



Open Board Meeting

Wednesday, 28 June 2017

10:00am

Note:

- Open Meeting from 10:00am
- Public Excluded to follow

**A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton**

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Published 22/6/17



Agenda

Meeting of the Board

28 June 2017

Venue: A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital, Grafton

Time: 10.00am

<p>Board Members</p> <p>Dr Lester Levy (Board Chair)</p> <p>Jo Agnew</p> <p>Doug Armstrong</p> <p>Michelle Atkinson</p> <p>Judith Bassett</p> <p>Zoe Brownlie</p> <p>James Le Fevre (Deputy Board Chair)</p> <p>Dr Lee Mathias</p> <p>Robyn Northey</p> <p>Sharon Shea</p> <p>Gwen Te Pania - Palmer</p>	<p>Auckland DHB Executive Leadership</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Ailsa Claire</td> <td style="padding: 2px;">Chief Executive Officer</td> </tr> <tr> <td style="padding: 2px;">Karen Bartholomew</td> <td style="padding: 2px;">Acting Director of Health Outcomes – AHB/WDHB</td> </tr> <tr> <td style="padding: 2px;">Margaret Dotchin</td> <td style="padding: 2px;">Chief Nursing Officer</td> </tr> <tr> <td style="padding: 2px;">Joanne Gibbs</td> <td style="padding: 2px;">Director Provider Services</td> </tr> <tr> <td style="padding: 2px;">Naida Glavish</td> <td style="padding: 2px;">Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB</td> </tr> <tr> <td style="padding: 2px;">Dr Debbie Holdsworth</td> <td style="padding: 2px;">Director of Funding – ADHB/WDHB</td> </tr> <tr> <td style="padding: 2px;">Fiona Michel</td> <td style="padding: 2px;">Chief Human Resources Officer</td> </tr> <tr> <td style="padding: 2px;">Dr Andrew Old</td> <td style="padding: 2px;">Chief of Strategy, Participation and Improvement</td> </tr> <tr> <td style="padding: 2px;">Rosalie Percival</td> <td style="padding: 2px;">Chief Financial Officer</td> </tr> <tr> <td style="padding: 2px;">Shayne Tong</td> <td style="padding: 2px;">Chief of Informatics</td> </tr> <tr> <td style="padding: 2px;">Sue Waters</td> <td style="padding: 2px;">Chief Health Professions Officer</td> </tr> <tr> <td style="padding: 2px;">Dr Margaret Wilsher</td> <td style="padding: 2px;">Chief Medical Officer</td> </tr> </table> <p>Auckland DHB Senior Staff</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Elizabeth Jeffs</td> <td style="padding: 2px;">Group HR Director</td> </tr> <tr> <td style="padding: 2px;">Bruce Levi</td> <td style="padding: 2px;">General Manager Pacific Health</td> </tr> <tr> <td style="padding: 2px;">Rachel Lorimer</td> <td style="padding: 2px;">Director Communications</td> </tr> <tr> <td style="padding: 2px;">Auxilia Nyangoni</td> <td style="padding: 2px;">Deputy Chief Financial Officer</td> </tr> <tr> <td style="padding: 2px;">Marlene Skelton</td> <td style="padding: 2px;">Corporate Business Manager</td> </tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>	Ailsa Claire	Chief Executive Officer	Karen Bartholomew	Acting Director of Health Outcomes – AHB/WDHB	Margaret Dotchin	Chief Nursing Officer	Joanne Gibbs	Director Provider Services	Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB	Fiona Michel	Chief Human Resources Officer	Dr Andrew Old	Chief of Strategy, Participation and Improvement	Rosalie Percival	Chief Financial Officer	Shayne Tong	Chief of Informatics	Sue Waters	Chief Health Professions Officer	Dr Margaret Wilsher	Chief Medical Officer	Elizabeth Jeffs	Group HR Director	Bruce Levi	General Manager Pacific Health	Rachel Lorimer	Director Communications	Auxilia Nyangoni	Deputy Chief Financial Officer	Marlene Skelton	Corporate Business Manager
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Agenda

Please note that agenda times are estimates only

- 10:00am **1. ATTENDANCE AND APOLOGIES**
Judith Bassett and Margaret Dotchin
- 2. REGISTER OF INTEREST AND CONFLICTS OF INTEREST**
Does any member have an interest they have not previously disclosed?
Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
- 10:05am **3. CONFIRMATION OF MINUTES 17 MAY 2017**
- 10:10am **4. ACTION POINTS**
- 10:15am **5. EXECUTIVE REPORTS**

- 5.1 Chief Executives Report
- 5.2 Health and Safety Report
- 10:45am 6. **PERFORMANCE REPORTS**
 - 6.1 Financial Performance Report
 - 6.2 Funder Update
 - 6.3 Statement of Performance Expectations (SPE) Performance Report: Q3 2016/17
- 11:15am 7. **COMMITTEE REPORTS**
 - 7.1 Minutes of the Hospital Advisory Committee 7 June 2017
- 11:15am 8. **DECISION REPORTS**
 - 8.1 Updating the Auckland DHB Strategy
 - 8.2 Auckland DHB Wayfinding Strategy
- 11:20am 9. **INFORMATION REPORTS**
 - 9.1 Human Resources Report
 - 9.2 Employee Engagement Action Planning
 - 9.3 Performance Conversations – Recording and Reporting
 - 9.4 Releasing Time to Care- House Inspection: 8 years on
- 12:00pm 10. **GENERAL BUSINESS**
- 11. **RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting: Wednesday, 09 August 2017 at 10.00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

Members	22 Feb. 17	05 Apr. 17	17 May. 17	28 Jun. 17	09 Aug. 17	20 Sep. 17	01 Nov. 17	13 Dec. 17
Lester Levy (Chair)	1	1	1					
Joanne Agnew	1	1	1					
Doug Armstrong	1	1	1					
Michelle Atkinson	1	1	1					
Judith Bassett	1	1	1					
Zoe Brownlie	1	1	1					
James Le Fevre	1	1	1					
Lee Mathias	1	1	1					
Robyn Northey	1	1	1					
Sharon Shea	1	1	1					
Gwen Tepania-Palmer	1	1	1					
Key: 1 = present, x = absent, # = leave of absence, c = cancelled								

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legislation.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

Register of Interests – Board

Member	Interest	Latest Disclosure
Lester LEVY	<p>Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman)</p> <p>Chairman – Counties Manukau District Health Board</p> <p>Chairman - Auckland Transport</p> <p>Chairman – Regional Governance Group – northern District Health Boards</p> <p>Chairman – Health Research Council</p> <p>Independent Chairman - Tonkin and Taylor Ltd (non-shareholder)</p> <p>Professor (Adjunct) of Leadership – University of Auckland Business School (part time)</p> <p>Lead Reviewer – State Services Commission Performance Improvement Framework</p> <p>Director and sole shareholder – Brilliant Solutions Ltd (private company)</p> <p>Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder)</p> <p>Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)</p> <p>Trustee – Levy Family Trust</p> <p>Trustee – Brilliant Street Trust</p>	15.03.2017
Jo AGNEW	<p>Professional Teaching Fellow – School of Nursing, Auckland University</p> <p>Casual Staff Nurse – Auckland District Health Board</p> <p>Director/Shareholder 99% of GJ Agnew & Assoc. LTD</p> <p>Trustee - Agnew Family Trust</p> <p>Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)</p>	17.01.2017
Michelle ATKINSON	<p>Evaluation Officer – Counties Manukau District Health Board</p> <p>Director – Stripey Limited</p> <p>Trustee - Starship Foundation</p>	29.03.2017
Doug ARMSTRONG	<p>Shareholder - Fisher and Paykel Healthcare</p> <p>Shareholder - Ryman Healthcare</p> <p>Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust)</p> <p>Trustee – Woolf Fisher Trust</p> <p>Trustee- Sir Woolf Fisher Charitable Trust</p> <p>Daughter – Partner Russell McVeagh Lawyers</p> <p>Member – Trans-Tasman Occupations Tribunal</p>	16.01.2017
Judith BASSETT	<p>Trustee - A+ Charitable Trust</p> <p>Shareholder - Fisher and Paykel Healthcare</p> <p>Shareholder - Westpac Banking Corporation</p> <p>Husband – Fletcher Building</p> <p>Husband - shareholder of Westpac Banking Corporation</p> <p>Granddaughter - shareholder of Westpac Corporation</p> <p>Daughter – Human Resources Manager at Auckland DHB</p>	17.05.2017
Zoe BROWNLIE	<p>Community Health Worker – Auckland DHB</p> <p>Member – PSA Union</p> <p>Board member - RockEnrol</p> <p>Partner – Youth Connections, Auckland Council</p> <p>Partner – Aro Arataki Children’s Centre Committee</p> <p>Son – Aro Arataki Childcare Centre</p>	09.06.2017
James LE FEVRE	<p>Board member – Waitemata DHB</p> <p>Emergency Medicine Specialist - Adult Emergency Department, Auckland DHB</p>	05.05.2017

	<p>DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board</p> <p>Fellow - Australasian College for Emergency Medicine - FACEM</p> <p>Shareholder - Pacific Edge Diagnostics Ltd</p> <p>Trustee - Three Harbours Health Foundation</p> <p>Member – Australasian College for Emergency Medicine Hospital Overcrowding Subcommittee</p> <p>Member – PSA Union</p> <p>Wife - Medicolegal advisor, Medical Protection Society</p> <p>Wife – Employee Waitemata DHB Department of Anaesthesia and Perioperative Medicine</p>	
Lee MATHIAS	<p>Chair - Health Promotion Agency</p> <p>Chair - Unitec</p> <p>Chair - Health Innovation Hub (until the end of the Viclink contract in line with the director appointment)</p> <p>Director - Health Alliance Limited (ex officio Auckland DHB)</p> <p>Director/shareholder - Pictor Limited</p> <p>Director - Lee Mathias Limited</p> <p>Director - John Seabrook Holdings Limited</p> <p>Trustee - Lee Mathias Family Trust</p> <p>Trustee - Awamoana Family Trust</p> <p>Trustee - Mathias Martin Family Trust</p> <p>Member – New Zealand National Party</p>	20.06.2017
Robyn NORTHEY	<p>Shareholder of Fisher & Paykel Healthcare</p> <p>Member – New Zealand Labour Party</p> <p>Husband - member Waitemata Local Board</p> <p>Husband – shareholder of Fisher & Paykel Healthcare</p> <p>Husband – shareholder of Fletcher Building</p> <p>Husband – Chair, Problem Gambling Foundation</p> <p>Husband – Chair, Community Housing Foundation</p>	17.05.2017
Sharon SHEA	<p>Principal - Shea Pita Associates Ltd</p> <p>Contracted to Manaia PHO – delivery of workforce development training</p> <p>Provider - Maori Integrated contracts for Auckland and Waitemata DHBs</p> <p>Provider – Ministry of Health National Results Based Accountability training for Maori health organisations</p> <p>Provider – Plunket outcomes implementation framework</p> <p>Project member – Auckland and Waitemata DHB Maori Workforce Development project</p> <p>Project member - Te Runanga o Te Rarawa Outcomes Project</p> <p>Provider - multiple management consulting projects for Te Putahitanga o Te Waipounamu Whanau Ora Commissioning Agency</p> <p>Strategic Advisor – Alliance Health Plus PHO Strategic Planning Project</p> <p>Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua</p> <p>Husband - Part owner Turuki Pharmacy Ltd, Auckland</p> <p>Husband - Board member - Waitemata DHB</p> <p>Husband – Director Healthcare Applications Ltd</p>	15.03.2017
Gwen TEPANIA-PALMER	<p>Board Member - Manaia PHO</p> <p>Board Member - Health Quality and Safety Commission</p> <p>Board Member – Terenga Paraoa Ltd Northland</p> <p>Committee Member - Te Taitokerau Whanau Ora</p> <p>Committee Member - Lottery Northland Community Committee</p> <p>Chair - Ngati Hine Health Trust</p> <p>Life member – National Council of Maori Nurses</p> <p>Alumnus – Massey University</p>	22.02.2017



Minutes Meeting of the Board 17 May 2017

Minutes of the Auckland District Health Board meeting held on Wednesday, 17 May 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10:00am

<p>Board Members Present Dr Lester Levy (Board Chair) Jo Agnew Doug Armstrong Michelle Atkinson Judith Bassett Zoe Brownlie James Le Fevre (Deputy Board Chair) Dr Lee Mathias Robyn Northey Sharon Shea Gwen Te Pania - Palmer</p>	<p>Auckland DHB Executive Leadership Team Present Ailsa Claire Chief Executive Officer Karen Bartholomew Acting Director of Health Outcomes – AHB/WDHB Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Dr Debbie Holdsworth Director of Funding – ADHB/WDHB Fiona Michel Chief Human Resources Officer Dr Andrew Old Chief of Strategy, Participation and Improvement Rosalie Percival Chief Financial Officer Sue Waters Chief Health Professions Officer</p> <p>Auckland DHB Senior Staff Present Julie Helean Assistant Director Strategy Bruce Levi General Manager Pacific Health Rachel Lorimer Director Communications Marlene Skelton Corporate Business Manager</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>
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Lester Levy welcomed Janine Smith to the meeting and advised members that Janine was conducting an external Board review which covered how the Chair and members of the Board operated. Such reviews occurred every three years.

1. ATTENDANCE AND APOLOGIES

That the apologies of Shayne Tong, Chief of Informatics and Dr Margaret Wilsher, Chief Medical Officer be received

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 5-7)*

Robyn Northey asked that her interest register be corrected and that the interest as Trustee - A+ Charitable Trust be removed and transferred to Judith Bassett who now held that position.

There were no conflicts of interest with any item appearing on the open agenda.

3. CONFIRMATION OF MINUTES 5 April 2017 *(Pages 8-21)*

Resolution: Moved Jo Agnew / Seconded Robyn Northey

That the minutes of the Board meeting held on 05 April 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS 5 APRIL 2017 (Page 21)

The following updates on the action points were noted:

Patient Experience Survey Net Promoter Score

This issue had been dealt with in the Hospital Advisory committee and could be removed from the action sheet.

FTE Versus Actual Head Count

Fiona Michel verbally advised that the breakdown of the ratio of FTE versus actual head count for the workforce was as follows; the head count stood at 10,174 with the FTE count being 8158.

Doug Armstrong asked that the count be provided by profession. The Board agreed that this information be provided by email to members.

4.1 Mandatory Health and Safety Training and 100% Compliance (Pages 22-24)

Sue Waters, Chief Health Professions Officer asked that the report be taken as read, highlighting as follows:

- There are four current streams of health and safety representative training, these being; local health and safety induction conducted by the manager and the health and safety representative, online compliance training in the form of a workbook to read followed by a quiz, "Managing Safely", a day course for all people managers and general health and safety representative training.
- Local health and safety induction conducted by the manager and the health and safety representative, online compliance training are the focus of this report.
- It is important to note that training for induction is recorded manually in four different systems: Leader, Kiosk, Hippo and LEARN. These systems are not integrated with one another nor do they interface with one another. The data recorded and used for reporting purposes has been variable which leads to varied results against the local induction standards.
- The need for more robust reporting to ensure confidence that we are meeting all health and safety compliance expectations is recognised. A number of leading and lagging system improvements in three areas have been identified to mitigate current risk. These areas are automation, audit and communication. What is planned is detailed on page 23 of the agenda.

Matters covered in discussion of the report and in response to questions included:

- The Board commented that new staff were still being allowed onsite before completing this mandatory health and safety training. Management advised that to

address this, the training plan could potentially be artificially shortened, but it was not effective nor conducive to a good learning environment and that a staged approach held more value.

- Lester Levy commented that inductions over time became perfunctory, what was offered must be exciting, engaging and attention grabbing. Online training has its place but can become very routine. Ailsa Claire pointed members to the new on-boarding course, “Navigate” reported on page 25 of the agenda, which met these criteria and was a much more personal experience, saying that this was the type of environment envisaged for health and safety training.
- It was asked whether something similar was planned for existing staff members, those that had worked for the organisation for over five years; they too required a renewal experience to remain current with mandatory health and safety requirements. Fiona Michel advised that informally a number of staff did repeat the on-boarding course. Ailsa Claire, in a more formal environment, via “In the Know” sessions across campus, advised of current requirements.
- James LeFevre commented that to improve reported health and safety mandatory induction would be very difficult to achieve without moving into the digital space and was advised that it could still be done using a number of overlaid communication channels.

Action

That Board members be invited to attend a “Navigate” on-boarding course.

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

That the Board endorses the plan to resolve tracking of Mandatory Health and Safety Induction Training.

Carried

5. EXECUTIVE REPORTS

5.1 CHIEF EXECUTIVE’S REPORT (Pages 25-40)

Ailsa Claire asked that the report be taken as read, highlighting as follows:

- Employee Survey results had been shared organisation-wide through a survey summary report and senior managers continued to work with their teams to share the results and develop plans to address key areas.
- The Health Innovation TIKI Tour held on 1 May was an interactive showcase which highlighted the latest in healthcare research and technologies had been well received.
- Auckland DHB provided clinical resources and communications leadership to the Auckland Regional Public Health Service (ARPHS) from 4 April to support their response to the recent typhoid outbreak. Ailsa Claire commented that the public

had not been able to differentiate between Auckland City Hospital and Auckland Regional Public Health Services during this outbreak which had provided some challenges.

Lester Levy added that he had been requested by the Ministry of Health on behalf of the Minister to conduct a review of this outbreak and was doing so under the broad areas of public health, clinical response, communication response, coordinated response, the scaling up required to deal with a typhoid outbreak and resourcing. Typhoid has an incubation period of up to 80 days; currently no new instances had been reported, although this was still possible.

- Ailsa Claire drew attention to the CEO of an Australian Public Health body, Ken Whelan, sharing his positive patient experience in Auckland DHBs Adult ED with his LinkedIn followers, the increase in volume of Official Information Act requests and the recent annual Nursing and Midwifery Awards held on 11 May along with an article appearing in “Magazine” in relation to International Nursing Day which featured Auckland DHB staff.
- An update to the National Health Targets Performance Summary was provided.
Acute Patient Flow should show green
Faster Cancer Treatment should show yellow
Better Help for smokers to quit in hospital should show green
Better Help for smokers to quit – PHO enrolled patients should show yellow
The agenda page is to be updated and republished online and in the official copy.
- Karen Bartholomew was invited to give an overview of the new whole-of-Government Better Public Service (BPS) targets refresh. While health are still asked to concentrate on immunisation (which remains a health target) and Rheumatic Fever, there are two new health-led BPS targets:

Result 2: Early (first trimester) registration with a Lead Maternity Carer (LMC) – which is already an indicator for maternity services.

Result 3: Keeping Kids Healthy – the definition is not yet confirmed for this Result, however it appears to be similar to Ambulatory Sensitive Hospitalisations (ASH) – that is hospitalisations potentially preventable by timely and high quality primary care. This is currently an indicator for children aged 0-4 years (under the System Level Measures (SLMs) work programme) and is also measured for children aged 0-14 years. The new BPS Result area will cover reducing hospitalisations under this indicator for children aged 0 - 12 years.

Matters covered in discussion of the report and in response to questions included:

- Lester Levy commented that in terms of the staff survey that it was also important to look at what was working well; all too often this was not celebrated. A 77% engagement rate was a significant achievement for an organisation of the size of Auckland DHB.
- An explanation was provided in relation to how the budget associated with people in

residential care was allocated.

- Gwen Tepania-Palmer wished the work carried out around valuing staff and the consistency that is beginning to become evident acknowledged. Lester Levy added that a lot of progress had been made and that in a big organisation the required culture change is a little slower to manifest itself but a very good start had been made.

That the Board receives the Chief Executive's Report for May 2017.

Carried

5.2 Health and Safety Report (Pages 41-105)

Sue Waters, Chief Health Professions Officer asked that the report be taken as read, drawing attention to points made in the executive summary outlined on pages 41 – 43 of the agenda.

Sue also advised that it was with great pleasure that she could announce the appointment of Mike Impey to the position of Auckland DHB Manager Health and Safety replacing Denise Johnson. Mike will join Auckland DHB on Monday 12 June 2017.

Mike comes to Auckland DHB from the Civil Aviation Authority of New Zealand and has a wealth of experience gained in the private sector - Mighty River Power, Fonterra, New Zealand Steel, Air New Zealand, and British Airways.

Mike is a tertiary qualified safety professional who trained in aviation safety and accident investigation at Cranfield University. With many years of senior management experience in safety management and in administering the national workplace safety legislation, Mike has a range of excellent skills including technical and operational, and accident investigation skills.

The following points were covered in discussion:

- Advice was given that management of the risk relating to the glass balustrades at Greenlane Clinical Centre Dental Clinic had become easier to manage since the seating had been removed from around the glass barrier. A plan is in place to re-glaze the entire area to mitigate any remaining risk.
- Comment was made that the lift mitigation strategy did not appear to be working as it should. Rosalie Percival advised that only so many lifts could be taken out of service at any one time and those that are, are prioritised according to criticality. Some delays were related to the fact that some components required needed to be specifically manufactured. The replacement strategy was proceeding according to plan.
- James LeFevre pointed out the disparity between figures reported for blood and body fluid accidents as reported from pages 84 through the directorate health and safety reports. He wanted to further understand the denominator and size of the problem for each directorate.
- Sharon Shea commented that as depicted on page 66 of the agenda, it appeared that contractor2 had been sitting on 50% for some time and asked what was being done about it. Sue Waters advised that work would be undertaken specifically with the

contractor and if compliance did not improve then they would be let go.

Forensic Pathology Service

Lester Levy advised that the recent publically reported cases regarding the Forensic Pathology Service related to employment tribunal cases that made it very difficult to speak more widely about it, because of privacy issues.

However, he reminded board members there had been a review of the forensic pathology services by an independent reviewer and significant change had resulted from that review. The organisation has a real commitment to dealing with the issue of bullying.

A lot of progress has been made but there is still work to do, it remains one of the board's most significant priorities that relates to health and safety and culture change. Management are fully resolved to deal with this issue.

Resolution: Moved James Le Fevre / Seconded Judith Bassett

That the Board:

- 1. Receives the Health and Safety Performance report for March 2017.**
- 2. Endorses reporting of progress.**
- 3. Asks that blood and body fluid accidents be reported in more detail at directorate level to provide an understanding of denominators and size of the problem.**

Carried

5.3 Auckland DHB Marker Report (Pages 106-120)

Sue Waters, Chief Health Professions Officer asked that the report be taken as read advising that as a quarterly report it was designed to provide an update on progress towards meeting the expectations of the Health and Safety at Work Act 2015, which came into effect on 4 April 2016.

The following points were covered in discussion:

- It was agreed that the Funding and Planning relationship with contractors did not need to be covered in this report as such health and safety issues were covered directly in the contracts with each contracted service provider.

Resolution: Moved James Le Fevre / Seconded Judith Bassett

That the Board:

- 1. Receives the Health and Safety Marker Report – update March 2017.**
- 2. Endorses the areas noted for improvement and the actions to address these areas.**
- 3. Notes that progress on areas identified for improvement will be reported in this report in the future.**

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report (Pages 121-127)

Rosalie Percival, Chief Financial Officer asked that the report be taken as read , advising:

- That April had been a busy month for the Auckland population and with work performed for other district health boards. The initial wash-up appears to show that the Board is on track to meet year end forecast.
- The DHB financial result for the month of April 2017 was a surplus of \$398K which was favourable to budget by \$1M. For the year to date, a surplus of \$5.8M was realised, unfavourable to budget by \$5.5M. This reflects a \$23.3M unfavourable Provider arm result, partially offset by an \$18.7M favourable Funder arm result. The overall DHB YTD result was driven by less revenue realised than planned.

The following points were covered in discussion:

- In answer to a question as to whether a special funding allocation had been allowed for high costs drugs now that Pharmac had released a new stream of drugs on the market, it was advised that even though the final budget envelope was not known at this point an allocation had been built into the cancer budget stream for this purpose.
- Judith Bassett posed a question around the defensibility of the pricing of transplants. Rosalie Percival. Stated that the ministry had commissioned an independent process to determine pricing and that was what the DHB utilised.
- Lester Levy commented that no district health board should be responsible for subsidising another patient population through inter district flows. Given the previously completed independent review he felt Auckland DHB was in a strong position to defend costings. I
- James LeFevre asked for clarification in relation to an entry in the introduction of the Financial Performance report listing Haemophilia as \$1.7m unfavourable, then later in the report \$1.9m unfavourable, but then described as bottom line neutral when later it was described as \$0.5m favourable. There is an obvious discrepancy between the initial unfavourable amount and the amount listed in the body of the report (1.7 and 1.9). It was advised that the \$0.5m favourable entry only represented part of the haemophilia spend.

Action

That an email reply be provided to James LeFevre clarifying the \$1.7m unfavourable reported in the introduction of the report versus the \$1.9m favourable reported in the body of the report.

That the Board receives the Financial Performance Report for March 2017.

Carried

6.2 Funder Update Report (Pages 128-137)

Dr Debbie Holdsworth, Director of Funding – Auckland and Waitemata DHBs asked that the report be taken as read, highlighting as follows:

- The two new SLM developmental measures, youth access to and utilisation of youth-appropriate health services and proportion of babies who live in a smoke free household at six weeks post birth, measured by Well Child Tamariki Ora providers had their components confirmed by the Ministry of Health in late April, with implementation guidance released 1 May 2017.
- The Healthy Weight Action plan was favourably received by the Auckland Metro Clinical Governance Group and was a great example of metro Auckland working together.
- Debbie cautioned that the PHO smoking health target historically appeared worse at this time of year before they improved but Debbie was confident this would be met.
- Immunisation rates were fluctuating between 94 and 95%.
- Karen Bartholomew was invited to give a brief overview of the Triple A programme as detailed on page 134 of the agenda.

The following points were covered in discussion:

- James LeFevre drew attention to Asian, Migrant and Refugee Health Gain as reported on page 136 of the agenda and wanted to ensure the 123 campaign was going to be prospectively evaluated.
- Advice was given that the pay equity settlement for home and community support service workers is a direct pass through the DHBs to the providers to pay the workers and is not a price increase. Other providers have however signalled their expectations of price increase commensurate with this settlement.

That the Board receives the Funder Update Report for April 2017.

Carried

7. COMMITTEE REPORTS

7.1 Minutes of the Hospital Advisory Committee (Pages 138-150)

Resolution: Moved Lee Mathias / Seconded Robyn Northey

That the Hospital Advisory Committee draft unconfirmed minutes be received.

Carried

7.2 Minutes of the Disability Support Advisory Committee (Pages 151-159)

Jo Agnew, Chair of the Disability Support Advisory Committee advised that arrangements had been made for a representative from the Ministry of Health, with expertise in “under 65

residential care funding”, to attend every meeting. There would be a paper presented to the next Board meeting in relation to a combined metropolitan regional Disability Support Advisory Committee.

Resolution: Moved Lee Mathias / Seconded Robyn Northey

That the Disability Support Advisory Committee draft unconfirmed minutes be received.

Carried

7.3 Minutes of the Community and Public health Advisory Committee (Pages 160-168)

Sharon Shea, Chair of the Community and Public Health Advisory Committee advised that a very good twofold conversation had been had around rheumatic fever and what might be required to reach the required target and public health units and their relationship with District Health Boards. Conversation was being had with Counties Manukau DHB in relation to a combined metropolitan regional Community and Public health Advisory Committee.

Resolution: Moved Lee Mathias / Seconded Robyn Northey

Equally Well Consensus Position paper (Pages 14-24, Community and Public Health Advisory Committee agenda)

That the Auckland District Health Board endorses the “Equally Well” consensus position paper.

Carried

Rheumatic Fever Prevention Programme

The following item was considered as part of the confidential agenda (item 2.1) and the Community and Public Health Advisory Committee subsequently agreed that the following recommendation be transferred to the open agenda. Therefore, it is being considered here in open Board agenda.

Resolution: Moved Lee Mathias / Seconded Robyn Northey

That the Board:

- 1 Notes neither Auckland DHB nor Waitemata DHB has achieved the government’s Better Public Services target of reducing Rheumatic Fever by two thirds by 2017; with rates in 2016 the highest yet at:**
 - **5.4/100,000 in Auckland against a target of 1.1/100,000**
 - **3.1/100,000 in Waitemata against a target of 0.7/100,000.**
- 2 Notes that Acute Rheumatic Fever is a third world condition, which still exists in New Zealand and is associated with significant inequities.**
- 3 Notes that Auckland DHB and Waitemata DHB have implemented a multi-pronged prevention programme, some of which has been implemented well, but the existing programme does not provide sufficient coverage to the at-risk populations**

to achieve the required reduction in Rheumatic Fever rates.

- 4 Endorses the development of business cases to be submitted to the respective Audit and Finance Committees to recommend to each Board additional investment to expand the current Rheumatic Fever Prevention Programmes, including:**
- 4.1 Continuing the implementation of the expanded healthy housing initiative**
 - 4.2 Intensifying awareness raising activities in targeted communities**
 - 4.3 Maintaining and strengthening the school-based primary care service in low decile schools**
 - 4.4 Ensuring appropriate and free healthcare to under 13s in traditional primary healthcare settings; and developing primary care chronic care management**
 - 4.5 Offering more choices for free health care to young people 13-18 years of age (such as through youth health clinics)**
 - 4.6 Continuing existing secondary prevention and disease management improvement activities.**
- 5 Note that any additional funding is dependent on availability of new funding and that at this time the 2017/18 Health Funding Envelope has not yet been issued. All calls on demographic funding will be brought back to each Board for review of confirmation once the complete funding envelope has been received.**

Carried

8. DECISION REPORTS

8.1 MoU Auckland DHB and Cancer Society (Pages 169-178)

Joanne Gibbs, Director Provider Services asked that the report be taken as read.

Resolution: Moved Doug Armstrong / Seconded James Le Fevre

That the Board approves the signing of the Memorandum of Understanding between Auckland DHB and the Cancer Society Auckland Northland.

Carried

8.2 Review of Progress Against Auckland DHB Strategy (Pages 179-194)

Dr Andrew Old, Chief of Strategy, Participation and Improvement and Julie Helean, Assistant Director Strategy asked that the report be taken as read commenting that the previous Board had agreed to an annual review, however it was considered prudent to bring a progress review back early to the new Board.

Ailsa Claire commented that when the strategy was developed there was not a national strategy in place. The Board is now in a position that it is working regionally and she felt it was potentially time to look at whether it was advisable to adopt the national strategy.

Lester Levy added that alignment across three district health boards was becoming more complicated and aligning to the national strategy was a sound approach. Board members supported adopting the national strategy and the consistency against other frameworks that this would bring.

Other points covered during discussion:

- Sharon Shea commented that the information provided told her that the board was very busy but it did not tell her how effective it was and whether a difference was being made. Ailsa Claire advised that the strategy had allowed definition of key programmes and a clear and consistent approach to describe benefits realisation but it was fair to say that they were too busy. In future it would be more beneficial to report against the actual programmes themselves.

Resolution: Moved Judith Bassett / Seconded Gwen Tepania-Palmer

That the Board:

1. **Endorses the areas of continued focus for the next 12 months.**
2. **Notes progress against themes and priority actions in the Auckland DHB Strategy to 2020.**
3. **Considers possible adjustments required to keep up-to-date with emerging opportunities within the sector.**

Carried

9. INFORMATION REPORTS

9.1 Human Resources Report *(Pages 195-198)*

Fiona Michel, Chief Human Resources Officer asked that the report be taken as read drawing attention to two important points:

- The department had been under a new HR Operating Model since March 2017 and this had placed additional stress on staff.
- There had been broader participation by Human Resources staff in the state sector arena.

That the Board receives the Auckland DHB Human Resources report for May 2017.

Carried

9.2 Leadership Development Programme *(Pages 199-205)*

Fiona Michel asked that the report be taken as read.

The following points were covered in discussion:

- It was commented that the quantitative commentary could have benefited from more reporting of numbers.

- Fiona Michel commented that the design of the programme included a check on alignment to the State Services Commission's Leadership and Talent Development Framework and to the Leadership Domains described separately by both the national DHB's GMsHR working group and the Health, Quality and Safety Commission.
- There was further comment that this programme broke down the silos existing within the organisation and provided a more focused environment and discussion around how it related to the Board and its governance capabilities. Advice was given that staff may not self-select to join the programme they had to be leaders of people.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the Board:

- 1. Receives the Leadership Development Programme (LDP) update.**
- 2. Notes the participation to date, and feedback received on the value of the programme.**
- 3. Notes ongoing risks, particularly the significant length of time it will take for all leaders to participate in the programme.**
- 4. Notes the intention to measure correlation of LDP participation and the achievement of organisation goals and targets.**

Carried

9.3 Auckland DHB health and Disability Service Standards Certification Audit (Pages 206-334)

Ailsa Claire, Chief Executive asked that the report be taken as read highlighting that the report had been a very positive one with many areas, the imbedding of the values in particular, being identified by the auditors as being very good.

Lester Levy commented that it was this sort of good news that the Board needed to ensure was made public and that social media channels needed to be utilised better to do this.

Resolution: Moved Gwen Tepania-Palmer / Seconded Sharon Shea

That the Board:

- 1. Receives the report from the organisation wide Certification Audit carried out between 28 February 2017 to 3 March 2017.**
- 2. Notes that this is the final report received from the auditors in late April**
- 3. Notes the significant progress made since the Surveillance Audit carried out in 2015.**

Carried

10 GENERAL BUSINESS

There was none.

[Secretarial Note: Prior to passing the resolution to exclude the public the Board resolved to allow Janine Smith to remain for the confidential agenda.]

11 RESOLUTION TO EXCLUDE THE PUBLIC (Pages 335-339)

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

Resolution: Moved Lee Mathias / Seconded James Le Fevre

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register of Interest and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 5 April 2017	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.1 Circulated Resolution – Level 2 Clinical Decision Unit and Blood Bank Extension	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982

		[NZPH&D Act 2000]
4. Action Points 5 April 2017	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Chief Executives Confidential Report	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p> <p>Prevent Improper Gain Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Funder Report	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Finance Risk and Assurance Committee Reports	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which

	<p>that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.2 Hospital Advisory Committee Reports	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.3 Community and Public Health Advisory Committee Reports	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
8.1 EPMO Development Proposal	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
8.2 Change in Shared Commercial Banking Supplier	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or</p>

	<p>s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
<p>8.3 New Zealand Health Innovation Hub – Update Report</p>	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p> <p>Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
<p>8.3.1 New Zealand Health Innovation Hub – Directors Fees</p>	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p> <p>Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>

9. Discussion Reports – Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 Northern Region Long Term Investment Plan Update	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.2 Northern Region Health Plan 2017-2018	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 2.15pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 17 May 2017

Chair: _____ Date: _____
Lester Levy

Action Points from 28 June 2017 Open Board Meeting

As at Wednesday, 28 June 2017

Meeting and Item	Detail of Action	Designated to	Action by
5 April 2017 Item 5.1	Cleaning Staff That Fiona Michel investigate and provide data on whether programmes for low paid workers had assisted with remuneration levels and if this training had enabled these staff to step up to a healthcare assistant role.	Fiona Michel	TBA
17 May 2017 Item 4.1	Mandatory Health and Safety Training That Board members be invited to attend a "Navigate" on-boarding induction course.	Fiona Michel	TBA

Chief Executive's Report

Recommendation

That the Chief Executives report for 29 April to 2 June 2017 be received.

Prepared by: Ailsa Claire (Chief Executive)

Glossary

1. Introduction

This report covers the period from 29 April to 2 June 2017. It includes an update on the management of the wider health system and is a summary of progress against the Board's priorities to confirm that matters are being appropriately addressed.

2. Events and News

2.1 Notable visits and programmes

Ministerial visit - Youth cancer guidelines

Alongside CanTeen, we were privileged to host the launch of the New Zealand Adolescent and Young Adult (AYA) Cancer Standards of Care on 12 May at Auckland City Hospital. The proceedings included an address by Minister Coleman, and personal stories from young cancer survivors. Auckland DHB Director of Cancer and Blood Services, Dr Richard Sullivan also spoke in his role as Chair of the AYA Governance Group of the AYA Cancer Network Aotearoa.



Pictured: Dr Richard Sullivan, Bryall McPherson (Paralympian and cancer survivor), Minister of Health, Jonathan Coleman, Ailsa Claire, and Noah Lockett Turton (Canteen patient member) who MC'd the event.

The Standards are the result of work conducted by the AYA Cancer Network Aotearoa and CanTeen New Zealand, and have been created to improve the survival and quality of life outcomes of young New Zealanders with cancer. The Standards describe the level of care young people should expect from the time they are diagnosed to well beyond treatment.

They cover all aspects of care, and include hospital, primary care, NGO and community support.

2.2 Health sector partnerships

A closer working relationship with Oranga Tamariki

A collaborative relationship has been developed between Oranga Tamariki (Ministry for Vulnerable Children) and Auckland DHB mental health directorate (“the agencies”) to deliver an integrated programme that will improve long-term outcomes for children and young people that require inpatient specialised mental health care.

It is anticipated that this relationship will support both organisations to develop a greater understanding of what is required to meet the needs and enhance the wellbeing of these children and young people. This work aligns with the Government’s Better Public Services Result area for Supporting Vulnerable Children.

Royal Australasian College of Surgeons MOU

Auckland DHB signed a Memorandum of Understanding (MoU) with the Royal Australasian College of Surgeons (RACS) aimed at building respect and improving patient safety in surgery. The MoU, collaboration under the RACS 2015 Action Plan: Building Respect, Improving Patient Safety, is the fourth such agreement signed in New Zealand and represents a shared commitment by the organisations to address discrimination, bullying and sexual harassment in surgery and the health sector.



Pictured: Professor Randall Morton signing the MoU on behalf of RACS alongside Chief Executive Ailsa Claire.

2.3 Patient and Community

2.3.1 Acknowledgements

This month's feedback included a letter from patient who is also a health professional, and praised both the care they received and the team culture.

"I am very grateful for the exceptional care I received at Ward 83, especially the high dependency unit and ICU. I am a nurse who works at a hospital overseas and providentially have never been hospitalised. But I could tell that your staff are happy working by the way they provide service. The nurses were outstanding and really great members of the team. They included me during rounds which allowed me to be involved in my treatment plan. I would like them to know I am forever grateful. I am absolutely enjoying my second chance at life and I know that the phenomenal care I received in your hospital contributed to my recovery."

2.3.2 Email enquiries

Communications manages a generic communication email box, responding to all emails and connecting people to the correct departments. For this period, 230 emails were received. Of these emails, 24 were not communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

2.4 External and Internal Communications

2.4.1 External

We received 88 requests for information, interviews or for access from media organisations between 29 April and 2 June 2017. Media queries included enquiries about alleged bullying within Auckland DHB's forensic pathology service, an enquiry regarding Auckland DHB's processes and policies for non-surgical abortions, and a request to interview Auckland DHB's Clinical Director of ED for a Sunday programme (TV1) feature on young women and alcohol.

Approximately 13 per cent of the enquiries over this period sought the status of patients admitted following road accidents and other incidents or who were of interest because of their public profile.

The DHB responded to 23 Official Information Act requests over this period.

2.4.2 Internal

- Two CE blog posts were published, one on how saying thank you and wellbeing go hand in hand, and one on the importance of providing a warm welcome to our new people at Auckland DHB.
- One Teamtalk blog was published from Arend Merrie talking about his new role as Director of Surgical Services and the Speak Up programme.

- The June/July issue of Nova was circulated – highlights of this edition include the Nursing and Midwifery Awards, recognition of our Auckland DHB people who participated in the World Masters Games and an interview with one of our Blue Coat volunteers.
- Twenty-three news updates were published on Hippo, the DHB intranet.
- We introduced a refreshed and rebranded weekly electronic newsletter called ‘Our News’. Formerly eNOVA, the new name was chose by staff - three issues were published.
- ‘In the Know’ sessions took place on 18 and 19 May, with approximately 110 managers attending. The next sessions will be held on 29 and 30 June.

2.4.3 Events and Campaigns

Speak Up Launch and Pink Shirt Day

On Friday 26 May 2017 we launched [Speak Up: Kaua ē patu wairua](#) the programme we have developed to address bullying, harassment and discrimination at Auckland DHB.

The launch was timed for Pink Shirt Day, the annual day where New Zealanders are asked to wear pink as a sign they are standing together to stop bullying. The response across the DHB was outstanding. Large numbers of our people got involved, wearing pink, baking pink and decorating their areas to show support for a better culture.

Speak Up was developed over nine months by a group from across the DHB led by Arend Merrie, Director of Surgical Services. An ongoing programme of work is being developed to build on the launch momentum to promote and embed Speak Up and continue to improve our culture.



Pictured: Kaumātua Ronald Baker, Arend Merrie, Ailsa Claire, Randall Morton, and Speak Up supporters at the MoU signing (top); The winners of the Pink Shirt Day team photo - LabPlus’ Automation and Laboratory Support Services team (bottom);





Pictured: Group photo of our people in pink, standing together against bullying.

Flu Vaccination

Approximately 70 per cent of Auckland DHB employees, contractors, students and volunteers have been vaccinated against influenza in the first phase of vaccination clinics. This year has seen a big uplift in the number of doctors vaccinated.

A third phase of vaccination clinics is due run 13 until 24 June 2017. In-team vaccinators are continuing to vaccinate throughout this time.

Our goal is to have more than 80% of the workforce vaccinated. Our message to our people is that Influenza is serious, highly contagious and largely preventable. One of the best ways we can protect our patients and ourselves is to get vaccinated.



24/7 Hospital Functioning Transition

We are transitioning to a new operating model to further improve the care we provide 24/7, especially to those patients who are most at risk. Our new model has four areas of focus, which together will enable us to provide safer, more patient-centred care.

These areas are deteriorating patients, Clinical Nurse Managers, handovers and patient flow initiatives.

24/7 Hospital Functioning Transition

Auckland City Hospital is transitioning to a new operating model to further improve the care we provide 24/7. Our new 24/7 model has four areas of focus, which together will enable us to provide safer, more patient-centred care...

- 1 Patient flow initiatives**
We're looking at new ways for patients to move through the Hospital in both acute and elective flow.
- 2 Clinical Nurse Manager**
We're placing nursing leadership closer to our patients especially afterhours.
- 3 Deteriorating patients**
We're improving our hospital-wide system for identifying, monitoring and managing patients at risk.
- 4 Handover**
We're putting in place a more systematic approach to handovers.

Look out for updates about this project on Hippo!

AUCKLAND
District Health Board
Te Raukawa

Communication has begun with all our stakeholders and two test runs of the patient flow initiative have been trialled.

Global Ransomware attack

Working with healthAlliance, other DHBs and the Ministry of Health we responded proactively to the risk presented by the Global Ransomware attack which impacted hospitals in the UK, Europe and Asia. Actions included standing up a mini IMT, blocking access to personal email sites and sharing sites such as Dropbox, and putting staff on alert of be vigilant to cyber-attacks.

To date there has been no impact on Auckland DHB and work continues to strengthen the security of our systems to any future attacks.



2.4.4 Social Media

Followers

Twitter: 2963

Instagram: 224

Facebook: 4566

LinkedIn: 5903

Top posts and statistics


Paperboy magazine feature



April Local Hero

Auckland DHB with Denise Le Lievre
Published by Adrien Urbani 17 · May 16 at 6:07pm · 🌐

Join us in congratulating our April Local Hero, Denise Le Lievre! Denise was nominated by the whānau of a patient as well as a fellow team member, who had these lovely words to say about her: "We are overwhelmed and thankful for Denise going over and beyond. Denise has been a beautiful and wonderful caring person during our time on the ward." #ADHBpeople <http://ow.ly/OCZd30tKY1F>



Denise Le Lievre
Charge Nurse, Ward 83

👍 **Get More Likes, Comments and Shares**
Boost this post for \$20 to reach up to 9,400 people.

7,158 People Reached

368 Reactions, Comments & Shares

260 Like	139 On Post	121 On Shares
27 Love	13 On Post	14 On Shares
3 Thankful	3 On Post	0 On Shares
1 Wow	0 On Post	1 On Shares
69 Comments	47 On Post	22 On Shares
8 Shares	0 On Post	8 On Shares

752 Post Clicks

110 Photo Views	10 Link Clicks	632 Other Clicks (📎)
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NEGATIVE FEEDBACK


7 Hide Post	4 Hide All Posts
0 Report as Spam	0 Unlike Page

5.1

International Day of the Midwife

Auckland DHB with Georgina Spratt and 7 others
Published by Adrien Urbani 17 · May 5 · 🌐

To all of our amazing #midwives on International Day of the Midwife - the job you do changes lives everyday. Thank you for your contribution to the health and well-being of mothers and babies across our community. #ADHBpeople #DM17



Thank you to all our midwives ❤️

👍 **Get More Likes, Comments and Shares**
Boost this post for \$20 to reach up to 9,400 people.

6,800 People Reached

236 Reactions, Comments & Shares

188 Like	152 On Post	36 On Shares
28 Love	24 On Post	4 On Shares
18 Comments	14 On Post	4 On Shares
5 Shares	1 On Post	4 On Shares

795 Post Clicks

557 Photo Views	0 Link Clicks	238 Other Clicks (📎)
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NEGATIVE FEEDBACK

1 Hide Post	2 Hide All Posts
0 Report as Spam	0 Unlike Page

Summary of all posts

Our people

- Nursing and Midwifery Awards
- Paperboy magazine nurse profile sneak peak
- Māori and Pacific HCA Cadet graduation
- International Nurses' Day
- Starship Stars, NICU Nurse feature



World class healthcare

- AAHA Research Grant promotion
- Launch of NZ Adolescent and Young Adult Cancer Standards of Care
- Starship oncology lecture



Patient experience

It's always nice to hear from our patients about the difference our people make to them. Thank you, and congratulations on a job well done, Dr Brown!
#ADHBpeople #ADHBPX

"My son underwent cochlear implant surgery under Dr Colin Brown. We just wanted to write a special note on the wonderful treatment my son and our family received from Dr Brown. In the lead up to the surgery he was very patient and considerate with any concerns we had. The surgery was not straight forward and Colin did an incredible job preparing and doing the surgery. Colin gave us his personal contact details and checked in with us regularly. He really cared for our son's recovery. Overall it was an honour to have someone of such high calibre professionally and personally help us. – J."



Healthy communities

- Immunisation Week
- Hand Hygiene Day
- Influenza vaccination campaign
- Women's Heart Awareness Month
- World Smokefree Day
- Men's Health Month – Get a Checkup
- Road Safety Week
- SafeKids Injury Prevention Workshop promotion
- Safekids winter car seat safety

Auckland DHB
Published by Adrien Urbani (7) · May 1 at 7:50pm · 🌐

Give yourself one less thing to worry about as a parent - protect your children from the serious effects of some diseases by making sure they're immunised on time. The National Immunisation Schedule provides a series of free vaccinations timed for different life stages. Talk to your family doctor or practise nurse to learn more. #immunise <http://www.health.govt.nz/.../new-zealand-immunisation-schedu...>



Auckland DHB @Akid_DHB
#RoadSafetyWeek starts today. #SlowDown to help prevent traffic related injuries & deaths. @safekidsnz @brakenewzealand @UN #SaveKidsLives
pic.twitter.com/LI3wVmCVK



It's #RoadSafetyWeek! Here's two of our lovely Blue Coat volunteers reminding us to #SlowDown and be ready to stop near schools, at bus stops, and intersections. For more information and to download your own #SlowDown selfie signboard visit: <http://ow.ly/dkBC30bd2N0> #ProtectKids SafeKids Aotearoa Safe Kids Worldwide Brake New Zealand



Auckland DHB
Published by Adrien Urbani (7) · May 5 at 9:30pm · 🌐 Like Page

Here's our Infection Prevention and Control team reminding us all, especially those of us working in healthcare, to practise proper hand hygiene! By doing so we can help prevent the spread of multi-drug resistant organisms, reduce our reliance on antibiotics, and protect others from potentially life threatening diseases. It's in your hands! #handhygiene #infectionprevention World Health Organization (WHO) #ADHBpeople



Auckland DHB shared Brake New Zealand's video.
Published by Adrien Urbani (7) · May 8 at 5:47pm · 🌐

Road Safety Week starts today. Together with SafeKids Aotearoa and Brake New Zealand we are joining the United Nations #SlowDown campaign to help reduce road traffic deaths and injuries. According to the World Health Organization (WHO), close to half of the road traffic deaths that occur each year are caused by drivers going faster than posted speed limits. Take a lesson from Nanogirl and slow down. #RoadSafetyWeek



4,358 Views

Brake New Zealand
May 8 at 1:46pm · 🌐 Like Page

We teamed up with Nanogirl and SafeKids Aotearoa to look at the science of speed and why it's important to #SlowDown. Huge thanks to Nanogirl and Meadowbank School for taking part in this for #RoadSafetyWeek!

Auckland DHB @Akid_DHB · May 31

Today is World Smokefree Day. Our Smokefree team is here to help - visit them today at Auckland Hospital & Greenlane! #AuahiKore

Quit Smoking today! Ask how here.

Help is here for you to quit!

Help is here for you to quit!



Recruitment and organisational news

- Midwife recruitment post
- Graduate Midwifery Program recruitment
- Pink Shirt Day, Speak Up launch, and MoU Signing
- Navigate

Auckland DHB added 12 new photos to the album:
 Navigate | Kai Arahi — with Eldho Varghese
 Published by Adrien Urbani 7h · 21 hrs · 🌐

Navigate is our way of welcoming new people to our team and inspiring them with our purpose, direction, and the difference we make to our communities.

Auckland DHB
 5d

Auckland DHB is currently recruiting for various midwife roles. If you enjoy working in partnership with women to deliver high quality care, and are looking to work within an environment that places a strong emphasis on learning and skills development - then we may have the role for you! To learn more about the available positions, visit the Auckland DHB Careers Centre website.
<https://lnkd.in/gEFvsXd>

Apply to become a midwife with Auckland DHB
careers.adhb.govt.nz

Auckland DHB
 Published by Adrien Urbani 7h · 21 hrs · 🌐

National Women's Health is currently recruiting graduate midwives who are looking to learn, grow and develop their skills. National Women's provides a supportive, nurturing environment and is currently offering graduates support to complete the Midwifery Council requirements, as well as relocation incentives and subsidised accommodation to those who currently live outside Auckland. Applications welcome from all over NZ and Australia:
<http://ow.ly/Gcm730c1psG>

Apply for the Graduate Midwifery Program - Auckland DHB

We are one of the largest maternity units in Australasia. We offer comprehensive rotations across high and low risk maternity services followed by permanent...

2.5 Our People

2.5.1 Local Heroes

There were 21 people nominated as local heroes during May.

Our June Local Hero is Troydyn Raturaga, Lead Data Manager, Auckland Breast Cancer Register. Three colleagues nominated Troydyn for her work on the National Early Warning Score project, saying:

“Troydyn has done amazing work in supporting the project group, especially our project lead, Katie Quinney. The energy she brings to the team is supportive and friendly.”

“Troydyn has given her support and expertise to the trial which is running in three areas in the hospital. Troydyn has had to liaise by email to many different participants in this trial as well as the HQSC to bring together many facets for this significant piece of work.”

“Troydyn was a life saver. She did many background tasks and had a great attention to detail. She has kept us all on track, organising the meetings, following up with timely minutes. Her communication was fabulous - with colourful and positive emails that the team all loved. She planned the HQSC site visit to the letter, with great success - she also made sure none of us went hungry that day - she provided a great welcome for the HQSC team. She has aimed high with everything she has done for us - taking a great deal of her own time to design and create feedback for the teams that is visual and memorable. She shows great respect for the team and those she works with. We have all built better relationships and connections because of the glue that Troydyn has brought to this project.”

Troydyn’s award presentation is currently being arranged so there no image is available at this time.

2.5.2 Nursing and Midwifery Awards

The annual Nursing and Midwifery Awards took place on 11 May timed between International Day of the Midwife and International Nursing Day. Awards were presented to those who shine in clinical practice, leadership and education, and who demonstrate the spirit of nursing. There were 142 nominations received for this year’s awards.

Thank you to the A+ Trust, who generously support these awards and to our Board Members Lee Mathias, Michelle Atkinson and Zoe Brownlie for celebrating with our nurses. The winners of the 2017 Awards are:









- Chief Nursing Officers Award – Elaine Sheirtcliff
- Women’s Health – Annette Gage
- Surgical Nursing Leadership – Debbie Parry




- Perioperative Nurse’s Choice in the Operating Room – Elizabeth Kanivatoa
- Perioperative Nurse’s Choice in PACU – Gemma Parker
- Mental Health and Addictions – Cullum Millar
- Clinical Support Nursing Award – Sherry Sinclair
- Child Health Directorate & Starship Foundation Excellence in Clinical Practice Award – Diane Fuller
- D McMinn Cardiovascular Award – Nik Adams
- Cancer and Blood Directorate – Valerie Honeyman
- Adult Community and Long Term Conditions – Suzanne Werder
- Adult Medical Directorate – Kamlesh Nand
- Primary Health Care Nursing – Jayme Kitiona
- Aged Residential Nursing – Cyrene Jabay
- Rotary Trophy of Tradition – Susan Atherton
- Rotary Alistair McFarlane Memorial Award – Darlene De Gouzman
- Rotary Anne Craig Medal – Lucy McKeage
- The University of Auckland School of Nursing Trophy for Clinical and Academic Leadership – Jackie Robinson
- Pat Butcher Award for Lifelong Learning – Heather Spinetto
- The Cecile Thompson Award – Soby Matai
- The Kim Williams Scholarship – Michelle Griffen
- WA Fairclough – David Garland
- D C Hounsell Prize – Lorraine MacDonald
- Judith Philipson Excellence in Bedside Delivery (Child Health) – Kristen Pynenburg
- T W Bollard Child Health Excellence in Clinical Practice – Caroline Radich
- JM Neil Award – Kath Honeybone









3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

	Status	Comment
Acute patient flow (ED 6 hr)		May 93%, Target 95%
Improved access to elective surgery (YTD)		97% to plan for the year, Target 100%
Faster cancer treatment		Apr 81%, Target 85%
Better help for smokers to quit: <ul style="list-style-type: none"> • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity 	  	May 95%, Target 95% Mar Qtr 88%, Target 90% Mar Qtr 97%, Target 90%
Raising healthy kids		May 100%, Target 95%
Increased immunisation 8 months		Mar Qtr 94%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	
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3.1.2 National Health Targets – YOY comparison Auckland region DHBs

	Auckland Region	2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
 <p>95% of patients will be admitted, discharged, or transferred from an emergency department within six hours.</p>	Auckland DHB	93	95	95	95	95	95	95	
	Waitemata DHB	93	95	96	95	97	97	97	
	Counties Manukau	95	95	96	96	96	96	95	
	All DHBs	92	94	94	94	93	94	94	
 <p>The volume of elective surgery will be increased by an average of 4000 discharges per year.</p>	Auckland DHB	93	98	98	101	93	97	96	
	Waitemata DHB	101	101	102	106	105	106	108	
	Counties Manukau	99	103	105	109	110	108	107	
	All DHBs	104	105	106	108	105	103	104	
 <p>85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks by July 2016, increasing to 90% by June 2017.</p>	Auckland DHB	66	70	75	77	79	88	87	
	Waitemata DHB	74	68	70	75	86	90	92	
	Counties Manukau	70	72	70	74	75	74	76	
	All DHBs	69	75	75	74	78	82	82	
 <p>95% of 8-month-olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time.</p>	Auckland DHB	95	94	94	94	94	95	94	
	Waitemata DHB	93	95	93	92	94	92	92	
	Counties Manukau	95	95	94	95	94	94	94	
	All DHBs	93	94	93	93	93	93	92	
 <p>90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. (Other targets also exist)</p>	Auckland DHB	85	86	88	91	87	88	88	
	Waitemata DHB	85	88	90	91	87	88	88	
	Counties Manukau	87	88	89	92	89	89	89	
	All DHBs	83	85	86	88	87	86	86	
 <p>95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions by December 2017.</p>	Auckland DHB	Note: this target replaced More Heart and Diabetes Checks from July 2016				79	97	99	
	Waitemata DHB					83	100	100	
	Counties Manukau					29	62	91	
	All DHBs					49	72	86	

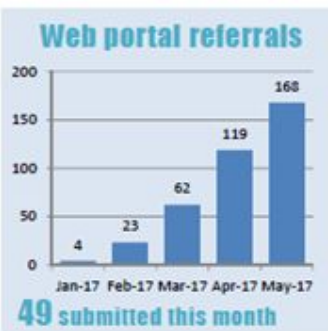
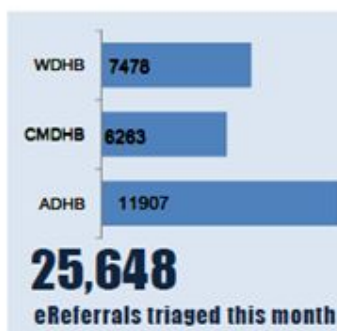
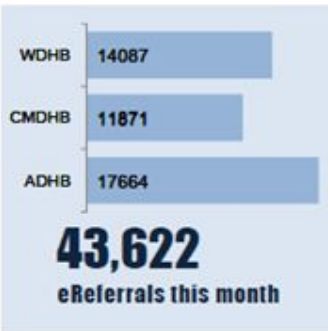
Source: <http://www.health.govt.nz/new-zealand-health-system/health-targets/how-my-dhb-performing>

3.1.3 e-Referrals Snapshot for May - Auckland region DHBs



eReferrals Snapshot

May 2017



3.2 Financial Performance

The DHB financial performance for the eleven months to May 2017 was a surplus of \$5.8M, unfavourable to budget by \$5.5M. This reflects a \$23.3M unfavourable Provider arm result, partially offset by a \$18.7M favourable Funder arm result. The year to date revenue is unfavourable to budget by \$9.2M. The year to date expenditure is favourable to budget by \$3.8M. Revenue is less than budget mainly due to under delivery of additional electives volumes (a provision is required for wash-up at year end), less than planned Public Health revenue (timing), Haemophilia funding (offset by lower blood product costs); donation income (timing) and interest income (due to lower interest rates than assumed). These are offset by favourable IDF Inflows (service changes and wash-ups expectations) and other income (mainly research grants and drug trial revenue with corresponding costs). Favourable expenditure is mainly in the Funder NGO expenditure (\$24.2M, mainly pharmaceuticals, Age Related Residential Care and Mental Health services), which fully offset unfavourable expenditure in net personnel and outsourced personnel costs (\$8.3M); clinical supplies (\$6.1M) and infrastructure/ non-clinical supplies (\$7.3M).

The full year plan is a surplus of \$4.5M and is currently at risk, with the year-end forecast surplus at \$2.5M. Achieving the full plan is dependent on the DHB resolving pricing issues (including for transplants) and offsets for unachievable savings being realised.

We are continuing work on developing the 2017/18 financial plans and price volume schedules. The formal updated Funding Envelope was received on the 16th of June 2017 and this is being analysed to confirm the allocation across all DHB services to inform the overall budgets. An update on the financial budgets will be provided at the Board meeting.

4. Clinical Governance

4.1 Honorary Chair for Dr Margaret Wilsher

Auckland DHB congratulates Chief Medical Officer, Dr Margaret Wilsher on being awarded the title of professor by the University of Auckland Faculty of Medical and Health Sciences.

Professor Margaret Wilsher will give her inaugural lecture, 'a career in nine lessons' on 18 July, 5:30 - 7pm at the Faculty of Medical and Health Sciences (Lecture Theatre 505-007) at the Grafton Campus. The inaugural lecture celebrates and recognises the mark of distinction conferred by the University when it awards the title of professor.

Professor Wilsher will share some lessons learnt in a career in respiratory medicine and health leadership, and present some of the outputs of her research in sarcoidosis.

4.2 Nursing and Midwifery strategy released

The [Nursing and Midwifery strategy 2017 – 2021](#) was published in late May.

The strategy was developed to support the building of a culture that further enables nurses and midwives to grow and strengthen their role, as well as their contribution to the healthcare system.

The Nursing and Midwifery Strategy 2017 - 2021 builds on a series of workshops that were held in late 2015 to establish a strategic direction for nursing and midwifery within the organisation. As a high level road map, it sets the route required to meet Auckland DHB's organisational vision and the needs of its population.

This strategy also provides clearly outlined expectations and accountabilities for nursing and midwifery practice. Its five strategic themes will enable a joint focus on successfully achieving our vision of 'Healthy communities - World-class healthcare - Achieved together. Kia kotahi te oranga mo te iti me te rahi o te hāpori'.

Health and Safety Performance Report

Recommendation

That the Board:

1. **Receives the Health and Safety Performance report for April 2017.**
2. **Endorses reporting of progress.**
3. **Identifies any further format or reporting changes required to the performance report.**

Prepared by: Denise Johnson and Mike Impey (Manager Health and Safety)
 Endorsed By: Sue Waters (Chief Health Professions Officer)

Glossary

- BBFA: Blood and/or Body Fluid Accident
- EAP: Employee Assistance Programme (Counselling)
- EYNZ: Ernst and Young Limited
- HSNO: Hazardous Substance New Organisms Act
- HSWA: Health and Safety at Work Act 2015
- LTI: Lost Time Injury (work injury claim)
- MFO: Medical Fees Only (work injury claim)
- MOS: Management Operating System
- NE: Notifiable Events reportable to WSNZ (Replaces Serious Harm)
- NFA: No further action by WSNZ following a notification
- Officer: of the PCBU, a manager in a directing role
- PCBU: Person in Charge of a Business or Undertaking
- PES: Pre-employment Health Screening
- RMO: Registered Medical Officer
- SFARP: So far as reasonably practicable
- WSNZ: Worksafe New Zealand

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	<i>Supports Patient Safety, workplace safety, visitor safety</i>
Evidence informed decision making and practice	<i>Demonstrates Integrity associated with meeting ethical and legal obligations</i>
Operational and financial sustainability	<i>Addresses Risk minimisation strategies adopted</i>

2. Executive Summary

There were no Notifiable Events reported in April.

Due to the new Safety Management System (SMS) going live during this reporting period, all charts in this report include data from both Kiosk and SMS. Some values (not rates) have increased significantly. This is because SMS reporting now includes all workers (including contractors, volunteers and students) which meets our obligations under section 19 of the Health and Safety at Work Act. From 1 July (August report) all Board Report charts will use SMS data; occurrence reporting in Kiosk will be turned off at the end of FY16.

The main increased report figures due to the increased number of workers captured by the new reporting system are:

- an increase in total incidents reported, up from 183 in March to 220 in April (20% increase).
- an increase in reports of Workplace Violence Incidents. However, there were no Claims arising from workplace violence for all of ADHB in April.

Physical Environment and Patient Handling Claims for April increased to nine, from five in March and to three, from zero in March, respectively. Patient handling training continues to be provided with good attendance rates. The current numbers are likely to represent the base-line rate.

Induction and E-learning training data are now shown as year-to-date. This ensures delays in recording training are less likely to create a false indication of reduced training compliance. Also, a new, simpler method of recording local inductions has been developed and deployed which uses a link on the Health and Safety intranet landing page to a much simpler and smarter recording form. This provides an easier method for managers and safety reps to record local inductions.

The data indicates that some investigations that were started prior to the implementation of SMS are not being closed off within the required time frame of 14 days. Follow up support is being provided to managers to ensure old investigations are completed.

Pre-Employment Health Screening rates remain at a high level (99%).

To date, 255 (75%) Health and Safety Representatives have received training in their role under the new Health and Safety at Work Act. There are 87 Reps to train, which includes 17 vacancies across Auckland DHB.

The Seasonal Flu Vaccination Campaign will soon be entering the 3rd Phase. 6241 Staff (plus other workers) have been vaccinated so far, with vaccination events still running. Once the Campaign is closed, Buzz Channel will be conducting a survey to understand why some people have not been vaccinated so that future campaigns can continue to increase the total workers given this protection.

Health and Safety Performance Report – April 2017

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3. Purpose of Report

The purpose of the health and safety report is to provide reporting on the health and safety performance including compliance, indicators, issues and risks to the District Health Board. Please note that an individual Health and Safety report has been provided for each Directorate (see appendix 1).

4. Health and Safety Scorecard for April 2017









The Leading and Lagging indicators in the scorecards are indicative of Health and Safety performance across the organisation. Using trends and traffic light indicators will emphasise the areas where we are on or progressing towards our targets and when we need to improve. Some of our targets are staged to action improvement over time

Lagging Indicators

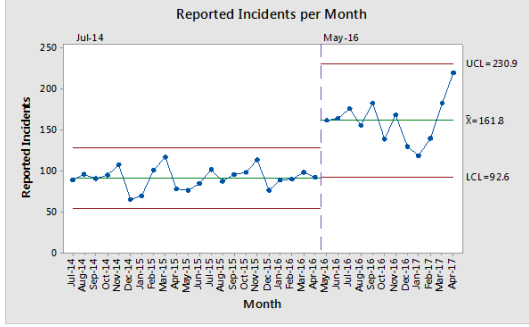
	Actual	Target	Trend
Lost Time Injury Frequency Rate	13	8	 
Number of Injury Claims	24	35	 
Lost Time Injury Severity Rate	0	2	 
Lost Time Injury	12	10	 
Cost of Injury Claims (000's)	20	80	 
Excess Annual leave: % of workers with excess annual leave	9	6	 
Number of Reported H&S Incidents			
Staff	220	200	 
Contractors	5	50	 
Students	0	10	 
Volunteers	0	10	 
Number of Notifiable Events			
Staff	0	0	 
Contractors	0	0	 
Students	0	0	 
Volunteers	0	0	 
Patients	0	0	 
Other	0	0	 
Top 3 Accident types that caused harm			
Physical Environment (Slip/Trips/Falls)	9	0	 
Workplace Violence and Aggression	3	0	 
Patient Handling	3	0	 
Lone/Off site workder safety; total recorded incidents and severity	RU	0	
Lone/Off site workder safety; total recorded claims	RU	0	

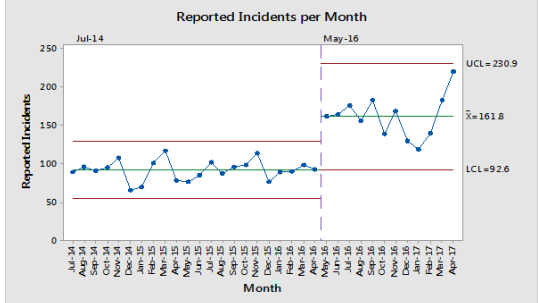
Leading Indicators

5.2

	Actual	Target	Trend
% Pre-employment screening before start date	99	100	 
% Pre-employment screening completed	90	90	 
% Significant Hazard Registers current	83	80	 
% completed hazard remediation	RU	80	 
Management of Residual Risk action plans	RU	80	 
% local H&S Induction completed	52	100	 
% OH&S mandatory e learning completed	59	100	 
Number of H&S Representative Vacancies	17	25	 
% H&S Representative Training	71	80	 
% of reported H&S Incidents investigated- 14 days	63	80	 
# of outstanding H&S Incident investigations	12	10	 
Number of contractor audits completed	21	10	 
Level of compliance contractor audits	50	90	 
# of Hazardous Substance audits conducted	11	10	 
% Hazardous Substance audits compliant	85	80	 
Safety Security Audits conducted	RU	0	 
% training completed in high risk WV areas	76	95	 
Health and Wellbring Programmes: new and underway	RU	0	 
%Employee engagement satisfaction levels	70	0	 
Number of staff Seasonal Influenza Vaccinations (YTD) 2015	6967	7923	 
Contact Tracing (events)	3	0	 
Contact Trace (headcount exposed)	99	0	 

5. Commentary on Health and Safety indicators exceptions

Indicator	Issue		Action
<p>Local Health and Safety Induction Completed within seven days. Mandatory Health and Safety training required for all new staff.</p>	<p>Some local Health and Safety induction are not reported to the Health and Safety office. This may indicate that local Health and Safety induction is not being provided to new staff and therefore they may not understand how to engage with Auckland DHB Health and Safety systems.</p>	 <p>The chart displays 'Reported Incidents per Month' from July 2014 to April 2017. The y-axis represents the number of incidents, ranging from 0 to 250. The x-axis lists months from Jul-14 to Apr-17. A horizontal green line indicates the mean number of incidents at 161.8. Two horizontal red lines represent the control limits: the Upper Control Limit (UCL) at 230.9 and the Lower Control Limit (LCL) at 92.6. A vertical dashed line is drawn at May-16. Before May-16, the number of incidents fluctuates around the mean, generally staying within the control limits. After May-16, there is a sharp increase in incidents, with several months exceeding the UCL and reaching up to approximately 230 incidents.</p>	<p>A 30-60-90 day action plan has been developed this includes reminders to managers when Health and Safety inductions are not received by Health and Safety. Detailed reports are provided to directorates. Further action will be planned in conjunction with Organisational Development. Year to date average now close to 60%.</p>
<p>% Health and Safety Rep training</p>	<p>Health and Safety Reps training was delayed following the introduction of the new Health and Safety legislation due to the move to NZQA standards.</p>		<p>An external training partner has been sourced and Health and Safety rep training sufficient to train all Reps is scheduled from Feb – June 2017. Currently 129 Health and Safety Reps have attended this training to date. 129 Health and Safety Reps completed Transitional Training for a total of 258 /322 Health and Safety Reps trained under the new Health and Safety legislation.</p>
<p>Number of outstanding Health and Safety incident investigations within 30 Days.</p>	<p>Some managers do not complete the required investigation before the incident is closed by Health and Safety (30 days).</p>		<p>Monthly reports sent to all Directorate Health and Safety Committee chair re: Occurrence reporting follow up non-compliance.</p>

Indicator	Issue		Action
			Reminders generated with the new Safety Management System will assist. Transition to the new Safety management system is underway. Review of worker incident follow up is underway.
Percentage training completed in high risk workplace violence areas	Some staff do not complete violence and aggression training within the required timeframes.		Health and Safety Advisor has been appointed to support this project. A work plan will identify any risks which cannot be controlled; these and any mitigating actions will be reported as a Health and Safety Risk on the organisational Risk Register. E learning pilot to be implemented before the end of June.
% Mandatory Health and Safety induction training completed (Ko Awatea LEARN)	Some staff do not complete the mandatory on line Health and Safety induction course provided on Ko Awatea LEARN.	 <p>The chart displays monthly reported incidents from July 2014 to April 2017. The y-axis represents 'Reported Incidents' from 0 to 250. The x-axis represents 'Month' with labels every two months. A blue line with markers tracks the monthly incident counts. A horizontal green line indicates the mean at 161.8. Two horizontal red lines indicate control limits: UCL at 230.9 and LCL at 92.6. A vertical dashed line is positioned at May-16.</p>	Approx. 59% of new starters completed the training in April 2017. A data base has been developed and reminders sent to managers where Health and Safety Inductions are not recorded. A performance improvement project has been commenced with OD.
% Significant Hazard Registers Current	Some managers do not document identified hazards on the Hazard register. Many hazard registers still paper based.		The new risk/incident programme (Datix) was launched in 2017. Health and Safety will work with Directorates to move Hazard registers to the new system. Tracking of compliance will be improved.

