Waitemata
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 05 July 2017

09.45am

AGENDA

Items to be considered in public meeting

VENUE

Waitemata DHB Boardroom
Level 1, 15 Shea Terrace
Takapuna

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life.

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

MEETING OF THE BOARD
05 July 2017

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Tce, Takapuna **Time: 09.45am**

WDHB BOARD MEMBERS	WDHB MANAGEMENT
Lester Levy - Chair	Dale Bramley - Chief Executive Officer
Max Abbott - WDHB Board Member	Robert Paine - Chief Financial Officer and Head of Corporate Services
Edward Benson-Cooper – WDHB Board Member	Andrew Brant - Chief Medical Officer
Kylie Clegg – Deputy Chair	Debbie Holdsworth - Director Funding
Sandra Coney - WDHB Board Member	Jocelyn Peach - Director of Nursing and Midwifery
Warren Flaunty - WDHB Board Member	Cath Cronin – Director of Hospital Services
James Le Fevre - WDHB Board Member	Tamzin Brott – Director of Allied Health
Dr Matire Harwood - WDHB Board Member	Fiona McCarthy – Director Human Resources
Brian Neeson – WDHB Board Member	Roger Perkins – Executive Head
Morris Pita - WDHB Board Member	Peta Molloy - Board Secretary
Allison Roe - WDHB Board Member	

APOLOGIES: Lester Levy

REGISTER OF INTERESTS

- 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?

PART 1 – Items to be considered in public meeting

AGENDA

	PRESENTATION	
9.45am	Demonstration of the trial of virtual reality training for Registered Medical Officers (Penny Andrew, Director, Institution for Innovation and Development)	
	1.	**AGENDA ORDER AND TIMING**
	2.	**BOARD MINUTES**
10.00am	2.1	Confirmation of Minutes of the Meeting of the Board (24/05/17) Actions arising from previous meetings
	3.	**EXECUTIVE REPORTS**
10.05am	3.1	Chief Executive Officer's Report
10.15am	3.2	Health and Safety Report
10.20am	3.3	Communications Report
	4.	**DECISION ITEM**
10.25am	4.1	Prescription and over-the-counter drug misuse – a focus on codeine
	5.	**PERFORMANCE REPORT**
10.40am	5.1	Financial Performance
	6.	**COMMITTEE REPORTS**
10.50am	6.1	Minutes from the Hospital Advisory Committee (03/05/17)
	6.2	Minutes from the Hospital Advisory Committee (14/06/17)
	6.3	Minutes from Disability Support Advisory Committee Meeting (29/03/17)
	7.	**INFORMATION PAPERS**
10.55am	7.1	Health and Safety Marker Report
11.00am	7.2	Engagement Strategy
11.05am	7.3	Statement of Performance Expectations (SPE) Performance Report: Quarter three 2016/17
11.10am	**8.**	**RESOLUTION TO EXCLUDE THE PUBLIC**
	9.	**GENERAL BUSINESS**

Waitemata District Health Board

Board Member Attendance Schedule 2017

NAME	Mar	Apr	May	Jul	Aug	Sep	Nov	Dec
Dr Lester Levy (Chair)	✔	✔	✔					
Max Abbott	✔	×	✔					
Edward Benson-Cooper	✔	✔	✔					
Kylie Clegg	✔	✔	✔					
Sandra Coney	✔	×	✔					
Warren Flaunty	✔	✔	✔					
James Le Fevre	✔	✔	×					
Matire Harwood	✔	✔	✔					
Brian Neeson	✔	×	✔					
Morris Pita	✔	✔	✔					
Allison Roe	✔	✔	×					

× Apologies given
****Attended part of the meeting only***
 # Absent on Board business
^ Leave of Absence

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Lester Levy - **Board Chairman**	Chairman – Auckland District Health Board Chairman – Counties Manukau District Health Board Chairman – Regional Governance Group, northern region DHBs Chairman – Auckland Transport Chairman – Health Research Council Independent Chairman – Tonkin + Taylor Professor of Leadership – University of Auckland Business School Trustee - Well Foundation (ex-officio member) Lead Reviewer - State Services Commission, Performance Improvement Framework (currenlty undertaking a review of the Ministry for the Environment)	24/04/17
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Advisor – Health Workforce New Zealand Board Member, AUT Millennium Ownership Trust Chair – Social Services Online Trust Board member – Rotary National Science and Technology Forum Trust	19/03/14
Edward Benson-Cooper	Chiropractor – Milford, Auckland (with private practice commitments)	07/12/16
Kylie Clegg	Director – Auckland Transport Board Member - Hockey New Zealand Trustee and Chair - the Hockey Foundation Trustee and Beneficiary - Mickyla Trust Trustee and Beneficiary - M&K Investments Trust (includes a share of less than 1% in Orion Health Group *and a shareholding in Nextminute Holdings Ltd*) Trustee and Beneficiary - M&K Investments Trust (owns 99% share in MC Capital Ltd and MC Securities Ltd and *a minority shareholding in HSCP1 Ltd)*	26/04/16
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust Member – Portage Licensing Trust Member – West Auckland Trusts Services	15/12/16
Warren Flaunty	Member – Henderson–Massey Local Board Auckland Council Trustee (Vice President) - Waitakere Licensing Trust Shareholder - EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Director – Westgate Pharmacy Ltd Chair – Three Harbours Health Foundation Director - Trusts Community Foundation Ltd	06/12/16
Dr Matire Harwood	Senior Lecturer – Auckland University Board Director – Health Research Council Director – Ngarongoa Limited (a contractor providing services to National Hauora Coalition) GP - Papakura Marae Health Clinic Advisory Committee Member – State Foundation NZ (Maori Health) Member - Te Ora, Maori Medical Practitioners	09/12/16
James Le Fevre	Deputy Chair – Auckland District Health Board Emergency Physician – Auckland Adults Emergency Department Pre-hospital Physician – Auckland HEMS – ARHT/Auckland DHB Trustee – Three Harbours Foundation Member – Medical Protection Society Shareholder – Pacific Edge Ltd DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board James' wife is an employee of the Waitemata DHB, Department of Anaesthesia and Perioperative Medicine and a Medico-Legal Advisor for the Medical Protection Society	12/04/17

Board/Committee Member	Involvements with other organisations	Last Updated
Brian Neeson	Member – Upper Harbour Local Board Member – Human Rights Review Tribunal Member – Auckland District Licensing Committee Managing Director – BK & VS Neeson Limited Managing Director – Apollo Property Investments Limited Property Development Consultant	15/12/16
Morris Pita	Owner/operator – Shea Pita and Associates Limited Shareholder – Turuki Pharmacy Limited Member - Eden Park Trust Board Morris' wife is member of the Northland District Health Board Shareholder and Director of Healthcare Applications Limited	06/12/16
Allison Roe	Chairperson – Matakana Coast Trail Trust Member - Rodney Local Board, Auckland Council	02/11/16

2.1 Confirmation of Minutes of the Board meeting held on 24 May 2017

Recommendation:

That the Minutes of the Board meeting held on 24 May 2017 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 24 May 2017

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,
Takapuna, commencing at 9.53am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Lester Levy (Board chair)
Max Abbott
Edward Benson-Cooper
Kylie Clegg (Deputy Board chair)
Sandra Coney
Warren Flaunty
Matire Harwood
Brian Neeson
Morris Pita

ALSO PRESENT:

Dale Bramley (Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Andrew Brant (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery, Emergency Systems Planner) (from 10.50am)
Debbie Holdsworth (Director Funding)
Naida Glavish (Chief Advisor Tikanga)
Tamzin Brott (Director of Allied Health, Scientific and Technical Professions)
Cath Cronin (Director Hospital Services)
Fiona McCarthy (Director Human Resources)
Karen Bartholomew (Acting Director Health Outcomes)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

John Ross (Chief Executive, Comprehensive Care)
Sue Claridge (Auckland Womens Health Council)
Holly Neilson (Maternity Services Consumer Council)

APOLOGIES:

Apologies were received from James Le Fevre and Allison Roe.

WELCOME

The Board Chair welcomed the Board members and all those present at the meeting. He introduced Janine Smith (Principal, The Boardroom Practice) who was in attendance prior to the Board completing a review.

DISCLOSURE OF INTERESTS

Lester Levy noted that he is currently undertaking a review of the Ministry for the Environment.

There were no declarations of interest relating to the open section of the agenda.

1 AGENDA ORDER AND TIMING

Items were taken in same order as listed in the agenda, except item 2.1 was presented after items 3.1 and 4.1.

2 PRESENTATION

2.1 MyPatientList mobile app demonstration

This presentation was held after items 3.1 and 4.1.

Andrew Cave (Health Informatics Manager) demonstrated the MyPatientList mobile app.

Matters highlighted and response to questions included:

- It was noted that the app is Waitemata DHB developed initiative.
- Noting that patients would not have access to the MyPatientList app, however, there is a patient experience pilot underway on Ward 7. The pilot includes providing patients with iPads so that they can see their care personally (the iPad will replace the traditional 'clipboard' at the end of the bed). The DHB is ensuring it can deliver mobile apps to a safe audience, the pilot provides a learning experiencing from which new apps can be developed for patients.
- Andrew Cave also advised that the platform for mobile apps is being looked at, noting that an example would be electronic ordering being extended to ordering from a mobile device.
- That the MyPatientList app is not patented as it is not a new concept, however, the DHB does own the intellectual property and codes.

The Chief Executive noted that under the Leapfrog Programme, each project is evaluated and reported on. Tamzin Brott further advised that the iPads in the community project has reported a 17 minute saving of time per day.

3 BOARD MINUTES

3.1 Minutes of the Meeting of the Board – 12/4/17 (agenda pages 8-22)

Resolution (Moved Warren Flaunty/Seconded Matire Harwood)

That the Minutes of the Board meeting held on 12 April 2017 be approved.

Carried

Actions arising from previous meetings (agenda pages 23)

The Board noted the action arising from the Hospital Advisory Committee meeting regarding a report to the Board on codeine. The report will look at the implications of moving codeine to a prescription medicine as well as looking at ways it could be managed. The report will be presented to the Board at its next meeting. Brian Neeson acknowledged Warren Flaunty in bringing the issues around codeine forward.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 24-44)

This item was discussed before item 2.1.

The Chief Executive summarised the report. He acknowledged John Ross' (Chief Executive, Comprehensive Care) attendance at the meeting and spoke about the recent launch of the Waitemata district Primary and Community Services Plan on 18th May. The event included the launch of four business cases, being: Abdominal Aortic Aneurysm Screening for Maori, Primary Options for Acute Care, Rural Point of Care Testing and Primary Mental Health.

Additional matters highlighted by the Chief Executive included:

- Distributing to Board members copies of the recently published quarter three 2016/17 national health targets, noting that the DHB had achieved very good results.
- Advising that there had been 320 people through the DHB's Emergency Departments on 23rd May, marking the start of the winter peak.
- Noting that the NZ Herald had recently published a story on research that had been undertaken on the national six hour health target in New Zealand. He advised that James Le Fevre was one of the researchers. The full article was published in the New Zealand Medical Journal and copies of the editorial from the Journal (*The 'six hour target' in New Zealand is associated with reduced mortality and greater efficiency*) were distributed to the Board.
- That life expectancy, particularly for the Waitemata district was the topic of the outcomes discussion in the Chief Executive's report to the Board. He thanked Karen Bartholomew (Public Health Physician and Clinical Director of the Health Gain Team), Peter Sandiford (Public Health Physician) and Mazin Ghafel (Public Health Physician) for the report. Of particular note is that the gap between non-Maori and Maori had narrowed, with Maori life expectancy growing faster than any other ethnicity. In response to a question from Matire Harwood it was noted that life expectancy is a key measurement for a DHB. The Chief Executive advised that Peter Sandiford was also writing an academic paper focusing on life expectancy overall – a copy will be made available to the Board once available.
- Noting that the national health target 'increased immunisation' had not been met and that an outline on how the DHB might reach the target will be presented to the Board.
- Noting the recent retirement of Charge Nurse, Donna Riddell and the lovely farewell celebration held, which included those that had mentored Donna as well as three generations of staff that Donna had mentored.

The Chief Executive also tabled a schedule of events for the opening of Whenua Pupuke. He noted photographs of the North Shore Hospital site (starting with the original hospital, Carrington) displayed in the Boardroom, photos of the site had been obtained from the Turnbull Library. The photographs will hang in Whenua Pupuke.

The report was received.

4.2 Health and Safety Performance Report (agenda a pages 45-78)

Fiona McCarthy (Director of Human Resources) and Michael Field (General Manager, Occupational Health and Safety) were present for this item.

Matters highlighted and response to questions included:

- That in response to a question, it was noted that harassment and bullying matters are primarily managed by Human Resources (reference was made to the harassment and bullying management policy). The Board Chairman emphasised that a person who may be subject to bullying does not have to raise it with their direct manager; the matter can be discussed with Human Resources, the Chief Executive or the like.
- The Board Chairman noted that Auckland DHB is signing a memorandum of understanding (MoU) with the Royal Australasian College of Surgeons aimed at building respect and improving patient safety in surgery. The MoU will be signed on 26 May.
- Fiona McCarthy noted that nationally there is a piece of work initiated by the Resident Doctors' Association involving medical colleges, other unions and DHB leads (including Chief Medical Officers and the Human Resources General Managers) to look at, collate and action a policy and process around professional behaviours. She noted that she is co-leading this work with the Ministry of Health and on behalf of the DHBs HR General Managers.

The report and the staff safety in the community policy (as outlined in Appendix 2) were received.

4.3 Communications Report (agenda pages 79-85)

Matthew Rogers (Director of Communications) summarised this item. Of particular note was the increase in web traffic with a record month in March at 52,500 visits to the DHB's website. He also noted that the volume of Official Information Act requests is slowing.

In addition, Matthew Rogers advised that the HDC (Health and Disability Commission) had recently released a finding where the Waitemata DHB was named and perceived as the main provider, however, the main provider was private practice and not the DHB.

Print media as in the report to the Board was noted.

The report was received.

5 DECISION PAPERS

5.1 Serving Alcohol at Special Events (agenda pages 86-90)

Dr John Cullen (Director, Awhina), Naomi Heap (Team Leader, Clinical Education and Training Unit), Stephen Anderton (Group Manager, Organisation Development) and Fiona McCarthy (Director, Human Resources) were present for this item.

The Board Chair introduced the report noting that the DHB has an existing policy around serving alcohol at special events and that the report gives consideration to extending the policy to the users and hirers of educational and conference facilities at the DHB. He noted

that the only person who can approve the serving of alcohol at events is the Chief Executive of the DHB and that that approach should be retained.

In response to a question, the Chief Executive noted that feedback received on the cost of alcoholic and non-alcoholic drinks and how that cost is split by users will be considered. The maximum consumption approved for a function is two alcoholic beverages per person. He also noted that the policy has been in place for some times and there has not been a request for alcohol to be service in the past two years. It is anticipated that requests may be associated with significant guest speakers at functions, however, the natural inclination to providing alcohol will remain very conservative.

The Board requested that the recommendation be amended to include a requirement that the Chief Executive report back to the Board on requests approved or declined to serve alcohol at events.

Resolution (Moved Warren Flaunty/Seconded Max Abbott)

That the Board:

a) Approves an extension to the "Alcohol at Special Events" policy to users and hirers of educational and conference events, under the conditions outlined in the policy.
b) Requests that the Chief Executive provide the Board with a six monthly report on requests approved or declined to serve alcohol at events.

Carried

Subsequent to the resolution being passed, John Cullen advised that it was intended that there would be an opportunity for external organisations to hire the Whenua Pupuke facility for conferences.

6 PERFORMANCE REPORTS

6.1 Financial Performance (agenda pages 91-106)

Robert Paine (Chief Financial Officer and Head of Corporate Services) summarised this item.

Matters highlighted and response to questions included:

- In response to a question from Warren Flaunty about ACC payments, Robert Paine noted that there are various arrangements for ACC payments such as some claims are by regulation, however, elective surgery requires prior approval.
- Noting that there has been an audit undertaking on coding with a focussed programme directed at correct coding over the past year with improvements being seen in this area.

The report was noted.

7 INFORMATION PAPERS

7.1 Health and Safety Marker Report - Update (agenda pages 107-123)

The report was noted.

GENERAL BUSINESS

The Board Chairman noted that he, the Chief Executive Officer and the Chief Medical Officer are ex-officio Trustees of the Well Foundation. The Board discussed and agreed that Kylie Clegg, as Deputy Chair of the Waitemata DHB, would replace Lester Levy as an ex-officio Trustee of the Well Foundation. Kylie Clegg was in agreement with and willing to take on this role. Lester Levy will continue to be involved with activities of the Well Foundation in his capacity as Waitemata DHB Board Chairman.

Resolution (Moved Warren Flaunty/Seconded Morris Pita)

That the Board:

a) **Approves that the Waitemata DHB Deputy Chair replace the Board Chairman as an ex-officio Trustee of the Well Foundation.**
b) **Notes that the Waitemata DHB Board Chairman will continue to be involved with activities of the Well Foundation.**
c) **Requests that the Well Foundation Trust approve the appointment of the Waitemata DHB Deputy Chair as an ex-officio Trustee member, replacing the Waitemata DHB Chair.**

Carried

8 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 124-127)

Resolution (Moved Morris Pita /Seconded Warren Flaunty)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of Meeting of the Board - Public Excluded (12/04/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Recommendations of the Audit and Finance Committee – Public Excluded (03/05/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	[NZPH&D Act 2000 Schedule 3, S.32 (a)]	S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3. Minutes of the Audit and Finance Committee – Public Excluded (22/03/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. Minutes of the Three Harbours Health Foundation (12/10/16)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
5. Elective Capacity and Inpatient Beds (ECIB) Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. **[Official Information Act 1982 S.9 (2) (j)]**
6. Elective Capacity and Inpatient Beds (ECIB) Further Design	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. **[Official Information Act 1982 S.9 (2) (j)]**
7. i3 proposal for new function (E3) to accelerate the pace of innovation in Waitemata DHB	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
8. NGO Contracts	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		[Official Information Act 1982 S.9 (2) (j)]
9. Recovery of funds	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
10. 2017/18 Accountability Documents	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
11. Licence to occupy rooms	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
12. Deed of variation and renewal of sublease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
13. Deed of variation, renewal and rent review of premises	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]

The Chair thanked those present.

The open meeting concluded at 11.17am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 24 MAY 2016

_____CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 29 June 2017

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
HAC 22/03/17	5.1	Item transferred from the Hospital Advisory Committee: Codeine - a report to be presented to the Board on the implications of moving to codeine being a prescription medicine as well as looking further at what are the ways codeine could be managed.	Susanna Galea	5/07/17	See agenda item 4.1

3.1 Chief Executive's Report

Recommendation:

That the Chief Executive's report be received.

Prepared by: Dr Dale Bramley (Chief Executive Officer)

1. News and events summary

A number of events of significance took place across the DHB over the past six weeks:

- On 9 June, we celebrated the long-awaited opening of our new Whenua Pupuke Waitemata Clinical Skills Centre. Overlooking Lake Pupuke on the North Shore campus, the two-storey facility comprises a 248-seat auditorium, multiple teaching spaces and a clinical skills laboratory. Whenua Pupuke will house many of the education activities taking place across our DHB and enhances the DHB's academic profile, which will ultimately serve to improve patient outcomes. The $9.84 million facility is the latest step in the renaissance of the North Shore campus, following recent major investments in our first-ever dedicated women's ward, Hine Ora; the new Spiritual Centre; Department of Medicine; He Puna Waiora mental health inpatient unit and Kahui Manaaki outpatient services hub. The official opening kicked off a week of celebrations which are detailed in the items below. Two highlights of the official opening were the impressive haka performed by students from Rosmini College and the opening and closing hymns by students from our near neighbours at Carmel College. We sincerely thank both schools for adding a powerful sense of community to our opening celebrations.

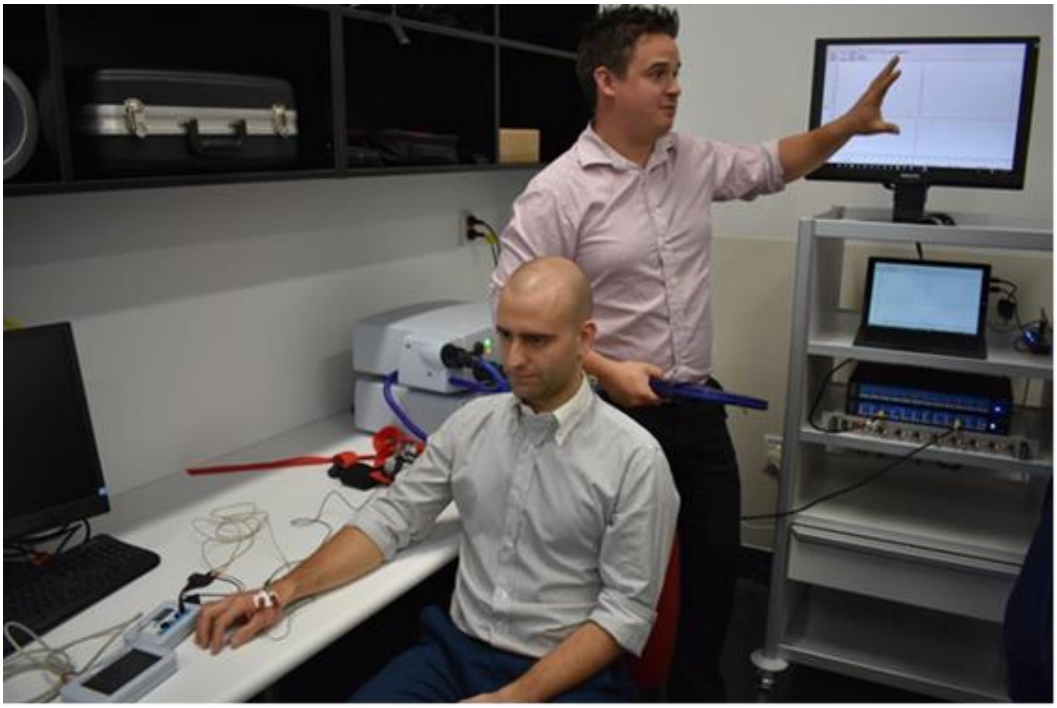
Minister of Health, Hon. Dr Jonathan Coleman, cuts the ribbon to officially open Whenua Pukuke with Chair Dr Lester Levy.
http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/LL-Whenua-Pupuke-Opening.pdf

- As part of the Whenua Pupuke opening programme, our Asian Mental Health Service launched a new activity book for mental health clients and their children. 'Growing Stronger Together' aims to destigmatise mental illness by helping parents and children of all cultures understand each other's feelings and give them the tools to build positive coping strategies. Although the booklet was not originally produced exclusively for an Asian audience, our Asian Mental Health Service saw great value in developing and adapting it with the input of mental health professionals and consumers to meet a need in the community. Parents are encouraged to read through the book with their children and make use of the useful guidance, tips and support service information it includes.

Chief Executive Officer Dr Dale Bramley with Operations Manager for Asian Health Services Grace Ryu and Hannah Lee, cultural support coordinator for Asian Mental Health, at the launch of 'Growing Stronger Together'.

http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/GR-Growing-Stronger-Together.pdf

- The training of the next generation of clinicians to meet the needs of the growing Waitemata community took a major step forward with the opening of Whenua Pupuke. The new facility creates a dedicated space for the DHB to team up with our tertiary partners to provide on-site teaching and research that will ultimately benefit patient outcomes. AUT's biomechanics laboratory will sit alongside our own clinical teaching spaces within Whenua Pupuke. The colocation will help stimulate the teaching of medical, nursing and other clinical staff and assist with the early integration of students into the workplace environment. It also signals the emphasis the DHB places on the development of its current and future workforce and on clinical research. The Whenua Pupuke opening follows hot on the heels of the 19 April opening of the redeveloped Kahui Manaaki facility on the North Shore campus which has become a permanent residence for the University of Auckland medical school and AUT's Faculty of Health and Environmental Sciences as well as becoming a new hub for outpatient services.



A demonstration at the AUT biomechanics laboratory during Whenua Pupuke's opening week events.

http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/DB-Future-of-healthcare.pdf

- The outstanding contribution John Cullen has made to the health of the people of the Waitemata district was recognised at the official opening of Whenua Pupuke, a project which he has tirelessly championed for many years and which he played a leading hand in bringing to reality. John, known affectionately as our own 'Father of Orthopaedics', turns 80 in September and is about to bring down the curtain on a career which has seen him perform around 3,000 total hip and 2,000 total knee replacements, establish Waitemata DHB's acute and elective orthopedic service and oversee the development of our Elective Surgery Centre before focusing on the Whenua Pupuke project, as well as his other role as Director of Awhina. During the opening ceremony, Rosmini College performed a moving haka tribute to John as I presented him with a Taiaha as a token of thanks for all he has done for Waitemata DHB over many years.

John Cullen, right, with Chief Executive Officer Dr Dale Bramley during the haka tribute by Rosmini College students.

http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/DB-Father-of-Orthopaedics.-docx.pdf

http://www.stuff.co.nz/national/health/93404281/aucklands-father-of-orthopedics-retires-after-50year-career

- Two special guest addresses were delivered as part of the 2017 CEO Lecture Series during the Whenua Pupuke opening programme. Mondiale founder and 2010 New Zealander of the Year, Sir Ray Avery was the first-ever CEO Series lecturer to speak in the new auditorium on 12 June. His lecture "Predicting the future of New Zealand Healthcare" entertained a full house and drew a range of questions from the floor. Two days later, Sir Harry Burns, professor of global public health at the University of Strathclyde in Scotland, delivered a thought-provoking CEO lecture as part of the Waitemata Health Excellence Awards. Sir Harry's lecture was entitled "Health inequalities: too much illness or not enough wellness."

- The final event of the Whenua Pupuke opening week celebrations was our annual Health Excellence Awards, recognising the wide range of outstanding research programmes underway within our DHB which ultimately results in better health outcomes for our patients. The standard of nominations was very high again this year and the judging panel had a challenge in selecting a single overall winner, to be announced in front of an audience of more than 200 people in our new auditorium. Ultimately, the overall 'Excellence in Clinical Care' award went to an innovative oxygen prescription awareness campaign. This work was collaboration between different specialities: respiratory, pharmacy, ICU, ePrescribing and eVitals. Waitemata DHB formed an Oxygen Steering Group to improve the understanding of prescribing oxygen to ensure this is done appropriately and improves patient safety by incorporating leading international best practice. The programme utilised available technology by incorporating education campaigns and electronic prescribing to help improve the prescribing of oxygen and, when re-audited six months post-campaign, it was found there had been an increase in oxygen prescribing from 12% to 49%.

Overall winners: Respiratory Clinical Nurse Specialist Nikola Ncube and Pharmacy Team Leader Jessica Nand.

- On 14 June, the Supreme Court handed down a judgment unanimously upholding Waitemata DHB's smokefree policy. It marked the end of a five-year legal challenge which had previously seen the policy upheld by the High Court and Court of Appeal. The result allows the DHB to continue preventing patients smoking within our facilities while receiving care, including in our mental health inpatient units. The policy has been in place for eight years and we have always taken the view that, as a provider of healthcare, we must lead by example. Smoking kills 5,000 New Zealanders each year and we took a strong position in 2009 that the DHB could not condone a practice which was directly at odds with our priority to achieve better health outcomes for the people of Waitemata. We do recognise, however, that stopping smoking is difficult and, therefore, we support our patients by providing nicotine replacement therapy and smoking cessation support to all who need it. The unanimous decision of the Supreme Court is also important in giving support to other healthcare institutions who have taken similar steps to promote smokefree environments. Please see the links below to Waitemata DHB's media statement following the Supreme Court's decision and to some of the resulting media coverage.

  http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/WIN-Smokefree-decision-Supreme-Court.pdf

  http://www.newstalkzb.co.nz/news/national/supreme-court-backs-waitemata-dhbs-smoke-free-policy/

  http://www.stuff.co.nz/national/health/93686097/patient-loses-supreme-court-appeal-to-smoke-at-smokefree-auckland-hospital

  http://www.radionz.co.nz/news/national/333035/supreme-court-upholds-smokefree-policy-in-mental-health-unit

- On 18 May, Waitemata DHB launched our new Primary and Community Services Plan – our most significant investment into primary care to date. The aim of the plan is to achieve better health outcomes in the community as well as in hospital in collaboration with our primary care partners Waitemata PHO and ProCare. An initial $5.1 million has already been approved to support the plan and new business cases with additional funding will be brought forward each year. The plan supports community services by providing targeted funding for prevention and education programmes, early intervention and easy access to the care people need sooner and closer to their homes. Four programmes have already been launched and made immediately available under the plan:

    - Abdominal Aortic Aneurysm Screening – allowing affected Maori a funded GP consultation to provide appropriate screening and treatment;
    - Primary Options for Acute Care – extension of resources allowing patients to safely manage their care at home;
    - Rural Point of Care Testing – providing on-the-spot testing and diagnostics at rural practices; and
    - Primary Mental Health – helping more people receive access to local mental health and addiction support, assessment and treatment under the DHB's Our Health in Mind initiative.

Dr Dale Bramley at the plan's launch with Waitemata PHO Chief Executive Officer John Ross and ProCare Chief Executive Officer Steve Boomert.

http://www.waitematadhb.govt.nz/assets/Documents/news/media-releases/2017/Primary-and-Community-Services-Plan.pdf

http://www.stuff.co.nz/national/health/92941186/mental-health-packages-part-of-plan-for-integrated-healthcare-in-waitemata

- A community blessing was held on 2 June to mark the re-opening of Pukekohe Intermediate Dental Clinic, one of more than 80 facilities providing child and adolescent dental treatment run

by Auckland Regional Dental Service (ARDS) across the metro Auckland area. The Pukekohe facility was closed in late January after an air suction hose was found incorrectly connected to a grey water holding tank, creating the potential for cross-contamination of patients. As a result, more than 2,000 children were recalled for testing, with thanks to our colleagues at Counties Manukau Health for their assistance and commitment to the wider Franklin community in managing this process. Thankfully, the re-testing did not identify any children whose health had been adversely impacted. The clinic remained closed while an independent expert report was commissioned to identify exactly what had happened at the Pukekohe clinic. The expert's report outlined areas for improvement around maintenance processes, equipment monitoring and staff training, which have been implemented. A clinical engineering expert also assessed the physical changes made in the clinic's plant room and gave the green light for it to re-open to patients. The first patients began receiving care in the clinic on 6 June and all four chairs are now operating as normal. As part of the investigative process, testing was also carried out at ARDS' other sites, serving to confirm the original problem was isolated to only the Pukekohe clinic.

- A report requested by the Ministry of Health into the recent Auckland typhoid outbreak was made publicly available on the Auckland Regional Public Health Service (ARPHS) website on 15 June. The report examined the issues affecting ARPHS' performance during the outbreak and made recommendations to minimise the risk of the same problems re-occurring in a future outbreak. The document is a roadmap for improvement for ARPHS and found that while the clinical management of the outbreak was successful, there were clear opportunities for improvement in terms of culture and management practice. A report from ARPHS with progress on recommendations will come to the next Board meeting.

  http://www.arphs.govt.nz/news/articletype/articleview/articleid/318/arphs-welcomes-findings-from-auckland-typhoid-outbreak-review

- I have written, on behalf of Waitemata DHB, to congratulate Dr Tedros Adhanom Ghebreyesus on his election to the position of director general of the World Health Organisation. It was a great pleasure to have Tedros visit us here in April and we were all heartened by his words of encouragement following the tour of some of our facilities. We were equally pleased and interested to hear him speak about the health issues facing the greater Pacific region and look forward to hearing more about developments in this area on his return visit when he is assured of another warm DHB welcome.

- The international nursing community marked the birthday of Florence Nightingale on 12 May – an occasion that serves as a moment to commemorate all the work that nurses do for our communities here and around the globe. I took the opportunity to thank all Waitemata nurses who do an amazing job every day looking after members of our community, for their caring and compassion, for their skill in the delivery of that care and for their leadership and support. The photo below shows then-Anawhata Charge Nurse Manager Donna Riddell dressed in the original Charge Nurse uniform. Donna retired at the end of May, along with another of our senior nurses, Judy Vette. The two have mentored many nurses coming into the health profession and, while it is sad to see them leave, they will both no doubt leave a lasting impression on our DHB and our community.

Chief Executive Officer Dr Dale Bramley with the recently retired Donna Riddell.

- A pilot programme jointly run between Waitemata DHB and PHOs, Improving Diabetes Care in West Auckland, has won the award for 'Best Innovative Service Delivery' at the New Zealand Scientific Study of Diabetes annual meeting in Dunedin in May. This is a major achievement for our DHB and I want to recognise the work of Janine Strickland (Quality Improvement Coordinator, Primary Care), Jean McQueen (Primary Care Nursing Director), Dr Catherine Macnamara (General Physician/Diabetologist), Dr Sarah Gray (Public Health Physician) and Jagpal Benipal (Senior Programme Manager, Primary Care) on this pilot. It aims to improve diabetes care for West Aucklanders through a quality improvement approach in primary care – particularly for Maori, Pacific and other high-risk populations – by improving processes and systems of care delivery. Seven practices have been involved in the pilot, which has demonstrated improvements in health outcomes as a result of the changes implemented through the pilot.

- Congratulations to Dr Eileen Merriman (Haematology Consultant), whose new young adult novel, Pieces of You, was published by Penguin Random House in late May. Eileen works at North Shore Hospital and has won a number of awards in various short story competitions over the last three years. A second young adult novel, Catch Me When You Fall, has also been accepted for publication by Penguin Random House in 2018.

Dr Eileen Merriman is becoming well-recognised for her work as a children's author.

- Our own Dr Sasha Kljakovic from the Institute for Innovation and Improvement spoke about the virtual reality pilot study in an interview broadcast by the BBC World Service in May. The piece was a replay of a very positive segment which originally aired on Radio New Zealand. This is an exciting initiative and it is hugely encouraging to see media interest on this scale. Sasha's enthusiasm came through strongly in the interview and is typical of the energy she brings to our DHB. We all look forward to seeing this project develop further. A link to the BBC audio file is provided below – Sasha's contribution begins at 15:33.

  http://www.bbc.co.uk/programmes/p0531xmh

Creating a culture of appreciation

A further 41 staff have been recognised in the CEO Awards, launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work. Each staff member whose nomination is considered worthy of acknowledgement receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting include:

- Jo *Wickham*, Nurse Practitioner - Cardiology, nominated by Grainne McAnnalley
  "For her constant commitment to improving patient outcomes. Jo embodies the better, best, brilliant value."
- Maria *Racasag*, Alcohol and Drug Clinician - CADS West, nominated by Tina Harrison
  "For her dedication and strong work ethic."
- Pauline Boyd, Acting CNM - Wainamu Ward, nominated by Denise Smith
  "Pauline has a lovely manner when dealing with issues with a quiet and calm demeanour and always smiling no matter how busy and such a positive attitude that I'm sure everyone appreciates immensely."
- Manu Fotu, Programme Manager- Funding - Primary Care, nominated by Trish Palmer
  "For demonstrating our values of connected and better, best, brilliant by taking any and all opportunities to promote good mental health in the community through sporting events and being responsive to interviews/community events."

- Robert Walker, Occupational Therapist - Inpatient North Therapies, nominated by Brittney Cox
  "Robert consistently demonstrates Patient Centred Practice and advocates on behalf of his patients. Rob is a pleasure to work with."
- Lara Cavit, Patient Experience Coordinator, nominated by Ravina Patel
  "Many thanks to Lara for the successful delivery of the Empathy Zone event during Patient Experience Week."
- Hinerangi Vaimoso, Communications Advisor, nominated by Ravina Patel
  "Thank you Hinerangi for all your hard work communicating the great work our staff do to enhance patient experience during Patient Experience Week."
- Sam *Smorenburg*, Graphic Designer, nominated by Ravina Patel
  "A big thank you to Sam for creating professional and eye catching promotional pieces for Patient Experience Week. You understood our different audiences and tailored the messages perfectly."
- Birdie Anana, Registered Nurse - Ward 14, nominated by Roslyn Norrie
  "For her keen advocacy for the patients who she cares for to ensure their nutritional needs are met."
- Annie Menzies, Registered Midwife - Waitakere Facility, nominated by Rebecca Eade
  "Annie came in on her days off and gave wonderful midwifery care. Her colleagues appreciate her for always going the extra mile."
- Vince Valdez, Clinical Nurse Specialist - Adult MH Team North 2, nominated by Jason Haitana
  "Vince ensures that not only the service-user is well cared for but also ensures that the family/whanau are also reassured that they will get the best possible service we can give them."
- Sharyn Gruzelier, Quality Document Coordinator - Service Access System, nominated by Teresa Stanbrook
  "I am very privileged to work alongside Sharyn who has such an exceptionally positive work ethic."
- Brenda Mawhinney, Clerical Worker Clinical - Radiology Waitakere Hospital, nominated by Susan Rae
  "Brenda is friendly and approachable and works really very hard to get our patients in for ultrasounds at Waitakere Hospital in a timely manner."
- Julie Berry, Acting Coordinator - CADS South, nominated by Tina Harrison
  "For stepping up in the acting role and for her diligence and commitment to ensuring that the workload gets completed within the deadlines provided and also her clinically informed compassion for the clients."
- Margaret McAleer, Clinical Nurse Specialist - Home Health Support West, nominated by Adam Leys
  "For always making time to talk to her colleagues about appropriateness of potential referrals and the outstanding care of her patients."
- Andrei Sison, Registered Nurse - Ward 7, nominated by Trixina Smith
  "Caring, thoughtful, professional and made sure I was comfortable and medically safe."
- Anne Cruz, Registered Nurse - Ward 7, nominated by Trixina Smith
  "Anne is very caring and made sure I was managing following surgery. I had been nursed by Anne 17 months prior - fracture to the elbow - and she was just as kind, thoughtful then."
- Vanessa Nancarrow, Health Care Assistant - Ward 7, nominated by Trixina Smith
  "Vanessa was willing to help and organise me so I was able to be comfortable. She always remade my bed while I was up, so when I returned I was able to relax."
- Lorelie Montes, Health Care Assistant - SCBU West, nominated by Payal Kumar
  "Lorelie is very hard-working and always goes out of her way to make sure our trolleys are well stocked, equipment is clean and ready to be used."
- Jenny *Bos*, Senior Occupational Therapist - Child Development North, nominated by Lynda Mance
  "Jenny consistently delivers occupational therapy with empathy and skill to enrich the lives of children and their families."

- Stephanie Yung, Registrar - General Medical Acute and Emergency Med, nominated by Dr Zoe Roaos
- Vidit Singh, House Officer - General Surgery and ICU, nominated by Dr Zoe Roaos
  "For working long hours and providing high quality care. I am so proud of how far they have come, as individuals and also as a team."
- Sara Mellow, House Officer - Renal Service, nominated by Dr Zoe Roaos
- Theodore Clearwater, House Officer - General Medical Acute and Emergency Med, nominated by Dr Zoe Roaos
  "They showed considerable leadership skills, joined our ward round, and directed appropriate jobs to other junior teams."
- Sandra Garingalao, Orderly - Clinical Support Services, nominated by Emma Neeley
- Grant Dolan, Orderly - Clinical Support Services, nominated by Emma Neeley
  "Sandra and Grant are both smiley and helpful and nothing is ever a problem."
- Angela Nicholson, Receptionist - Clinical North Therapies, nominated by Nick Brooke
  "Angela always demonstrates the DHB values, 'With Compassion' and 'Best Care for Everyone' when communicating with patients."
- Adam Leys, Physiotherapist - Community West Therapies, nominated by Lindsay Collins
  "For living our values of 'Better, Best, Brilliant', with his leadership in innovative practice and using technology to deliver a more effective and efficient service to our most vulnerable adults."
- Jean-Marie Bush, Programme Manager - Funding, nominated by Trish Palmer
  "Jean-Marie is amazingly calm, patient and stays responsive to colleagues, other organisations and timeframes when under pressure."
- Catherine Buckley, Administration Officer - Library, nominated by Sonya Wilson
- Wayne Carter, Administration Officer - Library, nominated by Sonya Wilson
- Katrien Brown, Administration Officer - Library, nominated by Sonya Wilson
  "For their valuable assistance in sourcing articles/literature and having excellent facilities available to help us study/learn."
- *Peyton* Wolfgramm, Learning and Development Consultant, nominated by Sarah Dunlop
  "Peyton co-ordinated the orientation programme exceptionally well, especially the group work sessions on the Waitemata promise and values."
- Louise Guy, Registered Nurse - Paediatrics, nominated by Sarah Timmis
  "Louise is an exceptional advocate for our children, she shows real compassion for our families and walks alongside them during often difficult journeys."
- Whina Adams, Registered Nurse - Paediatrics, nominated by Sarah Timmis
  "Her compassion and ability to connect with our children and families is a real asset to our service and we appreciate her passion and attention to detail."
- Prashant Gupta, Manager - Corporate, nominated by William Van Ausdal
  "For his problem-solving and commitment to positive organisational outcomes."
- Sharlene Griffin, Personal Assistant - Radiology, nominated by Joytika Dutt
  "Sharlene is helpful and efficient in providing information with thorough attention to detail."
- Gale Sorensen, Registered Nurse - Titirangi Ward, nominated by Wendy Matthew
  "Gale showed such kindness and compassion to a dying patient. She is a fantastic nurse."
- Alice Fatai, Ward Clerk - Titirangi Ward, nominated by Wendy Matthew
  "Alice always goes the extra mile for the patients and is so kind and compassionate."
- Angela Yang, Charge Nurse Manager - Titirangi Ward, nominated by Wendy Matthew
  "Angela is a fabulous role model to all nurses and shows such compassion with palliative patients."
- Xu Cui, Registered Nurse - Outpatients North Shore, nominated by Karen Fielding and Ravina Patel

"Xu is completely dedicated to delivering compassionate care, not only by being empathetic, positive and friendly by nature, but by dedicating time every day before work to be mindful of our core values."

