Waitemata
District Health Board

Best Care for Everyone

BOARD MEETING

Thursday 14 December 2017

9.15am

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
14 December 2017

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Tce, Takapuna **Time: 9.15am**

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	Peta Molloy - Board Secretary
Morris Pita - WDHB Board Member	
Allison Roe - WDHB Board Member	

APOLOGIES:

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

	1.	**AGENDA ORDER AND TIMING**
	2.	**BOARD MINUTES**
9.15am	2.1	Confirmation of Minutes of the Meeting of the Board (08/11/17)
		Actions arising from previous meetings
	2.2	Circulated Resolution (26/10/17) – Letter of Representation to be signed on behalf of the Board
	3.	**EXECUTIVE REPORTS**
9.20am	3.1	Chief Executive Officer's Report
9.35am	3.2	Health and Safety Report
9.40am	3.3	Communications Report
	4.	**DECISION ITEMS**
9.45am	4.1	Establishment of Executive Committee of the Board
9.50am	4.2	Waitemata DHB's Quality Account FY 2016/17 for approval
	5.	**PERFORMANCE REPORT**
9.55am	5.1	Financial Performance
	6.	**COMMITTEE REPORTS**
10.05am	6.1	Minutes from Hospital Advisory Committee (18/10/17)
	7.	**INFORMATION PAPERS**
10.10am	7.1	Qlik Sense Business Intelligence Tool and clinical dashboards
10.35am	7.2	Health and Safety Marker Report
10.40am	7.3	Statement of Performance Expectations (SPE) Performance Report : Quarter One 2017/18
10.45am	**8.**	**GENERAL BUSINESS**
10.50am	**9.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

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 Lead Reviewer - State Services Commission, Performance Improvement Framework (current review Ministry for the Environment)	17/08/17
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	Trustee - Well Foundation Director – Auckland Transport Director – Sport New Zealand 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)	10/11/17
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, which is contractor providing services to National Hauora Coalition. GP at 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 Member – ACEM Hospital Overcrowding Subcommittee 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	05/05/17
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

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
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 08 November 2017

Recommendation:

That the Minutes of the Board meeting held on 08 November 2017 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 08 November 2017

held at Waitemata Room, Level 1, Whenua Pupuke,
Takapuna, commencing at 2.06pm

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Lester Levy (Board chair)
Max Abbott
Edward Benson-Cooper
Kylie Clegg (Deputy Board chair)
Warren Flaunty
James Le Fevre
Matire Harwood
Brian Neeson
Morris Pita
Allison Roe (until 2.39pm, item 4.1)

ALSO PRESENT:

Robert Paine (Acting Chief Executive) (from 2.10pm, item 3.1)
Jocelyn Peach (Director of Nursing and Midwifery, Emergency Systems Planner)
Dr Debbie Holdsworth (Director Funding)
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:

There were no public or media representatives present.

APOLOGIES:

Apologies were received from Sandra Coney, Dale Bramley, Andrew Brant and for early departure from Allison Roe.

WELCOME

The Board Chair welcomed the Board members and all those present at the meeting.

The Board warmly acknowledged and congratulated Dr Matire Harwood on winning the L'Oreal-UNESCO for Women in Science Fellowship.

DISCLOSURE OF INTERESTS

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

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.

2 BOARD MINUTES

2.1 Confirmation of Minutes of the Meeting of the Board (27/09/17) (agenda pages 7-15)

Resolution (Moved Warren Flaunty/Seconded James Le Fevre)

That the Minutes of the Board meeting held on 27 September 2017 be approved.

Carried

Actions arising from previous meetings (agenda pages 16)

There are no actions arising outstanding from previous Board meetings.

2.2 Circulated Resolution (26/10/17) – Letter of Representation to be signed on behalf of the Board (26/10/17) (agenda pages 17)

This item was removed from the agenda and will be resubmitted to the Board at its next scheduled meeting for receipt.

3 EXECUTIVE REPORTS

3.1 Chief Executive's Report (agenda pages 18)

Robert Paine (Acting Chief Executive Officer) introduced this item.

Kylie Clegg noted the social media stats and queried whether this form of communication will be increasingly utilised; Matthew Rogers (Director, Communications) noted that this form of communication is recognised as a tool to disseminate information. He particularly noted the high stats recorded for viewing the video posted on Facebook 'Introducing the Ako Ako girls with Whaea Naida' with over 17,000 views.

The report was received.

3.2 Health and Safety Performance Report (agenda a pages 34)

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

Michael Field noted that there are new pieces of legislation (one being for the Hazardous Substances and New Organism policy). An update will be provided to the Board on the new legislation.

Matters covered in discussion and response to questions included:

- Noting the update provided on the review of software systems and that 'proof of value' as a requirement from a vendor has been introduced.
- Morris Pita noted that the report notes that approximately one in five staff members have not undertaken the mandatory health and safety training. The Board have previously requested that this matter be addressed to ensure 100% uptake for training. Michael Field noted that reporting for health and safety training is in two areas, orientation and at a local level; work is underway to finalise corporate orientation noting that it is anticipated that a new online [local] induction process will address the issue of mandatory health and safety training.
- The Board Chair noted precautions seen for safety internationally that could be considered by the DHB. Fiona McCarthy referred to the independent review undertaken in 2016, which resulted in changes to access in some areas as well as a series of standards to assess the DHB's security. She also advised that new documents had been released around aggression in the workplace.

The report was noted.

3.3 Communications Report (agenda pages 56)

Matthew Rogers (Director of Communications) summarised this item, noting two key areas:

- Greater visibility on social media.
- A continuing growth in OIA requests, with an increase of 25% compared to the prior year. It was noted that without the 'five hour' rule for charging, that the number of OIA requests would be far greater. The work required to respond consumes a large part of the communications function as well as a lot of time for general managers.

The report was received.

4 PERFORMANCE REPORTS

4.1 Financial Performance (agenda pages 67)

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

The Board Chair spoke about the funding alterations and referred to the new governments plan for health. He also advised that the new Minister of Health had been provided with a Waitemata DHB briefing. He noted, that the Minister has requested a meeting with all DHB Chairs mid-November.

In response to a question from Morris Pita regarding the financial outlook over the next three months, Robert advised that the forecast is still to meet the budget overall. He noted that capital expenditure is being regulated, but that there are some high needs around infrastructure in the facility area as well as IT.

It was requested by the Board that the Audit and Finance Committee note cash flow surveillance as a key priority.

The report was noted.

5 COMMITTEE REPORTS

5.1 Minutes from the Hospital Advisory Committee (06/09/17) (page 78)

James Le Fever summarised the minutes of the Hospital Advisory Committee (09/09/17). The minutes of Hospital Advisory Committee meeting held on 06 September 2017 were noted.

5.2 Minutes from the Community and Public Health Hospital Advisory Committee (CPHAC) (13/09/17) (page 87)

Debbie Holdsworth (Director, Funding) clarified that point d) of the recommendation was requested by CPHAC member Lee Mathias and is a requirement for dental services delivered by Waitemata DHB to operate in a cooperative and coordinated way. Therefore, point d) of the recommendation was removed from the Auckland DHB Board.

Resolution (Moved Morris Pita/Seconded Max Abbott)

That the draft minutes of the Community and Public Health Advisory Committee meeting held on 13 September be received and the following recommendation approved:

Ref.	Item/Recommendation
3.1	**Preschool Oral Health Action Plan for Metropolitan Auckland Region** **That the Board:** **a) Note a Preschool Oral Health Action Plan has been developed for the Metropolitan Auckland region to address marked ethnic and other inequities in preschool oral health.** **b) Endorse the Preschool Oral Health Action Plan for Auckland and Waitemata District Health Boards.** **c) Note the Plan will be presented to the Counties Manukau District Health Board Community and Public Health Committee for endorsement.** **d) Establish and assure co-operative and co-ordinated services to implement the Child Oral Health plan. Include KPIs which reflect inter professional working arrangements.**

Carried

6. INFORMATION PAPERS

6.1 Health and Safety Marker Report - Update (agenda pages 96)

Fiona McCarthy (Director of Human Resources) presented this item.

With regard to the update provided on 'progress implementing the Health and Safety Wok Act 2015' and subsequent action items, Kylie Clegg queried how progress is noted and that things are coming into fruition, for example point '7. Contractors' of the report. Fiona McCarthy noted that many of the recommendations are systems based and will be reported

both in the health and safety maker report and to the Audit and Finance committee. In addition specific information will be added to scorecards reported providing visibility of outcomes for new systems and measures.

The report was noted.

6.2 System Level Measures – Quarterly report (agenda pages 116)

Karen Bartholomew (Acting Director Health Outcomes – Auckland and Waitemata DHBs) introduced this item.

The report was noted.

7 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 148)

Resolution (Moved James Le Fevre /Seconded Edward Benson-Cooper)

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 (27/09/17)	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 from the Audit and Finance Committee – Public Excluded (18/10/17)	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

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
		to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3. Minutes from the Audit and Finance Committee – Public Excluded (06/09/17)	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 from Hospita Advisory Committee with public excluded (06/09/17)	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 from Manawa Ora (02/08/17)	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
6. Minutes from Three Harbours Health Foundation	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. Finance	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)] **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. Funding	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
9. Integrating Governance, Leadership and Planning Arrangement with Maori Health	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)]
10. Public Health Approach	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)]
11. Consultant Arrangement	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
12. Draft Strategic Assessment	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)]
13. Facilities	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)]
14. Facilities	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.

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) (b)]
15. Facilities	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 BUSINESS

There were no items of general business.

The Chair thanked those present.

The open meeting concluded at 3.06pm.

RESOLUTION TRANSFERRED FROM THE CONFIDENTIAL AGENDA TO OPEN AGENDA

The following item was considered as part of the confidential agenda (item 3.4) and the Board agreed that the following resolution be transferred to the open agenda.

Mumps Outbreak – A Targeted Immunisation Approach

Resolution (Moved James Le Fevre/Seconded Matire Harwood)

That the Board:

a) **Note we are experiencing the largest mumps outbreak in New Zealand since 1994 with the bulk of cases in Waitemata DHB occurring in West Auckland and Pacific are inequitably impacted.**
b) **Note over 75 percent of cases are under immunised and immunisation with the MMR vaccine has been shown to reduce the duration and size of mumps outbreaks across a number of settings overseas.**
c) **Note the collective Metro Auckland clinical opinion is that in the absence of a national MMR catchup immunisation campaign, a local catch up campaign in Waitemata DHB is required.**
d) **Note and endorse that the Waitemata DHB Chief Executive Officer has approved under delegation (due to time sensitivity for implementation) $300k and the re-orientation of**

existing work-forces to provide a targeted mumps immunisation catch-up programme prioritising under vaccinated Maori and Pacific youth in:

i. **five high needs high-schools in West Auckland.**
ii. **Pacific Island Church communities.**

e) **Note the development of communications to primary care to:**
   i. **increase awareness that mumps vaccine is not on the National Schedule of most Pacific Island nations and should be considered in immunisation catch-ups for children vaccinated overseas**
   ii. **highlight mumps for consideration as a travel vaccine to the wider general practice community, not just through travel medicine clinics.**

f) **Note risks associated with re-orienting school and parish nurse workforces including the need to obtain buy-in from schools and reduced delivery of other health and well-being checks.**

g) **Note that the metro Auckland DHB Chief Executives and Auckland regional Public Health Service have written to the Ministry of Health reconsider a National measles mumps and rubella immunisation catch up programme for youth.**

Carried

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 08 NOVEMBER 2017

_____CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 08 December 2017

There are no actions arising outstanding from previous Board meetings.

2.2 Circulated Resolution 26 October 2017 – Letter of Representation to be signed on behalf of the Board

Resolution passed:

That the Board delegates authority to the Chair and Deputy Chair to sign the final representation letter on behalf of the Board by 31 October 2017.

Prepared by: Peta Molloy (Board Secretary)

At its meeting on 18th October, the Audit and Finance Committee received and noted the final layout and near final content of the 2016/17 Annual report. The Committee also received a copy of the draft representation letter and recommended to Board that it delegate authority to the Chair and Deputy Chair to sign the final representation letter on behalf of the Board by 31 October. As this date was prior to the next scheduled Board meeting (8th November), the matter was considered and unanimously supported via circular resolution.

The resolution is being submitted to the Board for endorsement.

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

- A new CT scanner was installed at Waitakere Hospital on 24 October. The Aquilon Prime is manufactured by Toshiba and uses cutting-edge technology to deliver high-quality imaging at low radiation dose. It replaces a Siemens CT scanner that has serviced the population well since its installation in late 2004 but was due for retirement. Further refurbishment of the department will now take place to create new patient facilities and space for a second CT Scanner, due to arrive in late 2018. My thanks to all involved in the project to date. We all look forward to an official opening next year once the entire project is complete.

Clinical Director Radiology Dr David Cranefield, CT Team Leader Vanessa Leman, senior medical radiation technologist Dael Mudgway, Chief Executive Officer Dr Dale Bramley and Radiology Operations Co-ordinator Karen Wills.

- Three large and beautifully framed coastal scenes now hold centre stage in the main foyer of North Shore Hospital. The photographs have been gifted to Waitemata DHB via our fundraising arm, the Well Foundation, by renowned photographer Arno Gasteiger. Arno is the co-author of nine books and is well-known for his work with New Zealand Geographic Magazine. The photos are of Karekare on Waitakere's wild west coast, Tawharanui Regional Park near Warkworth and Rangitoto Island. The photographs are another way of enhancing the experience of patients and whanau in our care and we are very grateful to Arno for his

generosity. His works were hung at the end of November and are attracting a lot of interest in this high foot-traffic area.

Prints by renowned photographer Arno Gasteiger now adorn the North Shore Hospital foyer.

- November 13 saw the start of national Fraud Awareness and Integrity Week, aimed at highlighting the importance of vigilance across the health sector. At Waitemata DHB, organisation-wide screensavers appeared reminding staff about the impact of fraud and the importance of raising concerns if something doesn't feel right. The DHB also hosted two fraud awareness and prevention seminars, with speakers from the Ministry of Health, Audit and Compliance investigation team, Internal Audit, as well as, Waitemata DHB staff from Procurement/Supply Chain and Human Resources.

- Waitemata DHB always has one of the highest rates of hand hygiene compliance across the whole country. Our October results were a cause for real celebration, however, as the 88 per cent overall compliance rating equalled our best-ever record. Waitemata DHB has consistently exceeded the national hand hygiene compliance target of 80% since August 2015. I congratulate all the clinical units that have a 100 per cent compliance rate. They are: Maternity (NSH), Haemodialysis (Waitakere Hospital), Kahikatea (Mason Clinic), Kauri (Mason Clinic), Pohutukawa (Mason Clinic), Rata (Mason Clinic), Tane Whakapiripiri (Mason Clinic), Te Aka (Mason Clinic) and Totara (Mason Clinic). The performance of these teams in particular is ensuring our patients receive the very best care.

- Former Waitemata DHB Board member Gwen Tepania-Palmer has gifted a piece of artwork to the DHB's new Whenua Pupuke Clinical Skills Centre. Gwen served diligently as an appointed member of the Waitemata DHB for three consecutive terms, finishing in 2016. She made a special presentation of her gift at our November Board meeting. This will be a lasting reminder of Gwen's legacy and will be on permanent display in Whenua Pupuke.

Chair Dr Lester Levy with former Board member Gwen Tepania-Palmer and her gifted artwork.

- I receive regular feedback from patients, much of it very appreciative of the efforts our staff go to in order to provide the very best care. However, two recent examples really stood out and illustrate how much of a positive impact our people can have on the lives of others. I met former patient Les Thomas, of Glen Eden, when he recently revisited Waitakere Hospital to thank staff for the care he received. Les was so grateful that he hand-delivered 50 red roses to our staff as a gesture of thanks and appreciation. I was also delighted to receive written feedback from a recent North Shore Hospital Ward 11 patient who wanted to recognise the great care he had received and acknowledge the efforts of staff that had gone into creating an oriental garden and pergola for patients to use. “Thank you all for a really wonderful stay,” he wrote. “I came in very sick and left feeling well and healthy.”

Chief Executive Officer Dr Dale Bramley, registered nurse Margaret Rhind and happy patient Les Thomas.

https://www.stuff.co.nz/auckland/local-news/western-leader/99556331/auckland-man-gives-roses-to-hospital-staff-to-simply-thanks

- Congratulations to general surgeon Ian Stewart who received the prestigious Royal Australasian College (RACS) of Surgeons 2017 Supervisor/Clinical Assessor of the Year award for New Zealand on 2 November. Ian, who has worked at North Shore Hospital since 1991, is a firm advocate for strong mentorship and teaching and his efforts have made the DHB's general surgical department one of the top choices for senior trainees in New Zealand. It is wonderful to see one of our senior people who has given so much to his colleagues receiving such national recognition.

Royal Australasian College of Surgeons (RACS) Chair Dr Sally Langley presents Mr Ian Stewart with the RACS Supervisor/Clinical Assessor of the Year award for New Zealand.

- Congratulations also to all those who helped steer Waitemata DHB to a big win at the 2017 IAP² Australasian Core Values Awards, held in Melbourne on 19 October. Our entry, 'Perception of Primary Birthing Units – Hearing from the Quieter Voices', won the health category of the awards, designed to celebrate projects and organisations at the forefront of public participation. The award recognises the extensive community consultation project that started in 2013 as a precursor to the business case for an urban primary birthing unit in West Auckland. People were surveyed online and multiple community events were held so that attendees could learn more about the idea and give their feedback. The campaign was especially targeted towards youth, Māori, Pacific, Asian, refugee and migrant communities after a Board request to ensure "quieter voices" were well-represented in the results.

Waitemata DHB Community Engagement Manager Carol Hayward with the award.

- A big thank you to the team that helped Waitemata DHB deliver its incredibly successful bowel screening project – paving the way for the start of a national programme roll-out earlier this year. Almost 150,000 people completed a bowel screening test between 2012 and 2017. Around 350 were found to have bowel cancer as a result. Many others were diagnosed with adenomas which may have developed into cancers over time. The national programme has the potential to reduce bowel cancer deaths among those who are screened by at least 16 to 25% after eight to 10 years. Those numbers all represent real people who might otherwise have had their lives cut short by this disease – mothers, fathers, uncles, aunties, grandparents who, because of this programme, will get to spend more quality time with their loved ones.

Staff associated with the Waitemata DHB bowel screening project gathered for a thank you lunch a few days before the pilot officially finishes at the end of the month.

- On 28 November, Chief Medical Officer Dr Andrew Brant signed the Water Pledge with Healthy Families Waitakere on behalf of Waitemata DHB. The Water Pledge is a movement to make West Auckland a healthier place with a simple commitment to drink more water and to encourage others in the community to do the same. The pledge follows on from Waitemata DHB's support for the Switch to Water campaign run by the New Zealand Dental Association November, which encouraged people to replace sugary drinks with water for one month.

Chief Medical Officer Dr Andrew Brant signs the Water Pledge on behalf of Waitemata DHB.

- Lord Victor Adebowale rounded off an outstanding line-up of speakers in the 2017 CEO Lecture Series when he presented at Whenua Pupuke on 23 November. Lord Victor, a crossbench peer in the House of Lords and Chief Executive of the social care enterprise Turning Point, was visiting New Zealand as a guest of senior medical officers and spoke at their annual conference two days prior – offering some insights on leadership. Other speakers this year have included Chief Coroner Judge Deborah Marshall, Medicine Mondiale founder Sir Ray Avery, University of Strathclyde global public health professor Sir Harry Burns, participatory medicine advocate 'ePatient Dave' deBronkart and Sir Mason Durie. The series was sponsored by Johnson & Johnson and we are grateful for their ongoing support.

L-R: Kaumatua Fraser Toi, Chief Advisor Tikanga Naida Glavish, Lord Victor Adebowale, Chief Executive Officer Dr Dale Bramley, Kaumatua Dave Kaire and Kaumatua Cherie Povey.