6. Health and Safety Risks

The table below outlines our key health and safety risks together with commentary on the current status/issues related to that risk and any actions to address issues. The table has been organised to list the Hazards (Risks) from higher risk to lower risk items. Please note that the table lists only the remaining amber and red risks. One Green risk (Hazardous Substances) remains on the table because of its significance within the organisation and the recent action to reduce it.

There are now seven risks on the table. One risk remains high, and six are amber risks. One risk was removed (Starship elevator issues) as the action plan to address is now part of an organisation wide plan for elevator safety. No new risks have been added for this report. Update was provided by John Casey, Facilities and Development Manager.

See Risk Matrix used to inform the Residual risk calculation in Appendix 5.

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
Site Security 483RR	<p>Access Control System and CCTV system experience on-going outage which occurs on a daily basis due to the age of both systems and lack of a preventative maintenance program over the past few years.</p> <p>Upgrade the maintenance protocols to reduce the down-time is required. Commercial Services now have operational control over both Access control and CCTV systems and are currently in the process of upgrading the access control system to a newer platform.</p> <p>The CCTV system is also being replaced by a new IP and VMS based CCTV system. Fortlock security systems have been selected as the preferred Contractor to</p>	<p>A business case for an upgrade to the Access control and CCTV at both sites was accepted by the Board in December 2014. Steering group formed to oversee the management of this risk. Independent Consultant has reviewed plans and advised re the implementation model. There is an identified asbestos issue throughout Grafton and Greenlane sites but this is being carefully worked through by Facilities Management and close liaison with Commercial Services is underway in order to determine a safe pathway to accommodate the security systems upgrade.</p> <p>February 2017:: The steering committee continues to meet monthly; Good progress is being made with the new ID cards for all workers and the lock</p>	<p>The risk remains high until the work to improve site and security systems is completed at Grafton, Greenlane Clinical Centre and Point Chevalier.</p> <p>This work is expected to be on-going for the next 12 months.</p> <p>Considerable progress has been made on prioritised areas in year one of the project. However a greater body of work will be required before the risk rating can be reduced.</p>

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
	carry out all works on the systems upgrade and to carry out future R+M work on all security systems.	down technology This project will be the focus of the March 2017 Board Health and Safety Engagement visit.	
Original Risk			Residual Risk (5x3) 15
Aggression - Physical and Verbal 479RR	Physical and verbal abuse directed at workers from patients and visitors primarily occurs in Mental Health, Adult ED, and some children's services. Although most result in minor harm each one has the potential to be very serious.	Safe Practice in the community (SPIC) training and the National collaborative on Safe Practice Effective communication (SPEC) has been agreed and training will commence in 2017. Discussion with a potential supplier for training for physical health area is underway and a tender process is to commence in early 2017. The steering committee Terms of Reference are under review and a new committee chair has been appointed. The committee will meet 30 May 2017 and identify goals and objectives for the coming year. A Health and Safety Advisor has been appointed to support this work.	Remains a medium risk while incidents are occurring. However work is being done to close any gaps in security and safety in the community. We are not sure if all accidents/near misses are reported.
Original Risk			Residual risk (4x3) 12
Auckland City Hospital Atrium Walkway	The glass barriers on some of the levels of the Auckland City Hospital atrium walkway are lower than others. The lower	Approval for part of the project was obtained in June 2016.	Facilities will monitor the area to see how effective these controls are.

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
barriers 563RR	barriers allow for people to climb over them. Two recent attempts have been made by a member of the public both were interrupted by passers-by. There was a successful jump from level 6, three years ago. The person survived. Note that the existing barriers are compliant with the building codes for user safety in relation to accidental falls, the issue here is intentional falls related to suicide attempts.	Handrails have been removed to prevent climbing points.	
Original Risk			Residual Risk (5x2) 10
Greenlane Clinical Centre Dental Clinic	The design of the glass balustrades allow for people (patients and children) to climb over them.	Facilities and Development have investigated possible solutions using the existing materials. Due to new building regulations a retro fit solution is not possible. New balustrades are required and being quoted. As an interim measure a security guard has been posted in the areas to ensure that no one is allowed to climb onto the balustrade.	Chairs have been moved away from the balustrades and signs (no climbing on chairs) have been posted. Glass has been ordered. The new balustrades are to be installed by August 2017. The immediate risk is being managed.
Original Risk			Residual Risk (5x2) 10
Slips, Trips and Falls (related to hazards in	Making up almost 25% of our incidents, slips, trips and falls, continue to be one of the most significant hazards as they are	Continue to report trends and liaise regularly with Facilities when repairs are required. Liaise regularly with the	Risk remains at a medium level because of the unpredictable nature of this incident type. Many pieces of work are underway

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
grounds and buildings.) 478RR	with any other industry worldwide.	cleaning service to ensure that best practice wet floor risk management is a continual focus. A Pedestrian Safety committee was established in late 2016 and meets monthly to drive priorities based on risk.	to minimise physical environment risk. Brochures have been designed. Posters have been designed to raise the awareness on what to do when a spill or leak occurs.
Original Risk			Residual Risk (3x3) 9
Traffic Management (loading bays/ parking) 388RR 465RR	The level 5 loading bay at Grafton has been identified as a Health and Safety hazard by Auckland DHB. The risk for pedestrians at both the Grafton and Greenlane sites is due to high volume of interactions between trucks, vehicles and pedestrians (including staff, patients, contractors, couriers, ambulance services and visitors) The Auckland DHB Traffic Management plan is awaiting direction from the Public Spaces Project.	A Pedestrian Safety steering group has been formed and monthly meeting are being held to agree priorities for remediation. Projects are being progressed with a risk based prioritisation approach. Pedestrian Safety Project update <u>Auckland City Hospital Grafton</u> <ul style="list-style-type: none"> • Pedestrian crossing outside Transition Lounge <ul style="list-style-type: none"> ○ x2 (1 each side of crossing) • Cart Docks <ul style="list-style-type: none"> ○ x1 between Cart dock 1 and 2 ○ x1 at end of Cart dock 3 • Building A08 <ul style="list-style-type: none"> ○ x1 under the Air Bridge to A01 ○ x1 at stop sign at intersection of A01/A08/A07 ○ x1 at A08 main entry side 	The risk remains moderate until the work to improve traffic safety is completed at Grafton and Greenlane Clinical Centre and a Traffic management plan is established. Speed bumps have been put in place.

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
		<ul style="list-style-type: none"> stairs, <ul style="list-style-type: none"> ○ x1 at bottom end of A08 on exit road to Domain • Building A35 (Mental Health) <ul style="list-style-type: none"> ○ x1 before the pedestrian crossing • Building A15 (FMU) <ul style="list-style-type: none"> ○ x1 before the pedestrian crossing. • Building A43 (Marion Davis Library) <ul style="list-style-type: none"> ○ x1 uphill from bend in roadway before the pedestrian crossing becomes visible. ○ Paint the existing Marion Davis library pedestrian crossing in-laid asphalt judder bar with road marking colours as per Car park B • Starship/Car park B Vicinity <ul style="list-style-type: none"> ○ x2 full road width judder bars ○ Paint out the existing pedestrian crossing in-laid asphalt judder bar with road marking colours as per Car park B <p><u>Greenlane Clinical Centre Greenlane</u></p> <ul style="list-style-type: none"> • Building G04 main entrance <ul style="list-style-type: none"> ○ Upgrade current width 50mm 	<p>The hoardings will be removed and Facilities will re-paint it once the hoardings are removed.</p>

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
		<p style="text-align: center;">height with 75mm full width</p> <ul style="list-style-type: none"> • Building G17 <ul style="list-style-type: none"> ○ x1 close to bus stop on road to Claude Road. • Building G16 – <ul style="list-style-type: none"> ○ x1 at a mid-point between Claude Road Entrance Gate and G15 pedestrian crossing. <p>Install works anticipated commencement in 2 weeks.</p> <p>Works to be conducted is the Claude Road Entrance – Install new pedestrian crossing with footpath ramps just above vehicle gates/Gate House.</p>	
Original Risk			Residual Risk (4x3) 12
Asbestos 524RR	<p>There are a number of buildings utilised by Auckland DHB that contain asbestos. The Auckland DHB Facilities Asbestos register requires updating.</p> <p>Contractor compliance with asbestos hazard management is being actively managed and the issues are being addressed.</p>	<p>Collaboration with Waitemata DHB is underway in relation to asbestos management plan and communication plan.</p> <p>The main Auckland DHB contractors likely to undertake work in areas where asbestos have been identified are required to undertake Asbestos Awareness Training.</p> <p>Building surveys are nearly complete and</p>	<p>Asbestos in building is safe if in good condition and not disturbed.</p> <p>The risk remains moderate due to the extent of asbestos in our buildings and the requirement to undertake planned and unplanned work on the structure of the buildings.</p>

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
		the Asbestos Management Plan has been reviewed by Health and Safety specialists at Meredith Connell. Recommended changes made and approved by SLT.	
Original Risk			Residual Risk (4x2) 8
Facilities Lifts 502RR	A number of issues in relation to elevator repairs and maintenance. This has resulted in lift malfunction where people have been trapped in the lifts.	Five year Lift replacement plan in place.	The risk is reduced to moderate as the review of all lifts is now completed and remedial work is underway. The new lift at SSH will start this week. The SSH lift will no longer be used for patients (alternate route in place).
Original Risk			Residual Risk (4x3) 12

7. WorkSafe NZ Notifications

Notifiable Events (Staff) (previously called Serious Harm)

Auckland DHB noted the following serious incidents (now Notifiable Events) reported to WorkSafe NZ in the 2016/17 fiscal year.

Staff Notifiable Events (1 July 2016- 30 April 2017)

- | | | |
|--------------------|-------------------|---------------------------|
| 1) 28 August 2016 | Severe Laceration | Dog Attack |
| 2) 16 January 2017 | fractured ankle | Trip/Fall community visit |

There was no Notifiable Events in April 2017.

Notifiable Events/ Incidents (Patients and Visitors)

No Notifiable injury or illness to patients or visitors was reported in April 2017

Notifiable Events/ Incidents (Other Workers)

No Notifiable Events to other workers reported to WorkSafe NZ in April 2017

8. Staff Reported Incidents

The number of reported incidents by staff (occurrences) during the period 1-31 March 2017 amounted to 220 an increase of 20 % from last month. Please note that not all incidents result in harm to staff.

Directorate Abbreviations for Table 2:

AMS:	Adult Medical Services Directorate
C&B:	Cancer and Blood Services Directorate
CS:	Cardiac Services Directorate
CH:	Children's Health Services Directorate
CSS:	Clinical Support Services Directorate
CLTC:	Community and Long Term Conditions Directorate
Corp:	Corporate Services
MH:	Mental Health Services Directorate
NCSS:	Non-Clinical Support Services
POS:	Perioperative Services Directorate
SS:	Surgical Services Directorate
WH:	Woman's Health Services Directorate

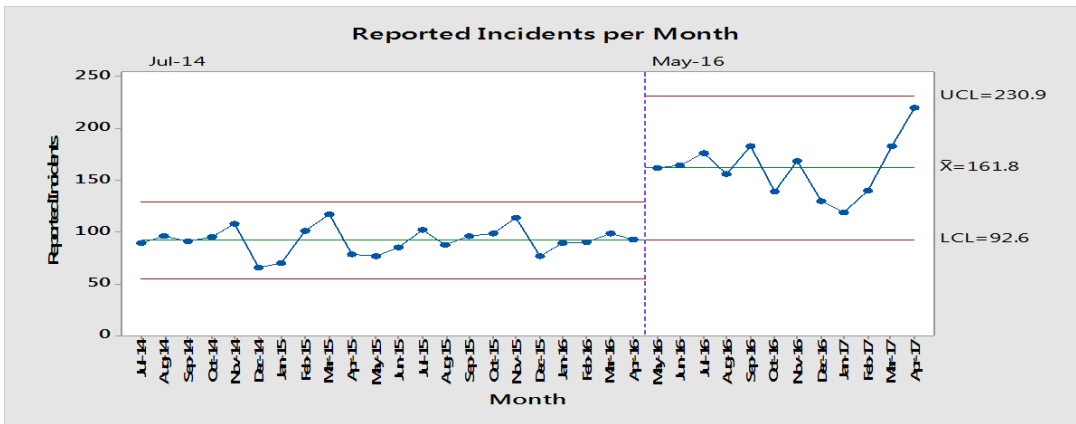


Table 1 – Total incidents reported by staff per month to April 2017.

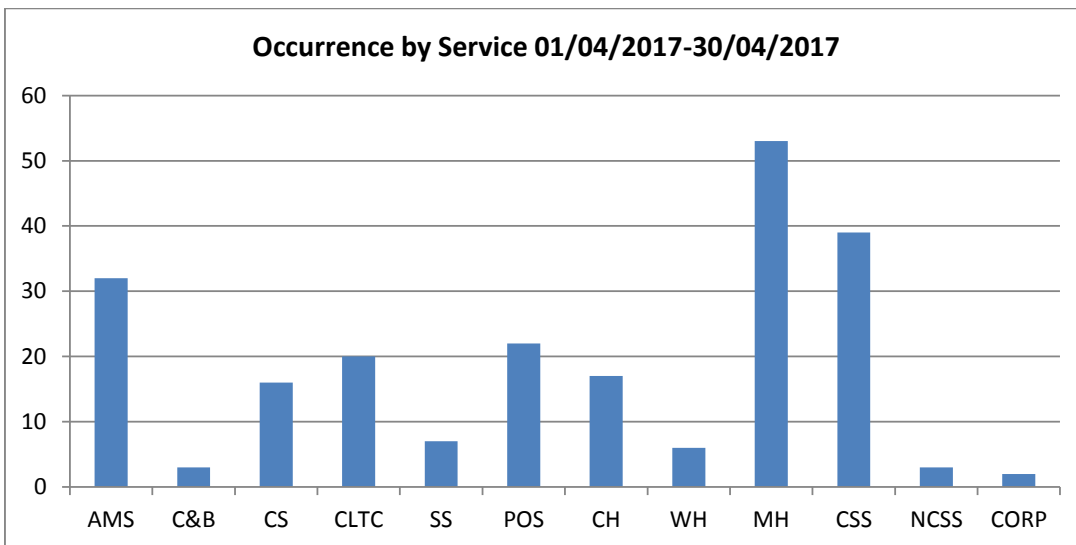


Table 2 – Incidents by Directorate – 1 – 30 April 2017



Table 3 – Incidents by Injury outcomes – 1 – 30 April 2017.

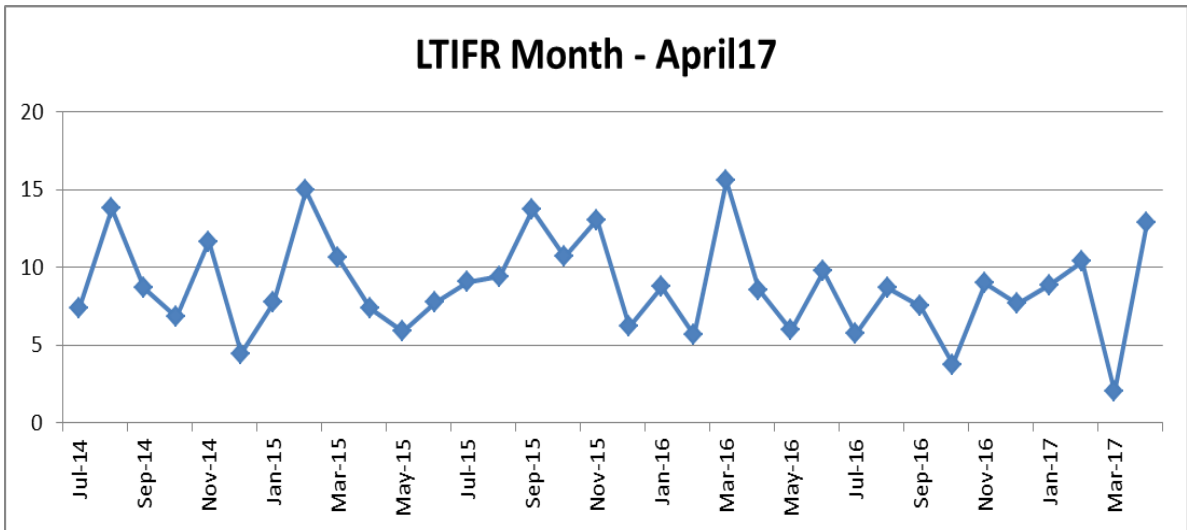


Table 4 – Lost Time Injury Frequency Rate by Month (August'14 – April'17)

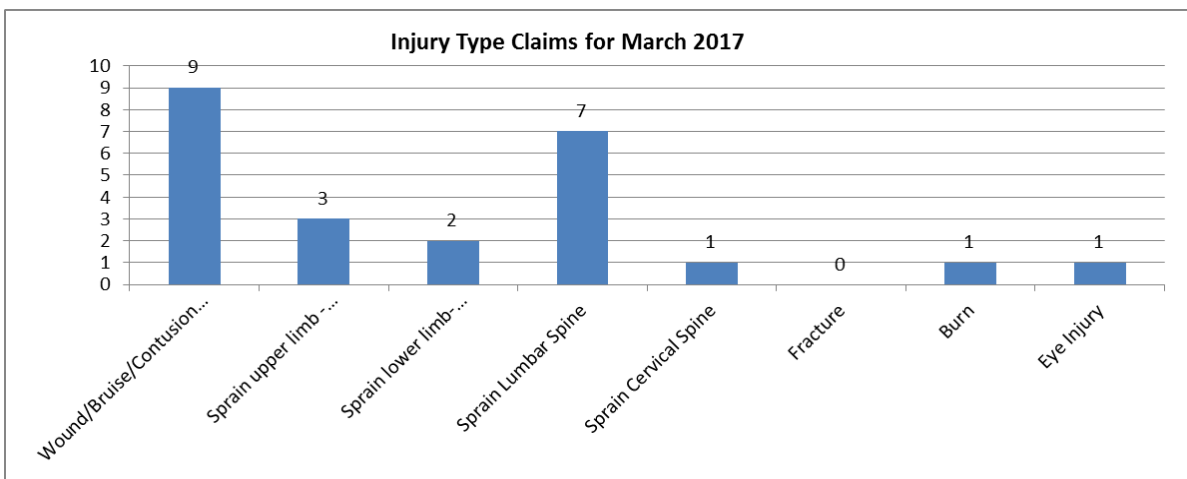


Table 5 - 24 claims by Injury type for April 2017

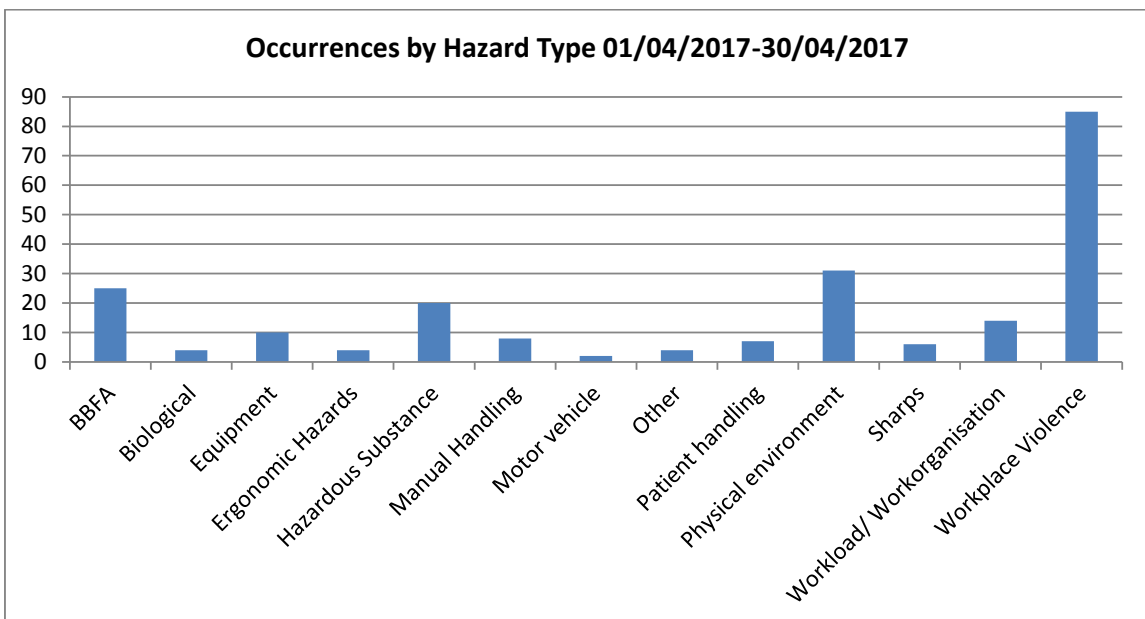
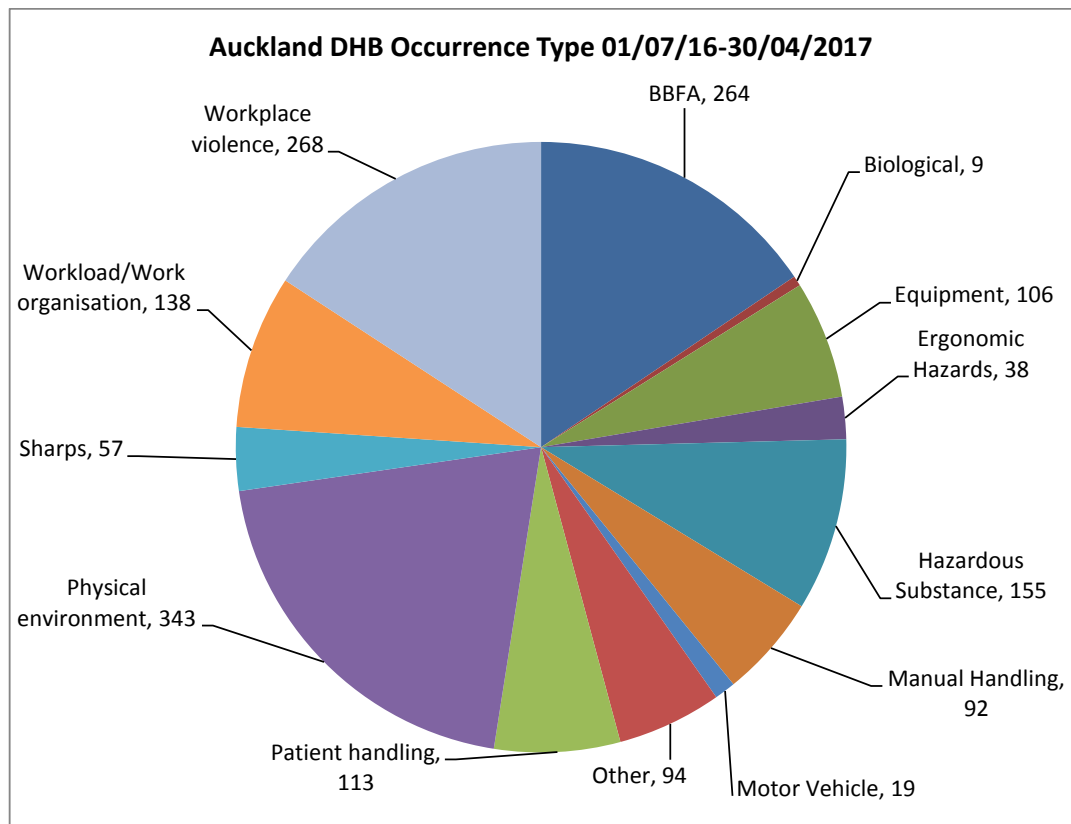
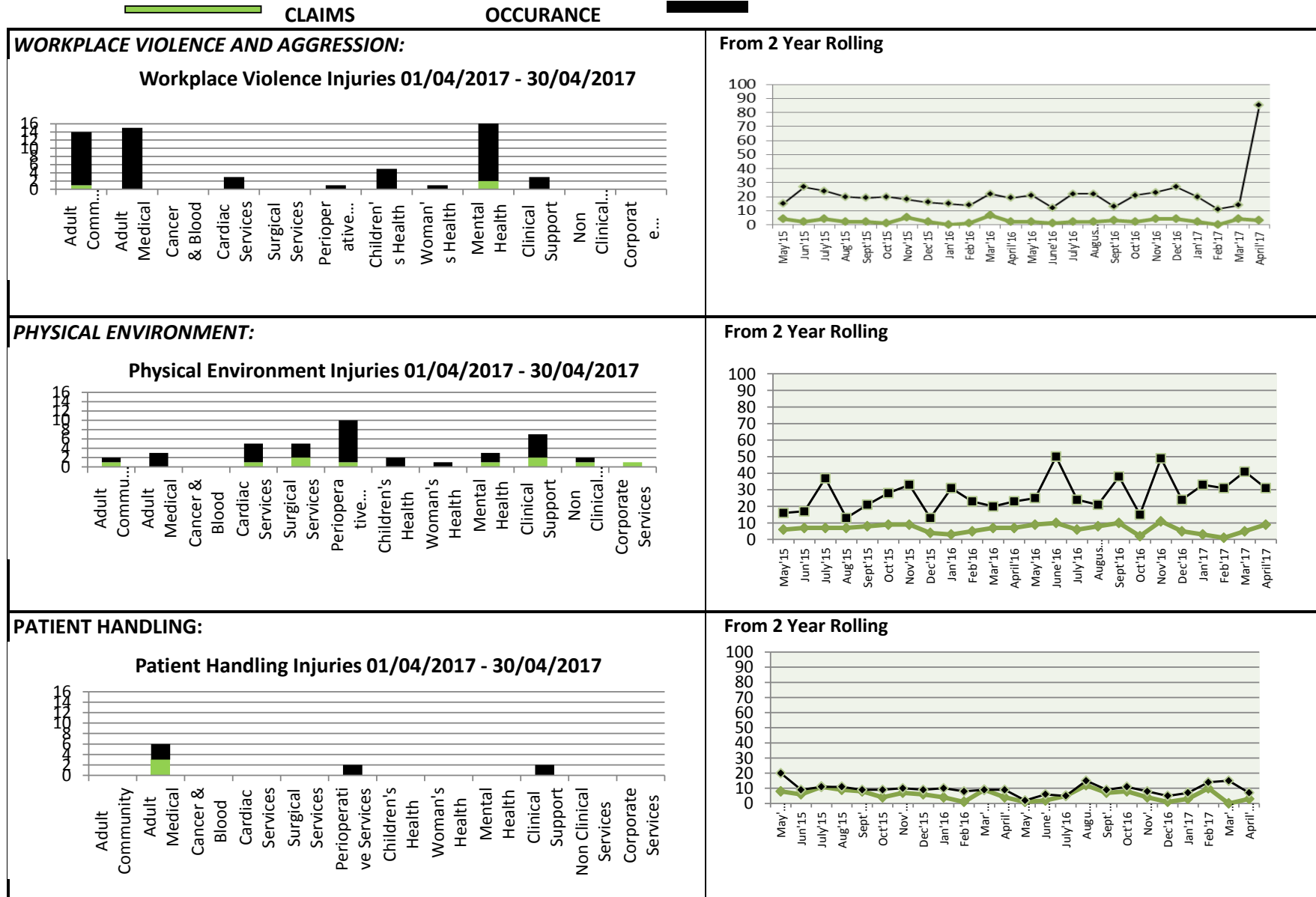


Table 6 – 220 Incidents (Ocurrences) By Hazard Type – April 2017.

Table 7 – Fiscal Year to date Occurrences by Hazard type (YTD for 16/17 fiscal year).



9. Top Three Incident Types Which Caused Harm (Occurrences and Claims)



10. Health and Safety Activities

ACC Partnership Programme Audit: Audit date: 6-9 December 2016

The audit consists of a Health and Safety systems and Injury Management systems desk top audit, site inspections, case reviews and focus groups. Audit completed, Tertiary maintained. Action plan to implement auditor's recommendation in place. Progress is reported to Finance Risk and Audit Committee. The next audit will be in late 2017.

Health and Safety Rep Training

As per HSWA, external training is now required for Health and Safety Reps. A supplier has been selected and NZQA stage one training scheduled to June 2017. Eight courses are now in KIOSK (February to June 2017). Approx. 258/338 (76%) Health and Safety reps are now trained under the new legislation.

Asbestos

The Asbestos Management Group meets monthly. The Asbestos Management Plan is nearing completion and a communication plan has been developed. A presentation on understanding the asbestos management approach at Auckland DHB has been prepared and is being presented at all Directorate Health and Safety Committees. The Asbestos Management Plan has been reviewed by Auckland DHB external legal firm.

Managing Safely

The courses for 2017 have been set up in Kiosk. This has been promoted through the Directorate leadership team. Courses are well subscribed for early 2017. Approximately 220 managers have now completed this course.

Board Health and Safety site visits

A new schedule for visits in 2017 has been developed. Risk topics for March, April and May have been set. The dates of the visits have been aligned with the Finance, Risk and Assurance Committee meeting and will occur one week before this meeting. Board members are scheduled as per their availability and on the advice of the Chair. The March 2017 visit focused on the Security for Safety Project, April: Moving and Handling and May: Hazardous Substances and June: Traffic Management/Pedestrian Safety at Grafton. The next visit is May 31st.

Month	Day	Visit Date	Finance, Risk and Assurance Committee Meeting Date
April	Wednesday	19 April 2017	26 April
May	Wednesday	31 May 2017	7 June
July	Wednesday	12 July 2017	19 July
August	Wednesday	23 August 2017	30 August
October	Wednesday	4 October 2017	11 October
November	Wednesday	15 November 2017	22 November

Health and Safety Update Road Show:

A Health and Safety update presentation has been developed and will be presented to all Directorate management Teams by Sue Waters and Denise Johnson throughout March and April. The presentation provides updates on Health and Safety process and system changes since

then new legislation as well as recommendations regarding Health and Safety performance improvements in relation to the individual Health and Safety score cards.

Regional Employee Participation agreement with the joint Unions:

The agreement has been reviewed as per HSWA and is being circulated for signing. Two or three of the unions have not yet signed.

Auckland DHB Health and Safety Committees

The Auckland DHB Health and Safety Committee meets six-weekly, chaired by Sue Waters, and last met on 31/05/17. All Directorate Health and Safety committees continue to meet regularly. Monthly Directorate Health and Safety Reports are provided to support the committees.

Safety Management System (Datix):

Health and Safety is working with the Quality team to implement the new Safety Management System. Health and Safety incident reporting and Hazard reporting has transitioned to the new system. Health and Safety participated in the manager training forums. Training for Health and Safety Reps was provided in April. Health and Safety will continue to support the transition to the new system.

Auckland DHB Moving and Handling Steering Committee

The Auckland DHB Moving and Handling steering committee chaired by Brenda McKay meets monthly. The Bariatric Bundle trial now completed and a paper will be presented to the ELT. Work has commenced on a fall retrieval bundle. Moving and Handling was the topic for the April Board Safety Engagement Visit.

Auckland DHB Violence and Aggression Steering Committee

Violence and Aggression Steering Committee Terms of Reference are under review to ensure membership includes all stakeholder groups. The Chairperson is Anna Schofield. A Health and Safety Advisor has been appointed to support this work.

New Health and Safety Legislation

See Appendix 3 for a detailed work plan with due dates and accountability.

Health and Safety Team

There are currently three vacancies on the Health and Safety Team. Recruitment will continue for two Health and Safety Advisors and contractors have been engaged to provide services in the interim. Health and Safety Advisor Team Leader position is on hold and current being filled by a contractor.

Regional Collaboration:

There are a number of Regional Collaboration activities underway between the three Metro DHBs. Some examples are: Regional Employer Assistance Programme Supplier, Asbestos Management, Hazardous Substances, the Employee Participation Regional Agreement with the Joint Unions, KoAatea Learn courses as possible, Safe Practice training in Mental Health Services, Community Safety training, as well as Health and Safety report sharing and alignment as practical.

Auckland DHB is now also aligned with WDHB and CMDHB in relation to the ACC Partnership Programme third party administrator. All there DHB now use WellNZ. Regional benchmarking of injury management related data is being discussed.

11. Facilities and Development Health and Safety

Facilities are working with Commercial Services to ensure the safe removal of two 'walk in' small freezers in the main kitchen. The work commissioned by Compass Group has required the development of a Site Specific Safety Plan (SSSP), site visits to discuss how the work will be undertaken safely and the impacts on the hospital also ensuring that a contingency plan and resources are available if asbestos is discovered under the freezer floor plate. This will depend on if the vinyl floor tiles have been previously removed or not. Controls will be put in place prior to the floor plates being removed to manage asbestos (if it is detected) when the floor plates are lifted.

Facilities are in the process of finalizing the Trade Waste Agreement for Auckland City Hospital (ACH) with WaterCare Services Limited. WaterCare visited the Auckland Hospital site and confirmed that the controls that they witnessed (grease trap, screens, macerator and sumps) during the site visit are adequate. As further assurance Auckland DHB will be required to take 6 monthly grab samples from a discharge point behind building A06. This is the discharge from the main kitchen via screens and a grease trap. The sampling will ensure that the controls we have in place remain effective.

The other terms of the agreement required ADHB to submit their Trade Waste Policy, Hazardous Substance Inventory and to ensure that campaigns continue to be undertaken to raise staff awareness relating to what is allowed to be put into the drains and what is not. Facilities will work with the Communications Team to ensure this requirement is achieved.

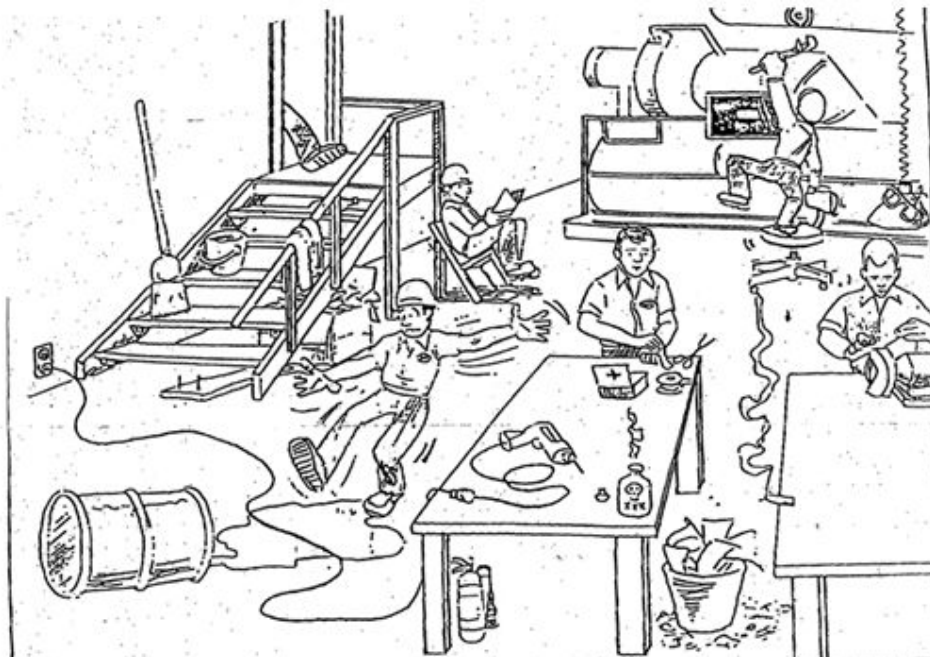
The compliance requirements and recommendations from previous HSNO audits are currently being reviewed to ensure that any corrective actions have been closed out adequately. The annual external HSNO audit is also due to take place on 22nd May, so this will all provide an opportunity to work with the auditor and gain first-hand information and advice on the ADHB compliance requirements.

Current Initiatives

The inaugural contractor's health and safety forum was held in April with all the main ADHB key contractors. This initiative was undertaken after a recommendation during an external audit. This forum enables another option for Auckland DHB as a PCBU (Person Conducting Business Undertakings) to engage its other PCBU's and provide an opportunity to communicate key messages and the sharing of key information. The forum was advertised with the theme of 'De-Mystifying Health and Safety' and the information delivered during the forum was predominately based on how ADHB were ensuring compliance with the Health and Safety at Work Act 2015; especially relating to managing its contractors and to discuss WorkSafe NZ initiatives and how they are responding to the changes to the Act that they administer.

This initial forum was also used to discuss further initiatives and the intention is to set up these forums so that the individual contractors/ organisations can contribute by undertaking presentations and leading discussions, in principal many organisations have agreed to contribute in this way and see that these forums will add value.

A workshop undertaken during the forum was on managing risk. Initially a cartoon drawing (attached below) was presented and the attendees were split into small groups. Each group were then asked to identify the top 5 hazards and risks in the picture.



Each group then gave feedback on their findings and used the Auckland DHB risk matrix to rank the risks they had identified.

This information was then transposed to the Auckland DHB working environment and setting. The participants' were asked to identify the top genetic risks that they face at Auckland DHB. The top risks identified by the contractors were:- public, staff, patients (persons in vicinity), traffic, asbestos, falls (working at height), slips, trips, electrocution, infection control & dust, noise, machinery, HSNO (chemicals) and steam, gas, water.

These risks and current controls were discussed. The next stage will be to develop common baseline controls and expectations for contractors when managing these types of risk. The focus at the next forum will be formalizing the practicable controls and information required (if needed) to prove that these risks are adequately managed through to the remaining residual risk.

This information gained at the forum is also being collated and used in Auckland DHB documentation, so that during any future tender processes and quotations for work, Auckland DHB can provide more transparency on the Health and Safety, environmental, risk and compliance requirements, standards and controls that we expect from contractors (PCBU's) working on our sites.

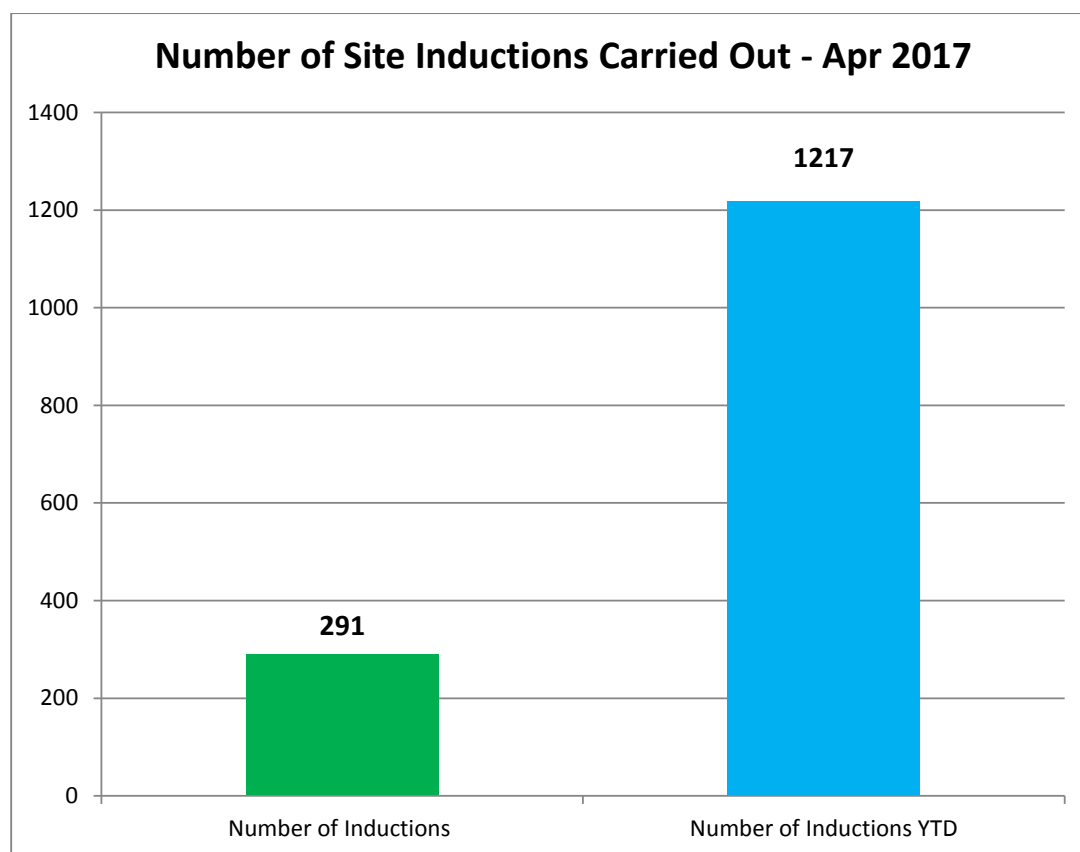
Concurrent work is also being undertaken by Facilities on establishing hoarding standards and requirements. This work has involved working with Infection Control team on the requirements (locations, material, dust prevention) of hoardings in different scenarios and also with the Emergency Management team on ensuring we design adequate egress and comply with fire safety requirements.

The initiatives that are currently a focus are ensuring that we have adequate controls and systems in place when working at height. Facilities have previously commissioned a review of our roof access and working at height controls for the buildings at ACH and GCC and were planning to undertake this work in stages as part of the Facilities Infrastructure Renewal Program. The findings from these reviews will be assessed again in light of the fatal incident at CMDHB, with the view to prioritising this work.

Facilities and Development Monthly Statistics

291 contractors have been inducted (or re inducted as inductions are valid for 2 years) onto site during April and the yearly total is now standing at 1217 inductions completed for workers physically engaged to work on site.

The number of inductions reflects the volume of work and projects that Facilities and Development are currently managing especially around Starship.



12. Directorate Health and Safety Reports

The reports below are provided for each Directorate for use on their MOS boards. Please contact Health and Safety for any additional detail or comments required.

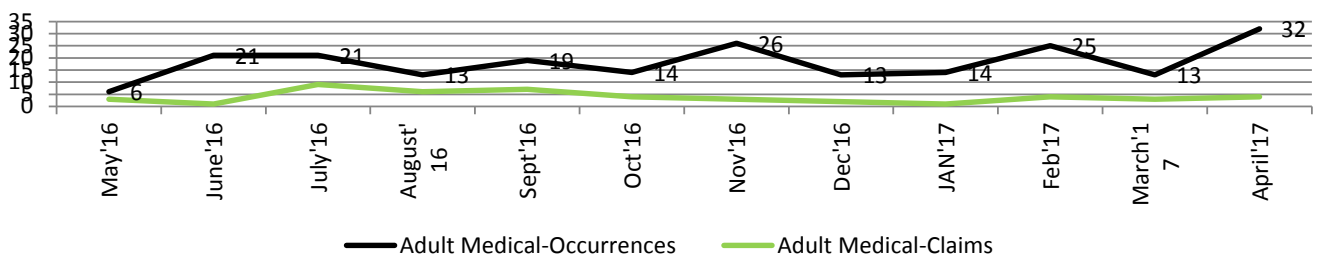
Click on Directorate Title to access the report.

- [Adult Medical](#)
- [Cancer and Blood](#)
- [Cardiac Services](#)
- [Children's Health](#)
- [Clinical Support](#)
- [Corporate](#)
- [Community and LTC](#)
- [Mental Health](#)
- [Non Clinical Support](#)
- [Perioperative](#)
- [Surgical Services](#)
- [Women's Health](#)

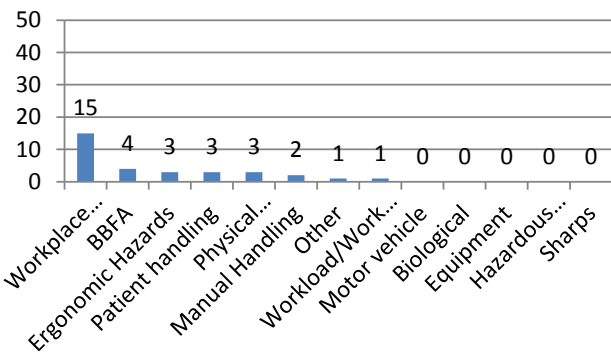
Adult Medical Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	32	20		%H&S Inductions (YTD)	48	100	
Work Injury Claims	4	0		H&S Rep Vacancies No.	1	2	
Lost Time Injuries	2	0		%H&S Rep Training	66	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	78	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	71	80	

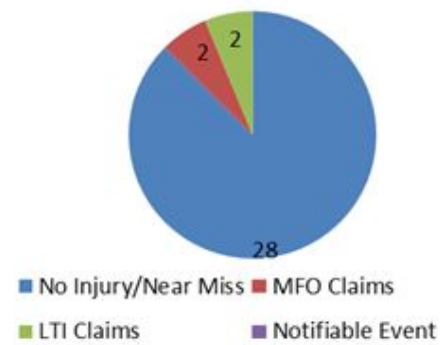
Health and Safety Incidents and Claims for 12 months



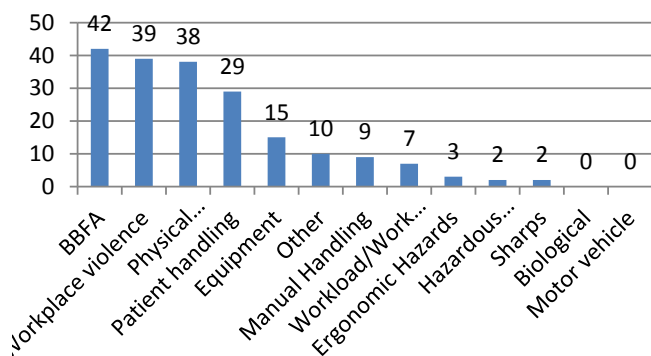
Health and Safety Incident by Hazard Type for April 2017



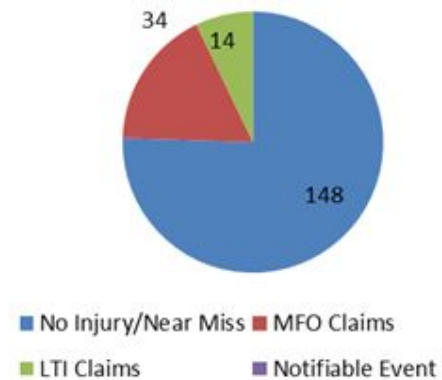
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



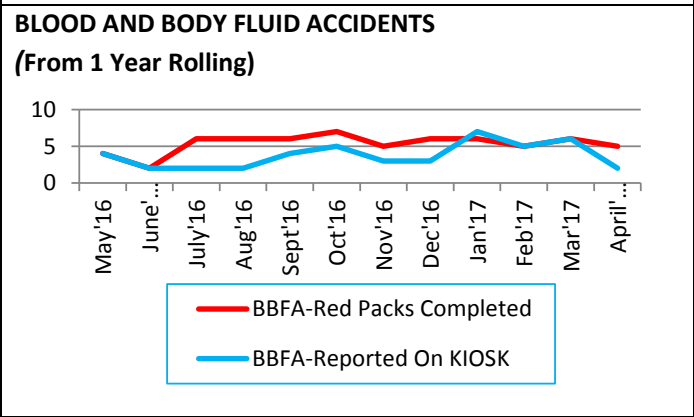
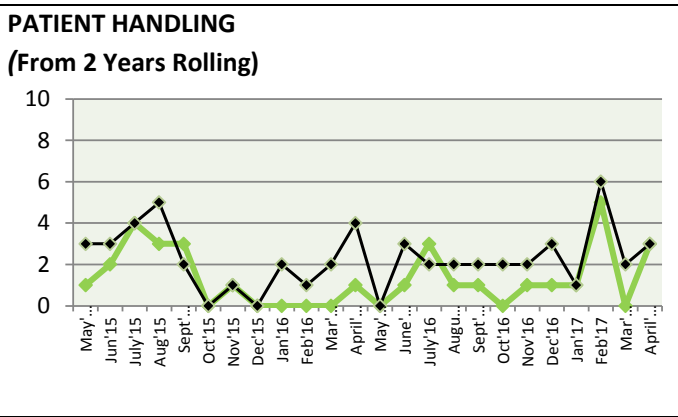
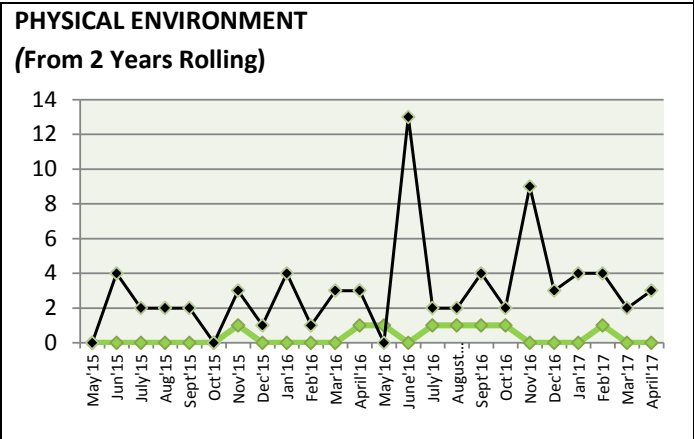
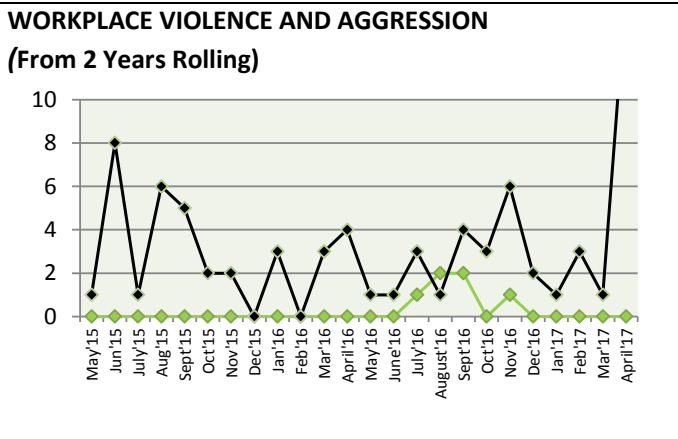
Work Injury by Outcome Type – YTD (2016-2017)



Adult Medical Services Health and Safety Report (continued)

5.2

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

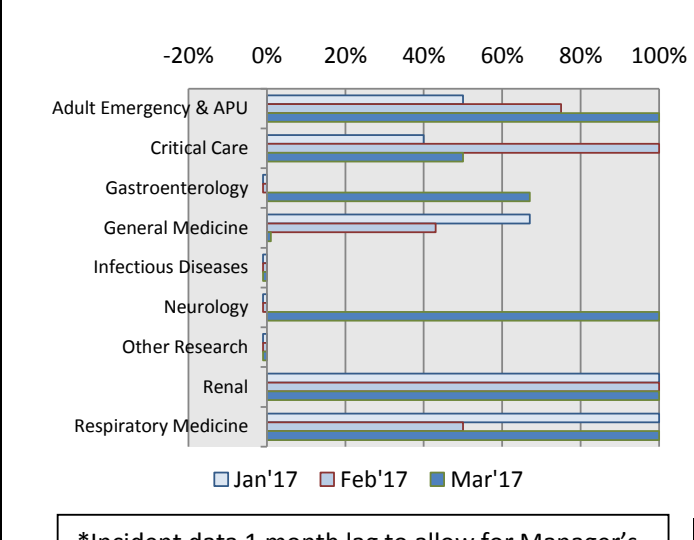
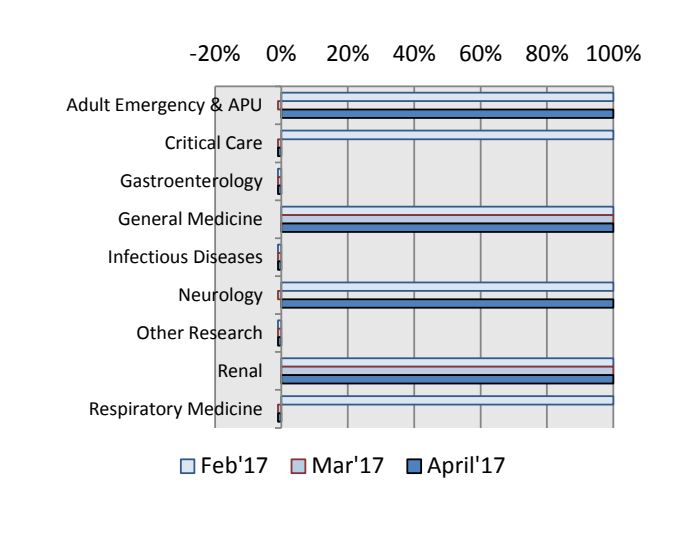


PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%

Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	67%	75%	71%



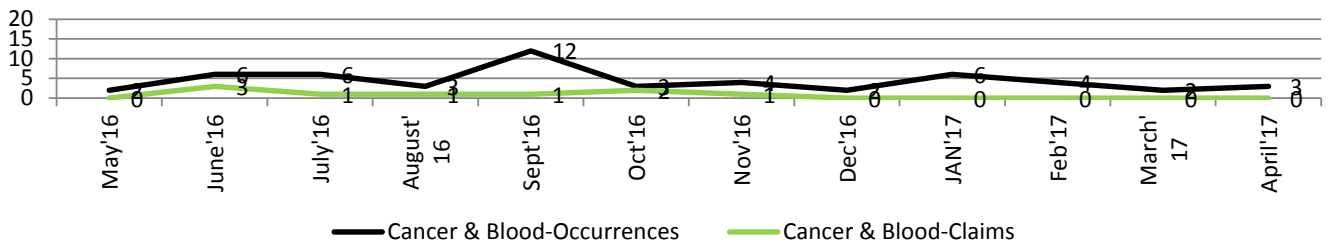
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

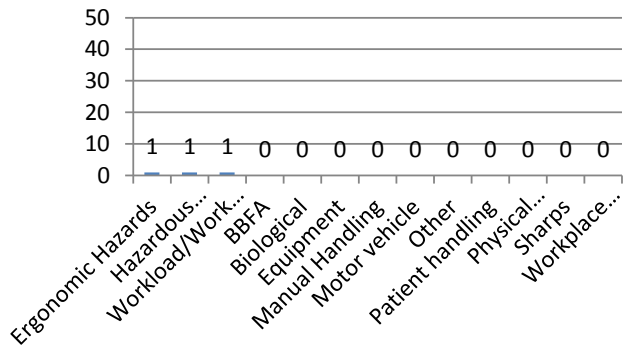
Cancer and Blood Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	3	20		%H&S Inductions (YTD)	14	100	
Work Injury Claims	0	0		H&S Rep Vacancies No.	0	2	
Lost Time Injuries	0	0		%H&S Rep Training	50	80	
Notifiable Events	0	0		%H&S Rep Checklist	43	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	67	80	

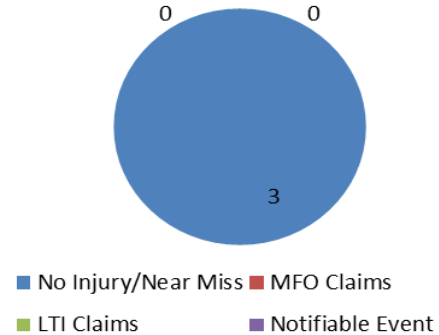
Health and Safety Incidents and Claims for 12 months



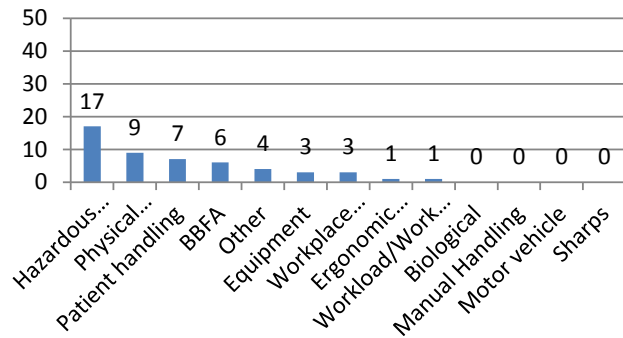
Health and Safety Incident by Hazard Type for April 2017



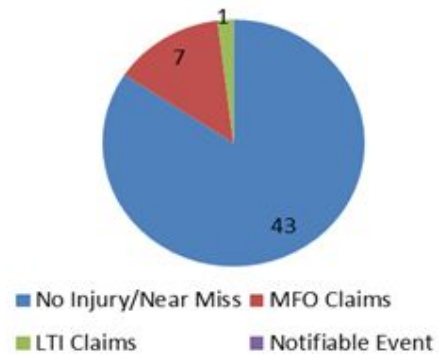
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



Work Injury by Outcome Type – YTD (2016-2017)

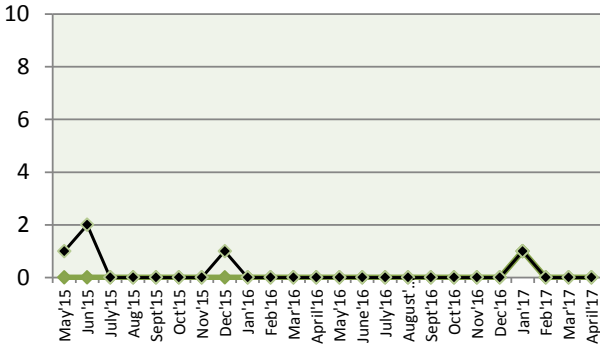


Cancer and Blood Services Health and Safety Report (continued)

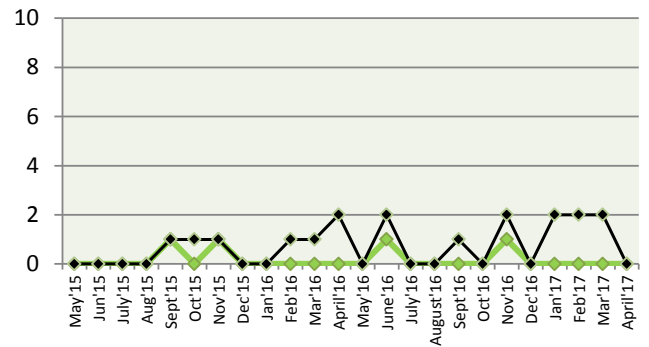
5.2

LEGEND: CLAIMS Health and Safety INCIDENT

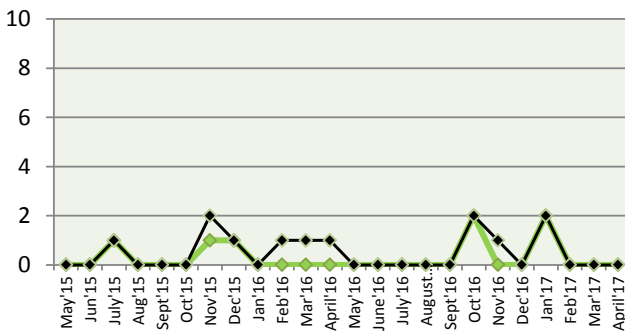
WORKPLACE VIOLENCE AND AGGRESSION (From 2 Years Rolling)



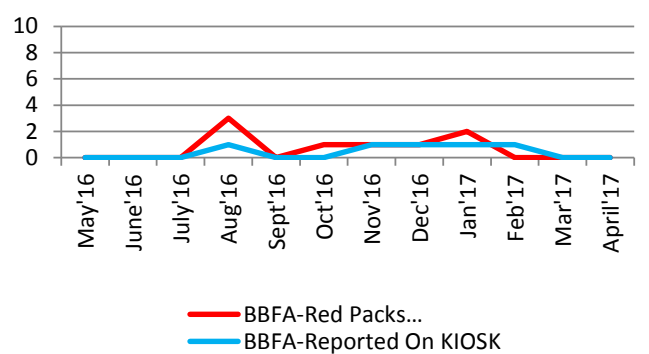
PHYSICAL ENVIRONMENT (From 2 Years Rolling)



PATIENT HANDLING (From 2 Years Rolling)

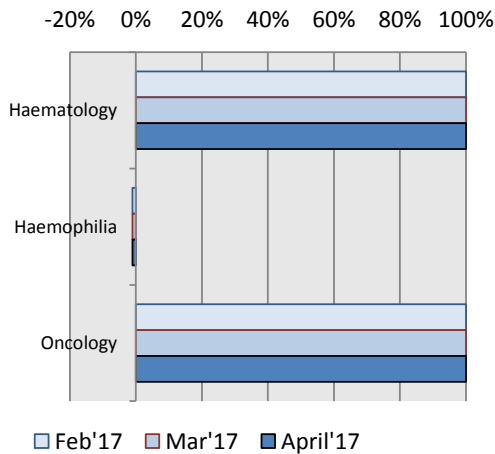


BLOOD AND BODY FLUID ACCIDENTS (From 1 Year Rolling)



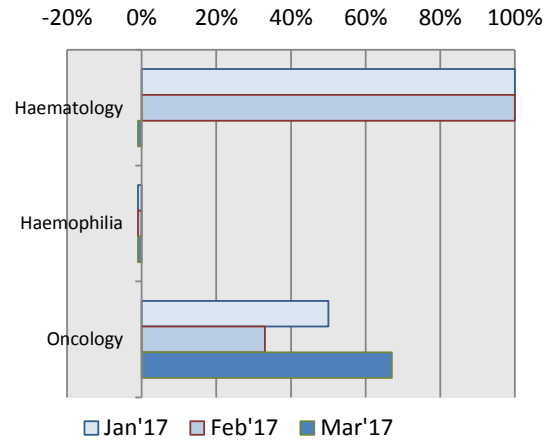
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	67%	50%	67%



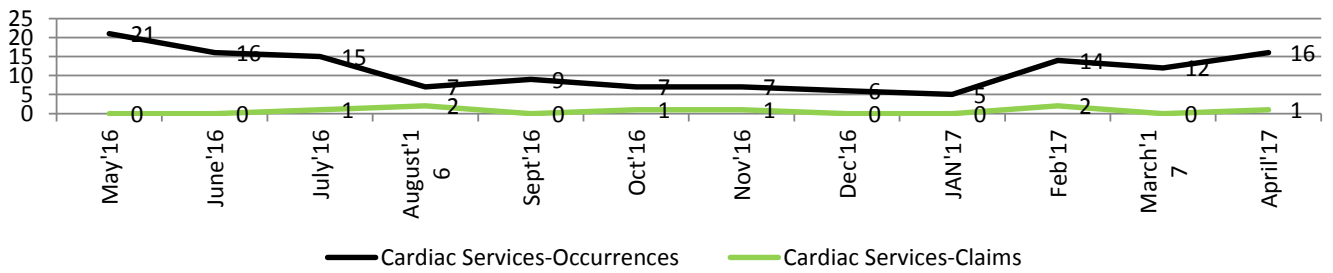
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

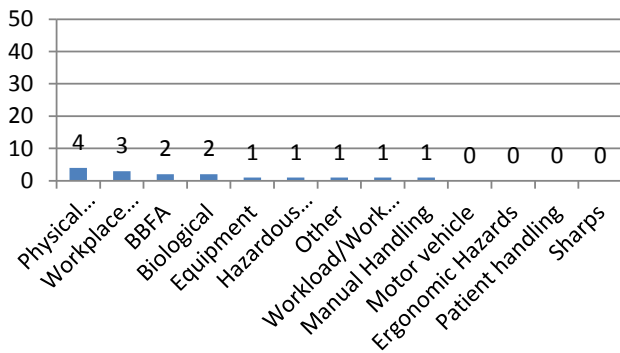
Cardiac Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	16	20		%H&S Inductions (YTD)	42	100	
Work Injury Claims	1	0		H&S Rep Vacancies No.	1	2	
Lost Time Injuries	0	0		%H&S Rep Training	81	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	70	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	58	80	

Health and Safety Incidents and Claims for 12 months



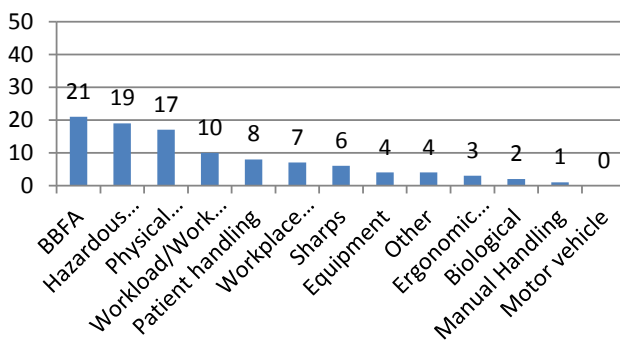
Health and Safety Incident by Hazard Type for April 2017



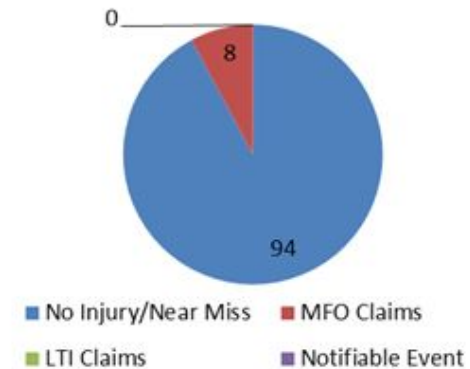
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



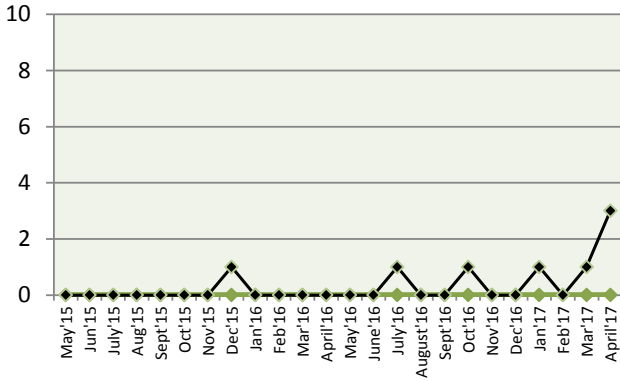
Work Injury by Outcome Type – YTD (2016-2017)



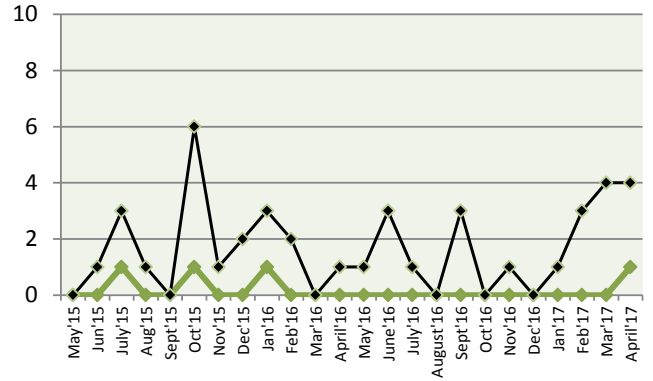
Cardiac Services Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

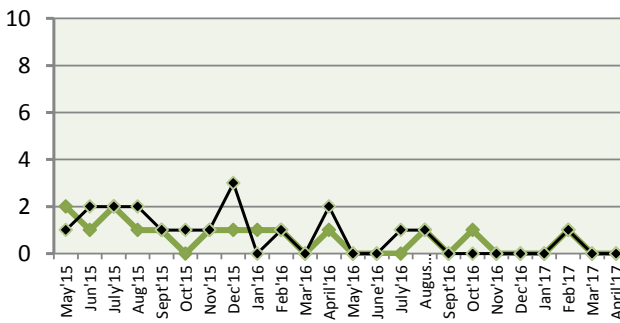
WORKPLACE VIOLENCE AND AGGRESSION (From 2 Years Rolling)



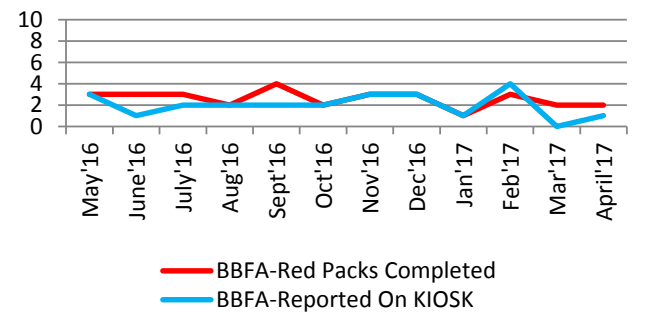
PHYSICAL ENVIRONMENT (From 2 Years Rolling)



PATIENT HANDLING (From 2 Years Rolling)



BLOOD AND BODY FLUID ACCIDENTS (From 1 Year Rolling)

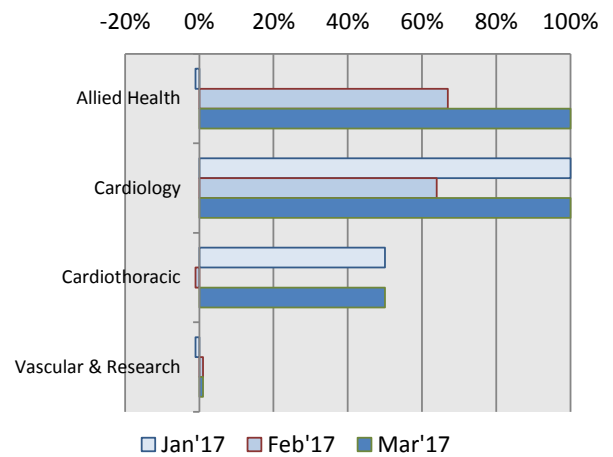
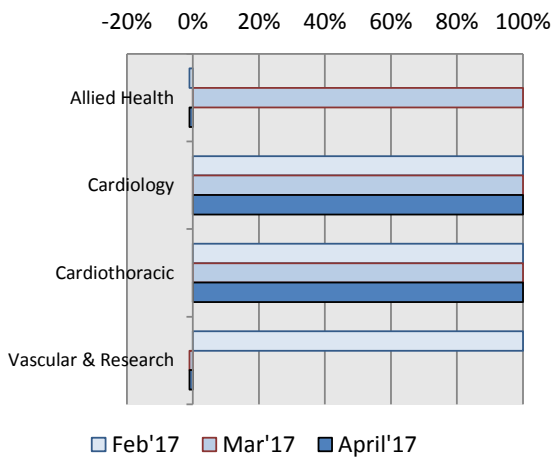


PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%

Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	60%	60%	58%



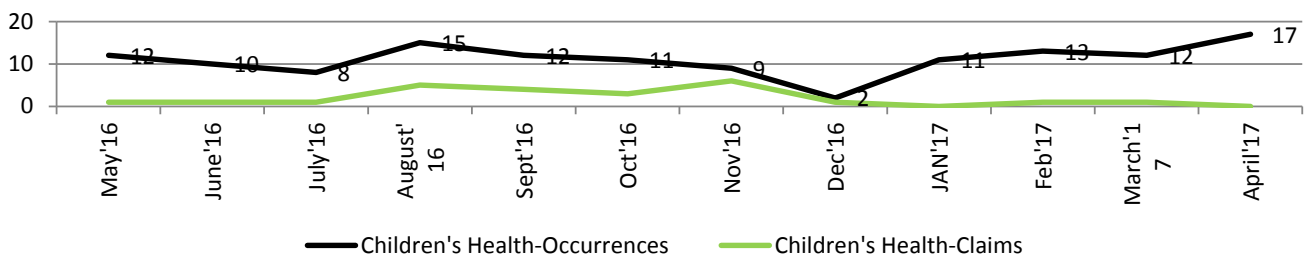
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

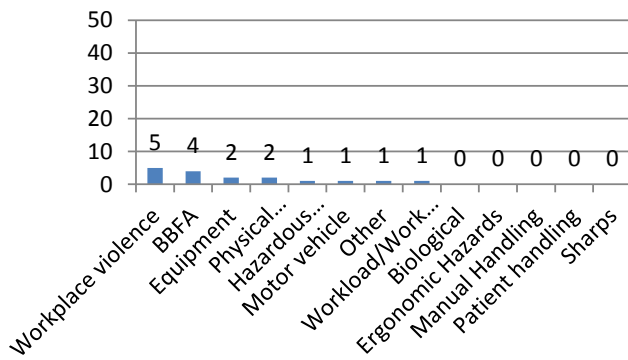
Children's Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	17	20		%H&S Inductions (YTD)	51	100	
Work Injury Claims	0	0		H&S Rep Vacancies No.	1	2	
Lost Time Injuries	0	0		%H&S Rep Training	80	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	30	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	69	80	

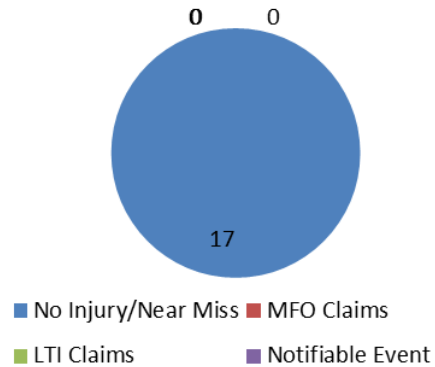
Health and Safety Incidents and Claims for 12 months



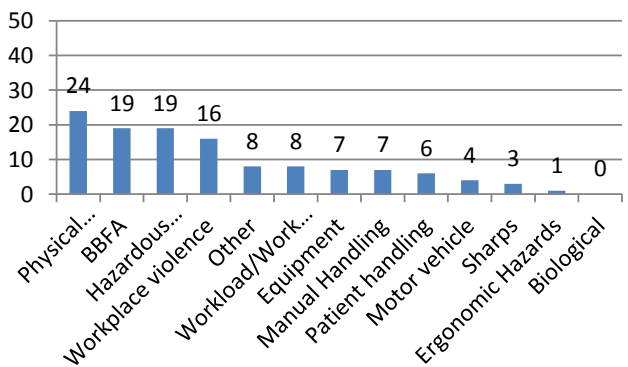
Health and Safety Incident by Hazard Type for April 2017



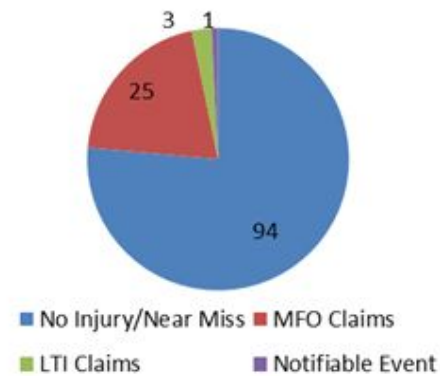
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



Work Injury by Outcome Type – YTD (2016-2017)

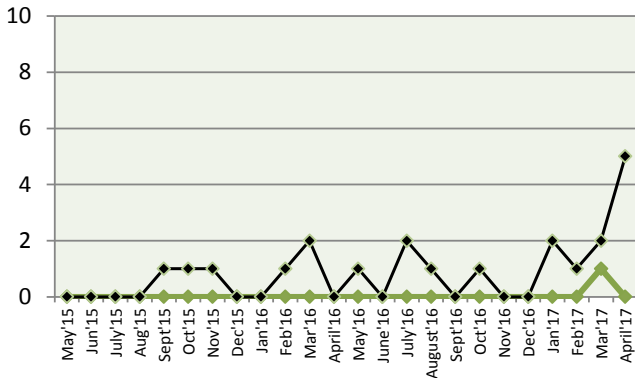


Children's Services Health and Safety Report (continued)

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

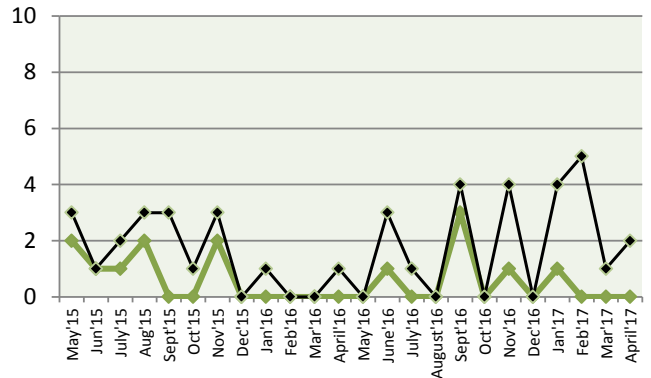
WORKPLACE VIOLENCE AND AGGRESSION

(From 2 Years Rolling)



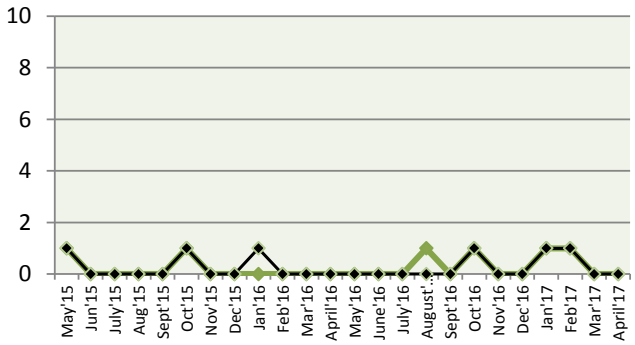
PHYSICAL ENVIRONMENT

((From 2 Years Rolling)



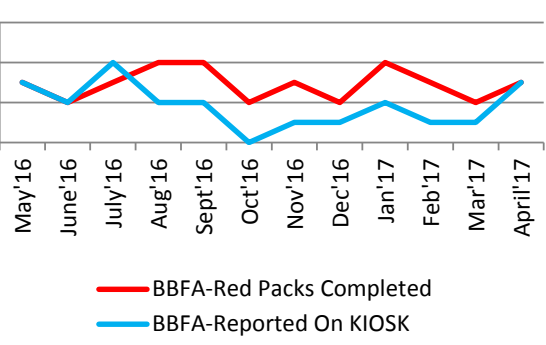
PATIENT HANDLING

(From 2 Years Rolling)



BLOOD AND BODY FLUID ACCIDENTS

(From 1 Year Rolling)

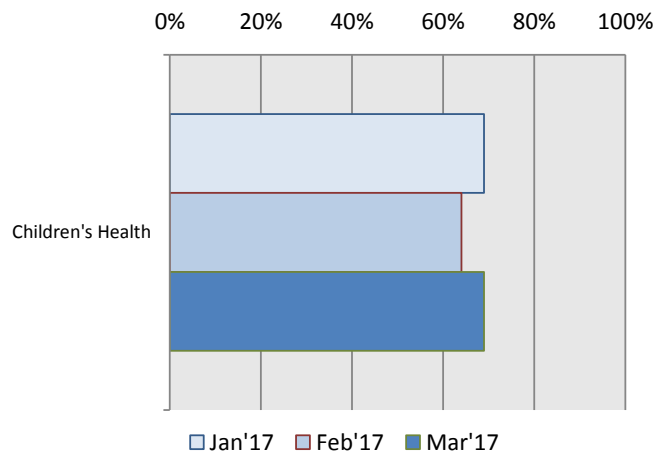
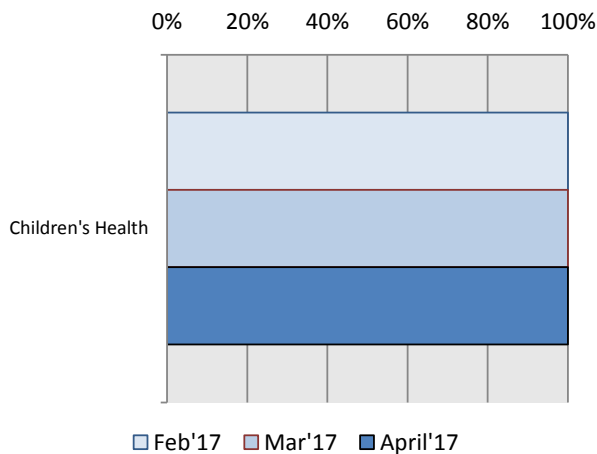


PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%

Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	69%	64%	69%



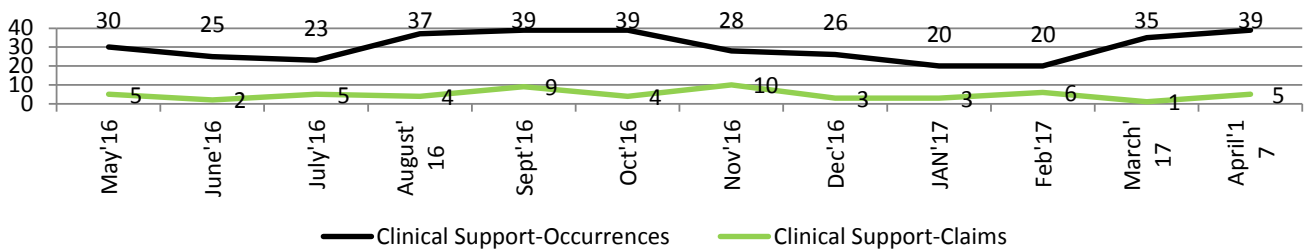
*Incident data 1 month lag to allow for Manager's investigations

Information data accurate as of 12/05/2017

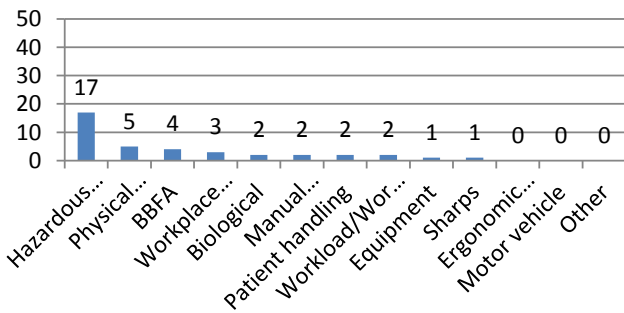
Clinical Support Health and Safety Report

Lagging				Leading					
	Actual	Target	Trend		Actual	Target	Trend		
H&S Incidents	39	20			%H&S Inductions (YTD)	51	100		
Work Injury Claims	5	0			H&S Rep Vacancies No.	6	2		
Lost Time Injuries	3	0			%H&S Rep Training	70	80		
Notifiable Events	0	0			%6 Monthly Workplace Checklist	60	80		
					%PES before start date	96	100		
					%H&S Incidents Follow up 14 days	70	80		

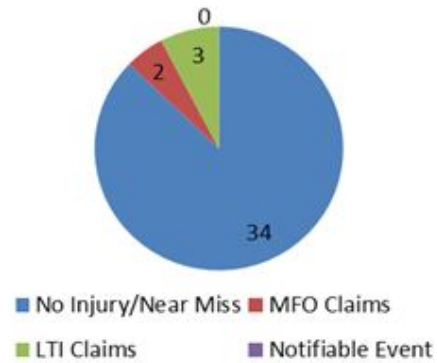
Health and Safety Incidents and Claims for 12 months



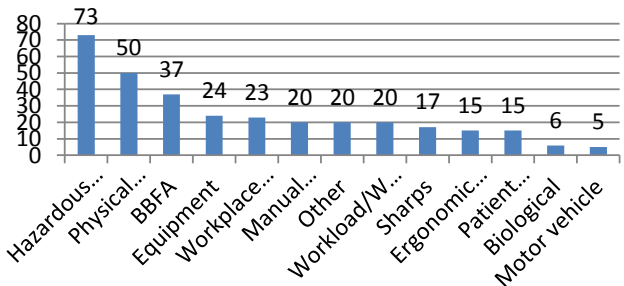
Health and Safety Incident by Hazard Type for April 2017



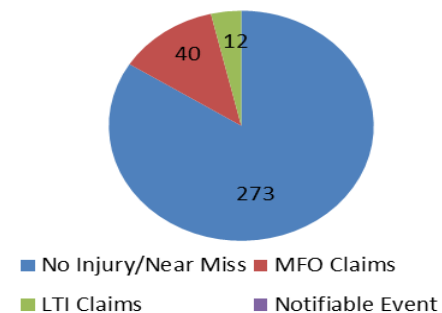
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



Work Injury by Outcome Type – YTD (2016-2017)

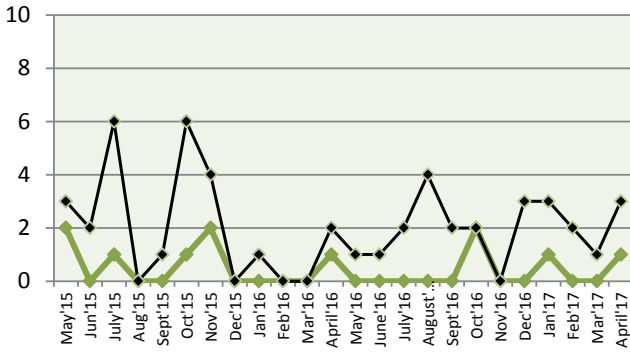


Clinical Support Health and Safety Report (continued)

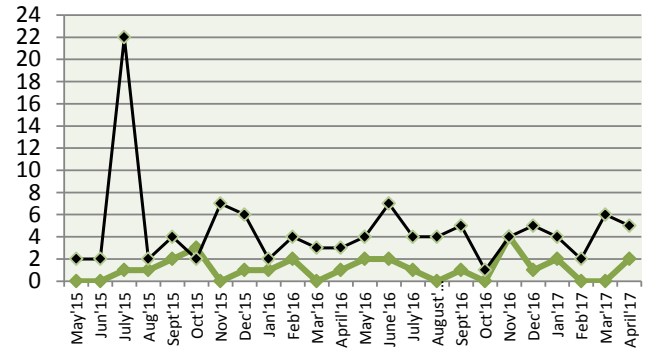
5.2

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

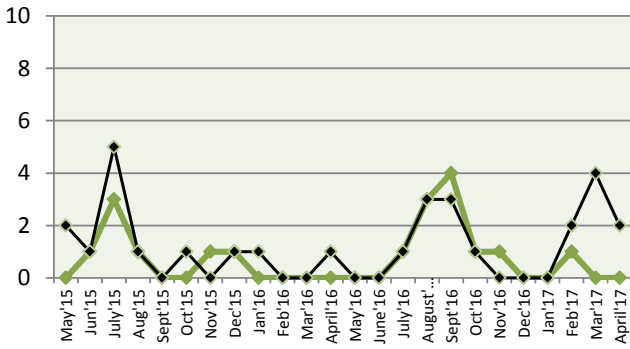
**WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)**



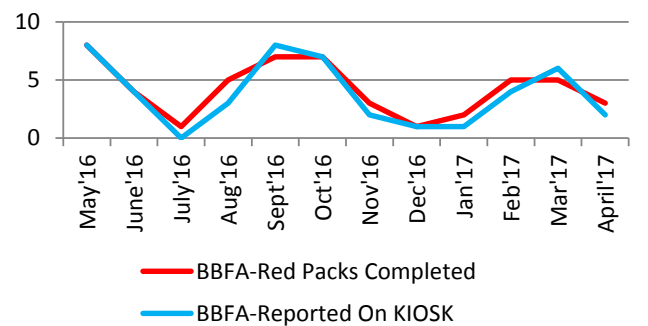
**PHYSICAL ENVIRONMENT
(From 2 Years Rolling)**



**PATIENT HANDLING
(From 2 Years Rolling)**



**BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)**

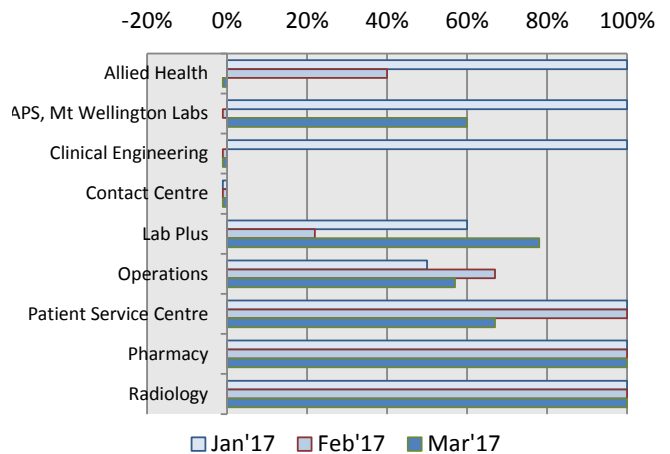
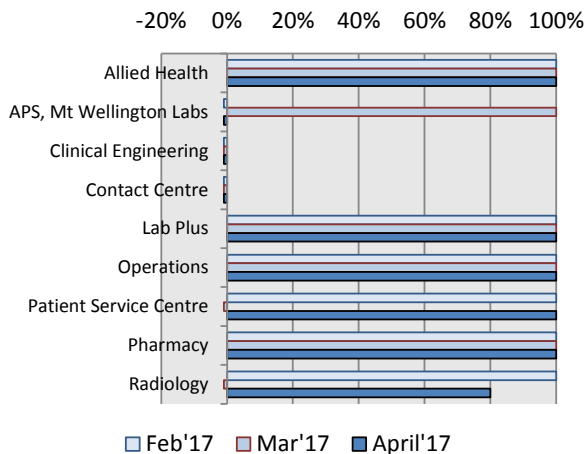


PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	96%

Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	74%	54%	70%



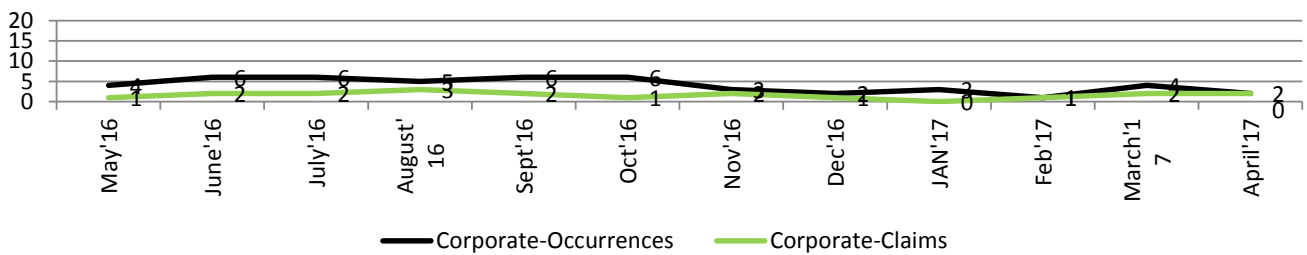
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

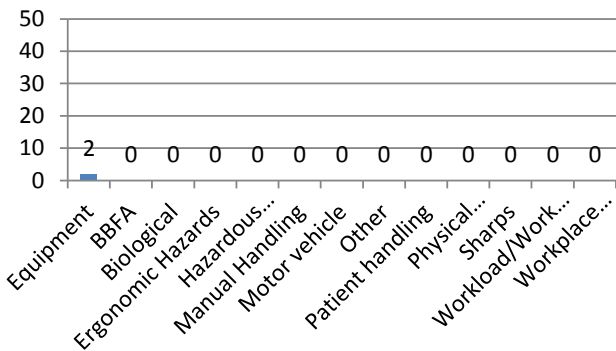
Corporate Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	2	20		%H&S Inductions (YTD)	61	100	
Work Injury Claims	2	0		H&S Rep Vacancies No.	3	2	
Lost Time Injuries	0	0		%H&S Rep Training	77	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	50	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	50	80	

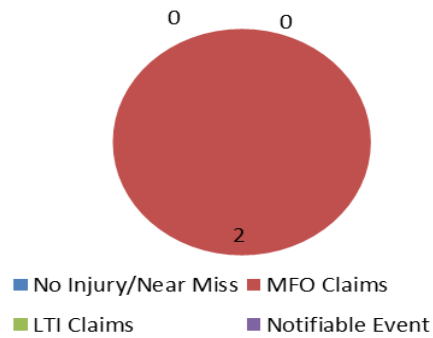
Health and Safety Incidents and Claims for 12 months



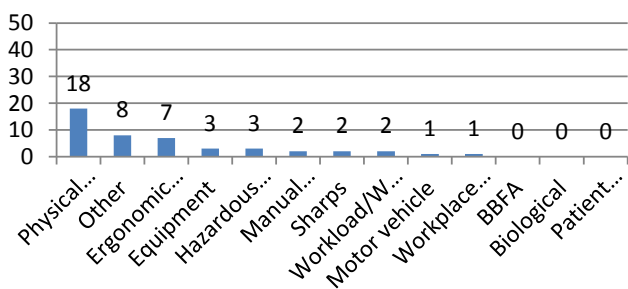
Health and Safety Incident by Hazard Type for April 2017



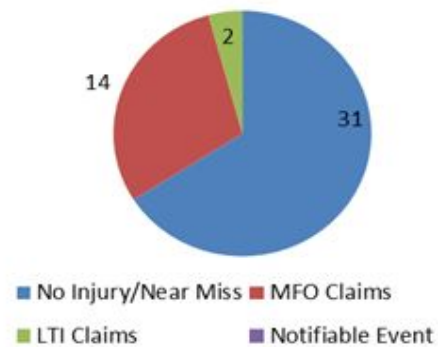
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



Work Injury by Outcome Type – YTD (2016-2017)

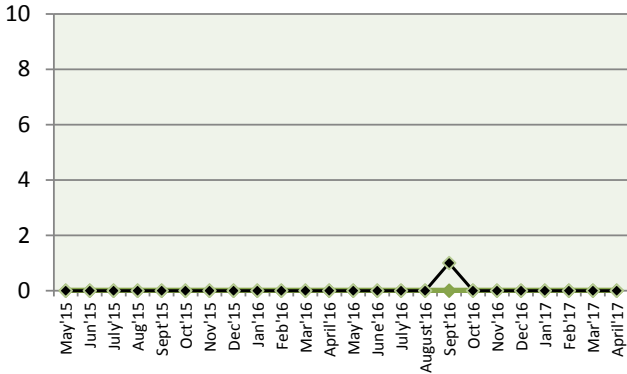


Corporate Services Health and Safety Report (continued)

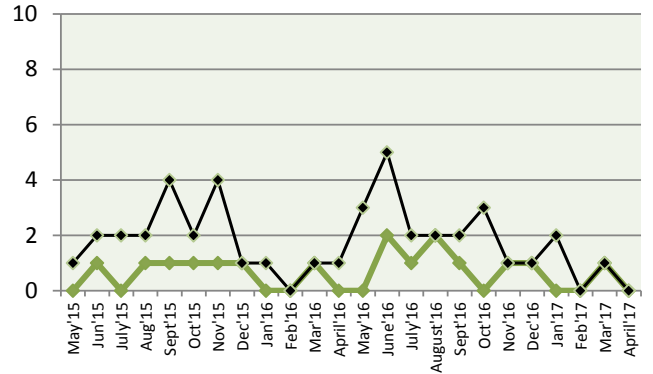
5.2

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

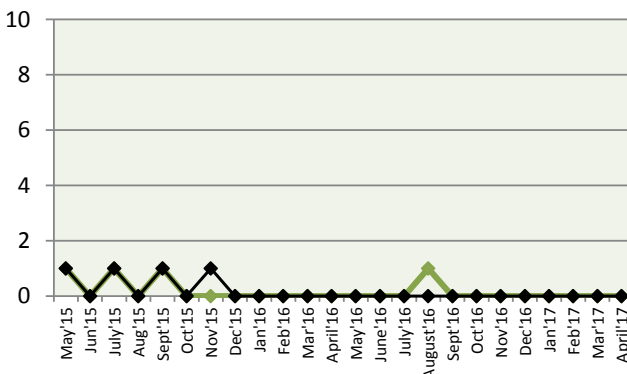
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



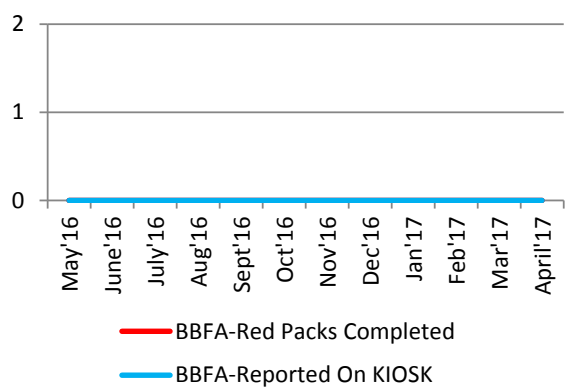
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



MANUAL HANDLING
(From 2 Years Rolling)

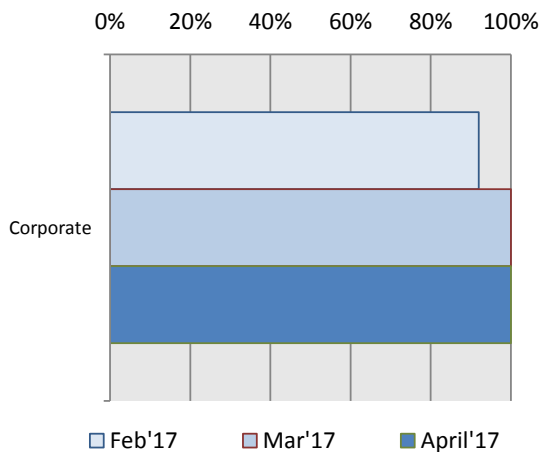


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



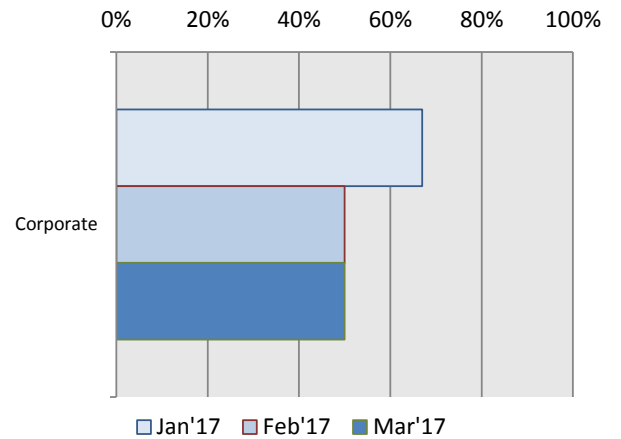
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	92%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	67%	50%	50%



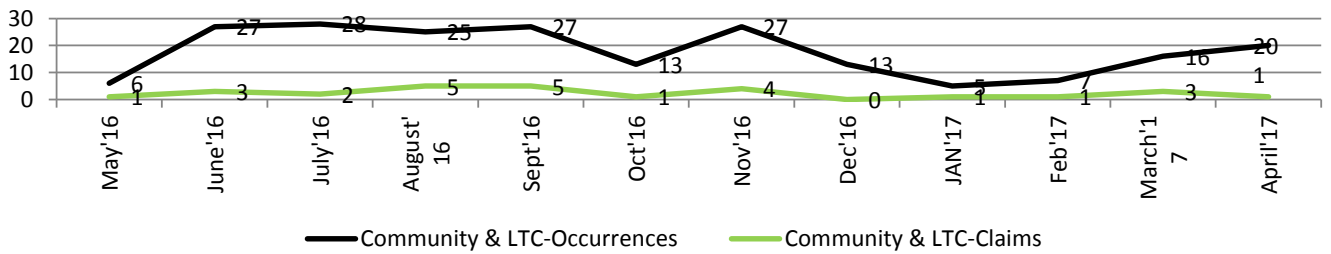
*Incident data 1 month lag to allow for Manager's investigations

Information data accurate as of 12/05/2017

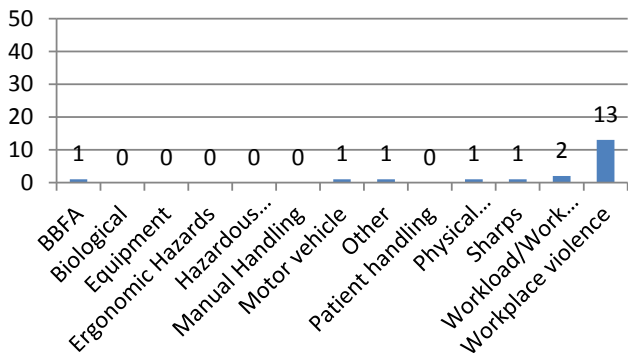
Community and Long Term Conditions Health and Safety Report

Lagging				Leading					
	Actual	Target	Trend		Actual	Target	Trend		
H&S Incidents	20	20			%H&S Inductions (YTD)	40	100		
Work Injury Claims	1	0			H&S Rep Vacancies No.	0	2		
Lost Time Injuries	1	0			%H&S Rep Training	86	80		
Notifiable Events	0	0			% 6 monthly Workplace Checklist	47	80		
					%PES before start date	100	100		
					%H&S Incidents Follow up 14 days	63	80		

Health and Safety Incidents and Claims for 12 months



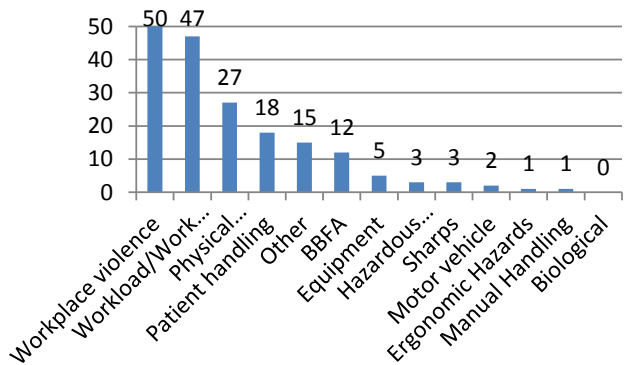
Health and Safety Incident by Hazard Type for April 2017



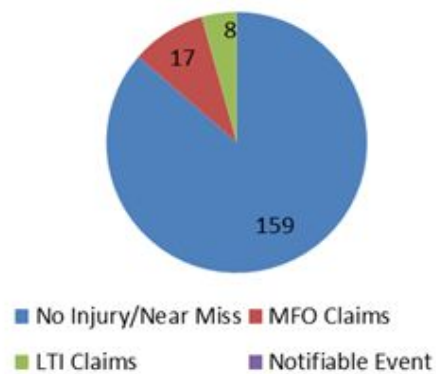
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



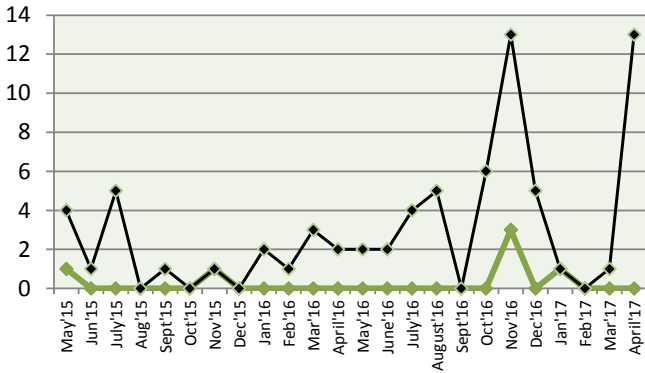
Work Injury by Outcome Type – YTD (2016-2017)



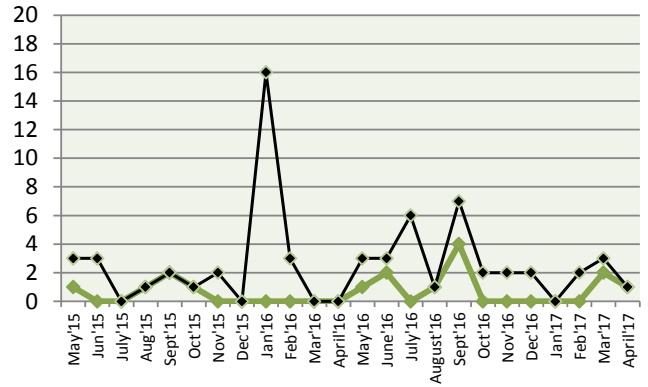
Community and Long Term Conditions Health and Safety Report (Continued)

5.2

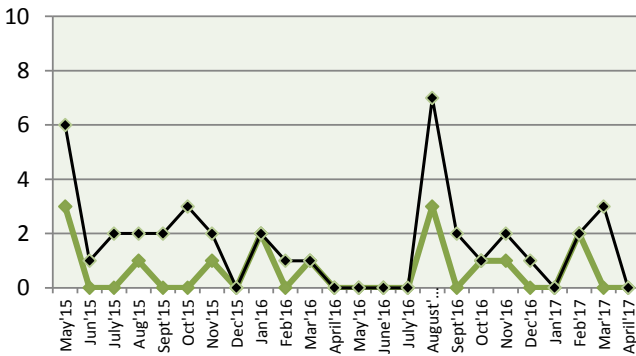
**WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)**



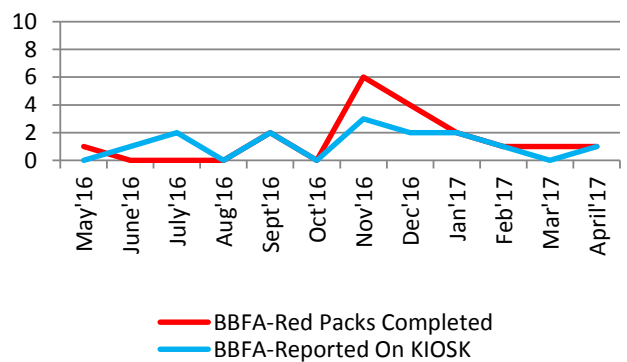
**PHYSICAL ENVIRONMENT
(From 2 Years Rolling)**



**PATIENT HANDLING
(From 2 Years Rolling)**



**BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)**

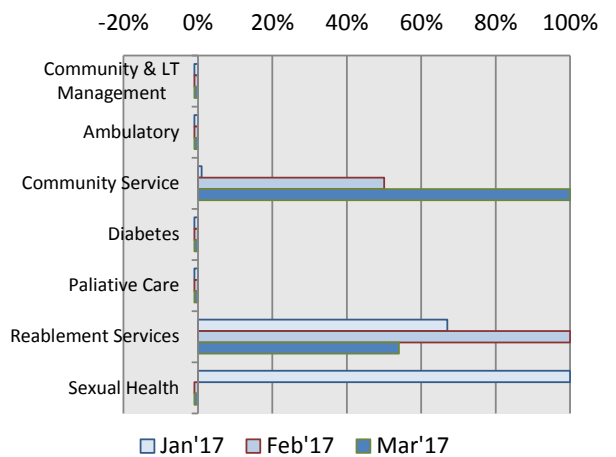
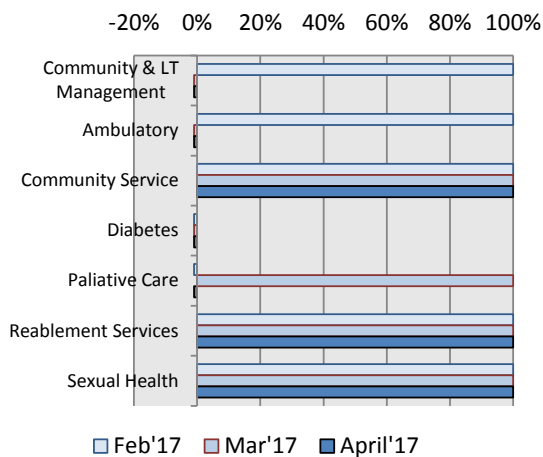


PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%

Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	60%	86%	63%



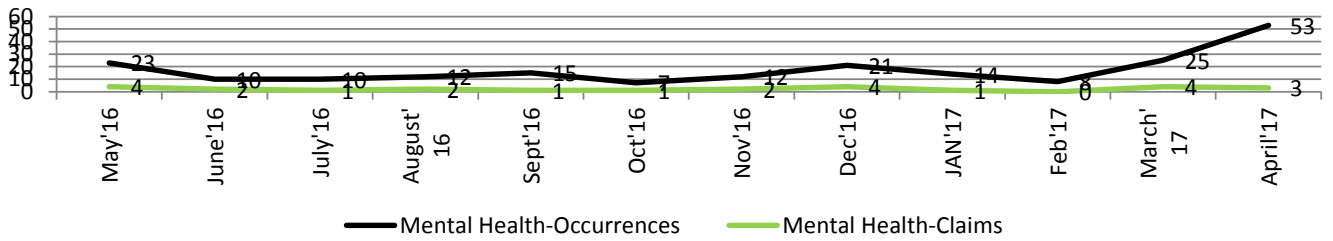
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

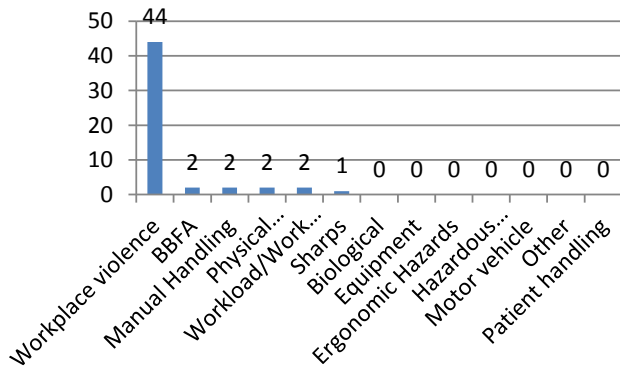
Mental Health Services Health and Safety Report

Lagging	Actual	Target	Trend	Leading	Actual	Target	Trend
H&S Incidents	53	20	■	%H&S Inductions (YTD)	67	100	■
Work Injury Claims	3	0	■	H&S Rep Vacancies No.	0	2	■
Lost Time Injuries	1	0	■	%H&S Rep Training	68	80	■
Notifiable Events	0	0	■	%6 Monthly Workplace Checklist	67	80	■
				%PES before start date	100	100	■
				%H&S Incidents Follow up 14 days	41	80	■

Health and Safety Incidents and Claims for 12 months



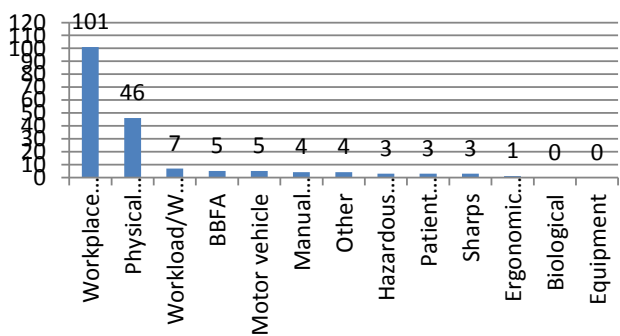
Health and Safety Incident by Hazard Type for April 2017



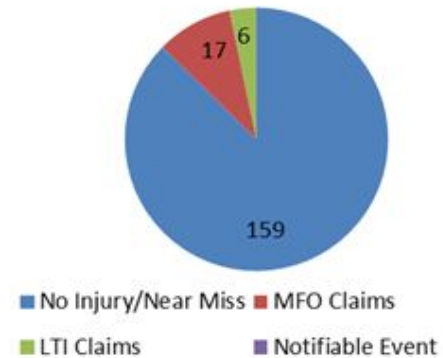
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



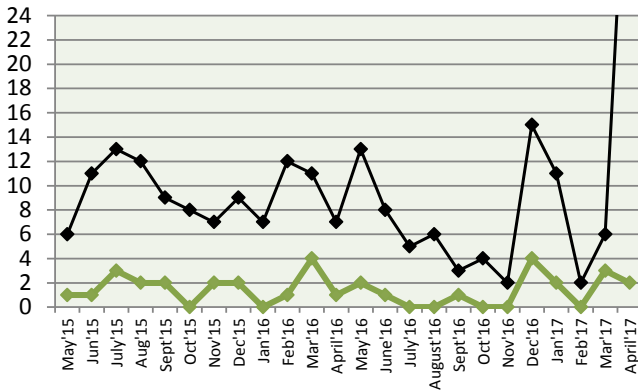
Work Injury by Outcome Type – YTD (2016-2017)



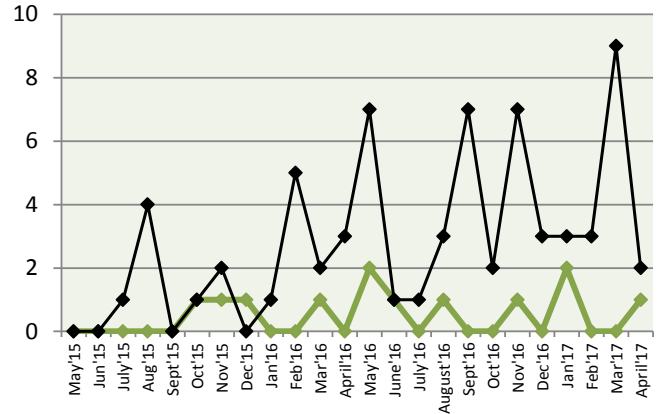
Mental Health Services Health and Safety Report (continued)

LEGEND: CLAIMS (Green line) Health and Safety INCIDENT (Black line)

WORKPLACE VIOLENCE AND AGGRESSION (From 2 Years Rolling)

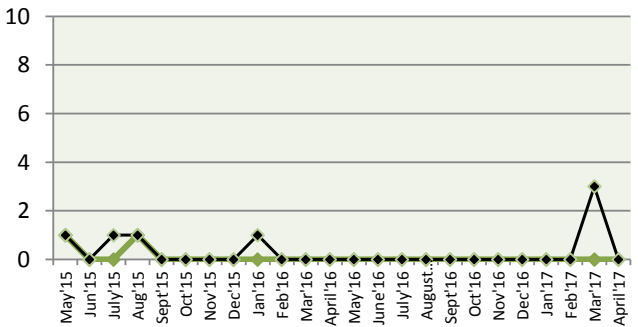


PHYSICAL ENVIRONMENT (From 2 Years Rolling)

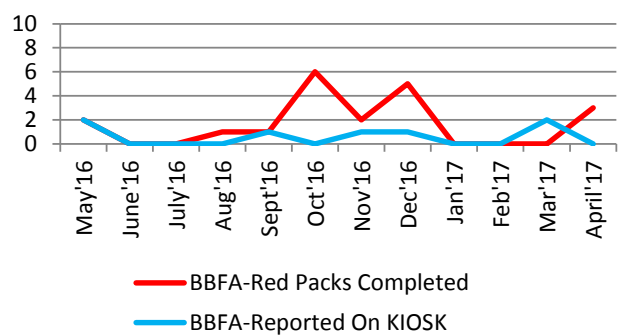


5.2

PATIENT HANDLING (From 2 Years Rolling)

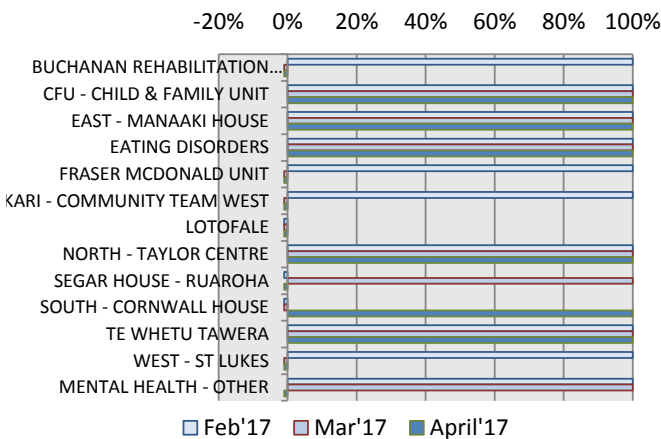


BLOOD AND BODY FLUID ACCIDENTS (From 1 Year Rolling)



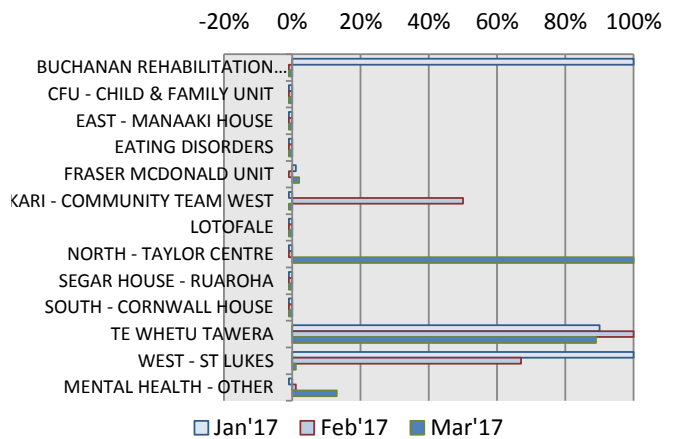
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	86%	56%	41%



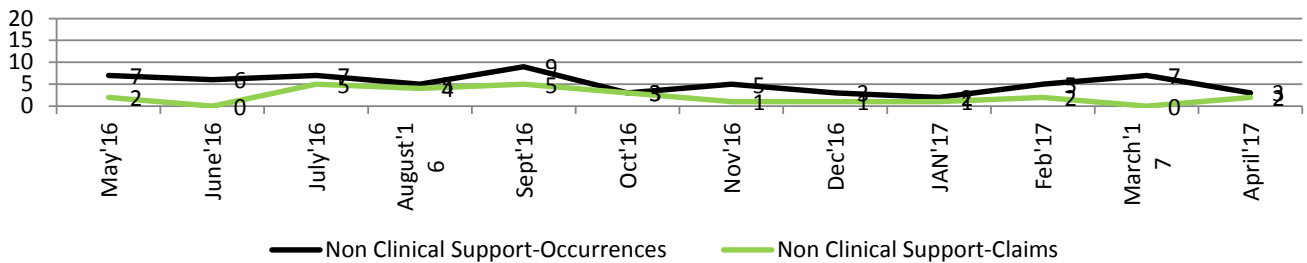
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

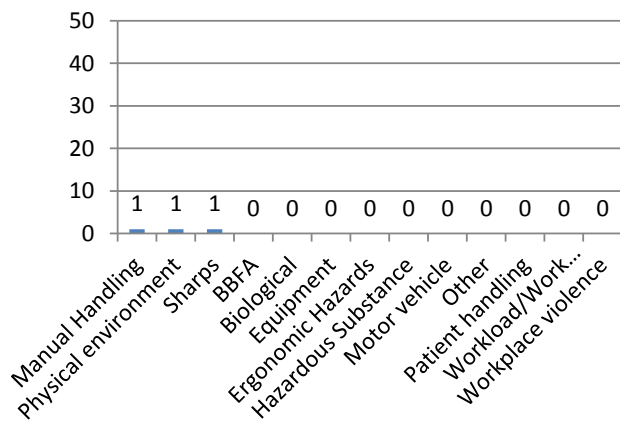
Non Clinical Support Health and Safety Reports

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	3	20		%H&S Inductions (YTD)	38	100	
Work Injury Claims	2	0		H&S Rep Vacancies No.	1	2	
Lost Time Injuries	2	0		%H&S Rep Training	42	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	40	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	88	80	

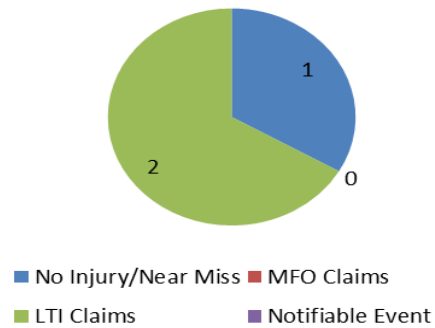
Health and Safety Incidents and Claims for 12 months



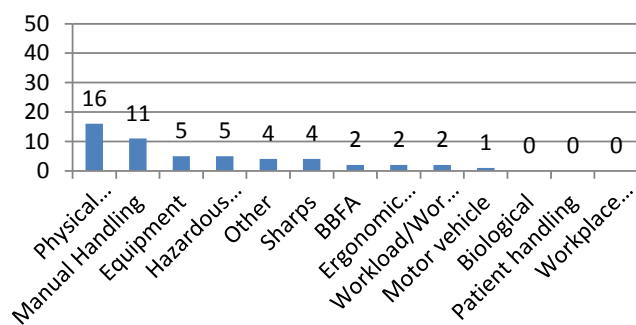
Health and Safety Incident by Hazard Type for April 2017



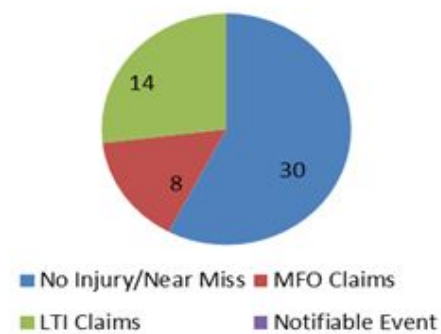
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



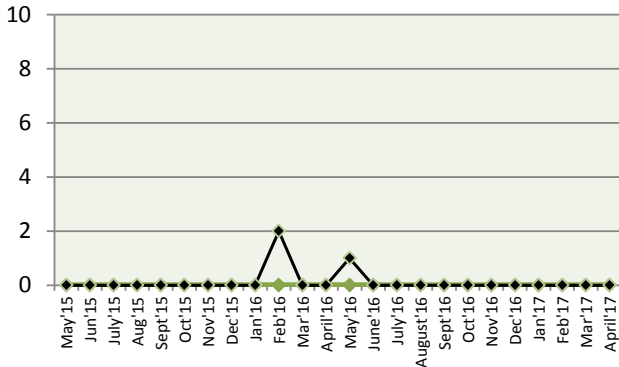
Work Injury by Outcome Type – YTD (2016-2017)



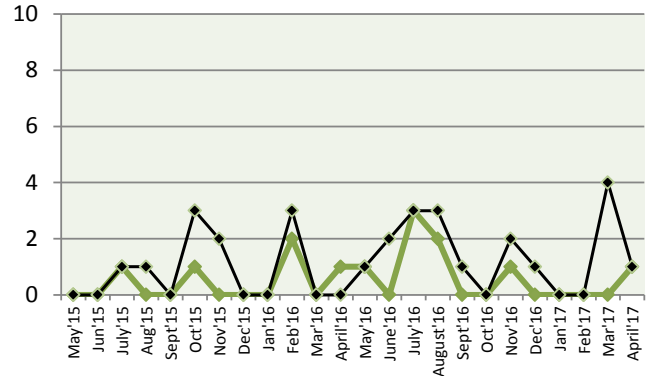
Non Clinical Support Health and Safety Reports (continued)

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

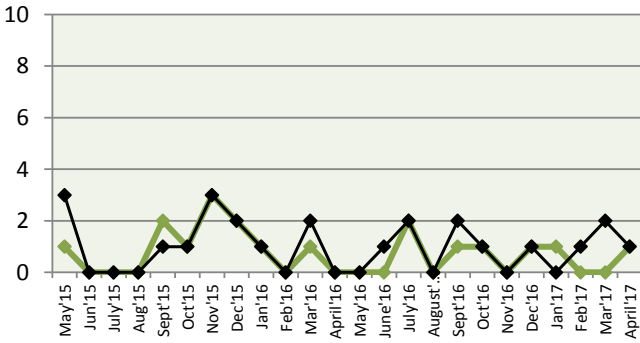
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



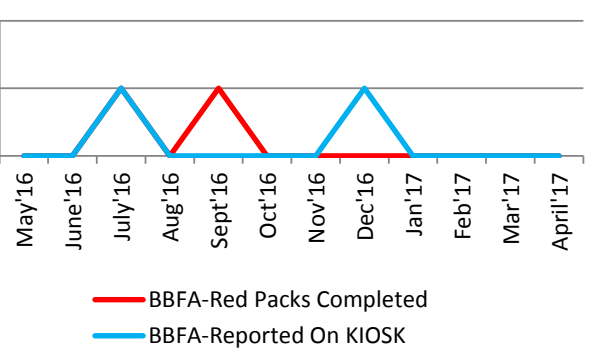
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



MANUAL HANDLING
(From 2 Years Rolling)



BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



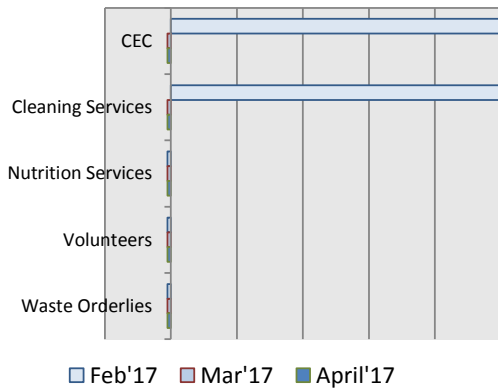
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	-1%	100%

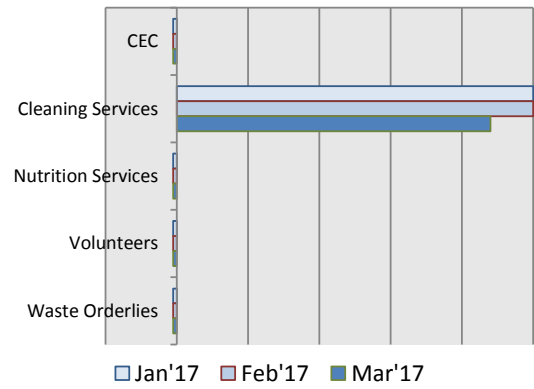
Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	100%	100%	88%

-20% 0% 20% 40% 60% 80% 100%



-20% 0% 20% 40% 60% 80% 100%



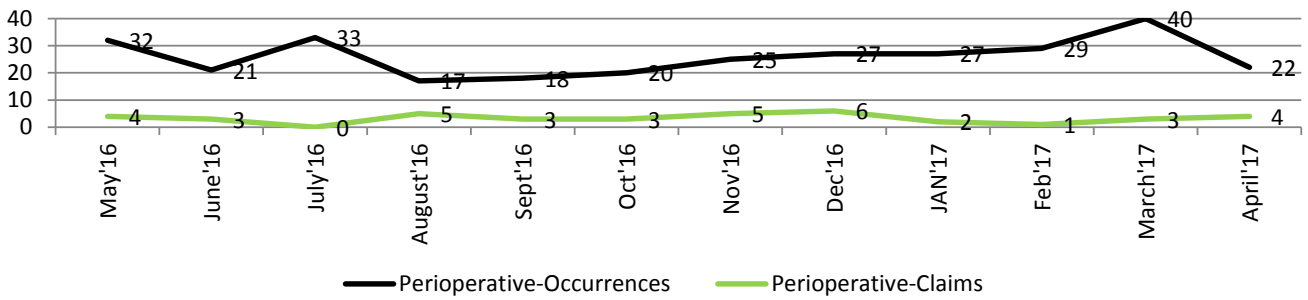
Information data accurate as of 12/05/2017

* Incident data 1 month lag to allow for Manager's investigations

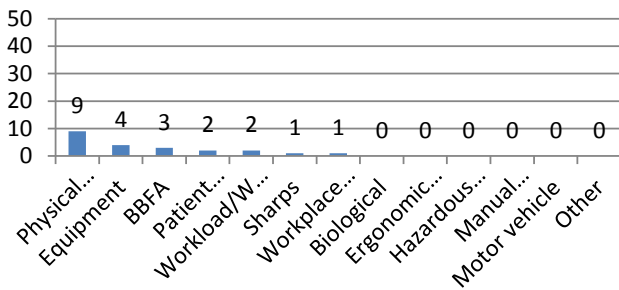
Perioperative Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	22	20		%H&S Inductions (YTD)	83	100	
Work Injury Claims	4	0		H&S Rep Vacancies No.	1	2	
Lost Time Injuries	3	0		%H&S Rep Training	89	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	50	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	73	80	

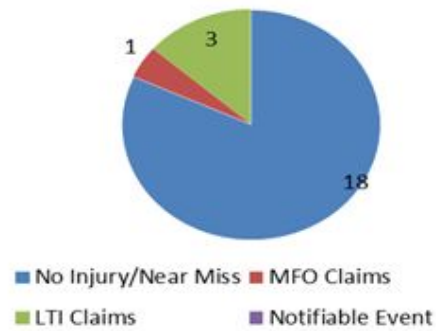
Health and Safety Incidents and Claims for 12 months



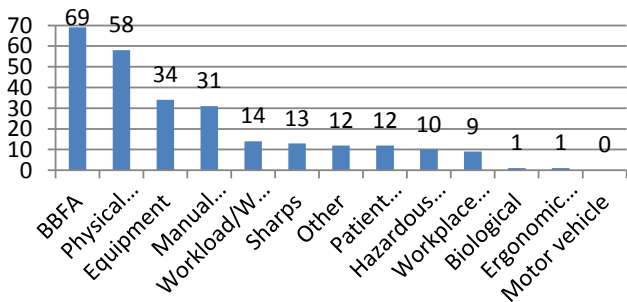
Health and Safety Incident by Hazard Type for April 2017



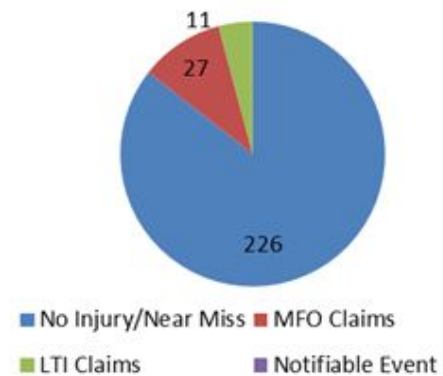
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



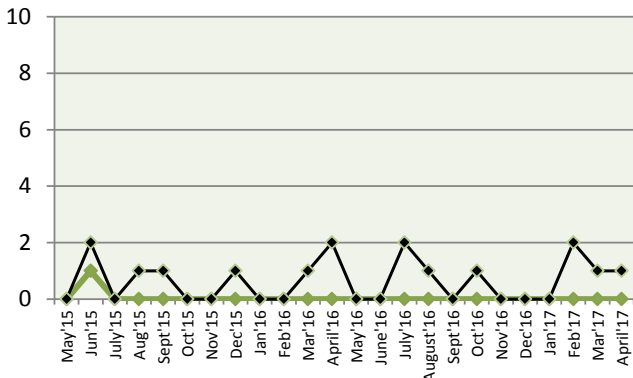
Work Injury by Outcome Type – YTD (2016-2017)



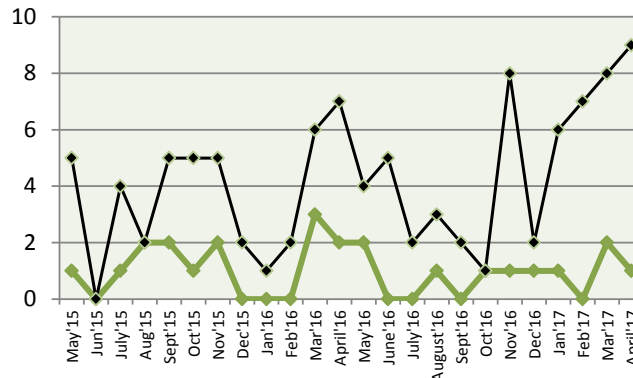
Perioperative Health and Safety Report (continued)

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

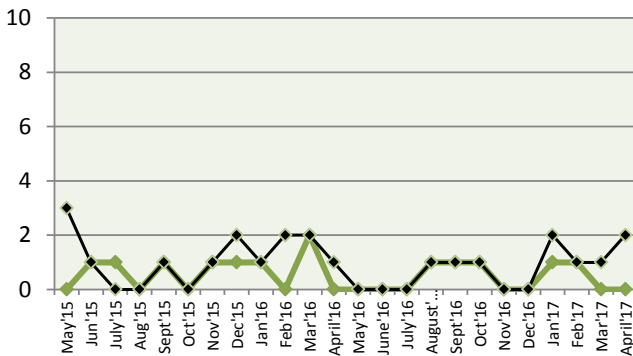
WORKPLACE VIOLENCE AND AGGRESSION (From 2 Years Rolling)



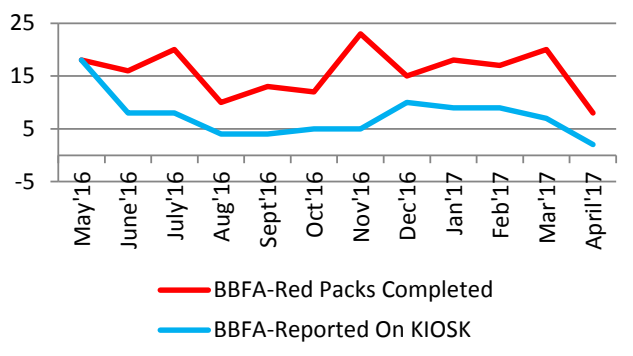
PHYSICAL ENVIRONMENT (From 2 Years Rolling)



PATIENT HANDLING (From 2 Years Rolling)

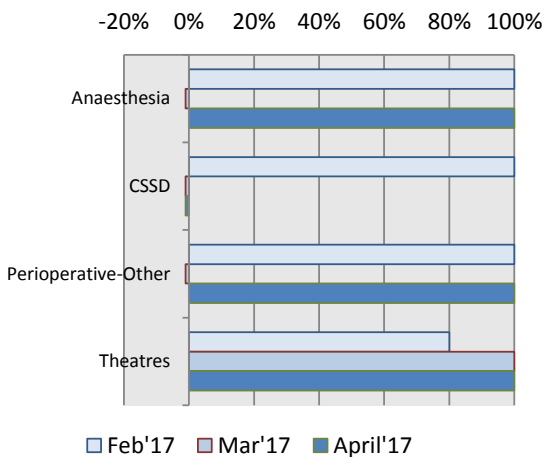


BLOOD AND BODY FLUID ACCIDENTS (From 1 Year Rolling)



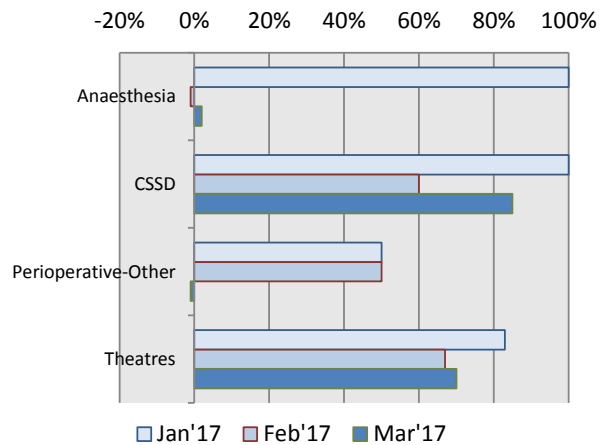
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	92%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	85%	65%	73%



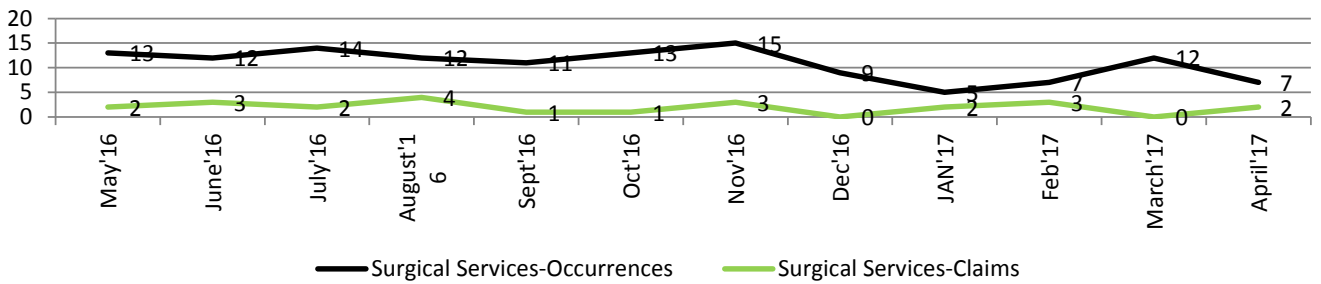
*Incident data 1 month lag to allow for Manager's investigations

Information data accurate as of 12/05/2017

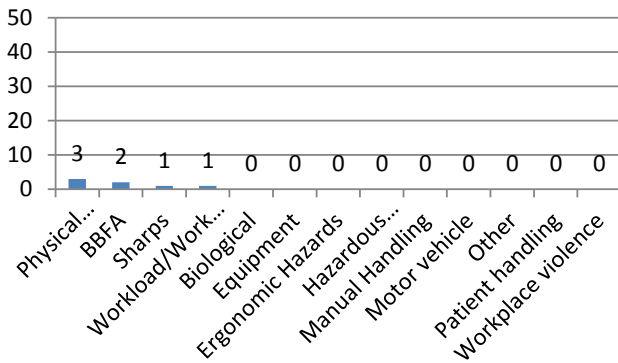
Surgical Services Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	7	20		%H&S Inductions (YTD)	58	100	
Work Injury Claims	2	0		H&S Rep Vacancies No.	3	2	
Lost Time Injuries	0	0		%H&S Rep Training	56	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	50	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	25	80	

Health and Safety Incidents and Claims for 12 months



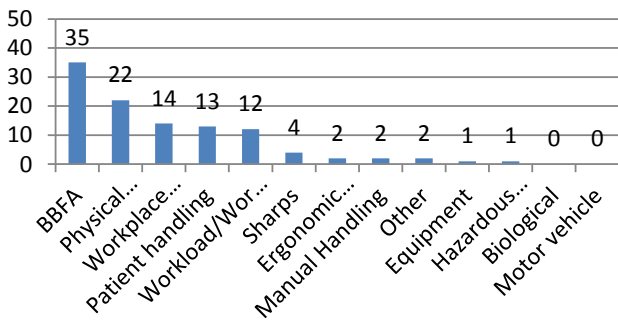
Health and Safety Incident by Hazard Type for April 2017



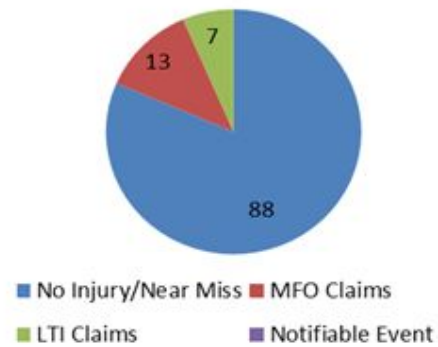
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



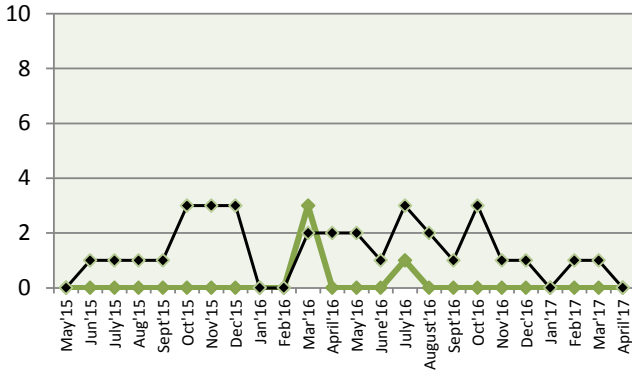
Work Injury by Outcome Type – YTD (2016-2017)



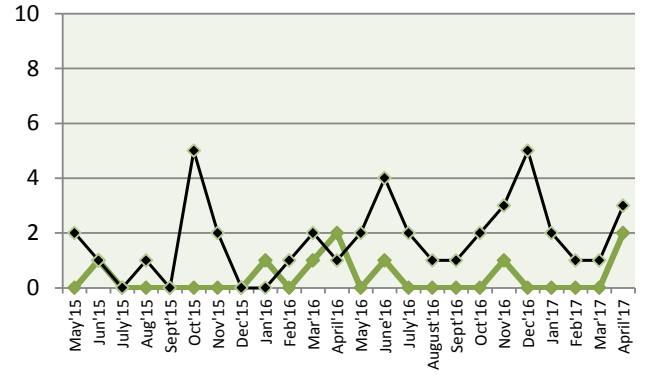
Surgical Services Health and Safety Report (continued)

LEGEND: █ CLAIMS █ Health and Safety INCIDENT

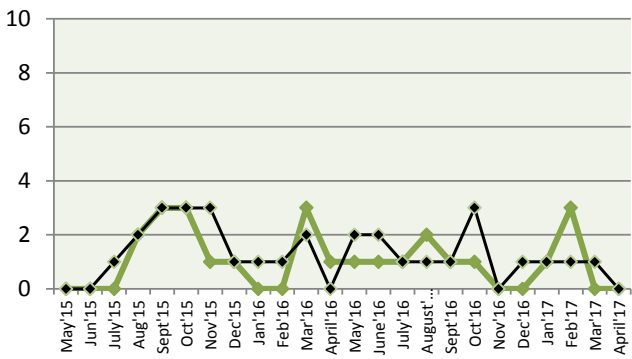
**WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)**