2. Upcoming events

Looking toward the upcoming months, we can expect to see:

- Completion of the new 15-bed unit at Mason Clinic, with the official opening on 4 August.
- At the time of preparing this report, we were preparing for a series of three Matariki lunchtime seminars to be hosted at Waitemata DHB, with guest speakers Mike King and Prof. Meihana Durie, along with our own Chief Advisor Tikanga, Naida Glavish.
- Judging of the IPANZ Excellence Awards on 5 July. Waitemata DHB has submitted four projects for judging – bowel screening, abdominal aortic aneurysm, Leapfrog and primary birthing unit community consultation.
- The judging of the 2017 KiwiNet Research Commercialisation Awards on 13 July (also referenced in the Leapfrog section below).
- Continuation of the 2017 CEO Lecture Series in the Whenua Pupuke auditorium, with a 27 July address from Sir Mason Durie focusing on 'A question of balance – the next phase for Maori health'. Chair Dr Lester Levy will also deliver a CEO Lecture Series presentation later in the year.
- Signing of the Youth Employment Pledge on 26 July (see Maori Health section for details).
- A project to replace CT scanners at Waitakere Hospital begins this month, with the first of two new scanners scheduled to be installed on 11 September. The installation of the second new scanner at Waitakere Hospital is scheduled for August 2018.
- Further progress on the Northern Region Long-Term Investment Plan, with a final report from the Nuffield Trust due at the end of June and the first draft of the report scheduled for the end of July ahead of a Board workshop in August.

3. Future Focus

The Leapfrog programme was established as a means to support a focused, intensive burst to take a large leap in moving the DHB from where we are to where we want to be.

The programme consists of a small number of strategic organisation-wide projects that are resourced to achieve significant change and impact on health outcomes and patient/family experience.

The intended benefits are to move these projects along at a faster pace with top-level support for the significant changes required, giving greater visibility and attention to those projects identified as being important in achieving the DHB's priorities and purpose as well as instilling the culture of improvement and innovation.

Our Leapfrog team recently presented several projects to senior doctors at their quarterly ASMS meeting, including eOrders, MyPatientList app, the clinical apps process (as below) and the new Qlik data dashboards.

Others were also demonstrated by Institute staff to many people (staff and visitors) during the Whenua Pupuke opening week. We have entered the Leapfrog Programme into the Institute of Public Administration NZ (IPANZ) Excellence Awards. Our research joint venture - Precision Driven Health - with Orion Health Ltd and the University of Auckland is also a finalist in the KiwiNet Awards also being awarded in July.

Meanwhile, eLabs implementation is progressing from pilot services to rollout. The voice-to-text project is nearing the target of 200 authors deployed (currently 186). Once the full number of authors is fully embedded, the impact will be evaluated and reported to the Board.

Our Innovation Partnership Working Group is trialling a process for the evaluation and approval of clinical apps for staff use via the mobile device management system - 39 apps have previously been approved via the Community Allied Health iPad rollout and eight are currently going through the new process, supported by healthAlliance.

The Outpatients follow-up project is focusing on four streams of work:

- a new electronic form in partnership with Orion Health that will collect data on reasons for follow-up and outcomes;
- a new model of follow-up that gives patients the opportunity to request an appointment if they require it within a defined period of time;
- a regional procurement process for telehealth technology;
- We hope to start work with primary care to identify other integrated models of follow-up.

The Qlik Sense (data discovery) implementation has published eight new applications (collections of related data dashboards). Clinical leads have been heavily involved, including a technically savvy Emergency Medicine physician developing a new dashboard to better understand where and when ED queues form. The project is also developing Waitemata-specific training material to further increase the pool of developers. One of the next applications for publication is a pathway tracker for appendicitis, acute cholecystitis and abscess patients which combines data from multiple sources (patient administration system, radiology, anatomical pathology, laboratory, medicines, complications, acute bookings and theatres).

One of the proposed ideas coming out of our earlier exploratory work in the Primary Care Connections stream was a community sleep service in the Waitemata district. This has been developed into an options paper which is being discussed regionally.

4. Outcomes discussion

This month, I have asked Dr Karen Bartholomew, public health physician and Clinical Director of the Health Gain Team, to provide an overview of the recent changes to Better Public Health targets.

New Better Public Service targets

Since 2012, there have been a set of 10 Better Public Service (BPS) whole-of-government Key Result Area targets, organised into five domains:

- Reducing long-term welfare dependence
- Supporting vulnerable children
- Boosting skills and employment
- Reducing crime
- Improving interaction with the government

Health is the lead agency for the previous Result 3: Increase infant immunisation rates and reduce the incidence of rheumatic fever. Waitemata DHB also has an interest in several of the other result areas in terms of vulnerable children (for example, Result 2: Increasing participation in early childhood education and Result 4: Reducing assaults on children) and social investment.

A refreshed set of 10 BPS targets were announced on 4 May 2017. There are two new BPS targets led by Health:

- Result 2: Healthy Mums and Babies: By 2021, 90% of pregnant women are registered with a Lead Maternity Carer (LMC) in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.

- Result 3: Keeping Kids Healthy: By 2021, a 25% reduction in the rate of hospitalisations for avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.

Both Result areas align with current DHB work programmes; some activity is metro Auckland or regional and some related to the national direction. An example of alignment is with the System Level Measures (SLM) planning, the SUDI work programme and a focus on pregnancy and the First 1,000 Days of Life. The Ministry of Health have recently updated the 2017/18 Annual Plan guidance to require 2-3 activities to address the new BPS result areas to be highlighted. These activities relate to the current work programmes in both Result areas.

Result 2 is already an indicator under the National Maternity Monitoring Group, and is reported annually. There has been an improvement work programme for this indicator, including workforce development (new graduate midwife support), the development of a regional HealthPathway, better reporting in key process steps and a focus on communication improvements for providers, women and whānau. Innovation opportunities, such as a pilot to investigate incentivisation for early LMC engagement with younger women, are also being planned. The latest data available is 2015; the 2016 data had not been released at the time this report was prepared. All metro Auckland DHBs have improved rates of first trimester registration with an LMC since 2009. Waitemata DHB is at 72.7% and has consistently been higher than the national rate. The previous target has been 80%; the new BPS target is 90%.

Table 1. Proportion of women registering with an independent LMC within the first trimester, for metro Auckland DHBs, 2009-2015

DHB	Calendar year						
	2009	2010	2011	2012	2013	2014	2015
Waitemata DHB	60.4%	62.8%	65.4%	65.7%	68.1%	69.4%	72.7%
Auckland DHB	60.7%	61.8%	63.9%	64.4%	64.5%	67.5%	68.8%
Counties Manukau Health	43.6%	44.3%	46.2%	47.7%	48.2%	52.1%	53.0%
New Zealand	57.2%	59.3%	62.3%	63.7%	65.3%	67.7%	70.0%

The indicator measures early (first trimester) registration with a LMC. From previous work on this indicator, it is known that approximately 70% of women see primary care first, before registering with an LMC. The current indicator definition does not include primary care contact; only registration with an independent LMC. Women who are registered with a DHB community midwifery team are not included.

The proportion of women registered with a DHB community midwifery team is variable between DHBs; most women in Waitemata DHB register with an independent LMC, which means that there is a low proportion of women registering with DHB community midwifery care (4%), compared to 18% at Auckland DHB. From 2015, the Ministry of Health began collecting and reporting data for registration with DHB midwifery services. It is expected that women register later with DHB midwifery services as DHB community midwifery services are generally caring for women who require secondary care, who are vulnerable, who have specific language requirements or who have

been unable to find an independent LMC. In 2015, the proportion of women registering with a DHB community midwifery team in the first trimester was 41% for Waitemata DHB, 30% for Auckland DHB and 23% for Counties Manukau DHB.

The Ministry of Health have not yet finalised what conditions are included in the Result 3, which is 'avoidable hospitalisations' for children aged 0-12 years, with a target of 25% reduction by 2021. Early discussions with the Ministry of Health indicate that the composition of Result 3 is likely to overlap to some degree with the current definition of Ambulatory Sensitive Hospitalisations (ASH), but does include some conditions not current in the ASH indicator - for example, head injuries. ASH are hospitalisations considered potentially preventable through high-quality and timely primary care. The ASH indicator has been controversial as audits and the Waitemata DHB and Auckland DHB survey of Māori Pathways ASH published in 2016 indicate that approximately 70% of children are seen by primary care before admission. In addition, the social determinants of health - for example, housing, household crowding and socio-economic status are strong drivers of preventable hospitalisations in children.

The current ASH indicator is defined for children 0-4 years old. ASH for 0-4 years and 45-64 years have been longstanding indicators in the Māori Health Plans and have been retained in the current 2017/18 plans. They are also indicators in the national Pacific Health Plan, Ala Mo'ui. There is an existing indicator of ASH rates for 0-14 years reported in the DHB Health Needs Assessments and the Child Youth Epidemiology Service annual reports; it is noted in these reports that most hospitalisations in children occur in ages 0-4 years. There is no current indicator for the age range 0-12 years for ASH. Some of the acute conditions and potential interventions where children are hospitalised are different between pre-school-age children than school-aged children - for example, asthma is more relevant for school-age children.

There is a metro Auckland work programme on ASH for 0-4 year olds as one of the System Level Measures (SLM) indicators. The target for this SLM is a 5% reduction in ASH 0-4 year olds by June 2018; this is considered an ambitious target as ASH has been relatively static over the last decade, despite free primary care visits for under-six year olds. The key activities in the SLM plan, and aligned in the Annual Plan, which are likely to be relevant to the new Result 3 are the implementation of the maternal smoking incentives programme (with a focus on Māori women and whānau), promotion and improvement in rates of immunisation in pregnancy, improvement in vaccination of children hospitalised with respiratory infections and rheumatic fever activities.

5. Board performance priorities

The following provides a summary of the work underway to deliver on the DHB's priorities:

Relief of suffering

Progress: ✔

Patient Experience

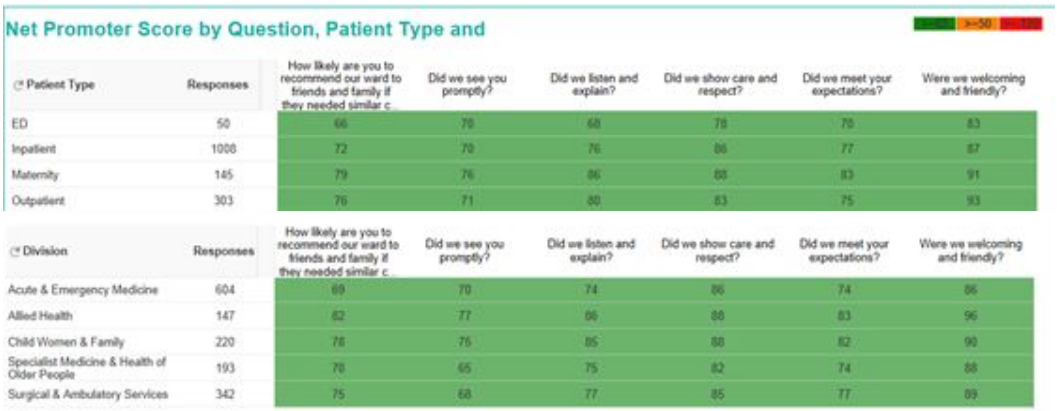
National Inpatient Survey

The second national patient experience survey for 2017 was conducted in May/June. Results will soon be available for that survey. Previous quarter reports are summarised in the following table. Patient Experience System Level Measure targets for each domain will be 8.5 in 2017/18.

Year and Quarter	Total Surveys	Communication	Partnership	Coordination	Needs
Jan - Mar 2017	**147**	**8.3**	**8.3**	**8.8**	**8.8**
Overall 2016		**8.4**	**8.4**	**8.6**	**8.6**
Oct - Dec 2016	153	8.4	8.4	8.7	8.7
Jul - Sep 2016	125	8.3	8.5	8.6	8.6
Apr - Jun 2016	134	8.5	8.5	8.6	8.6
Jan - Mar 2016	147	8.3	8.4	8.4	8.4

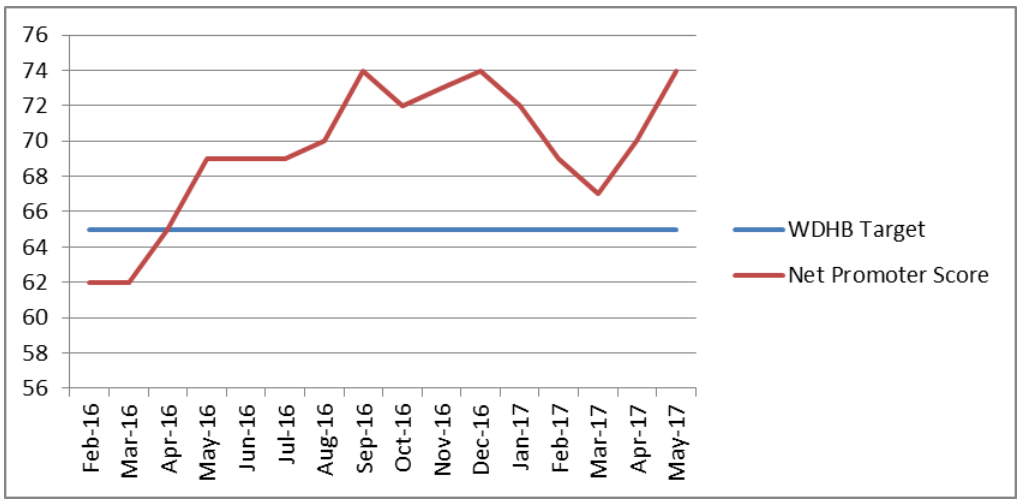
Friends and Family Test

During May 2017, we received feedback from 1,515 people through the Friends and Family Test (FFT). This is the second-highest response rate recorded. The Net Promoter Score (NPS) for May was 74, above the DHB target of 65 and the equal-highest NPS recorded.



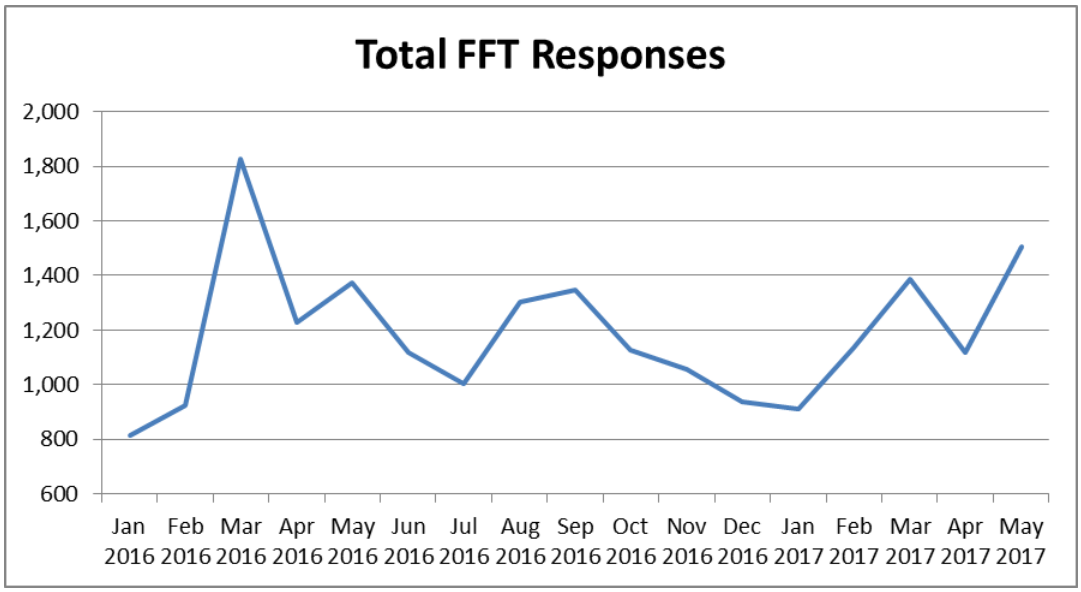
Net promoter scores (NPS) across the organisation for all Friends and Family Test Test questions have met target. The welcoming and friendly question for all divisions continues to produce our highest scores - demonstrating that all staff are working effectively to provide a positive patient experience.

Net Promoter Score over time



From April 2016, Waitemata DHB has met the overall Net Promoter Score target of 65. Highest net promoter score of 74 achieved in September 2016, December 2016 and May 2017. Following a steady decline in the first quarter of the year, the second quarter of the year has seen a rebound back to our record net promoter score level.

Total Responses to Friends and Family Test across Waitemata DHB



Friends and Family Test Comments

- *''I was looked after very well and treated with respect and was cheered up all the time." – Short Stay Ward, North Shore Hospital*
- *"It's equivalent to a five-star hotel." – Ward 8, North Shore Hospital*
- *"The staff were consistently lovely from the cleaners to the nursing staff - everyone gave the impression that, overall, there is a good culture here." – Maternity, Waitakere Hospital*

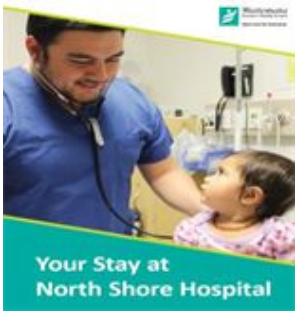
- *"Reminder by text, letter gave estimate of waiting time, so we knew what to expect and to plan for drink and food etc plus pick-up. Dr was excellent in explaining and answering questions and fears." – Outpatients, North Shore Hospital*
- *"I have found the people I have dealt with to be very knowledgeable and responsive. The support we have received has been invaluable." – AH Community Child Health Nth*
- *"You are very friendly crowd of ladies n' gents and a lot of fun to be with; Ma te wa koutou pae mari." – Wainamu, Waitakere Hospital*

Patient Experience Activity Highlights

- **Sleep Programme**
  Champion sleep ward identified as Ward 7 for piloting various interventions. A sound and light study have been completed in conjunction with Auckland University and Massey University to gain base line measures of current sound levels and ward lighting levels to determine whether future interventions have had an impact. Waitemata DHB has been approached by local media and private companies to support this initiative. Recently, the work was showcased by the North Shore Times: http://www.stuff.co.nz/national/health/93605021/innovative-project-ensures-hospital-patients-get-good-sleep-in-aucklands-waitemata

- **Allied Health Friends and Family Test**
  The volume of responses to the Friends and Family Test by Allied Health has more than doubled following recent consultation with all outpatient and community teams (from 70 response average to 150 responses). A framework will be developed to support consistency of gaining responses across all teams as well as processes for utilising feedback to support quality improvement activity.

- **Patient Information Booklet Published**
  Patient Information booklets were launched across North Shore Hospital during the Whenua Pupuke Building opening week. These booklets provide patients and their families with valuable information about their stay at North Shore Hospital. A pilot was conducted last year and feedback from the Healthlink literacy groups as well as more than 100 staff has been sought to ensure the information is accurate and meaningful to our patients. The Waitakere Hospital draft version is nearing completion and will also be piloted before publishing. The booklet will be translated into Māori, Pasifika, Chinese and Korean.



Facilities

Major capital projects need strong regional support and alignment. The Northern Region is working on a Long-Term Investment Plan (LTIP) to guide all significant future capital investments in the region. The Board will be regularly updated on this work going forward.

- **North Shore Hospital Community Building 5 – Kahui Manaaki**
  The official opening occurred on 19 April and the facility is now occupied and operating as planned. AUT and University of Auckland are occupying the level 2 as planned. Tag list items being completed as part of project closeout.

- **Waitakere Hospital ED Redevelopment**
  The official opening occurred on 12 May. The facility is delivering on the benefits expected, enabling desired improvements to the model of care for patients and improved working environment for staff. Overall feedback from everyone is positive.

- **Waitakere Hospital Additional Beds – Wainamu and Muruwai Wards**
  This project is complete, with services all handed back to the clinical teams. Feedback from the staff and patients has been positive, with anticipated changes in patient behaviour occurring as a result of improvements to the physical environment. Cardiology is well-integrated into the new ward structure in Huia. Use of General Medicine beds within Assessment and Diagnostic Unit is aiding in the transition of patients through the Emergency Department in a timely manner.

- **Waitakere Hospital Radiology CT Replacement**
  Following approval in April of amendments to the business case for replacement of the existing CT scanner at Waitakere Hospital, work began immediately with the users to confirm the detailed architectural plans and this is progressing well. Selection of the CT itself has been confirmed and progress toward confirming an order is underway.

- **Special Care Baby Unit (SCBU) Waitakere Hospital and North Shore Hospital**
  The project is continuing to progress through detailed user group and project definition phase with good engagement from staff.

- **Elective Capacity and Inpatient Beds (ECIB) business case to Capital Investment Committee (CIC)**
  The Capital Investment Committee (CIC) approved the progression to the business stage for the ECIB project. CIC also asked that a regional analysis over procedure rooms and theatre capacity be undertaken to inform development of a revised long list and regionally agreed options. This work is well underway through the regional Long term Investment Planning process.

- **Replacement Wards Project**
  The Risk Profile Assessment and Point of Entry documents were submitted to Treasury and Ministry of Health at the end of 2016. Work continued on the functional design briefs, models of care and accommodation schedules that will inform design. The regional LTIP process is informing the requirement for the replacement ward project and the next stage, guided by outcomes through the LTIP process, is to progress to Investment Logic Mapping and development of a Strategic Assessment.

- **Mason Clinic presentation to CIC for refurbishment of Tanekaha**
  The Capital Investment Committee approved the Tanekaha business case at its meeting on 27 March subject to:

a) Agreeing the recycling of capital from the 44 Taharoto Road property. (Proposal submitted to Treasury)
b) Submission of the post-implementation review of He Puna Waiora. (Complete)
c) Receiving a progress report on the 15-bed unit at Mason Clinic under construction. (Complete)
d) Receiving the revised Business Case with updated pricing and final design to be submitted in November. (Awaiting finalisation of land procurement, which affects final design and costs).

Better Outcomes ✔

Progress: On track

Achieving the health targets – as at May 2017

- **Shorter waits in Emergency Departments – 96% (target 95%)**
- **Improved Access to Elective Surgery – 109% (target 100%)**
- **Increased immunisation – 92% (target 95%)**
- **Better help for smokers to quit - Maternity – 91% (target 90%)**
- **Raising healthy kids – 100% (target 80%)**
- **Faster Cancer Treatment (FCT – 62 days) – 91% (target 85%)**

Health Quality and Safety Markers – May 2017

- **Falls**
  Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. Overall, Acute and Emergency Medicine completed 96% of falls risk assessments, Specialist Medicine and Health of Older People completed 95% and Surgical and Ambulatory completed 100% on admission. Of those, Acute and Emergency Medicine completed 74%, Specialist Medicine and Health of Older People completed 81% and Surgical and Ambulatory completed 70% within eight hours of admission (against a target of 90%)

- **Hand Hygiene**
  Waitemata DHB's Hand Hygiene Compliance Audit result for May 2017 was 87%, exceeding the national target of 80%. This placed Waitemata DHB second-highest nationally.

- **Healthcare-Associated Infections**
  The CLAB insertion bundle was used in ICU on 100% of occasions in May 2017. The insertion bundle compliance exceeds the national target of 90%.

Māori Health

- **Māori Workforce Development (MALT)**
  A 2017/18 plan is currently in development, to be presented to MALT for feedback and approval on 20 July 2017. Agreement has been reached with respective General Managers Human Resources to continue the redirection of FTE to the implementation of the MALT work programme.

- **Youth employment pledge**
  The Youth Employment Pledge on-track for launching and signing. A Rangatahi Youth Provider has been engaged to support the promotion of the pledge.

- **Maori recruitment**
  Key performance indicators for Maori recruitment have been presented to the Senior Management Team

- **Kia Ora Hauora**
  More than 4,600 Maori students are actively engaged in Kia Ora Hauora (KOH), the National Maori Health Workforce Programme funded by the Ministry of Health. It is designed to encourage more Maori to pursue a health career by committing to a study pathway through secondary or tertiary education. Students engaged on the programme can participate in a range of regional DHB-led activities, including career days, science camps, internships, health-specific events and scholarships. The current contract expires on 31 December but is highly likely to be extended for a further four years. It is proposed to refocus the new contract on increasing the number of Maori employed by DHBs, with a secondary focus on improving the recruitment, retention and achievement rates of Maori in tertiary education. The Ministry of Health expects an updated business case for Kia Ora Hauora by August.

- **Matariki 2017**
  A total of six lunchtime seminars have been arranged to celebrate the Maori new year across Waitemata DHB and Auckland DHB (as per the Upcoming Events section). The seminars provide a unique and accessible opportunity for our workforce to be exposed to Maori health leaders, excellence and innovation. Matariki is an opportunity to remind staff about the importance of living our values. At the time of preparing this report, the DHB was preparing for seminars to be hosted by Mike King on 26 June, Prof. Meihana Durie on 27 June and Chief Advisor Tikanga Naida Glavish on 28 June.

Pacific Health

- **Whenua Pupuke celebration opening**
  The Pacific Health team was involved in various events celebrating the new Whenua Pupuke Waitemata Clinical Skills Centre, including the opening ceremony, the open day and the Health Excellence Awards.

- **Financial capability: Train the trainers programme**
  This training has been offered to Tautai staff as part of the Pacific action plan "being smokefree", to improve social and financial determinants for Pacific peoples.

- **Tautai Fakataha Hospital Pacific Navigators**
  The Tautai Fakataha Hospital Pacific Navigators team are having their first Trendcare training next week, which is part of the goal of the team adopting the Trendcare database system. This is a first for cultural workers within the hospital. The team have worked hard with the Trendcare coordinators to ensure the Trendcare activity codes reflect the effort of the Pacific navigators. This will give us greater visibility to their effort with the patients, families and staff in the wards. This has now gone live and the training continues.

- **Health Excellence Awards**
  Two Health Excellence finalists were from the Pacific Health projects team led by Tuliana Guthrie. Malcolm Andrews in his health Science Academies presentation Athena Tapu and Linda Taberner were successful in their Pacific best practice training presentation. The Pacific Health division is very proud of this demonstration of "better best brilliant".

CEO Scorecard

Waitemata DHB Monthly Performance Scorecard

CEO Scorecard
May 2017
2016/17

Health Targets

		Actual	Target		Trend	
a.	Better help for smokers to quit - maternity	91%	90%	●		▲
a.	Better help for smokers to quit - primary care	88%	90%	●		--
	Improved Access to Elective Surgery - WDHB	109%	100%	●		--
	Shorter Waits in ED	96%	95%	●		▼
	Faster cancer treatment (62 days)	91%	85%	●		▼
	Increased immunisation (8-month old)	92%	95%	●		--
	Raising Healthy kids	100%	80%	●		--

Provider Arm - Service Delivery

	Waiting Times	Actual	Target		Trend	
	ESPI					
	ESPI 2 - % patients waiting > 4 months for FSA	*Compliant*				
	ESPI 5 - % patients not treated within 4 months	*Compliant*				
	Diagnostics					
	% of CT scans done within 6 weeks	97%	95%	●		--
	% of MRI scans done within 6 weeks	97%	85%	●		▲
e.	Urgent diagnostic colonoscopy (14 days)	*98%*	*85%*	●		▼
e.	Diagnostic colonoscopy (42 days)	*83%*	*70%*	●		▼
e.	Surveillance colonoscopy (84 days)	*92%*	*70%*	●		▲
	Patient Flow					
	Elective Surgical Discharges (YTD)					
	Elective Discharges - Total	18,764	18,048	●		▲
	Elective Discharges - Provider Arm	13,008	12,191	●		▲
	Elective Discharges - IDF Outflow	5,756	5,857	●		▲
	Efficiency					
	Outpatient DNA rate (FSA + FUs)	9%	<10%	●		--
	Average Length of Stay - Electives	1.35 days	<1.69 days	●		▲
	Average Length of Stay - Acutes	2.54 days	<2.51 days	●		▲

Best Care

	Patient Experience	Actual	Target		Trend	
	Complaint Average Response Time	12 days	<14 days	●		▼
	Net Promoter Score FFT	74	65	●		▲
	Quality & Safety					
	Older patients assessed for falling risk	97%	90%	●		▼
	Occasions insertion bundle used	100%	95%	●		--
	Good hand hygiene practice	87%	80%	●		▲
	Pressure injuries grade 3&4	0	0	●		--
	ICU - CLAB rate per 1000 line days	0.91	<1	●		--
b.	Antibiotic in the right time	*95%*	*100%*	●		▼
	Improving outcomes					
	Better help for smokers to quit - hospitalised	98%	95%	●		▼
	Population coverage/Access					
a.	Cervical Screening	75%	80%	●		▼
a.	Breast screening	67%	70%	●		--
c.	Bowel Screening Participation					
	- Round 2	*55%*	*60%*	●		--
	- Round 3	*53%*	*60%*	●		▲
	Treatment					
a.	HSMR (Source: Health Round Tables)	0.98	<1.05	●		▲
d.	Surgical intervention rates (per 10,000 pop)					
	- Angioplasty	*14.7*	*12.5*	●		▲
	- Angiography	*40.7*	*34.7*	●		▼
	- Major joints	*27.1*	*21*	●		▼
	- Cataract	*38.3*	*27*	●		▼
e.	# NOF patients to theatre (48 hours)	*92%*	*85%*	●		▲
a.	ST elevation MI receiving PCI (120 mins)	70%	80%	●		▼
	AT&R referrals assessed (2 working days)	91%	90%	●		▲

Managing our Business

Staff Experience	Actual	Target		Trend	
Sick leave rate	3.2%	<3.8%	●		--
Turnover rate	12%	8-12%	●		--
Lost time injury rate (per 100 00 hours worked)	11	<2	●		▲
Financial Result					
Net Surplus/Deficit (YTD)	4,038 k	3,919 k	●		

Major Capital Programmes	Time	Budget	Quality
Te Atarau car park (mid 2016) - completed	●	●	●
WTH Emergency Department redevelopment (Apr 2016)	●	●	●
Mason clinic - 15 Bed medium secure unit (May 2017)	●	●	●
NSH Building 5 Refurbishment (Mar 2017)	●	●	●
Clinical and Learning Skills Centre (Apr 2017)	●	●	●
Elective Capacity and Inpatient beds (TBC)	●	●	●
Bridge ESC to Medical Tower (Sep 16)	●	●	●

How to read

Performance indicators:

- ● Achieved/ On track
- ● Not Achieved but progress made
- ● Substantially Achieved but off target
- ● Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the 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. Small data range may result small variations perceived to be large.

a. Reported quarterly - March data Q3 201617
b. Dec Q2 2016/17 (latest draft HQSC data available).
c. Bowel Screening Round 2 (closed) Jun Q4 2015/16 - Round 3 commenced (participation rate for invites Jan - Dec 2016).
d. Reported quarterly - as at Dec 16 Q2 2016/17.
e. April 2017

A question?

Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

3.2 Health and Safety Performance Report

Recommendation:

That the report be received and the Board note the staff safety in the community policy, as outlined in Appendix two and three.

Prepared by: Michael Field (Group Manager, Occupational Health and Safety)
Endorsed by: Fiona McCarthy (Director, Human Resources)

Glossary

HSNO - Hazardous Substances and New Organisms
OH&SS - Occupational Health and Safety Services
PCBU - Person conducting business or undertaking

1. Purpose of report

The purpose of the Health and Safety report is to provide quarterly reporting of health, safety and wellbeing performance including compliance, indicators, issues and risks to the Waitemata DHB.

2. Strategic Alignment

Community, whanau and patient centred model of care	This report comments on issues and risks that impact on patient care and organisational culture.
Emphasis and investment on both treatment and keeping people healthy	This report comments on organisational health information via incidents, health monitoring and leave information.
Intelligence and insight	The report provides information and insight into workplace incidents and what Waitemata DHB is doing to respond to these and other workplace risks.
Evidence informed decision making and practice	The leading and lagging indicator dashboard is based on current best practise indicators and targets.
Outward focus and flexible, service orientation	Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, visitors, students and contractors. All strategic and operational work programmes and policy decisions are discussed with relevant services such as site visits and approaches to reduce risks.
Operational and financial sustainability	As appropriate, programmes of work will outline how services will ensure operational or financial sustainability, how measures of success are set and value and return on investment is monitored.

Trend highlights at a glance (rolling 12 months)

Staff incidents

Number of staff reported incidents continues to remain low over the last six months.

Pre-employment Screening

Continues to remain above target.

Health and Safety representative vacancies

Remains at a very low level.

Attendance at Health and Safety Orientation

Progress continues to be made with catching up on the backlog of staff orientation.

Number of staff injury claims

Number of staff injury claims remains steady.

Key

- Increased performance
- Steady performance
- Decreased performance

In summary, for May 2017

- ↑ **Slight increase in number of staff reported incidents.**
- ↑ **Five contractor incidents report (compared to two in last report) .**
- ↑ **Increase in Lost Time Incidents and injury frequency.**
- → **Steady uptake in orientation.**
- → **Health and Safety representative training completed.**
- ↑ **Slight increase in levels of pre-employment screening prior to employment.**
- → **Steady levels of hand hygiene.**

Performance Scorecard

Health and Safety Scorecard

May 2017

Trend data 12 month period

Lagging Indicators

	Actual	Target		Trend
Number of Reported Incidents				
Staff	143	-		
Contractors	5	-		
Students	-	-		
Patients	-	-		
Number of injury claims	44	<35		
Lost time incidents	11	<5		
Lost time injury frequency	11	<5		
Costs of injury claims	105,326	-		
Injury severity rate	2.9	2		
Number of Notifiable Events				
Staff	3	-		
Contractors	-	-		
Patients	-	-		
Top Three Incident types that cause harm				
1. Assault & Aggression	37	-		
2. Slips, trips and falls	19	-		
3. Patient handling	7	-		
Patients away without leave	0			

Trend data 12 month period

Leading Indicators

	Actual	Target		Trend
Attendance at H&S Orientation	90%	100%		
Number of H&S Representatives vacancies	1	<10		
H&S Representative training completed	96%	90%		
Pre-employment screenings completed prior to commencement	67%	70%		
Significant hazards reviewed by Managers	53%	50%		
Staff flu vaccination uptake	52%	60%		
Staff hand hygiene	87%	80%		

Legend
20% variation – Green
21-50% variation – Amber
Over 50% variation - Red

Comment on variations

Indicators in red	Comment
Eleven Lost Time Incidents and Frequency compared with a target of five or less.	Waitemata DHB had two incidents resulting in serious fractures which required significant time off work. Of the 11 lost time claims, all except four have returned to work. The resulting injuries from most incidents can range from minor bruising, which is the most common, to fractures or breaks, which is far less common. Due to the random nature of injuries, it is possible for a number of less common injuries to occur during the same reporting period, as seen in this report.

Indicator in amber	Comment
Forty four Injury Claims compared with a target of 35 or less.	There does not appear to be any underlying reason why we have received more injury claims in May. We will continue to monitor these, making adjustments to control measures for incident types as needed.

