

24 March 2020

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Dear 9(2)(a)

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 27 February 2020. You requested the following information:

1. **The number of Sexual Harassment reports made by person(s) employed (staff) by the DHB in the calendar years of 2019, 2018 and 2017, broken down by whether they involved either patients, or other staff.**
2. **The number of Sexual Harassment reports made by patients to the DHB in the calendar years of 2019, 2018 and 2017, broken down by involving either other patients or staff.**
3. **The number of complaints made to the DHB by staff members for each of the following:**
 - Physical assault/ abuse
 - Verbal assault/ abuse
 - Psychological assault/ abuse
 - Racial assault/ abuse;**Made to the DHB in the calendar years of 2019, 2018 and 2017, broken down by whether they were perpetrated by either patients or staff.**
4. **The number of complaints made to the DHB by patients for each of the following:**
 - Physical assault/ abuse
 - Verbal assault/ abuse
 - Psychological assault/ abuse
 - Racial assault/ abuse;**Made to the DHB in the calendar years of 2019, 2018 and 2017, broken down by whether they were perpetrated by either patients or staff.**

For context, CM Health Services provide health and support services to more than 569,400 people residing in South Auckland, both in hospitals and community settings, along with some regional and supra-regional specialist services (Burns, Plastics and Orthopaedics).

Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We are constantly working to create a safe work environment. We are clear that it is unacceptable for anyone to experience violence and abuse while working in or receiving care from our services. We employ more than 7,500 staff, and see more than 118,000 presentations at the Middlemore Hospital Emergency Department each year.

Obviously, many of these people are acutely unwell and/or in distress when they require care and that can result in behaviours that our staff members need to manage and respond to. We encourage all staff to report instances of inappropriate behaviours, and also encourage feedback from patients and family as to their experience of our services. In cases where there are issues or complaints raised, our intention is to investigate all matters raised, work towards a mutual resolution and to offer apology where we do not deliver to our own high standards of care.

We have used our patient complaint system Feedback System (FMPro), to identify reports on these matters from patients/ family. Feedback is any comment or suggestion that there could be an improvement in a service that can be provided via complaints, compliments or suggestions. A complaint is any expression of dissatisfaction that needs a response from the organisation. If the consumer/ family believe they have a complaint, then it is a complaint

Clearly, this will only identify concerns raised from perspective of the complainant, however some events noted in complaints may have been unintentional, misinterpreted or occurred while a patient was experiencing acute illnesses (including mental illness or cognitive impairment).

We have used our Incident Reporting system Incident System (RMPro), to identify reports by staff. An incident is any event that could have (near miss), or has resulted in harm, damage or loss, to *any person* (staff, patient, or visitor), property or environments.

Each incident is counted as a unique file, and we use coding themes to guide the allocation of incidents, along with narrative text that provides extended details, but this is not as easily coded. While there are 'nominated' codes for types of incidents reported, these may not always be consistently interpreted by everyone. In addition, there will be a range in the severity of incidents within the same code group. Incidents can involve more than one type of violence and one incident may be reported by multiple people. Consequently, the retrospective data should be used cautiously.

This incident report system is intended to enable DHB staff to report on any incidents in their workplace, and to have these fully investigated and resolved. However, this can mean there can be issues with data 'uniformity' and interpretation. Given the differences in reporting systems, and in the DHB sizes and services, comparisons between DHBs can also be misleading.

Responses to your questions are below:

1. The number of Sexual Harassment reports made by person(s) employed (staff) by the DHB in the calendar years of 2019, 2018 and 2017, broken down by whether they involved either patients, or other staff.

You request information as related to Sexual Harassment Reports. We use the definition of sexual harassment as that in the Employment Relations Act and the Human Rights Act (*i.e. workplace sexual harassment is any unwelcome or offensive sexual behaviour that is repeated, or is serious enough to have a harmful effect, or which contains an implied or overt promise of preferential treatment, or an implied or overt threat of detrimental treatment*).

Our **Human Resources service** has a record (**Table 1**), of the following formal complaints logged by employees per year related to sexual harassment. In these cases, the matters related to other employees.

Year	Number
2017	0
2018	0
2019	1

Table 1 – Human Resources

From the **Incident System (RMPro)** (**Table 2**) the following incidents were *also* identified. The table also summarises identified perpetrators, noting that these reports usually related to single instances of harm, rather than ongoing harm.

Year	assault	harassment	inappropriate
2017	8	2	4
2018	7	4	8
2019	3	3	6

Perpetrator	assault	harassment	inappropriate
Patient	14	7	17
Staff	1	0	1
Unknown	3	2	0

Table 2 – Incident Reports

Note: Inappropriate behaviour incidents: A key word search on the short descriptions for these incidents on the terms [*“sex”, “breast”, “backside”, “penis”, “kiss”, “scrotum”, “genital”, “naked”*]- sexual in nature and non-consensual.

