard copy or on-line).	Yes
	2. Staff communications, team briefings, health and safety meeting minutes.	Yes
	3. Examples of completed incident and injury reports (where applicable).	Yes
3. When a serious harm injury occurs to an employee the Occupational Safety and Health Service (OSH) of the Department of Labour is notified as soon as possible and a written report is sent within seven days. (NB: There are other agencies that the employer may also need to notify to meet regulatory obligations, in the event of a serious harm injury.)	1. Procedure to notify OSH including documented responsibility for notification.	Yes
	2. Example(s) of notification within required timeframe when a serious harm injury has occurred (where applicable).	Yes
4. The employer has a procedure to investigate incidents and injuries that harmed or might have harmed an employee.	1. Incident and injury investigation procedure.	Yes
	2. Designated incident and injury (accident) investigators.	Yes
	3. Incident and injury (accident) investigation forms (forms in hard copy or on-line).	Yes
	4. Incident and injury (accident) investigation example reports (where applicable).	Yes

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5. There is a procedure to ensure corrective action is undertaken in relation to any deficiencies identified during an investigation.	1. Procedure for corrective action to be undertaken when deficiencies are identified in an investigation.	Yes
	2. Feedback into hazard management included in the process.	Yes
	3. Responsibility for corrective action is assigned, time-bound, signed and dated as part of an incident and injury investigation and includes training and injury prevention feedback (where applicable).	Yes
	4. Evidence of senior management* involvement and follow-up (e.g. management minutes or communications).	Yes
6. Injury and incident data is reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives.	1. Process for at least annual review of collated data (e.g. minutes of meetings, distribution of findings to management and employees).	Yes
	2. Evidence of at least six monthly review of collated data (e.g. minutes of meetings, distribution of findings to management and employees).	Yes
	3. Evidence of injury prevention initiatives implemented where relevant (e.g. changes in work practices, specific training).	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Incident and injury reporting, recording and investigation
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The Riskman reporting system has been used at the MDHB for several years for reporting of all work-related injuries, near misses and incidents.</p> <p>All staff and managers spoken to during this audit reported a good understanding of the Riskman reporting system and indicated they find Riskman a good system for incident and accident reporting.</p>
<p>All new staff receive an introduction to the Riskman accident reporting process as part of orientation and induction training, all staff have an individual logon to provide them with access to Riskman.</p>
<p>The Riskman reporting system contains a number of drop-down boxes and 'free text' areas which allow classification of the type of incident and nature of harm that has occurred, and allows the reporter to provide further detail in free text regarding the reported incident.</p> <p>The Riskman database is the accident/incident register for the MDHB.</p>
<p>A review of some of the incidents reported in the areas reviewed for this audit indicated that there is a relatively high level of incident reporting, and that reporting of events such as verbal abuse, musculoskeletal discomfort and near miss incidents appears to be increasing.</p> <p>It was reported that some events, such as psychosocial harm and bullying may not be reported through the Riskman process as some information that is entered into Riskman is visible to other staff. Managers indicated that they have been asked to remove these types of incidents to staff from Riskman when they have been reported on Riskman.</p>
<p>Incidents that are reportable to WorkSafe can be flagged in an 'external reporting' section of Riskman. Several events that have occurred over the past 12 months where injuries to staff have been reported to WorkSafe were reviewed in the Riskman system at the time of the audit.</p> <p>The Riskman system contains scanned copies of WorkSafe notification forms and email correspondence with WorkSafe regarding notifiable events.</p>

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<p>A process outlining the definition of “notifiable event” under the Health and Safety at Work Act has recently been included in the MDHB health and safety procedures.</p>	
<p>All incidents that are entered into Riskman are reviewed by coordinators who apply a risk rating to the event which prompts the level of investigation required.</p> <p>Events entered into Riskman are rated between SAC1 and SAC5, with SAC1 and SAC2 events indicating high potential or high risk events which require a detailed investigation.</p>	
<p>Incident events that are entered into Riskman are reviewed by the manager of the employee who has been involved in the incident.</p> <p>Where corrective actions are identified to prevent a recurrence, these are entered into a corrective action section of Riskman which allow the actions to be assigned to individuals and tracked until completed.</p> <p>Once corrective actions are completed, the incident can be closed.</p> <p>The MDHB has several coordinators who review all reported incidents and associated investigations, and can reopen an event if it appears that the investigation has not been adequately completed or if further actions may be required.</p> <p>A number of reported incidents and accidents involving MDHB staff were reviewed as part of this audit, almost all incidents appear to have had some form of investigation, and where corrective actions were identified, these were assigned to individuals for action and tracked until closed.</p>	
<p>The Riskman system provides notification to groups of managers, based on the severity of an incident that has been entered.</p> <p>Incidents that are rated as SAC3 and SAC4 are expected to be closed out within 30 days.</p> <p>A serious adverse event group reviews all reported SAC1 and SAC2 events and tracks progress on these events until they are closed out.</p> <p>SAC1 events will generally receive a ‘taproot’ investigation.</p>	
<p>The MDHB are starting to utilise the Riskman system to provide more regular reporting to safety committees and managers.</p> <p>Each unit is able to run reports showing the types and nature of events that are occurring in their area over a time period.</p> <p>The MDHB reported that it has utilised organisational scorecards which track accident frequency rates, these were not sighted at the time of the audit.</p>	
<p>A number of injury prevention initiatives have arisen from accident investigations including changes to equipment, training and work processes.</p>	
<p>Critical issues: None</p>	
<p>Recommendations for improvement:</p>	
5.1	<p>Staff and managers involved in the focus groups indicated that potential psychological harm resulting from sustained exposure to traumatic or emotional events, bullying or stress would generally not be reported in the Riskman system as some information is visible to other staff.</p> <p>Managers in the management focus group also reported that in situations where psychological harm to staff had been entered into the Riskman system, these events were removed from Riskman and the situation managed by HR.</p> <p>It is recommended that the MDHB consider how these type of events can be captured in a way that provides visibility to the organisation on the nature and frequency of potential psychological harm to staff. For example, it may be possible to provide a function in Riskman to mark a record as confidential, so it is not visible to other staff and managers but still allows tracking of the number of events of this nature that may be occurring to staff.</p>
5.3	<p>Consider updating the reference to Department of Labour in the external reporting prompt in Riskman to refer to WorkSafe and adding some guidance in the help section of Riskman as to the types of events that meet the criteria of notifiable events under the Health and Safety at Work Act.</p>
5.6	<p>Consider reviewing the range of reports that are available to units to help identify trends for accident/incidents in their areas.</p>

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Currently Riskman appears to create reports that provide actual number of incidents. It would be useful if the Riskman system (or similar) was able to provide information on injury frequency rates which would allow direct comparisons of accident rates between areas/time periods with different staff numbers.

Critical element six

- Employee participation in health and safety management

(AS/NZS 4801:2001 Section 4.4)

OBJECTIVE

The employer will ensure that all employees have ongoing opportunities to be involved and to have their interests represented in the development, implementation and evaluation of safe workplace practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is a forum (or series of forums) to enable communication between the employer, employees and union and other nominated employee representatives* on issues of interest and concern related to health and safety. (For a large or multi-site employer the number of forums should be appropriate to the size, type and geographic spread of the business, so that all employees have a "voice" through to management.)	1. Evidence of health and safety forum(s) that include the participation of management and employee representatives (e.g. minutes of meetings).	Yes
	2. Evidence of frequency of forum(s) at least quarterly (not applicable for new applications).	Yes
	3. Evidence of ongoing opportunity for joint involvement in injury prevention initiatives and, where applicable, injury management initiatives (e.g. planning notes, outcomes of joint initiatives).	Yes
	4. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least annually (e.g. minutes of meetings, action plans, review documents).	Yes
2. There is a process agreed to by employees, to support union* and other nominated employee representative* involvement in health and safety development, monitoring and review.	1. Process for health and safety management that specifically supports employee involvement.	Yes
	2. Evidence of agreed process to elect or endorse union* and other nominated employee representatives* to support health and safety.	Yes
	3. Evidence that information on this process is readily available and communicated to all staff.	Yes
3. Health and safety training is provided to employees actively involved in health and safety management to assist in the development and establishment of safe workplace practices.	1. Evidence that health and safety training has been undertaken within the last two years.	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Employee participation in health and safety management	
Standard achieved: Tertiary level achieved for this element.	
Comments:	
<p>The MDHB has numerous systems in place for employee involvement, consultation and participation in health and safety.</p> <p>At an organisational level, the Bipartite Action Group (BAG) involving representatives of the unions that represent staff and MDHB managers oversees health and safety (and other organisational issues).</p> <p>The MDHB has 15 safety committees that represent employees across the organisation, organised into geographical or occupational groups.</p> <p>The MDHB reports that it currently has around 150 safety representatives across the organisation.</p> <p>The different safety committees across the organisation have different frequencies for meetings, some meeting monthly, some bi monthly and some meeting quarterly.</p> <p>Members of the Occupational Health and Safety Unit support the various safety committees through attendance and technical support.</p> <p>A safety committee for contractors who work at the MDHB has recently been formed to provide a communication process for health and safety matters across those contractors.</p>	
<p>Issues that may arise from safety committee meetings or issues that cannot be resolved at a safety committee level can be escalated to a Health and Safety Compliance Advisory Committee (HSCAC) which involves senior management and union representatives.</p>	
<p>The MDHB employee participation agreement outlines the purpose and role of safety committees and agreed process for election/selection of employee safety representatives across the DHB.</p> <p>A standard agenda for safety committees has been developed to assist individual safety committees in organising meetings, however each committee appears to manage its own process.</p> <p>A review of the safety committee meeting minutes for the sites reviewed for this audit confirms that the committees are involved in finding solutions to unit specific hazards and also have some input to requests for consultation on MDHB health and safety policies and procedures.</p>	
<p>The MDHB is moving from an internal training program for employee safety representatives to external training through the CTU, and has organised internal training for 80 safety representatives this year through NZQA employee safety representative training courses.</p> <p>A review of historical employee safety representative training records confirms that both internal and external training for employee safety representatives has been provided over the last two years.</p>	
Critical issues: None.	
Recommendations for improvement:	
6.1.3	<p>Although there is a recommended standard agenda and meeting minute template for safety committees, it was noted that safety committees have a range of ways of recording corrective actions in minutes. Consider utilising Riskman to log and track any action items that arise out of safety committee meetings to utilise the reminder systems within Riskman to prompt progress on corrective actions between meetings.</p>

Critical element seven

- Emergency planning and readiness

(AS/NZS 4801:2001 Section 4.4)

OBJECTIVE

The employer has an effective general emergency plan to manage emergencies likely to occur within any part of the organisation's operation and to comply with legislative requirements.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations in the workplace that considers the type and location of the employer (e.g. chemical spills, earthquakes, management of emergency situations for employees working alone).	Yes
	2. Evidence of consideration of emergency service requirements.	Yes
	3. An emergency plan that includes the response required for the relevant identified emergency situations.	Yes
2. Emergency procedures have been implemented and communicated to all employees and contract staff.	1. Evidence that the emergency procedures have been implemented and communicated (e.g. signage, communications, training).	Yes
3. Designated employee/s or wardens for each work area trained to take control in an emergency.	1. List of designated employees known to all staff.	Yes
	2. Training schedules and records.	Yes
	3. Evidence that review or refresher emergency training has been undertaken with designated employees within the previous year.	Yes
	4. Evidence of specific emergency training for designated staff according to identified potential emergencies in the workplace (e.g. civil defence emergency training, advanced first aid certificates).	Yes
4. There is periodic testing of emergency evacuation procedures at regular intervals – of no greater than six months apart.	1. Record of emergency evacuation drills.	Yes
5. There is a consultative review of emergency response procedures, after any practice drills and after any actual emergency event.	1. Minutes of review meetings, particularly post-critical event.	Yes
	2. Evidence of update to procedures and plans (where applicable).	Yes

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Emergency planning and readiness	
Standard achieved: Tertiary level achieved for this element.	
Comments:	
<p>The MDHB has a dedicated emergency manager/risk manager who develops and maintains the business continuity plan and emergency plans for the MDHB for major emergencies such as civil defence emergencies and pandemics.</p> <p>These emergency plans outline the processes for MDHB to respond to regional emergencies and also include procedures for staff safety during major emergencies.</p> <p>The fire and evacuation procedures for the MDHB are managed through Spotless, a contractor who manages most building and facility related issues.</p>	
<p>Spotless runs regular building warden and warden training sessions for the DHB.</p> <p>Each unit is expected to identify and maintain the required numbers of wardens for their facilities.</p> <p>Some units appoint specific individuals for the role of warden and deputy warden and in other units the role is assigned to a position, such as charge nurse, and all charge nurses take part in periodic warden training.</p> <p>Spotless run the warden training sessions and records of training attendance at the sessions is maintained on the MDHB training database.</p>	
<p>A number of staff and managers have been trained in the coordinated incident management system (CIMS) to take charge in the event of major emergencies.</p> <p>The MDHB has an emergency operations centre that can be activated in the event of emergency to coordinate emergency response actions.</p>	
<p>Spotless manage the testing of emergency evacuation procedures across the hospital buildings and a schedule of six monthly trial evacuations across the MDHB buildings is managed by Spotless.</p> <p>Spotless monitor trial evacuations and complete a trial evacuation report sheet that outlines the performance of each role evacuation and any issues that may have arisen during the evacuation.</p> <p>Evidence of six monthly trials of evacuation processes across the MDHB was sighted at the time of the audit.</p>	
Critical issues: None.	
Recommendations for improvement:	
7.3	<p>Currently each unit is expected to maintain its full complement of wardens to take control in the event of emergency or evacuation. It was noted that some units have not always maintained the expected number of wardens when staff have left or transferred out of the unit.</p> <p>It is recommended that some form of monitoring to confirm that the MDHB has sufficient trained wardens in each location is developed.</p> <p>For example, the number of wardens on each unit could be checked as part of the trial evacuation process, and where warden positions need to be filled, this could be entered as an event/corrective action in the Riskman system.</p>
7.4	<p>The six monthly workplace inspection checklist that should be completed by each unit does include a check that there is a fire warden in the unit. Consider using the checklist to verify that each unit has had a trial evacuation in the last six months.</p>
7.5.2	<p>Currently any issues that are identified through the trial evacuation process are written on the trial evacuation report.</p> <p>It is recommended that any corrective actions identified through trial evacuations are entered into the Riskman system to ensure that these are followed up and closed out.</p>

Critical element eight

- Protection of employees from on-site work undertaken by contractors and subcontractors

(AS/NZS 4801:2001 Section 4.4)

OBJECTIVE

The employer has a systematic approach to ensure that contractors, subcontractors and their employees do not cause harm to the employees of the principal while undertaking the work required by the contract.

(NB: There are other specific duties required of the employer as a principal under the terms of the health and safety in employment legislation that are not part of this programme's requirements.)

Details of requirements	Verified by	Achieved Yes/No
1. Induction to on-site health and safety procedures is co-ordinated by a designated person(s) for all contracted staff, including one-off maintenance contractors or similar.	1. Process for the induction of contractors and their staff, according to their level of involvement with employees in the workplace, and including sign-off by employer and contractor or subcontractor.	Yes
	2. Designated person(s) to co-ordinate health and safety induction for contractors.	Yes
	3. Evidence of completed contractor induction (where applicable).	Yes
2. Criteria to select and manage contractors include assessment of health and safety performance.	1. Documented procedures (e.g. selection checklist or similar).	Yes
	2. Contractor plans include: <ul style="list-style-type: none"> - Staff training and competencies - Current certification and permits - Declaration of the above signed by contractor. 	Yes
3. Health and safety expectations and responsibilities are written into contracts.	1. Evidence that health and safety responsibilities are written into contracts (e.g. procedures, signed contracts).	Yes
4. There is a process to actively monitor the health and safety performance of the contractor at agreed regular intervals for the duration for the contract where relevant. (NB: Only applies to contract work undertaken on a site where there are employees of the principal present.)	1. Evidence of review of work site health and safety performance including dates and responsibilities.	Yes
	2. Evidence of feedback from the contractor into hazard identification and incident and injury reporting (where applicable).	Yes
5. Post-contract evaluations include health and safety as part of the evaluation.	1. Process for post-contract evaluation.	Yes
	2. Evidence of completed post-contract evaluations (where applicable).	Yes

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Protection of employees from on-site work undertaken by contractors and sub-contractors	
Standard achieved: Tertiary level achieved for this element.	
Comments:	
<p>The MDHB has contracted out a number of services including orderly services, security and facilities maintenance.</p> <p>Spotless Services carry out most contracted work across the MDHB.</p> <p>Some units engage contractors for specialised work such as maintaining imaging and radiation machinery.</p> <p>Management of carparks has been contracted out to Wilson Parking and the Information Technology unit engages contractors directly to carry out IT and computer cabling work.</p>	
A procedure for contractor safety management outlines the health and safety expectations for managers who engage contractors directly.	
<p>Contractors who are engaged through Spotless take part in the Spotless contractor induction prior to working at the MDHB.</p> <p>Some of the units visited for this audit have developed an informal contractor induction for contractors who may be working on those units, to make contractors aware of unit specific health and safety requirements.</p> <p>Evidence of contractor induction and tracking of re-induction requirements for those contractors who are inducted by Spotless (which are the majority of contractors who work at the MDHB) was provided by Spotless at the time of the audit.</p>	
<p>Major contracts for the MDHB include health and safety expectations at the tender stage, where contractors are expected to provide evidence of safe systems of work.</p> <p>Spotless engage most of the subcontractors who work at the MDHB and these subcontractors must meet the Spotless health and safety prequalification requirements before being accepted as a subcontractor.</p>	
Health and safety expectations are included in the contract documents for the main contractors utilised by the MDHB.	
Spotless provide the MDHB with a monthly reports that includes a number of health and safety key performance indicators including number of safety observations, incidents that have occurred safety meetings etc.	
<p>Hazardous work carried out by contractors, including work at height, work in confined spaces, hot work and work requiring isolation of energy sources is managed by Spotless through a permit system for those contractors engaged by Spotless.</p> <p>Spotless utilise a contractor safety observation process to monitor contractor safety behaviour for those contractors who are engaged by Spotless</p>	
<p>Most major projects undertaken at the MDHB engage a contract manager (sometimes this is a Spotless manager) to manage contractors and coordinated the project.</p> <p>These projects involve regular contractor meetings between the project manager, contractors and MDHB representatives.</p> <p>A close out meeting is held at the end of the contract which can review health and safety performance.</p>	
Critical issues: None.	
Recommendations for improvement:	
7	It is recommended that the MDHB review where contractors are utilised across the DHB to ensure that the contractor safety management expectations outlined in the contractor management procedure are in place for all contractors who carry out work that may involve health and safety risks for MDHB staff or the contractor.
7.1	<p>It was reported that contractors who are engaged outside services provided by Spotless may not necessarily receive a formal induction into the MDHB health and safety requirements and expectations.</p> <p>Consider how contractors engaged outside of the services provided by Spotless can be captured in an induction process.</p>

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	<p>One option may be to direct these contractors to the Spotless induction course which then provides an ID card to verify that the contractor has received induction training.</p> <p>It is recommended that individual units formalise the contractor induction for contractors who carry out work in those units (including contractors who have been conducted by Spotless) as the standard Spotless induction does not appear to provide much detail on MDHB unit specific hazards and contract requirements such as management of tools, infection risks, privacy etc.</p> <p>Units could also outline topics that should be covered with contractors who will be working in their units and provide these to Spotless to include in individual contractor inductions.</p> <p>To help provide assurance that contractors are inducted into units, the six monthly health and safety checklist could include a prompt to check that contractors engaged by the unit have been inducted.</p>
7.3	<p>It is recommended that any hazardous work carried out by any contract at the MDHB is managed through either the Spotless permit system, or similar system managed by the MDHB to verify hazard controls for high risk work are in place.</p>
7.4	<p>The bulk of monitoring of contractor safety performance received by the MDHB appears to be based on self-reporting by the main contractor (Spotless).</p> <p>It is recommended that the MDHB consider how health and safety performance for contractors who are not engaged by Spotless can be formally monitored by the DHB to ensure that those contractors are meeting the DHB's health and safety expectations.</p>

Critical element nine

- Workplace observation; confirmation of safe systems in action

OBJECTIVE

Under this section, there are a few systems-related requirements that need to be observed on each selected site that is visited as part of the independent audit. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	Verified by	Achieved Yes/No
1. The auditor is able to observe some selected audit standard requirements in practice.	1. Hazard registers.	Yes
	2. Evidence of assessment of hazards to determine their significance.	Yes
	3. Current safety information on display.	Yes
	4. Incident and injury (accident) registers available in the workplace (hard copy or electronic).	Yes
	5. Forms completed (where applicable).	Yes
	6. Evidence of personal protective equipment in use according to what is appropriate for the area visited.	Yes
	7. Restricted areas of work are clearly marked.	Yes
	8. Escorting and signing requirements are in place for restricted areas of work.	Yes
	9. Emergency evacuation procedures are clearly outlined (e.g. signs, posters, designated listed employees trained to take control in an emergency e.g. wardens, first-aiders).	Yes
	10. Emergency exits are clearly marked.	Yes
	11. Emergency equipment is clearly marked and current.	Yes
	12. Security logbooks, visitor registers (or similar) are provided.	Yes
	13. Personal protective equipment is available for site visitors (where applicable).	Yes

Workplace observation
Standard achieved: Primary level achieved for this element.
Comments:
<p>A workplace observation was carried out at the four sites selected for this year's audit.</p> <p>These sites were:</p> <ul style="list-style-type: none"> • Radiation Oncology: This site is in the main hospital building and uses equipment that generates radiation to treat cancer patients. • Neonatal unit: this unit is also in the main hospital building and has space for 14 new born babies who may be in incubators and/or receiving medical treatment. • Physiotherapy unit: This unit has several gyms, a hydrotherapy pool, a UV room and treatment rooms to assess and treat patients referred to the unit. • Alcohol and Other Drug Services: this unit works with clients in interview rooms in one of the hospital outbuildings and also works in the community.
<p>Each of the units visited for this audit is in the process of transferring the paper-based hazard registers to the Riskman system.</p> <p>Hazards on the Riskman system can be accessed by all staff in the unit.</p> <p>The Riskman system is also the main accident and incident reporting system across the DHB, all staff are provided with a logon to the Riskman system and the Occupational Health & Safety Unit has been rolling out training for staff and managers in the use of Riskman over the past 18 months.</p>
<p>Personal protective equipment in the form of gloves, facemasks and gowns were observed in use in areas where there was an infection risk.</p> <p>Equipment for patient moving including hoists, slippery sheets and hover mats are also available to units who are required to transfer or move patients from one location to another.</p> <p>All staff who are moving patients take part in compulsory no lift patient movement training.</p> <p>The Occupational Health & Safety Unit regularly provides advice on economic set up of computer equipment and workstation assessments.</p>
<p>Emergency flipchart's are located throughout the hospital, these flipcharts provides the immediate response procedures for a range of emergencies, including fire, chemical spill, medical emergency and incidents of violence.</p> <p>Exit doors are clearly marked and firefighting equipment in the form of hose reels and fire extinguishers are located throughout the units that were visited for this audit.</p> <p>All staff take part in refresher training on the fire and emergency procedures in use at the DHB.</p>
<p>Many areas of the MDHB that were visited for this audit are open to the public, those areas that are not public areas can only be secured with a card access system.</p>
Critical issues: None.
Recommendations for improvement:
<p>Radiation Oncology:</p> <ul style="list-style-type: none"> • Consider fitting a shroud on the foot pedal that operates the drill press in the mould room. • Review the need for health monitoring for staff who are melting and casting moulds in the mould room, as the product used appears to contain some heavy metals. • Review whether the fume hood used in the mould room should have periodic flow tests to confirm adequate airflow to remove any potentially hazardous by-products from the mould casting process.
<p>Neonatal unit:</p> <ul style="list-style-type: none"> • Consider providing ceiling droppers for power cords and other leads to incubators to minimise the number of cords on the floor around incubators (trip hazard). • The raised nursing station in the unit present a trip risk the staff, and there is the possibility of a chair placed too close to the edge falling down the stair when staff are working on the edge of

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<p>the workbenches at the nursing station. Consider how these risks can be addressed and record corrective action plans in Riskman.</p>
<p>Physiotherapy unit:</p> <ul style="list-style-type: none"> • A storage area for oxygen and other gas cylinders (to prevent these from being knocked over) should be developed to avoid loose standing cylinders in the unit. • Consider using a visible indicator that gym equipment has been checked to help verify regular checking of the critical items on gym equipment that may require maintenance. • Consider placing a fire extinguisher or fire blanket in the staff kitchen area near the cooking equipment. • Check that large cabinets near doorways are fixed to the building to prevent movement in case of earthquake. • Consider developing a formalised escalation process for situations where staff working in the community do not respond to a phone call when they are not back when expected.
<p>Alcohol and Other Drugs Unit:</p> <ul style="list-style-type: none"> • Consider placing a fire extinguisher or fire blanket in the staff kitchen area near the cooking equipment. • Consider developing a formalised escalation process for situations where staff who are working in the community do not respond to a phone call when they are not back when expected

Critical element ten

– Cover decisions

OBJECTIVE

The employer will demonstrate a procedure for making workplace injury cover decisions that complies with the legislation* and includes review rights.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a claims lodgement system that ensures lodgement of claims for workplace injuries.	1. Documented claims lodgement procedure.	Yes	Yes
2. There is a procedure for making cover decisions on work-related personal injury claims that is timely and complies with the legislation*.	1. Procedure to determine whether a personal injury is work-related.	Yes	Yes
	2. Example or standard letters and forms.	Yes	Yes
	3. A procedure to manage work injury disputes that includes consideration of all relevant information (e.g. medical, employee and employer information).	Yes	Yes
3. Cover decision letters state the reasons for decisions and include review rights.	1. Evidence of cover decisions that are confirmed in writing (including favourable decisions) and contain review rights according to the legislation*.	Yes	Yes
	2. Any cover decision unfavourable to the employee is discussed with the employee prior to written notification.	Yes	Yes
4. There is a trained and/or experienced, designated person(s) to determine cover for work-related injuries according to the legislation*.	1. Acceptance or declination of cover is made by designated person(s) with knowledge of the current legislation* and with no less than 12 months' claims management experience, or who is under the close personal supervision of someone with at least this experience.	Yes	Yes
5. There is employee training or similar awareness programme that ensures all employees are informed of the claims lodgement procedures.	1. Standard training or training programme examples.	Yes	N/a
	2. All employees have some means of informing service providers of their employer's ACC Partnership Programme status (e.g. identification cards, brochures, introductory letters).	Yes	N/a

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	3.	Evidence that information is provided at least annually to all employees.	Yes	N/a
	4.	Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes	N/a
6. There is a process for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1.	Documented transfer process.	Yes	Yes
	2.	Evidence that process conforms to ACC guidelines (ACC will notify employers through guidelines from time to time).	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Cover decisions
Standard achieved: Secondary level achieved for this element.
Comments:
<p>The Occupational Health & Safety Unit coordinates injury management for work-related injuries (and many non-work-related injuries) for staff at the MDHB.</p> <p>The MDHB have contracted WorkAon to provide case management services for work-related injuries. The injury management procedures used for work-related injuries are outlined in a WorkAon/MDHB injury management manual which was last updated in June 2016.</p> <p>The MDHB safety management system also includes an outline of injury management processes for work-related injuries to MDHB staff.</p>
<p>WorkAon registers a work injury once the ACC 45 form has been received either from the MDHB or treatment provider.</p> <p>MDHB use a WorkAon manager's report to communicate to WorkAon whether an injury is considered to be a work-related injury or whether further investigation is required.</p>
<p>Once the MDHB agrees that a work-related injury meets the criteria for cover, WorkAon will confirm acceptance of a claim and a cover decision letter to the injured person.</p> <p>Cover decision letters contain review rights.</p> <p>One claim reviewed for this audit contained a decline decision, evidence that the decline decision was discussed with the employee concerned prior to issuing written notification was sighted on the file notes that formed part of the claim file.</p>
<p>All MDHB staff receive a leaflet outlining the work related injury management process at orientation along with a wallet card that provides contact details for WorkAon in case of work-related injury.</p> <p>Posters on staff notice boards outline the work related injury management process, role of WorkAon and disputes process.</p> <p>Copies of the work injury leaflet are provided to staff annually and are also available on notice boards.</p>
<p>The Occupational Health and Safety Unit have developed a flowchart for managers that outlines the actions to be taken for work-related injury, non-work injury and absence due to illness, which provides a useful resource for managers.</p>
<p>A claims transfer process is outlined in the injury management manual.</p> <p>This is utilised for claims that have been received by, but are not the responsibility of, the MDHB. (For example, non-work injuries and work-related injuries to employees of other employers).</p>
Critical issues: None.

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Recommendations for improvement:
None.

Critical element eleven

– Entitlements

The employer has developed a process for ensuring entitlements are assessed in an accurate and timely manner and claimants are notified of decisions in compliance with the legislation*.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a procedure to ensure injured employees are aware of their entitlements and of the process for applying for those entitlements.	1. Notification procedure.	Yes	Yes
	2. Evidence that information on entitlements is readily available to all employees (e.g. Intranet, fact sheets, brochures).	Yes	Yes
	3. Evidence that information on entitlements that may be applicable, is provided with acceptance of claims for cover.	Yes	Yes
2. There is a process for assessing injured employees' eligibility to entitlements according to the legislation*.	1. Evidence of assessment process that considers the range of medical, social and vocational entitlements (e.g. needs assessment sheets or similar).	Yes	Yes
	2. Example or standard letters/forms.	Yes	Yes
	3. All entitlement decisions are confirmed in writing (including favourable decisions) and contain review rights according to the legislation*.	Yes	Yes
	4. Any entitlement decision unfavourable to the employee is discussed with the employee prior to written notification.	Yes	Yes
3. There is a process to obtain and update signed, informed consent from an employee before the collection and release of information relevant to a claim.	1. Evidence of provision of written explanation to employees required to sign a consent form.	Yes	Yes
	2. Standard consent form that includes reference to the Privacy Act 1993 and Health Information Privacy Code 1994 with completed examples (where relevant).	Yes	Yes
4. There is a procedure to ensure that employees receive accurately calculated weekly compensation according to provisions of the legislation*.	1. A procedure to calculate and pay weekly compensation with reference to the period of incapacity that is being covered that considers secondary employment where relevant.	Yes	Yes

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	2. Evidence that calculation sheets are maintained on every file where a period of incapacity exceeds seven days and a copy sent to the injured employee.	Yes	Yes
	3. Evidence of a procedure to advise injured employees in all situations where more than 80% weekly compensation is being paid.	Yes	Yes
	4. A procedure to apply indexation increases (Orders in Council) that includes reference to the relevant dates involved.	Yes	Yes
	5. A procedure to calculate and pay abated weekly compensation.	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Entitlements
Standard achieved: Secondary level achieved for this element.
Comments:
<p>When a claim is accepted as a work-related injury, WorkAon include an entitlement fact sheet in the cover decision letter.</p> <p>The entitlements fact sheet includes information on social, vocational and medical entitlements available.</p>
<p>The MDHB Occupational Health & Safety Unit have an in-house initial needs assessment that is completed as soon as the unit is aware of a work-related injury involving a staff member that may require rehabilitation assistance.</p> <p>The MDHB in-house initial needs assessment covers the entitlements available in a conversation with the injured staff member.</p>
<p>Where the need is for entitlements have been identified, these are communicated in an entitlement decision letter, once cover is confirmed.</p> <p>Copies of entitlement decision letters for entitlements such as physiotherapy, imaging and surgery were sighted on claim files reviewed for this audit.</p> <p>Entitlement decision letters include review rights.</p> <p>The WorkAon/MDHB injury management manual outlines a process to discuss an unfavourable entitlement decision prior to written notification.</p> <p>No examples of unfavourable or decline entitlements were sighted on claim files reviewed for this audit.</p>
<p>The MDHB has developed an in-house consent form which employees who will be receiving rehabilitation assistance following a work-related injury asked to sign.</p> <p>WorkAon also ask the injured person to complete a WorkAon consent form.</p> <p>Examples of both the MDHB and the WorkAon consent forms were sighted on all claim files reviewed for this audit where rehabilitation intervention was required.</p>
<p>The MDHB payroll person who calculates weekly compensation for work-related injuries was interviewed for this audit.</p> <p>The MDHB payroll section has developed a first week check list for work-related injuries outlining how first week weekly compensation should be calculated and paid.</p> <p>Following first week, weekly compensation calculations are made by WorkAon using the web calculator which uses historical pay information entered by the MDHB payroll Department.</p> <p>WorkAon have provided the MDHB with the guidelines that outlines how the web calculator is used for weekly compensation and abatement.</p>

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Critical issues: None.	
Recommendations for improvement:	
11.3	<p>It is recommended that the MDHB consider the need for an employee to sign both an internal MDHB consent form and a WorkAon consent form for work-related injuries.</p> <p>It is not clear whether there is any benefit in asking an employee to sign two different consent forms.</p> <p>While it is useful to have the employee sign a consent form as soon as possible, the MDHB should consider utilising a single consent form that meets the requirements of both WorkAon and the MDHB.</p>
11.4	<p>As some employment agreements for some staff at the MDHB provide for 100% weekly compensation to be paid for work-related injuries, the MDHB payroll process should specify that staff who are receiving more than 80% weekly compensation entitlement are notified that they are receiving more than their legislative entitlement, and this entitlement may not continue if a claim is taken over by ACC.</p> <p>Ensure that the MDHB payroll checklist makes reference to the ACC legislation, outlining how the first week of week compensation is calculated and the earnings that are to be included in the calculation of first week compensation (including secondary employment).</p>
11.4	<p>The MDHB payroll department may wish to make use of the ACC resources available for partnership programme employers to payroll staff, to maintain a good understanding of weekly compensation matters.</p>

Critical element twelve

– File management

OBJECTIVE

Policies and procedures are in place to ensure that files are managed and administered in a way that complies with the legislation*. (Templates or samples will only be accepted for new accredited employer applications or situations where there have been no claims.)

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a procedure detailing information to be contained in a claim file.	1. Detailed procedure.	Yes	Yes
	2. Actual claim files (refer objective).	Yes	Yes
	3. Example or standard letters and forms.	Yes	Yes
2. All claims information is collected and stored correctly in accordance with the relevant legislative requirements.	1. A procedure that includes reference to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes	Yes
	2. A secure storage area and list of authorised personnel with access.	Yes	Yes
	3. Individual claim information kept separately from other employment-related information (e.g. personnel files).	Yes	N/A
	4. Each claim file contains only information relevant to the management of that individual claim.	Yes	Yes
	5. Files not requiring transfer at the end of the claims management period are held securely and are accessible to ACC on request.	Yes	Yes
3. Claims contain confirmation of early contact and initial consideration of rehabilitation needs. (Not applicable for "medical-fees-only" claims.)	1. Procedure requiring early contact and an initial needs assessment with injured employees within five working days of injury notification.	Yes	Yes
	2. Evidence that contact is made and an initial needs assessment carried out within two working days of injury notification.	Yes	Yes
4. Claims contain up-to-date running sheets summarising the management of the claim.	1. Evidence that running sheets are held on all files that contain more than initial treatment* costs.	Yes	Yes

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5. Closed claims that contain more than initial treatment* costs contain a closure summary (or similar).	1. Closure summary examples or templates that include (at least): – Total costs and final outcome – Rehabilitation intervention (where relevant).	Yes	Yes
6. A process exists to prepare, review and transfer claims according to ACC specifications.	1. Active claims to be transferred to ACC contain a completed chronological transfer summary report.	N/A	Yes
	2. Process for transfer includes notification to the injured employee, ACC and other parties actively involved in the management of the claim (e.g. general practitioner, union representative*).	Yes	Yes
	3. A file quality check of payment accuracy and rehabilitation is carried out prior to transfer and signed off by a designated senior person.	Yes	Yes
	4. Evidence that process conforms with ACC guidelines (ACC will notify employers from time to time).	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

File management:
Standard achieved: Secondary level achieved for this element.
Comments:
<p>MDHB maintain medical files for staff that include records of correspondence and information on work-related injuries.</p> <p>These files are kept in the Occupational Health & Safety Unit, separate from personnel files and accessible only to individuals authorised by the Occupational Health & Safety Unit.</p> <p>WorkAon maintain a master claim file for each work-related injury.</p> <p>Claim related information from the MDHB, such as emails and rehabilitation plans is forwarded to WorkAon to include in the master claim file</p>
<p>The MDHB Occupational Health & Safety Unit complete an in-house initial needs assessment which includes prompts to discuss social, medical, transport and vocational needs as soon as the unit becomes aware of a work-related injury.</p> <p>The initial needs assessment form is the start of the MDHB case notes for that injury.</p> <p>Completed MDHB initial needs assessments were sighted on all files reviewed for this audit where rehabilitation intervention was required.</p> <p>The majority of initial needs assessments were completed within two days of injury notification to MDHB.</p> <p>In some cases WorkAon will also complete an initial needs assessment to get a further information on rehabilitation requirements.</p>

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Both the MDHB and WorkAon maintain their own running sheets for claim activity, copies of both running sheets are kept on the WorkAon claim file.
Once a claim has been closed, WorkAon produce a claim closure summary which outlines any rehabilitation intervention, claims costs and final outcome. Claim closure summaries were sighted on all closed claim files that were reviewed for this audit.
WorkAon provide services for transferring claims to ACC at the end of the claims management timeframe.
Critical issues: None.
Recommendations for improvement:
None.

Critical element thirteen

– Administration and reporting

OBJECTIVE

The employer has a computer reporting system that holds appropriate data and allows timely and accurate reporting to ACC as required by the accredited employer agreement.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. The employer has a computer reporting system that contains all data requested by ACC.	1. Programme used to record ACC data is backed up to the employer's information technology (I.T.) standards.	N/A	Yes
	2. Programme used is technically supported (e.g. by employer's I.T. department or vendor supplying programme).	N/A	Yes
	3. Programme has documented data procedures and information (e.g. user guide or manual).	N/A	Yes
	4. Reporting responsibilities defined and data-specific roles covered for leave and sickness.	N/A	Yes
2. Monthly reports are to be received within five working days of month end and in a format specified by ACC.	1. Report format (as defined by accredited employer data system).	N/A	Yes
	2. Records show timely reporting within five working days of month end with current supporting correspondence from ACC (e.g. email message confirming receipt of data – not applicable for new accredited employer applications).	N/A	Yes
3. There is a process for providing individual case estimates.	1. There is a process to provide case estimates based on (at least): <ul style="list-style-type: none"> – Injury type and severity – Occupational type – Age of claimant. 	Yes	Yes
4. Computer systems are secure and access is only available to designated personnel.	1. Evidence that information is restricted to designated personnel.	N/A	Yes
	2. Computer system security that meets the requirements of the 1993 Privacy Act and the 1994 Health Information Privacy Code.	N/A	Yes

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	3. Digital Certificate for data transmission (held either by the employer or by a subcontracted third party administrator who transmits data on behalf of the employer).	N/A	Yes
5. There is a process to identify and manage issues of inappropriate claiming or fraud independent of the ongoing injury management of a claim.	1. Fraud identification process.	Yes	Yes
	2. Evidence that any investigation process will be managed independently from the ongoing injury management process.	Yes	Yes
	3. Evidence that the employer will promptly contact ACC to seek expert advice.	Yes	Yes
6. There is a process to liaise with, and notify ACC regarding: <ul style="list-style-type: none"> - Fatal claims, serious injury claims or claims of a sensitive or complex nature - Changes in the employer's injury management operation or injury management personnel. 	1. Liaison and notification process.	Yes	Yes
	2. Example or standard letters (where relevant).	Yes	Yes
	3. Evidence that there is designated "single point of contact" responsible for ACC notification and liaison.	Yes	Yes

Administration and reporting
Standard achieved: Tertiary level achieved for this element.
Comments:
WorkAon develop case estimates for claims that require more than initial medical fees only. Individual case estimates are communicated to MDHB as part of the open claim summaries that are communicated to the MDHB from WorkAon on a monthly spreadsheet.
WorkAon provide data reporting of claims related information to ACC on behalf of the MDHB. Accuracy of data reporting is now monitored by ACC and was not reviewed for this audit.
The injury management manual outlines a process for managing issues associated with inappropriate claiming, complex claims and sensitive claims.
Critical issues: None.
Recommendations for improvement:
None.

Critical element fourteen

- Disputes management

OBJECTIVE

The employer will demonstrate procedures to manage disputes arising out of any aspect of injury management, that comply with the legislation* and the requirements of the accredited employer agreement.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. There is a disputes management procedure according to the requirements of the legislation* and accredited employer agreement.	1. Disputes management procedure.	Yes	Yes
	2. Standard letters and forms.	Yes	Yes
	3. Examples (where relevant).	Yes	N/A
	4. The disputes management procedure includes options for informal resolution in the first instance (e.g. meeting with relevant parties, independent complaint investigation or conciliation procedures by the designated "disputes manager").	Yes	Yes
2. There is a designated senior person(s) responsible for dispute management (not the initial decision-maker).	1. Designated "disputes manager".	Yes	Yes
3. Employees are aware of the disputes management process and rights of review and appeal and have access to the designated "disputes manager".	1. Evidence of information provided to staff regarding review and appeal rights and the disputes management process (e.g. training information, newsletters, posters).	Yes	Yes
4. There is a process for the evaluation of dispute management outcomes to ensure that opportunities for improvement are identified (where applicable). (Care must be taken to protect the privacy of individuals in reviewing dispute outcomes.)	1. Evaluation process.	Yes	Yes
	2. Evidence of evaluation of disputes management outcomes that occurs annually or when an employer's decision is overturned at review.	Yes	N/A

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Disputes management	
Standard achieved: Tertiary level achieved for this element.	
Comments:	
<p>Information on the disputes process used by the MDHB for work-related injuries is summarised in the work injury left at provided to all staff.</p> <p>It was reported that there have been several work-related injury reviews lodged over the past 12 months.</p> <p>The WorkAon/MDHB injury management manual includes a flowchart that describes the disputes process.</p> <p>The disputes process includes options for informal resolution of disputes in the first instance.</p> <p>Several examples of disputes that have been resolved through informal dispute resolution were discussed at the time of this audit.</p>	
The MDHB HR Manager is the designated disputes manager for work-related injury disputes.	
<p>The WorkAon/MDHB injury management manual outlines a process for an annual evaluation of dispute outcomes.</p> <p>Several reviews for work-related injury claims were heard over the last 12 months and these were summarised in this review</p> <p>The evaluation of work related injury disputes for 2015/16 concluded that no changes were necessary to any injury management processes as a result of these disputes.</p>	
<p>Critical issues: None.</p>	
<p>Recommendations for improvement:</p>	
14.4	<p>Consider formally evaluating any complaints that have arisen from the management of work-related injuries to identify any lessons learned from these complaints.</p> <p>Evaluation of complaints could be included in the disputes review carried out by WorkAon and the MDHB.</p>

Critical element fifteen

– Development of rehabilitation policies, procedures and responsibilities

OBJECTIVE

The employer has documented policies and procedures that promote a supportive workplace environment; so that workplace-based rehabilitation following an injury becomes the usual course of action wherever possible.

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. A written rehabilitation policy that: <ul style="list-style-type: none"> – Is current, dated and signed by a senior manager – Is widely accessible in the workplace – Is included in staff orientation training – Includes objectives and responsibilities – Includes consultation with union* and other nominated employee representatives*. 	1. Policy document.	Yes	N/A
	2. Records of staff induction, provided in staff handbooks, Intranet (or similar).	Yes	N/A
	3. Evidence that the policy recognises the employees' need for support, advice and representation from the employees' union* or other nominated employee representative* (e.g. colleague, friend, family).	Yes	N/A
2. Workplace rehabilitation will be managed by a designated and trained or experienced person(s).	1. The designated ACC Partnership Programme case manager has at least: <ul style="list-style-type: none"> – 24 months' workplace rehabilitation experience; or – A tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or – Is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a third party administrator). 	Yes	Yes
	2. Responsibilities defined and rehabilitation roles covered for leave and sickness.	Yes	Yes
3. The employer has documented procedures for early intervention strategies, including managing the recovery of employees following injury, and intervention as soon as a potential gradual process injury is identified.	1. Rehabilitation and return to work procedure, including monitoring and follow-up.	Yes	N/A
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes	N/A
	3. Designated management responsibilities for rehabilitation for each work site.	Yes	N/A

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	4. Documented rehabilitation support responsibilities for union* and other nominated employee representatives*.	Yes	N/A
	5. The policies and procedures are developed and implemented in consultation with union* and other nominated employee representatives*.	Yes	N/A
	6. Evidence that rehabilitation and return to work processes have been implemented (where applicable).	Yes	N/A
4. Line managers and union* and other nominated employee representatives* actively involved in rehabilitation management understand the process of maintaining employees in the workplace and supporting safe and early return to work.	1. Information available.	Yes	N/A
	2. Evidence of training programme (or similar) within 12 months of programme entry (not applicable for initial audit).	Yes	N/A
	3. Evidence that training has been carried out within the last two years.	Yes	N/A
5. Injured employees are informed and understand the process and responsibilities for rehabilitation, including the need for early intervention.	1. Processes covering staff and management responsibilities, early return to work expectations, selected work options, support available and the right to union and other nominated employee representation*.	Yes	N/A
	2. Evidence that information is provided at least annually to all employees.	Yes	N/A
	3. Evidence that process information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes	N/A
6. There is a process to monitor, evaluate and review rehabilitation plans and outcomes.	1. Process to monitor, evaluate and review.	Yes	Yes
	2. Designated roles and responsibilities for this process including the timeframes involved.	Yes	Yes

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7. Preferred provider network specific to the employer's workplace needs is established to support rehabilitation (e.g. general practitioners, specialists, social needs assessors).	1. Rationale and criteria for selection of preferred providers is documented.	Yes	Yes
	2. Preferred provider lists (or similar information).	Yes	Yes
	3. Process for monitoring of preferred provider performance.	Yes	Yes
	4. Evidence that preferred provider performance has been monitored within the last 12 months.	Yes	Yes
8. The rehabilitation policy includes provision of rehabilitation opportunities for non-work injuries.	1. A statement in the policy (e.g. opportunities for alternative duties when available, access to preferred providers).	Yes	N/A
	2. Evidence that employers have been involved in the rehabilitation or return to work programme of employees who have sustained non-work injuries (where applicable).	Yes	N/A
9. Rehabilitation management includes an opportunity for the employer to develop and implement an unscheduled leave management (or total absentee management) programme.	1. A statement of intent (e.g. statement in the rehabilitation policy, business plan).	Yes	N/A

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Development of rehabilitation policies, procedures and responsibilities
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The MDHB rehabilitation policy is reviewed in consultation with the BAG and outlines the MDHB's commitment to rehabilitation and return to work following any type of incapacity (work-related injury, non-work injury and illness).</p> <p>The rehabilitation policy outlines the roles and responsibilities for MDHB managers, employees and the Occupational Health & Safety Unit for the management of injuries and illness.</p> <p>The MDHB Occupational Health & Safety Unit coordinates rehabilitation and return to work activities for staff who are unable to perform their normal role due to injury or illness.</p> <p>An Occupational Health Physiotherapist in the Occupational Health & Safety Unit is the main in-house case manager for work related injuries. At the time of this audit, the Occupational Health Physiotherapist was on leave and management of injuries to staff that require rehabilitation intervention was being undertaken by one of the other Occupational Health Nurses and the Occupational Health and Safety Unit Team Leader.</p> <p>WorkAon assists the MDHB in the management of work-related injuries through providing case management services, primarily from a Palmerston North based case manager who liaises closely with the Occupational Health & Safety Unit.</p> <p>The WorkAon/MDHB injury management manual outlines the processes for managing return to work and rehabilitation to staff with work-related injuries including gradual process injuries.</p> <p>The majority of work-related injury case files reviewed for this audit have resulted in the injured employee returning to their pre-injury position.</p>

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<p>The Occupational Health & Safety Unit has developed a manager training module for new managers to the MDHB that includes an outline of injury management requirements and expectations for work-related injuries, including the manager's role in this process.</p> <p>Managers across the DHB do not receive regular refresher training in the injury management process for work-related injuries however the Occupational Health & Safety Unit provide one-on-one training for new managers who have staff members who have suffered work injuries and require rehabilitation intervention.</p>
<p>The MDHB Occupational Health & Safety Unit receives a monthly spreadsheet summarising the progress on all open work-related injury claims from WorkAon.</p> <p>The MDHB Occupational Health Nurse/Physiotherapist who is overseeing the management of work-related injuries also maintains a spreadsheet of open claims.</p>
<p>The MDHB Occupational Health & Safety Unit have developed a list of preferred medical providers used for treatment and assessment of work-related injuries.</p> <p>The criteria for the selection and review of preferred medical providers as outlined in the MDHB injury management procedures.</p> <p>Evidence that the MDHB Occupational Health & Safety Unit have reviewed the performance of current preferred providers over the last 12 months was sighted at the time of the audit.</p>
<p>The MDHB appears to have a strong focus on rehabilitation and return to work following any form of absence, including non-work injury and illness.</p> <p>A number of examples where staff who are unable to perform their normal role due to non-work injury or illness have been offered alternate work within the DHB were discussed in the focus group interviews and with individual managers.</p> <p>The rehabilitation policy makes no distinction between rehabilitation opportunities offered to staff with non-work injuries or work injuries.</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p>
<p>15.4.3 To supplement the manager training module mentioned above, consider developing a training module for employee safety representatives that provides employee safety representatives with information on the work-related injury management process in use at the MDHB and provides employee safety representatives with guidance as to how they can support injured employees through the rehabilitation process.</p>
<p>15.6 It is recommended that the MDHB Occupational Health & Safety Unit open claims spreadsheet captures information on the main claim activities that should be occurring for work-related injury claims including:</p> <ul style="list-style-type: none"> • Date of lodgement; • Date of initial needs assessment; • Date of initial rehabilitation plan/action plan; • date of subsequent rehabilitation plans and expected rehabilitation plan completion Dates; • Verification of weekly monitoring <p>to help monitor compliance with Partnership Programme injury management requirements.</p>

Critical element sixteen

– Assessment, planning and implementation of rehabilitation

OBJECTIVE

The employer has active procedures in place for ensuring that timely and appropriate rehabilitation is provided in an open, consultative manner, and in line with agreed policies (process documents accepted for new accredited employer applications).

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. Procedure to assess an employee's rehabilitation needs (includes both initial assessment and ongoing rehabilitation requirements).	1. Rehabilitation assessment procedure that includes timeframes for intervention, designated responsibilities and process for notification to third party service providers (where relevant).	Yes	Yes
2. Vocational and social rehabilitation needs are assessed (where applicable) with reference to the legislation*.	1. Procedure that provides guidelines on rehabilitation providers to be utilised when necessary.	N/A	Yes
	2. Evidence that consideration of social rehabilitation (e.g. home help and childcare) has occurred (e.g. referrals, rehabilitation plans).	Yes	Yes
	3. Evidence that consideration of vocational rehabilitation has occurred (e.g. referrals, rehabilitation plans, needs assessments).	Yes	Yes
3. There is a process to ensure referrals are made to the relevant service providers.	1. Process for referral based on the needs assessment and including procedures required, timeframes and monitoring of provider performance.	N/A	Yes
	2. Evidence of referral letters and forms.	Yes	Yes
4. Where the need for rehabilitation is identified, an individual rehabilitation plan is developed in consultation with relevant parties and based on legislative requirements and includes: <ul style="list-style-type: none"> – Goals – Actions to be taken – Responsibility for actions – Timeframes – Costs. 	1. Policies and processes for the development of rehabilitation plans within a maximum of six weeks of injury notification, following consultation with the injured employee and medical providers.	Yes	Yes
	2. Development of rehabilitation plan carried out in consultation with key workplace influencers (e.g. case manager, injured employee, line manager and (on request) union* and other nominated employee representatives*).	Yes	Yes

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	3.	Process requiring rehabilitation plans or action plans to be established within 14 days of injury notification following consultation with the injured employee and medical providers.	Yes	Yes
	4.	Process requiring rehabilitation plans or action plans to be established within a maximum of seven days of injury notification following consultation with the injured employee and medical providers.	Yes	Yes
	5.	Rehabilitation plans are developed and monitored in face-to-face interviews with key workplace personnel (e.g. case manager, injured employee, line manager and (on request) union* and other nominated employee representatives*).	Yes	Yes
5. Rehabilitation plans are monitored and reviewed at agreed timeframes for the duration of rehabilitation.	1.	The responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes	Yes
	2.	Monitoring of rehabilitation progress occurs at least weekly for the duration of rehabilitation.	Yes	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

Assessment, planning and implementation of rehabilitation
Standard achieved: Tertiary level achieved for this element.
Comments:
The initial needs assessment carried out by both the MDHB and WorkAon identifies initial rehabilitation needs for injured employees.
Where the need for vocational and social rehabilitation is identified, service providers can be utilised to identify and provide specific services such as home help, and treatment. Although none of the claim files reviewed for this audit required social rehabilitation assistance, staff spoken to who had been involved in some of those claim files confirmed the offer of social rehabilitation.
Where the need for rehabilitation has been identified, the local WorkAon case manager will make contact with the injured employee and formalise an initial action plan. Almost all claim files reviewed for this audit, had evidence that the initial action plan was developed within seven days of injury notification, or attempts to contact were made in that timeframe.
If the need for further rehabilitation has been identified, the local WorkAon case manager will meet with the injured person, their manager and a member of the Occupational Health & Safety Unit to develop a rehabilitation plan outlining the activities for the next four weeks. The rehabilitation plan template used by WorkAon includes an area to formalise the expected outcome of the rehabilitation plan goals and timeframes.
The Occupational Health & Safety Unit carries out weekly monitoring for ongoing work-related injury claims where rehabilitation intervention is occurring.

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

<p>A summary of weekly monitoring conversations or phone calls is maintained in the case notes maintained by the Occupational Health & Safety Unit for each individual claim.</p> <p>Copies of these case notes are forwarded to WorkAon to include in the master claim file.</p>	
<p>Critical issues: None.</p>	
<p>Recommendations for improvement:</p>	
16.4	<p>The MDHB initial needs assessment sheet contains a reference to an initial action plan however there does not appear to be any space to formalise an identifiable initial action plan on this sheet.</p> <p>It is recommended that the MDHB initial needs assessment/running sheet is updated to include a space to formalise an initial action plan that outlines the activities that are planned for the first few weeks following injury.</p> <p>The MDHB should also consider providing the injured employee with a copy of the initial needs assessment/initial action plan (if an initial action plan is included on the initial needs assessment sheet as suggested above.)</p>

Critical element seventeen

– Rehabilitation outcomes, return to work and follow-up procedures

OBJECTIVE

An employer has consultative processes that support safe, early and sustainable return to work of injured employees or maintenance at work where early intervention support is identified (process documents accepted for new accredited employer applications).

Details of requirements	Verified by	Achieved Yes/No	
		Employer	TPA
1. The employer has a process established that identifies suitable alternative duties and is committed to providing these duties (when available).	1. Process that includes guidelines for the consultative identification of alternative duties and the designated responsibilities for this process.	Yes	N/A
	2. Example rehabilitation plans as evidence of provision of alternative duties (where relevant).	Yes	N/A
	3. Evidence that rehabilitation outcomes have been achieved (e.g. rehabilitation plans).	Yes	N/A
2. The employer considers retraining and job seeking where return to work at the pre-injury job is not an option.	1. Process that considers the range of vocational rehabilitation options as expressed in the legislation* (where applicable).	Yes	Yes
3. The employer has a process for the consultative review of rehabilitation plans that continue beyond the agreed completion date.	1. Process for consultative review of ongoing rehabilitation plans that considers current medical, vocational and social information at least every eight weeks for the duration of the claim.	Yes	Yes
	2. A process to consider ongoing intervention options for non-progressive rehabilitation cases including (for example) vocational independence, surgery options, referred assessment service.	Yes	Yes
	3. Process for consultative review of ongoing rehabilitation plans that considers current medical, vocational and social information at least every four weeks for the duration of the claim.	Yes	Yes

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4. The employer ensures that any previously unidentified health and safety or injury prevention issues arising out of the rehabilitation process are fed back into hazard management.	1. Evidence of feedback from rehabilitation planning into hazard management (e.g. forums, hazard register, staff communications, training plans) (where applicable).	Yes	N/A
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* Please refer to the definitions in the ACC Partnership Programme audit standards.

Rehabilitation outcomes, return to work and follow-up procedures
Standard achieved: Tertiary level achieved for this element.
Comments:
<p>The Occupational Health and Safety Unit has developed a number of resources to assist with identification of alternative duties that can be provided to injured employees who are unable to perform their normal role.</p>
<p>This includes an alternate duties flowchart, a list of contact details for managers in work areas that can provide alternate duties, a work capability form that can be completed by a treatment provider to outline the type of work that an injured employee is capable of undertaking, and lists of the types of alternate duties that are available on the MDHB in clinical areas and nonclinical areas.</p>
<p>The Occupational Health & Safety Unit develops detailed rehabilitation plans where staff are returning to work on alternate duties.</p>
<p>The plans outline the duties to be undertaken, any restrictions the injured person may have and timeframes for the rehabilitation plan.</p>
<p>Both the staff and management focus group participants confirmed that, in most cases, injured staff who have the capacity to undertake some duties will be accommodated within the DHB.</p>
<p>A hierarchy of interventions available for situations where an injured person may not be able to return to work in their preinjury role is outlined in the WorkAon/MDHB injury management manual.</p>
<p>This includes options such as similar work in another area of the DHB, retraining and the vocational independence process.</p>
<p>If the need for rehabilitation extends beyond the initial rehabilitation plan, new rehabilitation plans are developed following meetings between the injured person, their manager and a representative of the Occupational Health & Safety Unit approximately every four weeks.</p>
<p>The new rehabilitation plans outline the activities to be undertaken over the next 4 weeks in relation to social, vocational and medical rehabilitation/treatment.</p>
<p>Staff are offered the opportunity to bring a support person to rehabilitation meetings, and in some of the case files reviewed for this audit, staff had elected to include a support person in these meetings.</p>
Critical issues: None.
Recommendations for improvement:
<p>17.1.2 Consider incorporating the detailed return to work plans developed by the Occupational Health & Safety Unit into the formal rehabilitation plans developed by WorkAon to include the return to work plan in the formal signed rehabilitation plan.</p> <p>This may help provide clarity of the relationship between the two plans and help manage situations where there may be non-compliance with the return to work plan.</p>

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Critical element eighteen

– Focus group interview; confirmation of safe systems in action

OBJECTIVE

The employer is able to confirm and validate hazard management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. There is an understanding of what constitutes a hazard in the workplace.	Yes
2. There is an understanding of the process for hazard identification.	Yes
3. There is an awareness of respective responsibilities in the identification of hazards.	Yes
4. #There is an understanding of the term "significant hazard" and the hierarchy of controls in the management of these hazards.	Yes
5. There is an understanding of injury and incident reporting and recording requirements.	Yes
6. There is an understanding of injury or incident investigations including designated responsibilities and the role of the injured employee and the manager concerned.	Yes
7. There is an understanding of the responsibilities for corrective action resulting from an injury or incident investigation.	Yes
8. #There is an understanding of how to initiate rehabilitation support and assistance for any injured employees.	Yes
9. There is an understanding of the process for union* and other nominated employee representation* and the way in which to raise health and safety issues.	Yes
10. There is an understanding of the emergency procedures in the workplace.	Yes
11. There is an understanding of what the "partnership" refers to under the ACC Partnership Programme and how it relates to the workplace.	Yes
12. Employees are aware of the claims lodgement process and how to access entitlements.	Yes
13. #There is an understanding that work-related claims information is collected and stored in relation to the Privacy Act 1993 and the 1994 Health Information Privacy Code.	Yes
14. Employees are aware of the disputes management process and how to review decisions.	Yes
15. #There is an understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives*) (on request).	Yes
16. Employees are aware that their medical, social and vocational needs will be assessed if they sustain a work-related injury (e.g. home help, transport, weekly compensation).	Yes
17. #There is an understanding of the rehabilitation process, and there is support from management for the early return to work of injured employees.	Yes

* Please refer to the definitions in the ACC Partnership Programme audit standards.

While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Focus group interview summary
Standard achieved: Primary level achieved for this element.
Number of focus group interviews undertaken: Two focus group interviews were held for this audit, both involved representatives from all of the sites that were selected for this audit. All staff and managers in the locations selected for this audit work on the same location (Palmerston North Hospital).
Positions and interests represented in the <u>employee</u> focus group(s): The 12 staff who took part in the employee focus group included Registered Nurses, Staff Nurses, Social Workers, Quality Coordinators, Enrolled Nurses, Physiotherapists, Occupational Therapists, Cardiac Physiologist, Employee Safety Representatives and several Union Representatives.
Positions and interests represented in the <u>management</u> focus group: The 16 managers who took part in the management focus group included a Quality and Project Lead, Operations Director, Service Managers, Manager of Clinical Records, Clinical Coordinators, Coordinator of Materials Management, Clinical Managers, Charge Nurses, Team Leaders, Project Managers and Contracts Coordinator.
Summary comments from focus group interviews: The participants in the employee focus group all agreed that violence to staff, primarily from patients, is the main risk faced by the majority of staff who work with patients. The management focus group identified manual handling injuries as the main risk facing staff. Hazard controls in place for risks such as violence, manual handling, exposure to blood and body fluids and needle stick injury appear to be well understood, and programs such as the patient no lift training system were seen to be effective in reducing patient handling related injuries amongst staff. Some staff indicated that different moving techniques between orderlies (contracted staff) and staff in units can create risks when trying to move a patient, this was followed up with Spotless who indicated that orderlies receive the same training in the no lift processes as MDHB staff. Both focus groups also raised workload and psychological stress as a hazard facing staff across the MDHB. Instances of work-related stress appear to be managed on a case-by-case basis however it was acknowledged that the reporting system that is used for other incidents (Riskman) is not utilised to report psychosocial harm to staff and that these issues are dealt with by the HR department. The manager's focus group noted that this does mean that the organisation does not have a good overview of the number of instances where staff may be harmed or exposed to harm in relation to work-related stress. Systems available to support staff who are exposed to psychological and emotional hazards vary between units. Those units who work in mental health related fields have professional supervision available to debrief following stressful events. Medical units do not appear to use formal professional supervision however do report informal debriefs and access to counselling services on a case-by-case basis. Staff involved in the employee focus group who are not in units that use professional supervision expressed some interest in this process for helping staff manage with psychologically or emotionally difficult events. The Riskman computer-based system for reporting accidents, incidents and more recently hazards appears to be well understood and staff and managers in both focus groups indicated that the system is relatively easy to use. It was acknowledged that some events are still not reported, particularly when a similar event occurs multiple times over a single work shift, for example if a difficult patient is involved in numerous assault or verbal abuse incidents to staff members. In these cases it was acknowledged that only one event may be recorded rather than the number that actually occur.

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

<p>Both the staff and management focus groups indicated that staff at the MDHB had a good understanding of how work-related injuries are managed by the MDHB, and the role of WorkAon in managing work-related injuries.</p> <p>Focus groups indicated that staff are provided with leaflets outline the work-related injury management process annually, and information is also available on the MDHB intranet.</p>
<p>Overall, both focus groups indicated that the work-related injury management processes appear to be working effectively, the MDHB provides support to staff through the recovery period and the return to work process has resulted in a number of outcomes where most injured staff have returned successfully to their preinjury positions.</p>
<p>Processes for disputes, the general range of entitlements available and requirements for privacy of medical information related to the management of work-related injuries appear to be very well understood amongst both focus groups.</p> <p>There appears to be a strong emphasis on return to work following incapacity across the MDHB and managers and staff indicated that it would be very rare for a person who has some capacity for work to not be offered some alternate duties.</p> <p>Some locations struggle to accommodate injured staff in their own areas, due to physical and clinical requirements, however a range of alternate duties appear to be available in other areas of the MDHB, particularly for clinical staff.</p>
<p>Processes for employee participation within the MDHB appears to be well understood, several members of the employee focus group were employee safety representatives and confirmed involvement in unit specific hazard management activities such as workplace inspections, attendance at safety committee meetings and availability of training for employee safety representatives.</p>
<p>Emergency procedures appear to be well understood, and both groups confirmed regular refresher training and fire emergency procedures, warden training and regular trials of the hospital evacuation process.</p>
<p>Critical issues: None.</p>
<p>Recommendations for improvement:</p> <ul style="list-style-type: none"> • The employee focus group raised the issue that the support available within units for staff who may be exposed to prolonged traumatic or emotional events varies between units that provide psychological services and medical wards. Those staff who represent medical wards indicated there could be positive benefits from utilising some of the support mechanisms that are used in mental health units within the DHB to support staff psychologically. • The management focus group considered that there would be advantages in having events that are perceived by individual staff members as resulting in psychological or emotional harm recorded in the incident database in a confidential manner, to provide visibility of the extent of this risk, and the effectiveness of current risk controls for the risk of psychological harm to staff. • The employee focus group indicated that there were some areas where the risk of violence to staff could be reduced through scheduling activities that were known to be high risk times for violence to times when there are a number of staff and support services such as security available. (For example, not at night or on weekends).

Critical element nineteen

– *Case studies; confirmation of safe systems in action

OBJECTIVE

The employer is able to confirm and validate hazard management systems and subsequent injury management systems through the presentation of a requested number of case studies requiring rehabilitation support.

Details of requirements	Verified by	Achieved Yes/No
1. There is an ACC45 claim form for the work-related injury on file.	1. ACC45.	Yes
2. There is an individual file uniquely numbered containing only information relevant to the injury.	1. Claim file containing only injury-related information.	Yes
3. There is written confirmation of the cover decision issued within the timeframes specified in the legislation* that includes review rights.	1. A copy of the cover decision with review rights included.	Yes
4. There is signed consent, valid for the duration of the claim (not the ACC45).	1. Signed consent form on file (ACC45 sufficient for medical-fees-only claims).	Yes
5. There is a completed needs assessment (or similar).	1. Needs assessment completed within five working days of injury notification.	Yes
	2. Needs assessment completed within two working days of injury notification.	Yes
6. There is written confirmation that all entitlement decisions (including accepted decisions) contain review rights.	1. Copies of decision letters (where relevant) with review rights included.	Yes
7. Where incapacity is greater than seven days, entitlement to weekly compensation has been calculated and a copy forwarded to the injured employee.	1. A copy of the calculation sheets.	Yes
	2. A copy of calculation sheets for abatement (where relevant).	Yes
	3. Where more than 80% entitlement is paid, there is written confirmation to the employee informing them of this.	Yes
8. Referrals have been made to the appropriate provider as per the needs assessment (where applicable).	1. Copy of referral letters (or similar).	Yes
9. There is a signed rehabilitation plan on file that is based on medical advice that includes: – Goals – Actions – Responsibilities for actions – Timeframes – Costs.	1. Medical certificates/reports, records of telephone conversations with medical provider (or similar).	Yes
	2. Rehabilitation plan developed within six weeks of injury notification.	Yes
	3. Rehabilitation plan/action plan developed within 14 days of injury notification.	Yes
	4. Rehabilitation plan/action plan developed within seven days of injury notification.	Yes

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10. Evidence that the rehabilitation plan is developed and monitored "face-to-face".	1. Rehabilitation plan signed by those involved in its development.	Yes
	2. File containing evidence of case conference meetings.	Yes
11. Evidence that the opportunity for social rehabilitation support (e.g. home help, childcare, transport) has been offered to the injured employee in the development of a rehabilitation plan.	1. File notes, signed rehabilitation plan, needs assessment (or similar).	Yes
12. Consideration has been given to other rehabilitation intervention for non-progressive rehabilitation claims (where applicable).	1. Initiation of relevant occupational and medical assessments and medical case review, incorporated into rehabilitation plan (or similar).	Yes

Critical element nineteen

- *Case studies; confirmation of safe systems in action (contd)

Interview with employee/management/case manager/union or other employee support person where applicable:

Details of requirements	Verified by	Achieved Yes/No
1. The injury was reported and recorded in the injury register.	1. Interview with employee and manager or supervisor.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of acceptance of the claim for cover (including review rights) and entitlements were paid in a timely manner.	1. Interview with employee, manager and rehabilitation coordinator/case manager.	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and rehabilitation coordinator/case manager.	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
8. The employee was aware of the disputes management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Social rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, case manager.	Yes
10. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager, rehabilitation coordinator/case manager and employee representative (as appropriate).	Yes
11. Inclusion of a support person was offered to the employee throughout the rehabilitation process.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and rehabilitation coordinator/case manager.	Yes

Please note, the Accredited Employer is ultimately responsible for meeting all Injury Management requirements, even when a third party administrator is used.

Case study interviews summary
Overall standard achieved: Tertiary level achieved for this element.
<p>Number of case studies undertaken: The 8 claim files that were selected by ACC for this audit were reviewed as part of the audit.</p> <p>Three staff members who had been involved as the injured person in some of the claim files referred to above were interviewed face to face at the MDHB.</p>
Positions and interests of those interviewed to support employee's perspective:
<p>Those interviewed to support the employees perspective included 3 staff whose claims were included in the list of files to be reviewed by ACC.</p> <p>Employee safety representatives, staff in the focus group interviews who had been involved in work-related injuries and union representatives in the employee focus group were also asked to comment on the injury management procedures in place at the MDHB.</p>
Positions and interests of those interviewed to support employer's perspective:
<p>Those interviewed to support the employer's perspective included two WorkAon case managers who had provided services to the MDHB, members of the Occupational Health & Safety Unit, managers who have been involved in the return to work process for injured staff and HR Manager.</p>
Summary comments and commendations from case study interviews:
<p>All of the individuals spoken to as part of the case study interviews indicated that they felt that there was room for improvement in some aspects of how their injuries were managed.</p> <p>The specific issues raised by staff are not outlined in detail in this report as these would identify the individuals concerned.</p> <p>A recommendation has been made below to help assist in identifying any future issues that may occur as part of the injury management process in order to identify concerns that staff may have that could be improved as part of the injury management process.</p>
<p>Comments from staff in the employee focus group who had been involved in work and non-work related injury management indicated that the individuals concerned were generally happy with the management of their injury and the return to work process.</p>
<p>Comments from managers in the focus group interview also indicated their support for the rehabilitation and return to work programme in place at the MDHB.</p> <p>Some managers expressed frustration at the length of time it sometimes appeared to take for staff to take part in rehabilitation plans, however this appeared to apply mainly to non-work injuries.</p>
<p>The claim files reviewed for this audit confirmed:</p> <ul style="list-style-type: none"> • Claim decision is confirmed in writing with review rights; • Most initial needs assessments completed within two days of injury notification; • Most initial action plan is developed within seven days of injury notification; • Weekly monitoring occurring throughout the period of the claim (in some claims there were gaps of over one week between weekly monitoring notes); • Rehabilitation plans developed approximately every four weeks in consultation with the injured person, their manager and a member of the Occupational Health & Safety Unit. • Weekly compensation calculations and weekly compensation decision letters provided to staff.
Critical issues: None.
Recommendations for improvement:
<ul style="list-style-type: none"> • Consider introducing a mechanism for staff who have injuries managed by the Occupational Health & Safety Unit to provide feedback to the unit on how their injuries have been managed, possibly through a post claim survey or interview which can help identify any areas of the claim

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<p>management process that could be improved (and can also provide confirmation that the employee has recovered from the injury).</p> <p>This survey/interview could also provide feedback from the injured person on the preferred providers used.</p>
<ul style="list-style-type: none"> • There may be some benefit in surveying managers of injured employees following completion of a work-related injury claim, particularly for longer term claims to identify the manager's perspective of the rehabilitation and return to work process and identify whether there are any areas where improvement could occur.
<ul style="list-style-type: none"> • Consider providing WorkAon with a copy of the Riskman accident report to include in the master claim file and to provide context for the injury to the WorkAon case manager/claim manager.
<ul style="list-style-type: none"> • Recommendations for improvement in the claims management process based on information sighted on claim files have been provided in the recommendations section for critical elements 10 through to 18.
<ul style="list-style-type: none"> • Where payment of weekly compensation is held up due to difficulties in obtaining information from a third-party, such as WINZ, consider whether a recoverable payment can be made to the employee for weekly compensation until the required information has been received, (rather than no payment at all).



Accredited Employer Programme Injury Management Audit Report

**MidCentral District Health
Board
2017**



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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

Name of business:	MidCentral District Health Board
Contact person:	Kaye Allardice-Green
Telephone:	06 356 9169
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Date(s) of audit:	31 August – 1 September
Audit completion date:	1 September 2017
Location(s) of audit:	Palmerston North Hospital

Summary of workplace information:

MidCentral District Health Board (MDHB) provides public health services in the Manawatu and Taranaki regions.

The MDHB employees just over 2600 staff, many of whom are represented by either the PSA, NZNO, Resident Doctors Association, First Union, Association of Salaried Medical Specialists or APEX Unions.

The MDHB has developed a number of policies and procedures that outline health and safety and injury management processes and expectations across the DHB.

Policies and procedures can be accessed through the MDHB intranet which has been developed as the main source of health and safety information across the business.

The Occupational Health and Safety Unit oversees the health and safety system and work related injury management across the DHB and provides health and safety and injury management advice and assistance to units across the DHB. Since the previous audit, the Occupational Health & Safety Unit has changed Team Leader, and has taken on a part time Health and Safety Adviser. The Occupational Health Physician attached to the Occupational Health Unit has also changed in the last year. At the time of this audit, the DHB is in the process of restructuring the organisation. It was reported that the Occupational Health Unit will be soon reporting to the General Manager of People and Culture.

The main hazards facing staff at the MDHB include manual handling, in particular patient movement, slips and trips, violence from patients and members of the public and infection/exposure to blood and body fluids.

Slips and trips and manual handling make up the bulk of work-related injuries to staff, staff spoken to in the employee focus group highlighted stress, workload and assault/abuse from the public and manual handling as some of their highest perceived risks.

It was reported that three notifiable injuries have occurred over the last 12 months, involving slips, trips and an assault on a staff member. WorkSafe have not taken any action as a result of these incidents.

WorkAon assists the MDHB with providing case and claim management services for the DHB, The WorkAon case manager servicing the MDHB has changed this year from a Palmerston North based case manager to a case manager based in Dannevirke. The WorkAon Case Manager visits the DHB approximately fortnightly.

Three of the staff in the occupational health and safety team can be involved in the management of work-related injuries across the MDHB, and this allows backup in times of absence.

This audit was completed using the new AEP audit standards which were introduced by ACC on 1 April 2017. Some of the new requirements in this audit have been marked as 'T' indicating that the DHB are still transitioning towards conformance to these new requirements. These areas will need to be fully implemented in the 2018 audit to meet the associated standards.

All the claim files reviewed for this audit were lodged prior to 1 April 2017 and were assessed against the previous audit standards.

Some issues were identified in the file reviews, these are outlined in element 18. The DHB has implemented a number of improvements to the injury management processes in the past 12 months and 'on balance' was applied to the areas that do not consistently meet the audit standard.

Two focus groups were held for this audit, a management focus group and an employee focus group. The employee focus group expressed a number of concerns regarding high workloads, workplace stress, violence from patients and patient's families, risks associated with working in the community and equipment/building related issues. These concerns are outlined further in the summary in element 20. Managers outlined a number of the steps that are planned to address these issues over the next 12 months, therefore the employee focus group has not impacted on the overall result for this audit, however these are areas which will be examined in the 2018 audit which will include a detailed review of the safety management systems at the DHB (a review of safety systems was not part of this injury management only audit).

Tertiary level is recommended as a result of this audit.

AEP current status

<input type="checkbox"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
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Recommendation to ACC

Based on the audit I recommend that this business:

has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary Secondary Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

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Auditor signature:			
Date:	8 September 2017		

Summary of results

10.	Cover decisions	Primary
11.	Entitlements	Secondary
12.	File management	Primary
13.	Administration and reporting	Primary
14.	Complaint and review management	Primary
15.	Development of rehabilitation policies, procedures and responsibilities	Tertiary
16.	Assessment, planning and implementation of rehabilitation	Tertiary
17.	Rehabilitation outcomes, return to work and follow-up procedures	Tertiary
18.	File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19.	Case study interviews	Primary
20.	Focus group interviews; confirmation of safe systems and injury management in action	Primary
20.	Number of focus groups	Two

Note:

- Primary level is the maximum level that can be achieved for Elements 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	T
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	T
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of Claimants' Rights when the cover decision	Yes

Details of requirements	Verified by	Achieved Yes/No
	is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

The MDHB have contracted WorkAon to assist with the management of work-related injuries. The Occupational Health Unit oversees the injury management processes for work-related injuries to MDHB staff, and is involved in all aspects of the claim decision making process and claim management process.

WorkAon have provided the MDHB with a Claims Management manual (CMS) which outlines the procedures for lodging and managing work-related injuries.

The Occupational Health Unit has also developed a number of processes and procedures outlining the steps the MDHB take on various parts of the injury management process.

The manager of the Occupational Health Unit reviews all injuries that have been reported into the Riskman reporting system used by the DHB, and contacts the individuals involved to identify whether the incident outlined in Riskman has involved medical treatment or incapacity. If medical treatment or incapacity is identified, the initial needs assessment process is commenced and WorkAon are notified of a pending claim.

WorkAon registers claims on the receipt of an ACC 45 and liaises with the MDHB Occupational Health Unit to determine cover.

Once a cover decision has been made, WorkAon communicates this to the claimant in writing, in a letter which contains review rights.

The WorkAon/MDHB CMS outlines the requirement for notifying an employee of an unfavourable cover decision. Two claim files with unfavourable cover decisions with the employee were reviewed for this audit, neither contained evidence that the unfavourable decision had been discussed with the injured employee prior to issuing the cover decision.

Both these cases were discussed with the WorkAon Case manager who was present at the audit and a representative from the MDHB Occupational Health Unit. In both cases there were some unusual circumstances that appear to have stopped the normal process of making contact with the employee concerned when an unfavourable cover decision is issued.

'On balance' has been applied to element 10.3.2, however this is an area that the MDHB will need to monitor.

Two of the pre-1 April 2017 claim files reviewed for this audit did not have cover decisions made within legislative timeframes and would be 'deemed' decisions. Although this is not a specific non-compliance with the pre-1 April 2017 audit standards, this would be a non-compliance with the new audit standard and element 10.2.3 has been marked as 'T'.

WorkAon has implemented a process to review and monitor cover decision accuracy and presented a spreadsheet which outlines the claims that have been reviewed, it was noted that the spreadsheet did not seem to indicate whether any MDHB claims have been reviewed. (See recommendation for 10.4.2)

Information on the claims management process for work-related injuries is communicated to employees annually through the MDHB newsletter.

The MDHB orientation process also includes a section on the systems used within the MDHB for the management of work-related injuries, including the role of WorkAon.

New employees are issued with a wallet card which contains WorkAon contact details, so the employee can provide these details to a treatment provider when seeking treatment for a work-related injury.

A process to transfer claims to ACC or another accredited employer that are not the responsibility of the MDHB is outlined in the WorkAon/MDHB CMS.

Two examples of transfer claims were sighted for this audit.

Critical issues: None

Improvement recommendations:

10.1 Where the MDHB has claims management processes outside or different to those detailed in the WorkAon/MDHB CMS, consider making reference to the MDHB procedure in the WorkAon CMS.