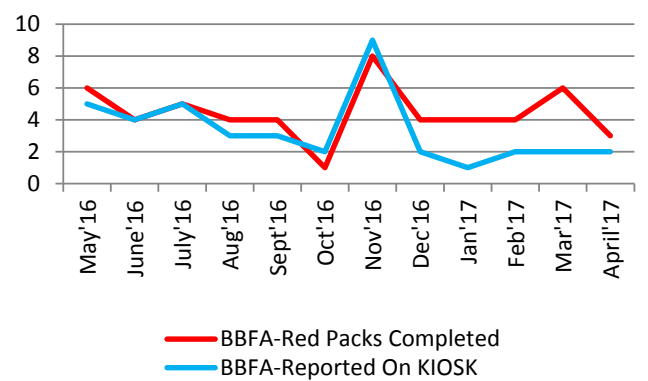
**PHYSICAL ENVIRONMENT
(From 2 Years Rolling)**



**PATIENT HANDLING
(From 2 Years Rolling)**

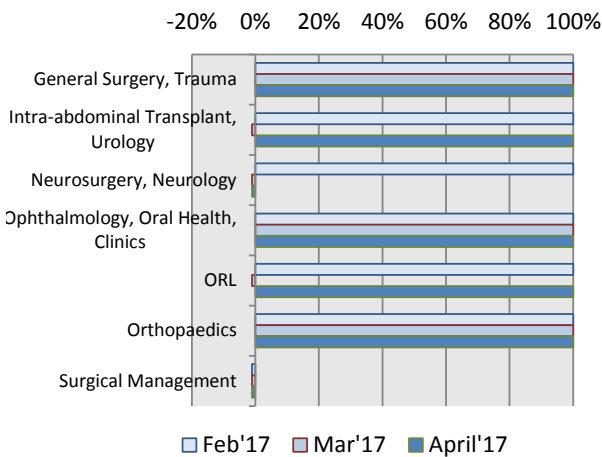


**BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)**



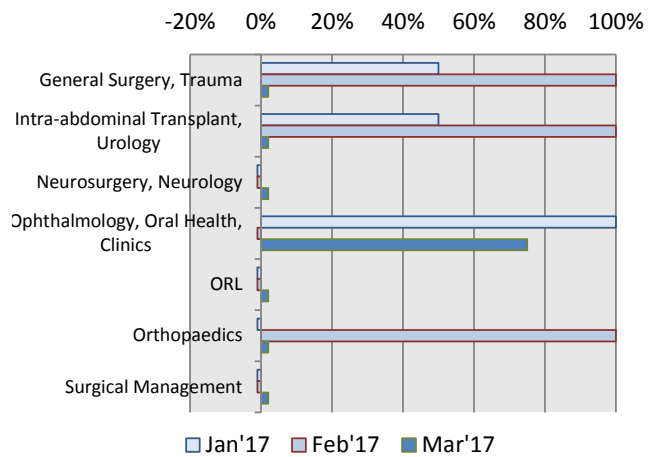
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	60%	100%	25%



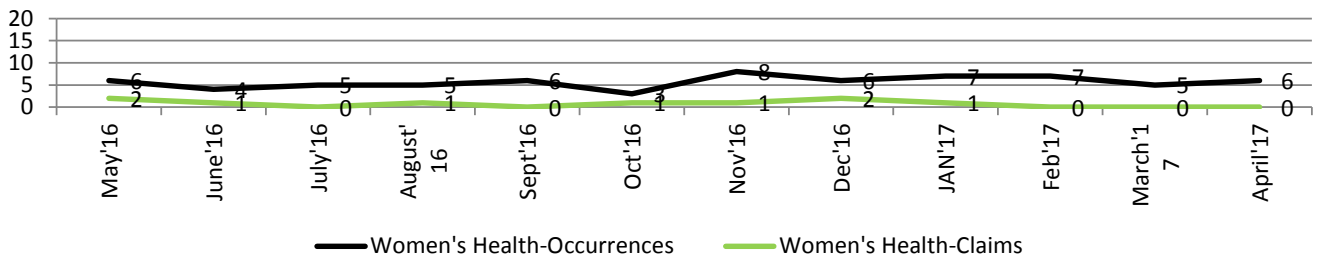
Information data accurate as of 12/05/2017

*Incident data 1 month lag to allow for Manager's investigations

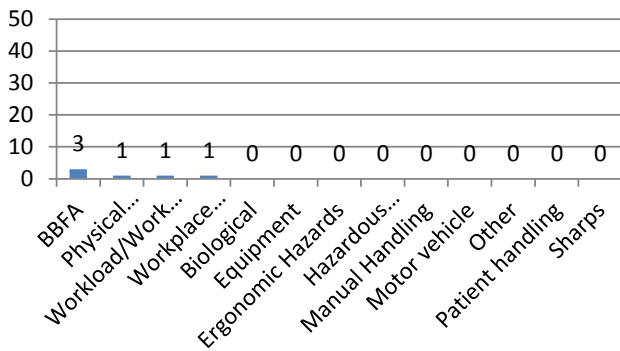
Women's Health and Safety Report

Lagging				Leading			
	Actual	Target	Trend		Actual	Target	Trend
H&S Incidents	6	20		%H&S Inductions (YTD)	23	100	
Work Injury Claims	0	0		H&S Rep Vacancies No.	0	2	
Lost Time Injuries	0	0		%H&S Rep Training	53	80	
Notifiable Events	0	0		%6 Monthly Workplace Checklist	25	80	
				%PES before start date	100	100	
				%H&S Incidents Follow up 14 days	80	80	

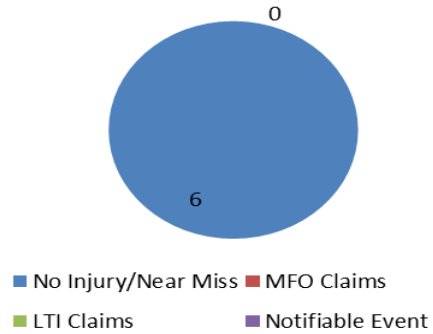
Health and Safety Incidents and Claims for 12 months



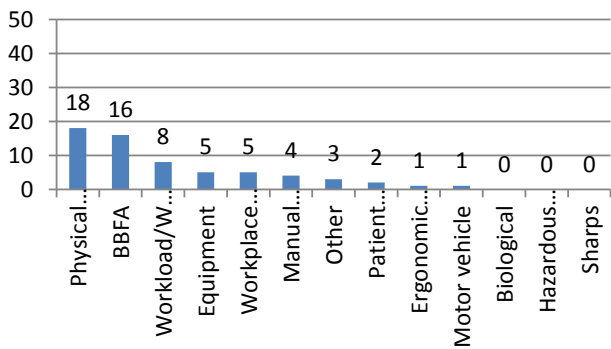
Health and Safety Incident by Hazard Type for April 2017



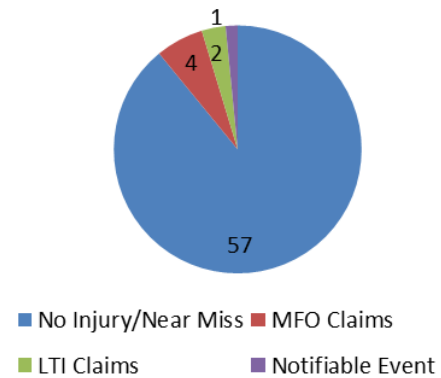
Work Injury by Outcome Type for April 2017



Health and Safety Incident by Hazard Type – Financial YTD (2016-2017)



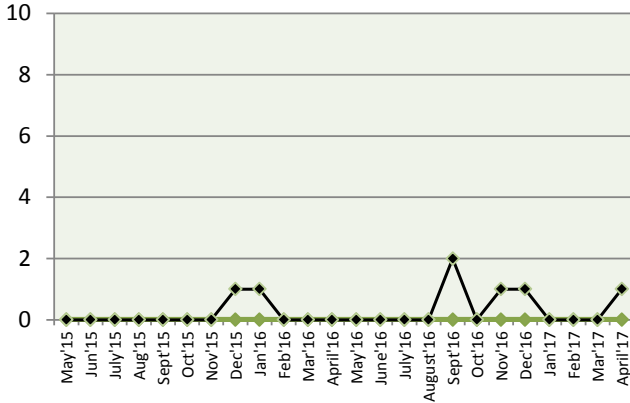
Work Injury by Outcome Type – YTD (2016-2017)



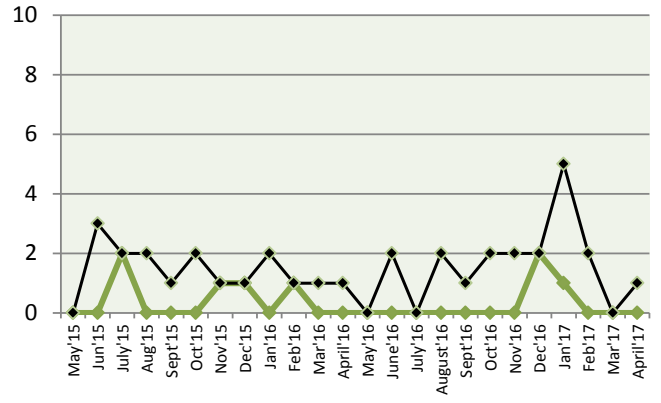
Women's Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

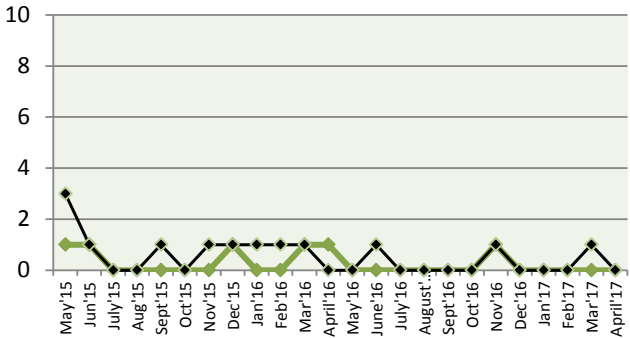
WORKPLACE VIOLENCE AND AGGRESSION (From 2 Years Rolling)



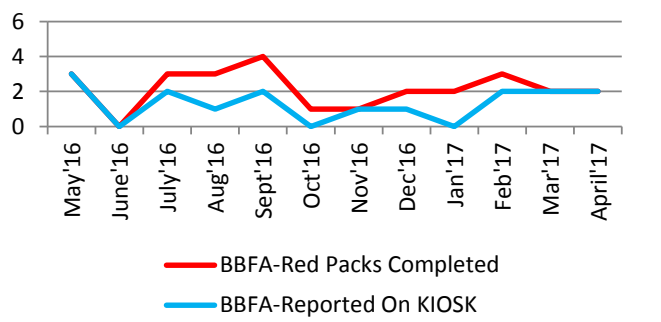
PHYSICAL ENVIRONMENT (From 2 Years Rolling)



PATIENT HANDLING (From 2 Years Rolling)

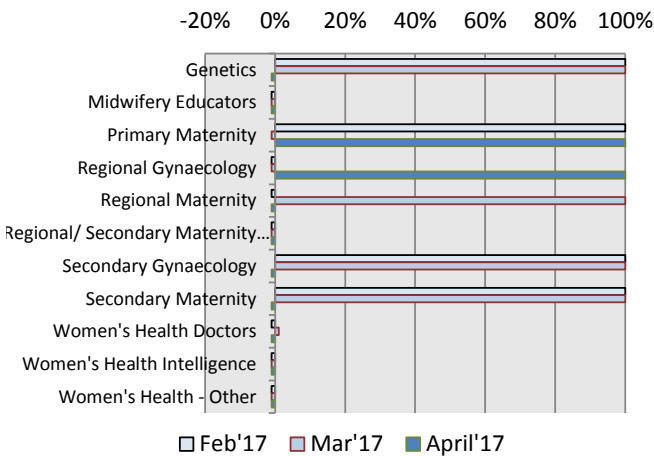


BLOOD AND BODY FLUID ACCIDENTS (From 1 Year Rolling)



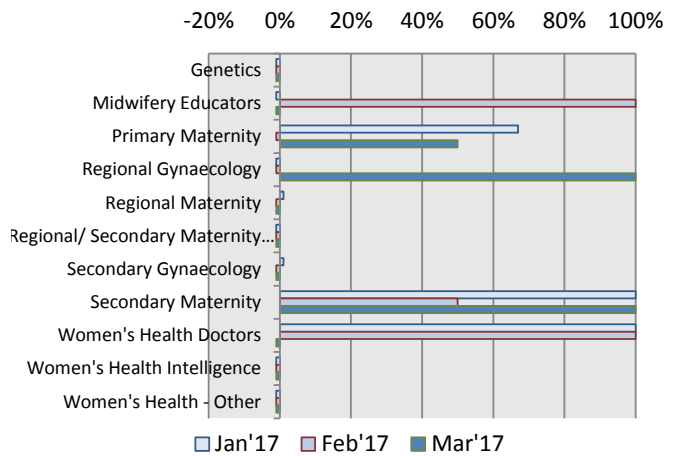
PRE-EMPLOYMENT SCREENING

TARGET	February'17	March'17	April'17
90%	100%	86%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	January'17	February'17	March'17
80%	57%	86%	80%



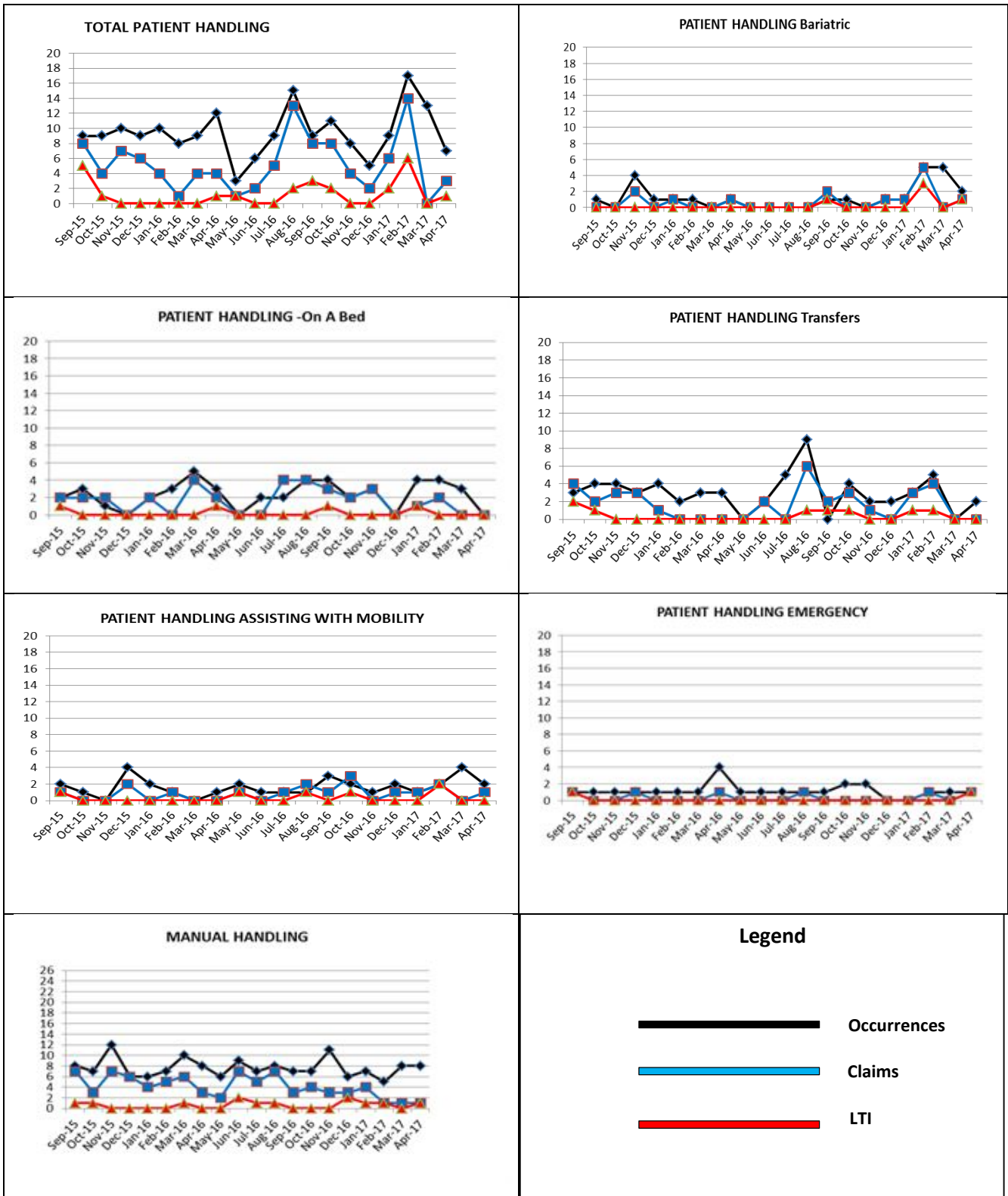
*Incident data 1 month lag to allow for Manager's investigations

Information data accurate as of 12/05/2017

Appendix 1 - Moving and Handling

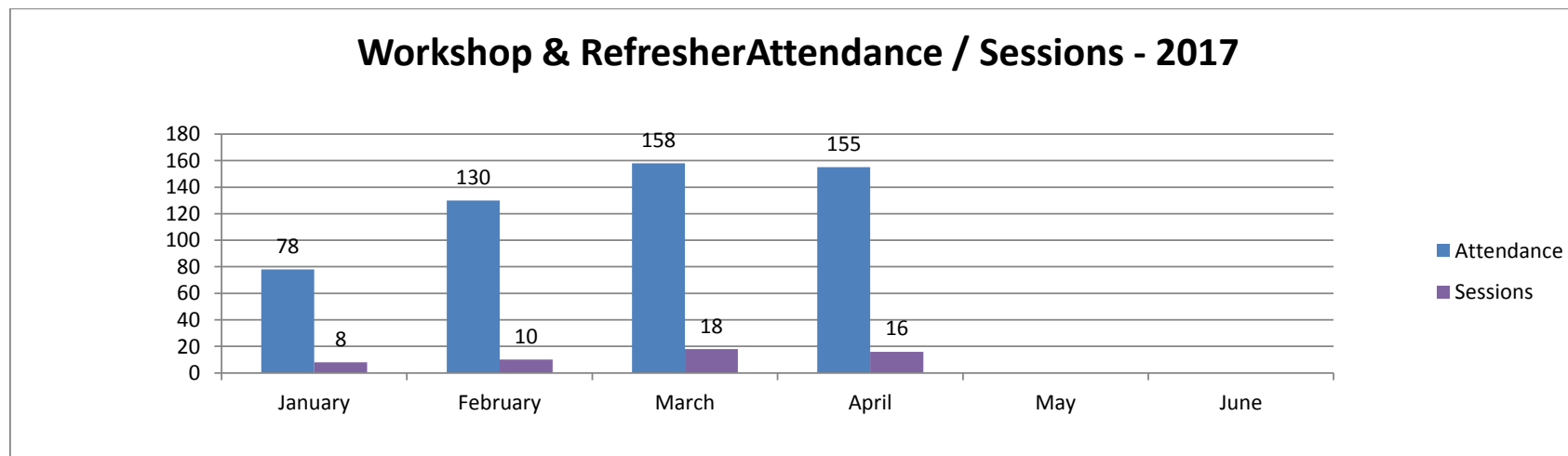
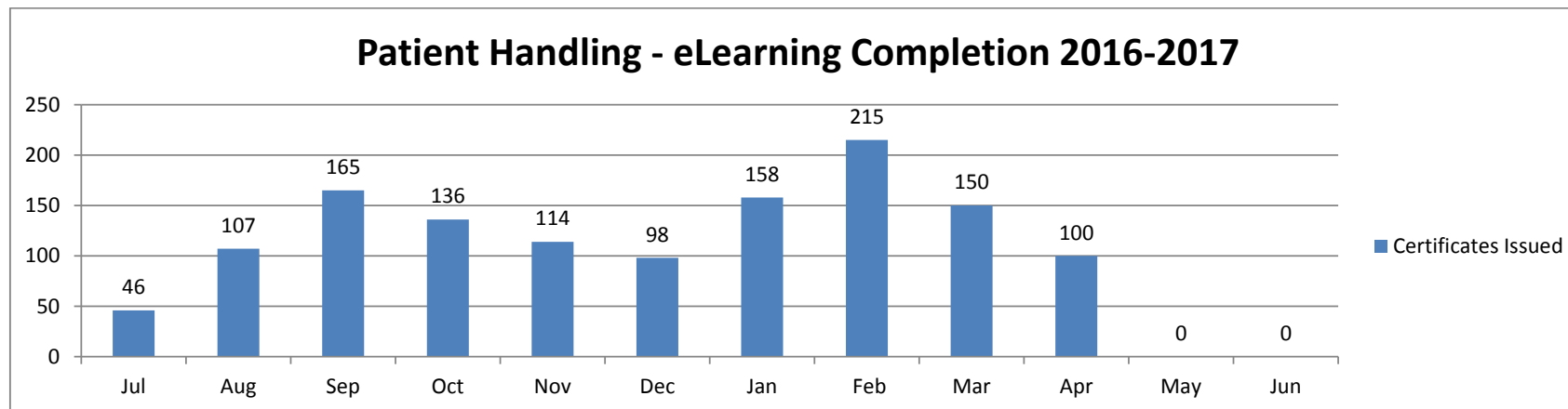
Please note; Occurrence and Claims and Training Data for April 2017

Table 5.1: Moving and Handling Injury causation



Appendix 2: Moving and Handling Workshops and Attendances from July 2016 – April 2017

5.2



Appendix 3 - Workplace Violence

1 – 30 April 2017

Auckland DHB	Workplace Violence reported on RISKPRO				Workplace Violence reported on KIOSK + New Safety Management System				Workplace Violence CLAIMS
	April	% Reported	YTD	% Reported	April	% Reported	YTD	% Reported	
Community & LTC	1	27%	24	15%	13	15%	50	19%	0
Adult Medical	8	31%	66	11%	15	18%	39	15%	0
Cancer & Blood	0	0%	5	1%	0	0%	3	1%	0
Cardio-Vascular	0	6%	3	2%	3	4%	7	3%	0
Children's Health	1	10%	11	5%	5	6%	16	6%	0
Clinical Support	0	6%	6	7%	3	4%	23	9%	1
Corporate	0	0%	0	0%	0	0%	1	0%	0
Mental Health	31	92%	197	29%	44	52%	101	38%	2
Non Clinical Support	0	0%	2	0%	0	0%	0	0%	0
Perioperative	0	2%	3	3%	1	1%	9	3%	0
Surgery	7	0%	20	4%	0	0%	14	5%	0
Women's Health	0	2%	7	1%	1	1%	5	2%	0
Total Auckland DHB	48		344		85		268		3

Auckland DHB	Code Orange			
	April	% Reported	YTD	% Reported
ACH	60	66%	635	78%
Starship	21	23%	101	12%
Women's	0	0%	11	1%
GCC	0	0%	9	1%
Support Bldg	10	11%	63	8%
Total Auckland DHB	91		819	

A Code orange call is activated by staff whenever they feel that their safety or that of others is compromised and their own methods to resolve the issue have not worked. A Code Orange team comprises of Duty Manager (Team Leader) Liaison Psychiatry, (Adult Services only), Clinical Nurse Advisor, and Security. Other personnel are utilised as required. This will be assessed and implemented by the Team Leader. All other team members and staff associated with the challenging behaviour/situation, follow the direction of the team leader to ensure management of the situation is effectively co-ordinated.

Appendix 4 - Work plan to align Health and Safety systems and policies to new legislation

NO.	Element	#	Detail Action	Assigned to	Due Date	Status	Remark
1	Health and Safety Policy Reviews	1.1	Health and Safety Policy (Board policy)	DJ	30/03/16	Completed	Policy published
		1.2	Health and Safety Committee Terms of Reference	DJ	30/03/16	Completed	Policy published
		1.3	Hazard Identification and Risk Management	DJ/DL	30/03/16	Completed	Guideline published
		1.4	Health and Safety Occurrence reporting (Staff Incidents)	DJ/DL	30/03/16	In progress	This policy will be converted to a guideline, and aligned to Datix system, awaiting final development of the module.
		1.5	Hazardous Substance Policy	DJ/TS	30/11/15	Completed	Policy now published
		1.6	Pre-Employment Health Screening	DJ/Clinic Team	31/12/15	Completed	Policy now published
		1.7	Visual Display Unit Policy	DJ/PMc	31/12/15	Completed	Published
		1.8	Contractors Health and Safety Management of	DJ/JM	31/12/15	Completed	Published in June.
		1.9	Asbestos Management	DJ/KW	30/11/15	Completed	Published
		1.10	Workplace Violence Prevention	DJ/DL	31/12/15	Completed	Policy published.
		1.11	Lone Worker Policy	DL	31/12/15	in progress	Consultation with all Directorate Health and Safety Committees now completed. The policy will now advance to organisation wide consultation via document control and be tabled to the Board.
2	Health and Safety	2.1	Health and Safety intranet	DJ/DL	30/03/16	Completed	This review will include all Health and Safety

NO.	Element	#	Detail Action	Assigned to	Due Date	Status	Remark
	Information		resign and content review to ensure all content is updated to reflect requirements of the new Health and Safety legislation and codes of practice released by WorkSafe NZ.				advice sheets, forms, processes etc. on the Health and Safety intranet site. New site how now been published in HIPPO
3	Training	3.1	Directing Safely: <ul style="list-style-type: none"> • Board, ELT and Directors • Apply legal requirements to operational environment • 2-3 hours 	DJ/DL	30/03/16	Substantially Completed	Ko Awatea Learn course has been adapted and will be piloted in May.
		3.2	Managers: Managing Safely <ul style="list-style-type: none"> • Line managers • Full day • Pre-reading/assessment • Post course assignment 	DJ/DL	30/03/16	Completed	Redesign of current managers course. Based on content of new Health and Safety legislation and Regulations and Health and Safety document reviews. Course schedule for 2017 published.
		3.3	Staff: Working Safely <ul style="list-style-type: none"> • Welcome Day • Health and Safety handbook/Ko Awatea Learn • Local Health and Safety Induction • Hazard specific training 	DJ/DL	30/03/16	Completed	Review of current tools required to update and align to new legislation. Hazard specific training includes aggression relation safety training, and hazardous substance training
		3.4	Health and Safety Reps: <ul style="list-style-type: none"> • Health and Safety Rep Orientation • Core Training (NZQA) • Topic Training (CPD) 	DJ/DL	30/03/16	Completed	Health and Safety Rep elections held in June 2016. External "Core" Training will be required. Supplier engaged. Courses for 2017 in KIOSK.

NO.	Element	#	Detail Action	Assigned to	Due Date	Status	Remark
4	On Line Hazard Register	4.1	On Line Hazard Management system: Install and train Directorates: <ul style="list-style-type: none"> • Sequential implementation (by Directorate) • One commenced per month throughout 2016 • Manager Training Health and Safety Rep training 	DJ/DL	31/12/2016	Completed	Focus of this project has moved to preparing the services for transition to new Risk management software acquisition that is in final stages. Health and Safety is working with the Directorates to prepare for transition to Datix Hazard Register. 6 out of 12 directorates have initiated the electronic Hazard Register
		4.2	Development of Risk management module in new Risk Management system: <ul style="list-style-type: none"> • Develop Risk Register in new system (31/12/16) 		31/12/2017	Completed	New Safety management system went live in March. Health and Safety will support the transition to the new system.

Appendix 5 - Definitions

Definitions for Monthly Performance Scorecard

Lost Time Injury Frequency Rate LTIFR refers to the number of lost time [injuries](#) occurring in a [workplace](#) per one million man-hours worked. An LTIFR of seven, for example, shows that seven lost time injuries occur on a jobsite every one million man-hours worked. The formula gives a picture of how safe a workplace is for its workers.

Lost time injuries (LTI) include all on-the-job injuries that require a person to stay away from work more than 24 hours, or which result in [death](#) or permanent [disability](#). This definition comes from the [Australian standard 1885.1– 1990 Workplace Injury and Disease Recording Standard](#).^{[1][2]}

Lost Time Injuries Any injury claim resulting in ONE or more full days lost time on an ACC45

Notifiable Events
(The previous Health and Safety legislation referred to Serious Harm Injuries, the new legislation now called these Notifiable Events. The criteria has changed to include injury, illness and near-misses in some cases)

The Health and Safety at Work Act 2015 defines Notifiable event as:

A notifiable event is a:

- death
- notifiable illness or
- injury, or
- notifiable incident

Occurring as a result of work. Only serious events are intended to be notified.

Pre- Employment Screening

- Percentage of Auckland DHB employee where PES has been completed
- Percentage of new starts where PES was completed before start date

Notifiable Events:

A notifiable event is when any of the following occurs as a result of work:

- **Notifiable Death** - A person has been killed as a result of work. If someone has been killed as a result of work, then WorkSafe NZ must be immediately informed (Health and Safety Department will arrange this).
- **Notifiable Injury** - Any injury that requires (or would usually require) the person to be admitted to hospital for immediate treatment (see below for full details):
 - Amputation
 - Serious Head Injury
 - Serious Burn
 - Spinal Injury
 - Loss of Bodily Functions
 - Serious Laceration
 - Skin Separation

• **Notifiable illness**

If a person contracts an illness as a result of work and needs to be admitted to hospital for immediate treatment or needs medical treatment within 48 hours of exposure to a substance.

In addition, you MUST notify WorkSafe if a person contracts a serious illness as a result of:

- working with micro-organisms
- providing treatment or care to a person
- contact with human blood or bodily substances
- handling or contact with animals, their hides, skins, wool or hair, animal carcasses or waste products
- handling or contact with fish or marine animals
- Exposure to a substance, natural or artificial such as a solid, liquid, gas or vapour.

• **Notifiable Incident**

Is an unplanned or uncontrolled incident occurs where people's health and safety is seriously endangered or threatened, then you must notify us.

This must be an immediate danger or imminent danger.

People can be at serious risk even if they are some distance from the incident (e.g. gas leak).

[For further details visit the WorkSafe NZ Notifiable Events Website](#)

Risk Matrix

Table 1 - Consequence Score (severity levels) Impact on the safety of staff, patients, or public (physical/psychological harm)				
1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Minimal injury requiring no/minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity/disability	Multiple permanent injuries or incident leading to death
No time off work	Requiring time off work for less than 3 days	Requiring time off work for 4-14 days	Requiring time off work for more than 14 days	
		Notifiable Event	Notifiable Event	Notifiable Event

Table 2 - Likelihood Score – What is the likelihood of the consequence occurring (re-occurring) / How often might it / does it happen			
Likelihood	Incidence	Chance	Narrative
1 - Rare	3 Yearly	5%	Will occur only in exceptional circumstances
2 - Unlikely	Yearly	25%	May occur at some time
3 - Possible	Six-Monthly	50%	Will occur at some time
4 - Likely	Monthly	75%	Is likely to occur in most circumstances
5 - Almost Certain	Weekly	90%	Is certain to occur, possibly frequently

Table 3 - Risk Score & Grading = Consequence X Likelihood

Likelihood	Consequence				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

Risk Score & Grade	1 – 3 Low Risk	4 - 6 Medium Risk	8 – 12 High Risk	15 – 25 Critical Risk
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Appendix 6 Annual ACC Partnership Programme Audit

Background to the ACC Partnership Programme (ACCPP):

ACC requires an independent annual audit against a set of standards (ACC440) and places employers in the programme at primary, secondary or tertiary (highest) status. The Audit has two parts: Workplace Safety Management Systems (Part A) and Injury Management Systems (Part B). Accredited employers at Tertiary status are permitted to undertake a partial audit on alternative years. Auckland DHB has been Tertiary in the ACCPP programme for 10 years and is entitled to partial audits alternative years.

2016 ACCPP Audit

A Full Audit was conducted 6 – 9 December 2016. The full audit reviews Workplace safety management systems (Part A) and Injury Management (Part B). ACC selected the audit areas and the relevant Directorate management teams were notified. They were:

- Mental Health Service: Te Whetu Tawera
- Perioperative: Central Sterile Supply
- Non Clinical Support: the Cleaning Service Auckland City Hospital
- Clinical Support: APS Mt Wellington

The audit was conducted by an independent ACC approved auditor provided by Price Waterhouse Coopers. The auditor has recommended to ACC that Auckland DHB maintain Tertiary status in the programme. The copy of the auditor's report has been accepted by ACC and Auckland DHB has been confirmed as Tertiary Status for another year.

A number of positive comments on observed improvements in Health and Safety systems since the 2015 audit were noted in the report including;

- the development of a Board Health and Safety Charter
- Board safety engagement visit programme
- Senior management's acknowledgment of Safety performance (excellent Health and Safety Report for the Board)
- Increase in Health and Safety Team resources
- Directorate MOS Board system including Health and Safety KPI
- Well established competency based training programme in CSSD
- Robust local Health and Safety orientation programme in the Cleaning Services
- Capital improvement to APS Mt Wellington related to Formaldehyde extraction
- Security for Safety project
- Engagement of Health and Safety Manager for Facilities and a number of contractor management initiatives put in place.
- Robust process for review of Rehabilitation outcomes

Five Recommendations were given: see table to follow below

Element	Recommendation	Action Plan
1.1.1 Health and Safety Policy statement	Consider the development of a succinct health and Safety policy statement which can be displayed on notice boards.	Health and Safety Policy statement for display will be agreed with ELT.
1.2.2 Health and Safety Policy Review	Note that the audit requirement is for review of the Health and Safety Policy every 2 years.	Two year policy review is in place
4.3.2 Training database	To increase the visibility of completed training and improve bring up reminders; work to centralise this system is supported.	Organisation Development is currently reviewing all L&D related systems and processes.
14.1.2	Letter acknowledging request to review application needs to be amended. The claimant has the right to lodge a review application irrespective of the informal dispute resolution process.	Request for letter change has been made to the TPA.
18.5	One way to increase the visibility of the importance of near miss reporting would be to recognise those reports that result in health and safety improvements.	Health and Safety will increase communication regarding improvements resulting from proactive reporting.

Appendix 7 Terms of reference for 2017 Health and Safety Review

Purpose

Following the 4 April 2016 passing into law of the Health and Safety at Work Act 2015 the Auckland DHB Board wishes to better understand the current level of actual Health and Safety risk within the organisation. To this end a deep-dive health and safety management systems review has been requested by management. The purpose of this review is to assist in the identification of areas which require improvement.

Background

A deep-dive health and safety systems audit was conducted by an external auditor in late 2014 and early 2015. This was an exercise requested by Lester Levy to be conducted by both Auckland DHB and Waitemata DHB. The purpose of the audit was to identify health and safety policy and process gaps in relation to preparation for the new Health and Safety legislation expected in early 2016.

The 2014/15 audit consisted of:

- A desk top examination of the health and Safety management system to assess compliance against the (then) Health and Safety reform Bill 2014.
- Interviews with Auckland DHB board members, senior executives, senior managers, and the Health and Safety team to assess their understanding of Health and Safety Risk within the organisation.
- Testing against the documented controls currently in place. Seven risks were selected and ten areas reviewed.

The audit took place between November 2014 and February 2015. A report with a number of recommendations was provided to the Auckland DHB Board. The Board accepted the recommendations and an action plan was developed to implement the recommendations, the progress followed by the Auckland DHB Board and the Audit and Finance Committee.

The Auckland DHB Board now wishes to conduct a follow-up audit to identify the level of the compliance and current level of Health and Safety Risk within the organisation against the Health and Safety at Work Act 2015.

Scope of work

- Review the follow-up risk management actions in relation to the high risk hazards identified by the original audit. (Workplace Violence and the level 5 loading dock safety)
- Develop an internal audit testing programme based on a new set of agreed prioritised risk and areas.
- Perform control effectiveness testing and site walkthroughs and observations at approximately 12 worksites representing all of the Auckland DHB Clinical Directorates, Corporate Services, Clinical Support Services and Non-clinical Support Services for the agreed key health and safety risks listed below.

- The areas/departments to be selected/agreed for site observations to represent all Auckland DHB Directorates and the appropriate associated Health and Safety risks, yet to be agreed.

Hazard/Risk description
Community Worker Safety (including lone working)
Moving and Handling of patient/ goods and equipment
Blood and Body Fluid Exposures
Workplace Violence and Aggression (patients and visitors to staff)
Pedestrian safety (including traffic management)
Psychosocial hazards (shift work/ fatigue/ workload)
Security and general site safety in relation to access and lockdown
Emergency Management (including Fire Safety)
Bullying and Harassment (staff to staff)
Hazardous Substances
Physical environment (our buildings including infrastructure)

Deliverables

An audit report identifying areas of good practice and areas for improvement to enhance the Health and Safety management and practises within the Directorates of Auckland DHB.

Timeframes

The audit is to be conducted within the month of June 2017 and a report provided to the Auckland DHB Board before the end of July 2017.

Financial Performance Report

Recommendation

That the Board receives the Financial Report for May 2017.

6.1

Prepared by: Rosalie Percival, Chief Financial Officer

1. Executive Summary

The DHB financial result for the month of May 2017 was a deficit of \$2.2M which was favourable to budget by \$1.6M. For the Year to Date (YTD), a surplus of \$3.5M was realised, unfavourable to budget by \$3.9M. This reflects a \$32M unfavourable Provider arm result, partially offset by a \$28M favourable Funder arm result. The overall DHB YTD result was mainly driven by less revenue realised than planned.

YTD revenue was unfavourable to budget by \$3.2M. Key contributors to unfavourable revenue include: under delivery of additional electives volumes (net \$5.7M adverse wash-up provision); less than planned Public Health revenue (\$1.3M, timing); Haemophilia funding (\$2.2M, due to lower blood product usage) and interest income (\$2.9M, due lower interest rates). These are offset by favourable IDF Inflows (\$12.4M, due to service changes and wash-up provision for over-delivery of services – with associated unbudgeted expenditure) and other income (\$5M, mainly research grants and drug trial revenue with corresponding costs, and, gains on valuation of Trust investments).

YTD expenditure is unfavourable to budget by \$7M. This is primarily due to adverse expenditure in net personnel and outsourced personnel costs (\$16.3M); clinical supplies (\$6.3M) and infrastructure/non-clinical supplies (\$11.9M). These are partially offset by favourable Funder NGO expenditure (\$27M, mainly pharmaceuticals, Age Related Residential Care and Mental Health services).

The planned surplus of \$4.5M is at risk, with the current year end forecast surplus of \$2.4M. This is primarily due to savings not fully realised and pricing issues not yet resolved.

Summary Results as at 31 May 2017

	Month (May-17)			YTD (11 months ending 31 May-17)			Full Year (2016/17)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
\$000s									
Income									
MOH Sourced - PBFF	98,859	98,860	2 U	1,087,472	1,087,464	8 F	1,184,333	1,186,325	1,992U
MoH Contracts - Devolved	8,301	9,011	710 U	92,127	99,122	6,995 U	100,964	108,134	7,170U
	107,160	107,872	712 U	1,179,600	1,186,587	6,987 U	1,285,297	1,294,459	9,162U
MoH Contracts - Non-Devolved	5,049	5,113	65 U	50,744	54,390	3,646 U	58,054	59,538	1,484U
IDF Inflows	63,882	52,772	11,110 F	592,841	580,490	12,351 F	640,082	633,262	6,820F
Other Government (Non-MoH, Non-OtherDHBs)	3,568	3,101	467 F	35,272	34,493	779 F	39,192	37,738	1,454F
Patient and Consumer sourced	2,199	1,631	569 F	18,467	17,574	892 F	19,459	19,207	252F
Inter-DHB & Internal Revenue	1,123	1,369	246 U	12,312	14,429	2,117 U	14,086	15,791	1,705U
Other Income	5,233	4,238	995 F	51,139	46,027	5,112 F	52,575	48,721	3,854F
Donation Income	1,140	593	547 F	6,249	6,578	329 U	8,569	8,907	338U
Financial Income	395	664	269 U	4,274	7,166	2,892 U	4,764	7,606	2,842U
Total Income	189,747	177,352	12,395 F	1,950,898	1,947,734	3,163 F	2,122,078	2,125,229	3,151U
Expenditure									
Personnel	82,533	75,914	6,619 U	819,198	813,227	5,971 U	894,450	889,213	5,237U
Outsourced Personnel	2,449	1,111	1,339 U	22,603	12,292	10,311 U	24,218	13,402	10,816U
Outsourced Clinical Services	3,152	2,065	1,086 U	21,962	22,904	942 F	23,200	24,923	1,723F
Outsourced Other Services (incl. hA/funder Costs)	5,077	5,041	36 U	56,408	55,447	960 U	61,212	60,488	724U
Clinical Supplies	23,810	23,644	166 U	238,236	231,973	6,262 U	262,410	254,983	7,427U
Funder Payments - NGOs	44,606	47,642	3,036 F	496,857	524,064	27,208 F	540,012	571,707	31,695F
Funder Payments - IDF Outflows	10,754	9,567	1,187 U	106,068	105,233	835 U	115,115	114,800	315U
Infrastructure & Non-Clinical Supplies	16,067	11,514	4,553 U	135,947	124,091	11,856 U	143,110	135,452	7,658U
Finance Costs	4	1,052	1,048 F	11,210	11,569	360 F	13,305	12,621	684U
Capital Charge	3,533	3,622	89 F	38,866	39,518	652 F	42,576	43,140	564F
Total Expenditure	191,985	181,171	10,813 U	1,947,352	1,940,318	7,034 U	2,119,608	2,120,729	1,121F
Net Surplus / (Deficit)	(2,238)	(3,819)	1,582 F	3,545	7,416	3,871 U	2,470	4,500	2,030 U

2. Result by Arm

Result by Division

	Month (May-17)			YTD (11 months ending 31 May-17)			Full Year (2016/17)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	9,544	375	9,169 F	31,950	4,125	27,825 F	37,000	4,500	32,500F
Provider	(12,680)	(4,194)	8,486 U	(28,480)	3,291	31,771 U	(34,405)	0	34,405U
Governance	898	0	898 F	75	0	75 F	(125)	0	125U
Net Surplus / (Deficit)	(2,238)	(3,819)	1,582 F	3,545	7,416	3,871 U	2,470	4,500	2,030 U

The favourable YTD Funder result reflects lower expenditure for Community Pharmacy due to substantive changes in PHARMAC forecasts relative to their original budget advice. Also contributing are one off upsides from 2015/16 which had a positive impact on Age Related Residential Care, Mental Health and Other Personal Health expenditure positions and IDF inflows for inpatient services.

The unfavourable YTD Provider Arm result is driven by both unfavourable revenue and expenditure. Less revenue than planned mainly reflects under-delivery of elective volumes, lower interest and donation income. Unfavourable expenditure was primarily in Outsourced Personnel, clinical supplies and Infrastructure and Non Clinical Supplies costs. These variances are described further in section 3 below.

3. Financial Commentary for May 2017

Month Result

Major Variances to budget on a line by line basis are described below.

Revenue was favourable to budget by \$12.4M (7%), mainly driven by:

- IDF Inflows revenue was \$11.1M (21.1%) favourable due to the assessment and recognition of the inpatient services year end wash-up expectation.
- Other income \$1M (24%) favourable mainly due to Research grant income.

These are offset by minor favourable and unfavourable movements across various income streams.

Expenditure was adverse to budget by \$10.8M (6%) with significant variances in:

- Funder NGOs favourable by \$3M (6.4%), these mostly arise out of demand/utilisation variances in Age Related Residential Care services, and Primary Health Organisation services and Community Pharmacy. There are also variances related to new funded initiatives expenditure that are offset by equivalent revenue variances and have a nil net impact on the core result.
- Funder IDF Outflows unfavourable \$1.2M (12.4%), these are mainly due the impact of a 2015-16 adjustment for outpatient services with Counties-Manukau DHB. Also influencing the month are favourable PHO quarterly wash-ups and half yearly Fee for Service wash-ups. These are offset by additional unbudgeted outflows due to service changes for PCT and Clinical Genetics.
- Personnel/Outsourced Personnel costs \$7.9M (10.3%) unfavourable, primarily driven by a number of one off non-recurring items:
 - One off restructuring costs \$1.0M unfavourable
 - Estimated MECA settlement costs \$1.8M unfavourable
 - Particularly low levels of annual leave taken during the month compared to the cost of accrued leave \$3.0M unfavourable
 - In addition, total FTEs were 299 (3.6%) above budget due to FTE savings targets incorporated into the budget (\$2.8M unfavourable), although this is partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).
- Outsourced Clinical Services \$1.1M (52.6%) unfavourable, reflecting additional elective surgery to address waitlist \$0.3M unfavourable, Cancer \$0.3M unfavourable due to one off backdated costs (YTD close to budget), and additional outsourced MRIs to meet MOH targets \$0.2M unfavourable.
- Infrastructure & Non Clinical Supplies \$4.5M (39.5%) unfavourable, with the main variances being unfavourable facilities costs due to additional health and safety related expenditure \$1.1M, an assessment of capital projects that could not be capitalised after feasibility study stage and write off of asbestos removal costs totalling \$2.9M unfavourable variances, and Sundry Expenses \$0.7M unfavourable.
- Finance costs were \$1M favourable due to the Crown Debt Equity swap effected on 15 February which has removed interest expense for the rest of the year, although this is bottom-line neutral as matched by revenue reduction.

Year to Date Result

Major Variances to Budget on a line by line basis are described below.

Revenue was favourable to the budget by \$3.2M (0.2%). Significant movements underlying this included:

- MOH devolved contract revenue was \$7M (7.1%) adverse against budget YTD. The YTD adverse variance is mainly due to the creation of a revenue risk provision for under delivered additional electives (net \$5.7M). Included in the month and YTD result are reductions in revenue for Debt/Equity swap cost treatment (i.e. interest cost removed matched by revenue reduction - \$4.3M for 2016/17), change in capital charge rate from 8% to 7% (\$6.1M for 2016/17) offset by an increase in revenue due to asset revaluation at June 2016 (\$5.6M for 2016/17). To a much lesser extent there is also an element of Funded Initiatives influencing the YTD. These are offset by equivalent expenditure variances and have a nil effect on the overall result.
- IDF Inflow revenue \$12.3M (2.1%) favourable YTD mainly due to the assessment and recognition of the inpatient services year end wash-up expectation, which will offset unfavourable expenditure realised relating to the volume over-delivery.
- Research and drug trial Income \$3.2M favourable, offset by equivalent expenditure and bottom line neutral.
- ACC revenue \$2.1M favourable – with the variance reflecting a combination of one off revenue for new contracts and a small number of high value elective cases.

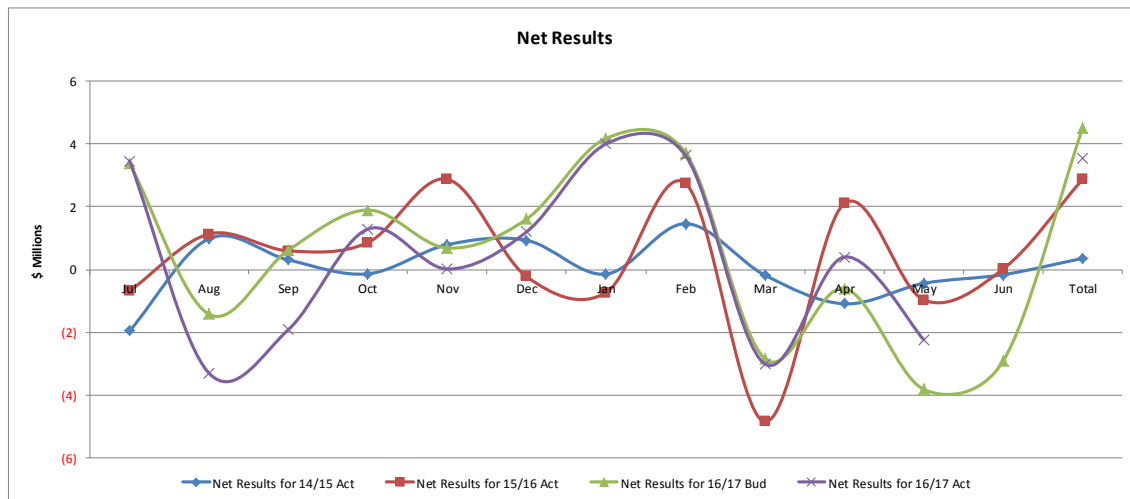
- Non Resident income \$1.3M favourable – partly offset by unfavourable bad/doubtful debts (\$0.3M)
- MOH Public Health Funding \$1.3M unfavourable, in line with services delivered – this revenue is expected to be closer to budget by year end.
- Haemophilia funding \$2.2M unfavourable for low blood product usage, offset by reduced expenditure of \$2.1M (balance of \$0.1M relates to revenue phasing which will balance out by year end).
- Other income includes a \$1M gain on the valuation of A+ Trust financial assets.
- Financial Income \$2.9M unfavourable driven by lower interest rates than assumed in the budget.

Expenditure was more than budget YTD by \$7M (0.4%), with significant underlying variances as follows:

- Personnel/Outsourced Personnel costs \$16.1M (2.0%):
 - This variance primarily reflects unfavourable FTEs 228 (2.7%) above budget due to FTE savings targets incorporated into the budget, partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).
 - One off restructuring costs \$1.0M unfavourable
 - Estimated MECA settlement costs \$1.8M unfavourable
 - Annual leave taken YTD \$4.9M lower (unfavourable) compared to the value of annual leave accrued or earned.
- Clinical Supplies \$6.2M (2.7%) unfavourable, comprising the following key variances:
 - Haemophilia blood products \$2.1M favourable due to low product usage YTD (highly variable), offset by reduced income.
 - PCT (cancer) drugs \$2.2M unfavourable due to increased volumes of Herceptin and melanoma drugs combined with unbudgeted new high cost drug Pertuzumab (note partially offset by additional revenue of \$1.1M year to date, will be subject to full wash-up at year end and be bottom line neutral in Provider Arm).
 - Cardiovascular \$0.6M unfavourable reflecting volume growth over the same period last year for both Cardiology and Cardiothoracic (total WIES up 5.9% on last year), combined with a small number of patients with very high blood costs.
 - One off costs for asset write-offs \$1.6M.
 - Savings targets for procurement and logistics not fully achieved \$3.0M unfavourable.
- Outsourced Clinical Services \$0.9M (4.1%) favourable, reflecting no Orthopaedic elective surgery outsourcing YTD (\$4.3M favourable). This is offset by an unfavourable Orthopaedics elective revenue position and by costs of additional outsourcing in Ophthalmology and other surgical specialties to address waitlist \$1.2M unfavourable, MRIs to meet MOH targets \$0.7M unfavourable, and costs associated with Research \$1.3M unfavourable (funded by additional revenue).
- Infrastructure & Non Clinical Supplies \$11.9M (9.6%) unfavourable, with the main variance being unfavourable facilities costs due to additional health and safety related expenditure \$5.3M. An assessment of capital projects that could not be capitalised after feasibility study stage and write off of asbestos remediation costs totalling \$2.9M unfavourable variances, sundry expenses \$0.7M unfavourable, food \$1.1M unfavourable (includes one off non recurring costs) and project costs for Advance Care Planning \$0.8M unfavourable (offset by additional revenue).
- Funder Payments to NGOs are YTD favourable \$27.2M (5.2%), these mostly arise out of demand/utilisation variances in Age Related Residential Care services, and Primary Health Organisation services and Community Pharmacy. There are also variances related to new funded initiatives expenditure that are offset by equivalent revenue variances and have a nil net impact on the core result.

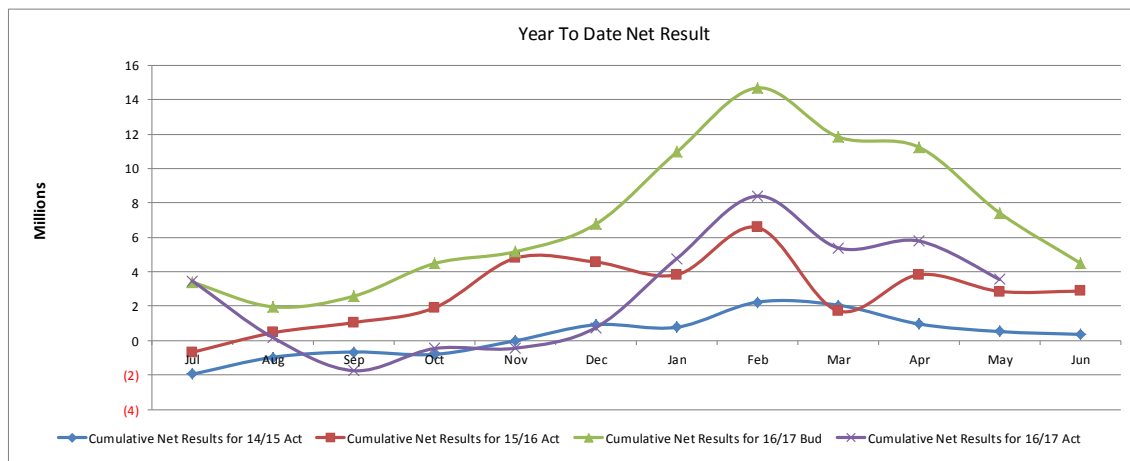
4. Performance Graphs

Figure 1: Consolidated Net Result (Month)



\$ millions	July	August	September	October	November	December	January	February	March	April	May	June	Total
Net Result for 14/15 Act	(1.957)	0.984	0.306	(0.137)	0.790	0.931	(0.147)	1.462	(0.179)	(1.093)	(0.441)	(0.164)	0.355
Net Result for 15/16 Act	(0.683)	1.133	0.595	0.859	2.881	(0.227)	(0.734)	2.747	(4.850)	2.101	(0.967)	0.015	2.871
Net Result for 16/17 Bud	3.385	(1.426)	0.619	1.897	0.686	1.610	4.182	3.727	(2.844)	(0.600)	(3.819)	(2.916)	4.500
Net Result for 16/17 Act	3.462	(3.302)	(1.914)	1.290	0.017	1.203	4.004	3.636	(3.010)	0.398	(2.238)		3.545

Figure 2: Consolidated Net Result (Cumulative YTD)



\$ millions	July	August	September	October	November	December	January	February	March	April	May	June
Cumulative Net Results for 14/15 Act	(1.957)	(0.973)	(0.668)	(0.804)	(0.014)	0.916	0.770	2.232	2.053	0.960	0.519	0.355
Cumulative Net Results for 15/16 Act	(0.683)	0.450	1.045	1.904	4.785	4.557	3.824	6.571	1.721	3.822	2.855	2.871
Cumulative Net Results for 16/17 Bud	3.385	1.959	2.578	4.476	5.161	6.772	10.953	14.681	11.836	11.236	7.417	4.500
Cumulative Net Results for 16/17 Act	3.462	0.159	(1.755)	(0.465)	(0.448)	0.755	4.759	8.394	5.385	5.783	3.545	
Variance to Budget for 2016/17	0.076	(1.800)	(4.333)	(4.941)	(5.610)	(6.017)	(6.195)	(6.286)	(6.452)	(5.453)	(3.871)	

5. Efficiencies / Savings

Savings reported for the YTD to May 2017 of \$21.5M were unfavourable to the budget of \$38.6M by \$17M. The YTD savings position continues to reflect the challenges in progressing work-streams to implementation which together with service demand pressures has resulted in transformation initiatives not delivering bottom line savings. The Provider arm savings totalling \$17.1M relate mainly to personnel/FTE/vacancy management, bed closures, ACC Levy, Laboratory/ Radiology efficiencies and supply chain. The provider arm savings also includes offsets of \$4.5M.

The year-end forecast savings are estimated to be \$23.2M which is expected to result in a significant shortfall of \$19M against target of \$42.1M.

6. Financial Position

6.1 Statement of Financial Position as at 31 May 2017

\$'000	31-May-17			30-Apr-16	Variance	30-Jun-16	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Crown Equity	881,298	576,798	304,500F	881,298	OF	576,798	304,500F
Reserves	-	-	OF	-	OF	-	OF
Revaluation Reserve	508,998	438,457	70,541F	508,998	OF	508,998	OF
Cashflow-hedge Reserve	-	(3,235)	3,235F	-	OF	(3,742)	3,742F
Accumulated Deficits from Prior Year's	(461,173)	(461,653)	480F	(461,173)	OF	(461,173)	OF
Current Surplus/(Deficit)	3,547	7,412	3,865U	5,785	2,238U	-	3,547F
	51,372	(19,019)	70,391F	53,610	2,238U	44,083	7,289F
Total Equity	932,670	557,779	374,891F	934,908	2,238U	620,881	311,789F
Non Current Assets							
Fixed Assets							
Land	282,803	249,006	33,797F	282,803	OF	282,803	OF
Buildings	608,377	585,502	22,875F	610,483	2,106U	619,402	11,025U
Plant & Equipment	90,636	90,821	185U	90,175	461F	92,164	1,528U
Work in Progress	39,930	64,516	24,586U	39,729	201F	45,236	5,306U
	1,021,746	989,845	31,901F	1,023,190	1,444U	1,039,605	17,859U
Derivative Financial Instruments							
Investments							
- Health Alliance	57,936	53,103	4,833F	57,637	299F	53,103	4,833F
- HBL	12,420	12,420	0U	12,420	OF	12,420	OF
- ADHB Term Deposits > 12 months	-	-	OF	-	OF	5,000	5,000U
- Other Investments	505	503	2F	505	OF	503	2F
	70,860	66,026	4,834F	70,562	299F	71,026	165U
Intangible Assets	647	1,395	748U	667	20U	762	115U
Trust Funds	14,646	14,494	152F	14,597	50F	14,495	151F
	86,154	81,915	4,239F	85,826	328F	86,283	129U
Total Non Current Assets	1,107,900	1,071,760	36,140F	1,109,016	1,116U	1,125,888	17,988U
Current Assets							
Cash & Short Term Deposits	93,078	57,074	36,003F	108,162	15,083U	34,461	58,617F
Trust Deposits > 3months	11,001	11,500	499U	8,500	2,501F	11,500	499U
ADHB Term Deposits > 3 months	11,000	5,000	6,000F	11,000	OF	15,000	4,000U
Debtors	22,138	29,872	7,733U	23,455	1,317U	29,869	7,731U
Accrued Income	58,122	32,179	25,943F	48,784	9,339F	32,179	25,943F
Prepayments	1,173	1,679	506U	1,060	113F	1,679	506U
Inventory	14,341	14,239	102F	14,498	158U	14,239	102F
Total Current Assets	210,853	151,543	59,310F	215,458	4,605U	138,928	71,925F
Current Liabilities							
Borrowing	(494)	(429)	65U	(494)	OF	(429)	65U
Trade & Other Creditors, Provisions	(174,168)	(201,905)	27,737F	(175,516)	1,348F	(133,316)	40,852U
Employee Benefits	(172,556)	(169,233)	3,323U	(174,652)	2,097F	(166,232)	6,324U
Funds Held in Trust	(1,261)	(1,239)	22U	(1,259)	2U	(1,239)	21U
Total Current Liabilities	(348,479)	(372,806)	24,327F	(351,921)	3,443F	(301,217)	47,262U
Working Capital	(137,626)	(221,263)	83,637F	(136,463)	1,163U	(162,289)	24,663F
Non Current Liabilities							
Borrowings	(414)	(255,065)	254,651F	(456)	41F	(305,065)	304,651F
Employee Entitlements	(37,189)	(37,653)	464F	(37,189)	OF	(37,653)	464F
Total Non Current Liabilities	(37,604)	(292,718)	255,114F	(37,645)	41F	(342,718)	305,115F
Net Assets	932,670	557,779	374,891F	934,908	2,238U	620,881	311,789F

Comments

Category	Comment
Crown Equity and Borrowings	In February 2017, \$304.5M of the Auckland DHB debt was converted to Crown Equity. This was in terms of a change in government policy impacting how DHB capital is financed.
Fixed Assets	The full revaluation of land and buildings completed at 30 June 2016 resulted in an increase in revaluation reserve of \$70.5M (\$33.8M for land and \$36.7M for buildings), these revaluation adjustments were not accounted for in the 2016/17 budget. This is offset by less spend of capital expenditure against budget of \$32M due to the delayed approval of the Capex Budget by the Board as a result of an extensive Capex prioritisation process for the 2016/17 Capex Budget.
Cash & short term deposits	Capex spend is \$32M behind, due to delayed Board approval of 2016/17 capex budget. \$26.4M favourable variance in payments to NGO funder providers. These are offset by \$4.5M investment in healthAlliance for the transfer of IT assets C class shares which was not in the budget and \$10.5M less revenue mainly due to under delivery of inpatient and additional electives volume.
Creditors & employee benefits	Trade & Other Payables: \$50M favourable is as a result of the conversion of Crown Debt to equity in February. Other unfavourable differences reflect timing differences for creditors and accruals \$15M, income in advance \$3M. Employee benefits are \$3.3M unfavourable due to an adjustment of \$2.3M in the actuarial valuations for long service leave and retirement gratuities.

6.1

6.2 Statement of Cash flows (Month and Year to Date May 2017)

	Month (May-17)			YTD (11 months ending 31 May-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
\$000's						
Operations						
Cash Received	179,083	176,688	2,395F	1,930,020	1,940,566	10,546U
Payments						
Personnel	(84,629)	(75,641)	8,988U	(813,337)	(810,227)	3,110U
Suppliers	(36,180)	(40,026)	3,846F	(406,266)	(402,411)	3,855U
Capital Charge	0	0	0F	(21,199)	(21,408)	209F
Funder payments	(55,360)	(57,209)	1,849F	(602,923)	(629,299)	26,376F
GST	(11,763)	0	11,763U	603	0	603F
	(187,932)	(172,876)	15,056U	(1,843,123)	(1,863,345)	20,222F
Net Operating Cash flows	(8,849)	3,812	12,661U	86,897	77,221	9,676F
Investing						
Interest Income	395	664	270U	4,273	7,165	2,892U
Sale of Assets	3	0	3F	502	0	502F
Purchase Fixed Assets	(3,791)	(5,905)	2,114F	(32,910)	(64,959)	32,049F
Investments and restricted trust funds	(2,799)	0	2,799U	9,023	15,000	5,977U
Net Investing Cash flows	(6,192)	(5,241)	952U	(19,111)	(42,794)	23,683F
Financing						
Other Equity Movement	0	(1)	1F	0	2	2U
Interest paid	(41)	(453)	412F	(9,165)	(9,667)	502F
Net Financing Cashflows	(41)	(454)	413F	(9,165)	(9,665)	500F
Total Net Cash flows	(15,082)	(1,883)	13,200U	58,620	24,762	33,858F
Opening Cash	108,163	58,959	49,205F	34,460	32,314	2,146F
Total Net Cash flows	(15,082)	(1,883)	13,200U	58,620	24,762	33,858F
Closing Cash	93,080	57,076	36,004F	93,080	57,076	36,004F

ADHB Cash	89,468	54,541	34,927F
A+ Trust Cash	2,029	479	1,550F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits	1,583	2,056	473U
	93,080	57,076	36,004F
ADHB - Short Term > 3 months	11,000	5,000	6,000F
A+ Trust Deposits - Short Term > 3 months	11,001	11,500	499U
ADHB Deposits - Long Term	0	0	0F
A+ Trust Deposits - Long Term	14,646	14,494	152F
Total Cash & Deposits	129,728	88,070	41,658F

Funder Update

Recommendation

That the Funder Update Report for May 2017 be received.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Joanne Brown (Funding & Development Manager Hospitals), Tim Wood (Funding & Development Manager Primary Care), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding & Development Manager Women, Children & Youth), Trish Palmer (Funding & Development Manager Mental Health & Addictions), Aroha Haggie (Manager Māori Health Gain), Lita Foliaki (Manager Pacific Health Gain), Samantha Bennett (Manager Asian Health Gain)

Endorsed by: Dr Debbie Holdsworth (Director Funding)

6.2

Glossary

AH+	-	Alliance Health Plus
ALT	-	Alliance Leadership Team
ARC	-	Aged Residential Care
DHB	-	District Health Board
DSL	-	Diabetes Service Level Alliance
HCSS	-	Home and Community Support Services
HVAZ	-	Healthy Village Action Zones
MoH	-	Ministry of Health
PHAP	-	Pacific Health Action Plan
PHO	-	Primary Health Organisation
SACAT	-	Substance Addiction Compulsory Assessment and Treatment
SLM	-	System Level Measures

Summary

This report updates the Auckland District Health Board (DHB) Board on planning and funding activities and areas of priority, since its last meeting on 17 May 2017.

1. Planning

1.1 Annual Plans

Due to the late funding advice received post-budget, the Chief Executives' of Auckland and Waitemata DHBs' decided to delay submission of the 2017/18 Annual Plans to the Ministry of Health (MoH) (due 16 June). This also has implications for the submission of the Northern Region Health Plan, which will be similarly delayed. Financial information is currently under development.

DHBs' received feedback from the MoH on 10 May and most of the non-financial aspects of this feedback have been incorporated into the Plans.

1.2 System Level Measure Improvement Plans

The 2017/18 System Level Measures (SLM) Improvement Plan is currently being finalised under the Auckland and Waitemata Primary Care Alliance Leadership Team (ALT) and Counties Manukau Health Alliance.

A tool has been developed to enable reporting to the Board and we continue to work on processes and tools to calculate and report measures in more detail.

2. Hospitals

2.1 IDF Arrangements

2016/17

There continues to be increased use of Pharmaceutical Cancer Treatments for breast cancer and all costs associated with this change are subject to full wash-up.

2017/18

Work is underway to review inpatient service forecasts for all IDF populations to enable the funder to finalise price volume arrangements following the Funding Envelope advice.

A process is underway presently to confirm the Waitemata DHB IDF inpatient forecasts at Auckland DHB for the known volume and price changes. Both Counties Manukau Health and Northland DHBs' demand for acute and elective services in 2016/17 exceeds the funding allocated to this activity in 2017/18. The funder has initiated discussions with these DHBs to increase the funding allocation next year. Northland DHB has advised they will not increase the funding allocation to Auckland DHB and the Auckland DHB funder will request the opportunity to inform the Northland DHB Board of this risk. We are still waiting for an updated response from Counties Manukau which we expect by June 23.

New funding agreements for Clot Retrieval services have yet to be formally implemented pending confirmation of this funding being available from DHBs following the Funding Envelope advice. Progress with Midland region has been slow to date however the Auckland DHB funder will continue to work with the Northern region Stroke Network leaders to progress service planning and funding arrangements with the Midland region.

Funding to Auckland DHB for 17/18 Eating Disorder Services for the Midland DHB populations has not been adjusted to the level Midland DHBs have requested following their notice of intention to withdraw from all elements of the supra-regional service except the residential service. The funder recommends there is no formal change to IDF funding arrangements until 12 months post implementation of the new Midland arrangements as this will mitigate the risk to Auckland DHB associated with any failure in local service arrangements resulting in unplanned (and unfunded) referrals to the Auckland service.

2.2 Policy Priority areas

Colonoscopy Indicators

Auckland DHB has continued to achieve all colonoscopy waiting time indicators in March as validated by MoH reporting, however the urgent indicator was not achieved in April due to a scheduling error (76%). This has been rectified for May and steps have been taken to avoid this problem recurring. Auckland DHB is successfully providing additional colonoscopy services for the Waitemata population and this is expected to continue at a similar rate throughout 17/18.

Radiology Indicators

There has been a slight deterioration in the outpatient CT indicator performance with 97% referrals completed within six weeks in March, to 94% in April. Performance against the outpatient MRI indicator in April deteriorated from 66% in March to 56% against the 85% target. Workforce capacity

improvement has been slower than expected and additional outsourced capacity was slow to establish however this additional capacity is now in place and improvement is expected from the May reporting period. At the end of April there were 26 children waiting more than six weeks for MRI compared with no children waiting at the end of March. The funder will work with the provider to establish a plan to resolve these overdue children within the next six weeks. 85% of outpatient ultrasounds were completed within six weeks against a DHB target of 95%, and this is a slight deterioration from the March position.

Bone Marrow Waiting Times

No patients waited longer than the clinically recommended six weeks maximum waiting time guideline in April, with the service expected to maintain compliance with the guidelines going forward.

2.3 National services

Further discussions are planned with the MoH in June regarding the continuation of funding, for a further three years from 1 July, for National Intestinal Failure (Coordination) Services.

Funding for Organ Donation New Zealand has also been confirmed for a further year, pending the outcome of the recent national review.

Auckland DHB did not receive additional funding for transplant service arrangements and further consideration will be given to identifying the options available to the DHB to resolve the financial risks that this creates for the DHB.

The Funding Envelope did not provide a volume or price adjustment for national service arrangements and the Funder will work with ADHB provider services to confirm the revised volume expectations affordable for the DHB at the corrected 17/18 price. Auckland DHB is planning to submit a further proposal for increased national services funding for Adult & Paediatric Metabolic Services for 2018/19.

2.4 Regional Service Review Programme

A regional review of Cardiac Catheter Laboratory capacity has been completed in response to signals from both Counties Manukau and Northland DHBs they want to increase local capacity, and an options analysis for the next investment step has been considered by the Regional Service Review Advisory Group. Further information is pending to enable a full assessment of all the options, including the financial implications for each Northern region DHB in each option.

3. Primary Care

3.1 Health Targets

Better Help for Smokers to Quit

PHO performance against this target is mixed, however the majority are at or near the target. Auckland is above the target, Alliance Health Plus (AH+) and the National Hauora Coalition are within a couple of percentage points of the target. ProCare has the largest gap (5 percentage points). All PHOs are confident of being at target by the end of quarter 4.

3.2 Auckland Waitemata Alliance

A finalised plan for System Level measures is being presented to both the Auckland Waitemata Alliance and the Counties Manukau Health Alliance at a joint meeting on Thursday 8 June for approval. A significant number of people from PHOs', and the DHBs' have put in a tremendous effort to develop this plan. Further development is underway for a single data collection and reporting

process for all three DHBs'. Thus, each Board will receive a consistent report that will highlight both regional and individual DHB performance.

The Rural Alliance has developed an initiative to place Point of Care Testing into rural General Practices'. The purpose is to have access to some core blood test within the clinic that can be used in the acute setting to determine if a patient should be transferred to the hospital or if the patient can be cared for within the general practice setting. This is a collaborative arrangement between the general practices and the DHB laboratory. The DHB laboratory will provide technical support for the equipment, training for the general practice teams and quality control of the systems. This is an innovative initiative aimed at reducing unnecessary patient transfer to the hospital.