Creating a culture of appreciation

A further 51 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:

- Jenny Oettli, NASC - NASC West, nominated by Liz Munt
- Marion Bourchier, NASC - NASC West, nominated by Liz Munt
- Vicki Jowsey, NASC - NASC West, nominated by Liz Munt
  "Worked on a project within our service with good results they then went on to pilot a new model for our triage which is working very well and has reduced our time to assessment."
- David Grayson, Clinical Director ORL - ORL and Audiology, nominated by Eleanor Gates
  "David's gentle encouragement and advice for the Credentialed Midwives who run the Tongue-Tie Clinics is marvellous. He supervises us or undertakes the cases beyond midwifery scope of practice."
- Faye Letham, Charge Nurse Manager - Waitakere Surgical Unit, nominated by Fleur Boxall
  "Faye illustrates perfectly the DHB's four values in particular, that everyone matters and that we feel appreciated and connected."
- Rebecca Eade, Midwife Manager - Waitakere Facility, nominated by Vanessa Duthie
- Louise Witten, Registered Midwife - Waitakere Facility, nominated by Vanessa Duthie
  "Worked together to ensure a timely, effective solution for the students. The Māori students who attended the meet and greet, said all their fears melted away and they felt welcomed, valued and prepared to learn."
- Wolfgang Theuerkauf, Manager - CADS Abstinence Team, nominated by Astrid Smith
  "Wolfgang is a great leader and role model and I admire his way with people. He is the sort of manager everyone would like to have."
- Antony Kocheril, Registered Nurse - Waitakere Day Stay, nominated by Juliette Wood

"For being an inspiring and positive role model in our surgical unit. Antony shares his knowledge so we can offer a better service and make a difference for the people who come into our care."

- Zeev Barvich, Medical Laboratory Scientist - Blood Bank, nominated by Phillippa Reid
  "Zeev fixed not one but two analysers when the engineers were out of town, saving our samples and our time."
- Bronwen Jones, Clinical Nurse Specialist - General Surgery, nominated by Natasha Coleman
  "Bronwen always has very busy and challenging clinics as well as supporting the Bariatric Surgeons and does so in such a calm, caring manner. Her positive attitude is an inspiration especially in times that might be tougher."
- Yolanda Ngangom, Health Care Assistant - Waitakere Facility, nominated by Teresa Ferguson
  "Feedback from a patient Yolanda was described as warm, welcoming, informative and she made this person feel special. Very consistent with our DHB core Values."
- Lesley Wildes, Group HR Manager - Human Resources, nominated by Riki Nia Nia
  "Lesley has provided excellent and timely HR support to our team. She is a great example of a supportive, competent, caring and enabling colleague!"
- Lynnette Long, Charge Nurse Manager - Huia Ward, nominated by Wendy Matthew
  "Lynnette became the Charge Nurse Manager if this new ward and has been such an advocate for the palliative patients in her ward. She is such a lovely person to work with."
- Elaine Mau, Registered Nurse - Wainamu Ward, nominated by Wendy Matthew
  "I have been so impressed with Elaine over the years I have worked with her. Her compassion with patients shines through and she is a real attribute to the ward and DHB."
- Martina Bayamgos, Cleaner - Clinical Support Services, nominated by Wendy Mace
  "Martina has a smile for all staff and patients and is a friendly polite person working with compassion and embodies 'Everyone Matters'."
- Victoria Lai, Physiotherapist - Inpatient North Therapies, nominated by Lesley Maher
- Di McHale, Registered Nurse - Critical Care Outreach, nominated by Lesley Maher
  "Victoria and Di acted calmly and promptly to clear the airway of a patient who had airway obstruction - I have no doubt that they saved the patient's life."
- Chipo Gunda, Occupational Therapist - Mason Clinic, nominated by Lesley Turner
- Linike Blom, Occupational Therapist - Mason Clinic, nominated by Lesley Turner
  "They created stalls and practical exercises both service users, staff and management could engage in to help develop awareness on the benefits of sensory modulation on mental health. It was a highly successful event!"
- Noeline Ashe, Occupational Therapy Assistant - Mason Clinic, nominated by Lesley Turner
  "Noeline has shown dedication and commitment to mental health services and has recently reached a 30-year milestone of working for Waitemata DHB."
- Andrea Dempsey, Occupational Therapy Advisor - Acute MH Team North 1, nominated by Lesley Turner, Katrina Wallis, Melanie Shields, Kim Mariu, Michael Parker
  "Andrea connects her knowledge of sensory modulation and neuroscience to the people we serve, their families and to the clinicians in a very real and compassionate way."
- Miriama Matanakilagi, Contact Centre - Hospital Reception and Telephone, nominated by Helen Walsh
  "For making an extra effort to make sure a lost item was returned to the rightful owner. Miriama went out of her way to make contact outside of normal work hours to ensure the safe return of a colleague's wallet."
- Mary Cubitt, Physiotherapist - Maternal Mental Health, nominated by Michelle Ball
  "Mary's compassion and empathy for the families that she works with is clearly evident in the work that she does. She is a true embodiment of the Waitemata DHB values 'with compassion' and 'everybody matters'. "
- Charlotte Dobier, Acting Team Leader - Clinical Support Services, nominated by Lee-Ann Weiss

"Charlotte promptly moves to sort out any issues that occur and follows up to make sure everything is working the way that it should."

- Arthur Bamford, Clinical Engineer - Hospital Operations, nominated by Lee-Ann Weiss
  "Arthur provides prompt and efficient service for the laboratory and is always willing to go the extra mile."
- Emma Hamilton, Social Worker - Early Psychosis Intervention, nominated by Lorraine Emerson
  "Emma goes the extra mile to keep our young people at the centre of service delivery and works seamlessly across services."
- Carole Harkness, Lead Vision and Hearing Technician - Child and Family North, nominated by Hendrina Hancock
  "Carole always helps everyone and she has great enthusiasm and dedication to her job, her team and every one she works with on a daily basis. She's a great role model for us all."
- Carole Oosterhof, Charge Nurse Manager - Ward 6 NSH, nominated by Kim Hogan
  "Carole is a very supportive and understanding charge nurse, and will stand up for not only staff wellness but also to each and every patient."
- Paul Colebrook, Registered Nurse - He Puna Waiora, nominated by Caroline Larsen
  "Paul works hard to get the best results for his clients and is also an amazing role model for colleagues. He has much knowledge and experience and is generous in sharing this with colleagues."
- Katie Salton, Registered Nurse - Transit Care, nominated by Melissa Le Sueur and Jean Moore
  "Katie always holds a positive outlook, she is approachable, hardworking and is always more than willing to lend a hand in our busy ED whenever able."
- Peter Farnworth, Registrar - Emergency Medicine, nominated by Michelle Farnaby
  "I wanted to highlight the fantastic reception I got from Dr Farnworth recently in a very delicate situation. He showed great compassion and demonstrating that 'everyone really does matter'."
- Elizabeth Maritz, Clinical Leader - Child Development Services, nominated by Susan Peters
  "Elizabeth exemplifies the value of 'better, best, brilliant' and also holds the value of 'connected' central to all her work. She is an inclusive, respectful practitioner who has successfully show-cased the work which is occurring in Waitemata DHB at a national level."
- Rebecca Parr, Alcohol and Drug Clinician - CADs South, nominated by Jason Cabral-Tarry
  "Rebecca is a hardworking, professional, compassionate and caring keyworker but also a great team player who is approachable, kind and fills our workplace with laughter and encouragement."
- Lynnette Long, Charge Nurse Manager - Waimanu Ward, nominated by Vijay Rani
  "Lynnette is calm, respectful to everyone, humble and a positive role model."
- Julia Mussett, Nurse Educator - Coronary Care Unit, nominated by Vijay Rani
  "Julia is very passionate, compassionate and a pleasant role model."
- Helen Hughes, Specialty Nurse - Occupational Health, nominated by Riki Nia Nia and Summer Hawke
  "Helen has been fantastic in her support of our team and helping us to ensure we have a safe and supportive working environment for staff and whanau."
- Ingrid Tinai, Administration Officer - CADs South, nominated by Jason Cabral-Tarry
  "Ingrid is the first person our clients see/hear when they walk in/phone and she is welcoming, friendly, non-judgemental and caring."
- Beryl Turketo, Administration Clerk - Service Access System, nominated by Janet Hanson
  "For her on-going support and wonderful attitude at work. Nothing is too much trouble for Beryl - she helps out when there are staff shortages and takes time to help and teach new staff."
- Shane Fullam, Project Coordinator - Information Management, nominated by Kelly Bohot
  "Shane goes the extra mile to support clinicians to try new technology tools."

- Bill Guy, Registered Nurse - He Puna Waiora, nominated by Angela Manigsaca
  "Bill is a kind and compassionate nurse, consistently demonstrating empathy for both clients as well as staff. He is a valued member of our team."
- Sharon Lee, BAU Administrator - WFC, nominated by Gale Robinson
- Karin McCullough, Business Analyst - WFC, nominated by Gale Robinson
  "Both of these new WFC employees have shown how their empathy, support and passion for supporting our staff, meets the values we promote."
- Marcia Ball, Administration Clerk - NASC West, nominated by Marieke Dijk
  "For her calm approach and creative problem solving with the pool car bookings in Community. Marcia's joyful calmness carries over on stressed clinicians who are at times worried not to have a car."
- David Legg, AOD Clinician - CADs South, nominated by Yasmin Scott
  "For providing a safe, affirming, validating and non-judgemental space for our shared clients in the Action Group."
- Belinda Hugo, AOD Clinician - CADs South, nominated by Yasmin Scott
  "For our continued growth with the Family and Friends Support Group. I admire your professionalism and supportive nature for both clients and colleagues."
- Teresa Mikosza, AOD Clinician - CADs South, nominated by Yasmin Scott
  "Teresa's calm, peaceful and nurturing energy is exactly what our clients need in a group that challenges their core beliefs and exposes their fears and values."
- Celeste Gillmore, Nurse Educator - Primary Health Care Waitakere, nominated by Fiona Murray
  "Celeste goes above and beyond to support our team, to show us we are valued and an important part of the work force."
- Danielle Schaumkell, Registered Nurse - SCBU West, nominated by Kerryn Shaw
  "Danni recently managed a complex discharge of a palliative infant into the community and the way she empowered and readied them to take their infant home demonstrated the core value of everyone matters."
- Angela Lambie, Pharmacist - Funding - Primary Care, nominated by Tabitha Parker
  "Angela pro-actively seeks solutions for learning gaps in the area of quality use of medicine, and works hard with the Learning and Development team to effectively develop resources to address the needs she has identified."
- Michelle Brewerton, Family Service Coordinator - CADs Regional Admin, nominated by Karen Fraser
  "Michelle is caring and compassionate, with an ability to see the larger picture of what families are going through."

2. Upcoming events

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

- Christmas decoration judging across wards and departments throughout the DHB.
- Publication of the 2017 Waitemata DHB Yearbook.
- Launch of the updated intranet home page, including new staff-friendly features.
- Further progress on the replacement of CT scanners at Waitakere Hospital, with installation of the second new scanner scheduled for August 2018.
- 2018 CEO Lecture Series, commencing with State Services Commissioner Peter Hughes on 19 April.
- Visit by senior Government officials on December 14 to discuss current issues and future opportunities for the Northern Region.

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.

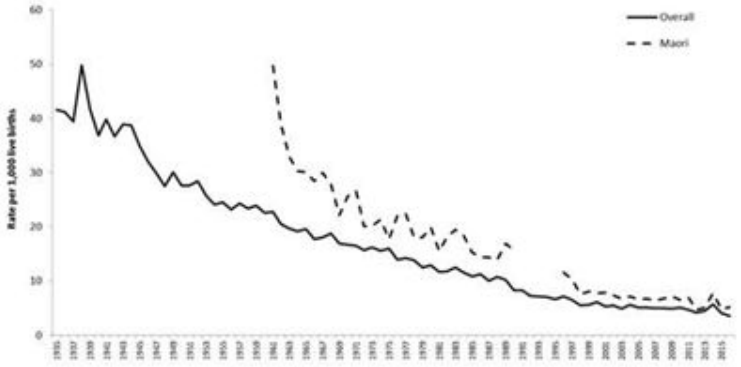
The Leapfrog team is presenting an information update on progress with the Leapfrog programme at this month's Board meeting. Many of the initial projects are now closing (eRadiology, eVitals, patient experience reporting system, voice to text), while some streams of work continue into phase two (mobility, facilities design). New phase two projects are underway (data discovery will also be presented at this month's meeting, outpatient flow tools were endorsed at last month's meeting, internal referrals development) or in planning (patient engagement system, identity management). Two proposed projects have become part of the foundational work taking place on the Northern Region's IS Strategic Plan (cloud strategy, identity and access management). Our Leapfrog team members have been contributing to the development of the ISSP and are now part of the domain working groups commencing this month.

In November, the Leapfrog Programme's second phase was presented at the Health Informatics NZ annual conference in Rotorua. This keynote presentation by Dr Robyn Whittaker is available online (for HINZ members) and an interview about her presentation is available at https://www.youtube.com/watch?v=4Lbb2f9mBg0. There were several other presentations by the team, including eVitals, Data Discovery, clinical apps, patient-reported outcomes, iTui app, social media in health services and virtual reality clinical training pilot. The Leapfrog programme is also to be highlighted by the Ministry of Health as a case study on their webpages about the Digital Health Strategy. In October, the programme was shortlisted as a finalist in the New Zealand Innovation Awards.

4. Outcomes discussion

This month, I have included highlights of a recent presentation I delivered on Maori health outcomes at the University of Auckland in September. There was both some very positive data on the narrowing gap in life-expectancy and infant mortality within the Waitemata district and nationally.

Trend since 1935 shows that the national Māori infant mortality rate is declining



- Infant mortality rates (deaths < 1 year of age per 1,000 live births) in Māori have dramatically declined, and are still declining. There has been a further 30% reduction since 2000.
- Although currently the national Māori infant mortality rates are around 30% higher than that of non-Māori, the gap is closing.

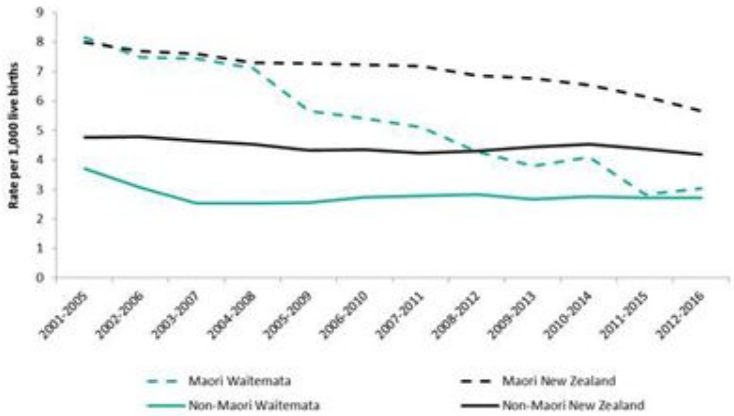
Source: Statistics New Zealand. Statistical notes:

- There is an interrupted time series. Rates from 1991 onward are based on the resident population concept. Before 1991, rates are based on the de facto population concept. From September 1995, birth and death registrations collected ethnicity based on self-identification. Vitals data (births, deaths and marriages) is based on date of registration (not date of occurrence).
- The small spike in 2014 was due to a number of infant deaths that occurred in 2011 and 2012 that were registered late.

Waitemata District Health Board
Best Care for Everyone

The Māori infant mortality has fallen 63% at Waitemata DHB and 30% nationally since 2001

Māori Infant mortality 2000 to 2016 (five year rolling aggregated rate)
Waitemata DHB Māori compared to national Māori



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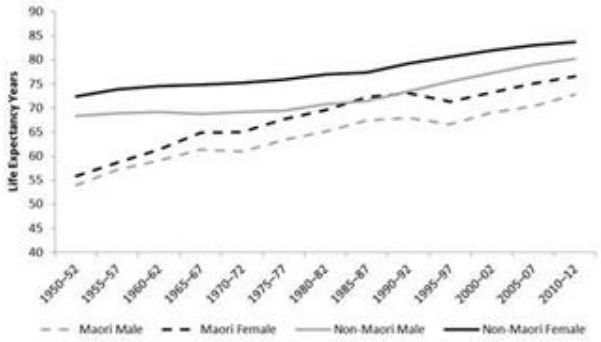
Life expectancy is improving nationally – more rapidly for Māori than non-Māori. This means that the life expectancy gap is narrowing



Over the past 60 years:

- Male Māori life expectancy has increased 19 years (12 years non-Maori)
- Female Māori life expectancy has increased 21 years (11 years non-Maori)

- Male Māori life expectancy gap has decreased from 14.3 years to 7.4 years
- Female Māori life expectancy gap has decreased 16.5 years to 7.2 years

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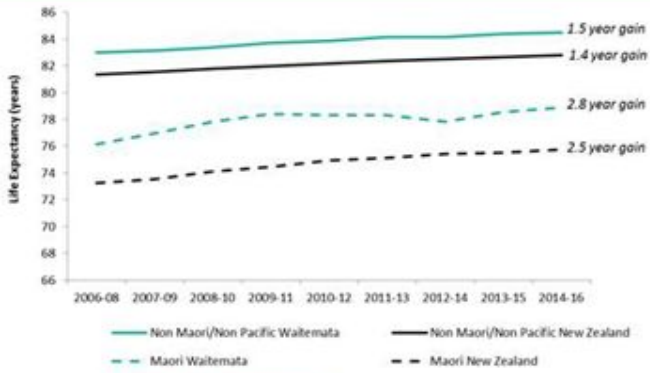
At Waitemata, Māori years of life expectancy gained have been twice that of European/other



- Waitemata DHB has the **highest life expectancy** in the country
- Waitemata DHB has the **lowest life expectancy gap** between Māori and non-Māori/non-Pacific (5.6 years)
- Current Life Expectancy for Māori in Waitemata was 3.2 years higher than the National Māori Life Expectancy
- Since 2006-08 Waitemata DHB Māori life expectancy gain is **twice** that of European/OtherMāori - **2.8 years vs 1.5 years**

Waitemata District Health Board
Best Care for Everyone

Significant gains in Māori life expectancy

nzherald.co.nz

Māori life expectancy has increased at twice the rate of non-Māori in last 10 years

- DHB has invested in understanding the gains in life expectancy, the causes of the gap and contributors to improvement
- Refreshed commitment to long term conditions, cancer and smoking cessation as priorities, and highlighted primary care and cancer screening
- Noted biomedical focus of traditional life expectancy analyses and suggested an opportunity for a kaupapa Māori conceptualisation of life expectancy which has been taken to the national Māori health leadership

Waitemata District Health Board
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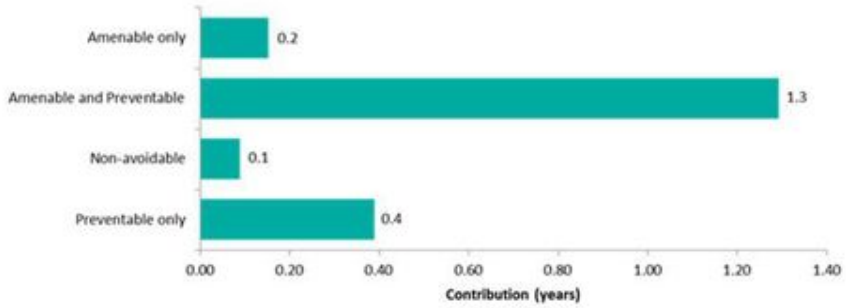
Māori Life Expectancy – Decomposition of the change in Waitemata DHB (1.9 year gain between 2006-08 to 2012-14)



- Nearly all of the gain since 2006-08 has come about due to lower mortality rates from conditions considered 'avoidable'
- Largest gain from lower mortality from conditions considered both 'amenable and preventable'

Source: Ministry of Health

Waitemata District Health Board
Best Care for Everyone

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 third national patient experience survey for 2017 was conducted from 22 August to 7 October for inpatient experiences in late July and early August. The results for this quarter are summarised below and show very good improvements over the previous quarter.