10.3.2 Where cover is declined to an MDHB employee, or other cover decisions unfavourable to the employee are made, it is recommended that WorkAon and the Occupational Health Unit discuss how the decision will be discussed with the employee concerned prior to issuing written notification to ensure this step is carried out.

10.4.2 Ensure that the process for reviewing a selection of cover decision claims to monitor accuracy of cover decisions specifically reviews MDHB claims.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes

Details of requirements	Verified by	Achieved Yes/No
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	Yes
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

- It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:
- Primary Secondary Secondary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

When a claim is accepted as a work-related injury, WorkAon provides a copy of an entitlement fact sheet, outlining social, vocational and medical entitlements, with the cover decision letter.

MDHB is also updating information on the MDHB intranet to include all information on entitlements available for work-related injuries to staff.

When a claim for a work-related injury is received by WorkAon, a triage process is used to identify high-risk claims and forward these to case managers for action.

Evidence of the triage process in action was not sighted on the claim files reviewed for this audit (all occurred prior to 1 April 2017.)

The MDHB Occupational Health Unit completes an initial needs assessment as soon as the unit is aware that a claim requiring more than initial medical treatment has occurred.

The Occupational Health Unit has an initial needs assessment template which is completed by one of the three Occupational Health Unit members who have considerable case management

experience, and is forwarded to WorkAon to communicate any needs identified in the initial needs assessment process.

All MDHB initial needs assessments were completed within required timeframes.

WorkAon will also undertake an initial needs assessment for high-risk claims, however can generally not do this within the timeframes required by element 11.3 due to the time between the MDHB becoming aware of the claim and WorkAon becoming aware of the claim.

Information from the MDHB and WorkAon initial needs assessments are utilised to identify entitlement needs.

These needs can be outlined in the initial action plan developed by WorkAon.

Claim files reviewed for this audit confirmed that where needs for further treatment, transport assistance and home help had been identified and approved, these are communicated to the employee in an entitlement decision letter.

One claim file reviewed for this audit contained an unfavourable entitlement decision to an employee (suspended entitlements). Evidence that the MDHB had attempted to contact the employee to discuss this decision prior to issuing written notification was sighted on the claim file.

The WorkAon spreadsheet referred to in element 10 outlining the process for sampling claims and confirming the accuracy of claim decisions also reviews entitlement decisions on those claims.

Several claims reviewed for this audit had gaps between the periods covered by medical certificates. In these cases the claim files contained evidence that the MDHB had approved the continuation on entitlements over those gaps.

A representative from the MDHB payroll section was interviewed for this audit to outline the systems used for calculating and paying weekly compensation.

The payroll section has developed instructions for the calculation of weekly compensation payments for work-related injuries.

Weekly compensation calculations and weekly compensation letters were sighted on claim files reviewed for this audit.

One example of the application of indexation to weekly compensation was sighted on a claim file reviewed for this audit.

Payroll staff at the MDHB have used the ACC weekly compensation modules for training in the last 12 months.

Critical issues: None.

Improvement recommendations:

11.4.3 It was noted that in some cases, the MDHB make special payments to top up weekly compensation to 100% of normal earnings without deducting leave entitlements. In these situations, the MDHB should be notifying the employee that they are receiving more than their legislative entitlement (this was seen in some, but not all cases). It is recommended that the process for notification of payments in excess of legislative entitlements is included in the payroll weekly compensation instructions. (WorkAon has a weekly compensation letter indicating that the employee is receiving more than their legislative entitlement which can be used for this purpose, however WorkAon need to be advised to use this letter)

11.5.1 It is recommended that the payroll procedures for calculation of weekly compensation for work-related injuries includes the process for calculating first week compensation, which is not included in the WorkAon processes.

It is also recommended that the MDHB payroll procedures for calculation of weekly compensation mention the requirement to include secondary employment earnings in first

week and subsequent week weekly compensation calculations.

11.5.6 Ensure that training for payroll staff in weekly compensation matters is recorded in the MDHB learning management system and is a recurring training at least every 24 months.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and • include a review of payment accuracy 	Yes

Details of requirements	Verified by	Achieved Yes/No
	and rehabilitation prior to transfer; and <ul style="list-style-type: none"> require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	T
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	T
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	Yes

Summary of Element 12:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 12.
Comments: <p>The WorkAon/MDHB CMS outlines the information to be contained on claim files and requirements to store claim files securely.</p> <p>The storage area for claim information at the MDHB Occupational Health Unit was sighted at the time of this audit, claim files are kept in a locked cabinet in a locked office in the Occupational Health Unit which has card access and cannot be accessed by anybody without a valid security card.</p> <p>The Occupational Health Unit of the MDHB keeps all medical files on claim files separate from the MDHB HR records. The only claim information on HR records is copies of ACC 45 and ACC 18 forms.</p> <p>All staff sign a WorkAon consent form as part of the claim management process, signed consent forms were sighted on all claim files reviewed for this audit.</p> <p>The MDHB also has a consent process outlining who has access to claim information within the DHB.</p> <p>Both WorkAon and the MDHB Occupational Health Unit maintain running sheets on claims which summarise claim activity, emails and phone calls.</p> <p>A review of the claim files selected for this audit indicated that The Occupational Health Unit forwards most claim activity to WorkAon to include in the claim file, however in some cases it was noticed that the Occupational Health Unit had correspondence and rehabilitation plans that were not included in the WorkAon file.</p>

A recommendation to merge claim information into the master claim file on claim closure has been made below.

Processes to transfer claims to ACC at the completion of the claims management process are outlined in the WorkAon/MDHB CMS.

The MDHB is developing a privacy process to:

- Check any information that is sent either to the employee or to an external agency to ensure the information relates only to the claim in question
- Outline the process for reporting privacy breaches to ACC
- Keeping a register of privacy breaches which are used to review the privacy procedures in use at the DHB.

It was reported that one privacy breach in relation to WorkAon sending information on a MDHB claim to another DHB was reported to ACC.

Critical issues: None

Improvement recommendations:

12.2.3 As all claim information should be contained in the master claim file held by WorkAon, it is recommended that the MDHB develop a process to review the claim information held by the Occupational Health Unit on claim closure, and forward any information that may not be included in the WorkAon claim file, such as notes, emails and rehabilitation plans to WorkAon.

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> is backed up to the employer's information technology standards is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	Yes

Summary of Element 13:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.
Comments:
WorkAon reports claim data to ACC monthly on behalf of the MDHB.
Evidence of data reporting to ACC for April, May, June and July 2017 was presented for this audit. This evidence included confirmation that data was provided within five working days, files are being checked to ensure accuracy and ACC's acknowledgement of clearance of the data files.
The security processes for transferring MDHB claims to ACC are outlined in the WorkAon/MDHB CMS.
The WorkAon/MDHB CMS outlines processes for identifying and managing issues of inappropriate claiming or fraud. It was reported that no cases of inappropriate claiming or fraud have been identified over the past 12 months.
The WorkAon/MDHB CMS also outlines processes for liaising with ACC regarding fatal, serious, sensitive and complex claims.
The point of contact between ACC and the MDHB has not changed over the last 12 months.
Critical issues: None.
Improvement recommendations:
13.4.1 (For information only, not a recommendation) If the point of contact between the MDHB and ACC is changed with the MDHB restructure currently underway, ensure that any change in MDHB contact person is communicated to ACC.

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	T
	2. Records of complaints (where applicable).	T
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	T
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	T
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	N/A
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure, The Code and their rights of review	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 14.
Comments:
A generic complaints process is outlined in the WorkAon/MDHB CMS. The MDHB is in the process of identifying the most appropriate process for managing complaints associated with work related injuries. The MDHB has an existing complaints process for other matters however it was reported that this may not totally suit the work-related injury management process and a specific complaints process may be developed for MDHB work injuries. It was reported that no complaints have been registered since 1 April 2017.
A process for managing formal reviews is outlined in the WorkAon/MDHB CMS. It was reported that there have been no reviews lodged or heard within the last 12 months.
The designated person responsible for complaint/reviews is currently the MDHB HR manager.
A process to review the outcomes of complaints and reviews is outlined in the WorkAon/MDHB CMS.
WorkAon have provided an annual review of dispute outcomes, as there were no disputes in the last 12 months, there was nothing to review or evaluate.
Critical issues: None.
Improvement recommendations:
14.1 Ensure that the MDHB complaint process is developed and implemented prior to the 2018 AEP audit. There may be some benefit in considering how employees are advised of the complaints

process, particularly if an employee is expressing some dissatisfaction in relation to an aspect of their claim. This could help distinguish between 'complaints' and 'concerns', if an employee indicates they do not want to make a complaint.

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	9. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
10. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes
3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.	1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.	Yes
	3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).	Yes
	4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).	Yes
4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).	1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.	Yes
5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.	1. Designated management responsibilities for rehabilitation are assigned at each work site.	Yes
	2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).	Yes
	3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.	Yes

Summary of Element 15:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Tertiary This element has only Primary or Tertiary requirements. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 15.
Comments:
<p>The MDHB rehabilitation policy was last updated in August 2016.</p> <p>The policy outlines the MDHB commitment to accommodating employees who are unable to perform their normal duties due to injury (work and non-work related) and illness.</p> <p>The policy is reviewed by the MDHB bipartite action group, which includes union representatives, as part of the MDHB consultation process for high level policies and procedures.</p> <p>The policy meets the key requirements of element 15.1 and includes recognition of the employee's right to support and representation through the rehabilitation process.</p> <p>The MDHB rehabilitation policy outlines resourcing responsibilities at the senior management level</p>
<p>The WorkAon/MDHB CMS outlines the systems in place to provide rehabilitation and return to work for MDHB who have suffered a work-related injury.</p> <p>The MDHB Occupational Health Unit has developed specific procedures for making contact with injured staff, and their managers, and developing and managing the return to work process.</p>
<p>The MDHB rehabilitation policy outlines responsibilities and the rehabilitation process for the senior management team, line managers, the injured person, the Occupational Health Unit and employee representatives.</p>
<p>As indicated above, the MDHB rehabilitation policy makes no distinction between work or non-work injuries in the commitment to accommodating employees who are unable to perform their normal duties due to injury.</p> <p>The MDHB Occupational Health Unit has developed some procedures for supporting employees with non-work injuries.</p> <p>A number of examples of situations where the MDHB has supported employees with non-work injuries in the return to work process were discussed in the employee focus group, management focus group and with the Occupational Health Unit</p>
<p>Both the WorkAon Case manager who manages MDHB work-related injuries and the three staff in the MDHB Occupational Health Unit have more than two years workplace rehabilitation experience.</p> <p>The MDHB Occupational Health Unit has sufficient experienced staff to manage the work-related injury rehabilitation process in case of absence or illness.</p>
<p>The Occupational Health Unit has held injury management training sessions as part of the Team Leaders Forum, it was reported that some training for Employee Safety Representatives is planned in the next six months, Employee Safety Representatives received some training in injury management in the stage three Employee Safety Representative training course.</p> <p>It was noted that a number of managers had not taken part in the Team Leader Forum training sessions. 'On balance' has been applied to element 15.5.3 as the Occupational Health Unit also provides one-on-one training to managers who are involved in the return to work process with an employee however a recommendation to improve the training process has been made below.</p>
Critical issues: None.
Improvement recommendations:

15.5.3 To ensure continued conformance to the tertiary requirements of this element, MDHB will need to consider how managers and employee representatives are provided with training in the injury management processes in use for work-related injuries in the DHB at least every two years.

MDHB could consider how training in the MDHB injury management processes could be built into training courses for management development and employee safety representative training that are available for managers and employee representatives.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> goals actions to be taken responsibility for actions timeframes (based on expected recovery timeframes) agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	T
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 16.
Comments:
All claim files reviewed for this audit commenced prior to the 1 April 2017 audit standard update and were reviewed against the pre-1 April 2017 audit standards for claim activity that occurred prior to 1 April.
Action plans were developed for all claim files reviewed for this audit within seven days of injury notification to the MDHB Occupational Health Unit. Both the MDHB Occupational Health Unit and WorkAon had developed action plans following the initial needs assessment. The WorkAon action plan is communicated to the injured employee by letter.
Where the need for rehabilitation intervention is identified, a rehabilitation plan is developed in direct consultation with the injured person, the injured person's manager, a member of the MDHB Occupational Health Unit and a WorkAon case manager. WorkAon communicates the rehabilitation plan to the injured person. Rehabilitation plans contain goals, actions, responsibilities, timeframes and the agreed outcome of the rehabilitation plan. Rehabilitation plans developed by WorkAon were sighted on all claim files where rehabilitation intervention was required that were reviewed for this audit.
The MDHB also develops return to work plans for staff who are involved in alternate duties at MDHB, these outline the specific duties that the employee will be undertaking, timeframes, restrictions and any hazards/risks identified in the area the employees working in that may impact on their recovery.
On the claim files reviewed for this audit, rehabilitation plans were developed between 1 to 3 weeks

<p>following the initial action plan (in these claim files, the initial action plan sufficed as the first rehabilitation plan.)</p>
<p>Responsibilities for weekly monitoring are outlined in the rehabilitation plan.</p> <p>The Occupational Health Unit carries out weekly monitoring for staff who are either off work due to work-related injury or involved in alternate duties.</p> <p>The Occupational Health Unit has changed the process for recording work and monitoring, and now uses a weekly monitoring template to record detailed notes on progress and communication with the injured person.</p> <p>Weekly monitoring information is forwarded to WorkAon to include in the master claim file.</p>
<p>The MDHB Occupational Health Unit has developed a spreadsheet which tracks some information on open claims including decision date and date of initial action plan.</p> <p>The MDHB Occupational Health Unit meet with the WorkAon Case manager who manages work-related injuries at the MDHB fortnightly to review open claims. Up until the time of this audit, there were no formal records/minutes of these meetings, it was reported that the WorkAon Case manager will produce minutes of these review meetings going forward.</p>
<p>Before 1 April 2017, a case meeting was held approximately every four weeks and a new rehabilitation plan was developed.</p> <p>Since the introduction of the new audit standards, rehabilitation plans appear to extend over a longer period and are only reviewed with the injured person at the completion of the rehabilitation plan date or if there is a change in diagnosis/treatment or the return to work process.</p>
<p>The MDHB Occupational Health Unit specifically identify and list any hazards/risks in the work area where an employee is involved on restricted duties that may have an impact on the employee's recovery.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>16.1.2 It was reported that the action plan reviews carried out every 14 days prior to cover decision would not involve the injured employee. Although it is not an audit requirement to consult with the injured employee in the action plan process, it is recommended that the MDHB consider whether there would be benefit in involving the injured employee in the development and review of the action plans, and communicating the action plans and updated plans to the injured employee and their manager.</p>
<p>16.3.2 Consider tracking additional 'performance/conformance indicators' for claim files on the spreadsheet used by the MDHB Occupational Health Unit for monitoring open claims. For example the spreadsheet could also monitor:</p> <ul style="list-style-type: none"> • Date of initial action plan and two weekly reviews of action plans. • Extensions on decision dates. • Date of rehabilitation plan and rehabilitation expiry dates and rehabilitation plan reviews. <p>The dates for initial needs assessment, action plan and action plan reviews, decision date and rehabilitation plans/reviews could be compared to the timeframes required in this audit to monitor compliance with AEP standards.</p>
<p>16.3.4 As part of the ongoing review process for open claims, it is recommended that the DHB specifically identify whether any 'milestones' have occurred for staff who are under rehabilitation plans that would prompt a review of the rehabilitation plan with the employee.</p>

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	T
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	Yes
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	Yes
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 17.
Comments:
The MDHB Occupational Health Unit has developed some preliminary rehabilitation goals/objectives however these are focused on 'business as usual' rather than improvement goals. Element 17.1.2 has been marked as 'T' as performance against rehabilitation objectives have not yet been assessed.
The WorkAon/MDHB CMS outlines processes for the review of rehabilitation plans that have progressed beyond their initial outcome date, or for non-progressive rehabilitation. These processes outline a range of options including retraining, redeployment or the vocational independence process. Several claims reviewed for this audit had evidence that the vocational independence process have been considered or commenced for long-term claims. This included commencement of initial vocational assessments.
Where return to the preinjury job is starting to look unlikely, vocational independence options are discussed in the rehabilitation plan. WorkAon/MDHB also has developed a leaflet outlining the vocational independence process for employees where this has been considered.
Evidence that medical providers who have been asked to carry out assessments for injured employees were provided with information relating to the workplace and the injury was sighted on claim files reviewed for this audit as attachments to the letters to medical providers.
The MDHB is developing a bank of alternate duties available across the organisation that can be shared with medical providers who are assessing an employee's capacity to work to ensure that alternate duties are always considered as part of the medical providers assessment.
Critical issues: None.
Improvement recommendations:
17.1 It is recommended that the DHB measurable 'improvement' related goals for the rehabilitation/return to work objectives for the MDHB, for example: <ul style="list-style-type: none">• Reduce the number of days injured staff are available for alternate duties that are not utilised within the DHB.• Improve manager involvement in the rehabilitation process (measured through the number of rehabilitation plans/meetings attended by the injured employee's manager). (As suggested by the Occupational Health Unit).

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	T
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	T

Summary of Element 18:

- It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 18.

Comments:

All claim files reviewed for this audit involved claims that were lodged prior to 1 April 2017 and were assessed against the previous audit standards.

Claim activity since 1 April 2017 has been assessed against the new audit standards.

All claim files reviewed for this audit contained copies of ACC 45 forms, ACC 18 forms and copies of the cover decision letter.

Two claim files reviewed for this audit did not appear to have cover decisions made within the legislative timeframes for cover decision and would be deemed decisions. In both cases cover for a work injury was accepted and the employee was not disadvantaged in any way.

Initial needs assessments are carried out by the MDHB Occupational Health Unit and by WorkAon for high risk claims.

The MDHB Occupational Health Unit has been contacting every person who has submitted a Riskman incident report to identify whether medical treatment has been sought for that incident to enable an initial needs assessment to be completed in a timely manner. This has improved the timeframes for initial needs assessments within the MDHB.

Where entitlements have been provided to an employee, these are confirmed in an entitlements fact sheet which contains review rights.

All claim files reviewed for this audit contained medical certificates covering most periods of incapacity, where a gap in medical certificates has been identified, the MDHB has reviewed weekly compensation entitlement for this gap.

Weekly compensation calculations for short and long-term weekly compensation were sighted on all claim files reviewed for this audit where weekly compensation entitlement existed.

All claim files reviewed for this audit contained running sheets, both from WorkAon and from the MDHB Occupational Health Unit.

Claim files reviewed for this audit contained only claim related information.

Initial action plans have been developed within the timeframes that applied at the time claim has been lodged. In the case of this audit, all action plans are developed within seven days of cover decision.

One claim file reviewed for this audit where a cover decision had not been made contained some informal evidence of an action plan review (file notes indicated a verbal action plan review)

Where the need for rehabilitation intervention has been identified, rehabilitation plans have been developed within 7 to 21 days of cover decision (all pre-1 April 2017 claims). In these cases an initial action plan had been developed as the first rehabilitation plan.

Rehabilitation plans and case notes confirmed direct consultation with the injured employee as part of the development of the rehabilitation plans.

Prior to 1 April 2017, rehabilitation plans are reviewed and updated monthly in direct consultation with the injured person and their manager. Since 1 April 2017, rehabilitation plans appear to cover longer periods and are only reviewed with the injured person if there is a substantial change from the plan or the plan expires.

On one claim file reviewed for this audit with a rehabilitation plan that was developed post 1 April 2017, some timeframes in the plan were not met, and this did not appear to prompt a review of the rehabilitation plan.

<p>Weekly monitoring of staff with ongoing incapacity due to a work-related injury was sighted on all claim files reviewed for this audit.</p> <p>It was noted that the frequency of monitoring extended beyond weekly over the Christmas period</p>
<p>Several claim files contained rehabilitation plans that were developed after 1 April 2017.</p> <p>In one claim file, in a commitment made in the agreed rehabilitation plan was not met within the expected timeframe by the MDHB, this did not appear to result in a review of the rehabilitation plan</p>
<p>One claim file reviewed for this audit was closed when an employee was still certified as having incapacity from the injury. A recommendation to review this practice has been made below for element 18.3.3 as closing a claim file may halt weekly monitoring and other monitoring activity which means that any issues associated with the employee's final recovery may not be picked up in a timely manner.</p>
<p>Overall, the review of case files carried out for this audit indicated that the MDHB Occupational Health Unit is very involved in the rehabilitation, treatment and return to work process and evidence of ongoing intervention to try and achieve recovery and return to work was sighted on claim files, including some very difficult claim files where there was a high degree of non-compliance from the injured employee.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>18.1.2 Consider monitoring that cover decisions are made within legislative timeframes on the spreadsheet used by the MDHB Occupational Health Unit to monitor open claims. (Recommended in 16.3.2)</p>
<p>18.2.9 Ensure that employees are advised in writing where entitlements that exceed the statutory entitlements are provided, including special payments to top up weekly compensation, payment of surcharges for treatment and any other entitlements that may be provided to the injured person which exceed legislative entitlements.</p>
<p>18.3.3 Review the practice of closing claim files prior to the employee receiving a full medical clearance to resume their preinjury duties.</p> <p>Premature closure of a claim file may halt monitoring activities such as weekly monitoring and this could mean that any issues related to the employees recovery that the employee is experiencing may not be immediately identified.</p>
<p>18.4.2 Ensure evidence of action plan reviews every 14 days prior to cover decision are contained on claim files.</p>
<p>18.5.1 Where the Occupational Health Unit may not be able to complete weekly monitoring, for example over public holiday such as Christmas, it is recommended that the responsibility for weekly monitoring be formally handed over to a party such as the employee's manager or WorkAon to ensure ongoing contact with the injured employee over that period.</p>
<p>18.5.4 Ensure that milestones are regularly reviewed as part of the ongoing monitoring of rehabilitation plans and where a change to circumstances, dates or other commitments made in the rehabilitation plan occur, this prompts a review of the rehabilitation plans in direct consultation with the injured employee and the manager. (See recommendation 16.3.4)</p>

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 19.
Number of case studies undertaken:
Eight case files were reviewed for this audit and four of the employees involved in those case files were interviewed, three face-to-face and one by telephone.
Positions and interests of those interviewed to support employee's perspective: <p>Those interviewed to support the employees perspective of the rehabilitation and return to work process included four employees who are involved in the case files selected for this audit, employees, union representatives, other staff who had suffered work-related injuries and employee safety representatives involved in the employee focus group meeting.</p>
Positions and interests of those interviewed to support employer's perspective: <p>Those interviewed to support the employers perspective of the injury management process included managers who are involved in the management focus group, members of the MDHB Occupational Health Unit and the WorkAon Case manager who manages work-related injuries for the MDHB.</p>
Comments: <p>Employees were interviewed for the case study interviews confirmed reporting the events which led to the work-related injury in the MDHB reporting process (Riskman).</p> <p>Several employees commented that they were also encouraged by their workmates to report the incident.</p>

<p>Several of the claim files reviewed for this audit contained the Riskman report.</p> <p>Employees interviewed were asked about the injury prevention initiatives that may have been implemented to prevent a recurrence of their injury, most employees indicated that they were not sure that the actual issue which resulted in their injury had been addressed, in some cases this is because there incident was a one-off, however in other cases the hazard that resulted in the injury appears to continue.</p>
<p>All employees interviewed for this audit, including the majority of staff at the employee focus group confirmed that staff at the MDHB have a reasonable knowledge of the process in place for managing work-related injuries, and the role of WorkAon in this process.</p>
<p>Employees interviewed confirmed early contact from the Injury Management Unit.</p> <p>One employee spoken to expressed frustration regarding the length of time it took to make a cover decision regarding their injury, and felt this was unnecessary given the direct relationship between an event and and injury.</p>
<p>Employees spoken to during this audit confirmed regular contact between the Injury Management Unit and themselves during the period of their injury.</p> <p>Employees confirmed they were offered the opportunity to bring a support person to any meetings held in relation to their injury and rehabilitation.</p>
<p>Employees and managers interviewed had a general understanding of the complaint/review process, those that were not clear regarding how to access this process indicated that they would ask the Occupational Health Unit for advice as needed.</p>
<p>Employees interviewed confirmed that they were asked whether they required assistance with transport and home help and confirmed access to additional treatment such as physiotherapy if this was needed.</p>
<p>Employees spoken to confirmed a strong focus on return to work and alternate duties, wherever possible. It was noted that the DHB appears to have difficulty in finding suitable alternate duties for some positions, such as Care Attendants, and this can result in employees with the capacity to carry out restricted duties remaining fully off work. In almost all cases reviewed for this audit, employees were offered alternate duties when they had the capacity to carry out alternate duties.</p>
<p>Employees confirmed that the alternate duties provided for the return to work were suitable for their incapacity and employees were provided with the opportunities to self manage if they had any difficulties with undertaking the alternate duties.</p>
<p>Most employees interviewed were reasonably satisfied with the treatment, rehabilitation and return to work process for the work-related injury.</p> <p>All staff spoken to commented that the Occupational Health Unit was very supportive during the process of the rehabilitation.</p> <p>Although employees who had suffered a work-related injury indicated they were generally satisfied with the management of their injury, some employees expressed some dissatisfaction with some aspects of the management of their injury including an ability to contact the case manager, length of time taken to make a cover decision (as indicated above) and the perception that the DHB has not met some of the commitments made during the rehabilitation process. See recommendation for element 19 8 below, there may be some benefit in offering access to the complaints process to help resolve issues before these become an impediment to the rehabilitation process..</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>19.6 Ensure continued communication with the injured person during the cover decision making process. This could be achieved through making contact with the injured person as part of the two weekly action plan reviews to keep the injured person informed of progress and</p>

likely timeframes regarding cover decision.

19.8 Once the complaints process for work-related injuries has been formalised within the MDHB, consider how employees are made aware of the complaint process, and consider specifically asking employees who raise concerns regarding the management of the work-related injury whether they wish to utilise the complaints process. (See recommendation for 14.1)

19.11 With the apparent change in direct employee involvement in the rehabilitation review process (rehabilitation plans are no longer reviewed with the injured employee monthly) consider how the employer's perspective can be part of the rehabilitation review process. Although weekly monitoring at the MDHB does cover aspects of how the claim is progressing, the rehabilitation review process is different from weekly monitoring.

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

- It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus group interviews undertaken:

Two focus groups were undertaken for this audit, a management focus group involving 21 managers from across the DHB and an employee focus group involving 17 employees, also representing a number of departments across the DHB.

Positions and interests represented in the employee focus group(s):

The 17 staff involved in the employee focus group included staff from District Nursing, Occupational Therapy, Dental Services, Physiotherapy, Oncology, Healthcare Assistance, Staff Nurses, Anaesthetic Technicians, Stenography, Sonography and Administration Services.

A number of the staff who took part in the employee focus group were also union representatives and employee safety representatives.

Positions and interests represented in the management focus group:

The 21 Managers who took part in the management focus group included managers from Radiation Services, Service Managers, Emergency Department, Charge Nurses, Nurse Managers, Midwifery Director, Operations Director and Team Leaders.

Comments:

Both focus groups highlighted manual handling, violence, working in the community and slips and trips as some of the main risks that cause injuries to staff.

The management focus group highlighted risk controls such as a 'no lift policy' in a number of areas, availability to patient moving equipment, training in manual handling, trials of equipment for monitoring staff who are working in the community and a current review of security.

The employee focus group felt that a number of risk controls for these hazards are still relatively ineffective with delays in obtaining equipment to deal with bariatric (very heavy) patients, the lack of sufficient security processes to provide adequate protection to staff from violence from patients and patients families.

The employee focus group also highlighted the problem of bullying within the DHB and the majority of staff at the employee focus groups supported this view.

It should be noted that some units indicated that they felt the comments made regarding bullying and lack of effect of hazard controls did not apply in their areas and reported a high degree of engagement on health and safety matters from their managers however, based on comments from the range of staff involved in the focus group, this appears to vary markedly between units.

Staff working in the community reported some ongoing issues regarding lack of communication to a person visiting a client regarding the risk status of clients between different units in the DHB who may deal with those clients.

Discussions with some managers following the employee focus group indicated that the DHB has recognised an issue with bullying within the organisation and is about to implement a program to address this issue.

Hazard and incident reporting processes appear to be well understood, managers indicated they felt that the culture of reporting was increasing within the DHB.

Staff in some units of the DHB felt that reporting was sometimes discouraged by managers as this increased the workload on managers who had to review all reported incidents, and although incidents that required medical treatment would generally be reported, near misses and other

incidents, such as reports of verbal abuse and minor discomfort may not be consistently reported, partially due to time pressures on staff and partially due to suggestions from some managers that reporting of incidents, particularly repeated incidents such as verbal abuse do not need to be reported each instance they occur.

Both staff and managers were aware of the requirements to investigate incidents. Both groups were able to give examples of situations where an incident investigation has resulted in implementation of better systems to avoid a recurrence.

A number of employees in the staff focus group indicated that they felt feedback to the unit where an incident has occurred and feedback to the injured employee could be improved.

Managers indicated that an employee is able to access an incident they have reported to monitor the results of the incident review, however other staff, including employee safety representatives, do not have access to this information.

Both staff and managers involved in the focus group interviews indicated that most staff at the MDHB are aware of the MDHB involvement in the management of work-related injuries, and the role of WorkAon in the injury management process.

Overall, both focus groups provided positive feedback on the MDHB Occupational Health Unit involvement in the treatment, rehabilitation and return to work for injured employees.

Managers in some departments indicated they have great difficulty in accommodating injured employees with some restrictions as the work environment could put those staff at risk of injury aggravation, and some units had limited alternate duties available.

Managers who took part in the management focus who are involved in the rehabilitation and return to work process indicated that the DHB is getting much better at finding alternate duties outside of an injured employee's normal work area and is developing a job bank of alternate duties available in the DHB.

Both the employee and management focus group provided a number of examples of situations where staff with nonwork injuries are accommodated as part of the DHB return to work process.

Staff and managers had an understanding that there is a disputes process available to staff who are dissatisfied with any aspect of the management of the work-related injury, both groups indicated they would use the MDHB intranet or direct access to the MDHB Occupational Health Unit should they require further information.

Both focus groups indicated they were comfortable with the processes in place to maintain privacy of medical information collected by the MDHB for the purposes of managing work-related injuries.

Both groups were able to outline the processes in place within the DHB for employee safety representatives in units, it was noted that some units have not been able to fill their employee safety representative position.

Participants in the employee focus group who were employee safety representatives indicated that they generally have some time assigned to their role, however sometimes workload will prevent that time being used.

There was some discussion on the employee focus group regarding the methods used to select employee safety representatives in some business units, with a perception that there was a lack of transparency in some cases with representatives being appointed by a manager rather than selected by employees in that unit. This perception was not supported by all staff involved in the employee focus group, who indicated that an election process or nomination process was used for employee safety representatives in their units.

Employee safety representatives confirmed access to training for their role and most have taken part in the training.

Employee safety representatives felt that some of the skills they have obtained through the training, such as accident and incident investigation could be better utilised within the DHB, particularly in involvement in the investigation of incidents that have occurred in their unit.

Employee representatives noted that they do not have access to information on incidents in their unit through the Riskman database. Discussions with some managers following the employee focus group indicated that employee safety representative access to Riskman data is an area that is

being reviewed within the DHB.

Employee representatives indicated they were generally not involved in the return to work process unless directly asked by an injured employee in the unit to provide support.

Emergency procedures appear to be well understood and participants in both focus groups confirmed regular trials of the evacuation process and training of wardens.

The employee focus group indicated that they were less familiar with civil defence related emergency procedures.

Both focus groups confirmed formal training processes in place for staff starting with induction/orientation training for new staff to the DHB and followed up with unit specific orientation training, which includes introducing new staff to the risk management processes in place within those units.

The feedback from the employee focus group highlighted a number of concerns expressed by the staff involved including:

- Lack of sufficient security to adequately protect staff who are exposed to violence from members of the public and patients both within the DHB and in the community.
- Lack of employee involvement in some changes introduced into the DHB which has resulted in a potential increase in risk to staff.
- Lack of resourcing and time pressures on staff which results in staff not using the correct use of manual handling equipment and also impacts on reporting of hazards and incidents.
- A perceived culture of bullying within the organisation.
- Differences in the approach to encouraging reporting between units, with a perception that some managers discourage reporting due to the increased workload this puts on the managers who then have to review those incidents.
- Variable feedback to units on the outcome of incident investigations.
- Lack of involvement of employee safety representatives in the investigation process.
- The need for better forums across the DHB for employee safety representative communication across departments, for example, a DHB employee representative forum rather than a number of distinct unit safety committees.

Discussions with some managers following the focus group meetings indicated that a number of the issues highlighted in the employee focus group have been recognised within the DHB and are in the process of being addressed.

It is not expected that an organisation operating at the tertiary level of this audit standard should have the range of concerns regarding ongoing hazards and risks that were raised by employees.

The issues raised in the employee focus group are significant issues which will be reviewed in depth in the full Partnership Programme audit in 2018 which will specifically review evidence of health and safety systems in place, something that was not part of this injury management only audit.

Critical issues: None.

Improvement recommendations:

If not already in place, it is strongly recommended that the DHB communicate the steps being taken to manage issues such as bullying, workload and security to staff in areas that are exposed to these risks.

The MDHB should review the forums available for employee representatives and consider whether an organisation wide forum for employee safety representatives would improve communication on risks and risk controls.



Accredited Employer Programme Audit Report



MidCentral District Health Board
2018

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

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Date(s) of audit:	28 – 30 August 2018
Audit completion date:	30 August 2018
Location(s) of audit:	Palmerston North Hospital
Summary of workplace information:	
<p>MidCentral District Health Board (MCDHB) provides public health services to the Manawatu and Taranaki regions.</p> <p>The MCDHB employees just over 2500 staff, most of whom are represented by either the PSA, NZNO, Resident Doctors Association, First Union, Association of Salaried Medical Specialists or APEX Unions.</p> <p>Over the past 12 months, a number of health and safety initiatives have been introduced into the MCDHB, these include:</p> <ul style="list-style-type: none">• The adoption of a comprehensive health and safety strategy for the organisation, focusing on leadership, worker engagement and risk management.• A “Speak up for safety” campaign to improve communication on health and safety matters,• A security review, and increase in security resource to better respond to threats and aggression to staff.• A senior leadership ‘safety walk’ programme.• The engagement of a psychologist to provide counselling services to staff.• The implementation of a Safety Leadership Group involving the chairs of the safety committees across the DHB. <p>The Occupational Health and Safety Team oversees the health and safety system and work related injury management across the DHB, and provides health and safety and injury management advice and assistance to units across the DHB.</p> <p>The Occupational Health and Safety Team is made up of seven staff (5.3 full-time equivalent positions). This includes a Health and Safety Adviser, three Occupational Health nurses (who provide case management services for injured/ill staff), a Physiotherapist, Administrator and an Occupational Health Physician position, (which is currently vacant).</p> <p>Since the 2017 AEP audit, the Health and Safety Adviser position has temporarily increased from a 0.5 position to a full-time position.</p> <p>The DHB has been implementing an organisational restructure over the past 12 months, and the Occupational Health and Safety Team now reports to the General Manager of People and Culture. (Previously the team reported to the GM Quality and Risk)</p> <p>The main hazards facing staff at the MCDHB include manual handling, in particular patient movement, slips and trips, violence from patients and members of the public and infection/exposure to blood and body fluids.</p> <p>All focus groups held with managers and staff highlighted staff workloads and staff shortages as one of the key risks for MCDHB employees.</p> <p>It was reported that no notifiable incidents have occurred over the last 12 months.</p>	

WorkAon assists the MCDHB with providing case and claim management services for the DHB,

Three of the staff in the Occupational Health and Safety Team are involved in overseeing the management of work-related injuries, and non-work injuries/illness across the MCDHB, and this allows backup in times of absence.

The Occupational Health and Safety Team assist managers with the return to work process through the development of rehabilitation plans and facilitating the identification of alternate duties within the MCDHB.

This is the first time that the MCDHB has been audited against the new AEP audit standards for elements 1 – 8 (health and safety portion) that were introduced in April 2017.

Some of the areas for improvement that were identified in the last full AEP audit in 2016 were again highlighted during this audit, particularly in the areas of hazard management, health monitoring and contractor management. In addition to these areas, there was no evidence to support conformance with several of the 'new' audit standards above primary level, particularly in elements 2, 3, 7 and 8.

Case files reviewed for this audit confirmed that claims were being managed to the tertiary level, (with the exception of one claim file which met Secondary level).

Overall, the injury management component of this audit (elements 10 to 17) meet secondary requirements of this AEP audit standard.

Primary level is recommended as result of this audit.

AEP current status

<input type="checkbox"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
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Recommendation to ACC

Based on the audit I recommend that this business:

has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary Secondary Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

Name:	David Wutzler		
Company name:	HSS Ltd		
Postal address:	██████████	Suburb:	██████████
City:	██████████	Postcode:	██████
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Email address:	davidw@hss.nz		
Auditor signature:			
Date:	5 September 2018		

Summary of results

<i>Safety management practices</i>		<i>Level demonstrated</i>
1.	Employer commitment to safety management practices	Tertiary
2.	Planning, review and evaluation	Primary
3.	Hazard identification, risk assessment and management	Secondary
4.	Information, training and supervision	Primary
5.	Incident and injury reporting, recording and investigation	Primary
6.	Employee participation in health and safety management	Tertiary
7.	Emergency planning and readiness	Primary
8.	Ensuring the health and safety of employees and others in the workplace	Primary
9.	Workplace observation	Primary
<i>Injury management practices</i>		
10.	Cover decisions	Primary
11.	Entitlements	Tertiary
12.	File management	Primary
13.	Administration and reporting	Primary
14.	Complaint and review management	Primary
15.	Development of rehabilitation policies, procedures and responsibilities	Tertiary
16.	Assessment, planning and implementation of rehabilitation	Tertiary
17.	Rehabilitation outcomes, return to work and follow-up procedures	Secondary
18.	File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19.	Case study interviews	Primary
20.	Focus group interviews; confirmation of safe systems and injury management in action	Primary
20.	Number of focus groups	3

Note:

- Primary level is the maximum level that can be achieved for Elements 9, 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

SAFETY MANAGEMENT PRACTICES REQUIREMENTS

Employers will have **established** occupational health and safety systems functioning **actively** in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation

Element 1 - Employer commitment to safety management practices

(AS/NZ 4801:2001 Sections 4.2,4.4 and 4.6)

Objective The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety.	The policy or statement includes:	Yes
	1. management commitment to health and safety	
	2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SoPs)	Yes
	3. individual responsibilities for work health and safety	Yes
	4. a requirement to accurately report, record and follow up all health and safety events	Yes
	5. a commitment to consult with employees, health and safety representatives* and, where applicable, unions regarding matters relating to work health and safety	Yes
	6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months	Yes
	7. appropriate signature/authorisation, position and date	Yes
2. There is an understanding of health and safety management in the workplace.	8. a statement of commitment to continuous improvement in health and safety.	Yes
	1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers).	Yes
	2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role.	Yes
3. The employer actively supports health and safety.	3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.	Yes
	1. Evidence that excellence and/or innovation in health and safety are recognised.	Yes

Summary of Element 1:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 1 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 1.
Comments:
<p>The MCDHB health and safety policy was last updated and signed off by the Chief Executive and a Board representative in October 2017.</p> <p>The main components of the MCDHB health and safety policy are communicated on posters around the Hospital in a health and safety statement.</p> <p>A more detailed health and safety policy sits in the MCDHB safety management system and covers the key requirements of critical element one.</p>
<p>Over the past 12 months, the MCDHB has updated the safety management system to outline the health and safety responsibilities at a senior management level, including those senior managers who may hold an Officer position.</p> <p>The MCDHB has also updated or managers position descriptions to include more explicit health and safety and injury management responsibilities.</p>
<p>The performance appraisal process used by the MCDHB has also been updated over the past six months to include a specific requirement to measure manager's performance against health and safety expectations as outlined in the position description.</p> <p>This replaces a more subjective review of health and safety performance that was contained in the historical performance appraisal process.</p> <p>The new performance appraisal system is still the process of being rolled out across the MCDHB , on balance has been applied to element 1.2.3 as some evidence of historical reviews of performance against health and safety responsibilities existed in the previous performance appraisal process, however has been more focused on performance against designated health and safety responsibilities with the system that is currently being implemented.</p>
<p>The MCDHB Occupational Health and Safety Department has included a 'Star Award' in the MCDHB staff newsletter, recognising excellence and innovation for individuals or teams for health and safety initiatives or performance.</p> <p>The MCDHB is in the process of formalising an organisational recognition process to recognise excellence and innovation as a business process.</p>
Critical issues: None.
Improvement recommendations:
1.1.2 Consider including a commitment to meeting legislative requirements in the summarised policy statement and expand the section in the detailed policy to include commitment to complying with codes of practice, standards and good practice guidelines.

Element 2 - Planning, review and evaluation

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practices (CoP), standards and specialist information relevant to the work that is done.	1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included.	No
	2. Procedure/s are in place to ensure compliance or conformance with relevant requirements.	No
	3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes.	Yes
2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*.	1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed.	Yes
	2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months.	Yes
	3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> • a notifiable event • changes in work procedures • changes in health and safety policies and procedures. 	Yes
3. Health and safety objectives are set that are: <ul style="list-style-type: none"> • appropriate to the size and type of business or undertaking • relevant to each level within the business or undertaking • related to identified hazards* and risks*. 	1. Evidence of health and safety objectives and plans to achieve these.	Yes
	2. Procedure/s to review and update or reset health and safety objectives at least every 12 months.	Yes
	3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure.	Yes

Details of requirements	Verified by	Achieved Yes/No
	4. Evidence that senior management and employees, or employee or union representatives, have been included in the review and setting of objectives.	Yes
4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, union, and other nominated employee representatives. NB: May be immediately prior to initial audit	1. Self-assessment procedure/s.	Yes
	2. Evidence of self-assessments conducted in accordance with the procedure/s.	Yes
5. There is a system in place to control health and safety-related documents and information.	1. A document control system (paper-based or electronic).	Yes
	2. Evidence of current versions of documents in use.	Yes

Summary of Element 2:

It is recommended that this employer has successfully met the requirements of Element 2 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 2.

Comments:

At the time of this audit, no specific procedures that outline how the MCDHB will identify relevant health and safety legislation, safe work instruments, codes of practice, standards and guidelines relevant to the organisation could be identified within the MCDHB.

Evidence that the MCDHB uses subscription services, an agreement with a legal firm to provide update on legislation and contacts with industry organisations to obtain information on health and safety changes was sighted at the time of the audit, however there do not appear to be any specific procedures in place to describe how the MCDHB:

- Identifies the impact of changes to health and safety legislation, regulations and codes of practice and guidelines relevant to the business.
- Reviews those changes to identify their impact on the MCDHB
- Periodically (at least every 2 years) reviews compliance or conformance with relevant health and safety legislative requirements.

The MCDHB has several processes in place to review the effectiveness of health and safety management.

This includes external audits, such as the 'TAS' audit which reviews the effectiveness of the organisations safety management systems, and internal checks such as six monthly and annual safety audits.

Over the past 12 months, the MCDHB has expanded on the reporting of health and safety performance indicators to the Senior Leadership Team and Board through the monthly and quarterly reporting.

These reports now provide information on a range of health and safety performance indicators.

Evidence that policies/procedures are reviewed following critical events (as per the incident investigation processes) was sighted at the time of this audit.

A recent example of this review is the development of a violence prevention strategy for the DHB, following an increase in violence related incidents to staff.

Over the last 11 months, the MCDHB has been developing a long-term health and safety strategy for the organisation, outlining goals and objectives, supported by a detailed plan outlining work streams for the next few years.

Evidence that the health and safety strategic plan was extensively consulted with safety committees and unions was presented for the audit.

The health and safety strategy focuses on improving health and safety leadership, employee participation/engagement in health and safety and risk management.

The health and safety strategy was agreed by the DHB Board in July 2018.

Equivalence has been applied to the tertiary requirements of element 2.3.4, as there has been a long period of consultation as part of the development and adoption of the strategic plan.

The MCDHB has historically conducted a self-assessment against the AEP audit standards through a staff survey.

The survey was conducted again in 2018 however the survey does not appear to have been updated to meet some of the new requirements of the AEP audit standard.

A more detailed self-assessment against the AEP audit tool was carried out by members of the Occupational Health and Safety Team, however the results of the self-assessment had not been formalised at the time of this audit.

'On balance' has been applied to element 2.4 as some evidence of self-assessment was sighted for this audit however this is an area that the DHB will need to improve.

Core health and safety policies and procedures are maintained on the DHB intranet.

Version control information was sighted on all of the health and safety and injury management related policies and procedures reviewed for this audit.

Critical issues: None.

Improvement recommendations:

2.1 To meet the requirements of this element, the MCDHB will need to formalise processes to identify health and safety legislation, codes of practice, standards and guidelines relevant to the organisation and processes to monitor changes to legislation to identify impacts of those changes on the MCDHB. The MCDHB could utilise the Safety Leadership Group and contractors/tenant safety committee to review any upcoming changes to legislation and codes of practice to identify implications for the MCDHB.

2.2.1 Consider developing an internal assurance system to review components of the safety management system and risk management processes for health and safety risks across the MCDHB.

The system could include sampling and internal checks to provide assurance that key health and safety processes such as contractor management, management of change, hazard management at a Unit/Ward level and training against training expectations are working as expected against the MCDHB policies/procedures.

Each key health and safety policy/procedure could include a section on how conformance

with that policy/procedure will be monitored within the DHB.

2.2.2 2.2.2 If not already in place, consider reporting indicators of staffing levels in the monthly and quarterly reports to senior leadership. For example, number of times that the VRM has exceeded a predetermined level, to provide a visual indication of how often required staffing levels are not able to be met. (Suggestion only, not an audit requirement).

2.3 Consider including information on how the DHB will monitor the *effectiveness* of risk management as part of the risk management component of the health and safety strategy
Consider including rehabilitation/return to work objectives in the health and safety strategy (see element 17.1)

2.4 It is recommended that the DHB examine how to best audit/assess conformance with the AEP audit standards through a self-assessment process, in a way that includes employee/safety representative involvement, and effectively examines performance against the individual audit requirements.

Element 3 - Hazard identification, risk assessment and management

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace.	1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working.	Yes
	2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. 	Yes
	3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action.	Yes
	4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace.	Yes
2. There are procedures to assess the risks associated with the identified hazards.	1. Procedures that explain when and how to assess risk associated with identified hazards.	Yes
	2. Evidence that assessments of risks have been completed.	Yes
	3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others).	Yes
	4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).</p>	<p>1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be:</p> <p>a. Eliminated and, if elimination is not reasonably practicable*, then:</p> <p>b. Minimised by:</p> <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. 	Yes
	<p>2. Procedure/s to support the appropriate use of specialist advice (where applicable).</p>	Yes
	<p>3. Reference information is readily accessible to those who need it.</p>	Yes
	<p>4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).</p>	Yes
	<p>5. Details of appropriate risk controls developed for hazards that have health and safety risks.</p>	Yes
	<p>6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.</p>	Yes
	<p>7. Evidence that hazard and risk controls have been communicated to relevant people.</p>	Yes
<p>4. There is a system in place to review the risk controls of the identified hazards.</p>	<p>1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.</p>	Yes
	<p>2. Responsibilities assigned to ensure reviews have been undertaken and signed off.</p>	Yes
<p>5. Occupational health monitoring* is managed.</p>	<p>1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.)</p>	Yes
	<p>2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring.</p>	Yes
	<p>3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable).</p>	No
	<p>4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken).</p>	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs.	Yes
	6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system.	Yes
	7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	Yes
	8. Evidence that pre-employment health screening assessment have been completed (where applicable).	Yes

Summary of Element 3:

It is recommended that this employer has successfully met the requirements of Element 3 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 3.

Comments:

The DHB hazard and risk management procedures outline how hazards are identified (primarily through reporting through the Riskman reporting system), the risk assessment processes used within the DHB and process for developing controls for identified risks.

Any staff member with computer access is able to report a hazard into the Riskman system and assign actions for control of the hazard.

Hazards are also identified in the Unit/Ward health and safety inspections and through incident investigations.

Some specific risk assessments have been conducted on specific hazards.

The DHB has an established system for reviewing purchases/changes of equipment/items used in a clinical environment through the Product Evaluation Group.

Equipment and changes that occur outside of the clinical environment, such as vehicles, software, facility changes do not appear to be reviewed through the Product Evaluation Group and rely on managers undertaking a risk assessment.

The workplace inspection, carried out every 6 to 12 months in each Unit of the DHB, does include a prompt to identify any changes in their area and considering any risks that change may have introduced, however this is largely a reactive process.

Some examples of where risk assessments have occurred prior to changes being introduced into the DHB were presented for this audit, including changes underway to the Emergency Department.

Other changes, such as the introduction of software that requires additional computer screens and changes to working methods over the past 12 months did not appear to be risk assess prior to implementation, some of these changes may have introduced some ergonomic hazards.

The tertiary requirements of element 3.1.4 have been assessed as 'achieved' as there was some evidence of consultation with affected people regarding changes to equipment and facilities.

Although the tertiary requirements of element 3.2.4 have been assessed as 'achieved' there were

some recent examples of changes having been introduced without evidence of formal consideration of downstream risks, for example, software changes requiring two screens.

It was reported that the DHB has been moving from paper-based Unit hazard registers to using Riskman to generate Unit/Ward/site hazard registers.

This process is not yet complete.

The Unit and Ward Riskman hazard registers sighted at the time of this audit do not reflect the actual hazards and risks to staff and those locations and appear to be a mixture of incidents and individual reported hazards over the past two years.

'Equivalence' has been applied to element 3.1.3, as there is not a total absence of hazard registers, however these are not yet in a format that provides useful information to managers on the hazards in their areas.

The MCDHB hazard management processes include the use of appropriate specialist advice to assist with identification, assessment and control of hazards.

Examples of this process in use regarding specialist advice provided to the DHB for asbestos, noise and hazardous substances was sighted at the time of the audit.

Risk controls are outlined in Riskman. A number of specific procedures have also been developed within Wards and Units to outline the processes for managing specific hazards such as cytotoxic drugs and radioactive substances.

Each Unit/Ward is expected to complete a workplace inspection, six monthly for clinical areas and 12 monthly for administration areas.

This inspection is normally carried out by the health and safety representative and provides prompts for the person completing the inspection to review typical workplace hazards.

The inspection includes a summary of issues identified and a sign off by the manager.

It was noted that some inspections sighted during this audit had been signed off as closed/completed, even though some of the areas identified as non-compliant in the inspection had not been resolved. See recommendation for 3.4 below.

The MCDHB has had a health monitoring protocol/procedure in place for some time.

Some evidence of health monitoring following the reporting of specific hazards including noise, dust and heavy metals was evidenced at the time of this audit.

The MCDHB reported that they are in the process of engaging Occupational Hygienists to review occupational health risks across the DHB, which will then form the basis of an evidence-based health monitoring program.

The tertiary requirements of element 3.5.3 have been assessed as 'not achieved', as the MCDHB has not yet assessed potential occupational health risks across the DHB, and there are some areas where potential health hazards, such as noise have been raised have not yet been assessed, for example, Sterilising Services.

The DHB uses a health questionnaire as part of the recruitment process to identify potential health issues that may have an impact on an applicant's ability to carry out work safely.

If any issues are raised in the questionnaire, this can be followed up with a medical assessment prior to employment.

Critical issues: None.

Improvement recommendations:

3.1 It is recommended that the MCDHB hazard management processes includes a process for 'management of change', that triggers risk assessments when changes to material, equipment, substances and practices may impact on health and safety risks within the organisation. (In addition to the items that are already considered by the Product Evaluation Group.

3.1.3	<p>The DHB needs to update the process used to develop hazard/risk registers for health and safety hazards at Unit level and organisationally.</p> <p>The hazard registers should provide each Unit/Ward with a list of current hazards and the processes in place to control those hazards that can be periodically reviewed by the Unit/Ward to determine whether the control processes are still in place and effective.</p>
3.3.5	<p>It was noted that a number of identified hazards on Riskman have been open for a long period of time with no apparent control developed. This includes hazards such as potential exposure to high noise, lack of space to safely use equipment, lack of wardens.</p> <p>It is recommended that the MCDHB review hazards over a defined risk level that have been unresolved for an extended period of time to identify the reasons behind this, and to develop a plan for how those hazards will be managed in the short/medium/long term.</p>
3.4	<p>It is recommended that issues highlighted through the six monthly/annual inspection process are entered into Riskman to keep these are visible until they are resolved.</p>
3.5.3	<p>To meet the requirements of this element, the DHB needs to base the health monitoring programme for employees on identified occupational health risks.</p>
3.5.8	<p>Once an assessment of occupational health risks across the DHB has been undertaken, it is recommended that the DHB consider whether baseline/pre-employment health testing is warranted in areas where a new employee may be exposed to an occupational health risk.</p>

Element 4 - Information, training and supervision

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none"> • emergency procedures • hazard and incident reporting • how risk assessments are undertaken • work hazards and risks • health and safety responsibilities of employer, employees and, where applicable, any other relevant parties • employee or worker* participation and representation processes • information about health and safety meetings • injury management and return to work processes • use and care of general health and safety equipment, including PPE. 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work.	1. Evidence that training needs for specific roles, tasks, or areas of work have been identified.	Yes
3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding.	1. Evidence that task-related training has occurred.	Yes
	2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable).	Yes
	3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable).	Yes
	4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities.	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. 	No
4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks.	1. Records of training and/or skills and experience for people leading hazard identification and risk assessments.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months.	Yes
5. There is access to trainers with the relevant skills, experience or qualifications.	1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used).	Yes
	2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used).	Yes
	3. Records of trainers' skills, experience or qualifications.	Yes
6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff.	1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented.	Yes
	2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable).	Yes
7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management.	1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities.	Yes
	2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months.	Yes
8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions.	1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months.	Yes
9. The designated employees or wardens for each work area	1. Training records (or similar) for people with specific roles in emergency situations.	Yes

Details of requirements	Verified by	Achieved Yes/No
are trained to respond to emergency situations.	2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months.	No
	3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1).	Yes

Summary of Element 4:

It is recommended that this employer has successfully met the requirements of Element 4 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 4.

Comments:

The MCDHB has an organisational induction program that runs induction sessions approximately monthly to induct new staff into the DHB.

This induction includes a health and safety component covering reporting, hazard management, emergency procedures and the safety committee process.

Completion of induction is recorded in the MCDHB training database.

Each Unit/Ward is expected to develop a Unit specific induction for new or transferring staff.

Some Unit inductions, particularly those for nursing staff, contain a detailed outline of the tasks, processes and competencies that new staff members work through during their first few months in a Unit.

Other units appear to have a less formalised Unit induction process.

Training for nursing staff is formalised with the use of designated Preceptors (trainers) who are involved in the training and assessment of competence against specific task requirements.

The majority of clinical, medical and pharmaceutical staff have a formalised induction and training processes that identifies the skills needed to undertake tasks and involves a competency assessment process to supervise and assess staff during training.

The DHB also offers a range of task specific training courses such as workstation setup and 'moving and handling' training and Safe Practice Effective Communication (SPEC) training, which is offered to staff who are exposed to those hazards.

The DHB has a Learning and Development Department, which coordinates the internal and external training courses across the DHB.

The DHB is moving some training onto an online training platform.

The courses available include incident investigation training, risk management training using Riskman, fire training and SPEC training.

The training database used by the MCDHB for face-to-face training does not have a bring-up function implemented to provide a reminder when training or certification that requires renewal is due.

It was reported that it is up to managers to identify any renewal or update training their staff require as part of the personal development process.

Although managers can access reports from the training database, these reports do not provide an indication of when a skill or competency expires and whether a renewal is required.

<p>This can mean that there is no reminder that training/skills requiring renewal or refresher training is about to expire. (Such as fire warden training and fire training).</p> <p>For this reason, element 4.3.4 has been assessed as 'not achieved'.</p>
<p>Over the past 12 months, the MCDHB has identified a preferred training provider for employee safety representatives and health and safety committee members, and has trained 70 staff through the stage 1 employee safety representative training.</p>
<p>The DHB holds annual health and safety update training for the Senior Leadership Team and Board. The last training occurred in June 2018.</p> <p>This training is not recorded in the MCDHB training database.</p>
<p>All staff receive 'fire training', which covers the alarm and evacuation systems in use in the hospital and information on use of fire extinguishers and fire hoses.</p> <p>All staff are expected to take part in refresher fire training every three or four years.</p> <p>The DHB also provides Building and Fire Warden training using a contracted trainer (Spotless).</p> <p>A review of training records indicates that around four Warden courses are held each year, and 13 staff were trained over the past 12 months.</p> <p>There was no evidence that Fire Wardens are receiving annual refresher training as required to meet element 5.9.2, therefore this element has been assessed as 'not achieved'.</p>
<p>The DHB trains managers in Coordinated Incident Management (CIMS).</p> <p>The DHB operates an emergency response centre and individuals who are involved in emergency response receive training in those roles.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>4.2 It is recommended that the DHB review the Unit specific inductions in place, to ensure that these cover an outline of the hazards in that Unit, and how those hazards are to be controlled, along with verification that a new employee has completed the Unit induction.</p> <p>There may be some benefit in centrally recording completion of Unit/Ward inductions (for example in the training database) to provide an oversight of how well the induction process is operating across the DHB.</p>
<p>4.3.4 To meet the requirements of this element, the DHB will need to introduce a bring up or reminder system that alerts individuals or their managers when refresher training or competency renewal is required to ensure this occurs before a skill or certification 'expires'.</p> <p>It would be useful if the training reports that managers can access for their staff included information on when a training course requires renewal or refresher training.</p>
<p>4.7.1 Consider developing a long-term training program for safety committee members and employee safety representatives that focuses on building skills in areas such as effective representation, communication, effective meetings, incident investigation, health and safety strategy and developing a business case (as examples).</p>
<p>4.8.1 Consider recording health and safety update training for the Senior Leadership Team and the MCDHB training database to help monitor the number of managers that have taken part in health and safety training.</p>
<p>4.9 It is recommended that the DHB has some oversight of the level of Fire Warden training occurring across the organisation, as it appears majority of Wardens are not receiving refresher training after initial training.</p> <p>Discussions in the focus group meetings and on the site visit also indicates that some staff who are designated as Wardens have not received formal training in that role.</p>

Element 5 - Incident and injury reporting, recording and investigation

(AS/NZ 4801:2001 Sections 4.4 and 4.5)

Objective The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all "near miss" or "near hit" events that might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties.	1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). 	Yes
	2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable).	Yes
	3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable).	N/A
2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace.	1. Procedure/s that explain how incidents will be investigated.	Yes
	2. Evidence of completed investigations of reported and/or recorded events (where applicable).	Yes
3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation.	1. Procedure/s that explain how corrective actions are identified, managed and implemented.	Yes
	2. Procedure/s include feedback into hazard and/or risk management.	Yes
	3. Evidence that affected employees are advised of any corrective actions (where applicable).	Yes
	4. Evidence that corrective actions have been implemented (where applicable).	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable).	Yes
4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.	1. Procedure/s for the collation of all incident data for analysis and review.	No
	2. Evidence of an annual review of collated data to identify trends.	Yes
	3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees.	Yes
	4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results).	Yes
	5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable).	Yes
5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.	1. Early intervention procedures include: <ul style="list-style-type: none"> • responsibilities of employee, union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to union and other nominated employee representation. 	Yes
	2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable).	Yes
	3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes

Summary of Element 5:

- It is recommended that this employer has successfully met the requirements of Element 5 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 5.

Comments:

The MCDHB uses the electronic reporting system Riskman to record incidents and accidents. All focus groups interviewed for this audit indicated they felt a high degree of reporting is occurring within the DHB, and regular reminders to use Riskman to report incidents, including near misses occur during staff meetings and safety committee meetings. Some Units, such as Theatres, indicated that they perceived a lower level of reporting from Senior Medical staff.

The MCDHB Incident Management and Reporting Standard outlines the reporting requirements and timeframes for reporting incidents and accidents.

The standard also outlines the processes used by the DHB for reporting notifiable incidents.

It was reported that the DHB has not experienced any notifiable incidents that require reporting to WorkSafe over the past four months therefore element 5.1.3 has been assessed as N/A.

The DHB classifies incidents using a Severity Assessment Code (SAC).

SAC1 and SAC2 incidents are high potential or serious, and require notification within 24 hours.

Investigations into SAC1 and SAC2 incidents are expected to be completed, usually by an investigation team, within 70 days.

SAC3 and SAC4 are considered less serious incidents, and are expected to be investigated within 30 days.

The MCDHB Quality and Risk team classifies reported incidents into the appropriate SAC, based on the severity, or potential severity of the incident.

Managers are required to review reported incidents in their area and identify appropriate remedial actions, which can be recorded in Riskman as a corrective action.

A review of reported incidents indicated that a high percentage of reviews/investigations focus on treatment of the injured person, rather than identification of the cause of the incident.

The Quality and Risk Team indicated that they will sometimes refer an incident back to a manager for further investigation, if they believe the initial investigation has not been adequate.

It was noted that the DHB has a focus on ensuring investigations are completed and closed out in a timely manner. This has the potential to encourage incidents to be closed out prior to the issue that may have caused the incident being rectified. See recommendation for element 5.3.1 below.

An analysis of the incident data entered into the Riskman system is provided to the Senior Leadership Team, and board monthly and quarterly.

It was reported that safety committees do not yet receive regular analysis of incident data.

There does not appear to be a procedure within the DHB that outlines how incident data is collated, reviewed and communicated. (Element 5.4.1).

Evidence of some proactive injury prevention initiatives were sighted during this audit, including the appointment of a Psychologist who is available to staff as part of the EAP process.

Numerous examples of reactive injury prevention initiatives were discussed during this audit, including manual handling interventions, improvements to equipment and site layouts and the development and implementation of a violence prevention strategy.

Over the past year, the DHB has implemented a 'Speak up for Safety' program to promote communication on safety issues such as behaviour, bullying and stress/fatigue.

This programme appears to have had some success in reducing incidents of inappropriate behaviours and summaries of the DHB.

The Occupational Health and Safety Unit makes contact with every individual who has reported an injury in Riskman to identify any early intervention requirements.

A number of responses to early reports of discomfort are available within the DHB, including use of the in-house Physiotherapist (who is available at the Occupational Health & Safety Unit one day week), temporary alteration of duties, one-on-one training on workstation setup and manual handling and treatment at a preferred physiotherapy provider (this would currently result in an injury claim being lodged).

Although a number of staff and managers spoken to during this audit were aware of the follow up actions that the Occupational Health & Safety Unit may take or have available following a report of discomfort, the systems to support early intervention strategies following reports of pain and discomfort do not appear to be formalised within the DHB.

See recommendation for element 5.5.

'On balance' has been applied to element 5.5 as there were a number of examples of early intervention in action following reports of pain/discomfort.

Critical issues: None.

Improvement recommendations:

5.1.3 It was noticed that the Incident Management and Reporting Standard still makes reference to the term "serious harm" which is no longer a criteria for reporting incidents to the Regulator. Consider updating references for reporting to the regulator to 'notifiable incidents' as outlined in the current legislation.

5.3.1 Consider some form of peer review for incident investigations before investigations can be closed out. For example, a Unit/Ward safety representative could agree or sign off that the investigation is completed and remedial actions appropriate before an incident can be closed out.

5.4.1 To meet the requirements of this element, the DHB needs to develop a process that outlines how incident data is collated, analysed and communicated across the DHB.

5.4.3 To better meet the tertiary requirements of this element, the DHB should provide safety committees with information on collated incident data and trend analysis.

5.5 It is recommended that the DHB better formalised and communicate the early intervention procedures available, to respond to discomfort. For example, resources available through the Occupational Health and Safety Unit and opportunities for alternative duties.

There does not appear to be an intuitive way to report discomfort that is not an injury or a strain/sprain through Riskman without indicating 'injury'. If not already in place, consider adding a category for early reported discomfort/pain that is not injury.

Element 6 - Employee participation in health and safety management

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace* practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is an agreed employee participation system in place that explains how employees, unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters.	1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues.	Yes
	2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. 	Yes
	3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months.	Yes
2. Confirmation of employee participation systems.	1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications).	Yes
	2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives.	Yes

Summary of Element 6:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 6 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 6.
Comments:
<p>The MCDHB has a number of consultative groups across the organisation that involve employees, employee representatives and union representatives in health and safety issues.</p> <p>Some examples of these consultative groups include:</p> <ul style="list-style-type: none">• 17 separate safety committees across the DHB.• A specific committee for PCBU's that operate with the MCDHB or on the MCDHB premises (tenants and contractors).• A newly formed Safety Leadership Group, which is made up of the chairs of the site Safety Committees and management representatives.• Bipartite Action Groups (BAG's), these are made up of union and management representatives that discuss a range of employment related issues, including health and safety issues.• A Joint Consultative Committee made up of medical staff representatives and managers. <p>The DHB tracks the number of committee meetings held, versus planned as a performance indicator in the Senior Leadership Team and board reports.</p>
<p>The DHB has employee participation processes in place that outline how employee representatives are selected/elected, the safety committee process and training available for safety representatives. All staff and managers spoken to were aware of the safety committee processes and almost all staff were aware of the safety representatives in their area.</p> <p>Some areas indicated they have difficulty in releasing safety representatives to attend meetings, and other managers reported that they have develop processes to ensure that safety representatives can attend meetings.</p> <p>A review of safety committee meeting minutes indicates that some meetings have very low attendance.</p> <p>See recommendation for 6.2.1 below.</p>
<p>Evidence that the DHB consults with employee/union representatives on matters such as the development and review of policies, and the recently adopted health and safety strategy was sighted at the time of this audit.</p>
<p>In addition to the safety committees that meet approximately monthly across the DHB, the DHB has also formed working groups to tackle specific health and safety issues, including wellness promotion.</p>
Critical issues: None.
Improvement recommendations:
<p>6.2.1 It is recommended that the DHB review the reasons that some Safety Representatives are unable to attend Safety Committee meetings, and develop strategies to remove some of the barriers that could be preventing safety representative attendance Safety Committee meetings.</p> <p>Consider measuring attendance at Safety Committees (percentage of members attended) as well as the number of meetings held as a performance indicator for the DHB.</p>

Element 7 - Emergency planning and readiness

(AS/NZ 4801:2001 Section 4.4)

Objective The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done.	Yes
	2. Evidence that emergency service requirements have been considered.	Yes
2. Emergency instructions are readily accessible at all worksites or work areas.	1. Evidence that emergency instructions are communicated to all employees and other relevant parties.	Yes
	2. Emergency responders* or other designated employees are known to staff.	Yes
3. Emergency procedures are tested at regular intervals – of no greater than six months apart.	1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees.	Yes
	2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees.	Yes
4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s).	1. Evidence of post-emergency response review.	No
	2. Evidence of updated procedures and plans (where applicable).	No
5. First aid resources are available.	1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed.	Yes
	2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies.	Yes
6. Emergency equipment is available.	1. Evidence that the need for emergency equipment for identified emergencies has been assessed.	No

Details of requirements	Verified by	Achieved Yes/No
	2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals.	Yes

Summary of Element 7:

It is recommended that this employer has successfully met the requirements of Element 7 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 7.

Comments:

The main documentation available to staff regarding the response procedures for emergency procedures are emergency procedure flipcharts posted around the hospital.

The emergency procedure flipcharts provide information on the response processes for emergencies such as fire, natural disasters, aggression and bomb threat.

The flipcharts are supported by high level emergency plan such as business continuity plans, influenza response plans and mass casualty response plans.

The DHB has an Emergency Operations Centre, which can be activated in the event of major emergencies, to provide a coordinated response to those emergencies.

Fire and Emergency NZ is directly involved in the fire evacuation processes for the DHB.

Information on emergency procedures is readily available on notice boards, and is communicated to staff as part of induction training and fire refresher training.

While some of the locations reviewed for this audit have the names of Wardens posted on noticeboards, it was apparent that not all Units/Wards have trained Wardens to cover all shifts.

On balance has been applied to 7.2.2 as wardens have been appointed a number of areas, even though those wardens may not have received formal training, however this is an area that the DHB will need to urgently address.

The facilities maintenance contractor for the DHB, Spotless, tests the evacuation procedures across the hospital every six months and provides the DHB with summary reports for each of the locations tested.

A review of the summary reports indicates that many have identified the lack of a trained Warden in some areas, however this does not appear to have been identified or addressed by the MCDHB in recent times.

It was not clear where the summary reports from the trial evacuations are reviewed within the DHB, and there was no evidence of an overall evaluation of the evacuation procedures, following each six monthly trial.

Element 7.4 has been assessed as 'not achieved'.

Responsibility for various parts of the emergency response procedures for the DHB appear to be distributed amongst a number of positions within the MCDHB and contractor organisations. For example:

- Unit/Ward managers have responsibility for ensuring that there are sufficient appointed wardens in place and their Unit/Ward.
- Spotless is contracted to provide warden training, and;
- A DHB Emergency Manager is responsible for ensuring there are adequate emergency

<p>response procedures in place for foreseeable emergencies. See recommendation for 7.4.</p>
<p>The DHB does carry out two yearly trials of major emergencies (as required by the Ministry of health) evidence of testing of a major emergency scenario (EMERGO Event) was sighted at the time of this audit.</p>
<p>As the hospital is a treatment facility for injury and illness, and has an Emergency Department, most Unit/Wards do not keep specific first aid equipment, as this is already available as part of the standard equipment held on the Ward. Some administrative units, such as the Medical Records Department, have purchased first aid kits for their areas.</p>
<p>There was little evidence that the need for emergency equipment for identified emergencies (other than fire and civil defence) has been formally assessed across the DHB. Some emergency equipment such as civil defence cabinets and some spill equipment was sighted in some work areas.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>7.2.2 It is strongly recommended that the DHB review the number of Wardens across the DHB to ensure that there are Wardens available for each shift. The DHB may wish to review the strategy for ensuring sufficient Wardens are in place. Some DHB's have elected to train all Ward staff as Wardens, which allows any staff member to take on the Warden role, in the event of an emergency over any shift.</p>
<p>7.4 if not already in place, it is recommended that responsibility for ensuring an effective emergency evacuation process is operating across the DHB is formally assigned, and that information from the trial evacuations, and actual emergency events that are occurring within the DHB are reviewed to identify what is working well, and areas where improvement is required. Where deficiencies or corrective actions are identified in the trial or actual evacuation processes, these could be entered into Riskman to provide visibility of the status of those corrective actions. There may be some benefit in reviewing the emergency preparedness and emergency response processes in place in the DHB, and the responsibilities for those processes, to ensure these are coordinated to provide effective and functional systems in place to respond to foreseeable emergencies.</p>
<p>7.6.1 To meet the secondary requirements this element, the DHB will need to develop and implement a process to evaluate the need for emergency equipment for foreseeable emergencies that could occur at the DHB. This will include spills such as chemical spills and blood/body fluid spills and emergency equipment for staff working remotely or in the community. It is recognised that some specific emergency response plans, such as the pandemic plan have identified equipment needs, this recommendation is focused on ensuring that an assessment of equipment needs is applied to all foreseeable emergencies that could occur at the DHB.</p>

Element 8 – Ensuring the health and safety of employees and others in the workplace

(AS/NZ 4801:2001 Section 4.4)

Objective The employer can demonstrate, so far as is reasonable practicable, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*.	1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s.	Yes
	2. Evidence of PCBU/s consultation and communication (where applicable).	Yes
2. A system is in place to induct another PCBU's workers or other people.	1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls.	Yes
	2. A designated person/s to co-ordinate health and safety induction for other workers.	Yes
	3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable).	Yes
3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety.	1. Documented selection criteria.	No
	2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable).	Yes
4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed.	1. Evidence that health and safety responsibilities are documented.	Yes
5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s.	1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable).	Yes
6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the	1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s.	Yes

Details of requirements	Verified by	Achieved Yes/No
PCBU/s, at intervals appropriate for the duration of the work.	2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable).	No
	3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable).	No
	4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable).	No

Summary of Element 8:

It is recommended that this employer has successfully met the requirements of Element 8 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 8.

Comments:

The DHB has a contractor/tenant Safety Committee that meets approximately every two months to assist with the consultation, cooperation and coordination of shared safety risks across the DHB.

The MCDHB has recently developed a draft 'Contractor Safety Management Procedure' outlining the processes for the selection, induction and monitoring of contractors for the DHB.

Many of the contractors who work at the DHB, including facilities maintenance contractors (plumbers, builders, electricians), orderly staff, kitchen/cafeteria staff and security staff, are supplied by Spotless, who have processes in place for selecting, inducting and monitoring their contractors.

A number of MCDHB contractors are engaged outside of the Spotless contract, including contractors managing MCDHB car parking, vehicle maintenance contractors, contractors who maintain specialist equipment in Wards, contractors providing staff resources for the DHB, laundry and waste removal contractors.

The DHB is in the very early stages of implementing a contractor management process for contractors outside of the Spotless contract.

As it appears the majority of contractors who are working at the MCDHB on a day-to-day basis are inducted through Spotless, and evidence provided by some wards that they will informally induct contractors who are working in the area, 'on balance' has been applied to element 8.2 for this audit.

At the time of this audit, it appears that the MCDHB largely relies on their main contractors to ensure contractors and subcontractors are inducted into the MCDHB environment.

There was is not sufficient evidence available to verify that the DHB has systems are in place within the DHB to consistently:

- Select/prequalify contractors who provide services to the DHB in a way that reviews the contractor's ability to adequately manage health and safety risks associated with the services they are providing.
- Verify competencies for contractors who are undertaking high risk tasks such as working with energised equipment, hazardous substances and working at height.
- Ensure health and safety responsibilities are agreed with contractors working for the DHB.

- Monitor and evaluate contractor safety performance across the range of contractors who are engaged by the MCDHB.

Critical issues: None.

Improvement recommendations:

- 8.1 To ensure that there are effective risk management processes in place with PCBU's who share risks with the MCDHB, (other than those PCBU's who are already involved in the tenant/contractor safety committee), it is recommended that the DHB develop a process for working with PCBU's that:
- Identifies PCBU's that the DHB shares risks with.
 - Identifies the processes used for consulting, cooperating and coordinating with those PCBU's
 - Reviews whether those processes are adequate to manage the shared risks.
- 8.2 - 8.6 To meet the requirements of element 8.2 to 8.6, the MCDHB will need to implement a contractor safety management processes that outlines systems for:
- Contractor selection/prequalification that includes an evaluation of the contractors ability to manage hazards they may be exposed to or introduce through the work they are undertaking. This process should include verification of skills and competencies for high risk tasks
 - Induction of contractors into MCDHB health and safety requirements and hazards that the contractor may be exposed to.
 - Agreed health and safety responsibilities with contractors.
 - Monitoring contractor safety performance on a day-to-day basis.
 - Evaluating contractor safety performance every 12 months or post contract.
- for **all** contractors that provide services to the DHB that could involve health and safety risks.

Element 9 - Workplace observation to confirm systems in action

Objective There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	The auditor will observe the following	Achieved Yes/No
1. The auditor is able to observe selected audit standard requirements in practice.	1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls.	Yes
	2. Evidence that risk controls have been implemented.	Yes
	3. Safety information is readily available and current.	Yes
	4. Event reporting forms for injuries, illnesses and incidents are readily available.	Yes
	5. PPE is available for employees, other workers and site visitors (if required).	Yes
	6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used.	Yes
	7. Restricted work areas are clearly identified.	Yes
	8. Appropriate escorting and sign-in/out processes are in place.	Yes
	9. Emergency evacuation procedure information is readily available.	Yes
	10. Emergency exits, routes and assembly points are clearly identified and unobstructed.	Yes
	11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification.	Yes
	12. First aid equipment and facilities are adequate, available and maintained.	Yes

Summary of Element 9:

- It is recommended that this employer has successfully met the requirements of Element 9 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 9.

Comments:

A workplace observation was undertaken at several nursing wards within the MCDHB, including a Surgical Ward and a Psychogeriatric Ward, administration areas and the Clinical Records Unit.

All areas reviewed had some form of hazard register available, however, as indicated in element three, the hazard registers sighted did not include the majority of hazards present in that location.

Hazard management systems outside the hazard registers, such as hazardous substances protocols, manual handling protocols and protocols for responding to aggressive behaviour were in

<p>place in the areas visited; these were largely managed outside the hazard register process.</p>
<p>Each of the locations visited had a safety notice board with information on the names of the safety reps, safety committee minutes and the MCDHB/WorkAon injury management leaflet.</p>
<p>The MCDHB has an electronic reporting system, Riskman, which is available to all staff members with access to computers.</p> <p>Computers were available in all the locations visited for this audit.</p>
<p>Personal protective equipment in the form of gloves, glasses, masks and gowns were available at all locations visited where there is a risk of infection.</p> <p>Most protective equipment is one-time use and disposable.</p> <p>Equipment for moving patients such as hoists were available in locations visited.</p>
<p>Restricted work areas were clearly marked within the hospital, non-public areas can only be accessed with an electronic key fob.</p>
<p>Most areas of the DHB are open to the public and do not use sign in/sign out processes.</p> <p>When visitors enter non-public areas, they are generally escorted.</p> <p>Personal protective equipment in the form of gloves and masks are available for visitors if required.</p> <p>Shelves and furniture near working areas and walkways were restrained to the building to prevent movement in case of earthquake.</p>
<p>Emergency equipment in the form of firefighting equipment was available in areas visited.</p> <p>Most of the locations visited had medical equipment that could be used for first-aid purposes as part of the standard supplies for that Ward.</p> <p>Civil defence cabinets are also located across the hospital.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>It was noted that some of the internal roads and parking areas around the hospital, particularly around gate 1, have no marked pedestrian areas, and no separation of vehicles and pedestrians. It is recommended that the MCDHB consider a traffic management plan for the parking areas and roads that review safe pedestrian and vehicle access.</p>

Hazard/risk management Nursing (Ward 29 and Star 1)

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Exposure to blood and body fluids	<input type="checkbox"/> Eliminate <input type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Gloves and gowns Staff training Spill equipment 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Needlestick injury	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Sharps bins for disposing of sharps Staff training Needlestick response protocol 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Patient moving	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input checked="" type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Training Moving equipment (hoists) 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Aggression	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Staff training Identification of risk patients Behaviour management plans Duress alarms and pendants Security available 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Slips/trips	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	Signage in wet/slippery areas	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> Substitution <input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input checked="" type="checkbox"/> Administration <input type="checkbox"/> PPE	some nonslip coating in shower areas	<input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

Hazard/risk management table Admin/Medical Records

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Transferring files	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Trolleys Manual handling training 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Computer use	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Workstation set-up training Some adjustable furniture 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Dealing with public/clients	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Barrier between clients and staff 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Shelving and retrieving files	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Shelves built to minimise bending or stretching Active monitoring of file density in shelves Training 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Long periods standing	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Standing mat 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> Substitution <input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input checked="" type="checkbox"/> Administration <input type="checkbox"/> PPE		<input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of Claimants' Rights when the cover decision	Yes

Details of requirements	Verified by	Achieved Yes/No
	is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

The MCDHB Occupational Health Unit is involved in the management of work-related injuries, non-work little injuries and illness for DHB staff.