Incidents involving sexual assault, harassment and inappropriate behaviour can occur at any DHB sites, or in the community, where that is a workplace for employees.

In our Incident System any incidents are reported per person affected. One incident might be reported by several involved individuals. Incidents reporting sexual assault can range from minor (touching, to physical harm), and where this involves patients, it is not generally considered workplace sexual harassment. Incidents involving only employees can be reported directly to Human resources as an employment matter, and not be logged in the Incident System.

2. The number of Sexual Harassment reports made by patients to the DHB each of the calendar years - 2019, 2018 and 2017, broken down by involving either other patients or staff.

From the **Feedback System (FMPro) (Table 3)** holds the following detail – using a key word search of the short description of a complaint, which is the synopsis of the complaint. This is completed by the Feedback Central staff member who entered the complaint into the system. It is not feasible to manual review all original complaint documents received, to extract further details of the allegation.

Year	Number
2017	1
2018	0
2019	4

Table 3 – Feedback System

Note: *Inappropriate behaviour complaints:* A key word search of complaints on the terms [*“inappropriate behaviour”, “harass” and “sex”*].

3. The number of complaints made to the DHB by staff members for each of the following:

- Physical assault/ abuse
- Verbal assault/ abuse
- Psychological assault/ abuse
- Racial assault/ abuse;

Made to the DHB in each of the calendar years - 2019, 2018 and 2017, broken down by whether they were perpetrated by either patients or staff.

Our **Human Resources service** has a record (**Table 4**), of the following formal complaints logged by employees per year. In these cases, the matters related to behaviour of other employees.

Year	Physical	Verbal	Racial
2017	2	3	0
2018	1	5	0
2019	1	6	0

Table 4 – Human Resources

A manual review of historical information prior to December 2018 was necessary to distinguish whether complaints raised involved verbal/ physical abuse – there may be a margin of interpretation. Our system does not include a category of ‘psychological assault/abuse’.

From the **Incident System (RMPro)** the following incident reports on physical or verbal assault/ abuse were *also* identified.

Physical assault incidents

Year	Total
2017	204

Year	Total
2018	230
2019	247

Table 5 – Incident Reports

Please note; this data excludes *hit/bitten/scratched by person* as this is usually applied to cases where the person had no motive, and didn't intend to hurt the other person. The incidents will include assaults that occurred in the community.

Emergency Department staff use a different system to log incidents involving aggression, and verbal abuse - referred to as *Code Orange* incidents. The categorisation of these is related to response requirements.

The data provided includes any reported incidents involving patients, staff, visitors and members of the public (as potentially either victims or perpetrators). The incident form will note the name of the person who was 'affected', but doesn't determine a victim/ perpetrator. Due to the volume of incidents involved, it is not possible to analyse all incidents to provide details of each of the involved parties.

Verbal assault/ abuse

The Incident System has a category called assault – verbal/gesture. We accept that verbal abuse towards staff is underreported. Verbal abuse will usually be logged under this category, but assaults and other incidents involving violence (e.g. threatening behaviour) might have had accompanying verbal abuse that would not have been logged as a separate assault – verbal/gesture incident.

Year	Total
2017	42
2018	58
2019	47

Table 6 – Incident Reports

Psychological assault/abuse and Racial assault/abuse

It is not possible to provide data on this. The Incident System does not have specific categories for the reporting of these types of abuse. Determining these incidents would require analysing the short descriptions of all assault/abuse incidents to identify relevant circumstances, which is not feasible with the number of incidents involved and the small team that support the administration of incident reporting.

4. The number of complaints made to the DHB by patients for each of the following:

- **Physical assault/ abuse**
- **Verbal assault/ abuse**
- **Psychological assault/ abuse**
- **Racial assault/ abuse;**

Made to the DHB in the calendar years of 2019, 2018 and 2017, broken down by whether they were perpetrated by either patients or staff.

The classification of patient and family feedback into the Feedback System is different to the classification of incidents in the Incident System. Complaints that involved assault or verbal/racial abuse are not specifically collated as you specify, and may be logged under the following categories:

- Courtesy, Respect and Helpfulness
- Cultural Sensitivity
- Communication with Family Members and Patients

As noted above, the individual circumstances of each complaint received (that can involve multiple matters) are acknowledged on receipt, investigated fully, and response provided within 20 working days. Should matters involving any serious inappropriate behaviour by an employee be identified from these investigations, these are managed via the appropriate employee disciplinary processes.

Counties Manukau DHB responds to a number of requests for information on this topic each year. Like other state sector agencies, we now proactively publish responses to Official Information Act requests in a searchable matter on our website.

- <https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/>

We believe these several of these responses will address your questions, and ask that you also review them (best search term is 'harm to staff').

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

9(2)(a)



*Official Information Act Specialist
Signed on behalf*

24 March 2020 Due to COVID 19 Response priorities Release approved by Director Human Resources

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health