Year and Quarter	Total Surveys	Communication	Partnership	Coordination	Needs
Jul – Sep 2017	**127**	**8.5**	**8.4**	**8.5**	**8.8**
Apr – Jun 2017	120	8.2	8.4	8.3	8.3
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

Waitemata DHB National Inpatient Survey Results

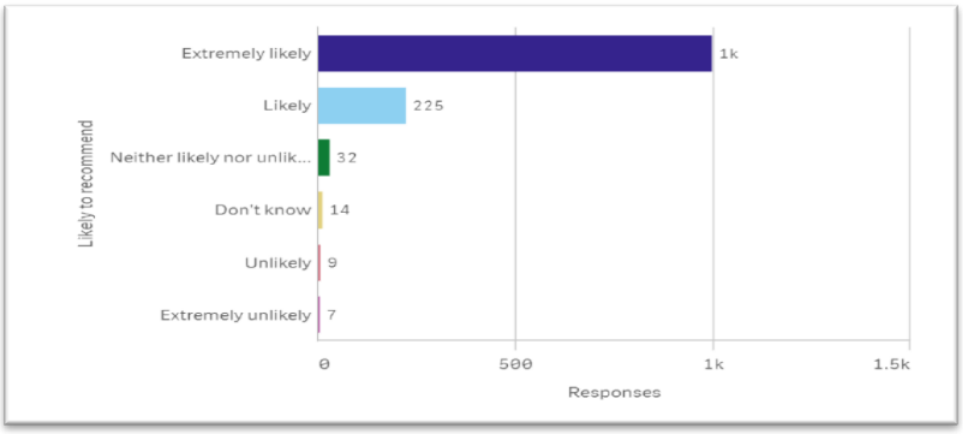
Friends and Family Test

During October 2017, we received feedback from 1,288 people through the Friends and Family Test (FFT). The Net Promoter Score (NPS) for October was 74, well above the DHB target of 65 and continuing the high recent NPS trend.

Friends and Family Test Overall Results

Waitemata DHB overall NPS:

Waitemata DHB overall FFT results:



Waitemata DHB FFT results (each question)

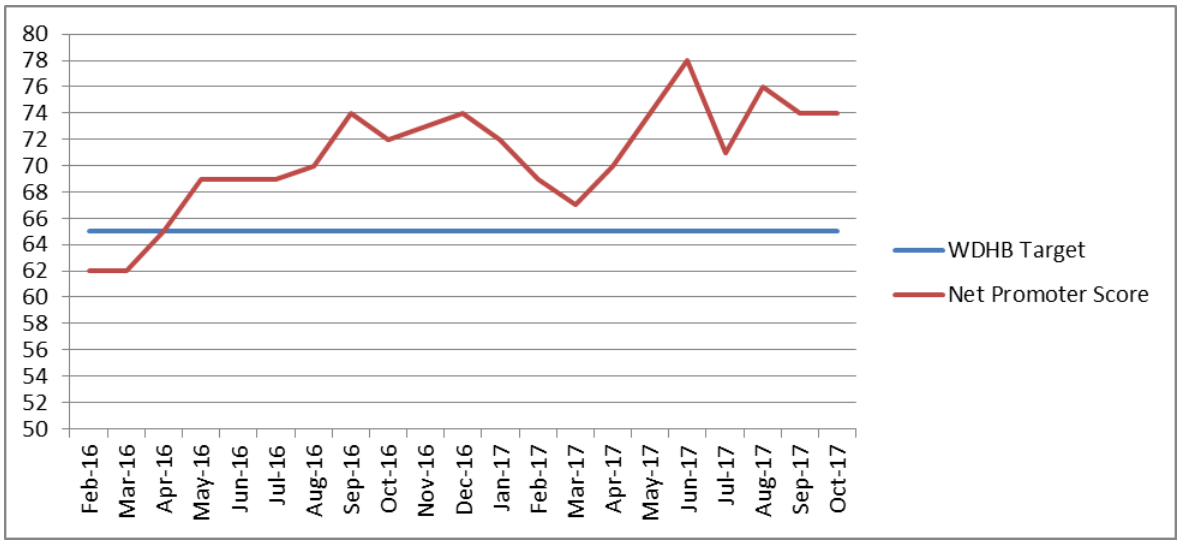
Month & Year	Surv...	How likely are you to recommend our ward,...	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Welcoming and friendly?
Totals	**1,288**	**74**	**71**	**79**	**88**	**78**	**88**
Oct-2017	1,288	74	71	79	88	78	88

Net promoter scores (NPS) in October across the organisation for all Friends and Family Test questions have met target. 'Care and respect' and 'welcoming and friendly' continue to be our highest scoring questions.

Net Promoter Score (NPS) over time

Waitemata DHB continues to score well above target with the overall NPS. Over the last five months, the average NPS has been 74.6.

Waitemata DHB Net Promoter Score over time



Total Responses and NPS to Friends and Family Test by ethnicity

Oct-17	Maori	Overall Asian	Overall Pacific	Other
Responses	132	91	77	294
NPS	77	80	75	78

Volunteer Recruitment Update

Prior to the establishment of the Volunteer Programme, the total number of volunteers available was 29. From February 2017, volunteer numbers have increased to 157. There are a further 18 volunteers awaiting interviews and/or police checks.

Green Coats Volunteers (Front Of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
68	68	21	157

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.

Waitakere Hospital Radiology Replacement and Additional CT scanner

Phase one of this project was complete in the second week of October, with the commissioning of the scanner and facility enabling the first patients to receive treatment through the new replacement CT scanner. Feedback from both patients and staff has been positive.

Following the commissioning of the new CT scanner, the team moved straight into detailed planning and preparation for the commencement of phase two of the project. This will involve significant refurbishment of the existing department to create new patient facilities and the creation of space to accommodate the second CT scanner due for installation in late 2018.

Elective Capacity and Inpatient Beds (ECIB) business case to Capital Investment Committee
The business case for four additional theatres, four endoscopy rooms and 60 beds adjacent and connected to Elective Surgery Centre was submitted to Capital Investment Committee in September and is awaiting review.

Sustainable Inpatient Services: (Replacement Facilities Project)
The strategic assessment for this project has been finalised, has gained Waitemata DHB Board and regional approval and will be submitted to Capital Investment Committee in December. This project links closely with the infrastructure projects and is listed as a key project to address the regional shortfall of beds within the LTIP.

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

1. Agreeing the recycling of capital from the 44 Taharoto Road property. *(Proposal submitted to Treasury)*
2. Submission of the post-implementation review of He Puna Waiora. (*Complete*)
3. Receiving a progress report on the 15-bed unit at Mason Clinic under construction. (*Complete*)
4. 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.)*

Master planning options for the final location of the Tanekaha building are being developed. Design of the Tanekaha building will be initiated once options have been agreed with Capital Investment Committee. The Chair has written to Capital Investment Committee asking if we can commence Tanekaha rebuilding now.

Better Outcomes ✔

Progress: On track

Achieving the health targets – October 2017

- Shorter waits in Emergency Departments – 97% (target 95%)
- Improved Access to Elective Surgery – 108% (target 100%)
- Increased immunisation – 93% (target 95%)
- Better help for smokers to quit - Maternity – 89% (target 90%)
- Raising healthy kids – 100% (target 95%)
- Faster Cancer Treatment (FCT – 62 days) – 94% (target 90%)

Health Quality and Safety Markers – October 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 99% of falls risk assessments, Specialist Medicine and Health of Older People completed 100% and Surgical and Ambulatory completed 91% on admission. Of those, Acute and Emergency Medicine completed 90%, Specialist Medicine and Health of Older People completed 91% and Surgical and Ambulatory completed 63% within eight hours of admission (against a target of 90%).

Hand Hygiene
As per the News and Events section, Waitemata DHB's Hand Hygiene Compliance Audit result for October 2017 was 88%, placing the DHB second-highest nationally.

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

Māori Health

Kia Ora Hauora Māori Health Careers Program
Kia Ora Hauora Māori Health Careers Program is a national Māori health workforce development program funded by the MOH. Counties Manukau is currently the national lead DHB and Northland DHB is leading this work within the Northern Region. Since its inception, it has had 10,000 registrations - 6,000 of these have achieved a level 4 qualification or above and 8,000 have completed NCEA.

As the result of a successful business case submission, the MOH has confirmed program funding for a further three years. Tumu Whakarae has implemented a robust process to select a new national lead for this program from January 2018. All 20 DHBs have supported Waitematā DHB's application to take up this lead role. As a result, Tumu Whakarae has also recommended this to the MOH for implementation from January 2018. Tumu Whakarae is also currently assessing the arrangements for regional DHB leadership of the program from January 2018.

Māori Culture Capability App
We have launched a project to implement a cultural capability app across both Waitemata and Auckland DHBs. The app will be available to all staff and will enable access to basic but relevant cultural capability. For example, the app will provide:

1. Training in pronunciation
2. Guidance and training in appropriate Karakia (prayers for relevant DHB activities)
3. Guidance and training in Mihimihi (introductions for meetings or engagement)
4. Guidance and training in Mihi (greetings) for correspondence
5. Guidance and training in Waiata (songs relevant DHB activities)
6. Guidance and training in basic cultural processes and procedures e.g. Powhiri

The app's contents have been endorsed by the Chief Advisor Tikanga and it is hoped that the testing phase will begin before the end of the year with selected groups from across both DHBs.

Pacific Health

Pacific Regional Workforce Governance Forum (Pacific Alliance Leadership Team)
Chief Executives have given approval to proceed with development of a wider regional workforce agenda. This forum is akin to MALT. Regional Pacific General Managers have met to discuss terms of reference. At this forum, there was also an update that Ministry of Health funding for the Pacific Health Science Academies and the Mentoring programme Working and Achieving Together would continue until the end of 2019. External evaluation will commence for the Health Science Academies with a holistic framework looking at academic results and the growth of the family around health literacy through the student and family engagement fono.

CEO Scorecard

Waitemata DHB Monthly Performance Scorecard

CEO Scorecard
October 2017
2017/18

Health Targets

		Actual	Target		Trend	
a.	Better help for smokers to quit - maternity	*89%*	*90%*	●		▼
a.	Better help for smokers to quit - primary care	*88%*	*90%*	●		▼
	Improved Access to Elective Surgery - WDHB	108%	100%	●		▲
	Shorter Waits in ED	97%	95%	●		▼
	Faster cancer treatment (62 days)	94%	90%	●		--
	Increased immunisation (8-month old)	93%	95%	●		▼
	Raising Healthy kids	100%	95%	●		--

Provider Arm - Service Delivery

	Waiting Times	Actual	Target		Trend	
	ESPI					
	ESPI 1 - 90% OP Referrals processed w/n 10 days	*Compliant*				
	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	92%	95%	●		▼
	% of MRI scans done within 6 weeks	93%	90%	●		▼
	Urgent diagnostic colonoscopy (14 days)	100%	90%	●		▲
	Diagnostic colonoscopy (42 days)	80%	70%	●		▼
	Surveillance colonoscopy (84 days)	93%	70%	●		▼
	Patient Flow					
	Elective Surgical Discharges (YTD)					
	Elective Discharges - Total	7,158	7,165	●		▼
	Elective Discharges - Provider Arm	4,889	4,932	●		▼
	Elective Discharges - IDF Outflow	2,269	2,233	●		▲
	Efficiency					
	Outpatient DNA rate (FSA + FUs)	8%	<10%	●		▼
d.	Average Length of Stay - Electives	*1.53 days*	*<1.55 days*	●		▼
d.	Average Length of Stay - Acutes	*2.96 days*	*<2.8 days*	●		▼

Best Care

	Patient Experience	Actual	Target		Trend	
	Complaint Average Response Time	17 days	<14 days	●		▼
	Net Promoter Score FFT	74	65	●		--
a. e.	**HQSC Quality and Safety Markers - Quarterly**					
	Older patients assessed for falling risk	95%	90%	●		--
	Older patients assessed as significant fall risk with care p	97%	90%	●		--
	Good hand hygiene practice	87%	80%	●		▲
	Occasions insertion bundle used - ICU	99%	90%	●		▼
	Occasions maintenance bundle used - ICU	91%	90%	●		▼
	Surgical site infection rate per 100 procedures	0.3	<0.8	●		▲
b.	Antibiotic in the right time	*94%*	*100%*	●		▼
	Improving outcomes					
	Better help for smokers to quit - hospitalised	99%	95%	●		▲
d.	Ambulatory Sensitive Hospitalisation rate (ASH) 0-4	*5369.2*	*5643*	●		▲
f.	Annual amenable mortality rate (per 100 000)	*70.1*	*72.4*	●		▼
	Population coverage/Access					
a.	Cervical Screening	*74%*	*80%*	●		--
d.	Breast screening	*66%*	*70%*	●		▼
c.	Bowel Screening Participation					
	- Round 3	*51%*	*60%*	●		▼
	Treatment					
d.	HSMR (Source: Health Round Tables)	*0.92*	*<1.04*	●		▲
d.	Surgical intervention rates (per 10,000 pop)					
	- Angioplasty	*16.5*	*12.5*	●		▲
	- Angiography	*41.7*	*34.7*	●		▲
	- Major joints	*28.0*	*21*	●		▲
	- Cataract	*39.6*	*27*	●		▼
g.	# NOF patients to theatre (48 hours)	*95%*	*85%*	●		▲
a.	ST elevation MI receiving PCI (120 mins)	*84%*	*80%*	●		▲
	AT&R referrals assessed (2 working days)	99%	90%	●		▲

Managing our Business

Staff Experience	Actual	Target		Trend	
Sick leave rate	3.3%	<3.6%	●		--
Turnover rate - external	12%	8-12%	●		--
Lost time injury rate (per 100 00 hours worked)	14	<2	●		▼
Financial Result					
Expense/Revenue (YTD Total)	574,047 k	573,392 k	●		▼

Major Capital Programmes	Time	Budget	Quality
Elective Capacity and Inpatient beds (TBC)	●	●	●
CT scanner Waitakere - Stage 1	●	●	●
CT scanner Waitakere - Stage 2	●	●	●
Mason Clinic Tanekaha replacement	●	●	●
Ward 6/7 renovation (Dec/Jan 2018)	●	●	●

How to read

Performance indicators:

- ● Achieved/ On track
- ● Substantially Achieved but off target
- ● Not Achieved but progress made
- ● 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 - Sep Q1 17/18
b. Mar Q3 2016/17 (latest HQSC data available).
c. Bowel Screening Round 3 data June Q4 201617 (participation rate for invites Jan - Jun 2017).
d. Reported quarterly - Jun Q4 16/17
e. Prelim data
f. Annual data - latest available 2014
g. Sep 17 data

A question?

Contact: Victoria Child - victoria.child@waitematadhb.govt.nz - Reporting Analyst, Planning & Health Intelligence, Planning, Funding and Health Outcomes, Waitemata & Auckland DHBs Team

3.2 Health and Safety Performance Report

Recommendation:

That the report be received.

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 is stabilising.

Pre-employment Screening

Steady increase.

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 (refer to Comments on Variations table).

Number of staff injury claims

Has stabilised and remains relatively steady.

Key

- Increased performance
- Steady performance
- Decreased performance

In summary, for October 2017

- → **Steady number of staff reported incidents**
- ↑ **Increase in lost time incidents and injury frequency rates but importantly injury severity rates remain stable**
- → **High levels of Health and Safety representative training completed**
- ↓ **Slight decrease in pre-employment screening prior to employment for the month**
- ↑ **Increase in levels of hand hygiene**

Performance Scorecard

Health and Safety Scorecard

October 2017

Trend data 12 month period

Lagging Indicators

	Actual	Target	Trend
Number of Reported Incidents			
Staff	129	-	
Contractors	1	-	
Students	1	-	
Patients	-	-	
Number of injury claims	42	35	
Lost time incidents	13	5	
Lost time injury frequency r	13	5	
Costs of injury claims	124,427	-	
Injury severity rate	1.8	2	
Number of Notifiable Events			
Injury/Illness: Staff	-	-	
Injury/Illness: Visitor	1	-	
Injury/Illness: Contractors	-	-	
Injury/Illness: Patients	-	-	
Incidents	-	-	
Top Three Incident types that cause harm			
1. Assault & Aggression	42	-	
2. Slips, trips and falls	12	-	
3. Patient handling	11	-	
Patients away without leave	0		

Trend data 12 month period

Leading Indicators

	Actual	Target	Trend
Attendance at H&S Orientation	76%	100%	
Number of H&S Representatives vacancies	14	10	
H&S Representative training completed	89%	90%	
Pre-employment screenings completed prior to commencement	66%	70%	
Significant hazards reviewed by Managers	84%	50%	
Staff flu vaccination uptake	56%	60%	
Staff hand hygiene	88%	80%	

Acheivement Criteria		Rating	
On target or better		Achieved	
95-99.9 %	0.1-5% away from target	Substantially achieved	
90-94.9 %	5.1-10% away from target*	Not achieved, but progress made	
<90%	>10% away from target**	Not achieved	

Comment on variations

Indicators in red	Comment
• 42 Injury Claims (target of 35 or less) • 13 Lost Time Incidents (target of five or less) and • 13 Lost Time Injury Frequency Rate (target of five or less).	Injury Claims: Slips, Trips and Falls, as well as Moving and Handling have been the highest contributors to Injury Claims for October. Ongoing work is already underway to address these incident causes. **Information regarding Lost Time Incidents and Lost Time Injury Frequency Rate:** We noted the following injuries and causes in October: 1. Lower back – lifting laundry 2. Thumb sprain – mopping 3. Ankle – twisting/bending 4. Head injury – knock against 5. Lumbar sprain – patient handling 6. Fingers – patient handling 7. Foot sprain – restraint 8. Radius fracture – volleyball

	9. Ankle fracture – fall 10. Rib contusion – fall 11. Hand sprain, ankle sprain – fall wet floor 12. Ankle sprain – tripped 13. Right shoulder bruise – fell down stairs Of the claims registered in October there were only two of a more serious nature. • Eleven of the claims had between two and seven days lost time. • Only claims 8 and 9 went over the seven days and of those: o One has returned to full hours of work o One is doing a graduated return to work programme
Attendance at Health and Safety orientation (corporate orientation) 76% compared with target of 100%.	From February 2018 health and safety orientation will be mandatory before staff commence work. This is able to be done via our on boarding process which will be rolled out mid-December.
Health and Safety Representative vacancies (14 compared to target of 10).	All Managers understand they require a Health and Safety Representative for their areas, and are working on replacing these vacancies now.
Pre-employment screening (66% compared with target of 70%).	Managers are encouraged to ensure that staff does not commence employment until all pre-employment screening is completed. We are reviewing ways we can better support this activity with managers.