3.4 Palliative Care

The team are working closely with the Hospices of Auckland getting in place new funding, provided by the MoH, to support the development of more extensive palliative care services. The proposal being developed and test is looking to provide a range of new tools and services that support general practice and Aged Residential Care in the provision of palliative care to the people they look after. This is an exciting initiative, which over the next three years is to develop these models and get them imbedded into the system.

4. Health of Older People

1. Pay Equity Settlement

In April, the Government announced a \$2 billion pay equity settlement for care and support workers in the Aged (and disability) Residential Care (ARC) and home and community support services (HCSS). This Settlement Agreement stems from initial proceedings in 2012 under the Equal Pay Act claiming that because support workers are predominantly women, a support workers is paid less than what would be paid to a man performing work involving the same, or substantially similar, degrees of skill, effort and responsibility, and that the conditions of work are the same or substantially similar.

From 1 July, support workers will receive a pay rise between 15 and 50 per cent (i.e. a wage increase on a range between \$19 and \$27 per hour) depending on their qualifications and/or experience. Payment mechanisms will differ for ARC and HCSS. ARC providers will receive an increase to their daily bed rates to cover pay equity. HCSS providers will receive an interim payment on the first working day of each month based on anticipated costs with a wash up process in December 2017 and June 2018. The intention is this interim process will revert back to normal contracting and funding arrangements in 12 months or earlier if agreed between the Ministry, funders and providers.

Information sessions have been held with ARC and HCSS providers in the Northern Region hosted by the MoH. HCSS providers have been completing a Data Collection Tool on their workforce and ARC providers have been completing a Workforce Translation Tool. These tools are to ensure accurate funding, assist providers in making changes to their pay roll systems, and establish an initial baseline for workforce monitoring in order to measure outcomes and benefits of this investment. It is expected that benefits will include reduced staff turnover and more staff with qualifications, which will further support quality of care.

A number of issues have emerged in planning for the 1 July start date of the new Pay Equity rates. Providers have raised concerns around the financial risk of accrued leave liability; a decision on a funding contribution towards accrued leave is soon to be announced by the MoH. For ARC providers, passing though the Pay Equity funding via the daily bed rate will mean there will be 'overs and unders' in terms of how individual providers fare. There is significant concern in the ARC Sector that there will be a cohort of mainly small providers who will receive insufficient funding to cover the Pay

Equity Settlement rates and will no longer be financially viable. There are still some DHB services where it is not clear whether they are in scope for Pay Equity (e.g. Interim Care in ARC) and there are services, outside aged and disability care, that are clearly excluded but there is likely to be a view they have a legitimate case for similar funding (e.g. Mental Health residential care).

The method of allocating the Pay Equity funding to DHBs' has not been finalised. However, the principle is the mechanism should not advantage or disadvantage DHBs' through PBF allocation. The current model proposed to calculate the funding flow from the MoH to DHBs' is payment for the first two years on actual, and the third year PBF.

Overall the impact of Pay Equity from a DHB perspective is not yet fully understood and will become clearer once there is confirmation of all services/contracts that are in scope and the funding allocation for each DHB is known.

5. Women, Children & Youth

1. Immunisation Health Target

For the year to date at 20 May 2017, Auckland DHB achieved 94.4% of infants fully immunised at eight months of age. This is the same as last quarter's result. Results are summarised in the table below.

ADHB Target: 95%	Total	Māori	Pacific	Dep 9-10	Change: total	Change: Māori
Q1 2016/17	94.0%	87.5%	95.1%	92.3%	0.3%	-1.3%
Q2 2016/17	95.4%	90.7%	94.5%	95.3%	1.4%	3.2%
Q3 2016/17	94.4%	89.4%	93.4%	93.6%	-1.0%	-1.3%
YTD 20/5/17	94.4%	89.9%	92.7%	93.0%	-	0.5%
Summary of changes since last quarter						
<ul style="list-style-type: none"> • No change total coverage in year-to-date compared with Q3 2016/17 – coverage still 0.7% higher than Q4 2015/16 results • Increase of 0.5% in coverage for Maori in year-to-date compared with Q3 2016/17 – coverage still 1.1% higher than Q4 2015/16 results • Decrease of 0.9% in coverage for Pacific in-year-to date compared with Q3 2016/17. 						

Our focus continues on Maori infants and addressing the growing decline rate which has been associated with screening of the film VAXXED. Activities currently underway to increase coverage include:

- **End to end process review.** We have followed a cohort of babies born 01/08 to 31/10/2016 as these babies will turn eight months old in Q4 2016/17, tracking their enrolment with primary care and six week immunisations to identify children that require additional follow-up. We are currently analysing this cohort for their three and five month immunisation coverage rates and identifying babies requiring further follow-up
- **Holistic approach for tamariki Maori.** A monthly hui occurs to discuss Maori babies turning six months to identify any tamariki that have not received their immunisations (as well as not

engaged with other services such as Well Child Tamariki Ora, General Practice and the dental service)

- **Early Start in Pregnancy.** It is recognised that antenatal immunisations provide a timely discussion for childhood immunisation. This will be an area of continuing focus in 2017/18.
- **Improving Access.** The Outreach Immunisation Service continues to prioritise babies approaching eight months of age. We are reviewing the changes to Outreach service provision made in 2016/17 to understand potential impact this may have had.

2. Obesity Health Target – ‘Raising Healthy Kids’

Auckland DHB continues to be ranked second in the country for the Raising Healthy Kids (obesity) health target. Auckland DHB achieved 99% of obese children identified had their referral acknowledged, as at 23 May 2017.

The target is, by December 2017, 95 percent of obese children identified in the Before School check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School checks occurring in the six months between 1 June and 30 November 2016.

3. Rheumatic Fever

As previously reported, the rate for first hospitalisations for episodes of Rheumatic Fever in the 2016 calendar year was 5.4 in Auckland DHB against the June 2017 target of 1.1. Provisional results for 16/17 will not be available until August. We continue to work with the MoH and members of the Rheumatic Fever Steering Group to plan activities for 2017/18. Details of this are not yet confirmed, but will include:

- A revised contract with primary care (PHOs) for the target group aged over 13 years on a fee for service basis
- Swab and treatment services through low decile secondary schools (10 schools in Auckland plus Alternative Education and Teen Parent Units) as part of our general enhanced school based health services
- Pacific Community Awareness social and other media campaign, encouraging Pacific families to get sore throats checked and take the full course of antibiotics
- Targeted awareness for Pacific, Maori and those living in economically deprived households delivered through the B4 School Check (importance of getting a sore throat checked, of taking antibiotics as prescribed, and tips for warm, dry homes)
- The Healthy Housing Initiative (Kainga Ora) – which is now receiving around 35 referrals a month per DHB.

We have agreed with the MoH that our primary focus for the Rheumatic Fever programme is Pacific young people aged five to 12 years of age. There are two key strategies being considered to engage and treat those with a sore throat; primary school based services and initiatives delivered through Pacific communities such as churches (these are not mutually exclusive). In either case solutions that may involve engaging different workforces and/or technology solutions will be considered. The outcome of this will require additional funding and be brought to the relevant Finance Committees.

4. Child Health

The oral health preschool strategy has been drafted and is being agreed with Counties Manukau Health. This has a strong focus on Pacific children, reducing inequity and ensuring earlier access to the oral health service. In particular, preventative techniques will be delivered earlier to protect baby teeth. A working group has been convened to agree regional messages for healthy eating and oral health. The strategy will be brought to the September Board meeting.

5. Women's Health

The Pregnancy and First Year of Life Service Alliance has approved the project charter for the first two priority projects under the banner, the First 1000 Days. These are:

- Improving information flows between Lead Maternity Carer/GP/Well Child Tamariki Ora/DHB in the absence of a shared electronic record (which is understood to be still 2- 5 years away)
- Improving access to free Long Acting Reversible Contraception.

The New Zealand College of Midwives presented to the Pregnancy and First Year of Life Service Alliance at the May meeting. The presentation included the model of delivery of midwifery services within both employed and self-employed roles. Priority areas of focus for the College of Midwives were outlined which had significant alignment with other health providers around most issues, including such items as obesity and gestational diabetes. Some of the challenges of delivering integrated care within the context of many separate health services were identified. The integration of public health messages and interventions within delivery of midwifery services and capacity issues within the workforce were also discussed.

6. Mental Health and Addictions

6.1 Fit for the Future

Auckland DHB was successful with their proposal to provide and evaluate " Existing Initiatives for Investment in Building an Evidence Base (People with moderate mental health issues)" within 15 months, with final evaluation report due at MoH by 30 September 2018.

The Auckland DHB has funding to upscale and evaluate the Awhi Ora – Supporting Wellbeing project and includes providing an expanded primary mental health suite of intervention.

A project group has been established with meetings and planning sessions held to establish collaboration and other work required over the next 15 months from the start of contract term (1 June 2017).

6.2 Auckland DHB Review of Residential Rehabilitation

In June 2016 Auckland DHB Board approved a review of residential Rehabilitation services, to identify services that will be reconfigured to Support Hours based services. The review provides an opportunity for Auckland DHB to reduce the number of residential beds and reallocate this funding to Support Hours based services, providing increased flexibility to meet individual needs and the ability to flex hours of support up or down depending on need. To date 26 bed based services have been transitioned to Support Hours, with Board approval.

Where an NGO provider reconfigures a Residential Rehabilitation service to a Support Hours service model the provider will be expected to retain the existing housing stock and make this available to service users through a social landlord capacity. Where the existing housing stock is not suitable for this change of purpose the Funder will negotiate an alternative approach guaranteeing service users access to independent accommodation. This approach will meet the needs of current service users while gradually moving towards a best practice focus on independent living for younger people entering NGO services.

6.3 Auckland DHB Tāmaki Mental Health and Wellbeing Initiative

We have had a number of GPs' indicate that they wish to be part of the up scaling of the pilot. The Fit for the Future project will provide support for 15 months, up scaling Awhi Ora services. However,

significant further funding and/or the reallocation of existing resources are required for any significant expansion of Awhi Ora post Fit for the Future.

NGO providers report they have insufficient Support Hours to meet the support needs of service users under Auckland DHB specialist services and to further increase the support to Primary Care. The continued growth of the Tāmaki primary care/NGO integration initiative will require further investment in Support Hours by Auckland DHB with a business case being developed for September 2017.

6.4 Mental Health Addiction Programme Board

The MHA Programme Board will be a key leadership and advisory group reporting to the Auckland DHB Executive Sponsor Group. Its purpose will be to provide strategic advice and direction on the Auckland DHB Mental Health and Addictions Work plan, leading transformational change.

Members of the Board:

Name	Organisation and function	Role in MHA programme board
Ailsa Claire	ADHB, CEO	Executive Sponsor
Trish Palmer	ADHB and Waitemata DHB, Mental Health & Addictions planning and funding manager	Chair
TBD from Group	TBD	Deputy chair
Raewyn Allan	Mahitahi Trust, CEO	Member
Manu Fotu	ADHB and Waitemata DHB, Programme Manager, Suicide Prevention	Member
Darryl Bishop	Connect Support Recovery, CEO	Member
Vicki McFarlane	Waitemata DHB, Lead Clinician Medical Detoxification Services	Member
Anna Schofield	ADHB, Director of Mental Health & Addiction services	Member
Alison Hudgell	ADHB, General Manager of Mental Health & Addiction services	Member
Sue Hallwright	Procure, Director of Primary Mental Health	Member
Fiona Trevelyan	Odyssey House Trust, CEO	Member
Barbara Disley	Emerge Aotearoa, CEO	Member
Taimi Allan	Changing Minds, CEO	Member

Bronte Jefferies	Supporting Families in Mental Illness	Member
Camille Gheerbrant	ADHB, Service Improvement Manager	Service Improvement

The group has agreed to Terms of Reference and attended a workshop to start identifying a strategic work plan for 2017/18 and beyond.

6.5 Look-Up 2017 Exploring Relationships

We are planning for our third annual Look Up event. This a free youth innovation forum to be held on 10 August 2017 for Auckland youth to explore the broad theme of relationships. The event aims to equip young people with access to good information, skill building opportunities and partake in conversation that they can share with their communities. Programme themes are balance, tough conversations, keeping safe and youth leadership. The Look Up Project Manager is a youth being supported and guided by a predominantly youthful action team, with Affinity, Connect Supporting Recovery and Odyssey Trust (NGOs) managing the event's development.

7. Māori Health Gain

7.1 Māori Health Plan

The second draft of the 2017/18 Māori Health Plan is in its final stages. Due to the strong alignment of the Auckland and Waitemata DHBs' Māori Health Plans, we have merged the Plans together to have one Māori Health Plan for both District Health Boards.

We continue to engage with key stakeholders throughout the development of the 2017/18 Māori Health Plan for Auckland and Waitemata District Health Boards. We have provided our Māori board members, Manawa Ora, MoU partners, Māori providers and key internal stakeholders with opportunities to provide feedback.

We recently presented the Plan to the Auckland Waitemata PHO Alliance Leadership Team who:

- **Endorsed** the content relevant to primary care in the 2017/18 Māori Health Plan for Auckland and Waitemata District Health Boards
- **Agreed** to support the implementation of activities in the 2017/18 Māori Health Plan for Auckland and Waitemata District Health Boards, relevant to primary care, with a view to improve health outcomes for Māori as a priority.

In addition, the Alliance Leadership Team also agreed to support the implementation of the Ready, Steady, Quit Smoking Cessation Programme and to collect and report workforce demographic data, including ethnicity, to Auckland and Waitemata DHB Planning and Funding on an annual basis. Both smoking cessation and workforce development are key focus areas for improvement for the 2017/18 year.

8. Pacific Health Gain

8.1 PHAP Priority 1 – Children are safe and well and families are free of violence

We continue to work with the Child health team, MoH, Pacific providers and community groups on rheumatic fever and prevention amongst Pacific communities. The focus has been on increasing rheumatic fever awareness, education and improving access to treatment in and through schools, churches, local community groups, specific localities and primary care.

Plunket is currently piloting a one-on-one breastfeeding support service in Central Auckland (Wahine Atawhai). This has a focus on Maori, Pacific and Asian women, currently the highest referral rate is in Asian women.

Within the Well Child Tamariki Ora contracts for the 17/18 financial year the DHBs will be setting targets for providers in regards to the volume of children seen for each component of the Well Child service model, including core contacts. This will include a target set for the number of Pacific children seen. A quarterly governance meeting has been established to monitor progress on the quality indicators, including timeliness of first core contact and the completeness of the first five cores.

8.2 PHAP Priority 2 –Pacific People are smoke-free

A co-design process started with two Samoan church congregations in the Auckland DHB area to explore how to increase quit rates amongst Samoan smokers. Two groups have agreed to participate in a quit smoking assistance programme. Meetings will be held in June to explore and discuss what approaches will support them, the groups have asked for further education about the benefits of being smokefree. We intend to work with other churches in similar ways.

The Seventh Day Adventist Tongan Church in Penrose completed an annual Health Week programme in their church on Sunday 21 May 2017. The week ended with a prize giving where church members completed an eight week weight loss challenge. Health Screening, health education and nutrition formed part of this event.

The Certificate of Pacific Nutrition Course with Pacific Heart Beat which is a NZQA Level three course continues to be promoted amongst the Healthy Village Action Zones (HVAZ)/Enua Ola church and community groups. Three community members are currently undertaking this course which will end in June.

8.3 Priority 3 – Pacific people are active and eat healthy

Consultation on the Auckland/Waitemata DHB Childhood Obesity Action Plan will begin soon. HVAZ and Enua Ola Pacific church programmes have a focus on healthy nutrition and physical activity for the whole family.

14 church groups continue to actively participate in an eight week Aiga weight loss challenge as part of the HVAZ programme, the competition will end in June 2017.

Free Tabata sessions are now being offered in three church halls located in Grey Lynn, Westmere and Sandringham. Members of different church groups are utilising the opportunity to exercise and also connect with members of other churches through this programme. Church ministers and their wives, leaders, parents and youth members are attending the Tabata sessions.

8.4 PHAP Priority 4–People seek medical and other help early

A review of the Parish community nursing service has provided an opportunity to reflect and consider the opportunities this role provides within the varied church contexts and with primary

care. The Pacific team is working with PHO and DHB Nurse Leaders' to discuss how we can support and increase the access of Pacific communities to health services.

Two Self Management programmes are currently being delivered in Auckland DHB. Health screening days continue to be delivered by Parish Community Nurses in HVAZ. To date, 18 health screenings days have been held in Auckland DHB

9. Asian, Migrant and Refugee Health Gain

9.1 Increase Access and Utilisation to Health Services

Indicators:

- **Increase by 2% the proportion of Asians who enrol with a PHO to meet 75% target by 30 June, 2017 (current rate 69% as at Quarter 4 2016/17)**
- **80% of eligible Asian women will have completed a cervical sample by 2020 (current rates 59.2% as at Dec 2016)**

The Asian PHO enrolment rate has remained unchanged between Quarter 3 and Quarter 4 2016/17 at 69%, even though there were 1152 new enrolments.

As at April 2017 (MoH, National Cervical Screening Programme monthly report), the three year cervical screening coverage rate for Asian women was 58.6% with a 0.6% decrease between Quarter 3 and Quarter 4 2016/17.

The multi-lingual social media campaign is rolling out until end of June with a focus on Asian new migrants and students – primarily Chinese, Indian, Korean and Filipino living in the Auckland DHB area. Other languages have been incorporated in the Campaign focusing on migrants who speak Russian, Japanese, Vietnamese and Arabic.

The aim of the campaign is to reduce acute flow to Auckland Hospital's Emergency Departments by highlighting the benefits of seeing a family doctor (GP), pharmacist or urgent care clinic, and promoting cervical screening to Asian women in the 25–29 age group who have low coverage.

Ethnic media such as World TV have picked up on the Campaign where the Asian, Migrant and Refugee Health Gain Manager was interviewed about the intent and key messages. The Campaign also leverages on Asian media and other partner online social media platforms such as Universities and Private Training Establishments, cross central Government agencies, settlement agencies, ethnic associations, libraries and sporting bodies e.g. Sport Auckland, Auckland Badminton Association. For more information, visit www.yourlocaldoctor.co.nz

An Asian migrant and student centric General Practice Caring Clinic has opened in the city centre at 175 Queen Street, formally launched by Dame Susan Devoy on 1 June. The Asian, Migrant and Refugee Health Gain Manager, in her role in the Auckland Agency Group that supports the development of the New Zealand International Student Wellbeing Strategy, has been working with Alliance Health Plus and the Chinese speaking GPs/clinic staff to develop a culturally appropriate model of care. The intent is to better support Asian migrant and primarily Private Training Establishment students (International and domestic) who do not study at universities to connect to primary care. Services include skype consultations after hours and e-prescriptions. The practice is taking new enrolled or casual patients.

Indicator: Increase opportunities for participation of eligible refugees enrolled in participating General Practices' as part of the Refugee Primary Care Wrap Around Service funding

The Refugee Primary Care Wrap Around Service Funding for ProCare in Auckland DHB was exhausted by January 2017. The downstream effect meant that participating ProCare General Practices had to charge their enrolled patients from former refugee backgrounds full fees for visiting the practice for the remaining financial year. The Funder Primary Care team and Asian, Migrant and Refugee Health Gain Manager have been working closely with ProCare on solutions for FY 2017/18 to ensure better management of the Refugee Primary Care Wrap Around Service Funding.

Professional development opportunities for primary health and the frontline workforce to up skill them on the soft skills and cultural competencies required to support refugee families at the practice level included:

- Receptionists cross-cultural training to frontline primary health staff delivered on 10 May
- Refugee health network forum delivered to primary health professionals on 8 June

Statement of Performance Expectations (SPE) Performance Report: Q3 2016/2017

Recommendation:

That the report Statement of Performance Expectations (SPE) Performance Report: Q3 2016/17 be received.

Prepared by: Wendy Bennett (Planning & Health Intelligence Manager – Auckland and Waitemata DHBs)
Endorsed by: Karen Bartholomew (Acting Director Health Outcomes – Auckland and Waitemata DHBs), Simon Bowen (Director of Health Outcomes – Auckland and Waitemata DHBs)

Glossary

ARPHS	Auckland Regional Public Health Service
CEO	Chief Executive Officer
CVD	Cardiovascular disease
DHB	District Health Board
HAC	Hospital Advisory Committee
HT	Health Target
POAC	Primary Options for Acute Care
SIR	Surgical intervention rate
SPE	Statement of Performance Expectations
TB	Tuberculosis
WIES	Weighted Inlier Equivalent Separation
YTD	Year-to-date

Introduction

The Board has requested regular reporting of the indicators in the Statement of Performance Expectations (SPE) that makes up a key component of the Annual Plan. Measures within the SPE (Module 3 of the Annual Plan) represent the outputs/activities we deliver to meet our goals and objectives in the first two modules of the Annual Plan, and also provide a reasonable representation of the vast scope of business-as-usual services provided. Performance measures help to assess the quantity, quality and the timeliness of service delivery. Actual performance against these measures is reported in the DHB's Annual Report and audited at year end by the DHB's auditors, Audit NZ.

Many of the indicators included in the SPE are currently reported in other scorecards/reports to Board and Board Committees; therefore, this report excludes variance reported elsewhere. This report also excludes indicators for which data is available only annually.

This is the second SPE report to the Board. The most significant change from the previous report is the inclusion of a comparison of the three Metro Auckland DHBs in terms of the Health Targets and other key indicators.

Auckland DHB is making good progress in achieving the Health Targets, and a large number of the SPE indicators. Key areas of focus include: breast and cervical screening, surgical intervention rate for major joints, Mental Health waiting times (<3 and <8 weeks), PHO enrolment, POAC referrals, and ESPI 5.

HOW TO INTERPRET THE SCORECARDS

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic font*).

Measure description ↓	Actual	Target	Traffic light ↓	Trend indicator Trend ↓	
Better help for smokers to quit - hospitalised	98%	95%			--

The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
	On target or better		Achieved
	95-99.9% achieved	0.1–5% away from target	Substantially achieved but off target
	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not achieved or off track

Exception: Cardiac arrest calls is **Green** if number ≤ 1 , **Blue** if =2, **Amber** if =3 and **Red** if ≥ 4

Trend indicators

A trend line and a trend indicator is reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	Current > Previous month (or reporting period) performance	Improvement
▼	Current < Previous month (or reporting period) performance	Decline
--	Current = Previous month (or reporting period) performance	Stable

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:

Key notes	<p>ESPI traffic lights follow idoM criteria:</p> <p>ESPI 2</p> <ul style="list-style-type: none"> ● 0 ● < 0.4% ● ≥ 0.4% <p>ESPI 5</p> <ul style="list-style-type: none"> ● 0 ● < 1% ● ≥ 1%
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SPE scorecards: Q3 2016/17

Metro-Auckland DHBs Performance Scorecard

Health Targets and key indicators

Quarter 3

2016/17

Health Targets	Auckland DHB				Waitemata DHB				Counties Manukau DHB			
	Actual	Target	Trend		Actual	Target	Trend		Actual	Target	Trend	
Shorter stays in EDs	95%	95%	●	↔	97%	95%	●	↔	95%	95%	●	↔
Improved access to elective surgery	96%	100%	●	↘	108%	100%	●	↗	107%	100%	●	↗
Faster cancer treatment - within 62 days	87%	85%	●	↗	92%	85%	●	↗	76%	85%	●	↘
Increased immunisation (at age 8 months)	94%	95%	●	↘	92%	95%	●	↘	94%	95%	●	↘
Better help for smokers - Primary Care	88%	90%	●	↔	88%	90%	●	↔	89%	90%	●	↔
Better help for smokers - Maternity	97%	90%	●	↗	91%	90%	●	↗	97%	90%	●	↗
Raising healthy kids	99%	95%	●	↗	100%	95%	●	↗	91%	95%	●	↗
Key indicators	Actual	Target	Trend		Actual	Target	Trend		Actual	Target	Trend	
Breast screening coverage	64%	70%	●	↔	67%	70%	●	↔	68%	70%	●	↔
Cervical screening	71%	80%	●	↘	75%	80%	●	↘	74%	80%	●	↘
CVD on triple therapy	53%	54%	●	↗	54%	55%	●	↗	58%	59%	●	↗
Surgical intervention rate (SIR) - major joints	16	21	●	↘	27.1	21	●	↘	23	21	●	↘
SIR - cataracts	35.9	27	●	↘	38.3	27	●	↘	38.8	27	●	↘
SIR - cardiac surgery	5.9	6.5	●	↗	6.9	6.5	●	↗	6.12	6.5	●	↗
SIR - percutaneous coronary revascularisation	10.9	12.5	●	↘	14.7	12.5	●	↘	11.54	12.5	●	↘
SIR - coronary angiography	30	34.7	●	↘	40.7	34.7	●	↘	28.8	34.7	●	↘
Urgent diagnostic colonoscopy in 14 days	100%	98%	●	↗	100%	85%	●	↗	99%	85%	●	↗
Opportunities for hand hygiene taken	84%	81%	●	↗	86%	80%	●	↗	81%	80%	●	↗
Older patients assessed for risk of falling	93%	90%	●	↗	99%	90%	●	↗	94%	90%	●	↗
Hip/knee operations given prophylactic antibiotic	95%	100%	●	↘	98%	95%	●	↗	94%	100%	●	↘
0-19 Mental Health waiting within 3 weeks	74%	80%	●	↘	64%	80%	●	↘	75%	80%	●	↘
0-19 Mental Health waiting within 8 weeks	90%	95%	●	↘	88%	95%	●	↘	95%	95%	●	↔
0-19 Addictions waiting within 3 weeks	95%	80%	●	↘	89%	80%	●	↘	98%	80%	●	↘
0-19 Addictions waiting within 8 weeks	99%	95%	●	↗	97%	95%	●	↗	100%	95%	●	↗
ARC providers with 4 year audit certification	31%	↑	●	↘	22%	↑	●	↘	18%	↑	●	↘

6.3

Auckland DHB Performance Scorecard

Statement of Performance Expectations

Quarter 3

2016/17

Output Class 1: Prevention Services				Output Class 3: Intensive Assessment and Treatment			
Health Promotion	Actual	Target	Trend	Acute services	Actual	Target	Trend
Better help for smokers to quit - hospitalised	95%	95%	●	Number of ED attendances (YTD)	27,053	No target	↘
Green prescriptions - adults	4,023	4,614	●	Total acute WIES (DHB Provider - YTD)	75,154	73,426	●
Health Protection (ARPHS - all northern region DHB results)				Eligible stroke patients thrombolysed	12%	10%	●
Tobacco retailer compliance checks conducted (YTD)	186	120	●	Stroke patients admitted to stroke unit	94%	80%	●
TB treatments with start date	100%	85%	●	Coronary angiography in 3 days (ACS patients)	87%	70%	●
Population based screening				Maternity			
Newborn hearing - % babies offered screening w/in 1 mth	100%	90%	●	Number of births in Auckland DHB hospitals (YTD)	5,484	No target	↗
Referral rate to audiology	1.3%	≤4%	●	Primiparous vaginal births with 3rd/4th degree tears	4.9%	↓	●
Audiology services by 6 month of age	100%	≥95%	●	Elective (inpatient/outpatient)			
B4 School Checks completed (YTD)	70%	68%	●	Non-urgent diagnostic colonoscopy in 42 days	92%	56%	●
				Waiting >4 months for FSA (ESPI 2)	0.21%	0.00%	●
				Waiting >4 months for treatment (ESPI 5)	4.69%	0.00%	●
				Quality and patient safety (HQSC)			
Primary health care	Actual	Target	Trend	Staph bacteraemia rate per 1,000 inpatient bed days	0.0008	↓	●
Primary Care enrolment	84%	95%	●	Inpatients who rate care 'very good' or 'excellent'	86%	↑	●
POAC referrals (YTD)	3,527	5,250	●	Mental health			
Diabetes management	65%	61%	●	Mental health service access 0-19	3.2%	3.0%	●
CVD risk assessed in last 5 years	92%	90%	●	Mental health service access 20-64	3.5%	3.7%	●
				Mental health service access 65+	3.1%	3.1%	●
Community referred testing and diagnostics							
GP-referred radiological tests (YTD)	20,122	17,113	●				
CTs completed within 6 weeks	97%	95%	●				
MRIs completed within 6 weeks	66%	85%	●				
				Output Class 4: Rehabilitation and Support Services			
				Home-based support	Actual	Target	Trend
				Long-term support 65+ who have had interRAI	97%	95%	●
				Urgent InterRAI assessed in 5 working days	80%	90%	●
				Non-urgent InterRAI assessed in 15 working days	93%	90%	●
				Palliative Care			
				Number of contacts (YTD)	7,122	No target	↗
				Hospice patient deaths that occur at home	26%	↑	●
				Referrals that wait >48 hours for a hospice bed	0%	↓	●

Key notes

ESPI traffic lights follow MoH criteria

ESPI 2	ESPI 5
● 0	● 0
● <0.4%	● <1%
● ≥0.4%	● ≥1%

- Most Actuals and Targets are reported for the quarter in the scorecard header
- Actuals and Targets in grey bold italics are for the most recent reporting period where data is missing or delayed
- Trend lines represent the data available for the 4 most recent time points; the scale is auto-adjusted and small variations may appear large
- The triple therapy baseline and target published in the 2016/17 Annual Plan have been superseded by the SLM Plan's baseline and target
- Some indicators are regularly reported on in the Manawa Ora scorecard and report as Māori vs. non-Māori

HEALTH TARGETS

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
1. Shorter stays in EDs	✓	<i>In CEO report</i>
2. Improved access to elective surgery	✓	<i>In CEO, HAC reports</i>
3. Faster cancer treatment – within 62 days	✓	<i>In CEO report</i>
4. Increased immunisation (at age 8 months)	✓	<i>In CEO, CPHAC reports</i>
5. Better help for smokers – Primary Care	✓	<i>In CEO, CPHAC reports</i>
6. Better help for smokers – Maternity	✓	<i>In CEO report</i>
7. Raising healthy kids	✓	<i>In CEO, CPHAC reports</i>

KEY INDICATORS

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Output class 1: prevention services		
8. Breast screening coverage	✘	<p>The Ministry of Health contracts directly with the breast screen provider, BreastScreen Auckland. They are responsible for ensuring nationally set breast screening targets are met. Rates dropped most recently with a change in the denominator to align with new Census population statistics. Of concern are rates for Māori women. The provider has been reviewing strategies and learning from other lead providers who have increased coverage for Māori, to develop our own Recruitment and Retention Action Plan with a focus for Māori.</p> <p>Key action plans:</p> <ul style="list-style-type: none"> • Review strategies from Providers who have increased Māori screening, with a view to implementing appropriate approaches • Community event calendar with targeted priority Māori-specific and/or community events • For women enrolled with the Provider: focus on improving re-screening rates and follow-up of DNAs (increased active follow-up) • For women not yet enrolled: data-match processes with Primary Care and new datamatch with hospitals to identify and offer screening (aiming to agree a Metro Auckland aligned process); focus on Māori women. <p><i>In Manawa Ora report (Māori specific)</i></p>

Indicator	On target	Variance commentary
Output class 2: early detection and management		
9. Cervical screening	✘	<i>In CPHAC report and Manawa Ora report (Māori specific)</i>
10. CVD on triple therapy	✓	
Output class 3: intensive assessment and treatment		
11. Surgical intervention rate (SIR) – major joints	✘	Orthopaedic volumes this year are tracking at considerably lower levels than planned. Following an external review from Deloitte, it is planned that volumes will increase incrementally through to Q4 2017/18.
12. SIR – cataracts	✓	
13. SIR – cardiac surgery	✘	In this quarter there was a noticeable increase in the acute referrals into the service. The elective inflow onto the waiting list was consistently higher than planned, that in conjunction with acute work, saw the waitlist increase during this period. There will continue to be to some fluctuation around balancing acute patients with available capacity, but it is expected that trends around this SIR will stabilise. There is no real or perceived barrier to referral and Auckland DHB continues to maintain a good relationship with referrers to the service.
14. SIR – percutaneous coronary revascularisation (angioplasty)	✘	Auckland DHB continues to meet its referral demand for wait times within targets for both percutaneous and angiography. The impact of the catheter lab refurbishment may have contributed to the lower SIR for this quarter.
15. SIR – coronary angiography	✘	Auckland DHB continues to meet referral demand within timeframes. During December 2016, one of the catheter labs underwent refurbishment and replacement of angiography equipment, which increased the waitlist demand. Intervention rates should improve in the next quarter. There is no real or perceived barrier to referral and Auckland DHB continues to maintain a good relationship with primary care.
16. Urgent diagnostic colonoscopy in 14 days	✓	<i>In HAC report</i>
17. Opportunities for hand hygiene taken	✓	<i>In HAC report</i>
18. Older patients assessed for risk of falling	✓	
19. Hip and knee operations with prophylactic antibiotic given	✓	
20. 0-19 Mental Health waiting within 3 weeks	✘	<i>In HAC report</i>
21. 0-19 Mental Health waiting within 8 weeks	✘	<i>In HAC report</i>
22. 0-19 Addictions waiting within 3 weeks	✓	

Indicator	On target	Variance commentary
23. 0-19 Addictions waiting within 8 weeks	✓	
Output class 4: rehabilitation and support services		
24. ARC providers with 4-year audit certification	No set target	

OUTPUT CLASS 1: PREVENTION SERVICES

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Health promotion		
25. Better help for smokers to quit – hospitalised	✓	<i>In CEO, HAC reports</i>
26. Green Prescription – adults	✗	Referrals are relatively slow during the start of the calendar year, but have increased throughout the quarter, with 550 referrals received during March.
Health protection (ARPHS – all northern region DHB results)		
27. Tobacco retailer compliance checks conducted	✓	
28. % of TB treatments with start date	✓	
Population-based screening		
29. Newborn hearing - % babies offered screening within 1 month	✓	
30. Referral rate to audiology	✓	
31. Audiology services by 6 months of age	✓	
32. % of Before School Checks completed (YTD)	✓	

6.3

OUTPUT CLASS 2: EARLY DETECTION AND MANAGEMENT

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Primary health care		
33. Primary care enrolment	✗	<i>In CPHAC report</i>
34. POAC referrals YTD	✗	POAC is working with Auckland Hospital ED and with inner city general practice to facilitate improved utilisation of POAC services
35. Diabetes management	✓	<i>In CPHAC report</i>
36. % CVD risk assessed in the last 5 years	✓	
Community-referred testing and diagnostics		
37. GP-referred radiological tests	✓	
38. % CTs completed within 6 weeks	✓	<i>In HAC report</i>
39. % MRIs completed within 6 weeks	✗	<i>In HAC report</i>

OUTPUT CLASS 3: INTENSIVE ASSESSMENT AND TREATMENT

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Acute services		
40. Number of ED attendances (YTD)	No set target	
41. Total acute WIES (DHB Provider – YTD)	✓	
42. Eligible stroke patients thrombolysed	✓	
43. Stroke patients admitted to stroke unit	✓	
44. Coronary angiography in 3 days (ACS patients)	✓	
Maternity		
45. Number of births in ADHB hospitals (YTD)	No set target	
46. Primiparous vaginal births with third/fourth degree tears	✓	
Elective (inpatient/outpatient)		
47. Non-urgent diagnostic colonoscopy in 42 days	✓	<i>In HAC report</i>
48. Waiting >4 months for FSA (ESPI 2)	✘	<i>In HAC report</i>
49. Waiting >4 months for treatment (ESPI 5)	✘	<i>In HAC report</i>
Quality and patient safety (HQSC)		
50. Staph bacteraemia rate per 1,000 inpatient bed days	✓	<i>In HAC report</i>
51. Inpatients who rate care 'very good' or 'excellent'	✓	<i>In HAC report</i>
Mental health		
52. Mental Health service access 0-19	✓	<i>In HAC report</i>
53. Mental Health service access 20-64	✓	<i>In HAC report</i>
54. Mental Health services access 65+	✓	<i>In HAC report</i>

OUTPUT CLASS 4: REHABILITATION AND SUPPORT SERVICES

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Home-based support		
55. Long-term support 65+ who have had InterRAI	✓	
56. Urgent InterRAI assessed in 5 working days	Q3 data not available (* in Q2)	Data cannot be provided by priority status as TAS only provided access to the Momentum software on 13 April. This software provides dates of referral and assessment but not the priority status. To enable accurate reporting, a specific report will need to be built with the support of Business Intelligence Services. The following information from NASC services for the month of March 2017 is indicative of typical monthly performance. All patients are prioritised and urgent assessments are triaged daily to appropriate teams. Not all the referrals below will require a full InterRAI assessment, but this data provides indicative performance of those who do require an InterRAI. <ul style="list-style-type: none"> • 280 (69%) were assessed within 7 days of referral. The majority of these will be urgent and priority referrals • A further 32 (8%) were assessed within 14 days of referral • 42 (10%) were assessed within 42 days of referral • 52 (13%) waited more than 42 days since the original referral. acceptance date for an assessment.
57. Non-urgent InterRAI assessed in 15 working days	Q3 data not available (✓ in Q2)	Please see above commentary
Palliative care		
58. Number of contacts (YTD)	No set target	
59. Hospice patient deaths that occur at home	✓	
60. Referrals that wait >48 hours for a hospice bed	✓	

6.3

7.1

Hospital Advisory Committee Meeting 7 June 2017 - Draft Minutes

Prepared by: Michelle Webb (Corporate Committee Secretary)

Recommendations

That the Hospital Advisory Committee draft minutes be received.

7.1

RESOLUTION TRANSFERRED FROM THE CONFIDENTIAL AGENDA TO OPEN AGENDA

The following item from within the minutes was considered as part of the confidential agenda (item 5.2) and the Committee agreed that the following recommendation be transferred to the open agenda. It is submitted by the Hospital Advisory Committee for consideration and approval by the Board. The item is:

C5.2 Provider Services Business Plan 2017/2018 (*Pages 34 to 45 of the Confidential Hospital Advisory Committee agenda*)

Recommendation:

That the Hospital Advisory Committee recommends to the Board:

That the Board:

- 1. Receives the revised Provider Services Business Plan for 2017/18.**
- 2. Approves the 2017/18 Provider Services Business Plan for implementation across the Provider Arm with updates on progress to be reported to each meeting of the Hospital Advisory Committee.**

Minutes
Hospital Advisory Committee Meeting
07 June 2017

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 07 June 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1.30pm

<p>Committee Members Present James Le Fevre (Deputy Chair) Jo Agnew Michelle Atkinson Doug Armstrong Dr Lee Mathias Gwen Tepania-Palmer</p>	<p>Auckland DHB Executive Leadership Team Present Ailsa Claire Chief Executive Officer Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Rosalie Percival Chief Financial Officer Shayne Tong Chief of Informatics Sue Waters Chief Health Professions Officer Dr Margaret Wilsher Chief Medical Officer</p> <p>Auckland DHB Senior Staff Present Jo Brown Funding and Development Manager Hospitals Ian Costello Director of Clinical Support Services Karin Drummond General Manager Women’s Health Dr Mark Edwards Director Cardiovascular Services Dee Hackett General Manager Adult Medical Emma Maddren General Manager, Child Health Mr Arend Merrie Director Surgical Services Alex Pimm Director Patient Management Services Anna Schofield Director Mental Health and Addictions Michelle Webb Committee Secretary</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>
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1. APOLOGIES

The apologies of Judith Bassett, Committee Chair, and of senior staff members Judith Catherwood, Sue Fleming, Fiona Michel, Barry Snow and Richard Sullivan were received.

In the absence of Judith Bassett, James Le Fevre chaired the meeting.

2. REGISTER AND CONFLICTS OF INTEREST

Lee Mathias requested that her interests in Unitec and MRTs be noted.

There were no other declarations of interest for any item on the open agenda.

3. CONFIRMATION OF MINUTES 26 April 2017 (Pages 8 to 19)

Resolution: Moved Gwen Tepania-Palmer / Seconded Lee Mathias

That the minutes of the Hospital Advisory Committee meeting held 26 April 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 20 to 21)

Ailsa Claire, Chief Executive advised that consideration was being given to the requirements of the Auckland Integrated Cancer Centre business case as part of the Northern Regional Long Term Plan process. It was expected that a more comprehensive report on this matter would be available in approximately 6 weeks' time.

All other actions were either in progress or complete.

5. PERFORMANCE REPORTS (Pages 22 to 162)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 22 to 28)

Jo Gibbs, Director Provider Services spoke to the report highlighting the following:

- The Emergency Department 6 hour target had been reported as met, despite increased attendance. Since that time there had been a significant number of presentations. As a result performance had reduced from 95.87% to 94%.
- Level 5 of Starship Hospital had partially re-opened following refurbishments.
- Achieving the target for Faster Cancer Treatment remained challenging. The performance of the Gynae Oncology stream due to capacity issues had most significantly impacted on performance. Improvements and actions to mitigate risk have been identified and implemented.

There was brief discussion on the Outpatients Model of Care Programme and visioning work to date. It was agreed that there was room for improvement in the language used in patient documentation. It was also considered important to ensure consistency in language and the inclusion of whanau ora in all service modelling documentation. Advice was given that this was an early piece of draft work in progress and that a more comprehensive report could be provided to a future meeting.

Action:

That information on the Outpatients Model of Care programme be provided to a future Hospital Advisory Committee meeting.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the Hospital Advisory Committee receives the Provider Arm Performance report for June 2017.

5.2 Provider Arm Scorecard (Pages 29 to 30)

Jo Gibbs, Director Provider Services advised that the key issues continued to be performance against the Emergency Department and Faster Cancer Treatment targets. There were no questions.

5.3 Clinical Support Services (Pages 31 to 40)

Ian Costello, Director Clinical Support Services asked that the report be taken as read, highlighting the following:

- Performance against the MRI target for April had deteriorated due to increased volumes and challenges filling vacancies. Recovery plans were in place including outsourcing to external providers.
- Workforce planning strategies were being developed in collaboration with training institutions. A key aim was to increase throughput and quality of graduates to remove reliance on the market for supply of MRT staff.
- An ongoing trend of increased transition lounge utilisation had been observed and a business case for expansion of the lounge was in development.

Matters covered in response to questions included:

- Capacity available did not match the volume of hours required to meet the MRI target.
- Providing GPs with direct access to the DHB booking system for radiology services was being explored. This would come with the need to manage prioritisation and demand carefully so further work was required before this could be considered for implementation.
- A review of the placement of radiology diagnostics within the clinical pathway was being undertaken to determine the most appropriate time for diagnostics to occur.

The Chair noted that it was positive to see the inclusion of the Ultrasound target which was important to ensuring equity in access to services.

5.4 Women's Health Directorate (Pages 41 to 51)

Karin Drummond, General Manager Women's Health asked that the report be taken as read, highlighting that achievement of the Faster Cancer Treatment target was an identified issue. Performance had been impacted by delays in triaging, staffing issues and vacancies in critical roles. Actions to address these issues included implementation of a daily roster, increasing capacity for referrals and utilisation of rapid access clinics.

Matters covered in response to questions included:

- The service had recently submitted a response to the recent RANZCOG routine accreditation visit report and was awaiting confirmation of the action plan from RANZCOG.
- Capital funding was being sought for a new regional IT system for the Fertility service to enhance its ability to manage volumes. It was noted that the Fertility service

provided by Auckland DHB is the only publically funded service of its type nationally. Predominantly the service provides fertility services to people who meet the eligibility criteria. There are very clear guidelines for criteria for access. Patients whom are outside of the threshold are able to access the service at a cost. The service was currently undertaking a review to ensure services were sustainable and efficient.

- Whilst there had been a reduction in Pacific Did Not Attends (DNAs), Maori DNA's did not appear to have improved. Advice was given that the reduction in Pacific DNAs was a result of a targeted project however the activities required were resource intensive. Staffing capacity was currently not available to undertake a similar project for Maori DNAs.

5.5 Child Health Directorate (Pages 52 to 63)

Emma Maddren, General Manager Child Health asked that the report be taken as read highlighting the following:

- Significant work had been undertaken on the Community Services redesign to enable implementation to proceed. Appointments had been successfully made to the Locality and Outcomes Lead positions.
- Safe, high quality services had been maintained during the extensive building works at Starship Hospital. The outstanding work of the nursing teams throughout the rebuild was formally acknowledged.
- Good progress had been made on the Patient Safety programme of work.

Matters covered in response to questions included:

- Clarification was given regarding the recovery initiative noted on page 59 of the agenda. The intention behind elective discharges stimulating surgical demand was to encourage more timeliness around First Scheduled Appointments (FSA) to improve surgical patient flow. The FSA target had been introduced to more evenly distribute demand across a period of time and reduce traditionally experienced bottlenecks.
- Members queried the draft efficiency measure within the Starship Clinical Excellence Programme Dashboard and requested that further explanation be provided. It was not clear why the 'Laboratory cost per bed day' and Antibiotic cost per bed day' measures were considered important or relevant to measuring required outcomes. It was agreed that this would be clarified by the service.
- A review process had been initiated to understand the reasons for variation in Operative Mortality rates year on year. The Committee expressed interest in receiving further information about this once available.

Actions:

- 1. That clarification of the meaning and relevance of the 'Laboratory cost per bed day' and 'Antibiotic cost per bed day' measures within the Starship Clinical Excellence Programme be provided.**
- 2. That a report on the Operative Mortality Rate Variations in Children be provided to the Confidential Hospital Advisory Committee once available.**

5.6 Perioperative Services Directorate (Pages 64 to 71)

Arend Merrie, Director Surgical Services asked that the report be taken as read highlighting the following:

- The Radio Frequency Identification tunnel is being installed. This will enable tracking of all loan sets in the Operating Rooms.
- The annual product review of top 20 consumables spends had been completed.
- A review of the elective surgery pre-admission pathway had commenced to identify improvements to work flow and capacity.
- Review of Operating Room models of care was in progress to inform future requirements for managing increases in demand for acute care.

The following matters were covered in discussion of the report and in response to questions:

- Reallocation to reduce the number of unfilled Operating Room sessions had been very successful. There had been over-performance against the internal target of 95%, with a result of 96.4% YTD.
- The Datix issues reported were not unique to Perioperative Services. Many areas had experienced distribution and data integrity problems. These had been caused by technical issues in implementation due to misalignment of configuration of systems and the Datix product. Rapid remedial actions were in progress to rectify.
- The risk related to the delays in the Single Instrument Tracking Project were being reported to and managed by the Board.

[Secretarial Note: Item 5.11 was taken next]

5.7 Cancer and Blood Directorate (Pages 72 to 79)

[Secretarial Note: this item was considered after Item 5.11]

Deirdre Maxwell, General Manager Cancer and Blood spoke to the reporting highlighting the following:

- Strong focus continued to be placed on the Faster Cancer Treatment radiation oncology programme of work to map patient demand to service capacity.
- A steering group had been formed to oversee implementation of the replacement Linear Accelerator.
- Issues were being experienced with roof leaks and lift upgrades in Building 8. These issues had been included on the organisational Health and Safety Risk Register.
- The proposed Memorandum of Understanding with the Cancer Society had recently been ratified by the Board. Formalisation of this relationship will provide positive benefits for patients and whanau.
- Collaborative work with the University of Auckland was continuing on establishing an Early Phase Trials Unit.

Members noted that the successful pilot of adjuvant Herceptin delivery at Counties Manukau was positive.

5.8 Mental Health Directorate (Pages 80 to 95)

Anna Schofield, Director Mental Health and Addictions asked that the report be taken as read highlighting the following:

- The service continued to experience high demand, acuity and complexity particularly in children and youth. There was also greater demand being placed on the High Dependency Unit.
- Difficulties with staffing and respite opportunities for staff to manage the work pressures they experienced were ongoing.

Matters covered in response to questions included:

- Due to the ongoing increase in acute demand the Te Whetu Tawera unit was constantly operating at near full or full capacity, as were other respite and acute care services in the community.
- A regional response and long term planning was required to address capacity issues and acute mental health needs.
- The Northern Regional Alliance Mental Health Clinical Network were currently considering how an increase in the provision of minimum security units might be achieved to increase capacity in the community.
- It was noted that excellent progress in reducing episodes of restraint and seclusion had been made. The team were formally acknowledged for their good work to reduce the need for the use of restraint and seclusion.

A brief discussion regarding the current status of the Eating Disorders Service took place. Advice was given that this matter was being managed by the Funder in conjunction with the Board.

5.9 Adult Medical Directorate (Pages 96 to 103)

Dee Hackett, General Manager Adult Medical asked that the report be taken as read briefly highlighting that the colonoscopy target had not been met in April. This had been due to an administrative booking issue which had since been addressed. Management were confident that performance would recover.

There were no questions.

5.10 Community and Long Term Conditions Directorate (Pages 104 to 114)

Alex Pimm, Director Patient Management Services asked that the report be taken as read highlighting the following:

- Alex had been seconded to the role of Director Patient Management Services. His General Manager role would be covered by Jennie Montague during this time.
- Patient benefits continued to be realised resulting from activities related to the Outpatient Improvement Plan.
- Staff engagement initiatives had been positively embraced by the service.

[Secretarial Note: Item 5.12 was taken next]

5.11 Surgical Services Directorate (Pages 115 to 128)

[Secretarial Note: this item was considered after Item 5.6]

Arend Merrie, Director Surgical Services asked that the report be taken as read highlighting the following:

- The directorate remained committed to delivering 100% of the elective surgery volume plan for 2016/2017 (with the exception of Orthopaedics)
- The review of nursing model of care had shown good progress in identifying gaps in data capture relating to nursing activity and patient attenders on the behaviour of concern pathway.
- Capacity and demand management was a current focus of the Surgical Board. Savings in bed days had been achieved through daily flexing of the surgical bed base. Acute and Elective Operating Room hours had been extended. When not in use for acute surgery the acute Operating Room was being used for electives.
- Discussion on development of a semi-regional Urology service had taken place as part of the Metro-Auckland exploratory work.
- The positive Day of Surgery Admission rate had been maintained.
- All ophthalmology patients with an overdue follow up risk score above 6 now had appointments scheduled.

[Secretarial Note: Item 5.7 was taken next]

5.12 Cardiovascular Directorate (Pages 129 to 138)

[Secretarial Note: this item was considered after Item 5.10]

Mark Edwards, Director Cardiovascular Services asked that the report be taken as read highlighting the following:

- Management were confident that any risk associated with the need to move 8 Coronary Care Unit beds to support the Clinical Decision Unit build had been adequately planned for and managed.
- Consultation was underway to consider the structure of Ward 42 (Cardiothoracic Surgery Ward) and enhancing the way senior nurses work across the cardiothoracic surgery pathway.

There were no questions.

5.13 Non-Clinical Support Services (Pages 139 to 149)

Rosalie Percival, Chief Financial Officer asked that the report be taken as read.

The voluntary turnover figures for the month which were appearing as above target for the month were queried. Advice was given that this was due to the nature of the cleaning services workforce which traditionally had a high turnover rate. This was a national trend and actions were in progress to address the issue.

5.14 Provider Arm Financial Performance Report (Pages 150 to 162)

Rosalie Percival, Chief Financial Officer spoke to the report highlighting as follows:

- The Provider Arm result for the month was \$3.6M unfavourable. This was largely due to abnormal costs for facilities and finance during the month.
- Operating expenditure was \$300,000 favourable. Early indications were that the May results would be impacted by overspends in staffing and by high levels of activity across the hospital.

There were no questions.

3. INFORMATION REPORTS (Pages 163 to 170)

6.1 Patient Experience Report (Pages 163 to 170)

Margaret Dotchin, Chief Nursing Officer advised that the report had been improved with a new format. The report was moving towards action orientation. This report considered three areas where improvement would make the most difference to patient experience.

Members were invited to provide feedback if they wished to assist with the development of the report format.

Resolution: Moved Lee Mathias / Seconded Michelle Atkinson

That the Patient Experience report 1 April to 31 March 2017 be received.

Carried

4. ITEMS TRANSFERRED FROM CONFIDENTIAL AGENDA TO OPEN AGENDA

[Secretarial Note: The Hospital Advisory Committee passed a resolution allowing the minute below and associated reports to be transferred to the open agenda].

7.1 Seasonal Variation Plan Winter 2017

(Item 5.1 on the Confidential Agenda)

Jo Gibbs, Director Provider Services introduced the report, noting that:

- The Seasonal Variation Plan Winter 2017 had been presented for Committee endorsement.
- The plan would launch alongside the new 24/7 Hospital Functioning model of care.

Alex Pimm, Director Patient Management Services added that seasonal planning had become an annual business as usual process undertaken to ensure patient needs and demand could continue to be met safely.

It was agreed that, in addition to the information provided on patient safety, information on staff safety should also be included.

The management of variability in response for escalation, and the process of escalation when there was a shortfall in resource was queried. Advice was given that processes existed within

the 24/7 Hospital Functioning model of care to guide and manage this. Additionally the proposed new acute admission and patient transfer process was being tested on 8 June and would test this in action. Processes would be reviewed depending on the findings from the exercise.

That the Hospital Advisory Committee receives the Seasonal Variation Plan Winter 2017.

Carried

[Secretarial Note: The Hospital Advisory Committee passed a resolution allowing the minute below and associated reports to be transferred to the open agenda].

7.2 Provider Services Business Plan 2017/2018

(Item 5.2 on the Confidential Agenda)

Jo Gibbs, Director Provider Services advised that the business plan was presented as final for endorsement, highlighting the caveat that many of the planned initiatives remained subject to confirmation of a funding envelope for 2017/18.

Resolution: Moved Doug Armstrong / Seconded Jo Agnew

That the Hospital Advisory Committee:

1. **Receives the revised Provider Services Business Plan for 2017/18**
2. **Recommends to the Board that it approves the 2017/18 Provider Services Business Plan for implementation across the Provider Arm with updates on progress to be reported to each meeting of the Hospital Advisory Committee.**

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 171 to 175)

Resolution: Moved Lee Mathias / Seconded Michelle Atkinson

Recommendation

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	As per that stated in the open agenda.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982

		[NZPH&D Act 2000]
2. Register and Conflicts of Interest	As per that stated in the open agenda.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 26 April 2017	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Seasonal Variation Plan – Winter 2017	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 Provider Services Business Plan 2017/2018	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information

	<p>that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
5.3 National Radiation Oncology Plan 2017-2021	<p>Commercial Activities</p> <p>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
6.0 Oversight Reports	<p>Commercial Activities</p> <p>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
6.1 Security for Safety Programme Update	<p>Commercial Activities</p> <p>Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Prejudice to Health or Safety</p> <p>Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>

	at this time [Official Information Act 1982 s9(2)(c)]	
6.2 Transplant Services	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Reablement Services	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.0 Quality Report	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Complaints	<p>Privacy of Persons Information relating to natural</p>	That the public conduct of the whole or the relevant part of the

	<p>person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.2 Compliments	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.3 Incident Management	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.4 Policies and Procedures (Controlled Documents)	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>

8.1 Ombudsman's Report: Te Whetu Tawera Unit	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Terms of Reference	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 4.25pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 07 June 2017

Chair: _____ Date: _____
James Le Fevre (Deputy Chair)

Provider Services 2017/18 Business Plan

May 2017

Introduction

Provider Services is made up of our ten Directorates that provide healthcare services for our population, for the region, and nationally. Our Directorates are responsible for the delivery of clinical services that are directly provided by the DHB, particularly in Auckland City Hospital, Greenlane Clinical Centre, Starship Children's Hospital and other community settings. As a National service provider, we are the sole provider of a number of highly specialised services; we are also a regional service provider with 30% of our patient population coming from other Auckland region DHBs. We are the largest Tertiary service provider in New Zealand, NZ's largest health research organisation, and an on-call advisor.

This document outlines our priorities and focus for the 2017/18 year to implement the Auckland DHB strategy and achieve our vision of Healthy Communities, World-Class Healthcare, Achieved Together.

While we are still delivering our Provider Services Business Plan for 2016/17, we can reflect on what we have delivered and achieved to date. Compared to the same period last year, we have increased our total discharges (2%) and total WIES volume is up by 2%. We have delivered 34,240 hours of surgery within standard hours year to date which is an increase of 3.9% on the same period last year. We have reduced the waiting times for all patients to see their Medical Oncologist for their first specialist appointment to two weeks (previously it was closer to four weeks). We have implemented a new clinical pathway for fractured neck of femur patients; a combination of improving surgical interventions and rehabilitation processes has resulted in a reduction in length of stay of five days. In Mental Health through a co-design process we have successfully implemented our acute adult inpatient enhanced pathways to improve patient safety, staff wellbeing and safety, and patient flow.

We have also commenced the transition to a new 24/7 Hospital Functioning model of care and structure for Auckland City Hospital. The new model of care will enhance clinical leadership 24/7, increase the number and capability of clinical leaders in the afterhours team, introduce a 'Patient at Risk' model and streamline bed management. Transition to the new model of care is being led by the Provider as part of the Afterhours Inpatient Safety, Deteriorating Patients and Daily Hospital Functioning programmes. All three programmes have been carried forward to our plan for 2017/18 and will work together to embed and refine the new model of care during 2017/18.

Another key achievement is completion of the certification to the Health and Disability sector standards audit for our inpatient services. While we are awaiting the final results from the audit, the auditors singled out some areas they saw us doing particularly well in which included Releasing Time to Care, our Using the Hospital Wisely programme, the introduction of a new cellulitis pathway and our discharge planning processes.

Introduction

Moving into 2017/18 we have a number of aspirations which are outlined in our plans on the following pages. Patient safety and patient experience remain as key priorities for the Provider. Our three programmes with a key focus on patient safety have been carried forward to 2017/18 and our Outpatients Model of Care will continue to develop new models of care that ensure we provide a high quality outpatient service and experience.

To reduce pressure on our hospital services, our Using the Hospital Wisely programme will continue its focus on ensuring that we make the best use of our resources to meet the needs of our population. We know we continue to have opportunities to improve, especially in our length of stay for patients. Our Faster Cancer Treatment programme has been transitioned to business as usual; we have met and consistently exceeded the 62 day target since August 2016. While we are tracking well, our ongoing performance will continue to be monitored by relevant Directorates. To provide assurance of delivery of the three year financial savings plan we have introduced the Provider Financial Sustainability programme which has been endorsed by the Finance, Risk and Assurance Committee.

We recognise the importance of resourcing each of our six programmes appropriately to ensure that we deliver the intended outcomes and benefits as planned. As well as having the right skill mix assigned to each programme we need to make sure that those allocated to each programme have dedicated time to focus on these important areas of work and ensure that we deliver on time.

In addition to our Provider programmes, there are strategic programmes that span both Funder and Provider that are being overseen by the Executive Leadership team:

- Primary and Community
- Security for Safety
- People
- Asset Management Improvement
- Patient Safety
- Patient and whanau centred care
- Mental Health
- Northern Region Cancer Board
- IS Application Stabilisation
- Value-based commissioning

Introduction

As a Provider we plan to focus on the results from the Employee survey, in line with the priorities in our ADHB People, Nursing and Midwifery, and other workforce strategies. We know that a great patient experience is delivered by people having a great employee experience so we want to build on the good things and act on what makes for a bad day at work. We aspire to be a high performing provider that attracts, retains and unleashes the talent of all of our people to deliver great care to our local population all of the time and the rest of New Zealand when they need it. Our Nursing and Midwifery strategy provides clearly outlined expectations and accountabilities for nursing and midwifery practice, and its five strategic themes enable a joint focus on successfully achieving our ADHB vision.








While the Auckland population has one of the longest life expectancies in New Zealand, Māori and Pacific people have life expectancies nearly 6 years lower than the wider Auckland population. Auckland DHB is committed to achieve equitable health outcomes for our population. Our Annual Plan identifies specific activities aimed at eliminating health inequities for Māori and other groups. As a Provider, we will start reporting our programme measures by ethnicity during the 2017/18 year to enable us to identify areas of health inequity for our Māori population. We will work closely with the Māori Health team to prioritise areas we need to focus on in the 2018/19 Business Plan.

Finally, collaboration with our regional DHB partners remains a priority for 2017/18 to ensure that we deliver the optimal health gain for the Northern Region's population within the available resources.

Strategic alignment

Our Strategic Themes

Our Provider Arm programmes

	 Community, family/whānau and patient-centric model of healthcare	 Emphasis and investment on treatment and keeping people healthy	 Service integration and / or consolidation	 Intelligence and insight	 Consistent evidence informed decision making practice	 Outward focus and flexible service orientation	 Emphasis on operational and financial sustainability
Daily Hospital Functioning	✓	✓	✓	✓	✓	✓	✓
Afterhours Inpatient Safety					✓	✓	
Deteriorating Patients		✓	✓	✓	✓		
Using the Hospital Wisely	✓	✓	✓	✓	✓	✓	✓
Outpatients Model of Care	✓		✓		✓	✓	✓
Provider Financial Sustainability					✓	✓	✓

Daily Hospital Functioning Programme

Background

Over the last several years, Auckland DHB has not consistently met elective and acute organisational goals as well as our patients needs at the right time and the right place. The growing patient demand on Auckland DHB requires a higher and higher utilisation of resources (staff, beds, theatres, materials, etc.).

To meet this demand, Auckland DHB must strive toward best-in-class operations with regards to:

- Planning and Forecasting (Patient & Operations Planning)
- Booking, Scheduling and Rostering
- Daily Hospital Functioning to Monitor, Escalate and Respond to daily variation in demand (# of patients, acuity and needs) and supply (bed capacity, theatre, facilities, staffing levels, incidents, etc.)

The capability of Daily Hospital Functioning must continue to improve to meet these growing demands and provide safe clinical capacity for all our patients. Best practice evidence supports the creation of an integrated operations centre that co-locates key operational staff and provides them with a timely view of past and predicted operational performance with agreed escalation plans. This programme commenced in 2015 and we envisage that this work will be business as usual by July 2018.

Current condition

Integrated Operations Centre

- Some core functions required for daily hospital functioning are not centralised and/or do not have clearly defined responsibilities
- The integrated operations centre facility could be improved to allow for colocation of functions
- We have identified a number of systems and processes which result in duplication and delays to patient flow

Variance Response Management (VRM)

- Some services effectively employ escalation plans on days of high variation (e.g. high service occupancy) while many do not.
- VRM work stream underway with reporting to CCDM council

Operational Intelligence & Forecasting

- Some key information on patient volume and service capacity is visible at a glance
- Key information on daily capacity and demand in the hospital is time consuming to gather and not available for quick response; such as staffing levels, ward acuity, forecasting

Transition Hub

- Many opportunities exist to improve patient flow and patient experience through redesign and increased use of the transition lounge (e.g. for DOSA admissions)

Measure	Baseline	Current	Target
Adult Shorter Stays in the Emergency Department compliance (PR013)	94.1% < 6 Hours (2015&2016)	92.2% < 6 Hours Feb 2017	95% < 6 Hours
Children Shorter Stays in ED (PR016)	95.2% < 6 Hours (2015 & 2016)	96.5% < 6 Hours Feb 2017	95% < 6 Hours
Cancellations of elective surgery due to no bed (PR054)	16 / Month (2008-2012)	8 (Feb-2017)	< 3 per month
Transition lounge discharges		14% (Feb-2017)	TBC

Target condition

Integrated Operations Centre and supporting functions are fully operational; services are self sufficient

Integrated Operations Centre

Improved decision making capability through centralisation of core functions with clearly defined responsibilities and patient flow

Variance Response Management

End to end pathways in place that identify and improve the value, outcomes and patient experience of the care we deliver

Operational intelligence & forecasting

Visibility of any current or predicted variation to patient volume, acuity, patients at risk, staffing, facilities, and incidents within minutes, intuitively accessible at a glance or touch anywhere our users are.

Transition Hub

Reconfigured layout of the transition lounge to allow for increased volume of patients and develop a process to support Day of Surgery Admission patients to use facility

Key linkages

Daily Hospital Functioning is closely linked to:

- Afterhours Inpatient Safety
- Deteriorating Patients
- Level 2 redesign and model of care
- CCDM programme



#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Integrated Ops: Support 24/7 Hospital Functioning; design transition period and future state bed management practices	24/7 Steering Group / Steering Group				
2	Integrated Ops: Develop new capability to improve management of patient flow and patient safety in line with 24/7 Hospital Functioning model	Steering Group				
3	VRM: Support variance response management tools and implementation inline with CCDM	Director Patient Management Services				
4	VRM: Cont. developing a comprehensive suite of SOPs and escalation plans for the organisation and by service	Director Patient Management Services				
5	Ops Intel: Develop status at a glance dashboards for service occupancy, forecast, patients at risk, staffing and acuity, incorporating Trendcare and Workforce Central	Director Patient Management Services / Director of Health Intelligence				
6	Transition Hub: Open transition lounge to DOSA patients (complete); increase transition lounge usage at discharge (project commenced 02/17) and commence construction of future transition lounge design.	Director Patient Management Services				

Afterhours Inpatient Safety Programme

Background

An increased focus on patient safety across the globe has identified afterhours safety as an area of particular risk. Afterhours is defined as 5pm to 8am weekdays and throughout the weekend. Auckland DHB is a large and complex inpatient hospital offering a full range of services across 24 hours of operation. We need to develop and implement a robust and reliable afterhours inpatient safety function across the Auckland DHB inpatient settings. This is a cross directorate issue that is of significant importance.

Current condition

1) Information for afterhours staff

- Afterhours staffing resources mapped for all areas.
- An intranet page to enable afterhours staff to easily find the information they require to deliver safe afterhours care has been developed for Starship staff. Pages for Adult, Mental Health and Women's Health staff are currently in development.

2) Staffing afterhours

- 24/7 Hospital Functioning model of care and structure consultation completed in conjunction with Daily Hospital Functioning and Deteriorating Patients work programmes. Decision document confirming that the 24/7 Hospital Functioning model of care and structure will be introduced at the ACH site launched in February 2017. Clinical Nurse Managers will be introduced in the new model of care.
- 24/7 Hospital Functioning Steering Group established to guide the implementation phase. The Afterhours Inpatient Safety programme will work collaboratively with the transition programme to implement the new model of care.

3) Out of hours operating theatre access and anaesthetic cover

- Currently staffed theatres on levels 4, 8 and 9 afterhours.
- Business case currently being developed for improved access to theatres afterhours

4) Handover

- No consistent formalised handover process. Opportunity to leverage areas where structured handover is embedded (Women's Health).

5) Oversight of afterhours inpatient safety

- Need to transition to ongoing and sustainable oversight once projects are completed.
- Will require development of measures and mechanism for routinely collecting and analysing data.

Target condition

Afterhours safety for our patients is equivalent to daytime safety

- 1) Easily accessible information for all afterhours staff
- 2) A sustainable afterhours staffing model; appropriate resources effectively shared across the inpatient settings
- 3) Out of hours theatre model enables resource sharing and increased access
- 4) Consistent and reliable access to and sharing of information to ensure patient safety
- 5) Agreed process and measures for monitoring afterhours patient safety

Key linkages

Afterhours Inpatient Safety is closely linked to:

- 24/7 Hospital Functioning transition programme
- Deteriorating Patients
- Daily Hospital Functioning; specifically the operational intelligence and forecasting work stream



Outcome	Measures	Current	Target
1) Improved access to information that staff need to deliver care afterhours	Development of intranet pages with key information for afterhours staff	One page complete	Full implementation
	Feedback from afterhours staff	Missing key information	Staff feedback that information is easy to access
2) Enhanced senior nursing leadership and decision making afterhours	Complete design and implementation of 24/7 Hospital Functioning model of care	Started	Complete
3) Enhanced capacity and improved access to theatres afterhours	Cases booked for theatre afterhours meet appropriate acuity timeframe	Not met	Met
4) Consistent and reliable handover processes	Implementation of / percentage of zones involved in safety huddles		
	Handover quality	Unsure	Measured
5) Increased understanding of the way we deliver care afterhours and identification of opportunities for improvement	Safety on Weekends and Nights (SWAN) Score	44% (Aug 2016)	
	Total number of incidents reported afterhours		
	Patient experience feedback received regarding afterhours care		

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Develop, test and launch intranet pages for Women's Health, Mental Health and Adults	Project Manager				
1	Ongoing monitoring of intranet page usage and communications	Project Manager				
2	Transition to 24/7 Hospital Functioning Model of Care	24/7 Steering Group / Steering Group				
3	Agreed plan to improve access to theatres afterhours and implementation	Sue Fleming / Project Manager				
4	Develop safety huddles and handover tool; audit use	Project Manager				
5	Confirm measures, collect baseline data, identify gaps in current data collection and reporting	Steering Group / Project Manager				

Deteriorating Patients Programme

Background

Auckland DHB needs to develop consistent mechanisms for the management of deteriorating patients which are in line with current best practice. The current diversity of management is dependent on several factors including the geographic location of patients within the organisation. It is envisaged that a consistent approach would improve the care of medically unstable patients throughout the hospital, integrate the current separate structures and systems for these patients, and align Auckland DHB with current best practice for the care of deteriorating patients.

The high level vision (articulated following a facilitated workshop involving staff from across the organisation):
ADHB inpatients will have excellent, comprehensive, integrated, seamless care that identifies and manages physiologically unstable patients.

HQSC is running a five year national Deteriorating Patients programme which we are aligning with.

Starting condition

Recognition

- Early Warning Score (EWS) – Adults, and Paediatric Early Warning Score (PEWS) - Children
- Scoring systems are not used universally or consistently across the organisation

Response

- Code Red and Code Blue system with different teams attending dependent on patient location
- Clinical Nurse Advisors are part of the code team but there are no staff dedicated to the management of deteriorating patients
- Several 'high dependency' areas outside the geographic location of formal ICU/HDU settings

Formal ICU outreach

- Limited formal outreach is currently being provided across the organisation (DCCM and PICU)

Oversight of deteriorating patient management

- No organisation-wide oversight of systems and processes for the management of deteriorating patients
- Limited data collection and reporting resulting in limited understanding of how the system is functioning

Current condition

Oversight of deteriorating patient management

- A Deteriorating Patients Steering Group (DPSG) has been established to oversee all aspects of the management of deteriorating patients. Eventually this will transition to provide oversight of the Patient At Risk model.
- Deteriorating Patients database has been successfully implemented.
- Ongoing liaison with HQSC to ensure alignment with the national deteriorating patient programme.