3. Key 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.

We have added residual risk (the portion of risk that is left after a risk assessment has been conducted) to this table. The actions reported each month are controls in progress and the residual risks from each of these identified risk areas will vary. Waitemata DHB has attempted to note the residual risk in the context of the original risk using a traffic light after each risk below:

Risk: Aggression-physical and verbal	
Previous Report Action	**Current Action**
Options paper on community worker alarms requested by Capital Asset Management Planning committee and being finalised now for the Executive Leadership Team. Complete: 40%	Paper to be presented to Executive Leadership Team on 26 June 2017. Update will be provided following this meeting. Complete: 40%
Draft police complaints policy has been reviewed and feedback provided to Legal Services to complete policy. Complete: 50%	No change - Awaiting final version from Legal Services. Complete: 50%
Development of framework to determine and capture information relating to 'intent' of aggression incidents. Complete: 20%.	Guidance documents have been completed and sent to high aggression risk areas for feedback. Complete: 50%.
Hospital Reception area reviews: Template now completed including all relevant questions to be answered. Rollout to commence early April. Complete: 80%	Template has been finalised and rolled out to all Health and Safety representatives, as well as OH&SS staff. Areas of highest concern are being reviewed first by OH&SS directly, with Health and Safety representatives carrying out their own area reviews. Complete: 95%
New incident investigation templates now being finalised, for use by Managers and OH&SS Investigator/Auditor. Once launched, this will greatly increase understanding of aggression events and allow targeted strategic responses. Complete: 60%	New incident investigation templates have been finalised and sent to various managers for initial feedback. Complete: 75%
New Action.	Development of an aggression risk assessment document is underway, including a point scoring system and control action requirements. This will allow areas to understand the generic risk of aggression related events occurring and to put the appropriate control measures in place. The initial draft has been completed and sent to high risk areas for initial feedback. Complete: 25%
Residual Risk: As these projects are still underway, the residual risk has not changed. It is envisioned that the residual risk levels will reduce upon project delivery.	
Original Risk	Residual Risk

Risk: Blood and Body Fluid Incidents (BBFA)	
Previous Report Action	**Current Action**
Needleless systems: Progress continues and full implementation will be reported following deep-dive audit scheduled for April. Complete: 70%	No change - Meeting with needleless systems clinical representatives underway. Complete 70%
Residual Risk: Nil change	
Original Risk	Residual Risk

Risk: Hazardous Substances and New Organisms (HSNO)	
Previous Report Action	**Current Action**
HSNO audits continue to progress on target. Audits completed: 30%	HSNO audits continue to progress on-target. Audits completed: 35%
The Waitakere Hospital Hazardous Goods Store tender evaluation is underway. Complete: 10%	Tender evaluation has been completed and successful tender respondent will be engaged within the next month. Complete: 15%
All chemicals for storage have been identified, along with their respective 'trigger' volume levels. Waitemata DHB is working with healthAlliance Inwards Goods team to determine expected quantities and additional cost for delivery and collection of hazardous substances to/from the new store. Dangerous Goods Cabinets are being investigated to further reduce storage risk. Complete: 50%	Review of hazardous goods volumes and types, per area, is currently underway, to ascertain appropriate control measures Complete: 60%
The Hazardous Substances Register has now been fully upgraded, allowing managers to automatically create their own local registers of hazardous substances, drastically increasing the ease of access to critical information in the event of a spill or exposure. Complete: 100%	Completed and closed.
The HSNO policy has now been fully reviewed and updated to ensure it meets legislative requirements. Additionally, new process documents have been created to better explain all responsibility levels (workers, managers and approved handlers) and requirements. Complete: 90%	The new policy has been published and communicated to managers. Complete: 100% Closed.
Residual Risk: As the audit project and hazardous goods store progresses and each area becomes compliant, this residual level of risk will reduce.	
Original Risk	Residual Risk

Risk: Contractor and Procurement Management	
Previous Report Action	**Current Action**
This work is waiting on the employment of a dedicated Asbestos Coordinator. Recruitment is currently underway. Complete: 60%	Recruitment process progressing. Complete: 65%
It has been identified that our current asbestos register is a register of asbestos survey reports, so work is underway to create a Waitemata DHB specific location based asbestos register for transfer into the online templates. Complete: 10%	This project has been split into two stages, as follows: **Stage 1**: Add a RAG (Red, Amber and Green) indicator to the existing register of reports, to allow contractors and staff to quickly identify whether asbestos is either confirmed as being present, should be assumed as being present or confirmed as not being present. This work is currently underway, with completion estimated by the end of July 2017. Complete: 70% **Stage 2**: Transfer of asbestos related information from the current Excel spreadsheet into the online Quality Hub version, currently utilised by Auckland DHB. A project manager has been assigned to carry out this work, with completion estimated by the end of October 2017. Complete: 5%
A process for tracking immediate action requests has been set up and is actively reviewed by OH&SS (actions resulting from escalated BIEMS requests or identified directly by OH&SS). Complete: 100%	Completed and closed.
Work to create reports out of BIEMS is being undertaken by Facilities to provide OH&SS with visibility of any health and safety related requests allowing the team to rank them for urgency and better manage any escalation that may be needed. Complete: 50%	Waitemata DHB is currently initiating the updating of BIEMS to the most current version (similar to that currently used by Auckland DHB). This will enhance support for the facilities management processes required of a large multi-facility organisation and will enable effective categorisation, job planning, recording and reporting from the system. Complete: 50%
Residual Risk: Nil change.	
Original Risk	Residual Risk

Risk: Manual and Patient Handling	
Previous Report Action	**Current Action**
Joint meetings with managers to discuss moving and handling requirements including training, has commenced to provide support to services. Complete: 20%	Joint meetings with managers to discuss moving and handling requirements including training, is still underway, to provide support to services. Complete: 35%
Original Risk	Residual Risk

Risk: Health and Wellbeing (stress, fatigue, depression)	
Previous Report Action	**Current Action**
Work continues to progress within the Healthy Workplaces Steering Group with planning for the team walking challenge underway; an online resource being developed to allow staff ready access to information. Initial focus is Financial Literacy and Nutrition. Work also continues on wellbeing initiatives with Senior Medical staff. Complete: 35% New Update.	Team walking challenge: 5% (due October) Development of online resource still underway. Complete: 30% Work is continuing on wellbeing initiatives with Senior Medical staff. Complete: 40% Utilisation of the staff Fitness Hubs, located at both North Shore and Waitakere hospitals, continues to increase. Usage rates for the last three months are as follows: **North Shore Hospital** March: 1,185 April: 1,052 May: 1,435 **Waitakere Hospital** March: 0 (not open) April: 116 May: 136
Original Risk	Residual Risk

Risk: Physical environment (ventilation, lighting, equipment)	
Previous Report Action	**Current Action**
The Project Manager has been engaged and is focused on works to enhance the helipad lighting, resolve pedestrian access and arrange painting of the safety areas around the pad. Complete: 67% Costing and specification work is being undertaken by the Project Manager, with the project scope expanded to include the waste holding area around North Shore hospital compactor. Complete: 50% New pedestrian areas at North Shore Hospital are being marked for completion in the next few months, starting with a new crossing from the parking building to the Elective Surgery Centre.	Final draft plans have been completed, with work now needing to be scheduled to complete the enhancement of helipad health and safety. Complete: 75% This work is continuing, with quotes now being sought to carry out the physical works. Complete: 60% The new pedestrian crossing from the parking building to the Elective Surgery Centre has been completed. Additional crossings are now being scheduled. Complete: 40%

New Action	A process to recruit a volunteer is underway to do regular environmental walk rounds at North Shore and Waitakere hospitals as well as at Mason Clinic. Facilities and Development and OH&SS will be involved in volunteer induction and process arrangements. Complete 10%
Residual Risk: The residual risk remains the same at present until we complete some environmental projects and get regular environment reviews underway.	
Original Risk	Residual Risk

Risk: Slips trips and Falls	
Previous Report Action	**Current Action**
Copies of all poster resources have been distributed to Health and Safety representatives across Waitemata DHB with the request to display them in the appropriate areas. Additionally, OH&SS staff are systematically displaying these posters in common areas and other areas not generally covered by Health and Safety representatives. Complete: 95%	All poster resources have now been distributed and being displayed on Health and Safety notice boards. It will take some time to ensure they are displayed in all locations, so completion level will not change until this is confirmed. Complete: 95%
A review of all trip hazards has been commissioned by OH&SS, utilising our volunteers. Training of these volunteers will be conducted by OH&SS, with OH&SS staff accompanying volunteers for the first few days, to provide practical training. A definition of 'trip hazards' has also been provided to ensure clarity of scope and focus. Complete: 5%	Volunteers have now been sourced and clear guidance documents developed, including reporting templates. Both the lower ground floor and ground floor of North Shore hospital, identified as requiring immediate review, have been reviewed by OH&SS, with remedial actions either complete or scheduled. The review work being carried out by the volunteers will begin within the next two weeks and is likely to take up to two months to complete. Once completed, recurring walkthroughs will be scheduled once every 12 months, to ensure that any changes are noted and addressed. Complete: 10%
Residual Risk: The residual risk has dropped for entryways; however, this makes up a small proportion of overall slips, trips and falls events requiring the residual risk to remain the same. As staff communications are developed and delivered, it is expected that this residual risk will fall.	
Original Risk	Residual Risk

4. Stakeholder feedback

4.1 Health and Safety Impacts on Waitemata DHB stakeholders

Contractor incident reporting
Proactive and collaborative work is now underway with healthAlliance to assist them in developing their own incident/event reporting, notification system and associated processes. We have also set up systems to ensure that all relevant contractors, including our business partners, receive the appropriate site inductions through compulsory attendance at orientation training sessions run twice per week; this being required before security swipe access cards can be issued. Contractors are being broken into one of three categories as below to assess their induction requirements:

- **No induction required** – contractors that are not carrying out physical works or entering clinical areas.
- **Minimal Induction** (Infection Prevention and Control, general site induction) – contractors not carrying out physical works but that are entering clinical areas.
- **Full induction** – Contractors carrying out any physical works.

Work is also continuing with our other business partners such as Compass to ensure that we have good communication channels and that the appropriate Health and Safety procedures are in place and adhered to by these contractors. OH&SS have also begun carrying our pre-employment screening for all Compass staff working on our sites to allow Compass to quickly progress their compliance in this area in a cost effective way and to ensure we are satisfied that their staff are not introducing any additional risk to our patients.

5. Staff Reported Incidents

Rolling year-on-year monthly average comparison:

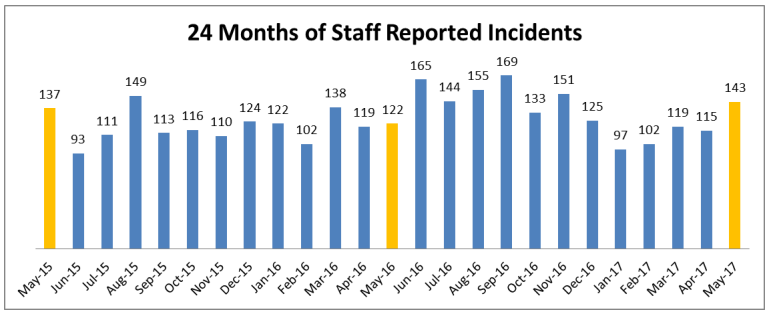
Previous 12 months – 118.25
Current 12 months – 134.83

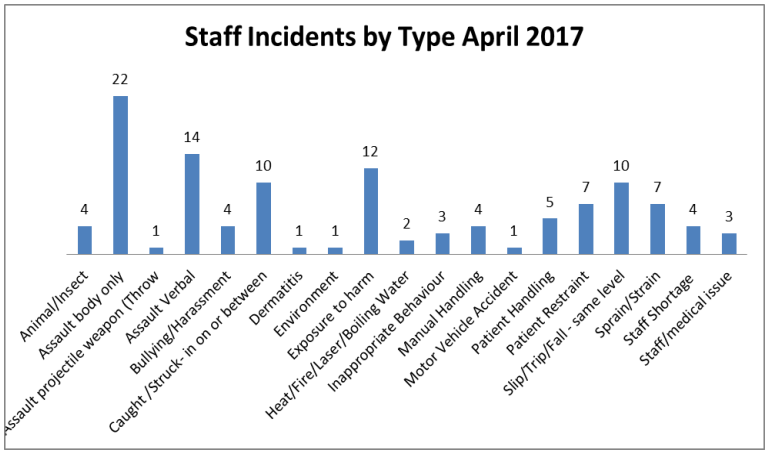
Current Period:

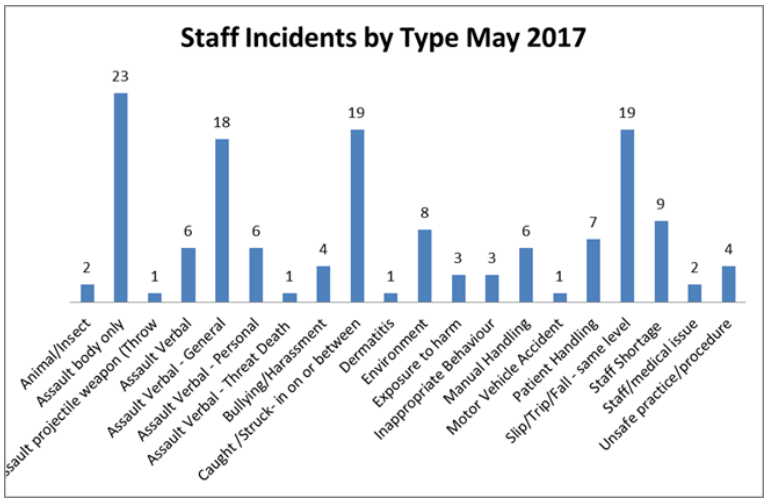
The number of reported incidents by staff during the month of April 2017 was 115 and May 2017 was 143.

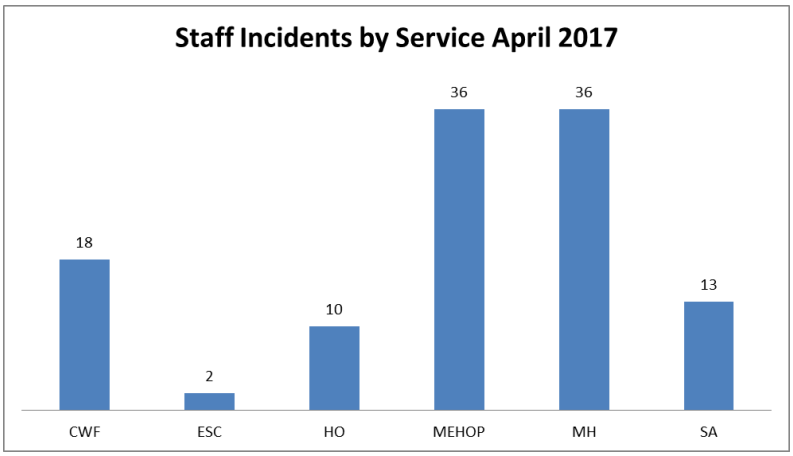
Rolling 12 month analysis:

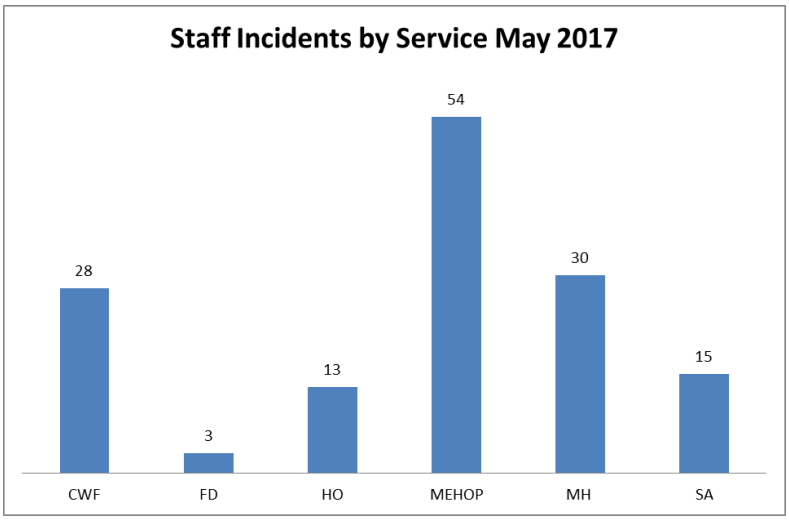
The number of reported staff incidents has been lower over the last three months; however, this is consistent with historic trends. Factors that reassure us the number of incidents themselves are not a concern includes the indicators for claims, injury frequency and injury severity, which are heading down or stable.











6. Notifiable Events

Waitemata DHB noted two notifiable events in April 2017.

1. Staff member tripped over own feet and fell while 'rushing', fracturing hip.
2. Staff member punched in the head by a patient.

Waitemata DHB noted three notifiable events in May 2017.

1. Staff member tripped over foot of another staff member and fell, fracturing radial head on right arm.
2. Staff member was walking and rolled ankle, resulting in fracture.
3. Staff member was punched in mouth by a patient.

7. Top Incident types that cause harm

The main types of incidents that cause harm to our staff and their management are outlined in the following tables:

7.1 Aggression

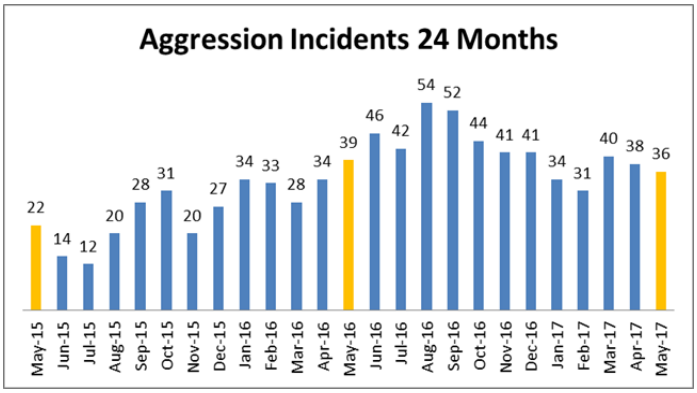
Rolling year-on-year monthly average comparison:

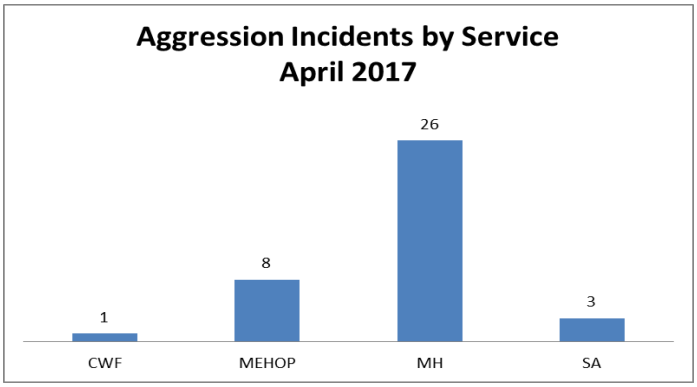
Previous 12 months – 26.66
Current 12 months – 41.58

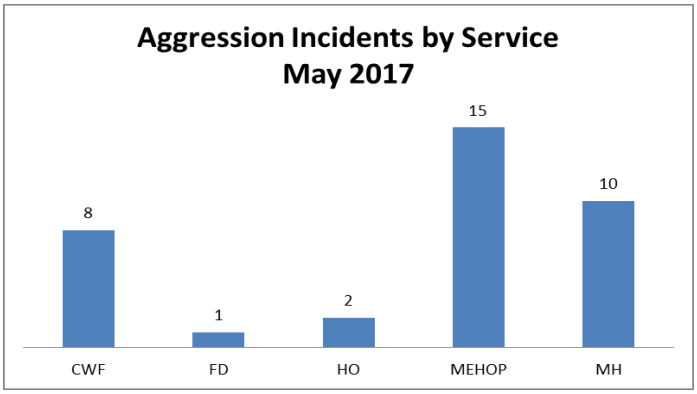
Actions:

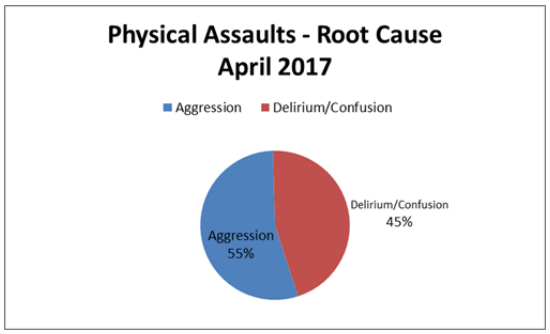
New processes for reporting 'intent' relating to aggression incidents have been developed and awaiting feedback from high risk areas. This will greatly increase our understanding of the root causes and drivers of aggression incidents, which in turn will allow us to strategically tailor appropriate responses.

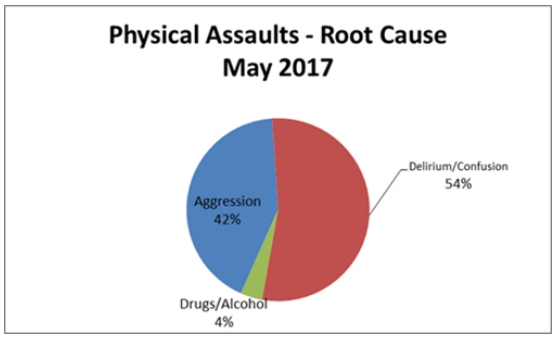
A template for the review of hospital based clinical reception areas has been completed and has begun.

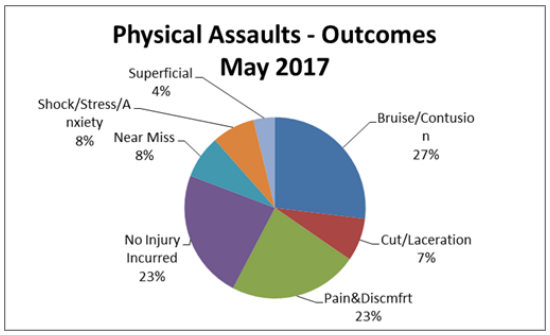


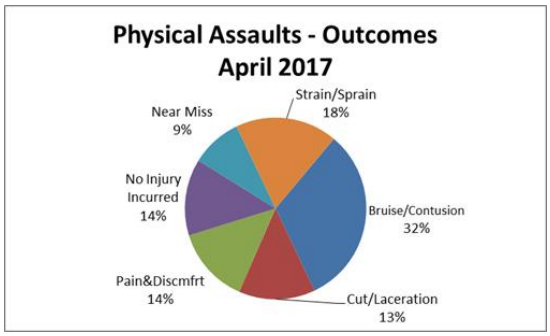




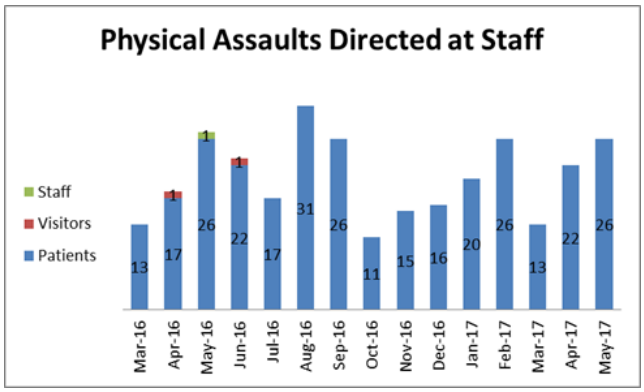


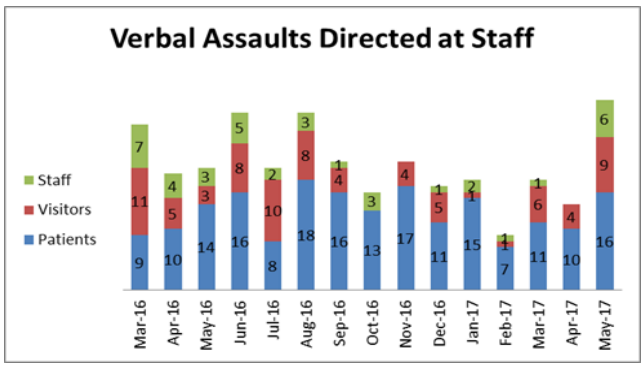






The following tables show the number of physical and verbal assaults directed to staff and how many are generated by patients, visitors or other staff. The information below tells us that almost 100% of aggression incidents were generated by patients or visitors. This information should be viewed in the context that over 90% of these incidents are clinically derived and are likely due to patient illness, or their treatment pathway.





Rolling 12 month trend analysis
Since August 2016, we have been experiencing a general downward trend in aggression related incidents; however, this trend reversed in March 2017 with a spike in incidents but is beginning to trend down again. Due to the unpredictable nature of these event types and our inability to eliminate clinically driven aggression, it is possible that we will continue to see 'spikes' in incident numbers, generally driven by either a few incidents or a few people in our patient population.

Incidents for April and May 2017
In recognition that a number of incident reports can be generated by the same patient, the following table will be included in all future Board reports, to enable Board members to gain visibility of the role acuity levels of patients can play in the number of incident reports generated.

Number of incidents by individual patients – April and May 2017

April

Medical and Health of Older People Services		**Mental Health and Addictions Services**	
Patient	**Number of Incidents**	**Patient**	**Number of Incidents**
Patient	Nil repeats identified	Patient A	4
		Patient B	2
		Patient C	2
		Patient D	4

May

Medical and Health of Older People Services		**Mental Health and Addictions Services**	
Patient	**Number of Incidents**	**Patient**	**Number of Incidents**
Patient A	3	Patient A	2
Patient B	2	Patient B	2

7.2 Slips, Trips and Falls

Rolling year-on-year monthly average comparison:

Previous 12 months – 16.42
Current 12 months – 13.41

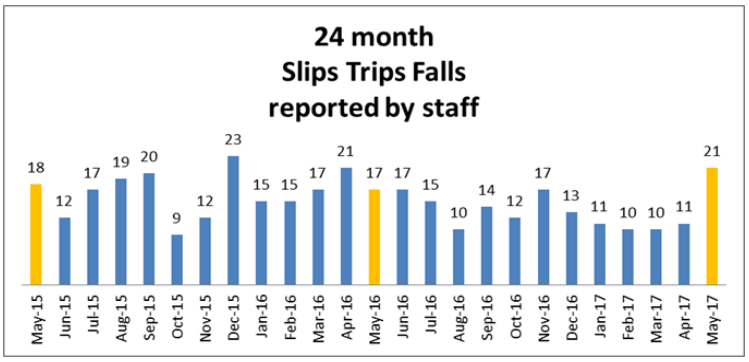
Current period:

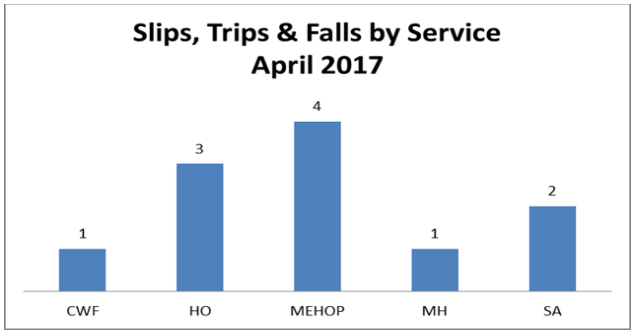
The 11 Slips, trips and falls in April were categorized as being caused by:

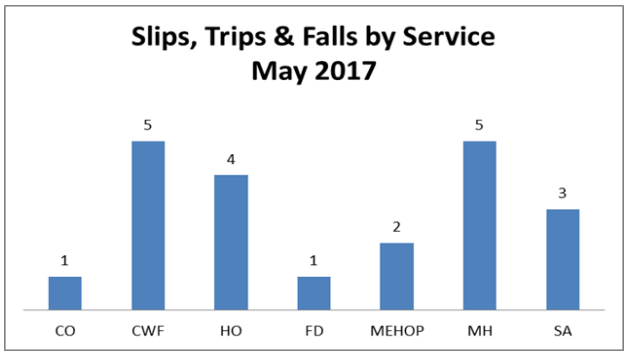
- environment (four)
- inattention (four)
- polished/greasy surface (one)
- unsafe/improper practice (one)
- wet floor (one).

The 21 Slips, trips and falls in May were categorized as being caused by:

- environment (six)
- inattention (seven)
- other (three)
- polished/greasy surface (two)
- wet floor (one)
- work practice (two)







Rolling 12 month trend analysis

Slips, trips and falls are very much driven by changes in weather with wet period leading to higher incidents. A message for staff not to text and walk has been circulated as inattention is a high factor in falls. New posters to raise awareness of this risk have also been developed and have been distributed across Waitemata DHB.

7.3 Moving a Handling

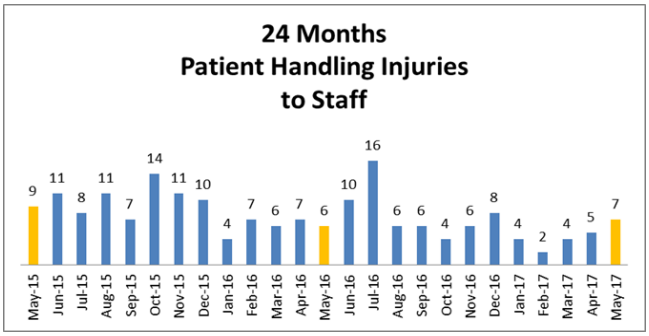
Rolling year-on-year monthly average comparison:

Previous 12 months – 8.5
Current 12 months – 6.5

Current period:

Of the five incidents recorded in April four were "Sprain/Strain" and one was "Pain/Discomfort"

Of the seven incidents recorded in May three were "Sprain/Strain", three were "Pain/Discomfort" and one was "Bruise/Contusion"



Moving and handling related injuries to staff continue to be closely monitored and investigated by both the OH&SS and the Moving and Handling Coordinator. This month we have seen a slightly higher number of reported incidents, however, the downward trend continues to be positive. The combined efforts of the clinical and training teams are likely strongly responsible for this continued positive result.

Managers are strongly encouraged to report incidents, especially near misses, so Moving and Handling and the OH&SS can best support the reduction of risk in those areas. Patients requiring moving and handling assistance, special needs such as larger patients and those at risk of falls, will benefit from this decreasing trend in incidents and injuries.

8. Health, Safety and Wellbeing Activity

8.1 Occupational Health

8.1.1 Regional Collaboration

OH&SS has been strongly engaged in regional collaboration, especially in regards to providing support to Counties Manukau Health's Health and Safety team. An offer to share any and all Health and Safety policies, procedures and documentation has been made to both Counties Manukau Health and Auckland DHB.

Regional alignment is also being worked on with Board reports and ACC related injury reports being reviewed to determine a consistent and best practice approach.

8.1.2 Influenza Vaccinations - 2017

As of 19 June 2017, total flu vaccination stands at 4,547. Of these vaccinations, 3,965 (87.2%) were for staff (52.23% of staff now vaccinated) and 582 for contractors. This compares well to 2016 when 48% were vaccinated over the same time period.

The official flu campaign period has now ended. However, the OH&SS is continuing to offer flu vaccinations from our two main offices and a review of vaccination rates in high risk areas is being undertaken. A more focussed approach will be adopted for these areas, with OH&SS arranging onsite vaccinations to staff, following engagement with the managers and staff in these areas to increase potential uptake.

8.2 Training Requirements

We continue to work with Learning and Development training schedules for all staff. Dates for Board level are still to be confirmed.

Manager training is continuing, with all managers who have not attended so far being directly contacted to make them aware that the training is compulsory.

Senior Management Team health and safety governance training has been scheduled for delivery on 6 July 2017.

8.3 Staff Health and Safety Incident/Event Investigation

Investigation templates have now been completed including a guidance document for managers conducting investigations. Copies of these templates have been sent to Quality and Risk for feedback as it is essential that we ensure that patient and staff related investigation requirements do not conflict.

Feedback is expected by the end of June, with the templates and associated documentation being finalised and rolled out by the end of July, including any training required.

8.4 Review of Software Systems

healthAlliance has completed its initial review of the health and safety software systems and have recommended further action, as they have found that the systems do not meet operational and legislative requirements. This review is also supported by the recommendation received from the recently completed internal audits, conducted by Deloitte, who have indicated the software systems currently used are unable to produce the information required for robust health and safety review and reporting. To ensure this further review is completed swiftly, a programme of works is being arranged.

While this programme is underway, in order to ensure we are able to carry out some basic data analysis, the OH&SS has created a Microsoft Access template, for all incidents to be transferred into. This is expected to be ready for implementation by the end of June 2017.

8.5 Staff Safety in the Community

As part of the Security review commenced in 2016, Waitemata DHB has been developing overarching security policies that state Waitemata DHB's commitment to the health, safety and wellbeing of our people, patients, whānau and others.

All Security review documentation including policies has been transferred to OH&SS for ongoing management. We are currently reviewing existing documentation and identifying opportunities to add guidance documents to this work. The first of these documents has been drafted, focussed on assessing the risk of workplace aggression within each area of Waitemata DHB, supported by corrective actions and controls recommendations. These draft documents have been sent to the higher risk areas for initial testing and feedback.

The next two staff safety policies are attached as Appendix two and three for noting and include:

- Comment on the alignment with the DHB values.
- Guidance on hazard and risk assessment and escalation.
- Guidance on planning safe service delivery.
- Incident reporting, debrief and follow up.

Appendix 1

Glossary for Monthly Performance Scorecard and Report

Lost time incidents	Any injury claim resulting in lost time.
Lost time injury Frequency Rate	No of lost time Injuries per million hours worked.
Injury Severity Rate	Mathematical calculation that describes the number of lost days experienced as compared to the number of incidents experienced.
Lost Time Injury Rate	Mathematical calculation that describes the number of lost time injuries per 100 fulltime employees at any given time frame.
Notifiable Injury/illness	(a) Amputation of body part, serious head injury, serious eye injury, serious burn, separation of skin from underlying tissue, a spinal injury, loss of bodily function, serious lacerations. (b) any admission to hospital for immediate treatment (c) any injury /illness that requires medical treatment within 48 hours of exposure to a substance (d) any serious infection (including occupational zoonoses) to which carrying out of work is a significant factor, including any infection attributable to carrying out work with micro-organisms, that involves providing treatment or care to a person, that involves contact with human blood or bodily substances, involves contact with animals, that involves handling or contact with fish or marine mammals. (e) any other injury/illness declared by regulations to be notifiable.
Notifiable Incident	An unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to an escape, spillage or leakage of a substance; an implosion explosion or fire; an escape of gas or steam; an escape of a pressurised substance; an electric shock; a fall or release from height of any plant or substance; collapse or partial collapse of a structure; interruption of the main system of ventilation in an underground excavation or tunnel; collision between two vessels or capsize; or any other incident declared by regulations to be a notifiable incident.
Notifiable Event	Death of a person, notifiable injury or illness or a notifiable incident.
Pre- Employment	Health screening for new employees
Significant Hazard (Instead of a definition all hazards are risk rated to determine how serious they are in the new legislation)	A hazard with the potential to cause serious harm.
Psychosocial Risk	Might be those aspects of the design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm.
Patients who are away without leave (AWOLs)	Patients under the Mental Health (compulsory Assessment and Treatment) Act 1992, who leave DHB premises without prescribed or approved leave
PCBU	Person conducting business or undertaking
Officer	Person occupying the position of a director of a company or includes any other person occupying a position in relation to the business or undertaking that allows the person to exercise significant influence over the management of the business or undertaking.
Worker	An individual who carries out work in any capacity for the PCBU e.g. employee, contractor or sub-contractor, employee of the sub-contractor, employee of labour hire company, outworker, apprentice or trainee, person gaining work experience, volunteer.
Reasonably Practicable	Means that which is or was at a particular time reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.eg the likelihood of the hazard/risk occurring and the degree of harm resulting, what the person knows about hazard/risk and how to eliminate/ minimise the risk and the cost associated with elimination of the hazard/risk.

Staff Safety (personal security) on Community DHB Premises

Contents

1 Overview 2
2 Scope 3
3 Definitions 4
4 Related documents 4
5 Roles and responsibilities 6
5.1 Roles and responsibilities 6
5.2 Governance framework 7
6 Policy and Guidelines 8
6.1 Site specific plans 8
6.2 Site security hazard and risk assessment 8
6.3 Risk assessment – S.T.E.P matrix guide 8
6.4 Safety training 9
6.5 Service user security alerts 9
6.6 Incident reporting and debrief 10
6.7 Management review 11
7 High-level Procedures 12
7.1 Procedure: Planning for safe service delivery 12
7.2 Procedure: Safe service delivery 14
7.3 Procedure: Safety follow-up 16
Appendix 1 : S.T.E.P Matrix – a guide to safety assessments in Community Premises 18
Appendix 2: Staff input to this document (will be removed before publishing) 19

DRAFT

Staff Safety (personal security) on Community DHB Premises

1 Overview

Waitemata District Health Board (Waitemata DHB) is committed to ensuring the safety of all staff working within the organisation.

Our approach to security and safety demonstrates that *Everyone Matters.* We will provide care *With Compassion* and support staff to maintain a welcoming and safe environment for everybody.

Everyone Matters

We have a responsibility to be welcoming, respectful and to listen while maintaining the personal safety of our staff. We will equip staff with strategies to manage care where behaviour is a concern, whether it is their own or the behaviour of others.

Our approach will be professional and consistent wherever care is delivered, be it in hospital, a community facility or at home.

We all have a responsibility to report risks and incidents and to take care of ourselves and others - to not walk by.

With compassion

Safety and security initiatives will protect personal dignity and will be as unobtrusive as possible. If someone's behaviour compromises the safety of others, we will ensure a fair and balanced response. We will be attentive to people's individual circumstances and provide an opportunity for people to modify behaviour before using security measures.

Connected

All safety and security initiatives will link with our Engagement Strategy to make sure we stay connected to our community and colleagues.

We will have clear boundaries for behaviour which are documented in straightforward terms and readily available to staff and the community.

Security risks will be clearly communicated across services to enable team work and promote staff safety.

Better best brilliant

Security measures contribute to a safe, secure, and supportive environment for everybody. We will continue to look for innovative ways to improve services and provide a positive experience for everyone.

This policy describes the elements and requirements in place across all services in the organisation for safe working in non-hospital facilities. It outlines roles and responsibilities, training, risk assessment, monitoring and reporting requirements.

Staff Safety (personal security) on Community DHB Premises

2 Scope

The following people, places and services are considered within scope of this policy.

People:

This policy applies to

- all staff, including employees, contractors, locums, volunteers, students and work experience trainees, and
- any individual who carries out work in any capacity (defined as a worker in the Health & Safety at Work Act 2015) at Waitemata DHB

Places:

This policy applies to:

- clinics and facilities owned or operated by Waitemata DHB, outside of the main hospital sites

This policy does not apply to the following, which is covered by " Staff Safety (personal security) in the Community – Waitemata DHB Policy":

  - mobile vans eg Auckland Regional Dental Service
  - residential aged care facilities
  - corrections facilities
  - community facilities, such as a library
  - private homes

This policy does not apply to the following, which are covered by: "Staff Safety (personal security) on Hospital premises – Waitemata DHB Policy":

  - Waitakere Hospital
  - North Shore Hospital
  - Mason Clinic

Services:

The following services are in scope of this policy:

- Mental Health & Addiction Services
- Child, Women & Family Service
- Specialist Medicine and Health of Older People Service
- Acute and Emergency Medicine Service
- Surgical & Ambulatory Services

This policy applies to both scheduled and unscheduled situations, and emergency situations

DRAFT

Staff Safety (personal security) on Community DHB Premises

3 Definitions

Workplace Violence	is any incident in which an worker has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the risk of workplace violence, Dept of Labour 2006)
Violent behaviour	may include: • Verbal, physical or psychological abuse (including bullying) • Threats or other intimidating behaviours (e.g. spitting, gesticulating) • Intentional physical attack (e.g. hitting, pinching, biting or scratching) • Threats or attacks with weapons or objects • Any form of indecent physical contact, including sexual harassment or sexual assault. At Waitemata DHB violence includes violent behaviour that is demonstrated by patients, relatives, visitors, co-workers, managers or intruders into the workplace.
Harassment & Bullying	is managed by Human Resources. **(see Harassment & Bullying Management Policy)**
Family Violence	is also a workplace safety issue. (**See Family Violence/Partner Abuse Screening Policy)** It is inevitable that a percentage of women and men who are either a. employed by or b. patients of Waitemata DHB may be affected. At Waitemata DHB this violence may extend to their workplace and may affect others at the workplace who intervene. In all family violence situations involving a risk to the safety of workers, it is critical that the risk is minimised by a careful assessment of risk followed by appropriate security and safety planning for anyone at risk

4 Related documents

Name	Authorised by	Description
Waitemata DHB Overarching Security and Safety Policy Statement Working Draft v 2.2	Executive Leadership Team	DHB-wide Policy statement. Shown in Section 1 above
Staff Safety (personal security) in the Community	Chair, Health Safety and Wellbeing Committee	Parallel policy to this to cover Community visits
Staff Safety (personal security) on Hospital Premises	Chair, Health Safety and Wellbeing Committee	Parallel policy to this to cover Hospitals.
Health, Safety & Wellbeing Committee TOR	Director Human Resources	Terms of reference document
Risk Management Strategy	Chair - Waitemata DHB	Corporate strategy

Staff Safety (personal security) on Community DHB Premises

Risk Identification, Assessment, Recording and Escalation Procedure	Chief Financial Officer	Procedure to support Risk management strategy
Workplace Violence Prevention	Director of Human resources	Definition and high level policy on workplace violence
Work Related Events Policy	Director Human Resources	Outlines requirements for reporting and managing Work Related Events (WRE) and "near misses"
Restraint - Mechanical	Restraint Coordinator	Policy governing application of restraint
http://staffnet/quality/Quality-Risk/incidents-management.asp	Corporate Quality & Risk team	Incident management and reporting process
Clinical Alerts – Documentation Clinical Alerts documentation	Director of Nursing & Midwifery	Procedure to have Alerts, including Security added to iPM
Health & Safety Wellbeing Management System Audit	Director of Human Resources	Provides a standard audit process to assess the level of conformance with SWOW performance indicators
De-escalation, Defusing, Debriefing	Director of Nursing & Midwifery	Outlines the commitment of WDHB to debriefing to assist staff and patients/families cope with significant events

DRAFT

Staff Safety (personal security) on Community DHB Premises

5 Roles and responsibilities

5.1 Roles and responsibilities

Roles and responsibilities associated with safe working in non-hospital premises are identified as follows:

Role	Has responsibility for:
Chief Executive, Executive Leadership Team, Senior Management Team *	• overall responsibility for ensuring that effective arrangements for safe working in non-hospital premises are in place
Director Human Resources	• oversight of issues raised through the governance structure • ensuring effective response to issues raised
Health, Safety & Wellbeing Committee	• identifying and agreeing upon the strategic direction and associated documents • ensuring the governance, and monitoring and reporting of outcomes outlined in this document is ion place • ensuring risk assessments are carried out on a regular basis and as required in response to adverse incidents • reporting and making recommendations as required to the senior management team • ensuring that risks to staff safety are minimised • receiving reports from Division General Managers, Group Managers, & Service/division Leads on matters covered by this policy, and other relevant policy/procedure
Director of Hospital Services	• assuring and facilitating compliance with Policy in conjunction with the Health, Safety and Wellbeing Committee
Quality & Risk Manager	• providing support to the Health, Safety and Wellbeing Committee in minimising risks and developing related risk management strategies
Division General Managers, Group Managers	• ensuring the policy is applied across the scope (people, places, services), relevant to their accountabilities • ensuring the appropriate organisational structure, resources and tools are in place • ensuring staff are aware of the required procedures and protocols relevant to the service they are working in • reporting to the Health, Safety and Wellbeing Committee on matters covered by this policy.
Site Manager or Management Group	• ensuring the policy is applied across the scope (people, places, services), relevant to their accountabilities
Operational Managers, Service Managers, Team Leaders* **	• ensuring staff have had appropriate training • ensuring tools are available and utilised • providing support to staff when risks are identified • ensuring new risks are raised when they occur • ensuring incidents are reported when they occur • providing feedback to staff following incident reporting • reviewing incident data to identify trends and address underlying issues

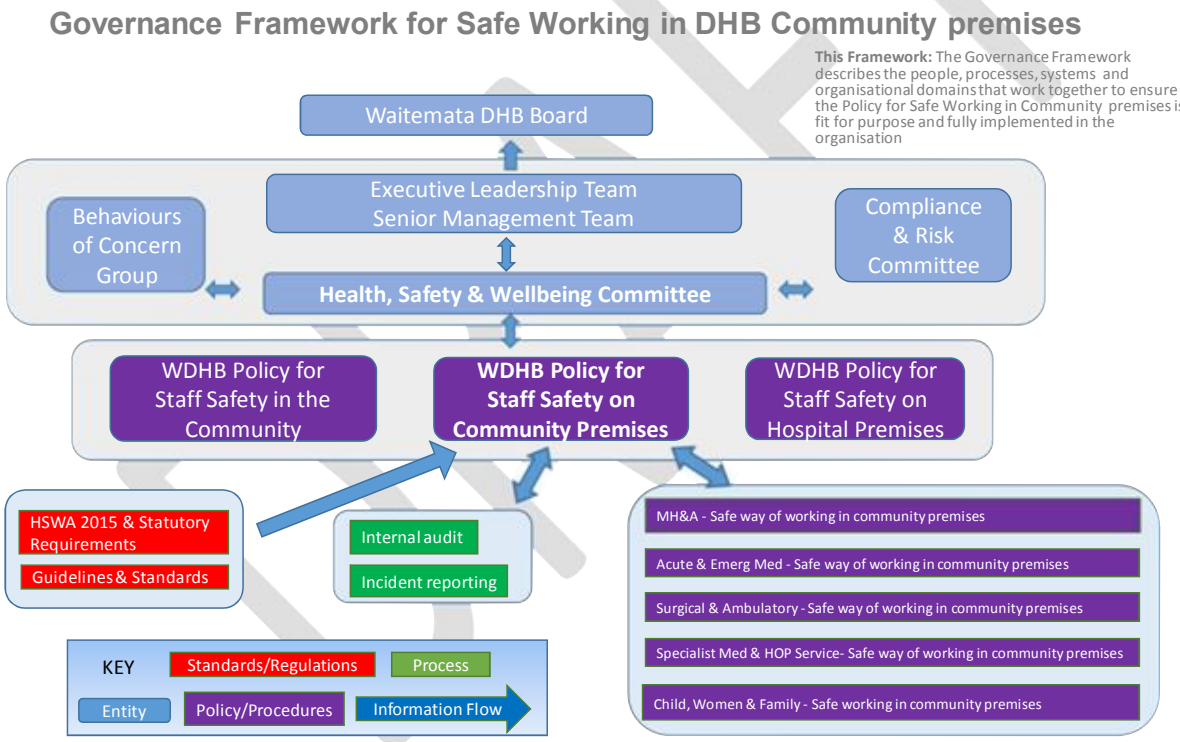
Staff Safety (personal security) on Community DHB Premises

Role	Has responsibility for:
Staff **	• ensuring they comply with policy and procedures for safe working in non-hospital premises that are in place in their Service • ensure they are aware of the health & safety policy and practices relevant to any non-hospital premises they are working at • Escalate any issues that can affect the safety and security of themselves or others

*** "Officers" under the HSWA 2015 **Any individual who carries out work in any capacity at Waitemata DHB**
***** These are generic and include all positions that involve people management**

5.2 Governance framework

The below diagram shows the governance framework for this policy.