Injury Claim Data

Total: Injury Claim Report for October 2017				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	$ total for month	$ total for month	$total cover cost for month	Total $ cost for month
228	$32,829.95	$40,709.61	$50,887.01	$124,426.57

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**
Community Worker Alarms: Trial has commenced as scheduled. Complete: 70%	Trial is still underway. Complete: 75%
Draft police complaints policy: Final changes being made and policy due to be published in November. Complete: 70%	Additional changes requested following feedback from Behaviours of Concern Committee. Now due for final publishing in December 2017. Complete: 80%
Aggression Risk Assessment: Final feedback received and documents being finalised. Due to be published by the end of October. Complete: 97%	Final documents have been rolled-out through the Hazard Register to all Managers and Health and Safety Representatives. Complete: 100%
Hospital Reception Area Reviews: Continuing to progress. Complete: 99%	This document has also been sent to all Managers and Health and Safety Representatives through the Hazard Register, with completed assessment documents being required to be added to each areas Aggression Hazard category. We expect this work to be completed early next year. Complete: 99%
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: No change - Meeting with needleless systems clinical representatives underway. Complete 70%	Needleless Systems: No change. Meeting with needleless systems clinical representatives planned during February. 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: 43%	No Change: Focus has shifted onto newly released legislation and the resulting changes to policies and procedures. HSNO audits will recommence once all policy changes have been finalised. Audits completed: 43%

Risk: Hazardous Substances and New Organisms (HSNO)	
Previous Report Action	**Current Action**
Dangerous goods store: No change: the business case for the Dangerous Goods store is being prioritised alongside other capital projects. An update on when the store can be completed will be provided verbally to the Board. Complete: 17%	No change: the business case for the Dangerous Goods store will be presented in April 2018. An interim process is in place as outlined below. Complete: 17%
Temporary hazardous goods Store: Arranging final procedures and purchasing of hazardous goods cabinets. Complete: 95%	Procedures have been finalised and Dangerous Goods Cabinets have been purchased and installed. Meetings being scheduled with Clinical Support Services to understand resource limitations/requirements to implement system. Complete: 97%
Hazardous Substances Register: Approval has been provided for OH&SS to engage with healthAlliance to arrange a Request For Information (RFI) for dedicated Health and Safety Software. All new dedicated software systems contain compliant HSNO registers, so this item will be addressed as part of that project. Initial engagement has been made with healthAlliance to begin this process. Complete: 5%	Hazardous Substances Register: The Expressions of Interest (EOI) document was released on 17 November 2017 and is open for four weeks. Complete: 70%
HSNO Policy has now been fully reviewed and updated to include new classifications and tracking requirements. We are awaiting the release of the new legislation before publishing, to ensure we have captured all changes. Complete: 92%	HSNO Policy has now been fully reviewed and updated to include all changes to the legislation. The final policy has been published. Complete: 100%
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**
Asbestos Coordinator: Recruitment process progressing. Complete: 90%	Asbestos Coordinator: Position has been redesigned to include Quality component. New position has been approved and recruitment is due to begin. Completed: 10%
Asbestos Register: This project has one stage to complete: **Stage 2**: Resource has been identified and is scheduled to begin transfer of information.	Asbestos Register: This project has one stage to complete: **Stage 2**: No Change: Resource has been identified and is scheduled to begin transfer of information.

Risk: Hazardous Substances and New Organisms (HSNO)	
Previous Report Action	**Current Action**
Completion estimated by the end of November 2017. Complete: 7% BIEMS Upgrade: Progressing on-track. Dates and programme for updating BEIMS is currently being finalised with healthAlliance, with an upgrade rollout estimated for December 2017, with final delivery in February 2018. Complete: 20% New: Contractor procurement policies, processes and project management practises aligned. Complete 0%	Completion estimated by the end of November 2017. Complete: 7% BIEMS Upgrade: Progressing on-track. Upgrades to BEIMS now underway, with final delivery still expected in February 2018. Complete: 30% Update: Contractor procurement policies, processes and project management practises aligned. Contractor Procurement: Alignment complete: 70% The DHB has implemented standardised procurement practices to cover the main Facilities procurement arrangements (e.g. contractor panels developed in conjunction with MBIE). The DHB's construction contracts have good alignment to these procurement arrangements. Processes/performance Alignment complete: 30% The large variety of contracted services challenges the simplification and standardisation of procurement practice, means that Facilities Management utilises the concept of performance contracts and works orders. Improvement in the BEIMS system will lead to better control and communication of requirements and hazards at a works order level. Works orders are used to engage contractors under umbrella performance contracts and are used to hold and then communicate the Health and safety, job safety assessments and hazard information to the contractor. Significant improvement opportunities exist in this area and will be realised with the new BEIMS system implementation and consequent systemisation of the processes and collection of relevant records. Project management Alignment complete: 80% The current project management processes are well aligned with the health and safety requirements for tendering of construction works. Health and safety forms a part of the contractor short listing, tender requirements and evaluation as well as contract delivery. Areas for improvement include continued

Risk: Hazardous Substances and New Organisms (HSNO)	
Previous Report Action	**Current Action**
	development of contractor performance monitoring, industry engagement for continued improvement and awareness of health and safety issues and improved library of Waitemata DHB health and safety requirements as standard operating requirements (e.g. working at heights). Update: Contractor performance monitoring in place. Complete: 30% implemented
New: Contractor performance monitoring in place. Complete 0%	The Waitemata DHB has implemented the following, • Prior to start – prequalification, inductions, feedback meetings, Health and safety expectations. • At Start – Health and safety plans, Jobs safety assessments', kick off meeting, site handover and induction. • During – health and safety plan reviews, inspections, audits, Health and safety statistics, incident investigation, project close out monitoring. • At end – post contract review, key learns, closeout. • After – share learnings, maintain Health and safety awareness and relationship via panel or contractor meetings. Improvement opportunities lie in the systemisation of the processes and improved statistics collection and analysis to look for lead indicators etc. In the Facilities Management space the opportunity extends to improving maturity of contractors, consolidation of contractors to reduce contractor numbers and continued Health and Safety awareness and capability development plus the continued development and awareness of health and safety culture.
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, is still underway, to provide support to services. Complete: 45%	More joint meetings with managers have been held to discuss moving and handling requirements including training, to provide support to services. Complete: 53%
Original Risk	Residual Risk

Risk: Health and Wellbeing (stress, fatigue, depression)	
Previous Report Action	**Current Action**
Healthy Workplaces: Team walking challenge: No change. The ELT has requested the Waitemata DHB develop our own walking challenge programme internally. A student resource is being considered. Complete: 2% Development of online healthy workplace resource still underway. Complete: 35% Work is continuing on wellbeing initiatives with Senior Medical staff (SMO). Complete: 50% New – Work on safe and healthy rostering is in progress with 15 Resident Doctors in review, and centralisation of ward Nursing rosters underway. Complete: 40%	Healthy Workplaces: Team walking challenge: The Institute will assign this project to a Medical Fellow as part of the Waitemata DHB's Fellows programme. Due to commence early 2018. Complete: 10% Development of online healthy workplace resource still underway. A national DHB/Union owned website "Wellbeing 4 Health" containing wellbeing resources is due for release in early 2018. Complete: 43% An SMO survey on wellbeing was completed on 21 November at the ASMS/DHB engagement workshop and is now open for all SMOs to complete. The survey will assist with identifying activities of value to SMOs. Complete: 80% Resource has been assigned to complete a new toolkit on bullying and harassment and initial work on a values based resource kit is being scoped. Complete: 15% Work on safe and healthy rostering is in progress with 15 Resident Doctors and centralisation of ward Nursing rosters underway. Complete: 45%
Original Risk	Residual Risk

Risk: Physical environment (ventilation, lighting, equipment)	
Previous Report Action	**Current Action**
Helipad: No change. Hazard signage has been arranged and installed by OH&SS to fencing surrounding the helipad and separate signage placed outside of the doors facing the helipad from Whenua Pupuke. Final enhancement of helipad is being prioritised alongside other capital projects. Complete: 80% Loading Docks: Successful tender respondent has been identified and work is scheduled to be carried out in December 2017. Complete: 65%	Helipad: Approval has been given to progress the helipad lighting and pedestrian access. The costing and contracting process to complete this work is now underway. Complete: 85% Loading Docks: Approval has been given to progress the installation of loading dock barriers and pedestrian access way. The costing and contracting process to complete this work is now underway. Complete: 65%

Pedestrian Crossings: No change - Additional crossings are now being scheduled across all campus. Complete: 50%	Pedestrian Crossings: Approval has been given to progress four pedestrian crossings across North Shore and Waitakere Hospitals. The costing and contracting process to complete this work is now underway. Complete: 55%
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**
Although initial walk-throughs have been completed, annual walkthroughs of both Hospitals have now also been arranged, to ensure that slips, trips and falls hazards are identified and addressed on an ongoing basis. Complete: 100% New Action: Communications continue to be developed and released regarding Slips, Trips and Falls hazards, focussed heavily on staff rushing to complete tasks. Ongoing.	
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 and the number of accidents decreases, 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

Working with our stakeholders

We continue to work closely with our key stakeholders regarding Health and Safety issues, including healthAlliance and Compass Medirest. This includes attending staff meetings and engaging with any work-related events that have occurred.

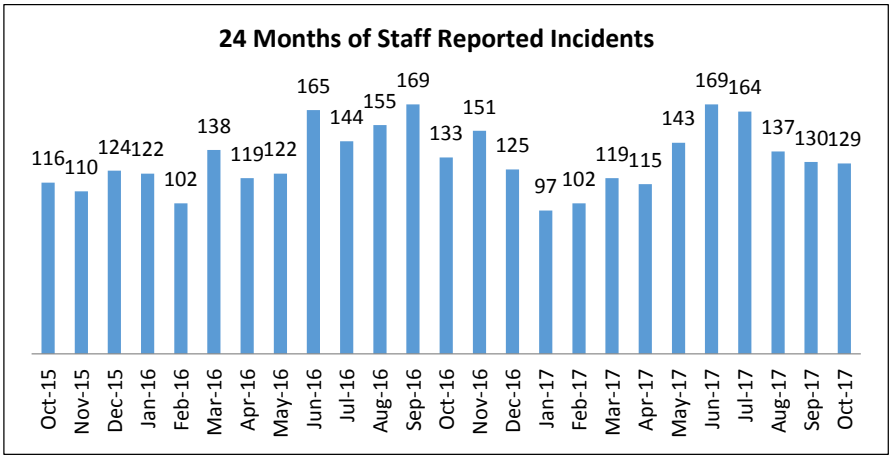
5. Staff Reported Incidents

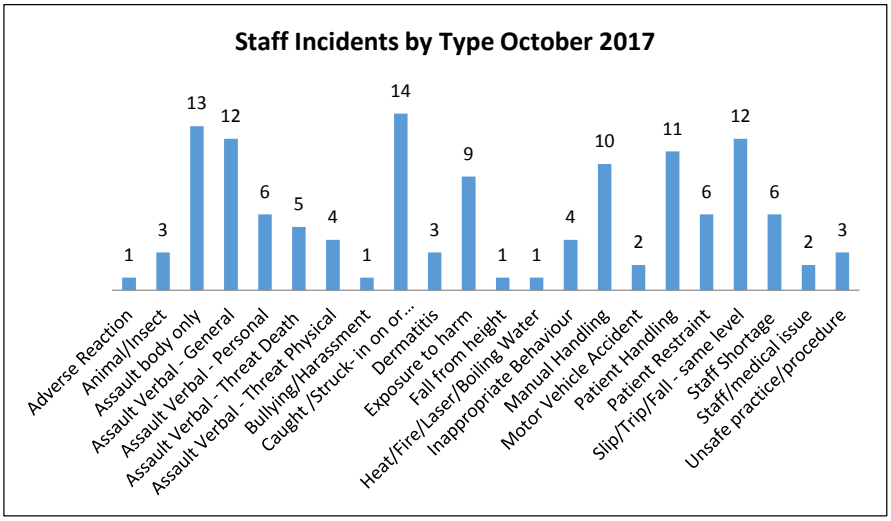
Rolling year-on-year monthly average comparison:
Previous
12 months – 133

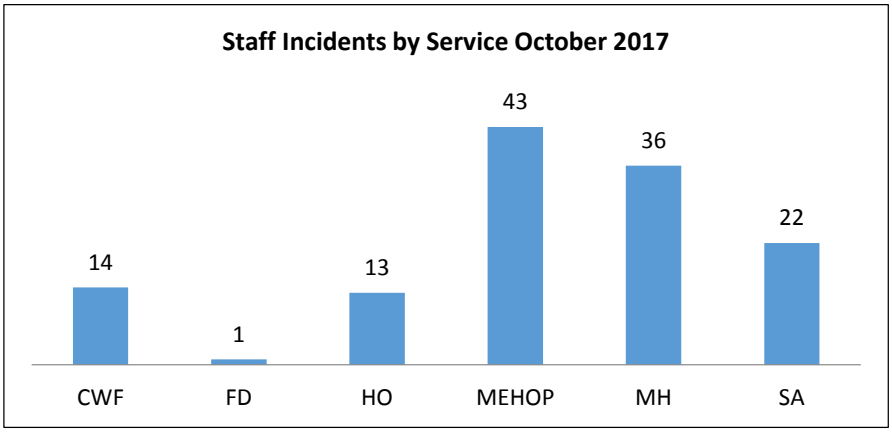
Current
12 months – 131

Current Period:
The number of reported incidents by staff during the month of October was 129.

Rolling 12 month analysis:
Staff incident report numbers have now stabilised. We remain focussed on increased reporting when communicating with areas across Waitemata DHB, in order to ensure this trend continues and the reporting of incidents does not decline.







6. Notifiable Events

Date Reported to WSNZ	Type of Incident	Injury Sustained	Date of Incident	Outcome Recommendations Controls
Nil to report for October 2017	-	-	-	-

7. Top Incident types that cause harm

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

7.1 Aggression

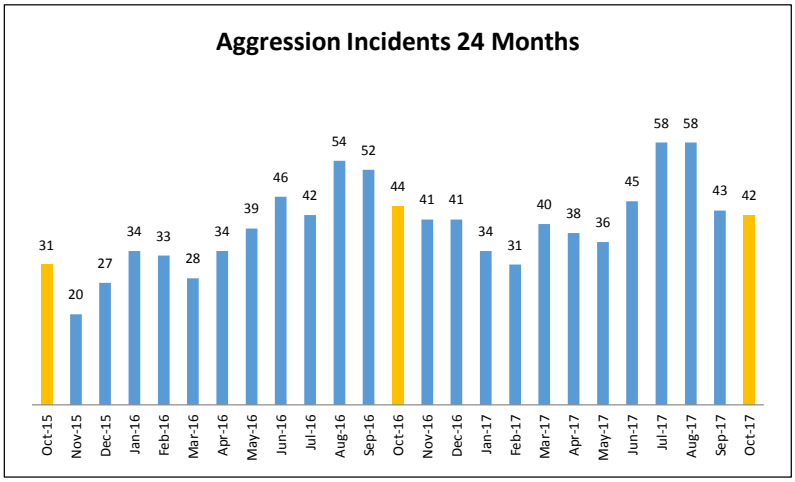
Rolling year-on-year monthly average comparison:

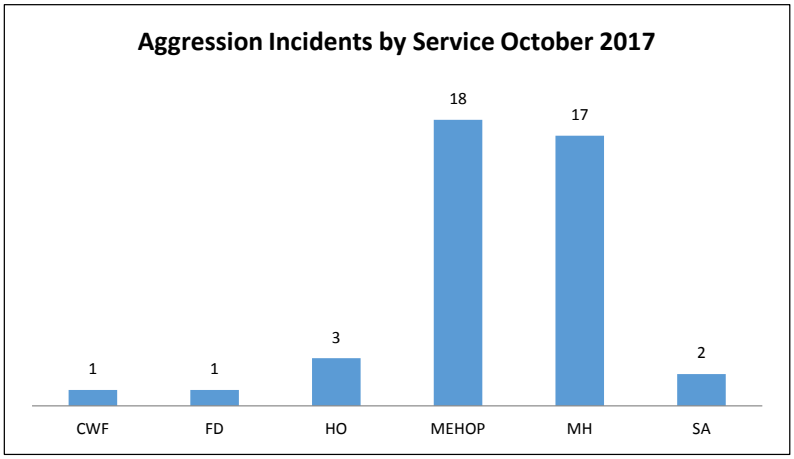
Previous 12 months – 37.75
Current 12 months – 42.25

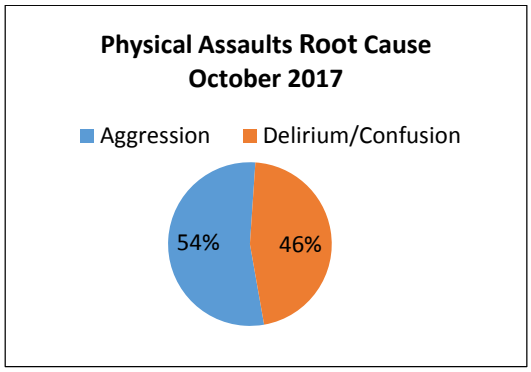
Actions:
We continue to work closely with high risk areas to ensure that adequate resources, systems and processes are in place for responding to aggression incidents.

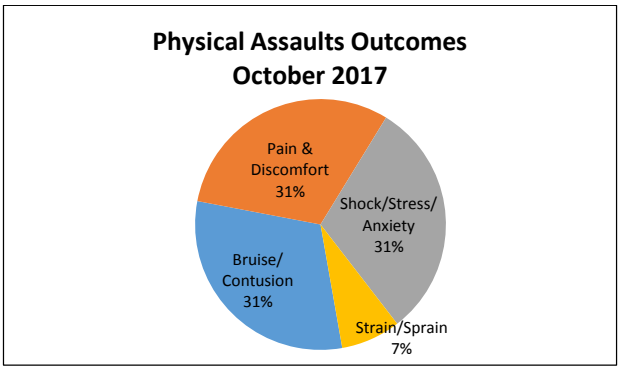
A recent serious assault incident, resulting in a Notifiable Event, is currently under investigation by OH&SS. A summary of the findings and recommendations will be tabled at the Executive Health, Safety and Wellbeing Committee.

The Waitemata DHB is also meeting with NZNO and PSA in December to discuss the recently implemented aggression risk assessments.

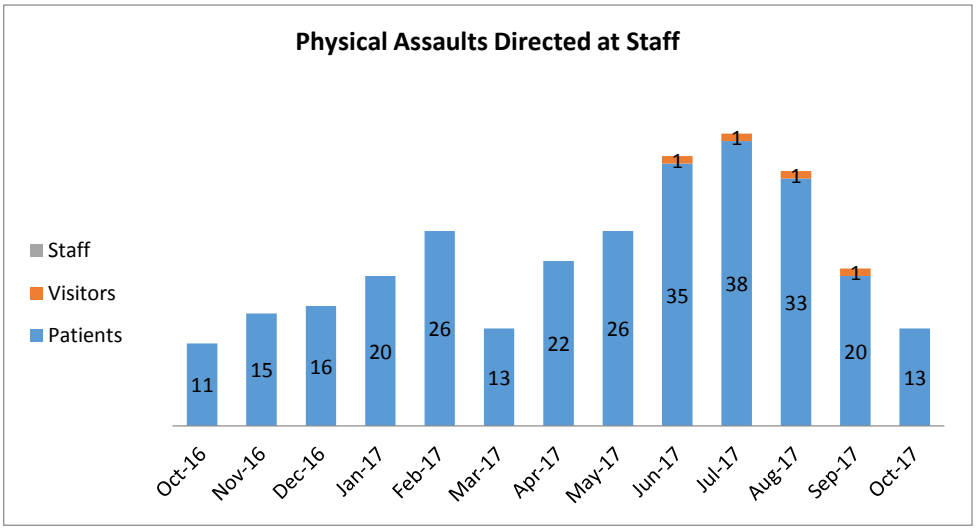


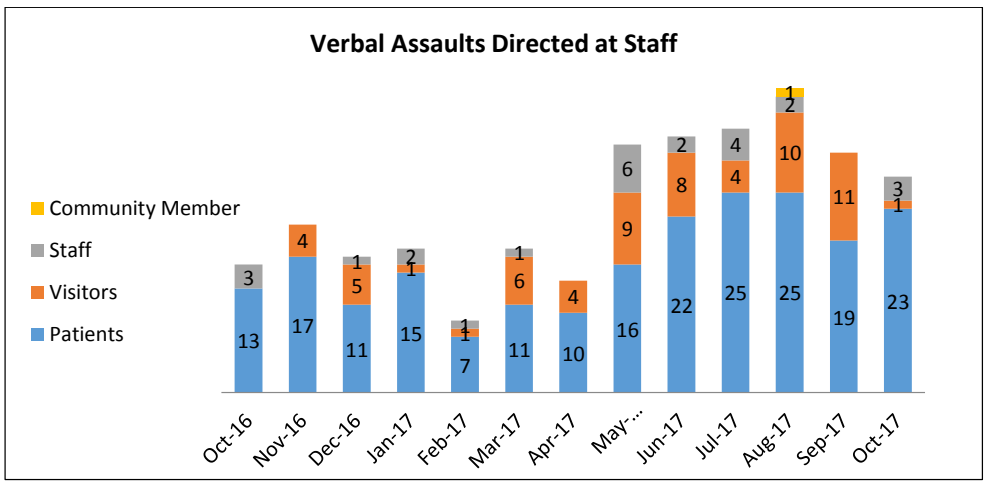






The following tables show the number of physical and verbal assaults directed to staff and how many are generated by patients, visitors or other staff. The information below tells us that almost 100% of aggression incidents were generated by patients or visitors. This information should be viewed in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





Rolling 12 month trend analysis

Aggression related incidents remain of high concern, with an average additional six incidents occurring per month, in comparison with the previous 12 months. As previously stated, this is likely due to a number of factors, higher acuity levels being one, but also due to our continued efforts to encourage staff to report aggression related incidents, especially within areas where occurrences are more regular and staff are therefore more likely to view these events as being a part of their role and therefore do not report them. Over the last three months we have seen the first indication that physical assaults are steadily reducing and we will continue with risk assessment, hazard management and training efforts to help services better manage the risk of physical assaults.