Recognition

- Audit of current use of EWS and PEWS in clinical areas completed. EWS audit incorporated into monthly safety audit.
- ADHB selected to trial the new national vital signs and EWS as part of the HQSC National Deteriorating Patients programme. Pilot commenced February 2017 on Ward 65, Ward 76 and TWT. Date for rollout across all areas following completion of the trial is pending.
- New escalation process being developed.

Response

- 24/7 Hospital Functioning model of care and structure consultation completed in conjunction with Daily Hospital Functioning and Afterhours Inpatient Safety work programmes. Decision document launched February 2017 which confirmed the Patient At Risk (PAR) model will be introduced at the Auckland City Hospital site.
- The PAR model of care will entail three PAR Nurse Specialists on site 24/7 and additional clinical leadership positions.
- 24/7 Hospital Functioning Steering Group established to guide the implementation phase. The Deteriorating Patients Steering Group will work collaboratively with the transition programme to implement the new model of care.

Target condition

- Proactively review potentially unstable patients
- Timely recognition and appropriate escalation of deteriorating patients
- Integrated system that is reliable, easy to use and adaptable
- Regularly reported measures to the appropriate people and places

Measures	Current	Target (end 17/18)
Number of cardiac arrest without a prior DNR order / 1,000 hospital admissions		
Number of unanticipated deaths (deaths on ward) / 1,000 hospital admissions		
Number of unplanned ICU admissions (CVICU / DCCM / PICU) / 1,000 hospital admissions		
EWS / PEWS chart compliance in clinical areas		
Number of code blue / 1,000 hospital admissions		
Number of PAR non-code escalation calls (EWS 6-7/EWS 8-9/red/staff concern) / 1000 hospital admissions (Adults)		
Merit outcome events / 1,000 non-PICU inpatient days (Child Health)		
Number of respiratory arrest / 1,000 hospital admissions (Child Health)		
Number of unplanned admission to PICU with significant intervention within 1 hour / 1,000 hospital admissions (Child Health)		
Number of code pink / 1,000 hospital admissions (Child Health)		
Number of PAR non-code escalation calls (PEWS 6-7/PEWS 8+/staff concern/family concern/patient complexity/other) / 1,000 admissions (Child Health)		

Key linkages

Deteriorating Patients is closely linked to:

- Daily Hospital Functioning
- Afterhours Inpatient Safety
- 24/7 Hospital Functioning transition programme
- HQSC national Deteriorating Patients programme



#	Action	Owner	Q1	Q2	Q3	Q4
1	Plan and roll out national EWS / VS chart to organisation	DPSG				
2	Transition to 24/7 Hospital Functioning Model of Care, including introduction of PAR system and team	24/7 SG / DPSG				
3	Determine membership and operating principles for PAR Steering Group	Provider Group				
4	Establish PAR Steering Group	DPSG				
5	Review each high dependency care area outside formal ICU / HDU settings. Confirm current state, make recommendations for each area and implement changes			TBC		
6	Monitoring, review and feedback of measures (embedding culture)	PAR Steering Group				
7	Develop detailed work plan for next 3 – 4 years, broadly aligning with HQSC programme	PAR Steering Group				

Using the Hospital Wisely Programme

Background

The Auckland DHB population is growing and will place increasing pressure on our hospital services unless the demand is managed. Our Emergency Department in particular continues to see a trend of increasing attendances which is unsustainable in the long-term. As recommended in the Clinical Services Plan, we need to address this increasing demand in order to provide a high standard of care to both our acute and elective patients.

Previous analysis has shown there are inconsistent processes in place across the provider arm for effectively managing inpatient demand. There is an opportunity to utilise a range of hospital and community services to reduce pressure on our limited hospital resources.

Using the hospital wisely ensures the best use of resources to meet the needs of the population. This work programme aims to reduce pressure on our hospital services through improvement to processes, pathways and use of services. This work programme aims to achieve this over the next three years.

Current condition

Acute:

- Lack of clear clinical pathways from admission to discharge
- High number of social admissions
- No intermediate care beds for step up/step down
- Increasing attendance to ED, particularly in self-presenters

Elective:

- Low day case rates

Discharging:

- Variable adoption ward by ward of discharge planning best practices
- Inconsistent use of estimated dates of discharge (EDD)
- Poor communication of EDD with patients and families
- High re-admission rates
- Poorly specified admission goals

Target condition

The DHB will manage the expected growth in population and its changing needs without expanding its facilities, this will be achievable by the following conditions:

- Discharge planning is improved and efficient with increased adoption of best practices
 - Consistently using EDD and communicating this with patients and families
 - Specific admission goals embedded
- A significant reduction in (avoidable) admissions/re-admissions
- Patients better able to self manage their health
- Increased use of ambulatory service models
- Reduction in length of stay
- A range of flexible community and intermediate care services available to the population
- Clinical pathways in place and improved flow within the hospital

Key linkages

Using the Hospital Wisely is closely linked to:

- Outpatient Models of Care
- Daily Hospital Functioning
- Afterhours Inpatient Safety
- Deteriorating Patients
- Primary Community (Localities) Programme



Measures	Baseline (End 2015/16)	Target (End 2018/19)	Last
Length of stay – ALOS for WIES Discharges (PR074)	2.9	2.7	
% Day of Surgery Admissions (PR048)	~70%	>80%	68% (Feb 2017)
Palliative Care: Total bed days in final year of life for ADHB domiciled patients	TBC	TBC	
Re-admission rates – for children, adults and elderly (PR078)	9% (28 day)	<8% (28 day)	9.4% (Jan 2017)
Percentage discharged without an EDD recorded	0.4% (TBC)	< 10%	
Percentage of EDD accurate at 8am on day of discharge	41% (TBC)	>65%	
Percentage of Elective patients discharged on original EDD	27% (TBC)	>60%	
Ambulatory sensitive hospital admissions rates (ASH rates) (MOH Systems Level Measure)	8265 (Age 00-04) 3321 (Age 45-64)	7852 (Age 00-04) 3155 (Age 45-64)	
Bed days per 100,000 population – overall and specific DRGs/specialities (MOH Systems Level Measure)	33411	31740	

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Discharge Planning sub-programme: support wards/services in adoption of best practices	Judith Catherwood				
2	Pathways sub-programme: form steering group, establish ADHB framework, support development of individual clinical pathways	John Beca				
3	Palliative Care: support patients in final year of life to ensure better quality care and to spend less time in hospital	Judith Catherwood				
4	Increase Day of Surgery Admission (DOSA)	Arend Merrie				
5	Bed Modelling and Realignment	TBC				
6	Identify & prioritise next sub-programme initiatives for Q3, Q4 2017/18	Prog. Board				

Outpatients Model of Care Programme

"Our outpatient services are easy to access, easy to understand, and available at a time, place and through a range of access options that meets our patients needs, reducing unnecessary travel to our hospitals. "

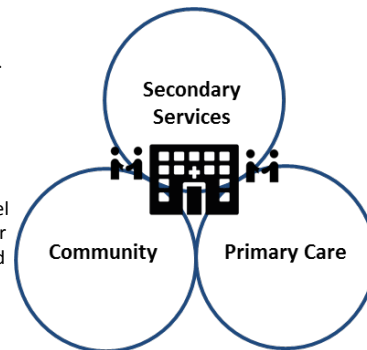
Background

The Provider Arm currently cares for 1.03 million outpatient visits across all our facilities. As outlined in the Provider Clinical Services Plan, if the population continues to grow and there is no change in the current model of care, we could be facing a 9.8% increase in outpatient face-to-face visits by 2020. It is noted in the Provider Clinical Services Plan that we have an opportunity to redesign our outpatient model of care. This programme encompasses both clinic and diagnostic activity in outpatient settings.

The aim of this programme is to develop outpatient models of care that ensure we provide a high quality outpatient service and experience that is patient centric, provides timely access to services in an appropriate setting, appropriate information, minimises risk and reduces waste.

Current condition

- Outpatient experience and communication is less than ideal. Clinics are not co-ordinated within specialities and across pathways. Patients often experience long waiting times for access to appointments as well as on the day of the clinic. Appointments are frequently rescheduled due to capacity planning issues.
- For most part, we only have one traditional outpatient model of care, which is largely centred around how we organise our clinical services in our hospitals, as opposed to being centred around the needs and locations of our patients.
- Communication with patients is variable and inconsistent resulting in high DNA rates in some areas.
- There is loss of revenue due to un-coded activity. Appropriate investigations are not always available for the appointment which leads to delays or rescheduling.
- Patients often have to travel long distances for appointments. Patients find rescheduling of appointments difficult due to processes and hours of availability.
- The current structure and skill mix of staff results in delays and inconsistency when staff are absent.
- We have developed a policy for patient Access Booking and Choice to provide aligned standards of how we offer our current outpatient services to patients.



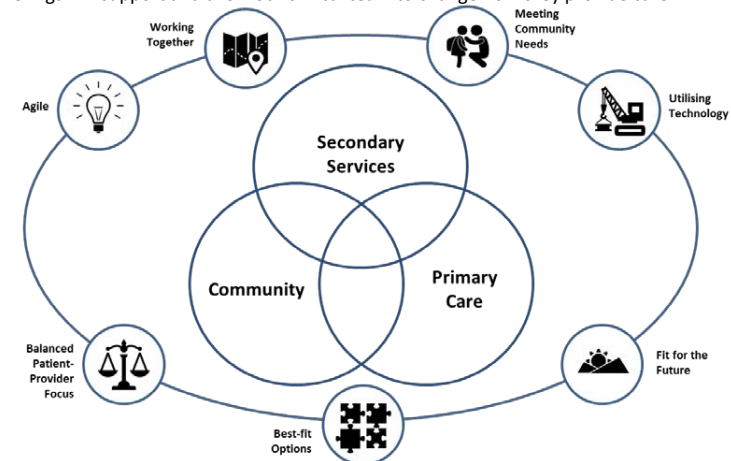
Target condition

By December 2017:

- We have a clear governance and management framework in place to deliver agreed outcomes with each Directorate including reducing unnecessary waiting times, reducing avoidable and rescheduled appointments, providing improved access and better information to patients and primary care.
- Existing clinics are operating with greater utilisation, less rework and wasted activity.

By December 2025:

- We have dynamic outpatient models that cater for our different patient groups and the specialties that deliver their care. Our resources are best matched to these models in the right settings.
- Our models will adopt the use of virtual consults, tele-health, community clinics and many other offerings. These offerings will support and allow our clinical team to change how they provide care.



- Outpatient appointments are provided in the most appropriate setting for patients, utilise technology to best advantage, and deliver consistent outcomes against agreed quality measures encompassing a more integrated approach with primary care.
- The service is operationally and financially sustainable.

Measures	Current	2018/19	2020
Adherence to Access Booking and Choice Policy by service	n/a	Reported and Increased	Increased
% of clinics delivered in community vs hospital	n/a	Early pilots complete	Increased
% of clinics delivered utilising tele-health	n/a	Early pilots complete	Increased
% of clinics cancelled	Reported	Decreased	Decreased
% of appointments rescheduled	n/a	Reported and monitored	Decreased
Non value-add FtF follow-ups	n/a	Reported and monitored	Decreased
DNA Rate	Reported	Decreased / Maintained	Decreased
Outpatient Experience via Online Portal Overall Rating	Reported	Increased / Maintained	Increased
Complaints related to outpatient services	Reported	Reduced	Reduced
ESPI (2&5) Compliance	Reported	Maintained	Maintained
Diagnostic Compliance for Outpatient & Community	Reported	Increased / Maintained	Increased / Maintained
Compliance with Follow-up timeframes	n/a	Implemented	Maintained

Key linkages

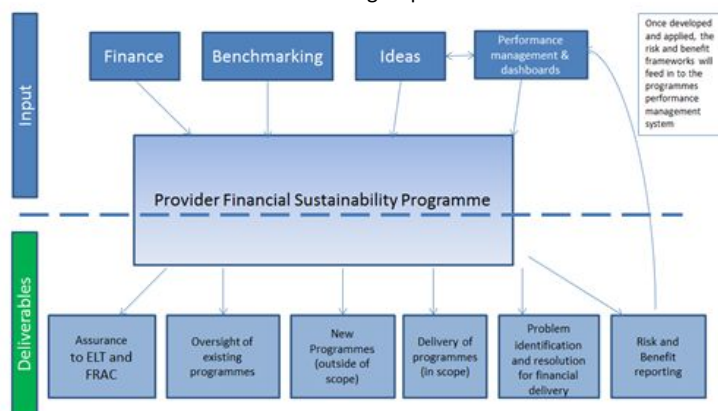


- Daily Hospital Functioning
- Using the Hospital Wisely / Pathways
- Telehealth strategy and project
- CMDHB integrated care project
- WDHB Outpatient Development Programme
- Primary and Community Programme
- Northern Electronic Health Record

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Establish clear mandate, governance, programme vision and charter for both current delivery and redesign	Programme Leads				
2	Implement urgent solutions to critical issues within our current outpatient model (e.g. letters, Interpreters)	Ian Costello / GM				
3	Develop and implement Access Booking and Choice Policy along with supporting measurement system	GMs / Directors				
4	Develop and commence implementation of options for transforming outpatient services, access and communication with patients & primary care (incl. clinic settings & enabling technology). Three programme phases over 3 years.	Ian Costello / Programme Manager	Phase 1: Quick Wins Phase 2: Extend existing models Phase 3: Develop new models			

Background

It is clear that in order to provide assurance of delivery of the 3 year financial savings plan a more formalised programme approach is necessary. Consistent with the programme approach being adopted within the DHB, a Programme Board is proposed to manage the delivery of the savings plan and the development of financial, benefits and performance management frameworks and systems. Endorsed by the Finance Risk and Assurance Committee, this Board replaces the Get on Track and Think and Do Tank groups.



The Provider Financial Sustainability Programme will operate within the following principles:

- Initiatives should improve quality, safety and patient experience.
- Initiatives should change current process, rather than top slice budgets or implement short term “workarounds”
- The Board, FRAC and ELT must have assurance that potential initiatives have been assessed for impact
- Accountability for delivery is maintained at a Directorate level
- Enable our staff to deliver through removing unnecessary bureaucracy whilst adhering to a risk based approach to reporting and monitoring.
- Our primary focus should always be to improve clinical outcomes

Current condition

In addition to the Get on Track and Think and Do Tank initiatives, there is on-going tight management of all budgets. All discretionary spend is being tightly managed and Directorates are closely managing vacancy levels whilst at the same time ensuring no adverse impact on patient care. However there is no formal approach to coordinated delivery of the savings plan and the development of financial, benefits and performance management frameworks and system.

Target condition

The Provider arm savings target is met or exceeded – enabled by:

- Integrated benefits and performance framework
- Integrated risk management framework
- Defined and effective delivery framework
- Oversight of financial benefits of transformation work
- Increased capacity in the financial benefit identification
- Co-ordination and clarity across work streams
- Consistent reporting and visibility: capture and reporting in to shared system to allow for performance management

Key linkages



Measures	Baseline	Target TBC	Current
\$ achieved against savings target	\$	\$	
% initiatives have proposals and cost/benefits analysis	0	100%	
% initiatives status green on monthly dashboards	TBC	80%	
Develop an organisation-wide dashboard		Dashboard embedded as BAU	

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Collection of data (A3s) at workstream level					
2	Project proposals					
3	Benefit identification					
4	Work stream prioritisation					
5	Creation of monthly dashboards					

Updating the Auckland DHB Strategy

Recommendations

That the Board:

1. **Review** and comment on the attached draft document which is an update of the 2016 Auckland DHB Strategy.
2. **Note** that the planners across the Auckland-metro DHBs have met to discuss how the various DHB strategies could be better aligned.
3. **Approve** the ongoing development of this revised Strategy, with a further document coming to the August meeting of the Board.

Prepared by: Julie Helean, Assistant Director Strategy
 Approved/Endorsed by: Dr Andrew Old, Chief of Strategy, Participation and Improvement
 Ailsa Claire, Chief Executive

Endorsed by the Executive Leadership Team 20 June 2016

1. Background

The May 2017 meeting of the Board approved an update to our organisational Strategy. While our overall vision remains firm, the strategic themes we use to guide our future work will serve us best if they align and support the strategy for the whole sector (the New Zealand Health Strategy). The review copy presented also includes a reference to the 2016 New Zealand Disability Strategy. As discussed at the May meeting, it also explicitly refers to Pacific health as a priority area.

The draft revision presented for review presents a small number of high-level activities, structured under the five national themes:

- People-powered, *mā te iwi hei kawē*
- Closer to home, *ka aro mai ki te kāinga*
- Value and high performance, *te whāinga hua me te tika o ngā mahi*
- One team, *kotahi te tīma*
- Smart system, *he atamai te whakaraupapa*

These high-level activities now cover the major programmes of work underway across the provider and funder arms e.g., 'Using the Hospital Wisely' and 'Primary and Community'.

Many of our activities are shared by our neighbour DHBs and are reflected in their long and short term plans. The planners at Auckland, Counties and Waitemata DHBs met in June to discuss how the three metro-Auckland DHBs could better align our respective strategies, while also concentrating on areas of local significance. There was also discussion about the three DHBs becoming more closely aligned to the Long Term Investment Plan (which is under development) given the significance of this plan in determining regional models of care and future capital investment.

The revised strategy attached to this paper provides a short overview of the direct set for the future. More work is required to show where there is opportunity for greater regional collaboration. This work is underway.

Rather than load this document with metrics and the names of those leading each programme of work, we suggest that those specifics be held in a background document. That way the Executive Leadership Team has the detail it needs to track and report on progress.

In summary, the draft strategy attached presents a more streamlined suite of actions and although names are not noted in the document, there is a dedicated owner for each. In future this will give us a clearer line of sight between our priority programmes and initiatives across our enterprise wide portfolio (the collective investment in change initiatives) to those in our Strategy, and through to the national health and disability strategies. The next version of the document will show more areas of regional alignment and signal where we plan to work more collaboratively in future.

Feedback on this first revision would be helpful. A further version can then be presented to the Board at the 9 August meeting.

Auckland DHB Strategy to 2025



Draft revision June 2017

Healthy communities | World-class healthcare | Achieved together
Kia kotahi te oranga mo te iti me te rahi o te hāpori

We support people to be well through the best of promotion, prevention and healthcare services, all of which reflect our shared values

Three goals keep us focused on what's important. They drive our local actions towards the outcomes in the the New Zealand Health Strategy and the New Zealand Disability Strategy

- Healthy communities** Achieving the best, most equitable health outcomes for the populations we serve
- World-class healthcare** People have rapid access to health care that is reliable, equitable, high quality and safe
- Achieved together** Working as partners across the whole system: staff, patients, whānau, iwi, communities, and others

New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of NZ works together to make this happen

Vision of the New Zealand Disability Strategy 2016-2026



Themes in the New Zealand Health Strategy

8.1

Focusing on what matters most

Living our values

Aucklanders expect the district health board to help them stay well and to provide health, disability and reablement services when problems arise. People expect to be able to find their way around the health system easily; for the services to find out what matters most to them and respond to their needs. Our organisational values (*Welcome-Haere Mai*, *Respect-Manaaki*, *Together-Tūhono*, and *Aim high-Angamua*) hold our primary focus on people and patients.

Empowerment

The approach for the future is to work more *with* people, as opposed to doing things to them or for them. We will do more work with Māori and Pacific communities where there are the biggest gaps in health equity. This will mean a change in practice for some of our workforce as we shift to more explicitly people-centred and empowering approaches. We will do more in the next few years to upskill our workforce, to put our values into actions and to develop the best qualities for leadership.

Integration across borders

One of our biggest goals for the next five years is integrating services so people and patients experience one consolidated health system – Health Auckland. Working across district and professional and sector boundaries is key to integration. Also being strong partners with Iwi, PHOs, training and academic institutions. By working together we build relationships of respect and trust, and we get a better understanding of how communities and people want to be supported.

Working regionally

Auckland DHB will do more work with our neighbouring DHBs. This reduces duplication and means we can do more with the resources available. Work is underway to build the information technology that will give patients and clinicians electronic access to health records. This work is long term but is key to enabling people to take more control of their wellbeing, their healthcare, their appointments and their health records.

Local priorities

This strategy includes broad priority areas to the year 2025. These are the activities that will make the biggest difference, not just for Aucklanders and our region, but for the whole health sector. They will help us achieve the aspirations of the New Zealand Health Strategy and the New Zealand Disability Strategy.

Auckland DHB has three roles

Population health:

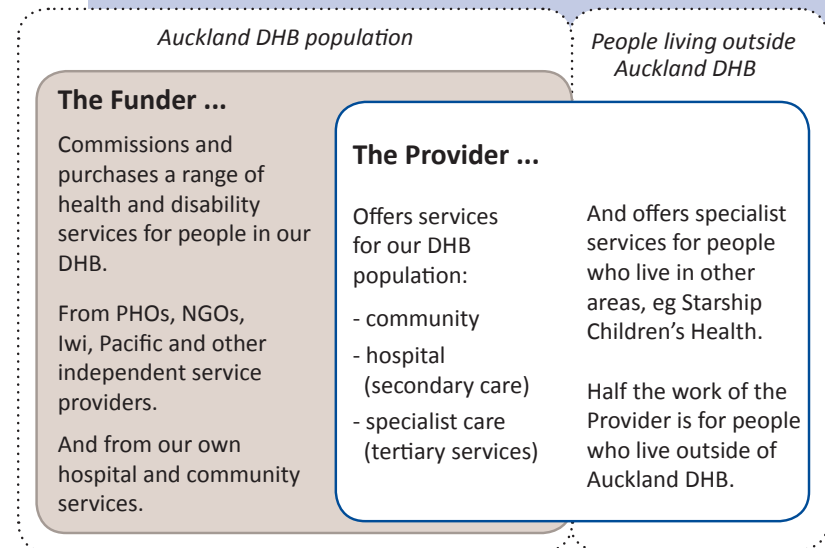
Our district health board works in the community and with other agencies to support the 500,000 people who live in our district to maximise their health and wellbeing.

The Funder:

We commission a range of health and disability services for people who live in our district, and we make these various easy to access when people need them.

The Provider:

We provide many specialist services for people living in other parts of the country including some sub-specialty work that is unique to Auckland DHB. This specialisation makes us a major training and research facility for all New Zealanders.



Local priorities contribute to better health outcomes for the country

National	Regional	Local	Areas of priority focus
<p>People-powered <i>Mā te iwi hei kawē</i></p>	<p>Respond to population growth and demand</p>	<p>Auckland DHB will be renowned for our people-powered approach</p>	<ul style="list-style-type: none"> - direct resources to those with the highest need: Māori, Pacific, disabled, children - respond to the things that matter most for each person and community - co-design service improvements with patients, families and communities - staff help patients and whanau with language and communication - live by our organisational values and professional codes of conduct
<p>Closer to home <i>Ka aro mai ki te kāinga</i></p>	<p>Care change programme</p>	<p>Models of care that get the right services in the right place</p>	<ul style="list-style-type: none"> - work with other agencies to address wider social issues - get more services collaborating across primary and secondary care - GP practices to help people manage long term conditions - make services easy to navigate with someone available to help when needed - develop care plans with the patient including care at the end-of-life - more reablement services that are personal and empowering
<p>Value and high performance <i>Te whāinga hua me te tika o ngā mahi</i></p>	<p>Upgraded facilities and assets</p>	<p>There will be tangible outcomes from our work and investments</p>	<ul style="list-style-type: none"> - use the hospital wisely so acute services are there for those that need them - do everything we can to prevent children from being admitted to hospital - get consistency of care for our inpatients, everyday, around the clock - faster access to services without long waits to see a specialist - increase transparency in what the health board is doing and our results
<p>One team <i>Kotahi te tīma</i></p>	<p>Regional Planning (the long term investment plan)</p>	<p>We work together and we keep developing skills</p>	<ul style="list-style-type: none"> - strengthen partnerships with Iwi, with primary care and with academic institutions - improve coordination so health practitioners are working together for the patient - design cost-effective services across the four regional DHBs - invest in the health and disability workforce
<p>Smart system <i>He atamai te whakaraupapa</i></p>	<p>Regional electronic health record</p>	<p>We make the best use of data and technology</p>	<ul style="list-style-type: none"> - more information so people and patients can make informed choices - provide easy ways to connect with services and give feedback - clinicians, health workers and the patient all have access to the same health record - health records and appointments can be managed online

8.1

Alongside these priority areas of focus are ‘mandatories’, our core, everyday practices:

- equity of access to services and outcomes, cultural awareness and sensitivity, patient safety, high quality and evidence based work, workplace safety, risk minimisation, integrity (meeting our ethical and legal obligations), living our values, and meeting financial obligations.

People-powered

*Mā te iwi
hei kawe*

Auckland DHB will be renowned for our people-powered approach

Living the values of:

Welcome, Haere Mai: we see you, we welcome you as a person

Respect, Manaaki: we respect, nurture and care for each other

Together-Tūhono: we are a high performing team - colleagues, patients, families

Link to NZ Health Strategy

Inform people about public and personal health services so they can be 'health smart' and have greater control over their health and wellbeing (**action 1**)

Make the health system more responsive to people (**action 2**)

Engage the consumer voice by reporting progress against measures important to the public, building local responses and increasing participation of priority groups (**action 3**)

Promote people-led service design, including for high-need priority populations (**action 4**)

In selected high-need communities, build on, align, clarify and simplify multiple programmes of social investment (**action 5**)

Auckland DHB priorities

1. Partner with high need populations to identify health need and plan health services (our localities approach):
 - Tamaki wellness programme
2. Improve services for people attending outpatient appointments:
 - better communication with patients
 - services are more flexible in meeting patient needs
 - more virtual consultations and tele-health
 - community clinics, where feasible
 - more connections between hospital and primary care
3. Make treatment pathways seamless across settings for people managing many complex health issues:
 - provide care navigation services
 - whānau ora services that wrap around the patient, family and whānau
4. Improve experience and choice by partnering with people and service users in the design, delivery and evaluation of services:
 - mental health service improvements
 - expand Advance Care Planning for a wider group of patients
 - use our Patient Experience feedback to make continual improvement to services
 - improve our hospital facilities to create more healing environments

What this looks like in 2025

People have greater control over their health and wellbeing

High need communities are engaged in the design of services

People have the information they need to make informed choices

The health system responds to the things that matter for each person

People find it easier to connect with services and give feedback

We have eliminated inequities for Maori

Resources are going to the groups which have the highest level of unmet need

Health workers offer the highest levels of care, consideration and cultural competence

We enhance wellbeing and independence through our reablement services

Care plans are determined by the patient and family, including care at the end-of-life



Models of care that get the right services in the right place

Living the values of:

Welcome, Haere Mai: we see you, we welcome you as a person

Respect, Manaaki: we respect, nurture and care for each other

Link to NZ Health Strategy

Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way **(action 6)**

Enable all people working in the health system to add the greatest value by providing the right care at the earliest time, fully utilising their skills and training **(action 7)**

Increase the effort on prevention, early intervention, rehabilitation and wellbeing for people with long-term conditions. This includes addressing common risk factors **(action 8)**

Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those at risk **(action 9)**

Involve health and other social services in developing shared care for older people with high and complex needs in residential care facilities or those needing support at home **(action 10)**

Support clinicians and people in developing advance care plans and advance directives **(action 11)**

Review adult palliative care services to ensure all those who would benefit from palliative care at the end of their life are able to access high-quality care and have a seamless experience **(action 12)**

Auckland DHB priorities

5. Prevention and health promotion work that engages communities and other sectors in defining the problem and designing solutions:
 - rheumatic fever
 - drug and alcohol abuse
 - mental health

6. Primary and community care programme of work:
 - set up a single point of contact for people to access community services
 - improve the management of cardiovascular disease, diabetes and mental illness by providing more support in the community
 - establish initiatives in high need areas to manage heart disease and COPD
 - early years hub
 - postnatal care re-design
 - develop more community-based options for palliative care

7. Advance child health through the Child Health Plan with a focus on vulnerable children and those who are currently missing out on services and supports

What this looks like in 2025

We work with other agencies and with communities to support people to stay healthy and independent as possible

We have reduced premature deaths (heart and stroke in particular) through prevention work with communities

Hospital admission rates for children have dropped because primary care practitioners are intervening at the first sign of problems

More people with chronic long-term conditions have the support they need to manage their health in the community

Primary care practitioners are getting the help and support they need from hospital clinicians

Specialist, evidence-based treatment is promptly available when required

There are more options for receiving acute care in the community

Breakthroughs such as advances in epigenetics are being used to target therapies

8.1





There will be tangible outcomes from our work and investments

Living the value of:

Aim high, Angamua: we aspire to excellence and the safest care

Link to NZ Health Strategy

Enable people to be partners in the search for value by developing measures of service user experience and improving public reporting of performance **(action 13)**

Implement a framework focused on health outcomes to better reflect links between people, their needs and outcomes of services **(action 14)**

Work with the system to develop a performance management approach with reporting that makes the whole system publicly transparent **(action 15)**

Maintain the direction set by the Strategy through monitoring and evaluation, and advice from a Strategy Leadership Group **(action 16)**

Align funding across the system to get the best value from health investment **(action 17)**

Continue to develop the application of the social investment approach to health investments with DHBs **(action 18)**

Continuously improve system quality and safety **(action 19)**

Auckland DHB priorities

8. Guarantee timely access to effective treatments with an emphasis on elective surgery, high risk patients, and people with a high risk of cancer
9. Improve patient safety through programmes:
 - implement a robust and reliable afterhours safety programme for Auckland DHB inpatient services
 - action the programme of work around hand hygiene, health care acquired infections, medication, pressure injuries, and perioperative
 - improve the management of deteriorating patients and older people with multiple conditions
10. Remove inequities in the system:
 - design better systems to track our process in improving health outcomes for Māori
 - improve Māori health through increasing engagement with iwi, Primary Health Organisations, and by expanding access to other culturally appropriate health care and whānau ora supports in the community
 - advance Pacific health through community outreach models aimed at lifestyle changes associated with heart disease and diabetes

What this looks like in 2025

We can track and demonstrate improved patient outcomes

We constantly address every issue that compromises our ability to guarantee world-class health services

Auckland DHB provider is the leader when it comes to the quality and safety of specialist care

We have improved the way we report the results of our work so there is greater transparency

There has been good investment in dynamic, streamlined and accessible tools for tracking outcomes

Good governance has improved how we gather and store information, and who has ownership of it

People can find their way around services and report that the support they get is oriented to their needs

The hospital is providing a consistent level of service to patients 24/7

One team

Kotahi te tīma

Link to NZ Health Strategy

Improve governance and decision-making processes across the system in order to improve overall outcomes, by focusing on capability, innovation and best practice (action 20)

Clarify roles, responsibilities and accountabilities across the system as part of the process of putting the Strategy into action (action 21)

Create a 'one-team' approach to health in New Zealand through an annual forum for the whole system to share best practice and help build a culture of trust and partnership (action 22)

Put in place a system leadership and talent management programme to enhance capacity, capability, diversity and succession planning throughout the sector (action 23)

Put in place workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility (action 24)

We work together and we keep developing skills

Living the value of:

Together, Tūhono: we are a high performing team - colleagues, patients, families

Auckland DHB priorities

11. Strengthen our partnership with Mana Whenua to accelerate Māori health gain and reduce inequities:
 - increase Māori enrollment with PHOs
 - reduce risk of cancer
 - promote child health and wellbeing
 - reduce smoking rates
12. Implement the People Programme of work:
 - skills training and mentoring for our leaders
 - build better staff engagement and sense of satisfaction
 - improve access to HR services, information and tools
 - explicit career pathways for staff and benefits
 - expand and strengthen the volunteer workforce
 - expand the Speak-Up Campaign to prevent bullying
 - accelerate Maori and Pacific employee recruitment and development
13. Develop the nursing workforce so we get the best from nurses and midwives working in hospitals and in primary care
14. Strengthen academic partnerships to advance world-class training, research and evidence

What this looks like in 2025

Through working together, we have formed relationships and better understand how people want to be supported

We work with people, as opposed to doing things to them or for them

We walk alongside people as part of the same team

The workforce is upskilled to work in a people and patient-centric way

We have integrated services so well that it feels like one consolidated health system

Our health and disability leaders have been trained and are supported to do their best work

More Māori and Pacific students are being trained in health careers, and more are taking up roles in our DHB

Our whole workforce is culturally competent and draws on Auckland's diversity as a key strength

8.1

Smart system

*He atamai te
whakaraupapa*

Link to NZ Health Strategy

Increase NZ's national data quality and analytical capability to make the whole health system more transparent and provide useful information for designing and delivering effective services ([action 25](#))

Establish a national electronic health record that is accessed through certified systems including patient portals, health provider portals and mobile applications ([action 26](#))

Develop capability for effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies ([action 27](#))

We make the best use of data and technology

Living the value of:

Aim high, *Angamua*: we aspire to excellence and the safest care

Auckland DHB priorities

15. Work with the northern region DHBs to establish the best and most cost-effective configuration of services for the region:
 - agree the standards and consistency of care across our region
 - agree the models of care that will get the best clinical outcomes
 - make the best use of the region's health resources through the long-term facilities plan
 - improve the data on our capital assets
 - advance clinical developments
16. Improve the quality of the data we collect, to better understand trends, to gain accuracy in ethnicity data, and to improve how we manage risks in the provider arm:
 - develop a baseline for diabetes and cardiovascular disease indicators to track progress on these diseases
 - link the systems that collect data and use this to better understand, track and drive down DNA rates for Māori and for Pacific and other under-served groups
17. Develop a regional patient IT system that integrates medical records and gives patients access to these:
 - expand the use of technology to develop virtual medicine and offer more personalised healthcare
 - extend and invest in electronic technology so patients get care and support in their homes and community

What this looks like in 2025

Data and information is joined up across hospital and community services

Information is easily accessed by patients and all those who need it

Patients have access to their health records on-line; they connect easily with healthcare providers and are informed

Information is coordinated and all in one place, making clinical care more efficient and cost effective

A wider range of data is available to support planning processes and quality improvement work

More information is drawn from patients and communities, especially where we know people are missing out

We are learning from innovation; we are testing new approaches to problems

Wayfinding Strategy for Auckland DHB

Recommendations

That the Board:

1. **Notes** the work to improve wayfinding at Auckland DHB; and
2. **Approves** the attached Wayfinding Strategy for Auckland DHB

Prepared by:	Justin Kennedy-Good (Programme Director Performance Improvement/Co Director DHW Lab)
Approved by:	Allan Johns (Director, Facilities & Development) Dr Andrew Old (Chief of Strategy, Participation and Improvement) Sue Waters, (Chief Health Professions Officer)

Endorsed by the Executive Leadership Team on 20 June 2017

Attachments: **Auckland DHB Wayfinding Strategy**

Glossary

Wayfinding: Describes the processes people go through to find their way round an environment. The wayfinding process is fundamentally problem-solving and is affected by many factors. People's perception of the environment, the wayfinding information available, their ability to orientate themselves spatially and the cognitive and decision-making processes they go through all affect how successfully they find their way (NHS definition).

DHWLab: Design for Health Being Lab – A collaborative venture between AUT and Auckland DHB

ID Lab: Wayfinding Strategy Consulting firm engaged to provide expert advice

Strategic Alignment

Strategic Theme	Comments
Community family/whānau and patient-centric model of healthcare	Wayfinding is a key driver of patient experience and the way our system supports wayfinding (or not) is a very visible demonstration of our commitment to being more patient-centric
Service integration and / or consolidation	People need support to easily find information and access services they need easily. Good wayfinding helps create a seamless experience of care for people
Consistent evidence informed decision making practice	There is a very solid evidence base to support the role that good wayfinding has in enhancing the experiences of patients, family and visitors, and reducing the burden on (and productivity of) staff.
Emphasis on operational and financial sustainability	Modelling from overseas shows a very direct link between poor wayfinding and reduced productivity in terms of staff time required to direct people, missed appointments and heightened anxiety and stress.

1. Executive Summary

The goal of wayfinding is to provide simple, clear information to enable people to focus on why they are really here.

For our patients this means that they are not burdened by the additional stress of getting lost or being late for their appointments. For our visitors this means they can find their loved ones easily and spend quality time with them. For our staff this means that they can move around the campus without needing to stop and direct those who are lost.

The wayfinding strategy is a starting point for Auckland DHB to make decisions about building a cohesive wayfinding system across all campuses.

It has been developed using a user centred design approach to achieve a system that works for patients, visitors, and staff. The system must simultaneously cater for first time users, users with low mobility and mild visual and/or cognitive impairment.

Given its strong focus on the built environment, the operational ownership of wayfinding at Auckland DHB rests with Facilities Management. This document provides strategic direction and priorities for wayfinding as we further develop our facilities and built environments.

Priority areas for resolution:

- Improve pre-visit information—to be clear and provide enough information to help people know exactly where to go and how to get there.
- Determine clear routes for priority journeys—e.g. Carpark A to Starship or Emergency, to give people confidence they're on the right path.
- Consistent naming/ terminology—to create standardised language when referring to destinations on letters, buildings, department names and so forth.
- Signage—update signage that is outdated and inconsistent.
- Main entrance — establish Level 5 as the main entrance with improved drop off and entrance experience.
- Starship entrance experience—create a clear, welcoming entrance through Level 1 using the lift that accesses Starship via the level 3 corridor.
- Address health and safety risks—e.g. Emergency drop off, pedestrian use of the ramp to Level 5.

2. Background

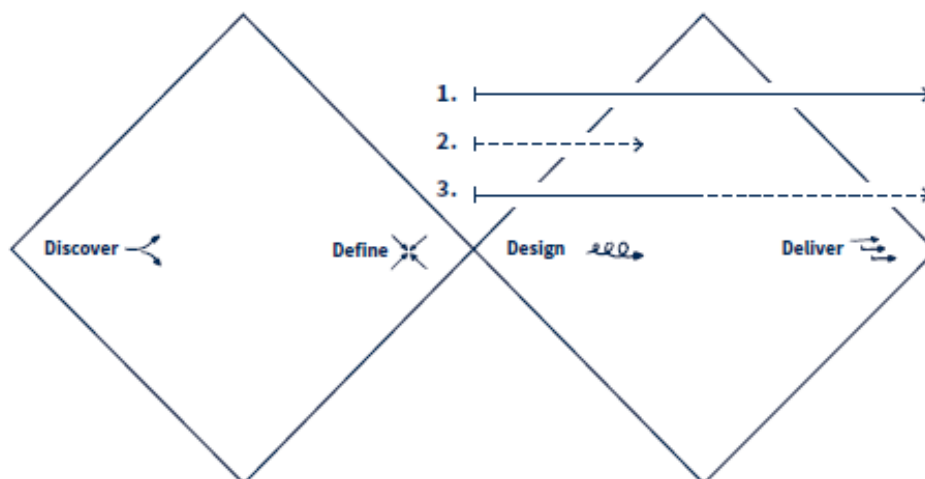
In 2014 Auckland DHB gathered insights from over a thousand users on their experience of public spaces at the Grafton site. The work used a human centred design approach as part of the Public Spaces programme. Data gathering focused on entry to Building 32 and Building 01 from Carparks A and B, and street level entry from Park road.

The insights generated may be simply understood as:

- Getting to hospital, in particular getting a carpark and pick up/drop off, is difficult and stressful.
- Navigating the hospital once here is difficult and also stressful.
- We also heard that the physical environment isn't supportive, in particular for those with functional or cognitive impairment.

In response the Public Spaces programme initiated three large work streams, (1) the Sustainable Transport Programme, (2) Wayfinding programme and (3) Healing Environments. These have progressed using a design thinking approach as per Figure 1.

Figure 1: Design Method



3. Wayfinding Overview

Over the years, a number of initiatives have addressed immediate issues faced by patients and visitors due to poor wayfinding. These initiatives, while necessary, have lacked an overarching consistency resulting in conflicting, disconnected and contrasting solutions from roadside to bedside.

“It’s a daunting place; you’ve got to have your wits about you.” Patient

“I was told to follow the blue line, but I’m blind.” Patient

“I feel very sorry for people who are elderly or unwell who walk all the way down to my desk only to be told they have to go all the way back to the main entrance and start again. I regularly take people to where they need to go because they get distressed as a result of their confusion and it’s easier than trying to explain where they need to go.” Staff

Poor wayfinding systems are costly. People become anxious and frustrated in healthcare facilities that are difficult to get around, and instead of using the sign system, people have to rely on staff to provide directions. Staff tend to compensate for poor wayfinding with inconsistent ‘stop-gap’ measures, such as the placement of temporary paper signs, or expensive permanent signs, which have the potential to further clutter and confuse. Further, in a ward context, good wayfinding reduces interruptions which results in more direct care time with patients.

A good wayfinding system means staff and volunteers spend less time directing people, and better experiences for everyone who uses the facility.

4. Wayfinding Approach

4.1 Objectives

The role of the programme was to enable people to focus on why they are at hospital, not on finding their way around. The programme objectives were:

- Establish a new approach to wayfinding
- Consider the whole patient experience (end to end)

- Contribute to facility design improvements towards a healing environment in particular the refurbishment of the entry way at Carpark A
- Collaborate with other DHBs to learn and share

A cross functional team involving The DHWLab, Facilities, Performance Improvement Team, and ID Lab worked together to develop the wayfinding strategy, building on the extensive user experience work done in 2014. Whilst Auckland DHB has three main campuses, each requiring wayfinding solutions the focus has been on the Grafton campus, primarily building 01 and building 32. This is due to high traffic flow, the location of priority functions such as the Emergency Department and the Labour & Birthing Suite. Key journeys identified include:

- *Emergency visits (ACH)* Average 2,037 adult admissions per month. Average 617 child admissions per month.
- *Radiology visits (by appointment)* ACH Level 5 – average 1,235 outpatient appointments per month. Starship radiology – average 428 outpatient appointments per month.
- *Outpatients* ACH Outpatients – average 16,870 appointments per month. Starship Outpatients – 5,175 appointments per month.

4.2 Context

The goal was to provide simple, clear wayfinding to enable people to focus on why they are really here. When wayfinding, people make a series of predictable decisions. They choose a destination, then decide how they are going to get there (car, bus, taxi, or on foot), and lastly the route they will take. Subsequent decisions depend on the person making the journey, the environment they pass through, and the information they are provided. Each wayfinding decision is influenced by the previous decisions.

4.2.1 The four key elements to effective wayfinding:

- **Design and placement** – This is the most obvious aspect of wayfinding but is just one of four features. The appearance of a sign is not just about aesthetic appeal, but rather about ergonomics, information hierarchy, and people’s perception and understanding of objects within the space. Information should be placed at the right point in the journey. Ergonomic guidelines inform the placement; poor positioning will almost always result in poor wayfinding performance. There are multiple signs with various purposes at Grafton in key locations for example elevator banks with promotional posters on them.
- **Communication**—through visual or audible instructions, the communication style and language is easy to understand and consistent across all media along the journey.
- **Architecture** - The spatial layout of a setting plays a crucial role in the wayfinding task and will nullify signage if not carefully planned due to its influence on the user’s behaviour. At Grafton it is unclear where the ‘main entrance’ is due to the architecture of the campus.
- **Operations and Journey Mapping** - People need to know what is expected of them within a given space or at a particular time to complete their journey to an appointment or other clinical activity. Key journeys must be mapped and managed. At Grafton getting from Carpark A to Children’s ED is a key journey that is unclear and currently unowned.

4.2.2. User types and considerations

The following user types and considerations were applied in the wayfinding programme approach:

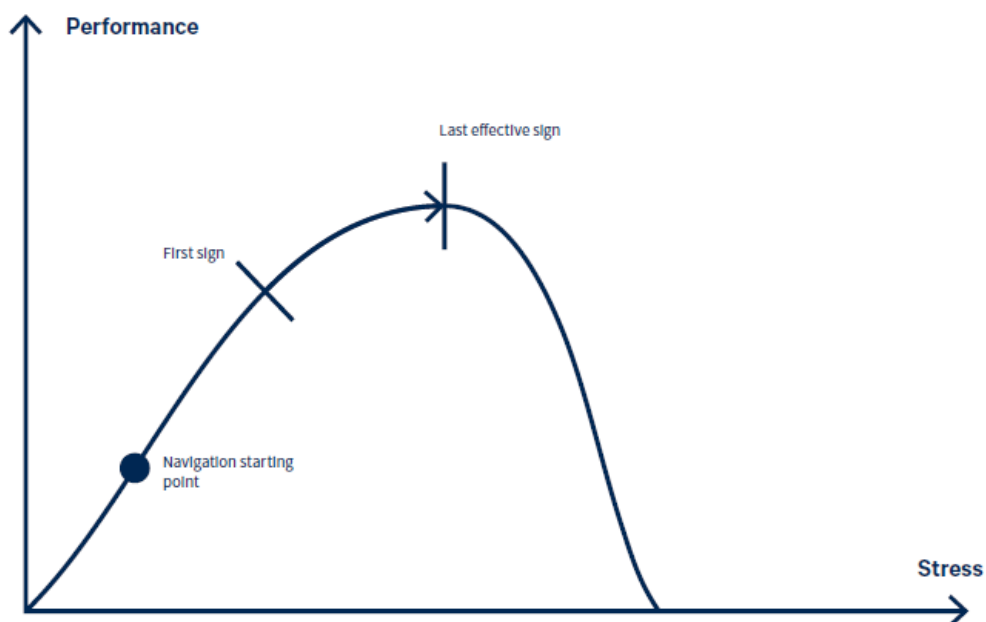
User types:

- **Patients:** Finding their way around clinical departments and public spaces.
- **Visitors:** Coming to visit and support their family or friends in hospital. Professionals coming for meetings and conferences.
- **Staff:** Locating services and departments on the campus. Volunteers helping visitors find their way.

Considerations:

- **Accessibility:** Ensuring solutions are accessible for the majority of user groups by considering: colour choices, installation heights, and iconography.
- **Sight Impairments:** Considering the range of sight impairments including low vision or colour blindness and how it affects a person's navigation through a space.
- **Cognitive impairment:** Ensuring that an area has appropriate and understandable information at key points means avoiding unnecessary distractions. Messages and subconscious cues from extraneous audio or visual stimulus for example may make it more stressful and difficult for someone to find their way if cognitively impaired. This is a primary driver behind a 'clean wall' policy.
- In a hospital context it is important to note the role that stress plays when developing a wayfinding system. As stress increases a person may become 'sign blind' once they no longer trust the available wayfinding system (refer Figure 3):

Figure 2

**5. Recommendations**

The Auckland DHB Wayfinding Strategy makes a number of recommendations. The findings are intended to prioritise specific fixes required in the short term, and to maintain effective wayfinding over time.

5.1 Wayfinding system improvements for endorsement

- Colour blocking main elevator banks
- Changes to the existing signage elements (as per Wayfinding & Signage Manual)
 - Colour, typography, and iconography
 - Sign Family (the relationship between types of sign)
- Introducing Digital Screens for main directory boards
- Implementing a 'Clean Wall' policy to prioritise Welcome and Wayfinding over other messaging

These changes are planned for implementation in spring 2017 with the Carpark A entry retail refurbishment. This area was chosen as it receives the highest volume of non-staff visitors each week. Details of the wayfinding system elements are contained in the attached strategy document.

5.2 Priority areas to address:

It is recommended the following areas are addressed over time:

- **Health & Safety risks:** The following areas present risks that need to be addressed as soon as possible.
 - Vehicular Gate 4 on Grafton Rd presents drivers with ambiguous information for access to the ambulance entry in a red and white colour scheme
 - Emergency drop-off. The limited manoeuvrability around the undercroft lane at the Emergency Department.
 - The accessible route from street level to the entrance on Level 5 results in low mobility users ending up in Car Park A (via a lift behind Columbus Café).
- **Pre-visit information material:** On both the website and the appointment letters sent to patients, wayfinding instruction is scarce, inconsistent, and non-specific. There is no mention of the options users have in getting to the site (by parking, drop-off, public transport, taxi, etc.), and information is presented generically.
- **Lack of clarity around routes and journeys:** The same destination can be reached by many different routes. This is fairly common in a large and complex environment such as a city hospital campus. However, there should not be any ambiguity for the internal route to Starship, Emergency and Oncology.
- **Consistency of language and nomenclature:** The same destination is referred to inconsistently across the site and the pre-visit information uses alternative spelling or names. Consistency is paramount in creating confidence in the system.
- **Signage:** The current signage is outdated, inconsistent (many different types) and overall very small and inconspicuous. This reduces user confidence in the system.
- **Main Entrance driveway:** The main vehicular entry to the site from Park Road has an ambiguous architectural layout which presents users with two alternative and competing options.
- **Lack of information in critical areas:** The wayfinding chain (consistent thread of information from A to B) is missing on some journeys. A typical example is the bridge (especially on Level 5) where no information is provided. Breaking the wayfinding chain diminishes confidence in the system.
- **Starship entrance experience:** The experience of accessing Starship (from Carpark B) does not reflect the importance of the destination.

Due to the interrelationship with other Provider initiatives that are addressing many of the above areas, solutions in the Wayfinding Programme have focused on clarity around routes and journeys, Signage, and information in critical areas.

It should also be noted that Auckland DHB has previously explored the potential for mobile application based solutions (e.g. maps on a smart phone) however technology solutions are dependent on addressing the critical areas outlined, in particular journey mapping and operational ownership. Technology solutions are not currently a priority in the capital plan.

5.3 Implementation Challenges

Several challenges exist in improving wayfinding at Auckland DHB:

Journey versus zone based refurbishment

Progressively upgrading signage does not align with the journey that a patient will encounter when visiting the Grafton site i.e. the journey from Carpark A to Starship ED will not be improved by refurbishing the entry at Carpark A and Starship ED without consideration of the journey in between; there will be gaps in the journey.

Upfront investment versus hidden ongoing cost per annum.

The emotional stresses caused through poor wayfinding for patients and visitors cannot be easily converted to a financial justification for systematically improving wayfinding. Similarly the 'soft' cost of staff time spent compensating for poor wayfinding by guiding patients and visitors will not translate to visible, bankable savings.

Operating model discipline (capability/capacity)

Good wayfinding requires that all main journeys are mapped, critiqued and improved with assigned operational ownership to manage changes. That owner needs to ensure letters and online channels are consistent in their Wayfinding guidance.

As Wayfinding is more than just signs, capability is required to review and improve it across Auckland DHB. In addition some elements of the Wayfinding solution may be re-used at other DHBs (e.g. the international standard iconography) and link to health literacy initiatives. There is a significant opportunity for regional collaboration around wayfinding improvements.

5.4 Regional and wider DHB Collaboration

The development of this Strategy has included dialogue with, and visits to other DHBs to learn from their work and share ours as it has developed. The project team visited Taranaki, Waitemata and Counties Manukau DHB on site visits. They also presented back progress to the equivalent wayfinding group at Waitemata DHB. We discussed the opportunity to share learnings and potentially standards, whilst recognising that each campus location requires its own solution set to be effective. In addition to wayfinding there is opportunity to incorporate outputs of this work into Health Literacy initiatives (e.g. the use of standard icons).

6. Conclusion

Wayfinding at Auckland DHB requires dedicated support to address major journeys through our sites. This support includes the know-how for good wayfinding, accountability for key journeys and investment in addressing key journeys such that patients and visitors can focus on why they are here, rather than finding their way.

Auckland DHB

Wayfinding Strategy

- Draft



Contents

Strategy

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Strategy



A:1

Wayfinding Strategy Auckland DHB

Completing the Wayfinding System

A set of recommendations are listed. The main components of these recommendations are illustrated in the next chapter:

- > Develop a complete Wayfinding System.
- > Address critical areas first.

Parallel to this and standing alone are the following initiatives which despite being a subset of the identified strategy can be treated as separate items in terms of planning and budgeting:

- > Improvement of website wayfinding information and appointment letters.
- > Development of a new signage standard (refer to: *Wayfinding & Signage Manual—Draft 1.0*).
- > Creation of a wayfinding discipline and ownership within the organisation.
- > Complete mapping of all the destinations and hand-over point* within the organisation.
- > The compiling of a destination list as a standalone document. This document should contain all primary and secondary destinations and their relationship to each other. The main purpose is to define a unique and consistent vocabulary and dependency level among destinations.

- > Development of a complete access diagram beyond the scope of Level 5 to record all the intended journeys and access modes to each destination (see example journey diagram on page A:2.5).
- > Development of site wide user flows on floor plans to identify the location of decision points and the information provision at that specific point.
- > Produce signage allocation plans to record the location of wayfinding devices, such as signs, maps, directories, environmental graphics, screens, kiosks etc.
- > Design a kit of parts document which will contain a visual description of all the wayfinding devices, general graphic rules, construction details and typical installation instructions (to be a part of: *Wayfinding & Signage Manual*).
- > To summarise all of the above in one coherent document (this would be the complete wayfinding system).

**The point in the built environment where the wayfinding system 'delivers' the users to a different and new level of interaction (typically a manned reception but also an intercom or a swipe card door). This is normally where a journey ends and it is a better way of thinking of a destination.*

Operational Model

The ongoing management of a wayfinding system is a recurring challenge when it comes to the system's long term success. A wayfinding system cannot be static. It is a dynamic system that needs to adapt to the changing requirements of the users, as well as operational and service developments. Managers of healthcare facilities must appropriately sponsor and resource the maintenance and upkeep of the system. Without sufficient attention even the best designed and most comprehensive wayfinding strategies will cease to perform properly.

Management of the wayfinding system is split between:

- A) The ongoing maintenance of the physical components of the wayfinding system.
- B) The continuous improvement process through application of the developed strategy paradigms.

A) The maintenance of the physical elements
A user will only use the information that is provided to them when they trust the source of that information. If signage hardware is not maintained—if it looks old, damaged, or dirty, if it is obstructed, or if it is contradictory—the user will stop believing the information provided and thus stop using the wayfinding system.

The same is true for ad-hoc signage; the more paper notices that do not look like a part of the 'trusted' information system, the less every piece of information is trusted. People simply switch off, and will simply ask somebody instead.

Signage hardware needs to be maintained, like any other piece of equipment in the hospital. Signage needs to be cleaned regularly and illuminated signage needs to work as intended. Hedges and trees need to be checked for possible obstructed sight lines, and trimmed if required.

The interior signage also needs to be kept looking its best. Attractive signage will catch people's attention more than non-attractive signage. When destination names or locations change, every sign that displays this information will need to be changed.

Damaged, defaced, and missing signs need to be replaced in a timely manner. Non-system information, which is all information that gets displayed without having gone through the proper channels, needs to be removed. If deemed to be required it should be made into signage that looks like a part of the overall system, whether temporarily or permanently.

B) The continuous improvement process through application of the developed strategy paradigms
The development of the strategy behind the wayfinding system is a thoughtful, considered process. Wayfinding information will be provided exactly where it is determined that the user would need it, in the way that is most useful for them.

Any changes or additions to the system cannot just take the form of adding or removing signage without thinking about the bigger picture; it needs to happen with the same thoughtfulness and consideration as the original application.

The most successful organisations appoint a wayfinding coordinator that understands both the developed system, and the paradigms that have led to the system. This person is ideally somebody who understands the organisation and its people (and their politics), can get buy in from different stakeholder groups, and who is facilitated by an executive sponsor. The latter is quite important, because some of the decisions required to keep the system working for the largest groups of users may go against individual wishes. We see the role as one that motivates, facilitates, and polices: they will make sure people understand why the system is as it is, and why it is important to have it this way, facilitate them in doing the right thing (e.g. have a good process for change requests) and police where it goes wrong (the removal of unapproved paper notices, or posters in places where they should not be, for instance).

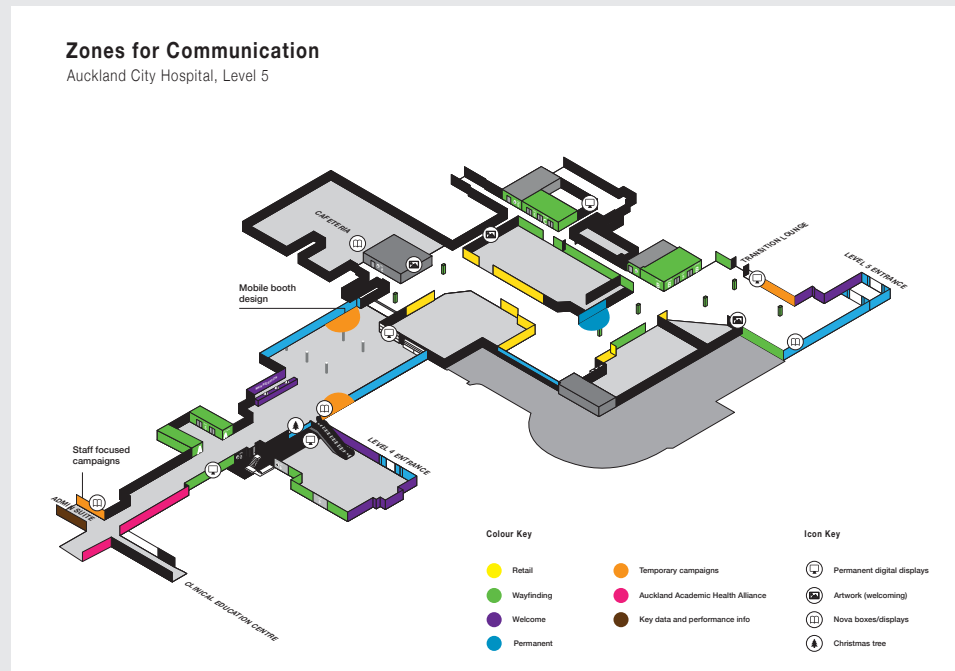
It is recommended that a wayfinding stakeholder group is set up, both to access the different issues that may live within those different communities, and to create stakeholder buy in through close collaboration and their understanding of the issues that make up the big picture.

Clean wall policy

It is recommended a 'Clean Wall Policy' be developed and implemented across the organisation to support the goal of well-designed wayfinding. This ensures key decision points in the wayfinding journey are reserved for wayfinding information.

The policy will ensure appropriate choice and placement of communication to patients, visitors, and staff, and contribute to an environment that is clutter free, respectful, and aesthetically pleasing.

In considering the appropriate placement of artwork and communication, the following principles of simple, clear, and consistent design will apply.



Caption: Communication zoning plan for Level 5, Auckland City Hospital.

A:2

Wayfinding Strategy Auckland City Hospital

Introduction to Auckland City Hospital

Like many institutions that have grown over time, Auckland City Hospital (ACH) comprises dissimilar buildings and areas of different ages, sizes, styles and uses.

The wayfinding system (signage devices, architectural cues, instruction sets, direction giving from staff and volunteers, etc.) followed this evolution and as a result the information is fragmented (often missing), untrustworthy and ineffective. The wayfinding system was never considered as a whole, systematic and functional component of the organisation service.

The combination of these factors makes it difficult for people to find their way throughout the hospital, especially if under physical or psychological stress.

The current wayfinding relies almost completely on extra support provided by staff.

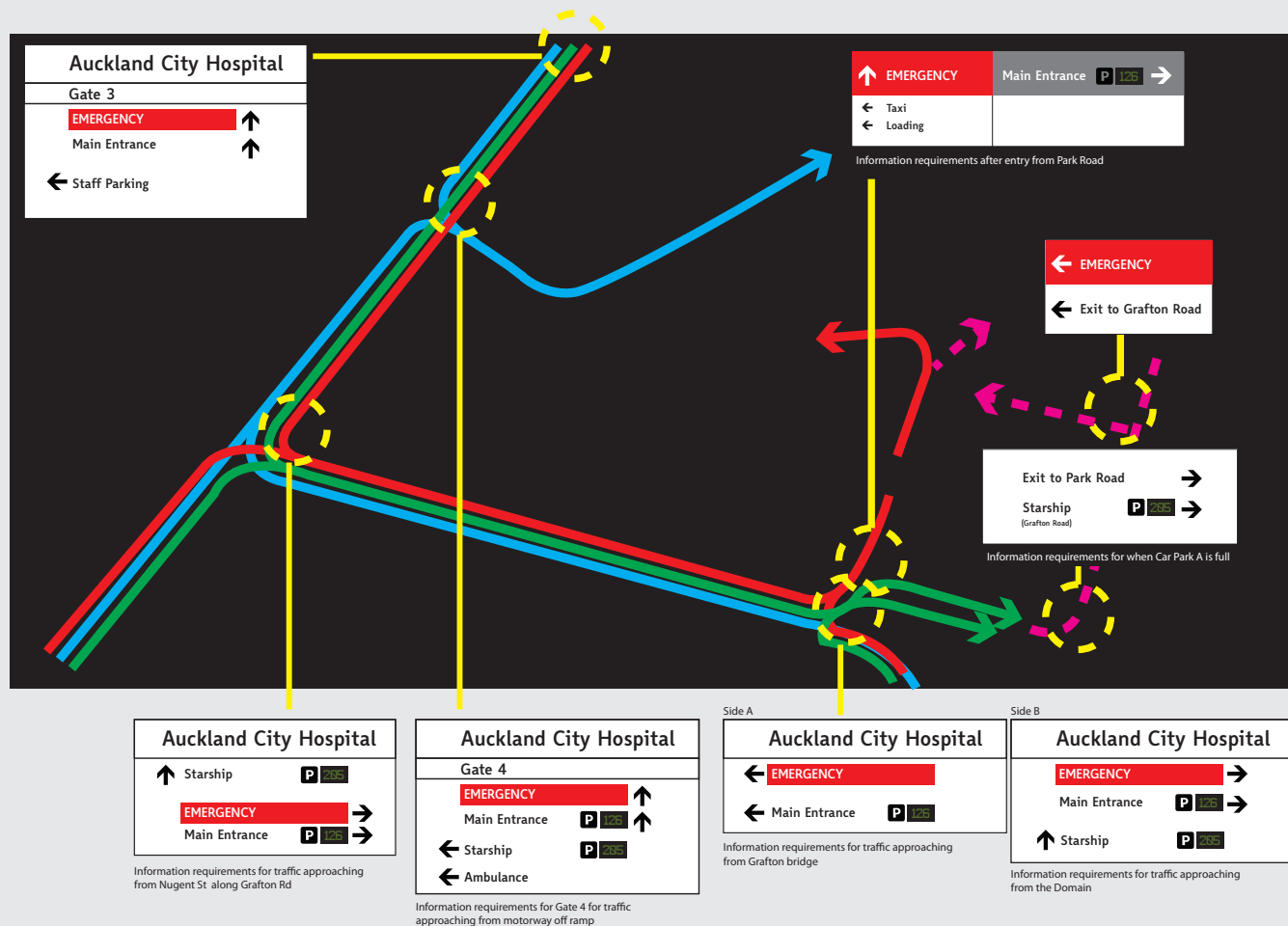
It is important to note that many of these factors will also be found at Greenlane Clinical Centre and Carrington.

The following recommendations are specific to ACH. They are categorised by external and internal fixes.



External

- > Segregate traffic flows and reduce information at Park Rd entrance to reduce congestion and confusion.
- > One Main Entrance and drop-off only, at Level 5, to interface with car Park A.
- > Dedicated Taxi drop-off on Level 4, left lane outside entrance.
- > Link the naming of Parking to a location i.e. Main Entrance Parking and Grafton Rd Parking.
- > Direct traffic to Emergency from Gate 3, Grafton Rd.
- > Adopt dynamic parking information displays at key decision points similar to the LED display at Park Rd entrance.
- > Refer people to lifts in wayfinding, do not refer to building numbers for all clinical buildings.
- > Trail blazing for secondary destinations. Direct to secondary destinations using the landmark destinations. i.e. 'To get to Mental Health follow the signs for Emergency'.



External Order of Priorities

Phase 1A

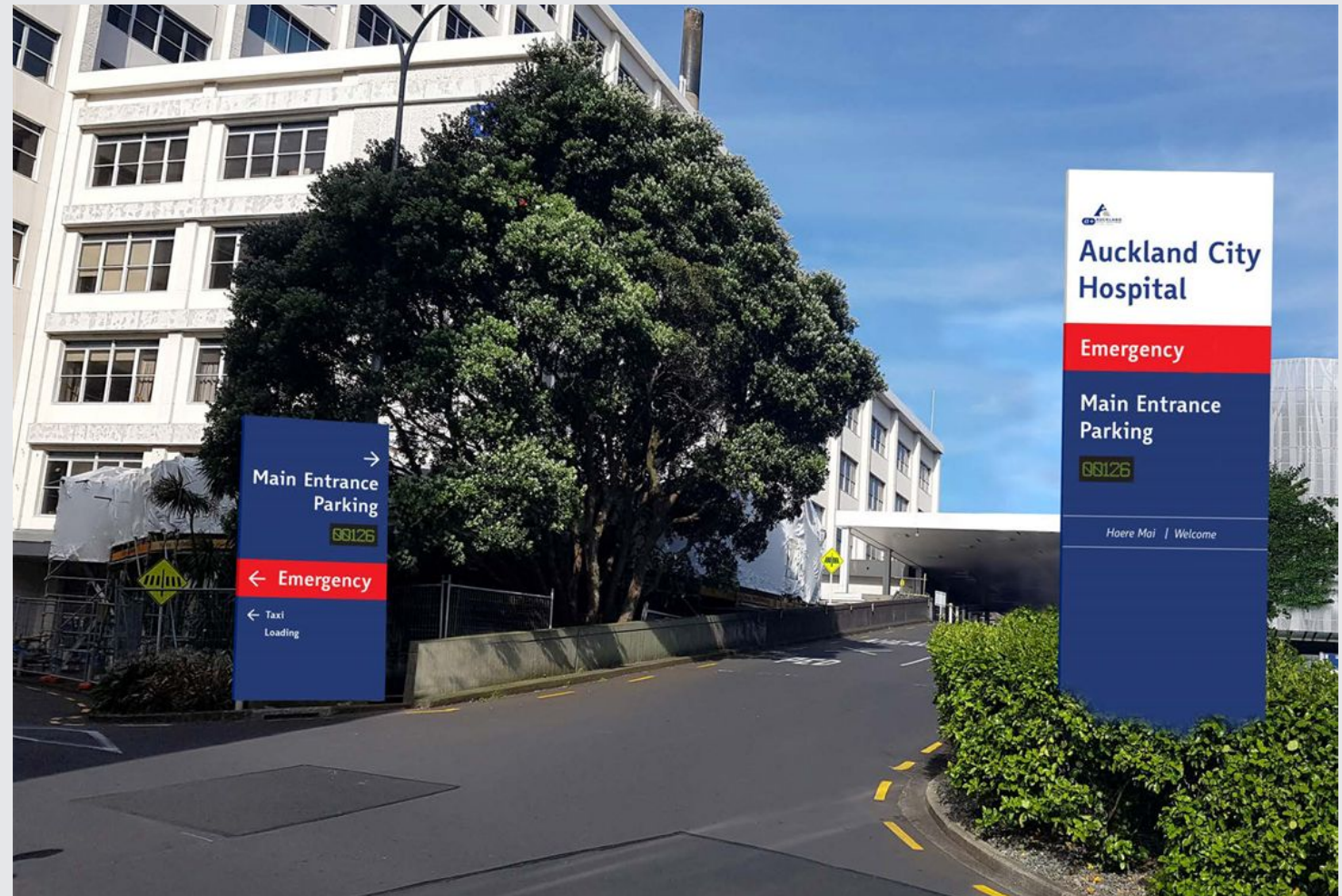
- > Enable drop-off on Level 5. The perceived Main Entrance and close proximity to 'Main Entrance Car Park' is an expected norm.
- > Redesign information at Main Entrance driveway to reduce decision fatigue, confusion and bottle-necks.
- > Redesign information at Gate 2, 3, 4 and include dynamic parking displays to better distribute traffic flow to the landmark destinations prior to entering the campus.
- > Enforce parking regulations.

Phase 1B

- > Reconsider Emergency drop-off layout which if blocked could lead to critical circumstances.
- > Follow up each destination.
- > Review exit journeys.
- > Review regulatory information i.e. speed limit signs, the expected behaviour when entering the site.

Phase 1C

- > Implement campus pedestrian wayfinding. The nature of the site and building layout often requires people to journey externally to their destination, however, there is a lack of wayfinding to assist them in reaching it.
- > Implement campus identity. There is no identification of Auckland Hospital at a high level from outside the campus.



Caption: Concept artwork for Park Road entrance.

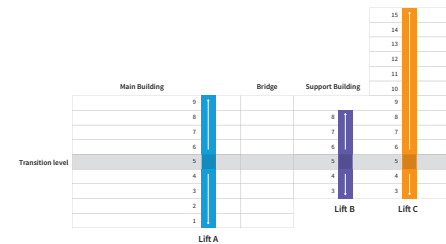
Internal

- > Consolidate proposed Level 5 strategy (A, B, C lift scheme—transfer on Level 5).
- > Extend Level 5 principles and design throughout the bridge area to Radiology.
- > Digital building directories (These have the highest content turn over rate of any wayfinding asset which is costly to constantly update). In addition people are now far more familiar looking at screens to get their information.
- > Do not refer to ‘Support Building’ as a separate entity. It is part of the ‘Main Building.’
- > Remove information from the Level 4 entrance such as the directory, information kiosk etc. This area is confusing for people, and thus they are apprehensive about where to go. People should be directed to go up to Level 5 ‘the transfer level.’
- > Establish the following critical journeys as the promoted routes:
 - > **Starship**
The internal route to and from Starship via Lift C, level 3 through the tunnel.
 - > **Emergency**
Route to Emergency via Lift A and Level 1.
 - > **Oncology**
Internal route to Oncology via Lift B and Level 4.
 - > Create zones for media and advertising in low stress areas such as dwell spaces, where people are more likely to take in the information. Keep well away from high stress, primary journey routes and wayfinding signage which creates sign blindness and legibility issues (see clean wall policy B:1.4).

Wayfinding Strategy

Design concepts

Transfer level



Landmarking



Signage



Caption: Overview of the Level 5 concept which establishes the transfer level, landmarking lifts and how these translate to signage.