Three of the MCDHB Occupational Health Unit staff carry out 'case management activities for injured/ill MCDHB staff.

WorkAon assist the MCDHB with the management of work-related injuries.

WorkAon have provided the MCDHB with a claims manual outlining the systems for lodging, triaging and managing work-related injuries.

The MCDHB has formalised the internal case management processes used for managing injuries and illnesses to staff across the DHB.

The MCDHB Occupational Health and Safety Unit Manager is responsible for claim cover decisions and communicates cover decisions to WorkAon on a work injury report.

The manager of the injured person also confirms injury details on the work injury report.

WorkAon communicates cover decisions to the injured employee in writing on behalf of the MCDHB.

All claim files reviewed for this audit contain copies of cover decisions which outline review rights in the last paragraph of the decision letter.

All cover decisions on claim files reviewed for this audit were made within the legislative timeframes.

WorkAon sample a selection of MCDHB claims monthly to review the accuracy of cover decisions and entitlement decisions.

An example of the claims reviewed in August 2018 were sighted for this audit.

Two claim files reviewed for this audit contained examples of unfavourable decisions for the employee, in both cases case file notes confirm that the unfavourable decision was discussed with the employee concerned prior to issuing written notification.

New employees are provided with a leaflet outlining the process for managing work-related injuries

within the MCDHB.

All staff receive a reminder of the injury management processes through an article in the DHB newsletter annually.

WorkAon transfer's received claims that are not the responsibility of the DHB to ACC or another accredited employer on behalf of the DHB.

Critical issues: None.

Improvement recommendations:

None.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes
	5. Procedures that explain how to confirm the	Yes

Details of requirements	Verified by	Achieved Yes/No
	accuracy of assessed entitlements.	
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	Yes
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:

Primary Secondary Secondary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

WorkAon includes an entitlement fact sheet with the cover decision letter for claims that are accepted as work-related injuries. The entitlements fact sheet includes information on social, vocational and medical entitlements available.

WorkAon apply a triage process for screening new claims when an ACC45 is received. The triage process identifies high risk claims that may require immediate rehabilitation intervention, or further investigation.

The MCDHB Occupational Health Unit fulfil the role of the Injury Management Advisor, (IMA), as defined in the AEP audit standards. The Occupational Health Unit review all reported incidents entered into the Riskman electronic

incident reporting system and follow-up on incidents that indicate an injury has occurred, or medical treatment may be required.

The Occupational Health Unit carry out an initial needs assessment identifying any immediate social, vocational or treatment needs, a copy of the MCDHB initial needs assessment is forwarded to WorkAon.

All claim files reviewed for this audit contained evidence that the initial needs assessment was completed within two days of the MCDHB are becoming aware of an injury that involves more than initial medical treatment only.

On receipt of a claim that may require rehabilitation intervention, WorkAon carry out a further initial needs assessment to identify entitlement needs and communicate any entitlements pound initial treatment to the injured person via an entitlement decision letter.

Claim files reviewed for this audit contained evidence of entitlement decision letters for physiotherapy, home help and MRI.

Claim files reviewed for this audit where entitlements were revoked or suspended, contained evidence that the decision to hold entitlements was discussed with the injured employee prior to issuing written notification.

The MDCHB Payroll Department have developed a desk file outlining the processes for calculating and paying weekly compensation.

The Team Leader of the MCDHB has completed part of the ACC online training, however has not undertaken the test to complete the training.

Element 11.5.6 has been assessed as 'on balance' as the Payroll Team Leader appears to have a good understanding of weekly compensation including first week calculation, abatement and indexation.

Two claim files reviewed for this audit contained evidence of indexation.

All claim files contained copies of the weekly compensation letters sent to employees outlining short and long-term weekly compensation calculations, abatement and total payment.

MCDHB pays 100% of normal earnings for first week compensation and pays 80% weekly compensation after first week.

Some employment agreements within the MCDHB contain a provision for 100% payment of weekly compensation, the DHB has developed a letter to send to staff under this employment agreement if a work-related injury requiring weekly compensation occurs, however it was reported that this has not been necessary so far.

Critical issues: None.

Improvement recommendations:

11.5.6 Ensure that all staff who are involved in calculation and payment of weekly compensation undertake formal weekly compensation training, either face-to-face or online using the ACC training tools, and complete this training, which includes completing the competency assessment.

This training should be rescheduled every two years, and be updated whenever legislation changes occur that impact on weekly compensation.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and • include a review of payment accuracy 	Yes

Details of requirements	Verified by	Achieved Yes/No
	and rehabilitation prior to transfer; and <ul style="list-style-type: none"> require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	Yes

Summary of Element 12:

It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 12.

Comments:

The MCDHB/WorkAon claims management manual outlines information that is to be contained on a claim file and security/privacy requirements for storing claim files.

WorkAon holds the master claim file for MCDHB work-related injuries on the WorkAon electronic claims management system.

The MCDHB Occupational Health Unit also maintains claim files in a locked storage area and the Occupational Health Unit.

Claim files at the MCDHB are held separately from HR files.

The MCDHB Occupational Health Unit ask an employee to complete a WorkAon consent form at the first meeting held with the injured employee.

The MCDHB also have an organisational consent form which the employee is asked to sign to assist the MCDHB with the development of in-house rehabilitation plans.

Copies of signed consent forms were sighted on all claim files reviewed for this audit.

WorkAon case managers maintain case notes on the WorkAon electronic claims management system.

The Occupational Health Unit also maintains case file notes on the initial needs assessment and as part of the weekly monitoring recording.

WorkAon manages the claim transfer process for claims that are handed back to ACC.

The MCDHB/WorkAon claims management manual outlines the processes for transferring claims to ACC including notification to the injured employee, review of payment accuracy and relevant ACC

documentation requirements.

It was reported that the last handback claim to ACC occurred in 2016.

WorkAon undertakes a privacy check for any claim related information that is communicated to a third-party such as treatment providers.

Evidence of privacy checks were sighted on claim files reviewed for this audit where medical providers were supplied with claim information to support an assessment.

The MCDHB reported that one privacy breach had occurred in the past 12 months, evidence of communication of the privacy breach to ACC, and evidence of three monthly reporting of privacy breach status was sighted time of this audit.

Critical issues: None.

Improvement recommendations:

None.

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> Is backed up to the employer's information technology standards Is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> • Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* • Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	<p>Yes</p>

Summary of Element 13:

<p><input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard:</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element.</p> <p><input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.</p>
<p>Comments:</p>
<p>WorkAon report claims data to ACC monthly on behalf of the MCDHB. Evidence of successful reporting of data for July 2018 was sighted at the time of this audit.</p>
<p>The MCDHB/WorkAon claims management manual outlines processes for data reporting to ACC, backup of employer data, technical support of the IT system and reporting responsibilities.</p>
<p>The MCDHB/WorkAon claims management manual outlines procedures for identifying and managing issues of inappropriate claiming or fraud. These procedures require that any investigation process is independent of the claims management process.</p>
<p>The claims management manual also outlines processes for liaising with ACC regarding fatal claims, serious claims, sensitive and complex claims.</p>
<p>Critical issues: None</p>
<p>Improvement recommendations:</p>
<p>None.</p>

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	Yes
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	N/A
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	N/A
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	N/A
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	N/A
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	N/A
3. Employees are aware of the complaints management procedure, The Code and their rights of review	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	N/A

Summary of Element 14:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 14.
Comments:
<p>The MCDHB/WorkAon claims management manual outlines complaints procedures and these procedures are also outlined in MCDHB injury management policies and procedures.</p> <p>The complaints procedures outlines how to raise complaints, how complaints should be managed and timeframes for carrying out the review of the complaint.</p> <p>The procedure also includes an escalation process if the complaint cannot be resolved.</p> <p>A complaints register is held by the head of the MCDHB occupational health and safety Unit.</p> <p>It was reported that no official complaints have been lodged over the past 12 months, therefore parts of element 14 have been marked as N/A.</p>
<p>A process to manage formal reviews where an employee has requested a review of a cover or entitlement decision is outlined in the claims management manual.</p> <p>All decision letters sighted made reference to the review process and timeframes for reviews.</p>
<p>The MCDHB HR Manager is the designated complaints/review manager.</p> <p>The HR Manager is not involved in claim decisions.</p>
<p>It was reported that there have been no reviews over the last 12 months.</p> <p>Review outcomes are evaluated as part of the annual review of injury management effectiveness carried out between WorkAon and MCDHB.</p> <p>An agenda item on the annual review prompts a review of complaints and review outcomes.</p>
Critical issues: None.

Improvement recommendations:

14.3 Many of the staff spoken to during this audit reported that they were unaware of the complaints process, including staff who had personal experience of work-related injuries.
Consider communicating the complaints/concerns process as part of the initial needs assessment and highlighting how to access the process in training sessions at induction.

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes
3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.	1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.	Yes
	3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).	Yes
	4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).	Yes
4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).	1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.	Yes
5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.	1. Designated management responsibilities for rehabilitation are assigned at each work site.	Yes
	2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).	Yes
	3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.	Yes

Summary of Element 15:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Tertiary This element has only Primary or Tertiary requirements. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 15.
Comments:
<p>The MCDHB rehabilitation policy outlines the organisations commitment to accommodating employees who are unable to perform their normal duties due to injury (work and non-work related) and illness.</p> <p>The policy is reviewed by the MCDHB Bipartite Action Group, which includes union representatives, as part of the MCDHB consultation process for high level policies and procedures.</p> <p>The policy meets the key requirements of element 15.1 and includes recognition of the employee's right to support and representation through the rehabilitation process.</p> <p>The MCDHB rehabilitation policy outlines resourcing responsibilities at the senior management level.</p>
<p>The rehabilitation policy is supported with MCDHB specific rehabilitation procedures outlining responsibilities of the Occupational Health & Safety Unit case management staff, injured person, managers and WorkAon.</p> <p>The MCDHB Occupational Health and Safety staff are fully involved in the rehabilitation and return to work process for DHB staff. MCDHB Occupational Health staff:</p> <ul style="list-style-type: none">• Attempt to make contact with every person who has reported an injury through the Riskman system within 24 hours.• Complete a needs assessment if required.• Take part in rehabilitation meetings.• Develop return to work plans in consultation with the injured person and their manager (these are in addition to the WorkAon developed individual rehabilitation plans).• Monitor staff who are involved in ongoing rehabilitation plans.• Liaise with managers across the DHB to identify suitable alternate duties for staff who are unable to perform normal duties due to injury or illness.
<p>A WorkAon Case Manager develops the individual rehabilitation plans for MCDHB staff who are unable to work due to a work-related injury and liaises with the injured person, manager and MCDHB Occupational Health And Safety Unit staff as part of the rehabilitation process.</p> <p>Both the WorkAon Case Manager who services the MCDHB and the MCDHB Occupational Health And Safety Unit staff have experience and qualifications in rehabilitation.</p>
<p>Evidence that the MCDHB has supported staff who are unable to work due to non-work injuries was sighted at the time of the audit.</p>
<p>Manager's responsibility for accommodating injured staff has been included in the recently updated position descriptions for all people managers within the MCDHB.</p>
<p>The Occupational Health & Safety Unit provides some training to managers on the rehabilitation process as and when required.</p>
Critical issues: None.
Improvement recommendations:

15.5 Consider providing injury management training to employee safety representatives to allow employee representatives to support staff who are returning to work after injury in the workplace.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 16.

Comments:

WorkAon develops action plans for the injured person once it becomes apparent that an injury will involve more than initial medical treatment only.

All action plans sighted on claim files reviewed for this audit work developed within seven days of injury notification and, where there was a delay in cover decision, action plans were updated every 14 days.

Most cover decisions were made within 14 days of claim lodgement.

Where the need for rehabilitation intervention is identified, the WorkAon Case Manager will develop a draft individual rehabilitation plan for discussion with the injured person and their manager. A member of the Occupational Health & Safety team is normally involved in the rehabilitation process and will often sign off on the individual rehabilitation plan.

The template for rehabilitation plans used by WorkAon includes goals, actions, responsibilities, timeframes and agreed outcomes.

All rehabilitation plans on claims reviewed for this audit were developed within 14 days of cover decision.

The rehabilitation plan template used by WorkAon includes an outline of responsibility for monitoring (generally weekly monitoring).

The individual rehabilitation plan is often supplemented with a return to work plan developed by the MCDHB Occupational Health and Safety team and/or Occupational Therapists.

WorkAon provides the MCDHB with a monthly open claims report which is discussed between the MCDHB Occupational Health and Safety Team and WorkAon Case Manager, either face-to-face or

by telephone.

Weekly monitoring of ongoing claims is carried out by one of the MCDHB Occupational Health and Safety Team Case Managers.

Weekly monitoring is recorded on the MSDHB claim running sheet.

Completed weekly monitoring sheets were sighted for claim files reviewed for this audit, and are forwarded to WorkAon to include in the electronic case file.

The individual rehabilitation plan developed by WorkAon is normally reviewed prior to the expiry date of the rehabilitation plan, and a new plan developed (if necessary).

One claim file reviewed for this audit had a gap between the expiry of one rehabilitation plan and the development another plan. While the plans were renewed prior to expiry date or following milestones such as change diagnosis.

The return to work plans/rehabilitation plans developed by the MCDHB Occupational Health And Safety Team are generally reviewed every few weeks.

Any hazards that may have an impact on rehabilitation can be identified in the MCDHB return to work plan.

Critical issues: None

Improvement recommendations:

16.3.2 Consider recording and monitoring performance information for each ongoing claim on the open claim spreadsheet including:

- Time taken between injury report and initial needs assessment.
- Time taken between injury report and action plan.
- Time taken between ACC claim lodgement and claim decision.
- Time taken between cover decision and development of an individual rehabilitation plan.
- Expiry dates of rehabilitation plans.

This could allow the DHB to monitor conformance with AEP claim management requirements and may also help prompt a consultative review of claim progress if a claim progresses beyond the original expected completion date/expiry date of the rehabilitation plan.

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	No
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	Yes
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	Yes
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 17.
Comments:
The MCDHB Occupational Health and Safety Team have developed some rehabilitation goals/objectives that were recorded in team meetings, however there is no evidence that performance against these goals has been reviewed. For this reason, element 17.1.2 has been assessed as not achieved.
The MCDHB injury management procedures outline procedures for reviewing rehabilitation plans that have continued beyond the initial outcome dates and/or for non-progressive rehabilitation.
Several claim files reviewed for this audit involved incapacity that continued over extended periods of time. These claims contained evidence of monthly review of ongoing rehabilitation plans, however the notes for monthly reviews do not appear to include information on discussions or reviews to identify barriers to recovery or return to work, see recommendation for element 17.2.
Evidence of vocational and medical assessments was sighted on claim files reviewed for this audit that involved extended periods of rehabilitation/recovery. Medical assessments focused on recovery options and vocational assessments, often involving occupational therapists identified suitable alternate duties and return to work plans.
Evidence that medical providers were provided with sufficient information about the workplace and medical history of a claim to support their assessments was sighted on letters to treatment providers seeking assessment. These letters provided a background to the vocational and medical components of the claim.
Critical issues: None.
Improvement recommendations:
17.1 Consider including goals/objectives for improving the rehabilitation/return to work process within the DHB in the DHB strategic health and safety plan. These objectives could focus on areas that the DHB would like to improve or monitor such as: <ul style="list-style-type: none">• All injured employees who have capacity to work alternative duties are accommodated within the DHB.• Cover decisions are made within target timeframes.• Update the monthly claim review process for long term claims to identify and address barriers to recovery.• Employees who have been through the rehabilitation/return to work process report high levels of satisfaction with injury management (as measured through a satisfaction survey on claim closure).
17.2 It was noted that several of the claims reviewed well exceeded the original expected recovery date. It is recommended that the DHB consider a consultative review of plans that exceed original expected recovery date, that includes input from the treatment provider, Occupational Health and Safety Team, manager and injured employee to identify barriers to

recovery.

The monthly reviews for claims that have exceeded initial expected recovery date could include prompts to specifically review potential barriers to recovery and develop plans to try to overcome any identify barriers.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

Summary of Element 18:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 18.
Comments:
Eight claim files were selected by ACC for review for this audit. These claim files contained a range of claims including declined claims, short-term claims and long-term claims. The claim files were provided by WorkAon who printed out the claim file from the WorkAon electronic claims management system.
All claim files reviewed for this audit had copies of ACC45 forms, either in the claim file or the weekly compensation file. A review of the dates of lodgement and cover decision dates confirmed that cover decisions were made within legislative timeframes. WorkAon communicates cover decisions to the injured employee. All cover decision letters contain information on review rights and review timeframes.
The MCDHB Occupational Health and Safety Team attempt to contact any employee who has reported an injury in Riskman, whether or not the injury report indicates medical treatment. The Occupational Health and Safety Team are the Injury Management Advisors (IMA's) and will complete an initial needs assessment, which is recorded on an MCDHB initial needs assessment form when the IMA becomes aware that an injury may require more than initial medical fees only. Initial needs assessments appear to be completed for most injuries that involve medical treatment, including injuries that may involve medical fees only. All claim files reviewed for this audit contained evidence that the initial needs assessment was carried out within two days of the MCDHB becoming aware of an injury.
Where the need for further treatment rehabilitation is identified, a WorkAon Case Administrator or Case Manager will complete an additional needs assessment with injured person, generally by phone, to identify further treatment or rehabilitation needs. Any needs identified are summarised in an action plan and entitlement decision letters. All action plans on claim files reviewed for this audit were developed within seven days of injury notification to the DHB and, when necessary, reviewed and updated every 14 days until the cover decision was made.
All claim files reviewed for this audit contain copies of the signed consent form required by WorkAon. The MCDHB also ask an employee to sign an MCDHB specific consent form for the return to work process that is managed within the MCDHB.
Claim files reviewed for this audit contained evidence that rehabilitation plans were developed within 14 days of cover decision. The individual rehabilitation plan developed by WorkAon includes responsibility for monitoring the claim.
Evidence of weekly monitoring for ongoing claims and monthly monitoring of all open claims of the DHB was sighted for this audit.
Case notes summarised monthly reviews of ongoing rehabilitation plans, these reviews occurred either through face-to-face meetings between the WorkAon Case Manager and members of the MCDHB Occupational Health and Safety Team or by telephone calls.
All but one claim contained evidence that rehabilitation plans are reviewed and updated prior to the

expiry of the previous plan or on identification of milestones.
Critical issues: None
Improvement recommendations:
Recommendations identified through reviews of the case files selected for this audit have been included in the recommendations for elements 10 to 17.

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Details of requirements	Verification	Achieved Yes/No
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 19.

Number of case studies undertaken:

Three employees whose injuries had been selected for review for this audit were interviewed for case study interviews.
Two employees were interviewed face-to-face, and one by telephone.

Positions and interests of those interviewed to support employee's perspective:

Those interviewed to support the employees perspective of rehabilitation/return to work included the three employees involved in case study interviews, employees in the focus group interviews who had personal experience of the work-related injury management process within the MCDHB, union representatives and employee safety representatives.

Positions and interests of those interviewed to support employer's perspective:

Those interviewed to support the employers perspective of rehabilitation/return to work included members of the MCDHB Occupational Health and Safety Team, the WorkAon Case Manager who is involved in most of the work injury claims for the MCDHB, managers of staff who had suffered work-related injuries, the General Manager of People and Culture for the MCDHB and the MCDHB Chief Executive Officer.

Comments:

All employees interviewed as case studies confirmed their injury had been reported at the time it occurred, in most cases, the employee was impacted by the injury almost immediately, to the extent they could not carry out normal duties.
Employees and managers confirmed investigation of the reported injury.
As indicated in element 5, a number of the investigation sighted focus more on the treatment of the injured person rather than identification of root causes of the incident.

<p>All employees spoken with during this audit, including the majority of employees in the focus group interviews; confirmed they are aware of the claims management process within the DHB for work-related injuries.</p>
<p>Employees who had suffered work-related injuries who were interviewed for this audit confirmed they were informed of cover decision and entitlements, often within a few days of claim lodgement.</p>
<p>All employees confirmed early contact with the MCDHB following their injury, generally by one of the MCDHB Occupational Health and Safety Team.</p> <p>Employees confirmed ongoing contact from their manager, Case Manager and members of the Occupational Health and Safety Team for the duration of their injury.</p>
<p>Employees interviewed confirmed good understanding of their responsibilities to participate the rehabilitation process, several of the employees had sought out additional treatment and recovery opportunities including swimming an additional treatment of their own accord.</p>
<p>Employees spoken to had some understanding of the complaint/review process, but not a high degree of awareness of how this worked in the DHB.</p> <p>Most employees indicated that they would seek further information from their Union or from the Occupational Health and Safety Team should they be unhappy with an aspect of the management of their injury.</p>
<p>Employee spoken to confirmed that rehabilitation needs were assessed and the return to work opportunities were fully discussed with them prior to returning to work on restricted duties.</p> <p>Several employees expressed some frustration that they could not return to work early sooner than they did, however understood the reasons that their treatment provider sought a graduated return to work.</p> <p>Managers spoken to confirmed that they have some opportunities for providing alternate duties for injured staff, however these are very limited in some departments.</p>
<p>Employees interviewed confirmed ongoing rehabilitation meetings for the duration of incapacity and most recall the offer of a support person when interviews were organised.</p>
<p>Employee spoken to confirmed they were fully involved in the development of the rehabilitation plan and could speak up if they felt that any duties may be putting them at risk of injury aggravation.</p>
<p>The three employees spoken to in case study interviews indicated a high degree of satisfaction with the rehabilitation/return to work process.</p> <p>One area that an employee felt could have been better involve the reimbursement of some treatment costs which they felt took longer than necessary.</p>
<p>Critical issues: None</p>
<p>Improvement recommendations:</p> <p>Some employees spoken to during the case studies and focus group interviews indicated that their injuries had not fully resolved at the time their claim was closed.</p> <p>Consider timetabling a follow-up of employees who have been involved in the rehabilitation/return to work process for to 6 weeks following claim closure to confirm that the injury has resolved and to help identify whether there are any ongoing symptoms that may require further attention.</p> <p>This follow-up could be used as an opportunity to gauge the employee's level of satisfaction with the injury management process.</p>

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

- It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus groups undertaken:

Three focus group interviews were undertaken for this audit:

- A management focus group involving 20 managers.
- An employee focus group involving 16 Nursing staff, covering most areas of the DHB (due to high patient numbers and staffing pressures, representatives from the Emergency Department and Community Nursing were unable to attend.)
- An employee focus group involving 16 administrative staff from departments across the DHB.

Positions and interests represented in the employee focus group(s):

The 32 staff involved in the two employee focus groups included Registered Nurses, Midwives, Pharmacists, Infection Prevention and Control, Radiation Therapists; Health Care Assistants, Personal Assistants, Secretaries, Administrators, Clerks, Support Officers, Receptionists, Typists, and Coordinators.

Positions and interests represented in the management focus group:

The 20 managers who took part in the management focus group included Nurse Managers, Executives Services Manager, Charge Nurses, Head Anaesthetic Technicians, Service Managers, Nurse Directors, Corporate Communications Manager, Manager Clinical Records, Business Manager, Operations Director.

The GM of People and Culture and CEO were also interviewed, separately from the management focus group.

Comments:

All focus groups highlighted staff shortages and high workloads as one of the main health and safety risks to staff across the DHB.

Both managers and staff highlighted how staff shortages could also increase the risk of manual handling injuries, slip and trip injuries and fatigue and stress.

Managers indicated that reporting systems for identifying events caused by staff shortages have been introduced into the DHB, and these have resulted in re-evaluation of some staff numbers, however events such as the flu, peaks of patient numbers and staff shortages in some areas meant that this remains an ongoing issue.

Employee spoken to confirmed that systems for reporting staffing was approaching or had exceeded minimum staffing requirements are in use.

Some employees expressed some concerns with the staffing levels recommended through some of the systems used.

Both staff and managers confirmed that not completing patient requirements accurately could impact on the projected staffing requirements.

Some employees were concerned that the staff prediction and short staffing reporting systems (VRM) could be edited retrospectively.

Other hazards raised in the focus groups included manual handling, (particularly with the increase in bariatric patients presenting at the hospital), ergonomics for administration staff, violence,

needle-stick injuries and exposure to blood/body fluids.

Focus groups acknowledged that the Occupational Health & Safety Team would respond to reports of equipment issues and workstation issues.

There appeared to be some variation between units and how easy it was to fix or replace equipment that may contribute to an economic issue. For example, faulty chairs.

The use of Riskman for hazard and incident reporting appeared to be well understood.

Some staff considered that high workloads could impact on reporting of near misses and minor incidents, due to lack of time available to find a computer and complete a Riskman report.

Both the staff and management focus groups indicated that the level of reporting across the DHB was increasing as the culture of reporting improves.

There were some opinions expressed that medical staff (Doctors and Specialists) do not report hazards and incidents as well as they could, and this may lead to underreporting of issues involving medical staff.

Managers confirmed they are required to follow up and investigate report incidents.

Union and safety representatives suggested that employee representatives could be more involved in the incident investigation process and that employee involvement in the investigation process could help with identification of some of the root causes behind incidents.

All focus groups gave examples of situations where there are long delays in responding to reported hazards, particularly for property related issues that require capital to rectify.

All focus groups indicated that there are long-standing issues with buildings, including lack of room in some operating theatres for the equipment required, resulting in trip hazards from cords, inability to get hoists into some rooms, which requires physical lifting of patients who may have fallen and lighting issues in some areas.

Both focus groups highlighted ongoing issues with heating/ventilation in some areas of the DHB which do not appear to be resolved.

All focus groups indicated that they believed staff across the DHB had a general understanding of the process for lodging and managing work-related injuries for staff.

Some staff indicated they thought that WorkAon was responsible for managing work injury claims that did not realise that the MCDHB had this responsibility.

Overall, there appeared to be a recent high level of satisfaction with the DHB's process for managing work-related injuries, some historical issues were raised however staff who had more recent experience with the injury management process expressed satisfaction with the outcome.

All groups confirmed a focus on rehabilitation and returning injured employees to the workplace on alternate duties,

Some staff in the focus group interviews who had been incapacitated due to injury over the past two years expressed some frustration that they were not able to return to work on alternate duties, due to a reported lack of alternate duties in their areas, and this impacted on their overall income.

Other staff indicated that they had been offered alternative duties as soon as they were able to undertake restricted work.

There appeared to be confidence that the return to work process is managed in such a way to avoid risk of injury re-aggravation. This includes clinical staff not wearing uniforms when on a return to work plan to avoid staff being inadvertently asked to carry out duties such as patient movement.

Although some members of the focus groups were aware of a complaint/disputes process for work-related injuries, most members indicated they were not aware of this process.

Those interviewed indicated that they would contact the Occupational Health and Safety Department if they required more detailed information on any aspect of the injury management process including how complaints can be lodged and information on entitlements.

All focus groups were confident that medical information held by the MCDHB for the purposes of managing work-related injuries would be held securely and would only be available to people

directly involved in the management of an injury.

All focus groups confirmed the presence of safety committee members/safety representatives in their areas.

Those staff involved in the focus group interviews who were safety representatives indicated that they generally get time to carry out the role, including six monthly workplace inspections, however the ability for safety representatives to attend safety committee meetings and varies between wards/units depending on workloads and strategies for freeing up safety representatives.

Staff and managers highlighted a number of other forums where health and safety issues can be raised and discussed, including team meetings.

Participants in the nursing focus group indicated that communication by email does not suit number of clinical staff as they have limited access to computers and limited time available to review emails.

Participants of all focus groups confirmed that staff are made aware of emergency response procedures for events such as fire during induction and fire refresher training.

All focus groups indicated that there is an issue with having sufficient Wardens to cover all shifts in areas and some participants of the focus groups who reported they had a warden role indicated that had not actually received training in that role.

All participants in focus groups confirmed six monthly trials of the evacuation process, some managers indicated that they do not receive feedback on the evacuations in the areas if they were absent at the time and evacuation occurred.

Although a number of areas where health and safety systems and processes/equipment could improve were highlighted in the focus group meetings, the general impression from focus group participants appeared to be that the DHB is improving its health and safety performance, and management of health and safety risks to staff, however, there are still a number of long-standing issues, many of which are related to the hospital buildings and infrastructure, that remain unresolved.

Critical issues: None

Improvement recommendations:

Recommendations for the MCDHB that arose out of the focus group interviews included:

- Consider how hazards that have remained open for long periods of time can be highlighted, to provide the organisation with information on how effectively these are being resolved.
- Consider how medical staff can be encouraged to use the Riskman system for reporting.
- Examine the reasons why safety representatives and some areas are unable to attend safety committee meetings.
- A refresher session on how to find out what has happened to an incident/hazard reported on Riskman would be of benefit.
- Ensure all Wardens receive training in their role and sufficient wardens are appointed to cover shifts.
- Consider a process to highlight where staff have the capacity to undertake alternate work but are not being offered alternate work within the MCDHB.
- Ensure managers of Unit/Wards receive the feedback forms for trial evacuations in their areas.
- Involving union/safety representatives in the incident investigation process.



Accredited Employer Programme Audit Report



MidCentral District Health
Board
August 2019

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

Name of business:	MidCentral District Health Board
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Date(s) of audit:	27 - 29 August 2019
Audit completion date:	29 August 2019
Location(s) of audit:	Primary Site: Palmerston North Allied Health Secondary site: Palmerston North Medical

Summary of workplace information:

The MidCentral District Health Board (MDHB) provides public health services to the Manawatu and Taranaki regions.

The MDHB has two provider arms:

- MidCentral Health, which provides hospital and associated services. The two main locations for MidCentral health are Palmerston North Hospital and Horowhenua Health Centre.
- Enable NZ, which provides disability information, assessment and co-ordination services, and equipment/housing/vehicle modification services, part of Enable NZ (Enable) was reviewed as the secondary site. (Allied Health).

The MDCHB employs just over 2700 staff, most of whom are represented by either the PSA, NZNO, Resident Doctors Association, First Union, Association of Salaried Medical Specialists, APEX and MERAS Unions.

The sites selected for this audit were:

- Allied Health. This group includes physiotherapists, Speech Therapists, Social Workers, Occupational Therapists, Dental Therapist Enable NZ and Psychologists. Allied health are made up of several hundred staff who are now part of the six clusters who provide medical and clinical services.

Allied Health staff work at the MDHB facilities and in the community.

Allied Health are involved in a wide range of activities however common hazards include aggression from patients/public, moving and handling and risk of infection.

For logistical reasons, one part of Allied Health was selected for the workplace observation, Enable NZ, as this unit has a discreet workplace and work activities. Over 300 staff are in the units that makeup Allied Health.

- Palmerston North Medical. This group encompasses the six clusters that the MDHB have reorganised into over the last 18 months (As does Allied Health). These clusters are:
 - Cancer Screening Treatment and Support.
 - Women's and Children's Health.
 - Elder Health and Rehabilitation.
 - Mental Health and Addiction Services.
 - Acute and Elective Specialist Services.
 - Population and Public Health.

The Cancer Screening Treatment and Support cluster (Part of “Palmerston North Medical”) was selected for the workplace observation, again for logistical reasons.

Risks to staff in medical units include moving and handling, violence, slips and trips and exposure to blood/body fluids.

The Health and Safety Team at MDHB are part of the People and Culture group.

The MDHB Occupational Health and Safety Team includes:

- A Team Leader (This role is shared with one of the Occupational Health positions),
- A Health and Safety Adviser,
- A Physiotherapist,
- Occupational Health Nurses
- An Administrator.
- An Occupational Physician (contracted to the MDHB one day every fortnight).

In addition to the Occupational Health and Safety Team, the MDHB has:

- An Emergency Manager and Principal Risk and Resilience Officer who is dedicated to ensuring there is a functioning emergency plan in place and that the MDHB has good oversight of organisational risks.
- A Quality Improvement in Assurance Manager whose role includes oversight of the incident reporting systems.
- A new unit, the Enterprise Program Management Office which includes a Director of Enterprise Project Management who is introducing formalised project management systems across the DHB, which include a risk assessment component.

Over the past 12 months, the MDHB Occupational Health and Safety Team has had a “back to basics” focus on ensuring that the health and safety processes, in particular Unit based hazard management and induction training is consistent across the MDHB.

This has involved activities such as working with managers and Health and Safety Representatives in individual units to ensure unit-based health and safety inductions meet expectations and that the hazard registers are a true reflection of hazards and associated risks in each unit.

Some of the health and safety-related initiatives in the MDHB of the past 12 months include:

- Introduction of a MDHB health and safety award.
- Rollout of a discomfort module to respond to reported pain/discomfort.
- More detailed reporting of health and safety risk (and other risks) to the Board.
- Expansion of the quality and safety workarounds by members of the Board and executive team.
- Development of a violence prevention strategy.
- Implementation of an updated employee participation process.
- Better day to day visibility of situations where demand on the hospital exceeds capacity (staffing levels).
- Introduction of a ‘Speak up for Safety’ program to promote confidential reporting of issues such as bullying and safety risks.

Over the past year the MDHB has continued its restructure into clusters (as described on the previous page) and business partners/enablers such as human resources, finance, planning and funding.

The MDHB reported that there have been no notifiable incidents to staff over the past 12 months.

The DHB has experienced a slight increase in work injury claims.

WorkAon assists the MDHB with providing case and claim management services for the DHB.

A Palmerston North based Case Manager works with the MDHB Occupational Health and Safety team to manage work-related injuries to MDHB staff.

Three of the staff in the Occupational Health and Safety Team are involved in overseeing the management of work-related injuries, and non-work injuries/illness across the MDHB.

A member of the Occupational Health and Safety Team will try to make contact with every person who has entered an injury incident into Riskman.

The auditor received very positive feedback on the MDHB injury management processes from Employee focus groups and staff interviewed who had suffered work related injuries.

It was evident in this audit that the Occupational Health and Safety Team has put a large amount of resource into addressing some of the issues identified in the 2018 audit, in particular improving unit hazard registers, improving unit health and safety inductions and assessing occupational health exposures to identify the need for health monitoring.

Some of the areas reviewed in this audit still require improvement to help ensure consistent conformance with the primary requirements of this audit standard (or higher). In particular contractor management and implementation of corrective actions from accident investigations, reported hazards and workplace inspections.

Primarily level is recommended as result of this audit.

AEP current status

<input type="checkbox"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
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Recommendation to ACC

Based on the audit I recommend that this business:


has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary Secondary Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

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Auditor signature:			
Date:	3 September 2019		

Summary of results

<i>Safety management practices</i>		<i>Level demonstrated</i>
1.	Employer commitment to safety management practices	Tertiary
2.	Planning, review and evaluation	Primary
3.	Hazard identification, risk assessment and management	Secondary
4.	Information, training and supervision	Primary
5.	Incident and injury reporting, recording and investigation	Primary
6.	Employee participation in health and safety management	Tertiary
7.	Emergency planning and readiness	Tertiary
8.	Ensuring the health and safety of employees and others in the workplace	Primary
9.	Workplace observation	Primary
<i>Injury management practices</i>		
10.	Cover decisions	Primary
11.	Entitlements	Secondary
12.	File management	Primary
13.	Administration and reporting	Primary
14.	Complaint and review management	Primary
15.	Development of rehabilitation policies, procedures and responsibilities	Tertiary
16.	Assessment, planning and implementation of rehabilitation	Tertiary
17.	Rehabilitation outcomes, return to work and follow-up procedures	Tertiary
18.	File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19.	Case study interviews	Primary
20.	Focus group interviews; confirmation of safe systems and injury management in action	Primary
20.	Number of focus groups	3

Note:

- Primary level is the maximum level that can be achieved for Elements 9, 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

SAFETY MANAGEMENT PRACTICES REQUIREMENTS

Employers will have **established** occupational health and safety systems functioning **actively** in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation

Element 1 - Employer commitment to safety management practices

(AS/NZ 4801:2001 Sections 4.2,4.4 and 4.6)

Objective The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety.	The policy or statement includes:	Yes
	1. management commitment to health and safety	
	2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SoPs)	Yes
	3. individual responsibilities for work health and safety	Yes
	4. a requirement to accurately report, record and follow up all health and safety events	Yes
	5. a commitment to consult with employees, health and safety representatives* and, where applicable, Unions regarding matters relating to work health and safety	Yes
	6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months	Yes
	7. appropriate signature/authorisation, position and date	Yes
2. There is an understanding of health and safety management in the workplace.	8. a statement of commitment to continuous improvement in health and safety.	Yes
	1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers).	Yes
	2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role.	Yes
3. The employer actively supports health and safety.	3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.	Yes
	1. Evidence that excellence and/or innovation in health and safety are recognised.	Yes

Summary of Element 1:

- It is recommended that this employer has successfully met the requirements of Element 1 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 1.

Comments:

The MDHB is currently consulting on the updated health and safety policy which will replace the current health and safety policy.

The consultation process for new policies involves discussions with a number of Unions and opportunity for feedback, so can be an extended process.

The new policy includes an explicit commitment to comply with health and safety related codes of practice and standards.

The health and safety policy is supported by a health and safety statement/commitment from the MDHB Board which was last signed off in October 2017.

The health and safety policy outlines health and safety responsibilities and expectations at all levels in the organisation from staff through to the Board.

The Board responsibilities for governance and resourcing of health and safety are explicitly outlined in the MDHB health and safety policy.

Over the past two years, the MDHB has updated position descriptions to include specific health and safety responsibilities/expectations.

The health and safety component of position descriptions for managers typically include responsibilities for leadership, reporting and investigation and involvement in health and safety meetings.

A number of examples of position descriptions were sighted during this audit to confirm consistent inclusion of explicit health and safety responsibilities in the position descriptions.

The performance appraisal system used for people managers at the MDHB includes a specific review of health and safety responsibilities.

A range of performance appraisals were sighted for managers in Allied Health and clinical managers, all included specific reviews of performance against reporting and investigation requirements, hazard management requirements and engagement and health and safety meetings.

The current review of health and safety performance for a managers typically includes comments from the person being reviewed, and their manager, rather than an objective review of performance against specific results.

Over the last 12 months, the MDHB has introduced a formalised health and safety award to recognise excellence and innovation in health and safety.

Use of this award to obtain nominations for staff who have contributed to improving health and safety in the MDHB and selection of a staff member to receive the award was sighted at the time of the audit.

Critical issues: None.

Improvement recommendations:

1.2.2 To assist with ensuring consistent communication of health and safety expectations at each level of the organisation, consider linking the health and safety responsibilities in position descriptions to those outlined in the detailed MDHB health and safety policy.

1.2.3 To help ensure that the performance appraisal process provides an objective measure of manager's performance against their health and safety responsibilities/expectations, consider

providing guidelines on how to assess performance of the staff/managers on the health and safety components of their performance appraisal.

For example:

- Sample a number of incidents reviewed by the manager to review the quality of investigations,
- Review the hazard register in the area in the manager's area to look for evidence of reviews and relevance,
- Review the number of safety meetings the manager has attended.
- Review whether staff reporting to the manager are up to date with required training.

The MDHB already has processes that can supply much of this information.

Element 2 - Planning, review and evaluation

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practices (CoP), standards and specialist information relevant to the work that is done.	1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included.	No
	2. Procedure/s are in place to ensure compliance or conformance with relevant requirements.	No
	3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes.	Yes
2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*.	1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed.	Yes
	2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months.	Yes
	3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> • a notifiable event • changes in work procedures • changes in health and safety policies and procedures. 	Yes
3. Health and safety objectives are set that are: <ul style="list-style-type: none"> • appropriate to the size and type of business or undertaking • relevant to each level within the business or undertaking • related to identified hazards* and risks*. 	1. Evidence of health and safety objectives and plans to achieve these.	Yes
	2. Procedure/s to review and update or reset health and safety objectives at least every 12 months.	Yes
	3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure.	Yes

Details of requirements	Verified by	Achieved Yes/No
	4. Evidence that senior management and employees, or employee or Union representatives, have been included in the review and setting of objectives.	Yes
4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, Union, and other nominated employee representatives. NB: May be immediately prior to initial audit	1. Self-assessment procedure/s.	Yes
	2. Evidence of self-assessments conducted in accordance with the procedure/s.	Yes
5. There is a system in place to control health and safety-related documents and information.	1. A document control system (paper-based or electronic).	Yes
	2. Evidence of current versions of documents in use.	Yes

Summary of Element 2:

It is recommended that this employer has successfully met the requirements of Element 2 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 2.

Comments:

While there was some evidence presented for this audit that the MDHB is using a range of methods to identify health and safety legislation, codes of practice and guidelines that are relevant to the organisation, and identify changes to legislation/regulation that may impact on the MDHB, the MDHB could not provide a process that outlines how the organisation:

- Identifies health and safety legislation and changes to legislation relevant to the MDHB,
- Reviews the impact of upcoming changes to legislation/regulations and codes of practice on the MDHB.
- Reviews relevant legislation, codes of practice, standards and guidelines at least every 24 months to monitor conformance with requirements.

The MDHB was able to provide evidence of several processes that monitor how well the organisation is managing identified health and safety risks including:

- A quarterly health and safety report (based on the Institute Of Directors guidance on health and safety governance information) that includes information on a range of lead and lag health and safety indicators, and progress on action plans for specific reviews, assessments and audits that have been undertaken in areas such as violence prevention and security.
- Regular updates on the status of controls in place to manage the high/medium health and safety risks identified for the DHB.

- The Health and Disability Advisory Committee work program that outlines the areas that the committee is monitoring to review various aspects of health and safety management across the DHB.

Although the MDHB does not appear to have a process/procedure that explains how the effectiveness of organisational health and safety management is reviewed, the MDHB provided evidence of in-depth review and reporting of health and safety management activities and risk management, therefore on balance has been applied to element 2.2.1.

A recommendation to develop a process that summarises the systems used by the MDHB to monitor health and safety management effectiveness has been made below.

Procedures to review health and safety management following notifiable events, changes in work procedures and changes in health and safety policies and procedures are included in the incident reporting management processes, risk management processes and project management processes.

The MDHB has developed a health and safety strategy based on improving health and safety leadership, engagement and risk management.

The health and safety strategy is supported with the MDHB five-year health and safety plan (2018 – 2023).

The health and safety plan provides details of the various initiatives that will be introduced over the next five years to meet the aspirations of the health and safety strategy along with timeframes for those initiatives.

The General Manager of People and Culture provides an update on progress against the health and safety strategy to the Health and Safety Leadership Group which includes Union/employee representatives and managers.

The five-year health and safety plan was extensively consulted through Safety Committees and endorsed by the Health and Safety Leadership Group.

Historically, the MDHB has used an annual staff survey as the self-assessment process for monitoring conformance against the AEP audit standards.

The staff survey tests understanding of reporting processes, employee participation processes and knowledge of health and safety systems.

As part of the 'Back to Basics' health and safety focus of the past 12 months, the MDHB Occupational Health and Safety Team have carried out an extensive review of processes and performance against the AEP audit standards and analysis of the 2018 AEP audit report.

Part of this analysis has been reviewed through the Bipartite Action Group, a management/Union consultation group, to review gaps identified between the AEP audit requirements and MDHB health and safety performance/processes.

Evidence of the staff survey and review of the performance against the AEP audit standards was sighted at the time of the audit.

The MDHB does not appear to have a specific process outlining how the self-assessment against the AEP audit standards is conducted. As evidence of extensive review of performance against the AEP audit standards over the last 12 months was sighted, 'on balance' has been applied to element 2.4.1.

See recommendation for 2.4.1 below.

DHB policies and procedures are managed under the organisation's quality system.

Policies and procedures contain document control information outlining version control, document number and document owner/approver.

Critical issues: None.

Improvement recommendations:

- 2.1 To meet the secondary requirements of this element, the MDHB will need to develop processes that:
- Outlines how the organisation identifies health and safety legislation, codes of practice and guidelines that are relevant the organisation.
 - Monitor whether the MDHB conforms to those requirements, and ;
 - Reviews the legislation, codes of practice and guidelines at least every 24 months to identify any changes that may impact on the MDHB.
- 2.2.1 It is recommended that the MDHB develop/formalise a procedure that outlines how the organisation reviews and monitors the effectiveness of the health and safety management systems as part of an overall monitoring/review process/procedure.
- 2.4.1 It is recommended that the MDHB review and formalise how the DHB monitors conformance with the AEP audit standards, at least annually, with the involvement of employee/Union representatives.

Element 3 - Hazard identification, risk assessment and management

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace.	1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working.	Yes
	2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. 	Yes
	3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action.	Yes
	4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace.	Yes
2. There are procedures to assess the risks associated with the identified hazards.	1. Procedures that explain when and how to assess risk associated with identified hazards.	Yes
	2. Evidence that assessments of risks have been completed.	Yes
	3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others).	Yes
	4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. 	No

Details of requirements	Verified by	Achieved Yes/No
<p>3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).</p>	<p>1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be:</p> <p>a. Eliminated and, if elimination is not reasonably practicable*, then:</p> <p>b. Minimised by:</p> <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. 	Yes
	<p>2. Procedure/s to support the appropriate use of specialist advice (where applicable).</p>	Yes
	<p>3. Reference information is readily accessible to those who need it.</p>	Yes
	<p>4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).</p>	Yes
	<p>5. Details of appropriate risk controls developed for hazards that have health and safety risks.</p>	Yes
	<p>6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.</p>	Yes
	<p>7. Evidence that hazard and risk controls have been communicated to relevant people.</p>	Yes
<p>4. There is a system in place to review the risk controls of the identified hazards.</p>	<p>1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.</p>	Yes
	<p>2. Responsibilities assigned to ensure reviews have been undertaken and signed off.</p>	Yes
<p>5. N/A Occupational health monitoring* is managed.</p>	<p>1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.)</p>	Yes
	<p>2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring.</p>	Yes
	<p>3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable).</p>	N/A
	<p>4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken).</p>	N/A

Details of requirements	Verified by	Achieved Yes/No
	5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs.	Yes
	6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system.	Yes
	7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	Yes
	8. Evidence that pre-employment health screening assessment have been completed (where applicable).	Yes

Summary of Element 3:

It is recommended that this employer has successfully met the requirements of Element 3 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 3.

Comments:

The MDHB has a series of policies/procedures outlining how the organisation identifies and manages hazards and risks.

These include a 'Risk Management Policy' and a 'Hazard Identification and Management' process.

Over the past 12 months, the MDHB health and safety team has been working with units to improve the hazard registers to help ensure that the hazard registers provide an accurate reflection of the health and safety risks to staff and those locations.

The Health and Safety Unit has developed guides for health and safety representatives in updating and reviewing their hazard registers, and has held a number of workshops for managers and health and safety representatives on the purpose of the hazard register, how to assess risks and how to update unit hazard registers.

At the time of this audit, the MDHB is using the electronic system Riskman to capture information on incidents and hazard management.

As a number of units had not transferred hazard registers to the Riskman system, and the MDHB is now looking for alternatives to Riskman as a safety management system, the MDHB it is temporarily moving hazard registers to a paper-based system that can then be uploaded into whatever system the MDHB selects to replace Riskman.

The Hazard Identification and Management process outlines the systems for hazard identification including workplace inspection, hazard reports, internal and external audits and task analysis.

The Hazard Identification and Management process does not include a specific prompt to assess risks associated with changes such as new projects, new material, new or modified equipment or other changes that may modify known risks.

The MDHB does appear to have a number of discrete processes that prompt assessment of risk associated with changes such as:

- The newly developed checklist for projects and initiatives developed by the new Enterprise Program Management Office.
This checklist includes a prompt to identify and assess potential health and safety risks associated with new initiatives and projects.
- A Product and Equipment Evaluation Committee that reviews any changes to products, equipment and hazardous substances introduced into the clinical environment.
This committee includes a representative from the Health and Safety Unit.

On balance has been applied to element 3.1.2 as there is evidence of processes to assess risk associated with changes, however a recommendation to ensure there are clear prompts for when risks associated with changes should be evaluated has been made for element 3.1.2 below.

Some examples of review of risks and consultation with affected people about new/modified equipment, material, services or practices was sighted at the time of this audit.

The Tertiary requirements of the AEP audit tool require that there is evidence of systems in place for at least 12 months.

As several of the wider management of change processes to prompt assessment of risk associated with changes are still in the implementation phase, the Tertiary requirements of element 3.2.4 has been assessed as not achieved.

The Risk Management Policy and Hazard Identification and Management process outlines systems for risk assessment and guidelines on the development of risk controls that refer to the hierarchy of controls outlined in the Health and Safety at Work Act.

Hazard registers include prompts to consider consequence and likelihood of each identified hazard pre-and post the implementation of the described controls.

A review of the range of hazard registers sighted for this audit indicates that units are still at different levels of maturity as to how well the hazard identification, assessment and control processes are captured in the hazard registers.

As indicated above, the Health and Safety Unit has been working closely with units across the DHB to improve the quality of hazard registers.

The MDHB hazard management processes include the use of appropriate specialist advice to assist with identification, assessment and control of hazards.

Examples of this process in use, such as using input from the Occupational Medicine Specialist engaged by the MDHB to assess occupational health risks, were outlined at the time of the audit.

Most personal protective equipment in use across the MDHB is disposable, such as gloves, masks and gowns.

Infection control related PPE is available throughout work areas where the risk of exposure to blood and body fluids or infection is present.

None of the areas reviewed for this audit required specialised personal protective equipment.

Each work area is expected to conduct a six monthly workplace inspection to review hazard controls.

A register of organisational risks, including health and safety risks as managed in the Riskman system. The owner of each risk is expected to review the risk and associated controls periodically, based on the severity of the risk.

Evidence of regular reviews of risks and associated controls, including updates on the status of controls, was sighted at the time of the audit.

The MDHB has a Health and Environmental Monitoring Procedure (Non-Infectious Hazards) that outlines how the MDHB will identify potential health risks that may require health monitoring.

Units that use equipment and substances, such as parts of the Cancer Screening Treatment and Support unit, where staff may be exposed to radiation have processes in place to monitor radiation exposure and time in radioactive areas.

Processes for the monitoring of infectious hazards are outlined in the blood body fluid and needle stick injury procedures.

Over the past 12 months, the Occupational Health and Safety Team, along with the contracted Occupational Medical Specialist has carried out exposure monitoring for noise and airborne contaminants in areas where there the potential for exposure to occupational health risks has been identified.

At the time of this audit, Occupational Health and Safety Team reported that there have been no situations identified where ongoing health monitoring is required.

The Occupational Medicine Specialist contracted to the MDHB for one day each fortnight is involved in assessing any newly identified potential occupational health risks.

Some health monitoring is occurring where staff may have been exposed to historical risks such as high noise levels, however this monitoring was slightly outside the requirements of this element.

As there are currently no exposures to health risks to MDHB staff that require ongoing monitoring, element 3.5.3 and 3.5.4 have been assessed as N/A.

All potential new staff to the MDHB are required to complete a health questionnaire as part of the employment process.

The health questionnaires are assessed by infection control and the health and safety unit to identify whether any pre-employment health testing is required.

Critical issues: None.

Improvement recommendations:

3.1.2 To help ensure that the tools for assessing risk associated with changes, such as those that have been developed through the Enterprise Program Management Office, are applied when changes that could introduce health and safety risks are being considered within the DHB, it is recommended that the MDHB consider developing processes that prompts units to use the 'management of change' tools.

For example, unit Safety Committees could be involved in reviewing proposed initiatives to help identify any potential risks to staff and develop mitigations for those risks. This could be included as a standard agenda item on the Safety Committee process.

3.3.4 Currently the MDHB has a number of parallel processes in place to identify and track corrective actions that arise from incident investigations, workplace inspections, audits, reported hazards and the safety walks conducted by the Board/leadership team.

It is recommended that the MDHB consider developing a centralised corrective action process that can provide oversight of all health and safety-related corrective actions and tracks these until closed out.

The MDHB uses the BHEIMS system to report building and plant related issues. As the BHEIMS system may be used to report potential hazards related to building/grounds/plant issues, it is recommended that the BHEIMS system includes the ability to flag a BHEIMS request as a health and safety issues (where relevant), and that the timeframes for closeout of health and safety-related BHEIMS requests are tracked as one of the organisational health and safety performance indicators.

3.4 Consider adding a column to the hazard registers which identifies how the unit will *review* whether each individual hazard control is in place, and the effectiveness of that control. (For example workplace inspection, training records etc.)

The implementation and effectiveness of the risk controls for individual units could then be reviewed as part of the six monthly workplace inspection.

3.5.1 As the MDHB has such a wide range of activities occurring across the organisation, consider adding a prompt to the six monthly workplace inspection for units/Safety Committees to consider whether any of the tasks or environments in the unit may contribute to an occupational

health risk, as a prompt to identify situations that should be assessed to determine whether staff are exposed to health risks that may require ongoing monitoring.

Element 4 - Information, training and supervision

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none"> • emergency procedures • hazard and incident reporting • how risk assessments are undertaken • work hazards and risks • health and safety responsibilities of employer, employees and, where applicable, any other relevant parties • employee or worker* participation and representation processes • information about health and safety meetings • injury management and return to work processes • use and care of general health and safety equipment, including PPE. 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work.	1. Evidence that training needs for specific roles, tasks, or areas of work have been identified.	Yes
3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding.	1. Evidence that task-related training has occurred.	Yes
	2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable).	Yes
	3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable).	Yes
	4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities.	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. 	Yes
4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks.	1. Records of training and/or skills and experience for people leading hazard identification and risk assessments.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months.	Yes
5. There is access to trainers with the relevant skills, experience or qualifications.	1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used).	Yes
	2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used).	Yes
	3. Records of trainers' skills, experience or qualifications.	Yes
6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff.	1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented.	Yes
	2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable).	Yes
7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management.	1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities.	Yes
	2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months.	Yes
8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions.	1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months.	Yes
9. The designated employees or wardens for each work area	1. Training records (or similar) for people with specific roles in emergency situations.	Yes

Details of requirements	Verified by	Achieved Yes/No
are trained to respond to emergency situations.	2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months.	No
	3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1).	Yes

Summary of Element 4:

It is recommended that this employer has successfully met the requirements of Element 4 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 4.

Comments:

The MDHB holds regular orientation sessions for new staff to the organisation that provide an overview of the DHB operations, including health and safety processes.

In addition to the orientation session, most new staff to the DHB are expected to complete a range of compulsory face-to-face and online training sessions which include:

- Moving and handling.
- Electrical safety.
- Fire and evacuation.
- Hand hygiene.
- Health and safety.
- Investigation and reporting.
- Infection control.
- Proactive security.

Completion of the above sessions is tracked through the DHB learning management system (LMS) (part of the Human Resources Information System (HRIS)).

Managers are able to review completion of required training by their staff through the LMS.

Following orientation training, each unit is expected to complete a unit specific health and safety induction for new or transferring staff members.

Over the past 12 months, the Occupational Health and Safety Team have been working with units across the MDHB to improve the health and safety induction process.

The sites reviewed for this audit have formalised their unit specific health and safety induction, with a checklist based on a template provided by the MDHB Occupational Health and Safety Team.

Each unit still keeps its own unit specific induction and training records.

The MDHB has identified core health and safety training for new staff, as outlined in the above list.

Each unit in the MDHB is expected to develop their own training program for new/transferring staff, based on the skills and competencies required in the unit.

The MDHB has formalised training expectations for some occupations, for example nurses.

Units visited for this audit have formalised training requirements based on the competencies required in the unit.

Each unit within the DHB appears to track staff training progress using a range of unit specific processes.

This does mean that the MDHB does not appear to have good oversight of the completion of unit specific training and competency assessments across the organisation.

Evidence of unit specific training was sighted in the areas reviewed for this audit, however training records were kept in a variety of locations including scanned certificates on shared network drives, training matrices, spreadsheets, training workbooks and sign offs on training sessions.

These records appear to be managed by whoever was overseeing training in the unit at the time.

Several of the staff spoken to who were new to the role of overseeing/recording training for their unit, reported some difficulty in accessing historical training records.

See recommendation for 4.3.1 below.

PPE used by staff in the areas reviewed for this audit was primarily disposable PPE, such as gloves, masks and gowns.

Eye protection was available in areas such as sluice rooms.

Training in the use of disposable gloves is covered as part of infection control training.

The learning management system used by the MDHB currently does not currently use a process to remind or alert staff/managers when training competencies expire, or where refresher training is due.

Managers are expected to run training reports of their staff, to identify any competencies that require renewal, or training that has expired.

As the MDHB has a number of competencies that require recertification or refresher training, and there is no active process to 'bring up' training that is due to expire, the secondary requirements of element 4.3.4.

Units Within the MDHB have their own competency assessment processes, based on skill and competency needs identified within the unit.

Some core training, including moving and handling training includes a component of competency assessment.

Some examples of internal and external training for the units were reviewed in the areas visited for this audit, such as forklift training at Enable NZ and competencies for working with cytotoxic drugs.

Each unit is expected to develop and manage its own process for training and supervision of new staff. Clinical areas use a preceptor (buddy trainer) to train and supervise new staff as they develop their required skills.

Some units have formalised the requirements for the preceptor trainer.

The Occupational Health and Safety Team have conducted a number of training sessions across the MDHB to assist individual units in developing and improving unit hazard registers over the past 12 months.

The Occupational Health and Safety Team have also held health and safety forums for Health and Safety Representatives and managers that include principles of hazard identification and risk assessment.

Records of training for Health and Safety Representatives in the areas reviewed for this audit confirmed that Health and Safety Representatives had received formalised training in their role in the last two years.

The Occupational Health and Safety Unit has held annual forums over the past 24 months for Health and Safety Representatives and managers on a range of health and safety and injury management topics.

These forums provide Health and Safety Representatives with the opportunity for annual refresher training in MDHB specific topics.

The MDHB has provided the senior leadership team and Board with annual training on health and safety matters relevant to the leadership team and Board, presented by the MDHB external legal services provider.

The MDHB uses the facilities maintenance organisation Spotless to provide a number of services across the organisation, including warden training and managing trial evacuations.

Spotless has recently changed the warden training process from classroom sessions to ward-based sessions to improve attendance at warden training.

This appears to have resulted in a much better uptake of warden training in wards.

Training records for wardens in the Medicine ward reviewed for this audit was confirmed at the time of the audit.

One of the Allied Health areas reviewed for this audit, Enable NZ, appears to conduct its own warden training.

Some records of warden training for Enable were sighted at the time of this audit.

Wardens in non-clinical areas do not appear to consistently receive annual update training.

A number of staff/managers at the MDHB take part in Coordinated Incident Management (CIMS) training, this training provides skills needed to operate all work in the MDHB emergency operations centre which is activated in the event of emergency situations.

Critical issues: None.

Improvement recommendations:

4.1 The auditor was unable to identify a high level policy/process detailing training expectations for staff across the DHB.

If not already in place, it is recommended that the MDHB develop an outline of training expectations for MDHB staff, including:

- Orientation training requirements and timeframes.
- Compulsory training and training needs analysis at a unit level.
- Expectations for delivering training and assessing competency.
- Recording of training.
- Processes for supervision of staff undergoing training.
- Refresher training requirements

to help ensure there is a clear understanding of training requirements and responsibilities for ensuring training is occurring across the MDHB.

4.3.1 As training is one of the key controls for a number of the hazards faced by MDHB staff such as violence, use of specialist equipment, handling of hazardous substances and lone working, it is recommended that the MDHB considered how training records can be centralised.

For example unit training records could be recorded on the centralised LMS. This could help provide the MDHB with oversight and assurance that training and competency assessment that should be occurring, is occurring.

As a starting point, it is recommended that training in tasks/situations that expose staff to the risk of harm such as de-escalation training, forklift training (Enable) and hazardous substances use/handling training is entered into the LMS.

4.3.4 To meet the secondary requirements of this element, the MDHB will need to consider how staff/managers can receive reminders that training that requires renewal needs to be renewed.

(It was reported that the LMS should soon have the functionality to provide bring-up reminders for training that requires renewal).

4.8.1 It is recommended that ad hoc training, such as the health and safety training presented to the singular ship team and board is recorded on the MDHB LMS.

4.9.2 To meet the secondary levels of this element, the MDHB will need to ensure that wardens in nonclinical areas, including Enable, receive annual refresher training.

Element 5 - Incident and injury reporting, recording and investigation

(AS/NZ 4801:2001 Sections 4.4 and 4.5)

Objective The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all "near miss" or "near hit" events that might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties.	1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). 	Yes
	2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable).	Yes
	3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable).	N/A
2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace.	1. Procedure/s that explain how incidents will be investigated.	Yes
	2. Evidence of completed investigations of reported and/or recorded events (where applicable).	Yes
3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation.	1. Procedure/s that explain how corrective actions are identified, managed and implemented.	Yes
	2. Procedure/s include feedback into hazard and/or risk management.	Yes
	3. Evidence that affected employees are advised of any corrective actions (where applicable).	Yes
	4. Evidence that corrective actions have been implemented (where applicable).	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable).	Yes
4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.	1. Procedure/s for the collation of all incident data for analysis and review.	No
	2. Evidence of an annual review of collated data to identify trends.	Yes
	3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees.	Yes
	4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results).	Yes
	5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable).	Yes
5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.	1. Early intervention procedures include: <ul style="list-style-type: none"> • responsibilities of employee, Union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to Union and other nominated employee representation. 	Yes
	2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable).	Yes
	3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	No

Summary of Element 5:

- It is recommended that this employer has successfully met the requirements of Element 5 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 5.

Comments:

The MDHB uses the online reporting tool, Riskman to record reportable incidents including injuries and incidents involving staff.

All staff at the DHB have access to Riskman to enter incidents and injuries into the system.

The MDHB reported that it is in the process of sourcing a replacement for Riskman, as the software platform that runs Riskman will no longer be supported by the supplier.

Part of orientation training includes a module on how to report events and use of Riskman.

A number of resources on how to use Riskman are available to staff and managers on the MDHB intranet.

All events that are entered into Riskman are reviewed by the quality team who apply a Severity Assessment Code (SAC) to the entry.

The SAC rating ranges from 1 (minor) to 4 (major).

The Occupational Health and Safety Team review all Riskman entries involving staff to identify injuries that may result in work injury claims and any incidents that may require notification to WorkSafe.

It was reported that there have been no notifiable incidents to WorkSafe over the past 12 months, therefore element 5.1.3 has been assessed as N/A.

The MDHB incident reporting investigation processes outline the requirements for incidents to be reviewed/investigated.

The MDHB has an expectation that a manager will review Riskman incidents in their area within 30 days

The Riskman system has the ability to notify the employee who entered an incident when the incident is reviewed.

A person who enters Riskman event is able to see progress on the event review through the Riskman system.

A number of the Safety Committees that operate across the MDHB review events in their areas as part of the operations of the Safety Committee.

The Riskman system allows the person reviewing an event to upload an action plan detailing corrective actions, however the Riskman system does not appear to have a corrective action process that tracks corrective actions until implemented.

The Riskman event reviewer is able to put comments into the review section of Riskman summarising the actions taken, or corrective actions identified as a result of review, however a Riskman event appears to be closed once corrective actions are identified, rather than when the corrective actions are implemented.

This does mean that the MDHB may not have good oversight of whether corrective actions identified through the incident investigation are actually implemented.

As there does not appear to be a process to consistently track corrective actions until implementation, the tertiary requirements of element 5.3.4 have been assessed as N/A.

A review of the incident investigations in randomly selected Riskman events indicated that a number of the reviews/investigations are focused on the treatment and recovery of the injured person, rather than identifying the root causes of the circumstances that led to their injury.

Most of the (randomly selected) events reviewed during this audit, did not appear to address incident causation.

<p>It was reported that events that are SAC rated 3 or 4 are escalated to the senior management team.</p>
<p>The MDHB does not appear to have a process for the collation and review of incident data, therefore the secondary requirements of element 6.4.1 have been assessed as not achieved.</p> <p>Although there is no process outlining how incident data should be collated, analysed and reviewed, the MDHB does have a number of processes to communicate incident data and analysis of that data to managers and Health and Safety Representatives.</p> <p>Evidence of regular (at least monthly) reporting of collated and analyse incident data to the leadership team and Health and Safety Representatives was sighted at the time of the audit.</p>
<p>The MDHB has a strong wellness focus, and a number of proactive wellness initiatives were sighted in MDHB publications.</p>
<p>Numerous examples of reactive injury prevention initiatives following events such as changes to process, changes to equipment, workstation assessments and training programs were sighted during this audit.</p>
<p>The MDHB Occupational Health and Safety Unit has developed an early intervention/pain and discomfort process to respond to reports of pain and discomfort, and resolve these symptoms before they progress into an injury.</p> <p>The process involves the ability to commission workstation assessments, access a set number of physiotherapy treatments and use of alternate duties to try and resolve discomfort prior to an injury occurring.</p> <p>At the time of this audit, the early intervention process was still being trialled to ensure that a robust and effective system is available at the time the processes launched.</p> <p>As the early intervention process is not yet communicated across the organisation, or readily available to all employees, the secondary requirements of element 5.5.3 has been assessed as not achieved.</p> <p>Once this process is implemented and communicated across the DHB, this process should meet the secondary requirements of element 5.5.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>5.2.2 It is recommended that the MDHB consider how the quality of incident reviews can be improved, For example there may be some benefit in Safety Committees reviewing the incident investigation prior to an event being closed out, to help ensure that the incident investigation focuses on identifying what contributed to the incident, and identifying appropriate corrective actions.</p>
<p>5.3.4 In the absence of a corrective action tracking process, it is recommended that the MDHB consider whether Riskman entries should be closed off before the corrective actions identified in the Riskman are implemented.</p> <p>The practice of closing Riskman events prior to the implementation of any corrective actions identified in the event review means that the MDHB may not have oversight of which corrective actions are actually implemented.</p>

Element 6 - Employee participation in health and safety management

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace* practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is an agreed employee participation system in place that explains how employees, Unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters.	1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues.	Yes
	2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. 	Yes
	3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months.	Yes
2. Confirmation of employee participation systems.	1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications).	Yes
	2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives.	Yes

Summary of Element 6:

- It is recommended that this employer has successfully met the requirements of Element 6 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 6.

Comments:

The MDHB has 22 Safety Committees that operate across the organisation made up of unit-based Health And Safety Representatives and managers.

The Safety Committees have different meeting cycles, most meeting between every 2 to 3 months. Over the past 12 months, the MDHB has initiated an organisational Health And Safety Leadership Group made up of heads of the chairs of each of the unit Safety Committees and management representatives.

The MDHB has an existing employee participation agreement, agreed with Unions that represent staff at the MDHB.

This is supported by a Health and Safety Representative election process and terms of reference for the Safety Committees.

At the time of this audit, the MDHB was in the process of completing consultation on an updated employee participation agreement with staff and Unions.

In addition to the Safety Committee process outlined above, the MDHB has a Bipartite Action Group that holds periodic meetings between management and Union representatives to review a range of employment related matters, including health and safety matters.

Most of the high level MDHB health and safety policies such as the Rehabilitation Policy are consulted through the Bipartite Action Group as part of the review and update process.

Discussions in the employee focus groups indicated there are some variation on the perceived effectiveness of the Safety Committees across the MDHB.

Some areas indicated the Safety Committees and Health and Safety Representatives were very active and motivated, other areas indicated that there were some difficulties in achieving regular health and safety meetings and in how well the Safety Committees were escalating health and safety issues that were not being resolved at a local level.

See recommendation for element 6.2.2 below.

A review of Safety Committee meeting minutes for several of the areas reviewed for this audit indicated an active Safety Committee process that is involved in local injury prevention initiatives.

Over the past two years, the Occupational Health and Safety Team has held annual Health And Safety Representative forums that provide ongoing education and professional development for Health and Safety Representatives and Managers.

It was reported that these forums are attracting around 70 staff and health and safety representatives.

The health and safety forum in June 2019 included a session on injury management training session for Health and Safety Representatives.

Critical issues: None.

Improvement recommendations:

- 6.2.1 Health and Safety Representatives who took part in the employee focus groups indicated that some of the current Safety Committees do not have a chairperson, this could mean that there is no representation from that safety committee in the Health And Safety Leadership Group.

It is recommended the MDHB monitor attendance at the Health And Safety Leadership Group to identify if there are any persistent gaps in participation from any Safety Committees.

6.2.2 Feedback from Health And Safety Representatives in the employee focus groups indicated some variability in the effectiveness of Safety Committees and escalating health and safety issues that are not resolved at a local level.

Consider embedding a process into the Safety Committee structure that escalates action points that have not been resolved within expected timeframes to the Health And Safety Leadership Group.

Element 7 - Emergency planning and readiness

(AS/NZ 4801:2001 Section 4.4)

Objective The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done.	Yes
	2. Evidence that emergency service requirements have been considered.	Yes
2. Emergency instructions are readily accessible at all worksites or work areas.	1. Evidence that emergency instructions are communicated to all employees and other relevant parties.	Yes
	2. Emergency responders* or other designated employees are known to staff.	Yes
3. Emergency procedures are tested at regular intervals – of no greater than six months apart.	1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees.	Yes
	2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees.	Yes
4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s).	1. Evidence of post-emergency response review.	Yes
	2. Evidence of updated procedures and plans (where applicable).	Yes
5. First aid resources are available.	1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed.	Yes
	2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies.	Yes
6. Emergency equipment is available.	1. Evidence that the need for emergency equipment for identified emergencies has been assessed.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals.	Yes

Summary of Element 7:

It is recommended that this employer has successfully met the requirements of Element 7 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 7.

Comments:

The MDHB has a detailed emergency plan and business continuity plan that outlines the response procedures for events such as fire, earthquake, hazardous substance spills, major incidents and loss of services such as power and water.

The MDHB has an emergency operations centre (EOC) that can be activated in the event of a serious incident to coordinate incident response.

A number of managers are trained in the coordinated incident management system (CIMS) which allows the managers to operate in the emergency operations centre.

At the time of this audit, the MDHB was in the process of developing a lockdown procedure for the hospital as part of the emergency response plan for foreseeable emergencies.

A number of the units of Allied Health require staff to work in the community, for example in client's homes.

It was reported that units are formalising lone worker policies, processes for knowing where lone workers are going, and processes for checking that lone workers have arrived back at their base following the community visit.

It was also reported that escalation processes are being developed to ensure there is a clear understanding of the actions that will be taken if a lone worker fails to return when expected

The emergency plan is supported with an emergency response flipcharts located around the MDHB. The flip chart provides a summary of response processes for events such as mass casualty and major incidents, internal emergency, earthquake, cardiac arrest/medical emergency, unauthorised visitor, bomb threat and security incidents.

The MDHB has an emergency response number 777 which can provide an immediate internal response to emergency events such as fire and security events.

All staff receive information on the fire evacuation processes as part of induction/orientation training. Information on evacuation areas is posted near the main exits.

Much of the MDHB hospital is open to the public, visitors and contractors who are working in the MDHB are made aware of the emergency procedures as part of the visitor/contractor induction.

The facilities maintenance contractor, Spotless, manages the six monthly trials of the emergency evacuation process across MDHB facilities.

Evidence of trials of the emergency procedures at the MDHB main hospital in February 2018, October 2018, February 2019 and June 2019 were sighted at the time of this audit.

Emergency evacuation trials at the off-site locations visited for this audit, Enable NZ, occurred in February 2018, July 2018 and April 2019.

<p>The MDHB holds two yearly trials of major incidents.</p> <p>The last trial in 2019 involved a mass casualty event, and was conducted and liaison with other emergency services in the region.</p>
<p>Each evacuation trial has summary notes of the outcome of the trial, and any recommendations for improvement.</p> <p>Some recommendations seen on the evaluations of trial evacuations of the past 12 months include improving signage of assembly areas.</p>
<p>Traditionally, wards at the MDHB main hospital have determined that first aiders are not required at the hospital because of the number of medical staff available, and the presence of an Emergency Department.</p> <p>The MDHB Occupational Health and Safety Unit is in the process of reviewing the numbers of first aiders, and first aid equipment required by units across the DHB.</p> <p>One of the sites visited for this audit, Enable NZ is located away from hospital grounds and has trained a number of first aiders and has identified first aid needs.</p> <p>As the process of reassessing requirements for first aiders and first aid equipment across the MDHB is underway, on balance has been applied to element 7.5.1.</p>
<p>The MDHB has civil defence cabinets are located throughout the main hospital.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>7.3 Once lone worker monitoring and escalation processes that outline steps to take if an employee does not return when expected are in place, it is recommended that units periodically test these process to ensure they are effective.</p>

Element 8 – Ensuring the health and safety of employees and others in the workplace

(AS/NZ 4801:2001 Section 4.4)

Objective The employer can demonstrate, so far as is reasonable practicable, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*.	1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s.	Yes
	2. Evidence of PCBU/s consultation and communication (where applicable).	Yes
2. A system is in place to induct another PCBU's workers or other people.	1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls.	Yes
	2. A designated person/s to co-ordinate health and safety induction for other workers.	Yes
	3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable).	Yes
3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety.	1. Documented selection criteria.	Yes
	2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable).	No
4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed.	1. Evidence that health and safety responsibilities are documented.	No
5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s.	1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable).	No
6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the	1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s.	Yes

Details of requirements	Verified by	Achieved Yes/No
PCBU/s, at intervals appropriate for the duration of the work.	2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable).	No
	3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable).	No
	4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable).	No

Summary of Element 8:

- It is recommended that this employer has successfully met the requirements of Element 8 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 8.

Comments:

The MDHB health and safety policy makes reference to the obligations the MDHB has to other PCBU's.

While there appear to be no specific procedures in place to outline how the MDHB will consult, co-operate and coordinate with other PCBU's, there was evidence that there are processes in place to liaise with many of the PCBU's that the MDHB deals with on the MDHB hospital grounds, through regular meetings with tenants of the MDHB such as laboratories, the helicopter service, the laundry, Facilities Management providers etc.

On balance has been applied to element 8.1.1, however a recommendation to develop a more formalised procedure for liaising with PCBU's has been made for this element below.

The MDHB has developed some procedures for health and safety management of contractors, however it was reported that these procedures have not yet been widely implemented across the MDHB.

Many of the contractors who carry out work on the MDHB building and grounds are managed through the main Facilities Management contractor, Spotless.

Spotless has established processes in place to select/prequalify, induct and monitor those contractors who are engaged by Spotless.

It was reported that Spotless also inducts and monitors other contractors on request from the MDHB, for example contractors involved in some projects.

Managers spoken to during this audit who have responsibility for managing contractors indicated that the MDHB contractor safety management procedures are not consistently applied to those contractors who are managed outside of Spotless.

While most contractors outside of those managed by Spotless appear to receive some form of induction, processes for prequalifying/selecting contractors based on their ability to manage health and safety risks associated with the work they are undertaking, and processes to monitor contractor safety performance are not yet formalised.

Contractors outside the Spotless arrangement include contractors who maintain medical equipment and contractors engaged by some wards to provide specialist services.

The arm of Allied Health visited for this audit, Enable NZ, engage a number of contractors to install and maintain equipment in clients houses across New Zealand.

As the processes for selection, formalising health and safety expectations and monitoring performance of contractors are not yet consistently in place across the range of contractors who provide services to the MDHB that involved some health and safety risk, the requirements of element 8.3, 8.4, 8.5 and 8.6 have been assessed as not achieved.

8.1 has been assessed as 'achieved' as there was evidence that most contractors examined in areas reviewed for this audit who were engaged outside of the Spotless arrangement have some form of induction.

For example, Enable holds a full day induction with new contractors to Enable communicate process and requirements to those new contractors.

Critical issues: None.

Improvement recommendations:

8.1.1 To better meet the primary requirements of this element, it is recommended that the MDHB develop a process that outlines:

- How the MDHB identifies PCBU's that the organisation shares health and safety risks with.
- Review of the processes in place to consult, co-operate and coordinate with those PCBU's in relation to shared health and safety risks.
- Periodically review the adequacy of those processes.

This could possibly be a function undertaken by the various unit/area Safety Committees..

8.3 It is recommended that the MDHB take steps to identify contractors who provide services to the MDHB that involve health and safety risks, and take steps to ensure that contractors engaged to carry out the services are assessed in relation to their ability to adequately manage the health and safety risks associated with the services they provide.

There may be some advantage in linking the work order/purchase process used by the MDHB to approved vendors, and including a review of ability of each vendor to manage health and safety risks as a step in the vendor approval process.

8.4 It is recommended that the MDHB formalise health and safety expectations and responsibilities with all contractors that provide services to the MDHB that involve health and safety risks.

8.6 It is recommended that each area that engage contractors to carry out work that involves health and safety risk develop processes to periodically monitor contractor safety performance to help ensure that contractors are meeting the MDHB's health and safety expectations.

Element 9 - Workplace observation to confirm systems in action

Objective There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	The auditor will observe the following	Achieved Yes/No
1. The auditor is able to observe selected audit standard requirements in practice.	1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls.	Yes
	2. Evidence that risk controls have been implemented.	Yes
	3. Safety information is readily available and current.	Yes
	4. Event reporting forms for injuries, illnesses and incidents are readily available.	Yes
	5. PPE is available for employees, other workers and site visitors (if required).	Yes
	6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used.	Yes
	7. Restricted work areas are clearly identified.	Yes
	8. Appropriate escorting and sign-in/out processes are in place.	Yes
	9. Emergency evacuation procedure information is readily available.	Yes
	10. Emergency exits, routes and assembly points are clearly identified and unobstructed.	Yes
	11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification.	Yes
	12. First aid equipment and facilities are adequate, available and maintained.	Yes

Summary of Element 9:

- It is recommended that this employer has successfully met the requirements of Element 9 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 9.

Comments:

Workplace observations were undertaken at:

- The Enable NZ offices and showroom area, (Enable NZ as a part of Allied Health, located away from Palmerston North Hospital - primary site.)
- Wards in the Cancer Screening Treatment and Support cluster. (Part of Palmerston North medical - secondary site)

Locations visited for the audit had a site-specific hazard registers.

Hazard registers in the areas reviewed have recently been updated as part of the Occupational Health and Safety Team focus on improving hazard registers across the MDHB.

Evidence that the risk controls for hazards outlined in the hazard registers sighted were in place were noted at the time of the audit.

This included hazard controls such as ergonomic equipment for computer users, facilities for reducing radiation exposure in radiation treatment areas, specific disposal areas for cytotoxic drugs, processes to reduce slip/trip hazards in highly congested areas and availability of sharps bins where needles are used.

PPE in the form of gloves are available in all work areas where staff may be exposed to blood/body fluids.

Protective eyewear was also available in the sluice rooms visited for this audit.

The MDHB uses an online reporting system, Riskman.

All staff with access to a computer are able to enter an event directly into the Riskman system.

Much of the Palmerston North Hospital is open to the public, restricted areas were marked and locked with a swipe card access or coded locks.

Access to the non-public areas of Enable NZ are controlled by swipe card.

Enable NZ has a sign in process for visitors that includes information on emergency procedures.

Visitors to non-public areas of the Palmerston North Hospital are expected to obtain a visitor card and sign in the person who is escorting the visitor.

Information on emergency evacuation routes and assembly areas was on display now all main entrances to the work areas reviewed for this audit.

MDHB emergency flip charts were also available on noticeboards.

Emergency exits in work areas reviewed for this audit were clearly marked and unobstructed.

Emergency equipment such as fire extinguishers, hose reels, first aid kits and civil defence cabinets were clearly marked on the work areas reviewed for this audit.