Staff Safety (personal security) on Community DHB Premises

6 Policy and Guidelines

6.1 Site specific plans

6.1.1 Site emergency plan

Each site has an approved emergency plan which outlines emergency response and roles and responsibilities under various emergency scenarios

Emergency scenarios include:

1. Clinical emergencies
2. Non-clinical emergencies
3. Staff or visitor injury

Site emergency plans are current, communicated annually to all staff based at or using the site, and are practiced by regular drills.

6.1.2 Threatening behaviour plan -escalation process

Threatening behaviour management is highly site-specific; each site develops its own plan that is current and communicated annually to all staff.

6.2 Site security hazard and risk assessment

As part of the DHB procedures for Health, Safety and Wellbeing, regular audits are carried out by the departmental manager/supervisors to assess conformance with the DHB's Safe Way of Working KPIs. Should there be a concern identified regarding security this should be addressed according to that policy.

A hazard Review template specific to Reception areas is available from the Occupational Health and Safety Service.

6.3 Risk assessment - S.T.E.P matrix guide

Staff working in community premises utilise the S.T.E.P Matrix to guide them in considering the safety risks in carrying out their activities

In using the S.T.E.P Matrix, staff:-

- consider **S**elf
- consider the **T**ask, ie the work they are doing
- consider the **E**nvironment - the built environment, and the individual's use of it
- consider the **P**eople, ie the service user and family, whanau, and support people

If risks are identified in the amber or red bands of the matrix, consideration needs to be given to whether or not the risk can be eliminated or minimised.

Staff Safety (personal security) on Community DHB Premises

In an emergency staff shall act first to ensure their own safety and the safety of others. If the situation is not an emergency staff will discuss the risk with their line manager.
Should the assessment find a situation to be high risk and dangerous, do not engage with the person. Withdraw and seek help.

Managers will support their staff in discussions about risk, and will facilitate proportionate responses to safety issues.

Responses to risk may include assistance such as seeking the presence or assistance of police; that a change of approach is required such as rebook with appropriate support people; to increase staff presence; to discontinue service provision; or to invoke a trespass order or other legal remedy.

6.4 Safety training

Staff working in community facilities have the skills, tools, management support and information on hand to accurately assess the safety risks in their work environment.

Staff are trained in security and safety through induction, orientation and on-going refresher training. They are kept informed of all relevant procedures and any updates to procedures as they evolve. They are aware of the hazards and the work practices that need to be followed as they carry out their role.

Managers are responsible for ensuring procedures relevant to safe working in DHB premises are in place and that their staff are aware of the procedures and trained in them.

The training includes[1]:

- S.T.E.P. Matrix for risk assessment
- Communication, de-escalation, & crisis intervention
- Know-how to call for assistance and respond to calls for help
- Security alerts and incident reports
- Security & safety tools

Staff training needs are assessed within each service and training records are maintained and kept current.

6.5 Service user security alerts

Risk information is valued within the organisation and situations known to have the potential for harm are recorded as a security alert.

Each Service utilises a system to capture security alert information which ensures that information is available to team members in contact with the service user. These systems include:

- HCC (Health Care Community)
- iPM (which feeds information into Concerto)
- National Alerts System

[1] Note at the time of writing a new curriculum for organisation-wide training is being developed.

Staff Safety (personal security) on Community DHB Premises

All security alerts should be entered into iPM, as HCC information is not available across the whole organisation. Once a security alert has been identified relating to a service user or family/whanau, it is recorded in the relevant system and can be viewed by staff via i.PM and Concerto. There are procedures available to guide staff as to the appropriate way to record, amend, remove or view security alerts. These procedures ensure that security alert information is kept current.[2]

Depending on the level of risk of the alert, the manager or clinical coordinator may be advised. Additionally it may be highlighted when referring a service user to other team members, other Services or other providers.

6.6 Incident reporting and debrief

When an incident occurs, an incident report is required to be completed in RiskPro.

Incidents relevant to security and safety include the following:

- Verbal aggression – swearing, threatening comments, racist, sexist, other personal abuse, refusal to co-operate because of gender, race, ethnicity etc.
- Non-verbal aggression - threatening posture, expression
- Physical aggression - any unwanted physical contact or physical threat
- Restriction of liberty, abduction
- Stalking (in person or on the phone)
- Threat with a weapon, including any item used as a weapon (crutch, chair as examples)
- Restraining to prevent imminent risk of harm to self/others
- Aggressive dogs or other animals
- Personal approaches in public space, or other inappropriate contact in the community
- Poor information-sharing in and across organisations (risks known in other teams)
- Lack of access to appropriate equipment
- Theft of staff property

Refer to procedure 7.3, and RiskPro Security Incident process http://staffnet/quality/Quality-Risk/incidents-management.asp

After a staff member is involved in a safety or security incident there is dual responsibility between the staff member and their manager for making sure a debriefing meeting is offered and every attempt is made to ensure it is held as soon as possible after the incident:

- The line manager, or their nominee, ensures that a meeting is organised
- The staff member identifies a support person if required
- The staff member & support person are invited to the meeting
- The debrief is documented on the incident record in RiskPro

The purpose of the debrief meeting is to ensure that the staff member's wellbeing, and any wider team impact, is considered following an incident, and future incidents are prevented. A referral to Employee Assistance Programme (EAP) could be included.

[2] ARDS do not currently use Concerto and would not be able to access this alert information electronically,

Staff Safety (personal security) on Community DHB Premises

6.7 Management review

Management conduct regular reviews of RiskPro security incident data relating to their service.

This review incudes analysis to identify trends and underlying issues, making recommendations to improve safety outcomes, and a feedback loop to staff. Findings and outcomes from individual incident reviews must be documented in RiskPro.

Management reviews feed in to improvements and changes to policy, procedures, tools and training, via the Behaviours of Concern and Health Safety & Wellbeing Committees.

Refer to procedure 7.3, and RiskPro Security Incident process http://staffnet/quality/Quality-Risk/incidents-management.asp

DRAFT

Staff Safety (personal security) on Community DHB Premises

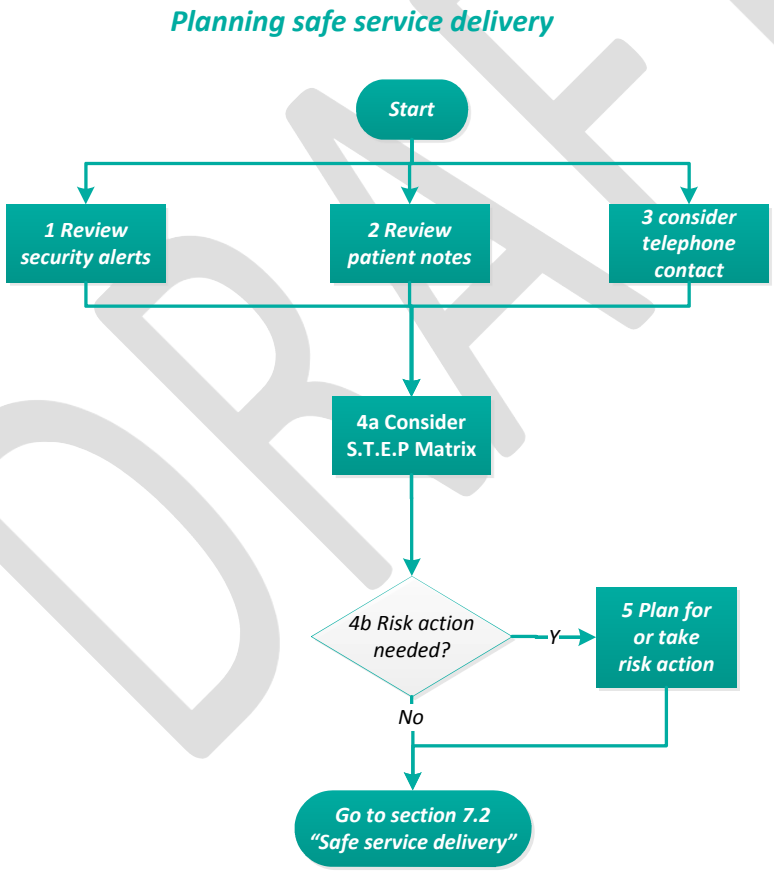
7 High-level Procedures

7.1 Procedure: Planning for safe service delivery

This process is recommended before every service delivery encounter, whether the service user is completely new to the service or has been seen by the service before.

The staff member will review the service user's security alerts, review their patient notes, and if useful, make telephone contact with the service user.

Taking into account all the above information the staff member can use the STEP Matrix to align their safety thinking across the green, amber and red bands and determine if risk management action is required.



DRAFT

Staff Safety (personal security) on Community DHB Premises

Process	**Planning for safe service delivery**	***Applies to all service delivery encounters***			
Step	*Name*	*Description*	*Responsible*	*Inputs*	*Outputs*
1	**Review Security Alerts**	Check the relevant manual record or electronic system or other tool for any security alerts identified against that service user	Staff member	Records, tools/systems	Risk information
2	**Review patient notes**	Review discharge summaries and other patient notes for security-related information and safety risks.	Staff member	Paper records, discharge summaries	Risk Information
3	**Make telephone contact**	Though generally not required, should potential security risks be identified before the appointment, consider making telephone contact with the service user.	Staff member	Phone conversation	Risk Information
4a	**S.T.E.P Matrix**	Consider each area – Self, Task, Environment & People. Make a judgement on whether each is green, amber, or red	Staff member	**S.T.E.P** Matrix (see Appendix)	Risk Assessment
4b	**Risk action needed?**	Determine the level of risk and decide the response. Senior staff can assist in the decision and support the action as required.	Staff Member, Manager	Risk Information	
5	**Plan for or take risk action**	Consult with manager and/or peers as if required. Take action accordingly. Could include: - change appointment time - change location - be accompanied	Staff Member		
	End				

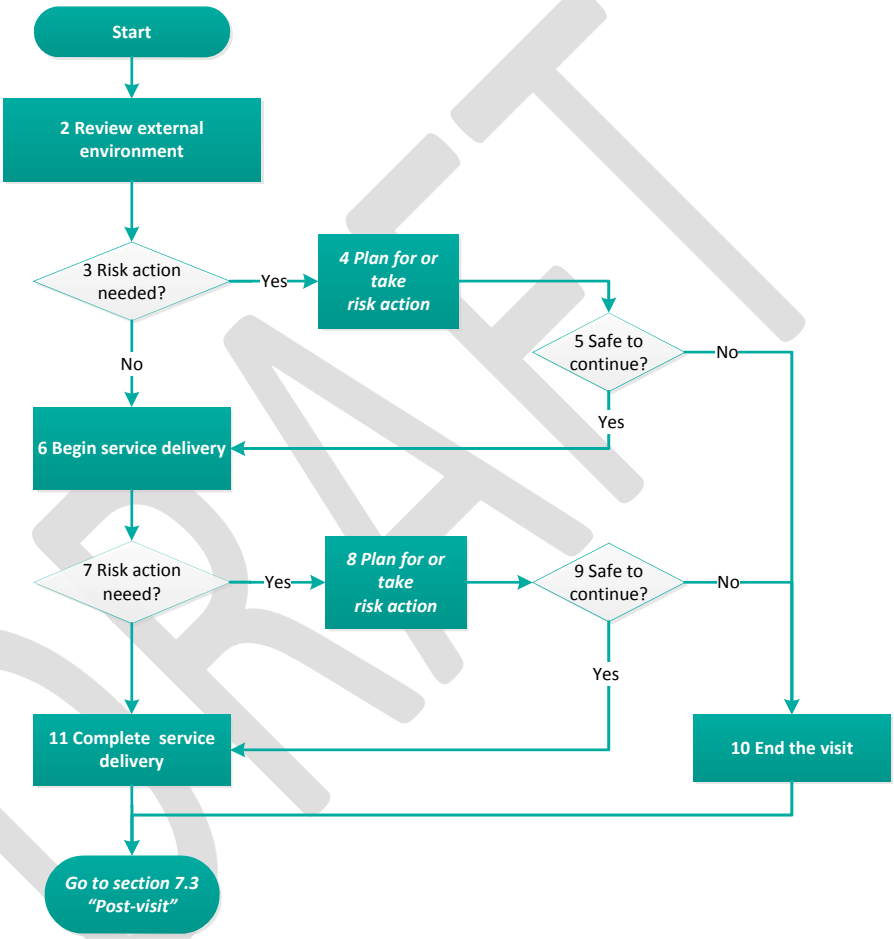
DRAFT

Staff Safety (personal security) on Community DHB Premises

7.2 Procedure: Safe service delivery

This procedure applies to all service delivery encounters, from when the service user arrives at the premises, to their departure.

Safe Service Delivery



DRAFT

Staff Safety (personal security) on Community DHB Premises

Process	***Safety service delivery***	***Applies from when the service user arrives, to their departure***			
Step	*Name*	*Description*	*Responsible*	*Inputs*	*Outputs*
1	***Start***				
2	**Review external environment**	Consider reception area and the meeting room/venue Consider the **S.T.E.P Matrix**	Staff member	**S.T.E.P Matrix**	Risk Information
3	**Risk action needed?**	Determine whether action is needed Yes -> 4 No -> 6	Staff member	Risk information	
4	**Plan for or take risk action**	Take action accordingly.	Staff Member		
5	**Safe to continue?**	No -> 10 Yes -> 6	Staff Member		
6	**Begin service delivery**	Be alert for any risks. Check against **S.T.E.P Matrix**	Staff Member	**S.T.E.P Matrix**	Risk information
7	**Risk action needed?**	Determine whether action is needed Yes -> 8 No -> 11	Staff member	Risk information	
8	**Plan for or take risk action**	Take action accordingly.	Staff Member		
9	**Safe to continue?**	Determine whether to continue service delivery No -> 10 Yes -> 11	Staff member	Risk information	NA
10	**End the encounter**	Decide how best to end the encounter, while being alert for any risks.	Staff member		
11	**Complete service delivery**	Complete the service delivery.	Staff member		
	End				

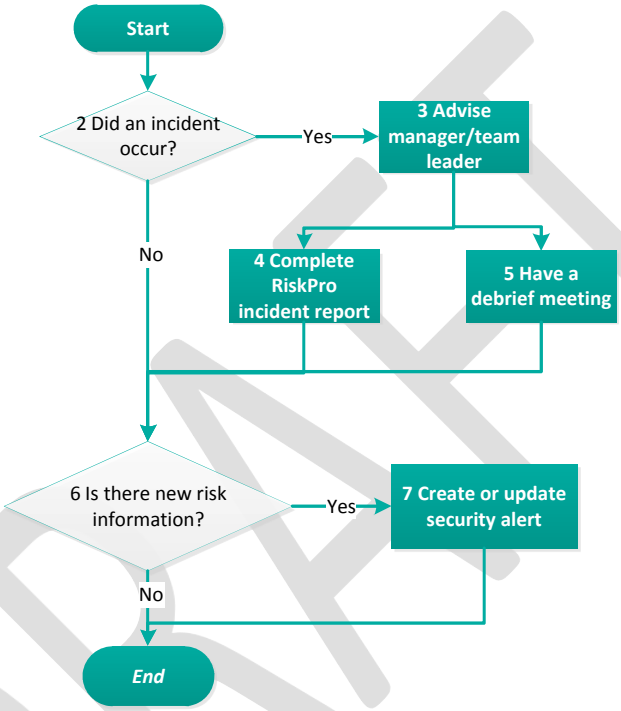
DRAFT

Staff Safety (personal security) on Community DHB Premises

7.3 Procedure: Safety follow-up

This procedure applies to all completed encounters

Safety follow-up



DRAFT

Staff Safety (personal security) on Community DHB Premises

Process	***Safety follow-up***	***Applies to all service delivery encounters***			
Step	*Name*	*Description*	*Responsible*	*Inputs*	*Outputs*
1	**Start**	Initiate follow-up on all safety aspects of the encounter.	Staff member		
2	**Did an incident occur?**	Did a reportable incident occur? Yes-> 3 No-> 6	Staff member	Incident criteria	Incident report decision
3	**Advise manager/ team leader**	Brief the manager/team leader on what happened. Depending on the incident, this may trigger other processes, eg EAP for staff member or team, escalation, notifiable event, etc	Staff member		Decision to trigger other processes
4	**Complete RiskPro incident report**	The incident needs to be logged in RiskPro. The RiskPro incident reporting process is followed – refer to that process	Staff member, manager	Incident information	RiskPro incident report
5	**Have a debrief meeting**	An incident debrief meeting is held between the staff member and peers, team leader, or manager. The purpose is to ensure the well-being of the staff member or team. Consideration is given about using EAP	Staff Member, Manager		
6	**Is there new risk information?**	Consider the **S.T.E.P Matrix**. As a result of the encounter is there information about a new risk that warrants a security alert being raised, or an existing security alert being modified? **Yes-> 7** **No-> 8**	Staff member, manager	Visit information, **S.T.E.P Matrix**	Security Alert decision
7	**Create or update security alert information**	The security alert needs to be raised or amended in the relevant system (such as HCC and/or iPM). The staff member/manager is responsible for the content of the security alert, but the iPM system update has to be delegated to an administrator. The update process is followed – refer to that process	Staff member, manager, clerk	Risk information	New or updated Security Alert
8	**End**				

DRAFT

Staff Safety (personal security) on Community DHB Premises

Appendix 1 : S.T.E.P Matrix – a guide to safety assessments in Community Premises

Andrea Dempsey, Occupational Therapy Professional Advisor, Oct 2016

	Self	Task	Environment	People
Green	• Experienced • Confident • Orientated • Trained	• Familiar • Simple • Planned	• Known • Public space	• Known • Recent contact
Amber	• "Gut feeling" • Nervous or uncertain • Physical limitations • New learning • Not had breaks	• May require support • Complicated • Not enough time • Equipment issues • Emergency response	• Difficult access • Infection control considerations • Hazardous substances • Time of day or night	• Not seen recently • Something has changed • Associates with… • Lives with… • Current concerns about…
Red	• Inexperienced • Lack of training • Unsuitable clothing/footwear • Fatigue	• Hazardous • High risk • Unscheduled • Inadequate equipment	• Unfamiliar • Isolated area • No phone coverage	• Violent/abusive behaviours • Unpredictable behaviours • Impaired judgement • Possesses weapons • Serious concerns about…

Staff Safety (personal security) on Community DHB Premises

Appendix 2: Staff input to this document (will be removed before publishing)

Who	Service/Area represented
Andrea Dempsey	OT Professional Advisor Mental Health
Annie Hooker	Acting Quality Lead MHSG
Catherine Wightman	Unit Manager Child Health
Geoffrey Kerr	Community MH Nurse Manager
Rosemaree Valentine	Occupational Health & Safety
Goldie Whitmore	Support Services Manager, OA &HH
John Scott	HoD Specialty Medicine and HOP
Lisa Jones	Corporate Support MH
Margaret O'Sullivan	CND, Med & HOP
Margaret Ross	Unit Manager MH,OA & HH
Patsy Prior	Unit Manager Community Child H /ARDS
Rowanne Bridge	Unit Manager, Home Health& NASC
Sue Fitzgerald	Midwife Manager - Community
Tamzin Brott	Director Allied Health & Technical
Megan Jones	Acting Adult Operations Manager
Alex Craig	Assoc. Director of Nursing Practice
Magdel Hammond	Consumer & whanau Consultant
Susanna Galea	Clinical Director, CADS
Erica Hodgson	Learning and Development
Pamela Marino	CNM, Child Rehabilitation, Wilson Centre

DRAFT

Staff Safety (personal security) on Hospital Premises

Contents

1 Overview 2
2 Scope 3
3 Definitions 4
4 Related documents 4
5 Roles and responsibilities 6
5.1 Roles and responsibilities 6
5.2 Governance framework 7
6 Policy and Guidelines 8
6.1 Site specific plans 8
6.2 Site security risk assessment 8
6.3 Risk assessment – S.T.E.P Matrix guide 8
6.4 Safety training 9
6.5 Service user security alerts 9
6.6 Incident reporting and debrief 10
6.7 Management review 11
7 High-level Procedures 12
7.1 Procedure: Planning for safe service delivery 12
7.2 Procedure: Managing emerging unsafe situations 13
7.3 Procedure: Safety follow-up 14
Appendix 1: Step Matrix – a guide to safety assessments on Hospital Premises 16
Appendix 2: Staff input to this document (will be removed before publishing) 17

DRAFT

Staff Safety (personal security) on Hospital Premises

1 Overview

Waitemata District Health Board (Waitemata DHB) is committed to ensuring the safety of all staff working within the organisation.

Our approach to security and safety demonstrates that *Everyone Matters.* We will provide care *With Compassion* and support staff to maintain a welcoming and safe environment for everybody.

Everyone Matters

We have a responsibility to be welcoming, respectful and to listen while maintaining the personal safety of our staff. We will equip staff with strategies to manage care where behaviour is a concern, whether it is their own or the behaviour of others.

Our approach will be professional and consistent wherever care is delivered, be it in hospital, a community facility or at home.

We all have a responsibility to report risks and incidents and to take care of ourselves and others - to not walk by.

With compassion

Safety and security initiatives will protect personal dignity and will be as unobtrusive as possible. If someone's behaviour compromises the safety of others, we will ensure a fair and balanced response. We will be attentive to people's individual circumstances and provide an opportunity for people to modify behaviour before using security measures.

Connected

All safety and security initiatives will link with our Engagement Strategy to make sure we stay connected to our community and colleagues.

We will have clear boundaries for behaviour which are documented in straightforward terms and readily available to staff and the community.

Security risks will be clearly communicated across services to enable team work and promote staff safety.

Better best brilliant

Security measures contribute to a safe, secure, and supportive environment for everybody. We will continue to look for innovative ways to improve services and provide a positive experience for everyone.

This policy describes the elements and requirements in place across all services in the organisation for safe working in hospital facilities. It outlines roles and responsibilities, training, risk assessment, monitoring and reporting requirements.

Staff Safety (personal security) on Hospital Premises

2 Scope

The following people, places and services are considered within scope of this policy.

People:

This policy applies to

- all staff, including employees, contractors, locums, volunteers, students and work experience trainees, and
- any individual who carries out work in any capacity (defined as a worker in the Health & Safety at Work Act 2015) at Waitemata DHB

Places:

This policy applies to all areas on the campuses of:

- Waitakere Hospital
- North Shore Hospital
- Mason Clinic

This policy does not apply to the following, which is covered by "Staff Safety (personal security) in the Community":

  - mobile vans eg Auckland Regional Dental Service
  - residential aged care facilities
  - corrections facilities
  - community facilities, such as a library
  - private homes

This policy does not apply to the following, which are covered by ""Staff Safety (personal security) on Community DHB premises"

  - clinics and facilities owned or operated by Waitemata DHB, outside of the main hospital sites

Services:

The following services are in scope of this policy:

- Mental Health & Addiction Services
- Child, Women & Family Service
- Specialist Medicine and Health of Older People Service
- Acute and Emergency Medicine Service
- Surgical & Ambulatory Services

This policy applies to both scheduled and unscheduled situations, and emergency situations

Staff Safety (personal security) on Hospital Premises

3 Definitions

Workplace Violence	Any incident in which any worker has been abused, threatened, or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the risk of workplace violence, Dept of Labour 2006)
Violent behaviour	may include: • Verbal, physical or psychological abuse (including bullying) • Threats or other intimidating behaviours (e.g. spitting, gesticulating) • Intentional physical attack (e.g. hitting, pinching, biting or scratching) • Threats or attacks with weapons or objects • Any form of indecent physical contact, including sexual harassment or sexual assault. At Waitemata DHB violence includes violent behaviour that is demonstrated by patients, relatives, visitors, co-workers, managers or intruders into the workplace.
Harassment & Bullying	is managed by Human Resources. **(see Harassment & Bullying Management Policy)**
Family Violence	is also a workplace safety issue. (**See Family Violence/Partner Abuse Screening Policy)** It is inevitable that a percentage of women and men who are either a. employed by or b. patients of Waitemata DHB may be affected. At Waitemata DHB this violence may extend to their workplace and may affect others at the workplace who intervene. In all family violence situations involving a risk to the safety of workers, it is critical that the risk is minimised by a careful assessment of risk followed by appropriate security and safety planning for anyone at risk

4 Related documents

Name	Authorised by	Description
Waitemata DHB Overarching Security and Safety Policy Statement Draft v 2.2	Executive Leadership Team	DHB-wide Policy statement. Shown in Section 1 above
Staff Safety (personal security) in the Community	Chair, Health Safety and Wellbeing Committee	Parallel policy to this to cover Community visits
Staff Safety (personal security) on Community DHB Premises	Chair, Health Safety and Wellbeing Committee	Parallel policy to this to cover Community facilities
Health, Safety & Wellbeing Committee TOR	Director Human Resources	Terms of reference document
Risk Management Strategy	Chair - Waitemata DHB	Corporate strategy

Staff Safety (personal security) on Hospital Premises

Risk Identification, Assessment, Recording and Escalation Procedure	Chief Financial Officer	Procedure to support Risk management strategy
Workplace Violence Prevention	Director of Human resources	Definition and high level policy on workplace violence
Work Related Events Policy	Director Human Resources	Outlines requirements for reporting and managing Work Related Events (WRE) and "near misses"
Restraint - Mechanical	Restraint Coordinator	Policy governing application of restraint
http://staffnet/quality/Quality-Risk/incidents-management.asp	Corporate Quality & Risk team	Incident management and reporting process
Clinical Alerts – Documentation Clinical Alerts documentation	Director of Nursing & Midwifery	Procedure to have Alerts, including Security added to iPM
Health & Safety Wellbeing Management System Audit	Director of Human Resources	Provides a standard audit process to assess the level of conformance with SWOW performance indicators
De-escalation, Defusing, Debriefing	Director of Nursing & Midwifery	Outlines the commitment of WDHB to debriefing to assist staff and patients/families cope with significant events
Staff Safety Behaviours of Concern Escalation Procedure v 0.8	Director of Hospital Services	Details staff actions and notification and escalation pathways

DRAFT

Staff Safety (personal security) on Hospital Premises

5 Roles and responsibilities

5.1 Roles and responsibilities

Roles and responsibilities associated with safe working in hospital premises are identified as follows:

Role	Has responsibility for:
Chief Executive, Executive Leadership Team, Senior Management Team *	• overall responsibility for ensuring that effective arrangements for safe working in hospital premises are in place
Director Human Resources	• oversight of issues raised through the governance structure • ensuring effective response to issues raised
Health, Safety & Wellbeing Committee	• identifying and agreeing upon the strategic direction and associated documents • ensuring the governance, and monitoring and reporting of outcomes outlined in this document is ion place • ensuring risk assessments are carried out on a regular basis and as required in response to adverse incidents • reporting and making recommendations as required to the senior management team • ensuring that risks to staff safety are minimised • receiving reports from Division General Managers, Group Managers, & Service/division Leads on matters covered by this policy, and other relevant policy/procedure
Director of Hospital Services	• assuring and facilitating compliance with Policy in conjunction with the Health, Safety and Wellbeing Committee
Quality & Risk Manager	• providing support to the Health, Safety and Wellbeing Committee in minimising risks and developing related risk management strategies
Division General Managers, Group Managers	• ensuring the policy is applied across the scope (people, places, services), relevant to their accountabilities • ensuring the appropriate organisational structure, resources and tools are in place • ensuring staff are aware of the required procedures and protocols relevant to the service they are working in • reporting to the Health, Safety and Wellbeing Committee on matters covered by this policy.
Site Manager or Management Group	• ensuring the policy is applied across the scope (people, places, services), relevant to their accountabilities
Operational Managers, Service Managers, Team Leaders* **	• ensuring staff have had appropriate training • ensuring tools are available and utilised • providing support to staff when risks are identified • ensuring new risks are raised when they occur • ensuring incidents are reported when they occur • providing feedback to staff following incident reporting • reviewing incident data to identify trends and address underlying issues

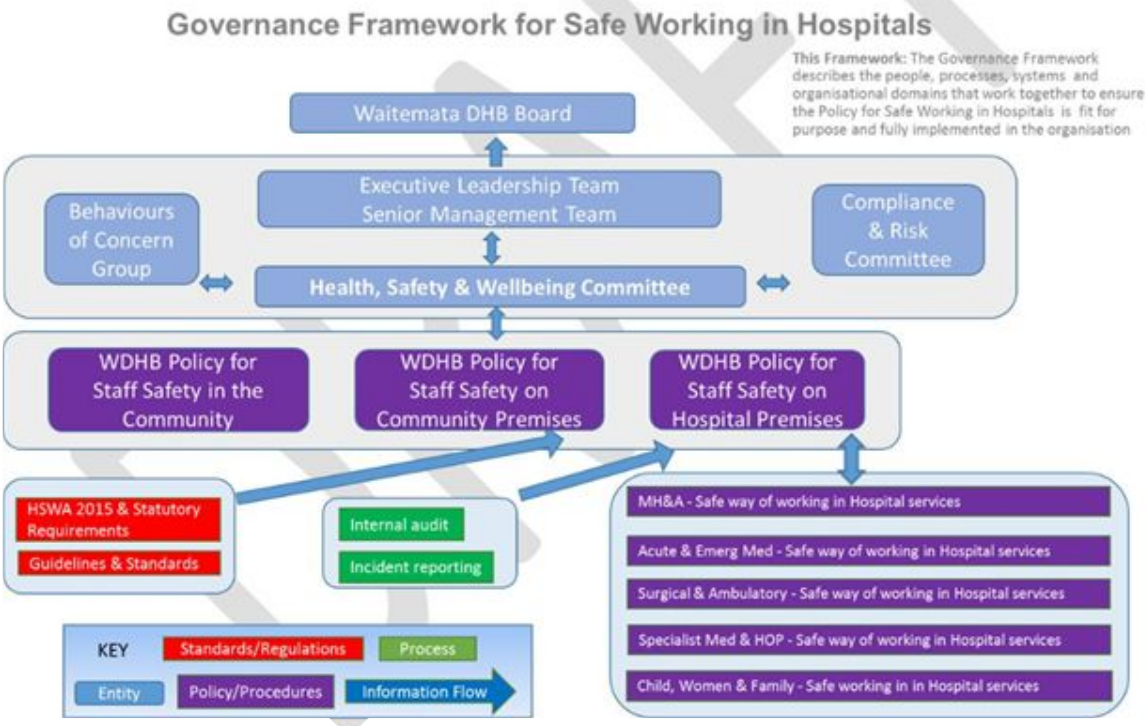
Staff Safety (personal security) on Hospital Premises

Role	Has responsibility for:
Staff **	• ensuring they comply with policy and procedures for safe working in hospital premises that are in place in their Service • ensure they are aware of the health & safety policy and practices relevant to any hospital premises they are working at • Escalate any issues that can affect the safety and security of themselves or others

*** "Officers" under the HSWA 2015 **Any individual who carries out work in any capacity at Waitemata DHB**
***** These are generic and include all positions that involve people management**

5.2 Governance framework

The below diagram shows the governance framework for this policy.



Staff Safety (personal security) on Hospital Premises

6 Policy and Guidelines

6.1 Site specific plans

6.1.1 Site emergency plan

Each site has an approved emergency plan which outlines emergency response and roles and responsibilities under various emergency scenarios

Emergency scenarios include:

1. Clinical emergencies
2. Non-clinical emergencies
3. Staff or visitor injury

Site emergency plans are current, communicated annually to all staff based at or using the site, and are practiced by regular drills.

6.1.2 Threatening behaviour plan – escalation process

Refer to Staff Safety Behaviours of Concern Escalation Procedure for North Shore and Waitakere Hospitals, and local procedures.

6.2 Site security risk assessment

As part of the DHB procedures for Health, Safety and Wellbeing, regular audits are carried out by the departmental manager/supervisors to assess conformance with the DHB's Safe Way of Working KPIs. Should there be a concern identified regarding security this should be addressed according to that policy.[1]

6.3 Risk assessment – S.T.E.P Matrix guide

Staff working in hospital premises can utilise the S.T.E.P Matrix to guide them in considering the safety risks in carrying out their activities. The matrix is provided in Appendix 1.

In using the S.T.E.P Matrix, staff:-

- consider **S**elf
- consider the **T**ask, ie the work they are doing
- consider the **E**nvironment - the built environment, and the individual's use of it
- consider the **P**eople, ie the service user and family, whanau, and support people

If risks are identified in the amber or red bands of the matrix, consideration needs to be given to whether or not the risk can be eliminated or minimised.

[1] A hazard Review template specific to Reception areas is available from the Occupational Health and Safety Service

Staff Safety (personal security) on Hospital Premises

In an emergency staff shall act first to ensure their own safety and the safety of others. If the situation is not an emergency staff will discuss the risk with their line manager.
Should the assessment find a situation to be high risk and dangerous, do not engage with the person. Withdraw and seek help.

Managers will support their staff in discussions about risk, and will facilitate proportionate responses to safety issues.

Responses to risk may include assistance such as seeking the presence or assistance of police or security; that a change of approach is required such as rebook with appropriate support people; to increase staff presence; to discontinue service provision; or to invoke a trespass order or other legal remedy. In the case of the threat coming from a patient, seek your managers help to arrange a multidisciplary

6.4 Safety training

Staff working in hospital premises must have the skills, tools, management support and information on hand to accurately assess the safety risks in their work environment.

Staff are trained in security and safety through induction, orientation and on-going refresher training. They are kept informed of all relevant procedures and any updates to procedures as they evolve. They are aware of the hazards and the work practices that need to be followed as they carry out their role.

Managers are responsible for ensuring procedures relevant to safe working in hospital premises are in place and that their staff are aware of the procedures and trained in them.

The training includes[2]:

- S.T.E.P. Matrix for risk assessment
- Communication, de-escalation, & crisis intervention
- Know-how to call for assistance and respond to calls for help
- Security alerts and incident reports
- Security & safety tools

Staff training needs are assessed within each service and training records are maintained and kept current.

6.5 Service user security alerts

Risk information is valued within the organisation and situations known to have the potential for harm are recorded as a security alert.

Each Service utilises a system to capture security alert information which ensures that information is available to team members in contact with the service user. These systems include:

- HCC (Health Care Community)
- iPM (which feeds information into Concerto)

[2] Note at the time of writing a new curriculum for organisation-wide training is being developed.

- National Alerts System

All security alerts should be entered into iPM, as HCC information is not available across the whole organisation.[3] Once a security alert has been identified relating to a service user or family/whanau, it is recorded in the relevant system and can be viewed by staff via i.PM and Concerto. There are procedures available to guide staff as to the appropriate way to record, amend, remove or view security alerts. These procedures ensure that security alert information is kept current.[4]

Depending on the level of risk of the alert, the manager or clinical coordinator may be advised. Additionally it may be highlighted when referring a service user to other team members, other Services or other providers.

6.6 Incident reporting and debrief

When an incident occurs, an incident report is required to be completed in RiskPro.

Incidents relevant to security and safety include the following:

- Verbal aggression – swearing, threatening comments, racist, sexist, other personal abuse, refusal to co-operate because of gender, race, ethnicity etc.
- Non-verbal aggression - threatening posture, expression
- Physical aggression - any unwanted physical contact or physical threat
- Restriction of liberty (eg prevention from leaving the room)
- Stalking (in person or on the phone)
- Threat with a weapon, including any item used as a weapon (crutch, chair as examples)
- Restraining of an individual to prevent imminent risk of harm to self/others (existing policy governing this topic)
- Personal approaches in public space, or other inappropriate contact in the community
- Poor information-sharing in and across organisations (risks known in other teams)
- Lack of access to appropriate equipment
- Theft of staff property

Refer to procedure 6.3, and RiskPro Security Incident process http://staffnet/quality/Quality-Risk/incidents-management.asp

After a staff member is involved in a safety or security incident there is dual responsibility between the staff member and their manager to make sure a debriefing meeting is offered and every attempt is made to ensure it is held as soon as possible after the incident:

- The line manager, or their nominee, ensures that a meeting is organised
- The staff member identifies a support person if required
- The staff member & support person are invited to the meeting
- The debrief is documented on the incident record in RiskPro

The purpose of the debrief meeting is to ensure that the staff member's wellbeing, and any wider team impact, is considered following an incident, and future incidents are prevented. It should occur as soon as

[3] This will require new processes in Mental Health Services to implement.
[4] ARDS do not currently use Concerto and would not be able to access this alert information electronically,

Staff Safety (personal security) on Hospital Premises

possible following the incident to ensure staff psychological wellbeing. A referral to Employee Assistance Programme (EAP) could be included.

6.7 Management review

Management conduct regular reviews of RiskPro security incident data relating to their service.

This review incudes analysis to identify trends and underlying issues, making recommendations to improve safety outcomes, and a feedback loop to staff. Findings and outcomes from individual incident reviews must be documented in RiskPro.

Management reviews feed in to improvements and changes to policy, procedures, tools and training, via the Behaviours of Concern and Health Safety & Wellbeing Committees.

Refer to procedure 7.3, and RiskPro Security Incident process http://staffnet/quality/Quality-Risk/incidents-management.asp

DRAFT

Staff Safety (personal security) on Hospital Premises

7 High-level Procedures

7.1 Procedure: Planning for safe service delivery

Planning for safe service delivery can be limited in the hospital setting where the notice period prior to the encounter can be anything from days to minutes, or none at all in the case of emergencies.

The staff member will review their patient notes including any security alerts prior to the encounter where possible.

Taking into account all the above information the staff member can use the STEP Matrix to align their safety thinking across the green, amber and red bands and determine what, if any, risk action is required.