Internal Order of Priorities

Phase 2A - Internal

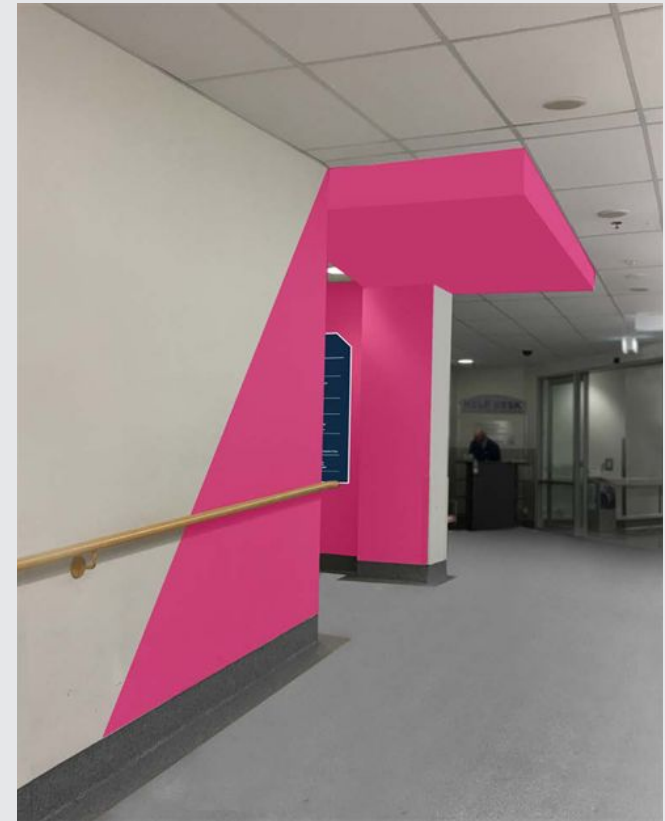
- > Consolidate Level 5 concept.
- > Extend Level 5 concept to critical areas e.g. Radiology.
- > Remove information at Level 4 entrance, push people up to Level 5.
- > Resolve internal journeys to: ED, Starship, Parking B and Oncology (review information provision).

Phase 2B - Internal

- > Improve entrance experience to Starship.
- > Improve quality of environment for internal journeys to: ED, Starship, Parking B and Oncology (review information provision).

Phase 2C - Internal

- > Follow up destinations at each level.
- > Improve identification of wards.
- > Review room signage.



Caption: Concept artwork for Starship Lift from Car Park B.

A:3

Wayfinding & Signage Manual

DRAFT: 16 DECEMBER 2016

Wayfinding & Signage Manual



2.0 | Auckland District Health Board

Caption: This draft is built upon the Wayfinding Guideline 1.0. Amendments such as typeface and icons have been made by ID/Lab.

Recommendations around the use of te reo Māori have been added, as per the recent release of Māori-English Bilingual Signage: a guide for best practice which is the result of the Cabinet decision released November 2016.

This is a draft and pending final approval.

“Simply putting up new signs in the place of old ones, or where there is a blank wall, will rarely solve wayfinding problems, or provide an effective wayfinding system.”

- NHS Guideline

Because wayfinding encompasses the entire patient journey, it should be consistent across a variety of mediums.

Information points

2

External signage



Internal signage



Lifts & stairs



Temporary signage



Environmental graphics



Pre-visit information



Mapping



Patient Letter





Wayfinding Principles

**User centred design
(patient, family, visitor focus)**

Accessible

Simple, clear, consistent

Flexible and easy to update

Appropriate use of Te Reo

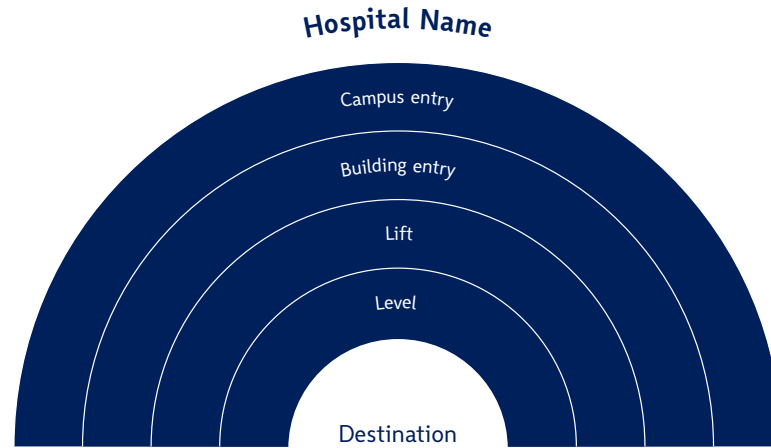
Core Design Elements

2.0 | Auckland District Health Board

Information hierarchy

Apply progressive disclosure to all wayfinding information.

- Information should be revealed in layers, at each stage of the journey.



Use of Te Reo

Bilingual signage helps to create language equality in Aotearoa New Zealand and foster a shared national identity.

- Use of bilingual signage where culturally appropriate increases visibility of te reo Māori and makes a more welcoming, culturally inclusive environment.

The guideline recommends the following:

- Have the name of your organisation in Māori and English.
- Have a Māori welcoming sign in the front entrance and reception areas e.g. Nau mai haere mai.
- Have a Māori and English name for reception.

For further information refer to Māori-English Bilingual Signage: A guide for best practice, p. 25.

This guideline is the result of a Cabinet decision (CAB Min (14) 17/12).

6

"The quality and consistency of Māori language on signage is critical. We recommend you consult with Māori language experts and cultural advisors early in the planning stage to ensure the linguistic and cultural aspects of signage are accurate and appropriate."

–Māori-English Bilingual Signage: A guide for best practice, p. 17

2.0 | Auckland District Health Board

Typeface

Wayfinding Sans is to be used as the official typeface for all Auckland DHB wayfinding.

This typeface was designed specifically for wayfinding signage. It has been tested and proven to be seen at a long distance.

To be used on:

- All signage elements – external & internal.
- All information points e.g directories, maps, reception desks/kiosks.
- All service areas such as wheel chair bays, charging stations.

7

A B C D E F G H I J K L M N O
P Q R S T U V W X Y Z a b c d
e f g h i j k l m n o p q r s t u v
w x y z 1 2 3 4 5 6 7 8 9 0
! @ # \$ % ^ & * () _ - + = ; : |

Wayfinding Sans

2.0 | Auckland District Health Board

Iconography

A customised set based on Wayfinding Sans icons.

To be used on the entire wayfinding system, as an additional way to communicate key information. Icons are crucial in communicating key information with non-English-speaking users.

Icon Rules:

- No custom symbols outside the approved icon system for the Auckland DHB. Many hospital services are often too complex to represent as a simple graphic.
- Icons used in wayfinding e.g. directories, hanging signs etc. must carefully consider size and placement, making sure not to clutter the sign or graphic.
- To be used on signage and for environmental graphics.



Primary colour palette

A two colour primary palette for all major signage elements.

To be used on:

- Permanent signage.
- White text is always used on a dark background. This practice ensures highest contrast and readability for the text. A dark background means the sign stands out in the environment e.g. against a white wall.
- Red background with white text is only to be used to indicate emergency.

Navigation Blue

Primary directional colour

Pantone 281 C / Resene 'Surfs Up'

Emergency Red

Only to indicate emergency.

Pantone 485 C / Resene 'Havoc'

Secondary colour palette

A secondary colour palette for lift banks, environmental graphics and supporting artwork.

This may be used as an accent of signage, however should not be used as a major signage element (with the exception of environmental graphics and colourblocking).

This system allows flexibility, by responding to unique features in a space, building, or campus. This can often be used to create landmarks, and a sense of orientation. These are tailored design responses to architecture, traffic flow, service design etc. in a particular environment.

10

Blue

Pantone 299 C / Resene 'Curious Blue'

Purple

Pantone 2593 C / Resene 'Daisy Bush'

Orange

Pantone 1585 C / Resene 'Hyperactive'

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Appendices

B



B:1

Appendix 1: Elements of a Successful Wayfinding System

Elements of a Successful Wayfinding System

Architecture

The spatial layout of a setting plays a crucial role in the wayfinding task. This effect can hardly compete with the other means of communication like signage in influencing the user's behaviours and therefore must be carefully planned. People experiencing a new setting will immediately try to understand how it is organised and what it contains creating a mental map of the space.

There are some key architectural principles which will dramatically improve the wayfinding performance of a setting when correctly applied.

Entrances are the starting points of a journey through a setting and the gates to many sub destinations within the space. Therefore, entrances must be visible when approaching them at different angles, recognisable from the other elements of the architecture and suggesting the function of the destinations they lead to by means of scale and aesthetic. Entrances also serve as important landmarks for spatial orientation.

Circulation paths are the way people move around a space and proceed from point to point. It is very important that paths and lines of sight are kept free of obstacles and emphasised in order to facilitate people's natural navigation.

Often the external form of a building suggests the internal layout and circulation—facilitating user experience within.

Vertical accesses (stairs, escalators, elevators) are parts of the circulation system and their visibility and recognisability are crucial, since they require a higher cognitive effort to be recognised and used.

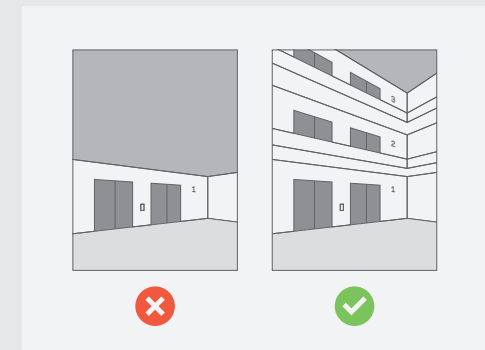
Ways-out are as important as ways-in—exits are always highest on the list of destinations in the users priorities. As for entrances, exits must be visible, clear and meaningful.

Memorable features and landmarks are environmental features that are points of reference. Research has highlighted the benefits of including landmarks in wayfinding systems. They serve as 'sub-goals' to keep people connected to both their point of origin and their destination along the path.

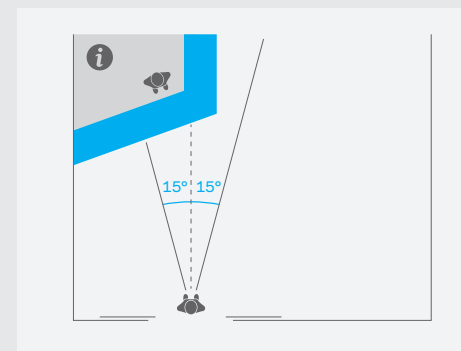
Landmarks assist people to construct a mental map of the environment, becoming travel decision points (e.g. turn here, go a little further). People should be able to describe them in simple words and understand them regardless of their age, languages and cultural backgrounds. They expect landmarks to:

- > Be different from each other—do not use a Tui for one and a Pukeko for another.

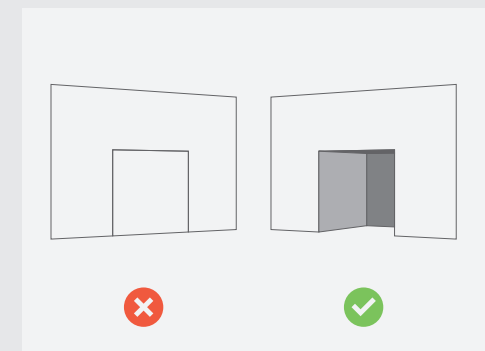
- > Not rely on colour alone for differentiation—do not use a yellow wall, an orange wall and a green wall.
- > Clearly face a particular direction if relied on for a return journey—a circle or a ball has no front or back, whereas a large mural or statue of a Kiwi does.
- > Be located at points on a route where a choice of direction needs to be made, as opposed to a point where no decision is required and especially at the end of the route when memory demands are greatest.
- > Be referred to consistently by instructions.



Example of how two different architectural solutions influence the construction of mental maps and the understanding of the spatial layout of the building.



The positioning of a strategic destination such as a general reception desk should always take into account the visibility radius from the main user's flow.



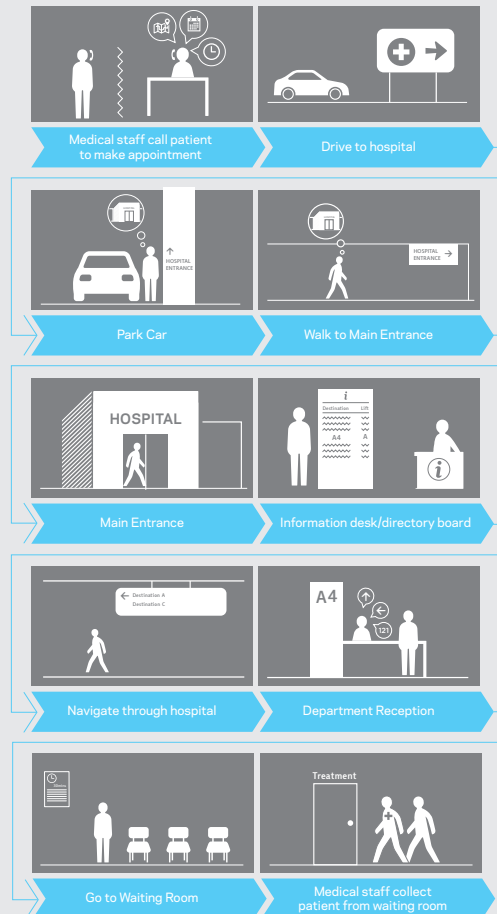
Example of how simple architectural solutions could enhance the readability of a building entrance.

Journey Mapping

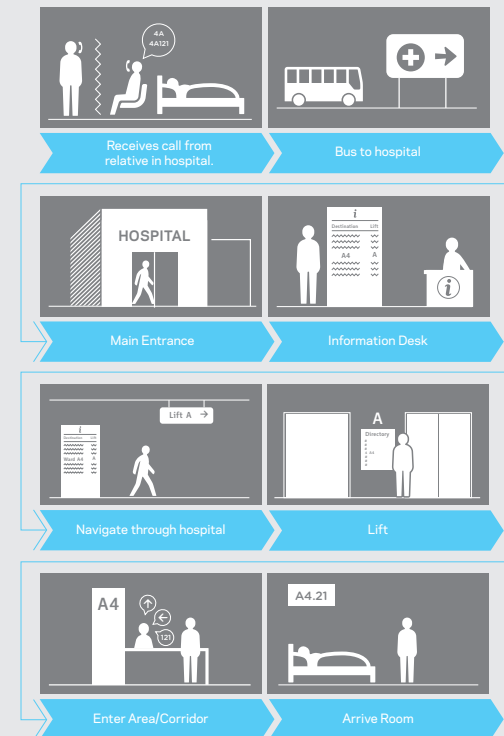
Understanding the facility's processes is an important part of wayfinding. People need to know what is expected of them within a given space or at a particular time—what tasks need to be performed in order to get the expected result. In developing a new wayfinding system, an effort must be made to question and consider procedures, and streamline these processes wherever possible. By reducing the complexity of the procedures, or through ensuring the procedures match people's expectations, we lower the cognitive load for people using the facility, thereby reducing stress and anxiety.

Two journeys of a hospital's typical users are presented with the different procedural requirements.

Typical Journey - Outpatient



Typical Journey - Visitor



Placement

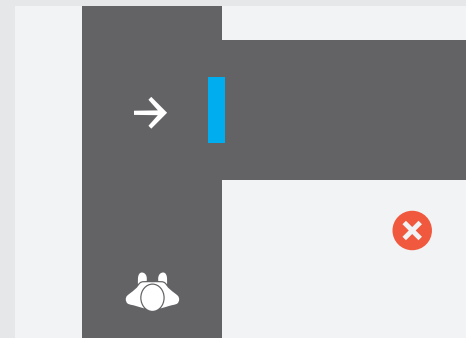
Information should be presented at the right moment in the right place. Ergonomic guidelines inform the placement; poor positioning will almost always result in poor wayfinding performance. Working with the layout of the environment and understanding people's abilities will ensure that wayfinding performance is maintained throughout the space.

It is important to confirm decisions as well—long corridors or large spaces, even without apparent alternative routes, could cause people to doubt their decision.

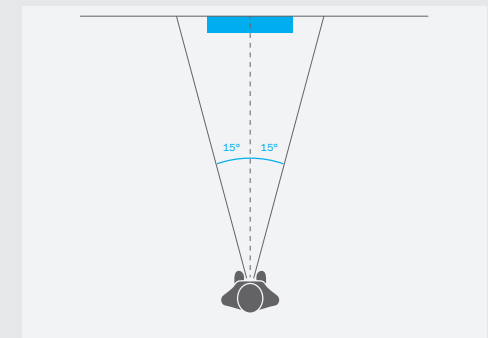
Signs must always be presented perpendicular to the user flow in order to fall into the centre of their field of view.

For the same reason, wayfinding elements should be installed at a correct height from the ground, ideally within 1700–2000mm. In order to avoid accident and vandalism, a clearance of 2200–2300mm from the ground is often advised.

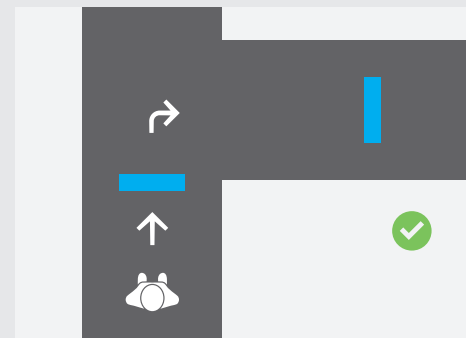
It must be stressed that signs installed above this ideal height will seldom be noticed. Making a sign larger in size, bold text or striking in colour will do little to compensate for this. On the other hand elements placed too low will fall out of the field of view, and will often be obstructed by people or other objects in the space.



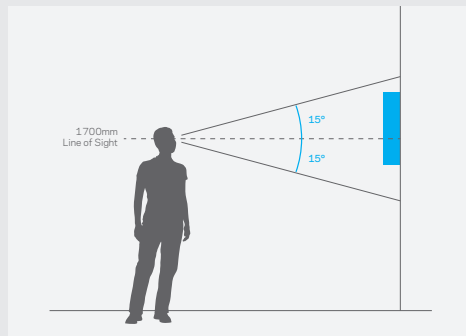
Example of poor sign placement.



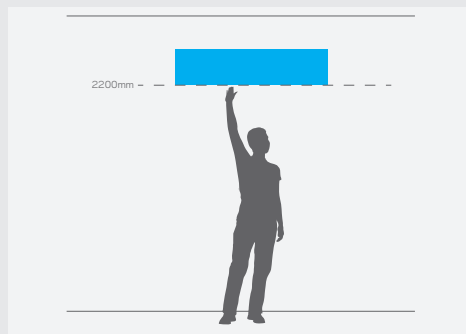
Typical visibility cone, horizontal.



Sign placement according to the user's flow.



Typical visibility cone, vertical.



Ideal installation height for suspended signs.

Design

One important aspect of any wayfinding system is how it looks; the appearance of a sign is not just about aesthetic appeal, but rather about ergonomics, information hierarchy, and people's perception and understanding of objects within the space.

The typeface to be used in a wayfinding system must be carefully selected. Signs need to be read and understood by a large audience and need to be comprehended by people with visual impairments.

There are a number of typefaces which respond better to wayfinding requirements by offering a clear differentiation between letters, clear and clean strokes and overall simplicity.

Text size must be defined according to the values proposed in the presented figure.

Wayfinding elements should offer a sufficient contrast with the environment they are installed in, and most importantly, the text on the sign should be clearly readable and stand out from the background colour of the sign itself.

A brightness contrast of 80% (based on the Light Reflectance Values of the different colours of text and background) is advised for optimal legibility of text.

When people scan through a visual message, they only recognise and remember a limited number of pieces of information. It is believed that a sign containing more than 6–7 destinations will already result in being hard to interpret. A way to solve this limitation is the grouping of information by direction and relative importance (hierarchy).

Directional arrows must be carefully laid-out on the sign face by following good practice examples and standards.

Pictographic images and symbols are a very common design practice used to overcome language barriers. Pictograms can be very effective and efficient but it must be noted that their understanding only depends on their standard use and adoption. Trying to depict complex process, destinations or instructions by the exclusive use of a pictogram is often bad and ineffective practice.

It is also recommended to always accompany pictograms with explanatory text in order to support the learning process of the symbol.

The use of colour in wayfinding systems is recommended only to reinforce information. Colour use on signs can improve the organisation and clarity of information, and assist with the creation of an integrated, designed environment but should:

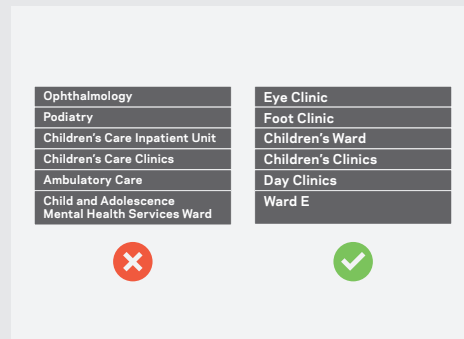
- > Be consistent from sign to sign. Creating a visual system gives the wayfinding signs an identity, and means that people understand where to look to receive navigational assistance.
- > Use red to highlight Emergency services only. Red is not recommended for any other use.
- > Be consistent in its application and design where it is used to highlight information.

Communication

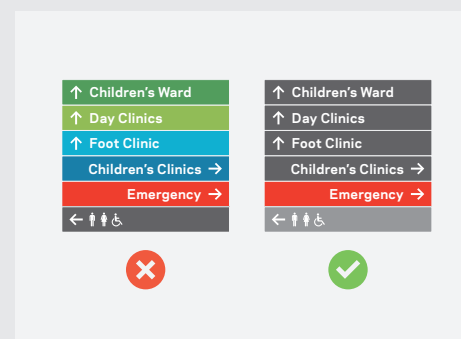
Wayfinding is mostly about changing people's behaviour in the built environment by the means of a set of visual or audible instructions.

The communication style and the language adopted for this instruction should reflect the purpose of achieving a wayfinding task, consider the user's needs, and the procedures in place for a given context. Overall, communication should:

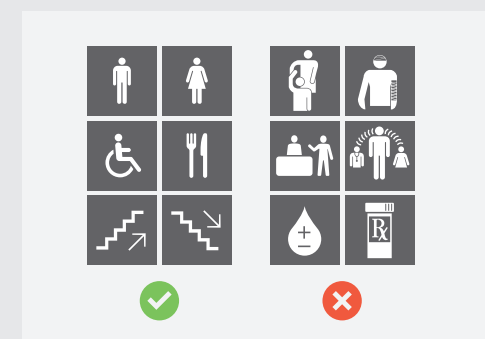
- > Use a simple terminology understood by the majority of the audience, rather than a technical language known only to the operators of the facility.
- > Reflect the language difference of the audience by adopting a multilingual system.
- > Be consistent across the whole user's journey in order to create confidence in the system.



Example of technical language as opposed to user friendly terminology.



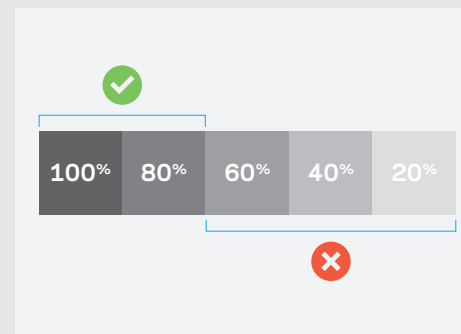
Ineffective and purposeless colour coding as opposed to good use of colours for grouping and highlighting destinations.



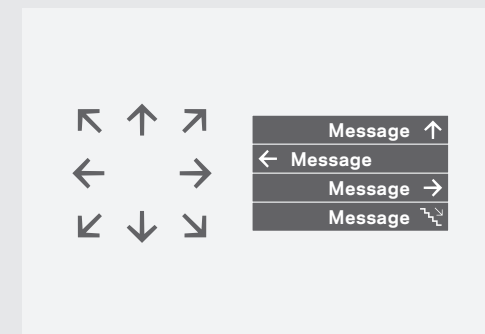
Example of clear, understandable and standardised pictograms as opposed to poorly designed and unrecognisable ones.



Typical text sizes and relative reading distances.



Colour contrasts between text and background based on Light Reflectance Values (LRV).



Example of a clear layout and correct order for arrows and text on a sign panel.

User Centred Design

A wayfinding system cannot cater for all users. Special measures will need to be put in place when dealing with very limited-case users. The strategy will be developed for the majority of users groups.

The wayfinding system must work for:

- > Outpatients (especially the first time)
- > Access to the Emergency Department
- > Visitors
- > Staff*

The system must always cater for low-mobility users and for people with mild visual impairment, therefore focusing on lift and accessible routes. Attention to correct type size and colour contrast is paramount in this context. The standards pictured on this page make a good reference.

* Staff must always be considered as critical stakeholders and users of the wayfinding system. If the proposed wayfinding does not take into account staff routines, common practices and jargon will face the risk of low endorsement and therefore low effectiveness.

The chart displays the required height of type for viewing distances.

Reference should be made to AS 14282-1992.

Height of letters for varying viewing distances	
Required viewing distance m	Minimum height of letters mm
2	6
4	12
6	20
8	25
12	40
15	50
25	80
35	100
40	130
50	150

The chart highlights and scores the best colour combinations based on the Light Reflectance Values calculation (100 representing the maximum contrast)

	WHITE	PMS Black C	PMS 485	PMS 1225	PMS 293	PMS 641	PMS 1375	PMS 4635	PMS 3997	PMS Process Magenta
WHITE	0	87	65	14	87	69	28	68	88	68
PMS Black C	87	0	34	79	0	30	70	30	4	30
PMS 485	65	34	0	54	34	4	42	4	37	4
PMS 1225	14	79	54	0	79	58	14	58	81	58
PMS 293	87	0	34	79	0	30	70	30	4	30
PMS 641	69	30	4	58	30	0	46	0	33	0
PMS 1375	28	70	42	14	69	46	0	46	72	46
PMS 4635	68	30	4	58	30	0	46	0	33	0
PMS 3997	88	4	37	81	3	33	72	33	0	33
PMS Process Magenta	68	30	4	58	30	0	46	0	33	0

B:2

Appendix 2: Journey Mapping – a Wayfinding Tool

8.2

Introduction to Journey Mapping

Journey mapping is needed to understand the end-to-end user experience.

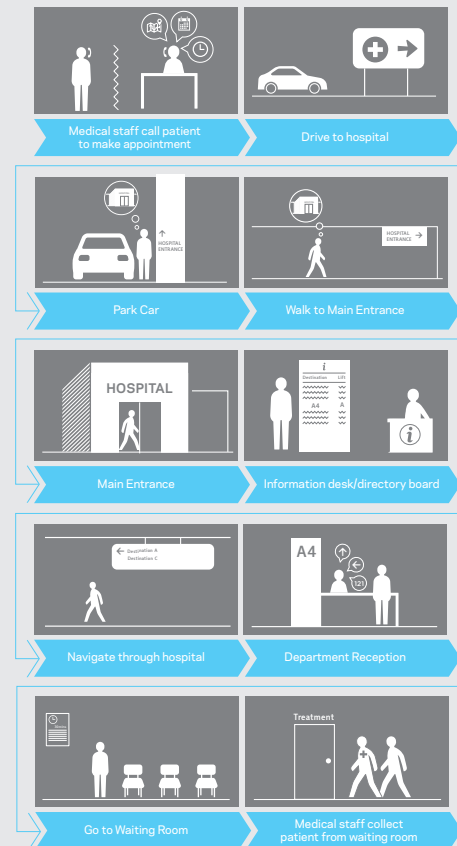
When defining the wayfinding problem, this tool is used to identify decision points in the user journey and to establish the priority route to a destination.

What this means for each campus, is that every destination is identified, (entrances, lift banks stairs, and receptions—these force a user to interact with the building / organisation) and mapped in order to determine the wayfinding issues to be resolved and to inform the solutions.

This constitutes the back bone of the Wayfinding Strategy.

When the location of a destination changes, the master journey schematic must be amended before any decisions are made about new signage.

Example - Typical Journey



Journey Mapping in Practice

In November 2016 the Wayfinding team worked alongside ID/Lab a wayfinding consultancy, to complete a gap analysis at ACH.

"The first phase was dedicated to the exploration and understanding of the site, and data collection.

At first the ID/Lab team surveyed the site, without a formal brief, with the intention of gathering as many unbiased impressions as possible on the dynamics and functionality of the wayfinding system. Observations were noted.

Some time was then dedicated to the review of relevant pre-existing studies and internal wayfinding activities. Namely, the following documents/initiatives were reviewed:

- > Design Guideline 1.0 (draft) by DHW Lab
- > ACH Traffic Management Advice - Action plan by Beca 2014
- > Summary of future development and masterplan
- > Extract of admissions and outpatients volumes.

The team as a whole, under ID/Lab's lead, then proceeded to map out a number of critical journeys; from the very first touch point between users and the organisation (website or

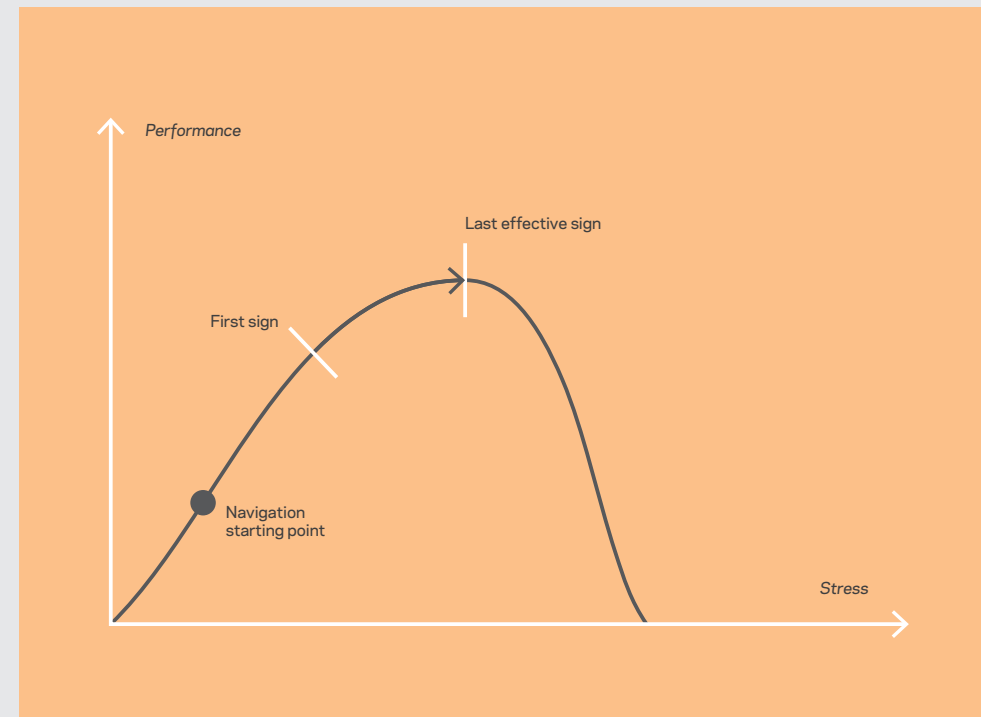
appointment letter) to the end point (hand-over point) of each route.

The starting point of this exercise is the determination of the typical user of the wayfinding system, which is always and by definition the most critical type of user; first timer; or with limited knowledge of the space, time concerned and with above average stress level.

Stress level is the single most important factor to take into account when developing a wayfinding system.

Wayfinding, like any other cognitive performance, requires a minimum level of involvement in order to be put into action and then drops in efficacy at a peak level of stress. Wayfinding performance is typical in that there is a limited time frame in which it can functionally operate. This is due to environmental conditions which contribute to stress levels, such as anxiety of the journey, noise, crowds, confusing architecture etc.

Therefore, wayfinding needs to be simplified as much as possible in order to intercept a very distracted typical user. It needs to communicate confidence through a consistent and logical application of information and instruction."



"The team performed a survey based on the above mentioned routes, and physically walked each journey from start to finish.

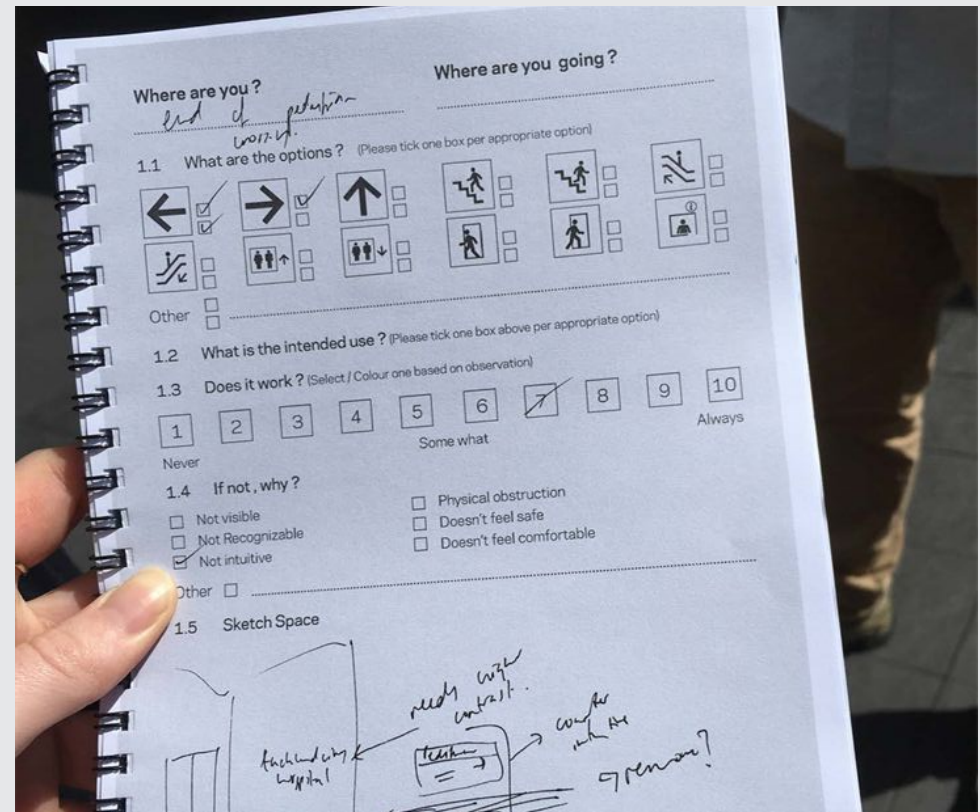
They collected photos and notes in proximity of so-called decision points; these are the points within a journey where the user is presented with a choice, or there is an ambiguity that creates hesitation and therefore doubts over which direction to take next.

In order to facilitate and provide a formal structure to this activity, ID/Lab had pre-prepared survey notebooks. The notebooks showed precisely where to record information around each decision point."

The following journeys were thoroughly surveyed:

- > Car Park A to Emergency Department
- > Car Park B to Starship
- > Level 4 entrance to Labour & Birthing Suite
- > Main Reception (Level 5) to Starship
- > Bus stop to General Outpatients
- > General Outpatients to Radiology
- > Direct (external) access to Oncology.

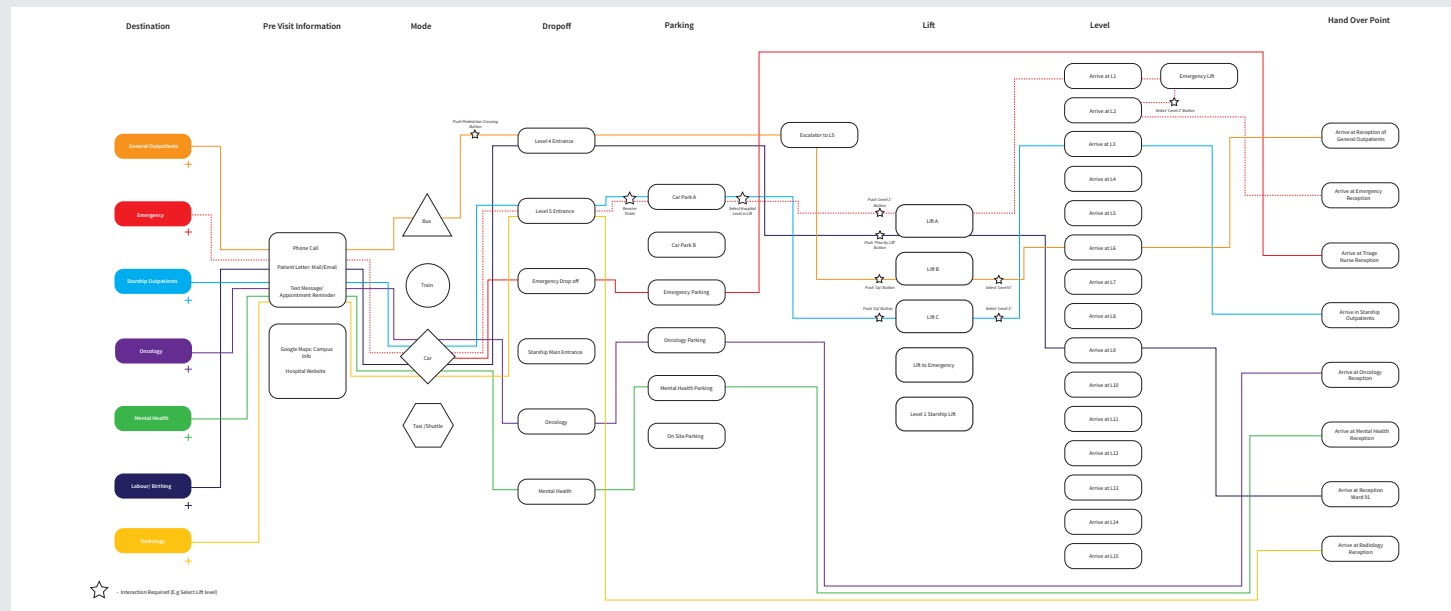
The result of this activity is presented in a collection of issues observed in the following section.



Caption: This is an example of a notebook used to record and analyse a decision point in a journey.

Plotting Journey Maps

Example of master plan for the plotted journeys



Caption: This journey map focuses on the end-to-end wayfinding journey—from the patient letter, mode of transport, and other touch points (e.g. entrance, lift, level) to the final hand over (reception). Once all journeys are mapped, it provides an overview of user flows through the campus, and the basis for where design interventions should sit.

When the location of a destination changes, the master journey schematic must be amended before any decisions are made about new signage.

Refer to Appendix 2 for more detail.

8.2

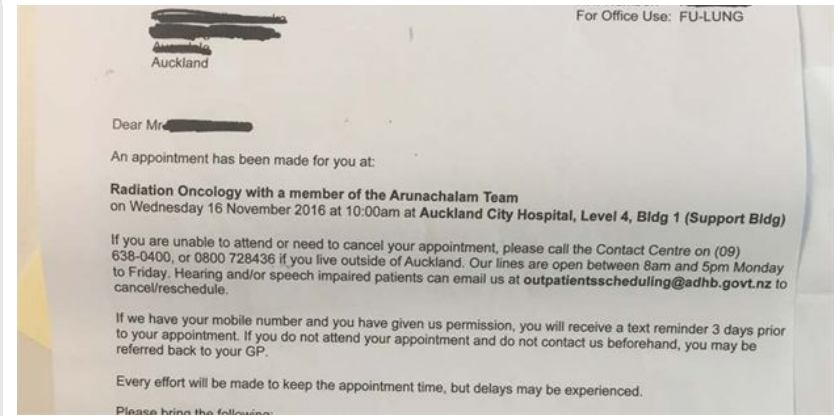
B:3

Appendix 3: Findings From Site Audit & Journey Mapping

Inconsistency of language and lack of a "destination list"

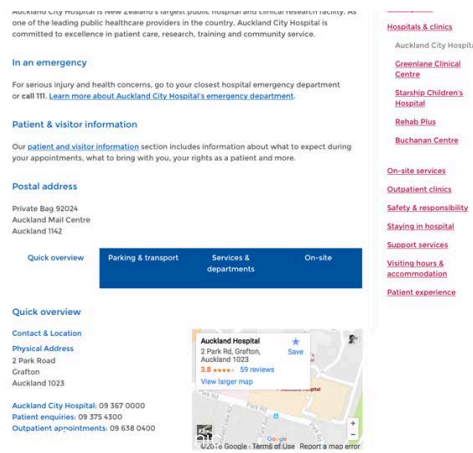


Appointment letter: unclear and missing access and transport information . Poor layout and structure of the letter.



8.2

Website: lack of specific information



Lack of site identification: no clear campus identity and code of conduct



Ill placed speed zone indications



Main gate layout: Competitive cues from the environment



Main entry layout: Very short time and limited space to make critical turn decision.



Main gate layout: Lack of pedestrian dedicated information



Main entry layout: Blocked off entrance to L4 building



Grafton Rd entrance (Gate 4): Misleading ambulance entrance



Visibility of Main Entrance lane (Hedges and fences hide turn creating hesitation)



Gate 2: Unnecessary signage



8.2

Gate 3: overwhelming and misleading information for non public access



Safety: pedestrian crossing hidden behind turn



Site identification: No high level, sky sign identification



Safety: emergency drop off blocked by vehicles



Lack of pedestrian signage across campus



No clear role of circulation space (rest area vs. thoroughfare)



Level 5 Bridge

Unregulated on-curb parking across campus: no security enforcement.



Proximity of Oncology Building entrance

Lack of contrast for parking graphics



Level 3 Main Entrance Parking

Two signed Main Entrances



No entrance experience at Starship



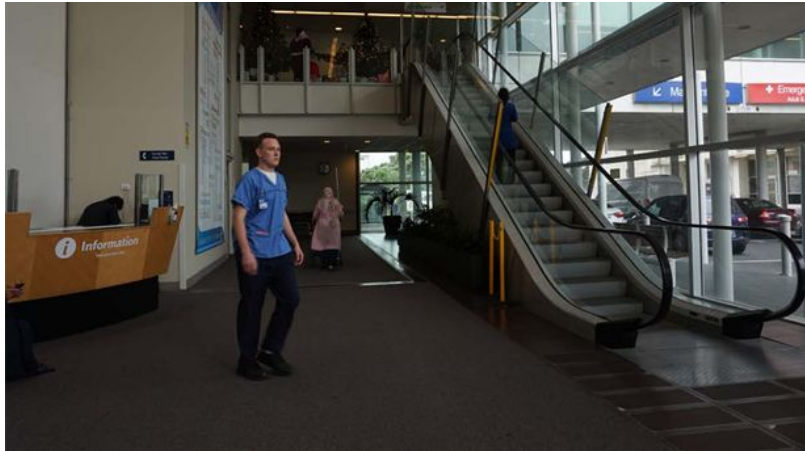
No current level and after hours information at Main Entrance



Misleading signage to pedestrian crossings



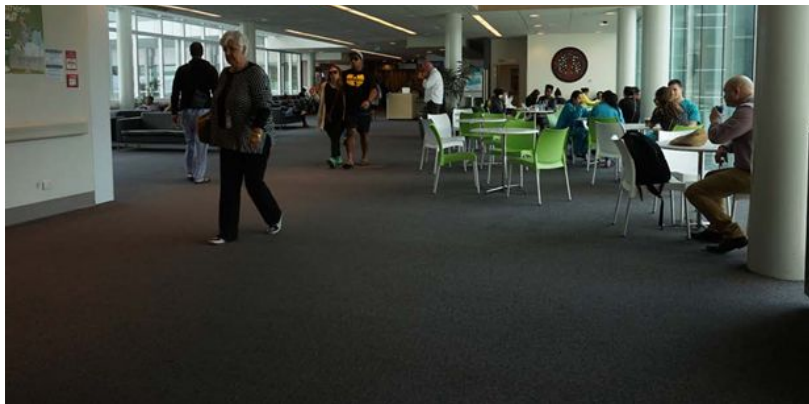
Level 4 entry provides information at the wrong time



Doubling of building names and numbers



General poor connectivity between Main Building and Starship, lack of directional signage across main corridor

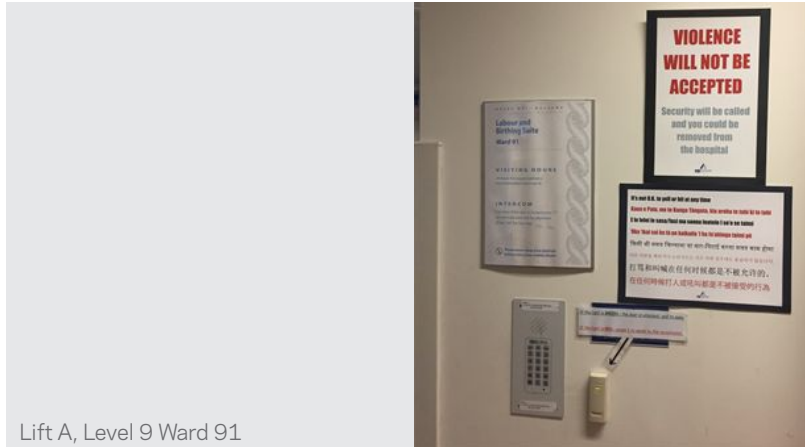


Return journey to Level 4 drop off: no escalator and hidden stairs



8.2

Inappropriate placement of media (regulatory, commercial)



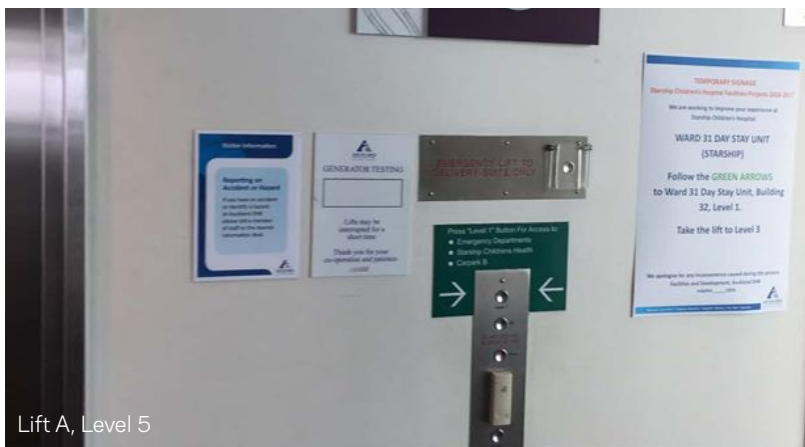
Lift A, Level 9 Ward 91

Lack of clear identification of wards and departments



Lift A, Level 6

Lift A button confusion



Lift A, Level 5

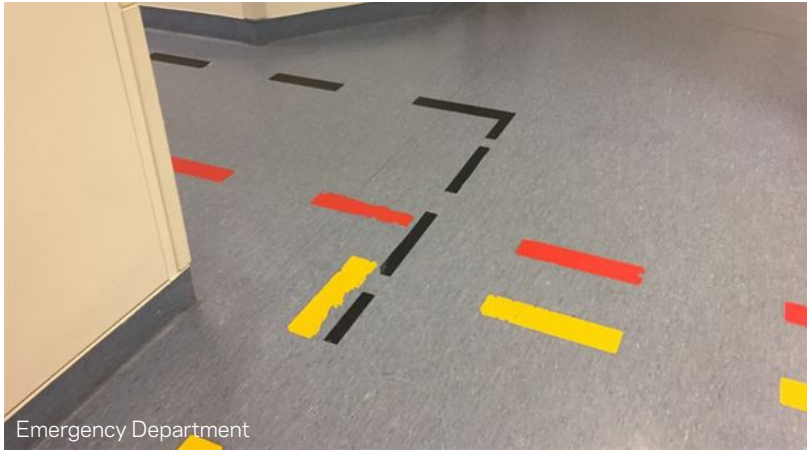
Inappropriate signage system:

- Too small
- Very poor contrast
- Hard to clean
- Easy to damage
- Costly to maintain



Lift C, Level 5

Many outdated or redundant lines on the floor



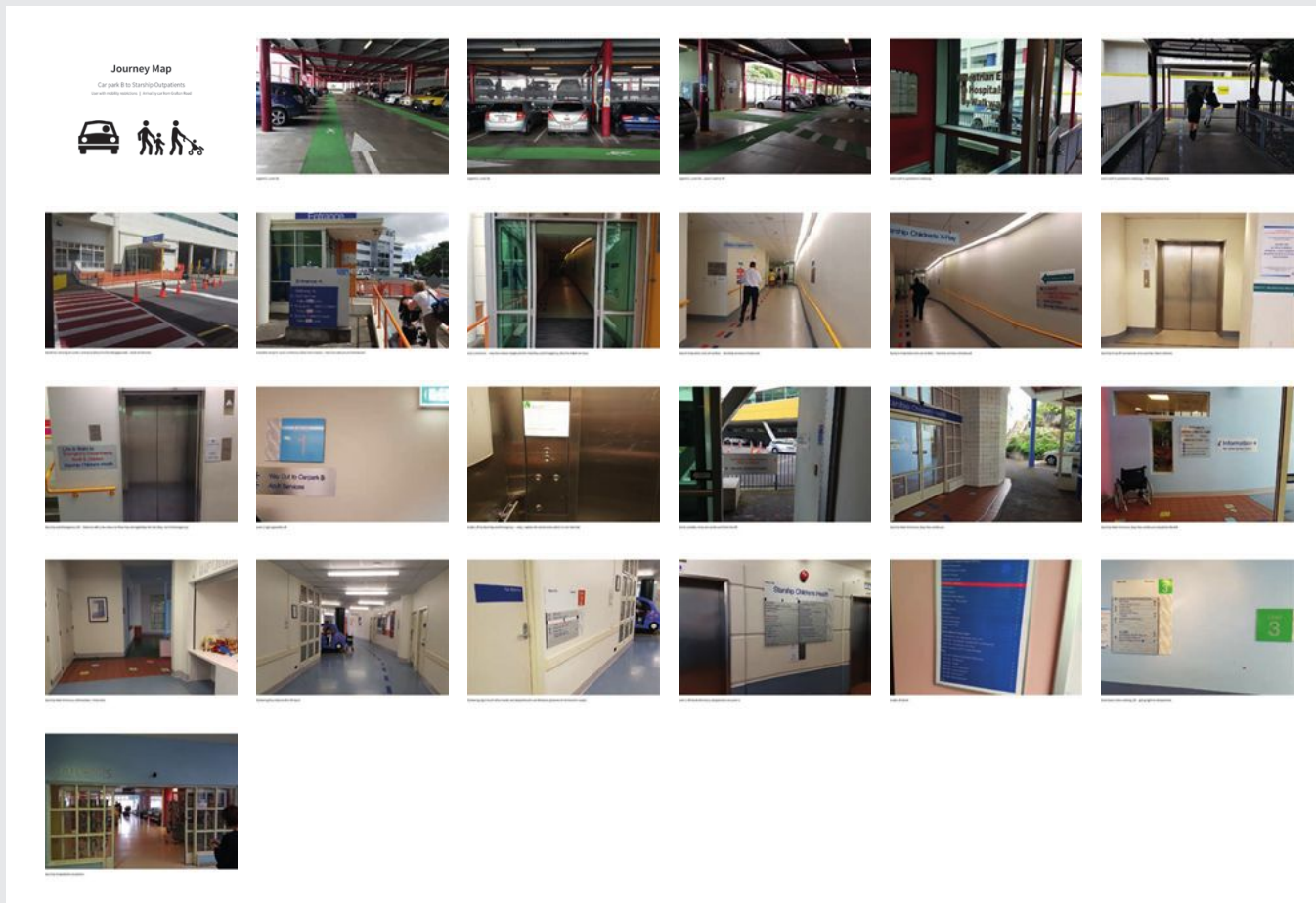
Lack of landmarking on the main circulation level



B:4

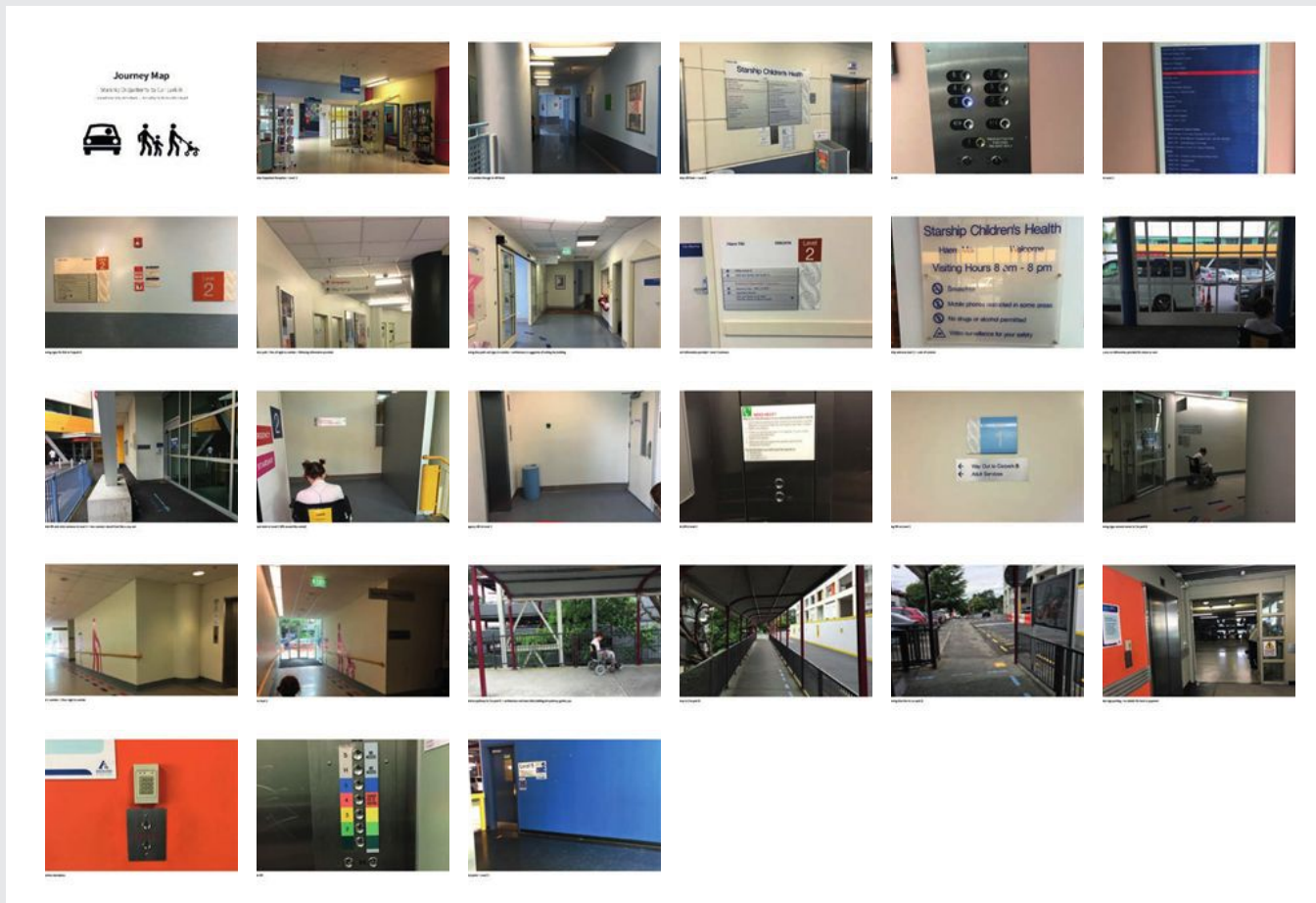
Appendix 4: Journey Maps

Car Park B to Starship Outpatients

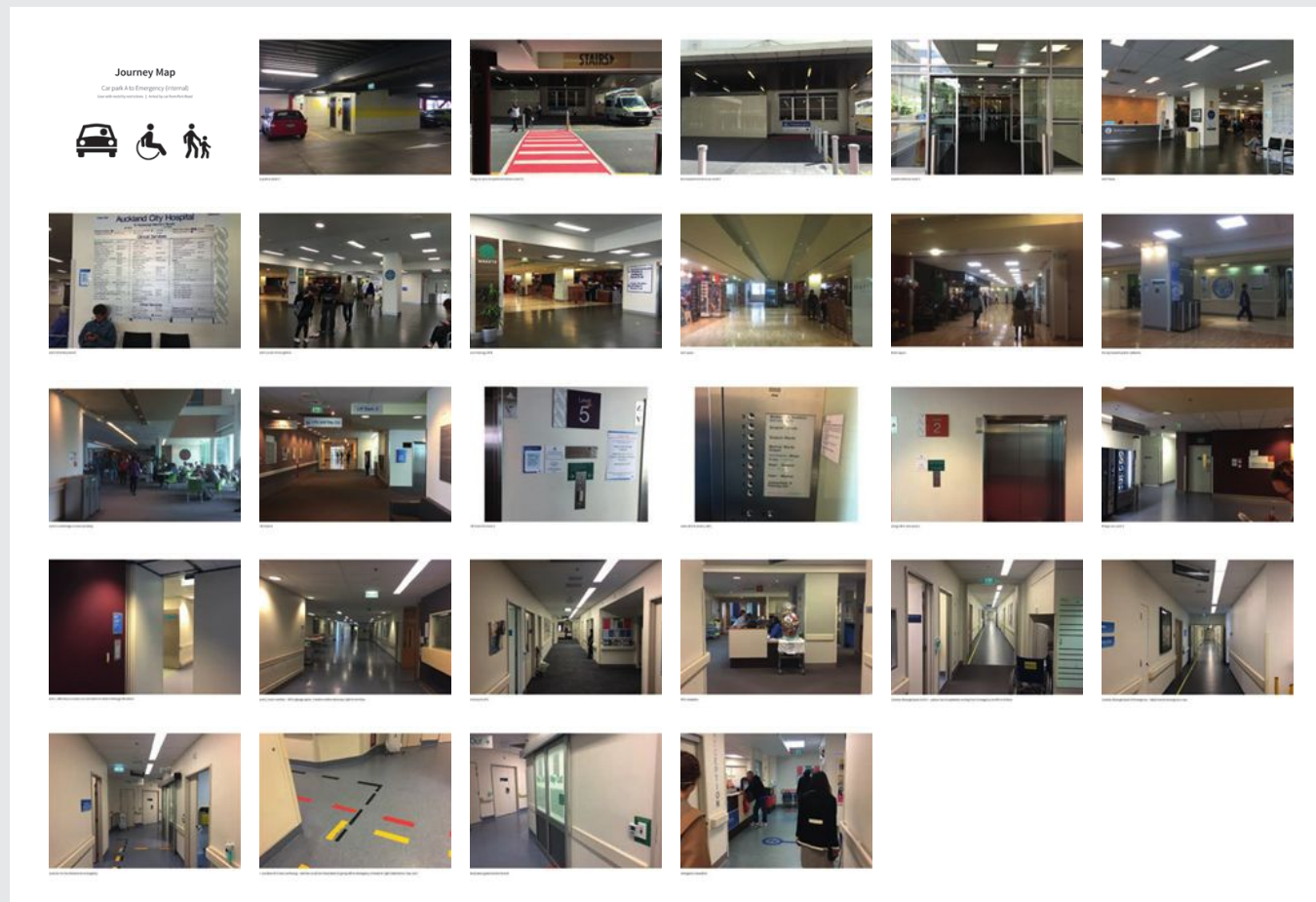


8.2

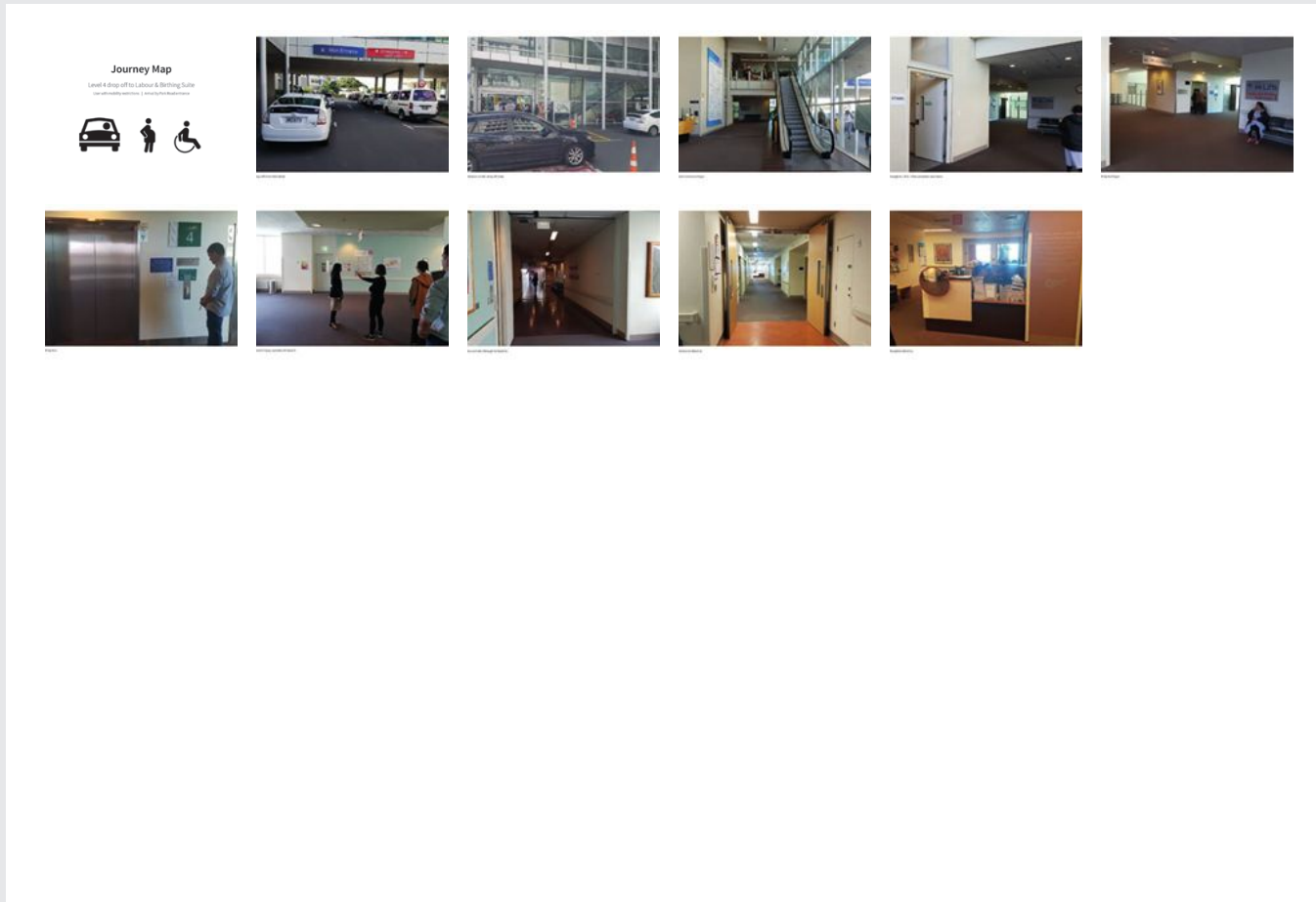
Starship Outpatients to Car Park B



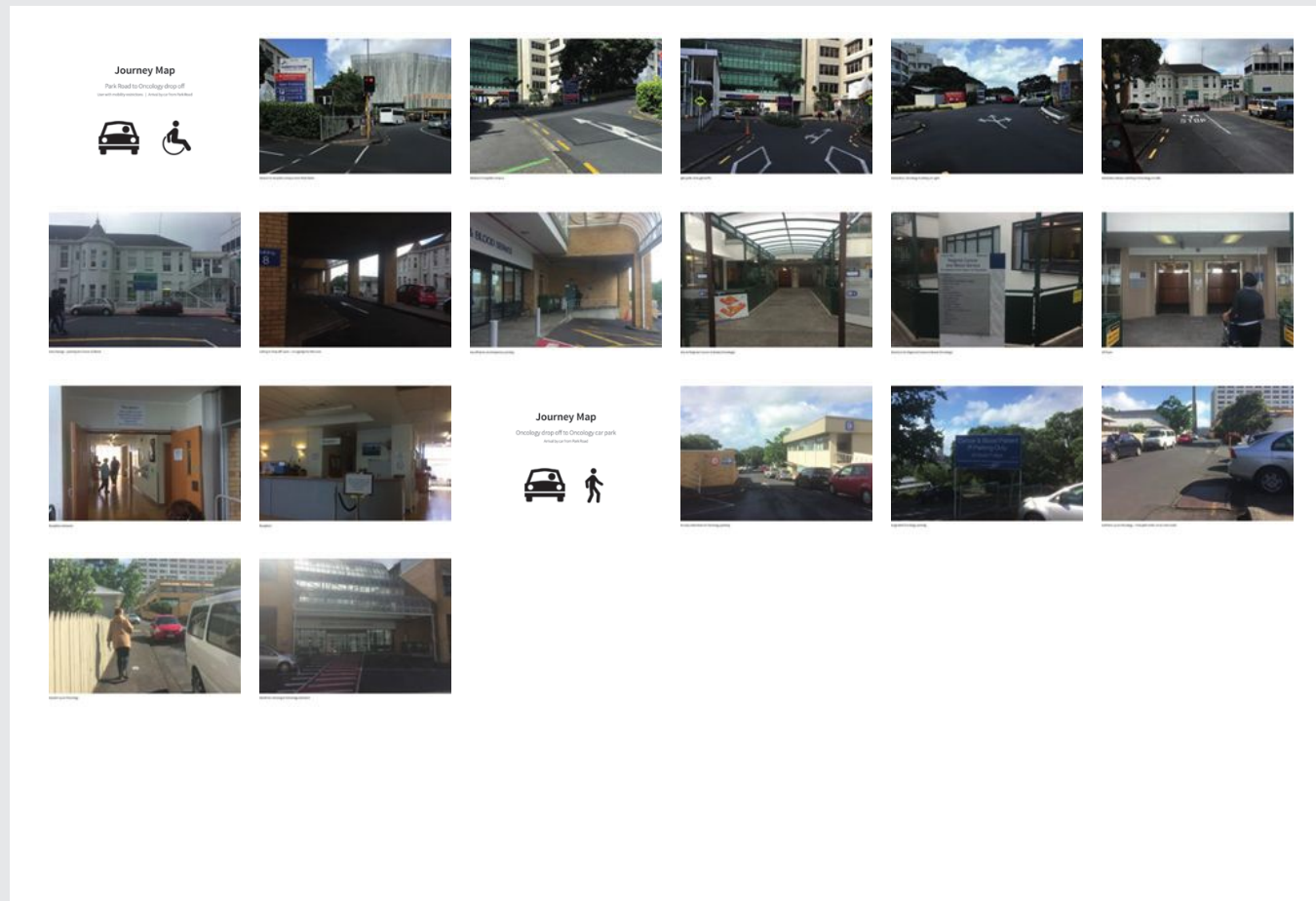
Car Park A to Emergency



Level 4 Drop-off to Labour & Birthing Suite

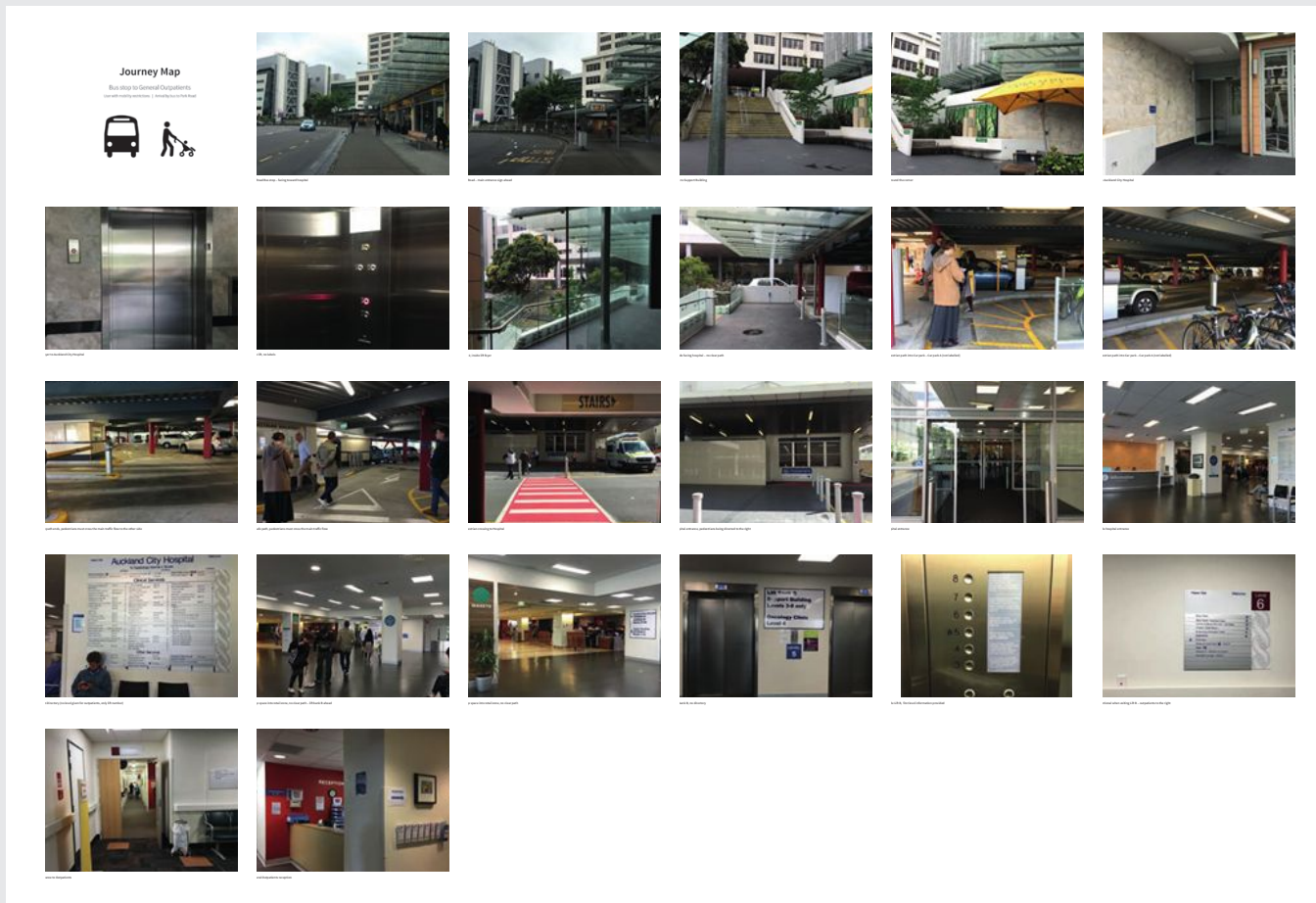


Park Road to Oncology

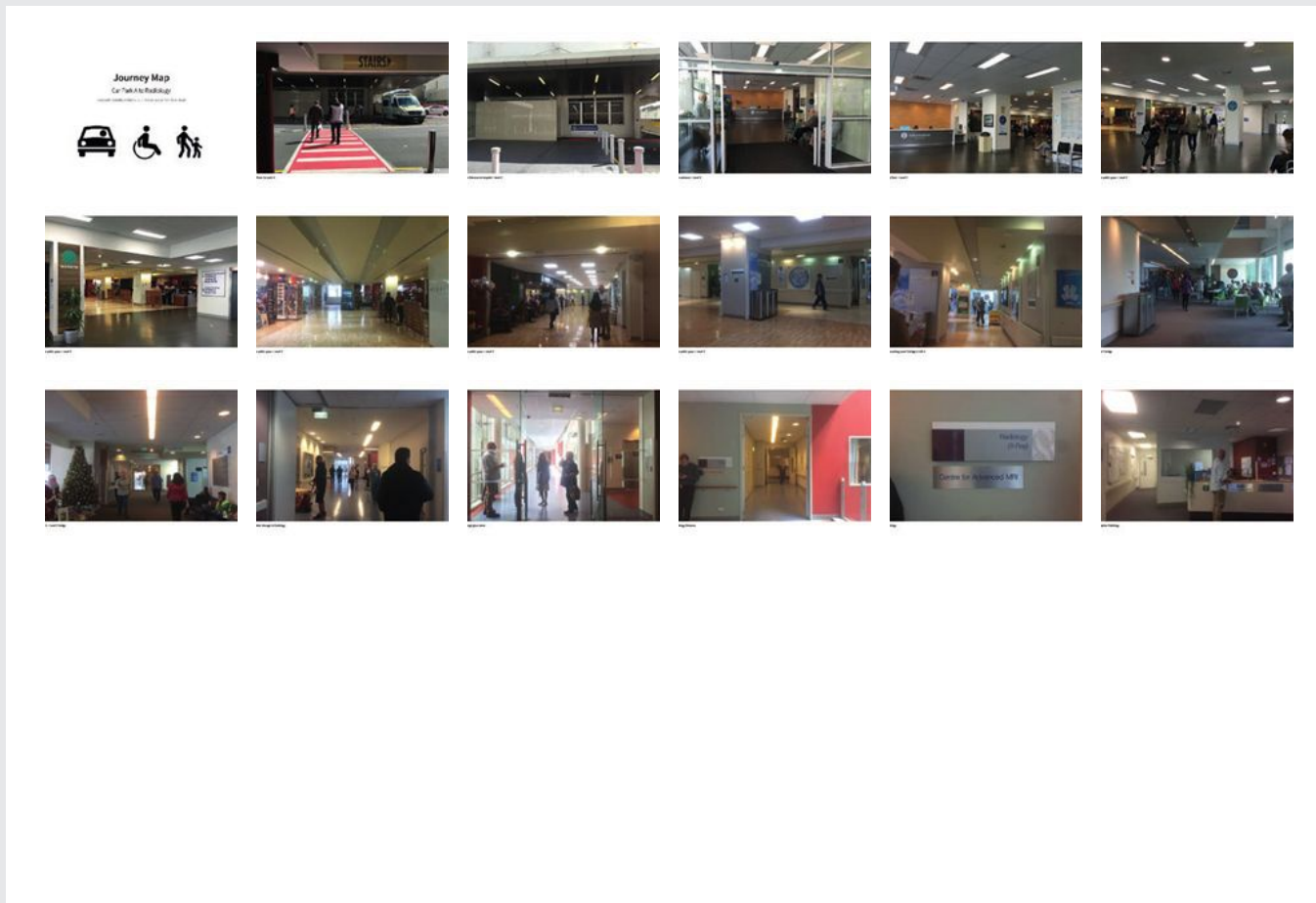


8.2

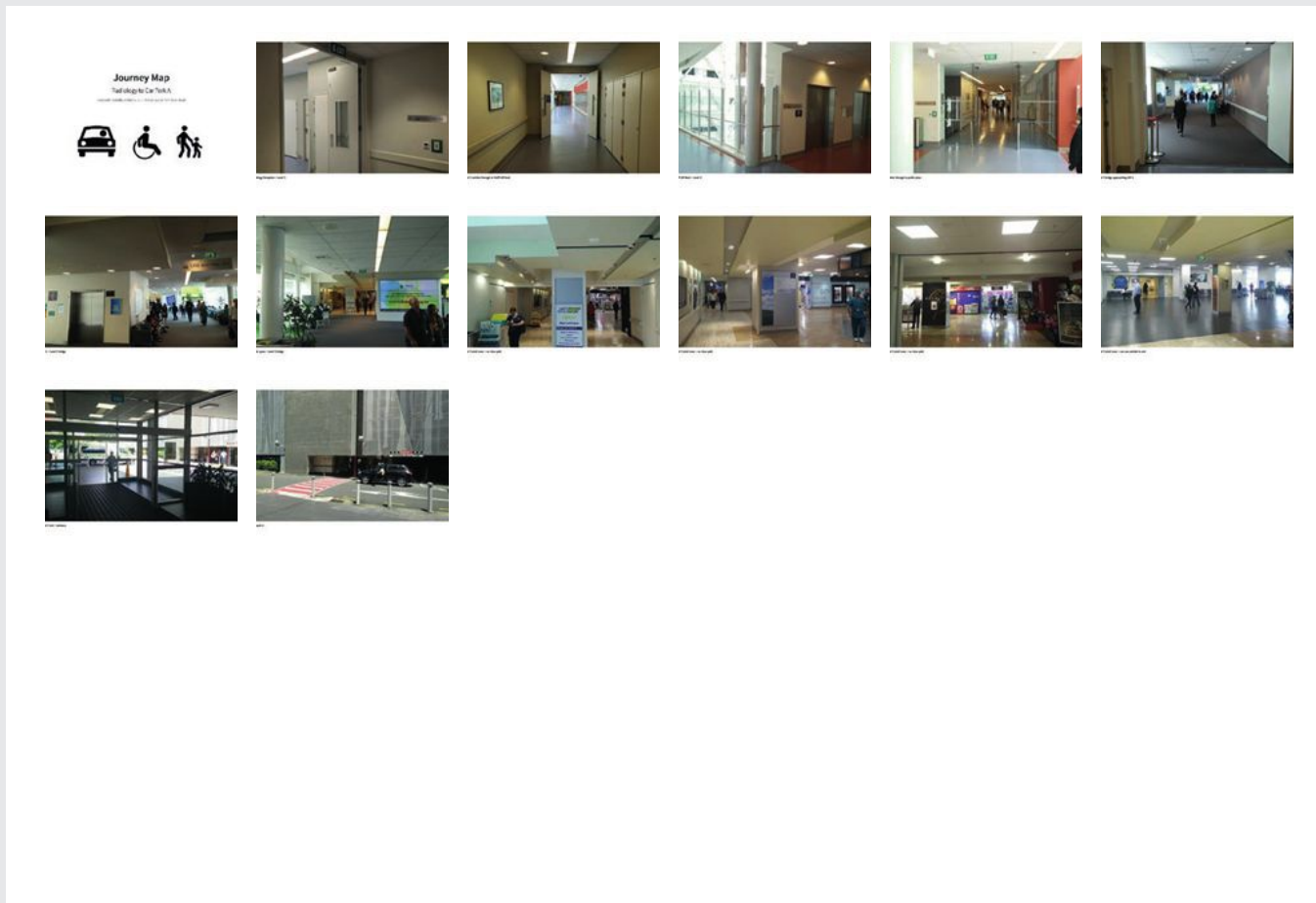
Bus Stop (Park Road) to General Outpatients