Evidence that emergency equipment such as fire extinguishers and hose reels were readily checked/serviced was sighted on tags on the equipment checked as part of the workplace observation.

Critical issues: None.

Improvement recommendations:

- It is recommended that cabinets and furniture in corridors and aisle ways that could fall and impede access in the event of a seismic event are fixed to prevent movement.

Hazard/risk management table Allied Health

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Extended computer use.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> • Availability of workstation assessments and information on computer set up. • Adjustable furniture. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Working alone in the community	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> • Ability to communicate with MDHB. • In/out boards to track staff working in the community • Escalation process should an employee not return from a community visit when expected. 	<input type="checkbox"/> Mostly observed <input checked="" type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed Some units reported that there are still insufficient cell phones to allow all staff to have a MDHB phone when working in the community.
3	Needle stick injury and exposure to blood/body fluids.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> • PPE available. • Training in the protocol for needle stick injury. • Follow-up process following needle stick injury and exposure to blood and body fluids. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Violence from clients.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> • Flagging of clients with known behavioural issues on client files. • Some training in de-escalation and personal safety when working in the community. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
5	Moving/manual handling objects and patients	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Manual handling training. Some equipment for assisting in the movement of equipment and patients. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

Hazard/risk management table Palmerston North Medical

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Use of needles and sharps.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Sharps disposal bins easily available. Needless/retracting needle systems for some procedures. Follow-up process for needle stick injury. Staff training. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Moving of patients	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Moving and handling training. Equipment for lifting and moving patients. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Slips/trip hazards	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input checked="" type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Rearrangements of work areas to reduce clutter and tripping hazards. Workplace inspections. Marked areas for storing equipment, to keep equipment out of walking areas. Wet floor signs where cleaning is taking place 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Radiation	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input checked="" type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input checked="" type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Radiation monitoring. Exposure monitoring. Minimisation of exposure to radiation sources. Shielding of staff areas. Staff training on radiation hazards. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Long distance driving (SMO's)	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Use of a van and driver for SMO's travelling to and from Taranaki. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> • Work scheduling to allow driving home in daylight hours. • Availability of overnight accommodation when working in other regions. 	<input type="checkbox"/> No evidence observed

Recommended outcome

<input checked="" type="checkbox"/> Yes	It was observed that these hazards were being managed in line with the documented health and safety management system.
<input type="checkbox"/> No	It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of	Yes

Details of requirements	Verified by	Achieved Yes/No
	Claimants' Rights when the cover decision is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

- It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

MDHB engages WorkAon to assist with the management of work-related injuries.

WorkAon have provided the MDHB with a Work Injury Claims Management and Rehabilitation Manual (WICM) that outlines the processes for cover decision, entitlements, file management, data reporting, complaints and reviews and rehabilitation management.

The WICM has an appendix that outlines the MDHB contacts for cover decision, rehabilitation management and concerns/disputes.

The MDHB have developed guides for staff and managers explaining the work injury management process and flowcharts for staff and managers of the steps to take when a work injury that requires medical treatment has occurred.

WorkAon register a claim on receipt of an ACC45 form, or provisionally, on advice from the MDHB that a work injury requiring medical treatment has occurred.

WorkAon will provide the MDHB advice on whether a claim for cover meets the criteria for cover.

The Team Leader of the Occupational Health and Safety Team has responsibility for confirming cover decision, and will advise WorkAon of whether the MDHB accepts a claim for cover, requires further investigation or does not accept the claim for cover.

WorkAon communicate the cover decision to the injured employee with a cover decision letter that includes review rights.

Two of the claim files reviewed for this audit involved noise induced hearing loss claims, in both cases, WorkAon had issued extension letters to allow for the time together the required information to confirm cover.

Two claim files reviewed for this audit involved decisions that were declined for cover.

One claim file contained evidence that the claimant had been contacted to discuss the decline decision.

The second claim file contained a file note indicating that an attempted been made to contact the claimant to discuss the decline decision, however it appears that contact was not successfully made prior to issuing the decline decision.

WorkAon samples approximately 1% of MDHB claims annually to review accuracy of cover decisions and entitlement decisions.

The MDHB has developed a range of information sources for managers and employees explaining the work injury management process, this includes:

- Work injury leaflet summarising the claim process, entitlements available and complaints dispute processes,
- Articles in the occupational health and safety newsletter (this includes an annual reminder of the work injury claim process in the newsletter).
- Injury management flowcharts.
- Provision of a WorkAon wallet card that contains contact details of WorkAon for treatment providers (issued at orientation).

WorkAon manage the claim transfer process for claims received that are not the responsibility of the MDHB.

One example of this process in action where a claim was transferred to ACC was sighted in the files reviewed for this audit.

Critical issues: None.

Improvement recommendations:

10.3.3 Where WorkAon are unable to make contact with an MDHB employee to discuss a decline cover decision, is recommended that WorkAon liaise with the MDHB Occupational Health And Safety Team to make contact with the person to discuss the decline decision prior to issuing a written notification of the decline decision.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	Yes
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

- It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:
- Primary Secondary Secondary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

WorkAon include an entitlement fact sheet with the cover decision letter for claims that are accepted for cover as work-related injuries.

The entitlement fact sheet outlines the social, vocational and medical entitlements available to the injured person.

The WorkAon entitlement fact sheet has recently been redesigned to allow better communication of entitlements available.

WorkAon utilise a triage process to screen claims as they are received, to help identify claims that may require immediate intervention or case management.

Evidence of the triage process was sighted on some of the claim files reviewed for this audit.

The MDHB Occupational Health and Safety Team review each Riskman reportable event to identify those events that may involve medical treatment.

The Occupational Health and Safety Team will attempt to make contact with the employee involved to carry out an initial needs assessment.

The initial needs assessment was completed for all staff who report an injury requiring treatment, even if no incapacity as indicated.

The claim files reviewed for this audit indicated that attempts to contact the injured person were made within two days of the MDHB Occupational Health And Safety Team becoming aware of the injury.

Where the initial needs assessment was not completed within two days of injury notification to the MDHB, the WorkAon claim files reviewed for this audit did not contain information on some of the initial unsuccessful attempts to contact the injured person to complete an initial needs assessment, this information was obtained from the MDHB Occupational Health And Safety Team Files to confirm attempts to contact were made within two working days of injury notification to the MDHB.

See recommendation for element 11.3.2 below.

The initial needs assessment form used by the MDHB Occupational Health And Safety Team contains a number of prompts to identify any social, vocational, and medical needs arising from the injury.

The MDHB initial needs assessment also includes a prompt to ask the injured employee about any secondary employment, and if secondary employment is identified, an employee is asked to make the MDHB payroll aware of secondary employment details.

The initial needs assessment includes a prompt to make the employee aware of the complaint/concerns process that can be accessed if the employees has any concerns relating to the management of their injury.

In some cases, WorkAon will also carry out a detailed initial needs assessment if it appears that rehabilitation intervention may be required.

Where the initial needs assessment had identified treatment and/or vocational needs, claim files reviewed for this audit contained evidence that the employee was referred to an appropriate provider to seek treatment or assistance with the return to work process.

The MDHB Payroll Manager was interviewed for this audit.

The MDHB has developed a payroll procedure for the calculation of weekly compensation, including details of how to calculate first week compensation.

The MDHB pays 100% weekly compensation for the first week of a work-related injury.

The MDHB payroll team sends the injured person a letter indicating they are receiving more than their legislative entitlement for the first week.

From second week onwards, MDHB pays the 80% legislative weekly compensation, and advises employees they are able to apply to weekly compensation with sick leave.

One example of the application of an indexation payment to weekly compensation for a long-term claimant was sighted on payroll records.

WorkAon claim files reviewed for this audit confirmed that details of weekly compensation calculations and abatement are stored on the file and communicated to the employee and weekly compensation letters.

MDHB payroll staff who are involved in calculating and paying weekly compensation have undertaken the ACC online training between November 2018 and July 2019.

Evidence of training certificates for the MDHB payroll staff were sighted at the time of the audit.

Critical issues: None.

Improvement recommendations:

11.3.2 Consider including information on attempts to contact injured employees as part of the initial needs assessment on the initial needs assessment form to assist with confirmation that attempts to contact have been made within two working days of the MDHB becoming aware of a work-related injury that requires medical treatment.

11.4.3 Employment agreements for some staff at the MDHB, such as Senior Medical Officers and some staff under the PSA Mental Health Workers Collective Employment Agreement require that the DHB pays 100% weekly compensation for work-related injuries in certain circumstances.

It is recommended that the MDHB payroll manual includes prompts to advise employees who receive 100% weekly compensation after the first week of incapacity that they are receiving more than their legislative entitlement, and that this may not continue if the claim is handed back to ACC.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and 	Yes

Details of requirements	Verified by	Achieved Yes/No
	<ul style="list-style-type: none"> include a review of payment accuracy and rehabilitation prior to transfer; and require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	N/A

Summary of Element 12:

- It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 12.

Comments:

The WICM outlines the information that is to be kept in a claim file, and how claim files should be securely stored.

WorkAon manages the master claim file for MDHB work-related injuries.

The Occupational Health and Safety Team hold medical files on MDHB staff, (separate from personnel records).

The MDHB Occupational Health and Safety Team records are kept in cabinets in a secure building.

When the MDHB makes contact with an injured employee as part of the initial needs assessment process, the employee is also asked to complete a WorkAon consent form which is forwarded to the Palmerston North based WorkAon Case Manager.

The information that accompanies the consent form request includes references to the Privacy Acts and Health Information Privacy Codes.

All claim files reviewed for this audit that required a consent form contained copies of signed consent forms

All WorkAon claim files reviewed for this audit contained only information related to the claim.

While the MDHB Occupational Health and Safety Team forward most claim related information to WorkAon, it was noted that some correspondence and emails between the Health and Safety Team

<p>and the injured person were not always forwarded to WorkAon. (For example, attempts to make contact with an injured employee to carry out an initial needs assessment). See recommendation for 12.2.3 below.</p>
<p>Procedures for transferring claims to ACC on claims handback are outlined in the WICM. These procedures meet the requirements of element 12.4.1.</p>
<p>The WICM outlines the checks that are to be undertaken when claim files are sent to a third-party outside of WorkAon/MDHB. Claim files reviewed for this audit contained copies of the privacy checks undertaken by the WorkAon Case/Claims Manager prior to communicating claim information to a third-party, for example for opinions on injury causation, treatment or cover. As a healthcare provider, and holder of personal medical information, the MDHB has a confidentiality and privacy policy which outlines the requirements used by the MDHB to ensure confidentiality of clinical and nonclinical information and guidance on how to maintain the confidentiality of information held by the MDHB.</p>
<p>The MDHB reported that there have been no privacy breaches in relation to work-related injuries managed by the MDHB of the past 12 months, therefore element 12.5.3 has been assessed as N/A.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>12.2.3 On claim closure of a work-related injury, It is recommended that the MDHB Occupational Health And Safety Team review any correspondence held by the team related to the management of the injury that may not have been forwarded to WorkAon, and forward this information to WorkAon to include in the master claim file.</p>

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> Is backed up to the employer's information technology standards Is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	Yes

Summary of Element 13:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.
Comments:
WorkAon forwards MDHB work injury claim data to ACC monthly, on behalf of the MDHB.
The WICM outlines procedures on how timeframes for data reporting, responsibilities for data reporting, processes for backup of claims data and support for staff who are responsible for reporting claims data and processes for accuracy checking claims data.
Evidence of successful data reporting of MDHB work-related injury claims data to ACC for August 2019 was sighted at the time of the audit.
The WorkAon electronic claims management system can only be accessed with an authorised username and password.
The WICM outlines processes in place to identify and manage issues associated with an appropriate claiming or fraud, and the requirement for any investigation to be managed independently from the injury management process.
The WICM outlines systems for liaising with ACC regarding fatal claims, serious claims, sensitive claims, complex claims or prolonged claims. The point of contact between ACC and the MDHB has not changed in the last 12 months.
Critical issues: None.
Improvement recommendations:
None.

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	Yes
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	Yes
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	Yes
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	Yes
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure,	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
The Code and their rights of review and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

- It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 14.

Comments:

The WICM outlines procedures for managing complaints/concerns received by the MDHB in relation to the management of work-related injuries.

In addition to the WICM processes, the MDHB also has a feedback procedure that can be used by staff to register complaints/feedback.

The feedback procedure also outlines a mechanism to record and respond to feedback and complaints received by MDHB staff.

The MDHB Occupational Health and Safety Team maintain a register of concern/complaints received which includes the date the concerns received, actions taken and the outcome of the concern/complaints.

At the time of this audit, the MDHB concern/complaints register had information on five concern/complaints received, and the actions taken to resolve those concerns, over the past two years.

The WICM outlines procedures for managing formal reviews that meet the requirements of element 14.2.1.

The MDHB HR Manager is the designated Disputes Manager for the organisation, the HR Manager maintains a record of disputes/reviews received.

It was reported that one application for review has been received in the last 12 months, and this was withdrawn by the employee prior to a review hearing.

Information supplied to staff and managers in the work-related injury leaflet and in occupation health and safety newsletters communicates the disputes/complaints process and who the complaints manager for the MDHB years.

The MDHB Occupational Health and Safety Team initial needs assessment includes a prompt to communicate how to raise any concern/complaints in relation to a work injury as part of the initial needs assessment process.

WorkAon and the MDHB Occupational Health and Safety Team conduct an annual review of disputes/complaints received.

The outcome of the last review was sighted at the time of the audit, this review indicated that no changes were required following the last evaluation.

Critical issues: None.

Improvement recommendations:

14.1.1 Consider including a link to the MDHB work-related injury complaint/concerns process in the MDHB 'Feedback Procedure' to help ensure that any concerns/complaints received through the feedback process in relation to the management of work-related injuries are forwarded to the Occupational Health and Safety Team to include in the concern/complaints register.

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and Union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, Union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, Union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's Union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.</p>	<p>1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.</p>	Yes
	<p>2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.</p>	Yes
	<p>3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and Union and other nominated employee representatives, rehabilitation facilitator).</p>	Yes
	<p>4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).</p>	Yes
<p>4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).</p>	<p>1. The designated ACC AEP case manager has at least:</p> <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	<p>2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.</p>	Yes
<p>5. Designated personnel, line managers, Union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.</p>	<p>1. Designated management responsibilities for rehabilitation are assigned at each work site.</p>	Yes
	<p>2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).</p>	Yes
	<p>3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.</p>	Yes

Summary of Element 15:

- It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard:
- Primary Tertiary This element has only Primary or Tertiary requirements.
- It is recommended that this employer has *not* met the requirements of Element 15.

Comments:

The MDHB Workplace Rehabilitation Policy, dated August 2016, outlines the MDHB commitment to rehabilitation/return to work for staff who are unable to perform the normal duties due to injury (work or non-work) or illness.

The policy meets the requirements of element 15.1, including the recognition of an employee's right to support, as part of the rehabilitation/return to work process.

The Rehabilitation Policy is consulted through the Bipartite Action Group (BAG), which includes representation from Unions that represent staff at the MDHB.

The WICM outlines systems to provide rehabilitation and safe and early return to work for injured employees.

These processes include an outline of the responsibilities of the parties involved in the rehabilitation process, early return to work expectations, opportunities for return to work and responsibilities for monitoring and follow-up.

The Rehabilitation Policy does not make a distinction between supporting employees with incapacity due to work injury or non-work injury.

The MDHB Occupational Health and Safety Team work with ACC to assist the return to work for employees who are injured due to non-work injuries.

A number of examples of situations where employees with non-work injuries were supported in the return to work were discussed with the Occupational Health And Safety Team and in the focus group interviews.

The MDHB Occupational Health and Safety Team work with WorkAon and the Occupational Physician contracted to the MDHB to manage the return to work process for staff with work-related, injuries.

Several members of the MDHB Occupational Health & Safety Team have several years experience in injury management.

Two of the MDHB Occupational Health & Safety Team Occupational Health Nurses are currently undertaking a postgraduate certificate/diploma in rehabilitation.

The MDHB has held several training sessions for Unions and managers on the work injury management process over the past 12 months, including presentations from WorkAon in July 2019.

The MDHB has also provide reduced a guide for managers on actions and responsibilities for work-related injuries.

Critical issues: None.

Improvement recommendations:

None.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and Union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 16.
Comments:
Two of the claim files reviewed for this audit required action plans, both claim files contained evidence that action plans were developed within seven days of injury notification to the MDHB. None of the action plans required a subsequent action plan, as a cover decision is made within 14 days of the initial action plan.
Where the need for rehabilitation intervention was identified, claim files reviewed for this audit contained evidence that the Palmerston North based WorkAon Case Manager made contact with the injured person, and their manager, to develop a draft rehabilitation plan. The WorkAon Case Manager indicated that most cases, the initial contact to develop the rehabilitation plan occurs via telephone calls. Two of the claim files reviewed for this audit required rehabilitation plans, in both cases, the rehabilitation plans were developed within 14 days of cover decision.
The template used by WorkAon for rehabilitation plans includes an outline of goals, actions, responsibilities, timeframes and agreed outcomes.
The MDHB Occupational Health & Safety Team carries out weekly monitoring for all claims that involve incapacity. Evidence of completion of weekly monitoring by the MDHB Occupational Health and Safety Team was sighted on both claims that required ongoing weekly monitoring.
The MDHB Occupational Health & Safety Team Team Leader and Occupational Health Nurse hold a monthly meeting, either face-to-face or via a telephone conference call with the Palmerston North

<p>based WorkAon Case Manager who manages MDHB work injury claims, to review all open claims and discuss strategies for managing those claims.</p> <p>The WorkAon Case Manager summarises the outcomes of the monthly open claim reviews on each of the claims reviewed case notes.</p> <p>The MDHB Occupational Health and Safety Team also reviews ongoing longer term work injury claims every 6 weeks with the Occupational Physician contracted to the MDHB, to identify whether any changes in treatment or rehabilitation strategy are needed for longer term claims.</p>
<p>Both claim files reviewed for this audit that required a rehabilitation plan had evidence of updated rehabilitation plans after the expiry date of the initial rehabilitation plans, or evidence of agreement with the employee concerned to slightly delay a rehabilitation plan updated until required information is obtained.</p>
<p>The MDHB Occupational Health & Safety Team develops individual return to work plans where an employee who is unable to perform their preinjury role is rehabilitating in the workplace on alternate or restricted duties.</p> <p>The MDHB return to work plan includes an outline of potential hazards that may impact on recovery/rehabilitation, and notes on how to mitigate those hazards.</p>
<p>The MDHB Occupational Health & Safety Team attempt to make contact with every person who has been involved in work-related injury two weeks after treatment has completed, to confirm that the injury has resolved.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>None.</p>

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	Yes
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	Yes
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	N/A
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

- It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 17.

Comments:

The MDHB has included several rehabilitation/injury management goals/objectives in the five-year health and safety plan.

These include:

- 90% of claim decisions are made within seven days of injury.
- 80% of all work-related injured staff will be able to participate in meaningful return to work programmes.
- 80% of respondents to the injury management satisfaction surveys report satisfaction levels greater than 80%.

Performance against the injury management objectives are reviewed as part of the review of the five-year plan.

The WICM outlines procedures for the review of rehabilitation plans that continue beyond the agreed initial outcome date, and/or for non-progressive rehabilitation.

As indicated in element 16, the MDHB Occupational Health & Safety Team liaise with the contracted Occupational Health Physician to identify whether any changes in strategy for treatment or rehabilitation are needed for long-term claims that do not appear to be resolved within expected timeframes.

Evidence of the use of vocational and medical assessments to assist with the return to work process and reviewing the reasons for ongoing incapacity were sighted on several claim files reviewed for this audit.

The WICM outlines the options available for situations where it appears that an employee who is incapacitated with a work-related injury may not return to work in the preinjury job.

None of the claim files reviewed for this audit required the initiation of the vocational independence process, therefore the requirements of element 17.3.3 has been assessed as N/A.

Claim files reviewed for this audit contained evidence that vocational and medical providers were given information on the background of the work injury and the nature of the workplace to assist in the advice sought on treatment and rehabilitation.

Where external providers were utilised to provide advice, evidence that information forwarded to the providers had been privacy checked was sighted on claim files.

Critical issues: None.

Improvement recommendations:

None.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	N/A
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

Summary of Element 18:

- It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 18.

Comments:

Eight claim files were selected for review for this audit.

WorkAon provided printed copies of claim files for the claim file review.

All claim files reviewed for this audit contained copies of the ACC45 form that initiated the claim file.

Three of claim files reviewed for this audit had cover decision confirmed within 14 days, to cover decisions had extensions applied to allow for WorkAon/MDHB to obtain further information required for cover decision.

The MDHB Occupational Health and Safety team has the role of the Injury Management Advisor and responsibility for undertaking initial needs assessments for injuries that involve incapacity.

The MDHB Occupational Health & Safety Team attempt to make contact with all staff who have lodged a Riskman reportable event that indicates medical treatment may be required to undertake an initial needs assessment.

All claim files reviewed for this audit confirmed attempts to make contact with the injured person to complete an initial needs assessment within two days of injury notification to the MDHB, where the claim file indicated some incapacity.

Where the need for treatment or assistance with return to work was identified, WorkAon and the MDHB referred the injured person to a suitable provider.

Where entitlement needs are identified, such as imaging, physiotherapy and cortisone injections, claim files reviewed for this audit confirmed that these entitlements were confirmed in writing with an entitlement decision letter that included review rights.

All claim files reviewed for this audit contained signed copies of consent forms.

Medical certificates covered most periods of incapacity on the claim files reviewed for this audit.

Two claim files had slight gaps between medical certificates.

Case notes on the claim files confirmed that the MDHB confirmed continuation of entitlements with WorkAon over the gaps between medical certificates.

In one case, the gap between medical certificates occurred because the injured employee was unable to obtain an appointment with the GP to obtain and updated ACC18 certificate for over a week.

Calculation and abatement sheets were sighted on all claim files reviewed for this audit where weekly compensation was paid.

The claims reviewed for this audit had 80% weekly compensation paid after the first week incapacity, therefore element 18.2.9 has been assessed as N/A.

All WorkAon claim files reviewed for this audit contain only information related to that claim.

Two claim files reviewed for this audit required action plans, in both cases, action plans were developed within seven days of injury notification to the MDHB.

None of the claim files reviewed for this audit required subsequent action plans, as cover decisions were made within 14 days of the initial action plan, where there was ongoing incapacity.

Two claim files reviewed for this audit required rehabilitation plans, in both cases the rehabilitation plans were developed within 14 days of cover decision.

Rehabilitation plans outlined responsibilities for monitoring and monitoring timeframes.

The MDHB Occupational Health and Safety Team carries out weekly monitoring of claims that involve ongoing incapacity, evidence of weekly monitoring was sighted on both claim files reviewed for this audit where weekly monitoring was required, weekly monitoring occurred regardless of whether the employee was at work undertaking alternate duties, or unable to work due to the injury.

Evidence of monthly monitoring of ongoing rehabilitation plans were sighted on the file notes of both claim files that required rehabilitation plans exceeding one month.

Two of the claim files reviewed for this audit involved updated rehabilitation plans.

In one case, the second rehabilitation plan was developed approximately a week after the expiration date of the initial rehabilitation plan.

In this case the development of an updated rehabilitation plan was discussed with the injured employee, however it was not possible to meet with the employee prior to the expiry date of initial plan to develop and updated claim.

In the second case, the second rehabilitation plan was developed prior to the expiry date of the initial rehabilitation plan.

Critical issues: None.

Improvement recommendations:

Suggestions for improvement arising from the case file reviews have been included in the recommendations for elements 10 to 17.

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / Union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

- It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 19.

Number of case studies undertaken:

Eight claim files were selected by ACC for review for this audit.

Three of the staff involved in the claims selected by ACC for review were interviewed, two face-to-face and one by telephone.

Positions and interests of those interviewed to support employee's perspective:

Those interviewed to support the employee's perspective of injury management for work-related injuries included the three staff interviewed as part of the case did interviews, employees, Health and Safety Representatives and Union Representatives involved in the employee focus groups.

Positions and interests of those interviewed to support employer's perspective:

Those interviewed to support the employer's perspective of work-related injury management included the members of the MDHB Occupational Health and Safety Team involved in work injury management (Team Leader and Occupational Health Nurses), two Case Managers from WorkAon who are involved in the management of work-related injuries for the MDHB and managers involved in the manager's focus group.

Comments:

All staff interviewed confirmed that their injury was reported in the Riskman system.

One employee indicated that there was a delay between the event that caused their injury and reporting on Riskman as the employee felt the injury was minor, and would resolve.

<p>Reporting occurred once it became apparent to the employee that their injury was not resolving as expected.</p>
<p>Those staff interviewed indicated that their injury was work-related to one-off events that would be difficult to foresee such as walking into an object and slip/trip.</p> <p>Employees confirmed follow-up from their managers as part of the event review process.</p> <p>In one case, involving a fall related to a chair, some steps were taken to ensure that chairs have casters that are appropriate to the surface the chair is being used on.</p>
<p>All employees interviewed indicated they were aware of the claims lodgement process, either from history of previous injuries or communication on the work injury process through the workplace.</p>
<p>All employees confirmed early contact from the Occupational Health and Safety Team following their Riskman report.</p> <p>Staff interviewed confirmed that as part of the initial contact, the Occupational Health and Safety Team enquired whether any assistance was needed, and where assistance was needed arranged treatment if that had not already occurred.</p>
<p>Staff interviewed confirmed ongoing contact from their manager and from the Occupational Health and Safety Team during the course of their injury, and contact several weeks after treatment was completed to confirm whether the treatment had been successful and symptoms of the injury were no longer present.</p>
<p>All staff confirmed the offer of alternative duties as part of the return to work process and all indicated they were very keen to take part in alternate duties.</p> <p>The ability to vary alternate duties if there was a risk of impact on recovery was confirmed.</p> <p>Most staff indicated that the main intervention required was to stop them from undertaking tasks that they probably shouldn't undertake, and that managers, colleagues and the Occupational Health and Safety Team were vigilant and ensuring that staff involved in alternate work were not undertaking unsuitable duties that may have an impact on the recovery.</p>
<p>Employees interviewed indicated they were aware that there was a complaints/disputes process, however were not necessarily aware of the details of that process, but could easily find out should they need to.</p>
<p>Those staff who had rehabilitation plans developed, confirmed their involvement in the development of the rehabilitation plan and discussions with the Occupational Health and Safety Team and the manager in developing a suitable return to work plan.</p>
<p>Staff interviewed confirmed receipt of weekly compensation with no issues, and the offer of reimbursement for any treatment costs or surcharges that the employee had paid as part of the treatment of their work-related injury.</p>
<p>All staff interviewed as part of the case study interviews and those involved in the focus group meetings who had direct experience of the work injury process through the MDHB were very positive regarding how their MDHB supports staff who have suffered a work-related injury in the process in place to assist with recovery and return to work.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>No specific suggestions for improvement arose from the case study interviews.</p>

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how Union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and Union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus groups undertaken:

Three focus groups were undertaken for this audit:

- A management focus group made up of 16 managers from Allied Health and Medical
- Two employee focus groups, involving a total of 30 employees. One employee focus group involved medical employees, the second focus group involved staff from Allied Health.

Positions and interests represented in the employee focus group(s):

Those involved in the employee focus groups included Anaesthetic Technician, Administration Support, Quality Improvement Advisor, Nurses, Occupational Therapists, Community Occupational Therapist, Public Health Nurses Social Workers, Radiation Therapist, Physiotherapists, District Nurses, Health Promotion Advisor, Wheelchair Technician, EMS Advisor, Clinical Coordinator, HR, Geriatrician, Occupational Medicine Specialist, Medical Intervention Officer, Public Health Position, Registrars and Medical Specialists.

Over 10 of the staff who took part in the employee focus groups were Health and Safety Representatives.

In addition to the employee focus groups listed above, the MDHB organised a discussion with three Senior Medical Officers (SMO's) (medical specialists) who are part of the Cancer Screening Treatment and Support cluster.

This discussion focused on health and safety risks to Senior Medical Officers and how those risks are currently mitigated in the MDHB.

Three staff involved in the employee focus groups were representatives of their Unions.

Positions and interests represented in the management focus group:

Those involved in the management focus group included Clinical Coordinators, Team Leaders, Executive Directors, Head Anaesthetic Technician, Associate Director of Allied Health, Manager - Tari Whaikaha, Director of Operations, Service Managers and Operational Leaders.

Comments:

All focus groups highlighted moving and handling of patients and objects, violence to staff from patients and the public, slips and trips and needle sticks/exposure to blood and body fluids as the main hazards facing MDHB staff.

Mitigations of the hazards mentioned above included staff training, availability of manual handling equipment, protocols for follow-up of needle stick and blood and body fluid exposure and strategies to change to some behaviours such as using cell phones and stairs at the same time.

The management focus group referred to the working group on managing violence at MDHB and initiatives such as full-time security in the Emergency Department (ED) and mental health areas as examples of processes to reduce the risk of violence to staff.

Staff focus group indicated that the risk of violence are still high in hotspots around the MDHB, including risk of violence in medical and rehabilitation wards from dementia and other conditions that impact on patient behaviour.

The marked increase in bariatric patients (very large and heavy patients) presenting to the MDHB was seen to increase the moving and handling risk, in general, staff and managers felt that the MDHB was keeping up with equipment to manage bariatric patients.

One area that staff and managers indicated had limited ability to adapt to larger equipment are the operating theatres, which were reported to have very limited space.

SMO's highlighted long distance driving as a risk for medical specialists who are providing services to other DHB such as Taranaki and Hawke's Bay, particularly when combined with full workdays at those locations.

All groups raised workload and stress arising from high workload as one of the main health and safety risks to staff.

The management focus group indicated that there is some work going on to try and recruit staff to alleviate staff shortages and high workloads, and that the MDHB now has a much better visibility of where staffing versus workload is at capacity or overcapacity, which can help with the business case for increased staff funding.

Both employee focus groups were very strongly of the opinion that high workload and low staffing levels would be the biggest hazard to staff and contributes to other hazards such as manual handling, slips and trips and fatigue as well as increasing staff leaving the DHB due to burnout.

A number of areas appears to have processes in place to assist with providing support for psychosocial issues such as dealing with trauma, violence and high stress work areas.

Some of the staff who work in operating theatres felt that there could be advantages in providing proactive support to staff following death in Theatre.

Staff who worked in the community indicated that there were some long-standing issues that had not been resolved in all areas where staff are working alone.

This included insufficient cell phones in some units to allow all staff to take a MDHB cell phone on visits to clients, and lack of formalisation of the escalation process should an employee not return to the unit when expected after a visit in the community.

The manager's focus group indicated that strategies for better managing safety of staff in the community were underway.

Systems available for staff to raise hazards at the MDHB were discussed in both focus groups.

The processes reported were: use of Riskman, BEIMS reports, verbal reporting to a manager and reporting to a Health and Safety Representative or Union Representative.

The employee focus groups were divided on the effectiveness of some of these methods for reporting hazards, the main theme that arose from discussions with the employee focus groups was that the effectiveness of the follow-up to report hazards depended very much on the unit manager, as the MDHB would not always have visibility of unit specific hazards raised by staff in their areas.

Staff appeared to have low expectations of the BEIMS system indicating very little feedback on why a BEIMS request has not been actioned.

All areas appear to have elected Health and Safety Representatives and Safety Committees.

Staff focus groups indicated that the effectiveness of Safety Committees varied across the MDHB, with some Safety Committees being very active and making changes to the workplace such as better utilisation of space, reorganisation of storage areas and improvements in housekeeping, other Safety Committees do not appear to be effectively used to review ongoing hazards.

(See recommendation regarding an escalation process for Safety Committees in element 6.2.1).

Accident and incident reporting requirements through Riskman appear to be well understood.

While it was reported that all staff should know about the reporting requirements, focus groups indicated some variation in the culture of reporting across the organisation.

Some medical staff involved in the employee focus groups indicated there is a very low rate of reporting from medical staff.

Some staff indicated that the time required for incident reporting does act as a barrier to reporting, particularly if multiple events occur over a short period of time, such as some incidents of violence/abuse.

<p>Some areas in Allied Health indicated that abuse to staff from clients was normalised in some areas, and therefore not reported.</p>
<p>Managers confirmed the requirement to review reported incidents to their staff, and regular reminders from the Riskman system if reviews were overdue.</p>
<p>The process for managing work-related injuries appear to be reasonably well understood amongst all focus group participants.</p> <p>All staff and managers confirmed early contact from the Occupation Health and Safety Team following a reported incident, and offer of support and assistance in dealing with the consequences of an incident, such as treatment, assistance with transport and provision of alternative duties.</p> <p>The work-related injury management process appears to have a very good reputation amongst MDHB staff and managers</p> <p>Staff indicated they were very confident that the MDHB does look after staff following both work and non-work related injury.</p>
<p>All focus groups indicated there was a process to follow if a staff member was unhappy with how their work injury as being managed, or unhappy with a cover/entitlement decision.</p> <p>While not all staff could identify where to go if they had a complaint/concern regarding work-related injury management, all staff and managers indicated that it would be very easy to find out in the MDHB.</p>
<p>Managers indicated that in most cases, alternative duties could be offered to a person unable to undertake their normal role due to work-related injury, however there were some exceptions depending on the person's work area and the injured person's skills in carrying out duties other than those that they are employed for.</p>
<p>All staff and managers indicated that they were very confident that personal medical information collected for the purposes of managing a work-related injury would be securely stored and access controlled to only those who are directly involved in the work injury management process.</p>
<p>Emergency procedures at the MDHB appear to be well understood, staff and managers confirmed regular training in medical areas on the response process for fire and evacuation, and warden training.</p> <p>Managers confirmed training in areas such as CIMS for managing major events.</p>
<p>Overall, all focus groups indicated that they felt the MDHB was moving in the right direction for better managing health and safety risks to MDHB staff.</p> <p>While managers indicated that strategies for managing violence and workload were underway, the employee focus groups indicated that the MDHB still has some way to go in managing those specific risks to staff.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>Suggestions for improvement that arose from the focus group meetings included:</p> <ul style="list-style-type: none"> • Ensure that strategies for managing risks such as violence, the escalation process that should be followed if staff working in community do not return when expected and improving staffing levels are well communicated to staff who are exposed to those risks. • Review whether risks associated with driving should be included in the organisational risk register. • Consider including medical staff in some form of refresher training on moving and handling patients, use of the incident reporting systems and de-escalation of behavioural issues.

- Ensure access to processes available for staff support are reinforced following events such as death in theatre.



Accredited Employer Programme Audit Report



MidCentral District Health
Board
August 2020

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

Name of business:	MidCentral District Health Board
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Date(s) of audit:	24 – 26 August 2020
Audit completion date:	26 August 2020
Location(s) of audit:	Palmerston North Hospital, Primary site: Breast Screen Aotearoa
Summary of workplace information:	
<p>The MidCentral District Health Board (MDHB) provides public health services across the Manawatu Region.</p> <p>Most of the 2800 staff employed by the MDHB operate out of Palmerston North Hospital, some services are located offsite from Palmerston North Hospital, including Enable NZ, Breast Screening Services and the Horowhenua Health Centre.</p> <p>Many of the staff at the MDHB are members by one of the Unions that represent DHB staff including the PSA, NZNO, RDA, First Union, ASMS, APEX and MERAS Unions.</p> <p>Health & safety at the MDHB is overseen by the Occupational Health and Safety Team, which is part of the People and Culture Group within the DHB.</p> <p>The MDHB Occupational Health and Safety Team includes:</p> <ul style="list-style-type: none">• A Team Leader (This role is shared with one of the Occupational Health positions),• A Health and Safety Adviser,• A Physiotherapist,• Occupational Health Nurse• An Administrator.• An Occupational Physician (contracted to the MDHB one day every fortnight). <p>In addition to the Occupational Health and Safety Team, some DHB health and safety functions are also overseen by:</p> <ul style="list-style-type: none">• A Principal Risk and Resilience Officer, who oversees high-level DHB emergency plans overseas the organisational and enterprise risks.• A Quality Improvement and Assurance Manager whose role includes oversight of the incident reporting systems.• The Enterprise Program Management Office which includes a Director of Enterprise Project Management, who is introducing formalised project management systems across the DHB, which include a risk assessment component.• Facilities Maintenance, this group overseas the main contractors who provide facilities maintenance services to the MDHB, including coordinating warden training and trials of the emergency evacuation procedures. <p>The MDHB safety management systems are made up of a series of policies and procedures which can be accessed on the MDHB intranet.</p> <p>Covid-19 has had a major impact on a number of the health and safety initiatives that were plan by the MDHB for the last 12 months, such as the annual health and safety representatives' forum (planned</p>	

for June 2020), roll-out of an updated hazard management process and some training initiatives such as ongoing health and safety representative training.

Some health and safety initiatives that have progressed over the last 12 months include:

- Development of a violence prevention strategy.
- Formalisation of an employee participation agreement signed off by all Unions that represent staff at the MDHB.
- Initiation of a psychosocial harm prevention strategy.
- A major mask fit testing programme for DHB staff that was occurring time of the audit.

Some of the main hazards to staff at the MDHB include violence from patients and members of the public, slips and trips and manual handling/patient handling.

The majority of injuries at the MDHB are related to one of these three hazards.

The MDHB reports a decline in reported injuries over the past 12 months.

The MDHB reported that one injury involving slip/trip was reported to WorkSafe as a notifiable injury, however WorkSafe did not consider the injury to meet the criteria of a notifiable injury.

The site selected for this audit was Breast Screening Aotearoa in Amesbury Street, Palmerston North.

The breast screening service employs just over 20 staff and provides breast screening services including mammography and biopsy through its sites in Palmerston North and Whanganui and with the mobile breast screening Unit which operates throughout the middle of the North Island.

Hazards to staff in the breast screening Unit include manual handling, driving and exposure to the risk of infection.

WorkAon assists the MDHB with the management of work-related injuries. Non-work injuries to MDHB staff are managed through ACC.

A Palmerston North based WorkAon Case Manager works with the MDHB Occupational Health and Safety team to manage the treatment and recovery of MDHB staff who have suffered a work-related injury.

WorkAon have provided the MDHB with an injury management manual that outlines the processes for managing work-related injuries to MDHB staff.

Despite the impact of Covid-19 in 2020, the auditor noted substantial progress in a number of areas over the past 12 months including:

- Update of the contractor safety management processes to provide a better framework for managing contract related health and safety risks.
- Working with Units across the DHB to update and improve hazard registers in each Unit.
- Increasing the effectiveness of health and safety committees across the DHB.
- Developing improved measures for effectiveness of risk controls.

The MDHB continues to provide a high level of case management and monitoring for staff who suffer a work-related injury requiring medical treatment and rehabilitation.

Key recommendations for improvement arising from this audit are:

- The MDHB consider a process for tracking corrective actions for hazard controls identified through hazard reporting and incident investigation, to help provide oversight of the implementation of those hazard controls.
- As training/competency is one of the key controls for a number of hazards faced by staff including violence, patient handling and working with hazardous substances, it is recommended that the MDHB consider mechanisms for oversight and monitoring of Unit-based training, to help verify that staff who are exposed to health and safety risks are adequately trained in working with those risks.
- The contractor safety management processes are implemented across **all** contractors who provide services to the DHB that may introduce health and safety risks to the DHB.
- Responsibilities for all aspects of the DHB emergency management processes are clearly defined and performance against those responsibilities is monitored.

“On balance” was applied to several primary elements in this audit, mainly due to the impact of Covid-19 on resourcing and staff availability.

Primary level is recommended following this audit.

AEP current status

<input type="checkbox"/> Is this an initial audit? (tick as appropriate)	<input checked="" type="checkbox"/> Is this a renewal audit? (tick as appropriate)
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Recommendation to ACC

Based on the audit I recommend that this business:


has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary Secondary Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

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Company name:	HSS Ltd		
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Auditor signature:			
Date:	1 September 2020		

Summary of results

<i>Safety management practices</i>	<i>Level demonstrated</i>
1. Employer commitment to safety management practices	Secondary
2. Planning, review and evaluation	Primary
3. Hazard identification, risk assessment and management	Secondary
4. Information, training and supervision	Primary
5. Incident and injury reporting, recording and investigation	Primary
6. Employee participation in health and safety management	Tertiary
7. Emergency planning and readiness	Primary
8. Ensuring the health and safety of employees and others in the workplace	Primary
9. Workplace observation	Primary
<i>Injury management practices</i>	
10. Cover decisions	Primary
11. Entitlements	Secondary
12. File management	Primary
13. Administration and reporting	Primary
14. Complaint and review management	Primary
15. Development of rehabilitation policies, procedures and responsibilities	Tertiary
16. Assessment, planning and implementation of rehabilitation	Tertiary
17. Rehabilitation outcomes, return to work and follow-up procedures	Tertiary
18. File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19. Case study interviews	Primary
20. Focus group interviews; confirmation of safe systems and injury management in action	Primary
20. Number of focus groups	3

Note:

- Primary level is the maximum level that can be achieved for Elements 9, 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

SAFETY MANAGEMENT PRACTICES REQUIREMENTS

Employers will have **established** occupational health and safety systems functioning **actively** in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation

Element 1 - Employer commitment to safety management practices

(AS/NZ 4801:2001 Sections 4.2,4.4 and 4.6)

Objective The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety.	The policy or statement includes:	Yes
	1. management commitment to health and safety	
	2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SoPs)	Yes
	3. individual responsibilities for work health and safety	Yes
	4. a requirement to accurately report, record and follow up all health and safety events	Yes
	5. a commitment to consult with employees, health and safety representatives* and, where applicable, unions regarding matters relating to work health and safety	Yes
	6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months	Yes
	7. appropriate signature/authorisation, position and date	Yes
2. There is an understanding of health and safety management in the workplace.	8. a statement of commitment to continuous improvement in health and safety.	Yes
	1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers).	Yes
	2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role.	Yes
3. The employer actively supports health and safety.	3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.	No
	1. Evidence that excellence and/or innovation in health and safety are recognised.	Yes

Summary of Element 1:

- It is recommended that this employer has successfully met the requirements of Element 1 at the following performance standard:
 - Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 1.

Comments:

The MDHB health and safety policy was updated immediately prior to this audit, and includes detailed information on health and safety expectations, responsibilities and outline some of the MDHB health and safety processes.

The policy meets the key requirements of element 1.1.

Health and safety responsibilities are detailed in the health and safety policy and position descriptions.

Over the last 2 years, the MDHB has been introducing health and safety related key performance indicators into the performance appraisal process.

Health and safety performance indicators are embedded in the senior leadership team and tier two manager individual key performance indicators, and evidence of this was sighted in the performance appraisals for some senior managers.

The MDHB is now negotiating health and safety performance indicators for nursing and medical tier 3 managers, these have not yet been implemented at the time of the audit, therefore the tertiary requirements of element 1.2.3 have been assessed as not achieved for this audit.

The MDHB safety and well-being awards are now in their second year, and evidence of the award process in action was sighted at the time of the audit.

Critical issues: None.

Improvement recommendations:

- 1.2.3 To help verify the subjective narrative that is sometimes used in the health and safety portion of manager’s performance appraisals, consider including several measurable health and safety-related key performance indicators for managers, that relate to focus areas for the DHB, for example:
- Manager involvement in the six monthly workplace inspection.
 - Reported incidents reviewed within expected timeframes
 - Manager involvement in the safety committee process.
 - Staff competencies current in the manager’s area.

Element 2 - Planning, review and evaluation

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practices (CoP), standards and specialist information relevant to the work that is done.	1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included.	No
	2. Procedure/s are in place to ensure compliance or conformance with relevant requirements.	Yes
	3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes.	Yes
2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*.	1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed.	Yes
	2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months.	Yes
	3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> • a notifiable event • changes in work procedures • changes in health and safety policies and procedures. 	No
3. Health and safety objectives are set that are: <ul style="list-style-type: none"> • appropriate to the size and type of business or undertaking • relevant to each level within the business or undertaking • related to identified hazards* and risks*. 	1. Evidence of health and safety objectives and plans to achieve these.	Yes
	2. Procedure/s to review and update or reset health and safety objectives at least every 12 months.	Yes
	3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure.	Yes

Details of requirements	Verified by	Achieved Yes/No
	4. Evidence that senior management and employees, or employee or union representatives, have been included in the review and setting of objectives.	Yes
4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, union, and other nominated employee representatives. NB: May be immediately prior to initial audit	1. Self-assessment procedure/s.	Yes
	2. Evidence of self-assessments conducted in accordance with the procedure/s.	Yes
5. There is a system in place to control health and safety-related documents and information.	1. A document control system (paper-based or electronic).	Yes
	2. Evidence of current versions of documents in use.	No

Summary of Element 2:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 2 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 2.
Comments: <p>This the MDHB accesses a range of resources to monitor legislative changes and review compliance with those changes.</p> <p>This includes information from the MDHB external legal advisor, monitoring of the WorkSafe website, membership of Standards New Zealand and membership of organisations such as The New Zealand Institute of Safety Management.</p> <p>While there was extensive evidence presented to verify that the MDHB monitors changes to legislative requirements and responds to these, there was no evidence of an overall procedure that outlines how the MDHB identifies relevant health and safety legislation, codes of practice, standards and guidelines that apply to the organisation and monitor these for changes.</p> <p>See recommendation for element 2.1.1 below.</p> <p>The General Manager People and Culture develops a quarterly report that outlines the health and safety performance of the organisation across a range of metrics.</p> <p>This report is also provided to the Safety Leadership Group.</p> <p>The MDHB does not appear to have a procedure that prompts review of health and safety management following notifiable events, changes in work procedures and changes in health and safety policies/procedures, therefore the tertiary requirements of element 2.2.3 have been assessed as not achieved.</p>

MDHB health and safety objectives are outlined in the health and safety strategy. Performance against health and safety strategy was last reviewed in June 2020. The 2019 health and safety forum included consultation on progress against the health and safety strategy performance indicators. Unfortunately the 2020 forum was postponed due to the DHB's Covid-19 response.

A prompt to carry out a self-assessment against the AEP audit standards utilising employee involvement has been added to the updated health and safety policy.

The self-assessment that the MCDHB normally carries out in March/April was impacted through the response to Covid-19.

MCDHB reported that an assessment using the Safe-365 self-assessment tool was trialed this year to determine whether the tool would suit the DHB, and this was presented as the self-assessment.

The Safe365 assessment process as conducted by the DHB did not appear to include involvement of employee representatives.

Employee Safety Representatives are involved in the 6 monthly workplace inspections that cover most of the evidence areas that a self-assessment against the primary level.

On balance has been applied to the primary level element 2.4.2 in this instance, however this is an area that the MDHB will need to focus on to ensure continued conformance with this primary level requirement.

See recommendation for element 2.4.2 below.

The MDHB has a document control process for core health and safety documents, it was noted that some health and safety processes, such as the emergency procedures for the Palmerston North Hospital (spill procedures, fire procedures etc.) do not appear to come under the document control processes, making it difficult to identify the most recent version of these procedures.

As there appears to be inconsistent use of the document control processes for these processes, element 2.5.2 has been assessed as not achieved for this audit.

Critical issues: None.

Improvement recommendations:

2.1.1 To meet the secondary requirements of this element, the MDHB should develop procedures that outline how the organisation identifies health and safety legislation, regulations, safe work instruments, codes of practice and standards that apply to the organisation, and how the DHB monitors these to ensure conformance.

For example, this process could be included in the functions of the Leadership Safety Committee, where changes to health and safety legislation, codes of practice, guidelines and safe work instruments are present to the committee to identify which are relevant to the MDHB, and any steps needed to maintain compliance with changes to relevant legislation, codes of practice, guidelines etc.

2.2.2 It is recommended that the MDHB review the metrics reported as part of the monitoring of health and safety performance across the DHB (Health and Safety Dashboard), to focus on indicators that provide information on the *effectiveness* of the health and safety processes monitored.

For example:

- Measures of employee participation could include percentage attendance at meetings,
- Measures of emergency preparedness could include information on percentage of trained wardens in place and percentage of trials of emergency procedures completed within expected timeframes.

	<ul style="list-style-type: none"> • Measures of incident investigation could include percentage of staff incidents reviewed within expected timeframes. • Measures of hazard control could include number of unresolved corrective actions identified through the six monthly workplace inspections (based on corrective actions identified in the previous workplace inspection).
2.2.3	To meet the Tertiary requirements of this element, the MDHB should develop procedures that prompt review of health and safety management following notifiable events, changes in work procedures and changes in health and safety policies/procedures.
2.3.4	Consider providing periodic updates on performance against the health and safety strategy to the Safety Leadership Group, to help provide the employee perspective of progress against the objectives.
2.4.2	<p>The MDHB needs to update the process for self-assessment against the AEP audit standards to ensure this includes an assessment of the DHB's performance against at least the primary level requirements of the AEP audit standard, and that employee representatives are involved in the review.</p> <p>There may be some scope in reviewing the 6 monthly assessment carried out in Units to ensure this covers the evidence requirements of the AEP audit standard.</p>
2.5.2	Ensure that all core health and safety policies, procedures, documents and forms are managed through the MDHB document control process, to help identify the most current version of a process and to prompt periodic reviews of those processes.

Element 3 - Hazard identification, risk assessment and management

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace.	1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working.	Yes
	2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. 	Yes
	3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action.	Yes
	4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace.	No
2. There are procedures to assess the risks associated with the identified hazards.	1. Procedures that explain when and how to assess risk associated with identified hazards.	Yes
	2. Evidence that assessments of risks have been completed.	Yes
	3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others).	Yes
	4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. 	No

Details of requirements	Verified by	Achieved Yes/No
<p>3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).</p>	<p>1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be:</p> <p>a. Eliminated and, if elimination is not reasonably practicable*, then:</p> <p>b. Minimised by:</p> <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. 	Yes
	<p>2. Procedure/s to support the appropriate use of specialist advice (where applicable).</p>	Yes
	<p>3. Reference information is readily accessible to those who need it.</p>	Yes
	<p>4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).</p>	Yes
	<p>5. Details of appropriate risk controls developed for hazards that have health and safety risks.</p>	Yes
	<p>6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.</p>	Yes
	<p>7. Evidence that hazard and risk controls have been communicated to relevant people.</p>	Yes
<p>4. There is a system in place to review the risk controls of the identified hazards.</p>	<p>1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.</p>	Yes
	<p>2. Responsibilities assigned to ensure reviews have been undertaken and signed off.</p>	Yes
<p>5. Occupational health monitoring* is managed.</p>	<p>1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.)</p>	Yes
	<p>2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring.</p>	Yes
	<p>3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable).</p>	N/A
	<p>4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken).</p>	N/A

Details of requirements	Verified by	Achieved Yes/No
	5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs.	Yes
	6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system.	Yes
	7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	Yes
	8. Evidence that pre-employment health screening assessment have been completed (where applicable).	Yes

Summary of Element 3:

It is recommended that this employer has successfully met the requirements of Element 3 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 3.

Comments:

Processes for the identification, assessment and control of health and safety hazards are outlined in the 'Risk Management Policy' and a 'Hazard Identification and Management' process.

Each Unit maintains its own hazard register.

The MDHB health and safety Unit has developed several guides for Units to manage the hazard registers.

The MDHB Principle Risk and Resilience Officer maintains an enterprise risk register, this includes occupational health and safety risks across the organisation.

Management of risk associated with changes in equipment and projects are identified through mechanisms such as the Product Evaluation Committee and the project risk management framework.

While DHB provided evidence of hazard identification associated with new equipment and projects, the auditor could not identify for mechanism for identifying hazards and mitigating associated with changes to work processes at the planning/implementation stage.

Some work method changes that had occurred in the past year were discussed during the audit and focus group meetings, the MDHB could not provide evidence of risk assessment associated with those changes.

This reason, the tertiary requirements of element 3.1.4 and 3.2.4 have been assessed as not achieved.

It was noted that information on progress on mitigating identified health and safety issues identified within a Unit appeared to remain within the Unit, and it was difficult to identify a mechanism that provides the MDHB with organisational oversight of situations where health and safety risks have been identified and not adequately mitigated.

For example, several situations where significant health and safety risks had been identified, and not mitigated for extended periods of time were noted during this audit. There did not appear to be organisational oversight that monitored the progress of mitigating the identified risks.

It was noted that the safety committee structure is starting to be utilised to monitor progress for identified hazards.

See recommendation for element 3.3.4.

Each Unit is expected to carry out a six monthly workplace inspection to monitor risk controls in the area.

Evidence of this process in action was sighted for the location reviewed for the audit.

The MDHB “Health and Environmental Monitoring Procedure (Non-Infectious Hazards)” outlines processes for identifying and monitoring occupational health risks that staff may be exposed to while working at the MDHB.

At the time of this audit, the MDHB reported that there are no identified occupational health risks that require ongoing health monitoring.

The MDHB continues to include a health evaluation in the recruitment process for new staff.

Critical issues: None.

Improvement recommendations:

3.1.2 To supplement the existing processes to identify and manage hazards for new clinical equipment and projects that have been introduced into the DHB, it is recommended that the MDHB consider a change management process that can be used to prompt hazard identification, risk assessment and mitigation of risks as part of the implementation of work process changes or work method modifications.

3.2.3 Consider linking Unit hazard registers to the enterprise risk register to help provide a standardised framework for risk management at a Unit level, and to allow Unit hazard registers to feed information to the appropriate enterprise risks in relation to the effectiveness of risk controls within each Unit.

3.3.4 It is recommended that the DHB consider introducing a corrective action tracking mechanism that provides organisational oversight to identified health and safety risks at a Unit level that have not been adequately mitigated.
If the safety committees continue to be used to monitor implementation of controls for identified health and safety risks at a Unit level, it is recommended that the committee structure includes an escalation process to elevate where appropriate controls have not been introduced for identified hazards within an acceptable timeframe.

3.4.1 It is recommended that the six monthly workplace inspection/assessment includes verification of specific hazard controls for the hazards outlined in the Unit hazard register.
This may help provide the MDHB with wider information on hazard control effectiveness.

Element 4 - Information, training and supervision

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none"> • emergency procedures • hazard and incident reporting • how risk assessments are undertaken • work hazards and risks • health and safety responsibilities of employer, employees and, where applicable, any other relevant parties • employee or worker* participation and representation processes • information about health and safety meetings • injury management and return to work processes • use and care of general health and safety equipment, including PPE. 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work.	1. Evidence that training needs for specific roles, tasks, or areas of work have been identified.	Yes
3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding.	1. Evidence that task-related training has occurred.	Yes
	2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable).	Yes
	3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable).	Yes
	4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. 	Yes
4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks.	1. Records of training and/or skills and experience for people leading hazard identification and risk assessments.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months.	Yes
5. There is access to trainers with the relevant skills, experience or qualifications.	1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used).	Yes
	2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used).	Yes
	3. Records of trainers' skills, experience or qualifications.	Yes
6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff.	1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented.	Yes
	2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable).	Yes
7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management.	1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities.	Yes
	2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months.	No
8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions.	1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months.	No
9. The designated employees or wardens for each work area	1. Training records (or similar) for people with specific roles in emergency situations.	Yes

Details of requirements	Verified by	Achieved Yes/No
are trained to respond to emergency situations.	2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months.	No
	3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1).	Yes

Summary of Element 4:

It is recommended that this employer has successfully met the requirements of Element 4 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 4.

Comments:

MDHB has an organisational staff induction, online training modules and Department specific inductions that introduce new and transferred staff into the health and safety processes used by the MDHB in the Unit that new staff member will be working in.

Many Units have developed their own comprehensive induction programs that outline the Units induction requirements and verification of induction completion.

Units keep their own records of completion of Unit specific induction.

Some occupations within the MDHB have core skills which competencies which must be met and periodically renewed by staff in those occupations, for example nurses and radiographers.

Many Units also have specific competency requirements which are tracked by those Units.

Units with specialised PPE, for example radiation shielding equipment at the Breast Screening Clinic, carry out their own training in the use of this equipment.

The MDHB Occupational Health and Safety Unit has carried out extensive training in hazard management and the use of hazard registers across the organisation over the past 24 months.

The MDHB online learning management system tracks expiry dates for training that requires renewal, however does not yet provide automated reminders of training that requires renewal/refresher training.

Managers spoken to during this audit verified that training is monitored by both the employee and manager to identify training that requires renewal.

Evidence of health and safety representative training over the past 12 months was sighted at the time of the audit, some health and safety representative training courses were postponed due to Covid-19. While some Units have funded health and safety representative training through other external courses, there was not evidence that health and safety representatives consistently receive refresher training at least every 24 months, therefore the tertiary requirements of element 4.7.2 have been assessed as not achieved.

The MDHB include some health and safety training with the injury management training delivered to managers in 2019.

The MDHB Board received some health and safety training in 2019.

It was reported that a health and safety training session for senior managers is planned in November 2020.

Evidence of warden training every 24 months was sighted at the time of this audit.

Warden training is managed by the principal facilities maintenance contractor at MDHB.
Many staff receive annual fire refresher training as part of the in-service training, however it was noted that this training is focused on the hospital fire response procedures and may not cover processes used in locations outside the hospital, such as the Breast Screening Clinic.

A number of staff and managers across the MDHB take part in Coordinated Incident Management (CIMS) training.

Critical issues: None.

Improvement recommendations:

4.1.2 It is recommended that the MDHB consider how Unit specific induction, training and competency assessment can be tracked by the MDHB learning management system to provide oversight of completion of Unit specific training and competency assessment across the organisation.

4.9.2 To meet the secondary requirements of element 4.9.2, the MDHB will need to consider how wardens can receive annual refresher training for their role.

Element 5 - Incident and injury reporting, recording and investigation

(AS/NZ 4801:2001 Sections 4.4 and 4.5)

Objective The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all "near miss" or "near hit" events that might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties.	1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). 	Yes
	2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable).	Yes
	3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable).	Yes
2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace.	1. Procedure/s that explain how incidents will be investigated.	Yes
	2. Evidence of completed investigations of reported and/or recorded events (where applicable).	Yes
3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation.	1. Procedure/s that explain how corrective actions are identified, managed and implemented.	Yes
	2. Procedure/s include feedback into hazard and/or risk management.	Yes
	3. Evidence that affected employees are advised of any corrective actions (where applicable).	No
	4. Evidence that corrective actions have been implemented (where applicable).	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable).	Yes
4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.	1. Procedure/s for the collation of all incident data for analysis and review.	No
	2. Evidence of an annual review of collated data to identify trends.	Yes
	3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees.	Yes
	4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results).	Yes
	5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable).	Yes
5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.	1. Early intervention procedures include: <ul style="list-style-type: none"> • responsibilities of employee, union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to union and other nominated employee representation. 	Yes
	2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable).	Yes
	3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes

Summary of Element 5:

- It is recommended that this employer has successfully met the requirements of Element 5 at the following performance standard:
 - Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 5.

Comments:

The MDHB uses the online system Riskman to record and analyse incidents and accidents to staff. MDHB reported that it is in the process of finding a replacement for Riskman which is no longer supported by the software vendor.

Processes for the reporting and investigation of injuries and incidents are outlined in the MDHB Adverse Events Policy.

Evidence of the reporting process in use was sighted at the time of the audit.
 It was noted that a number of reported incidents do not receive a formal review, or accident investigation, prior to being closed out, and that some of the reviews that do occur, focus on treatment of the employees injury, rather than identifying causation of the injury and any remedial actions that can be taken to reduce the likelihood of a recurrence.
 More serious events may have an action plan developed to identify and implement corrective actions to minimise the chance of recurrence, however the Riskman process does not provide verification that an action plan has been implemented prior to closing out an event.

As approximately 50% of incidents sampled did not have evidence that corrective actions have been identified or implemented, the tertiary requirements of element 5.3.4 have been assessed as not achieved.

The Riskman process does not have a mechanism for advising affected employees of the outcome of corrective actions.
 The MDHB has recently started to utilise safety committees to monitor reported incidents and any investigations and remedial actions that arise from those incidents.
 Feedback from the employee focus group indicated that there are still inconsistency in providing the effected employee who has reported an incident or hazard of feedback regarding the outcome of the report.
 For this reason, the secondary requirements of element 5.3.3 have been assessed as not achieved.

While there was evidence of extensive reporting of incident data to the senior leadership team and safety committees, the MDHB does not appear to have a process that outlines the requirements/processes for the collation and analysis of incident data.
 This reason, the secondary requirements of element 5.4.1 have been assessed as not achieved.

An example of a proactive injury prevention initiative that was implemented prior to the Covid-19 epidemic was the rollout of hand hygiene information.

A number of other injury prevention initiatives were noted during the audit including the development of strategies for violence prevention, psychosocial harm prevention and a midwinter action plan to cope with staff shortages over the busy period.

The MDHB has developed an early intervention procedure for responding to reported incidents of pain/discomfort.
 Evidence of this process in use was sighted at the time of the audit, the process includes facilitated access to up to 3 physiotherapy treatments for reported pain/discomfort.
 Some information on reporting really discomfort is available on the MDHB intranet, the program has not been formally launched until a resource is available on the MDHB online learning platform.

Critical issues: None.

Improvement recommendations:

5.3.1 It is recommended that the process for monitoring reported incidents, reviewing the outcome of incident investigations and tracking the implementation of corrective actions that arise from incident investigations by the safety committee is formalised in the safety committee process

5.3.4 As indicated above, it was noted that a number of incident reports are closed out without an incident investigation/review recorded in the Riskman system. Although the Quality Department provides reminders to managers to review/investigate incidents, this does not appear to be effective in initiating adequate accident investigations.

It is recommended that the MDHB consider how the incident investigation process can be improved, for example this could include a review of the incident investigation by another manager or employee safety representative prior to an incident being able to be closed out.

5.4.1 It is recommended that the MDHB develop a process that outlines the minimum requirements for:

- How the MDHB collates and analyses accident/incident data,
- How often that analysis should occur, and
- How information on incident data is communicated across the organisation.

Element 6 - Employee participation in health and safety management

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace* practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is an agreed employee participation system in place that explains how employees, unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters.	1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues.	Yes
	2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. 	Yes
	3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months.	Yes
2. Confirmation of employee participation systems.	1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications).	Yes
	2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives.	Yes

Summary of Element 6:

- It is recommended that this employer has successfully met the requirements of Element 6 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 6.

Comments:

The MDHB signed an employee participation agreement with the unions who represent MDHB staff in 2019.

The employee participation agreement outlines the systems for employee safety representatives and safety committees, training available for employee safety representatives and the role of the employee safety representative.

The MDHB reports that the safety committee structure has been aligned with the organisational structure of 'Clusters'.

A Health and Safety Leadership Group is made up of representatives from the cluster safety committees and managers.

Evidence of the safety committee meetings was sighted at the time of the audit.

In addition to the safety committee and Safety Leadership Groups, the MDHB also holds a series of Bipartite Action Group (BAG) meetings with union representatives which can also cover health and safety issues.

Ongoing evidence of consultation with unions and employee representatives on the health and safety strategy, health and safety policies and procedures was sighted during the audit.

The MDHB is in the process of updating the safety committee agenda process to formalise safety committee involvement in areas such as tracking reported incidents and corrective actions in reported hazards.

Critical issues: None.

Improvement recommendations:

- 6.2.2 Consider introducing an escalation process into the safety committees where items that have not been resolved within an acceptable time period are escalated to the Safety Leadership Committee, and a similar process from the safety leadership committee to the senior management team

Element 7 - Emergency planning and readiness

(AS/NZ 4801:2001 Section 4.4)

Objective The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done.	Yes
	2. Evidence that emergency service requirements have been considered.	Yes
2. Emergency instructions are readily accessible at all worksites or work areas.	1. Evidence that emergency instructions are communicated to all employees and other relevant parties.	Yes
	2. Emergency responders* or other designated employees are known to staff.	Yes
3. Emergency procedures are tested at regular intervals – of no greater than six months apart.	1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees.	Yes
	2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees.	Yes
4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s).	1. Evidence of post-emergency response review.	No
	2. Evidence of updated procedures and plans (where applicable).	Yes
5. First aid resources are available.	1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed.	Yes
	2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies.	Yes
6. Emergency equipment is available.	1. Evidence that the need for emergency equipment for identified emergencies has been assessed.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals.	Yes

Summary of Element 7:

It is recommended that this employer has successfully met the requirements of Element 7 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 7.

Comments:

MDHB has a series of high-level emergency response plans for events such as regional emergencies, pandemics and national emergencies which are managed by the Principal Risk and Resilience Officer. The MDHB also has a series of hospital emergency response procedures for events such as fire, bomb threat and hazardous substances spills.

The MDHB has recently formalised a lockdown process for the hospital.

The MDHB were unable to provide evidence of current approved evacuation schemes for buildings occupied by the MDHB.

Evidence of a tactical plan for hospital emergency developed by Fire and Emergency New Zealand (FENZ) in consultation with the MDHB was sighted at the time of the audit.

On balance has been applied to element 7.1.2.

An emergency flip chart produced by the MDHB and on display throughout the facilities summarises the response procedures to foreseeable emergencies.

It was reported that the flipchart is soon to be updated to include details of the lockdown procedures.

The sites selected for this audit, the Breast Screening Clinic in Amesbury Street Palmerston North is located several kilometres from Palmerston North hospital.

This site had evidence of only one trial evacuation, which occurred in October 2019.

Although there was anecdotal evidence of previous trial evacuations prior to 2019, there were no records of these evacuations or evaluation of trial evacuation outcomes.

The MDHB reported that there is an expectation that the current facilities maintenance contractor manages trial evacuations for the MDHB, however there appears to have been a misunderstanding regarding responsibilities for trial evacuations for locations used by MDHB outside of the main hospital building.

The MDHB provided evidence that the principal facilities maintenance contractor had identified a gap in trial evacuations for some buildings occupied by MDHB staff that are external to Palmerston North hospital in 2019, and that a trial evacuation was held at the Breast Screening Clinic in October 2019.

A follow-up trial evacuation was planned for April 2020, however this was postponed to October 2020 due to Covid-19.

On balance has been applied to element 7.3.1 in this instance as the MDHB appears to have identified a gap in the trial evacuation process and taken steps to rectify this, however some of those steps were impacted by Covid-19.

The MDHB was involved in a trial of regional emergency response procedures in 2019.

The secondary criteria of element 7.4.1 has been assessed as not achieved for the site selected for this audit due to the lack of trial evacuations over the past several years and absence of evidence that there has been a consultative review of emergency response procedures following trial evacuations.

The MDHB First Aid Policy outlines requirements for trained first aiders and first aid equipment, based on availability of clinical resources in each location.

Emergency equipment including civil defence equipment and pandemic response equipment is periodically checked.

Critical issues: None.

Improvement recommendations:

7.1.1 Responsibilities for development and maintenance of different aspects of the DHB emergency planning and emergency response procedures appear to be split between several groups including the Principal Risk and Resilience Officer, Facilities Management and the main Facilities Management Contractor.

It is recommended that the MDHB review all aspects of the MDHB emergency preparedness and response procedures and ensure there are clear defined responsibilities for developing and maintaining each component of those procedures. This includes responsibility for maintaining emergency procedures for off-site facilities such as the various clinics operated by the MDHB across the Manawatu region.

7.1.2 It is recommended that the MDHB verify that approved evacuation schemes are in place for the facilities occupied by the MDHB, and that responsibility for maintaining evacuation schemes are clearly defined (Evacuation schemes should be updated when building layouts are changed).

7.3.1 It is recommended that the MDHB consider introducing a process to monitor that trial evacuations and trials of emergency procedures such as duress alarms and lone worker monitoring processes are occurring as expected.

(There is a facility on some six monthly workplace inspections to verify the date of the last trial evacuation, however this is not consistently used).

Element 8 – Ensuring the health and safety of employees and others in the workplace

(AS/NZ 4801:2001 Section 4.4)

Objective The employer can demonstrate, so far as is reasonable practicable, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*.	1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s.	Yes
	2. Evidence of PCBU/s consultation and communication (where applicable).	Yes
2. A system is in place to induct another PCBU's workers or other people.	1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls.	Yes
	2. A designated person/s to co-ordinate health and safety induction for other workers.	Yes
	3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable).	Yes
3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety.	1. Documented selection criteria.	Yes
	2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable).	No
4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed.	1. Evidence that health and safety responsibilities are documented.	Yes
5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s.	1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable).	Yes
6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the	1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s.	Yes

Details of requirements	Verified by	Achieved Yes/No
PCBU/s, at intervals appropriate for the duration of the work.	2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable).	No
	3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable).	Yes
	4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable).	No

Summary of Element 8:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 8 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 8.
Comments:
The MDHB health and safety policy outlines responsibilities for consulting, cooperating and coordinating health and safety activities with other PCBUs.
The MDHB holds periodic meetings with PCBUs that operate on the Palmerston North Hospital grounds to facilitate communication on shared health and safety risks.
<p>The MDHB has recently updated the contractor safety management processes that outline the expectations for the selection, induction, formalisation of health and safety responsibilities and monitoring of contractor safety performance.</p> <p>This process is still largely in its implementation phase.</p> <p>While there was evidence that the principal facilities maintenance contractor has processes in place for selection, induction and monitoring performance for contractors engaged by the principal facilities maintenance contractor, there are a number of contractors who are engaged directly by Units of MDHB, there was not evidence that processes for managing these contractors conforms with the MDHB contractor safety management processes.</p>
<p>To evaluate the contractor safety management processes for this audit, several contractors were selected from the contractors who have carried out recent work at the site selected for this audit, the MDHB Breast Screening Clinic in Amesbury Street.</p> <p>These contractors were:</p> <ul style="list-style-type: none"> • Two employees of an electrical contractor; • The contractor who maintains mammography equipment, and; • A contractor who monitors radiation safety of mammography equipment. <p>Contractor Induction</p> <ul style="list-style-type: none"> • There was evidence that one of the two the facilities maintenance contractors who have carried out some recent electrical work at the Breast Screening Clinic had received an induction from the principal facilities maintenance contractor. The electrical contractor who

had not been inducted was reported to be a new employee of a subcontractor who had not yet been inducted into the MDHB.

- There was no evidence that the electrical contractor or other contractors have been formally inducted into the Breast Screening Clinic facility. Staff at the Breast Screening Clinic provided a verbal assurance that all contractors receive a verbal induction prior to entering the site, access to the breast screening clinic is controlled.

On balance has been applied to element 8.2.3 as there was some evidence of contractor induction in place, see recommendations for element 8.2.3

Contractor Safety Performance Monitoring

- The principal facilities maintenance contractor who engages subcontractors to carry out facilities maintenance work across the MDHB provided evidence of ongoing auditing of contractor safety performance.
- There appears to be no formal process for monitoring contractor safety performance for contractors who are engaged directly by Units of MDHB.

This reason, the secondary requirements of element 8.6.2 have been assessed as not achieved.

The principal facilities maintenance contractor has processes for contractor selection/prequalification and requires contractors to develop job safety analysis to manage hazards associated with work conducted by facilities mains contractors.

There was no evidence of a prequalification/selection process for contractors engaged outside of facilities mains contractors.

Critical issues: None.

Improvement recommendations:

8 To meet the requirements of element 8.2, 8.3, 8.4 and 8.6, the MDHB will need to ensure that the contractor safety management besieges are applied to all contractors engaged by the MDHB, including those engaged directly by Units.

8.2.3 It is recommended that Units developed a Unit specific induction for contractors that highlight the hazards in the Unit and health and safety requirements for contractors working in that Unit. Evidence of contractor induction should be captured to allow each Unit to verify that contractors have been inducted.

8.6.2 Although there was evidence that the principal facilities maintenance contractor has been monitoring subcontractors engaged by the principal contractor to carry out work for the MDHB, there was little evidence that the MDHB is monitoring health and safety performance of the principal facilities maintenance contractor other than through safety data provided by the principal facilities maintenance contractor.

It was noted that the MDHB has recently changed the organisation who will be carrying out facilities maintenance for the MDHB. It is recommended that a process for monitoring safety performance that is verified a party independent of the main facilities maintenance contractor be included in the performance measures used for the new facilities maintenance contractor.

Element 9 - Workplace observation to confirm systems in action

Objective There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	The auditor will observe the following	Achieved Yes/No
1. The auditor is able to observe selected audit standard requirements in practice.	1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls.	Yes
	2. Evidence that risk controls have been implemented.	Yes
	3. Safety information is readily available and current.	Yes
	4. Event reporting forms for injuries, illnesses and incidents are readily available.	Yes
	5. PPE is available for employees, other workers and site visitors (if required).	Yes
	6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used.	Yes
	7. Restricted work areas are clearly identified.	Yes
	8. Appropriate escorting and sign-in/out processes are in place.	Yes
	9. Emergency evacuation procedure information is readily available.	Yes
	10. Emergency exits, routes and assembly points are clearly identified and unobstructed.	Yes
	11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification.	Yes
	12. First aid equipment and facilities are adequate, available and maintained.	Yes

Summary of Element 9:

- It is recommended that this employer has successfully met the requirements of Element 9 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 9.

Comments:

A workplace observation was carried out at the Breast Screen Aotearoa clinic in Amesbury Street Palmerston North.

The site carries out mammograms, biopsies and consultations for woman undertaking breast screening, several staff involved in bowel screening are also located at the site.

The Breast Screening Clinic employs just over 20 staff, some of whom also operate a mobile breast screening clinic that operates across the middle of the North Island and a clinic in Whanganui.

The Breast Screening Clinic is a tenant in a single story building in Amesbury Street

The clinic maintains its own hazard register which is on display on the staff safety notice board.
The Riskman reporting system is used by staff to report incidents and accidents. It was noted that very few staff incidents have been reported at the breast clinic.
PPE in the form of disposable masks and gloves are available in the clinic, the clinic also has radiation shields for staff who are working in areas where they may be exposed to radiation.
Restricted work areas are clearly marked and rooms which have the risk of radiation exposure have clear signage on the doors.
All visitors to the breast clinic are required to sign in and out. Information on the emergency procedures was on display in the clinic, the names of safety representatives and wardens were on display on the safety notice board.
Emergency exits are marked with illuminated signs
Emergency equipment in the form of firefighting equipment and first aid equipment was available at the clinic. A defibrillator is available in a neighbouring building.
Critical issues: None.
Improvement recommendations:
None.

Hazard/risk management table Amesbury Street Breast Screening Clinic

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Radiation	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input checked="" type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input checked="" type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Shielding Dose monitoring Training Signage Work procedures to minimise radiation exposure PPE 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Manual handling	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Training Massage available Early reporting of discomfort process Adjustable equipment and furniture 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Travelling long distances	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Policy of overnighting to minimise travel distances in one day. Vehicle selection. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Exposure to blood/body fluids (BBF)	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input checked="" type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Sharps bins Training BBF exposure process 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Extended computer use	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Workstation assessments. Adjustable furniture available. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>		<input type="checkbox"/> No evidence observed

Recommended outcome

<input checked="" type="checkbox"/> Yes	It was observed that these hazards were being managed in line with the documented health and safety management system.
<input type="checkbox"/> No	It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of	Yes

Details of requirements	Verified by	Achieved Yes/No
	Claimants' Rights when the cover decision is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

- It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

The MDHB Occupational Health and Safety Unit oversee the management of work-related injuries to MDHB Staff.

Two Occupational Health Nurses at the Occupational Health & Safety Unit are involved in identifying any injuries to MDHB staff that may result in medical treatment, and contacting and assisting staff who have suffered a work-related injury.

The Occupational Health and Safety Unit has a high degree of involvement in the management of work-related injuries to MDHB staff.

The MDHB has engaged WorkAon to assist with providing case management, case administration and rehabilitation services to MDHB staff.

Non-work injuries to MDHB staff are managed by ACC.

WorkAon has provided the MDHB with an injury management manual that outlines the processes for:

- Claims registration, triage and cover decision.
- Identifying and facilitating entitlements including weekly compensation.
- Claims administration.
- Disputes management.
- Rehabilitation and return to work

The injury management manual has been tailored to the processes used at the MDHB.

The version of the MDHB injury management manual the time of the audit was January 2020, a copy of the injury management manual is available to MDHB staff and managers on the organisation intranet.

The injury management manual meets the process requirements for elements 10 to 17.

The Occupational Health Nurses at the MDHB are responsible for confirming cover decisions, which are communicated to the employee concerned by WorkAon in cover decision letters that contain review rights.

All evidence requirements of element 10 were sighted on claim files reviewed for this audit. This included confirmation that declined cover decisions were discussed with the employee concerned prior to issuing written notification of a decline decision.

The MDHB delivers injury management pamphlets to each Unit to communicate work injury management processes.

The MDHB induction also includes a section on work injury management.

Critical issues: None.

Improvement recommendations:

None.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	N/A
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	Yes
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

- It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:
- Primary Secondary Secondary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

When a cover decision accepted, the injured employee receives an entitlement fact sheet from WorkAon that summarises the entitlements available for work-related injuries.

Claim files reviewed for this audit where entitlements had been suspended contained evidence that the injured person was made aware of the suspension verbally prior to receiving written notification.

WorkAon sample a selection of MDHB work injury claims annually to monitor cover decision and entitlement decision accuracy, evidence of this something process in action was sighted at the time of the audit.

The MDHB Occupational Health Nurses review Riskman entries daily to identify any reported incidents that may result in medical treatment.

Where a Riskman entry indicates that medical treatment has been, or may be sought for injury, the MDHB Occupational Health Nurse makes contact with the person involved to conduct an initial needs assessment.

All initial needs assessments on claim files reviewed for this audit were completed within two days of injury notification to the MDHB.

The MDHB payroll section has developed a brief process on how weekly compensation is calculated and paid for work-related injuries.

The MDHB pays the legislated 80% weekly compensation after first week of incapacity for work-related injuries.

Evidence that several of the MDHB payroll staff have undertaken weekly compensation training in the last 12 months was sighted at the time of the audit.

Critical issues: None.

Improvement recommendations:

11.4.3 It is recommended that the MDHB payroll process includes a system to notify employees who may be receiving more than their legislated 80% weekly compensation entitlement (for example some medical staff and mental health staff who have provisions for receiving 100% weekly compensation and their employment agreements)

11.5.1 It is recommended that the initial needs assessment includes a prompt to notify MDHB payroll if the initial needs assessment identifies that an employee is receiving secondary income, so secondary employment earnings can be included in the first week weekly compensation calculation.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and 	Yes

Details of requirements	Verified by	Achieved Yes/No
	<ul style="list-style-type: none"> include a review of payment accuracy and rehabilitation prior to transfer; and require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	Yes

Summary of Element 12:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 12.
Comments:
<p>WorkAon maintain the master claim file for MDHB work-related injuries on the WorkAon electronic claims management system.</p> <p>The MDHB Occupational Health & Safety Unit also stores some claim related information, this information is stored securely separately from HR files.</p> <p>The MDHB Occupational Health and Safety Unit will normally seek a signed consent form as part of the initial needs assessment process and forward this to WorkAon to streamline the claims management process.</p> <p>Copies of signed consent forms were sighted on all claim files reviewed for this audit.</p> <p>WorkAon manages the claims transfer process for claims that have reached the end of their management period.</p> <p>The injury management manual outlines processes for privacy checks when medical information is sent outside of WorkAon/MDHB</p> <p>The MDHB reported that there have been no privacy breaches relating to information collected for the purposes of managing work-related injury over the past 12 months</p>
Critical issues: None.

Improvement recommendations:
None.

