Review terms of reference

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| Reference number | Click or tap here to enter text. |
| Initial meeting with impacted consumer and/or whānau to discuss the harm and enable their experience to inform the SAC rating | Meeting date: Click or tap to enter a date.  [Comment if whānau not ready to engage:]  Click or tap here to enter text. |
| Agreed consumer and/or whānau key contact, provider contact and details shared | Click or tap here to enter text. |
| Description of event | Click or tap here to enter text. |
| Provisional SAC rating | Click or tap here to enter text. |
| Date review to be completed by | Click or tap to enter a date. |
| Leadership review sponsor | Click or tap here to enter text. |
| Review method | Click or tap here to enter text. |
| Review facilitator/team | Name(s) and role(s): Click or tap here to enter text. |
| Scope of review (eg, providers who will be involved across the health system) | Click or tap here to enter text. |
| Health care workers engaged in the development of terms of reference | Click or tap here to enter text. |
| Consumer and/or whānau engaged in the development of terms of reference | Click or tap here to enter text. |

SAC = Severity Assessment Code.

Review principles

The review is to be undertaken with consideration of the principles articulated in the Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023.[[1]](#footnote-2) See Appendix 1 for detail.

Introduction

This term of reference guides the review of the event of harm that took place on Click or tap here to enter text.

[Add brief description of event here] Click or tap here to enter text.

Purpose

To understand the care provided and experiences of those involved in the harm event through a process that enables healing, learning and sustainable improvements.

Scope

The following is in scope:

* The care provided to the consumer and whānau who have been harmed.
* The experience of the consumer and whānau and any information they share to enable the review team to understand their needs.
* The experiences and key information provided by health care workers involved at any point in the provision of care related to the harm event for to enable the review team to understand their needs.
* Understanding the realities of everyday human work for the health care workers involved in harm.

The following is out of scope:

* Reporting requirements under the Health and Safety at Work Act 2015[[2]](#footnote-3) (and associated regulations).
* Employment relationship issues affecting any employee in health and disability service settings in Aotearoa New Zealand. These are managed under the Employment Relations Act 2000.[[3]](#footnote-4)

Process

* Discuss the harm with the consumer and whānau and use this information to inform the SAC rating.
* Include concerns raised by the consumer and or their whānau that they want included in the review.
* Review the harm event and write a report.
* During the review, apply a Human Factors framework to understand how the interactions between all elements of the health system may have contributed to the harm event.
* Consider how service models and delivery of care models may have contributed to the harm event.
* Identify learning opportunities (these may be across different levels of the system) and implement actions for improvement from the review.
* Ensure all people involved are aware of the system learning opportunities and update them on implementation progress.

The actions and intentions of health care workers involved in any event are considered in any review process, however, specific employment relations concerns must be managed in a separate process.

Governance

The reviewers will have access to the review sponsor as required.

Governance will be in place to ensure the learning opportunities are implemented and evaluated.

Transparency

The review team is expected to share anonymised learning locally, regionally and nationally.

Review timeline

The review is to be completed by Click or tap to enter a date. and the final report submitted for consideration by Click or tap to enter a date.

Leadership review sponsor

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| --- | --- |
| Signed |  |
| Date | Click or tap to enter a date. |

Appendix 1: Summary from the 2023 policy[[4]](#footnote-5)

1. Consumer and whānau engagement | Whai wāhi a te kiritaki me te whānau

The review will meet the [code of expectations for health entities’ engagement with consumer and whānau](https://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/).

1. Culturally responsive practice | Kia aro ki te ahurea

A culturally responsive approach will be taken that upholds the tikanga of the consumer and whānau involved in the harm event.

1. Equity | Mana taurite

Equity tools will be used to apply an equity lens to the review and inequities will be addressed in the learning opportunities.

1. Open communication | Kia kōrerorero noa

The consumer and/or whānau will be invited to contribute to the development of these terms of reference. Ongoing open communication will provide opportunities for the review team to hear the consumer and whānau story, offer welfare support and grieving options, identify emerging needs and create learning opportunities resulting from the review.

1. Restorative practice and hohou te rongo | Mahi haumanu, hohou te rongo

Health and disability service providers are encouraged to focus on restorative practices and hohou te rongo, which is peace-making from a te ao Māori view, as appropriate in each region. A hohou te rongo approach is about the restoration of mana and wellbeing, through whanaungatanga. These approaches appreciate that relationships make us human. They can be positive or harmful, and they are important in our healing.

1. Safe reporting | Kia haumaru te tuku pūrongo

Safe reporting relates to support and consideration of the welfare of consumers whānau and health care workers. A supportive learning culture enables health care workers to express their experiences involved in harm and raise any questions, concerns or ideas for learning and improving.

1. System accountability | Tā te pūnaha kawenga

Provisions under the Privacy Act 2020 and the 2022 revised Nga parewa health and disability standards[[5]](#footnote-6) will be met. The process for reporting harm to Te Tāhū Hauora Health Quality & Safety Commission will also be met.[[6]](#footnote-7)

1. System learning | Tā te pūnaha ako

The review method (preferably the learning review) grounded in resilient health care and systems safety enables an understanding of the realities of everyday work. Learning opportunities should be developed across the system that can become actions for sustainable improvement. Share the learning to ensure the loop is closed and all those involved are aware of changes being implemented. Relevant wider system learning should be shared nationally.

Appendix 2: Whānau questions

This section provides an opportunity to document specific questions that arise during the initial discussion with the consumer and whānau.

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| **Date** | **Question** |
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Template developed by Te Tāhū Hauora Health Quality & Safety Commission, June 2023, and available online at [www.hqsc.govt.nz](http://www.hqsc.govt.nz).

1. Te Tāhū Hauora Health Quality & Safety Commission. 2023. Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023](http://www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023). [↑](#footnote-ref-2)
2. Parliamentary Counsel Office. 2021. New Zealand legislation. *Health and Safety at Work Act 2015*. URL: <https://legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html>. [↑](#footnote-ref-3)
3. Parliamentary Counsel Office. 2022. New Zealand legislation. *Employment Relations Act 2000*. URL: <https://legislation.govt.nz/act/public/2000/0024/latest/DLM58317.html>. [↑](#footnote-ref-4)
4. For the full principles, see: Te Tāhū Hauora Health Quality & Safety Commission 2023, *op. cit*. [↑](#footnote-ref-5)
5. Standards New Zealand Te Mana Tautikanga o Aotearoa. 2021. *Ngā paerewa Health and disability services standard*. Wellington: Standards New Zealand Te Mana Tautikanga o Aotearoa. [↑](#footnote-ref-6)
6. Te Tāhū Hauora Health Quality & Safety Commission 2023, *op. cit.* [↑](#footnote-ref-7)