Incidents for October 2017

In recognition that a number of incident reports can be generated by the same patient, the following table is included 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 October 2017

Medical and Health of Older People Services		Mental Health and Addictions Services		Surgical and Ambulatory		Acute General Medicine	
Patient	**Number of Incidents**	**Patient**	**Number of Incidents**	**Patient**	**Number of Incidents**	**Patient**	**Number of Incidents**
A	2	A	6	None identified	None identified	None identified	None identified
		B	2				

Aggression: Injury Claim Report for October 2017				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	**$ total for month**	**$ total for month**	**$total cover cost for month**	**Total $ cost for month**
24	$5,031.36	$6,843.52	$8,554.40	$20,429.28

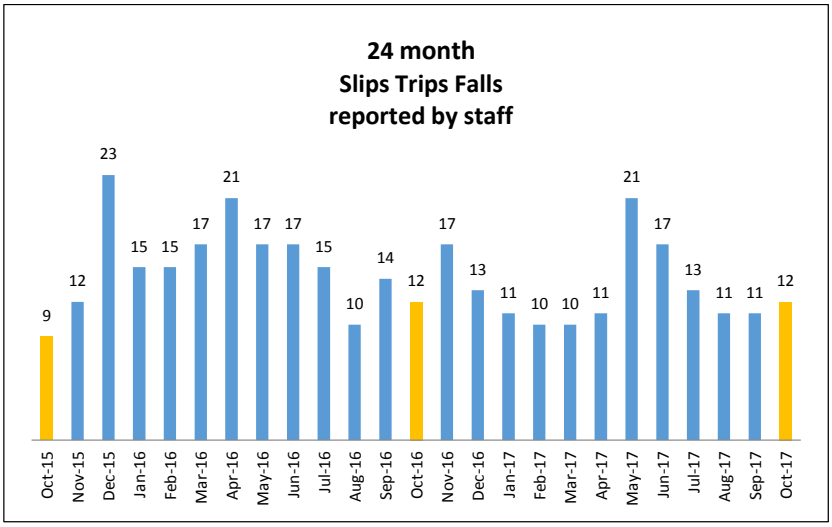
7.2 Slips, Trips and Falls

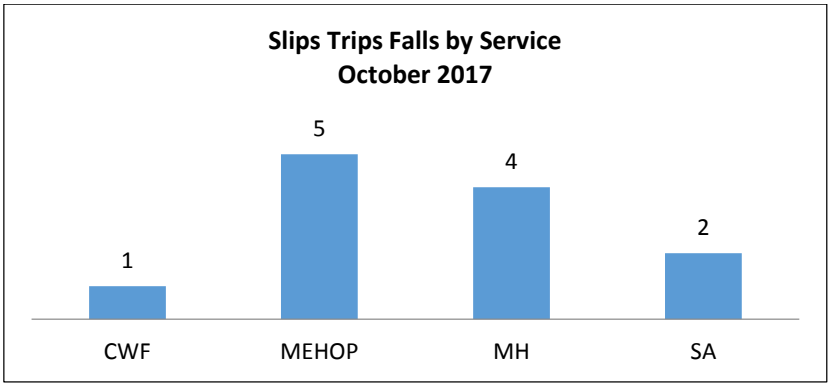
Rolling year-on-year monthly average comparison:

Previous 12 months – 15.66
Current 12 months – 13.08

Current period:
The 12 Slips, trips and falls in October were caused by:

- Environment: 1
- Ergonomic: 1
- Inattention: 6
- Sport: 1
- Uneven surface: 1
- Wet Floor: 2





Rolling 12 month trend analysis

Slips, Trips and Falls incidents remain our highest cause of injury, with a number of bone fractures occurring, increasing the return to work time and the treatment costs. Our attention on this area, including reviews of shared areas (external environment, corridors, main reception areas), correction of identified issues, communications etc, seems to be having a positive result. On average we have seen a reduction of these incidents by two per month, compared with the previous 12 months. We are also more commonly hearing that many of the trip and slip incidents are being caused by staff 'rushing' in the workplace, so we have also written and distributed targeted communications addressing this issue.

Slips, Trips and Falls: Injury Claim Report for October 2017				
Lost Days	**Treatment Cost**	**Weekly Compensation Cost (80% of salary)**	**Staff Cover Cost**	**Total Cost**
Number of lost days for month	$ total for month	$ total for month	$total cover cost for month	Total $ cost for month
95	$3,387.47	$16,078.28	$20,097.85	$39,563.60

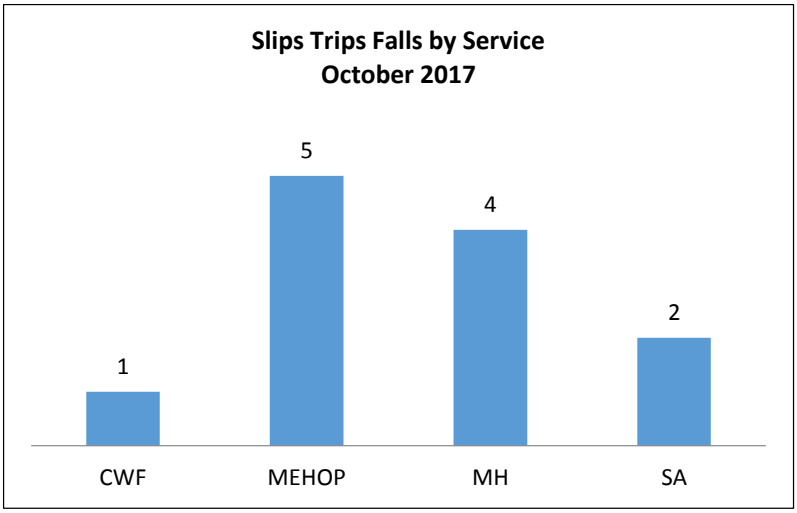
7.3 Moving and Handling

Rolling year-on-year monthly average comparison:

Previous 12 months – 7.75
Current 12 months – 6.75

Current period:
Of the 11 incidents recorded in October

- 1 Aggression
- 1 During Restraint
- 1 Environment
- 2 Ergonomic
- 2 Unsafe/Improper practice
- 1 Other
- 3 Work Practice



Rolling 12 month trend analysis

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. October has seen a higher number of reported incidents, compared to August and September, however the trend remains positive. Releasing staff for the mandatory Moving and Handling training has also proved problematic within some services, especially those experiencing high staff vacancy rates. We are working with teams to manage these relative to risk and meetings have been scheduled with the Moving and Handling team to determine whether shorter and more tailored training may be possible, in order to increase staff access to it.

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.

Moving & Handling: Injury Claim Report for October 2017				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	**$ total for month**	**$ total for month**	**$total cover cost for month**	**Total $ cost for month**
61	$16,879.77	$13,610.29	$17,012.86	$47,502.92

Injury Claims Data: Other

The following table has been included for the purpose of completeness and captures all injury types that do not fall under our high incident type descriptions. This can include a large number of injury/illness causes, such as cuts, knocks, restraining patients, allergic reactions to chemicals etc.

Other: Injury Claim Report for October 2017				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	**$ total for month**	**$ total for month**	**$total cover cost for month**	**Total $ cost for month**
48	$7,531.35	$4,177.52	$5,221.90	$16,930.77

8. Health, Safety and Wellbeing Activity

8.1 Occupational Health

8.1.1 Regional Collaboration

Collaboration continues with Auckland and Northland DHB's while we await the appointment of a new Health and Safety Manager for Counties Manukau Health. Currently the main focus of the group is aggression risk assessment guidance and policy.

8.1.2 Influenza Vaccinations - 2018

Planning for influenza vaccinations for 2018 has commenced with the campaign planned to start in April.

8.2 Training Requirements

We continue to work with Learning and Development on training schedules for all staff. 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. In addition to this, we are working on developing a series of online training modules to cover common Health and Safety training needs.

8.3 Review of Software Systems

The Expressions of Interest has been published by healthAlliance onto GETS and scheduled to run for four weeks. As mentioned in the previous report, this followed a delay due to some of their key staff being on annual leave. This has pushed the programme back further than was expected and its final release was on Friday 17th November instead of the beginning of October. We are hopeful that we may be able to regain some of this time through a speedy review of Expressions of Interest responses. The original timelines are included below for reference, including updates where required:

Stage	Action	Estimated Timeline	Status
1	Paper outlining Health and Safety IT issues drafted for Director Human Resources.	August 2016	Complete
2	healthAlliance engaged to conduct a review of Health and Safety IT systems.	March 2017	Complete
3	healthAlliance review of Health and Safety IT systems conducted.	May 2017	Complete
4	Final report received from healthAlliance regarding review outcomes	June 2017	Complete
5	Engagement with healthAlliance to develop Request for Information for Health and Safety IT system solutions.	September 2017	Complete
6	Estimated time of ROI release.	Early-October 2017	Complete
7	Receive ROI responses and review.	Early November 2017 (new estimate: receipt of responses end-December and review end-February 2018)	Pending
8	Paper to Board on Health and Safety system issues, evaluation to date, interim measures, and options being explored.	Late-November 2017 (new estimate: mid-March 2018)	Pending
9	Recommendation paper for Executive Leadership Team, outlining approach options and requesting approval for Request for Proposal.	By end November 2017 (new estimate: end-March 2018)	Pending
10	Engagement with healthAlliance to develop Request for Proposal for Health and Safety IT system solutions.	Early-December 2017 (new estimate: early to mid-April 2018)	Pending
11	Receive Request for Proposal responses and review.	Mid-January 2018 (new estimate: end-May to early June 2018)	Pending
12	Recommendation paper for Executive Leadership Team requesting approval to engage selected provider.	February 2018 (new estimate: mid to end-June 2018)	Pending
13	Possible paper to Board outlining recommendations	February/March 2018 (new estimate: end-July 2018)	Pending
14	Health and Safety software implementation	March 2018 to August 2018 (new estimate: September 2018 to February 2019)	Pending

8.4 Accident Compensation Corporation Partnership Programme (ACCPP) Audit

All suggested improvements, resulting from our recent audit, have now been actioned and closed.

8.5 Updated Hazardous Substances and New Organisms (HSNO) Policy

As previously mentioned, new HSNO legislation was released at the beginning of November, due to come into force in December. In order to ensure we remain compliant, we have updated our HSNO Policy to reflect these changes and a copy of this updated policy is attached as Appendix 2 for your information.

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.

Hazardous Substances

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Hazardous Substances

1. Introduction

1.1 Purpose

This policy outlines Waitemata District Health Board (Waitemata DHB) provisions to ensure legal compliance and safe handling and management of hazardous substances to protect workers (employees), patients, visitors, volunteers, students and contractors.

This policy is intended to provide:

- The organisational rules regarding the management of hazardous substances (e.g. selection, use, storage, transport, spills, disposal and post incident review and evaluation).
- The required provisions in terms of training and monitoring.

1.2 Scope

This policy extends to all individuals handling, managing, or acquiring hazardous substances on behalf of, or within/on the premises of Waitemata DHB.

Note - Third party contractors are required to manage hazardous substances, introduced by them, to Waitemata DHB sites, in accordance with the principles outlined in this document

2. Definitions

Name	Definition
Certified Handler	As defined in the Health and Safety at Work (Hazardous Substances) Regulations 2017, a Certified Handler is a person who holds a compliance certificate issued by a Compliance Certifier to certify that the person is skilled and competent to handle very hazardous substances in the workplace. When substances meet the classification and threshold defined within the regulations, that substance is required to be under the control of a Certified Handler. The Certified Handler will be on site when the substance is being handled and will train every person who handles that substance.
Competent Person	In relation to Tracking requirements, a Competent Person is a Certified Handler or a person who has received information, instruction, and training in accordance with Section 4.5 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazardous Substances

Name	Definition
Hazardous substance	Under the Hazardous Substances and New Organisms Act 1996 (HSNO), a hazardous substance is any substance that exceeds the level defined in regulations of any of the following categories: • Explosives • Flammables – gases, liquids, combustibles • Oxidisers (i.e. to accelerate a fire) • Corrosives • Toxic (acute or chronically toxic to people, including some pharmaceuticals/medicines) • Ecotoxic, (i.e. it can kill living organisms, either directly, or by building up in the environment/ecological system) Waitemata DHB also classify (potentially) infectious substances (e.g. blood and body tissue), and radioactive substances, as hazardous substances.
Hazardous Substance Inventory	A list of hazardous substances (including hazardous waste) that are used, handled, manufactured or stored at the workplace.
Safety Data Sheet (SDS)	A document that provides detailed information about a hazardous substance, including information on the identity, hazards, ingredients and chemical properties of the substance. It also contains information on how it should be safely used, stored, transported and disposed of. It provides first aid information, information about the recommended personal protective equipment (PPE), and what to do in the event of an emergency.
Tracking	Refers to the recording of what happens to substances of high hazards throughout their lifecycle, in accordance with requirements under Part 19 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.
Prescribed Exposure Standard	A workplace exposure standard (WES) or biological exposure index that has the purpose of protecting persons in the workplace from harm to health.

Hazardous Substances

3. Associated Documents

Type	Title/Description
Organisational Policy / Process	• Work Related Events (Occupational Health & Safety Service [OH&SS]) • Delegated Authority • Hazard Identification and Risk Management (OH&SS) • Health, Safety & Wellbeing (OH&SS) • Incidence Reporting (Quality) • healthAlliance (hA) Purchasing • Dangerous Goods Store Policy • Safe Way of Working – Hazardous Substances Management (OH&SS)
Legislation	• Health & Safety at Work Act (2015) & Regulations • Health & Safety at Work Act (Hazardous Substances) Regulations 2017 • Hazardous Substances & New Organisms (HSNO) Act (1996) • Resource Management Act (1991) • Medicines Act (1981) • Radiation Act (1965) • Amendment Radiation Protection Regulations (1982)
Other DHB resources	• Safety Data Sheets (SDS) • Emergency Procedures (Intranet & Manual available from Disaster Planner's office or Duty Manager)
Other Resources	• Environmental Protection Authority (EPA) • EPA website, www.epa.govt.nz • WorkSafe New Zealand (WorkSafe) • WorkSafe website, www.worksafe.govt.nz • National Poisonous Substances Database (Intranet)

Hazardous Substances

4. Roles and Responsibilities

4.1 Chief Executive

- Ensuring the effective implementation of this policy.
- Allocating sufficient resources to enable the policy to be delivered.
- Monitoring the overall effectiveness of the policy.

4.2 Operational Managers, Departmental Managers, Team Leaders, Supervisors

- Implement this policy within their area of responsibility and accountability
- Nominate a person in charge or control of the workplace that is using and storing hazardous substances, and supply contact details to the Occupational Health & Safety Service (OH&SS) and District Compliance Officer (DCC), Facilities & Development.
- Maintain a Hazardous Substances Inventory within their own area and supply a copy to OH&SS.
- For managers with Dangerous Goods Cabinets, supply the DCC a list of all hazardous substance volumes of containers and quantities held within the department, so this information can be supplied to the New Zealand Fire Service.
- Manage hazardous substances as part of an on-going hazard management process, as required in the "Safe Way of Working" (SWoW).
- Ensure all hazardous substances have SDS prior to introduction into the workplace and that it is readily accessible to handlers.
- Ensure all hazardous substances are adequately labelled, stored and disposed of, according to the SDS instructions and Waitemata DHB policy.
- Provide appropriate information, training, and supervision to workers in relation to hazardous substances
- Ensure that no worker at the workplace is exposed to a substance hazardous to health in a concentration that exceeds the prescribed exposure standard for the substance.
- Provide Personal Protective Equipment (PPE) and first aid supplies as appropriate to the hazardous substances in their department.
- Ensure contents of spill kits and first aid supplies are restocked after use and that contents are checked and restocked three monthly, as part of routine departmental Health & Safety audits.
- Ensure that all workers (employees) are aware of emergency response procedures, as listed on the Emergency Procedures wall chart or documented local procedures.
- Ensure incidents involving hazardous substances are reported on the Waitemata DHB Incident reporting system as per current accident/incident reporting protocols (see Organisational policies "Employees/workers Incidents at Work" and "Employee Incident Reporting").

4.3 Certified Handler (previously Approved Handlers)

- Ensure management of handling and storage of hazardous substances in a safe manner at all times.
- Give appropriate training to other workers (employees) as required.

Hazardous Substances

4.4 Duty Nurse Managers, Emergency Response Team

- Know where the Hazardous Substance Inventory is held.
- Respond to emergency calls where a spill has occurred.
- Participate in the review and investigation of all spills. May facilitate post incident review.

4.5 Occupational Health and Safety Service (OH&SS)

- Provide advice and support to the hazard management process.

4.6 All Workers (Employees)

- Ensure they have read and understood the requirements of this policy.
- Ensure they are adequately trained prior to carrying out any work with the substance.
- Ensure their own safety and that no action or inaction causes harm to any other person.
- Ensure they know what to do if a hazardous substance incident occurs (e.g. incidental spill or contact).
- Report any unsafe or inappropriate use of a hazardous substance to their manager, supervisor, health and safety representative, and OH&SS.
- Participate in the development of a hazard management plan for hazardous substances.
- Report immediately any incident involving hazardous substances to their manager or supervisor and on the Waitemata DHB Incident reporting system.
- Inform manager, supervisor, health and safety representative, and OH&SS of any health concern which could reasonably be attributed to exposure to hazardous substances.
- Attend and participate with health surveillance programs as required.

Note: Further information regarding responsibilities is included in the following Sections.

Hazardous Substances

5. Selection, Purchasing, and Rollout

5.1 Selection

A Service, individual, or third party supplier, planning to introduce a new or replacement substance that is potentially hazardous must do so in accordance with Waitemata DHB Hazard Management practices. When a hazardous substance is identified, the hazard and risk shall be eliminated. Where this is not possible, the risk must be minimised.

A management plan addressing the issues of training, handling, storage, transport, documentation, labelling, emergency management, and disposal is required to be conducted by the department introducing the substance.

5.2 Purchasing Process

Where substances are purchased by/on behalf of Waitemata DHB, purchasing/ordering will be conducted in accordance with the standard healthAlliance purchasing processes currently in effect. The General Manager of healthAlliance is in charge of this process.

Before a new hazardous substance is introduced to Waitemata DHB, the DCC and OH&SS must be notified.

Before any new hazardous substance is introduced into a Dangerous Goods cabinet within a department the following information must be supplied to the DCC, OH&SS, Inwards Goods, and the relevant trained staff where the substance will be used, prior to delivery of the substance:

- Current SDS sheet
- Name of the substance
- Name, address and contact number for New Zealand supplier
- Size of the container
- The number of containers held at its maximum (Total Volume).

If the substance requires a Certified Handler the appropriate handler must be consulted, and training given appropriate to the substance. If there is no Compliance Handler, one must be trained prior to the arrival of the substance.

Hazardous Substances

5.3 Form

Wherever possible, substances will be purchased in their mixed form, and in containers of a size that do not require decanting.

Toxicity reduction

Purchasing/requesting managers contributing to the product selection process are required to actively research alternatives for all products that have the potential to be toxic, with a strong focus on selecting zero or lower toxicity products wherever possible.