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> Is backed up to the employer's information technology standards Is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> • Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* • Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	<p>Yes</p>

Summary of Element 13:

<p><input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard:</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element.</p> <p><input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.</p>
<p>Comments:</p>
<p>WorkAon manages the monthly reporting of claims data to ACC on behalf of the MDHB. Processes for reporting claims data to ACC including responsibilities for reporting and accuracy checking are outlined in the MDHB/WorkAon injury management manual. Evidence of successful transfer of claims data to ACC for July 2020 was sighted at the time of the audit.</p>
<p>The MDHB/WorkAon injury management manual outlines the processes for fraud and complex claims, these processes met the requirements of element 13.3 and 13.4.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>None.</p>

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	Yes
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	Yes
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	Yes
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	Yes
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure,	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
The Code and their rights of review and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 14.
Comments:
Processes for the management of complaints and reviews are outlined in the MDHB/WorkAon injury management manual. These processes meet the procedural requirements of element 14
The Team Leader of the MDHB Occupational Health & Safety Unit maintains a register of complaints/concerns received in relation to the management of work-related injuries, and how these issues have been resolved.
The MDHB HR manager is the designated disputes/complaints manager for the MDHB.
The MDHB has received two review applications in the past 12 months, one review has been heard and the other was pending at the time of this audit.
WorkAon provide the MDHB with an evaluation of dispute outcomes.
Critical issues: None.
Improvement recommendations:
None.

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.</p>	<p>1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.</p>	Yes
	<p>2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.</p>	Yes
	<p>3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).</p>	Yes
	<p>4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).</p>	Yes
<p>4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).</p>	<p>1. The designated ACC AEP case manager has at least:</p> <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	<p>2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.</p>	Yes
<p>5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.</p>	<p>1. Designated management responsibilities for rehabilitation are assigned at each work site.</p>	Yes
	<p>2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).</p>	Yes
	<p>3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.</p>	Yes

Summary of Element 15:

- It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard:
- Primary Tertiary This element has only Primary or Tertiary requirements.
- It is recommended that this employer has *not* met the requirements of Element 15.

Comments:

The MDHB Workplace Rehabilitation Policy outlines the MDHB commitment to rehabilitation/return to work for staff who are unable to perform the normal duties due to injury (work or non-work) or illness.

The policy meets the requirements of element 15.1, including the recognition of an employee's right to support, as part of the rehabilitation/return to work process.

The Rehabilitation Policy is consulted through the Bipartite Action Group (BAG), which includes representation from Unions that represent staff at the MDHB.

The MDHB/WorkAon injury management manual outlines procedures for rehabilitation and return to work for injured employees, these met the procedural requirements of element 15.

Workplace rehabilitation is managed by the MDHB Occupational Health & Safety Unit in consultation with a Palmerston North based WorkAon Case Manager.

The MDHB utilised WorkAon to provide injury management training for managers in July 2019.

Critical issues: None.

Improvement recommendations:

None.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

- It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 16.

Comments:

The MDHB Occupational Health Nurses develop action plans following the initial needs assessment that outline the actions to be taken in the first few weeks following a work-related injury. The MDHB action plans are forwarded to WorkAon to include in the master claim file. WorkAon will also complete an action plan if a WorkAon initial needs assessment is undertaken. All action plans on claim files reviewed for this audit were completed within seven days of injury notification.

The Palmerston North based WorkAon Case Manager initiates a rehabilitation plan where the need for rehabilitation intervention is identified. All claim files reviewed for this audit where rehabilitation plans were required contained evidence that rehabilitation plan having developed within 14 days of cover decision. Rehabilitation plans are often developed through face-to-face meetings between the injured person, the MDHB Occupational Health Nurse, WorkAon Case Manager and the manager of the injured employee.

Responsibilities and timeframes for monitoring are contained in the rehabilitation plan. The MDHB Occupational Health and Safety Unit carries out weekly monitoring for cases where an injured workers rehabilitation in the workplace and records the results of weekly monitoring in the claim file. Evidence of weekly monitoring was sighted on all claim files reviewed that required weekly monitoring.

A formal rehabilitation review is carried out monthly for all open claims, evidence of this process was sighted on claim files that involved injuries that were managed for more than a month.

The MDHB Occupational Health Nurses regularly liaise with the Palmerston North based WorkAon Case Manager to review recovery on progress on all open claims at least monthly, and in most cases weekly.

In some claims, an Occupational Therapist is engaged to develop the return to work plan, and these cases, the Occupational Therapist regular monitors the return to work plan to identify any issues or hazards that may impact on recovery.

Critical issues: None.

Improvement recommendations:

None.

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	Yes
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	N/A
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	Yes
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

- It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
 - Primary
 - Secondary
 - Tertiary
- It is recommended that this employer has *not* met the requirements of Element 17.

Comments:

The MDHB 2018 to 2022 health and safety plan includes several rehabilitation/injury management objectives including:

- Training managers and selected union delegates and supporting return to work programmes.
- Review third-party provider support services for injured employees.
- 80% of all work-related injured staff will participate in return to work programmes
- 90% of claim decisions were made within seven days of injury
- 80% of respondents of injury management satisfaction surveys report levels of satisfaction for above.

Progress against the injury management objectives is monitored as part of the review of the health and safety plan

The MDHB/WorkAon injury management manual outlines strategies for managing rehabilitation plans that may continue beyond agreed initial outcome dates or may involve situations where the injured employee is unable to return to their preinjury position.

Evidence of use of medical providers and vocational providers to provide assessments and assist with the return to work process was sighted on claim files reviewed for this audit.

Critical issues: None.

Improvement recommendations:

None.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

Summary of Element 18:

- It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 18.

Comments:

Eight claim files were selected by ACC for review for this audit.
WorkAon provided printed copies of the claim files for the review.

Seven of the eight claim files reviewed for this audit contained evidence required for element 18 including:

- Copies of ACC 45 and medical certificates.
- Cover decisions with review rights.
- Initial needs assessment completed within two working days of injury notification to the MDHB.
- Evidence of referrals based on needs.
- Signed consent forms.
- Weekly compensation calculations communicated to the injured employee.
- Action plans completed within seven days of injury notification to the MDHB.
- Rehabilitation plans developed within 14 days of injury cover decision.
- Weekly monitoring where an employee was rehabilitating the workplace.
- Monthly reviews of ongoing rehabilitation cases.

One claim file involved a situation where the injured employee’s GP had coded an injury to an historic ACC number, this number related to an injury that occurred eight years previously, that had been handed back to ACC.

As the ACC number related to an historic injury, and the new injury had not been reported through the Riskman process, there was a delay of approximately six weeks before the MDHB was aware that a new injury had occurred.

Prior to realising that a new injury had occurred, the MDHB had referred the employee to ACC for weekly compensation payments, and the employer’s GP was not actively managing treatment.

This resulted in a situation where the injured employee went for approximately six weeks before their claim was actively managed, no weekly compensation was paid by the MDHB over this period as this had been considered a handed back claim.

Once the claim was identified as a new injury, the MDHB Occupational Health Unit commenced active claims management and rehabilitation.

The employee involved in this claim was interviewed as part of the case study interviews and confirmed that once the MDHB Occupational Health Unit took over management of the claim, the claim was managed very well.

The employee expressed dissatisfaction with inaction in relation to their claim prior to injury being lodged is a new claim.

Critical issues: None.

Improvement recommendations:

None.

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

- It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 19.

Number of case studies undertaken:

Eight claim files were selected for review for this audit, three of the staff involved in those claim files were interviewed for case study interviews, one face-to-face and two by telephone.

Positions and interests of those interviewed to support employee's perspective:

Those interviewed to support the employees perspective of injury management at the MDHB included the three staff interviewed for case studies and staff involved in the employee focus group (this included Union representatives and health and safety representatives).

Positions and interests of those interviewed to support employer's perspective:

Those interviewed to support the employers perspective of injury management at the MDHB included the Team Leader of the MDHB Occupational Health & Safety Unit, who is also one of the Occupational Health Nurses who manages work injury claims, managers involved in the management focus group and the Palmerston North based WorkAon Case Manager who is involved in MDHB work injury claims that require case management

Comments:

Two of the three employees interviewed confirmed that their injury had been reported at the time the injury occurred, one employee indicated that they had expected their manager to report the injury, and as this did not happen, there was a significant delay in injury reporting.

A review of the Riskman entries for the claim files selected for this audit indicated that of the six claims that were work-related injuries, three of the events had evidence of incident investigation, and three were not investigated by the manager concerned.

On balance has been applied to element 19.2.1 in this instance, however the MDHB should focus on ensuring that injuries received an adequate incident investigation.

See recommendation for 19.2 below.

All employees interviewed indicated that they were aware of the claims process at the MDHB for work-related injuries.

Managers interviewed also confirmed an understanding of the work injury management process.

All employees interviewed confirmed receipt of cover decision and were aware of review rights.

All employees interviewed confirmed contact from the MDHB immediately following their injury report, only one of the employees interviewed had an extended period of incapacity, this employee confirmed ongoing contact from the MDHB once the claim had been recognised as a work-related injury.

All employees and managers interviewed were aware of rehabilitation responsibilities.

Managers indicated there was the ability to accommodate injured employees and other locations if there was not work available in their normal work area.

All employees interviewed confirmed receipt of entitlements such as treatment and the offer of transport assistance.

The MDHB reimbursed staff for expenses incurred as result of treatment such as medical surcharges.

All employees confirmed that they were offered the opportunity to include a support person during any meetings/interviews related to their work-related injury.

Those employees interviewed who had been involved in rehabilitation intervention confirmed that duties were in line with medical restrictions and the rehabilitation plans were developed in consultation with the employee and their manager.

Employees interviewed all expressed a high degree of satisfaction with how their injury was managed by the MDHB, as indicated in element 18, one claim involved a situation where an injury was not recognised as an injury that was the responsibility of the MDHB until six weeks after the injury occurred, the employee involved in this case confirmed that their injury was well-managed once the MDHB was aware of the new claim.

It was noted that in several situations where claims were declined as work-related injuries, the MDHB continue to support the employee and in many cases assisted with ongoing treatment.

Critical issues: None.

Improvement recommendations:

19.2 As suggested in element five, it is recommended that the MDHB improve processes for ensuring that an incident investigation does occur following a work-related injury to identify any remedial action that can be taken to minimise the chances of a recurrence.

(Three of the six claim files reviewed for this audit did not contain evidence of incident investigation by the manager of the injured employee.)

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus groups undertaken:

Two focus groups were undertaken for this audit:

- An employee focus group involving 18 staff.
- A management focus group involving 18 managers

Positions and interests represented in the employee focus group(s):

Those involved in the employee focus group included Registered Nurses, Clinical Nurse Specialist, Physics Technician, Breast Screening Counsellor, Clinical Assistant, Physiotherapist, Midwife, Pharmacy Technician, Quality Coordinator And Magnetic Resonance Imaging Technician.

Three of the participants of the employee focus group were union representatives and five were health safety representatives.

Positions and interests represented in the management focus group:

Those involved in the management focus group included Associate Director of Allied Health Therapies, Manager of Public Health Services, Operation Executive Regional Cancer, Clinical Coordinator Physiotherapy, Clinical Social Work Coordinator, Clinical Executive Radiotherapy Services, Data Manager Breast Cancer Screening, Clinical Nurse Managers, Operation Executive Hospital Services, Nurse Manager, Regional Cancer Treatment Services, Executive Director Allied Health, Manager Child and Adolescent Oral Health Services, Service Manager Operating Theatre, Let Coordinator Breast Cancer Screening, Clinical Coordinator Occupational Therapy, Clinical Educator CAOH Services.

Comments:

Both focus groups identified manual handling, violence and slips and trips as the main physical hazards facing staff at the MDHB.

Active processes for managing the above hazards were discussed in both focus groups including improvements in security and patient handling equipment.

The one risk that both focus groups raised as an ongoing hazard that has not yet been adequately managed is fatigue/stress due to short staffing and high workloads.

The management focus group outlined some initiatives that are underway to try and mitigate the risk of fatigue.

Hazard reporting processes appear to be well understood, these include the Riskman reporting system, use of team meetings and safety committee meetings for reporting and direct reporting to a responsible manager.

System such as the BIEMS building defect reporting process are also used for hazard reporting.

Accident reporting processes were also well understood, both groups indicated there was some variation in the culture of reporting across the MDHB.

Both focus groups indicated they felt there was an improvement on reporting of incidents/accidents however there was still room for further improvement.

One of the barriers raised by staff to incident reporting was the time required to report an incident on the Riskman system (round 15 minutes), which could discourage reporting during very busy period.

Managers were hopeful that the replacement system for Riskman would result in a more streamlined reporting process. This

Managers confirmed the responsibility for investigating incidents. Processes such as the Clinical Governance Groups were raised by managers as systems for monitoring incidents and incident trends. The employee focus group indicated that there is variation on whether the outcome of reported hazard/incident is communicated back to the employee who reported the event, this largely appears to be related to manager's priorities. Managers confirmed that the Riskman system does not provide notification to an employee of the outcome of a reported incident hazard, however employees are able to log into Riskman to see the status of their report.

The role of employee health and safety representatives and the safety committees were discussed with both focus groups. Both groups indicated that the safety committees are playing a greater role in health and safety within units, the employee focus group highlighted several initiatives that had resulted directly from safety committees.

Emergency procedures appear to be well understood, some areas indicated that the number of wardens in some locations could be improved to ensure there is adequate backup when the main warden is not present during an emergency or a trial. Those persons who took part in the focus groups who held warden roles confirmed training in their role approximately every two years.

All groups had a general understanding of the work injury management processes at the MDHB, and the role of the Occupational Health and Safety Team in managing work-related injuries to DHB staff. Injury management for staff who have suffered work-related injuries appeared to have a good reputation amongst managers and staff.

Staff and managers confirmed the ability to utilise alternate duties as part of the return to work process. Managers indicated that the MDHB has improved its ability to accommodate injured workers who are not able to work in their normal area.

Both focus groups indicated that they were confident that personal medical information collected for the purposes of managing work-related injury is stored securely and confidentially.

Staff and managers had a general understanding of the injury management complaints process. While many staff and managers did not know the detail of the complaints process, all indicated they knew where to go should they require further information.

The majority of staff and managers who attended the focus group meetings indicated that they felt that the MDHB is continuing to improve health and safety management across the organisation, and apart from management of fatigue/workloads, a number of initiatives have had an impact on reducing risks to staff, particularly in the area of patient handling. It should be noted that this was not universal, several staff were of the opinion that the MDHB were very slow to address hazards in their area, and that some work practices that were known to increase risk to staff continued. A common theme in both the staff and managers focus group was that while the MDHB appears to be active in managing physical risks to staff, there are still significant room for improvement in managing psychosocial risks to staff.

Critical issues: None.

Improvement recommendations:

No new suggestions for improvement arose from the focus group interview.



Accredited Employer Programme Audit Report



MidCentral District Health
Board
September 2021

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

Name of business:	MidCentral District Health Board
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Date(s) of audit:	20 – 22 September 2021
Audit completion date:	22 September 2021
Location(s) of audit:	Palmerston North Hospital – Management and Administration
Summary of workplace information:	
<p>The MidCentral District Health Board (MDHB) provides public health services to the Manawatu and Taranaki regions.</p> <p>The MDHB has two provider arms:</p> <ul style="list-style-type: none">• MidCentral Health, which provides hospital and associated health services. The two main locations for MidCentral health are Palmerston North Hospital and Horowhenua Health Centre.• Enable NZ, which provides disability information, assessment and co-ordination services, and equipment/housing/vehicle modification services. <p>The MDHB employs just over 2700 staff, most of whom are represented by either the PSA, NZNO, Resident Doctors Association, First Union, Association of Salaried Medical Specialists, APEX, and MERAS Unions.</p> <p>Health and safety procedures and performance at the MDHB are overseen by the Occupational Health and Safety Unit, which is part of the People and Culture Group within the DHB.</p> <p>The MDHB Occupational Health and Safety Unit includes:</p> <ul style="list-style-type: none">• A Team Leader,• A Health and Safety Adviser,• Two Physiotherapists,• Occupational Health Nurse• An Administrator.• Two staff involved in managing mask fit testing for DHB staff.• An Occupational Physician (contracted to the MDHB one day a month). <p>In the past 12 month's new appointments have been made to the Team Leader and Health and Safety Advisor positions in the MDHB Occupational Health and Safety Team.</p> <p>The two staff involved in masks for testing have also recently been appointed to the DHB.</p> <p>In addition to the Occupational Health and Safety Unit, some DHB health and safety functions are also overseen by:</p> <ul style="list-style-type: none">• A Principal Risk and Resilience Officer, who oversees DHB emergency plans and oversees organisational and enterprise risks.• A Quality Improvement and Assurance Manager whose role includes oversight of the incident reporting systems.	

The MDHB safety management systems are made up of a series of policies and procedures which can be accessed by staff on the MDHB intranet.

Over the past 12 months, the MDHB has progressed the following initiatives (amongst others):

- A Violence Prevention Working Group focused on reducing the risk of violence to MDHB staff.
- A review of needlestick injuries.
- Implementation of an in-house masks fit testing program.
- Ongoing response to the Covid epidemic

The site selected for this year's audit was management/administration.

Risks to staff in administration/management include extended computer use, slip/trip violence/aggression from unauthorised persons in the building.

The MDHB reported that injury rates for staff have been relatively stable over the past 12 months.

The MDHB reported that there have been no notifiable incidents to staff over the past 12 months.

In the past 12 months, the MDHB has received a Provisional Improvement Notice (PIN) from Health and Safety Representatives relating to working conditions in the Emergency Department.

It was reported that WorkSafe were not involved in the resolution of this PIN.

This audit was impacted by the August 2021 Covid 19 lockdown, and following discussions with ACC, the secondary site was removed from this audit, and the audit was held virtually using Zoom meetings.

The MDHB requested that this audit focus mainly on the primary level elements of the audit standard.

This audit was a peer-reviewed audit, with a representative from ACC overseeing the audit process.

WorkAon assists the MDHB with the management of work-related injuries.

WorkAon was in the process of taking on management of some non-work injuries to MDHB staff on behalf of ACC, at the time of the audit.

A Palmerston North based WorkAon Case Manager works with the MDHB Occupational Health and Safety Unit to manage the treatment and recovery of MDHB staff who have suffered a work-related injury.

The MDHB Health and Safety Unit is responsible for undertaking initial needs assessments for staff who suffer a work-related injury, and weekly monitoring of staff who are rehabilitating in the workplace following a work injury.

WorkAon have provided the MDHB with an injury management manual that outlines the processes for managing work-related injuries to MDHB staff.

WorkAon are responsible for action plans, rehabilitation plans, claims administration and data reporting to ACC on behalf of the MDHB.

One element, (element two), reviewed in this audit did not meet the primary level requirements, this related to the requirement to undertake an annual self-assessment involving employee/union representatives against the Accredited Employer Programme (AEP) audit standards.

All other elements met at least the primary level of the AEP audit standards.

As a result of the element that did not meet primary level requirements, primary level was not achieved in this audit.

AEP current status

Is this an initial audit? (tick as appropriate)

Is this a renewal audit? (tick as appropriate)

Recommendation to ACC

Based on the audit I recommend that this business:

has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary


Secondary

Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

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Company name:	HSS Ltd		
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Auditor signature:			
Date:	29 September 2021		

Summary of results

<i>Safety management practices</i>	<i>Level demonstrated</i>
1. Employer commitment to safety management practices	Secondary
2. Planning, review and evaluation	Not achieved
3. Hazard identification, risk assessment and management	Tertiary
4. Information, training and supervision	Primary
5. Incident and injury reporting, recording and investigation	Secondary
6. Employee participation in health and safety management	Tertiary
7. Emergency planning and readiness	Secondary
8. Ensuring the health and safety of employees and others in the workplace	Primary
9. Workplace observation	Primary
<i>Injury management practices</i>	
10. Cover decisions	Primary
11. Entitlements	Secondary
12. File management	Primary
13. Administration and reporting	Primary
14. Complaint and review management	Primary
15. Development of rehabilitation policies, procedures and responsibilities	Primary
16. Assessment, planning and implementation of rehabilitation	Tertiary
17. Rehabilitation outcomes, return to work and follow-up procedures	Secondary
18. File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19. Case study interviews	Primary
20. Focus group interviews; confirmation of safe systems and injury management in action	Primary
20. Number of focus groups	3

Note:

- Primary level is the maximum level that can be achieved for Elements 9, 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

SAFETY MANAGEMENT PRACTICES REQUIREMENTS

Employers will have **established** occupational health and safety systems functioning **actively** in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation

Element 1 - Employer commitment to safety management practices

(AS/NZ 4801:2001 Sections 4.2,4.4 and 4.6)

Objective The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety.	The policy or statement includes:	Yes
	1. management commitment to health and safety	
	2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SoPs)	Yes
	3. individual responsibilities for work health and safety	Yes
	4. a requirement to accurately report, record and follow up all health and safety events	Yes
	5. a commitment to consult with employees, health and safety representatives* and, where applicable, unions regarding matters relating to work health and safety	Yes
	6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months	Yes
	7. appropriate signature/authorisation, position and date	Yes
2. There is an understanding of health and safety management in the workplace.	8. a statement of commitment to continuous improvement in health and safety.	Yes
	1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers).	Yes
	2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role.	Yes
3. The employer actively supports health and safety.	3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.	No
	1. Evidence that excellence and/or innovation in health and safety are recognised.	No

Summary of Element 1:

- It is recommended that this employer has successfully met the requirements of Element 1 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 1.

Comments:

The MDHB health and safety policy is a detailed document outlining the organisations commitment to health and safety and responsibilities at each level of the organisation.

The policy was last updated in August 2020, and is reviewed every three years.

The health and safety policy is supported by a health and safety statement, last updated in 2021, outlining the DHB's commitment to health and safety in line with the organisation's values.

The combination of the policy and health and safety statement meet the requirements of element 1.1.

Health and safety responsibilities and expectations for each level of the MDHB are detailed in the health and safety policy.

The MDHB did not provide sufficient evidence to verify that DHB manager's performance against health and safety responsibilities is consistently reviewed at least annually.

It was noted that the MDHB is introducing a performance monitoring program that includes a prompt to specifically review managers performance against health and safety expectations.

The MDHB is formalising a recognition policy to recognise staff contributions to the DHB, including health and safety contributions.

The MDHB does have a "Health and Safety Champions" process, however no evidence of this process in use over the last 12 months was presented for this audit.

Critical issues: None

Improvement recommendations:

1.1.6 To ensure continued conformance with this element, ensure that either the health and safety policy or health and safety statement are reviewed at least every 24 months.

1.2.3 Consider including prompts for measurable health and safety performance indicators for managers in the performance appraisal process. Prompts could relate to performance measures in areas such as health and safety leadership, employee engagement and hazard management in areas under the manager's control.

Element 2 - Planning, review and evaluation

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practices (CoP), standards and specialist information relevant to the work that is done.	1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included.	Yes
	2. Procedure/s are in place to ensure compliance or conformance with relevant requirements.	Yes
	3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes.	Yes
2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*.	1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed.	Yes
	2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months.	Yes
	3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> • a notifiable event • changes in work procedures • changes in health and safety policies and procedures. 	No
3. Health and safety objectives are set that are: <ul style="list-style-type: none"> • appropriate to the size and type of business or undertaking • relevant to each level within the business or undertaking • related to identified hazards* and risks*. 	1. Evidence of health and safety objectives and plans to achieve these.	Yes
	2. Procedure/s to review and update or reset health and safety objectives at least every 12 months.	Yes
	3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure.	No

Details of requirements	Verified by	Achieved Yes/No
	4. Evidence that senior management and employees, or employee or union representatives, have been included in the review and setting of objectives.	No
4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, union, and other nominated employee representatives. NB: May be immediately prior to initial audit	1. Self-assessment procedure/s.	Yes
	2. Evidence of self-assessments conducted in accordance with the procedure/s.	No
5. There is a system in place to control health and safety-related documents and information.	1. A document control system (paper-based or electronic).	Yes
	2. Evidence of current versions of documents in use.	Yes

Summary of Element 2:

- It is recommended that this employer has successfully met the requirements of Element 2 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 2.

Comments:

Processes to identify and review compliance against legislation are outlined in the MDHB Legislative Compliance Policy.

It was noted that some aspects of the Legislative Compliance Policy no longer reflect current practice for monitoring legislative changes within the DHB.

The Legislative Compliance Policy is supplemented through reviewing and communicating of WorkSafe codes of practice, guidelines and safe work instruments relevant to the DHB by the Health and Safety Adviser.

Evidence of the use of external parties to review aspects of legislative compliance, such as a 2020 hazardous substances management review were also presented for this audit.

The terms of reference for the MDHB Health and Safety Governance Committee include processes for monitoring the effectiveness of health and safety management.

The General Manager of People and Culture provides the organisation with a monthly summary of health and safety performance across a range of indicators.

Evidence of this process was sighted at the time of the audit.

The MDHB has developed a "Health and Safety Plan 2018 – 2022" outlining health and safety objectives for the period.

The plan had been refreshed annually up to 2019/2020.

The MDHB reported that the plan was not updated/refreshed over the past 12 months due to the Government announcement that DHB's will cease to exist as individual entities from 30 June 2022.

The MDHB self-assessment process is outlined in the health and safety policy.

The MDHB were unable to provide evidence of a self-assessment against the AEP audit standards that involved employee/union representatives carried out within the 12 months prior to this audit.

The Safe 365 assessment undertaken in December 2020/January 2021 was presented as an alternative to the AEP self-assessments, however a review of areas covered in the Safe 365 assessment identified that the Safe 365 assessment did not cover all areas required as part of an AEP self-assessment against the primary level of the AEP audit standard.

For this reason the primary level requirements of element 2.4.2 have been assessed as 'not achieved'.

Critical issues:

2.4.2 The DHB was unable to provide evidence of a self-assessment against the primary level AEP audit requirements carried out within the last 12 months, that involved management, union/employee representatives.

Improvement recommendations:

2.1 It is recommended that the MDHB Legislative Compliance Policy is reviewed and updated to reflect the current processes within the MDHB to monitor relevant legislation and compliance with the legislation.

2.2.1 To better meet the expectations of this element, it is recommended that the MDHB develop a policy/process that describes how the MDHB reviews the effectiveness of health and safety management, this could include (for example):

- Health and safety and injury management performance indicators reported in the organisation.
- Measures of risk control effectiveness for critical health and safety risks.
- Assurance measures for health and safety processes such as employee engagement, core health and safety training and contractor management.

2.3 To meet the Secondary and Tertiary expectations of this element, the DHB will need to ensure that health and safety objectives/plans are reviewed and updated at least annually, involving union/employee representatives.

2.4.2 To meet the primary requirements of this element, the DHB needs to conduct an annual self-assessment against at least the primary level requirements of the health and safety and injury management parts of the AEP audit standard involving employee/union representatives. The assessment should cover all MDHB sites, including those located external to the Palmerston North Hospital site.

It is recommended that the MDHB consider expanding the self-assessment process referred to in the health and safety policy to include detail on:

- How the self-assessment will be conducted, including how the MDHB will ensure that all sites are covered by the self-assessment.
- Timeframes the self-assessment.
- Who is to be involved in the self-assessment, including union/employee representatives.

Element 3 - Hazard identification, risk assessment and management

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace.	1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working.	Yes
	2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. 	Yes
	3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action.	Yes
	4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace.	Yes
2. There are procedures to assess the risks associated with the identified hazards.	1. Procedures that explain when and how to assess risk associated with identified hazards.	Yes
	2. Evidence that assessments of risks have been completed.	Yes
	3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others).	Yes
	4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).</p>	<p>1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be:</p> <p>a. Eliminated and, if elimination is not reasonably practicable*, then:</p> <p>b. Minimised by:</p> <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. 	Yes
	<p>2. Procedure/s to support the appropriate use of specialist advice (where applicable).</p>	Yes
	<p>3. Reference information is readily accessible to those who need it.</p>	Yes
	<p>4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).</p>	Yes
	<p>5. Details of appropriate risk controls developed for hazards that have health and safety risks.</p>	Yes
	<p>6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.</p>	Yes
	<p>7. Evidence that hazard and risk controls have been communicated to relevant people.</p>	Yes
<p>4. There is a system in place to review the risk controls of the identified hazards.</p>	<p>1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.</p>	Yes
	<p>2. Responsibilities assigned to ensure reviews have been undertaken and signed off.</p>	Yes
<p>5. Occupational health monitoring* is managed.</p>	<p>1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.)</p>	Yes
	<p>2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring.</p>	Yes
	<p>3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable).</p>	Yes
	<p>4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken).</p>	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs.	Yes
	6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system.	Yes
	7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	Yes
	8. Evidence that pre-employment health screening assessment have been completed (where applicable).	Yes

Summary of Element 3:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 3 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 3.
<p>Comments:</p> <p>Processes for the identification, assessment and control of workplace health and safety hazards are outlined in the “Risk Management Procedure and Framework”.</p> <p>These processes include prompts to assess risk associated with changes to equipment, substances and processes with the MDHB.</p> <p>Participants in the focus groups identified Riskman and verbal reporting to either a manager or Health and Safety Representative as the main process is available for hazard identification/reporting across the DHB.</p> <p>Several examples of risk assessment and consultation prior to introduction of changes to equipment and buildings were provided as evidence for the Tertiary requirements of element 3.1.4 and 3.2.4 including the Product Evaluation Committee and consultation on proposed changes to buildings and building use in the DHB.</p> <p>Hazard registers across the DHB are managed centrally, the hazard register for the administration/management area was sighted at the time of the audit.</p> <p>Much of the PPE used within the DHB is disposable.</p> <p>The MDHB utilises a stock rotation process to ensure that PPE such as N95 masks are not stored past their expiry date.</p> <p>The MDHB presented the six monthly inspections carried out by Health and Safety Representatives in their work areas as evidence of risk control reviews.</p> <p>Evidence of periodic review of the organisational risk registers, which include review of risk treatments, was also provided for this audit.</p> <p>On balance has been applied to element 3.4 in this instance as there was some evidence of review of risk controls, however recommendations have been made to better meet the expectations of this element on the following page.</p>

The MDHB safety management system includes a process for occupational health monitoring. Apart from monitoring of radiation exposure for radiology workers, the MDHB has not identified any workplace exposures that require ongoing health monitoring.

Critical issues: None

Improvement recommendations:

3.4 It is recommended that the MDHB reviews the process for reviewing and verifying risk controls to help ensure that the process used can provide the MDHB with assurance that controls for identified hazards and work areas are in place and effective.

For example, the six monthly workplace inspection currently in place could be updated to verify that the controls in place for identified health and safety hazards (as outlined in the site hazard register) are in place in each area assessed.

As a further example, the HASNO review the MDHB commissioned in 2020 identified a number of areas where required controls for managing hazardous substances were not in place or inadequate. Ideally, the MDHB system for verifying hazard controls would include verification that controls for the management of hazardous substances are in place and effective where hazardous substances are stored and used.

Element 4 - Information, training and supervision

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none"> • emergency procedures • hazard and incident reporting • how risk assessments are undertaken • work hazards and risks • health and safety responsibilities of employer, employees and, where applicable, any other relevant parties • employee or worker* participation and representation processes • information about health and safety meetings • injury management and return to work processes • use and care of general health and safety equipment, including PPE. 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work.	1. Evidence that training needs for specific roles, tasks, or areas of work have been identified.	Yes
3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding.	1. Evidence that task-related training has occurred.	Yes
	2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable).	Yes
	3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable).	Yes
	4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. 	Yes
4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks.	1. Records of training and/or skills and experience for people leading hazard identification and risk assessments.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months.	No
5. There is access to trainers with the relevant skills, experience or qualifications.	1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used).	Yes
	2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used).	Yes
	3. Records of trainers' skills, experience or qualifications.	Yes
6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff.	1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented.	Yes
	2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable).	Yes
7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management.	1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities.	Yes
	2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months.	Yes
8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions.	1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months.	Yes
9. The designated employees or wardens for each work area	1. Training records (or similar) for people with specific roles in emergency situations.	Yes

Details of requirements	Verified by	Achieved Yes/No
are trained to respond to emergency situations.	2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months.	No
	3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1).	No

Summary of Element 4:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 4 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 4.
<p>Comments:</p> <p>The MDHB utilise a combination of online training, monthly organisational induction sessions and site-specific induction, captured on and induction checklist, to on-board new staff and introduce them to the MDHB health and safety policies and procedures. Evidence of the induction process in use was presented for the audit. It was noted that the site-specific induction checklist for administration/management had not been consistently utilised for new staff over the past 12 months. See recommendation for element 4.1 on the following page.</p> <p>The MDHB has identified a number of core/compulsory training requirements for staff, these vary depending on the area a staff member will be working in. Most of the core competency requirements are captured on the MDHB Learning Management System (LMS). Evidence of the LMS records for HR staff, who operate in the site selected for this audit, was presented for the audit.</p> <p>The MDHB orientation, training and competency policies and procedures cover the requirements of element 4.5 and 4.6. There are no specific supervision requirements for staff in the area reviewed for this audit, however it has been noted in previous audits that staff working in clinical areas have formalised supervision processes in place. This was further confirmed in this audit in the management focus group and case study interviews.</p> <p>Evidence that some Health and Safety Representatives have taken part in Health and Safety Representatives training of the past 24 months was provided for this audit. The Occupational Health Unit fund an initial Health and Safety Representatives training course, further training for Health and Safety Representatives is funded by the unit they work in. Some ad hoc training for Safety Committees was also presented for this audit. As there was not sufficient evidence to demonstrate that Health and Safety Representatives take part in training relevant to their role at least every 24 months, the Tertiary requirements of element 4.7.2 have been assessed as not achieved.</p>

Evidence of health and safety training for the Board and Senior Leadership Team over the past 24 months was presented for the audit.

The MDHB has undertaken an extensive program of fit testing and mask use training in response to the Covid 19 epidemic.

The LMS does not provide an automatic reminder of training that requires renewal, however individual managers are able to generate reports showing expiry dates for training that requires refresher training or renewal.

While there was some evidence that hazard management training has been provided to managers over the past performance, records of how many managers attended this training were not available for this audit, therefore the Tertiary requirements of element 3.3.5 could not be verified.

Evidence that wardens in the management administration area have taken part in initial warden training was sighted at the time of the audit.

The MDHB appears to utilise a 2 to 3 yearly refresher training cycle for wardens, therefore the secondary requirements of element 4.9.2 (annual refresher training for wardens) were not met for this audit.

Evidence of advanced emergency training was not presented for this audit, therefore the Tertiary requirements of element 4.9.3 could not be verified.

Critical issues: None

Improvement recommendations:

4.1 It is recommended that the MDHB track the completion of unit/site induction, possibly on the Learning Management System (LMS) to help provide assurance that induction training is occurring consistently across the organisation.

4.2 Where training is a key control for a hazard faced by staff, for example manual handling training, training in dealing with aggressive behaviour, training for staff who may be exposed to aggressive dogs, it is recommended that this training is captured in the LMS and monitored to provide the MDHB with information on how many staff who require specific training are current with that training.

Percentage of staff with current competencies may be a useful measure of risk control effectiveness, where training is one of the key controls for that risk.

4.9.2 To meet the secondary requirements of this element, the DHB will need to consider how wardens can receive refresher training annually, and document this training.

Element 5 - Incident and injury reporting, recording and investigation

(AS/NZ 4801:2001 Sections 4.4 and 4.5)

Objective The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all "near miss" or "near hit" events that might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties.	1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). 	Yes
	2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable).	Yes
	3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable).	N/A
2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace.	1. Procedure/s that explain how incidents will be investigated.	Yes
	2. Evidence of completed investigations of reported and/or recorded events (where applicable).	Yes
3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation.	1. Procedure/s that explain how corrective actions are identified, managed and implemented.	Yes
	2. Procedure/s include feedback into hazard and/or risk management.	Yes
	3. Evidence that affected employees are advised of any corrective actions (where applicable).	No
	4. Evidence that corrective actions have been implemented (where applicable).	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable).	Yes
4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.	1. Procedure/s for the collation of all incident data for analysis and review.	Yes
	2. Evidence of an annual review of collated data to identify trends.	Yes
	3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees.	Yes
	4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results).	Yes
	5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable).	Yes
5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.	1. Early intervention procedures include: <ul style="list-style-type: none"> • responsibilities of employee, union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to union and other nominated employee representation. 	Yes
	2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable).	Yes
	3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes

Summary of Element 5:

- It is recommended that this employer has successfully met the requirements of Element 5 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 5.

Comments:

The MDHB uses the online system Riskman to record and analyse incidents and accidents to staff. Processes for the reporting and investigation of injuries and incidents are outlined in the MDHB Adverse Events Policy.

Riskman is also utilised to record incident reviews and investigations, and can be utilised to capture and track corrective actions.

The MDHB reported that there have been no notifiable incidents to WorkSafe involving staff over the past 12 months.

A review of incidents involving staff in the administration/management area and the incidents related to several of the case study reviews selected for this audit identified that incidents received an initial review from the manager of the injured person, and corrective actions were entered as free text in the 'hazard control' outcome section of the Riskman record.

The MDHB provide examples of detailed investigations for several serious incidents that have occurred over the past 12 months.

It was reported that Riskman does not have a process to notify the affected employee of the outcome of an incident that has been reported.

Health and Safety Representatives confirmed that the unit Health and Safety Representatives do receive an automatic notification of health and safety incidents that occur in the area from Riskman.

As indicated above, in most of the Riskman incidents reviewed for this audit, the corrective actions associated with the issue(s) that contributed to the incident was entered as free text in the control actions part of Riskman, and therefore completion of the corrective action could not be tracked.

Riskman has a corrective action tracking process through "Journal Entries" for an event, however this part of Riskman appeared to be mainly used for injury management actions.

As corrective actions arising from accident investigations cannot be consistently tracked to completion, the Tertiary requirements of element 5.3.4 have been assessed as not achieved.

Evidence of monthly review and communication of incident data and reactive and proactive injury prevention initiatives were sighted at the time of the audit.

Information on the MDHB early intervention process to respond to reports of pain/discomfort is available on the MDHB intranet.

Examples of this process in use was sighted at the time of the audit.

Critical issues: None

Improvement recommendations:

5.3.3 To meet the secondary requirements of this element, the DHB will need to consider how affected employees can be consistently advised of corrective actions from incidents that they have reported.

5.3.4 To provide the MDHB with visibility of the implementation of corrective actions arising from incident reviews and investigations, it is recommended that the corrective action tracking part

of Riskman (journal entry) is utilised for injury prevention related corrective actions that arise from incident investigations.

Element 6 - Employee participation in health and safety management

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace* practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is an agreed employee participation system in place that explains how employees, unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters.	1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues.	Yes
	2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. 	Yes
	3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months.	Yes
2. Confirmation of employee participation systems.	1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications).	Yes
	2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives.	Yes

Summary of Element 6:

- It is recommended that this employer has successfully met the requirements of Element 6 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 6.

Comments:

The MDHB has an agreed employee participation system with Unions that represent most staff at the MDHB.

The employee participation system is due for renewal in 2022.

The MDHB operate a number of Safety Committees covering different areas/clusters in the DHB made up of management and employee representatives, that meet bimonthly.

Evidence of the Health and Safety Representative election process was presented for the audit. The DHB also operate a Governance Safety Committee made up of chairs of the various Safety Committees and management representatives that also meets bimonthly. Minutes of meetings for the Corporate Services Safety Committee and the Governance Safety Committee were sighted at the time of the audit. It was noted that only a few of the Safety Committee meeting minutes were available on the MDHB intranet. See recommendation for element 6.2 below. In addition to the Safety Committees, the MDHB operate a Bipartite Action Group (BAG) which includes the Unions that represent staff at the MDHB. The BAG covers a range of employment relations issues, including discussion and consultation on health and safety issues as they arise.

Evidence of the BAG and Governance Safety Committee involvement and consultation on health and safety policies and procedures was sighted at the time of the audit.

Critical issues: None

Improvement recommendations:

6.2 It is recommended that minutes of all the MDHB Safety Committees are made available to all staff are managers on the MDHB intranet.

Element 7 - Emergency planning and readiness

(AS/NZ 4801:2001 Section 4.4)

Objective The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done.	Yes
	2. Evidence that emergency service requirements have been considered.	Yes
2. Emergency instructions are readily accessible at all worksites or work areas.	1. Evidence that emergency instructions are communicated to all employees and other relevant parties.	Yes
	2. Emergency responders* or other designated employees are known to staff.	Yes
3. Emergency procedures are tested at regular intervals – of no greater than six months apart.	1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees.	Yes
	2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees.	Yes
4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s).	1. Evidence of post-emergency response review.	Yes
	2. Evidence of updated procedures and plans (where applicable).	Yes
5. First aid resources are available.	1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed.	Yes
	2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies.	Yes
6. Emergency equipment is available.	1. Evidence that the need for emergency equipment for identified emergencies has been assessed.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals.	No

Summary of Element 7:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 7 at the following performance standard: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 7.
<p>Comments:</p> <p>The MDHB have developed a series of emergency plans for the organisation as a whole, and for individual business clusters, outlining emergency response procedures and business continuity procedures in the event of a range of foreseeable emergency events including natural disaster, pandemic, loss of services and industrial action.</p> <p>Emergency response procedures for units and work areas are summarised in emergency flipcharts.</p> <p>Evidence of emergency wardens and first aiders in place for the management/administration area, the site selected for this audit, was sighted at the time of the audit.</p> <p>Evidence of trials of emergency evacuations for the management/administration buildings in October 2020 and June 2021 was sighted at the time of the audit.</p> <p>Trial evacuations across the MDHB were halted for level 3 and 4 lockdown periods as part of the MDHB Covid response, on instructions from the Ministry of Business Innovation and Employment</p> <p>Evacuation records included a summary of a debrief with wardens following trial evacuations.</p> <p>The MDHB provided evidence of emergency response to events including industrial action and Covid pandemic over the past 18 months.</p> <p>This included some informal evaluation of the emergency response, post event.</p> <p>See recommendation for element 7.4 below.</p> <p>The MDHB first aid policy was developed following a review of first aid training and resource requirements across the DHB.</p> <p>The MDHB has identified the need for emergency response equipment including spill response equipment and civil defence cabinets.</p> <p>While some emergency equipment checks, such as firefighting equipment checks are formalised, it was reported that checks of emergency equipment such as civil defence equipment are undertaken, but not formalised.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p> <p>7.4 It is recommended that the MDHB hold formalised “lessons learned” reviews following responses to emergency events to capture any areas where improvement occurred to emergency response processes.</p>

7.6.2 It is recommended that serviceability checks of emergency equipment including spill response equipment and civil defence cabinets are formalised and recorded.
These checks could be incorporated into the six monthly workplace checks.

Element 8 – Ensuring the health and safety of employees and others in the workplace

(AS/NZ 4801:2001 Section 4.4)

Objective The employer can demonstrate, so far as is reasonable practicable, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*.	1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s.	Yes
	2. Evidence of PCBU/s consultation and communication (where applicable).	Yes
2. A system is in place to induct another PCBU's workers or other people.	1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls.	Yes
	2. A designated person/s to co-ordinate health and safety induction for other workers.	Yes
	3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable).	Yes
3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety.	1. Documented selection criteria.	Yes
	2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable).	No
4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed.	1. Evidence that health and safety responsibilities are documented.	No
5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s.	1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable).	Yes
6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the	1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s.	Yes

Details of requirements	Verified by	Achieved Yes/No
PCBU/s, at intervals appropriate for the duration of the work.	2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable).	No
	3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable).	No
	4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable).	No

Summary of Element 8:

- It is recommended that this employer has successfully met the requirements of Element 8 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 8.

Comments:

The MDHB health and safety policy includes an outline of the MDHB's responsibilities for consulting, cooperating and coordinating with other PCBU's.

Several examples of the MDHB working with other PCBU's were sighted at the time of the audit, including regular meetings with the service providers responsible for facilities maintenance, meetings with PCBU's that use the MDHB facilities and meetings with landlords and buildings occupied by MDHB.

The MDHB contractor safety management procedures outline processes for contractor selection, induction and monitoring that should be utilised across the organisation.

The majority of contractors utilised across MDHB are engaged by Ventia, who were engaged by the MDHB in 2022 provide facilities maintenance services, cleaning services, orderly services and security services.

Ventia undertakes most contractor inductions on behalf of the MDHB.

Evidence of this process in action was sighted at the time of the audit.

While the majority of contractors who work at the MDHB are engaged through Ventia, it was noted that there are other contractors, including IT contractors and medical engineering contractors who may be engaged outside of Ventia, evidence of induction for these contractors was not available for this audit.

On balance has been applied to element 8.2, as it appears the majority of contractors providing services to the MDHB have received an induction.

See recommendations for element 8.2 on the following page.

Evidence of the contractor selection process in use for major contractors, such as Ventia and building construction contractors was provided at the time of the audit.

The MDHB was unable to provide evidence to verify that the contractor selection processes for contractors engaged outside of Ventia and major construction contractors are applied consistently across the organisation, therefore the Tertiary requirements of element 8.3.2 have been assessed as not achieved.

It was noted that the MDHB is part of a multi-DHB process to introduce a common contractor prequalification tool into the organisation that is expected to apply to most contractors.

The MDHB contract for services template includes a section outlining health and safety responsibilities/expectations for suppliers.

Evidence of the use of the contract for service to verify health and safety responsibilities are agreed with contractors could not be presented for this audit.

One example of a recently engaged contractor (cafeteria contract) was requested as evidence for element 8.4.1, however it was reported that this contractor did not have an agreed contract for service including formalise health and safety responsibilities/expectations at the time of the audit.

Some evidence of monitoring of contractor health and safety performance through monthly meetings with Venetia and some self-reporting of contractor incidents from Venetia was supplied for this audit, however the information supplied was not sufficient to verify the Secondary and Tertiary requirements of element 8.6, which requires evidence of ongoing monitoring of contractor health and safety performance, and at least 12 monthly reviews of overall contractor health and safety performance.

Critical issues: None.

Improvement recommendations:

8.2 It is recommended that the MDHB identify all contractors who provide services to the organisation, particularly those whose work may include health and safety risks, and ensure that the MDHB contractor safety management processes are applied to all contractors who may introduce, or be exposed to health and safety risks at the MDHB.

8.6 To better meet the requirements of element 8.6, it is recommended that the MDHB develop and monitor contractor safety performance indicators to help provide the MDHB with assurance that contractors are meeting MDHB health and safety requirements.
Performance indicators could include results of sampling of contractor activities to verify hazard management processes including permits, job safety analysis and inductions.

Element 9 - Workplace observation to confirm systems in action

Objective There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	The auditor will observe the following	Achieved Yes/No
1. The auditor is able to observe selected audit standard requirements in practice.	1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls.	Yes
	2. Evidence that risk controls have been implemented.	Yes
	3. Safety information is readily available and current.	Yes
	4. Event reporting forms for injuries, illnesses and incidents are readily available.	Yes
	5. PPE is available for employees, other workers and site visitors (if required).	Yes
	6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used.	Yes
	7. Restricted work areas are clearly identified.	Yes
	8. Appropriate escorting and sign-in/out processes are in place.	Yes
	9. Emergency evacuation procedure information is readily available.	Yes
	10. Emergency exits, routes and assembly points are clearly identified and unobstructed.	Yes
	11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification.	Yes
	12. First aid equipment and facilities are adequate, available and maintained.	Yes

Summary of Element 9:

- It is recommended that this employer has successfully met the requirements of Element 9 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 9.

Comments:

As this audit was conducted virtually, the workplace observation component of element nine was verified through photographs sent from the MDHB and through discussion in the focus group meetings.

The hazard register for the management/administration area, the site selected for this year's audit, was sighted at the time of the audit.

Risk controls for hazards on the hazard register including security access to buildings, stacking and storage, housekeeping and workplace economics were verified through the focus group meetings and photographs supplied by the MDHB.

Incident reporting processes at the MDHB are available through the online Riskman system.

Availability of PPE was verified through focus group meetings and case study meetings.

Restricted work areas were verified through photographs sent by the MDHB.

Information on emergency evacuation procedures and emergency equipment availability and checks was verified through photographs of the evacuation procedures on walls and notice boards and through the focus group meetings.

Critical issues: None

Improvement recommendations:

Some photographs indicated that firefighting equipment in the administration building is located behind plants, consider marking areas in front of firefighting equipment to provide a clear area for access to firefighting equipment.

Hazard/risk management table Administration/Management – verified through photo evidence and focus group meetings

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Extended computer use	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Workstation assessments available Ergonomic/adjustable furniture available Work from home guidelines on equipment 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Stacking and storage	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Housekeeping in storage areas Safe stacking and storage 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Electrical equipment	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Testing and tagging of electrical equipment Electrical safety training 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Covid Pandemic	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Separation of work groups, Scanning and sanitiser in entries to work areas Lockdown of work areas to prevent unauthorised access. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Aggression from visitors to the DHB	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Card access to building to prevent unauthorised access. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> De-escalation training available 	<input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of	Yes

Details of requirements	Verified by	Achieved Yes/No
	Claimants' Rights when the cover decision is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

- It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

MDHB have engaged WorkAon to assist the organisation with the management of work-related injuries to MDHB staff.

At the time of this audit, WorkAon were in the process of entering into an agreement with ACC to manage non-work injuries for MDHB staff.

WorkAon have provided MDHB with an injury management manual (IMM) that outlines the procedural requirements for elements 10 to 17.

The MDHB Occupational Health and Safety Unit Team Leader, Occupational Health Nurse and Physiotherapist are involved in assisting MDHB staff who suffer work-related injury with treatment, recovery and return to work, and liaise with the Palmerston North based WorkAon Case Manager.

MDHB are responsible for initial needs assessment and weekly monitoring, WorkAon has responsibility for action plans, rehabilitation plans, claims administration and data reporting to ACC.

The Occupational Health & Safety Unit Team Leader has responsibility for confirming cover and entitlement decisions.

Claim files reviewed for this audit confirmed that cover decisions are communicated to staff and cover in entitlement decision letters/emails sent by WorkAon.

One claim for review for this audit involved a declined cover decision, case file notes confirmed that the unfavourable decision had been discussed with the employee prior to issuing written notification of the decline decision.

MDHB employees are provided with a wallet card containing contact details for WorkAon and a leaflet outlining the work injury management process.

The Occupational Health & Safety Team publishes a regular newsletter which includes reminders and information on the work injury management process.

One example of a claim that was received by MDHB, but found not to be the responsibility of MDHB and transferred to ACC was sighted for this audit.

Critical issues: None
Improvement recommendations:
None.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	N/A
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

- It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:
- Primary Secondary Secondary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

Claim files reviewed for this audit contained evidence that an entitlement fact sheet outlining social, vocational and medical entitlements available to the injured person was included in the cover decision letter.

WorkAon provided evidence of annual sampling of MDHB claims to verify cover decision and entitlement decision accuracy.

The MDHB Occupational Health & Safety Unit review Riskman entries daily to identify any injuries to staff that require medical treatment, and attempt to make contact with the staff member involved to identify whether medical treatment is required, and to undertake an initial needs assessment.

All claim files reviewed for this audit contained evidence that attempts were made to make contact with the injured person within two days of the injury being reported on Riskman, or if injury was not reported on Riskman as an injury requiring medical treatment, within two days of receipt of the ACC 45 form.

MDHB pay 80% weekly compensation following first week of incapacity for most staff who lose earnings due to a work-related injury, some medical staff are entitled to receive 100% weekly compensation through their employment agreements.

Discussions with the MDHB Payroll Manager confirmed that WorkAon would be notified if an employee was entitled to 100% earnings for weekly compensation.

All claim files reviewed for this audit contained evidence of timely communication of payroll information between WorkAon and MDHB.

Evidence that the MDHB payroll team have taken part in online weekly compensation training in August 2021 was sighted at the time of the audit.

Critical issues: None

Improvement recommendations:

None.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and 	Yes

Details of requirements	Verified by	Achieved Yes/No
	<ul style="list-style-type: none"> include a review of payment accuracy and rehabilitation prior to transfer; and require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	Yes

Summary of Element 12:

- It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 12.

Comments:

WorkAon maintain the master claim file for MDHB work-related injuries on the WorkAon electronic claims management system Carica.

The MDHB Occupational Health and Safety Unit maintain some claim related information and running sheets for work-related injury claims on employee health files which are stored in a different secure location from MDHB HR files.

It was noted that some MDHB information, such as unit based return to work plans developed in addition to the rehabilitation plan, were not always included in the WorkAon claim information.

See recommendation for element 12.2.3 on the following page.

All claim files reviewed for this audit contained evidence of consent forms.

Wherever possible, the MDHB Occupational Health & Safety Unit will ask an employee to complete a consent form as part of the initial needs assessment discussion.

WorkAon manages the hand back process for the work injury claims that are being returned to ACC on behalf of the MDHB.

MDHB reported that one privacy breach has been reported to ACC over the past 12 months, evidence of privacy breach reporting was presented at the time of the audit.

Critical issues: None

Improvement recommendations:

12.2.3 It is recommended that the MDHB Occupational Health and Safety Unit copy claim related activity held by the Unit to WorkAon on claim closure, to ensure that the master claim file contains a record of all claim related activity undertaken by the MDHB and WorkAon.

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> Is backed up to the employer's information technology standards Is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of applicable Privacy Acts and Health and Information Privacy Codes. have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> • Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* • Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	<p>Yes</p>

Summary of Element 13:

<p><input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard:</p> <p><input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element.</p> <p><input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.</p>
<p>Comments:</p>
<p>WorkAon report monthly claims data to ACC on behalf of the MDHB. Evidence of successful data reporting for MDHB work-related injury claims for August 2021 was sighted at the time of the audit.</p>
<p>Policies and procedures to cover the requirements of element 13 are outlined in the MDHB/WorkAon injury management manual.</p>
<p>Critical issues: None</p>
<p>Improvement recommendations:</p>
<p>None.</p>

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	N/A
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	N/A
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	N/A
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	N/A
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure,	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
The Code and their rights of review and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 14.
Comments:
Complaints and disputes management processes are outlined in the IMM.
The MDHB HR Manager is the Complaints/Disputes Manager for the MDHB. The Complaints/Disputes Manager was part of the management focus group, and confirmed that four reviews had been lodged or heard in the past 12 months. The Complaints/Disputes Manager indicated that to their knowledge, no formal complaints or concerns had been raised over the past 12 months. Case file notes on one of the claim files reviewed for this audit indicated that an employee had raised some concerns via email with their Case Manager regarding communication. See recommendation for element 14.1.2 below.
Evidence of annual review and evaluation of disputed outcomes as part of the WorkAon/MDHB annual injury management review process was sighted for the last 12 months.
Critical issues: None
Improvement recommendations:
14.1.2 It is recommended that the MDHB maintain a record of complaint/concerns and follow-up action taken to resolve any complaint/concerns, to help gain oversight of any issues that may be occurring as part of the claims management process and identify areas for improvement. The complaint/concerns record could utilise information from:

- Concerns that may arise from the feedback survey that the MDHB undertakes with staff at the completion of rehabilitation claims.
- Concerns raised with Case Managers or The MDHB Occupational Health & Safety Team.
- Concerns raised with the payroll team.

and the Occupational Health & Safety Unit could periodically review this information as part of the complaints/disputes process.

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.	1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.	Yes
	2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.	Yes
	3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).	Yes
	4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).	Yes
4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).	1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.	Yes
5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.	1. Designated management responsibilities for rehabilitation are assigned at each work site.	Yes
	2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).	Yes
	3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.	No

Summary of Element 15:

- It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard:
- Primary Tertiary This element has only Primary or Tertiary requirements.
- It is recommended that this employer has *not* met the requirements of Element 15.

Comments:

The MDHB rehabilitation policy was sighted at the time of the audit, the policy is signed off by the Team Leader of the Occupational Health & Safety Unit.

The rehabilitation policy applies to any incapacity due to work injury, non-work injury and illness.

The MDHB/WorkAon IMM outlines rehabilitation procedures that meet the requirements of element 15.

Evidence of the MDHB supporting employees who have suffered incapacity due to non-work injuries was confirmed in discussions with the Occupational Health & Safety Unit staff involved in the focus group interviews.

The MDHB did not have evidence of injury management training of managers and health and safety representatives within the last 24 months, therefore the tertiary requirements of element 15.5.3 could not be verified.

Critical issues: None

Improvement recommendations:

15.1 To better meet the requirements of this element, it is recommended that the rehabilitation policy is signed/endorsed by a senior manager within the MDHB, similar to the health and safety policy and health and safety statement.

15.5.3 To meet the Tertiary requirements of this element, managers and employee representatives who are involved in the rehabilitation/return to work process should receive refresher training on the MDHB injury management process at least every 24 months.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

- It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 16.

Comments:

All claim files reviewed for this audit contained evidence that action plans were developed within 7 days of injury notification, and where necessary updated every 14 days until the cover decision was made.

In some cases, the MDHB Occupational Health and Safety Unit member who carried out the initial needs assessment has developed an action plan as part of an initial needs assessment, documented in the MDHB running notes.

Where the need for rehabilitation intervention was identified, claim files reviewed for this audit confirmed that a WorkAon Case Manager developed a rehabilitation plan in consultation with the injured employee and the injured employee's manager, and/or a representative from the Occupational Health & Safety Unit.

The MDHB Occupational Health & Safety Unit has responsibility for weekly monitoring, and document weekly monitoring on case file notes which are communicated to WorkAon.

All claim files reviewed for this audit where an employer was rehabilitating in the workplace contained evidence of weekly contact, or attempts to contact between the injured employee and the MDHB Occupational Health & Safety Unit

The MDHB Occupational Health and Safety Unit undertakes a monthly open claim review with the local WorkAon Case Manager.

Evidence of monthly open claim reviews were sighted in the case notes on the claims reviewed for this audit.

Evidence of updated rehabilitation plans following change in claim status or expiration of the previous claim was sighted on claim files reviewed for this audit.

Where Occupational Therapists were involved in the return to work process, claim files contained evidence that potential work environment hazards that could impact on recovery/rehabilitation were identified as part of the Occupational Therapists workplace assessment and return to work monitoring.

Critical issues: None.

Improvement recommendations:

16.3.4 Consider including a prompt on the weekly monitoring sheet utilised by the MDHB Occupational Health & Safety Unit to review any potential workplace hazards that may impact on recovery/rehabilitation.

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	No
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	Yes
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	Yes
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

- It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 17.

Comments:

The MDHB 2018 to 2022 health and safety plan includes rehabilitation/injury management objectives including:

- Training managers and selected union delegates and supporting return to work programmes.
- Review third-party provider support services for injured employees.
- 80% of all work-related injured staff will participate in return to work programmes
- 90% of claim decisions were made within seven days of injury
- 80% of respondents of injury management satisfaction surveys report levels of satisfaction for above.

Progress against the injury management objectives was monitored as part of the review of the health and safety plan until 2020, however as indicated in element two, this plan, or performance against the plan, has not been reviewed/refreshed in the last year.

Processes for reviewing rehabilitation plans that continue beyond the initial outcome date, and/or for non-progressive rehabilitation plans are outlined in the MDHB/WorkAon IMM.

Evidence of initiation of the vocational independence process was sighted on one of the claim files reviewed for this audit.

Evidence that medical providers had been given information on the workplace and workplace injuries to assist with their advice on cover, treatment and rehabilitation was sighted on claim files reviewed for this audit.

Where medical information was sent to an external party, the claim files contained evidence of a privacy check.

Critical issues: None.

Improvement recommendations:

None.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

Summary of Element 18:

- It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 18.

Comments:

All claim files reviewed for this audit contained evidence of:

- The ACC 45 form that initiated the claim.
- Further medical certificates covering periods of incapacity, where relevant.
- Cover decisions made within required timeframes, or extensions applied.
- Evidence that The MDHB Occupational Health and Safety Team had received information on a work injury within two days of the injury being notified as an injury requiring medical treatment in Riskman.
- Evidence of initial needs assessment, or attempted to undertake an initial needs assessment, within two days of injury notification by the MDHB Occupational Health and Safety Team.
- Evidence of referrals to treatment and rehabilitation providers based on needs assessments.
- Evidence of entitlement decisions confirming medical and vocational entitlements supplied, with review rights.
- Signed consent forms.
- Weekly compensation calculations and abatement calculations.
- Confirmation of weekly compensation entitlements for short and long-term weekly compensation.
- Running sheets maintained by both WorkAon and the MDHB Occupational Health & Safety Team.
- Action plans developed within seven days of injury notification, and updated every two weeks, where relevant.
- Rehabilitation plans developed within 14 days of cover decision.
- Evidence of weekly monitoring of employees rehabilitating the workplace by the MDHB Occupational Health and Safety Unit.
- Evidence of update and review of rehabilitation plans following change in claim status or expiration of previous rehabilitation plan. (In two claim files, rehabilitation plans were verbally extended pending the development of an update of rehabilitation plan).

Critical issues: None.

Improvement recommendations:

Recommendations for improvement arising from claim file reviews have been included in the suggestions for elements 10 to 17.

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

- It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 19.

Number of case studies undertaken:

ACC selected eight claim files for review for this audit.

Three of the employees involved in the claims were interviewed by Zoom call for the case study interviews.

All employees involved in the case study interviews were given the option of not having the peer reviewer involved in the case study interview prior to the peer reviewer joining the Zoom call, all provided verbal permission to have the peer reviewer listen into the case study interview.

Positions and interests of those interviewed to support employee's perspective:

Those interviewed to support the employee's perspective of injury management at the MDHB included the three employees interviewed as part of the case study interviews, staff involved in the employee focus group, this included several Health and Safety Representatives.

Positions and interests of those interviewed to support employer's perspective:

Those interviewed to support the employer's perspective of injury management at the MDHB included a representative from the MDHB Occupational Health and Safety Team, a representative from WorkAon and managers interviewed as part of the management focus group.

Comments:

<p>All employees involved in the case study interviews confirmed that their injury was reported in Riskman shortly after the incident that resulted in their injury had occurred.</p>
<p>All employees confirmed some contact from their manager as part of the incident investigation process.</p> <p>Where some remedial actions had occurred following the injury, employees interviewed were generally aware of those remedial actions.</p>
<p>All employees and managers interviewed through the case studies and focus group interviews appeared to have an understanding of the MDHB role in assisting staff who suffer a work-related injury.</p> <p>Some staff interviewed made a distinction between WorkAon and the MDHB Occupational Health & Safety Unit performance when describing their experiences, and did not appear to be fully aware that WorkAon was working on behalf of the MDHB.</p> <p>See recommendation for element 19.4 below.</p>
<p>All employees interviewed confirmed receipt of their cover decision.</p>
<p>All employees interviewed confirmed regular contact With the MDHB Occupational Health & Safety Unit throughout their incapacity and rehabilitation.</p> <p>Several of the employees interviewed as part of the case study interviews expressed some disappointment that they did not hear from their work area managers during extended periods of incapacity.</p>
<p>Both managers and employees interviewed appear to be well aware of the rehabilitation process at MDHB, and the opportunity to take part in alternate or restricted duties if the employee was unable to undertake their normal role, this due to injury.</p>
<p>Employees interviewed confirmed participation of Occupational Therapists and other medical providers in the development and review of alternative or restricted duties as part of return to work plans.</p>
<p>Most of the employees interviewed had some understanding of the disputes/complaints process.</p> <p>Those that were unaware of the complaints/disputes process detail indicated that they would contact the Occupational Health Unit or their Union should they require further information on those processes.</p>
<p>All employees interviewed as part of the case study interviews confirmed offer of support as part of the vocational and social rehabilitation,</p>
<p>Several of the employees interviewed indicated some issues with the weekly compensation process, however indicated these issues were quickly resolved.</p>
<p>Several of the employees interviewed were unable to verify that there was consultation prior to receipt of their draft rehabilitation plan, however indicated that they were able to discuss any areas they disagreed with or had questions on, with their Case Manager or the Occupational Health Unit</p>
<p>Most of the employees interviewed as part of the case study interviews and in the focus group interviews indicated they were satisfied with their treatment and return to work process following a work-related injury.</p> <p>Some employees indicated that they felt communication could have been improved, particularly regarding the reasons for involvement of treatment/workplace assessment providers.</p> <p>As indicated above, several of the employees interviewed made a distinction between their experience of WorkAon and the Occupational Health Unit.</p>
<p>Critical issues: None.</p>

Improvement recommendations:

- | | |
|-------|---|
| 19.4 | Consider whether there is any benefit in communicating that WorkAon and the MDHB Occupational Health And Safety Unit are working together as part of the initial needs assessment discussion. |
| 19.6 | Although the MDHB Occupational Health & Safety Unit does make regular contact with injured employees as part of the weekly monitoring process, several of the employees interviewed indicated that they would have appreciated some contact from their work unit during extended periods of incapacity. |
| 19.11 | Ensure that consultation with the employee and their manager as part of the development of draft rehabilitation plan is captured in case file notes. |

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. . #The collection and storage of work and non-work claim information in relation to any applicable Privacy Acts and Health and Information Privacy Codes	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus groups undertaken:

Two focus groups were undertaken for this audit, a management focus group involving nine managers and employee focus group involving five staff.

Both focus groups undertaken via Zoom calls.

Positions and interests represented in the employee focus group(s):

Those involved in the employee focus group included: Organisational Development Business Partner, HR Administrator, Patient Information Coordinator, Accounts Receivable and Administrator.

Two members of the employee focus group were also Health and Safety Representatives.

Positions and interests represented in the management focus group:

Those involved in the management focus group included Manager Human Resources, Payroll Team Leader, Accounts Team Leader, Nurse Manager, Contracts and Procurement Business Partner, Manager Medical Administration Unit, Planned Care and Administration Manager and Principal Risk and Resilience Officer

Comments:

Those involved in both focus groups highlighted slips and trips, ergonomics related to extend computer use, both at work and working from home, dealing with difficult people (face-to-face and via telephone) and work-related fatigue/staffing as some of the main hazards facing employees in the areas covered in this audit.

Both focus groups outlined some of the hazard controls in place for the above hazards including easy access to workstation assessments and ergonomic equipment, working from home guidelines for staff who were using computers from their home or work, housekeeping checks and training in dealing with difficult people that was available for management/administration staff.

The most common processes used for hazard identification and reporting highlighted in the focus group meetings included direct reporting to a manager or Health and Safety Representative and use of Riskman for hazard reporting.

Both focus groups expressed confidence in the Riskman reporting system as a method for highlighting a hazard and initiating assessment and development of controls.

The management focus group outlined some of the long-standing hazards that have been present at the MDHB due to building and facilities related issues.

The management focus group highlighted plans for building upgrades and new builds to try and overcome some of the historical facility related issues that MDHB has faced for a number of years.

The management group outlined the process for hazard assessment and hierarchy of controls, the employee focus group outlined the hazard assessment rating system used in Riskman (SAC rating).

Accident and incident reporting processes (Riskman) were highlighted in both focus groups.

Both focus groups commented on a strong focus on incident reporting that is regularly communicated across the DHB.

Employees spoken to during this audit acknowledged the strong focus on reporting, however indicated that they felt that there was underreporting of incidents in some areas, particularly related to challenging behaviour from patients due to the time required for incident reporting and acceptance of challenging behaviour as "part of the job".

See recommendation for element 20.5 on the following page.

Managers confirmed their responsibility for accident investigation, identifying corrective actions and closing out incidents once corrective actions have been identified.

The Health and Safety Representatives that took part in the focus group interviews confirmed that they now received notification of incidents in their area through the Riskman system.

Both groups outlined the processes for worker participation in health and safety including team meetings, elected Health and Safety Representatives and clusters Safety Committees.

Participants in the focus group interviews who were Health and Safety Representatives confirmed that they were able to attend Safety Committee meetings and undertake other parts of the Health and Safety Representative role, unless they were under extreme staffing pressure on their normal area of work.

Both focus groups outlined some of the emergency procedures in place in the DHB to respond to emergency such as fire, evacuation, service disruption and pandemic.

Participants in the focus group meetings who held warden roles confirmed initial warden training, some noted that they had not received refresher training since initial training several years ago.

A recommendation regarding warden refresher training has been made in element seven.

Participants in all focus groups demonstrated an understanding of the MDHB's role in injury management for staff who have suffered a work-related injury.

Staff and managers referred to the MDHB Occupational Health Unit as the main point of contact for injury management advice and support.

Staff and managers were aware of WorkAon's involvement in injury management.

Both focus groups and employees spoken to during the case study interviews expressed confidence in the MDHB processes for ensuring that personal medical information collected the purposes of managing work-related injury would be kept secure and confidential by the Occupational Health Unit.

Participants in the focus group meetings had a general understanding that a disputes/complaints process existed, most indicated that they would seek advice from their Union or the Occupational Health Unit should they require further information on the complaints/disputes process.

Both managers and staff interviewed for this audit confirmed a strong focus on providing alternative/restricted duties for staff who were incapacitated due to injury or illness wherever possible.

Managers indicated that some areas had limited scope to provide restricted duties due to the physical nature of some roles and hazards present in some work areas, however both focus groups indicated that in most cases, an injured employee who was unable to perform their normal role could be accommodated somewhere in the DHB.

Both focus groups were aware of the range of entitlements available to support injured workers treatment and recovery.

Both focus groups expressed confidence in the MDHB health and safety and injury management processes and made reference to improvements in both areas that had occurred over the last five years.

Critical issues: None

Improvement recommendations:

20.5 Consider whether the reporting process for employee exposure to violence/challenging behaviour can be streamlined to remove some of the potential barriers to reporting highlighted in the focus group and employee discussions on the previous page.



Accredited Employer Programme Audit Report



MidCentral District Health
Board
September 2022

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

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Date(s) of audit:	20 – 23 September 2022
Audit completion date:	23 September 2022
Location(s) of audit:	Primary Site: Horowhenua Nursing (Horowhenua Health Centre: Levin) Secondary Site: Enable Support (Palmerston North)
<p>Summary of workplace information:</p> <p>This audit report is for the “legacy” MidCentral District Health Board (MDHB) which became a District under Health New Zealand on 1 July 2022, as part of the NZ Health reforms.</p> <p>This report will refer to MCDHB as the entity audited, most health and safety and injury management processes that were in place prior to 1 July 2022 continue until Health New Zealand determines the most appropriate way to manage health and safety and injury management across the organisation.</p> <p>MCDHB provides public health services to the Manawatu and Tararua regions.</p> <p>The MDHB had two provider arms:</p> <ul style="list-style-type: none"> • MidCentral Health, which provides hospital and associated health services. The two main locations for MidCentral health are Palmerston North Hospital and Horowhenua Health Centre. • Enable NZ, which provides disability information, assessment and co-ordination services, and equipment/housing/vehicle modification services. Enable NZ became a stand-alone entity under Health New Zealand on 1 July 2022. <p>The MDHB employs just under 3000 full and part time staff, most of whom are represented by either the PSA, NZNO, Resident Doctors Association, First Union, Association of Salaried Medical Specialists, APEX, and MERAS Unions.</p> <p>Health and safety procedures and performance at the MDHB are overseen by the Occupational Health and Safety Team, which is part of the People and Culture Group within the DHB.</p> <p>The MDHB Occupational Health and Safety Team includes:</p> <ul style="list-style-type: none"> • A Team Leader, • A Health and Safety Adviser, • A Physiotherapist, • Occupational Health Nurse • An Administrator. • Four staff involved in managing mask fit testing for DHB staff. • An Occupational Physician (contracted to the MDHB one to two days a month). <p>The MDHB report that the number of work-related injuries have remained relatively stable over the past 12 months.</p> <p>The MDHB reports that have been no notifiable incidents reported to WorkSafe over the past 12 months.</p> <p>The main hazards causing staff injuries at the time of this audit were moving and handling, aggressive behaviour and slips/trips.</p>	

Health and safety initiatives within MDHB over the past 12 months include a focus on staff protection from physical, psychological and infection risks associated with responding to the Covid epidemic.

This includes the development and implementation of a well-being strategy, and critical incident management teams to provide support to staff following high stress events.

The sites reviewed for this audit were:

- Horowhenua Medical Centre Nursing. The Horowhenua Medical Centre is located in Levin, and is the base for approximately 77 staff, 60 of whom are nursing staff involved in general and District nursing. The Horowhenua Medical Centre also provides maternity, allied health and mental health services to the District.
- Enable Support: Enable Support is located in Palmerston North, and employs 146 staff nationally, with around 80 staff based in Palmerston North. Enable Support supplies equipment and housing modifications to support clients with disability. On 1 July 2022, Enable Support became a stand-alone entity under Health New Zealand and at the time of the audit was in the process of developing the management systems required to operate as a stand-alone entity, including a safety management system. At the time of this audit, Enable Support was still utilising the MDHB safety and injury management processes, which have been utilised for this audit.

Injury Management

MDHB utilises the services of WorkAon to assist with the management of work-related injuries to MDHB staff.

The Team Leader and Occupational Health Nurse within the Occupational Health and Safety Team oversee the management of work-related injuries across the organisation and work with a Palmerston North based WorkAon Case Manager in the development and management of rehabilitation plans.

The MDHB requested that this audit only assessed primary level elements of the audit standard for elements 1 - 8, all Secondary and Tertiary level elements have been marked as "No" for this reason.

Primary level is recommended following this audit.

AEP current status

Is this an initial audit? (tick as appropriate)

Is this a renewal audit? (tick as appropriate)

Recommendation to ACC

Based on the audit I recommend that this business:

has successfully met the requirements of the Accredited Employer Programme audit at the following level:

Primary


Secondary

Tertiary

was unsuccessful in meeting the requirements of the Accredited Employer Programme audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

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Date:	30 September 2022		

Summary of results

<i>Safety management practices</i>	<i>Level demonstrated</i>
1. Employer commitment to safety management practices	Primary
2. Planning, review and evaluation	Primary
3. Hazard identification, risk assessment and management	Primary
4. Information, training and supervision	Primary
5. Incident and injury reporting, recording and investigation	Primary
6. Employee participation in health and safety management	Primary
7. Emergency planning and readiness	Primary
8. Ensuring the health and safety of employees and others in the workplace	Primary
9. Workplace observation	Primary
<i>Injury management practices</i>	
10. Cover decisions	Primary
11. Entitlements	Secondary
12. File management	Primary
13. Administration and reporting	Primary
14. Complaint and review management	Primary
15. Development of rehabilitation policies, procedures and responsibilities	Primary
16. Assessment, planning and implementation of rehabilitation	Primary
17. Rehabilitation outcomes, return to work and follow-up procedures	Secondary
18. File reviews and case studies, confirmation of injury management procedures in action	Secondary
19. Case study interviews	Primary
20. Focus group interviews; confirmation of safe systems and injury management in action	Primary
20. Number of focus groups	3

Note:

- Primary level is the maximum level that can be achieved for Elements 9, 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

SAFETY MANAGEMENT PRACTICES REQUIREMENTS

Employers will have **established** occupational health and safety systems functioning **actively** in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation

Element 1 - Employer commitment to safety management practices

(AS/NZ 4801:2001 Sections 4.2,4.4 and 4.6)

Objective The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety.	The policy or statement includes:	Yes
	1. management commitment to health and safety	
	2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SoPs)	Yes
	3. individual responsibilities for work health and safety	Yes
	4. a requirement to accurately report, record and follow up all health and safety events	Yes
	5. a commitment to consult with employees, health and safety representatives* and, where applicable, unions regarding matters relating to work health and safety	Yes
	6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months	Yes
	7. appropriate signature/authorisation, position and date	Yes
	8. a statement of commitment to continuous improvement in health and safety.	No
2. There is an understanding of health and safety management in the workplace.	1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers).	Yes
	2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role.	No
	3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.	No
3. The employer actively supports health and safety.	1. Evidence that excellence and/or innovation in health and safety are recognised.	No

Summary of Element 1:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 1 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
<input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 1.
Comments:
The MDHB health and safety policy was last updated in August 2020 and is on a three-year review cycle. The health and safety policy is supported by a health and safety statement (2021 to 2024) outlining the MDHB's commitment to health and safety across culture, ways of working, environment and capability.
The health and safety policy outlines the health and safety responsibilities at each level of the organisation.
Critical issues: None
Improvement recommendations:
1.1 The health and safety policy will need to be updated to reflect the updated structure of the entity that was the MDHB
1.2.1 Enable Support will need to formalise responsibilities for health and safety management in the organisation to ensure that these are clearly defined at a management level.

Element 2 - Planning, review and evaluation

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Details of requirements	Verified by	Achieved Yes/No
1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practices (CoP), standards and specialist information relevant to the work that is done.	1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included.	No
	2. Procedure/s are in place to ensure compliance or conformance with relevant requirements.	No
	3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes.	No
2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*.	1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed.	Yes
	2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months.	No
	3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> a notifiable event changes in work procedures changes in health and safety policies and procedures. 	No
3. Health and safety objectives are set that are: <ul style="list-style-type: none"> appropriate to the size and type of business or undertaking relevant to each level within the business or undertaking related to identified hazards* and risks*. 	1. Evidence of health and safety objectives and plans to achieve these.	Yes
	2. Procedure/s to review and update or reset health and safety objectives at least every 12 months.	Yes
	3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure.	No

Details of requirements	Verified by	Achieved Yes/No
	4. Evidence that senior management and employees, or employee or union representatives, have been included in the review and setting of objectives.	No
4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, union, and other nominated employee representatives. NB: May be immediately prior to initial audit	1. Self-assessment procedure/s.	Yes
	2. Evidence of self-assessments conducted in accordance with the procedure/s.	Yes
5. There is a system in place to control health and safety-related documents and information.	1. A document control system (paper-based or electronic).	No
	2. Evidence of current versions of documents in use.	No

Summary of Element 2:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 2 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 2.
Comments:
The MDHB is continuing to report health and safety performance to the organisation and unions.
The MDHB health and safety objectives and health and safety plan were sighted for this audit, at the time of this audit, Enable Support is still utilising the MDHB health and safety objectives.
Completed self-assessments for the Horowhenua Medical Centre and Enable Support were sighted for this audit.
Critical issues: None
Improvement recommendations:
2.2 & 2.3 Enable Support will need to develop processes for measuring the effectiveness of health and safety management, and health and safety performance indicators. Enable Support will also need to develop health and safety objectives that are relevant to the organisation.