Process	**Planning for safe service delivery**	***Applies to all service delivery encounters***			
Step	*Name*	*Description*	*Responsible*	*Inputs*	*Outputs*
1	**Review Security Alerts**	Check the relevant manual record or electronic system or other tool for any security alerts identified against that service user	Staff member	Records, tools/systems	Risk information
2	**Review patient notes**	Review discharge summaries and other patient notes for security-related information and safety risks.	Staff member	Paper records, discharge summaries	Risk Information
3	**S.T.E.P Matrix**	Consider each area – Self, Task, Environment & People. Make a judgement on whether each is green, amber, or red	Staff member	**S.T.E.P** Matrix (Appendix 1)	Risk Assessment
4	**Risk action needed?**	Determine the level of risk and decide the response. Senior staff can assist in the decision and support the action as required.	Staff Member, Manager	Risk Information	
5	**Plan for or take risk action**	Consult with manager and/or peers as if required. Take action accordingly. Could include: - change appointment time - change location - be accompanied - Invoke Hospitals Escalation Procedure[5]	Staff Member / Manager		Risk mitigation actions
	End				

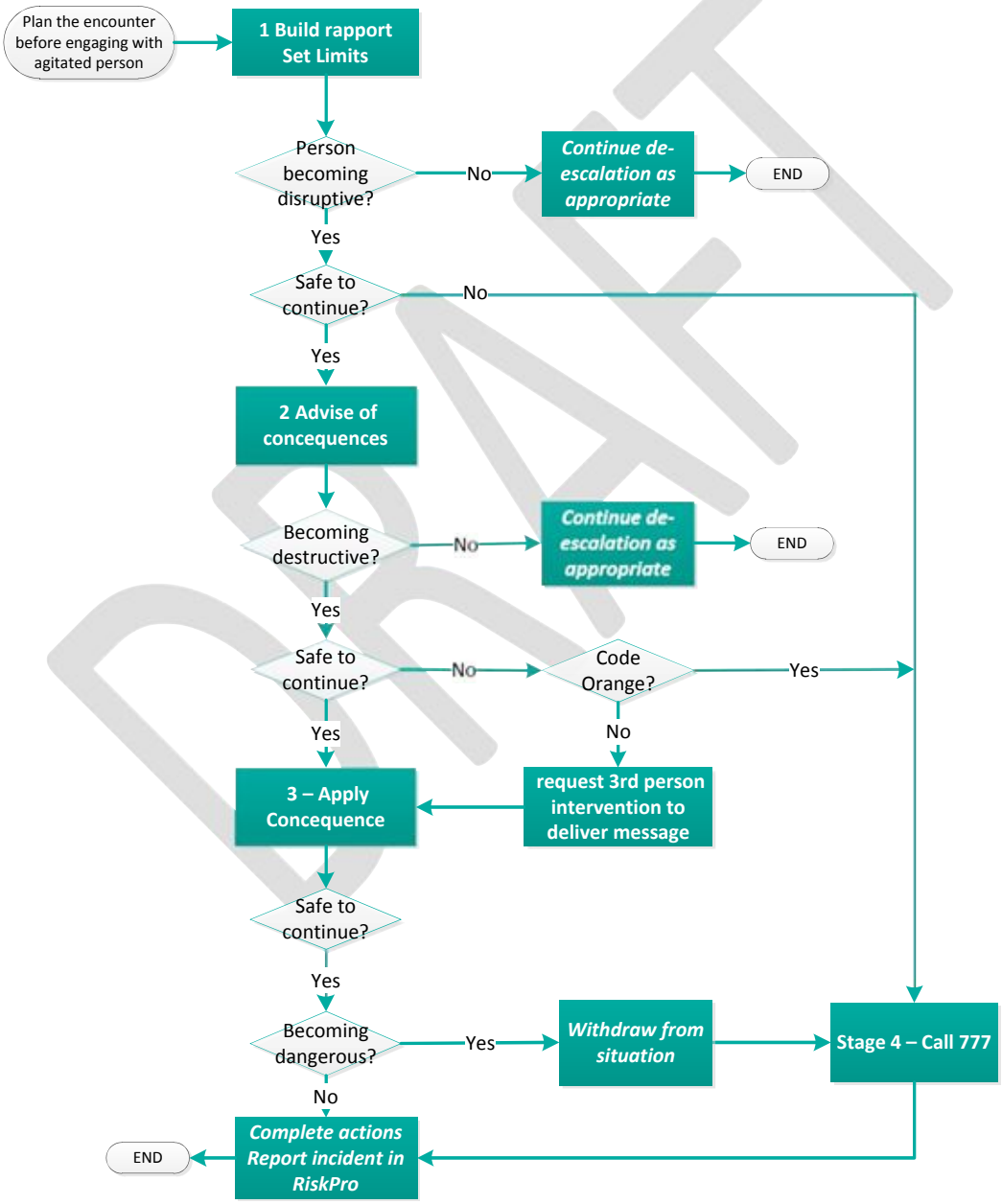
[5] Procedure under development- for release with this Policy

Staff Safety (personal security) on Hospital Premises

7.2 Procedure: Managing emerging unsafe situations

The procedure for management of unsafe situations involving patients or their visitors in North Shore or Waitakere Hospital is covered in the document *Staff Safety: Behaviours of Concern Escalation Procedure*, please refer to that document for details. The high level process is shown below;

Safety during an encounter – intervention process for agitated person AFTER initial de-escalation techniques have been engaged

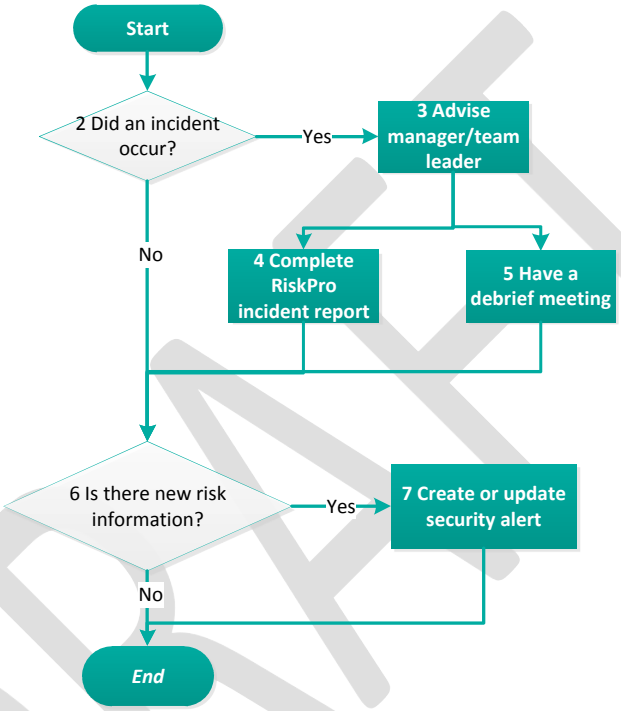


Staff Safety (personal security) on Hospital Premises

7.3 Procedure: Safety follow-up

This procedure applies to all completed encounters

Safety follow-up



DRAFT

Staff Safety (personal security) on Hospital Premises

Process	***Safety follow-up***	***Applies to all service delivery encounters***			
Step	*Name*	*Description*	*Responsible*	*Inputs*	*Outputs*
1	**Start**	Initiate follow-up on all safety aspects of the encounter.	Staff member		
2	**Did an incident occur?**	Did a reportable incident occur? Yes-> 3 No-> 6	Staff member	Incident criteria	Incident report decision
3	**Advise manager/ team leader**	Brief the manager/team leader on what happened. Depending on the incident, this may trigger other processes, eg EAP for staff member or team, escalation, notifiable event, etc	Staff member		Decision to trigger other processes
4	**Complete RiskPro incident report**	The incident needs to be logged in RiskPro. The RiskPro incident reporting process is followed – refer to that process	Staff member, manager	Incident information	RiskPro incident report
5	**Have a debrief meeting**	An incident debrief meeting is held between the staff member and peers, team leader, or manager. The purpose is to ensure the well-being of the staff member or team. Consideration is given about using EAP	Staff Member, Manager		
6	**Is there new risk information?**	Consider the **S.T.E.P Matrix**. As a result of the visit is there information about a new risk that warrants a security alert being raised, or an existing security alert being modified? **Yes-> 7** **No-> 8**	Staff member, manager	Visit information, **S.T.E.P Matrix**	Security Alert decision
7	**Create or update security**	The security alert needs to be raised or amended in the relevant system (such as HCC and/or iPM). The staff member/manager is responsible for the content of the security alert, but the iPM system update has to be delegated to an administrator. The update process is followed – refer to that process	Staff member, manager, clerk	Risk information	New or updated Security Alert
8	**End**				

DRAFT

Staff Safety (personal security) on Hospital Premises

Appendix 1: Step Matrix – a guide to safety assessments on Hospital Premises

The STEP matrix was designed initially to help community workers think about the risks they face in a structured way when providing health care. It has been adapted for use in the Hospital Setting.

	Self	Task	Environment	People
Green	• Experienced • Confident • Orientated • Trained	• Familiar • Simple • Planned	• Known • Public space	• Known • Recent contact
Amber	• "Gut feeling" • Nervous or uncertain • Physical limitations • New learning • Not had breaks	• May require support • Complicated • Not enough time • Equipment issues • Emergency response	• Difficult access • Infection control considerations • Hazardous substances • Time of day or night	• Not seen recently • Something has changed • Associates with… • Lives with… • Current concerns about…
Red	• Inexperienced • Lack of training • Unsuitable clothing/footwear • Fatigue	• Hazardous • High risk • Unscheduled • Inadequate equipment	• Unfamiliar • Isolated area • No phone coverage	• Violent/abusive behaviours • Unpredictable behaviours • Impaired judgement • Possesses weapons • Serious concerns about…

Staff Safety (personal security) on Hospital Premises

Appendix 2: Staff input to this document (will be removed before publishing)

Who	Service/Area represented
Andrea Dempsey	MH&A, Allied Health
Carole Schneebeli	Clinical Nurse Advisor , Forensics
Christopher Cottingham	Unit Manager, Mason Clinic
Collette Parr-Owens	Operations Manager ED
David Price	Director Patient Experience
Debbie Daniel	Charge Nurse Manager SCBU Waitakere
Rosemaree Valentine	Nurse, OH&S
Gina Watkinson	Clinical Nurse Director MHOPS
John Scott	HoD Specialty Medicine and HOP
Kate Gilmour	HOD Nursing-Surg & Ambulatory
Leith Hart	Gp Manager, Hospital Operations
Lev Zhuravsky	Clinical Nurse Director , Waitemata Central
Margaret Ross	Unit Manager MH,OA & HH
Pamela Marino	CNM, Child Rehabilitation, Wilson Centre
Rebecca Eade	Midwife Manager , WTH
Ronitha Reddy	Clinical Quality Coordinator, Forensics
Sam Davenport	Midwife Manager, NSH
Tamzin Brott	Director Allied Health & Technical
William Sageman	Security Manager

DRAFT

3.3 Communications

Recommendation:

That the report be received.

Prepared by: Matthew Rogers (Director, Communications)

Communications support

The communications team provided advice and support to the following projects/campaigns/issues/ events over the last ten weeks:

- Communications support for British and Irish Lions visit to Rangatira ward.
- Communications assistance with response to Auckland typhoid outbreak.
- Assist coordination of Pukekohe Intermediate Dental Clinic reopening and release of investigation report.
- Support for safe disposal of medicine campaign.
- Review of external phone listings.
- Communication support for alcohol harm self-support smart phone app.
- Promotion of new sustainable biodegradable cup campaign.
- Promotion of staff flu immunisation campaign.
- Support for infant immunisation campaign.
- Support for hand hygiene campaign.
- Support for staff Sepsis awareness campaign.
- Input into front page design and navigation of new intranet site.
- Communications support for CEO Lecture Series presentation by Sir Ray Avery on June 12.
- Proactive media release on new wayfinding signage.
- Past to present promotional video shoot (May 8).
- Ongoing support for Staff Safety in Community policies.
- Volunteers recruitment drive poster campaign.
- Coordination of responses to 'Dear Dale' emails to the CEO from DHB staff.
- Update of organisational charts.
- Communications support for the Primary Care and Community Services Launch.
- Communications support for Whenua Pupuke - Waitemata Clinical and Learning Skills Centre opening and associated events include:
  - Dawn blessing (June 2)
  - Official opening (June 9)
  - 'Growing Stronger Together' book launch (June 9)
  - Public open day (June 12)
  - Volunteers event (June 12)
  - APO quarter performance (June 12)
  - Sir Ray Avery CEO Lecture (June 12)
  - SMO & Executive Leadership Forum & Sir Harry Burns lecture (June 13)
  - Long service awards/ patient experience values event (June 13)
  - Health Excellence Awards (June 13)
  - Sir Harry Burns CEO Lecture (June 13).
- EVitals pitch for TV.
- Media relations on quarterly national Health Target performance .
- Managing and chaperoning filming requests.

- Review of content for submission to health sector publications.
- Communications support for Primary Care Portal project.
- Ongoing weekly internal communication via Staffnet and Waitemata Weekly.
- Liaison with Well Foundation Marketing and Communications.
- Ongoing after-hours and weekend media line cover and senior management communications support.
- Proof-read leaflets, booklets and brochures for various departments.
- Ongoing social media strategy, activity and issues management.
- Event photography.
- Drafting of correspondence from the corporate office.
- CEO Board Report.
- Review of copy for DHB website.
- Management of DHB general all-user screen saver content.
- Approval for all-user staff emails.
- Weekly Board briefing.

Campaigns and Publications

The communications team published the following during the last six weeks:

- Preparation of June-July edition of Healthlines magazine.
- Booklet – CADS Get with it.
- Booklet – CADS Preparing for change.
- Booklet – Handbook for clinicians.
- Cover – Annual Maori Health Plan.
- Campaign – ARDS reopening, Pukekohe.
- Diagram – Integrated Maori Health Contracts.
- Document – Health & Safety Annual Report 2016/17.
- Illustration – Colonoscopy.
- Illustration – Gastroscopy.
- Invitation – CEO Lecture series 28 March 2017.
- Invitation – ASO at Whenua Pupuke.
- Invitation – Whenua Pupuke programme SMO/ELT.
- Leaflet – Insulin in pregnancy.
- Logo – Ward accreditation.
- Organisational charts – Waitemata DHB Provider.
- Poster – Bolus.
- Poster – Living our values results.
- Poster – Read Steady Slow.
- Poster – Spontaneous Urinary Extravasation.
- Roll up banner – Johnson & Johnson.
- Roll up banner – Nurse entry to practice.
- Screensaver – Best practice sepsis.
- Screensaver – 20 is Plenty.
- Waitemata Weekly, emailed to all staff users.
- Fortnightly A Note From the CEO email to all staff.
- Weekly National Health Targets updated and communicated.

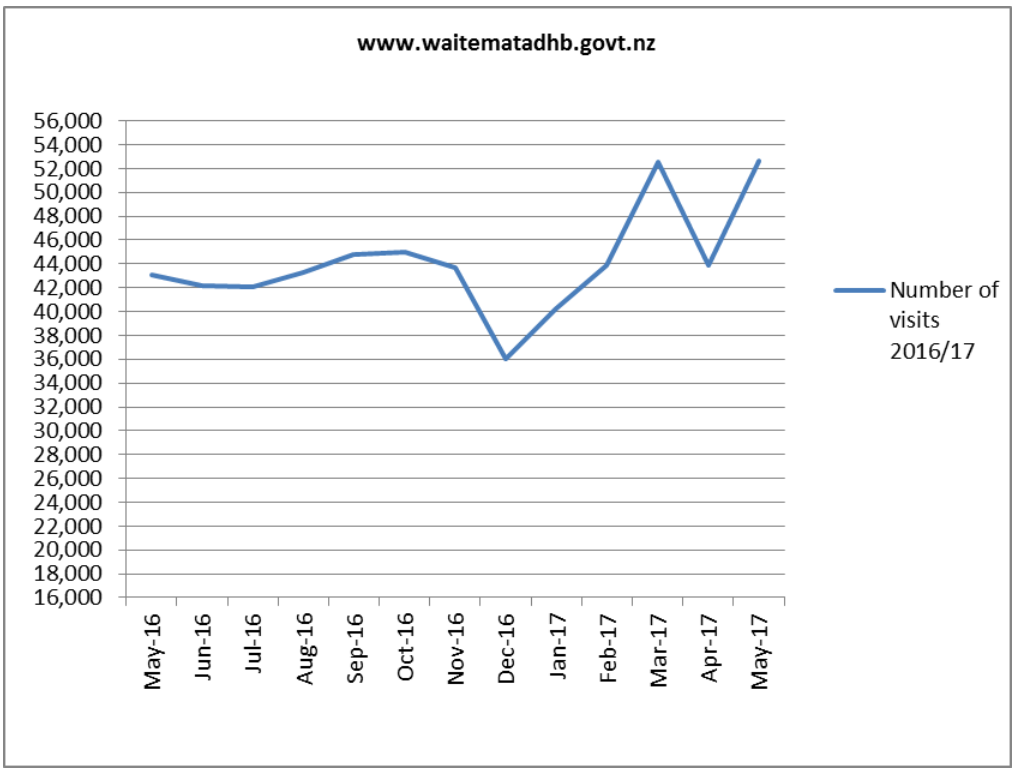
Waitemata DHB, Careers and Awhina websites – Google Analytics Statistics

Waitemata DHB website

Number of visits	May 2017	May 2016
Total visits to this site	52,675	43,053
New Zealand	49,777	40,682
Australia	991	792
USA	327	218
United Kingdom	297	314

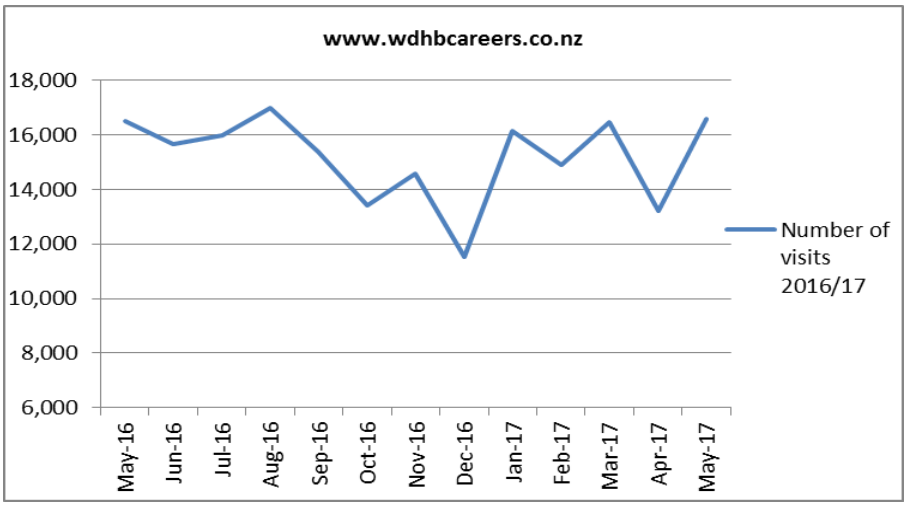
Top areas	May 2017	May 2016
Waitemata DHB staff page	25,356	16,665
Home page	15,949	15,991
North Shore Hospital	7,016	7,571
Waitakere Hospital	2,946	3,182
Contact us	2,598	2,851

Traffic sources	May 2017	May 2016
Search traffic	74%	73%
Direct traffic	21%	19%
Referral traffic	5%	8%



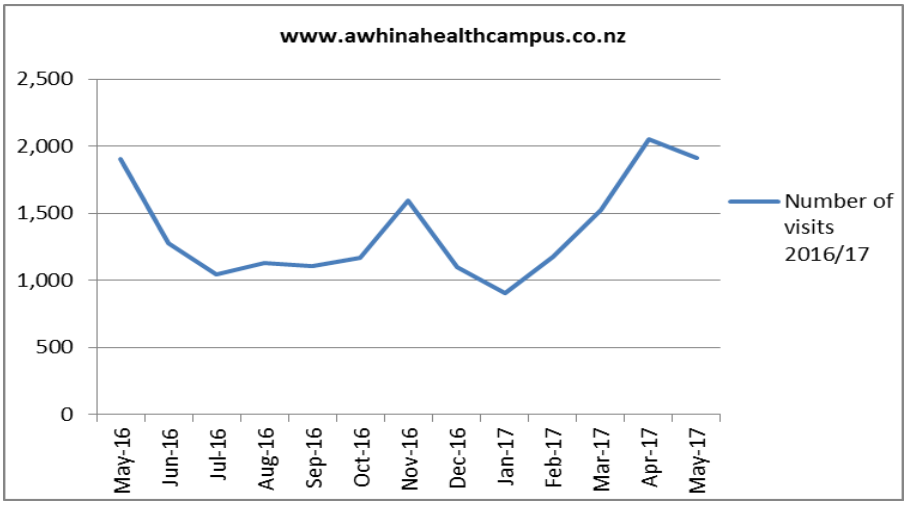
Careers website

Number of visits	May 2017	May 2016
Total visits to this site	16,584	16,499
New Zealand	14,230	14,337
Australia	597	381
United Kingdom	455	553
United States	267	292
Saudi Arabia	130	-



Awhina Health Campus website

Number of visits	May 2017	May 2016
Total visits to this site	1,915	1,906
New Zealand	1,736	1,651
USA	45	42
China	39	7
Australia	21	13



Social media

Waitemata DHB Facebook page likes – 2,643* (1,825 likes - June 2016)
Waitemata DHB Facebook star rating - 4.3/5 (203 reviews)* (4.4/5 from 164 reviews - June 2016)
Twitter – 1,910 followers* (please note that comparative Twitter data from 12 months ago is unavailable)

*As at 19 June 2017

OIAs received

A total of 24 new OIA requests were received between 9 May and 19 June:

- A. Marett (Labour) - Number of adult and youth clients waiting for health services based on the Primary Mental Health Report Quarter three 2015/16.
- T. Forde (Green Party) - Information regarding the cost of the external review into the treatment and management of a Mason Clinic patient published in September 2016.
- K. Ruddock (TVNZ) - Details of mental health patients who have 'gone missing' and who have died following leave breaks and smoke breaks.
- K. Ruddock (TVNZ) - Copies of policies governing smoking on hospital grounds, supervision of mental health patients and arrangements for smoke and leave breaks.
- A. Marett (Labour) - The average number of elective cancellations per month for 2012 - 2017 YTD.
- E. Miles (NZ First) - Number and cost of elective surgeries outsourced to private hospitals since 2007.
- C. Sziranyi (Radio NZ) - Various questions regarding crisis mental health referrals, admissions, staffing numbers.
- J. Piper (Wairarapa Funeral Services) - Guidelines and policies for cardiac devices after death.
- K. Sweeney (Press Gallery) - Forensic unit referrals accepted for admission within one, three, six or 12 months.
- A. Marett (Labour) - Copy of any letters signed by more than two general surgeons to DHB managers in past twelve months.
- R. Thomas (Fairfax) - If any sum of money has been paid to hackers as a result of malware or an internet scam.
- A. Marett (Labour) - Information regarding additional funding for School-Based Health Services and Primary Mental Health.
- P. Douglas - Details of any problem where a public apology has been made since 2005.
- T. Forde (Green Party) – Number of people on the rheumatic fever registry who have 'fallen off' their treatment plan.
- S. Harris (NZ Herald) - Copies of documents regarding incident at an NGO-run respite care facility.
- A. Marett (Labour) - Mental Health spend as per ringfence policy and various funding information.
- J. Chilton-Towle (Pharmacy Today) - What was Waitemata DHB's share of $750,000 one-off funding pool as part of the 2015 CPSA.
- L. Carter - Information in relation to whether the Philips Respironics PerformaTrak mask was available and used in NZ prior to Dec 2008.
- Z. Thomson - Food options and quantities provided to hospital patients.
- M. Tapaleao (NZ Herald) - Communications relating to Auckland typhoid outbreak.
- A. Wiggins (NZ Herald) - Number of cases of aggression/assault by patients on staff from 2012.
- Z. Fleming (Radio NZ) - Amount owed and total cost incurred in treating non-New Zealand citizens from 2012 to 2016.
- C. Hutton (Radio NZ) – Copy of Auckland typhoid 'hot debrief' report.
- A. Marett (Labour) - Correspondence regarding 2017/18 funding allocation.

Media Clippings - 9 May – 19 June 2017

Positive +
Neutral 0
Negative -

Channel	
Thank you for your support *	+
Autumn Bounty *	+
Help our children stay warm this winter	+
Lions' dual birthday celebration, double the roar	0

Dominion Post	
Training issue cited in dental clinic scare	-
Prosecutor fought bail over fears for safety	0
Sleeping on back raises stillbirth risk	0
'Perfect example of a psychopath'	0
$38m DHB Budget blunder slammed	0

Franklin County News	
Dental clinic to re-open	+

Nor West News	
Helicopter rescues	0
Army of Jammies	+
Petrol station robbery	0

North Harbour News	
More medical staff	+
More doctors and nurses	+
What's on – DHB open day Whenua Pupuke	+
Mental illness one target of health plan	+
Health funding	+

North Shore Times	
Mobile clinic treats conditions of poverty	+
More doctors and nurses than ever at WDHB	+
Keeping families safe with up-to-date immunisations	+
Mental illness one focus of health plan	+
What's on – open day Whenua Pupuke	+
Orthopaedics father retires	+
Cops emotional at inquest for Christie Marceau	0
Hospitals set to offer good night's sleep	+

NZ Doctor	
First DHB meeting a catalogue of obstacles to be overcome *	0
Amid scrutiny, disconnect persists between GPs and their PHOs *	0
'Perverse incentives' in new after-hours tender vex GPs	0
Orion Health signs $9.34 million deal for electronic health record in Dorset, England	0
Malloy enters the fray as Auckland's after-hours tender gets a kicking	-

NZ Doctor	
Nirvana talks possible partnership with third party of 'considerable expertise'	0
DHB's homecare tender not an open race – village director	-
Partnership's inaugural Summer of Research programme yields ideas for future of health IT	+
GP drained but victorious after long battle for fairer methadone funding	0
The road ahead for rheumatic fever	-
Refugees have unique healthcare needs, regardless of home country	0
The longer this goes on, the harder it's gonna be	-
DHBs snub ProCare's challenge to 'flawed' after-hours plan	-

NZ Nursing Review	
HCA training: making a difference to both staff and patients *	+

NZ Herald/Herald on Sunday/NZherald.co.nz/Weekend Herald	
12 finalists in KiwiNet awards	+
Netball injury	0
Older kiwis poorly fed	0
'Hospital slop' is not helping healing	-
Rescue for boatie	0
Fullers to pay victims $92k	0
Bus moves disappoint commuters	0
'Moggies' can't win over Kiwis	0
Sex abuser released to rest home	0
Stories help to heal	0

Otago Daily Times	
Treasury report flags DHB pressures	+
Bowel cancer rates of concern	0
High rate of bowel cancer in the South	0

Pharmacy Today	
Surprise audits in store for pharmacists	0

Rodney Times	
Quality sleep for patients	+

Sunday Star Times	
Pacific blue	0
Close call with the widow maker	0

The Post – Franklin and North Waikato	
Questions answered at clinic reopening	+

The Press/Weekend Press Christchurch	
Judge had concerns about killer	0
Cop gets emotional at stabbing inquest	0
Sleeping on back raises stillbirth risk	0
'Inept' ministry leaves Canterbury health $2.7m worse off	0

Waikato Times	
DIY work created blood alert	-
Cop feared kidnapper would kill	0
Judge 'not interested' in police bail worries	0
Killer lied to achieve objective	0
Parents tell of system faults before daughter killed	0
Blunder in health finances	0
Teenager's killer had 'no hope' of bail	0

Western Leader	
Milestones: Waitakere Hospital social workers	+
Waitemata Health	+
Mobile clinics put to use	+
Hospital expansion	+
Hospital focus group	0
Helicopter rescues	0
DHB targets	+
Health investment	+
ED for emergencies - DHB	0
Patients given sleep packs	+
Conversations – health care	0

**Delays in media monitoring have resulted in these items, from the previous reporting period, being reported this month.*

TOTAL:

Positive +	**30**
Neutral 0	**42**
Negative -	**8**
Total items	**80**

4.1 Prescription and over-the-counter drug misuse: A focus on codeine

Recommendation:

a) That the report be received.

b) That the Board

i) Note that codeine can be obtained in New Zealand, over-the-counter and as a prescription medication.

ii) Note that the misuse of prescription and over-the-counter medications – especially codeine – is an increasing problem in New Zealand. Of 75 studied admissions to Community Alcohol and Drug Services (CADS) in 2016, 43 per cent were a result of the use of either prescribed opioids or over-the-counter medication containing opioids.

iii) Note that the misuse of codeine preparations is associated with significant harm.

iv) Endorse that Waitemata DHB calls for a national approach for tighter controls on the availability of codeine to reduce the harm related to codeine-abuse. Initiatives could include:

- **Ensuring codeine containing products are removed from consumer view in pharmacies**
- **Reducing the amount of codeine available in a single transaction in a pharmacy via over-the-counter products**
- **Increasing prescriber awareness of effectiveness of use in pain management, signs and risks and management of dependence**
- **Removing restricted pharmacy access and making codeine a prescription-only medication, such as in Australia, and as recently supported by the RANZCP Addiction Committee to the Medicines Classification Committee.**

Prepared by: Dr Susanna Galea-Singer (Director, Specialist Mental Health and Addiction Services), Dr Emma Schwarcz (Service Clinical Director, CADS Auckland) and Sarah Carr-Smith (Addictions Pharmacist, CADS)
Endorsed by: Dr Dale Bramley (Chief Executive Officer) and the Executive Leadership Team26/06/17

Glossary

CADS - Community Alcohol and Drug Services
OTC - Over-the-Counter

1. Executive Summary

The purpose of this report is to update the Board in relation to the increasing problems associated with over-the-counter (OTC) drug and prescription drug misuse, particularly codeine; the impact on Community Alcohol and Drug Services (CADS); and to provide context for the Board to make a decision on whether to endorse a call for a national approach to apply tighter controls on the availability of codeine, to address and reduce the harm related to codeine abuse.

2. Introduction/Background

Waitemata DHB Community Alcohol and Drug Services (CADS) serve the regional population from the three Auckland metro DHBs. CADS continues to experience an increase in the numbers of individuals seeking treatment due to addiction problems emerging from the misuse of prescription and OTC medications – in particular, the misuse of benzodiazepines and misuse of pain medication, most commonly, codeine.

Codeine is generally indicated for treatment of mild to moderate pain, often for pain that has not responded to other painkillers such as paracetamol. Codeine preparations combined with paracetamol, aspirin or ibuprofen can be very effective in pain relief. Codeine preparations can also be found in cough medicines and it is also indicated for treatment of diarrhea.
The harms and risks associated with continual long term use at often high doses of the codeine-containing OTC combination products are two–fold:

- codeine containing OTC products cause harm by the risk of opiate dependence from the codeine; and
- the short and long-term toxic effects of the combination medication when taken outside of recommended guidelines can be serious, e.g. acute and chronic hepatic failure, gastrointestinal haemorrhage, nephro-toxicity (paracetamol), hypokalaemia and acute haemorrhagic necrotising pancreatitis (ibuprofen).

Additionally, there is limited evidence that combination preparations containing codeine and either paracetamol or non-steroidals are better than same doses of either medication taken together (Derry et al., 2013).

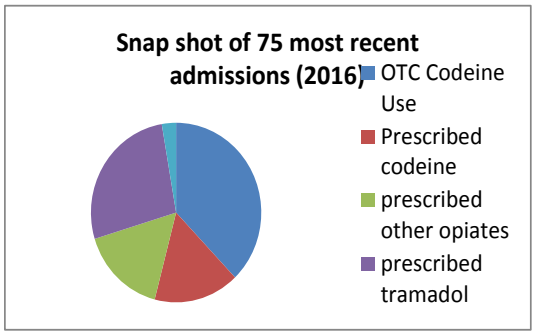
Codeine control and classification varies worldwide. Some countries have restricted sales such as in New Zealand. In Canada it is available in a pharmacy but may not be displayed or stored within sight of the consumer and in many countries it is a prescription-only medication. This is the case in the Czech Republic, Finland, Germany, Greece, Belgium, Croatia, Iceland, India, Italy, Norway, Russia, Spain, Sweden and soon to be Australia from February 2018. Internationally WHO lists codeine as step 2 on its pain management scale but increasingly guidelines are generally not recommending codeine for management of pain, due to limited evidence of effectiveness, variations in metabolism and the availability of more predictable opioids (Van Hout et al, 2014).

Codeine is an opiate medication that can be obtained in New Zealand, over-the-counter and as a prescription medication. When purchased over the counter it is a 'pharmacist-only medication' – i.e. a pharmacist has to be involved in the sale of codeine. If an individual requests a codeine preparation over-the-counter, the pharmacist will generally ask about the nature of the pain; whether other medication was tried before; will check there is adequate understanding of dosage and potential adverse effects; and, will require the name and address of the individual (at their discretion, these details can be confirmed with an identification card). The pharmacy is required to record the sale as part of the pharmacy records. Unfortunately, there is no legal requirement to

record this centrally – such as through Test Safe. The implication of this is that despite a pharmacist using a monitoring process, individuals can go from one pharmacy to another and obtain significant amounts of codeine preparations without much difficulty.

Codeine abuse is a problem in presentations across CADS. Forty three of the 75 admissions in October and November 2016 were people who were either prescribed opioids or had obtained OTC medication containing opioids, including codeine.

Figure 1: Distribution of opiate dependency over 75 admissions to CADS in 2016



Admissions for six months in 2015 were also studied. In both years 19% of presentations to the Opioid Treatment Service were related to dependency to pharmacy-only over-the-counter codeine compounds. A further 14.2% and 8% were addicted to prescribed codeine in 2015 and 2016 respectively. Table 1 below provides a breakdown of the products used – as reported by clients during their assessment for admission to the service.

Table 1: Percentage of OTC and prescribed codeine and other opiate dependencies at admission over two discrete periods in 2015 and 2016

Drug type	2015 - 123 admissions	2016 - 75 admissions
Over the counter codeine		
Pharmacy-only - Nurofen Plus (ibuprofen and codeine)	13%	12%
Other pharmacy-only such as Panadeine and Panadeine extra	6%	7%
Total OTC codeine containing products	**19%**	**19%**
Prescribed codeine	14.2%	8%
Total codeine containing products	**33.2%**	**27%**
Prescribed tramadol	9.5%	13.3%
Other prescribed opiates	16.7%	9.3%
Other dependencies	40.6%	50.4%

All clients using the over-the-counter codeine compounds reported using well above the recommended daily dose of these medications with reports of even up to 90 tablets a day of Nurofen Plus.

In the two month period studied in 2016, 40% of people using over-the-counter or prescribed codeine compounds reported using these alone without the combined use of other illicit/licit alcohol or drug, or other dependence forming medicines.

The figures above show that there appears to be an increasing impact of harm from codeine use and a poor societal understanding in relation to the risks of codeine use, misuse and dependence. This indicates that tighter controls on the availability of codeine are required.

CADS recommend that a national approach is called for to reduce the harm related to codeine abuse. Initiatives could include a combination of the following:

- Ensuring codeine containing products are removed from consumer view in pharmacies (such as in Canada);
- Reducing the amount of codeine available in a single transaction in a pharmacy via OTC products;
- Increasing prescriber awareness of best practice use in pain management, signs and risks and management of dependence.
- Removing restricted pharmacy access and making codeine a prescription-only medication, such as in Australia, and as recently supported by the RANZCP Addiction Committee to the Medicines Classification Committee.

The issues and recommendations were discussed at the National Association of Opioid Treatment Providers NZ. This association includes representatives from all DHBs providing Opioid Treatment for addiction problems. Cads Auckland, being the largest provider, is impacted the most by this issue. However, other DHBs are also impacted and there was an overwhelming agreement that the above recommendations should be put forward.

3. Risks/Issues

Potential implications of codeine becoming a prescription-only medicine for individuals requiring pain management

Currently a number of individuals in New Zealand consume codeine-containing products to manage mild to moderate pain. Introducing tighter controls will impact on these individuals, highlighting the importance of clear communication through a number of different media to ensure these individuals do not experience a situation where they are left without adequate amounts of medication to control their pain.

With the introduction of tighter controls, consumers of OTC codeine-containing products would need to go to their GP to get access to codeine or combined products. If dispensed, this would then be recorded on Test Safe (Concerto). It is unknown how many people this would impact on as product information is held at pharmacy-level and by drug companies only (not recorded on Concerto), so the numbers of people that would be impacted on are difficult to estimate. Whilst this is an inconvenience for consumers, it could facilitate more advanced pain management by the consumer's primary care physician. Non-steroidal anti-inflammatories and paracetamol products would still be available OTC and these remain first line agents in management of mild to moderate pain.

Those dependent on OTC codeine-containing products would either likely seek opioids elsewhere (illicit or through a medical practitioner), or seek treatment for opioid dependence/withdrawal (e.g.

CADS or GP), or else experience opioid withdrawal symptoms, which whilst are not fatal, are uncomfortable. Again the numbers are not quantifiable, as we do not know the prevalence of dependence on OTC codeine-containing products in the community. GPs may feasibly not be aware of opioid withdrawal symptoms and consumers of OTC products may themselves not be aware of their dependence, withdrawal symptoms or treatments for these. The financial implications of this are not known. There would (hopefully) be more people seeking treatment from health care professionals, and less people with both acute and chronic sequelae of paracetamol and ibuprofen-related toxicity.

Risks of not implementing tighter controls

Not implementing such controls continues the fallacy that these products are benign and safe, and that they are an effective way to manage pain. Worldwide trends indicate a rise in sales of codeine-containing products and this is likely to extrapolate to New Zealand. CADS have experienced a rise in presentations of those with dependence on OTC codeine-containing products, and it is reasonable to suggest that this would continue to rise. This means that there will be greater prevalence of both dependence (from codeine) and the short and long-term harms associated with the other compound present (paracetamol or ibuprofen).

Waitemata DHB is the sole DHB providing community alcohol and drug services in metro Auckland. As presentations related to codeine use rise, a higher percentage of the CADS resource will be absorbed into treating these conditions. As stated above there is a global trend to restrict codeine availability. It could be assumed that without restricted availability the CADS resource (and the resource of other drug and alcohol services nationwide) will be more fully absorbed into treating codeine dependency. This risks the loss of the capacity to provide specialist intervention to other people who would also benefit from specialist service intervention.

5.1 Financial Performance - May 2017

Recommendation:

That the Board:

a) **Note the content of this report**

b) **Receive the following reports:**

1. **Executive Summary and key themes**
2. **Financial Overview of the 2016/17 result**
3. **Financial Performance - DHB Arms**
4. **Financial Performance - Other Indicators/Trends**
5. **Capital Expenditure**
6. **Financial Position**
7. **Cash flow Position**

Prepared by: Rosemary Chung (Deputy Chief Financial Officer - Corporate) and Simon Watts (Deputy Chief Financial Officer - Provider)
Endorsed by: Robert Paine (Chief Financial Officer and Head of Corporate Services)

Glossary

ACC	-	Accident Compensation Commission
CT	-	Computerised Tomography
hA FPSC	-	healthAlliance Finance, Procurement and Supply Chain
YTD	-	Year To Date

1. Executive Summary and key themes

The DHB continues to operate within its financial budget and is on track to deliver a on budget result at year end (which is a surplus of $4.5m).

The Funder (Year to May 2017) is favourable to budget by $13.297m and the Governance and Funding Arm is $297k favourable to budget. The Provider is unfavourable to budget by $13.476m.

Overall the DHB is $119k favourable to budget.

The Provider Arm result reflects continuing overspend of non-personnel costs and unachieved savings targets.

Non-staff cost overspend includes expenditures on outsourced services and labour (to cover budgeted vacancies), increased clinical supplies and utility costs, and reflects, clinical demand, the increased costs of new facilities and price increases.

Efforts to manage high levels of overtime, sick leave and outsourced personnel usage have had some success but the unfavourable result will not be reversed by year end.

The Provider Arm, therefore, is not generating savings at a fast enough rate to live within its overall budget.

The Provider Arm has a number of projects in progress to improve financial sustainability. Work streams have been organised into key areas of focus and include tactical savings opportunities as identified by the services; benefits from procurement supply chain and capital projects and larger, multi-year strategic responses to the Provider Arm performance leveraging off work completed by Deloitte.

These streams include:

Strategic Initiative	Sponsor/s	Status and Planned Finish	Benefit $m
Acute Medicine Patient Flow	Cath Cronin/Alex Boersma / Gerard De Jong	Project completes – Late 2017 Execution – two to three years	TBC
Outpatient Clinic and Elective Services Optimisation	Cath Cronin/Jonathan Christiansen	Execution – 2018/19	TBC
Radiology Demand/Capacity Review	Cath Cronin/David Cranefield/Mike Rodgers	Planning – Late 2017	TBC
Centralised Rostering Implementation	Cath Cronin	Execution – Late 2017	TBC
ESC/Theatre Production and Service Delivery Planning	Cath Cronin/Gill Cossey/ Mike Rodgers	Planning – Early 2018	TBC
Compensation Review	Cath Cronin/Fiona McCarthy	Planning – Early 2018	TBC

Within the services, management teams are also actively monitoring performance and tight cost controls are in place in all key areas of expenditure that include:

- Delegation being escalated to General Manager level as required.
- External Bureau and all overtime requests being reviewed by the General Manager as required.
- Fortnightly reviews of financial performance against plan by Director of Hospital Services, General Manager, Deputy Chief Financial Officer and Clinical leads.

Within the Corporate Service, DHB wide initiatives are being agreed, which include:

- Procurement Savings initiatives
- Inventory rationalisation and process efficiency
- Utility efficiency programme

However, the financial performance of the Provider continues to deteriorate and an FTE review is underway with an aim to stem the increase in FTE growth and to reduce FTEs to 1 June 2016 levels. The plan will not affect patient care.