Roll out of new/changed substances

The rollout of new or changed substances will be managed in a planned fashion, in accordance with Waitemata DHB Hazard Management practices.

Note: This also applies to the introduction of an existing hazardous substance to an area where it has not previously been used.

6. Identification, Labelling, and Documentation

6.1 Hazardous Substance Inventory

Managers must ensure that a hazardous substance inventory is available and maintained in their area/department/service. The inventory represents the maximum quantity of each hazardous substance likely to be at the workplace. The inventory will be updated whenever the substances change, or the maximum amount of substance likely to be in the workplace changes.

The information on the inventory will include the following:

- The product or chemical name and UN Number, if available;
- The maximum quantity of the substance likely to be held at the workplace;
- The location of the hazardous substance;
- Any specific storage and segregation requirements; and,
- Includes hazardous waste (e.g. flammable waste, chlorinated solvent waste)

A hazardous substance inventory is not required for common consumer products that are used at the workplace only in quantities that are consistent with household use.

An inventory template is available at the Waitemata DHB Hazardous Substance StaffNet page

Hazardous Substances

6.2 Safety Data Sheets (SDS)

Hazardous substances will have a SDS prior to its introduction to the workplace. The SDS will not be over five (5) years old from the date of issue. Suppliers of hazardous substances must provide a SDS prior to introduction in the workplace and thereafter on request, at least every five years.

Managers must ensure that each work area will have access to the SDS appropriate to the substances in use within that area. All SDS will be kept electronically in a central file and hard copies collated on a dossier or similar. The SDS should be readily available and accessible to all workers (employees) in the workplace, any emergency service worker, or to anyone else likely to be exposed to the hazardous substance in the workplace.

A SDS is not required for a common consumer product that is used at the workplace in quantities consistent with household use.

Note: This applies to other Persons Conducting Businesses or Undertaking (PCBUs) working on our sites whose workers (employees) are utilising/storing hazardous substances on Waitemata DHB premises.

6.3 Labelling

The supplier of hazardous substances is required to ensure that all relevant information is present on the label, and that it is readily understandable, legible and durable on all containers they provide.

Managers are required to ensure:

- Containers in their workplace are adequately labelled and labelling is monitored as a component of their hazard identification and management plan. This includes labelling of containers into which a substance has been decanted to; labelling chemical wastes; and, relabeling containers if the original label ceases to be legible.
- Chemical waste label must include the following:
    - Identification of waste that reflects the nature of the waste as closely as possible;
    - Name, address, contact number of the producer of the waste; and,
    - Hazard pictogram and hazard statement consistent with the classification of the waste (if known).
- There is a process in place to safely manage and remove unlabelled or inadequately labelled containers from the workplace.
- Hazardous substances originating from their area, including organic substances (e.g. blood, body fluid) are labelled appropriately for storage, transport, and disposal.

The above applies equally to third party managers (managers of contractors or other PCBUs working on our site) whose workers (employees) are utilising/storing hazardous substances on Waitemata DHB premises.

Hazardous Substances

6.4 Tracked Substances

Certain highly hazardous substances are subject to the tracking requirements under the hazardous substance regulations to ensure they are being managed effectively.

Managers must ensure that tracking records are available for substances that require tracking. The location and movement of the tracked substance must be recorded throughout the stages of its lifecycle (e.g. from point of manufacture, distribution, use, storage, and disposal). Managers must also ensure that only Competent Persons are allowed to handle the substance.

Tracking records must include the following information:

- The name and quantity of the substance;
- The exact location of the substance;
- The name and contact details of the Competent Person in control of the substance. If the Competent Person is a Certified Handler, the expiry date of the compliance certificate, along with the hazard classifications of, and each phase of the lifecycle of, the substances that person holds a compliance certificate as a Certified Handler.
- Details of any transfer of the substance to another location (identity and address and the Competent Person who will be in charge of the product); and,
- Details of any disposal of the substance.

If the tracked substance is being transferred to another workplace, a written notification is required stating the following:

- A Competent Person will accept responsibility for the tracked substance;
- The receiving workplace has a Compliance Certificate for hazardous substance location, where required.

Tracking records must be kept for:

- One year from the date of transfer i.e. substance is transferred to another location
- Three years if the substance has been disposed of, or treated, so that it is no longer a tracked substance.

A **Tracking Record** template is available at the Waitemata DHB Hazardous Substance StaffNet page.

7. Storage

Storage of substances will be in accordance with the supplier's directions, the substance's SDS, and in accordance with the requirements (e.g. labelling, packaging/container selection, compatibility) of the HSNO Act 1996, Health and Safety at Work (Hazardous Substances) Act 2017 and other relevant legislation (e.g. Medicines Act 1991).

7.1 Storage

- Storage facilities within Waitemata DHB premises will meet hazardous substance storage and transport requirements.
- All areas where hazardous substances are stored should display on the door that hazardous substances are present, as appropriate.

- All hazardous substance storage areas will have limited access to workers (employees) trained in safe handling and emergency procedures. Hazardous substances must be appropriately secured, if left unattended, from access by unauthorised persons.
- All certified Hazardous Goods Cabinets will be audited by the DCC every 4 months and any remedial actions are required to be completed within 4 weeks.

7.2 Local/work-place storage

Local storage of hazardous substances will be limited, as advised by DCC. Hazardous Substances of certain classification (e.g. flammable, oxidising, toxic, corrosive) over 20 litres requires the installation of a Dangerous Goods cabinet. The associated cost of the cabinet and the installation is the responsibility of the service.

7.3 Bulk storage

- Waitemata DHB will maintain a Dangerous Goods Storage area within the North Shore Hospital campus for bulk storage of hazardous substances exceeding 20 litres (or greater amount on OH&SS advice) or substances deemed to be unsafely stored in areas.
- Dangerous Goods Stores and Stationary Container Systems are managed by the Waitemata DHB Facilities & Development Department, which maintains Compliance Certificates in accordance with the Health & Safety at Work (Hazardous Substances) Act 2017.
- The Compliance Certificates are available from the DCC and copies are available upon request.

8. Use and Handling

8.1 Risk Assessment

Managers must ensure that a risk assessment is carried out for tasks involving hazardous substances to determine the extent of the risk to workers (employees) and others from hazardous substance exposure. Where applicable, this assessment must consider the prescribed exposure standards and a suitable health or workplace monitoring regime. It is only after a full assessment has been undertaken that the appropriate control measures can be put in place and work undertaken.

See **Hazardous Substance Risk Assessment Information Sheet** on the Waitemata DHB StaffNet Page.

Hazardous Substances

8.2 Air Monitoring and Health Surveillance

No person at the workplace should be exposed to a substance or mixture having an airborne concentration that exceeds the prescribed exposure standard. The need to conduct air monitoring or health surveillance should be identified by the manager.

Health surveillance is provided to a worker (employee) if the worker (employee) is carrying out work with hazardous substances and there is a significant risk to the worker's health because of exposure to the chemical. Information on the collective results of any health surveillance undertaken will be passed to workers (employees) who may be exposed to hazardous substances in a form calculated to prevent it from being identified as relating to any particular person.

Records or results of any air monitoring must be available to the workers (employees) who could potentially be exposed to the hazardous substance.

8.3 Supplementary Procedures

Where necessary, detailed local procedures (based on SDS information and accepted handling practices) will be developed by managers, in consultation with OH&SS and DCC, to address specific risks in their area.

The requirement for the development of such procedures is identified as part of the manager's on-going Hazard Management process responsibilities.

8.4 Handling

Hazardous substances may only be handled/used by individuals who have been trained in such operations. It is the Manager's responsibility to ensure that, where personal protective equipment (PPE) is required within their areas, it is provided, it is accessible, its usage is enforced, and it is properly maintained. Workers (employees) are responsible for using the PPE provided as a condition of undertaking the work.

Substances with a rating requiring a Certified Handler will only be handled when a Certified Handler is on site and by persons who have received product specific training from the Certified Handler.

Hazardous Substances

8.5 Training

All workers (employees) handling hazardous substances must have the appropriate and relevant information, training, instruction and supervision necessary to carry out their work safely.

8.5.1 Manager Responsibility

Managers must ensure that every worker (employee) who uses, handles, and stores a hazardous substance (including hazardous wastes) receives appropriate information, training, and period of practical supervision for the safe management of those substances in their workplace.

Workers (employees) should be informed of any work involving hazardous substances in their area and where to find information about each hazardous substance, including safe handling and storage.

Before the worker (employee) is allowed to carry out or supervise work involving substances, the worker (employee) must be provided with training and instruction in:

- The health risks and safety issues associated with the hazardous substances they work with;
- The procedures for the safe use, handling, storage, and disposal of the hazardous substances;
- Practice in the safe use of equipment including personal protective equipment (PPE) necessary to manage the hazardous substances; and,
- The actions they should take in an emergency involving the hazardous substance

Supervision will be provided to worker (employees), as necessary, to protect from risk of working with, or being exposed to, the hazardous substance in their workplace.

The training will be appropriate to their profession and work area, will occur during workers (employees) orientation programme, and two yearly thereafter, and be recorded and regularly audited. Records of training and certifications must be kept and made available for inspection.

A **Hazardous Substance Training Record** form is available on the Waitemata DHB Hazardous Substance StaffNet page as guidance of what topics to discuss with workers (employees).

8.5.2 Worker (Employee) Responsibility

Workers (employees) that have not received training, or believe their training is inadequate, are required to decline tasks involving handling/use of a substance. They must actively pursue the required training and supervision through discussions with their Manager and/or the OH&SS.

8.5.3 Other sources of information

Managers will ensure that workers (employees) are aware of the resources available for further information regarding preventative and management actions (e.g. local Emergency Procedures Pack, SDS, National Poison Centre, Fire and Emergency New Zealand, WDHB Intranet etc). Managers should facilitate workers (employees) access to these resources

Hazardous Substances

9. Transportation

Hazardous substances will be transported in accordance with:

- Legislative requirements (i.e. The Land Transport Rule 1999, Hazardous Substances & New Organisms Act 1996, Medicines Act 1981).
- SDS for the substance/item.
- Authorised Waitemata DHB protocol/procedure (that has included OH&SS consultation during development).

Note: For the purposes of this document "transported" includes preparation for transportation, packaging, labelling, chain of custody, and transportation method/medium requirements.

10. Disposal

Waitemata DHB acknowledges its environmental responsibility and will dispose of hazardous substances as per the Hazardous Substances and New Organisms Act (1996), and the Resource Management Act (1991), and other relevant regulations.

Hazardous substances will be sent to a waste treatment facility where treatment varies depending on the waste type. All waste contractors engaged to dispose hazardous substances must do so in an approved manner.

Hazardous substance disposal, including generation of hazardous wastes, should be part of the management plan prior to introducing a product to the service or department. Local disposal procedures, as necessary (based on SDS information and accepted disposal practices), should be developed by managers to address specific requirements in their area.

Details relating to which substances can be disposed of to the Wastewater systems and their appropriate dilution levels can be found in the Wastewater Chemical Disposal Guidance Section of the Waitemata DHB HSNO Register accessed via the Hazardous Substance StaffNet Page. If a substance is not listed, it should not be disposed of via the wastewater system.

11. Monitoring

11.1 Hazard Management Plan

Monitoring of hazardous substances is part of the on-going hazard management process for the organisation as required in the "Safe Way of Working" (SWoW).

See **Hazardous Substance Management Information Sheet** on the Waitemata DHB Hazardous Substance StaffNet Page.

Hazardous Substances

11.2 Manager Responsibility

Managers are required to incorporate the monitoring of hazardous substances into their hazard management plan and consult with the OH&SS during the course of the development of the plan.

Note: "Monitoring" relating to hazardous substances may include health surveillance of workers (employees) using hazardous substances to identify gradual exposure/health issues that may arise.

11.3 Checking

All hazardous substances held by, or on the premises of, Waitemata DHB will be checked periodically, the frequency of which will depend on the level of risk in an area, as determined by the Manager.

Routine checking will include the following:

- The status of the product (i.e. expired)
- Suitability/viability of container, packaging, labelling, and storage;
- Action taken if product is past expiry date or container not suitable
- Maximum quantities for storage have not been exceeded (i.e. inventory maintained)
- SDS are available and current;
- Emergency equipment (e.g. fire extinguisher, first aid, spill kit) inspected.

A **Hazardous Substance Checklist** is available on the Waitemata DHB Hazardous Substance StaffNet Page as a resource tool for departmental inspections. The frequency and content of the checklist may be adjusted as appropriate subject to the manager's risk assessment.

12. Managing Incidents

Managing emergencies or incidents should be part of the management plan prior to introducing a product to the service or department. Only workers (employees) who are required to deal with an incident may remain in the immediate area and they must be provided with the appropriate safety equipment. Localised response procedures should be developed by managers as necessary to address specific requirements in their area.

12.1First Aid

Managers will ensure:

- Appropriate first aid is available in departments where hazardous substances are in use; and
- Workers (employees) are familiar with, and where appropriate, have received training, in the first aid processes relevant to the hazardous substances in their department.

12.2 Incident reporting

Incidents involving hazardous substances will be reported on the Waitemata DHB Incident reporting system as per current accident/incident protocols (see Organisational policy "Work Related Event Policy"). All incidents must be suitably investigated by the relevant Manager, as directed by the OH&SS.

Hazardous Substances

12.3 Spill Kits

Spill kits shall be available in all areas where hazardous substances are stored and/or used and are identified as being required.

The contents of the spill kit shall be relevant to the hazardous substance and the potential spill and may include such things as;

- Appropriate neutraliser for hazardous substance in question;
- An appropriate amount of loose particulate, e.g. bagged absorbent material or Vernagel absorbent, to absorb spilt liquids;
- Brooms, dustpans and a square mouth shovel to sweep up the absorbent material;
- Absorbent pads for soaking up small to medium quantity spills;
- Absorbent booms (bunding) to contain larger liquid spills and prevent spills entering drains;
- A plastic or rubberised sheet for placing over and sealing off a drain entry point;
- Heavy duty plastic bags or plastic drums (with a lid) to contain hazardous material prior to disposal;
- Appropriate personal protective equipment and clothing:
    - Filter mask
    - Gloves
    - Gown/apron
    - Overshoes
    - Eye protection
- An appropriate container to contain all the above equipment.

Ensure that the spill kit is clearly labelled and located in an easily accessible position for all workers (employees).

12.4 Disposal of used spill kit equipment

Equipment used to manage a hazardous substance spill and the neutralised hazardous substance shall be taken to the hazardous substance store and removal to be arranged by an approved hazardous substance management company.

Hazardous Substances

12.5 Spill less than 5 litres

Specific spill response will depend on the hazard and risk assessment conducted prior to introducing the hazardous substance on site. However, in general, the following steps must be taken when **less than 5 litres** of a hazardous substance is spilt:

Step	Environment
1.	Warn all persons in the immediate area. Move all non-essential persons clear of the area. Contain the spill by closing door to area.
2.	If someone is available, send them to notify the area manager/duty manager and to contact the designated trained staff, if available, for the area.
3.	Before attempting to manage the hazardous substance spill, the appropriate personal protective equipment **must** be donned.
4.	Contain liquid hazardous substance with the use of absorbent booms, pads or loose particulate, as appropriate.
5.	Use neutraliser on the hazardous substance if available and required.
6.	Once hazardous substance has been neutralised (if required) use broom and shovel to pick up hazardous substance spill and place in an appropriate container with lid.
7.	Inform area manager/supervisor and designated trained staff if not already done.
8.	Arrange for container to be taken to the hazardous substance store.
9	Complete Waitemata DHB incident form.
10.	Investigation of incident to be initiated.
	Personnel
11.	Personnel contaminated with the hazardous substance must be decontaminated according to the SDS directions for the substance, and taken for medical examination.
12.	Administer first aid.

The primary concern is to protect health and safety of workers (employees) and patients within the area. No action should be taken that directly or indirectly puts human health and safety at risk.

Hazardous Substances

12.6 Spill greater than 5 litres

Specific spill response will depend on the hazard and risk assessment conducted prior to introducing the hazardous substance on site. However, in general, the following steps must be taken when **greater than 5 litres** of a hazardous substance is spilt:

Step	**Environment**
1.	Warn all persons in the immediate and neighbouring areas. Contain the spill by closing door to area.
2.	Evacuate the immediate area.
3.	If working in the hospital building (North Shore Hospital or Waitakere Hospital): • Call 777 from internal phone (not mobile phones) If working outside of the hospital grounds on Waitemata DHB premises or using a mobile phone: • Call 111 Give as much information regarding the hazardous substance spill as you can. Fire and Emergency New Zealand may be involved as necessary.
4.	Inform manager/supervisor for the area and notify the Duty Manager of the situation.
5.	Call designated trained staff, if available, for the area.
6.	Gather all information possible, i.e. identify the material and quantity, gather relevant SDS and assess any immediate risks. This information is to be passed to the Fire Service upon their arrival.
7.	Ensure spill kit and any neutralising agent is available for when the Fire Service arrives.
8.	Assist with management of spill as directed by Fire and Emergency New Zealand.
9.	Complete Incident Form – SIRP.
	Personnel
1.	Personnel contaminated with the hazardous substance must be decontaminated according to the SDS directions for the substance, and taken for medical examination.
2.	Administer first aid.

The primary concern is to protect health and safety of workers (employees) and patients within the area. No action should be taken that directly or indirectly puts human health and safety at risk.

Hazardous Substances

13.Post Event Review & Evaluation

13.1Review

In the event that spill procedures have been invoked, the area manager will conduct a post incident appraisal within five (5) working days. Participants involved in the various stages of the incident will be canvassed to determine the following:

- Was the process effective, clear and easy to follow, did it work?
- Was the process current, had there been any changes to substances used?
- Were key personnel familiar with and comfortable in, their roles during and after the incident?
- Were suppliers of critical support functions/resources prepared?
- Was the affected area prepared to cope with the incident?
- Were tasks and procedures adequate to support the affected area?
- Recommendations for any amendments to process or procedure documents will be completed and communicated to all relevant parties within 5 working days of the review being completed.