Element 3 - Hazard identification, risk assessment and management

(AS/NZ 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Details of requirements	Verified by	Achieved Yes/No
1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace.	1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working.	Yes
	2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. 	Yes
	3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action.	Yes
	4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace.	No
2. There are procedures to assess the risks associated with the identified hazards.	1. Procedures that explain when and how to assess risk associated with identified hazards.	Yes
	2. Evidence that assessments of risks have been completed.	Yes
	3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others).	Yes
	4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. 	No

Details of requirements	Verified by	Achieved Yes/No
3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).	1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be: <ul style="list-style-type: none"> a. Eliminated and, if elimination is not reasonably practicable*, then: b. Minimised by: <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. 	Yes
	2. Procedure/s to support the appropriate use of specialist advice (where applicable).	Yes
	3. Reference information is readily accessible to those who need it.	No
	4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).	Yes
	5. Details of appropriate risk controls developed for hazards that have health and safety risks.	Yes
	6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.	Yes
	7. Evidence that hazard and risk controls have been communicated to relevant people.	Yes
4. There is a system in place to review the risk controls of the identified hazards.	1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.	No
	2. Responsibilities assigned to ensure reviews have been undertaken and signed off.	No
5. Occupational health monitoring* is managed.	1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	Yes
	2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring.	Yes
	3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable).	No
	4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken).	No

Details of requirements	Verified by	Achieved Yes/No
	5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs.	No
	6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system.	No
	7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.)	No
	8. Evidence that pre-employment health screening assessment have been completed (where applicable).	No

Summary of Element 3:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 3 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 3.
Comments:
<p>The legacy MDHB hazard management systems outlining processes for hazard identification, assessment and control are still utilised by the sites reviewed for this audit.</p> <p>The electronic incident management system, Riskman, is used by both sites for the reporting of hazards.</p> <p>The Horowhenua Medical Centre has only recently developed an updated hazard register which is based on the generic MDHB hazard register template.</p> <p>While not all hazard controls at the Horowhenua Medical Centre were included in the hazard register, controls for organisational risks, including risks associated with staff working in the community are included in the MDHB risk management framework.</p> <p>Personal protective equipment used at the Horowhenua Medical Centre and Enable Support are disposable, these include masks, gowns and gloves (where relevant).</p> <p>The MDHB health monitoring processes have been utilised for both sites reviewed for this audit, neither of the sites require ongoing health monitoring.</p>
Critical issues: None
Improvement recommendations:
<p>3.3.3 The Horowhenua Medical Centre should ensure that the hazard register provides an accurate summary of hazards and controls for staff based at the centre.</p>

3.3.5 Ensure that controls for risks associated with staff working in the community are formalised for both the Horowhenua Medical Centre and Enable Support.

Element 4 - Information, training and supervision

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Details of requirements	Verified by	Achieved Yes/No
1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task.	1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none"> • emergency procedures • hazard and incident reporting • how risk assessments are undertaken • work hazards and risks • health and safety responsibilities of employer, employees and, where applicable, any other relevant parties • employee or worker* participation and representation processes • information about health and safety meetings • injury management and return to work processes • use and care of general health and safety equipment, including PPE. 	Yes
	2. Signed employee induction training records (or similar individual verification).	Yes
2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work.	1. Evidence that training needs for specific roles, tasks, or areas of work have been identified.	Yes
3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding.	1. Evidence that task-related training has occurred.	Yes
	2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable).	Yes
	3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable).	Yes
	4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities.	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. 	No
4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks.	1. Records of training and/or skills and experience for people leading hazard identification and risk assessments.	Yes
	2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months.	No
5. There is access to trainers with the relevant skills, experience or qualifications.	1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used).	Yes
	2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used).	Yes
	3. Records of trainers' skills, experience or qualifications.	No
6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff.	1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented.	Yes
	2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable).	No
7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management.	1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities.	Yes
	2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months.	No
8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions.	1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months.	No
9. The designated employees or wardens for each work area	1. Training records (or similar) for people with specific roles in emergency situations.	Yes

Details of requirements	Verified by	Achieved Yes/No
are trained to respond to emergency situations.	2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months.	No
	3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1).	No

Summary of Element 4:

It is recommended that this employer has successfully met the requirements of Element 4 at the following performance standard:

Primary Secondary Tertiary

It is recommended that this employer has *not* met the requirements of Element 4.

Comments:

Induction processes for the Horowhenua Medical Centre and Enable Support were sighted for this audit.

Nursing staff at the Horowhenua Medical Centre have a set of required competencies, some of which must be renewed periodically, including fire safety and moving and handling.

Enable Support has identified some training requirements, including first aid training, warden training and some training requirements for staff working in the warehouse, however health and safety training the staff who are involved in moving equipment, dealing with challenging behaviours and working in the community have not been formally identified.

On balance has been applied to element 4.2.1 in this instance as there was evidence of identification of training requirements for the primary site, and some evidence of health and safety training at the secondary site, however recommendations for Enable Support have been made for 4.2.1 below.

The MDHB has implemented a mask fit testing across the organisation.

Managers in the Horowhenua Health Centre and Enable Support do not appear to have received any specific hazard management training, on balance has been applied to element 4.4 as members of the MDHB Occupational Health & Safety Team and Health and Safety Representatives have received some hazard management training.

Some of the Health and Safety Representatives at both sites visited for this audit have received training in their role, both sites have organised training for Health and Safety Representatives who require training, as the historic provider of Health and Safety Representative training for the MDHB was unable to deliver face-to-face training over the past two years.

Evidence of warden training for wardens at the primary and secondary sites reviewed for this audit was sighted at the time of the audit, some of this training had occurred several years prior to this audit and had not been renewed.

Critical issues: None

Improvement recommendations:

4.1	Enable Support: Consider including an introduction to the Health and Safety Representatives and injury management processes in the Enable Support induction checklist.
4.2.1	<p>To better meet the requirements of this element, Enable Support will need to develop some form of training needs analysis that identifies training needs for staff who are exposed to health and safety risks such as moving and handling, dealing with challenging behaviours, driving, working in the community and operation of equipment such as forklifts.</p> <p>This could be as simple as a training matrix that identifies the training requirements per role, and tracks individual staff members training in those training requirements.</p> <p>Horowhenua Medical Centre should also formalise training requirements for staff working in the community and dealing with challenging behaviour.</p>
4.4.1	It is recommended that those managers who have responsibilities for hazard management, as outlined in the MDHB health and safety policy, receive training in the MDHB hazard management processes, this could form part of a manager's health and safety training program and could include incident investigation training.
4.9.1	As warden training is provided by a contractor to the MDHB, it is recommended that the MDHB initiate some form of reporting from the contractor that provides assurance that all required wardens across MDHB sites are current in their training requirements.

Element 5 - Incident and injury reporting, recording and investigation

(AS/NZ 4801:2001 Sections 4.4 and 4.5)

Objective The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all "near miss" or "near hit" events that might have harmed any employee during the course of their work.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties.	1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). 	Yes
	2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable).	Yes
	3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable).	N/A
2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace.	1. Procedure/s that explain how incidents will be investigated.	Yes
	2. Evidence of completed investigations of reported and/or recorded events (where applicable).	Yes
3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation.	1. Procedure/s that explain how corrective actions are identified, managed and implemented.	Yes
	2. Procedure/s include feedback into hazard and/or risk management.	Yes
	3. Evidence that affected employees are advised of any corrective actions (where applicable).	No
	4. Evidence that corrective actions have been implemented (where applicable).	No

Details of requirements	Verified by	Achieved Yes/No
	5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable).	No
4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.	1. Procedure/s for the collation of all incident data for analysis and review.	No
	2. Evidence of an annual review of collated data to identify trends.	No
	3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees.	No
	4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results).	No
	5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable).	No
5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.	1. Early intervention procedures include: <ul style="list-style-type: none"> • responsibilities of employee, union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to union and other nominated employee representation. 	No
	2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable).	No
	3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	No

Summary of Element 5:

- It is recommended that this employer has successfully met the requirements of Element 5 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 5.

Comments:

The Horowhenua Medical Centre and Enable Support were both utilising the Riskman electronic incident reporting process for reporting accidents/incidents at the time of the audit.

At the time of this audit, Enable Support was in the process of identifying an incident reporting system that could be used to replace Riskman when Enable Support is a separate organisation from the MDHB.

The MDHB reported that there have been no notifiable incidents involving staff over the past 12 months.

Riskman incident/injury injuries for the Horowhenua Medical Centre and Enable Support over the past 12 months were reviewed for this audit.

While incident details appear to be recorded in Riskman, it was noted that for almost all incidents reviewed, the investigation process focused on treatment of the injury rather than identifying injury causation and corrective actions to prevent a recurrence of the injury.

Critical issues: None

Improvement recommendations:

5.2 .2 It is recommended that incident investigations are peer-reviewed, either by the Occupational Health & Safety Team or Health and Safety Representatives to help ensure that the incident investigation focuses on incident causation and identifying any corrective actions needed to reduce the risk of recurrence.

See also recommendation for accident investigation training for managers in suggestions for element 4.4.1.

Element 6 - Employee participation in health and safety management

(AS/NZ 4801:2001 Section 4.4)

Objective The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace* practices.

Details of requirements	Verified by	Achieved Yes/No
1. There is an agreed employee participation system in place that explains how employees, unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters.	1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues.	Yes
	2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. 	Yes
	3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months.	No
2. Confirmation of employee participation systems.	1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications).	Yes
	2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives.	No

Summary of Element 6:

- It is recommended that this employer has successfully met the requirements of Element 6 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 6.

Comments:

The MDHB has an agreed employee participation system which expires in 2022.

The Horowhenua Medical Centre had records of three Safety Committee meetings in the past 12 months, the Enable Support site had evidence of four Safety Committee meetings in the past 12 months.

The Horowhenua Medical Centre reported that the Safety Committee had suspended operation due to inability for staff to meet over periods of Covid lockdown.

On balance has been applied to element 6.1.2.

It was noted that the MDHB has started to track Safety Committee meetings across the organisation and issued non-compliance letters to Departments who have not held Safety Committee meetings as required.

Critical issues: None

Improvement recommendations:

6.1.2 Depending on Health New Zealand progress with an agreed employee participation system, the MDHB should consider renewing the agreed employee participation system.

It is further recommended that the MDHB identify barriers to Health and Safety Representative attendance at Safety Committee meetings and identify how these barriers can be overcome.

Element 7 - Emergency planning and readiness

(AS/NZ 4801:2001 Section 4.4)

Objective The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements.	1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done.	Yes
	2. Evidence that emergency service requirements have been considered.	Yes
2. Emergency instructions are readily accessible at all worksites or work areas.	1. Evidence that emergency instructions are communicated to all employees and other relevant parties.	Yes
	2. Emergency responders* or other designated employees are known to staff.	Yes
3. Emergency procedures are tested at regular intervals – of no greater than six months apart.	1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees.	Yes
	2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees.	No
4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s).	1. Evidence of post-emergency response review.	No
	2. Evidence of updated procedures and plans (where applicable).	No
5. First aid resources are available.	1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed.	Yes
	2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies.	Yes
6. Emergency equipment is available.	1. Evidence that the need for emergency equipment for identified emergencies has been assessed.	No

Details of requirements	Verified by	Achieved Yes/No
	2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals.	No

Summary of Element 7:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 7 at the following performance standard: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 7.
Comments: <p>Some form of emergency plan was presented for both sites reviewed for this audit. The emergency/business continuity plans for the Horowhenua Medical Centre appear to be contained in a several Department business continuity plans for the MDHB. Enable Support utilises the MDHB emergency flipchart and building evacuation scheme.</p> <p>Evidence of two trial evacuations over the past 12 months for the Horowhenua Medical Centre were sighted, it was noted that these were just under 12 months apart, however DHB's did receive a dispensation from Fire and Emergency New Zealand (FENZ) to suspend trial evacuations for part of 2021/22. Enable Support provided evidence of two trial evacuations over the past 12 months.</p> <p>Evidence of a historical review of first aid equipment and training requirements across the MDHB was used to verify element 7.5, see recommendations for element 7.5 on the following page.</p>
Critical issues: None.
Improvement recommendations: <p>7.1.1 Horowhenua Medical Centre: Consider amalgamating the emergency/business continuity plans for the Horowhenua Medical Centre into one document to avoid the need to search through multiple documents to identify emergency/business continuity plans for the site. It is further recommended that emergency procedures for staff working off-site/lone workers are formalised in emergency plans.</p> <p>Enable Support: it is recommended that Enable Support develop a specific emergency plan for Enable support sites and work activities that cover response procedures for foreseeable emergencies, including response procedures to the duress alarm in the retail area and procedures for tracking staff working in the community, and responding to potential emergencies for staff working in the community.</p> <p>7.3.1 It is recommended that Enable Support trial the emergency response procedures for the duress alarm in the retail area, to ensure all staff are familiar with the alarm and associated response procedures.</p>

7.5 It is recommended that MDHB undertake a periodic review of first aid and emergency equipment and training requirements across the organisation, this could be undertaken by the various Safety Committees every 1 to 2 years.

Element 8 – Ensuring the health and safety of employees and others in the workplace

(AS/NZ 4801:2001 Section 4.4)

Objective The employer can demonstrate, so far as is reasonable practicable, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Details of requirements	Verified by	Achieved Yes/No
1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*.	1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s.	Yes
	2. Evidence of PCBU/s consultation and communication (where applicable).	No
2. A system is in place to induct another PCBU's workers or other people.	1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls.	Yes
	2. A designated person/s to co-ordinate health and safety induction for other workers.	Yes
	3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable).	Yes
3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety.	1. Documented selection criteria.	No
	2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable).	No
4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed.	1. Evidence that health and safety responsibilities are documented.	No
5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s.	1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable).	No
6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the	1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s.	Yes

Details of requirements	Verified by	Achieved Yes/No
PCBU/s, at intervals appropriate for the duration of the work.	2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable).	No
	3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable).	No
	4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable).	No

Summary of Element 8:

- It is recommended that this employer has successfully met the requirements of Element 8 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 8.

Comments:

The MDHB health and safety policy makes reference to working with other PCBU's.

The majority of contractors utilised across MDHB are engaged by the main facilities management contractor used across the MDHB.

The facilities management contractor carries out inductions for a number of the contractors who are working at MDHB.

Evidence of induction into the facilities management contractors' health and safety processes were sighted for cleaners, orderlies and security staff working at the Horowhenua Medical Centre.

Enable Support uses an electronic sign in system to provide a basic induction on emergency procedures for contractors.

Critical issues: None.

Improvement recommendations:

8.1.1 It is recommended that the MDHB develop guidelines for identifying PCBU's that the MDHB shares health and safety risks with and for consulting, cooperating and coordinating with those PCBU's.

The Z Energy framework for working with other PCBU's may be a useful resource for the MDHB to develop a more robust procedure for managing shared health and safety risks with other PCBU's.

8.2 It is recommended that the MDHB ensure that contractors are inducted into the sites they are working, as the evidence provided by the facilities management contractor for contractor induction focused mainly on the induction into the facilities management contractor health and safety processes.

8.1 As Enable Support utilises contractors for work carried out on clients premises, Enable Support will need to develop a more robust contractor safety management process.

Element 9 - Workplace observation to confirm systems in action

Objective There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Details of requirements	The auditor will observe the following	Achieved Yes/No
1. The auditor is able to observe selected audit standard requirements in practice.	1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls.	Yes
	2. Evidence that risk controls have been implemented.	Yes
	3. Safety information is readily available and current.	Yes
	4. Event reporting forms for injuries, illnesses and incidents are readily available.	Yes
	5. PPE is available for employees, other workers and site visitors (if required).	Yes
	6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used.	Yes
	7. Restricted work areas are clearly identified.	Yes
	8. Appropriate escorting and sign-in/out processes are in place.	Yes
	9. Emergency evacuation procedure information is readily available.	Yes
	10. Emergency exits, routes and assembly points are clearly identified and unobstructed.	Yes
	11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification.	Yes
	12. First aid equipment and facilities are adequate, available and maintained.	Yes

Summary of Element 9:

- It is recommended that this employer has successfully met the requirements of Element 9 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 9.

Comments:

A workplace observation was undertaken at:

- The nursing area of the Horowhenua Medical Centre, this comprises of several awards and a nursing station.
- The Enable Support retail showroom and office in central Palmerston North. This is a two story building with a retail showroom on the ground floor, open to the public, and a call centre and offices and meeting rooms on the second floor.

Each location was able to provide a hazard register, as noted in element three, the hazard register for the Horowhenua Medical Centre was a generic MDHB hazard register that had not yet been tailored to the Horowhenua Medical Centre.

Hazard controls in the form of security, PPE and lifting equipment was observed at the Horowhenua Medical Centre.

Hazard controls in place at Enable Support included adjustable workstation furniture, housekeeping and a duress alarm in the retail area.

Safety information on health and safety noticeboards was observed at both locations visited for this audit.

PPE in the form of disposable masks and gloves was available at the Horowhenua Medical Centre, no specific PPE as required at Enable Support, however hearing protection was available for floor wardens using the evacuation chair in the stairwell, due to the high noise levels of the fire alarm.

Both areas visited for this audit have card security access to minimise the chances of unauthorised people entering restricted areas.

Both locations utilise electronic sign in systems for visitors that make visitors aware of local emergency procedures.

Emergency exits were clearly marked at both locations visited, copies of the emergency evacuation procedures and a map of the building were on display near main entrances.

Both locations had first aid kits and fire extinguishers, fire extinguishers had been checked annually.

Critical issues: None

Improvement recommendations:

No specific recommendations for improvement arose from the workplace observations.

Hazard/risk management table Horowhenua Health Centre Nursing

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Manual Handling	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Training Hoists/Manual handling equipment 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Challenging behaviour from patients/public	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Training in de-escalation Security guard presence during day. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Working in the community	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Client risk assessments Tracking of staff working in the community 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Slips/Trips	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Wet floor areas marked when cleaning Non slip surface on flooring 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Needlestick injures	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Minimise re-capping Blood/body fluid exposure protocols 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>		<input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

Hazard/risk management table for secondary site, Enable Support.

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
1	Extended computer use	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Adjustable furniture. Workstation assessments available. Ergonomic equipment available. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
2	Driving/use of vehicles.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Enable support vehicle policy. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
3	Slips/trips.	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Housekeeping. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
4	Moving and handling equipment	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by: <input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input checked="" type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>	<ul style="list-style-type: none"> Trolley available for large equipment. New vehicle with tail lift arriving shortly after this audit. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed <input type="checkbox"/> No evidence observed
5	Working alone in the community	<input type="checkbox"/> Eliminate <input checked="" type="checkbox"/> Minimise by:	<ul style="list-style-type: none"> Buddy system used for staff working in the community. 	<input checked="" type="checkbox"/> Mostly observed <input type="checkbox"/> Partially observed

Item	Hazard/risk identified by the workplace	Control methods	Details of controls documented by the business	Auditor's observation of controls in place
		<input type="checkbox"/> <i>Substitution</i> <input type="checkbox"/> <i>Isolation</i> <input type="checkbox"/> <i>Engineering</i> <input checked="" type="checkbox"/> <i>Administration</i> <input type="checkbox"/> <i>PPE</i>		<input type="checkbox"/> No evidence observed

Recommended outcome

- Yes It was observed that these hazards were being managed in line with the documented health and safety management system.
- No It was observed that these hazards were not being managed appropriately in line with the documented health and safety management system.

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of	Yes

Details of requirements	Verified by	Achieved Yes/No
	Claimants' Rights when the cover decision is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

- It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

The MDHB Occupational Health and Safety Team have oversight of injury management for work and non-work related injuries for MDHB staff.

At the time of this audit, three staff were involved in injury management within the Occupational Health & Safety Team.

The MDHB have engaged WorkAon to assist with the management of work-related injuries.

A Palmerston North based WorkAon Case Manager works with the MDHB Occupational Health & Safety Team to manage work-related injuries to MDHB staff.

The MDHB Occupational Health & Safety Team has responsibility for confirming cover and entitlement decisions, initial needs assessments and weekly monitoring.

WorkAon have responsibility for action plans and formal rehabilitation plans

The MDHB Occupational Health & Safety Team develops return to work plans for staff on restricted duties who are not managed by an Occupational Therapist.

WorkAon have provided the MDHB with a claims management manual that outlines the procedures required to meet the requirements of elements 10 to 17.

The July 2022 version of the claims management manual was sighted for this audit.

Evidence requirements for elements 10 to 17 have been summarised in element 18.

Evidence that declined decisions had been discussed with the person concerned were sighted in case notes for claims reviewed for this audit where cover had not been accepted for a work injury claim.

Evidence of WorkAon sampling of MDHB claims to verify cover and entitlement decision accuracy was provided by WorkAon.

MDHB staff are provided with a wallet card and injury management leaflet as part of orientation training.

A summary of the work injury management process is published in the MDHB internal staff newsletters in July each year.

Critical issues: None

Improvement recommendations:

None.

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes

Details of requirements	Verified by	Achieved Yes/No
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	Yes
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

- It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:
- Primary Secondary Secondary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 11.

Comments:

Entitlement fact sheets outlining social, vocational and medical entitlements available to assist with recovery are included in cover decision letters for claims that had been accepted as a work injury.

The MDHB Quality Team reviews all Riskman entries daily and identifies those that may involve staff injury which are forwarded to the Occupational Health & Safety Team, who attempt to make contact with the injured person to carry out a verbal initial needs assessment.

If medical treatment is required for the injury, the Occupational Health and Safety Team ask the employee to come to the Teams location for a face to face initial needs assessment, which is documented on the MDHB initial needs assessment form. See recommendation for element 18.2.2.

Most entitlement decisions were confirmed in writing, however as indicated in element 18, there was evidence in case notes that some entitlements provided had not been confirmed with entitlement decision letters, and there was also evidence that some entitlements that had been verbally requested had not been formally accepted or declined with entitlement decision letters.

On balance has been applied to element 11.4.2, and recommendations made for improvement in element 18.

One of the claim files reviewed for this audit involved injuries from an assault to a health care worker who is employed under the nursing and midwifery multi-employer collective employment agreement. This agreement allows for top up of weekly compensation to 100% of normal earnings without any deduction from leave entitlements.

There was no evidence that the employee had been informed in weekly compensation letters that they were receiving more than their legislative weekly compensation entitlement, however the employee concerned was interviewed for this audit and was aware that they were receiving more than their legislative entitlement. For this reason, on balance has been applied to element 11.5.1 in this instance. See recommendation for element 11.5.1 below.

Most other MDHB employees receive 80% of previous earnings as weekly compensation.

Critical issues: None

Improvement recommendations:

11 As Enable Support is transitioning to a separate stand-alone organisation from the MDHB, Enable Support will need to consider how injury management procedures, including initial needs assessment, which are currently carried out by the MDHB, will be managed in the future, should Enable Support to remain under the Accredited Employer Programme (AEP).

11.5.1 It is recommended that the MDHB payroll procedures clearly outlined that WorkAon is to be informed of staff who receive more than the legislative 80% weekly compensation so that WorkAon can provide a specific weekly compensation letter that advises the employee that they are receiving more than the legislative weekly compensation amount.

As Enabled Support is moving to a payroll independent from the MDHB, Enabled Support will need to develop procedures for calculating and paying weekly compensation, if Enable Support remains under the AEP.

11.5.6 Enable Support payroll staff will need to undertake weekly compensation training, if Enable Support remain in the AEP.

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and 	Yes

Details of requirements	Verified by	Achieved Yes/No
	<ul style="list-style-type: none"> include a review of payment accuracy and rehabilitation prior to transfer; and require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	Yes

Summary of Element 12:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 12.
Comments:
<p>The MDHB Occupational Health & Safety Team keep extensive notes and information on work and non-work related injuries that are managed by the Team.</p> <p>Security procedures for paper files Stored by the Occupational Health & Safety Team were sighted at the time of this audit</p> <p>The MDHB Occupational Health And Safety Team forward their case notes and internal information to WorkAon on claim closure, to ensure that the WorkAon master claim file contains a copy of all claim related activity.</p> <p>The MDHB reported that there have been no privacy breaches over the past 12 months.</p>
Critical issues: None
Improvement recommendations:
None.

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> Is backed up to the employer's information technology standards Is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of applicable Privacy Acts and Health and Information Privacy Codes. have a Digital Certificate for data transmission. 	Yes
	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes
4. There is a system in place to liaise with, and notify ACC regarding: <ul style="list-style-type: none"> Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* Changes in the employer's injury management operation or injury management personnel. 	1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).	Yes

Summary of Element 13:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 13.
Comments:
Evidence of successful data reporting of MDHB work-related injury claims data to ACC on 4 August 2022 was provided by WorkAon.
Critical issues: None
Improvement recommendations:
None.

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	N/A
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	N/A
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	N/A
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	N/A
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure,	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

Details of requirements	Verified by	Achieved Yes/No
The Code and their rights of review and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated “complaints manager”* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard: <input checked="" type="checkbox"/> Primary Primary is the highest level of achievement for this element. <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 14.
Comments: <p>The MDHB HR Manager Is the designated Complaints/Disputes Manager. The MDHB report that no complaints have been received over the past 12 months. One of the employees spoken to during this audit indicated that they had laid a complaint with the Health and Disability Commissioner regarding an aspect of the management of their injury, the Occupational Health and Safety Team indicated that they were aware of this complaint, and had asked the employee concerned whether they wished to lodge the complaint internally, however reported that the employee did not want to lodge a complaint with the MDHB.</p> <p>The MDHB reported that three reviews have been lodged over the past 12 months, none of these have yet been heard.</p>
Critical issues: None
Improvement recommendations: <p>14.1.2 Ensure that concerns/complaints that this the MDHB are aware of are captured on the complaints register, to allow a review of any concerns raised by employees, and whether any improvements can be made to the MDHB injury management process. Concerns that may be communicated to payroll, managers and concerns that may be discussed in weekly monitoring could be included in this register.</p> <p>See the AEP audit guidelines for the definition of “concerns”.</p>

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable) • recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.	1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.	Yes
	2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.	Yes
	3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).	Yes
	4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).	Yes
4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).	1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.	Yes
5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.	1. Designated management responsibilities for rehabilitation are assigned at each work site.	Yes
	2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).	Yes
	3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.	No

Summary of Element 15:

- It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard:
- Primary Tertiary This element has only Primary or Tertiary requirements.
- It is recommended that this employer has *not* met the requirements of Element 15.

Comments:

The MDHB rehabilitation policy, last reviewed in 2020 was the current policy in place at the time of this audit, outlining the MDHB commitment to rehabilitation for injury/illness.

Evidence of MDHB involvement in supporting staff with incapacity due to non-work injury and illness through the return to work process was sighted at the time of the audit.

The Palmerston North based WorkAon Case Manager and two members of the MDHB Occupational Health & Safety Team oversee rehabilitation and return to work across the MDHB, all meet the experience requirements of element 15.4.

The MDHB has held some online injury management training programs for managers, however it was reported that over the past 24 months only 14 managers have taken part in this training.

Critical issues: None

Improvement recommendations:

None.

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes

Details of requirements	Verified by	Achieved Yes/No
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions.	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes
	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 16.
Comments:
WorkAon develop action plans, subsequent action plans and rehabilitation plans in consultation with the injured employee, the manager and the MDHB Occupational Health & Safety Team were required, on behalf of the MDHB.
The MDHB Occupational Health & Safety Team undertake weekly monitoring for staff who are involved in rehabilitation plans, and record this on a weekly monitoring form. The MDHB have updated the weekly monitoring form to include an assessment of potential hazards for staff who are involved in a return to work program.
Some case notes headed “monthly claim review” were sighted on claim files reviewed for this audit. The MDHB Occupational Health & Safety Team representatives who took part in this audit indicated that they do not hold a specific monthly claim review, however are constantly reviewing claim progress as a team. See recommendation for element 18.4.6.
Critical issues: None.
Improvement recommendations:
None.

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	No
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	Yes
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	Yes
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

Summary of Element 17:

- It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 17.

Comments:

Some general injury management objectives are included in the performance indicators measured for the MDHB.

There was not evidence that injury management objectives have been reviewed and updated over the past 12 months. For this reason, the Tertiary requirements of element 17.1.2 have been assessed as not achieved.

See recommendation for element 17.1.

Several of the claim files reviewed for this audit contained evidence of initiation of the vocational independence process.

Critical issues: None.

Improvement recommendations:

- 17.1 It is recommended that the MDHB identify and develop injury management objectives for areas of the injury management process that could be improved, for example:
- Capturing concerns/complaints in the complaints register,
 - Documenting the discussion regarding social, medical and vocational needs in the first initial needs assessment undertaken verbally with an injured employee.
 - Accommodating all staff who have capacity for restricted work with alternate duties.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes

Details of requirements	Verified by	Achieved Yes/No
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

Summary of Element 18:

- It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard:
- Primary Secondary Tertiary
- It is recommended that this employer has *not* met the requirements of Element 18.

Comments:

Eight claim files were selected for review by ACC for this audit.

The Palmerston North based WorkAon Case Manager bought paper copies of claim files for review for the audit.

Not all information required for this audit was available on the printed claim files presented for the audit, and further information was supplied by WorkAon by email following the injury Management audit.

Claim files reviewed for this audit:

- Contained copies of the ACC 45 form that initiated the claim, and subsequent ACC 18 medical certificates.
- Contained evidence that attempts to contact the injured person to undertake an initial needs assessment were made within two working days of the MDHB becoming aware of a work-related injury. The Occupational Health and Safety Team attempt to make contact with an injured person immediately after becoming aware of a work-related injury, while this contact appears to cover the immediate social, medical and vocational requirements following injury, this is not well documented, and a full initial needs assessment is not generally documented until the injured person can have a face-to-face meeting with a member of the Occupational Health & Safety Team. See recommendation for element 18.2.2.
- Contained evidence of referrals based on initial needs assessments, it was noted that not all entitlements were confirmed with entitlement letters, and case notes indicated that some entitlement request had been declined or put on hold without evidence that the decision to decline entitlements was confirmed in entitlement decision letter. As most entitlements did appear to be confirmed in writing, with review rights, on balance has been applied to element 18.2.5, however recommendations have been made for this element on the following page.
- Contained copies of signed consent forms.
- Contained copies of weekly compensation calculation and abatement information. One claim file reviewed for this audit involved an injury following an assault on an employee who is employed under the Nursing and Midwifery Multi-Employer Collective Agreement (MECA), which makes provision for 100% weekly compensation to be paid for work-related injuries resulting from assault. There was not evidence that the employee had received written advice they were receiving more than the legislated 80% compensation entitlement in the WorkAon weekly compensation file. On balance has been applied to element 18.2.9 in this instance, as the employee concerned was aware of the MECA requirements to pay 100% weekly compensation.
- Contained copies of action plans developed within seven days of injury notification, where rehabilitation plans have not been developed, and where cover decision had not been made, action plan updates every 14 days.
- Contained evidence of rehabilitation plans developed within 14 days of cover decision.
- Contained evidence of weekly and ongoing monitoring of rehabilitation progress, and evidence of update of rehabilitation plans following the expiry of a previous rehabilitation plan, or changes in circumstances for the injured employee.

Although all elements have been marked as “yes” in this element, Secondary level only is recommended as two verifications were made “on-balance” and did not meet the Tertiary requirements of evidence of a mature system that has been in place for at least 12 months.

Critical issues: None.
Improvement recommendations:
18.2.2 It is recommended that the initial contact made within injured person by the Occupational Health and Safety Team along with information on discussions regarding social, vocational and medical rehabilitation requirements is documented in case notes.
18.2.5 Ensure that decisions to approve or decline entitlements are confirmed in writing with review rights, even when entitlement requests have been made verbally.
18.2.9 Ensure that where staff are receiving more than their statutory 80% weekly compensation entitlement for a work-related injury, those staff receive written confirmation that they are receiving more than the statutory entitlement, recommendations to improve the payroll processes for this situation have been made in element 11
18.4.2 Consider including information on: <ul style="list-style-type: none"> • What information is required before a cover decision can be made and; • The timeframes in which this information is expected in subsequent action plans. (Not an audit requirement).
18.4.6 It is recommended that the MDHB Occupational Health & Safety Team review ongoing rehabilitation plans at least monthly as a group to review rehabilitation and recovery progress and identify any barriers to recovery/return to work that may require a change in strategy for the rehabilitation plan. The outcome of these monthly reviews could be captured in case notes.

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

- It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:
- Primary Primary is the highest level of achievement for this element.
- It is recommended that this employer has *not* met the requirements of Element 19.

Number of case studies undertaken:

Three case study interviews were undertaken with employees whose injury claims had been selected for this audit.

All interviews were held over Zoom meetings.

Positions and interests of those interviewed to support employee's perspective:

Those interviewed to support the employee's perspective of injury management at the MDHB included the three staff interviewed for the focus group meetings and staff involved in the employee focus groups, who included some staff who had personal experience with a work injury management process, Health and Safety Representatives and a Union Delegate.

Positions and interests of those interviewed to support employer's perspective:

Those interviewed to support the employers perspective of injury management at the MDHB included the managers involved in the management focus group, the WorkAon Case Manager who manages work-related injuries for MDHB staff two of the staff in the MDHB Occupational Health & Safety Team who are directly involved in overseeing injury management at the MDHB.

Comments:

Most of the staff who have suffered work-related injuries confirmed that their injuries were reported at the time, one employee indicated that they felt their injury was minor at the time it occurred, and only reported their injury once medical treatment was required.

Employees interviewed confirmed some follow-up from their manager after the Riskman report.

Most of the staff interviewed who had personal experience of the work injury management process were aware of the MDHB's role in managing work-related injuries.

<p>All employees confirmed receipt of cover decisions.</p> <p>Where cover had been declined, employees confirmed that the decline decision had been conveyed to them verbally prior to issuing written notification.</p> <p>Some employees made the comment that being phoned to discuss unfavourable cover decision while in the middle of a busy work day was not appropriate, and did not give them the chance to fully understand and discuss the unfavourable decision, see recommendation for 19.5 below.</p>
<p>All employees confirmed early contact from the Occupational Health & Safety Team and their manager after their injury.</p>
<p>Employees interviewed confirmed an understanding of their responsibility to participate in alternative/restricted duties as part of the rehabilitation process.</p>
<p>Most of the employees spoken to were aware of the complaints process, should they be unhappy with cover/entitlement decisions or some aspect of the management of their injury.</p>
<p>Employees interviewed confirmed involvement in discussions regarding alternative duties as part of the development of their rehabilitation plan, either with the Occupational Health & Safety Team, or an Occupational Therapist.</p>
<p>Most employees spoken to recalled being offered the opportunity to bring a support person to any meetings/discussions regarding the management of their work-related injury.</p>
<p>All employees who had periods of incapacity due to their injury confirmed that they received regular contact from the Occupational Health & Safety Team.</p>
<p>Most of the employees spoken to were satisfied with how their injury was managed, some reported that there were areas they were unhappy with, including being questioned regarding the alleged severity of their injury.</p>
<p>Critical issues: None.</p>
<p>Improvement recommendations:</p>
<p>19.5 When phoning a staff member to communicate an unfavourable cover/entitlement decisions, consider setting a suitable time for the conversation to allow the employee time to discuss the reasons for the unfavourable decision.</p>

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace.	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. . #The collection and storage of work and non-work claim information in relation to any applicable Privacy Acts and Health and Information Privacy Codes	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:

Primary Primary is the highest level of achievement for this element.

It is recommended that this employer has *not* met the requirements of Element 20.

Number of focus groups undertaken:

Three focus groups were undertaken for this audit:

- A manager's focus group at the primary site involving six managers (four face-to-face and two by Zoom).
- An employee focus group at the primary site involving five staff.
- An employee focus group at the secondary site involving six staff.

Positions and interests represented in the employee focus group(s):

Those involved in the employee focus group meetings included District Nurses, Staff Nurses, and Enrolled Nurse, Registered Nurse, Administration Support, Retail Assistant, Engagement Coordinator, Digital Content Specialist, Customer Service Facilitator.

Three focus group participants were Health and Safety Representatives, one participant was a Union delegate from the NZNO.

Positions and interests represented in the management focus group:

Those involved in the management focus group included: Operations Executive, Mental Health Supervisor, Charge Nurses, ACN's and Locality Manager,

Comments:

Focus group participants highlighted moving and handling people and objects such as beds and equipment, violence from patients and other visitors to the sites, slips/trips and working in the community as some of the main hazards facing staff at the Horowhenua site and the Enable Support site.

There was mixed feedback from focus groups regarding the effectiveness of controls for the above hazards, the Horowhenua site indicated that some equipment for moving bariatric patients or patients who have fallen in tight spaces was not immediately available in the Horowhenua Health Centre and needed to be transported in from Palmerston North when required.

Focus group participants highlighted the benefit of a security guard presence at the Horowhenua Medical Centre.

Client facing staff at Enable Support indicated that they have not received specific training regarding dealing with challenging behaviour.

Hazard reporting processes including Riskman and verbal reporting to manager were reported to be effective by focus group participants.

Incident and accident reporting processes were also well understood, there was some variation reported in how well minor injuries and incidents are reported across the groups covered for this audit.

Managers confirmed their responsibility in investigating reported incidents.

While Riskman does not track the status of corrective actions, managers confirmed that they would receive reminders regarding open incidents that required investigations.

Participants in the employee focus group indicated that not receiving the results of an incident investigation for an incident they have reported was a frustration.

While all focus group participants were aware of the existence of Health and Safety Representatives and the local Safety Committee, a number indicated they were not aware of who their local Health and Safety Representative was.

While emergency procedures were relatively well understood at both locations, staff and managers at the Horowhenua Medical Centre indicated that warden training had not been refreshed for some time.

Most focus group participants were aware of the MDHB's role in the management of work-related injuries.

Most focus group participants had had little experience of the work injury management process.

Those participants who had direct experience reported they felt that the MDHB did a good job of looking after injured staff.

All focus group participants were comfortable with how personal medical information was collected and stored within the MDHB.

Most focus group participants had some understanding of the complaints/review process available for staff who may be dissatisfied with some aspect of the management of their work-related injury.

All focus group participants confirmed a focus on providing alternative duties for staff who were unable to carry out their normal role due to injury/illness.

Managers indicated that work would be rare that an injured staff member with capacity for work could not be accommodated somewhere within the sites reviewed for this audit.

Staff and managers indicated that while physical hazards to staff were relatively well controlled, there were still ongoing psychosocial risks of staff and managers, mainly related to short staffing which then has a flow on effect long working hours, workplace stress and challenging behaviour from patients and families.

Critical issues: None

Improvement recommendations:

Recommendations for improvement that arose from the focus group meetings included:

- Review whether equipment needed for immediate patient moving requirements, such as hover mats are sufficient at the Horowhenua Medical Centre.
- Review the need for formalised training requirements for staff at Enable Support, including de-escalation training, dealing with difficult phone calls and moving and handling training.
- Formalise risk management processes for staff working in the community at Horowhenua and Enable Support.
- Consider how staff who report an incident can receive feedback on the incident investigation outcome.
- Ensure the identity of Health and Safety Representatives at Horowhenua Medical Centre and Enable Support is communicated



MIDCENTRAL DISTRICT HEALTH BOARD

ASSESSMENT OF RADIATION ONCOLOGY
WORKPLACE CULTURE – NOVEMBER 2017

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Appendix: Review Terms of Reference

NB: The author has used the term ‘Assessment’ rather than ‘Review’ in order not to confuse the process with a review of clinical treatment and/or staffing within the Service.

Assessors Note

The assessor would like to thank all who participated in this Assessment. Participants’ free and frank views and suggestions assisted the assessor to come to her conclusions.

1. Executive Summary

The catalyst for this Assessment was the formal raising of concerns by a staff member about the Radiation Oncology workplace culture. MidCentral District Health Boards (MDHB) Leadership Team responded by establishing this process.

The Terms of Reference indicate that the Assessment is solely focused on workplace culture and is not a review of the clinical care provided or service delivered by Radiation Oncology. In order to assess workplace culture an extensive interview process with the majority of staff employed in the Radiation Oncology Service was undertaken.

In general staff were pleased that the process had been instigated. A small group were surprised that the situation had reached a point where such a process was necessary. The majority of staff took the approach that the Assessment was an opportunity to identify things that were not working well for staff and suggest actions that might improve the work environment and thus workplace culture.

Nine themes emerged from the staff interviews and are outlined and commented on in the report. The nine themes are:

- Teamwork
- Change resistant culture
- Radiation Therapist Management Team
- Clerical/Administration Co-ordination
- Communication
- Bullying Culture?
- Full time – Part time Mix for Radiation Therapists
- Radiation Therapist – Medical Physicists Relationship
- Patient Centred Service?

Radiation Oncology continues to provide a safe and comprehensive service for the people who need to use its treatment services. Notwithstanding this many of the staff within the service indicate that there are aspects of their workplace culture that need improvement. The reasons are multi-factorial and complex.

Longevity of service at MDHB is a particular feature across Radiation Oncology. Longevity of service has both positive and negative impacts and in the assessors view some negative aspects have contributed to the current situation. The assessor identified a degree of inertia amongst staff which for a minority was bordering on disengagement.

It is understood that the Palmerston North Hospital Service previously enjoyed a reputation as an innovative national leader in its specialty area. Key staff within the service indicate this is no longer the case. There is a willingness to reset and refresh the vision and direction for the service from its current clinical and service leaders. While the replacement of ageing equipment will no doubt play a significant role in this development, it must go hand in hand with improvement in workplace culture.

The Assessment Report makes nine recommendations aimed at improving the workplace culture including the development of Service Improvement Plan linked to the organisations 'Happy, Healthy and High Performing - Our Plan for our People' strategy. It is recommended that the Radiation Oncology Improvement Plan is developed with staff and progress is regularly shared with them.

While identifying issues with the current workplace environment the assessor also noted significant goodwill amongst staff to improve the situation. Improvement is in the hands of the staff with leadership from designated Service leaders.

2. Scope:

The terms of reference (appendix A) indicated that the purpose of the Assessment was to:

- Identify the expectations of staff within Radiation Oncology about their expectations of a culture where they would feel happy, safe and engaged;
- Identify the 'current culture' within Radiation Oncology, including any specific issues and challenges for staff, as well as positive aspects that can be built on;
- Identify the 'gap' and make recommendations in relation to supporting the team and its leadership to develop and improved culture in which all Radiation Oncology staff feel supported and valued, and can contribute to their potential and which aligns to MDHB's organisational values.

In scope is the analysis of staff feedback in relation to the current culture of Radiation Oncology (including any subcultures that staff experience). Out of scope were issues relating to a reduction or increase in full time equivalents or anything related to Multi Employer Collective Agreements. As previously indicated the Assessment did not include a review of the treatment or delivery aspects within the service.

3. Assessment Process:

The assessor was initially contacted by MidCentral District Health Board (MDHB) about the Assessment on 9th August 2017. Given the requirement to commence the process as soon as possible the assessor made arrangements to be on the Palmerston North Hospital site on the 16th August.

Interviews were conducted with staff and management on the 16th, 17th, 18th August and again on the 5th, 6th, 7th and 8th September. Seventy-four (74) staff were interviewed face to face, three (3) were interviewed twice and two (2) by telephone during the week of the 11th September and a further face to face meeting with one on the 22nd September.

The assessor was contacted by one of the Unions representing staff in Radiation Oncology. A telephone interview was conducted with the National Secretary.

The assessor had access to relevant organisational documentation which provided context for the review and received various documents from a small number of staff during the interview process.

4. Context:

Radiation Oncology is part of the MDHB Regional Cancer Treatment Service (RCTS). The specialist services within Radiation Oncology are: Radiation Oncologists, Radiation Therapists, Medical Physicists and Nursing services. These services are supported by the administration team.

RCTS is a tertiary service within a secondary service public health provider. One of six publicly funded Cancer Treatment Services within New Zealand. The service also provides clinical placement and teaching opportunities for radiation oncology registrars, student radiation therapists and physics registrars.

Longevity of service at MDHB is a particular feature across this service. The leadership team ie Acting Service Director, Medical Head, Charge Radiation Therapist, Charge Nurse and Acting Chief Physicist

have eighty-seven (87) years, service between them at MDHB. On average radiation therapists have ten (10) years current continuous service, registered nurses 11 years and medical physicists 13 years. A significant number of the radiation therapists were also attached to the area as students

The assessor was informed that RCTS is the third largest radiation oncology service in New Zealand. Despite this the service is not extensive and this imposes limitations on career opportunities for staff if they are unable or unprepared to move out of the Palmerston North area. In addition there is limited opportunity for advancement within the various specialties' structures.

The Radiation Oncology component of RCTS is relatively self-contained in terms of its physical environment. Radiation therapists generally do not leave the department during their working day, even for breaks, preferring instead to use the staff rooms within the area. Interaction with the wider hospital environment appears to be relatively limited.

The assessor was informed that the key equipment within Radiation Oncology, namely Linac's, are mostly ageing and considerably slower than machines in other centres. A new CT was being commissioned at the time of the Assessment.

A key issue within the Radiation Therapist workforce is the perceived lack of flexible hours (part time). At the time of writing this report the Radiation Therapist workforce consisted of:

- 27 RTs full time (1fte)
- 14 RTs part time (ranging in fte from 0.5 to 0.9)
- 5 RTs casual
- 2 RTs on parental leave
- 1 RT on leave without pay (1fte when at work)
- 1 RT on long term sick leave (1fte when at work)

One catalyst for this Assessment was the receipt by the Chief Executive Officer, MDHB, of a Provisional Improvement Notice (PIN) issued by a Radiation Oncology Health and Safety Representative on the 4th August 2017. The PIN was issued under section 69 of the Health and Safety at Work Act 2015. The brief description contained within the PIN indicated that there was a 'Failure to respond by managing identified hazards and risks associated with poor workplace culture, inappropriate and bullying behaviours.'

5. Themes from Staff Interviews:

A number of themes emerged during the staff interview process. Those identified below are derived from issues articulated by many staff. Individual concerns related to a specific staff member's terms and conditions are not addressed in this report.

5.1 Teamwork

A common issue identified by interviewees was the lack of team work across Radiation Oncology. As one medical practitioner described it, 'everyone works well but not as a well-functioning team.' Another, when asked to describe what they observed in the service said 'I see disgruntled, sad people who appear to have had their wings clipped'.

Other staff indicated that while the team culture was not perfect it was improved on what it had been but noted that 'silo thinking and acting' continues to be alive and well within the service. Along with this some staff identified the lack of clarity around their role, ie what they were and were not allowed to do with a patient before referring on to another part of the service as a source of confusion.

A number of staff commented on the lack of vision within the service and the fact that they are not really aware of where the Service is going and thus feel disengaged and 'just come to work and do my job and go home again'.

Some staff identified poor performance on the job, and a lack of addressing this with a few individuals, as detrimental to the development of effective teamwork and sometimes compromising optimum patient care. A number of reasons were put forward as to why these situations have not previously been addressed ranging from, 'they have always been like that and previous management did not address it', through to 'the individuals concerned create real tension in the wider team if approached and thus everyone, including current management, take the line of least resistance.'

5.2 Change Resistant Culture

'The Palmerston North Way' was a term used by a number of staff. Interviewees indicated that change was difficult to implement in the Service because there is a critical mass of staff who had only worked in the Palmerston North Service and while they may say they are willing to entertain new or different ideas, in reality little changes. Staff observed that work appears to be compartmentalised and new ideas are not necessarily welcome. Some described the process around change as being long and tortuous, ie things move very slowly.

There was a general perception that a staff member had to be brave to speak up with new or different ideas because to do so often invited dismissal of those ideas and gossip and innuendo from colleagues and managers if the ideas were not perceived to be in line with the prevailing view in the Service.

The assessor was told on a number of occasions that the Palmerston North Service had once been viewed as innovative and a national leader in the specialty area. The almost unanimous view of those interviewed was that this was no longer the case. Acknowledging that the clinical service provided continued to be of a good level many staff nevertheless felt it was no longer a leader within New Zealand. While some attributed this to the lack of new equipment within the service the majority did not, instead identifying a rather disjointed team culture with a lack of overall Service vision and direction.

5.3 Radiation Therapist Leadership Team

In this section the Leadership Team referred to includes the Charge Radiation Therapist, Head of Planning, Head of Treatment, four Linac Supervisors, Planning Supervisor and CT Supervisor. Leadership styles have a major impact on staff often beyond just direct reports. It was reported that some aspects of senior radiation therapist staff behaviour at work does not set a good role model for staff to follow. A number of staff acknowledged how difficult managing in the current health environment is but indicated that common courtesies such as the occasional thank you for a job well done, would not go amiss. It was also reported that an individual within the seniors' team occasionally used what was perceived as demeaning language to staff from different cultural backgrounds. While the intent may have been in jest, this was not how it was received.

A common issue raised with the assessor during interviews related to the Charge Radiation Therapist and the Head of Planning. Staff are aware that these two staff are a couple. The perception of many was that this professional and personal relationship impacted on the radiation therapy team. The majority of staff who raised the issue considered that both employees behaved professionally at work but indicated when they had a professional disagreement within the department the impact was often negative for other staff. This was not because of the professional disagreement but because other staff perceived a professional disagreement must equal a personal one and thus tension in the

environment was raised. The assessor canvassed this matter with both of the people concerned and they independently agreed that managing others' perceptions around their personal/professional relationship was one of the most difficult aspects of their roles.

The organisation has put in place mechanisms around this situation ie the Head of Planning reports to the Acting Service Director not the Charge Radiation Therapist. While some staff were aware of this they indicated it did not make any difference to the perceptions of most staff in the area.

Typical of many specialist units within the health sector, staff are promoted into senior positions because they are technically proficient and senior roles require a specific technical skill set to carry out the role. The assessors observation was that very few of the senior team in the radiation therapy area had undergone specific leadership/management, including staff management, learning. A number had attended one or two management related, internal to MDHB sessions but there was no overall plan for the development of management, including people management skills within the area.

Another common issue raised by staff related to the availability or otherwise of opportunities for staff within the radiation therapy area. Being a medium size department it was acknowledged that there are only so many positions available for promotion, and with staff longevity these will only arise occasionally. Thus the opportunity to work on specific projects or 'fill in' for specialist staff while they are on leave assumes greater importance. The staff were equally divided on how these opportunities are allocated. One half considered that the process was open and fair and the other indicated the process was fraught with favouritism, ie those who are compliant and agree with the prevailing management view are 'shoulder tapped'.

As indicated previously many staff in radiation therapy have worked in the department for many years, and this is also true of the senior roles within the area. The Charge Radiation Therapist, Head of Planning and Treatment, Linac Supervisors (4), Planning and CT Supervisors have 174 years' current continuous service with MDHB between them. Obviously not all of their service has been in senior roles but the perception of staff within the area is that they have developed strong professional and personal relationships over that time. While this can have many benefits for the service it can also be perceived as a barrier. A common perception of many staff is that if you are not 'in' with this group and prepared to be influenced by them you will not be considered for the available opportunities for career enhancement.

5.4 Clerical/Administration Co-ordination

A number of clerical/administration staff interviewed indicated that there needs to be more effective coordination of their service within the department. Currently they report through to the Acting Service Director but most considered that she is too busy to manage some of the day to day issues that arise for them. Some expressed the view that they are not adequately included in change processes that will directly impact on their work and occasionally find out about changes only when they are meant to be implementing them.

While the Service support staff are scheduled to meet monthly with the Acting Service Director, their meetings have often been cancelled in recent months due to other priorities. All clerical/administration staff interviewed enjoy working with patients and their families, some describing it as a privilege to get to know the patients over the time they come to the service for treatment. Some observed that the service needs to have a greater patient focus particularly when the organisation seeks to change systems and processes to make things more efficient. In their view these changes do not always benefit patients. They consider there should be greater inclusion of patients using the Service and clerical/administration staff in any change process.

5.5 Communication

It was acknowledged by most staff that it is difficult to please all of the people all of the time when it comes to communication within the service. Nonetheless the majority of those interviewed made comment about aspects of communication that could be improved.

A number of the staff consider that communication is very 'top down' and the mechanisms for a two way flow of information are limited or if they exist, there are perceived barriers where the information flow stops. This was described both within areas and across the service. Issues related to service changes or asking staff to take on or cover other roles were reported as not being communicated well with the person required to make a change being the last person to find out on more than one occasion.

A very common comment from a significant majority of staff was the amount of 'gossiping' and 'chatter' that goes on. While this was common across the service it was predominant in the radiation therapy area. The reasons given for this were varied and range from 'our Linacs are slow and thus there is time to fill in' to the 'lack of truly two way and regular communication channels mean staff fill the void with chatter and gossip, sometimes about the service, but more often than not about others working in the area'.

In general staff reported that feedback is not given or received well in the Service, particularly in radiation therapy space. While it was acknowledged that formal mechanisms are in place for feedback at specific points eg at the end of a rotation, many staff felt the process was not as constructive as it should be. They considered the lack of ability and lack of understanding about giving and receiving constructive feedback created considerable tension in the area. The staff who raised this all thought that there needed to be an active learning programme for all staff in relation to how to give and receive feedback. A small group of interviewees considered that it would be beneficial to introduce 360 degree feedback into the area once staff understood what it was and how it worked and a suitable mechanism was established for it to be done effectively.

5.6 Bullying Culture?

Some longstanding staff indicated that their perception was that radiation therapy has long had a bullying type culture but that it has become worse in over recent months. As always there were different perspectives and what appears to be bullying to one person was seen as 'management' of the area to others.

The organisations definition of bullying states: 'Bullying is generally a pattern of repeated, persistent, unwanted, unwarranted and detrimental behaviour that is intended to target and victimise the recipient. Bullying may be overt or covert and may include acts to undermine and/or humiliate the recipient. Bullying can be an abuse of power and makes the recipient feel upset, threatened, humiliated or vulnerable', (MDHB Policy for the Preventing Unacceptable Behaviour, Harassment and Bullying 2016).

The assessor met with a small number of staff who articulated aspects of the above definition. There was a greater percentage of the staff who identified an ongoing culture of 'targeting' individuals which they interpreted as potentially bullying, as it was sustained over time. The assessor was advised that 'lots of staff' have been referred to the Employee Assistance Programme in the last couple of years.

It was the assessor's observation that throughout the interviews there was a tendency from some staff to blame those who raised issues within the Service. Staff who hold designated roles ie health and safety or union delegates, have been singled out over time as 'making more of something than

was the reality', 'seeing things that were not there' or 'going looking for things that they could complain about'.

This was not described as a new development but something which has occurred to successive representatives over time, to a greater or lesser degree. These types of comments were not confined to one person and it appeared to the assessor that there is potential for anyone who proffered an opposing perspective within the service running the risk of being 'labelled' and thus treated differently from other staff, particularly if they persisted with their expressions of dissatisfaction.

Having identified the above trend the assessor is also cognisant that the approach used by the designated staff spokes people can make the difference between a successful working relationship with the organisation and an adversarial one. The recent issuing of the PIN (in lieu of the potential of constructive dialogue with management), while well-meaning, could be viewed as a contributor to the recent challenges in terms of relationships between staff and management, specifically in the radiation therapy area. This was the perception of a number of staff.

Expressed in multiple ways eg the 'in/out or have/have not' culture in radiation therapy and to a degree the wider service, was raised by a sizable proportion of the staff during the interview process. A few staff proffered the opinion that because of the nature of the service, staff gave emotionally to patients and their families and sometimes have nothing left to give to each other – this was described as 'lovely to patients – mean to each other'.

Staff could not recall that the Service had ever had any education around bullying in the workplace, what it is, what it isn't and how to deal with it if it happens to you or you see it happening to others.

5.7 Full Time – Part Time Mix for Radiation Therapists

Availability of part time work for radiation therapists came through as one of the key catalysts for disharmony over recent months. Views varied from staff, from optimum patient care requires the current Full Time/Part Time ratio, to there could be greater flexibility without impinging on patient care or continuity. The lack of transparency about how decisions are made when part time hours are available, was a source of concern from a number of radiation therapists.

Many interviewed considered that well qualified staff have resigned from MDHB because of the inflexibility around the availability of part time work. Others considered that staff have unrealistic expectations around flexible hours when they return from parental leave. Some considered that colleagues had a sense of entitlement around this issue, i.e. the organisation owes new parents part time work.

Managers understood their responsibilities in terms of the provision of flexible working arrangements and considered they had established fair processes for the staff in this regard. However, this was not the lived experience of a number of staff interviewed.

5.8 Radiation Therapist - Medical Physicists Relationship

Staff from across the service, other than nursing, commented on the relationship between the medical physicists and radiation therapy areas. The assessor was told that the tension between the two areas was longstanding and the perception is that it is as a result of personality differences with elements of 'turf protection' and 'competition'. A number of staff who have worked elsewhere in New Zealand and internationally, indicated that the relationship of Medical Physicists to the wider service in Palmerston North was different to anywhere else they had worked.

The assessor was informed that common processes in other settings was that radiation therapy planned a patient's therapy, they checked that plan then medical physicists conduct an independent review of the plan prior to its implementation. This is not commonly occurring within the Palmerston North Service. The focus for medical physicists there is limited more too monitoring. Multidisciplinary planning of new treatment is not commonly occurring. The generally accepted medical physicist's role relates to measurement, quality and safety. To minimise any of the multidisciplinary teams role has the potential to impact on quality.

While staff considered the service was safe as far as patient care is concerned they felt improvements could be made. They considered continuous improvement of the quality and safety 'loop' could be more rigorous across the wider RCTS service. Some staff attributed barriers to improvement was in part the result of the radiation therapist-medical physicist relationship, but also the lack of a true appreciation of the value of 'near misses' as a key learning resource in a comprehensive quality and safety environment.

It was acknowledged by medical physicists themselves that their group have not always functioned well as a team. The view was that this had improved in recent months but that there is much more to do in terms of their own team relationships and then their multidisciplinary interaction.

5.9 Patient Centred Service?

A common response amongst those interviewed was that while individual patient care was generally of a good standard within the service, with limited negative patient feedback, the service is generally not truly patient centred. Patient centredness in this instance meaning they are not considered an essential component for consultation in service review or service re-design.

The assessor was informed that when redesigning services, such as the recent CT replacement, neither patients nor all parts of the service were involved in redesigning processes e.g. administration staff. Staff did acknowledge when challenged that if a representative of their group had been involved, that representative had not adequately kept their colleagues informed. This has resulted in people feeling like they had been told of the outcome without any opportunity to contribute their ideas about how processes could be improved for both patients and their own work.

6. Discussion:

Reflecting on the key themes identified above it is clear Radiation Oncology has a workplace culture that is under pressure. The reasons for this are multi factorial and range from observable (to the assessor) distress because personal work arrangements are unable to be met, through to, 'I like my job but things are not right and there is tension everywhere', and many variations in-between. The overwhelming message from staff and most of the management team is that intervention is required to improve the situation. The type and extent of the intervention, as expressed by the staff to the assessor, varied considerably.

The MDHB Organisational Development Plan contains the following critical success factors:

- A positive and productive working environment, driven by a values based, patient centred culture;
- Credible, capable and engaged leadership that is strongly connected with the teams they lead;
- A sustainable workforce that meets both current and future capability and capacity needs, and is reflective of the communities we serve;
- A capable, accountable, empowered and supported workforce, where diversity is supported and embraced, and

- Working together, better and smarter to drive system level improvements in healthcare.

The Radiation Oncology Service has some way to go to achieve the intent of the organisations success factors.

There is no doubt that the current service provides good care to the patients it serves. Staff come to work to do a good job and for the most part appear to deliver. The tension lies in not what the service does but how it is done and thus the impact it has on staff.

The group of staff who identified the source of tension in the Service as being one or two people who were vocalising the dissatisfaction of those who could not get the hours they wanted, were in the minority. It was the assessor's observation that the issues are more complex.

The assessor considers that laying the fault for the issues raised during the staff interviews at the door of the activities of 'representatives', bringing what they consider to be legitimate issues to the attention of management, is too simplistic. There is an observable degree of inertia among the staff, particularly in radiation therapy. Staff are there because they may like what they do but also because they have to be for location, family, financial or all three reasons. Freed from the latter constraints the assessor was told a number would choose to move on or retire given the current work environment.

Staff shortages and thus existing staff having to work harder, was commented on by many interviewed. While there is a significant cohort of staff who have been in the department for many years, there has been 'churn' in those employed more recently and this was commented on by many as a source of work pressure. The explanations from staff for this 'churn' were many and varied, from they could not get the hours they wanted, through to 'they could not stand the working environment'. Exit surveys completed by staff do not assist in identifying any trend.

Radiation Oncology by its very nature requires that patient and staff safety is paramount. Patient treatment is planned and delivered within the context of strict policy, process and monitoring mechanisms. This is as it should be. However, when a workplace becomes too mechanistic and staff feel they are being 'taken for granted' or not truly valued or respected, then disengagement can occur. The assessor observed elements of disengagement during the interview process.

Some complained that basic human interaction courtesies such as acknowledgement from your colleagues/managers at the start of the work day was variable, saying thank you for a good day's work appeared to be missing from many colleagues, seniors and managers. While these types of observations are often articulated by staff when asked about their workplace, they were repeated often enough by individuals for the assessor to consider that they were real for many.

The service delivery model in place for radiation therapy was raised as an issue for some radiation therapists. Rotating staff through the various areas, planning, treatment and CT is seen as requirement for staff to maintain their competence as set down by the Medical Radiation Technologists Board. Over time staff develop greater interest in one area over another and indicated they would prefer to work longer in some areas than others. The assessor did not examine this matter in any depth but would see that it could be useful to discuss with staff who want change how competence can be maintained in a more flexible service delivery model.

Longevity of service is a particular feature of most areas in Radiation Oncology. Longevity in itself can be a very positive feature of any workplace. It can also be a source of disharmony in the workplace particularly if as described above, inertia is an issue. Working with colleagues for a long period can lead to appreciation and respect of their skill and knowledge. Equally the reverse can be true. Elements

of both were demonstrated during the staff interviews. A number of staff described their work environment as 'stuck by history' and 'in need of refreshment'.

The lack of a vision and direction was referred to directly or indirectly by staff from across the service. In some quarters there was seen that there had been inactive clinical leadership over the last few years and a 'don't rock the boat' mentality had prevailed. Issues have not been addressed in a timely manner with one clinician describing that if dissent to a proposal occurred then progress halted. While it was acknowledged that ageing equipment is a barrier to innovation, the more pressing problem is that because there is distrust and a lack of collaboration between the various specialties in the Service, progress is stifled. There can be no doubt that the Service needs to revisit and refresh its common purpose, vision and thus direction.

In resetting the Service's direction it will be important to re-evaluate the leadership and management skills required to be successful. While the assessor was told by a small group of staff that no change would occur in the Service without key personnel being removed, others considered that the leadership and management team were sound, but needed better skills and support to function in a complex health and people environment.

A small number of individuals, mainly in radiation therapy, consider they have been subject to bullying behaviour from some senior staff and managers. The rights and wrongs of each individual case were not within the terms of reference of this Assessment. However, it is generally accepted that perception is reality and thus the perception/reality is that bullying has existed in the Service. From discussions with individuals it appears that how they were dealt with over specific work related issues was the key to their concerns. The behaviours involved will need addressing along with general education for all staff about what bullying is or isn't in the context of the workplace.

The lack of collaboration across the Service was highlighted by many interviewees. The most obvious, longstanding and most commented on issue related to medical physicists and radiation therapy. It is imperative that this relationship works effectively to improve patient care. The assessor was told that working between the two areas has improved in recent months. This must be maintained and enhanced. If staff personalities get in the way of this occurring then Service management must deal with the individuals concerned as a matter of urgency. Similarly it is important that each part of the Service understand where they fit in wider service delivery and how they link with other parts of the Service to benefit patients.

As indicated previously one of the key catalysts for the recent deterioration of the work environment, specifically in radiation therapy, has been the unavailability of flexible working hours. While this has been predominately for staff with young children it is also impacting on mature staff who are caring for ageing parents. The management team are flexible if full time staff have appointments they must keep during the working week for their own or dependant's health and welfare. The real issue is the perceived unavailability of permanent part time work.

Management indicated that Palmerston North Radiation Therapy has the most part time staff of all the six NZ Regional Cancer Treatment Units. A number of staff challenged this. The issue appeared to be what actually constitutes part time. For instance is working 37 or 39 hours a week part time? Technically it is but the staff who challenged management's assertion believed including such limited reduction in full time hours, inflated the ratio of part time to full time staff. A number of staff who have worked in other NZ Units and overseas indicated that staffing models were more flexible elsewhere. The majority recognised that patient safety is paramount but considered that an

essentially Monday to Friday, set hours service, should be able to ensure patient safety while exploring different staffing models.

Staff also recognised that there needed to be set rules around job sharing arrangements for instance a set 3 days/2 days and that those involved should be of a similar skill set. One of the most common complaints heard from staff was the lack of transparency about how current decisions are made. Managers indicated that they had introduced a third person into their deliberations when they received numerous applications for one or two part time positions. The third party was however drawn from within the service and was not always seen as truly independent. Perhaps bringing a third party into the decision process from the wider service may be more acceptable.

Like many specialist units in the health sector Radiation Oncology can be insular. Staff can, without the influence of their own wider organisation and similar external services, become to believe that their working conditions are less favourable than others. The assessor has not carried out a comparative study to identify if this is the case or not. Engaging relevant staff in finding solutions to the perceived inequities is key to a successful solution. Ways need to be found to have open and fair discussion with all staff. The Multi-Employer Collective Agreements (MECA) provide the parameters within which the Service must be staffed. Open, well facilitated, discussion can then arrive at a practical, accepted outcome. If the process is seen to be fair and reasonable the outcome is more likely to be accepted.

Actively involving staff in decisions about how they work and provide treatment to the people who use the service is a key to success. However, the real focus for the Service should be to become truly patient centred. The overwhelming sense the assessor received from the interviews was that while patients might receive good care, that care is delivered in a way that essentially suits the service and the people working in it. As one clinician said 'patient centred? We all think we are then we go and deliver it to suit ourselves'.

The assessor understands that when complex modalities are involved in treatment it is not always practical to have systems and processes that suit patients. Unfortunately we have rarely, in NZ, involved patients in the design of the service so we do not have the benefit of their views. Experience of patient engagement in service redesign in other settings suggests patients and their families bring a practical, cost effective approach that when married with technical and other organisational requirements, provides an acceptable, workable outcome for all involved.

It is the assessor's contention that if Radiation Oncology was to truly work towards having patients at the centre of everything they do, the somewhat inward looking service would benefit, enabling many of the issues identified about the workplace culture to be refreshed and refocused.

7. Where to from here?

MDHB has recently reissued its people strategy, 'Happy, Healthy and High Performing – Our Plan for our People'. The strategies, goals and roadmaps contained in that document provide the framework within which Radiation Oncology can establish a plan to address their workplace culture. A plan specific to the Service, developed with staff, that has a clear purpose, is well communicated and meaningful to the people who work in the Service is required. It must be linked to the organisations strategy. Once staff have had the opportunity to consider this Assessment there needs to be discussion with them on how to proceed to develop a plan of action aimed at achieving improvements over time and establishing transparent monitoring of milestones along the way.

When workplace environments are compromised for whatever reasons, there are some basic actions that need to be taken to correct the decline:

- Go back to basics and understand why a workplace culture is so important
- Start leading the right way – align actions with values
- Make acceptable behaviours easy, rewarding and normal
- Reinforce the new culture over and over again.

The most productive way to proceed may not be to spend too much time exploring the current deficits in the Service's culture but to spend time resetting what the desired culture is and build on the existing strengths to improve it. A key element must be to integrate a patient centred approach to everything that is done within the Service. To do this the Service will first have to come to a common understanding about what 'patient centred' means in the Radiation Oncology context. This process should be facilitated by an external to the Service, appropriately qualified person.

The assessor notes the establishment of a Consumer Council for MDHB and sees this as a useful adjunct to developments within the Service. However, a more useful approach to redesign in this instance would be to approach a small group of patients who have used the Service over the last six months to a year and ask them if they are prepared to contribute their time. Recompense could be by way of petrol voucher for their journey to and from meetings. A useful resource for the Service is 'Engaging with Consumers' – A guide for district health boards – Health Quality & Safety Commission New Zealand 2015.

Engaging staff and patient representatives in reviewing the Service's vision, values and direction should be a priority. The newly appointed Medical Head has a positive approach to this process and will be instrumental in it succeeding. The process can be carried out with limited resource if internal to MDHB resources are used. It will require whole of Service meetings from time to time, something which has not occurred for a long time. It is essential to clarify roles and enhance collaboration that all areas of the Service participate in development activities.

The Improvement Plan must factor in when the Service is scheduled to receive new Linacs and other key equipment, as this will impact on development activities and achievable milestones. It should be said that commissioning new equipment will not of itself improve the workplace environment in the Service. New technology must go hand in hand with a change in workplace culture.

It is recommended that the radiation therapy leadership team review the current part time/full time staffing model and how any revised model will be implemented, ensuring active staff engagement in the process. Management must establish the parameters within which such a review should happen, including flexible working arrangements and MECA requirements, engage an external, but internal to MDHB facilitator and facilitate as many staff as possible participating in the process.

Supporting and developing clinical leaders, managers and senior staff in line with the organisations stated intent for 'credible, capable and engaged leadership', will be critical to change within the Service. It is suggested that development plans are drawn up for each designated position and implemented as soon as practical. These need to include external to MDHB programmes in order that the participants interact with the widest possible group with similar leadership/management roles to themselves. 360 Degree feedback mechanisms should be included for staff in designated senior roles. Human Resources can assist with establishing the mechanism which should be carried out at least annually. The 360 degree process should be integrated into the annual performance review. For best results the feedback should be sought from a small number of direct reports/peers, internal and external to the area with equal numbers chosen by the individual concerned and their manager.

Communication was noted by the assessor to be a significant issue for many in the wider Service. It is important that any communication is seen as meaningful. One action it is suggested that Service leaders establish is an 'open door' mechanism. While many leaders say they have this and certainly intend for it to be so, staff more often than not find when they go to the door that the office is empty. Senior leaders need to establish times they will regularly be in their office on a weekly basis and publicise those times to staff. Uptake may be limited initially but if staff come to understand that the time is consistently available, it will be utilised.

Information provided to the assessor indicated that staff performance within the Service had not always been dealt with according to organisational policy. Inconsistency in the application of human resource policies is often the source of considerable disruption in an organisation. Staff are quick to spot inconsistencies and feel systems and processes are not being fairly and equitably applied. Those responsible for staff within the Service must ensure all human resources policies and procedures are fairly and equitably applied, requesting assistance from Human Resources if required.

Education regarding bullying in the workplace must be implemented. If MDHB has a prescribed programme for staff education on this subject then this should be used. If it doesn't then a programme needs to be sourced to implement in the area. It is the assessor's experience that the programme need not be time intensive with the key messages being, what bullying is, what it isn't, what to do if it is happening to you and what to do if you see it happening to someone else. All staff, including designated leaders and managers should complete the programme in groups so discussion can occur.

The giving and receiving of constructive feedback was seen by the majority of staff interviewed as not being done well within Radiation Oncology. Constructive feedback is not always positive and often people need to be taught how to give it effectively. Many staff suggested that they should all be required to attend an in-service programme that provides guidance and strategies. Feedback is a powerful tool but only if it is understood and received positively. For many people this is a learned skill.

The assessor noted that MDHB is implementing the Cognitive Institutes 'Speaking up for Safety' and 'Promoting Professional Accountability' programmes. It is suggested that the Service participate in these programmes sooner rather than later and that they be factored into the Service Improvement Plan. Both initiatives are aimed at assisting the organisation towards achievement of its values and will benefit Radiation Oncology's Improvement programme.

Radiation Oncology as previously described is a specialist unit within a larger organisation. It is also structurally an internal area ie there are few, if any external windows and thus natural light available to staff and patients. The literature acknowledges that physical design of buildings impacts on many aspects of staff and patient behaviour. The current placement of Radiation Oncology is unlikely to change within the wider organisation in the foreseeable future, therefore it is important that Service leaders and managers take all opportunities to vary internal environments, within available resources. Changing paint colours throughout the area on a rotational basis and renewing furniture from time to time, can alleviate some of the impact of poor design.

What would the future look like if the issues identified in the Assessment were successfully addressed? Some staff expressed a view that in their experience of the Service it was likely the Assessment 'would go nowhere' or 'something would start but not finish'. However, others were more optimistic and identified that acknowledgment by Service leaders and managers that there had been issues for individuals and groups of staff would be a start. The words/phrases that were most commonly mentioned during staff interviews regarding what a desired future might look like were (paraphrased):

- Effective communication and leadership
- Clear vision and direction
- Effective multidisciplinary teamwork
- Trust, respect, appreciation and inclusion
- Consistency and transparency
- Patient centred
- Professional behaviour – leave personal baggage at the door – don't gossip
- Flexibility in working arrangements within patient care requirements.

The literature abounds with well researched information about the characteristics of high performance teams. The majority identify similar characteristics. One which captures much of what the Radiation Oncology staff told the assessor they wanted for the future, is from Angela Neumann, a Canadian Executive and Leadership Coach and is available on her company's website at neumannleadership.com. Angela identifies eight characteristics, they are as follows:

- **Sense of purpose**
Team members have a common and shared vision, goals, objectives and values. There's a strong focus on results and solutions, a sense of priorities, and clarity about directions, decisions and how we act
- **Open communication**
Team members express their thoughts and feelings openly, and conflict is surfaced and resolved routinely. People listen attentively and engage in dialogue
- **Trust and mutual respect**
Team members value and support others. They tell each other the truth and provide honest and caring feedback
- **Shared leadership**
Team members assume leadership roles depending on the task at hand and the needs of the group. The formal leader serves as coach and mentor to the team
- **Effective working procedures**
The team knows how to gather, organise and evaluate information. They encourage creativity, innovation and risk-taking, and they plan appropriately
- **Building on differences**
The team optimises the skill, knowledge and personal strengths of its members, individuals seek out different points of view and make use of outsiders
- **Flexibility and adaptability**
People see change as opportunities, they share responsibility and they look for continuous improvement
- **Continuous learning**
Team members encourage difficult and penetrating questions, learn from their experiences and mistakes, and encourage growth and development of other team members.
(Neumann 2014)

These characteristics can guide Service leaders, managers and staff in the preparation of a phased plan that over time will see improvement in the Radiation Oncology workplace culture.

8. Recommendations

It is recommended that:

- 1) Radiation Oncology staff are provided with a copy of this Assessment and it be the subject of the first whole of service meeting;
- 2) The Assessment be used as the basis for identifying a phased Radiation Oncology Improvement Plan, linked to organisational strategies, that is discussed and agreed with staff and patient representatives, and includes identification of the timeframe for commissioning of replacement Linacs;
- 3) The radiation therapist staffing model be reviewed with the involvement of radiation therapists to relook at the service delivery model and flexible staffing options;
- 4) Individual personal development plans are put in place for designated Radiation Oncology clinical leaders, managers and seniors with staff responsibilities;
- 5) The Acting Service Director, Medical Head and heads of each area establish effective 'open door' mechanisms which are regularly communicated to staff;
- 6) Radiation Oncology staff are provided with a Bullying Prevention education programme within three months of receipt of this report;
- 7) A programme assisting Radiation Oncology staff to give and receive constructive feedback is developed and delivered within the Service;
- 8) Radiation Oncology enable staff to participate in MDHBs 'Speaking Up for Safety' and 'Promoting Professional Accountability' programmes as soon as is practical;
- 9) Leaders and managers explore options for refreshing the physical environment within Radiation Oncology within available resources.

9. Conclusion

Radiation Oncology while continuing to provide good service to the people who use its services, has a workplace culture that is under pressure. The Assessment, after an extensive interview process has found a number of areas for improvement which were commonly identified by interviewees. Radiation Oncology has expanded over time but it appears the management practices within the area have not always evolved in line with the number of staff or the changing environment within which the Service operates.

This Assessment was initiated because a staff member complained to management about the workplace culture in Radiation Oncology and followed it up with a Provisional Improvement Notice under the Health & Safety at Work Act 2015. It is recommended that the themes and possible solutions as identified in the Assessment are acknowledged and change implemented to address the issues that contributed to it being undertaken.

Denise Hutchins
November 2017

DRAFT TERMS OF REFERENCE

Review Title	Review of Workplace Culture, Radiation Oncology		
Sponsor	██████████ Acting Service Director, Radiation Oncology		
Reviewer	██████████, Consultant		
Review Start Date	16 August 2017	Project End Date	30 September 2017

REVIEW DEFINITION

Background	<p>In 2016 MidCentral District Health Board (DHB) developed a new strategy to build on the significant developments and achievements of the last ten years. This strategy positions the organisation to continue its transformation to a high performing health system.</p> <p>Within the strategy is the vision for the people management environment, which is outlined in the Organisational Development Plan. It is recognised that the contribution of our people is a critical enabler to the achievement of our strategic imperatives and to achieve that vision of healthy living, quality lives and well communities.</p> <p>The Organisational Development Plan is the key enabler to success. This plan has five critical success factors that define the desired culture:</p> <ol style="list-style-type: none"> 1. A positive and productive working environment, driven by a values-based, patient-centred culture 2. Credible, capable and engaged leadership that is strongly connected with the teams they lead 3. A sustainable workforce that meets both current and future capability and capacity needs, and is reflective of the communities we serve 4. A capable, accountable, empowered and supported workforce, where diversity is supported and embraced 5. Working together, better and smarter to drive system-level improvements in healthcare <p>In August this year a member of the Radiation Therapist team formally raised concerns with the MDHB Executive Leadership about the culture within their team. Following further conversation it was felt that the entire Radiation Oncology team, of which the Radiation Therapists are a part, would benefit from a review of its existing culture with a view to develop a culture that aligns with the organisational vision. Areas of concern focussed on the relationships and communication between staff, as well as between staff and managers, including concerns about inappropriate and unaddressed behaviour.</p> <p>Strengthening the workplace culture is critical to ensure that the Radiation Oncology team is happy, healthy and high performing. Therefore the service is to undertake a programme of work that is future facing; seeking to build the culture needed to support the Radiation Oncology team to achieve excellence in patient care.</p> <p>Building a high performing culture takes time and this review is a first stage. The approach will be to first understand how staff see the organisational vision and values as relevant and visible in their every day work environment, what is the current reality (workplace culture as it is now) and then identify where they would want to be, as well drafting an initial plan for how the team would make this transition. All staff will be included in developing the plan for the future.</p>
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Purpose/ Objectives	<p>To identify the expectations of staff within Radiation Oncology about their expectations of a culture where they would feel happy, safe and engaged.</p> <p>To identify the “current culture” within Radiation Oncology, including any specific issues and challenges for staff, as well as positive aspects which can be built on.</p> <p>To identify the “gap” and make recommendations in relation to supporting the team and its leadership to develop an improved culture:</p> <ul style="list-style-type: none"> – in which all the Radiation Oncology staff feel supported and valued, and can contribute to their potential. – which aligns to MidCentral DHB’s organisational values.
Key Stakeholders	<p>All Radiation Oncology staff Clinical Director RCTS Executive Director of Allied Health Executive Director Nursing Chief Medical Officer Human Resources Unions – APEX, ASMS, PSA, NZNO</p>
Key Participants	<p>All Radiation Oncology staff Radiation Oncology management team</p>
Critical Success Factors/ Benefits	<p>The following critical factors for success have been identified</p> <ul style="list-style-type: none"> • Participation of key stakeholders • Identification of issues and opportunities for improvement in culture • Recommendations as to how improvements in culture might be achieved <p>Benefits</p> <ul style="list-style-type: none"> • Development of a culture within Radiation Oncology which supports a safe and healthy working environment.

Key Deliverables	<p>The review of culture will deliver:</p> <ul style="list-style-type: none"> • Terms of reference • Report and recommendations which will then be used as the basis for developing and implementing a plan for improvement 	
Scope Inclusions/ Exclusions	What is in scope	What is out of scope
	Analysis of staff feedback in relation to the current culture of Radiation Oncology (including any subcultures that staff experience)	Reduction/ increase in FTE
	Recommendations for improvement	MECA entitlements
Key Assumptions	<p>The following assumptions have been made</p> <ul style="list-style-type: none"> • Human Resources will provide guidance to ensure the objectives of this review are met. • The process of gathering information will involve all key participants. • Participants will be able to have a support person at these interviews, if they wish. • Participants are also able to supply their views directly to the interviewer via a written medium. • The report will focus on the definition of any issues and opportunities, and recommend ways to achieve improvement. It is not intended that feedback gathered during the course of this review will be attributed in the report to individuals unless by specific agreement. 	