The Provider are currently finalising the 2017/18 budget which includes an updated savings program. These initiatives many of which are multiyear will be finalised by the end of June 2017.

2. Financial Overview of the 2016/17 result

For the month of May, the DHB result is a deficit of $1.578m against a budgeted deficit of $1.591m and is, therefore, $13k favourable to budget. For the month, the Provider Arm is $2.523m unfavourable to budget, the Funder Arm is $2.532m favourable to budget and the Governance and Funding Arm is $4k favourable to budget.

For the month, the Provider Arm unfavourable variance is driven by Facilities and Development infrastructure and non-clinical expenditure. Cost pressures in Acute and Emergency Medicine as a result of acute demand and pricing variation are also contributing factors.

The financial result for the month of and year to May 2017 compared to the budget is summarised in the table below:

WAITEMATA DISTRICT HEALTH BOARD Reporting Date: 31 May 2017

CONSOLIDATED STATEMENT OF FINANCIAL PERFORMANCE

($000's)

	MONTH			YEAR TO DATE			FULL YEAR		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
REVENUE									
Crown	133,872	133,317	555	1,464,098	1,466,930	(2,833)	1,600,414	1,600,414	0
Other	3,731	3,336	395	34,313	36,198	(1,885)	39,611	39,611	0
	137,603	**136,653**	**950**	**1,498,411**	**1,503,129**	**(4,718)**	**1,640,025**	**1,640,025**	**0**
EXPENDITURE									
Personnel									
- Medical	15,849	15,347	(503)	161,194	162,036	842	177,355	177,355	0
- Nursing	20,035	19,752	(282)	212,856	212,412	(444)	230,930	230,930	0
- Allied Health	9,981	9,523	(457)	99,878	99,808	(70)	109,048	109,048	0
- Support	1,568	1,586	17	16,481	16,982	500	18,548	18,548	0
- Management / Administration	6,587	6,251	(336)	65,201	66,847	1,647	73,480	73,480	0
Total Personnel	**54,019**	**52,459**	**(1,561)**	**555,611**	**558,085**	**2,475**	**609,361**	**609,361**	**0**
Other									
Outsourced Services	6,663	5,581	(1,083)	69,425	61,019	(8,406)	66,590	66,590	0
Clinical Supplies	11,273	9,940	(1,333)	107,494	101,398	(6,096)	110,938	110,938	0
Infrastructure & Non-Clinical Supplies	8,238	6,981	(1,257)	96,834	82,583	(14,251)	89,228	89,228	0
Funder Provider Payments	58,988	63,284	4,296	665,010	696,124	31,114	759,408	759,408	0
	85,162	**85,785**	**624**	**938,763**	**941,124**	**2,362**	**1,026,164**	**1,026,164**	**0**
Total Expenditure	**139,181**	**138,244**	**(937)**	**1,494,373**	**1,499,210**	**4,836**	**1,635,525**	**1,635,525**	**0**
NET RESULT	**(1,578)**	**(1,591)**	**13**	**4,038**	**3,919**	**119**	**4,500**	**4,500**	**0**

Comment on Major Variances

Revenue

Revenue is $4.718m unfavourable to budget YTD. The unfavourable YTD variance includes interest revenue $2.917m less than budget, which is reflective of the cash balance and the continuing low interest rates. This is offset against favourable variance on car parking revenue of $-427k.

Expenditure

Overall expenditure is favourable to budget by $4.836m YTD. The key variances are summarised below:

Personnel Costs ($2.474m favourable YTD)

A significant contributor to the favourable variance is vacancies due to positions budgeted in the new financial year that have yet to be appointed.

Variances in Personnel Cost categories were as follows:

Medical ($842k favourable YTD)

This favourable variance is primarily driven by staff vacancies.

Nursing ($444k unfavourable- YTD)

The Provider services have continued to have a strong drive on monitoring overtime hours, which has been a positive contributor to the variance. The favourable variance is offset by unfavourable outsourced bureau costs to cover un-recruited vacancies, watch cover and sick leave, which are being actively monitored to ensure appropriate usage.

Allied Health ($70k unfavourable, YTD)
This was largely due to vacancies in the Sub Speciality and Child Women and Family services.

Support ($500k favourable,YTD)

Management and Administration ($1.647m favourable, YTD)
The favourable variance is offset in part by outsourced costs due to contractors currently in place. The variance also includes un-recruited positions and savings. The replacement of contractors with permanent staff is being actively pursued.

Other Costs ($2.36m -favourable YTD)

Outsourced Services Costs ($8.406m unfavourable,YTD)
The variance relates to positions to be recruited and vacancies, which are covered by outsourced resources. This includes nursing bureau costs largely due to the requirement for unplanned watches. The variance also includes savings targets, which have been met in other cost lines.

Clinical Supplies Costs ($6.096m unfavourable, YTD)
The YTD variance is driven by unfavourable variances in Hospital operations $1.823m, Surgical and Ambulatory Services $1.560m and Children Woman and Families $666k. Favourable variances have been incurred by mental health. The favourable variances are offset against planned savings targets.

Infrastructure costs ($14.251m unfavourable,YTD)
The YTD unfavourable variance is largely due to saving targets recorded in infrastructure, where the savings are offset in other expense lines.

Funder Provider Payments ($31.114m favourable,YTD)
Funder Provider payments for May is $4.30m favourable for the month and $31.11m favourable for the YTD. Funder Provider payments as reported in the Consolidated Statement of Financial Performance table are for all Funder payments to third party providers and includes payments to NGO Providers as well as payments to other DHBs through Inter District Flow expenditure. Importantly, it does not include payments made to the Waitemata DHB Provider Arm which on inclusion substantially reduces the Funder favourable position. Commentary on key drivers of the favourable Funder position are summarised under the Funder Financial Performance section that follows later in the report.

3. Financial Performance - DHB Arms

The financial performance for each of the DHB Arms for the month and the year is summarised in the table below and the detailed Statement of Financial Performance by DHB Arm are attached to this report **(Attachment 1).**

3.1. Provider Clinical Services

The Provider Clinical Services result for the month ended May 2017 is $3.237m unfavourable to budget and YTD is $10.183m unfavourable to budget. The key drivers of the services financial performance are summarised below:

Medicine

Acute and Emergency Medicine
The division is $4.4m unfavourable for the eleven months ended May 2017. The volume of dedicated patient watches was marginally favourable to budget for the month, however, on a YTD basis,

patient watches have generated an unfavourable variance of $618k. Nursing costs are unfavourable to budget by $1,891k YTD with acute demand, unmet savings targets and pricing variations being the significant factors. Registrars and House Officers are unfavourable by $1,395k YTD, with both over allocations and category variations driving the adverse position.

Sub Specialty Medicine
The division is $0.2m unfavourable for the eleven months ended May 2017. The unfavourable result is driven predominantly by an increase in the use of biologic pharmaceuticals in Rheumatology amounting to $215k and additional expenditure on respite care within Mental Health of Older Adults of $122k.

Surgical and Ambulatory Services
The Service is $5.7m unfavourable for the eleven months ended May 2017. The unfavourable result is driven primarily by Registered Medical Officers run category increases and over allocations, one-off repairs and maintenance, CT service contracts (Waitakere Hospital) and unmet savings obligations. The service has prepared and is currently executing a recovery plan. The management team is closely monitoring surgical health targets on a weekly basis and tight cost controls are in place in all key areas of expenditure with regular reviews by members of the senior management team. Delegations have been escalated to General Manager level, external bureau and all overtime requests are now approved by the General Manager.

Elective Surgery Centre
The service is $0.5m favourable for the eleven months ended May 2017. This favourable result is due to under-delivery against the Surgical Health Target. Work is ongoing to investigate any savings opportunities through procurement arrangements and potential efficiencies in service delivery models. The management team is closely monitoring surgical health targets on a weekly basis and tight cost controls are in place in all key areas of expenditure with regular reviews by members of the senior management team.

Child Women and Family Services
The service is $0.97m unfavourable for the eleven months ended May 2017. This unfavourable position continues to be driven by increased Medical and Nursing costs associated with run category changes, over allocations of junior doctors, high allowances across both groups and greater utilisation of continuing medical education budgets. Ongoing nursing roster cover issues coupled with challenges with midwife retention have resulted in more costly resourcing options being required to maintain appropriate patient care standards. Vacancies across Allied Health specialties and to a lesser extent Management/Administration have provided significant cost mitigation to date. Challenges also exist around meeting embedded savings obligations set for 2016/17. Higher than anticipated cleaning outsourced, repairs and maintenance and dental supplies costs along with several one off expenses have contributed to the services inability to achieve full savings targets. Service output activity remains positive with Neonatal Inpatients tracking at 104%, Gynaecology electives at 100%, Gynaecology acute 101%, Maternity Inpatient acute 116% and Paediatric Inpatient acute 99%.

Mental Health Services
The service is $1.6002m favourable for the eleven months ended 31 May 2017. This is primarily driven by favourable variances in personnel. The personnel variance of $1.288m YTD is driven by a large number of vacancies in nursing offset by casual staff and overtime cover. There are also vacancies in medical. Other direct costs are unfavourable by $528k YTD. Whilst clinical supplies remain favourable due to the flexifund for patient's healthcare and wellbeing in community homes, this is offset by outsourced locums covering medical vacancies. Over the remaining month the locum spend is forecasted to continue resulting in a full year forecast of $900k favourable.

3.2 Corporate and Support Services

The overall YTD result for Provider Support is $3.293m unfavourable.

The Corporate and Support Services includes centrally budgeted savings where the actual savings being included in the relevant services.

The overall result for Hospital Operations is $1,142k unfavourable for the YTD to May 2017. This is primarily due to unfavourable activity related non-pay costs. This includes the cost of pharmaceuticals and patient meal costs which are unfavourable due to a 1% increase in price for indexation per the terms of the contract plus a further 5.5% uplift in price due to lower than anticipated number of DHBs participating in the national Food Services Agreement.

3.3 Financial Performance – Funder

The Funder net result for May is $2.53m favourable for the month and $13.30m favourable year to date. This result represents the totality of the Funder Services across all its divisions and is inclusive of Funder Provider Arm Services, Funder NGO Services and Funder IDF Services. The net favourable position is mostly a consequence of upsides within Funder NGO Services. It results from a small range of contributing factors which includes budgeted service initiatives not yet fully committed, lower than budget utilisation across the major community demand service categories and one off upsides relating to prior year adjustments. The Funder net position also includes variances resulting from budget realignments. Alignment variances mostly offset and should be viewed within the wider context of organisational position inclusive of the Provider Arm. The impact of additional revenue allocations to the Provider Arm are accounted for within the Funder as additional Funder expenditure and related variances reported accordingly.

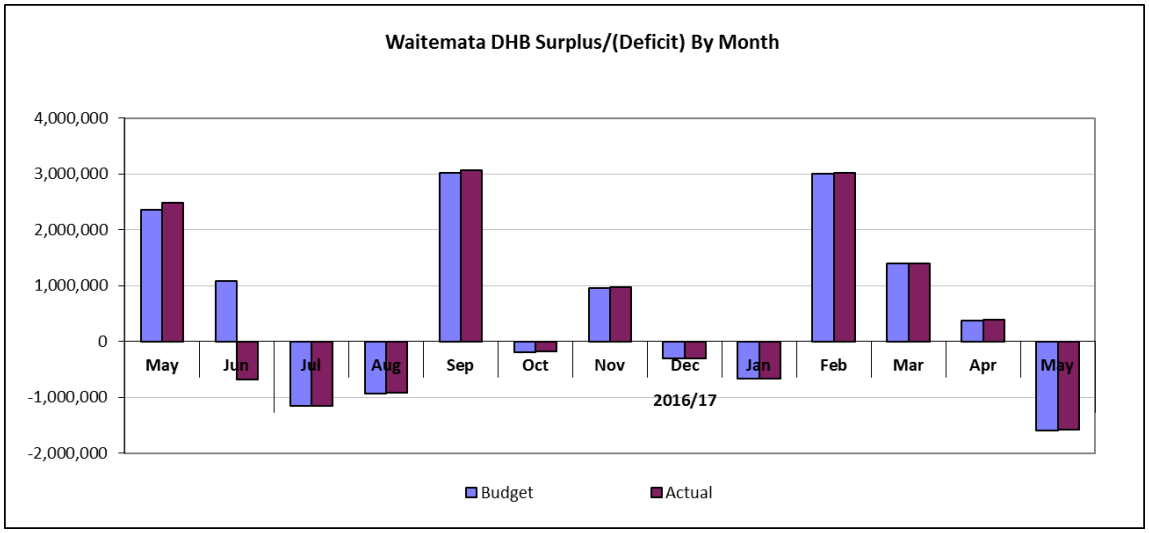
3.4 Financial Performance - Governance and Funding Administration Arm

The Governance and Funding Administration represents the Waitemata DHB share of the Joint Planning Funding and Outcomes Arm and includes the Waitemata DHB share of the Northern Regional Alliance. The Governance and Funding Administration Core net variance to budget for the month is not significant and is $0.30m favourable to budget year to date.

4. Financial Performance – Other Indicators/Trends

4.1 Net Result

The actual net result performance against the budget for the DHB tracked over time is illustrated in the graph below. The overall DHB result for the eleven months to May 2017 is a surplus of $4.038m which is $119k favourable to budget.



4.2 Savings Targets and Initiatives

The savings initiatives which have currently been identified are summarised as:

Savings Category	$000s
Annual Leave Review and Management	700
Overtime reviews	1,000
Other Personnel Initiatives	2,075
Elective Surgery	400
Elective theatre efficiency	320
Waitemata Central	1,100
Revenue Generation	500
Fleet Strategy	500
Procurement	2,000
Supply Chain	1,000
Other Non-Personnel Initiatives	7,787
To be allocated	4,334
TOTAL	**21,716**

Predicted savings achieved to 31 May 2017 are estimated at $7.405m. Set out below is an update on some savings initiatives which the DHB has been undertaking.

Radiology savings initiatives
The Provider arm will be initiating a review of the radiology service in July 2017 to identify areas to improve efficiency and productivity. This review has been identified by clinical leadership and hospital management as a strategic priority due to the increase in service demand and approved

plans to upgrade key radiology infrastructure over the next 12 to 24 months. This review will include within its scope analysis previously undertaken by the department and the institute and leading best practice. The consideration of both Auckland regional and private sector capacity will occur. The review recommendations will enable hospital management to begin implementing changes starting in late 2017.

ACC Revenue Initiatives

Non Acute Rehab Contract (NAR)
The month of May has seen an increased intake of fractured neck of femur patients into the Non Acute Rehab contract. This has had a positive impact and resulted in a $5,835 favourable result this month compared to a $48k unfavourable result last month. Non Acute Rehab contract year to May 2017 revenue is $607,239 favourable to budget.

ACC Elective Surgery
The elective surgical contract is still performing considerably below expectations. Although we have noticed a slight increase in invoicing in May the results are still $422,944 unfavourable.

ACC Elective Surgery Missed Assessment Report and Treatment Plans
We regularly monitor theatre lists for ACC cases that have not had an Assessment Report and Treatment Plan completed when placed on the list. No cases were identified in May. However, it has to be noted that a significant increase of Assessment Report and Treatment Plans requests has been noted. On average, we receive around 20 Assessment Report and Treatment Plans requests per month; in May we had received 40 requests.

Treatment Injury – unregistered and longstanding
Regular monthly reveiws of accepted treatment inujury claims are undertaken by the Treatment Injury Coorinator with the intention of identifying retrospective billing opportunities. So far an additional revenue of $180,576 has been realised over and above our budgeted YTD revenue of $45,466.

ACC Invoicing

Interpreter fees
A focus on identifying claimable interpreter events has so far resulted in an additional revenue of $9,670 for Asian Health. This is over and above the budgeted $7,051.

Equipment
On-going process improvements between our Allied Health team and ACC have resulted in a significant cost recovery for equipment hired beyond the six weeks Public Health Acute Services) period. $46,517 has been achieved over and above our YTD budget expectation of $14,464. Our budget reflected our prior year's experience.

Supply Chain Initiatives

Ward Inventory Management
The team has continued to work on converting Ward supply areas onto the Inventory Lite Solution (scanning). So far we have completed implementation of scanning at seven wards across North Shore and Waitakere hospital. Five wards in North Shore and two wards at Waitakere hospital have been working on new scanner technology. We are in process of implementing scanning at three more wards – Te Henga, Titirangi and Anawhata wards at this stage. We anticipate completing the implementation in these three wards by end of July 2017.

The team is planning out the next stages of the Inventory Lite Implementations.

Procurement Initiatives

Annualised Procurement and Supply Chain savings achieved in the current financial year to the end of March amount to $993k. The team's focus has been on a number of large procurement initiatives. There are a large number of procurement initiatives in the pipeline which forecast savings. These activities include:

Identifying areas for high spend where contracts are required or require renegotiation
Negative pressure wound therapy is a category where there were two contracts with multiple price structures. We approached a panel supplier and negotiated a favourable owner machine model. Clinical leaders were pleased with the trial and have made a decision based on that which will deliver $1.31m over the next five years. The business case has been approved and waiting for secondary contract to be signed. We anticipate its full implementation by end of August 2017 thus delivering benefits. Payback period for the machines is six months and the machines come with five year warranty.

Mobility Aids – Rental Equipment
Steering group has recommended having a centralised equipment team for rental equipment management. With that, an internal IT systems solution is also available to manage rental equipment. The business case is being finalised and will go to Executive Leadership Team for approval. We also received a credit for $10.5k due to an invoice error by supplier.

Uncontracted services onto Contract
Work has commenced to look at courier services including point to point, satchels, tickets and scheduled services. So far we have recognised an annual potential savings of $20k if we tag on to an All of Government syndicated contract for satchels and tickets.

Requests for Proposals to Market
The team with the Services are working well with healthAlliance FPSC to prepare sourcing briefs to put out into the market.

- **Wound care products** - Pharmac concluded a market share agreement last year within the Wound care category. All six categories have now been implemented providing a savings of around $100K annualized.
- **Surgical gloves** – Pharmac have recently concluded panel contracts for surgical gloves. Implementation of practice changes and rationalization has been completed providing the benefits across the DHB.
- **Gauze Swabs and Dressing pack** – Team has recently concluded rationalisation of gauze swabs and dressing packs across the DHB. This piece of work has started providing an estimated savings of approximate $55K per annum.
- ***Air Transfer mattresses*** – healthAlliance recently completed a panel contract for air transfer mattresses. Team is currently working on optimizing the pricing on catalogue and to realize the benefits which are estimated to be around $15K per annum.
- ***Sanitary paper products –*** healthAlliance has completed a panel contract for sanitary paper products like paper hand towels, toilet tissues and face tissues. The team is currently working on product evaluation of key panel suppliers of these products. Based on the price estimates we anticipate savings to be approximate $30 to $100K based on the product selection.
- ***Moonboots –*** Team is currently working on evaluating range of moonboots available with various suppliers. Clinical teams have provided their feedback on these products. Currently we are working on commercial discussion with suppliers and healthAlliance for these products.

Once this is completed we anticipate significant rationalization and savings of approximate $70K (annualized).

5. Capital Expenditure

Capital expenditure planned for the 2016/17 year is $74.926m. The following table summarises performance against the capital expenditure budget for the month and for the year:

$'000s	Full Year Budget	Month (May-17)			YTD (May-17)		
		Actual	Budget	Variance	Actual	Budget	Variance
Land	0	0	0	0	0	0	0
Buildings & Plant	46,133	3,933	4,694	761	43,933	43,733	(200)
Clinical Equipment	8,664	809	740	(69)	8,568	8,032	(536)
Other Equipment	4,288	44	276	232	252	4,061	3,809
Information Technology	6,514	752	829	77	5,203	5,663	460
Purchase of software	7,240	0	592	592	0	4,868	4,868
Motor Vehicles	2,087	0	165	165	1,428	1,917	489
Total Capital Expenditure	**74,926**	**5,538**	**7,296**	**1,758**	**59,384**	**68,274**	**8,890**

Note: The Full Year Budget is based last filed DAP.

As at May 2017, capital expenditure YTD is $8.890m below the plan. The majority of spend has been incurred on three large facilities capital projects. These are Community Building 5 refurbishment, the Learning Centre, Mason Clinic 15 Medium Secure Units, Waitakere Additional Beds, Waitakere ED and replacement vehicles.

6. Financial Position

The financial position as at May 2017 is shown below. This indicates a strong balance sheet with net worth of $616.645m including $28m in cash. During February 2017 Crown Loans of $276,706,000 was converted to Crown Equity under the Government agreed initiative. The detailed Statement of Financial Position for the DHB Parent is provided as **Attachment 2.**

In $'000s	Opening 30 Jun-16	May-17 Actual	May-17 Budget	May-17 Variance	Full Year Budget
Crown Equity	**335,969**	**616,645**	**342,375**	**274,270**	**342,854**
Represented by :					
Current Assets	137,311	97,219	102,702	(5,483)	100,487
Current Liabilities	268,032	233,445	253,536	20,091	255,459
Net Working Capital	(130,721)	(136,226)	(150,834)	14,608	(154,972)
Fixed Assets	748,469	783,976	795,612	(11,636)	800,229
Term Liabilities	281,779	31,105	302,403	271,298	302,403
Total Employment of Capital	**335,969**	**616,645**	**342,375**	**274,270**	**342,854**

7. Cash flow Position

Summary of the cash flow statement as at May 2017 is given below. The detailed Cash flow statement is provided as **Attachment 3**.

$'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Opening cash	47,211	48,704	(1,493)	81,631	81,631	-
Operating	(14,055)	1,701	(15,756)	16,529	40,032	(23,503)
Investing	(5,538)	(7,296)	1,758	(62,192)	(68,274)	6,082
Financing	0	(928)	928	(8,350)	(11,208)	2,858
Closing cash	**27,618**	**42,181**	(14,563)	**27,618**	**42,181**	(14,563)

The DHB's cash position in the NZ Health Partnerships Limited sweep as at May 2017 is $27.62m (Last month $47.21m).

During February 2017, the DHB repaid its Crown borrowing in exchange for Crown Equity, as approved by the Board. At the repayment date, accrued interest on the outstanding debt was paid. The cash flow budget set at the beginning of the year assumed no such early repayment and accordingly, a net cash negative variance occurred in the month.

The DHB also monitors performance in collecting amounts owed by other organisations; the total amount owed to the DHB as at May 2017 was $15.9m (last month balance owed was $15.8m). 66% of this is within the 60 days period (58% of this relates to Ministry of Health and 25% to other DHBs). 34% is over 60 days and the majority of this is in the area most difficult to collect, i.e. non-residents income. An Accounts Receivables report and explanation for amounts overdue for more than 60 days is provided as **Attachment 4**.

ATTACHMENT 1

WAITEMATA DISTRICT HEALTH BOARD | **31 May 2017**

STATEMENT OF FINANCIAL PERFORMANCE BY DHB SERVICE GROUP

MONTH	Direct Revenue			Direct Expenditure			Net Result			FTE's			Head Count
($000's)	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual
Provider													
Medical Services	210	257	(47)	11,273	10,364	(909)	(11,063)	(10,107)	(956)	2,004	1,986	(18)	
Surgical Services	815	714	101	7,959	7,845	(113)	(7,143)	(7,131)	(12)	2,004	1,986	(18)	
Medical Services	1,026	972	54	19,232	18,209	(1,022)	(18,206)	(17,238)	(968)	4,008	3,972	(36)	2,436
Surgical Services	796	689	108	14,539	12,920	(1,618)	(13,743)	(12,232)	(1,511)	1,169	1,209	40	1,310
ESC	59		59	2,473	2,424	(48)	(2,413)	(2,424)	11	99	97	(2)	115
Child, Women & Family Services	971	1,091	(120)	7,498	7,204	(294)	(6,527)	(6,113)	(414)	921	987	66	1,159
Mental Health	1,187	1,195	(9)	10,497	10,150	(346)	(9,310)	(8,955)	(355)	1,256	1,321	66	1,403
Sub Total - Clinical Services	**4,038**	**3,947**	**92**	**54,238**	**50,909**	**(3,329)**	**(50,199)**	**(46,962)**	**(3,237)**	**7,453**	**7,586**	**133**	**6,423**
Director of Hospital Services	909	697	212	2,089	1,374	(715)	(1,181)	(677)	(503)	921	987	66	8
Hospital Operations	345	349	(4)	6,400	6,045	(355)	(6,055)	(5,695)	(359)	560	537	(23)	1,051
Facilities	60	51	10	3,098	2,573	(525)	(3,038)	(2,523)	(515)	95	45	(50)	97
Provider Management	68,897	65,030	3,866	4,793	2,682	(2,111)	64,103	62,348	1,755		0	0	
Corporate	384	1,840	(1,455)	8,504	10,296	1,792	(8,120)	(8,456)	336	408	379	(30)	322
Sub Total - Corporate & Support Services	**70,595**	**67,967**	**2,629**	**24,885**	**22,970**	**(1,915)**	**45,710**	**44,996**	**714**	**1,985**	**1,947**	**(37)**	**1,478**
Total Provider	**74,634**	**71,914**	**2,720**	**79,123**	**73,879**	**(5,243)**	**(4,489)**	**(1,966)**	**(2,523)**	**9,438**	**9,533**	**96**	**7,901**
Governance & Funding Administration	**1,075**	**1,081**	**(5)**	**1,071**	**1,081**	**10**	**4**	**0**	**4**	**96**	**96**	**1**	**104**
Funder Arm													
Funder NGOs	38,458	40,318	(1,860)	35,285	39,943	4,658	3,173	375	2,798				
Funder Inter District Flows	23,436	23,341	96	23,703	23,341	(362)	(266)		(266)				
Total Funder Arm	**61,895**	**63,659**	**(1,764)**	**58,988**	**63,284**	**4,296**	**2,907**	**375**	**2,532**				
Consolidated	**137,604**	**136,653**	**950**	**139,181**	**138,244**	**(937)**	**(1,578)**	**(1,591)**	**13**	**9,533**	**9,630**	**97**	**8,005**

YEAR TO DATE	Direct Revenue			Direct Expenditure			Net Result			FTE's			Full Year
($000's)	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Provider													
Medical Services	12,200	10,935	1,265	211,549	205,718	(5,830)	(199,348)	(194,783)	(4,565)	1,993	1,987	(5)	(218,746)
Surgical Services	8,193	7,574	619	150,974	144,198	(6,776)	(142,781)	(136,624)	(6,157)	1,128	1,061	(67)	(154,205)
ESC	405	(0)	405	24,645	24,724	79	(24,240)	(24,724)	484	93	88	(5)	(25,287)
Child, Women & Family Services	12,390	12,016	374	81,755	80,408	(1,347)	(69,365)	(68,392)	(973)	894	928	34	(74,966)
Mental Health	13,048	12,806	242	115,454	116,241	787	(102,406)	(103,435)	1,029	1,238	1,315	77	(112,982)
Sub Total - Clinical Services	**46,236**	**43,330**	**2,905**	**584,376**	**571,288**	**(13,088)**	**(538,141)**	**(527,958)**	**(10,183)**	**5,346**	**5,379**	**34**	**(586,186)**
Director of Hospital Services	8,439	7,667	772	22,870	19,457	(3,414)	(14,431)	(11,790)	(2,641)				(2,543)
Hospital Operations	5,147	3,843	1,304	70,076	67,630	(2,446)	(64,929)	(63,787)	(1,142)	559	537	(22)	(70,824)
Facilities	2,697	557	2,140	33,225	27,910	(5,315)	(30,528)	(27,354)	(3,174)	89	45	(44)	(29,745)
Provider Management	730,166	715,332	14,834	7,040	(11,799)	(18,839)	723,126	727,131	(4,005)		0	0	784,049
Corporate	11,575	20,263	(8,688)	100,354	116,712	16,358	(88,779)	(96,449)	7,670	366	378	12	(94,751)
Sub Total - Corporate & Support Services	**758,024**	**747,661**	**10,363**	**233,565**	**219,909**	**(13,656)**	**524,459**	**527,752**	**(3,293)**	**1,014**	**960**	**(54)**	**586,186**
Total Provider	**804,259**	**790,991**	**13,268**	**817,941**	**791,197**	**(26,744)**	**(13,682)**	**(206)**	**(13,476)**	**6,360**	**6,339**	**(20)**	
Governance & Funding Administration	**11,719**	**11,888**	**(169)**	**11,422**	**11,888**	**466**	**297**	**0**	**297**	**88**	**96**	**9**	
Funder Arm													
Funder NGOs	425,256	443,502	(18,246)	408,003	439,377	31,374	17,253	4,125	13,128				4,500
Funder Inter District Flows	257,176	256,747	429	257,007	256,747	(260)	169		169				
Total Funder Arm	**682,432**	**700,249**	**(17,817)**	**665,010**	**696,124**	**31,114**	**17,423**	**4,125**	**13,298**				4,500
Consolidated	**1,498,411**	**1,503,129**	**(4,717)**	**1,494,373**	**1,499,210**	**4,836**	**4,038**	**3,919**	**119**	**6,447**	**6,436**	**(12)**	**4,500**

ATTACHMENT 2

Attachment 2					
WAITEMATA DISTRICT HEALTH BOARD			Reporting Date	31 May 2017	
STATEMENT OF FINANCIAL POSITION ($'000s)					
30/06/2016 Actual			Actual	Budget	30/06/2017 Budget
	Crown Equity				
103,015		Crown Equity	379,721	103,015	103,015
273,890		Revaluation Reserve	273,821	273,813	273,813
(42,785)		Retained Earnings - Prior Years	(40,936)	(38,474)	(38,474)
1,849		Retained Earnings - 2016/17	4,039	4,021	4,500
335,969			**616,645**	**342,375**	**342,854**
	Represented by :				
	Current Assets				
81,631		Bank and Short Term Deposits	27,617	46,772	42,959
47,953		Debtors	61,355	48,200	49,713
1,113		Prepayments	1,187	1,115	1,115
6,614		Inventory	7,059	6,615	6,700
		Assets Held for Resale			
137,311			**97,219**	**102,702**	**100,487**
	Current Liabilities				
		Bank Overdraft			
116,440		Creditors	126,303	117,886	119,620
46,645		Provisions and Accruals	704	620	620
78,898		Staff Related Liabilities - Current	106,182	108,981	109,170
26,049		Term Debt - Current Portion	256	26,049	26,049
268,032			**233,445**	**253,536**	**255,459**
(130,721)	**Net Working Capital**		(136,226)	(150,834)	(154,972)
	Fined Assets				
612,730		Land, Buildings and Plant (net)	597,034	596,366	594,877
3,660		Leasehold Building Works (net)	3,341	3,751	3,751
39,963		Equipment (net)	35,071	33,737	33,174
76		Information Technology (net)	50	(69)	(69)
192		Intangible Software (net)	92	3	(14)
2,784		Vehicles (net)	2,054	1,809	1,813
50,975		Work in Progress	105,306	114,696	121,378
710,380			**742,948**	**750,293**	**754,910**
38,089	**LT & Investments in Associates**		41,028	45,319	45,319
38,089			**41,028**	**45,319**	**45,319**
	Term Liabilities				
29,825		Staff Related Liabilities- Term	30,306	42,400	42,400
435		Trust and Special Funds	435	10,435	10,435
251,519		Term Debt - External	363	249,568	249,568
281,779			**31,105**	**302,403**	**302,403**
335,969			**616,645**	**342,375**	**342,854**

ATTACHMENT 3

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** 31 May 2017

CASHFLOW STATEMENT ($'000s)

	Month			YTD		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Cash flows from operating activities:						
Inflows						
Crown	143,280	134,824	8,456	1,519,221	1,482,820	36,401
Interest Received	67	501	(434)	3,942	5,511	(1,569)
Other Revenue	4,898	1,339	3,559	41,844	14,857	26,987
Outflows						
Staff	58,305	52,461	(5,844)	555,280	558,096	2,816
Suppliers	21,299	20,270	(1,029)	233,786	208,251	(25,535)
Other Providers	75,372	62,232	(13,140)	745,488	684,545	(60,943)
Capital Charge	0	0	0	11,692	12,264	572
GST (net)	7,324	0	(7,324)	2,232	0	(2,232)
Net cash from Operations	**(14,055)**	**1,701**	**(15,756)**	**16,529**	**40,032**	**(23,503)**
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	0	0
Associates	0	0	0	0	0	0
Outflows						
Capital Expenditure	5,538	7,296	1,758	59,384	68,274	8,890
Investments	0	0	0	2,808	0	(2,808)
Net cash from Investing	**(5,538)**	**(7,296)**	**1,758**	**(62,192)**	**(68,274)**	**6,082**
Cash flows from financing activities:						
Inflows						
Equity Injections	0	0	0	0	0	0
New Debt	0	0	0	0	(1,000)	1,000
Deposits Recovered	0	0	0	0	0	0
Outflows			0			
Interest Paid	0	928	(928)	8,350	10,208	1,858
Funds to Deposit	0	0	0	0	0	0
Net cash from Financing	**0**	**(928)**	**(928)**	**(8,350)**	**(11,208)**	**2,858**
Net increase / (decrease)	**(19,593)**	**(6,523)**	**(13,070)**	**(54,013)**	**(39,450)**	**(14,563)**
Opening cash	47,211	48,704	(1,493)	81,631	81,631	0
Closing cash	**27,618**	**42,181**	**(14,563)**	**27,618**	**42,181**	**(14,563)**
Closing Cash Balance in HBL Sweep account	27,618			27,618		

ATTACHMENT 4

WAITEMATA DISTRICT HEALTH BOARD — **Reporting Date** **31 May 2017**

STATEMENT OF ACCOUNTS RECEIVABLES

Ref		As %	Total Outstanding	Current	1 - 30 D	31 - 60 D	61 - 90 D	91 Days +	Prior Month
1	ACC	2.2%	357,005.60	324,918.20	2,846.36	2,886.55	3,017.75	23,336.75	694,049.93
2	Accredited Employers	0.1%	9,645.22	8,685.23	0.00	0.00	475.14	484.85	1,339.63
3	Commercial	1.7%	268,798.80	131,428.00	140,905.60	611.27	1,503.73	-5,649.86	255,964.22
4	Crown (excluding Mo	3.9%	621,345.30	262,367.30	161,906.60	1,586.09	97,305.30	98,180.05	1,188,984.36
5	DHBS'	32.2%	5,128,185.00	1,980,280.00	522,885.30	82,747.89	17,216.62	2,525,055.00	5,197,207.52
6	MOH	39.5%	6,294,493.00	5,085,169.00	666,721.20	354,406.10	62,323.93	125,871.90	5,342,159.99
7	Non Residents	20.4%	3,253,214.00	100,442.40	437,598.60	197,976.40	338,750.40	2,178,447.00	3,054,380.25
8	Overseas Govt	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Patient	0.1%	13,400.56	3,317.91	3,641.47	280.00	1,636.37	4,524.81	17,887.65
10	Staff	0.0%	1,134.20	267.95	0.00	0.00	115.00	751.25	1,176.25
	WDHB Total	**100.00%**	**15,947,221.68**	**7,896,876**	**1,936,505**	**640,494**	**522,344**	**4,951,002**	**15,753,149.80**
				50%	12%	4%	3%	31%	
	Total Less Nres		12,694,008	7,796,434	1,498,907	442,518	183,594	2,772,555	
				61%	12%	3%	1%	22%	
					Total 30+	3,398,666			
						27%			

REF		
1	ACC	91% of the total outstanding is current.
3	Commercial	$13k in the 91+ category has been promised for payment
4	Crown	$26k worth of outstanding invoices (90days+ category) is still being followed up. A further $85k wa received.
5	DHB's	For 91+days overdue: CMDHB $344K OPEX cost from 2013-2014 which is waiting resolution. ADHB $2.5M for 61+days is being worked through with ADHB
6	MOH	91days+ $126K balance is being worked on.
7	Non Residents	$1,557,499 is on a current payment plan. This category of debtors is the most difficult to collection from.

6.1 Minutes of the Health Advisory Committee Meeting 03 May 2017

Recommendation:

That the minutes of the Health Advisory Committee meeting held on 03 May 2017 be received.

Minutes of the meeting of the Waitemata District Health Board

Hospital Advisory Committee

Wednesday 03 May 2017

held at Waitemata District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.37pm

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

James Le Fevre (Committee Chair)
Max Abbott
Kylie Clegg
Sandra Coney (Committee Deputy Chair)
Brian Neeson
Morris Pita
Allison Roe

ALSO PRESENT

Warren Flaunty (Board Member) (until 3pm)
Dale Bramley (Chief Executive Officer)
Robert Paine (Chief Information Officer and Head of Corporate Services) (until 2.35pm)
Andrew Brant (Chief Medical Officer)
Cath Cronin (Director of Hospital Services)
Fiona McCarthy (Director of Human Resources)
Jocelyn Peach (Director of Nursing and Midwifery)
Joanne Brown (Funding and Development Manager-Hospitals)
David Price (Director of Patient Experience)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES

Lynda Williams (Auckland Womens Health Council)
Sue Claridge (Auckland Womens Health Council)
Molly Neilson (Maternity Services Consumer Council)

WELCOME

The Committee Chair welcomed those present. He noted the success of the recent World Masters Games and congratulated Allison Roe on her gold medal win for mountain biking.

APOLOGIES

An apology was received and accepted for early departure from Morris Pita.

DISCLOSURE OF INTERESTS

Kylie Clegg advised that she had been appointed as a Director of Auckland Transport.

There were no declarations of interest relating to the open section of the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 22 March 2017 (agenda pages 5 to 12)

Resolution (Moved Kylie Clegg/Seconded Brian Neeson)

That the Minutes of the Hospital Advisory Committee meeting held on 22 March 2017 be approved.

Carried

Actions Arising (agenda page 13)

There are currently no actions arising.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – February 2017 (agenda pages 14 to 79)

Cath Cronin (Director Hospital Services) and Robert Paine (Chief Financial Officer Head of Corporate Services) introduced the report.

Cath Cronin introduced the report and summarised the Executive Summary section.

Sandra Coney queried whether the DHB had measures set for the services provided by district nurses, in response Debbie Eastwood noted that measures are in place and that feedback from patients is encouraged. It was also noted that the DHB does provide a full weekend service for district nursing. Sandra advised that she would encourage the patient who contacted her following their recent discharge from hospital to provide direct feedback to the DHB.

In response to a question from Max Abbott about the results for the faster cancer treatment target and its subsequent impact on outcomes, Andrew Brant noted that the results are being monitored; however, more time is required to see the outcome of this target.

Robert Paine summarised the financial performance section of the Executive Summary.

Matters highlighted and response to questions included:

- That regarding Clinical Supplies Costs and the reference to patient meals, Robert Paine advised that he will report back on what the actual cost is per patient meal.
- That the financial impact of the two recent NZRDA strikes is approximately $1m per strike.
- That when filling a vacancy for an existing role, the DHB assesses the requirement of the role prior to advertising.

Human Resources (agenda page 30)

Fiona McCarthy (Director, Human Resources) summarised this section of the report. She provided an update on the flu vaccination data noting that approximately 3,000 staff had been vaccinated.

Pam Lightbrown (General Manager Mental Health) was introduced to the Committee. In response to a question from the Committee Chair about staff available to assist with overtime, Ms Lightbrown noted that extra staffing shifts are offered to the casual bureau.

Acute and Emergency Medicine Division (agenda page 33)

Dr Gerard De Jong (Division Head Acute and Emergency Medicine), Shirley Ross (Head of Division Nursing) and Alex Boersma, (General Manager, Acute and Emergency Medicine) presented this section of the report.

Alex Boersma introduced the report.

Matters covered in discussion and response to questions included:

- Noting a review recently undertaken on the regional eating disorder service provisions led to agreement that services would continue to be provided at Waitemata DHB and Counties Manukau DHB.
- On noting the 24.2% turnover of nursing in the emergency department, the Committee requested further information on the turnover of senior nurses in the emergency departments.

Specialty Medicine and Health of Older Persons (agenda page 41)

Debbie Eastwood (General Manager, Medicine and Health of Older People Services), Shirley Ross (Head of Department Nursing) and John Scott (Head of Division, Speciality Medicine and Health of Older People Services) presented this section of the report.

Debbie Eastwood introduced the report.

John Scott summarised the Needs Assessment/Service Co-ordination (NASC) service update to the Committee.

The Committee Chair thanked the team for the NASC update, noting that the two cases identified in the report were informative.

Matters covered in discussion and response to questions regarding the NASC service update included:

- That the DHB has NASC working in its teams and on its wards providing an integrated and efficient service.
- Noting that there is means testing for household management and personal care; it was also noted that assessor's contract with home based agencies to provide services.
- That the formulas for means testing are set nationally and the DHB is required to administer the formulas accordingly.

Child, Women and Family (agenda page 49)

Meia Schmidt-Uili (Acting Head of Department Medical) and Stephanie Doe (Acting General Manager Child, Women and Family Services) presented this section of the report.