3.3 Communications Report

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 six weeks:

- Ongoing rollout of Medinz primary care communications platform
- 2018 Yearbook content collation and proofing
- Mumps immunisation catch-up in west Auckland proactive communications
- Christmas decoration judging schedule and promotion
- Fraud & Integrity Week support
- Smoke cessation project in schools
- Pasifika Week
- Consumer Engagement Week
- Cyber Safety Week
- Patient Safety Week
- Antimicrobial Resistance Awareness Week
- Collaboration with charity Take My Hands donating medical equipment to Pacific nations
- AAA pilot project proactive communications
- Safety in Practice campaign promotion
- Five-digit telephone extension project
- Input into front page design and navigation of new intranet site
- CEO Lecture Series presentation by Lord Victor Adebowale
- Coordination of responses to 'Dear Dale' emails to the CEO from DHB staff
- Media relations on National Adverse Events Reporting
- Review of content for submission to health sector publications
- Ongoing weekly internal communication via Staffnet and Waitemata Weekly
- Ongoing management of Official Information Act responses
- Liaison with Well Foundation Marketing and Communications
- Ongoing liaison with Metro Auckland DHB communications leads
- Ongoing after-hours and weekend media line cover and senior management communications support
- Proof-read leaflets, booklets and brochures for various departments
- Ongoing compilation and distribution of proactive media material
- 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
- Fortnightly *A Note From the CEO* email to all staff
- Weekly National Health Targets updated and communicated

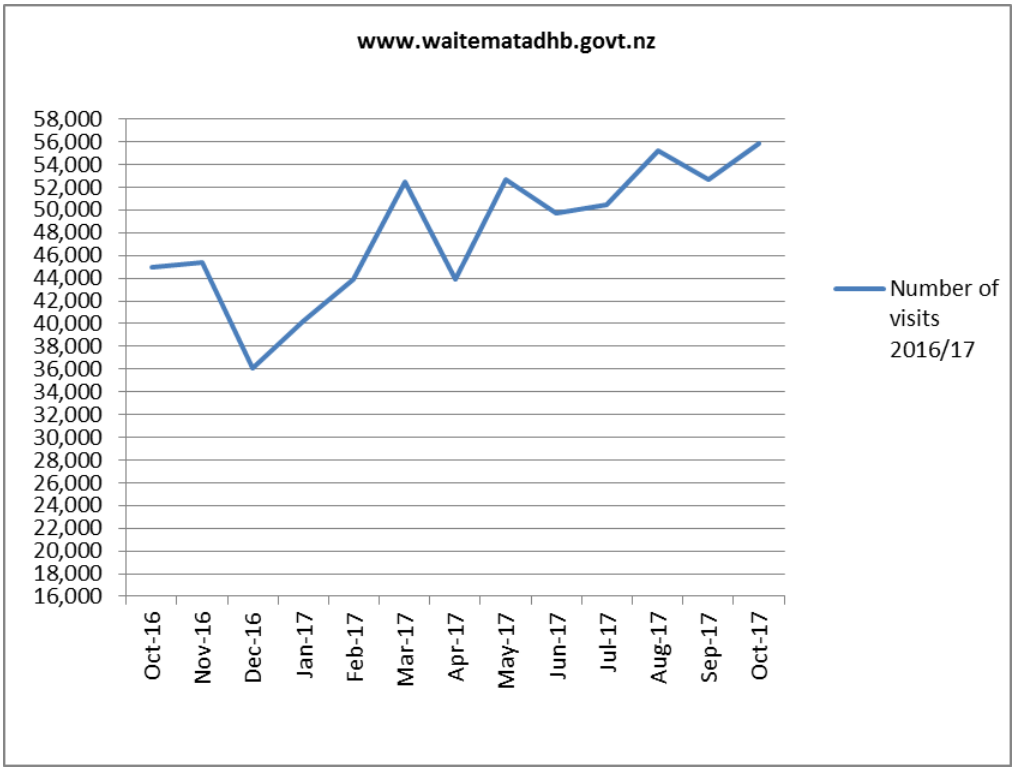
Waitemata DHB website – Google Analytics Statistics

Waitemata DHB website

Number of visits	October 2017	October 2016
Total visits to this site	55,855 (+23.1%)	44,973
New Zealand	52,371	41,111
USA	852	1,682
Australia	826	711
United Kingdom	287	288

Top areas	October 2017	October 2016
Waitemata DHB staff page	29,072	19,430
Home page	14,181	16,438
North Shore Hospital	6,219	6,665
Waitakere Hospital	2,825	2,596
Contact us	2,420	1,989

Traffic sources	October 2017	October 2016
Search traffic	72%	72%
Direct traffic	24%	22%
Referral traffic	4%	6%



Social media

Facebook

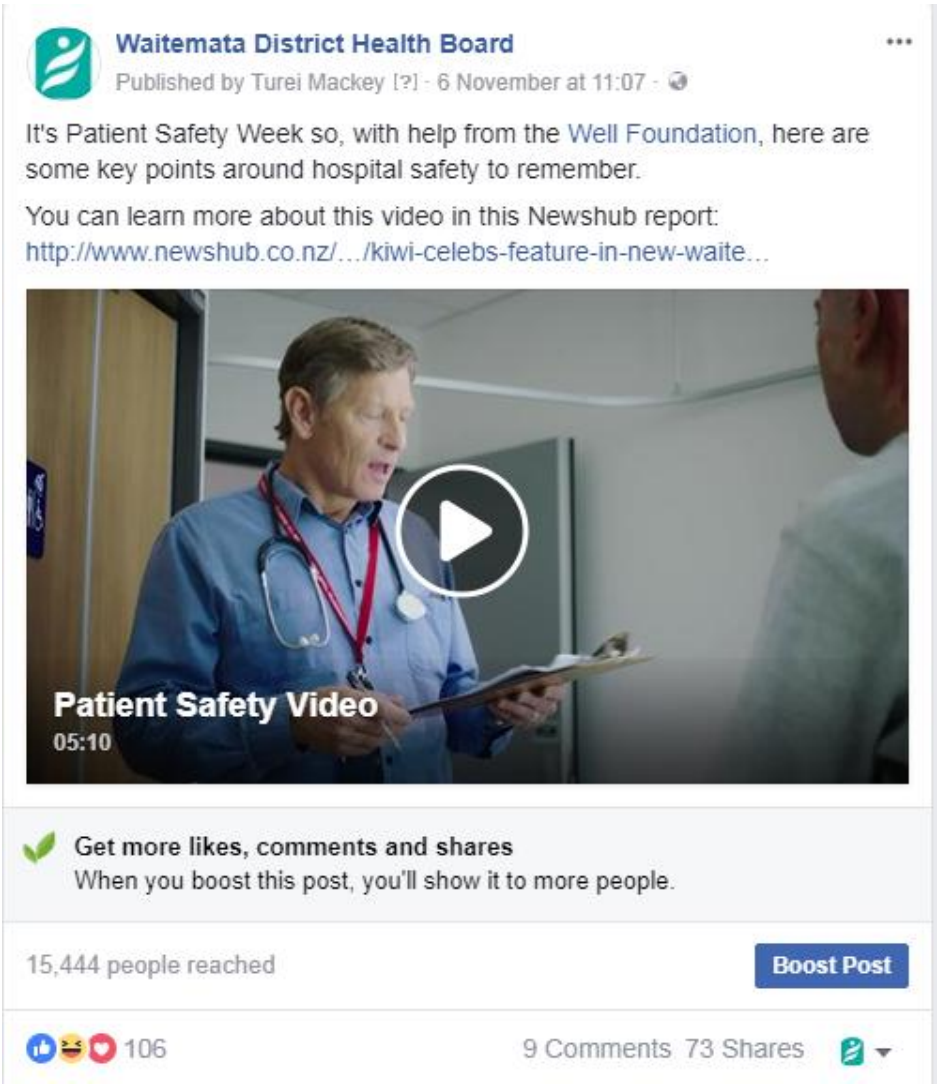
Waitemata DHB Facebook page likes have increased by 58% since November 2016, with 3,300* current likes (2,092 likes - November 2016).

Waitemata DHB Facebook review numbers have increased by 10% since November 2016. Waitemata DHB Facebook star rating - 4.4/5 from 215 reviews* (4.3/5 from 196 reviews November 2016).

Total audience reach between 23 October 2017 and 27 November 2017 was 107,200.

Top three posts between 23 October and 27 November 2017:

1. **Patient Safety Week video (Audience reach: 15,444, video views: 5,613)**



2. Diabetes Awareness Week article (Audience reach: 4,097)

Waitemata District Health Board

Published by Turei Mackey [?] · 17 November at 16:24 ·

This Diabetes Awareness Week, Rab Burton wants to encourage people to get themselves checked for Type 2 diabetes.

The Diabetes Clinical Nurse Specialist from Waitakere Hospital says most Kiwis think that Type 1 diabetes is more dangerous than Type 2 diabetes.

"But the reality is that of the 270,000 New Zealanders who have diabetes, over 80% will have Type 2 diabetes," Rab says.... See more

Get more likes, comments and shares
Boost this post for $4 to reach up to 1,100 people.

4,097 people reached **Boost Post**

Kate Hinvest, Erica Forbes and 46 others 3 Comments 23 Shares

3. Graduation of mental health nurses (Audience reach: 3,982)

Waitemata District Health Board
Published by Turei Mackey [?] · 10 November at 19:12 ·

Congratulations to our 25 mental health nurses who celebrated their graduation with friends, family and colleagues this Friday at Waitakere Hospital!
The group have completed the first year of the new entry to practice programme, becoming the first 25 from a February intake of 100 nurses to graduate.

Get more likes, comments and shares
Boost this post for $4 to reach up to 1,100 people.

3,982 people reached **Boost Post**

160 36 Comments 1 Share

Twitter

Waitemata DHB Twitter followers have grown by 21% since October 2016, with 2,067 current followers* (1,714 followers as at November 2016).

Total audience reach between 23 October 2017 and 27 November 2017 was 32,000.

Top tweet between 23 October 2017 and 27 November 2017:

Waitemata DHB Patient Safety video:

*As at 27 November 2017

OIAs received

A total of 17 new OIA requests were received between 23 October and 26 November 2017:

- D. Clent (Fairfax Media) - Complaints received regarding breastfeeding and formula feeding practice in last 18 months.
- M. Duff (Fairfax Media) - Maternity staffing numbers, vacancies and reports covering any recruitment issues.
- M. Duff (Fairfax Media) - Reviews or audits into maternity services.
- B. Keogh (NZ Herald) - Use of fluroquinolene antibiotics over the last 10 years.
- S. Gray - Information held by Marinoto clinic regarding two patients.
- A. Wiggins (NZ Herald) - Number of patients isolated or quarantined in hospital.
- M. Duff (Fairfax Media) - Number of perinatal-related and maternal deaths from 2016-2017.
- B. Fountain (NZ Doctor) - Correspondence, reports and emails on delays to the Auckland after-hours contract.
- S. Strongman (The Wireless) - Policies, reports and correspondence on second trimester terminations.
- G. Rooijakkers - Information regarding blood tests carried out on pregnant women to indicate if foetus has signs of down syndrome.
- F. Thomas (NZ Doctor) - Number of patients enrolled with each PHO within Waitemata suburbs.
- D. Fisher (NZ Herald) - Information regarding charging policy for OIA requests and the free five-hour rule.
- J. Logie (Green Party) - Correspondence re second trimester termination of pregnancy policy.
- P. Fuller (Fairfax Media) - Information regarding cost of missed hospital appointments and 'did not attend' (DNA) numbers.
- B. Berberoglu (Victoria University) - Survey regarding recordkeeping practices for processing of OIA requests.
- R. Clayton (Fairfax Media) - Correspondence and reports regarding suicide rates in Rodney and Hibiscus Coast district.
- N. Akoorie (NZ Herald) - Breakdown of costs and expenses for the DHB chair and Board from July 2014.

Media Clippings (23 October 2017 – 26 November 2017)

Positive	**+**
Neutral	**0**
Negative	**-**

Page no.	Channel	
20	Compassion, understanding and hope	0
25	New mobile health clinic for North Shore Hospital	+

Page no.	Dominion Post	
12	Roof collapse injures seven	0
17	Ardern asked to act on abortion	0
19	Disabled men fail to prove neglect	+
Page no.	**Mahurangi Matters**	
24	Herceptin breast cancer treatment gets closer to home	+

Page no.	Nor West News	
11	Rescue mission	0
51	Waiting times for rehab are 'unacceptable'	-
66	Rise in meth addicts seeking treatment	0
70	Support for new, struggling mothers	0

Page no.	North Harbour News	
14	Roof collapse	0

Page no.	North Shore Times	
13	Roof collapse	0
30	Solomon Islands	+
61	Ferry injuries	0
78	Tool assists stroke care	+

Page no.	NZ Doctor	
2	Clinics an option as mumps defies containment efforts	0
3	e-Patient Dave is coming to New Zealand	0
4	Health course reset in Waikato as new leaders step up	0
5	New faces lead advocacy body for primary health care nurses	0
6	Primary care speaks its mind on top priorities for new government	-
9	Rollout of 3D imaging for screening is happening, slowly	+
40	For whom the bells tolls	-
42	Free app helping doctors engage kids in tricky conversations	+
46	Missed! Deadline for tortuous after-hours tender goes by without decision	-
73	Mental health services	0
75	Primrose moves to Alliance Health Plus board	0
77	Skyrocketing mumps cases in Auckland	+

Page no.	NZ Herald / Weekend Herald	
1	Child survives	0
31	Yes, that's me, all dressed up in town	0
34	It just happened so fast	0
44	Milford lauded as 'the place to buy'	0
47	Son's tooth extraction a shock for family	+
48	Mumps jab blitz for West	+
58	Former church on busy intersection	0
60	Woman hurt as ferry docks	0
63	Turning to stone	0
68	Robot Lucy trains nurses for birth	0
80	Resthome probe after elderly lady vanishes	0

Page no.	Pharmacy Today	
22	Connected health – is it plugged in?	0
27	Pharmacists going extra mile fear future without funding	0

Page no.	Rodney Times	
38	Jazz pianist wins scholarship	0
49	Slow uptake of HPV vaccine in Coast schools	0
71	Data trial for DHB	+

Page no.	The Press Christchurch	
18	Ardern asked to act on abortion	0

Page no.	Western Leader	
10	DHB claims award	+
15	What's in it for West Auckland?	-
53	Waiting times for rehab are 'unacceptable'	-
55	What's on – craft market	0
62	Patient safety	+
65	More meth addicts seek treatment	0

Total:

Positive +	**13**
Neutral 0	**31**
Negative -	**6**
Total items	**50**

4.1 Establishment of Executive Committee of the Board

Recommendations:

a) **That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/New Year Board recess.**

b) **That membership of the Committee is to comprise [*… to be agreed at the meeting …*], with a quorum of [x] members (the Chair or Deputy Chair needs to be one of the [x] members).**

c) **That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from a Committee or the Chief Executive (same arrangements as last year).**

d) **That all decisions made by the Executive Committee be reported back to the Board at its meeting on 7 March 2018.**

e) **That the Executive Committee be dissolved as at 6 March 2017.**

Prepared by: Peta Molloy (Board Secretary)

Glossary

NZPH&D Act - New Zealand Public Health and Disability Act 2000

1. Purpose

To seek the Board's approval to establish a committee to conduct pressing Board business during the Christmas/New Year recess.

2. Background

The final normal scheduled meeting of the Board for the year is on 14 December 2017. The next meeting is on 7 March 2018. There might be some items of business requiring approval at Board level that need to be processed during this period.

Under the NZPH&D Act (Schedule 3 Clause 38) there is provision for the Board to establish one or more committees for a particular purpose or purposes.

3. Proposal

As in recent years, it is proposed that the Executive Committee should have a relatively small membership so that it can be convened at short notice, should this be necessary. The proposed membership is to be determined at the Board meeting (the Chair or Deputy Chair needs to be one of the quorum).

It is expected that, by their nature, any items referred to this Committee are likely to need to be taken in public excluded session. The date and agenda items of any meeting(s) would, as soon as confirmed, be advised to all Board members and meeting(s) publicly notified if they involve any open meeting agenda reports.

4.2 Waitemata DHB's Quality Account FY2016/17

Recommendation:

a) **That the Board provide feedback on the annual 2016/17 Quality Account.**

b) **That Board approve for publication, subject to incorporation of relevant feedback, the Waitemata DHB's 2016/17 Quality Account.**

Prepared by: Dr Penny Andrew (i3 Director)
Endorsed by: Dr Dale Bramley (Chief Executive Officer) and Dr Andrew Brant (Chief Medical Officer)

1. Executive Summary

The purpose of this report is to seek the Board's approval of Waitemata DHB's FY2016/17 Quality Account. The Account will be published in a digital format, along with the previous accounts which are archived on the DHB's quality account website.

On-line access to the FY2016/17 Account is available to Board members via a website link (sent via email). The Account will be updated with Board comments and feedback, and will be published (made available to the public) following Board approval.

2. Achievements

The Quality Account is one of the most important documents the DHB publishes each year. Accounts are designed to tell the DHB's quality story, describing our commitment to evidence-based quality improvement, what improvements are needed and how the public and local community plays a part in making health services better and more responsive.

The Health Quality and Safety Commission supports the DHBs to deliver quality accounts by providing guidance about their content and style. DHBs are expected to set out their quality priorities for the previous year and the further quality improvements that they intend to make in the next twelve months and beyond.

5.1 Financial Performance October 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 October 2017 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 Services)
Endorsed by: Robert Paine (Chief Financial Officer and Head of Corporate Services)

Glossary

NGO - Non Government Organisation
YTD - Year To Date

1. Executive Summary and key themes

The year to date (October 2017) for the DHB is a deficit of $656K, against a budgeted surplus of $667K, and is therefore $1.333m adverse to budget. The deficit is slowly reducing, and additional efforts, as outlined in previous meetings, is underway to close this shortfall completely by year end.

The DHB result for the month of October 2017 was a deficit of $71k which was $5k favourable to budget.

The Funder made a surplus of $1,708k, and the Governance and Funding Arm made a surplus of $100k, both against a breakeven budget, and so were favourable to that extent.

The Provider made a deficit of $1,879k, against a budgeted deficit of $662k, and therefore was unfavourable to budget by $1,217k.

The Provider Arm result primarily reflects unbudgeted expenditure in non-personnel costs and unrealised expenditure reduction initiative. Unbudgeted non-staff expenditure is on outsourced services and labour (to cover budgeted vacancies), increased clinical supplies and utility costs, and reflect both high clinical demands in the month and price increases.

Within the Provider Arm, management teams continue to actively monitor performance, and tight cost controls are in place across all key areas of expenditure.

2. Financial Overview of the October 2017 result

For the month the Provider Arm unfavourable variance is driven by Corporate and Support Services along with cost pressures in Sub Specialty Medicine and Surgical and Ambulatory Services as a result of high inpatient Emergency Department volumes.

The financial result for the month ended October 2017 compared to the budget is summarised in the following table:

WAITEMATA DISTRICT HEALTH BOARD — Reporting Date: 31 October 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	141,229	140,338	891	562,529	561,389	1,140	1,683,292	1,683,292	0
Other	2,547	2,439	107	10,862	9,683	1,179	32,579	32,579	0
	143,775	**142,777**	**998**	**573,392**	**571,072**	**2,320**	**1,715,872**	**1,715,872**	**0**
EXPENDITURE									
Personnel									
- Medical	15,626	15,305	(322)	59,466	59,037	(429)	183,419	183,419	0
- Nursing	19,831	19,485	(347)	78,731	78,580	(150)	239,652	239,652	0
- Allied Health	9,598	10,095	497	37,598	39,734	2,136	117,043	117,043	0
- Support	1,677	1,697	20	6,236	6,508	272	19,785	19,785	0
- Management / Administration	6,764	6,491	(274)	25,743	25,741	(2)	77,375	77,375	0
Total Personnel	**53,497**	**53,072**	**(424)**	**207,774**	**209,600**	**1,826**	**637,274**	**637,274**	**0**
Other									
Outsourced Services	6,321	5,633	(688)	25,177	23,147	(2,029)	68,253	68,253	0
Clinical Supplies	10,554	9,524	(1,030)	41,741	39,324	(2,417)	115,908	115,908	0
Infrastructure & Non-Clinical Supplies	9,731	8,810	(921)	39,496	35,063	(4,433)	104,656	104,656	0
Funder Provider Payments	63,745	65,815	2,070	259,860	263,261	3,400	789,782	789,782	0
	90,350	**89,781**	**(569)**	**366,274**	**360,795**	**(5,479)**	**1,078,599**	**1,078,599**	**0**
Total Expenditure	**143,847**	**142,854**	**(993)**	**574,047**	**570,395**	**(3,652)**	**1,715,872**	**1,715,872**	**0**
NET RESULT	**(71)**	**(76)**	**5**	**(656)**	**677**	**(1,333)**	**(0)**	**(0)**	**0**

Comment on Major Variances for the month of October 2017 (YTD variances explained in Section 3 by Service)

Revenue

Revenue is $998k favourable to budget for the month due to court reporting and car park revenue ahead of budget, offset by interest income.

Expenditure

Overall expenditure is unfavourable to budget by $993k for the month of October 2017. The key variances are summarised below:

Personnel Costs ($424k unfavourable)

A significant contributor to the favourable variance is vacancies due to positions budgeted in the new financial year that have yet to be appointed. All clinical vacancies are under active recruitment and no clinical vacancies are being held.

Medical ($322k unfavourable)
The unfavourable variance was driven by registrar cost increases in Acute and Emergency Medicine.

Nursing ($347k unfavourable)
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 vacancies, watch cover and sick leave which are being actively monitored to ensure appropriate usage.

Allied Health ($497k favourable)
This favourable variance is primarily driven by staff vacancies.