Key Constraints	<p>Availability of key staff in addition to their normal duties. Variable understanding / knowledge between staff of organisational strategy / vision or development plan Recommendations must be able to be achieved within budget.</p>
Key risks	<p>Lack of buy in to making service wide change Lack of buy in to values and critical success factors Recommendations require investment outside of budget</p>

PROJECT APPROACH	
Project Overview	<p>Steps in this review will include:</p> <ul style="list-style-type: none"> • Review, led by an external consultant – this will include interviews with key participants (may be individual or group meetings), and review of relevant documentation. • Consultant to discuss findings (trends) and opportunities for improvement with the Radiation Oncology staff and other key stakeholders as appropriate prior to finalisation of report and recommendations • Report and Recommendations
Project Cost	Project costs will be identified during detailed project planning

Document Control	Draft V1	Date	11.8.2017
Approved by		Date	

ASSESSMENT OF RADIATION ONCOLOGY WORKPLACE CULTURE



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

A white, hand-drawn style speech bubble sticker is centered on a textured corkboard background. The sticker has a soft, irregular shape with a small tail pointing downwards. Inside the bubble, the words "Thank you!!" are written in a bold, black, sans-serif font. The word "Thank" is on the top line, and "you!!" is on the bottom line, slightly indented to the right.

Thank
you!!



Nine themes noted in the report

1. Teamwork
2. Change resistant culture
3. Radiation Therapist Management Team
4. Clerical / Administration Coordination
5. Communication
6. Bullying Culture?
7. Full time – Part time mix for Radiation Therapists
8. Radiation Therapist – Medical Physics relationship
9. Patient Centred Services?



FEEDBACK IN NO PARTICULAR ORDER, THEME OR EMPHASIS

Nursing doesn't feature, which is a shame because we made an effort to participate

It's a start - but doesn't go far enough

I wasn't asked about how I felt about some of things written there

Admin comments ok but need to talk with the whole team

I would be sad to see the patients read this

I didn't like the quotes and generalisations – 'majority' 'some' 'many'

Communication training needed for all staff

People need to acknowledge their contribution to the culture, be willing to change and then supported to do so

What will management do if people don't or won't change?

It reads as an investigation but assumptions weren't checked, it was more opinions

It was quite long and not easy to read

Would have been nice to see good things, I know I said good things

could have been avoided if senior team members had sat down with the people raising the issue to talk through their concerns and develop an action plan

Things have been better lately

Interpersonal issues are not just the problem, some have been genuinely trying just to do their jobs in difficult circumstances

I couldn't see my views in there

Need distributed leadership – no one person or party being solely in charge of a task or area

.....uncomfortable with some of the personal, I wouldn't like to have own personal life talked about so publically

There are some really nice people who work here

concern for those who speak out – I miss being able to have robust discussion

Planning and physics relationship has really improved

This isn't my experience at work

Thought it was reasonably accurate overall

I look forward to a brighter future

A very positive way forward and I hope everyone participates and we achieve our goals as soon as possible.

Radiation Oncologists have become isolated from the wider team

We all need to understand what "bullying" is.

Didn't really address underlying issues

This is something we can all learn from.

No more reactive short term fixes

Nothing new and should have been addressed already

Clinical (medical) leadership needs to be stronger

The disciplines need to engage and interact more

Lets actually get on and do some stuff

If its what it takes to move forward and keep improving then it's a good thing

Communication is at the root of 95% of any problem.

Disengagement is a really important indicator of stress

Need confidence in any open door policy

Acknowledge compounding grief and that to our eye's we mostly harm our patients not help them- that comes after they've left us

Fund events that build a great culture

How are we going to monitor progress and re-evaluate?

Senior roles should be time limited – rotating positions / opportunities for service

Move away from fault finding to greater tolerance and respect

Focus on improving our human as well as our technical skills

Think about new ideas – safe words, psychodrama, set aside worry time (and leave it behind), hold debates to encourage appreciation of others views, bring joy and warmth to work

There is already great training, community, gender and diversity, giving feedback already – it should be mandatory

Recommendations

- 1) Radiation Oncology staff are provided with a copy of this Assessment and it be the subject of the first whole of service meeting;
- 2) The Assessment be used as the basis for identifying a phased Radiation Oncology Improvement Plan, linked to organisational strategies, that is discussed and agreed with staff and patient representatives, and includes identification of the timeframe for commissioning of replacement Linacs;
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- 9) Leaders and managers explore options for refreshing the physical environment within Radiation Oncology within available resources.

Radiation Oncology Cultural Improvement Plan - themes -

A positive and productive working environment, driven by a values-based, patient-centred culture

Credible, capable and engaged leadership that is strongly connected with the teams they lead

A sustainable workforce that meets both current and future capability and capacity needs, and is reflective of the communities we serve

An accountable and empowered workforce, able to make decisions and take appropriate actions within the scope of their role

Providing on-going opportunities for professional and career development to strengthen our overall capability and maximise individual contribution

Working together, better and smarter to deliver on our strategic priorities

Setting vision,
purpose and direction

Improving teamwork
removing silo's
developing teams

Bringing consumers to
decision making and
leadership

Workplace bullying
training for everyone

Many open doors to
one system
policy

Leadership training
for all in leadership

Replace aging
equipment and update
workflows

Undertake a baseline
survey and use for
future evaluation

Establish a task force,
including consumers,
for flexible hours

Clarify / action the
performance
management process

Acknowledging we
can be change
resistant and then
change

Addressing gossip and
chatter

Implement speaking
up for safety

Giving and receiving
feedback training for
everyone

Develop an action
plan for vacancy
management

Reviewing the
physical
environment

Improvement
plan draft
themes and
ideas

Education and
implementation of
MDHB strategic
imperatives

Greater transparency
over senior roles and
higher duties

Removing
barriers to,
speeding up,
change

Acknowledging
the positive as
well as
challenges

Next Steps

- A further forum on the 20th December to capture any new thoughts
- Written communication summarising feedback, themes for moving forward and process to establish a steering group released 3rd January
- EOI process for steering group closes January 15th.
- Group to include representative staff, leadership, unions, consumers – working with Health and Safety Committee and Occupational Health
- Steering group announced 2nd February
- Work programme commences Feb 2018

Quick improvements in the meantime

- Establish a project for team development for clerical team in partnership with PSA Union
- Continue with TPS project including the perfect day approach
- Finish the CT suite and celebrate opening
- Recruit to vacancies
- Book unacceptable behaviour, harassment and bullying presentation / training for late January
- Invite Chair Consumer Council to meet with staff
- Use RCTS newsflash to improve communication
- Continue the quality improvement programme for the Radiation Oncology outpatient clinic
- Undertake a baseline survey
- Radiation Oncology Tripartite Standard review

INVESTIGATION INTO COMPLAINTS ALLEGING CULTURE OF BULLYING BEHAVIOURS WITHIN CANCER SCREENING TREATMENT & SUPPORT

Terms of Reference

1. BACKGROUND

A written complaint has been received alleging bullying and inappropriate behaviour by members of the leadership team within Cancer Screening Treatment & Support cluster.

The complaint, from **APEX (on behalf of Prashika Poonam)** are attached. In addition a letter to the Chief executive identifying behaviour patterns within the same cluster was received from **Elizabeth Scott**. This letter too is attached.

Also attached by way of background information is a copy of a report (November 2017) undertaken by an independent contractor into the workplace culture of Cancer Screening Treatment & Support.

This investigation has been initiated by the Chief Executive of MidCentral District Health Board.

2. INVESTIGATOR

Alastair Hall, an external lawyer, has been contracted by MidCentral DHB to undertake an investigation into the complaints. Administration support for the review process will be provided by MidCentral DHB's Human Resource Department.

3. PURPOSE/OBJECTIVES

The purpose of this investigation is threefold

Firstly, to investigate the allegations made against the individuals names within the complaint to assess whether the actions of these individuals meet the threshold of 'bullying and harassment' in accordance with the DHB's policies, procedures, professional guidelines, and expected standards on this matter and/or suitable best practice guidelines.

Secondly, to assess the allegations made against the individuals named within the complaint to determine if the actions may constitute inappropriate behaviour' in accordance with the DHB's policies, procedures, professional guidelines, and expected standards on this matter and/or suitable best-practice guidelines; and

Thirdly, to recommend corrective action if any at organisation, team or individual levels as determined by the findings of the investigation.

The investigator will provide this assessment by way of a written report including unbiased findings, conclusions and any recommendations deemed necessary, based on the findings of the investigation.

4. PROCESS/ EXPECTED OUTCOMES

The investigation will be an impartial and independent process conducted in accordance with the principles of natural justice.

The investigation will include:

- Interviews with the complainants and any witnesses or people identified as being able to provide information relevant to the allegations and investigation.
- Provision of signed statements from the above interviews to those within the leadership team that have been named in the complaints.
- Interviews with members of the leadership team named in the complaints to establish events from their perspective, to receive their response to the complaints and signed statements, and to seek clarification as necessary.

Interviews will be conducted either face to face or over the telephone and all interviews will be completed independently of each other. All those interviewed will be offered the opportunity to be accompanied by a support person/ support people, and all interviews will be documented.

A member of APEX, as Prashika Poonam's representative will be interviewed and contact with Prashika will be organised through them.

The investigator will provide an objective assessment of whether the allegations can be substantiated, and, if so, determine the appropriateness of actions against MidCentral DHB policies, procedures, professional guidelines and expected standards.

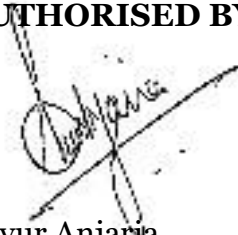
The investigator's findings should state on the balance of probabilities whether the allegation(s) are sustained or not, having regard to the evidence obtained, noting that there are various categories of findings possible, for example sustained, not sustained (insufficient evidence to establish whether the alleged conduct did or did not occur), false (the evidence supports a finding that the alleged conduct did not occur), vexatious (the evidence supports a finding that the allegation was made without substance and with the intent of being malicious or to cause distress to the person against whom the allegation was made), misconceived (the evidence supports a finding that even though the allegation was made in good faith it was based on a misunderstanding of what actually occurred).

A draft of the report will be provided to the Chief Executive of the District Health Board (following consultation with the individuals investigated) prior to being finalised. General Manager People and Culture prior to the report being finalised and submitted to the Chief Executive.

The investigation report is to be submitted no later than 15 May 2019, unless there are reasons that are beyond the control of the investigator. Any extension to timelines must

be discussed with the person authorising the investigation and informed to the people concerned.

AUTHORISED BY:

A handwritten signature in black ink, appearing to read 'Keyur Anjaria', is written over a circular stamp. The signature is slanted and somewhat cursive.

Keyur Anjaria
General Manager, People and Culture

22 March 2019

Attached:

- Copy of the November 2017 report from independent consultant (Denise Hutchins)
- Relevant MDHB Policies and Procedures
- Complaint from Elizabeth Scott
- Complaint from APEX on behalf of Prashika Poonam

MidCentral District Health Board

Investigation Report

[Redacted]

[Redacted] A lastair Hall, Fitzherbert Rowe

August 2019

CONFIDENTIAL

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Introduction

Events leading to the investigation

In a letter dated 27 November 2018, [REDACTED] National Secretary of the Association of Professionals and Executive Employees ("APEX"), submitted a letter of complaint ("Complaint Letter") on behalf of its member, [REDACTED]

The complaint relates to:

[REDACTED]
[REDACTED]
[REDACTED]

In summary, the complaint alleges that [REDACTED] has been subjected to "repetitive and sustained" bullying, by [REDACTED]. In addition, the complaint alleges that [REDACTED] despite being aware of the issues, has not taken sufficient action to address it.

On 23 March 2019, I was instructed by MidCentral District Health Board ("MidCentral" or the "DHB") to undertake an investigation into the issues raised in the complaint, to determine if they had substance.

Terms of Reference

The Terms of Reference sets out the scope of the investigation [Appendix A]. I have been tasked with:

- Firstly, to investigate the allegations made against the individuals named within the complaint to assess whether the actions of these individuals meet the threshold of "bullying and harassment" in accordance with the DHB's policies, procedures, professional guidelines, and expected standards on the matter and/or suitable best-practice guidelines;
- Secondly, to assess the allegations made against the individuals named within the complaint to determine if the actions may constitute inappropriate behaviour in accordance with the DHB's policies, procedures, professional guidelines, and expected standards on this matter and/or suitable best-practice guidelines; and
- Thirdly, to recommend corrective action if any at organisation, team or individual levels as determined by the findings of the investigation.

The Terms of Reference require me to provide this assessment by way of a written report including unbiased findings, conclusions and any recommendations deemed necessary, based on the findings of the investigation.

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¹ Attached as Appendix B. ² Attached as Appendix C.

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[REDACTED]

[REDACTED]

[REDACTED]

Reporting

A draft of the investigation report was provided to the Chief Executive of MidCentral on [insert date], in accordance with the Terms of Reference.

A copy of the draft report was provided to [REDACTED] PEX representative, [REDACTED] and to [REDACTED] on 22 July 2019.

Feedback was requested by 29 July 2019. [REDACTED] requested an extension to the feedback deadline, which was accepted. The deadline extension was provided to all those giving feedback. All of the feedback received is attached as Appendix K.

The feedback received was considered and where appropriate, amendments incorporated into this final report. Some of the feedback identified typographical errors or clarified undisputed matters. Those corrections have been made in this final report, without tracking.

To make the changes from the draft report clear, more substantive comment has been "tracked". The "track changes" appear in red.

[REDACTED] feedback was provided in a separate document. In my view, the feedback is not sufficient to require amendments to this final report. Rather, my response to the feedback, where it is required, is tracked on a copy of [REDACTED] feedback, again in red.³ My comments are attached as Appendix L.

Comment on Delay

It has been just over three months since I was instructed to undertake the investigation.

² The phone interview notes and email from [REDACTED] are attached as Appendix D.

³ [REDACTED] feedback was provided in PDF, which was converted to Word. There may have been some formatting changes as a result.

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Various documents were provided as relevant to the investigation. It was then important to interview [REDACTED] to obtain a clearer picture of the substance of the allegations. For legitimate reasons, my interview with [REDACTED] needed to take place over a number of days. There was then a delay when concerns were raised by APEX about my discussions with [REDACTED].

I then undertook a series of interviews with people who were referred to by P [REDACTED] a in my discussions with her, or who otherwise may have had information relevant to the investigation. APEX, for P [REDACTED], also requested that I speak with [REDACTED]. There was then additional follow-up after interviewing the respondents.

The combination of these matters, along with my own schedule, has meant that the finalisation of this investigation report has taken longer than anticipated. The delay is regretted.

General Conclusions

Having considered what took place in each of the incidents outlined in the complaint letter and by [REDACTED] at interview (along with the more general allegations), my conclusions in relation to the allegations are:

- i) I do not consider that there is sufficient evidence to conclude that the specific incidents referred to involving [REDACTED] amount to bullying. In my view, the allegations were either not pursued by [REDACTED], not made out or had reasonable explanations, which are not able to be discounted.
- ii) I do not consider that there is sufficient evidence to conclude that the specific incidents referred to involving [REDACTED] amount to bullying. In my view, the allegations were not made out or had reasonable explanations, which are not able to be discounted.
- iii) There is no evidence to support the allegations involving [REDACTED]. The allegations were either not pursued by [REDACTED], not made out or had reasonable explanations.

In my view, a number of the allegations involving [REDACTED] were misconceived because they were based on a misunderstanding.⁴

Background

⁴ Terms of Reference: Misconceived – Where the evidence supports a finding that even though the allegation was made in good faith it was based on a misunderstanding of what actually occurred.

Radiation Oncology – MidCentral District Health Board

Radiation Oncology is responsible for the treatment of patients with cancer.

As I understand it, the Cancer Treatment, Screening and Support Cluster at MidCentral has a relatively flat structure. Staff “on the floor” report to some form of charge or coordinator, which then reports to the Operations Executive. The Operations Executive reports directly to the Chief Executive.

Radiation Therapy operate two teams: Pre-Treatment (which includes Computed Tomography (“CT”) and Planning) and Treatment. In Pre-Treatment, a CT scan of the patient is generated, at a doctor’s instructions. The scan is used to develop a personalised plan for the patient, which follows the doctor’s prescription and the department’s protocols. The plan is then delivered to Treatment, where it is implemented and the patient treated.

Within the Pre-Treatment team, there are eight to nine RT’s rostered to planning, along with two or three to CT. In addition, there are four “Seniors”: One runs the CT and in Planning there is a Planning Supervisor, a Planning Trainer and a Planning Specialist [REDACTED].

[REDACTED] is the Operations Executive, with overall responsibility for Cancer Treatment, Screening and Support. [REDACTED].

The team, it seems, is not without its challenges. There was common ground amongst those I spoke with that Radiation Oncology is stretched for resources at present. Recruitment is difficult, particularly for specialist positions. There was also reference to professional differences (primarily between Treatment and the Physicists) and “patch-protection”.

In 2017, concerns were raised by a staff member about the Radiation Oncology workplace culture. As a result, the Leadership Team used an external provider to conduct an assessment of the workplace culture, which included an interview process with the majority of the staff.

The Assessment identified that Radiation Oncology continued to provide a safe and comprehensive service for the people who need to use its treatment services. Notwithstanding that finding, many of the staff within the service indicated that there were aspects of the workplace culture that needed improvement. The reasons were multi-factorial and complex.

The assessors noted that longevity of service within the team had both positive and negative impacts. In the assessor’s view, some of those negative aspects had contributed to the current environment. The assessor identified a degree of inertia amongst some staff, which for a minority was bordering on disengagement.

The Assessment Report made nine recommendations aimed at improving the workplace culture, including the development of Service Improvement Plan linked to the organisation's "Happy, Healthy and High Performing – Our Plan for our People Strategy".

As I understand it, the recommendations made in the Assessment Report have been implemented and a review of its progress has recently been completed.

Bullying and Inappropriate Behaviour

The complaint alleges repetitive and sustained bullying of [REDACTED]. Before examining the complaint in more detail, it is important to understand what those terms mean, within the DHB context and more generally.

Preventing Unacceptable Behaviour, Harassment and Bullying Policy

MidCentral operates the above policy for all staff. The purpose of the policy is described as follows:

The purpose of this policy is to ensure that:

- employees are aware of their responsibilities in relation to the provision of a workplace environment which is free from unacceptable behaviour, bullying and harassment.
- appropriate processes are in place to identify, eliminate, reduce or minimise unacceptable behaviours and workplace related harassment and bullying organisation wide.
- employees are aware of the type of behaviour which constitutes unacceptable behaviour, harassment and bullying and the consequences of such behaviour.
- a formal internal complaints procedure is in place for employees to report incidents of unacceptable behaviour, harassment or bullying, including provision of appropriate, confidential and accessible support for employees involved in or wishing to report these situations in the workplace.
- the principles of natural justice (procedural fairness and due process) will underpin any investigation of any unacceptable behaviour, harassment or bullying complaint.
- employees are aware of their right to complain if they are subjected to unacceptable behaviour or are being harassed or bullied in their workplace and of the existence of the complaints procedure.
- appropriate education is provided for all employees.
- MDHB meets its responsibilities in terms of the Human Rights Act 1993 and the Employment Relations Act 2000 which contain provisions specifically relating to sexual harassment.

The Policy sets out the following responsibilities:

General Manager/Directors/Managers/Team leaders:

Responsible for ensuring that:

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- they role model appropriate, respectful professional behaviour in accordance with MDHB's Code of Conduct, Shared Approach to Work Principles and the relevant professional body (as appropriate);
- they encourage and enable a positive work environment;
- they take responsibility for and directly challenge instances of unacceptable behaviour, harassment or bullying;
- employees are aware of their responsibility to report actual or potential situations of unacceptable behaviour, harassment or bullying in the workplace, and understand the procedures for doing so;
- employees are aware of the education program and encourage participation;
- appropriate steps are taken to deal with identified potential or existing cases of unacceptable behaviour, harassment or bullying in the workplace;
- confidentiality of all parties is maintained, including no inappropriate sharing of information; and
- appropriate support is offered to complainants and respondents.

Employees:

Responsible for:

- Role modelling appropriate, respectful professional behaviour in accordance with MDHB's Code of Conduct, Shared Approach to Work Principles and the relevant professional body (as appropriate);
- taking responsibility and accountability for their behaviour towards others;
- promptly reporting actual or potential situations of unacceptable behaviour, harassment or bullying in the workplace, preferably using the procedures set out in the attached appendix;
- attending the education program as required;
- taking all possible steps to ensure that they do not present themselves to others in a manner that is perceived as unacceptable behaviour, harassment or bullying; and
- participating in and taking the steps required to achieve a safe workplace environment for MDHB and healthy work initiatives as appropriate.

Complainants:

Responsible for ensuring that:

- They maintain confidentiality and only discuss the complaint with the support person or representative, and not other staff;
- any complaint they make is genuine and is made in "good faith";
- they do not act maliciously; and
- they respect that MDHB has obligations to all of its employees and that it needs to investigate matters fairly.

The Policy provides the following definitions:

Unacceptable Behaviour:

Unacceptable behaviour can relate to incidents between employees that are inappropriate for the situation and cause an employee distress and anxiety. These tend to be one-off incidents. Where these behaviours are repeated or accumulate, they may be deemed to be bullying (see below).

Examples of unacceptable behaviour are said to include:

Undermining professional standing or reputation in the presence of others	Isolating or excluding
Undervaluing or ridiculing the person's contribution	Displaying a contemptuous attitude towards other employees
Public reprimands, yelling and/or speaking all the time and not allowing others to be heard	Imposing punishment without reasonable justification
Hostile, verbal and non-verbal communication	Rude gestures and comments
Sarcastic innuendo to undermine credibility	Ignoring and working around someone who should be involved in the process

Bullying:

Bullying is generally a pattern of repeated, persistent, unwanted, unwarranted and detrimental behaviour that is intended to target and victimise the recipient. Bullying may be overt or covert and may include acts to undermine and/or humiliate the recipient. Bullying can be an abuse of power and makes the recipient feel upset, threatened, humiliated or vulnerable.

Examples of bullying are said to include:

Behaviour which is offensive, malicious, insulting or intimidating	Changing an individual's duties or responsibilities to that individual's detriment without reasonable justification
Using verbal abuse or swear words or shouting inappropriately	Undermining status and credibility by criticising in the presence of others
Excessive or unjustified criticism over minor things	Deliberate exclusion from meetings that an individual might reasonably expect to attend
Undervaluing or ridiculing an individual's contribution	Imposing punishment without reasonable justification
Deliberately setting unreasonable objectives or tasks with impossible timescales	Isolation, non-cooperation or exclusion from departmental social events

The Policy also provides, for the purposes of clarity, the following examples of behaviours that are **not** considered to be bullying:

- insisting on high standards of performance in terms of quality, safety and team cooperation
- allocating work to individuals and setting reasonable goals and deadlines
- constructive and courteous feedback at an appropriate time/place
- issuing of reasonable instructions in line with delegated authority and expecting them to be carried out
- managing identified performance/competence issues
- legitimate criticisms made to a staff member about their behaviour or work performance (not expressed in a hostile, harassing manner)

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- giving negative feedback, including in a performance appraisal, and requiring justified performance improvement
- warning or disciplining a staff member in line with policy and best practice
- making a legitimate complaint about a manager or other employees conduct/behaviour
- friendly banter, light-hearted exchanges, mutually acceptable jokes and compliments
- friendships, sexual or otherwise, where both people consent to the relationship
- assertive expressing of opinions that are different from others
- where directions that are directed at the advancement of knowledge, add two critical debate and which are not targeted at individuals
- free and frank discussion about issues or concerns in the workplace, without personal insults; and
- targeted affirmative-action policies, parental leave provisions, or reasonable accommodation and provision of work aids for staff with disabilities etc.

I have adopted the Policy definition of bullying for the purposes of this investigation. I am conscious also that bullying is a serious allegation.

As such, evidence to support the allegation must be as strong as the allegation is grave.

The Investigation

The Complaint(s)

The main complaint document is the letter from APEX union dated 27 November 2018.

The complaint letter is said by [REDACTED] "repetitive and sustained bullying of [REDACTED] [REDACTED]". The complaint letter alleges that:

- [REDACTED] a had faced consistent and repetitive bullying from [REDACTED];
- [REDACTED] have been coordinating and teaming up against [REDACTED] in a sustained and repetitive manner;
- the bullying has severely impacted [REDACTED] well-being and likely jeopardised her physical health. [REDACTED] no longer feels safe to come to work because she fears being "mercilessly re-victimised";
- there is a toxic workplace culture which has not been properly addressed since the Assessment Report. The primary reason is that [REDACTED] a has contributed to [REDACTED] bullying; especially by allowing [REDACTED] to get away with using their positions to act as bullies "despite being the very managers who are ostensibly responsible for implementing the recommendations of the Report".

[REDACTED]

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The complaint letter sets out various bullet points, which are said to support the allegation of bullying by [REDACTED]. In summary, the issues said to support the bullying allegation are:

1. The Planning Team are short staffed and have been under extreme pressure for many months. When P [REDACTED] a suggests operational strategies, she is shut down. [REDACTED] has not supported [REDACTED] s effort to manage the workload with overtime. On one occasion, when [REDACTED] made a suggestion, [REDACTED] verbally slammed her down".
2. A Performance Review for [REDACTED] a undertaken by [REDACTED] was attended by [REDACTED] g rather than [REDACTED] found the change upsetting.
3. As part of the appraisal, [REDACTED] ka received a negative comment about her communication style, which [REDACTED] ka was deeply hurt by. It took weeks of working with HR to get the comment expunged from her appraisal.
4. [REDACTED] a has exhibited poor decision-making in her capacity as the Head of Planning, which has exacerbated the need for overtime.
5. [REDACTED] ika routinely has problems with her annual leave applications, which she submits to A [REDACTED]. Leave applications are said to be declined unreasonably, without justification and inconsistently, when compared with other staff members. [REDACTED] a is required to go through additional steps to get leave approved, which is not required for others. [REDACTED] n does not follow the leave approval process correctly, despite it being a MidCentral requirement.
6. In October 2018, towards the end of her pregnancy and just prior to the commencement of her parental leave [REDACTED] ka was unwell [REDACTED] and A [REDACTED] n that she could not continue performing her supervising duties because it was worsening her health, but they refused to allow her to hand those duties over. The complaint letter sets out the unreasonableness of the actions taken by [REDACTED], which are said to include a requirement for P [REDACTED] a to obtain a doctor's certificate and a certificate from her Lead Maternity Carer. The allegation is that [REDACTED] pleads for compassion while under extreme workplace pressure, suffering from illness, and late in her pregnancy.
7. That the leadership training meetings with all senior staff, supervisors and managers are leading to division amongst the staff and that [REDACTED] la skips over P [REDACTED] ka when going around the attendees and that she is routinely derided as "negative".
8. [REDACTED] a has approached HR on multiple occasions about these problems but HR have not taken any practical steps to address the bullying.
9. When [REDACTED] a went to see [REDACTED] a about [REDACTED] behaviour she did not feel that she was supported or that there was an acknowledgement that [REDACTED] bullying

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behaviour was the cause of her suffering. Rather, blame seems to have been placed on [redacted] ka including that [redacted] sent her for "resilience training" with a psychologist. The psychologist is said to have advised P [redacted] a that she did appear to have been the victim of "[redacted] a".

The allegation is that C [redacted] a has failed to adequately address [redacted] bullying of Pr [redacted] a.

The interviews with P [redacted] a were intended to clarify the detail of the allegations set out in the complaint letter. I worked through the complaint letter with P [redacted] ka addressing each of the nine matters set out above, in turn.

P [redacted] a explained that her complaint is about what she had experienced after she came back from maternity leave in January 2018. P [redacted] a said that there were issues prior to 2018, which she wanted to explain by way of background, but they did not form part of her complaint.

During the course of my discussions with P [redacted] s, it became clear that there was a disconnect between the phraseology of the complaint letter (i.e. serious, repetitive and sustained bullying) and P [redacted] s recollection of events.

Pr [redacted] a said (by way of example):

When discussing her senior review with [redacted] in early 2018:

This was about March or April 2018 and things were okay at that stage. I thought work was going okay and things seemed to be ticking along".

When I did speak to a psychologist, she did say that I appeared to have been targeted. I do not recall her saying "extreme targeted bullying". I am not sure why that is in the [redacted] X letter, it does not reflect what she actually said. I cannot remember if she said bullying or not.

I have looked at the A [redacted] letter again. I do want to say that having re-read it, there are some words that are a bit overblown. For example, "verbally slammed" is too strong.

The combination of the things I have experienced, is why I think it is sustained and repetitive.

In fairness, L [redacted] has improved over time. I think she is trying, no doubt, and she has done good things for me. **I just think I get treated differently to others and it is not fair.**

I just feel that [redacted] do not appreciate what I do, but they do show support for other people. I am not sure whether they just do not like me but I think they hold me back. [Emphasis added].

[redacted]

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Then, having reviewed the various incidents, I have considered whether a pattern of behaviour is able to be established, which might support the allegation of bullying and/or inappropriate behaviour. In doing so, I have considered some of the historical matters referred to by Prashika, albeit that they are not relied on to support the current allegations (Prashika having made clear that the complaint relates to matters since her return from parental leave in January 2018).

That investigative process has been applied to each of the people complained about: Aaron, Lisa and Cushla. The allegations are not the same for each of them and each "respondent" must be considered separately.

Otherwise, I have also considered the context and culture of the team. The reason is that, in my view, a manager's communication style or actions is not able to be considered in a vacuum. Context is important, particularly where there is a suggestion of a more general dysfunction within the team, as there is here.

I have identified the nine specific matters referred to in the complaint, which are considered below.

Before doing so and by way of general observation, reference to historic matters which were not raised by Prashika at the time, or more generally with the organisation, are problematic from an investigative perspective. There is a risk of unfairness to a person accused of wrongdoing, where issues from years past are raised in support of a complaint. I anticipate that is why the Policy requires employees to promptly report actual or potential situations of unacceptable behaviour, harassment or bullying in the workplace, preferably using the procedures set out in the appendix to the Policy.

I am conscious that it would be unfair to the interviewees (particularly Aaron, Lisa and Cushla) to form an adverse view where they are not able to recall the detail of an incident, or even the incident itself. In an employment relationship underpinned by principles of good faith, open and transparent communication and a productive employment relationship, which applies to both parties (i.e. the employer and the employee), raising issues promptly is crucial.

The Specific Incidents

I have considered each of the specific incidents referred to in the complaint letter and by Prashika.

- 1. Prashika's contributions at meetings not valued – in one meeting Lisa "verbally slammed her down".**

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Prashika referred to a meeting she attended circa February 2018, with Lisa, Sam and Emma. Prashika said that she suggested some tweaks on how they work but she thought Lisa "shut her down". Prashika did say though that at the time, this was not a complaint for her and "that is not an incident in my view".

In March (or perhaps May) 2018, Prashika said that she asked Lisa if she could "put a call out" for overtime. Lisa said that it needed to go through an operations meeting first, which is not something that Prashika had heard of before. Prashika said:

For me, it was like an additional road block was being put in place and I was being set up to fail. There was never a requirement for an operations meeting before and I think it is like if I ask anything, the automatic answer is no as they do not like me. I tried not to read too much into it but I was starting to think I just cannot say anything right.

The complaint letter characterises this meeting as Lisa not supporting Prashika's efforts to manage the workload with over time. This is also the meeting where Lisa is said to have "verbally slammed her down".

When I asked Prashika about this, her response was:

In the complaint, it says "verbally slammed her down". I think that's a bit much. She was short and direct with me, forceful, but I would not now use the word "slammed".

Lisa recalled discussing overtime with Prashika in 2018. She said:

I remember Prashika talking to me about overtime in 2018. I remember because Prashika had complained to Cushla about referring matters to operations and that she had wanted to do the overtime audits which I'd said no to.

With the call out for over time, she is right. It does not need to go to operations, I have the authority to make a call on it. But I didn't want to put a call out for overtime because I thought the work could be done "in hours", which it was done. I thought it could be done by others, out of our area, who come in and help. I didn't think the work was urgent enough either, to have to ask people to do it that night.

So I did say I want to take it to operations. I did that because I wanted to discuss my decision with my peers and be able to go back to Prashika with a "we" overview, not just me saying no. I wanted to get away from "Lisa is always saying no". I was very uneasy by then, because of what Prashika has been complaining about.

So, in summary, I didn't say that it had to go there, I said I wanted it to go there, which is quite different.

I do not remember any of the reference Prashika has made to the meeting subsequently involving Aaron. I don't remember being upset or anything like that. This was again, an

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Discussion

I cannot exclude that Prashika simply misheard Lisa about wanting to take it to operations.

In any event, an isolated event of miscommunication cannot amount to bullying.

I note that Prashika appears to have raised the issue with Cushla, but not with Lisa. Lisa may have been able to clarify any misunderstanding at the time.

I have considered Prashika's reference to not being valued in more detail below.

The complaint letter refers to a performance appraisal Prashika was due to have with Aaron as Charge RT and Lisa as her direct line manager. Moments before the appraisal, Prashika was advised that Lisa was not going to do the performance appraisal and that Sam Larking would be present instead.

In our discussion, Prashika said that she was scheduled to have a performance appraisal on 30 May 2018. The appraisal was to be conducted by Aaron, with Lisa in attendance. Prashika said it was just prior to the meeting when Lisa told her that she would not be doing it.

Prashika said that she was taken aback because Sam was her peer and not her manager. Prashika said that she was upset that another team member, rather than her manager, would see the comments she had made in preparation for the appraisal, including highlights and lowlights. Prashika took Lisa's last-minute withdrawal from the meeting as a demonstration of no real interest or commitment to the review process, which was just to "tick the box."

Lisa said that on 30 May, she was not in planning and was not acting as the Head of Planning. She said that she was not ready to do the review and that she went to Prashika and asked if it could be put off or, alternatively, if Sam could do it. Lisa said that Prashika agreed that it was okay for Sam to do it, so the review paperwork was sent through for her to look at.

Lisa said that she would have been more than happy to put the review off and that she did not see the change as an unusual thing, because she had only just met with Prashika about her planning review. Lisa pointed out that the more substantive review meetings are for Aaron and the Head of Planning is just there to provide for the clinical competence side of things, for senior staff.

In response to Prashika's reference to her having pulled out of the meeting at the last minute, Lisa said:

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It absolutely was not that it happened on the way into the room, or that Sam got the paperwork before I had asked Prashika.

Prashika certainly did not say anything to me about being concerned that Sam was involved. I don't agree about Sam seeing the highlights and low lights. The review form that Prashika provided did not include low lights. She had been on maternity leave so the review was more forward-looking.

I thought Prashika was engaged in the process, she explained what she was interested in doing, we talked through her goals and they aligned with our expectations, which were taken through to the objectives.

Cushla recalled that Prashika mentioned the review meeting when she met with her in the middle of 2018. She said:

I recall Prashika also mentioned about Lisa not doing her appraisal and getting Sam to do it. I thought at the time that was not on and not in line with my expectations. I remember asking Lisa and Aaron about it and there was a reason, which I cannot recall, but I explained that I thought it was a poor management decision. We knew that Prashika had raised issues about being reviewed so to have that process rollout edited, I thought was unacceptable. Lisa knows I thought that was a bad idea. I do not think it was malicious; it was just not smart in the circumstances.

I also spoke to Sam Larking about the review process. She recalled doing Prashika's review in 2018, but she could not remember the circumstances. She said that she had done reviews before but not for Prashika. At the time of the review process, Sam confirmed that she was the acting Head of Planning.

There is then a dispute about whether Prashika knew that Sam would be stepping in for Lisa, in advance of the review meeting. Lisa maintains that Prashika agreed for the meeting to go ahead, with Sam present.

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Discussion

I do not consider there is evidence to support that Lisa and/or Aaron included Sam in the

in appraisal; weeks

of working with HR to get it removed.

The allegation is that Aaron made an unreasonable comment as part of Prashika's performance review on 30 May 2018. The comment, included in the review documentation, related to Prashika's communication style and how it might be interpreted by others.

Prashika's concern was that the comment was "retribution" after she had raised the issue of overtime a couple of weeks before.

The complaint letter sets out that Prashika was deeply hurt by this unjustified negative appraisal comment and that it took weeks of working with HR to get the comment expunged from her appraisal and personal record.

Aaron acknowledged that he did make a comment about Prashika's communication style. He said that he had received some feedback from Marie and her treatment colleagues, which was that Prashika had made a statement in a meeting, which some other people reacted to. For the purposes of the performance review, Aaron suggested that Prashika be conscious of non-verbal cues. Aaron said his intention was to give constructive feedback.

Discussion

I have reviewed the Performance Evaluation and Development correspondence completed as part of the 30 May 2018 review. In the "Objectives for the Coming 12 Months" section, Aaron has commented:

[REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

The 7 June 2018 email correspondence from Aaron to Prashika reads:

I am happy to remove this, as discussed it was just an observation and not a substantive part of your goals for next year. Communication for all seniors is a key part of the leadership training and on reflection specific objectives additional to this aren't necessary. Thanks for your feedback, it is a two-way process and we are all looking to improve. I will attach your roster review to the paperwork.

I do not consider that there is any evidence to support that Aaron has acted unreasonably in the appraisal process, or that he gave feedback which was unreasonable, or intended to target or victimise Prashika.

The above timeline makes clear that it did not take "weeks of working with HR to get the comment expunged". Rather, Prashika approached HR, as she was entitled to do. At HR's suggestion, she wrote an email to Aaron, asking for a comment to be removed. Promptly and reasonably, Aaron agreed to remove the comment.

The suggestion in the complaint letter that it took weeks of wrangling with HR to get the comment expunged is factually inaccurate.

4. Lisa has exhibited poor decision-making in her capacity as the Head of Planning, which has exacerbated the need for overtime.

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The complaint letter and Prashika have raised criticisms, generally, about some of Lisa's decisions in her capacity as Head of Planning.

During the course of my discussions with her, Prashika acknowledged that these criticisms could not amount to bullying.

It may be that Prashika disagrees with some decisions that Lisa makes. That does not however mean that the decision was unreasonably reached or that Lisa's actions were improper or unreasonable.

5. Unreasonable refusal of leave: Additional leave application processes required of Prashika and not of others. Aaron not following process.

The complaint alleges that Prashika routinely has problems with the annual leave applications she submits to Aaron. The letter sets out that it is not uncommon for Prashika's leave applications to be declined, when the roster indicates that there is room for her to take it.

The allegation is also that Aaron does not follow the correct leave application process, which includes the completion of a form and the provision of a reason where the leave is declined. The process requires the completed form to be returned to HR. Rather, Aaron is said to verbally decline the leave on occasion, rather than following the formal process.

In addition, leave has been declined "pending Lisa's approval." As far as Prashika is aware, the additional step in the process of obtaining Lisa's approval is only required of her and not of others.

At interview, Prashika expanded on the complaint letter by saying:

On the annual leave thing, I regularly put an application in to Aaron and he declines them, even though the system says that there should be enough cover. It's like leave is approved when there is, for example, 6 people away. Then, when I put in an application and there will be 6 people away, he says that there's too many away and he can't approve it. One rule for others and another rule for me.

In September 2018, I applied to Aaron for leave on Thursday 27 and Friday 28 September because I wanted to go to Auckland to visit my mother. I wanted to fly up and had to go then because it was the last opportunity for me to fly without a doctor's approval. I was pregnant.

Aaron said that I would need to speak to Lisa. Lisa told me that I could not have the Friday because it would not work for the area. I asked her about that because I'd checked the leave planning calendar and it looked like there was cover for me to take the leave, the numbers were fine. Lisa said that it wouldn't work because Sam Larking was going to be in CT, so I couldn't go on the Friday. I explained why I needed the leave and that my Mum was unwell too but she didn't seem interested. I cancelled the trip because I couldn't go to Auckland on one day.

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When I came into work on the Friday, Sam was working, she was not in CT. I talked to Sam and asked if she was going to be in CT. She said no, that she had done all she needed to do in CT the previous week. Chrissy talked to me too, asking why I was there because she thought I was on leave. I said that the application has been declined and Chrissy said that in

So, for me, it seemed my leave had been declined when I could have taken it. I don't know why Lisa did this to me but I can only think that she did it to upset me. She knew what I wanted to do and then declined the leave when there was no need to.

Prashika then went on to say:

Aaron declines leave verbally and does not follow the process, which is to complete a form, where he ticks "declined" and the form comes back to me, with a reason. I don't think the system will show how many times I have had leave declined because he does it verbally.

The other issue is that there seems to be an extra step for me. Aaron approves leave for others, but for me it has to go through Lisa as well. I don't know why I get treated differently with this two-stage process. No one else has that as far as I know. Lisa has never checked with me about others taking leave.

Another time, in November, Lisa asked me to cancel a leave day because she wanted all hands on deck for TPS training. I agreed, no problems. I cancelled the leave and came in and there was no training, it was the next week. I didn't talk to Lisa about it, I'm at the point where I'm scared to raise things.

Other than the matters referred to above, Prashika was not able to provide any other specific examples of when Aaron verbally declined her leave applications. She said in my follow-up phone call with her on 13 July 2019 that some had been verbally declined, but she could not recall how many. She said that she had not kept copies of the forms.

I spoke with Vivienne about the leave application process. MidCentral operates an Annual Leave Policy.⁵ The Leave Policy sets out the roles and responsibilities in the leave application process, including for managers and employees. For example, managers are required to consider all applications for annual leave, make decisions and advise employees accordingly in a timely way.

Where a leave request is declined, managers are required to send a copy of the leave request showing the reason the leave has been declined to the employee and a copy to Human Resources.

Employees are required to manage their own individual leave and ensure that any leave is taken in accordance with this policy and their employment agreement. Employees are also required to submit annual leave requests at least 10 working days prior to the commencement date of such leave (unless there is an agreed local variation to this timeframe).

⁵ Attached as Appendix E.

[Redacted text block]

staff do raise it when they feel understaffed

e

[Redacted text block]

⁶ HR Update; Issue 32 – December 2016. Provided by [Redacted]. Attached as Appendix F.

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going to be there. Otherwise, she could not remember Prashika cancelling a leave day around that time either.

Prashika acknowledges that she has never raised issues around her leave applications with either Aaron or Lisa.

Aaron explained how the leave application system works within the team. He said that he has a leave application tray in his office, which he looks at every Thursday. He has time scheduled in his diary for that purpose. The team also operates a leave planning calendar, which all of the team are able to access. In that sense, the system is intended to be self-governing because people can see that there is no space, so there is usually no application made.

Aaron provided a copy of Prashika's leave application for 27 and 28 September 2019.⁷

It seems that leave applications made a fair way out are usually successful. If an application is made within seven days, Aaron said that people would usually go and see him and talk about it, to see if the leave request could be accommodated nonetheless.

Aaron said:

So the leave process is flexible. For example, 5 might have leave but someone comes in with something urgent. Depending on the circumstances, we might try and squeeze having a 6th away. Usually people are happy with that because it's give-and-take. I think that most

Aaron said that he did refer short-notice applications to the Head of Planning and the Head of Treatment, to check that there were no issues and that the teams would not be left short.

Aaron strongly rejected that he favoured people on leave applications. He said:

It is absolutely untrue that I favour people with leave. If you look through the rosters, you can see who has been given leave. I don't think that Prashika has a huge leave balance, she is able to take leave like everyone else.

I have never had a complaint about my application and administration of the leave allocation before. It has always worked well. The first time this has ever been raised was in the APEX letter. I have never had a complaint that I have been unfair or anything like that, from Prashika or anyone else. There have been comments that sometimes too many people are away and the service is stretched. Often the reason for that is personal circumstance, which is not appropriate to divulge to the rest of the team. Someone has a serious personal matter and they need to be away, I try and accommodate and will not be able to tell others about it. I have been told clearly by the team previously that the flexibility is important to them, not a rigid system, which is what I have been doing.

⁷ Attached as Appendix G.

There are actually times where I should be declining leave but I allow it and it puts pressure on others, because I want to be helpful. I do not manipulate the system to favour some

[REDACTED]

[REDACTED]

[REDACTED] said that leave applications were usually processed with the paper forms, but there was less ability when people wanted leave at short notice. She said that Aaron did ask people to come and check with her about leave, as the Head of Treatment. The same requirement applied for Lisa and the planning seniors.

Marie said:

I think all of the team are treated fairly when it comes to leave. I think the process is quite transparent and there is self-management but we would always be open to reviewing that. I have only ever seen Aaron and Lisa treat all staff fairly when it comes to leave. I think I would see if or have a suspicion if they weren't, which I have never had.

I actually want Aaron to be stricter with leave. I will be the one that goes to Aaron and say that we still have 5 people on the roster who can have leave, but we can't support that and he needs to reduce it to 3. He will quite often not bring it down to the level I want because

I also raised the leave application process with other members of the team.

Sam Larking said:

I am not aware of any issues with the leave system. We apply and it all seems to work out. I have had leave approved and declined before and if anything, I think they are pretty lenient with leave.

Sam could not remember talking to Prashika about leave in September 2018.

Mandy Baatjes said that she had no issues applying for leave and that the leave planner is open for everyone to see.

Simon McDonnell said:

On leave, I've had leave declined on a number of occasions. We have to look at the roster and he has said "I can tell you informally now that the leave is full, you can put in an application though". That's the way it works. It seems to work that way for others. I've not seen anything that looks like leave is dealt with inconsistently. It's pretty tight at the moment because of staffing issues and I know some people ask for leave at short notice, which does

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have a bearing on whether it is approved or declined. It seems fair to me, from what I've seen.

Selena Hardman said that she thought Aaron and Lisa control things and there is unfairness. She said:

A good example is the leave calendar. The way that works is not transparent. The process is not followed and we all knew that things were done that were not right. People would apply

After our follow-up discussion on 13 July 2019, Prashika emailed through a leave application dated 2 October 2018.⁸ She said by way of email that the scribble from Aaron shows that he received it. She said that it was physically handed back to her with a verbal decline from Lisa, the correct process not having been followed.

Discussion

I do not consider that there is sufficient evidence to conclude that Lisa and/or Aaron deliberately manipulate the leave system. Organising leave rosters, particularly for larger teams, can be notoriously difficult. Significantly, managers may need to accommodate short-term but urgent leave requests but not be in a position to communicate the reasons for the leave to other members of the team. That may result in some members of the team questioning the system's transparency. The remedy would be a formal system where short-notice leave applications are not considered, under any circumstances. Forms are submitted in accordance with the leave policy and formally approved or declined, with reasons.

In my view, adopting such an inflexible system would be problematic. For the most part, it seems that the leave system works well and there have been no other issues raised with it.

I accept that Aaron is likely to have verbally declined leave requests made by Prashika, where they are made at short notice or where the leave calendar indicates an issue. I do not think that would be out of the ordinary. To work, the system will require flexibility and "give and take". If, for example, the overall number of people on leave is not at the threshold, but a late leave application meant that three planners would be away, then it may not be unreasonable to decline a leave application.

I note that the leave application submitted by Prashika for 27 and 28 September is dated 19 September 2018. To comply with MidCentral's leave policy, the application should have been made earlier.⁹

⁸ Attached as Appendix H.

⁹ Other applications also made late: 10 September and 3 October 2018. See Appendix I.

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In any event, the form indicates that the leave request was considered at the time it was made. As such, Lisa would have been considering the leave planner at the time.

It may be that on the Friday, Prashika could have taken the leave because Sam was back in planning. The key point though is that Lisa would not have known that when she considered the application. The form also shows that Lisa approved the Thursday leave but not the Friday, noting that there would be no cover and it would mean planning would be short of seniors.

With those points in mind, my view is that there is no evidence to support that Prashika's leave

try and get in that day because she was feeling crook.

I know it was that date because of the medical certificate we received, which was dated 24 October 2018.

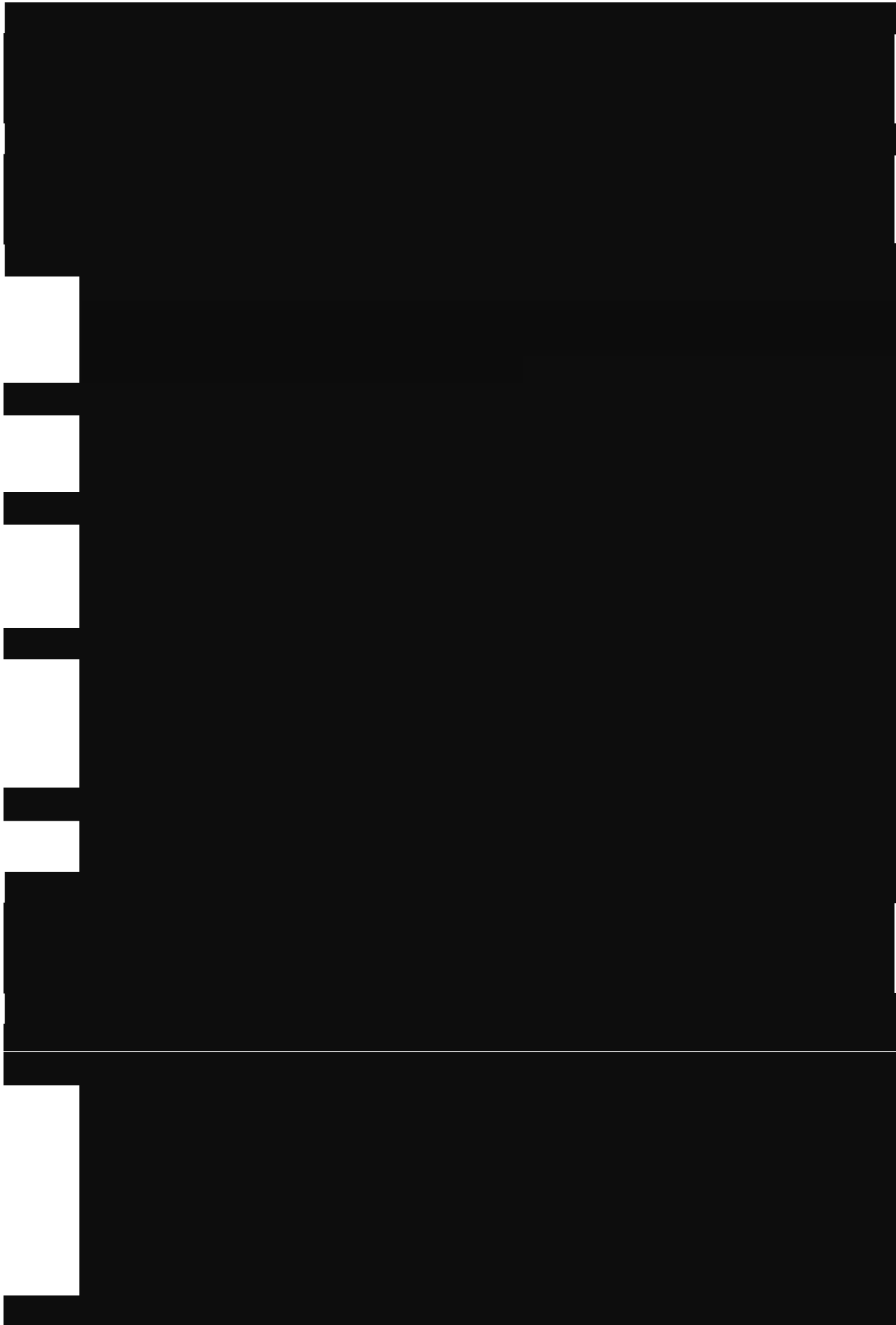
The next day, she came to see me again. She gave me a medical certificate from her midwife saying that she should stand down from some of her duties. I asked if that was enough or whether she needed time off. She said that she could work the hours but asked to be relieved of her senior responsibilities, to take a bit of the pressure off. Within a few minutes, I spoke with Lisa and said that we needed a plan to cover Prashika's supervisor duties. Very quickly it was arranged for Sarah Davidson to cover, which happened later that same day. So within a few hours at most of Prashika raising this with me, we had cover in place for her.

A doctor's certificate never came up in the conversation, I don't know what she's talking about there. She just wouldn't need a certificate if she was not feeling right.

I explained what had happened to Cushla, when she asked me later, following the letter that was sent from APEX. Up until that point, no issue had been raised at all. Prashika was working away and did not say a thing about being treated badly or that I had done anything wrong. I don't think she went to HR about it but she has talked to them about other things, which I have seen from the notes. She worked well up until the time she went on leave and everything seemed fine. To read that letter from APEX was the first time I knew anything about being accused of not being supportive. It was the first time I knew anything about Prashika not feeling well and that we had not treated her right when she raised it. I really do think we responded well, as soon as she raised it with us.

There is no dispute that soon after Prashika presented the certificate from her midwife on 25 October 2018, Aaron arranged for her to be relieved of her supervisory responsibilities.

The dispute is whether Lisa refused Prashika's request for assistance on or about 12 October 2018, and whether Aaron insisted that she work through an unreasonable process involving certificates from a GP and from the LMC.



¹⁰ [redacted] sent through an email with her translation of her own handwritten notes.

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I note that there is no reference in either Vivienne's notes, or in Prashika's subsequent email, to Lisa refusing to let Prashika handover, Aaron "pushing back hard", refusing to accept the medical evidence or that Occupational Therapy would need to contact her GP and ask what was meant by "light duties".

I followed-up with Prashika after I had spoken with Aaron and Lisa, to understand more about the requirement for a doctor's certificate, including whether Aaron received a copy.

Prashika said:

On the 12th, I said to Lisa that I was struggling. I did not go into a lot of detail. That was just a brief conversation. I think she would have seen that I was having difficulty, but I didn't explain them. We clarified that the handover date was the 24th. I was to discuss the handover with Emma and that we could sort it between us. When I went to see Emma, Lisa had already mentioned to her that we could sort it out ourselves.

The next week or the week after I had a gastro bug.

On the 24th, I said to Lisa that I would go to the Dr. I was able to get into the Dr that day. I showed Aaron the Doctor's certificate. I did not give him a copy of the [sic]. That was the 24th of October. Aaron said I need something from my Midwife. I saw the Dr and the midwife on the same day but I was lucky to be able to see them on the same day.

I went and saw Aaron the following day, first thing, and later that day, cover was arranged for me.

I think I went to HR (Vivienne) but I didn't want to do anything about it at the time, I think I was too emotional. I think I went and saw Aaron at about 1.30pm and then I think I went and saw Vivienne later in the day.

I then went and saw Aaron the next morning and gave him the LMC certificate and he arranged cover for me that same day.

Discussion

The allegation, set out in the complaint letter, is that "Aaron and Lisa have been coordinating and teaming up against Prashika in a sustained and repetitive manner. This has extended to ignoring her pleas for compassion while under extreme workplace pressure, suffering from illness, and late in her pregnancy."

There is simply no evidence to support the allegation that Lisa and Aaron have "teamed up" against Prashika around her request to be relieved of supervisory responsibilities.

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Otherwise, I have considered the allegations about Lisa and Aaron separately.

Lisa

The allegation is that Lisa refused to allow Prashika to handover her supervisory duties in a meeting on 12 October 2018. Lisa says that there was never a meeting on the 12th because she was away on leave.

I have checked the leave records, which confirm that Lisa was on annual leave in the [weeks](#)

The leave records do not support that Prashika met with Lisa on 12 October 2018.

It may be that Prashika is mistaken about the date. If there was a conversation though, perhaps on the 24th, there is no evidence to support that Lisa was clearly put on notice of Prashika's health difficulties, or that Prashika made a formal request to be relieved of some duties.

In the circumstances, I think it is more likely that Prashika is confused about the detail of her conversation with Lisa, which she acknowledges was "brief", and that she did not "go into a lot of detail".

I do not consider that there is sufficient evidence to make any adverse finding about Lisa's conduct or behaviour in this matter.

For completeness, I note that despite having the opportunity to do so, Prashika did not raise this issue formally with Lisa, or otherwise make a complaint about it.

Aaron

The allegation is that Aaron was unreasonable and unsupportive when Prashika requested assistance. The allegation centres on a conversation said to have taken place on 24 October 2018, between Aaron and Prashika. No other person was present. Their respective accounts of that conversation are very different.

I have looked at the surrounding material carefully. The notes prepared by Vivinenne much closer to when the meeting is said to have taken place, and the email from Prashika the following day, do not contain the criticisms now contained in the APEX complaint letter.

I note also that very shortly after Prashika presented the note from the midwife, Aaron arranged cover for her and she was relieved of her supervisory responsibilities as requested. Prashika accepts that to be the case.

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In her email after our most recent phone conversation, Prashika says that she showed Aaron the medical certificate but did not leave him with a copy, she took it away.

In the circumstances, I cannot be satisfied, to the required standard, that Aaron behaved unreasonably towards Prashika when she requested assistance.

The LMC certificate is dated 24 October. When that was presented to Aaron, it is common ground that relief was put in place almost immediately.

Without more, it would be unfair to make an adverse finding about Aaron based solely on Prashika's recollection of a conversation (which Aaron strongly disputes).

Again, it is unfortunate that Prashika did not raise this issue more formally at the time (when she had the opportunity to do so). That would have been the opportunity for it to be properly investigated.

7

- skips over Prashika when going around the attendees; and -
she is routinely derided as "negative".

Skipped over

In my discussions with her, Prashika said that her issue with Cushla is what she perceives as unfairness during meetings. She said also that she thought that Cushla skipped over her, but she did not know why. Prashika said that she moved her seat to be closer to Cushla, but she was still skipped over.

Prashika also said that when she did get a chance to speak, "it is not all rainbows and butterflies, so I think Cushla skips over me for that reason."

Prashika does acknowledge that she has had the opportunity to speak up at times. If she is skipped over then, it is not something which could be said to be consistent.

Cushla rejected that she had ever deliberately skipped over Prashika. She said:

I do not accept that I have ever passed over Prashika in a meeting. I'd say that was patently untrue. I make sure to go around the room in the meetings I run that she attends. There is only one meeting that I attend with Prashika so I am sure about that. There are inevitably times where

I will move things on, there will be a topic that we need to move on from but I don't cut people off or anything like that. I do not recall Prashika being particularly forthcoming in those meetings but there are no issues in a meeting that I can particularly recall. I can also

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say that's not something that Prashika has ever raised with me so I've never thought there was an issue before now.

I have not been able to identify any evidence which supports that Cushla deliberately skips over Prashika in meetings. None of the interviewees reported ever seeing any conduct by Cushla towards Prashika, which could be interpreted as unacceptable or unreasonable, including in meetings.

to a close.

Derided

Merriam Webster defines "deride and derided" as:

1. To laugh at or insult contemptuously
2. To subject to usually bitter or contemptuous ridicule or criticism

Prashika did not refer to any behaviour from Cushla, in meetings or otherwise, which might amount to contemptuous ridicule. Prashika did not suggest that any other person acted towards her in that way either. As a result, I have not considered this reference in the complaint letter any further.

8. Prashika has approached HR on multiple occasions about these problems but HR have not taken any practical steps to address the bullying.

The complaint letter paints the picture that Prashika has been raising issues with HR over time, with no satisfactory response. The complaint reads:

As mentioned, Prashika has approached HR on multiple occasions about these problems. HR has expressed sympathy and been communicative, but do not appear to have taken any practical steps to address this bullying.

I spoke with Vivienne, the Human Resources person responsible for the Cancer Treatment cluster, about this issue.

Vivienne recalled having spent considerable time with Prashika when she came to her with concerns about the department. Vivienne cannot recall whether Prashika ever used the word "bullying" but she may have. Vivienne said that she explained options to Prashika, including that she could make a formal complaint. Prashika never wanted to make a formal or informal complaint.

[REDACTED]

[REDACTED]

¹¹ [REDACTED] has confirmed also that she has only raised issues with HR since 2018, after her return from parental leave.

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Around the middle of 2018, I had a discussion with Prashika (and the other planning seniors individually). I have been thinking about some teambuilding within planning, as part of the purchase of a new planning system project. I had spoken to HR about this.

I met with Prashika about the team building, as I did with the others. As part of that conversation I asked her how things were going. She said things were awful, nothing had changed and that Lisa was not being nice to her. We talked that through and it seemed that the central issue was one matter, where Lisa had turned down something Prashika had asked for, about overtime.

Again, she never made mention of being bullied, she never used that word, she never said more. She did not mention anything about leave or bullying or anything like that.

In that context, where Prashika has acknowledged that she did not use the word "bullying" or make it clear that she was making a complaint along those lines, I do not consider that it is reasonable to say that Cushla has failed to truly acknowledge "Lisa and Aaron's bullying behaviour was the cause of her suffering." She could not have done so because that is not what Prashika said.

The complaint letter suggests that Cushla appeared to place blame on Prashika because she sent Prashika for resilience training.

Prashika acknowledges that as part of the July 2018 meeting, Cushla offered her "resilience training" through a connection with Massey University. Prashika agreed to attend. Cushla did not "send" Prashika to resilience training. The training was offered and Prashika accepted it.

In terms of the format of the training, Prashika explained during our discussion that she thought it would be ordinary training but when she went, it was one-on-one with a psychologist. Prashika acknowledges that she may have misunderstood Cushla about the format of the training.

The complaint letter also states:

Prashika informs us that psychologist has since advised her that she does appear to have been the victim of extreme targeted bullying.

I have referred above to Prashika's acknowledgement that she does not recall the psychologist saying, "extreme targeted bullying" and that she was not sure why that was in the APEX letter. Prashika could not recall if the psychologist referred to bullying at all.

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Discussion

Having considered the issues raised about Cushla carefully, my view is that the allegations against her are misconceived. Prashika's own account does not support the allegations made in the complaint letter.

I am not sure of the reason for the inconsistency between the APEX complaint letter and Prashika's version of events, but the evidence supports that where Prashika has raised issues with Cushla, she has explained options and otherwise responded appropriately.

I accept that there may have been a misunderstanding about the nature of the resilience training, but Prashika accepts that the misunderstanding may have been hers.

General Allegation

I am not satisfied that any of the specific allegations referred to in the complaint letter, or by Prashika in person, are made out.

I have, nonetheless, stepped back to consider the general allegation by Prashika that she "gets treated differently to others and it's not fair" and that Aaron and Lisa do not appreciate what she does, do not show support for her and that they hold her back.

Independently, Lisa and Aaron reject the allegation.

Aaron said:

I have not teamed up against Prashika, which can be seen in the documents. That allegation, I want to say, is untrue. It is untrue that I was not supportive of her when she was in the late stage of her pregnancy. As soon as she raised it with me, I moved to assist her. I can say that no one else raised anything with me either. No one came to me to say that Prashika was struggling or anything like that, and I did not see anything with Prashika which made me concerned. She was obviously pregnant but I saw nothing more than that.

I am not naive enough to say that there are not issues within the team. There always will be to a certain extent but we have been trying to review things regularly and worked hard to recognise recommendations and implement improvement options where we can. We have worked well with HR, I think, and have been very good, and supportive of what we are trying to achieve.

In summary, I think the complaints from Prashika [are] unreasonable and unfounded. I am disappointed to have let Prashika down with a delayed review but we have supported her over time. All the staff get looked after and I do not treat her differently.

I have supported Prashika specifically. I can't understand how she can say that I have held her back. For example, I am the chair of the Continuing Professional Development

[REDACTED]

Lisa said:

[REDACTED]

I don't accept that Prashika gets treated differently to others. In terms of what she can do at work, she gets the same opportunities. The only thing that did change last year, after the complaints she made about those two overtime things, was that I did become a little bit wary and careful around Prashika. Maybe Prashika has picked up on that is all I can think of.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Discussion

I asked other interviewees if they had observed any behaviour issues, by Lisa and Aaron, towards Prashika.

Selena Hardman could not recall having witnessed anything. Tania Groudeva said that she had never seen anyone behave improperly towards Prashika directly. She said "I haven't seen anything that I think would amount to bullying or anything like that."

Sam Larking said:

[REDACTED]

I have not seen anything in the workplace which has upset me or that I have thought was inappropriate. I didn't think we had any particular culture issues and I was surprised by the culture survey thing. I thought it actually made things worse because it made me think that we need to be more patient focused and not concentrate on trivial things. I just felt like things were vastly blown out of proportion. Maybe it's just me but some people make a huge deal about whether they get their break at 10 or 10.30. To me, it's just silly. I have not

[REDACTED]

I have also looked through the various documents provided to me during the course of the investigation, including the bundle provided by Prashika,¹² to see if there is any evidence to support that Lisa and Aaron, individually or collectively, have targeted or otherwise dealt with Prashika unreasonably.

The Annual Planning Review and the Performance Evaluation and Development Plan both contain sections for the Head of Planning or Charge RT to make comment.

Some relevant references are:

...

I also think we should implement your idea of a monthly Monaco review where we each present our Monaco work.

...

You have now been in the Supervisory role for three months, I think you have made some positive changes to the role, and improved efficiency in various parts of the planning area. You are a very good planner, and have got ideas about how to plan patients in new ways that enable us to meet the plan goals more efficiently.

Senior Planner Annual Planning Review: Head of Planning's comments (5 October 2015)

As you have noted Prashika it has been a busy year with a lot of changes. The reformatting of the planning forms and the addition of objective criteria for PTV coverage has been good and has helped to keep the plans more consistent between planners. We do need to watch that we do not make the criteria too difficult for all staff, but as these are living documents we are able to review them when necessary. Thank you for all of your hard work, and your perseverance with difficult plans and situations. Be mindful of your workloads, and remember that sometimes plans are not able to be perfect, as long as they are clinically acceptable. Any time you are able to give to mArc and Monaco over the next year will be good for the area, and we do have a plan to increase the number of IMRT planners next year, as well as aiming to have at least one more RT able to complete most peer-reviewed and complex IMRT. With Tamryn's return, we should be able to spread the planning senior workload out a bit more. It has been a great 12 months and you have achieved a lot. Well done. LTP

Senior Planner Annual Planning Review: Head of Planning's comments (23 January 2018)

...

The feedback from your peers and myself is that it is nice to have your knowledge and depth of experience back in the area. The changes to the planning forms are good and this is a project

¹² Attached as Appendix J.

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you will continue to work on as the new TPS is introduced. You are an assertive leader who was happy to delegate work as necessary, you manage the workloads well and encourage staff to see you if they are not going to be able to complete their work. You have appeared dissatisfied at times with your role, but you have assured us that you are happy as Supervisor and enjoy the work. We did discuss that at times there can be tedium in our roles and is important to have challenges to keep us excited. You agreed that you enjoy the challenge individual plans bring, you are looking forward to the implementation of the new TPS, and also the chance to become involved in the Cancer District Group and its projects.

Performance Evaluation and Development Plan (7 January 2015 – Aaron Phillips)

Prashika has made an excellent start to her new appointment to planning supervisor. Your hard work, flexibility and dedication is often observed and much appreciated. In 2015 start to concentrate more on leadership of the planning team and practical clinical skills when possible. Your natural abilities in dosimetry develop themselves and will mean less conscious effort.

Performance Evaluation and Development Plan (November 2016 – Aaron Phillips)

2015/16 has been a very productive period for Prashika and has seen significant professional development. This includes clinical and leadership work. She has become an integral part of the senior team with high quality and quantity of output. Enjoy 2017 and we will discuss 2018 on your return.

Performance Evaluation and Development Plan (30 May 2018 – Aaron Phillips)

Prashika has had a good return from parental leave and is up to speed with the changes of 2017. 2018 should have a focus on gaining insight from the leadership training, considering population-based service provision more and the objectives above.

In April 2018, Prashika was supported by Aaron and Cushla to attend the annual meeting of the American Association of Medical Dosimetrists in Austin, Texas. It was considered that attendance would benefit Prashika in her continuing professional development, networking with international colleagues and that the department would gain more information especially in the setup of the new treatment planning system which was being introduced.

I understand also that Cushla became aware that Prashika was overdue for a performance appraisal. When that issue was raised with her, Cushla approved back pay for a salary increase, acknowledging Prashika's efforts before going on parental leave.

I note also that the document bundle provided by Prashika included her comments from the Planning Roster Review in 2015. Lisa provided a copy of the same document.

The following paragraph did not appear in the document provided by Prashika:

In respect of the work I have managed to achieve in this acting role, I would like to thank Lisa for all her support with all my ideas/suggestions that I took to her while I was on the role. When I first suggested to Lisa that I would like to work on planning forms and assess PTV coverage, spillage etc, Lisa was very supportive of this change. As part of creating the

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planning forms, when I had unpacked several previous plans for bilateral & single-sided plans, anal canal plans and pelvis+prostate plans etc and assessed these plans to create the planning form, I felt that Lisa always managed to take time out and review my findings with me and provide her guidance and support.

I asked Prashika why the above paragraph was missing from the version she gave me. In explanation, she said that the copy she provided me was the one she had at home. She included the additional paragraph as part of her final submission on the review, but that was done on the work computer.

I draw no particular adverse inference from Prashika's failure to provide the full version of the form. I accept that she may have been working from a different version. The central point is that Prashika recognised the support that Lisa had offered her over time, at least in 2015.

It seems that the central element of Prashika's claim that she is being "held back" is her unsuccessful application for the Planning Specialist role in 2017. She attributes that failure to Aaron and Lisa, on the basis that they don't like her and that they appointed a personal friend instead.

I do not consider that there is any evidence to support that proposition. Rather, the evidence supports that a fair and robust interview and assessment process was worked through by Aaron, Lisa and Marie. As a result of that process, the most suitable applicant was appointed.

Otherwise, the various appraisal and assessment forms support that Prashika has been provided a number of training opportunities, special projects and involvement with special interest groups.

Prashika has received positive feedback and has been supported with initiatives she has suggested. She appears to have been appreciative of the support she has received.

I have not identified any evidence which supports that Aaron and/or Lisa have behaved in a way which could constitute bullying, or that they have, individually or together, demonstrated unacceptable behaviour.

Historic Allegations

As part of my initial discussion with Prashika, she clarified that her complaint is about what she has experienced since she came back from maternity leave in early 2018 "but there have been issues for years, which is all relevant to where I am now."

In summary, the key historic issues which Prashika referred to were:

- In 2012, Lisa talked to Prashika about her "accent", which upset her;
- In 2013, Prashika took part in a planning competition and she did not think that her success in the competition was sufficiently recognised;

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- Around 2014, Aaron saying that she would not get another senior role, even if she applied. Prashika said that Simon McDonnell overheard the comment;
- That Aaron called another staff member who was on leave, encouraging her to apply for a role which Prashika was applying for also;
- Aaron delaying an appraisal in 2014;
- An unsuccessful application for a Planning Specialist role in 2017. Prashika suggested that the successful applicant, Sam Larking, was more junior to her and was appointed because she was close to Aaron and Lisa outside of work (rather than being the most suitable applicant).

I am not required to make any findings on these matters, but as part of the investigation I have considered them.

Lisa acknowledged that she spoke to Prashika about her accent. The reason is that others in the team found her difficult to understand at times. Lisa said the conversation was brief and that if Prashika was upset by it, she never raised it. From Lisa's perspective, the issue was dealt with appropriately and she was never required to raise it again.

Lisa recalled the planning competition, which she also took part in. She acknowledged that Prashika had the highest score in their team, but no one from the Planning Senior Team who entered, won. The Planning Senior Team entered as individuals, although they did discuss their final scores as a group. As a result, there were no particular announcements made.

Aaron strongly denied that he has ever made comments along the lines of Prashika not getting another senior role. He said:

I have seen Prashika's comments from 2014. I can't remember the specifics of the interview process. That Prashika stood in for someone and assisted on the process is not unusual. I can say hand on heart though that what Prashika has said did not happen. I have thought about whether I could have said anything is a joke but I am just at a loss. I have never seen anything like that and never would.

It certainly was not raised at the time, by Prashika or anyone else.

Simon McDonnell could not remember a time when he had interviewed with Aaron and Prashika. He said that he really could not think of anything which might have caused Prashika to be upset.

In response to the issue about calling a staff member about applying for a role, Aaron said that was a practice he encouraged. He said it was important that staff members knew of roles becoming available, including those who were, for example, away on parental leave. Aaron said that he encouraged other managers to do the same.

I raised that issue with Marie Burnell. She supported that staff members on parental leave do get phoned about upcoming positions and encouraged to apply.

A significant issue for Prashika seems to be her unsuccessful application for the Planning Specialist role in 2017.

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Prashika applied for the role whilst on parental leave. It is not clear how she knew about the role, but it may have been that Aaron or another member of the team rang her about it.

The interview panel consisted of Aaron, Lisa and Marie. The application process included an interview and a presentation to the panel on a relevant topic. The chief physician at the time sat in on the presentation part of the interview process.

Lisa and Aaron were clear that the process was fair, robust and that there was no favouritism towards any particular applicant. The interviewers formulated their own independent views, and then came together as a panel to consider the collective view. All of the interviewers thought that Prashika's presentation was poor. Other applicants better displayed the skills that the interview panel thought were required for the role.

I spoke with Marie Burnell about this issue at length. Marie impressed me as a careful and considered person, who was concerned to be fair and professional in her dealings with staff. In response to the suggestion that the panel had operated unfairly towards Prashika, Marie said that all of the panel were equal in the process and that their voices were heard. No one was trying to push a particular view and the decision was unanimous.

Apart from the unsuccessful application for the Planning Specialist role, I do not understand that any of the above issues were raised with HR, Lisa or Aaron. If they had, I am confident that there would have been an appropriate response, including an investigation if one was warranted. It is most unfortunate that these issues were not dealt with at the time.

Conclusions & Recommendations

1. To investigate the allegations made against the individuals named within the complaint to assess whether the actions of these individuals meet the threshold of "bullying and harassment"

I have worked through the various specific incidents referred to in the complaint letter and my subsequent interview with Prashika.

Lisa Te Paibo

I note that the specific allegations involving Lisa are limited.

- Prashika said that she was not making a complaint about a meeting with Lisa in early 2018;

- Prashika said that the complaint letter's reference to 'verbally slammed her down' was incorrect;

- The reference by Lisa to an operations meeting was more likely to be a miscommunication;

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- Lisa stepped out of the review meeting with Prashika. In my view, Lisa's explanation for that matter is reasonable and there is no evidence to discount it. Even if I am wrong on that, there is no evidence that Prashika raised it at the time. When it was raised some time later, with Cushla, it was addressed;

- Lisa did not make a negative comment about Prashika's communication style;

- Disagreement with Lisa's management decisions cannot constitute bullying, unless they are regularly communicated in a bullying way. There is no evidence to support that they were;

- There is no evidence to support that Aaron and Lisa have acted together, to Prashika's detriment.

- Lisa declined a leave application based on her assessment of the leave calendar when the application was made. That the team's circumstances changed later and Prashika may have been able to take the leave, does not mean that Lisa acted unreasonably when the leave decision was made.

In my view, the most serious of the specific allegations against Lisa is that in a meeting with Prashika on 12 October 2018, Lisa deliberately and unreasonably refused to allow Prashika to step away from her supervisory responsibilities, when Prashika was experiencing health difficulties at the final stages of her pregnancy.

Lisa denies that she had a meeting with Prashika and that she would ever act in that way towards a colleague.

On 12 October 2018, both Lisa and Prashika were away on leave. Even if Prashika is mistaken on the date, the evidence does not support that Prashika made Lisa aware of her circumstances. Lisa's explanation seems reasonable and cannot be discounted.

I note also Prashika's acknowledgment

In fairness, Lisa has improved over time. I think she is trying, no doubt, and she has done good things for me.

With the above in mind, I cannot be satisfied, to the required standard, that any of the specific incidents referred to are sufficient, individually or collectively, to support a finding of bullying and harassment against Lisa

Aaron Phillips

The specific allegations against Aaron are that he:

- Regularly, deliberately and unreasonably declines Prashika's leave applications, contrary to policy;

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- Unreasonably requires an extra step in the leave application process for Prashika, which is not required of others;

- Unreasonably blocked Prashika's request to be relieved of supervisory responsibilities (ignoring her pleas for compassion), including:

- o Refusing to accept medical evidence;
- o Requiring an additional certificate from Prashika's midwife;
- o Questioning the need for the request.

I do not consider that there is any evidence to support that Aaron has deliberately manipulated or misused his authority when dealing with Prashika's leave applications.

The occasions where Prashika has had leave applications declined are limited. I accept that there have been departures from the Leave Policy requirements, but for legitimate reasons, intended to increase flexibility and the ability to accommodate short-notice leave requests.

I do not consider that checking with the Head of Planning when making a leave application constitutes an "extra step" for Prashika. Quite sensibly, the evidence supports that all seniors are required to check with their immediate supervisor (Head of Planning and Head of Treatment), to make sure the leave can be accommodated.

The allegation relating to Aaron's actions around Prashika's request to be relieved of some responsibilities, relates to a meeting the two had on 24 October 2018. No one else was present. Within 24 hours of the meeting, Prashika was relieved from her supervisory responsibilities, as she had requested.

Having considered the investigation material, Aaron's explanation for what took place in the meeting seems reasonable and cannot be discounted. I cannot be satisfied, to the required standard, that his actions in that meeting were improper or that they were part of a pattern of bullying.

More generally, the allegation is that Aaron and Lisa have unfairly treated Prashika differently to others, that they do not show her support and that they "hold her back".

In my view, there is no evidence to support this allegation. The material gathered during the investigation indicates that Prashika has been treated in the same way as others, including by way of training, support, positive feedback and encouragement.

Cushla Lucas

The allegations are that Cushla:

- Skips over Prashika in meetings;
- Routinely derided Prashika for being negative;
- Did not properly acknowledge and address Aaron and Lisa's bullying behaviour

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Prashika acknowledged that she does get to speak in some meetings, so the allegation that she is skipped over is not said to be consistent.

Cushla strongly denies ever skipping over Prashika in meetings. Her explanation seems reasonable and there is no evidence to discount it.

Prashika did not provide any evidence which suggested that Cushla has spoken to her in a

The evidence does not support that [redacted] failed to properly address P [redacted] concerns. It is important to note that [redacted] accepts that she did not mention bullying to C [redacted] or make a formal complaint despite being offered the opportunity to do so. In that context, my view is that allegations involving C [redacted] are misconceived.

In his feedback, Aaron referred to this report's reference to "sufficient evidence" and "no evidence". To clarify, Prashika has raised a number of specific allegations, many in relation to particular events. Her comments in relation to those matters, about what is said to have taken place, is evidence. As discussed in the body of the report, the respondents have denied the allegations or offered reasonable explanations for what took place. Without additional corroboration of the particular allegation, I do not consider that the allegation is made out because there is insufficient evidence, beyond what Prashika has said, to support it.

Prashika also makes more general allegations (expressed more as an opinion or general conclusion). For example, the complaint about Cushla not doing enough and that steps have been taken to deliberately hold Prashika back. For those more general matters, I have not been able to identify any evidence which supports them. The body of the report discusses those [issues in more detail](#).

Additional comment

Prashika has acknowledged that she did not make any formal complaints, despite being provided with that option, prior to the APEX complaint letter in late 2018.

As I have referred to above, it is unfortunate that Prashika did not address issues as they arose, which would have provided an opportunity for a response from those involved and for remedial action to be put in place, if an issue was identified.