Stephanie Doe introduced Pamela Marino (Charge Nurse Manager, Children's Rehabilitation Service) and Cara Davidson (Play Specialist, Wilson Centre) to the Committee. A video on the 'Child Rehabilitation Service, Wilson Centre, Waitemata DHB' was shown to the Committee. The Committee thanked Ms Marion and Ms Davidson and acknowledged those presenting in the video.

Stephanie Doe summarised the Child, Women and Family section of the report.

The Committee discussed the update provided in the report on the changes in delivery of the Human Papillomavirus school based immunisations programme and requested a more in depth update on the programme including delivery and funding.

Matters covered in discussion and response to questions included:

- That with regard to oral health for pre-school age children the service is looking at ways in increase the attendance rate, particularly for those in high-needs areas.

Mental Health and Addiction (agenda page 56)

Susanna Galea (Director, Special Mental Health and Addiction Services), Jeremy Skipworth (Director Forensic Services), Pam Lightbrown (General Manager Mental Health) and Alex Craig (Associate Director of Nursing, Mental Health) presented this section of the report.

Susanna Galea introduced the report.

Matters covered in discussion and response to questions included:

- Noting the highlight of the month: 'New Entry into Speciality Practice, Mental Health and Addiction Nursing Graduate Programme.'
- Noting that mental health services in the ED/ADU area is a priority area of focus with a project underway together with the emergency services team to look at mental health services in this area.
- Noting that the building programmed for the new 15 bed medium secure unit is on track.

Susanna Galea noted that a further update on infant focussed services would be provided to the Committee, particularly around capacity of the service.

Surgical and Ambulatory Services/Elective Surgical Centre (agenda page 62)

Gill Cossey (General Manager, Surgical and Ambulatory Services) and Michael Rodgers (Chief of Surgery) presented this section of the report.

Michael Rodgers introduced Gill Cossey (General Manager, Surgical and Ambulatory Services) to the Committee.

Matters covered in discussion and response to questions included:

- Noting that whilst the fractured neck of femur target was no longer a national metric, the DHB continues to monitor it.
- Noting that the reference to patient flow – theatre utilisation in the report is specific to the Elective Surgery Centre.

The Committee requested a briefing on the WIES reporting (weighted inlier equivalent separations).

Provider Arm Support Services (agenda page 73)

Robert Paine summarised this section of the report.

Resolution (Moved Brian/Seconded Sandra Coney)

That the report be received.

Carried

3.2 Provider Arm Performance Report – March 2017 (agenda pages 80 to 87)

Robert Paine summarised the report.

The report was noted.

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 88 to 93)

Dr Andrew Brant (Chief Medical Officer) and Dr Jocelyn Peach (Director of Nursing and Midwifery; Emergency Systems Planner) and Tamzin Brott (Director of Allied Health) presented this item

Andrew Brant summarised the Medical staff section of the report, noting that the Medical Council of New Zealand is currently considering changes to the recertification for vocationally registered doctors. Andrew Brant advised that he will keep the Committee informed as to changes that occur.

Jocelyn Peach summarised the Nursing and Midwifery; Emergency Planning Systems section of the report. She noted the recent number of senior nurses retiring from the DHB. The Committee extended an invitation to Ms Donna Riddell to present to the Board following her 39 years of service with the DHB *(note: following the meeting, it*

was advised that Donna Riddell would retire on 18th May and that she then departing for Australia soon after and was therefore unable to present to the Board.)

In addition to the report, Ms Peach acknowledged Emma Farmer, who had recently been working with Syrian refugees in Greece.

Tamzin Brott summarised the Allied Health, Scientific and Technical Professions section of the report.

In response to a question about the friends and family test and how allied health is segmented, Tamzin Brott noted that individual allied health clinicians record the data, which is collected on iPads.

Resolution (Moved Kylie Clegg/Seconded Sandra Coney)

That the report be received.

Carried

4.2 Human Resources (agenda pages 94 to 103)

Fiona McCarthy (Director of Human Resources) and Stephen Anderton (Group Manager Organisation Development) were present for this item. Fiona introduced Mr Anderton to the Committee.

Fiona summarised the report and noted the results being seen in the 'time to hire' area. She also acknowledged the scholarship awards hui (held on 13th April) to welcome new students.

In response to a question Fiona McCarthy noted that, while not systematic, there are opportunities for people who are retiring from the DHB after many years of service to provide support or mentoring to other staff within the organisation.

Resolution (Moved Max Abbott/Seconded Morris Pita)

That the report be received.

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 104)

Resolution (Moved Kylie Clegg/Seconded Morris Pita)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 22/03/17	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The open session of the meeting concluded at 3.38 pm.

SIGNED AS A CORRECT RECORD OF THE WAITEMATA DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 03 MAY 2017

_____COMMITTEE CHAIR

6.2 Minutes of the Health Advisory Committee Meeting 14 June 2017

Recommendation:

That the draft minutes of the Health Advisory Committee meeting held on 14 June 2017 be received.

Minutes of the meeting of the Waitemata District Health Board

Hospital Advisory Committee

Wednesday 14 June 2017

held at Waitemata District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.06pm

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

James Le Fevre (Committee Chair)
Max Abbott
Kylie Clegg (Board Deputy Chair)
Sandra Coney (Committee Deputy Chair)
Brian Neeson (from 1.21pm)
Morris Pita
Allison Roe

ALSO PRESENT

Warren Flaunty (WDHB Board Member) (until 3pm)
Dale Bramley (Chief Executive Officer)
Robert Paine (Chief Information Officer and Head of Corporate Services) (until 2.35pm)
Cath Cronin (Director of Hospital Services)
Fiona McCarthy (Director of Human Resources)
Joanne Brown (Funding and Development Manager-Hospitals)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES

Sue Claridge (Auckland Womens Health Council)

WELCOME

The Committee Chair welcomed those present.

APOLOGIES

There were no apologies were received.

DISCLOSURE OF INTERESTS

There were no additions or other amendments to the Interests Register.

Morris Pita declared his interest of Healthcare Applications Limited in relation to the 'Acute and Medicine Division' update in item 3.1 (specifically emergency departments)

and the information paper for the '2017 winter plan', item 5.1 of the agenda and that he would step out of the meeting for the discussion of these matters.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 03 May 2017 (agenda pages 5 to 12)

Resolution (Moved Kylie Clegg/Seconded Allison Roe)

That the Minutes of the Hospital Advisory Committee meeting held on 03 May 2017 be approved.

Carried

Actions Arising (agenda page 13)

The actions arising were noted.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – February 2017 (agenda pages 14 to 82)

Cath Cronin (Director Hospital Services) introduced the report and summarised the Executive Summary section.

The Committee Chair acknowledged both the cancer treatment target and the targets reported in the scorecard being maintained for a period of time.

Human Resources (agenda page 31)

Fiona McCarthy (Director, Human Resources) summarised this section of the report.

In response to a question from the Committee Chair about staff turnover, Fiona McCarthy advised that the DHB has an exit interview questionnaire as well as the option of a face-to-face exit interview. The option of a face-to-face exit interview is not taken up often, but when they are arranged the exiting staff member can advise who they would like to meet with. The interviewer can be a member of the HR team, the line manager, a professional lead or the like.

Allison Roe queried whether common themes were noted by profession, in response Fiona McCarthy advised that this could be investigated and feedback provided to the Committee.

Acute and Emergency Medicine Division (agenda page 34)

Morris Pita stepped out of the meeting for the discussion of this section of the report due to his declared interest of Healthcare Applications Limited.

Dr Gerard De Jong (Division Head Acute and Emergency Medicine), Shirley Ross (Head of Division Nursing) and Alex Boersma, (General Manager, Acute and Emergency Medicine) presented this section of the report.

Alex Boersma introduced the report noting the highlight for the month being the 'reduction in numbers of 'stranded' patients on the medical wards. She also noted the Optimise ED programme at Waitakere Hospital, which proposes a triage model for use, advising that it is anticipated that the programme will lead to less investigations and nursing assessments will be shorter.

With regard to nursing turnover, Shirley Ross advised that work has been undertaken in the emergency departments and on medical wards to determine if there are themes in senior nurse staff turnover. A report will be provided to the Committee at its next meeting.

Warren Flaunty noted that he had phoned Whitecross at 9pm on a weeknight and was advised that there was a three hour wait for an 11 year old to be seen. He also noted that there are two doctors available at Whitecross in the evening, with one doctor from 11pm.

Specialty Medicine and Health of Older Persons (agenda page 43)

Morris Pita returned to the meeting.

Sue Skipper (Operations Manager, Medicine and Health of Older People Services), Shirley Ross (Head of Department Nursing) and John Scott (Head of Division, Speciality Medicine and Health of Older People Services) presented this section of the report.

The Committee viewed the Rereketanga video (Diana McGregor, Toru Project). The Committee has previously been updated on the Toru Project and the video viewed outlines the project further. The project has now been running for three years and it is well embedded.

John Scott noted the 'knitting a way through delirium' update reported to the Committee and circulated examples of the knitted mitts produced to the Committee, the knitted mitts provide comfort to patients with delirium.

Sue Skipper noted the sick leave review recently undertaken and advised that formal meetings had been held with identified high users of sick leave; the meetings held were positive and staff felt supported. The report to the Committee includes data on sick leave taken (page 45 of the agenda) and shows that a reduction in sick leave rates is being seen.

Child, Women and Family (agenda page 50)

Meia Schmidt-Uili (Division Head), Emma Farmer (Had of Division Midwifery) and Stephanie Doe (General Manager Child, Women and Family Services) presented this section of the report.

Emma Farmer summarised the Child, Women and Family section of the report, noting encouraging progress overall.

Stephanie Doe noted that a significant amount of work was being undertaken in the area of oral health for children and improving exam arrears.

In response to a question from Allison Roe about the change in the arrears target in oral care for children, Stephanie Doe noted that the target had been aligned with other community oral health services. A further update on the change in target will be provided to the Committee at its next meeting.

The Committee Chair noted the seven dental therapist vacancies reported, Stephanie Doe advised that while the vacancies are across the service they are primarily roles in the South Auckland area. The DHB is working with Counties Manukau Health to develop an approach to fill the roles.

The Committee Chair requested visibility about Maori and Pacific DNA rates for oral care of children; it was advised that the data would be reported to the Committee quarterly.

The Committee warmly acknowledged Emma Farmer for her 15 years of service with the DHB; the DHB held an event held today (14 June) at Whenua Pupuke to honour staff for their long service.

Specialist Mental Health and Addiction Services (agenda page 57)

Pam Lightbrown (General Manager, Specialist Mental Health and Addiction Services), Mike Ang (Service Clinical Director) and Grace Preston (Finance Manager, Mental Health) were present for this section of report.

Mike Ang introduced the report noting the reported highlight 'cognitive remediation therapy programme.' The Committee Chair commented positively on seeing the idea piloted and implemented. In response to a question about the time the treatment had been available for, Mike Ang noted that it is very resource intensive and well established overseas.

Pam Lightbrown advised that with regard to the Act for Substance Addiction – Compulsory Assessment and Treatment (SACAT) the northern region has developed a model of care. Appropriate resourcing of the model of care required is yet to be advised by the Ministry of Health. Additionally, Pam Lightbrown noted that with regard to intellectual disability services, matters around funding and capacity versus volume have been raised with the Ministry of Health.

Mike Ang summarised the scorecard to variance report (page 58 of the agenda).

Matters covered in discussion and response to questions included:

- Noting that a paper will be submitted to the Board on the SACAT legislation and the developed model of care.
- That with regard to mental health funding it was noted that under the DHB's Better Health and Mind project the DHB is well prepared to apply mental health funding.
- That there is a 6% turnover of staff within adult mental health. It was noted that at times there may be a need to advertise for longer to secure specialist role replacements for mental health and addiction services.

- Noting that the 'family whanau contacts' have been decreasing with more people now being seen in the Waitemata DHB community building rather than in their homes. It was also noted that there has been an increase in phone contacts rather than face-to-face contact, which can be part of a person's treatment plan.
- That with regard to 'seclusion use forensic episodes' reported, the DHB has one of the best rates nationally and has an active primary focus to reduce seclusion.

Surgical and Ambulatory Services/Elective Surgical Centre (agenda page 63)

Gill Cossey (General Manager, Surgical and Ambulatory Services) presented this section of the report. An apology from Michael Rodgers (Chief of Surgery) was noted.

Gill Cossey introduced the report, particularly noting the positive feedback received during the patient experience week.

That in response to a question about the resignations related to theatre nurses retiring from North Shore Hospital, Gill Cossey noted that an option of phased retirement is discussed with nurses, some nurses also opt for part time work and others prefer the option of lighter duties.

Sandra Coney noted positive feedback she had recently received from people in the community about their experiences at the DHB, particularly at North Shore Hospital, of note was that staff were being responsive to patients wanting to consider alternative options to traditional care.

The Committee Chair acknowledged the metrics and commentary reported.

Provider Arm Support Services (agenda page 77)

Robert Paine summarised this section of the report noting that the laboratory service has commenced the pilot for Éclair orders.

Andrew Brant also noted that services will soon commence e-ordering for blood tests, a significant shift in process.

Resolution (Moved Max Abbott/Seconded Kylie Clegg)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 83 to 90)

Dr Andrew Brant (Chief Medical Officer) and Dr Jocelyn Peach (Director of Nursing and Midwifery; Emergency Systems Planner) and Tamzin Brott (Director of Allied Health) presented this item.

Andrew Brant summarised the Medical staff section of the report, noting the appointment of Dr Jonathan Christiansen to the role of Associate Chief Medical Officer. Key focus areas for the role will be education, clinical models of care and facilities clinical advisor.

The Committee Chair acknowledged the recent official opening of Whenua Pupuke.

Jocelyn Peach summarised the Nursing and Midwifery; Emergency Planning Systems section of the report, acknowledging the contribution of nurses to the organisation.

Tamzin Brott summarised the Allied Health, Scientific and Technical Professions section of the report.

Max Abbott commended the reported learning opportunities for healthcare assistants. He also queried the extent of which current practitioners apply to personal skills as opposed to being managers/advisers for systems development. In response Jocelyn Peach advised that the focus is on patient service delivery.

The report was received.

4.2 Human Resources (agenda pages 91 to 98)

Fiona McCarthy (Director of Human Resources) presented this item. She noted the recently held long service awards celebrated, with those receiving acknowledgement having 630 years of combined service.

In response to question from Kylie Clegg about the recruitment policy and whether there is a requirement for the selection panel and candidates to include a female, Fiona McCarthy noted that there were no gender requirements for either the selection panel or candidates.

Resolution (Moved Morris /Seconded Kylie)

That the report be received.

Carried

4.3 Quality Report (agenda pages 99 to 173)

Dr Penny Andrew (Clinical Lead Quality), and Jacky Bush (Corporate Risk Manager) and David Price (Director of Patient Experience) presented this item.

Jacky Bush summarised the report and appendices noting the reference to a reduction in falls as reported (page 110 of the agenda) in the first quarter of this year.

Matters covered in discussion and response to questions included:

- Noting that there are now 965 inpatient beds with prescribing and administration.
- That hand hygiene rates continue to improve, noting that the DHB has the highest rate of hand hygiene nationally. It was noted that the improvement is seen across all services and not just with clinical staff.
- Noting that nurses and recording administrators have reported issues with iPad mini devices 'freezing' and that while the cause of this has not been identified, there has been a reduction in the instances of freezing.

- Noting that the hospital mortality rate report (page 119 of the agenda) includes palliative care patients. Penny Andrew also advised that the rate is at an expected level and that 100 is a relative index.

In response to an acknowledgement from the Committee Chair on the sepsis programme, Penny Andrew advised that the team had done an amazing job with 30 Ward teams running an improvement programme. It was also noted that there is also quality improvement training in the work environment.

David Price noted the highlights reported from the patient experience week, he particularly noted the empathy zone which was showcased in the media. The empathy zone allowed staff and visitors to experience medial equipment at various stations set up. The zone was popular across the organisation, with interest also shown by local high schools.

Resolution (Moved Sandra Coney/Seconded Morris Pita)

That the report be received.

Carried

5. INFORMATION PAPERS

5.1 Winter Plan 2017 (agenda pages 174 to 200)

Morris Pita stepped out of the meeting for the discussion of this item, noting his declared interest related to Healthcare Applications Limited.

Cath Cronin presented this item.

The Committee Chair acknowledged the report.

Cath Cronin advised that the plan sets in place steps for teams to recalibrate quickly following a period of increased care and service.

Resolution (Moved Kylie Clegg/Seconded Sandra Coney)

That the Committee notes the content and intent of the winter plan.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 201)

Resolution (Moved Max Abbott /Seconded Kylie Clegg)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 03/05/17	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The open session of the meeting concluded at 3.23 pm.

SIGNED AS A CORRECT RECORD OF THE WAITEMATA DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 14 JUNE 2017

_____COMMITTEE CHAIR

6.3 Auckland DHB and Waitemata DHB Disability Support Advisory Committee Meeting 29 March 2017

Recommendation:

That the minutes of the Disability Support Advisory Committee Meeting held on 29 March 2017 be received.

Waitemata District Health Board

Best Care for Everyone

Minutes
Disability Support Advisory Committee Meeting
29 March 2017

Minutes of the Disability Support Advisory Committee meeting held on Wednesday, 29 March 2017 in the Auckland Deaf Society Terrace Boardroom, 164 Balmoral Road, Auckland commencing at 1.30pm

Committee Members Present	Auckland and Waitemata DHB Staff Present	
Jo Agnew (Chair)	Samantha Dalwood	Disability Advisor Waitemata DHB
Michelle Atkinson	Dr Debbie Holdsworth	Director of Funding Auckland and Waitemata DHBs
Edward Benson-Cooper	Gil Sewell	Director Organisational Development Auckland DHB
Matire Harwood (Deputy Chair)	Kate Sladden	Funding and Development Manager, Health of Older People
Robyn Northey [arrived during item 5.3]	Michelle Webb	Committee Secretary
Allison Roe	Sue Waters	Chief Health Professions Officer
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

KARAKIA

Nga Mihi

Matire Harwood led a Karakia and welcomed everyone present.

1. ATTENDANCE AND APOLOGIES

The apologies of executive staff Dale Bramley, Ailsa Claire and Fiona Michel and of senior staff member Kim Herrick were received.

2. CONFLICTS OF INTEREST

The following amendments were advised:

- Michelle Atkinson requested that her interest in the Starship Foundation be added.
- Matire Harwood advised her role with the Stroke Foundation NZ (Maori Health) was incorrectly appearing as the 'State' Foundation and should be amended.

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

3. **MINUTES 16 November 2016** (Pages 7 to 12)

These minutes were confirmed and signed as a true and correct record of the Disability Support Advisory Committee meeting held on Wednesday, 16 November 2016 by the outgoing Chairperson and Chief Executive under Standing Order 2.12.2. They were submitted for the information of the new committee.

4. **ACTION POINTS** (Pages 13 to 14)

All actions were either in progress or complete. The Chair advised that the actions relating to the Disability Support Advisory Committee Terms of Reference would be incorporated into discussion of Item 5.2 of this agenda.

5. **CHAIR'S REPORT** (Pages 15 to 30)

5.1 **The Authority of a Statutory Advisory Committee** (Pages 18 to 19)

Jo Agnew, Committee Chair spoke to the report highlighting the functions and authorities of the Disability Support Advisory Committee, the role of the Committee and that whilst Auckland and Waitemata DHBs have separately constituted their own Disability Support Advisory Committees they meet and act as one committee.

Resolution: Moved Michelle Atkinson / Seconded Allison Roe

That the Disability Support Advisory Committee:

1. **Receives the Authority of a Statutory Advisory Committee report.**
2. **Notes that the function of advisory committees is to provide advice and recommendations to the Board for consideration and decision.**
3. **Notes that advisory committees focus purely on the strategic aspects of the DHB.**
4. **Notes that advisory committees have no delegated decision-making powers.**

Carried

5.2 **Disability Support Advisory Committee Terms of Reference** (Pages 20 to 26)

The Chair highlighted that:

- The role of the Committee was to focus on strategic matters and future discussions would be positioned at a high level.
- Separate agencies hold funding responsibilities for disability support services mainly dependent on patient age. DHBs are responsible for funding services for over 65 year old people (or those who are close in age) with age related disabilities. The Ministry of Health fund services for people who present for assessment before the age of 65 years.

Debbie Holdsworth, Director Funding informed that, because DHBs do not hold the funding and contract management responsibilities for disability support services for under 65 year olds, reporting effectively to the Committee on these matters had previously been challenging.

The Chair added that reporting on this topic could be provided by the Ministry of Health. To obtain this, the Chair had sent correspondence to Ministry of Health management inviting the attendance of a Ministry representative at Disability Support Advisory Committee meetings. A positive response had been received and was tabled (attached to these minutes as Item 5.2.1).

It was noted that Terms of Reference currently assigned responsibility to the Disability Support Advisory Committee for receiving reporting on Health of Older People across the full range of issues and services for the over 65 year old age group. Formal reporting on the broader issues in Health of Older People might more appropriately sit with the Community Public Health Advisory Committee (CPHAC), with the Disability Support Advisory Committee retaining responsibility for the disability specific aspects. An amendment to the Terms of Reference supported by a recommendation to the Auckland and Waitemata DHB Boards would be required to action this transfer of reporting to CPHAC. Members agreed and were supportive of this approach.

The Chair informed that the Board Chair had signalled the intention for a regional Disability Support Advisory Committee from June 2017 onwards. This would also need to be taken into account when revising the Committee Terms of Reference.

A discussion was held regarding membership and attendance, and what considerations the Committee might need to make regarding appointment to the two vacant external appointee roles. It was agreed that until it was known what composition future Disability Support Advisory Committee meetings would have any decisions on co-opted roles be placed on hold.

Actions:

That the Disability Support Advisory Committee Terms of Reference be amended to reflect a proposed transfer of reporting for Health of Older People to the Community Public Health Advisory Committee.

That a recommendation report on the proposed changes to the Terms of Reference for the Disability Support Advisory Committee be presented to the next Disability Support Advisory Committee meeting.

Resolution: Moved Matire Harwood / Seconded Michelle Atkinson

That the Disability Support Advisory Committee:

1. **Receives the Disability Support Advisory Committee Terms of Reference.**
2. **Notes the responsibilities of the Disability Support Advisory Committee as per the Terms of Reference.**
3. **Considers and discusses whether the Terms of Reference require amendment.**

Carried

5.3 Draft Work Programme for 2017 (Page 27)

The Chair asked management how a regional Disability Support Advisory Committee meeting might impact on the proposed work programme presented. Advice was given that work of committees was already well aligned as demonstrated at the previous regional Disability Support Advisory Committee meeting held in June 2016.

[Secretarial note: Robyn Northey joined the meeting].

It was commented that if Disability Support Advisory Committee meetings were to become regional the current duration of meetings may need to be extended.

5.4 Draft Future Agenda Outline (Page 28)

Sue Waters advised that the outcomes of the New Zealand Disability Strategy had been incorporated into the draft agenda outline. The standing items had been aligned with both the new Disability Strategy and the existing work programmes currently in action at Auckland and Waitemata DHBs to give effect to the previous strategy.

Matire Harwood observed that the new Disability Strategy had eight outcomes in total whilst the draft agenda outline addressed only a selection of those outcomes. It was clarified that some of the outcomes in the strategy may not fall within the remit of the Disability Support Advisory Committee or the DHBs and so the agenda outline focussed on what activities were relevant and already in action. Other outcomes could become relevant in the future and be reported on at that time.

Gil Sewell, Director Organisational Development advised that in relation to Outcome 2: Employment a workforce strategy was in the early stages of development and took into consideration employment opportunities for disabled people. The Committee agreed that a progress report on this at its next meeting would be useful.

It was noted that management hold the community liaison role and would be best placed to report on collaboration and service coordination activities in the community. A standing item for an update report from the Disability Advisor would be valuable for future meetings.

Matire Harwood drew attention to Outcome 7: Choice and Control and asked whether the revised Terms of Reference for the Disability Support Advisory Committee could reflect how the disability community could engage in DHB decision making relating to policies concerning disability supports and services. Advice was given that the Auckland and Waitemata DHB communities differ in how they are arranged and so consultation with those communities required tailored approaches. It was agreed that further discussion between the Committee Chair, Director Funding and Chief Health Professions Officer take place outside of the meeting to consider this.

It was emphasised that progress reporting needed to remain at strategic level, with any operational matters directed to Management.

Actions:

That a progress report on the development of the Auckland DHB workforce strategy be provided to the next Disability Support Advisory Committee meeting.

That a Disability Advisor Community Update report be added to the standing items of future Disability Support Advisory Committee agendas.

That the Committee Chair, Director Funding and Chief Health Professions Officer consider and discuss how the disability community can effectively engage in DHB decision-making processes.

5.5 The Role of the Disability Support Advisory Committee in DHB Submissions to Government

It was noted that the Outcomes Framework that supports implementation of the new Disability Strategy was still in development. Public consultation commencing in mid-2017 would provide opportunities for Disability Support Advisory Committee to comment and to make submissions on the draft framework. Sue Waters encouraged the Committee to consider the responsibilities of the DHBs to disabled people and their families/whānau within the context of any submissions made.

It was advised that any opportunities for consultation and/or submission would be tabled by the Committee Secretary under the advice and guidance of Samantha Dalwood, Disability Advisor. Where timeframes for submissions fell outside of scheduled Disability Support Advisory Committee meeting timeframes, the circulated resolutions process would be employed to enable the Committee to meet closing dates.

5.6 Senior Staff Supporting the Disability Support Advisory Committee (Pages 29 to 30)

Each senior staff member introduced their role, highlighting their key responsibilities relevant to supporting the Disability Support Advisory Committee.

Debbie Holdsworth, Director Funding Auckland and Waitemata DHBs

Key responsibilities:

- Understanding the health needs of the combined Auckland and Waitemata districts.
- Ensuring services delivered within the districts meet the health needs of the population served.
- Delivery of the actions in the Auckland and Waitemata DHB Annual Plans.
- Achieving equity and ensuring services are physically accessible.

Matters covered in discussion and in response to questions included:

- The Director Funding role has no direct authority or accountability for Ministry of Health funding for Disability Support Services. There is a demarcation of responsibility for contract management of disability support services for those people assessed under 65 years and those with age related disabilities.
- The age criteria for Needs Assessment is a potential service access barrier. Regular meetings take place with the Ministry of Health contract manager and Taikura Trust to resolve these boundary issues.
- Responsibility for employment opportunities for disabled staff within the DHBs sits within DHB HR functions.

Sue Waters, Chief Health Professions Officer

Key responsibilities:

- Clinical governance including Allied Health.
- Professional standards and practice.
- Health and safety.

Sue advised that she applies a diversity focus and disability lens to all areas of her portfolio of work. This approach is integrated into work across the entire organisation, supported by disability champions within each service. This includes the interface of health and safety

with facilities. To ensure physical accessibility is consistently applied to facilities modifications, Barrier Free Assessments have been allowed for in the Capex budget and all Facilities staff have received Barrier Free training.

Fiona Michel, Chief HR Officer

[Secretarial note: Gil Sewell spoke on behalf of Fiona Michel]

Key responsibilities:

- Organisation culture.
- People systems opportunities.
- Leadership and capability development.
- The People and Workforce strategies.

Samantha Dalwood, Disability Advisor Waitemata DHB

Key responsibilities:

- Addressing inequity in health outcomes.
- Community relationships, collaboration and coordination.
- Delivery of staff awareness training.
- Provision of environmental accessibility advice for building works and refurbishments.

Resolution: Moved Robyn Northey / Seconded Michelle Atkinson

That the Disability Support Advisory Committee:

1. **Receives the report.**
2. **Notes the key roles and responsibilities of the Executive team members supporting the Disability Support Advisory Committee.**

Carried

6. STANDARD REPORTS (Pages 31 to 91)

6.1 New Zealand Disability Strategy 2016 to 2026 (Pages 31 to 82)

It was noted that the pending Outcomes framework and action plan were required to enable an implementation plan for Auckland and Waitemata DHBs to be developed.

Resolution: Moved Edward Benson-Cooper / Seconded Michelle Atkinson

That the Disability Support Advisory Committee:

1. **Receives the New Zealand Disability Strategy 2016 to 2026.**
2. **Notes that the new Disability Strategy 2016 to 2026 has been launched and replaces the Disability Strategy 2013 to 2016.**
3. **Notes that an Outcomes Framework is currently under development and will be consulted on by the Office of Disability Issues in mid-2017.**
4. **Notes that the Disability Action Plan is being updated to align with the new Disability Strategy 2016 to 2026.**

Carried

6.2 Final Report: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs (Pages 83 to 91)

It was advised that this would be the final report against the previous New Zealand Disability Strategy Implementation Plan 2013 to 2016 in this format. There would be ongoing elements where activities currently in progress would still be relevant to the new strategy. These would be reported in a new format. Management were currently considering the best way to report this information in the future.

Action:

That revised reporting on implementation of the New Zealand Disability Strategy within Auckland and Waitemata DHBs be provided to the June 2017 Disability Support Advisory Committee meeting.

Resolution: Moved Allison Roe / Seconded Matire Harwood

That the Disability Support Advisory Committee:

1. **Receives the report.**
2. **Notes that this is the final report on the implementation of the 2013 to 2016 Disability Strategy.**
3. **Notes that reporting on implementation of the new Disability Strategy 2016 to 2026 will commence in June 2017.**

Carried

7. INFORMATION REPORTS (Pages 92 to 99)

7.1 Ministry of Health Disability Sector Update (Pages 92 to 99)

A copy of the quarterly newsletter produced by the Ministry of Health was included in the agenda. The newsletter is also available electronically on their website and by email on registration.

In future, sector updates can be provided by the Ministry of Health representative in attendance at the meeting.

8. GENERAL BUSINESS (verbal)

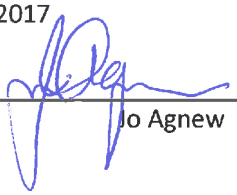
Members suggested a later start time be considered for future meetings to allow those travelling from the Community Public Health Advisory Committee meeting in the morning to arrive on time. This would need to be discussed with the Board Chair prior to any new start time coming into effect.

Action:

That the Disability Support Advisory Committee Committee Secretary seeks Board Chair approval for Disability Support Advisory Committee meetings to commence at a later time to allow adequate travel time for members attending prior meetings on the same day.

The meeting closed at 3.06pm.

Signed as a true and correct record of the Disability Support Advisory Committee meeting held on Wednesday, 29 March 2017

Chair:  Date: 21/6/17.

Jo Agnew

6.3

Attachment 5.2.1

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

6.3

27 March 2017

Jo Agnew
Disability Support Advisory Committee
PO Box 92189
Victoria St West
Auckland

Dear Jo

Auckland and Waitemata District Health Boards' Disability Support Advisory Committee

Thank you for your invitation to meet with the Auckland and Waitemata District Health Boards' Disability Support Advisory Committee.

As I am based in Wellington, I suggest that Amanda Bleckmann, Manager Family and Community within Disability Support Services attends perhaps three of the four quarterly meetings in my place as Amanda is based in Auckland.

Please advise the dates of the Committee meetings and the times we are required to attend and we will make the necessary arrangements.

Yours sincerely

Toni Atkinson
Group Manager
Disability Support Services

7.1 Health and Safety Marker Report

Recommendation:

That the report be received.

Prepared by: Fiona McCarthy (Director, Human Resources)

Purpose of report

The purpose of this report is 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.

1. Executive Summary

The new Health and Safety at Work Act 2015 came into force on 4 April 2016. The new legislation is the result of work from the health and safety taskforce established in 2012 to evaluate whether the workplace and safety system in New Zealand was fit for purpose and to recommend practical strategies for reducing the high rate of workplace fatalities and serious injuries by 2020. From taskforce recommendations made in 2013, WorkSafe NZ was established with one goal – to reduce workplace deaths and injuries by 25% by 2020.

The DHB has been working on key aspects of the legislation specifically those related to:

- Contract and reactive maintenance triage and works management.
- Incident management.
- PCBUs, where we share accountability and procurement processes.

To monitor our compliance four deep dive audits have been completed for 2016/17, with one due to complete in the next month, as well as the roll out of the safe way of working self-audit tool. Comments on the audit outcomes are noted in the summary.

A summary of our compliance with the Health and Safety at Work Act is outlined below and details are outlined in Appendix 1.

Key	
High	complies substantially or fully with Act
Good	some actions to be completed
Low	significant or some key actions to be completed

Topic	**Level of performance**	**Outstanding actions**
1. Policy	High	Overarching and community worker security policies due to the Board meeting over May to October 2017.
2. Worker engagement, participation and representation	Good	Regional worker participation agreement still in discussion. Ongoing discussions in place to resolve.

Topic	Level of performance	Outstanding actions
		Training framework complete and resourcing in discussion.
3. Notifiable events	High	
4. Health, Safety and Wellbeing Committee	High	
5. Orientation	Good	Orientation systems for contractors, volunteers and students to be updated or reviewed.
6. Risk Management	Good	Health and Safety IT systems evaluation complete and future needs being scoped. Trades staff health and safety risk identification training in development for completion as soon as possible.
7. Contractors (Facilities, healthAlliance and Information Technology)	Low	Work across a number of topics is underway (see Section 7 and 10). A recent deep dive audit has identified a number of Facilities technology, systems and processes where further scrutiny of current processes against good practise is warranted. The first review of this work is due to the Executive Leadership Group on 3 July 2017.
8. Hazardous substances	Good	High use areas accounting for 80% of chemicals currently under audit however over 300 sites still to be completed. This is a three year piece of work.
9. Health of workers	Low	Comprehensive health monitoring plan in development.
10. Equipment and Maintenance	Low	Processes for and resourcing of reactive maintenance triage and works planning and completion is under review.
11. Training	Good	Health and safety training in place but key components being reviewed.
12. Audits	High	The whole of Waitemata DHB safe way of working self-audit completed for 2016/17. Results being collated for discussion with managers.

Topic	Level of performance	Outstanding actions
		Audits for hazardous substances underway. Deep dive audits scheduled for 2016/17: • Health and safety incident investigation (audit complete). • Essential services and maintenance of equipment, machinery and infrastructure (audit complete). • Review of approach and controls in relation to the Waitemata DHB high accident types (audit complete). The high accident types are: ○ Aggression ○ Moving and handling ○ Slips, trips and falls (audit complete) • Community services risk and controls (audit underway).
13. Reporting	High	A health and safety scorecard to allow access to regular divisional level reporting is in development.
14. Resources	Good	Discussion underway to convert existing contract resource to FTE for additional Occupational Health Physician and work injury administration support. Fixed term resource for asbestos management and small works in recruitment.

2. Glossary

PCBU – person conducting a building or undertaking and has a primary duty of care to ensure the health and safety of workers. The Waitemata DHB is the PCBU.

Officers - Includes Board Directors and the Senior Management team who make governance decisions that significantly affect the business. Officers have a duty of due diligence to ensure their business complies with its health and safety obligations. Officers may be found guilty of an offence under the Act, in addition to the PCBU.

Due Diligence – taking steps to acquire and keep up to date knowledge of health and safety matters. Gain an understanding of the business and hazards and risk associated with that business. Ensure PCBU has available and uses appropriate resources and processes to manage risk. Ensure PCBU has appropriate processes for considering incidents, hazard and risks in a timely way. Ensure PCBU implements processes for complying with obligations under the Act, validates the provision and use of resources and processes to comply with obligations under the Act.

Workers - Workers have a duty to take reasonable care for their own safety and that their own actions do not adversely affect the safety of others. They need to comply with reasonable health and safety instructions from the PCBU and co-operate with health and safety policies and procedure.

Workers are people who work at the Waitemata DHB and include employees, contractors, sub-contractors or their employees, apprentices, trainees, persons gaining work experience, employees of a labour hire company and volunteers.

Other people - People who come to the workplace such as visitors or customers also have duties to comply with health and safety processes. Our patients and visitors are in this group.

Notifiable injury or illness – an injury or illness that requires immediate treatment (i.e. amputation, serious burn, serious head injury or burn), admission to hospital, serious infection and medical treatment within 48 hours of exposure. All notifiable injuries or illnesses are to be reported to WorkSafe NZ.

Notifiable incident - an incident that is an unplanned or uncontrolled incident in a workplace and that exposes a worker or other person to a serious risk to health and safety.

Notifiable incidents include events such as spillage or leak of a substance, explosion or fire, escape of gas or steam, falls, electric shocks, structural collapses, in rush of water, gas or mud, interruption of underground ventilation. All notifiable instances are to be reported to WorkSafe NZ.

Health and Safety Representative - a person elected to represent the workers in relation to health and safety matters. The representative has specific functions and roles under Schedule 2 of the Act.

Appendix 1

Progress implementing the Health and Safety at Work Act 2015

1. Policy

The Waitemata DHB policies have been reviewed and are aligned to the new legislation. Changes and updates to policy will occur over the next few years as new regulations, audits and experiential learnings lead to new processes. Significant policy changes will be endorsed by the Board.

2. Worker engagement, participation and representation

What the Act says	A PCBU must: • Initiate election of health and safety representatives on request of workers. • Agree the work groups that are represented by a health and safety representative. • Consult about matters related to health and safety • Provide information as requested with due consideration to the Privacy Act • Allow a health and safety representative time to discharge their powers under the act • New regulations on worker engagement, participation and representation were introduced in February 2016 and outline the functions, number, training, powers and participation expectations of health and safety representatives.
How do we comply?	We have 307 health and safety representatives throughout the business, most of whom have baseline health and safety representative training, as endorsed by WorkSafe NZ as well as divisional health and safety committees in place to provide ways to participate in local issues. In addition, the annual update of hazards is reviewed by representatives and representatives participate in the self-assessed departmental health and safety audit. Representatives also undertake DHB wide health and safety activity such as flushing low use water outlets. Seven health and safety representatives sit on our health, safety and wellbeing committee. Transition training for representatives has been provided and foundation health and safety training is available online.
What is outstanding?	• The regional employee participation agreement between the Northern Region DHBs and unions has not yet been signed by the Unions. Discussions are progressing with relevant union parties. • Ongoing training needs (as part of the new Worker Engagement, Participation and Representation Regulations) have been assessed following the completion of a special project led by Margaret Kamphuis (Specialist Health and Safety Advisor). We are currently reviewing our training providers to meet these needs.

	• Meeting with on-site contractors to establish health and safety representatives and discuss health and safety matters have commenced. Prequalification process in place for regular Facilities Maintenance contractors and quarterly meetings being scheduled.
Consequences	There are fines for not having appropriate employee participation processes in place.

3. Notifiable events

What the Act says	A PCBU must • Report on notifiable injury, illness and incidents as soon as possible after being made aware of them. • Secure a site if a notifiable event has occurred. • Keep a record of notifiable events.
How do we comply?	We currently have notifiable event reporting and recording processes in place.
What is outstanding?	There are no outstanding actions, although we note that some of the actions in item 6 will benefit the notifiable event review process.
Consequences	There are fines for not notifying workplace injury or illness as soon as possible after being made aware of them.

4. Health, Safety and Wellbeing Committee

What the Act says	A PCBU must: • Put in place a health and safety committee if requested by a worker. • Establish a health and safety committee within two months of this request. • Consult about health and safety matters with the committee. • Allow time for members to attend and carry out functions as a member of the committee. • Provide information to the committee. • Within a reasonable time, adopt recommendations made by the committee. A PCBU can also establish a Health and Safety Committee on its own initiative.
How do we comply?	The Waitemata DHB has an organisation wide Health, Safety and Wellbeing Committee.
What is outstanding?	There are no outstanding actions.
Consequences	There are fines for not setting up a Health and Safety Committee if requested and if a PCBU does not: allow time for members to attend committee meetings/consider matters raised at the committee or if a PCBU does not implement recommendations from the committee.

5. Orientation

What the Act says	Orientation to a workplace is an important part of complying with the duty of care to ensure the provision and maintenance of a workplace that does not give rise to health and safety risks.
How do we comply?	Pre commencement orientation and a "safety first' video are now in use for orientation, training and general health and safety messaging. A departmental health and safety induction checklist is sent to recruiting managers.
What is outstanding?	We need to put an Officer orientation programme in place – due 2017. We need to check orientation processes for students and volunteers. Orientation needs will be reviewed as part of the current scoping to put all DHB orientation resources on line. **New for July** An online initial health and safety orientation is currently being developed, to ensure all staff are able to view it within the prescribed time period, even if they are unable to attend the full 'Welcome to Waitemata' orientation.
Consequences	There are fines and criminal punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

6. Risk Management

What the Act says	PCBUs have a duty of care to ensure the health and safety of another person is not put at risk from work carried out as part of the conduct of the business or undertaking. Risks must be eliminated or minimised so that a PCBU can, in so far as reasonably practicable: • Provide a workplace without risk. • Provide and maintain safe systems, plant and structures. • Ensure the safe handling, storage and use of plants, substances and structures. • Provide training or supervise to protect persons from risk. • Maintain accommodation so a worker is not exposed to risk.
How do we comply?	We have an online hazard management system where hazards are identified and controls recorded. This is complemented by a corporate risk register where service, division and organisation wide health and safety risks are also recorded, controlled and regularly reviewed. Hazards are reviewed between monthly and annually, depending on the level of risk and risks are reviewed every 12 months by the divisional lead manager and Health and Safety Representatives. Waitemata2025 design and work impact meetings are occurring.