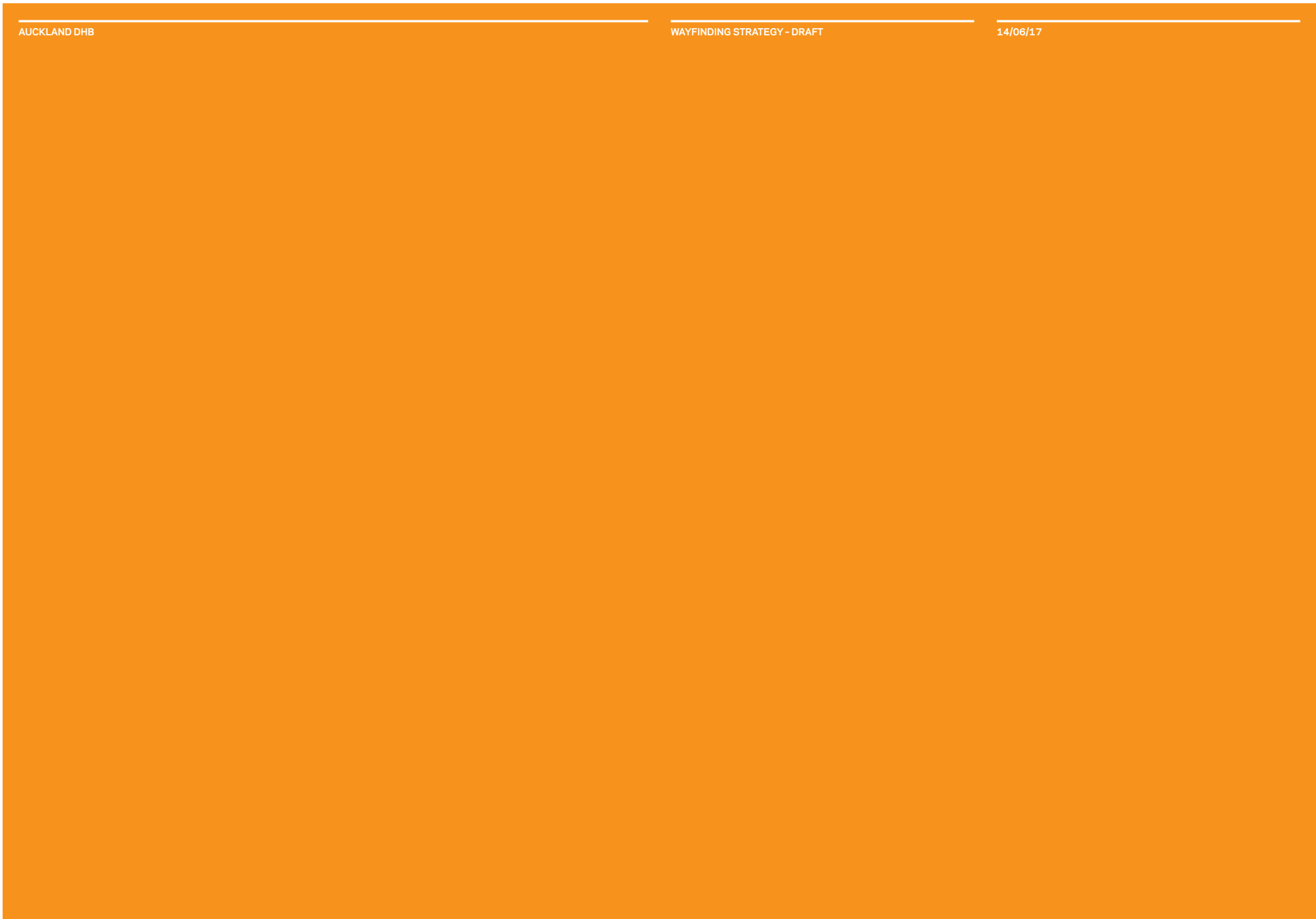


Car Park A to Radiology



Radiology to Car Park A





Auckland DHB Human Resources Report

Recommendation

That the Board receives the Auckland DHB Human Resources report for June 2017.

Prepared by: Fiona Michel (Chief HR Officer)

Endorsed by: Ailsa Claire (Chief Executive)

Board Strategic Alignment

Community, whanau and patient-centred model of care	<ul style="list-style-type: none"> • Adopt a visible, purposeful employee value proposition, to focus attraction and retention efforts and investment. • Create useful channels to involve our people in the design and implementation of our employment environment and mutual expectations. • Build management and coaching capability, and capacity for personal development planning. • Address inequities within our workforce to ensure we role model the behaviours and solutions we want for our communities.
Emphasis/investment on both treatment and keeping people healthy	<ul style="list-style-type: none"> • Ensure our people are set up for success from the start of their employment with us. • Embed a health and safety culture and mind-set. • Rehabilitate or remove bullies. • Foster workplace programmes to promote and support mental health in our workforce. • Role model resilience, wellness and wellbeing through leadership behaviours, colleague care and personal responsibility. • Provide safe, early intervention for those who may be experiencing problems at work.
Service integration and/or consolidation	<ul style="list-style-type: none"> • Create simple, easy-to-use HR policies, processes and forms. • Provide easily-accessed, consistent, quality support from HR. • Enable and empower our people to control their own employment experience.
Intelligence and insight	<ul style="list-style-type: none"> • Improve employment data integrity and standardise people information and insights, based on relevant benchmarks. • Create channels to receive real-time feedback from our people to co-create and improve their employment experience.
Evidence informed decision making and practice	<ul style="list-style-type: none"> • Embed our values, and value-based decision making tools and frameworks. • Develop an employment info-base to record precedents and organisational best practice. • Adopt a 'Learning Organisation' mind-set, championing education, transparency, fairness and openness.
Outward focus and flexible service orientation	<ul style="list-style-type: none"> • Innovate and experiment with international practices to improve and streamline our employment experience. • Implement an agile HR Operating Model to optimise funding, workflow and to enable us to move quickly on workforce opportunities.
Operational and financial sustainability	<ul style="list-style-type: none"> • Reduce time spent on HR 'bureaucracy' to replace with value-add employment activity that enhances both the employee experience and patient care through effective individual, team and system development. • Creatively share resources and solutions with partner organisations. • Ensure employment terms and conditions are accurately implemented, mutually beneficial, and affordable and fit for the future. • Evolve the workforce to ensure we have the right people, in the right place, in the right roles, at the right times, with the right skills.

1. Delivering the Auckland DHB People Strategy

In the past financial year, we have achieved all key performance areas relating to the Auckland DHB People Strategy, signed off by the Board in August 2016. Many initiatives have an ongoing programme of work that will be reported to the Board each quarter.

Key Performance Area	Milestone	Progress
Pilot the Management Development Programme	June 2017	Pilot has commenced. Programme has been designed to ensure all Managers are competent and confident to deliver core Management responsibilities.
Implement an education strategy, including an evidence-based leadership development framework and programme	Ongoing	2017 Leadership Development cohort underway. SSC framework underway. ADHB taking a lead role in supporting regional and national implementation.
Improve collaboration to increase effectiveness of our employment relationships (NRA, unions, other DHBs)	Ongoing	Auckland representation as Northern Regional GMHR Chair role and Workforce Strategy Group membership, Joined OMG, Joined NRA project steering committee Increased proactivity with unions to build relationships, including February hui, Stronger Auckland Metro HR collaboration.
Ongoing rollout of Auckland DHB Values programme	Ongoing	Recognition of embedding in Hospital Certification Audit outcomes.
Implementation of Speak Up (Anti-bullying/harassment/discrimination)	June 2017	Successful launch to employees in May 2017. See note below.
Auckland DHB employee engagement action planning	June 2017	Action planning complete and initiatives underway. See separate agenda item.
Deliver the Code of Conduct	June 2018	Work has commenced on a new approach to engaging the workforce on what behaviours make us proud to work here, as part of the ELT employee engagement action plan.
Scope initiatives to enhance opportunities for our Low-Paid workforce	Sept 2017	Recommendations prepared and will be considered by ELT in July 2017.
Ensure Remuneration integrity and sustainability	June 2018	Remuneration Strategy plan developed and will be considered by ELT in July 2017.
Enhance Employee wellbeing	Ongoing	ELT engagement plan focus is on employee wellbeing. Wellbeing committee and dedicated resourcing will be activated by the end of July 2017.
Deliver the new Auckland DHB Orientation Programme	April 2017	Navigate/Kai Arahi programme successfully piloted and is now in implementation phase.

Key Performance Area	Milestone	Progress
Māori/Pacific Recruitment initiatives (MALT/Regional Plan)	Ongoing	Employee ethnicity data survey completed and Leader updated. Strong regional collaboration. New initiatives underway to attract Māori/Pacific employees. Positive feedback from the GM Māori.
Simplification and consistent look & feel of all HR forms, guidelines, policies and processes	Ongoing	Launch of myHR webpages. Simplified, branded forms about to be launched. Automating the SHAR and other commonly used forms in the coming months.
Implement the HR Operating Model	March 2017	askHR implemented on 1 March. Positive staff and director feedback and strong issue resolution rates. Unions and other DHBs have come in for a site visit to see what we have done. Opportunity to consider offering a regional service in the future.
NEW Recording of Performance Conversations	October 2017	See separate agenda item.

2. Speak Up

The Auckland DHB 'Speak Up' programme to combat bullying, harassment and discrimination was successfully launched to all employees on Pink Shirt Day (26 May 2017). Many teams chose to use the day to raise awareness about Speak Up by wearing pink or participating in local or organisational events throughout the day.

The signing of the Memorandum of Understanding with the Royal Australasian College of Surgeons was well received, and was endorsed to their members by the Association of Salaried Medical Specialists (ASMS).

A follow-up programme of work for 2017/18 to improve organisational culture, and embed the People Strategy is under way. This includes a wide stakeholder engagement programme, similar to the programme undertaken in 2015 to develop our values; to explore what behaviours at work make us proud, and how these align with our values and purpose. We will tell the 'care and concern' stories of our people about what it truly means to work here, and use this to guide and educate our people to the behaviours that are OK around here.

3. Talent and Leadership Development

Management Development Programme (Management Practicing Certificate)

The Pilot Programme began week commencing May 22. It consists of seven Modules, six of these will be delivered online and one face to face. The online modules are self-paced to be fitted timetable as and when possible. Participants receive a journal for note taking and reflections through the modules.

Participants have been asked to complete as many of the modules as possible by the 30th June 2017.

We have 41 pilot participants enrolled, from all directorates with a range of levels in the organisation. Their principal commonality is managing a team of people.

Summary of topic areas for the pilot programme

Topic area	Delivery	Expected time commitment
Recruitment & Selection	Online via Ko Awatea learn*	Between 1-2 hours
On-boarding	Online via Ko Awatea learn*	No longer than one hour
Team Development	Online via Ko Awatea learn*	Between 1-2 hours
Health & Safety Fundamentals	Online via Ko Awatea learn*	No longer than one hour
Culture and Cultural Competency¹	Online via CALD	3 hours
Managing a diverse team	Face to face	4 hours
One on one meetings	Online via Ko Awatea learn*	No longer than one hour

State Sector Talent & Leadership Programme

The implementation across 20 DHBs of the shared approach to talent management and leadership development used across the core public sector will achieve:

- Leadership development systems in place within 20 DHBs that have a shared approach, language, tools and measures, and a basis for continuous improvement;
- Enhanced collaboration across and beyond the health sector in support of the New Zealand Health Strategy and Better Public Services, reinforced through leader and leadership development and system improvement practices at a local, regional and national level; and
- Increased workforce capability, agility and mobility at a local, regional and national level, both within the health sector and between the health sector and our social agency partners.

In other words, we will have a way of understanding what good leadership looks like in the health sector using an approach, language, tools and measures that are shared between the health sector and the broader core public service. The approach will provide a range of development opportunities for individuals and it will result in a health workforce better equipped to lead across boundaries to deliver the range of joined up health and social services our communities need.

Implementation at Auckland DHB, high level overview:

- Implementation will be led by OD Practice Leader, Anne Silva.
- The Auckland DHB Director of Organisation Development sits on National Implementation Group.
- We have instituted Regional collaboration meetings for metro-Auckland DHBs to ensure alignment and reduce duplication of effort.
- Implementation and communications planning June – July 2017.
- *Q1 F17/18:*
 - meet with Chief Executive and ELT to walk through the approach and tools.
 - establish where we sit against the maturity model for talent management and development.
- *Q1-2 F17/18:*
 - Leadership Success Profiles (LSP) 360 for Chief Executive and her Direct Reports (Tiers 1 and 2), followed by talent conversations between CE and reports, resulting in a map against the 9 Box Grid tool by December 2017.

- Q3 -4 F17/18:
 - Present the approach and tools to SLT and extend LSP 360s and talent conversations to Tier 3, to be completed by December 2018.
 - Connect with, participate in and help shape the long term ambition and goals of a shared approach across the core public sector.

4. HR Personnel

- Elizabeth Jeffs, Director HR Partnering and Management, with primary responsibility for our Employee and Industrial Relations activity, has been appointed as HR Director for Counties Manukau Health and has resigned her role at Auckland. We are thrilled that Elizabeth has been recognised with this promotion, and we are very pleased that she will continue to work in the health sector as a collaborative regional colleague. An external search is underway to replace Elizabeth as quickly as possible.
- Fiona Michel, CHRO, has been elected Deputy Chair of the 20 DHBs National GMHR group. As a result, Fiona will represent the 20 DHB GMHR group at Association of Salaried Medical Specialists (ASMS) national forums.

Employee Engagement Action Planning

Recommendation

That the Board:

1. **Receives the Employee Engagement report for June.**
2. **Notes that status and progress of Employee Engagement Action Planning.**

Prepared by: Gil Sewell HR Director – Organisational Development

Endorsed by: Fiona Michel Chief HR Officer

Endorsed by Executive Leadership Team: Yes: Date: Tuesday, 20 June 2017

Glossary

SCARF	Status, Certainty, Autonomy, Relatedness and Fairness.
WHO	World Health Organisation
LDP	Leadership Development Programme
MDP	Management Development Programme

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	Employee Engagement is an enabler of our aspiration to be renowned for our people-centred approaches, starting with our employees.
Emphasis/investment on both treatment and keeping people healthy	Employee Survey allows us to take a dose of our own medicine by highlighting where we can provide support for the safety and wellbeing of our people, to support them in their efforts to increase wellness in patients.
Service integration and/or consolidation	Employee Survey provides insight from our people into how we can better provide an integrated and seamless service.
Intelligence and insight	Employee Survey is an early step in obtaining a wider range of data to support planning processes and quality improvement work.
Evidence informed decision making and practice	Employee Survey provides evidence to drive decisions about how we provide our services by identifying what our people deem to be priority areas for attention.
Outward focus and flexible service orientation	Understanding employee engagement alerts the organisation to areas where the balance between bureaucracy and service delivered are perceived to be out of kilter.
Operational and financial sustainability	Employee Survey helps identify areas for development and strengthening of our people and our leaders.

2. Executive Summary

The purpose of this report is to take a deeper look at the concept of employee engagement, its state at Auckland DHB and to provide a picture of what we have underway, and where we aim to get to.

3. Introduction/Background

Engagement has multiple definitions. Two that resonate with the aspirations of Auckland DHB are:

“A workplace approach designed to ensure that employees are committed to their organisation’s goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of wellbeing.” Engage for Success; and

“A combination of commitment to the organisation and its values, plus a willingness to help out colleagues (organisational citizenship). It goes beyond job satisfaction and is not simply motivation. Engagement is something the employee has to offer: it cannot be ‘required’ as part of the employment contract.” Chartered Institute for People and Development, UK

Whilst these may be considered subjective, the study of neuroscience over the last decade has provided evidence and insights into the neural basis for engagement.

Based on the work of Dr. Evian Gordon in 2008, Adjunct Professor of Psychiatry at the University of Sydney, Rock & Tang 2009 argue that the neural basis for workplace or employee engagement is closely linked to the threat/reward function of the brain. The brain responds to engagement in the same way that it responds to physical threats and rewards.

When employees are in a ‘reward’ (engaged) state they generally (cited in Rock & Tang 2009):

- *Experience increased cognitive resources (Arnsten, 1998)*
- *Are generally more creative (Friedman and Forster, 2001)*
- *Solve more problems with insight phenomenon, which is required for problem solving (Jung-Beeman et.al, 2009)*
- *Come up with more ideas for actions (Frederickson, 2001)*
- *Have a wider field of perceptual view (Schmitz, De Rosa and Anderson, 2009)*

However, the threat response is more intense and more common and often needs to be carefully managed in order to minimise impact.¹

Neural drivers that enhance and decrease engagement

Rock (2008)² summarised the threat/reward literature into the SCARF Model. This posits that there are 5 domains of threat and reward. These are **Status**, **Certainty**, **Autonomy**, **Relatedness** and **Fairness**.

The following table summarises the model and describes examples of what these domains may look like in an organisational setting:

¹ Baumeister et al, (2001). “Bad is stronger than good”. Review of General Psychology. Vol. 5. No. 4. 323-370

² Rock (2008). “SCARF: a brain-based model for collaborating with and influencing others”. Neuroleadership Journal Issue One.

SCARF MODEL	Threat	Reward
Status	Giving advice or instructions, Offering feedback or performance reviews.	Receiving positive feedback and acknowledgement. Seeing learning in action (improvement).
Certainty	Someone acting incongruently. Not knowing your bosses' or department's expectations	Stating clear objectives at the beginning of a piece of work. Breaking complex work into small chunks.
Autonomy	Being micromanaged	Allowing people to organise their own work flow, set up their own desk space. Allow people to make 'point-of-need decision making'.
Relatedness	Meeting someone unknown. Meeting someone from a different culture	Encouraging opportunities to share personal aspects. Water cooler conversations. Buddy systems. Coaching and mentoring systems.
Fairness	Lack of clear ground rules and expectations.	Transparency. Allowing a group to set up its own rules. Increasing communication and employee involvement in business decision making.

Employees experiencing high levels of reward in each of these domains are likely to be highly engaged and the converse, people experiencing high levels of threat in these domains are likely to be highly disengaged.

As we can see, individual employee engagement is influenced by a broad range of organisational activities and relationships. It is therefore important to ensure that our response is also broad and that we consider how employee engagement may be impacted by the changes we bring in, how we communicate and implement them, together with the way we work with others.

An analysis of the quantitative and qualitative responses to the Auckland DHB's employee survey revealed a consistent set of strengths and opportunities across the DHB:

Strengths

- Our purpose, values and objectives are clear to people – there is a clear sense of direction and people are clear about their individual roles.
- Teamwork is the cornerstone of safe healthcare: people report that individual teams work well together and colleagues are helpful, friendly and welcoming to each other.
- 78% of people feel safe to speak up when there is an error or an issue – this indicates a strong safety culture, with some room for improvement.

Opportunities

The survey indicated that there are five areas of opportunity to improve our people's experience of working at Auckland DHB.

1. Review workload and its impact on employees' health and wellbeing and on quality of patient care.
2. More positive behaviours between colleagues.

3. People want more visible and supportive leadership and management.
4. An improvement in team-working and working between teams and services.
5. Car parking.

5. Progress and Activities

People strategy and Employee Value Proposition

The Auckland DHB People Strategy and our EVP provide clarity on the activities and programmes to be implemented in the DHB over the next 3 years.

The Big Five actions prioritised in the people strategy are key to building better engagement across our organisation.

They are:

- Accelerating capability and skill
- Making it easier to work here
- Building constructive relationships
- Delivering on our promises
- Ensuring a quality start

These headline pieces of work have been identified, in part, because of their relationship with key drivers of employee engagement and in part to deliver our EVP:

- Outstanding professional and personal development opportunities for everyone
- Champion and support physical and mental wellbeing, just as you do for those we serve
- Transparency and fairness to ensure we can all live our values and commitments

Implementing the People Strategy over the next three years will support increased levels of engagement in the organisation.

The Employee Survey

It is important to understand that the employee survey is simply a method of measuring engagement, not a response to employee engagement itself. It is designed to help us to understand where to focus our energy and resources for our people to do their life's best work.

We are using the data from the survey two ways:

1. Organisational level

At this level we can identify areas of strength to celebrate and do more of, and opportunities to take action that makes improvements across the organisation. Actions identified at the organisational level are:

- a) Develop an umbrella organisational **Wellbeing Strategy**, underpinned by the WHO healthy workplace framework (2010)³. This strategy will align to our EVP – specifically “to champion and support your physical and mental wellbeing, just as you do for those we serve”.

The WHO Model is a holistic model (see below) that incorporates four elements:

- *“Health and Safety concerns in the physical work environment*

³ Burton (2010) ‘WHO Healthy Workplace Framework’

- *Health and Safety and wellbeing concerns in the psychosocial work environment including organisation or work and workplace culture.*
- *Personal health resources in the workplace and*
- *Ways of participating in the community to improve the health or workers, their families and other members of the community”.*⁴

Figure ES1
WHO Healthy Workplace
Model: Avenues of influence,
Process, and Core Principles



The Auckland DHB Wellbeing Strategy will extend the values work of 2015-16. It will look to clarify and make explicit the behaviours that support a positive and high performing workplace culture. The intention is develop this work using Human Centred Design principles. The first phase of this work is to be completed by December 2017.

- b) Focus energy and attention on our **Speak Up - Kaua ē patu wairua**. This programme formally launched on Friday 26th May, in concert with our MoU with the Royal Australasian College of Surgeons, aligned to their Operate with Respect campaign. This provides support for anyone experiencing, witnessing or being accused on bullying, harassment or discrimination to speak up through training, manager guides, comprehensive booklets a network of Speak Up Supporters with all information available on Hippo.
- c) An initiative with two aspects, **Care and Concern** will investigate and improve the experience our population has of us, including in-patients, out-patients, whanau, families and others who experience our services and care, such as rough sleepers. The second aspect is inward-facing, another evolution of our Values work, looking at empathy in the workplace.
- d) Telling the story of Auckland DHB when we are at our best, we are writing a “culture book” describing what we do say and feel like when we truly live our values.

2. Local level

Activity and actions designed by local teams for local teams has the opportunity to make the biggest impact on employee engagement levels. Managers can see their team’s survey

⁴ Burton (2010) ‘WHO Health Workplace Framework’ Pp 16

results via a web based dashboard, then share them with their teams to develop action plans in pursuit of being a great workplace.

We have equipped managers with a toolkit for leading this conversation with their teams. Each directorate is required to report to the Hospital Advisory Committee (HAC) or the Board or HR Sub-committee (depending on whether provider or corporate service) on progress on action plan development, implementation, results and successes across the next year.

Leadership Development Programme (LDP)

The Auckland DHB Leadership Development Programme is an opportunity for leaders to build their leadership capability, developing enhanced self-awareness and the behaviours and skills that support a team to flourish. As leaders across the organisation complete this programme, we expect to see an increase in engagement in their teams and employees. The mini-360 will start to track this before we repeat the employee survey.

Management Development Programme (MDP)

This programme is currently piloting and aims to develop engaging managers who offer clarity, appreciation of employees’ effort and contribution, treat their people as individuals and ensure that work is organised efficiently and effectively so their people feel they are valued, equipped and supported to do their job. Certain content, such as setting clear expectations and objectives, and building strong teams has been identified as making a difference in manager- employee relationships and therefore, engagement. The pilot programme will be completed by 30 June 2017, with an evaluation completed, prior to full implementation by end June 2018.

Refreshed orientation and induction

We know that a successful first 100 days plays a significant role in retaining employees and motivating them to succeed, both important early factors in engagement. Navigate – Kai Arahi has transformed the old-style “welcome day” into an inspiring event, welcoming new starters as part of the big ADHB community.

4. Costs/Resources/Funding

The work outlined above is all funded and resourced as part of Business As Usual.

5. Risks/Issues

Risk/Issue	Mitigation
Cynicism amongst employees about the value of an employee survey making it challenging to revisit for quite some time	The Executive Leadership Team and managers at the local level are seen to discuss survey results with the relevant constituencies and make demonstrable progress in improving the experience of work. Whilst engagement is not exclusively an HR

	responsibility, the HR team is actively supporting leaders and managers in the Directorates to have conversations and make changes to help their people flourish.
The employee survey is not repeated within a meaningful timeframe, for any reason, including financial constraints	Proposal to request the Board to repeat survey in FY18/19
Initiatives viewed as disparate and not connected with engagement by our people.	Umbrella strategy under the banner of Wellbeing

6. Conclusion

The employee survey has raised awareness amongst our people at all levels of the importance of listening to colleagues, managers and team members, of valuing and involving them to address and resolve issues to ensure a great place to work and to deliver our organisational goals and purpose.

APPENDIX : DETAILED EMPLOYEE ENGAGEMENT ACTION PLANS

EXECUTIVE LEADERSHIP TEAM

Our top action planning priority	What needs to change	What we are doing	Our success measures
Improve employee wellbeing	Clear, measureable approach to fulfil our People Strategy commitment to champion the physical and mental wellbeing of our people.	Implement a Programme of Work to improve employee wellbeing and executive visibility	Achievement of the People Strategy metrics and targets

Draft Programme of Work

	What	Why	Who	When
1	<p>Launch of Speak Up</p> <ul style="list-style-type: none"> • Promotion of Speak Up process and resources • Signing of MOU with RCS • Thumbs Up for Speak Up – finger print mural • Local team activities for Pink Shirt Day 	Communicate our policies and processes, and reinforce our commitment to addressing bullying and harassment in the workplace	Communications Team HR Employee Volunteers Ailsa/Arend (MOU) Directorates/Teams	Friday 26 May 2017
2	<p>Online Resources</p> <ul style="list-style-type: none"> • Procure or film our own video vignettes for HIPPO on how to: <ul style="list-style-type: none"> ○ Connect with colleagues who appear unhappy ○ Call out poor behaviour in the moment 	Education & awareness Confidence Clarity on support options	OD – Leadership Development	By December 2017
3	<p>Manager Training</p> <ul style="list-style-type: none"> • Schedule additional Speak Up training for Managers • Schedule new learnHR workshops; including: <ul style="list-style-type: none"> ○ Colleague empathy ○ Managing frustration ○ Supporting employees who appear to be going through challenging personal or mental health issues ○ Managing leave and STIL for 	Education & awareness Confidence Clarity on support options	OD – Leadership Development	Schedule agreed by 1 July 2017

	What	Why	Who	When
	<p>wellness</p> <ul style="list-style-type: none"> ○ Respectful appraisals and performance reviews 			
4	<p>Focus Groups/Listening Clinics</p> <ul style="list-style-type: none"> • Advertise internally for expressions of interest to participate in Focus Groups/Listening Clinics <ul style="list-style-type: none"> ○ Groups who identify with different demographics <ul style="list-style-type: none"> ▪ Ethnicity ▪ Gender ▪ Age ▪ Sexual Orientation ▪ Religion ▪ Location ○ Unions ○ Friends and families (of staff) ○ Local Heroes ○ People who were on the Values Working Group 	<p>Explore further how we make a well and healthy workplace.</p> <p>Test ideas</p> <p>Develop a groundswell of champions throughout the organisation</p> <p>Avoid a 'one size fits all' response that doesn't address the needs of different groups</p>	<p>OD – Change Management</p> <p>ELT/SLT</p> <p>Focus Group participants</p>	<p>Scheduled by 1 July 2017 (first round)</p> <p>Completed by December 2017</p>
5	<p>Explore Additional Communication Channels; such as:</p> <ul style="list-style-type: none"> • Ask Ailsa – an hour a fortnight where Ailsa is by her phone and will take calls from any employees who want to call to discuss anything of importance to them • Navigate/Kai Arahi – significant ELT presence • Digital noticeboards in cafeterias or other communal meeting spaces to communicate key messages to staff • Increased Values posters/installations • Executive visiting programme <ul style="list-style-type: none"> ○ Weekly ELT reconciliation of teams visited/to visit (aim for all teams to have been visited at least once a year) ○ Goal – for every ADHB team to spend time with ELT members and for ELT to listen, learn (MOS meeting), reinforce the values, and recognise local heroes 	<p>Visibility and approachability of ELT/SLT</p> <p>Clarity and reinforcement of key organisational/values messages</p>	<p>Communications</p> <p>Ailsa</p> <p>ELT/SLT</p> <p>OD – Capability</p> <p>Shayne Tong/IT</p> <p>ELT PAs (reconciliation/di arising)</p>	<p>Action from June 2017</p>
6	<p>Recruiting for Values</p> <ul style="list-style-type: none"> • Ensure effective recruitment processes and approvals are used in all appointments 	<p>Improve organisational fit</p>	<p>Director, HR Partnering & Management</p> <p>Recruitment</p>	<p>By December 2017</p>

	What	Why	Who	When
	<ul style="list-style-type: none"> Explore an online 'self-test' to enable candidates to explore if their values are aligned with Auckland DHB Introduce short-list candidate psychometric assessments 		Manager	
7	<p>Care and Concern (Values Part II)</p> <ul style="list-style-type: none"> Human Centred Design (co-design) process <ul style="list-style-type: none"> Supported by Process Improvement/Sarah McLeod/External expertise Working Group formed through expressions of interest (same as the Focus Group EOI) <ul style="list-style-type: none"> Invite recognised leaders like Ian Civil to participate Invite union involvement from the start The output <u>may</u> be a 'culture book' (like the Zappos Culture Book) that we can use to communicate the stories of who we are and how we choose to behave to prospective, new and existing employees and stakeholders (internal and external), rather than produce a Code of Conduct that serves to 'tell' our people 'how' to behave. 	<p>Explore what behaviours at work make us proud, and how these align with our values.</p> <p>Tell the 'care and concern' stories of our people about what it truly means to work here – our heart and soul.</p>	<p>CHRO Chief Nurse Working Group Communications Director, OD All staff Unions</p>	From 1 July 2017
9	<p>Other Ideas (To be discussed/scoped)</p> <ul style="list-style-type: none"> Employee mentoring programme Developing/sharing/extending Peer Support and Supervision Networks Supporting and promoting Interest Group/Club formation (eg: LGBTI, Pasifika etc) Making it easier for employees to access Primary Health support Providing regular free health check tests (particularly for low-paid staff, perhaps via the gym membership?) Scoping Early Intervention software/data analysis 	Greater workplace support by skilled and empathetic peers	TBC	TBC

MENTAL HEALTH

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
<p>Developing a cohesive mental health team across specialities and physical localities</p> <p>“Different teams and services work well together”</p>	<p>Reducing silos and increasing connections for staff working across the range of specialist mental health services</p>	<p>Refreshing directorate Newsletter ‘Touching Base’</p> <ul style="list-style-type: none"> - increase frequency - Include “tweets” from each service highlighting an area of focus - Introduce new people and their roles - Highlight ADHB wide events - Introduce new DLT team member - Showcase excellence within the Directorate giving examples of “living our values” 	<p>Staff are more aware of the events happening within the MH directorate and have a greater appreciation of the contribution from their colleagues working in other teams and localities</p>
<p>Connecting new staff members to the strategic direction of the directorate</p> <p>“I know enough about what’s going on in Auckland DHB”</p>	<p>Linking staff to the wider team and purpose of their work from the start of their employment journey with ADHB</p>	<p>Hold Bi-monthly orientation events</p> <ul style="list-style-type: none"> - Including presentation from DLT member about our strategy and business plan - Host morning tea with DLT members 	<p>New staff have a more consistent and meaningful orientation experience to the directorate</p>
<p>Increasing visibility of DLT members</p> <p>“The provider directors are visible and approachable”</p>	<p>Improving the ability for staff to connect with members of senior leadership. Developing a culture of open communication</p>	<p>Raise DLT visibility across services</p> <ul style="list-style-type: none"> - Embed this into regular events such as all DLT members having a role in recognising PDRP progression for senior nurses <p>Professionally oriented DLT presence</p>	<p>Staff know who their directorate leadership team members are</p>

COMMUNITY & LONG TERM CONDITIONS

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Safety & Wellbeing	Sense that wellbeing is suffering due to work	<ul style="list-style-type: none"> i) Increase lean training so people can identify process improvements that release time ii) Visible support for Speak Up launch and pink shirt day iii) Starting bi-monthly meetings with PSA and continuing with NZNO iv) Including wellbeing in Directorate H&S Committee agenda 	<ul style="list-style-type: none"> i) Consistent progress towards achieving contact targets and teams believe targets are challenging but achievable ii) Bi-monthly forum between Nursing Director, Allied Health Director, HR and Unions occurring iii) Agenda of H&S meeting updated and wellbeing and health regularly discussed at committee meetings iv) Successfully pilot a “co-designed” consultative change approach
Recognition and value	Praise and recognition for doing a good job	<ul style="list-style-type: none"> i) Ask each service to nominate a person each week for their good work for recognition at Directorate MOS ii) Ask each service to share positive feedback and register with Consumer Liaison (Datix) so stories can be shared iii) Continue to celebrate post-graduate, additional qualifications and extra-curricular achievements in Directorate newsletter 	<ul style="list-style-type: none"> i) At least 2-3 people in the Directorate receiving SLT acknowledgement for good work every week. ii) We see complaint numbers balanced against positive numbers and positive stories shared and acknowledged iii) Next engagement survey demonstrates improvement
Connection and Support	Teams and services working well together	<ul style="list-style-type: none"> i) Creation of an Allied Health Leadership Group with TOR and future focus ii) Quarterly led “open forum” from July 2017 to share what’s working well, what’s not and 	<ul style="list-style-type: none"> i) AH Leadership Group starts to take a lead role in developing and leading change initiatives ii) Management led

		<p>future developments</p> <p>iii) Review need for more “bite sized” updates in between newsletters</p>	<p>sessions with employees are genuine conversations with questions both ways and discussion</p> <p>iii) Teams within the Directorate understand the “why” for change and confident they can deliver</p>
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CLINICAL AND NON CLINICAL SUPPORT

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
<p><u>Safety & Wellbeing</u></p> <p>Health & Wellbeing has not suffered because of my work.</p> <p>Bullying & Harassment</p>	<p>All employees feeling happy, well and safe at work.</p> <p>Level of bullying or harassment in the workplace dropping.</p>	<p>Gain a better understanding and what's driving their concerns.</p> <p>Values Workshops</p> <p>Regular reinforcement of Speak Up with management regularly reinforcing acceptable behaviours in the workplace.</p>	<p>Lower attrition and sick leave rates.</p> <p>Lower instances of bullying & harassment being recorded within the Directorate.</p> <p>Increased positive feedback from staff.</p>
<p><u>Emotions at Work</u></p> <p>Drained, Cynical & Frustrated</p>	<p>Workforce & Capacity Planning</p> <p>Not relying on overtime for extended hours.</p>	<p>Reviewing extended hours models and reviewing workforce and capacity plans.</p> <p>Report quality measures, not just targets.</p> <p>Understanding other drivers.</p>	<p>Properly resourced on call services.</p> <p>Improved moral & productivity.</p>
<p><u>Recognition & Value</u></p> <p>Feeling Valued & Appreciated</p> <p>Being recognised for doing a great job</p>	<p>Staff recognised for their great work.</p> <p>Provide more feedback within services, from Directorate and wider organisation.</p> <p>Ensure staff feel engaged in wider organisation.</p> <p>Celebrating good things & successes.</p> <p>Management to acknowledge great work and thank staff. Acknowledge staff in staff meetings.</p>	<p>Improve Directorate and services communications.</p> <p>Blog / newsletter</p> <p>Understand what staff want to hear regarding communications (frequency, content).</p> <p>Use value cards + cards to thank staff for a great job.</p>	<p>Staff contribution to the service, service improvement and organisational strategies.</p> <p>Higher levels of engagement.</p>
<p>Our strategy will be to engage all staff in identifying solutions through workshops, information sharing and regular discussion at staff forums.</p> <p>On-going monitoring through creating feedback mechanisms.</p>			

Executive Leadership and Provider Directors – taking turns attending MOS & Staff Meetings and more walk-arounds.

Align with and implement organisational bullying and harassment strategy

Values Workshops – continue with workshops across Directorate. Forensics, Pharmacy, Labs have run workshops to date.

CHILD HEALTH

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Recognition and Value <ul style="list-style-type: none"> <i>Efforts are recognised and valued</i> <i>Staff feel valued and appreciated</i> 	<ul style="list-style-type: none"> Increase positive feedback from managers and amongst team members Staff feel recognised for good work 	<ul style="list-style-type: none"> Introduce regular people comms with a recognition component Education on why appreciation matters & giving effective feedback Incorporate recognition into BAU – MOS, Clinical Excellence, Directorate, Service Review etc. 	<ul style="list-style-type: none"> Improved results at next survey Improved Patient Safety Culture survey results Lower sick leave and attrition rates Increased staff participation in Clinical Excellence
Safety and Wellbeing <ul style="list-style-type: none"> <i>Reduce the prevalence of bullying in our workplace</i> <i>Staff feel safe to Speak Up</i> 	<ul style="list-style-type: none"> All employees are happy, healthy and safe, and able to work to their potential. Managers are able to identify and eliminate unhealthy behaviours 	<ul style="list-style-type: none"> Strengthen, embed and spread psychological safety work Leaders actively support Speak Up Education and support for managers to create a safe work environment Staff wellbeing is an agenda item at H&S meetings 	
Contribution & Control <ul style="list-style-type: none"> <i>My views and ideas are welcomed and encouraged</i> 	<ul style="list-style-type: none"> We encourage and respond to staff ideas Strengthen/ increase channels for staff feedback Staff understand why decisions are made 	<ul style="list-style-type: none"> Promote staff involvement in clinical excellence and other forums where ideas can be shared. Continue “Good Catch” programme Regular comms keep staff informed of what’s happening and why 	
<p>We incorporate engagement and action plans into BAU - Directorate, MOS, staff meetings We connect with employees to identify issues, find solutions and share ideas.</p>			

SURGICAL SERVICES

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Increase the visibility and approachability of the Directorate leadership	Amount and type of physical, verbal and written interaction	<p>Schedule Lead Team Meetings with standard agenda items</p> <p>Plan attendance at departmental meetings at all levels</p> <p>Monitor action plans as agenda item in lead team meetings</p> <p>Invite staff to shadow a member of the lead team</p> <p>Lead team members to work ad hoc in departments for a day</p>	<p>Effective cascading of information across the Directorate</p> <p>Successful actions coming from meetings and interactions</p> <p>Actions taken from meetings and by whom</p> <p>Improved results in the pulse survey</p>
Reduce the incidence of experienced or observed bullying, harassment and discrimination	<p>Acknowledgement of impact of negative behaviour on staff including in other directorates</p> <p>Role modelling of organisational values needs to be visible</p>	<p>Conduct values training</p> <p>Appropriate behaviours to be displayed by Leadership</p> <p>Do what has been agreed</p> <p>Check in regularly with staff to ensure they're okay eg 1 on 1</p>	<p>Reduction in complaints about poor behaviour</p> <p>Collaborative approach to simulation training</p> <p>Improved results in the next pulse survey</p>
Improve the level of health and wellbeing amongst staff in the Directorate	<p>Recruitment to and maintaining agreed Models of Care</p> <p>Internal communication needs to improve</p> <p>Opportunity to take annual leave</p> <p>Staff resilience</p>	<p>Develop recruitment strategy for filling vacancies</p> <p>Distribute weekly email update from Lead Team member including staff recognition</p> <p>Encourage staff to take regular short breaks plus a longer annual holiday</p> <p>Develop a Directorate plan on wellbeing and resilience</p>	<p>Feedback received from staff on internal communications</p> <p>Increase in annual leave taken</p> <p>Decrease in sick leave and overtime</p> <p>Improved results in the next pulse survey</p> <p>Directorate ball?</p>

PERIOPERATIVE SERVICES

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Reduce the incidence of bullying, harassment and discrimination, either experienced or observed	<p>Role modelling of organisational values needs to be visible</p> <p>Staff need to feel they can say "It's not okay to..."</p>	<p>Actively support Speak Up programme</p> <p>Leaders to display appropriate behaviours</p> <p>Do what you say you're going to do</p> <p>Check in regularly with staff to ensure they're okay eg 1 on 1</p> <p>Morsim</p>	<p>Reduction in complaints about poor behaviour</p> <p>Improved results in the next survey</p>
Improve the level of health and wellbeing amongst staff in the Directorate	<p>Reduce the amount of accrued annual leave</p> <p>Reduce the amount of sick leave taken</p> <p>Punctuality and its impact on patients/staff needs addressing</p>	<p>Encourage staff to take regular short breaks throughout the year plus a longer holiday</p> <p>Monitor sick leave and address problem areas immediately</p> <p>Keep overtime to a minimum</p>	<p>Reduction in annual leave accumulations and amount of sick leave taken</p> <p>Reduction in overtime costs</p> <p>Improved results in the next survey</p>
Increase the level of personal and team recognition for actions taken and work well done	<p>Immediate appreciation needs to be expressed to team or employee for a job well done</p> <p>Leadership teams need to share improvement ideas</p> <p>Survey action plans need to be monitored</p>	<p>Immediate verbal thanks to employee or team for a job well done</p> <p>Handwritten notes on values cards given for doing a good job</p> <p>Celebrate successes eg communications to staff</p> <p>Monitor action plans as agenda item in lead team meetings</p>	<p>Actions taken from meetings and by whom</p> <p>Improved results in the next survey</p>

WOMEN'S HEALTH

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Address unacceptable levels of bullying and harassment observed or experienced across WH	<p>Increased understanding of what harassment and bullying is and isn't; and willingness by individuals to speak up informally</p> <p>Consistent will across people managers to address inappropriate behaviour so that owning of behaviour and appropriate outcomes occur</p> <p>Interactions, even when giving feedback around areas that need to change are conducted in a supportive manner</p>	<ol style="list-style-type: none"> 1. Implement Speak Up processes and guides. 2. Upskill use of feedback models – talk to you not about you 3. Teams develop Charters 	<ul style="list-style-type: none"> • Team Charter for each team • Team use of “above and below the line” feedback • # bullying /harassment issues raised formally & Time taken to resolve • Graduate midwife hire rate • Turnover less than 12 months & exit interviews
Strengthen employee sense of value and safety by demonstrating care for individuals	<p>Increase focus and communication on the positive contribution and effort of employees</p> <p>Managers acting to address the wellbeing of their team members</p>	<ol style="list-style-type: none"> 1. Strengthen support and training to deal with critical incidents and processes 2. Individual performance reviews and development plans 3. Take action that acknowledge the personal/health status and promote the Wellbeing of our people <i>[I see you]</i> 	<ul style="list-style-type: none"> • Annual Performance review or individual feedback completion rate • Individual development plans in place • Wellbeing actions for individuals and team

	when individual issues arise [demonstrating care and efficacy; not hopelessness]		<ul style="list-style-type: none"> • Witness [Speak Up] action to support and care for colleagues
Strengths based leadership	<p>More affirming of the positive than focusing on the areas of gap</p> <p>More celebration of success</p> <p>Awareness and ability to work with insight into own and others strengths in the workplace</p>	<ol style="list-style-type: none"> 1. Strengths based leadership workshop at Leadership Forum (scheduled 3 July) 2. People manager engagement with team profiling tool to raise awareness of own and others styles and strengths 3. Individual performance reviews/feedback conducted in a way that leave people feeling valued and appreciated 4. Leadership coaching 	<ul style="list-style-type: none"> • Objectives set and achieved • Team-developed short term team or service goals that are achieved • Team effectiveness • Awareness of leadership impact

CARDIOVASCULAR

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
A significant percentage of our workforce responded that they had personally observed bullying or unacceptable behaviour in the workplace in the last six months	<p>We need our people to feel comfortable, capable and supported to report or challenge that observed behaviour.</p> <p>We need our people to feel safe in the workplace, and to value and respect one another.</p>	<p>We will promote the Speak Up program across the Directorate.</p> <p>As a leadership team we will do our best to role model behaviours and values that model a culture of safety and respect. We will respond to all behaviours that threaten a culture of safety and respect that are directly observed by us or reported to us.</p>	<p>Real measurement for success is likely from the next engagement survey. An increase in reporting undesirable behaviours may occur. Staff will indicate feeling safe in the workplace; the ADHB values will underpin how we care for each other and our patients.</p>
A significant proportion of our workforce responded negatively to the statement that my health and wellbeing has not suffered because of my work	<p>We need to ensure our staff feel more valued.</p> <p>We need to ensure staff aren't coming to work fatigued because of rostering and overtime calls.</p> <p>Work flows and processes need to be more streamlined.</p>	<p>Improving work flows and processes to ensure waste and rework are reduced.</p> <p>Reviewing models of care to ensure resourcing, identifying areas that we can change.</p> <p>Taking annual leave allocation will be encouraged. Annual leave plans will be reviewed.</p> <p>Review rosters to ensure staff aren't coming to work fatigued.</p>	<p>Improvement on scoring in next survey.</p> <p>Annual leave balances / liability should decrease.</p> <p>Staff turnover and sick leave balances should be within expected range.</p> <p>Staff will be engaged in projects to improve work flows and processes</p>
In some areas of this directorate about half of our people responded negatively to the view that they are praised and recognised when they do a good job.	<p>While our people feel engaged, they will feel more engaged if they feel valued.</p> <p>In addition, leaders acknowledging & celebrating good work should be a natural response.</p>	<p>Promote the Leadership programme and coaching conversations for people leaders to help understanding of the importance of acknowledgement and ensuring staff feel valued.</p>	<p>People should report improved job satisfaction, and better levels of connection in the workplace.</p>

		Immediate supervisors will recognise when their people do a good job and performance conversations will be seen as a priority.	
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CANCER & BLOOD

Our top three action planning priorities	What needs to change	What we are doing	Our success measures
Support improved Health & Wellbeing	<ul style="list-style-type: none"> • Implementation of a continuous cycle of burn-out assessment and systems improvement. • Support individual action plans for burn-out prevention • Staff able to get support to manage issues 	<ul style="list-style-type: none"> • Conferences and learning opportunities • Use of available support mechanisms • Investigate better ways of working to reduce risks to staff 	<ul style="list-style-type: none"> • Record of events (should increase initially due to transparency) • EAP information (increased access) • Reduction in Sickness/Bradford factor • Report on improvements achieved to reduce risk to staff
Improve the situation in relation to inappropriate behaviour including bullying and harassment	<ul style="list-style-type: none"> • Staff need to feel able to speak up • Code of behaviour for C&B needs to be developed 	<ul style="list-style-type: none"> • Use of Speak Up materials • Identify and recruit directorate-wide Speak Up champions • Develop a Code of Behaviour for C&B 	<ul style="list-style-type: none"> • Increased reporting on incidents • Champions in place in all services • Code of Behaviour in place
Improve the way in which we interact "Together"	<ul style="list-style-type: none"> • Improve leadership visibility and communication within and across teams • Improve multi-disciplinary working across professions within each service 	<ul style="list-style-type: none"> • State of the nation & other events • Greater visibility of SCD's and ELT • Ensure commitment to multi-disciplinary working in services • Leaders to ask their teams "Is there anything I could do better?" 	<ul style="list-style-type: none"> • Events happen • Formalise cascade of senior and organisational meetings to staff with an opportunity to feedback • Leader rounding to check on effectiveness of communication cascade and multi-disciplinary team function

ADULT MEDICAL

Renal:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Exploration of staff survey	Suzanne or Ian to discuss with Andrew - investigate ways of doing it	1. Presented to staff at Tuesday afternoon education session
2. Speak Up campaign	1. Identify three Speak Up champions from each dialysis service 2. Establishing reporting process to management	1. Speak-up Champions identified 2. Reporting process established

Gen Med:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. NUM and SCD to meet with charge nurses to discuss variation between wards	Meeting is scheduled to discuss variation with nursing/medicine	
2. NUM and SCD to meet with heads of medical teams to discuss variability between teams	Meeting is scheduled	
3. Consider the overwhelming nursing response of overwork/understaffing	Consider ways in which staffing levels can be increased on the wards	
4. Lack of visibility of senior teams needs to be addressed	Invite senior team members to visit the wards to understand clinical experience	

Neurology:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Nursing - favourable, stroke challenges, specialist nurses	More engagement and senior staff meeting	
2. Values/professionalism	Relate complaints to values - all discussed at senior staff meeting	
3. SMO burnout	Hyper acute stroke project and FTE On call redesign Resourcing annual appraisal	
4. Bullying/harassment - generally low levels compared to ADHB	Yearly appraisal, Registrars and all staff encouraged to report any issues of concern	
5. Support of new graduates	Clinical coach model in ward 63	New Graduates are achieving their learning milestones and report feeling supported in the clinical area

DCCM		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Culture and expectations of behaviour (each way) in DCCM discussed with registrar orientation and nurses	Develop a short lecture for orientation	
2. Engagement of staff in Speak Up	Peer support MOS meeting Registrar meeting Quality committee (staff wellbeing project)	
3. Focus on positivity	Reinforce "thank you" culture Caring culture - patients/families/all staff	

Gastro:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Report back to staff	Meeting to discuss (M+M) Quality meeting	
2. Away day	1. Discuss at SMO meeting Agenda format Coverage	2. 3. SMO away day held
3. Speak Up supporters	Discuss at M&M meeting	

Respiratory:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Direction and Purpose: Review "new visions" review in ward and sleep lab Meet organisational target Meet educational needs of staff Safety of patients and staff at all times	Policies up to date Educational yearly plans Leave yearly plan Is the Respiratory service PDRP completed Safe patients, safe staff	Nurses progressing through the nursing levels of practice. Respiratory polices and process are current and in keeping with international best practice
2. Contribution and control: Creating a culture of motivation and collegial support within each team	Review the employee survey results for the service and plan to increase the engagement of all staff , nurses, doctors, Clinical physiologists. By Regular 1:1s Training days and informal learning opportunities, Celebrate achievements	Reduced staff turnover in the Sleep Lab and Ward.
3. Recognition and value Recognising value and importance of staff contribution - it's not a production line Identify champions to speak up	Newsletter Training and recognition MOS - positive Create and reward an employee of the month	Newsletter developed and in regular distribution. Employee of the month process developed and monthly awards being given out.

4. Connection and support: Networking across physiologist groups to build relationships	Leave cover planning done with NS. Could consider the value of rotation of Sleep Physiologist between GLCC and ACH.	
5. Safety and wellbeing: Addressing sick leave Leave plan and supporting staff throughout difficult times	Monitoring of sick and AL usage. All staff to be encouraged to plan leave 1 year in advance.	
6. Living our values: Workshops to be arranged addressing "welcome and respecting each other"	Discussion daily at MOS in the service or a specific values session for the various teams	

ID:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Share and discuss survey results	Scan and duplicate	report disseminated to personnel
2. Agree team actions	Team to participate in solution actions to be implemented in response to survey outcomes	Improved workplace morale

AED/APU:		
Priority 3: Development and implementation of a plan to support the findings from the organisational staff survey and a plan to support the role of the Speak Up campaign		
Deliverable	Actions	KPI or evidence of delivery
1. Improve staff resilience to the stressful environment of the acute front door.	Resilience workshops to teach all staff some tools to improve their resilience	Staff have tools available to improve resilience
2. Staff rewards	Instigate a Trophy of recognition Develop a thank you culture	Recognition awards established in AED/APU
3. Improve the AED environment	Continuing releasing time to care project and WOW the department.	Completion of AED redesign projects
4. Improving staff satisfaction	Staff satisfaction survey Improve staff engagement - interactions. Debriefing tools	Improved staff satisfaction

Performance Conversations Recording and Reporting

Recommendation

That the Board:

1. Notes the Hospital Certification Action Item for Performance Conversation Recording and Reporting.
2. Notes that status and progress to ensure an appropriate resolution.

Prepared by: Gil Sewell (HR Director – Organisational Development)

Endorsed by: Fiona Michel (CHRO)

Endorsed by Executive Leadership Team: Yes: Date: Tuesday, 20 June 2017

Glossary

AMS	Advanced Management Systems, external provider of our LEADER Payroll/HR System
Kiosk	The user interface of our Payroll/HR System, the “front end” that our people can access for example, to enrol in training
LEADER	Our Payroll/HR System.

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	If we can centrally track performance and development planning conversations, we can define what our people need to know and be able to do to ensure we deliver against the strategy.
Emphasis/investment on both treatment and keeping people healthy	As above.
Service integration and/or consolidation	Enable accurate capability development to support primary care development.
Intelligence and insight	This enables joined up employee data and information across hospital and community services, allowing us to accurately target development spend.
Evidence informed decision making and practice	Will pride data for evidence informed decisions and practices in the field of personal and professional development.
Outward focus and flexible service orientation	Will reduce internal bureaucracy and give a stronger focus on training needs across the DHB.
Operational and financial sustainability	Ensures a consistent approach to planning development and managing performance. Gives org-wide view of development needs and enables prudent, targeted development spend.

2. Executive Summary

This report describes our response to the corrective action on performance conversation recording and reporting received from the recent Hospital Certification Audit. Its purpose is to assure the

Board that the corrective action is being responded to and to give the anticipated timeline for compliance.

3. Introduction/Background

Our identified corrective action describes the following current state and action required:

STANDARD	FINDING	CORRECTIVE ACTION
HDS(C)S.2008 Criterion 1.2.7.5	Auckland DHB requires that all employees have a performance appraisal annually. The responsibility for this sits with managers. Some service managers provided evidence of having completed appraisals within this period but this is inconsistent across the organisation. There is no process in place for the organisation to measure achievement of this requirement.	There is a process in place to monitor and ensure that all employees of the ADHB have a performance appraisal annually as required by Board policy.
A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers		180 days
PA Low		

Reporting to the Quality Department on the corrective action is required by October 9 latest for submission to the Ministry of Health by October 30.

5. Progress/Achievements/Activity

We held exploratory meetings with AMS in April and May and established Auckland DHB owns the (currently inactive) Performance and Development Module of Leader, the HR system we use for payroll. This module enables centralised recording of performance and development planning. There is no cost to make the module available to all staff, beyond a 6 hour configuration and training workshop for 4 key individuals at approximately \$1,500. The workshop took place on June 7.

The Organisational Development (OD) and Payroll teams have met to agree responsibilities for configuration of the module (OD), training for users (OD), communications (OD with Internal Communications) and reporting (Payroll).

We aim to pilot the system from July with the wider HR team and Auckland Regional Public Health Service with a view to full implementation in Q2 of F17/18.

Initial training and communications plan will be drafted by end June

Work is underway to pilot an SMO appraisal approach and process in Community and Long Term Conditions. They will also be able to use the Performance and Development Module of Leader.

4. Costs/Resources/Funding

- Configuration Workshop \$1,500 for four participants from Payroll, HR and OD.
- Project resource – 0.2 FTE
- Time cost of managers and employees learning the new process

- Follow-up to ensure compliance with the new process to meet hospital certification requirements

5. Risks/Issues

Risk/Issue	Mitigation
Encouraging people to use a new system always carries the risk of slow uptake and under-use.	Comprehensive training and communications plan to ensure our managers, their HR support and our people understand what the system is, how to use it and why it's important to do so. Configuration workshop will ensure it is user-friendly.
The Performance and Development Module of Leader is unable to meet future requirements.	The configuration workshop will build in future-proofing elements as far as we can foresee.
Emerging research suggests traditional performance appraisal methodologies, including the application of performance ratings are ineffective, and many international organisations have been well documented as moving away from this sort of framework.	Auckland DHB's performance conversation support and training materials have been significantly overhauled and simplified in keeping with our 'make it easy to work here' goal. We will continue to maintain a watching brief on performance practices that may be useful for Auckland DHB.

6. Conclusion

By end October 2017, there will be a process in place to monitor and ensure that all employees of the Auckland DHB have a performance appraisal annually as required by Board policy, an effective remedy to the corrective action identified in the 2017 Certification Audit.

Releasing Time to Care

RTC House Inspection: 8 years on

Leigh Anderson & Michelle Knox, Performance Improvement Team, Auckland City Hospital, Auckland, New Zealand.



Introduction

Teams at Auckland District Health Board provide inpatient, outpatient and locally-based care to patients and their family / whānau living within Central Auckland, New Zealand. We are constantly looking for ways to improve the quality and experience of care we provide within these settings.

Releasing Time to Care was introduced to Auckland DHB in 2009 by our Chief Nurse, Margaret Dotchin. Since that time 55 departments have commenced or completed the programme. At the outset, the baseline average for our Direct Care Time with our patients was 33% across 55 departments.

The programme is facilitated by Nursing Improvement Specialists from the Performance Improvement Team (1.6 FTE), and improvements are led by the Charge Nurses / Midwives with a high level of support from Educators and module team members.

The RTC Steering committee meets monthly. Members include our Chief Nurse as programme sponsor; our Chief of Strategy, Participation and Improvement, members of the Performance Improvement team; and Nurse Directors and Nurse Consultants. A representative from the New Zealand Nurses Organisation is also invited to attend. Direct Care Times are reported to the Steering Committee quarterly. Ward / unit visits to review and celebrate progress with the RTC programme are scheduled six monthly.



Sophie Atkinson, Clinical Charge Nurse, Paediatric and Congenital Cardiac Services, Starship Child Health, in front of the Knowing How We Are Doing board

Method /intervention

Our ward implementation approach involves one process module facilitated per month, with the foundation modules extended as required in parallel. The modules are facilitated by the Nursing Improvement Specialists, each completing one to two modules with various areas per week.

During module workshops, the teams 'go see' the work already done in other wards. This assists them to identify what they would like to implement; they also get to hear first-hand how these changes impact patient care and staff satisfaction. Staff tell us that these sessions are both informative and inspirational. We encourage teams to 'steal with pride' and replicate great ideas and practice wherever appropriate.



Alice Falema and Michelle Masby, Staff Nurses working on a module day – spaghetti diagrams and process mapping.

"I couldn't have had better or quicker attention [from the staff]."

Patient on Ward 31 Cardiology

"The ward seems calm and everyone knows what they are doing."

Patient on Ward 72 Respiratory

Patient Quotes

Once the programme has been completed successfully, wards are encouraged to revisit modules to ensure continuous improvement. We call this a "Sharpen –Up" campaign, which teams complete independently, having learnt the methodology and being supported the first time around.

New staff are orientated to the programme by their Charge Nurses / Midwives and Educators. The Nursing Improvement Specialists also teach basic lean principles, including 5S and 7W on the New Graduate study days. 'Improvement Fundamentals' and 'Green Belt' training are available at an organisational level.

Nursing Improvement Specialists encourage departments to apply the principles of RTC to many other clinical issues. Over time, the RTC 'house' has been renovated and also had an extension added. Successful add-on modules include 'Falls', and 'Intentional Rounding'. Under creation, within a concept ward, is our 'Pressure Injury Prevention' module. These have formed our 'Tool Shed' and we hope to grow and develop these into the future.

RTC Target condition / Reaching Roof Shout!

- ▶ Direct Care Time > 50%
- ▶ Patient Satisfaction > 90%
- ▶ Staff Satisfaction > 90%
- ▶ Daily Meetings established
- ▶ Continuous improvement processes embedded
- ▶ Intentional Rounding & Falls module established & sustained

Once areas have met the target condition, they are recognised by the organisation for successfully implementing the programme and for embedding a culture of continuous improvement within their clinical area. We call this achieving a "Roof Shout".



Ward 76, General Surgery celebrating reaching their Roof Shout

Key Success Factors

Leadership

- ▶ Strong and engaged Charge Nurse and senior ward team
- ▶ Nursing and service leadership support
- ▶ Support from medical and allied health teams

Resources

- ▶ Skilled facilitators to guide and support
- ▶ Materials relevant to the environment
- ▶ Successful go-sees
- ▶ Capacity to release nurses
- ▶ Capital funds available
- ▶ Daily team meetings

Future focus

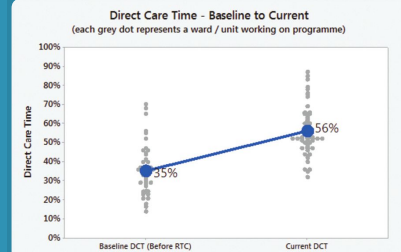
- ▶ Creating an Engagement measuring tool
- ▶ Learning needs analysis for Charge Nurses and Educators
- ▶ Updating our RTC webpage
- ▶ Reviewing the structure of our ward / unit visits
- ▶ Utilising the 'patient voice' captured by our Patient Experience reporting portal
- ▶ Reflecting on the results of our organisational wide Employee survey to inform our 'Staff Wellbeing' improvement work

Measure of Improvement

Releasing Time to Care programme commenced or completed in 55 areas

> 1500 nurses who have participated in a module workshop	
Baseline Average DCT across all Wards/Units	33% DCT (2 hours 38 minutes)
Current Average DCT across all Wards/Units	56% DCT (4 hours 29 minutes)
Top performing Ward	78% DCT (6 hours 14 minutes)
Top performing ICU	85% DCT (6 hours 48 minutes)
Wards/Units over 50% DCT	37 (of which 18 are over 60%)
Average increase in DCT from baseline	21%
17 wards / units have more than doubled their baseline DCT	
Wards / Units achieving Roof Shout criteria	14 (with 27 pending roof shouts)
Organisational engagement survey 2016	5654 employees, 57% response rate, 77% Engagement

9.4



An increase of Direct Care Time by 175,000 hours is equivalent to having 195 more nurses in our hospital

(based on calculations for DCT for weekday, morning shifts only)



"It makes you look at different areas that make a ward work well and break those down individually. All members of the nursing team are involved so you get feedback from the floor of what will work for them. I have learnt a lot! I have seen a massive benefit to the ward especially WOW aspects as I love having an organised work space. I think by having your team members get involved you have their buy in so changes that are made, do stay"

Sophie Atkinson, Clinical Charge Nurse, Paediatric and Congenital Cardiac Services, Starship Child Health

Staff Quote

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register of Interest and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 17 May 2018	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.1 Circulated Resolution – MOU Royal College of Surgeons	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.2 Circulated Resolution – Annual Plan (version two)	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public [Official Information Act 1982 s9(2)(i)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Action Points	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Chief Executives Confidential Report	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p> <p>Prevent Improper Gain Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Funder Update Report	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Finance, Risk and Assurance Committee	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of

	1982 s9(2)(i)]	sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Hospital Advisory Committee	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 2017/2018 Financial Plan	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Approval of Granting Agency in Favour of healthAlliance (FPSC) Limited	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Collaborative Work Programme between Auckland District Health Board and Ministry for Vulnerable Children, Oranga Tamariki	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4 Wai Auckland Business Case	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	Information Act 1982 s9(2)(j)]	
8.5 Approval of Agreement to Lease Co-Location of Mental Health Early Intervention Service	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p> <p>Obligations of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report</p> <p>Prevent Improper Gains Information contained in this report could be used for improper gain or advantage if it is made public at this time.</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.6 Rural Point of Care Testing (R-POCT)	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.0 Discussion Reports – Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 System Level Measures Report	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act

		1982 [NZPH&D Act 2000]
10.2 Datacentre as a Service Programme	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.3 Northern Region Long Term Investment Plan – Progress Update for Period Ending 1 June 2017	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.4 Human Resources Report	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]