It is also unfortunate that a number of the serious allegations referred to in the APEX complaint letter were not subsequently supported by Prashika at interview. The implications for those involved have been significant. A more considered approach prior to lodging the complaint may have revealed some of the issues with the complaints early on. The unnecessary [distress](#)

2. To assess the allegations made against the individuals named within the complaint to determine if the actions may constitute “inappropriate behaviour”

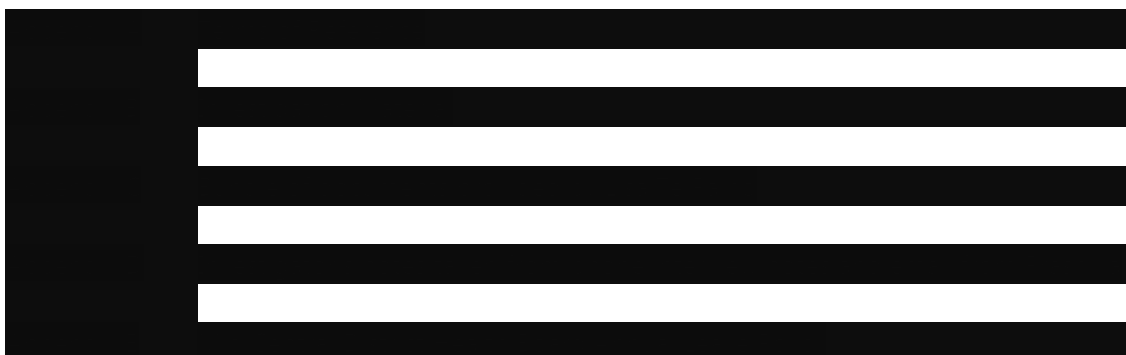
For completeness, I do not consider that there is sufficient evidence to conclude that [REDACTED] [REDACTED] have demonstrated unacceptable behaviour.

3. To recommend corrective action if any at organisation, team or individual levels as determined by the findings of the investigation

I make the following general recommendations:

- All staff should be reminded that if they have an issue or concern, it should be raised promptly, in accordance with relevant MidCentral policies. That way, issues can be identified early and strategies put in place to address them. Moreover, the unfairness for respondents of delayed reporting is avoided.
- Where possible, leave application processes should be followed. In the usual course, that would mean written applications, approved or declined by way of written record.
- A more flexible system for short-notice applications is sensible. A more flexible system can, however, give rise to concerns about the fairness and transparency of the system, particularly where some staff may not understand the reasons why some have had leave approved and others have not. That is not something that is easily resolved. It may be that the team members themselves have suggestions on how the system can be improved, if that is considered necessary.

Appendices



[Redacted]

[Redacted]

[Redacted]

POLICY

ANNUAL LEAVE	
Applicable to: MidCentral District Health Board	Issued by: Human Resources & Organisational Development - HROD
	Contact: Human Resource Consultants

1. PURPOSE

To ensure that:

- The health and wellbeing of employees is promoted within MidCentral District Health Board and employees have the opportunity for rest and recreation by regularly taking annual leave.
- MidCentral District Health Board meets its statutory obligation, allowing all employees to use their legal entitlement of annual leave in a manner consistent with the Holidays Act 2003.
- Unless otherwise stated in the employee’s employment agreement, MidCentral District Health Board ensures that the carrying forward of annual leave does not exceed a maximum of two years’ entitlement.
- MidCentral District Health Board effectively manages its resources and meets its service needs.
- Managers have leave plans in place for their areas of responsibility that enable MidCentral District Health Board to meet its service and business requirements.

2. SCOPE

All MidCentral District Health Board employees, excluding casual staff.

(Casual employees are paid annual holidays on a pay as you go basis calculated as a percentage of gross taxable earnings and this is added to the employee’s pay for each engagement. This only applies to employees who work exclusively on a casual basis. The % rate applicable for casual employees will be determined by the relevant employment agreement but as a minimum will be 8%).

3. ROLES & RESPONSIBILITIES

General Managers/ Directors/ Group Manager

- In exceptional circumstances to approve “anticipated annual leave” beyond an employee’s current entitlement, subject to MidCentral District Health Board recovering a refund from the employee should they leave MidCentral District Health Board’s employ prior to having “earned” the leave. An example of exceptional circumstances would be for a planned overseas trip or family emergency (not covered by another leave entitlement).
- In exceptional circumstances only, to approve accumulation of an employee’s annual leave beyond two years’ entitlement.

- In exceptional circumstances only, to approve payment of annual leave for sickness where this would bring an employee's annual leave balance to below the equivalent of two weeks' annual leave.

Managers/ Team Leaders

- To manage annual leave by ensuring that employees take their annual leave within the provisions of this policy and the employee's employment agreement.
- To have an annual leave plan in place for all employees within their area(s) of responsibility.
- To consider all applications for annual leave, make decisions and advise employees accordingly in a timely way.
- To ensure that if leave requests are declined, a reasonable explanation is given to employees, together with an alternative acceptable period during which the leave would be approved.
- Where a leave request is declined, to send a copy of the leave request showing the reason the leave has been declined to the employee and a copy to Human Resources.
- To monitor employees' leave to ensure it does not carry forward beyond a maximum of two years' entitlement (or as specified in the employee's employment agreement).
- To ensure all leave taken is recorded on the employee's timesheet or in Microster.
- To ensure the necessary approval is sought for employees to carry forward leave entitlement beyond two years' entitlement (subject to exceptional circumstances).
- To ensure the necessary approval is sought for payment of annual leave as sick leave where this would bring an employee's annual leave balance to below the equivalent of two weeks' annual leave (subject to exceptional circumstances).

Payment in Lieu of Taking Leave:

- From a health and wellbeing perspective, it is crucial that employees are encouraged to take annual leave on a regular basis to ensure they enjoy a break from duties and benefit from an appropriate work life balance.
- In exceptional circumstances **only** and in consultation with Human Resources, payment in lieu of taking annual leave which is in excess of two years' (ie 8 weeks') accrual may be considered¹. Such requests will be considered taking into account the following factors:
 - inability of employee to take leave due to service requirements (i.e. what would be the impact on service if the employee was to take their leave);
 - reduction in hours from fulltime to part-time;
 - when was the last time the employee had an extended break from work;
 - what leave plans are in place for the employee;
- When considering a request for payment in lieu of leave, to ensure there is a plan in place for the employee to take the remainder of his/her leave (also taking into account the accrual of further leave as the year progresses).
- Requests for payment in lieu of leave must be in writing by the employee and must include the reason/s for the request.
- The delegation for approving written requests for payment in lieu of leave rests with the General Manager/ Director/ Group Manager.

Employees

- Managing their own individual leave and ensuring annual leave is taken (subject to the manager's approval) in accordance with this policy and their employment agreement.

¹ Except that any accrued *parental annual leave* may be considered for payment in lieu of taking leave where this relates to a period of approved parental leave.

- Recording all leave taken on timesheets or in Microster.
- Submitting annual leave requests at least 10 working days prior to the commencement date of such leave (unless there is an agreed local variation on this timeframe).
- If applying for anticipated annual leave (when exceptional circumstances occur), completing and signing the relevant section of the Annual Leave Application Form authorising the refund to MidCentral District Health Board of any “unearned” leave upon leaving MidCentral District Health Board’s employment.

Payroll

- Ensuring all annual leave processed for payment has the express approval of the Manager/ Team Leader.
- Ensuring payment of annual leave is in accordance with the relevant employment agreement and the Holidays Act 2003.

Human Resources

- Providing advice and assistance to Managers/ Team Leaders on the management of annual leave.
- Advising Managers/ Team Leaders of employees with leave balances over two years’ accrual.

4. PRE-REQUISITES

Holidays Act 2003

The Holidays Act specifies that:

- Employees are entitled to a minimum of four weeks annual holidays after they have completed 12 months of continuous employment (section 16 (1)).
- An employer must allow an employee to take annual holidays within 12 months after the date on which the employee’s entitlement to the holidays arose (section 18(1)).
- If an employee elects to do so, the employer must allow the employee to take at least two weeks of his or her annual holiday entitlement in a continuous period (section 18(2)).
- When annual holidays are to be taken by the employee the timing of the leave is to be agreed between the employer and employee. The employer must not unreasonably withhold consent to an employee’s request (section 18(3) and (4)).
- Where agreement between the employer and the employee is not able to be reached, the employer may require the employee to take holidays, provided that the employer gives the employee not less than 14 days’ notice of the requirement to take the annual holidays (section 19).
- Public Holidays which fall during a period of annual leave will be treated as a public holiday and not form part of annual leave (section 40(1)).
- An employee becoming sick prior to taking approved annual leave is able to substitute the annual leave as sick leave (section 38) provided they have a current entitlement. If an employee becomes sick during a period of annual leave, they do not automatically become entitled to sick leave in substitution of annual leave.
- An employee becoming entitled to bereavement leave either prior to or during a period of approved annual leave is entitled to take bereavement leave in substitution of annual leave (section 38).

An employee’s employment agreement may provide for additional provisions other than the Holidays Act entitlement and these provisions would take precedence.

Accrual Basis for Annual Leave

In addition to annual leave which has been earned during the previous year (leave entitlement), the employee may take leave as it accrues during the current year, eg after six months there will be an entitlement to take half the year's annual leave quota.

Leave Deduction

For the purposes of this section, the term "leave" shall mean "annual leave" and "shift leave".

When an employee proceeding on leave has more than one type of leave entitlement, leave is to be taken in the following order (*as applicable depending on the provisions of the employment agreement*):

- Parental leave annual leave*
- Lieu leave
- Annual leave accrued prior to the last leave year
- Annual leave accrued during the last leave year
- Annual leave being accrued in the current leave year

* Note, parental annual leave (as defined in 6 below) is treated differently to other annual leave and is to be used before any annual leave accrued prior to taking parental leave.

Except for parental leave annual leave, where an employee takes one week's leave or more at one time, Payroll will pay leave using a mixture of the above leave categories; therefore minimising any financial impact for the employee as the various leave categories may be paid at different rates.

Annual Leave for Sickness

If an employee has exhausted their sick leave entitlement they may apply to be paid annual leave for sick leave absences. Approval is at the manager's discretion and there is no obligation for the manager to approve the employee's request. The manager cannot direct the employee to take annual leave for sick leave absences.

Because annual leave is primarily for the purposes of rest and recreation, annual leave for sick leave absences should not be approved (unless in exceptional circumstances) where this would reduce the employee's annual leave balance to below the equivalent of two weeks' annual leave.

5. POLICY

MidCentral District Health Board operates an "accrual" basis for annual leave, i.e. annual leave may be taken as it accrues.

Employees will be encouraged to apply for and take their annual leave on a regular basis. Wherever practicable this will be at the mutual convenience of employees and MidCentral District Health Board, depending on the requirements for workplace coverage and workloads. The final decision on whether leave may be taken will be made by the General Manager/ Director/ Group Manager if mutual agreement between the employee and Manager/ Team Leader cannot be reached.

Prior to annual leave being taken it must be approved by the Manager/ Team Leader. Reservations or travel arrangements should not be confirmed until approval is granted by the

Manager/ Team Leader. It is the responsibility of the employee to submit their annual leave request to the Manager/ Team Leader for consideration. Requests should be submitted at least 10 working days prior to the commencement date of leave, unless there is an agreed local variation on this timeframe.

The employee does not forfeit their entitlement to annual leave if it is not taken. However, high accumulation of leave will be actively discouraged and employees will not be permitted to have carry forward leave beyond two years without the written approval of the General Manager/ Director/ Group Manager. Managers/ Team Leaders will have annual leave plans in place for their area(s) of responsibility.

Annual leave accrued during parental leave

Employees taking approved parental leave will continue to accrue annual leave as per the entitlement in their employment agreement. In accordance with the Parental Leave and Employment Protection Act 1987, the annual leave that employees will continue to accrue during parental leave, is referred to as *parental annual leave*. Within the first 12 months of an employee's return from parental leave, when they take any annual leave they will be required to use their *parental annual leave* first, before they begin to use any newly accrued annual leave (or residual annual leave left over from prior to the period of parental leave commencing).

Parental annual leave will be a separately identifiable balance of leave and paid at the rate of average weekly earnings over a 12 month period from the last pay before the period of holiday applied for ("average weekly earnings"). Therefore, when an employee returns from parental leave, the leave they have accrued during their parental leave will be paid at a different rate of pay, and depending on the amount of time they have been on parental leave without pay, this rate is likely to be less than their hourly rate.

After an employee has been back at work for 12 months, or once their *parental annual leave* has been used, their annual leave will again be paid at the greater of ordinary pay or average weekly earnings. At this point the employee will go back to having only one annual leave balance.

Employees can elect to be placed on *parental annual leave* towards the end of their parental leave period (prior to their return to work) in order that the *parental annual leave* balance can be used. This means that once the employee returns to work they can access their annual leave – paid at the greater of ordinary pay or average weekly earnings – as it accrues.

Employees wishing to discuss the options available in terms of using their *parental annual leave* should contact their manager in the first instance.

Payment of annual leave

Annual leave is paid in accordance with the provisions in the Holidays Act 2003. Holiday pay will be calculated and paid in accordance with the Holidays Act 2003 for employees leaving the employment of MidCentral District Health Board.

6. DEFINITION

Accrued leave

Annual leave that accrues during the course of the employee's leave year. This leave does not become a leave entitlement until the employee has completed 12 months of continuous employment.

Leave entitlement

Accrued leave becomes an entitlement at the end of each completed 12 months of continuous employment (on the employee's leave anniversary date). This leave is to be used within the following 12 months.

Carry forward leave

Any portion of the leave entitlement that has not been taken within 12 months of becoming entitled to it.

Anticipated annual leave

Leave in excess of that accrued (and not normally approved unless there are exceptional circumstances). Anticipated annual leave also refers to leave accrued in anticipation of entitlement, i.e. leave hours accrued prior to the employee's leave anniversary date.

Parental annual leave

Annual leave hours that are accrued during a period of approved parental leave. These hours are treated differently to other annual leave as this is covered by the Parental Leave and Employment Protection Act 1987.

Leave accrual

Used by Finance to refer to the balance of accrued leave, leave entitlement and carry forward leave, at a point in time.

7. REFERENCES

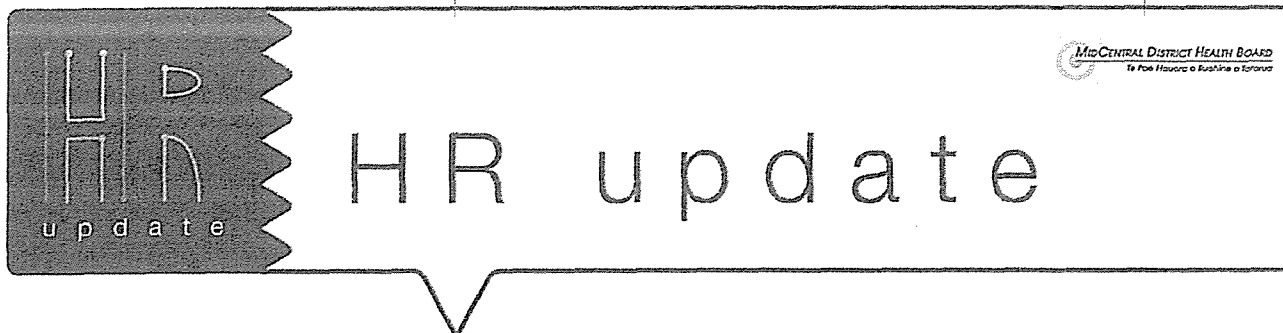
Holidays Act 2003
Parental Leave and Employment Protection Act 1987
Employment Agreements

8. RELATED MDHB DOCUMENTS

MDHB-1884 Bereavement/Tangihanga Leave -Policy -
MDHB-4750 Management of Employee Absence -Policy-
Leave Management Toolkit (Section 13, HR Manual)

9. KEYWORDS

Annual leave
Accrued leave
Leave entitlement
Anticipated leave
Holidays Act
Leave deduction
Parental annual leave
Annual leave for sickness



Issue 32 – December 2016

Welcome to HR Update.

HR Update is all about keeping Managers up to date with new initiatives, trends, news, policies, forms and education. The newsletter will be delivered quarterly and includes items that HR Consultants and Management want to keep you up to date with.

Our Plan for Our People – Happy, Healthy and High Performing

Our new strategic framework identifies five key enablers to our success, the most important of which is our people. Work is underway at the moment to develop our plan for our people, which will outline how we are going to build an environment that supports our people to be happy, healthy and high-performing, and enables them to be successful in their roles, and their careers, and maximise their contribution to providing better health outcomes and better healthcare for our communities.

A first draft of the plan has been developed using a wealth of information we already have about the positive and negative aspects of our work environment, the biggest barriers people face in their roles, and what they would like to see change. We now want to get the views of everyone in the organisation on whether this initial work accurately captures the type of organisation we want to be, the things we need to change to be that organisation, and where we should focus our efforts first. Shortly, we will be making available a toolkit to support teams discussing and providing feedback and members of the HR team will be available to either facilitate or support those discussions if needed. The toolkit can also be used by individuals who want to provide feedback independent of any team discussion they may contribute to. We are looking forward to hearing what you think, to make sure we focus on the right things to make this a truly great place to work!

Course and Conference Leave

MECA provisions in relation to Course and Conference leave differ, particularly in relation to entitlements if a course involves attendance over a weekend. There have been a number of instances recently where leave approvals have not been clear and staff have challenged the approval in retrospect.

It is very important that the leave granted is specific at the time of approval (e.g. course covers Friday and Saturday). If there is no provision in the MECA for payment or lieu time for the Saturday and you want to approve leave for the Friday only, then be clear that the leave is for one day only. Alternatively if there is provision in the MECA for payment, or some discretion to be exercised in terms of the approval, please discuss your decision with the staff member at the time of approval and clearly document on the leave form what the approval covers.

Leave Management

Since July 2015 MidCentral District Health Board (MDHB) has an Annual Leave Plan in place to monitor and address excessive leave for "Accrued Annual Leave – greater than two years accumulation". This is in order to bring excessive leave balances down to a target of < 9.5% and bring this DHB within the national average.

While the focus is initially on reducing "Accrued Annual Leave – greater than two years accumulation", in order to sustain an overall reduction in accumulation annual leave, current annual leave entitlements also need to be managed. To enable employees to be able to use their entitlement to annual leave within the year it is due, all service/departments must have an annual leave plan in place showing leave that is to be taken in the current year.

Section 13 of the HR Manual (click [here](#)) provides a toolkit of resources or managers and others involved in leave management at MDHB. The toolkit contains a number of reference documents and guides to support MDHB's leave plan. The toolkit is a guide only, and managers will need to consider their local processes to determine the best approach to manage leave within their line / service / department / ward. If you have any questions about this toolkit, please contact your HR Consultant.

The annual leave application form has been reviewed and updated with a new Section D which is to be completed by the manager if any application for annual leave is declined. The information will be collated and reasons for declining leave, monitored, to ensure that leave is not unreasonably declined and to provide further assistance with leave management if required.

Please ensure that the NEW leave application form is used for further annual leave and long service leave requests. Click [here](#) to access a copy or log onto the [MidCentral DHB Staff Intranet](#) and click on

[Services](#) [Human Resources](#) [Human Resource Documents](#) • Annual Leave form

HR Update is a regular HR communication for Managers at MidCentral DHB
You are welcome to pass this communication onto anyone else that has staff responsibilities

[Back issues are also available.](#)

New Initiatives

The first section of this survey seeks feedback on initiatives implemented following the 2017 Workplace Culture Report. Nine main themes emerged from issues mentioned by staff in the interviews leading up to the report; teamwork, change resistant culture, radiation therapist management, clerical/administration co-ordination, communication, bullying culture, flexible working hours, medical physicist – radiation therapist relationship and whether or not our department is patient centred. Some examples follow:

Communication, Teamwork and Transparency:

- Monthly staff forum for the Radiation Oncology team.
- Bi-monthly journal club (improved advertising and release of staff to attend).
- News-Flash emails implemented to communicate updates regularly.
- Open door policy for Dr Claire Hardie and Cushla Lucas.

Leadership:

- Monthly coaching for senior leadership team.
- Weekly 'stand up' meetings between heads of treatment, planning and physics.
- 360 performance reviews for senior leaders focussing on leadership skills.
- Heads of treatment/planning promoted to third tier – restructure flattens reporting lines directly to these roles.

Flexible hours:

- Roster and workforce review group established and work underway.

Bullying, workplace culture and environment:

- Physics have desk space in planning.
- Above and below the line workshops with a follow up session (posters/resources currently being designed locally).
- Speaking up for safety.
- Harassment prevention training (HardCases).
- Workplace Culture Steering Group established – also includes social initiatives.
- Staff tea-room to be remodelled and inviting to all staff.
- Perfect day methodology used for on-going quality improvement in planning and treatment.

Please provide a rating of the impact these initiatives have had on our workplace culture in the last 6 months from: 1. No Improvement, 2. Minimal Improvement, 3. Some improvement and 4. Vast improvement

1. Communication, teamwork and transparency initiatives	1	2	3	4
2. Leadership initiatives	1	2	3	4
3. Flexible working hours	1	2	3	4
4. Bullying, workplace culture and environment initiatives	1	2	3	4

5. Please comment on if these initiatives are effective (i.e. are they a step in the right direction) and why/why not?:

6. Do you feel well informed about the changes that are being made to improve culture – do you think that these need to be communicated better and why/why not?:

7. What other initiatives would you suggest?

8. Do you have any questions for the senior management team or the Workplace Culture Steering Group?

Workplace Culture – A Snapshot

The next section aims to regularly track any changes to areas of concern that were identified by the 2017 Workplace Culture Assessment. When answering the following questions, please consider your experience over the past 6 months. Each question requires either a comment or a rating of your agreement with each statement from: 1.Strongly Disagree, 2. Disagree, 3. Agree and 4. Strongly Agree.

9. Management ... <i>(Medical Head / Charge Nurse / Chief Physicist / Charge Radiation Therapist / Operations Executive)</i>				
a. Listens to me	1	2	3	4
b. Promotes the best practice and professional standards (Is a good role model)	1	2	3	4
c. Responds to issues effectively and in a timely manner	1	2	3	4
d. Supports/respects me and treats me as a valuable member of the team	1	2	3	4
e. Is trustworthy	1	2	3	4
f. Promotes the best practice and professional standards (Is a good role model)	1	2	3	4
g. Is good at providing feedback (positive and constructive) when appropriate	1	2	3	4
h. Displays fairness and transparency when making decisions affecting staff	1	2	3	4
i. Is open to change and new initiatives	1	2	3	4

Please provide further information:

10. Senior Leadership ... <i>(Head of sections, supervisors and coordinators as relevant)</i>				
a. Listens to me	1	2	3	4
b. Promotes the best practice and professional standards (Is a good role model)	1	2	3	4
c. Responds to issues in a timely manner	1	2	3	4
d. Supports and respects me	1	2	3	4
e. Is trustworthy, easily approachable and accessible	1	2	3	4
f. Is good at providing feedback (positive and constructive) when appropriate	1	2	3	4
g. Displays fairness and transparency when making decisions affecting staff	1	2	3	4
h. Encourages development of individuals and enhancement of the overall team	1	2	3	4
i. Is open to change and new initiatives	1	2	3	4

Please provide further information:

11. My experience at work				
a. I enjoy coming to work	1	2	3	4
b. I feel my contribution is valued	1	2	3	4
c. At work I feel frustrated	1	2	3	4
d. At work I feel lonely/isolated	1	2	3	4
e. My ideas are welcomed, respected and encouraged	1	2	3	4
f. I am supported to grow and develop professionally	1	2	3	4
g. It is recognised when I do a good job	1	2	3	4
h. I feel empowered to make decisions and take action appropriate to my role	1	2	3	4
i. There are enough social activities organised both within and outside of work.	1	2	3	4
j. I feel welcomed to contribute to/attend social events	1	2	3	4

12. The thing I am most worried about at work is:

13. The thing I enjoy most about coming to work is:

Please provide further comments:

--

14. Teamwork				
a. We work well within teams to contribute effectively to our overall service	1	2	3	4
b. All teams within our service work well together to provide a good service	1	2	3	4
c. We are kind to each other	1	2	3	4
d. We make smart decisions about how we organise our work	1	2	3	4
e. We help each other out whenever we can	1	2	3	4
f. We are open to changes that improve the way we work together	1	2	3	4
g. There is a good relationship between staff and management/senior leadership	1	2	3	4

Please provide further comments:

--

15. Communication				
a. Generally, the service communicates effectively	1	2	3	4
b. Communication between disciplines is professional, respectful and effective	1	2	3	4
c. I do not observe gossip about my colleagues/leaders (at work or during breaks)	1	2	3	4
d. Poor communication/relationships negatively effects the implementation of new technology, ideas and techniques	1	2	3	4
e. Management and senior leadership communicates goals, information and objectives with the all teams effectively	1	2	3	4

Please provide further comments:

--

16. Bullying/Harassment		
a. I have personally experienced discrimination at work in the past 6 months	Yes	No
If you answered YES which of these best describes the discrimination you have experienced:		
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability, physical impairment or mental illness	
<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual orientation or identity	
<input checked="" type="checkbox"/> Gender identity or expression	<input checked="" type="checkbox"/> Marital or family status	
<input checked="" type="checkbox"/> Religious or ethical beliefs	<input checked="" type="checkbox"/> None of these/I don't know	
<input checked="" type="checkbox"/> Ethnicity or national origin	<input checked="" type="checkbox"/> Other (please specify)	
b. I have experienced/witnessed negative/undermining/inappropriate behaviour	Yes	No

If you answered YES- please answer the following questions about your experience of bullying:

How often do you personally experience negative or undermining behaviour towards yourself?	
<input checked="" type="checkbox"/> It's happened once or twice	<input checked="" type="checkbox"/> 2/3 times a week
<input checked="" type="checkbox"/> A few times each month	<input checked="" type="checkbox"/> Every Day
<input checked="" type="checkbox"/> Once a week	<input checked="" type="checkbox"/> Multiple times a day

In terms of job roles, who is the person who displays the negative or undermining behaviour?
<input checked="" type="checkbox"/> A senior member of staff
<input checked="" type="checkbox"/> The person I report to
<input checked="" type="checkbox"/> A manager from another department
<input checked="" type="checkbox"/> A colleague/peer from my own department
<input checked="" type="checkbox"/> A colleague/peer from another department
<input checked="" type="checkbox"/> A group of people from my own department
<input checked="" type="checkbox"/> A group of people from another department
<input checked="" type="checkbox"/> My professional leader

How long has the negative behaviour been happening?	
<input checked="" type="checkbox"/> Longer than 2 years	<input checked="" type="checkbox"/> 6 months to 1 year
<input checked="" type="checkbox"/> 1 to 2 years	<input checked="" type="checkbox"/> 3 to 6 months
	<input checked="" type="checkbox"/> Last few weeks

Where does the negative or behaviour happen? (Please select all that apply)

- In group meetings
- In private
- In public
- Outside of work
- On the job

Have you brought the negative or undermining behaviour to anyone's attention? (Please select all that apply)

- I have spoken to the person directly
- I have spoken to the person I report to
- I have spoken to a colleague
- I have spoken to my Union representative
- I have spoken to HR
- I have not spoken to anyone about it
- I have submitted a written complaint

Which term would best describe the negative or undermining behaviour? (Please select all that apply)

- Physical attacks
- Verbal attacks including shouting, swearing or derogatory remarks
- Overbearing supervision/micromanagement
- Isolating / ostracising behaviours
- Misuse of power
- Blame/criticism/accusations
- Unwelcome personal remarks
- Hostile verbal or non-verbal communication
- Public reprimands
- Deliberately withholding information
- Setting unrealistic targets
- Unwelcome physical (or sexual) contact

Please provide further comments on your experience of bullying and harassment at work:

17. Performance Appraisals, career progression and Incident Management

a. I find the performance appraisal process supportive and useful	1	2	3	4
b. Reviews of my performance feel fair and reasonable	1	2	3	4
c. I feel positive about the goals/professional development plan set between myself and management each year	1	2	3	4
d. I understand how decisions are made regarding professional development	1	2	3	4
e. The selection process for professional development opportunities is fair and equitable	1	2	3	4
f. I am hesitant to report incidents/concerns (if yes, please comment why below)	1	2	3	4
g. I understand how incidents are reviewed and think this is done appropriately	1	2	3	4
h. I receive appropriate feedback about incident reviews	1	2	3	4
i. I think we have a good safety culture	1	2	3	4

Please provide further information including suggestions for how any of these processes could improve:

18. My personal development/accountability...

a. I am open to changes that improve the way we work together	1	2	3	4
b. I do not gossip about my colleagues/leaders (at work or during breaks)	1	2	3	4
c. I thank my colleagues for their assistance	1	2	3	4
d. I respect the knowledge and experience of my colleagues	1	2	3	4
e. I willingly help my colleagues when they need assistance	1	2	3	4
f. I try to be positive and constructive whilst providing feedback when appropriate	1	2	3	4

g. What improvements have I made to the way I communicate with others?

h. What changes have I made in the last 6 months that has made a positive difference to our staff culture?

i. Something I would like to work on in order to help improve staff culture over the next 6 months is:

j. The thing I would most like to see change in our department is:

k. Any final thoughts, comments, suggestions or feelings you would like to add?

Demographics

Which of the following groups do you belong to?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Administration/clerical | <input checked="" type="checkbox"/> Oncologist/Registrar |
| <input checked="" type="checkbox"/> Management/Senior | <input checked="" type="checkbox"/> Radiation Therapist |
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Other (Please specify) |
| <input checked="" type="checkbox"/> Physics | <input checked="" type="checkbox"/> Prefer not to say |

How long have you worked within the RCTS?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Less than 1 year | <input checked="" type="checkbox"/> 6 to 10 years |
| <input checked="" type="checkbox"/> 1 to 2 years | <input checked="" type="checkbox"/> More than 10 years |
| <input checked="" type="checkbox"/> 3 to 5 years | <input checked="" type="checkbox"/> Prefer not to say |

Thank you for completing this survey.

PERSONAL ATTACKS (DIRECT) examples include:	TASK-RELATED ATTACKS (INDIRECT) examples include:
Belittling remarks - undermining integrity - lies being told - sense of judgment questioned - opinions marginalised ✓	Giving unachievable tasks - impossible deadlines - unmanageable workloads - overloading - 'setting up to fail'
Ignoring - excluding - silent treatment - isolating ✓	Meaningless tasks - unpleasant jobs - belittling a person's ability - undermining
Attacking a person's beliefs, attitude, lifestyle or appearance - gender references - accusations of being mentally disturbed	Withholding or concealing information - information goes missing - failing to return calls or pass on messages
Ridiculing - insulting - teasing - jokes - 'funny surprises' - sarcasm ✓	Undervaluing contribution - no credit where it's due - taking credit for work that's not their own ✓
Being shouted or yelled at	Constant criticism of work
Threats of violence	Underwork - working below competence - removing responsibility - demotion
Insulting comments about private life	Unreasonable or inappropriate monitoring
Physical attacks	Offensive sanctions (eg denying leave where there is no reason to do so)
Humiliation (in public or private)	Excluding - isolating - ignoring views
Persistent and/or public criticism ✓	Changing goalposts or targets
Using obscene or offensive language, gestures or material	Not giving enough training or resources
Ganging up - colleagues/clients encouraged to criticise or spy - witch hunt - dirty tricks campaign - singled out ✓	Reducing opportunities for expression - interrupting when speaking ✓
Intimidation - acting in a condescending manner ✓	Supplying incorrect or unclear information
Intruding on privacy (eg spying, stalking, harassed by calls when on leave or at weekends)	Making hints or threats about job security
Unwanted sexual approaches, offers, or physical contact	No support from manager ✓
Verbal abuse	Scapegoating
Inaccurate accusations	Denial of opportunity ✓
Suggestive glances, gestures, or dirty looks ✓	Judging wrongly
Tampering with personal effects - theft - destruction of property	Forced or unjustified disciplinary hearings
Encouraged to feel guilty ✓	Lack of role clarity
	Not trusting
	Sabotage

Table 3: Examples of bullying behaviours²

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Ridiculing - insulting - teasing - jokes - 'funny surprises' - sarcasm	Undervaluing contribution - no credit where it's due - taking credit for work that's not their own
Being shouted or yelled at	Constant criticism of work
Threats of violence	Underwork - working below competence - removing responsibility - demotion !!
Insulting comments about private life	Unreasonable or inappropriate monitoring
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	Not trusting !!
	Sabotage !!

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<ul style="list-style-type: none"> ✓ Ridiculing - insulting - teasing - jokes - 'funny surprises' - sarcasm 	<ul style="list-style-type: none"> Undervaluing contribution - no credit where it's due - taking credit for work that's not their own ✓
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<ul style="list-style-type: none"> ✓ Insulting comments about private life Physical attacks 	<ul style="list-style-type: none"> Unreasonable or inappropriate monitoring ✓ Offensive sanctions (eg denying leave where there is no reason to do so)
<ul style="list-style-type: none"> ✓ Humiliation (in public or private) 	<ul style="list-style-type: none"> Excluding - isolating - ignoring views
<ul style="list-style-type: none"> ✓ Persistent and/or public criticism Using obscene or offensive language, gestures or material 	<ul style="list-style-type: none"> Changing goalposts or targets ✓ Not giving enough training or resources
<ul style="list-style-type: none"> ✓ Ganging up - colleagues/clients encouraged to criticise or spy - witch hunt - dirty tricks campaign - singled out 	<ul style="list-style-type: none"> Reducing opportunities for expression - interrupting when speaking ✓
<ul style="list-style-type: none"> ✓ Intimidation - acting in a condescending manner Intruding on privacy (eg spying, stalking, harassed by calls when on leave or at weekends) 	<ul style="list-style-type: none"> Supplying incorrect or unclear information Making hints or threats about job security
<ul style="list-style-type: none"> Unwanted sexual approaches, offers, or physical contact Verbal abuse 	<ul style="list-style-type: none"> No support from manager ✓ Scapegoating
<ul style="list-style-type: none"> ✓ Inaccurate accusations Suggestive glances, gestures, or dirty looks 	<ul style="list-style-type: none"> Denial of opportunity ✓ Judging wrongly
<ul style="list-style-type: none"> Tampering with personal effects - theft - destruction of property 	<ul style="list-style-type: none"> Forced or unjustified disciplinary hearings
<ul style="list-style-type: none"> Encouraged to feel guilty 	<ul style="list-style-type: none"> Lack of role clarity Not trusting Sabotage

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Being shouted or yelled at - <i>As a group</i>	Constant criticism of work
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WORKPLACE FEATURES ASSESSMENT TOOL

This assessment was developed by the New South Wales Government WorkCover and amended for New Zealand use. Tick the box in each row and column that most applies to your workplace. The green, amber or red zone with the most ticks will identify your rating and show you whether, or how much, you need to make improvements.

Management Commitment		
1. <input type="checkbox"/> Manager and worker responsibilities clearly identified, understood and acted on.	<input type="checkbox"/> Responsibilities identified but not understood or operating effectively.	<input checked="" type="checkbox"/> No clear identification or understanding of responsibilities.
2. <input type="checkbox"/> Sufficient resources allocated to meet responsibilities.	<input checked="" type="checkbox"/> Insufficient resources allocated to meet responsibilities.	<input type="checkbox"/> No resources allocated to meet responsibilities.
3. <input type="checkbox"/> Managers always promote prevention of bullying as a high priority.	<input type="checkbox"/> Prevention of bullying behaviour not always a priority.	<input checked="" type="checkbox"/> Prevention and management of bullying behaviour not a priority.
4. <input type="checkbox"/> Managers involved in all prevention and management of bullying behaviour initiatives.	<input type="checkbox"/> Limited involvement of managers in managing bullying prevention initiatives.	<input checked="" type="checkbox"/> No initiatives to prevent/manage bullying.
5. <input type="checkbox"/> Managers always lead by example.	<input type="checkbox"/> Managers do not always lead by example.	<input checked="" type="checkbox"/> Managers set a poor safety example.
Consultation		
6. <input type="checkbox"/> Agreed consultation arrangements are used to discuss bullying issues and work effectively.	<input checked="" type="checkbox"/> Consultation arrangement in place but not working effectively.	<input type="checkbox"/> No consultation arrangement in place.
7. <input type="checkbox"/> Workers are always involved in decisions and developing policy and processes.	<input checked="" type="checkbox"/> Workers not always involved in decisions and developing policies and processes.	<input type="checkbox"/> No involvement of workers in decisions and developing policy and processes.
8. <input type="checkbox"/> The views of workers are always valued and taken into account.	<input type="checkbox"/> Workers' views not always valued or taken into account.	<input checked="" type="checkbox"/> Workers' views not valued.
Policy and Processes		
9. <input type="checkbox"/> All bullying risks have been promptly assessed.	<input type="checkbox"/> Only some bullying risks have been assessed.	<input type="checkbox"/> Bullying risks not assessed.
10. <input type="checkbox"/> Policy and processes developed and implemented.	<input type="checkbox"/> Limited development and implementation of policy and processes.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
11. <input type="checkbox"/> Workers involved in developing policy and processes.	<input type="checkbox"/> Limited involvement of workers in developing policy and processes.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
12. <input type="checkbox"/> Policy and processes followed in day-to-day operations.	<input type="checkbox"/> Policy and processes developed but not always followed in day-to-day operations.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
13. <input type="checkbox"/> Policy and processes are reviewed.	<input type="checkbox"/> Policy and processes not reviewed.	<input checked="" type="checkbox"/> No bullying policy and processes developed.

?
Unknown

That I am aware of.

Training and Supervision




14.	<input type="checkbox"/> Induction includes bullying prevention.	<input type="checkbox"/> Induction on bullying prevention inconsistently applied.	<input checked="" type="checkbox"/> Workers not inducted.
15.	<input type="checkbox"/> All workers trained in bullying prevention policy and processes.	<input type="checkbox"/> Training on bullying prevention policy and processes inconsistently applied.	<input checked="" type="checkbox"/> No training provided.
16.	<input type="checkbox"/> All workers understand policy and processes and demonstrate knowledge.	<input type="checkbox"/> Some workers not able to demonstrate they understand bullying policy and processes.	<input checked="" type="checkbox"/> Workers not made aware of bullying policy and processes.
17.	<input type="checkbox"/> All workers are supervised to ensure policy and processes are followed.	<input type="checkbox"/> Supervision does not always result in bullying policy and processes being followed.	<input checked="" type="checkbox"/> Workers' understanding of bullying policy and processes not checked.

Reporting

18.	<input type="checkbox"/> Processes for reporting issues and incidents are developed and are always followed.	<input type="checkbox"/> Processes for reporting issues developed but not always followed.	<input checked="" type="checkbox"/> No reporting processes.
19.	<input type="checkbox"/> Survey results indicate that the majority of bullying incidents are reported. All reports are acted on.	<input type="checkbox"/> Survey results indicate that only some bullying incidents are reported. Follow-up action is limited.	<input type="checkbox"/> Survey results indicate that bullying incidents are not reported. <i>What survey results?</i>
20.	<input type="checkbox"/> Processes and training are always reviewed following incident reports.	<input checked="" type="checkbox"/> Processes and training are not always reviewed following incident reports.	<input type="checkbox"/> No review of processes and training following incidents. <i>Nil.</i>

Injury Management

21.	<input type="checkbox"/> All injuries are reported promptly.	<input checked="" type="checkbox"/> Not all injuries are reported, or aren't reported promptly.	<input type="checkbox"/> No injuries are reported.
22.	<input type="checkbox"/> Workers are informed of the return to work programme and process, in the event of an injury or illness.	<input type="checkbox"/> Workers not aware of the return to work programme and processes.	<input type="checkbox"/> No return to work programme or plans.
23.	<input type="checkbox"/> Return to work plans are implemented for injured workers when required and are effective in getting injured workers back to work.	<input type="checkbox"/> Return to work plan is not effective in getting injured workers back to work.	<input type="checkbox"/> Workers not helped to return to work after an injury.
24.	<input type="checkbox"/> Designated return to work coordinator is appointed.	<input type="checkbox"/> Designated return to work coordinator is appointed.	<input type="checkbox"/> No designated return to work coordinator appointed.

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Monitor and review to continually improve.
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But you still have work to do.
-  Each tick in the red zone means you are less likely to have good bullying prevention processes.
Address these areas immediately.

WORKPLACE FEATURES ASSESSMENT TOOL

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Management Commitment			
1.	<input type="checkbox"/> Manager and worker responsibilities clearly identified, understood and acted on.	<input checked="" type="checkbox"/> Responsibilities identified but not understood or operating effectively.	<input type="checkbox"/> No clear identification or understanding of responsibilities.
2.	<input type="checkbox"/> Sufficient resources allocated to meet responsibilities.	<input checked="" type="checkbox"/> Insufficient resources allocated to meet responsibilities.	<input type="checkbox"/> No resources allocated to meet responsibilities.
3.	<input type="checkbox"/> Managers always promote prevention of bullying as a high priority.	<input type="checkbox"/> Prevention of bullying behaviour not always a priority.	<input checked="" type="checkbox"/> Prevention and management of bullying behaviour not a priority.
4.	<input type="checkbox"/> Managers involved in all prevention and management of bullying behaviour initiatives.	<input type="checkbox"/> Limited involvement of managers in managing bullying prevention initiatives.	<input checked="" type="checkbox"/> No initiatives to prevent/manage bullying.
5.	<input type="checkbox"/> Managers always lead by example.	<input checked="" type="checkbox"/> Managers do not always lead by example.	<input type="checkbox"/> Managers set a poor safety example.
Consultation			
6.	<input type="checkbox"/> Agreed consultation arrangements are used to discuss bullying issues and work effectively.	<input type="checkbox"/> Consultation arrangement in place but not working effectively.	<input checked="" type="checkbox"/> No consultation arrangement in place.
7.	<input type="checkbox"/> Workers are always involved in decisions and developing policy and processes.	<input type="checkbox"/> Workers not always involved in decisions and developing policies and processes.	<input checked="" type="checkbox"/> No involvement of workers in decisions and developing policy and processes.
8.	<input type="checkbox"/> The views of workers are always valued and taken into account.	<input checked="" type="checkbox"/> Workers' views not always valued or taken into account.	<input type="checkbox"/> Workers' views not valued.
Policy and Processes			
9.	<input type="checkbox"/> All bullying risks have been promptly assessed.	<input type="checkbox"/> Only some bullying risks have been assessed.	<input checked="" type="checkbox"/> Bullying risks not assessed.
10.	<input type="checkbox"/> Policy and processes developed and implemented.	<input type="checkbox"/> Limited development and implementation of policy and processes.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
11.	<input type="checkbox"/> Workers involved in developing policy and processes.	<input type="checkbox"/> Limited involvement of workers in developing policy and processes.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
12.	<input type="checkbox"/> Policy and processes followed in day-to-day operations.	<input type="checkbox"/> Policy and processes developed but not always followed in day-to-day operations.	<input checked="" type="checkbox"/> No bullying policy and processes developed.
13.	<input type="checkbox"/> Policy and processes are reviewed.	<input type="checkbox"/> Policy and processes not reviewed.	<input checked="" type="checkbox"/> No bullying policy and processes developed.

Training and Supervision

14.	<input checked="" type="checkbox"/> Induction includes bullying prevention.	<input type="checkbox"/> Induction on bullying prevention inconsistently applied.	<input type="checkbox"/> Workers not inducted.
15.	<input type="checkbox"/> All workers trained in bullying prevention policy and processes.	<input type="checkbox"/> Training on bullying prevention policy and processes inconsistently applied.	<input checked="" type="checkbox"/> No training provided.
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17.	<input type="checkbox"/> All workers are supervised to ensure policy and processes are followed.	<input type="checkbox"/> Supervision does not always result in bullying policy and processes being followed.	<input checked="" type="checkbox"/> Workers' understanding of bullying policy and processes not checked.

Reporting

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20.	<input type="checkbox"/> Processes and training are always reviewed following incident reports.	<input checked="" type="checkbox"/> Processes and training are not always reviewed following incident reports.	<input type="checkbox"/> No review of processes and training following incidents.

Injury Management

21.	<input type="checkbox"/> All injuries are reported promptly.	<input checked="" type="checkbox"/> Not all injuries are reported, or aren't reported promptly.	<input type="checkbox"/> No injuries are reported.
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4. <input type="checkbox"/> Managers involved in all prevention and management of bullying behaviour initiatives.	<input type="checkbox"/> Limited involvement of managers in managing bullying prevention initiatives.	<input checked="" type="checkbox"/> No initiatives to prevent/manage bullying.
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Consultation		
6. <input type="checkbox"/> Agreed consultation arrangements are used to discuss bullying issues and work effectively.	<input type="checkbox"/> Consultation arrangement in place but not working effectively.	<input checked="" type="checkbox"/> No consultation arrangement in place.
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Policy and Processes		
9. <input type="checkbox"/> All bullying risks have been promptly assessed.	<input type="checkbox"/> Only some bullying risks have been assessed.	<input checked="" type="checkbox"/> Bullying risks not assessed.
10. <input type="checkbox"/> Policy and processes developed and implemented.	<input checked="" type="checkbox"/> Limited development and implementation of policy and processes.	<input type="checkbox"/> No bullying policy and processes developed.
11. <input type="checkbox"/> Workers involved in developing policy and processes.	<input checked="" type="checkbox"/> Limited involvement of workers in developing policy and processes.	<input type="checkbox"/> No bullying policy and processes developed.
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Training and Supervision

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24.	<input checked="" type="checkbox"/> Designated return to work coordinator is appointed.	<input type="checkbox"/> Designated return to work coordinator is appointed.	<input type="checkbox"/> No designated return to work coordinator appointed.

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Consultation			
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Policy and Processes			
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Reporting

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Consultation		
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Policy and Processes		
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18.	<input type="checkbox"/> Processes for reporting issues and incidents are developed and are always followed.	<input checked="" type="checkbox"/> Processes for reporting issues developed but not always followed.	<input type="checkbox"/> No reporting processes.
19.	<input type="checkbox"/> Survey results indicate that the majority of bullying incidents are reported. All reports are acted on.	<input checked="" type="checkbox"/> Survey results indicate that only some bullying incidents are reported. Follow-up action is limited.	<input type="checkbox"/> Survey results indicate that bullying incidents are not reported.
20.	<input type="checkbox"/> Processes and training are always reviewed following incident reports.	<input checked="" type="checkbox"/> Processes and training are not always reviewed following incident reports.	<input type="checkbox"/> No review of processes and training following incidents.

Injury Management

21.	<input checked="" type="checkbox"/> All injuries are reported promptly.	<input type="checkbox"/> Not all injuries are reported, or aren't reported promptly.	<input type="checkbox"/> No injuries are reported.
22.	<input type="checkbox"/> Workers are informed of the return to work programme and process, in the event of an injury or illness.	<input checked="" type="checkbox"/> Workers not aware of the return to work programme and processes.	<input type="checkbox"/> No return to work programme or plans.
23.	<input type="checkbox"/> Return to work plans are implemented for injured workers when required and are effective in getting injured workers back to work.	<input checked="" type="checkbox"/> Return to work plan is not effective in getting injured workers back to work.	<input type="checkbox"/> Workers not helped to return to work after an injury.
24.	<input type="checkbox"/> Designated return to work coordinator is appointed.	<input type="checkbox"/> Designated return to work coordinator is appointed.	<input checked="" type="checkbox"/> No designated return to work coordinator appointed.

-  Each tick in the green zone means you are likely to have a healthy workplace.
Monitor and review to continually improve.
-  Each tick in the orange zone means you are increasing your bullying prevention processes.
But you still have work to do.
-  Each tick in the red zone means you are less likely to have good bullying prevention processes.
Address these areas immediately.

PREVENTING UNACCEPTABLE BEHAVIOUR, HARASSMENT AND BULLYING

Applicable to: **All Staff**

Issued by: **Human Resources**

Contact: **Human Resource Business Partners**

Preamble: Employees are expected to conduct themselves professionally at all times and respect the rights, interests and diversity of their colleagues, and work harmoniously and courteously with others. In addition to MidCentral District Health Board's Code of Conduct Policy which gives guidance to employees on the standards of performance and conduct required, employees are expected to uphold the Organisational Values, which are:

Compassionate – Kia whai aroha

Being responsive to the needs of the people, whānau and community and being compassionate towards ourselves.

Respectful – Kia whai ngākau

Demonstrate appreciation for another person, showing politeness or respect to someone or something, and to not intentionally cause offence. Actively listening when someone is speaking and showing you value other perspectives.

Courageous – Kia Mātātoa

Participate with confidence and enjoyment. Speaking up when things are not right, being assertive, being open to feedback, and willing to try out new things and take measured risks.

Accountable – Kia noho haepapa

Acknowledge and assume responsibility for our actions and not blaming others when things go wrong. Striving for excellence and delivering high quality care that focuses on the needs of consumers and whānau. Understand the context in which we operate as a publicly-funded organisation and utilise our resources wisely

In addition, where applicable, employees are expected to adhere to the standards of behaviour and conduct defined by their relevant professional body.

MidCentral District Health Board (MDHB) is committed to creating a positive work environment which is free from unacceptable behaviour, harassment and bullying, and where every employee feels valued, and is treated with respect.

1. PURPOSE

The purpose of this policy is to ensure that:

- employees are aware of their responsibilities in relation to the provision of a workplace environment which is free from unacceptable behaviour, bullying and harassment.

Policy for Preventing Unacceptable Behaviour, Harassment and Bullying

- appropriate processes are in place to identify, eliminate, reduce or minimise unacceptable behaviours and workplace related harassment and bullying organisation wide.
- employees are aware of the type of behaviour which constitutes unacceptable behaviour, harassment and bullying and the consequences of such behaviour.
- a formal internal complaints procedure is in place for employees to report incidents of unacceptable behaviour, harassment or bullying, including provision of appropriate, confidential and accessible support for employees involved in or wishing to report these situations in the workplace.
- the principles of natural justice (procedural fairness and due process) will underpin any investigation of any unacceptable behaviour, harassment or bullying complaint.
- employees are aware of their right to complain if they are subjected to unacceptable behaviour or are being harassed or bullied in their workplace and of the existence of the complaints procedure.
- appropriate education is provided for all employees.
- MDHB meets its responsibilities in terms of the Human Rights Act 1993 and the Employment Relations Act 2000 which contain provisions specifically relating to sexual harassment.

2. SCOPE

All employees of MDHB, including honorary staff members.

Note: This policy does not apply to patients or contractors. Incidents of inappropriate behaviour, harassment, bullying or abuse from a patient/client should be dealt with through the incident management process (refer Incident Management and Reporting Policy MDHB-3385). Contracts with companies contracting services to MDHB include an obligation to comply with a workplace that is free from unacceptable behaviour, harassment or bullying while working on MDHB site. Refer Appendix 4 for reporting complaints involving contractors.

3. ROLES & RESPONSIBILITIES

Operations and Clinical Executives/General Managers/Managers/Team Leaders:

Responsible for ensuring that:

- they role model appropriate, respectful professional behaviour in accordance with MDHB's Code of Conduct, Organisational Values and the relevant professional body (as appropriate);
- they encourage and enable a positive work environment;
- they take responsibility for and directly challenge instances of unacceptable behaviour, harassment or bullying;
- employees are aware of their responsibility to report actual or potential situations of unacceptable behaviour, harassment or bullying in the workplace, and understand the procedures for doing so;
- employees are aware of the education programme and encourage participation;
- appropriate steps are taken to deal with identified potential or existing cases of unacceptable behaviour, harassment or bullying in the workplace;
- confidentiality of all parties is maintained, including no inappropriate sharing of information; and

- appropriate support is offered to complainants and respondents.

Employees:

Responsible for:

- role modelling appropriate, respectful professional behaviour in accordance with MDHB's Code of Conduct, Organisational Values and the relevant professional body (as appropriate);
- taking responsibility and accountability for their behaviour towards others;
- promptly reporting actual or potential situations of unacceptable behaviour, harassment or bullying in the workplace, preferably using the procedures set out in the attached appendix;
- attending the education programme as required;
- taking all practicable steps to ensure that they do not present themselves to others in a manner that is perceived as unacceptable behaviour, harassment or bullying; and
- participating in and taking the steps required to achieve a safe workplace environment for MDHB and in healthy work initiatives as appropriate.

Complainants:

Responsible for ensuring that:

- they maintain confidentiality and only discuss the complaint with their support person or representative, and not other staff;
- any complaint they make is genuine and is made in "good faith";
- they do not act maliciously; and
- they respect that MDHB has obligations to all of its employees and that it needs to investigate matters fairly.

Respondents:

Responsible for ensuring that:

- they maintain confidentiality and only discuss the complaint with their support person or representative, and not other staff;
- they do not contact the complainant(s) directly about the complaint, unless requested to do so by the complainant or as required in the normal course of their work;
- they do not act maliciously towards the complainant or retaliate in any way in response to the complaint; and
- they respect that MDHB has obligations to all of its employees and that it needs to investigate matters fairly.

Support Person or Representative: *(if a MDHB employee)*

Responsible for ensuring that:

- they maintain confidentiality and only discuss the complaint with the person they are supporting/representing;
- they are not personally involved in the complaint;
- they do not refer to the complaint in communications that the support person/representative is required to have with the complainant in the normal course of their work; and
- they are unbiased towards the respondent and uphold that in every form of communication if the support person/representative is required to have contact with the respondent in the normal course of their work.

Managers responsible for oversight of contractors:

Responsible for:

- ensuring that contracts with companies contracting services to MDHB include an obligation to comply with a workplace that is free from unacceptable behaviour, harassment or bullying while working on MDHB sites; and
- in the event of a MDHB employee having a complaint of unacceptable behaviour, harassment or bullying against an employee of a contractor providing a service to MDHB, requesting that contractor to co-operate in the complaints and resolution process.

Manager, Human Resources:

Responsible for:

- facilitating the provision of an education programme to be available for all employees, which includes:
 - how to prevent or deal with unacceptable behaviour, harassment or bullying situations; and
 - how to identify and control actual or potential unacceptable behaviour, harassment or bullying in the workplace;
- collating the data on the number and nature of complaints every six months (30 June and 31 December) to allow monitoring of the level of unacceptable behaviour, harassment or bullying complaints/concerns, identification of trends and where practices need to be altered to eliminate, reduce or minimise unacceptable behaviours and workplace related harassment and bullying (in consultation with the Team Leader/Manager and Occupational Health Unit as appropriate);
- reporting high level, aggregate data on the number and nature of complaints (as per the above) to the Bipartite Action Group on request; and
- facilitating the complaints process once a complaint has been reported ensuring correct processes are followed.

4. POLICY

MDHB shall ensure that all reasonable and practicable steps are taken to ensure that priority is given to the provision of a safe work environment, free of physical, emotional, mental or sexual harassment or abuse, for its employees.

A formal internal complaints procedure will be available for the use of all employees to report incidents of unacceptable behaviour, harassment or bullying involving employees.

All complaints of unacceptable behaviours, harassment or bullying will be dealt with promptly, seriously, with sensitivity and with scrupulous attention to natural justice (procedural fairness and due process). Proven cases of unacceptable behaviours, harassment or bullying may result in disciplinary action being taken, and in the case of honorary staff members, the withdrawal of honorary staff status.

5. MEASUREMENT CRITERIA

Number and nature of formal unacceptable behaviours, harassment or bullying complaints received and addressed.

6. DEFINITIONS

Employees: All employees of MDHB, including honorary staff.

Complainant: The person who makes a complaint or alleges that unacceptable behaviour, harassment or bullying has occurred.

Respondent: The person who has been alleged to have behaved unacceptably, harassed or bullied someone.

Support Person/Representative: The person or people the employee has chosen to support/represent them, for example a colleague, friend, family member, union delegate/organiser, etc.

Acceptable Behaviour: The following are examples of behaviours that are **not** considered to be harassment or bullying.

Examples of acceptable behaviour:

Expressing differences of opinion	Free and frank discussion about issues or concerns in the workplace, without personal insults
Constructive and courteous feedback at an appropriate time/place	Managing identified performance/competence issues
Legitimate criticisms about work performance (not expressed in a hostile, harassing manner)	Giving negative feedback, including in a performance appraisal, and requiring justified performance improvement
Legitimate and reasonable management decisions or actions	Warning or disciplining an employee in line with policy and best practice
Insisting on high standards of performance and team cooperation	Allocating work to individuals and setting reasonable goals and deadlines
Making a legitimate complaint about a manager or other employee's conduct/behaviour	Friendly banter, light-hearted exchanges, mutually acceptable jokes and compliments
Friendships, sexual or otherwise, where both people consent to the relationship	Targeted affirmative action policies, parental leave provisions, or reasonable accommodation and provision of work aids for staff with disabilities etc

Unacceptable Behaviour: Unacceptable behaviour can relate to incidents between employees that are inappropriate for the situation and cause an employee distress and anxiety. These tend to be one-off incidents. Where these behaviours are repeated or accumulate, they may be deemed to be bullying (see below).

Examples of unacceptable behaviour (note this list is not exhaustive):

Undermining professional standing or reputation in the presence of others	Isolating or excluding
Undervaluing or ridiculing the person's contribution	Displaying a contemptuous attitude towards other employees
Public reprimands, yelling and/or speaking all the time and not allowing others to be heard	Imposing punishment without reasonable justification
Hostile, verbal and non-verbal communication	Rude gestures and comments
Sarcastic innuendo to undermine credibility	Ignoring and working around someone who should be involved in the process

Policy for Preventing Unacceptable Behaviour, Harassment and Bullying

Harassment: Harassment is unwanted, unwelcome and threatening, offensive verbal or physical behaviour by a person or group of people, and might reasonably be perceived as unwanted, unwelcome, offensive and not legitimate.

Harassment is generally a pattern of repeated behaviour over time, but may be a one-off occurrence (e.g. a physical assault), and may have a negative effect on an individual's employment, job performance, job satisfaction or opportunity.

Harassment may be in respect of gender, ethnic origin, colour, religion, marital status, age, sexual orientation, disability, health status, and may include abuse of authority, unfair or inequitable treatment of an employee by his or her superior and other similar behaviours. Harassment also includes sexual harassment as defined in section 108 of the Employment Relations Act 2000.

Examples of harassment (note this list is not exhaustive):

Offensive teasing or abuse	Yelling or threatening comments
Unwelcome, inappropriate physical conduct, e.g. touching, patting	Being followed home from work
Physical assault	Offensive pin-ups, calendars, posters
Rude gestures and comments	Unwanted attention of a sexual nature
Offensive jokes	Repeated teasing or comments about the differences between cultures
Unwelcome and inappropriate telephone calls - at home or at work	Unwelcome and inappropriate letters or notes

Bullying: Bullying is generally a pattern of repeated, persistent, unwanted, unwarranted and detrimental behaviour that is intended to target and victimise the recipient. Bullying may be overt or covert and may include acts to undermine and/or humiliate the recipient. Bullying can be an abuse of power and makes the recipient feel upset, threatened, humiliated or vulnerable.

Examples of bullying (note this list is not exhaustive):

Behaviour which is offensive, malicious, insulting or intimidating	Changing an individual's duties or responsibilities to that individual's detriment without reasonable justification
Using verbal abuse or swearwords or shouting inappropriately	Undermining status and credibility by criticising in the presence of others
Excessive or unjustified criticism over minor things	Deliberate exclusion from meetings that an individual might reasonably expect to attend
Undervaluing or ridiculing an individual's contribution	Imposing punishment without reasonable justification
Deliberately setting unreasonable objectives or tasks with impossible timescales	Isolation, non co-operation or exclusion from departmental social events

What Bullying is Not:

For the purposes of clarity, the following are examples of behaviours that are ***not*** considered to be bullying:



Policy for Preventing Unacceptable Behaviour, Harassment and Bullying

- Insisting on high standards of performance in terms of quality, safety and team cooperation;
- Allocating work to individuals and setting reasonable goals and deadlines;
- Constructive and courteous feedback at an appropriate time/place;
- Issuing of reasonable instructions in line with delegated authority and expecting them to be carried out;
- Managing identified performance/competence issues;
- Legitimate criticisms made to a staff member about their behaviour or work performance (not expressed in a hostile, harassing manner);
- Giving negative feedback, including in a performance appraisal, and requiring justified performance improvement;
- Warning or disciplining a staff member in line with policy and best practice;
- Making a legitimate complaint about a manager or other employee's conduct/behaviour;
- Friendly banter, light-hearted exchanges, mutually acceptable jokes and compliments;
- Friendships, sexual or otherwise, where both people consent to the relationship;
- Assertive expressing of opinions that are different from others';
- Words or actions that are directed at the advancement of knowledge, add to critical debate and which are not targeted at individuals;
- Free and frank discussion about issues or concerns in the workplace, without personal insults; and
- Targeted affirmative action policies, parental leave provisions, or reasonable accommodation and provision of work aids for staff with disabilities etc.

7. RELEVANT LEGISLATION

Human Rights Act 1993
Health and Safety in Employment Act 1992
Employment Relations Act 2000
Privacy Act 1993

The Employment Relations Act 2000 and the Human Rights Act 1993 codify forms of discrimination which are unlawful and which MDHB will not permit. Copies of relevant Acts are available online at www.legislation.govt.nz.

8. RELATED MDHB DOCUMENTS

MDHB-1889 Disciplinary Procedures -Policy-
MDHB-5582 Code of Conduct -Policy-
MDHB-3385 Incident Management and Reporting (Incident, Accidents, Hazards, Near Misses) -Policy-
MDHB-7760 Speaking Up for Safety/Promoting Professional Accountability -Policy-
MDHB-7761 Promoting Professional Accountability -Guideline-

9. APPENDICES

[Appendix 1:](#) Reporting of Unacceptable Behaviour, Harassment or Bullying Complaints
[Appendix 2:](#) Internal Complaints Procedure for Reporting Unacceptable Behaviour, Harassment or Bullying
[Appendix 3:](#) Summary of Formal Complaints Process – Flowchart
[Appendix 4:](#) Summary of Reporting Processes for Unacceptable Behaviour, Harassment or Bullying



10. KEYWORDS

Unacceptable behaviour
Bullying
Harassment
Abuse
Internal complaints procedure
Complaints
Investigation
Mediation
Personal grievance
Legal action

APPENDIX 1

REPORTING OF UNACCEPTABLE BEHAVIOUR, HARASSMENT OR BULLYING COMPLAINTS

Any employee who is experiencing unacceptable behaviour, harassment or bullying can choose, of their own accord, to make it clear to the person(s) that such behaviour is offensive and unacceptable and ask them to stop it. Often this can be adequate for the behaviour to cease.

Employees are encouraged to respond assertively to behaviour they consider unacceptable (as covered in this policy), wherever this is possible or practicable.

If this self-help approach does not resolve the issue the employee experiencing unacceptable behaviour, harassment or bullying has the right to lodge a report through the Speaking Up for Safety/Promoting Professional Accountability online form or to raise a complaint through the internal complaints procedure.

MDHB encourages all employees to consider lodging a report through the Speaking Up for Safety/Promoting Professional Accountability online form or raising a complaint about unacceptable behaviour through the internal complaints procedure before pursuing other more formal avenues where it is possible and appropriate to do so. Avenues other than the Internal Complaints Procedure for Reporting Unacceptable Behaviour, Harassment or Bullying (see Appendix 2) which may be pursued include:

- mediation through the Human Rights Commission, or the Race Relations Conciliator;
- personal grievance procedure pursuant to the Employment Relations Act 2000, through the employee's union or other chosen representative (MDHB encourages employees to raise the complaint with MDHB before pursuing a personal grievance in relation to the conduct);
- legal action through the Police or a lawyer.

APPENDIX 2

INTERNAL COMPLAINTS PROCEDURE FOR REPORTING UNACCEPTABLE BEHAVIOUR, HARASSMENT OR BULLYING

Process

If 'self help' is unsuccessful or not considered appropriate, or the online Promoting Professional Accountability reporting process is not considered appropriate, early reporting of unacceptable behaviour, harassment or bullying is encouraged.

Any initial approaches made by an employee of unacceptable behaviour, harassment or bullying complaints/concerns will be treated in strict confidence. In most cases, and the complaint/concern will be taken no further unless the employee agrees.

If an employee has a complaint or concern that they wish to discuss or have dealt with on a more formal basis, they should discuss this with one or any of the following support people:

- their Team Leader/Manager
- a member of Human Resources and Organisational Development
- their union or other chosen representative
- their Kaumatua, minister or any outside support person to help the employee talk with any of the above people.

Employees can also seek assistance at any stage from MDHB's external support contacts, Employee Assistance Programme Services (EAP). MDHB has engaged EAP Services to provide professional and confidential support to employees. EAP Services will provide immediate advice, discuss various options available to the employee and assist them in attempts to remedy the situation.

These support person(s) will be able to assist the complainant determine which of the following options they wish to pursue:

Self-help

The complainant feels able to deal with the problem themselves after discussion with their chosen support person(s). The complainant should approach the person, discuss the situation and:

- Inform them that their behaviour is unacceptable and explain what impact the behaviour had on them
- Ask them to stop using offensive or threatening behaviour and suggest any outcomes that they would like to see
- Inform them if their behaviour continues, formal action will be taken to report the incidents

Promoting Professional Accountability

The complainant feels that an anonymous report through the online system, which may result in the person receiving feedback from a peer messenger, is their preferred way to address the issue. The complainant should access the Promoting Professional Accountability online report form on the intranet and:

- Provide as much detail about the issue/incident(s) as possible
- Provide their contact details in case further information is required, and as part of the requirement to ensure no 'vexatious or malicious' reporting occurs – NB: the online system

allows for genuine reports on an anonymous basis and the complainants personal details will NOT be provided to the person who is subject to the report

Please refer to MDHB-7761 Promoting Professional Accountability Guidelines for more information.

Informal

The complainant requests their chosen support person(s), or another person, to go with them when they approach the person to discuss the situation and:

- Inform them that their behaviour is unacceptable and explain what impact the behaviour had on them
- Ask them to stop using offensive or threatening behaviour and suggest any outcomes that they would like to see
- Inform them if their behaviour continues, formal action will be taken to report the incidents

Formal

Refer to the flowchart for an overview of the process.

This approach should be used in cases where either an informal approach has not resolved the problem, or the allegations have been serious enough to warrant a formal investigation rather than be dealt with on a self-help or informal basis.

The complainant will be required to sign a written complaint, prepared either by themselves or in conjunction with their support person(s) and lodge it with the appropriate manager or with the Manager, Human Resources who will then, if the complaint has sufficient substance, institute an investigation. MDHB is generally not able to act on anonymous complaints (because it will very likely be obligated to provide the person who is alleged to have behaved unacceptably with sufficient information to properly respond). The complaint will be forwarded to the Manager of the person(s) against whom the allegations have been made. The complaint should include the following details:

- Who the complaint is about
- What happened (including date/s, time place, what was said and done)
- What impact the behaviour has had on them and how they responded
- Whether anyone else witnessed the behaviour (including their name/s)
- Any outcomes/suggested resolutions they would like to see

Where a formal complaint is submitted and is considered by the appropriate manager or Manager, Human Resources (as applicable) to have sufficient substance, an investigation will be conducted in accordance with the MDHB's Disciplinary Procedures and Code of Conduct. Procedural fairness will be observed, the rights of the person complained about must be respected, and confidentiality maintained:

- to ensure an objective investigation the person hearing the complaint, explanations and other evidence should be independent from the involved parties, must hear the complaint impartially, and act in a culturally appropriate manner;
- the person accused of unacceptable behaviour, harassment or bullying must be told of the complaint and given enough detail and supporting information to give them a full and fair opportunity to respond to all of the allegations against them;

Policy for Preventing Unacceptable Behaviour, Harassment and Bullying

- each involved party must be given the opportunity to be represented, and given a reasonable opportunity to participate and provide information;
- documentary evidence or records of allegations, defences, and rebuttals should be kept, and the parties should correct if necessary, and sign as correct this record (see below re retention of documentation);
- decision making should be based only upon the facts established during the investigation and arrived at by logical steps (i.e. reasonably) and should be written down.

Complainants have the right to withdraw from the process at any stage. However, this will not necessarily halt further action where there is a risk to personal safety or property, or where there would be legal implications for MDHB if action does not follow.

Unsubstantiated Allegations

The potential consequences for someone accused of unacceptable behaviour, harassment or bullying are serious. Therefore, an allegation of unacceptable behaviour, harassment or bullying against another employee which is found to be malicious and/or unfounded could itself be considered an act of unacceptable behaviour, harassment or bullying. An unsubstantiated allegation which is found to be malicious and/or unfounded may result in disciplinary action against the complainant.

This should in no way discourage an employee from making a legitimate complaint about unacceptable behaviour, harassment or bullying.

Outcome

In all cases the outcome should be that the complainant feels satisfied that the complaint has been properly addressed. Depending on the circumstances, the outcome may also include:

- Disciplinary action being taken against the respondent (see below). This will be applied in accordance with MDHB's Disciplinary Procedures Policy, Code of Conduct and the employee's professional code of conduct (where relevant) and will take into consideration the nature of the behaviour, the circumstances, previous occurrences, etc;
- Some form of behaviour modification e.g. counselling for the respondent;
- Changes to work practice and/or environment.

If the complaint is not upheld:

- No further action is taken.
- The manager(s) must attempt to restore harmonious working relationships.
- The manager may need to discuss further options with all parties and monitor the relationships.
- If it appears that the complaint is malicious, vexatious or frivolous, there may be grounds to consider disciplinary action against the complainant.
- The utmost care must be taken to prevent any disadvantage to the person against whom the complaint has been laid if the complaint has been unable to be substantiated or found to be unwarranted; and also to prevent the complainant being made to suffer in any way for having made the complaint.

If the complaint is upheld:

If the complaint is substantiated and the Team Leader/Manager makes the decision to institute disciplinary action, this is to be in accordance with MDHB's Disciplinary Procedures Policy. Advice should be sought from Human Resources and Organisational Development.

Retention of documentation

- * If an employee approaches a support person for discussion and the employee decides that they want no further action to be taken, or self-help or informal intervention has resolved the complaint, the support person may keep a note of the date and brief account of the interview, and the names of the parties involved.
- * Details of all complaints are to be forwarded to the Manager, Human Resources.
- * If a formal complaint is made, investigated and substantiated, a record of the complaint (excluding the complainant's name/identity) and the outcome should be placed in a sealed envelope on that person's personal file. Access will be in accordance with the procedures for all information held on employee personal files.

Confidentiality

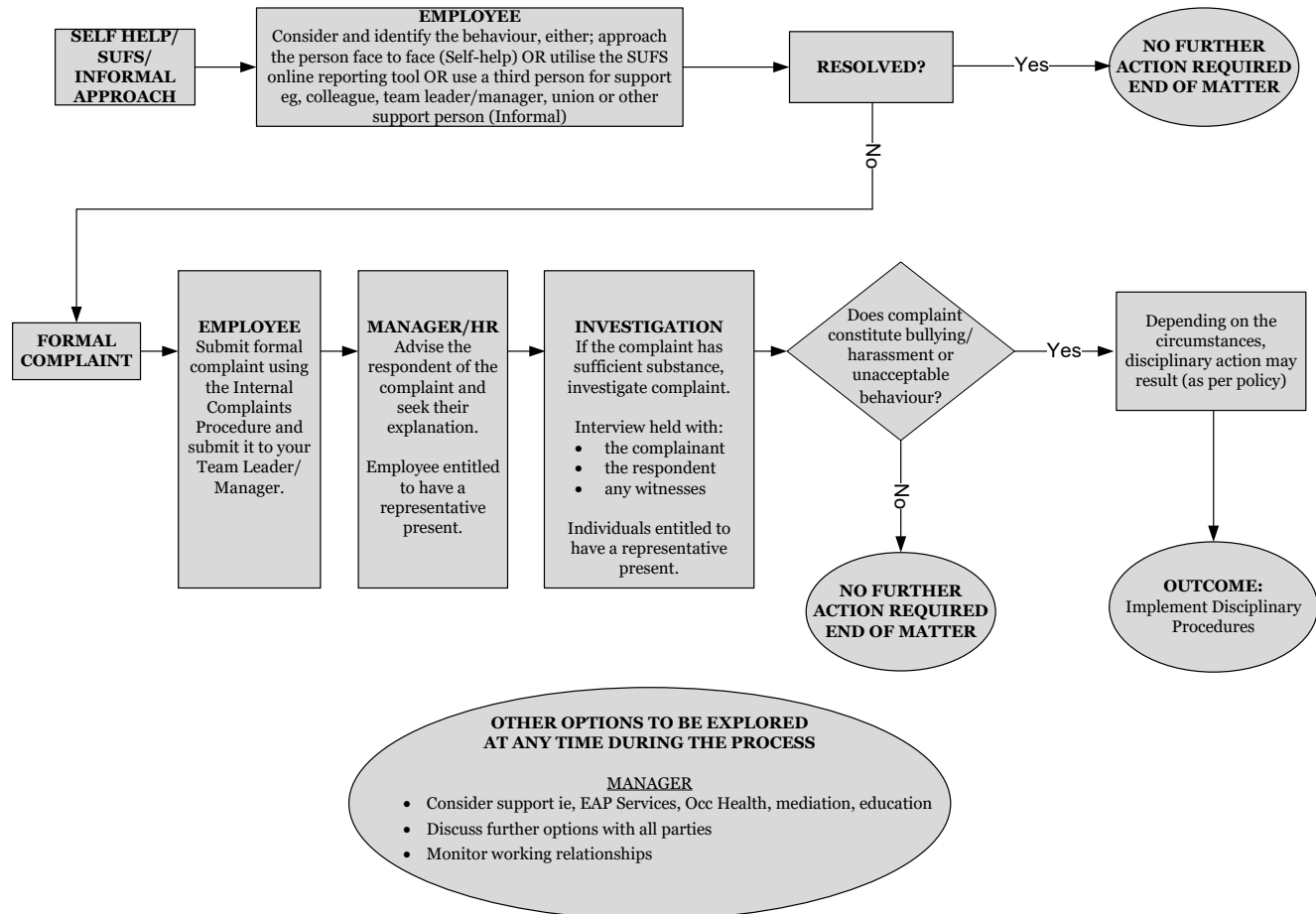
MDHB is committed to maintaining confidentiality unless there are circumstances involving probable risk to the safety of any person/s, or where maintaining confidentiality would be unlawful, or when this would compromise the principles of natural justice.

Defamation

Due to the possibility of defamation proceedings, all information must be kept as confidential as possible. Unless expressly authorised, the complainant and respondent are not to discuss any matters pertaining to a complaint with anyone other than those directly involved (manager, investigator, and representative/support person/s).

APPENDIX 3

SUMMARY OF FORMAL COMPLAINTS PROCESS – FLOWCHART





Policy for Preventing Unacceptable Behaviour, Harassment and Bullying

APPENDIX 4

SUMMARY OF REPORTING PROCESSES FOR UNACCEPTABLE BEHAVIOUR, HARASSMENT OR BULLYING COMPLAINTS AT MDHB

There are various avenues for raising issues relating to another person’s behaviour or conduct. This policy applies to employees of MDHB wishing to report incidents of unacceptable behaviour, harassment or bullying involving another MDHB employee (refer shaded “box” on the table below).

For incidents involving other people e.g. patients, visitors, contractors etc, the correct process is denoted in the table below. (Note, the table should be “read” using the left hand column). For example:

- a Patient/Client “complaining” about a MDHB employee would use the Complaints process;
- a MDHB Employee “complaining” about a Patient/Client would use the Incident Management process.

		Who is the “respondent”? (the person against whom the allegation is made)			
		MDHB Employee	Patient/Client	Visitor/Family Member	Contractor/ Subcontractor
Who is the “complainant”? (the person who makes a complaint)	MDHB Employee	Internal Complaints Procedure for Reporting Unacceptable Behaviour, Harassment or Bullying)	Incident Management process	Incident Management process	Incident Management process or Complaints process ¹
	Patient/Client	Complaints process	Complaints process	Complaints process	Complaints process ¹
	Visitor/Family Member	Complaints process	Complaints process	Complaints process	Complaints process ¹
	Contractor/ Subcontractor	Follow own company policy to report complaint ²	Follow own company policy to report complaint ²	Follow own company policy to report complaint	Follow own company policy to report complaint

For more information about these processes, please contact:

- Internal Complaints Procedure – Human Resource Department on Ext 8850
- Incident Management process – Incident Database Coordinator on Ext 8949
- Complaints process – Customer Relations Coordinator on Ext 8980

1. Once lodged with the line manager, complaints relating to hotel services/facilities management or labouring contractors are referred to the Group Manager Commercial Support Services and passed on to the contracting company for appropriate action. Complaints relating to contractors of a clinical nature should be referred on to the relevant Director at MDHB.
2. The contracting company refers the complaint to the Group Manager Commercial Support Services (for hotel services/facilities management or labouring services) and it is then passed on to the appropriate manager within MDHB. Complaints from contractors relating to clinical equipment or services are referred to the relevant Director at MDHB. Normal MDHB processes then apply, i.e. the complaint is reviewed and an investigation, as may be required, undertaken according to MDHB policy and procedure.

21 November 2022

Ref: OIA HNZ00005769 – SMO Numbers

Dear [REDACTED]

This response is to your Official Information Act 1982 requesting information on the number of SMO FTE within budget as at 1 October 2022 at Palmerston North Hospital and the SMO FTE actual as at 1 October 2022.

FTE's are measured monthly rather than daily. The FTEs below are for the month ended 30 September 2022. Health New Zealand Te Pae Hauora o Ruahine o Tararua | MidCentral (previously MidCentral District Health Board) responds as follows:

Department	Budget	Employed	Locum	Total
Acute & Elective Specialists	115	110	5	115
Healthy Women, Children & Youth	20	15	2	17
Cancer Screening Treat & Supp	25	23	0	23
Healthy Ageing & Rehabilitation	10	9	0	9
Primary Public & Community	2	1	0	1
Mental Health & Addictions	18	7	12	19
Total	190	165	19	184

If you are not satisfied with this response, you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Please note that this response, or an edited version, may be published on the MidCentral website ten working days after your receipt of this response.

Yours sincerely



Neil Wanden

General Manager, Finance & Corporate Services

TeWhatuOra.govt.nz

PO Box 2056, Palmerston North, 4440
06 350 8061

Te Kāwanatanga o Aotearoa
New Zealand Government

22 November 2022

Te Whatu Ora
Health New Zealand

Ref: H2022016313 – New Mental Health Ward

Dear [REDACTED]

In response to your Official Information Act 1982 requesting information on the new acute mental health unit, Health New Zealand Te Pae Hauora o Ruahine o Tararua | MidCentral (previously MidCentral District Health Board) responds as follows:

1. *Has the final design been completed?*

Yes.

2. *Has a fixed price been agreed for the building project?*

A fixed price has not yet been agreed for the project.

3. *If not, when will the design be signed off?*

N/A. Please refer to number 1 above.

4. *When will the final price be agreed with the contractor?*

It is anticipated that pricing for the complete build contract will be agreed by April 2023.

If you are not satisfied with this response, you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Please note that this response, or an edited version, may be published on the MidCentral website ten working days after your receipt of this response.

Yours sincerely



Neil Wanden

General Manager, Finance & Corporate Services

TeWhatuOra.govt.nz

PO Box 2056, Palmerston North, 4440
06 350 8061

Te Kāwanatanga o Aotearoa
New Zealand Government