	Processes to monitor and maintain operational compliance are in place, i.e., fire management plan, training, exercises, maintaining clear egress, etc. and are part of a current process improvement review. Entrance ways have non-slip flooring and signage to indicate they may be slippery when wet. On wet days, additional signage is displayed to alert patients, staff, visitors, contractors to potential slips, trips and falls hazards. This expectation is audited. CCTVs are active in appropriate places on and around our sites. A hazard and security risk assessment tool has been developed for use in Community and inpatient Mental Health settings. Asbestos surveys are ongoing. Training on hazard identification for Facilities and Development staff is being developed. A fixed term resource has been engaged to oversee reactive maintenance triage and works management. Development of guidance on managing high risks such as working at heights, confined spaces, etc. in Facilities is underway. **New for July** An incident investigation process has been developed and is in the process of being rolled out for use. A slips, trips and falls hazard audit of North Shore and Waitakere Hospital is underway using volunteers to assess and report any hazards identified in shared areas such as corridors and reception areas. External trainers have been engaged to deliver Hazard awareness training to Facilities and Development staff
What is outstanding?	Health and Safety IT systems evaluation is complete and future needs being scoped. In the interim, a reconfiguration of the hazard register is being completed for use by 7 July 2017 and the Auckland DHB instance of the BEIMS system is being implemented to replace the current system version. General and specific hazard identification training for staff in Facilities and Development. (June/July)
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

7. Contractors (Facilities, healthAlliance and Information Technology)

What the Act says	The PCBU, as well as ensuring the health and safety of its employees (workers), is also required to ensure the health and safety of other workers, as well as ensuring that plant, fixtures and fittings are without risks to health and safety of any person. There are new asbestos regulations that require a change in how PCBU's currently manage and remove asbestos.
How do we comply?	**Selection of Contractors** The Waitemata DHB has moved to a process of selecting a panel of preferred contractors who can tender for DHB construction and refurbishment work as it arises. Each main contractor has to first qualify to be a part of the panel by satisfactorily completing contractor health and safety questionnaire which allows the organisation to demonstrate their performance against 12 health and safety criteria. Complete for incumbent contractors. Any new contractor must complete requalification questionnaire. Maintenance contractors do not have a preferred supplier arrangement in place as yet but contracts are in place and current for main contractors. **Supplier Contracts and RFP processes:** DHB contracts provide a standardised health and safety statement for minor or individual contracts. This clause is confirmed as satisfying the Act. **healthAlliance procurement processes** Documentation is not adequate for the new Act. **Orientation** Construction contractor induction is in place and completed prior to gaining access to the relevant site. **Site access** All building contractors must report to Facilities before commencing their work and all healthAlliance staff (IT) will report to security. In addition, • New projects must be agreed and coordinated with Facilities prior to commencing. • New contractors must complete induction prior to starting work. • A contractor carrying out an agreed task such as for call out that does not need to be reported to Facilities prior – they do need to report to area supervisor prior to and post work. • All contractors must have a Waitemata DHB photo ID which will only be issued after completing induction). All healthAlliance staff and contractors are required to have healthAlliance issued photo identification on them at all times and visible. Usually if they are based on a particular site on a regular basis (i.e. not just visiting) then we will request a security access card with photo ID for that staff member from the site.

	Facilities Once inducted, contractors working for Facilities are issued with a Waitemata DHB ID card with a photo. Proof of identification (passport/ drivers licence) is required to obtain this ID. The duration of the ID card can be set to cover the estimated time of the project. **On the job** Construction Toolbox meetings occur on a scheduled basis. There is active management and collaboration with architects and designers to meet design expectations and requirements. Work impact meetings to assess risk occur regularly and ensure contractor health and safety plans are implemented. All Project managers, including the Waitemata 2025 team are Site Safe certified. Regular meeting with construction contractors are occurring. **Asbestos** Asbestos register surveys are completed and a register of these surveys is in place, however, we are working on translating the detail of these surveys into a register by building which notes the type, location, condition and personal protective equipment expectations so staff and contractors are alerted. In the interim, staff and contractors need to contact Facilities to seek information from the relevant survey. Corrective actions are being implemented to mitigate identified asbestos hazards. Asbestos management plans are being developed and implemented. This work is being led by the Waitemata DHB Asbestos Management Group. **Incidents and Accidents** Reporting of incidents and accidents follow the DHB process. Contractors experiencing any accident or incident are required to notify the Waitemata DHB, investigate and report back any findings. **On site audits** Regular external audits are conducted for construction site work. Project managers also undertake audits of their projects. **Orientation** Induction material is in place. **On the job** A pre start safety meeting process is in development for all build projects, as well as ensuring work impact meetings occur regularly during the project. Safety in design guidance is in development. **Accidents and Incidents** Facilities adopted an ICAM concept of investigation that will identify why things went wrong and what actions are required to ensure compliance and keep workers safe.

	Records gained through incident reviews, audits and investigations are saved as confirmation of active management by the DHB in its role as the PCBU. **IT work review and sign off** For IT project work related to moves and new fit-outs, the desktop team work closely with the Waitemata DHB Project Manager who reviews and signs-off that the work is complete. **Building project health and safety management and sign off** A performance review is done mid-way through each major building project. Health and Safety design sign off and pre-occupation processes are complete. The building sign off process follows the relevant policy. **Post Implementation Reviews (PIRs)** PIRs are done for each facility build project and results provided to the contractor selection panel.
What is outstanding?	**Selection *of contractors*** The Waitemata DHB is moving to the same preferred supplier process for maintenance contractors as noted above for large construction contractors. This process will be in place by June 2017. Waitemata DHB maintenance team requires contractors to provide suitable prequalification material by a certain date. If not met, the contractor will be removed from the approved contractor list. **healthAlliance processes** The Waitemata DHB is working with healthAlliance about site orientation, safety and procurement processes **Asbestos** To complete the development of asbestos register and related materials in line with new regulations. **Building project health and safety management and sign off** Waitemata DHB needs to put in place a complete implementation of project sign off documentation. **Meetings** Put in place regular meetings with maintenance contractors. Quarterly meetings being proposed.
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

8. Hazardous substances

What the Act says	A PCBU has a primary duty of care to provide for staff use, handling and storage of substances. The Waitemata DHB is also required to comply with the Hazardous Substances and New Organisms (HSNO) Act 1996 which requires the Waitemata DHB to prevent and manage adverse effects of hazardous substances and new organisms.
How do we comply?	The Waitemata DHB has focused on the 33 areas with high volume and/or exposure risk for the use of hazardous substances, constituting the highest risk areas, with 340 substances identified and added to the online register of substances available on StaffNet. A new and comprehensive HSNO policy has also been developed and published on the intranet with a strong focus on roles and responsibilities. The Intranet HSNO site now contains hot links to information covering: • Policy document. • Full HSNO database of all hazardous substances identified, including constituents, product state, UN number, CAS number, identified hazards, exposure limits, HSNO class and PPE specific to each substance. This database has recently been fully upgraded and allows each area to automatically create their own HSNO registers. • Master Material Safety Data Sheets (MSDS) repository. • Wastewater Disposal Guidelines. • Training resources, including introductory PowerPoint. • List of all Approved Handlers and their locations. • Emergency response requirements. • Specific spill kit contents list. • Manager's responsibilities. • Key contacts for staff. Approved handler training has been delivered for high risk areas. Work has also concluded with healthAlliance to ensure that Material Safety data Sheets are supplied for all new chemicals being procured. A currently vacant building is being investigated for conversion to store minimum volumes of gases and liquids until a designated dangerous goods store is built.
What is outstanding?	We have another estimated 350 areas to review but a comprehensive audit of the 33 high risk areas is underway. The business case for the construction of a Hazardous Substances Store for Waitakere Hospital. A recommendation for approval for budget increase and approval to support a contractor is underway. The construction of this store will greatly reduce the risk associated with the bulk storage and disposal of hazardous substances at Waitakere Hospital.

Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness. It is worth noting that hazardous substances are covered under three sets of national legislation, as well as local bylaws (Health and Safety at Work Act 2015, Hazardous Substances and New Organisms (HSNO) Act 1996, Resource Management Act 1991 and Auckland Council's 'Water Supply and Wastewater Bylaw'), under all of which, fines can be payable.

9. Health of workers

What the Act says	A PCBU must ensure that the health of workers and conditions of the workplace are monitored for the purpose of preventing injury or illness. The PCBU must, as far as reasonably practicable, maintain accommodation so that the worker is not exposed to risks to health and safety.
How do we comply?	The Waitemata DHB has pre-employment screening in place, however a number of staff still commence work pending their results. A pilot is underway to trial a process to ensure that staff cannot start until the health screening process is complete, results known, vaccinations or other actions are complete and the potential employee is fit for work or an offer is withdrawn if they are not fit to work. We undertake occupational health monitoring via our Occupational Physician health clinics and have now extended this to monitoring exposure to noisy areas (facilities), hazardous substances, laser care and other risk areas. Monitoring for exposure to radiation (Radiology, Cardiac Catheter Lab) occurs externally. We provide free influenza and other vaccinations. We provided and maintain workplace heating, ventilation and cooling. Areas with friable asbestos require additional security clearance to gain access. Containers for sharps, hazardous materials and substances are provided on each site. Staff are provided with personal protective equipment (PPE) to wear. PPE requirements are outlined in various policies including the hazardous substances register, use of lasers, gloves, etc. Infection control processes are in place to manage any disease exposure and outbreaks. Installation of signage close to potential slips, trips and falls hazards has occurred. Additional slips, trips and falls posters have also been developed and distributed to the Health and Safety representatives for display within their

	areas. OH&SS are also displaying these posters in 'common' areas, where Health and Safety Representatives are generally not allocated. Regular communication on hazards is issued. Influenza planning for 2017 is well underway with over 4,200 staff vaccinated. The safe way of working audit tool has completed its pilot at Mason Clinic and the audit tool is now being rolled out across the Waitemata DHB.
What is outstanding?	Health monitoring programmes should be in place across all relevant risk areas. An audit on use of PPE will be planned as part of the health monitoring programme to validate the application of various policies and risk controls – due June 2018.
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

10. Equipment and Maintenance

What the Act says	A PCBU must provide and maintain a work environment that is without risk to health and safety.
How do we comply?	Equipment that is broken is escalated for capital replacement as relevant. A register of capital assets is in place and being added to, to ensure that equipment is budgeted for replacement according to the life span of that equipment. All bio-medical equipment is maintained by the Bio-Engineering team A Board approved funding pool for major Health and Safety purchases has been accrued for activation by the Chief Financial Officer as relevant. Work on updating the helipad area (i.e. safety zone painting, visual and audio alarms and pedestrian crossing) commenced in April. The Waitemata DHB is currently collaborating with regular meetings between Waitemata DHB, Counties Manukau Health and Auckland DHB on Contractor Management, Asbestos Management and HSE. Task planning and sign off process for maintenance work, ensuring competent review and management oversight will be shared.
What is outstanding?	**Maintenance work review and sign off** The Waitemata DHB needs to resource reactive maintenance triage and works planning and a fixed term resource was engaged in May. A system for managing risks that are not intrinsic to qualified trades works is in development. Trades staff need training in risk identification prior to undertaking maintenance works.

	1. Hazard identification training is scheduled. 2. Works Manager to provide HSE support for safe work planning in place, contracted. 3. On job training for Risk Management and Identification in place and progressing. An interim fast track process to approve maintenance triggered for health and safety reasons is in place but this needs to systematise. A resource and technology systems evaluation is under way to review BEIMS and the Facilities and Development operational management systems. The security alert systems for community workers working group have completed their Request for Proposal and options are being reviewed. Work on upgrading the loading dock has been delayed due to need to appoint a project manager, currently in recruitment. This work will expand to include the waste management areas located in the docks.
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

11. Training

What the Act says	A PCBU must provide any information, training, instruction and supervision necessary to protect all persons from risks to health and safety arising from work carried out by the DHB.
How do we comply?	Orientation training is provided to staff pre commencement and within the first four weeks of their employment. Health and Safety representatives are provided with two days of training (Four half day modules) by the Occupational Health and Safety Service covering an introduction to health and safety management, hazard and emergency management, accidents and occupational rehabilitation, safe working procedure, health and wellbeing and the new legislation. All staff are required to complete the annual health and safety update online. Training is provided on departmental specific instances such as moving and handling in patient areas, crisis intervention in areas where aggressive clients may be experienced, calming and restraint in mental health services, laser care in theatre, handling sharps by infection prevention and control. As already noted, approved handler training is in place for hazardous substances. Training is provided on how to access our incident management, risk register and hazard register systems. Training for notifiable events is complete.

	Emergency Response Training occurs regularly • Fire Response and Evacuation Training occurs for all new staff and annually online and face to face in key areas. • Fire Evacuation Training occurs across all DHB areas six monthly which means each week there are activities in order to cover all areas. • Warden Training occurs on all sites annually for all wardens and deputy wardens. This is for all areas, so requires multiple sessions annually. • Duty Nurse Manager training occurs for all new staff and three times a year. • Incident Management Team training occurs quarterly. • Key staff are required to attend Health CIMS2 training – which is available monthly and is done as a regional programme with the other DHBs. This is open to all health settings including PHO's Accident and Medical centres and Residential Aged Care key staff. • Key staff attends CIMS4 training quarterly. • The DHB runs particular Health CIMS4 training with a provider twice a year for key areas that have identified a need. A Waitemata DHB wide health and safety training stocktake is complete and we are reviewing training gaps for recommendation to the Senior Management team in 2017. The first analysis of the security training framework has been reviewed and accepted and a detail business case is currently underway. **New for July** Training in the due diligence responsibilities as Officers for the Senior Management team is scheduled for 7 July.
What is outstanding?	The training framework for security is currently being reviewed. A Waitemata DHB wide training framework is being developed to enable officers and workers to increase awareness and knowledge of health and safety systems and processes. Generic and specific risk identification training for trades staff in Facilities and Development is in development (June/July).
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

12. Audits

What the Act says	An Officer of a PCBU must verify the provision and use of resources and processes put in place by the DHB.
How do we comply?	Since early 2015, we have completed a number of readiness audits to access compliance with the new health and safety legislation and to assess new or different resources needed.

	Regular external audits of contractor sites are in place. A governance audit on the Board charter is completed annually. An audit programme for 2016/17 has been completed with Internal audit and includes deep dive audits on essential service maintenance, investigation processes and feedback loops, contractor management, community safety, governance assurance, efficacy of works to improve our three top accident types and environmental controls. **New for July** The annual Safe Way of Working audit has been completed and results are currently being analysed.
What is outstanding?	There are no outstanding actions.
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

13. Reporting

What the Act says	An Officer of a PCBU must ensure they acquire and keep up to date on health and safety matters.
How do we comply?	Monthly reports on health and safety matters are provided to the Board meeting and the Audit and Finance Committee meeting. In time, reporting will incorporate feedback from the organisational Health, Safety and Wellbeing committee. A new Board Health and Safety Reporting format has been in place since November 2016. The Waitemata DHB has commenced commentary on trend drivers in Board reporting to give Board members a view on what impacts our health, safety and wellbeing performance. Board reports now also comment on health and safety impacts on stakeholders including contractors, patients and visitors. **New for July** A Health and Safety Annual Report is currently in development, commenting on the Waitemata DHB health, safety and wellbeing policies, activities, audits, systems and future plans and challenges in an engaging short report format. Comprehensive health, safety and performance statistics will be attached as appendices.
What is outstanding?	A divisional real time reporting scorecard is in development.

Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

14. Resources

What the Act says	An Officer of a PCBU must verify the provision and use of resources and processes put in place by the Waitemata DHB.
How do we comply?	A resource review was completed last year. Recommended actions were tabled to the Board in August. On review of the report we have already implemented the following new resource: • 0.4 training FTE to an existing Health and Safety Adviser role. • Hazardous substances co-coordinator (1 FTE). • Health monitoring nurse specialist (1FTE fixed term for two years). • Health and Safety Advisor (1FTE) so we can spread training across the advisory team and allow advisors to have service portfolios for in service outreach, advice, training and assistance. • Health and Safety Manager has been employed by Facilities and Development (1FTE). • Investigator/auditor (1FTE). • Analyst and Reporting Specialist (1FTE). • Fixed term resourcing for reactive maintenance triage is in place.
What is outstanding?	Complete recommendations from the resource review - first progress report due August 2017. A resourcing and systems review for Facilities and Development is being scoped. Employment of small works and asbestos project management is in recruitment.
Consequences	There are fines and punishments of imprisonment for reckless conduct in respect to duty of care and fines for failing to comply with risks that expose individuals to death or serious injury/illness.

7.2 Engagement Strategy Update

Recommendation:

That the report be received.

Prepared by: Carol Hayward (Community Engagement Manager), Ravina Patel (Associate Director of Patient Experience), and Jay O'Brien (Associate Director Institute of Innovation and Improvement)
Endorsed by: David Price (Patient Experience Director), Dr Debbie Holdsworth (Director Funding), Simon Bowen (Director Health Outcomes) and Wendy Bennett (Manager of Planning and Health Intelligence)

Glossary

Leapfrog	-	A CEO sponsored programme of strategic projects designed to accelerate the achievement of the Board priorities
Reo Ora Health Voice	-	Online community panel for Auckland and Waitemata DHBs

1. Executive Summary

The Waitemata DHB Engagement Strategy was endorsed by the Board in December 2015 and a corresponding year action plan was received by the Board in September 2016. This report provides an overview of completed actions and current priorities within the engagement cycle.

2. Strategic Alignment

Community, whanau and patient centred model of care	This paper provides a number of updates on how patients, whānau and community have been involved in improving patient experience and in designing services and activities being carried out by the DHBs. It also covers strategies and processes to better support their ongoing involvement.
Intelligence and insight	This paper identifies how intelligence and insight gained from the community will inform decisions and activities being undertaken or considered by the DHBs.

3. Introduction/Background

The Waitemata DHB Engagement Strategy was endorsed by the Board in December 2015 and a corresponding three year action plan was received by the Board in September 2016, reflecting the NZ Health Strategy's expectations within the People Powered theme.

This paper provides an update on achieved actions and priorities for the coming year using the Engagement Cycle's five stages where patients and the wider community can and should be engaged in DHB decisions.

4. Progress/Achievements/Activity

Stage 1: Analyse and plan: identify needs and aspirations

Auckland and Waitemata DHB health stall at Africa Day, May 2017

Completed actions

- Community outreach at the Pacific and Māori rugby league tournament in January and at the Africa day in May. This has helped to identify health priorities for some of our quieter communities. Their feedback has largely focused on wanting more support for healthy eating and exercise which they find costly and they would like cultural tailoring of healthy eating messages so

that they can identify how to incorporate traditional food or how to be healthier at events and shared meals.
- The Pacific Health Action Plan has been finalised and is due to be launched in the coming months. A summary of the plan is currently being developed.

Current priorities
- A survey is currently taking place with young people across the Kaipatiki local board area through schools and youth groups. This is expected to inform what further activities might be required to support young people be healthy.

Stage 2: Analyse and plan: develop priorities, strategies and plans

Best practice steps for the development of patient information

Completed actions
- The Primary and Community Services Plan has now been finalised and launched in partnership with Primary Health Organisations.
- The new consumer representative framework has been launched to consumer representatives who have been invited to identify their support needs. Peer support is also being offered and an initial training session on the health and disability framework is due to take place in June. An evaluation of consumer representatives has taken place with both consumer representatives and staff to identify other areas of improvement required.
- Hosted online engagement event with guest speaker providing case studies and guidance on digital community engagement in health from the UK, US and Australia.
- Carried out a review of how patient information resources are currently developed at Auckland and Waitemata DHBs and identified a series of recommendations to ensure best practice is followed.

Current priorities
- Advice and support for the metro Auckland Childhood Obesity Plan engagement process.
- Work is ongoing to establish a regional website for online community feedback and participation. Auckland DHB are currently leading a tender process for software providers.
- Pilot new checklists and processes in partnership with the Health Links to ensure that the development of patient information follows best practice. This will also ensure that patient information is provided in accessible formats and is translated where appropriate.

- A draft NZ Disability Strategy Implementation Plan 2016-2026 is currently being developed which is expected to go out for consultation in the coming months.

Stage 3: Design pathways: improve services

Colouring competition from Patient Experience Week

Completed actions

- Survey with Reo Ora online community panel members on patient entertainment units to inform the expansion of the pilot programme in Ward seven.
- Held initial discussions with the Health Links and a range of community groups to scope the Partners in Care programme for friends and family support to patients while they are in hospital.
- Consumer representatives have been appointed to the Metro Auckland Clinical Governance Forum and to the Diabetes Service Level Alliance programmes of work.
- Patient feedback report has been developed for the Auckland and Waitemata DHBs Bariatric Service Project following a listening event and patient interviews.
- Volunteer recognition and recruitment activities to improve retention and to increase the pool and diversity of volunteers.
- Patient Experience week was celebrated across Waitemata DHB from April 24 to April 28. A number of events were held during the week, with teams across the organisation collaborating to deliver fun, engaging and memorable events. Events included: empathy zone; Members of the Senior Management Team visited wards and services to get a better understanding of the positive work that's being done to enhance patient experience, children's colouring competition, meal tray mats to communicate with inpatients and consumer representatives presenting to Charge Nurses in Frontline Focus.
- Held a "What Matters to You Day" during the week of 5 June 2017 in partnership with Counties Manukau Health and Auckland DHBs. This is an international initiative with the aim of encouraging and supporting more meaningful conversations between people, families and carers who provide and receive health and social care services.

Current priorities

- Following the pilot on Ward seven develop the patient engagement system as part of Leapfrog phase two.
- Continue engagement activity to guide the development of the Partners in Care programme.
- Focus groups are currently scheduled to inform the General Practitioner (GP) transparency. programme of work. These workshops will explore what matters to people when choosing, changing and visiting their GP. Two workshops will take place in Waitemata – one on the North Shore and one in West Auckland.
- Ongoing support for the Auckland and Waitemata DHBs Bariatric Service Project.
- The establishment of a Consumer Council is currently being scoped for consultation and is covered in a separate paper.

Stage 4: Specify, design and contract services

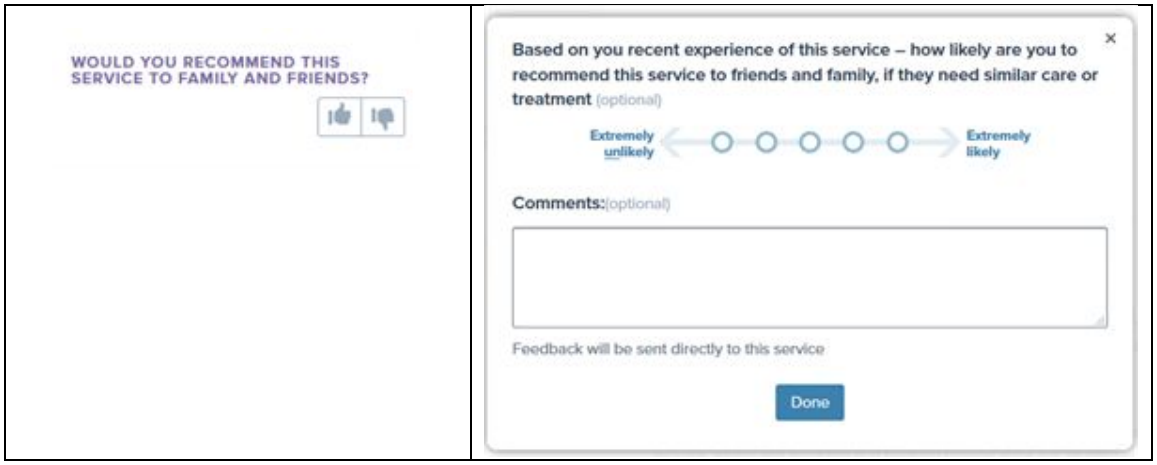
Completed actions

- Carried out wayfinding events with the community to identify accessibility issues that will inform the next phase of the wayfinding programme.
- Board decision reports now require information on what consultation and engagement has taken place.

Current priorities

- Progression of phases two and three of wayfinding strategy which will involve the development of guidelines and internal wayfinding and signage approach.
- Establishment of a consumer representative reference group for the Waitemata 2025 programme that will ensure ongoing consumer input into the programme of work.

Stage 5: Deliver and improve: monitor services



Social listening through the Health Point website

Completed actions

- Social listening has been implemented for health services in the Waitemata DHB area through the Health Point website. This allows the community to give any hospital or community service within the area a thumbs up or thumbs down plus they have the ability to make a comment. This has been live since December 2016 and at the time of writing had resulted in 164 pieces of feedback: 81% of which are positive, 19% are negative. 39% of participants have also made a comment which has largely focused on the service they received e.g. friendliness, communications. Feedback is directed to the service which they can use to consider any improvements needed

- A review of our current Patient stories has been completed with various recommendations from patients and staff to enhance the patient story programme. Recommendations include - expand our video library and develop videos with a different focus: move the videos to a more prominent Internet page and adding short descriptions about the videos; partner with Universities to use videos in teaching.
- Release and roll-out of the Patient Experience Reporting System tool to collate data and help staff and patients monitor and evaluate services.
- Health Quality and Safety Commission National inpatient survey.

Current priorities

- The next step for Patient Experience Reporting System is to develop the system to allow us to collect Patient Reported Outcomes Measures. The intention is to triangulate patient experience, patient-reported outcome and clinical outcomes measures in order to use these predictively.
- Consider how to embed real time feedback within mental health services and others following pilot programme that provides anonymous and instant feedback.
- Review of current complaints management process to help direct quality improvement activity and highlight key priority areas.

5. Conclusion

This report has been developed to inform the committee of progress towards achieving the Waitemata DHB Engagement Strategy.

7.3 Statement of Performance Expectations (SPE) Performance Report: Quarter three 2016/17

Recommendation:

That the report be received.

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

Glossary

ARPHS	-	Auckland Regional Public Health Service
HAC	-	Hospital Advisory Committee
SIR	-	Surgical intervention rate
SPE	-	Statement of Performance Expectations
WIES	-	Weighted Inlier Equivalent Separation
YTD	-	Year-to-date

1. 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.

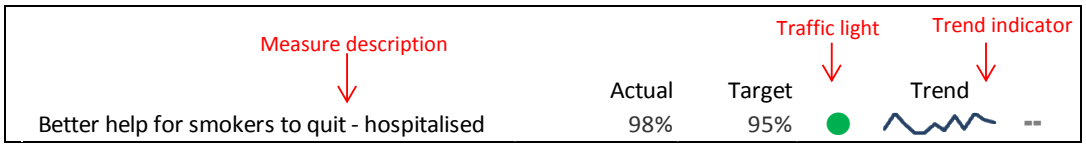
This is the second SPE report to the Board. The most significant change from the previous report is the inclusion of a comparison of the three Metro Auckland DHBs in terms of the Health Targets and other key indicators.

Waitemata DHB overall performance is high with the majority of Health Targets and SPE indicators having been met. Of particular note is the achievement of the surgical intervention rates across all areas being monitored and the high performance across a number of the health targets. Areas to improve include: cervical screening, Mental Health waiting times (<3 weeks), bowel screening – participation in round three, gateway assessments waiting over timeframe, primiparous vaginal births with third/fourth degree tears, and the number of patients with pressure injuries per 100 patients.

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).



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 are 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.

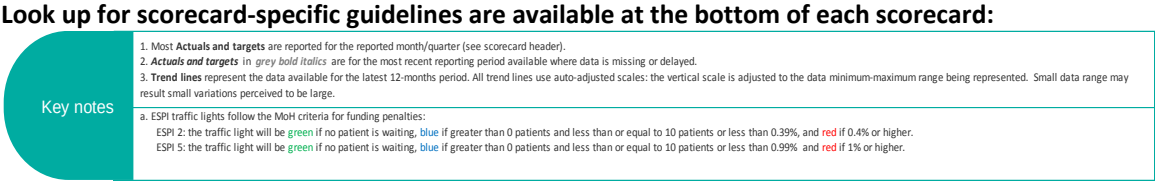
Note that YTD measures (such as WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance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

The trend indicator criteria and interpretation rules:

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

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:



SPE scorecards: Quarter three 2016/17

Metro-Auckland DHBs Performance Scorecard

Health Targets and key indicators

Quarter 3

2016/17

	Auckland DHB			Waitemata DHB			Counties Manukau DHB		
Health Targets	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*	▼	*38.3*	*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%	↑	--

Waitemata DHB Performance Scorecard

Statement of Performance Expectations

Quarter 3

2016/17

Output Class 1: Prevention Services

	Actual	Target	Trend
Health Promotion			
Better help for smokers to quit - hospitalised	98%	95%	--
Green prescriptions - adults	5,320	5,466	▼
Health Protection (ARPHS - all northern region DHB results)			
Tobacco retailer compliance checks conducted (YTD)	186	120	▲
TB treatments with start date	100%	85%	--
Population based screening			
Bowel screening - participation (round 3)	*53%*	60%	▲
Bowel screening - colonoscopy within 55 days	98%	95%	--
Gateway assessments waiting over timeframe	8	0	▲
B4 School Checks completed (YTD)	71%	68%	▲

Output Class 2: Early Detection and Management

	Actual	Target	Trend
Primary health care			
Primary Care enrolment	92%	95%	--
POAC referrals (YTD)	7,499	7,125	▲
Diabetes management	*68%*	*69%*	--
CVD risk assessed in last 5 years	91%	90%	▼
Community referred testing and diagnostics			
GP-referred radiological tests	27,922	23,156	▼
CTs completed within 6 weeks	96%	95%	▼
MRIs completed within 6 weeks	83%	85%	▼

Output Class 4: Rehabilitation and Support Services

	Actual	Target	Trend
Home-based support			
Average no. hours per month of HBSS for personal care	75,667	No target	▲
Average no. hours per month of HBSS for household mgmt	15,679	No target	▼
Long-term support 65+ who have had interRAI	*98%*	*75%*	▲
Urgent InterRAI assessed in 5 working days	72%	↑	▲
Non-urgent InterRAI assessed in 15 working days	31%	↑	▲
Palliative Care			
Number of contacts (YTD)	14,817	No target	▼
Hospice patient deaths that occur at home	33%	↑	▼
Referrals that wait >48 hours for a hospice bed	6%	↓	▼

Output Class 3: Intensive Assessment and Treatment

	Actual	Target	Trend
Acute services			
Number of ED attendances (YTD)	89,442	No target	▼
Total acute WIES (DHB Provider - YTD)	46,873	44,937	▲
Eligible stroke patients thrombolysed	*8%*	*6%*	▲
Stroke patients admitted to stroke unit	*79%*	*80%*	▼
Coronary angiography in 3 days (ACS patients)	80%	70%	▲
Maternity			
Number of births in Waitemata DHB hospitals (YTD)	5,387	No target	▼
Primiparous vaginal births with 3rd/4th degree tears	4.4%	↓	▼
Elective (inpatient/outpatient)			
Non-urgent diagnostic colonoscopy in 42 days	89%	70%	▲
Waiting >4 months for FSA (ESPI 2)		*Compliant*	▲
Waiting >4 months for treatment (ESPI 5)		*Compliant*	▼
Quality and patient safety (HQSC)			
HSMR (Source: Health Round Tables)	*1.06*	*1.03*	▲
Staph bacteraemia rate per 1,000 inpatient bed days	*0*	↓	▲
Net Promoter Score FFT	*74*	*65*	▲
Falls risk patients receiving an individualised care plan	*96%*	*80%*	▲
Rate of falls with major harm	*0.07*	*<2*	--
Hip and knee procedures given right antibiotic in right dose	*95%*	*95%*	▲
Surgical site infections per 100 hip and knee operations	*0.00*	*<1.3*	--
Number of pressure injuries grades 3 and 4 - Provider Arm	*0*	*0*	--
Number of patients with pressure injuries per 100 patients	0.72	0.00	▼
Mental health			
Mental health service access 0-19	*3.3%*	*3.1%*	▼
Mental health service access 20-64	*3.3%*	*3.4%*	▲
Mental health service access 65+	*2.0%*	*2.1%*	▲

Key notes

1. Most **Actuals** and **Targets** are reported for the quarter in the scorecard header; those appearing in *grey bold italics* are for the most recent reporting period where data are missing or delayed
2. **Trend lines** represent the data available for the four most recent time points; the scale is auto-adjustmed and small variations may appear to be large
3. The triple therapy baseline and target published in the 2016/17 Annual Plan have been superceded by the SLM Plan's baseline and target
4. 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	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.
2. Improved access to elective surgery	✓	
3. Faster cancer treatment – within 62 days	✓	
4. Increased immunisation (at eight months)	✓	
5. Better help for smokers – Primary Care	✓	
6. Better help for smokers – Maternity	✓	
7. Raising healthy kids	✓	

Key Indicators

Scorecard Variance Report

Indicator	On target	Variance commentary
Output class 1: prevention services		
8. Breast screening coverage	✓	In Manawa Ora report (Māori specific).
Output class 2: early detection and management		
9. Cervical screening	✘	In Chief Executive Officer's report, CPHAC reports and Manawa Ora report (Māori specific).
10. CVD on triple therapy	✓	
Output class 3: intensive assessment and treatment		
11. Surgical intervention rate (SIR) – major joints	✓	In Chief Executive Officer's report.
12. SIR – cataracts	✓	In Chief Executive Officer's report.
13. SIR – cardiac	✓	
14. SIR – percutaneous coronary revascularisation	✓	
15. SIR – coronary angiograph	✓	In Chief Executive Officer's report.
16. Urgent diagnostic colonoscopy in 14 days	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.
17. Opportunities for hand hygiene taken	✓	HAC Provider Arm Performance report.

Indicator	On target	Variance commentary
18. Older patients assessed for risk of falling	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.
19. Hip and knee operations with prophylactic antibiotic given	✓	
20. 0-19 Mental Health waiting within three weeks	✖	HAC Provider Arm Performance report.
21. 0-19 Mental Health waiting within eight weeks	✖	Work in progress to reduce waiting times: review of administration processes used to open and close files; implement a mild to moderate pathway with the Primary Mental Health Service and specialist CMPHS CHOICE teams to improve access; develop a KPI dashboard to track information in real time; review of raw data to identify errors.
22. 0-19 Addictions waiting within three weeks	✓	
23. 0-19 Addictions waiting within eight weeks	✓	
Output class 4: rehabilitation and support services		
24. ARC providers with four 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	✓	In Chief Executive Officer's report and HAC report.
26. Green Prescription – adults	✓	
Health protection (ARPHS – all northern region DHB results)		
27. Tobacco retailer compliance checks conducted (YTD)	✓	
28. % of Tuberculosis treatments with start date	✓	

Indicator	On target	Variance commentary
Population-based screening		
29. Bowel screening – participation (round three)	✗	In Chief Executive Officer's report.
30. Bowel screening – colonoscopy within 55 days	✓	
31. Gateway assessments waiting over timeframe	✗	In HAC Provider Arm Performance report.
32. % of Before School Checks completed (YTD)	✓	

Output Class 2: Early Detection and Management

Scorecard Variance Report

Indicator	On target	Variance commentary
Primary health care		
33. Primary care enrolment	✓	In CPHAC report.
34. Primary Options for Acute Care referrals YTD	✓	
35. Diabetes management	✓	In CPHAC report.
36. % Cardiovascular disease risk assessed in the last five years	✓	
Community-referred testing and diagnostics		
37. GP-referred radiological tests	✓	
38. % CTs completed within six weeks	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.
39. % MRIs completed within six weeks	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.

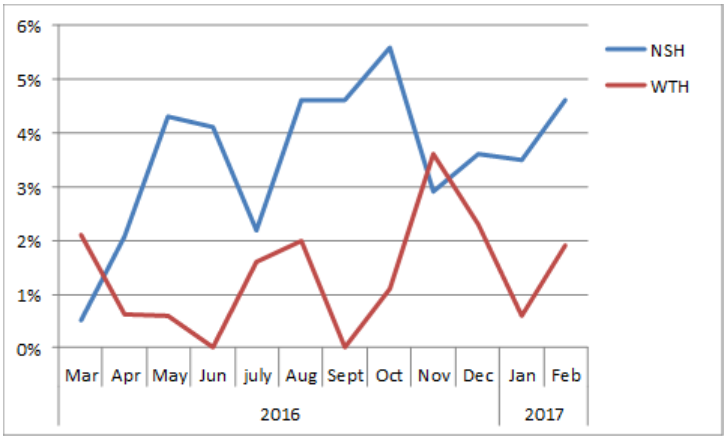
Output Class 3: Intensive Assessment and Treatment

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)	✓	HAC Provider Arm Performance report.
42. Eligible stroke patients thrombolysed	✓	
43. Stroke patients admitted to stroke unit	✓	
44. Coronary angiography in three days (ACS patients)	✓	
Maternity		
45. Number of births in Waitemata DHB hospitals (YTD)	No set target	
46. Primiparous vaginal births with third/fourth degree tears	✘	We seem to be tracking up slightly (please see graph below for data of all births), although the numbers are small. We are still consistent with health roundtable benchmark of 6%.
Elective (inpatient/outpatient)		
47. Non-urgent diagnostic colonoscopy in 42 days	✓	In Chief Executive Officer's report and HAC Provider Arm Performance report.
48. Waiting >4 months for FSA (ESPI 2)	✓	
49. Waiting >4 months for treatment (ESPI 5)	✓	
Quality and patient safety (HQSC)		
50. Hospital standardised mortality ratio	✓	In Chief Executive Officer's report and HAC Quality reports.
51. Staph bacteraemia rate per 1,000 inpatient bed days	✓	In HAC Quality report.
52. Net Promoter Score FFT	✓	In Chief Executive Officer's report and HAC Quality reports.
53. Falls risk patients received an individualised care plan	✓	In HAC Quality report.
54. Rate of falls with major harm	✓	In HAC Provider Arm Performance report and Quality reports.

Indicator	On target	Variance commentary
55. Hip and knee procedures given right antibiotic in right dose	✓	In HAC Quality report.
56. Surgical site infections per 100 hip and knee operations	✓	In HAC Quality report.
57. Number of pressure injuries grades three and four – Provider Arm	✓	In Chief Executive Officer's report, HAC Provider Arm Performance report and Quality report.
58. Number of patients with pressure injuries per 100 patients	✘	In HAC Quality report.
Mental health		
59. Mental Health service access 0-19	✓	HAC Provider Arm Performance report.
60. Mental Health service access 20-64	✓	In HAC Provider Arm Performance report.
61. Mental Health services access 65+	✓	

Primiparous vaginal births with third/fourth degree tears:



Output Class 4: Rehabilitation and Support Services

Scorecard Variance Report

Indicator	On target	Variance commentary
Home-based support		
62. Average number of hours per month of HBSS for personal care	No set target	
63. Average number of hours per month of HBSS for household management	No set target	
64. Long-term support 65+ who have had InterRAI	✓	
65. % urgent InterRAI assessed in five working days	✓	
66. % non-urgent InterRAI assessed in 15 working days	✓	
Palliative care		
67. Number of contacts (YTD)	No set target	
68. Proportion of hospice patient deaths that occur at home	✘	The 40% baseline (2015/16) was set prior to a definition change, which now excludes patient deaths occurring at high- and low-level residential aged care (24% and 2%, respectively, in Quarter three).
69. Proportion of referrals that wait >48 hours for a hospice bed	✓	

8. Resolution to Exclude the Public

Resolution:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of Meeting of the Board - Public Excluded (24/05/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Minutes of the Audit and Finance Committee – Public Excluded (14/06/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3. Minutes of the Hospital Advisory Committee – Public Excluded (03/05/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
4. Minutes of the Hospital Advisory Committee – Public Excluded (14/06/17)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
5. Minutes of the W2025 Special Committee of the Board Meeting – Public Excluded	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
6. Wai Auckland Business case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
7. Urgent Care Services	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
8. New Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
9. Deed of Variation, Renewal and Rent Review of Premises	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
10. Deed of Renewal, Variation and Rent Review for Premises	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
11. New lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
12. New Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
13. New Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information. [Official Information Act 1982 S.9 (2) (b)]
14. NGO Contracts	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
15. 2017/18 Budget Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
16. System Level Measures	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
17. Northern Region Long Term Investment Plan	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]