Support/Management and Administration ($254k unfavourable)
The favourable variance is offset in part by outsourced costs due to contractors currently in place. The variance also includes vacancies and expenditure reduction initiatives. The replacement of contractors with permanent staff is being actively pursued.

Other Expenditure ($569k unfavourable)

Outsourced Services Costs ($688k unfavourable)
The variance relates to positions to be recruited and vacancies which are covered by outsourced resources. This variance was primarily driven by unbudgeted outsourced radiology services for Surgical and Ambulatory Services and outsourced gastroscopy and colonoscopy procedures for Sub Specialty Medicine.

Clinical Supplies Costs ($1,030k unfavourable)
The unfavourable variance is driven by increased costs across all service areas, in particular, Hospital Operations pharmaceuticals and patient meals costs.

Infrastructure costs ($2,837k unfavourable)
The unfavourable variance was driven by unbudgeted repairs and maintenance in Facilities and Development and planned expenditure reduction initiatives recorded in infrastructure not realised. $168k under recovery against budget of Funder shared costs with Auckland DHB (offset by favourable employee costs).

Funder Provider Payments ($2,071k favourable)
Funder Provider payments for October is $2,071k favourable to budget for the month and $3,400k favourable to budget 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 reduces the Funder favourable position. The annual organisational budget for 2017/18 was revised retrospectively in November. This revision was in part to mitigate these offsetting variances. The reporting for the month and YTD is against the revised budget but noting that the related accounting adjustments still to be processed and will be reflected in November reporting.

Where relevant, 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 (YTD performance)

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

WAITEMATA DISTRICT HEALTH BOARD							Reporting Date	31 October 2017	
FINANCIAL PERFORMANCE BY DHB ARM									
($000's)	MONTH			YEAR TO DATE			FULL YEAR		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
REVENUE									
Provider Arm - Clinical Services	2,574	2,673	(98)	10,330	10,687	(357)	33,988	33,988	0
Provider Arm - Corporate & Support Services	74,573	72,521	2,052	294,581	290,054	4,527	870,892	870,892	0
Governance & Funding Admin Arm	1,176	1,184	(8)	4,496	4,736	(240)	14,209	14,209	0
Funder	137,559	137,098	461	549,584	548,390	1,193	796,782	796,782	0
Elimination	(72,106)	(70,699)	(1,407)	(285,600)	(282,796)	(2,804)	0	0	0
Consolidated	**143,775**	**142,777**	**1,000**	**573,392**	**571,072**	**2,320**	**1,715,872**	**1,715,872**	**0**
EXPENDITURE									
Provider Arm - Clinical Services	51,201	50,156	(1,044)	213,688	211,610	(2,078)	647,007	647,007	0
Provider Arm - Corporate & Support Services	27,825	25,698	(2,127)	96,365	90,788	(5,577)	264,873	264,873	0
Governance & Funding Administration	1,076	1,184	108	4,135	4,736	601	14,209	14,209	0
Funder	135,851	136,514	663	545,460	546,057	597	789,782	789,782	0
Elimination	(72,106)	(70,699)	1,407	(285,600)	(282,796)	2,804			0
Consolidated	**143,847**	**142,854**	**(994)**	**574,047**	**570,395**	**(3,652)**	**1,715,872**	**1,715,872**	**0**
NET RESULT									
Provider Arm - Clinical Services	(48,626)	(47,484)	(1,144)	(203,357)	(200,923)	(2,435)	(613,019)	(613,019)	0
Provider Arm - Corporate & Support Services	46,748	46,822	(74)	198,216	199,266	(1,050)	606,019	606,019	0
Governance & Funding Admin Arm	100	0	100	361	0	361	0	0	0
Funder	1,708	584	1,124	4,124	2,333	1,791	7,000	7,000	0
Elimination	(0)	0	(0)	(0)	0	(0)	0	0	0
Consolidated	**(71)**	**(76)**	**5**	**(656)**	**677**	**(1,333)**	**0**	**0**	**0**

3.1. Provider Clinical Services

The Provider Clinical Services result for the four months ended October 2017 is $2,435k unfavourable. The key drivers of the services financial performance are summarised below; noting again that clinical vacancies are under active recruitment and on hold

Acute and Emergency Medicine

The division is $596k unfavourable for the four months ended October 2017.

The unfavourable result was driven predominantly by the cost of Registrars where pricing variations, additional allocations and allowances have contributed to an overspend of $761k. Cost reduction targets embedded within the budget total $280k YTD. Key factors that have mitigated the Registrar impact were vacancies within SMOs contributing $285k and efficiencies within the infrastructure and non-clinical supply costs of $117k.

Sub Specialty Medicine

The division is $1,253k unfavourable for four months ended October 2017. Sub Specialty Medicine and Health of Older People Services was unfavourable by $1,253k YTD. The result is driven predominantly by unbudgeted outsourced gastroscopy and colonoscopy procedures costing $1,022k and an additional spend of $343k on high level community care for complex needs patients within the Mental Health of Older Adults service. Vacancies within Allied Health have had a favourable impact of $593k, absorbing a majority of the embedded cost reduction targets.

Surgical and Ambulatory Services

The service is $2,822k unfavourable for the four months ended October 2017. Surgical and Ambulatory Services was unfavourable by $2,822k YTD. Continued reliance on unbudgeted outsourced radiology services as a result of unfilled vacancies and capacity pressures, as well as unrealised expenditure reduction initiative remains the key drivers for the unfavourable variance.

Unfavourable repairs and maintenance costs, together with an increase in laparoscopic cases, spines, implants and prosthesis (non-joints) have also contributed to the unfavourable variance. This has been partially offset by favourable variances driven by vacancies in medical, allied health, management and administration personnel, ACC revenue and other revenue.

Elective Service Centre
The service is $487k favourable for the four months ended October 2017. The service was favourable by $487k YTD. The favourable result is being driven by slightly favourable personnel costs, lower than budgeted outsourced services and clinical supplies costs associated with lower complexity cases. A higher mix of non-joint volumes compared to joints is also contributing to the favourable variance.

Child, Women and Family Services
The service is $886k favourable for the four months ended October 2017. Child, Women and Family Services was favourable by $886k YTD. Ongoing service vacancies across Allied Health specialties, Community Nursing and Management/Administration remain the primary drivers of the favourable YTD result. The service continues to actively recruit to clinical positions but is still being impacted by regional or national workforce shortages across Midwives and Paediatric Physiotherapists. The Regional Dental Service is focused on maximising its recruitment of Dental Therapy staff when new graduates become available early in February/March 2018 and Midwifery services continue to manage their service delivery through skill mix changes (employment of Registered Nurses) and part time staff increasing their working hours. Embedded expenditure reduction initiatives are being met predominately through vacancies. Service output activity has remained positive overall with Gynaecology acute activity 106%, Gynaecology electives at 84%, Maternity Inpatient acute 119% and Paediatric Inpatient acute 127%.

Specialist Mental Health and Addiction Services
The service is $863k favourable for the four months ended October 2017. Specialist Mental Health and Addiction Services was favourable by $863k YTD. This was primarily driven by favourable variances in personnel. The personnel variance of $919k YTD was driven by a large number of vacancies in nursing, partially offset by casual staff and overtime cover. There are also vacancies in medical which is offset by locum cover. Other direct costs are unfavourable by $60k YTD. This is mainly due to overspend in pharmaceuticals and in line with historical levels of spending.

3.2 Corporate and Support Services

Corporate and Support Services are $1,050k adverse to budget for the four months ended October 2017.

The overall result for Hospital Operations is $1,111k unfavourable; this is primarily due to unfavourable activity related non-pay costs. This includes the cost of pharmaceuticals and patient meals which are unfavourable due to a 2.5% unbudgeted increase in price for indexation per the terms of the Compass 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 October is $1,124k favourable for the month and $1,791k favourable for the YTD. The Funder result as represented in this table is for the totality of the Funder Services across all its divisions and is inclusive of Funder Provider Arm, Funder NGO and Funder IDF. As commented previously the budget has been revised retrospectively in November and the net result for the month and YTD is against this revised budget. A substantive component of the Funder net result across these divisions is interrelated and compensatory in nature. Additional revenue allocations by the Funder to the Provider Arm are accounted for within the Funder as additional Funder expenditure

with the equivalent favourable impact on the Provider Arm net result. These offsetting variances will be substantially mitigated from November 2017 when the impact of the budget revisions are fully accounted for. The Funder net result also includes phasing variances within community demand services and budgeted service initiatives not yet fully contracted.

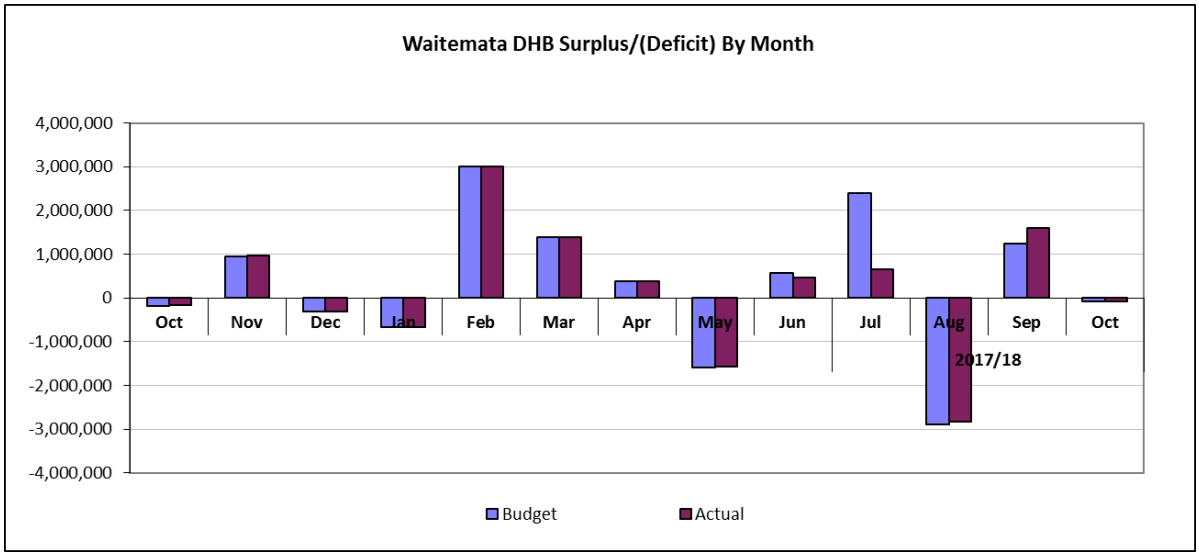
3.4 Financial Performance - Governance and Funding Administration Arm

The Governance and Funding Administration (GFA) 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 $100k favourable to budget for the month and $361k favourable YTD.

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 month to October 2017 is a deficit of $71k which is $5k favourable to budget.



5. Capital Expenditure

Capital expenditure planned for the four months ended October 2017 was $8,424k against a budget of $11,028k. The following table summarises performance against the capital expenditure budget for the month:

$'000s	Full Year Budget	Month (Oct-17)			YTD (Oct-17)		
		Actual	Budget	Variance	Actual	Budget	Variance
Land	0	0	0	0	0	0	0
Buildings & Plant	15,864	781	1,322	541	4,811	5,288	477
Clinical Equipment	4,968	1,539	414	(1,125)	2,635	1,656	(979)
Other Equipment	1,832	31	153	122	96	612	516
Information Technology	6,408	274	534	260	750	2,136	1,386
Purchase of software	3,768	0	314	314	0	1,256	1,256
Motor Vehicles	160	0	10	10	132	80	(52)
Total Capital Expenditure	**33,000**	**2,625**	**2,747**	**122**	**8,424**	**11,028**	**2,604**

To ensure maximum value is achieved from this funding, each investment request is subject to prioritisation. Capital plans have been and continue to be reviewed to ensure only necessary expenditure is incurred, and cash reserves are protected. Waitemata DHB is delivering the Portfolio, Programme and Project Management Maturity improvement programme (the Pi Programme) to improve maturity in project, programme and portfolio management. An outcome of this will see more robust prioritisation and stronger governance of projects to ensure they continue to deliver the intended value.

6. Financial Position

The financial position as at October 2017 is given below. This indicates a net worth of $613,560k including $53,065k in cash. The detailed Statement of Financial Position for the DHB Parent is provided as **Attachment 2**

In $'000s	Opening 30 Jun-17	Oct-17 Actual	Oct-17 Budget	Oct-17 Variance	Full Year Budget
Crown Equity	**614,215**	**613,560**	**616,264**	**(2,704)**	**615,588**
Represented by :					
Current Assets	85,857	117,402	90,750	26,652	123,754
Current Liabilities	218,353	265,208	218,429	(46,779)	221,674
Net Working Capital	(132,496)	(147,806)	(127,679)	(20,127)	(97,920)
Fixed Assets	784,389	789,688	793,782	(4,094)	764,011
Term Liabilities	37,678	28,322	49,839	21,517	50,503
Total Employment of Capital	**614,215**	**613,560**	**616,264**	**(2,704)**	**615,588**

7. Cash flow Position

Summary of the cash flow statement as at October 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	14,739	17,873	(3,134)	17,813	17,813	0
Operating	41,664	2,389	39,275	47,264	10,729	36,535
Investing	(3,338)	(2,747)	(591)	(12,012)	(11,028)	(984)
Financing	0	0	0	0	0	0
Closing cash	**53,065**	**17,515**	**35,550**	**53,065**	**17,515**	**35,551**

The Cash movements and daily cash balance is being monitored on a daily basis. The net operating cash flows are greater than budget due to elective revenue received in the month and supplier and payroll payments being less than anticipated in the budget. Capital expenditure is being incurred at a lower monthly rate than in 2016/17, with a number of major projects concluded.

ATTACHMENT 1

WAITEMATA DISTRICT HEALTH BOARD — 31 October 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													
Acute & Emerg Medicine	304	308	(4)	11,344	11,023	(321)	(11,040)	(10,715)	(325)		1,198	1,198	
Sub Specialty Med HOPS	710	761	(51)	7,328	6,846	(482)	(6,618)	(6,085)	(533)		792	792	
Medical Services	1,014	1,069	(55)	18,672	17,869	(803)	(17,658)	(16,800)	(858)	1,946	1,990	44	2,411
Surgical Services	681	662	19	13,690	13,029	(661)	(13,009)	(12,367)	(642)	1,022	1,045	22	1,209
ESC	34		34	2,336	2,207	(129)	(2,302)	(2,207)	(95)	98	91	(7)	121
Child, Women & Family Services	433	453	(20)	6,492	6,778	286	(6,060)	(6,325)	265	873	878	5	1,147
Mental Health	413	489	(76)	10,011	10,274	263	(9,598)	(9,785)	187	1,233	1,272	39	1,412
Sub Total - Clinical Services	**2,574**	**2,673**	**(98)**	**51,201**	**50,156**	**(1,044)**	**(48,626)**	**(47,484)**	**(1,143)**	**5,173**	**5,277**	**104**	**6,300**
Director of Hospital Services	769	745	24	1,208	670	(538)	(439)	75	(514)	76	87	10	98
Elective & Outpatient S		14	(14)	381	349	(33)	(381)	(335)	(47)	58	53	(5)	68
Sub Total-Hospital Services	769	759	10	1,589	1,019	(570)	(820)	(260)	(560)	134	140	6	166
Hospital Operations	196	389	(193)	6,871	6,497	(375)	(6,675)	(6,107)	(568)	574	553	(22)	1,059
Facilities	2	51	(49)	3,182	2,789	(393)	(3,180)	(2,738)	(442)	100	44	(56)	98
Provider Management	71,885	69,533	2,352	5,684	5,831	147	66,202	63,702	2,500		(11)	(11)	
Corporate	1,720	1,788	(68)	10,499	9,563	(936)	(8,779)	(7,775)	(1,004)	387	386	(0)	334
Sub Total - Corporate & Support Services	**74,573**	**72,521**	**2,052**	**27,825**	**25,698**	**(2,127)**	**46,748**	**46,822**	**(74)**	**1,196**	**1,112**	**(84)**	**1,657**
Total Provider	**77,147**	**75,193**	**1,954**	**79,026**	**75,855**	**(3,171)**	**(1,879)**	**(662)**	**(1,217)**	**6,368**	**6,389**	**20**	**7,957**
Governance & Funding Administration	**1,176**	**1,184**	**(8)**	**1,076**	**1,184**	**108**	**100**	**0**	**100**	**92**	**109**	**18**	**104**
Funder Arm													
Funder NGOs	42,710	41,406	1,304	38,195	40,822	2,627	4,516	584	3,932				
Funder Inter District Flows	25,026	24,993	33	25,545	24,993	(552)	(519)	(0)	(519)				
Funder Governance	1,171	1,166	5	1,171	1,166	(5)							
Funder Own Provider	68,652	69,533	(881)	70,940	69,533	(1,407)	(2,289)		(2,289)				
Elimination	(72,106)	(70,699)	(1,407)	(72,106)	(70,699)	1,407	(0)		(0)				
Total Funder Arm	**65,452**	**66,399**	**(946)**	**63,745**	**65,815**	**2,070**	**1,708**	**584**	**1,124**				
Consolidated	**143,775**	**142,777**	**1,000**	**143,847**	**142,854**	**(994)**	**(71)**	**(76)**	**5**	**6,460**	**6,498**	**38**	**8,061**

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													
Acute & Emerg Medicine	1,317	1,224	93	46,219	45,530	(689)	(44,902)	(44,307)	(596)		1,191	1,191	(139,457)
Sub Specialty Med HOPS	2,338	2,944	(607)	30,333	29,687	(646)	(27,995)	(26,743)	(1,253)		828	828	(80,244)
Medical Services	3,654	4,168	(514)	76,552	75,217	(1,334)	(72,898)	(71,049)	(1,848)	1,934	2,019	85	(219,701)
Surgical Services	2,777	2,647	131	56,643	53,690	(2,953)	(53,865)	(51,044)	(2,822)	1,094	1,037	(56)	(153,049)
ESC	53		53	9,091	9,525	434	(9,038)	(9,525)	487	95	91	(4)	(28,294)
Child, Women & Family Services	1,761	1,791	(30)	29,408	30,325	917	(27,647)	(28,533)	886	882	937	55	(85,252)
Mental Health	2,085	2,081	4	41,994	42,853	859	(39,909)	(40,772)	863	1,231	1,293	62	(126,723)
Sub Total - Clinical Services	**10,330**	**10,687**	**(357)**	**213,688**	**211,610**	**(2,078)**	**(203,357)**	**(200,923)**	**(2,435)**	**5,235**	**5,376**	**141**	**(613,019)**
Director of Hospital Services	6,360	2,981	3,379	5,072	3,038	(2,034)	1,288	(57)	1,345	19	90	71	433
Elective & Outpatient S	16	56	(40)	1,582	1,424	(158)	(1,566)	(1,368)	(198)	15	53	38	(4,322)
Sub Total-Hospital Services	6,376	3,037	3,339	6,654	4,462	(2,192)	(277)	(1,424)	1,147	34	142	109	(3,889)
Hospital Operations	1,436	1,557	(121)	28,604	27,615	(990)	(27,168)	(26,058)	(1,111)	556	540	(16)	(77,216)
Facilities	175	202	(27)	12,908	11,545	(1,363)	(12,733)	(11,343)	(1,390)	96	45	(51)	(33,292)
Provider Management	279,186	278,134	1,052	6,150	7,044	894	273,036	271,090	1,946		(11)	(11)	820,150
Corporate	7,408	7,124	284	42,049	40,123	(1,926)	(34,641)	(32,999)	(1,642)	399	379	(20)	(99,734)
Sub Total - Corporate & Support Services	**294,581**	**290,054**	**4,527**	**96,365**	**90,788**	**(5,577)**	**198,216**	**199,266**	**(1,050)**	**1,085**	**1,096**	**11**	**606,019**
Total Provider	**304,912**	**300,741**	**4,170**	**310,053**	**302,398**	**(7,654)**	**(5,141)**	**(1,657)**	**(3,484)**	**6,320**	**6,472**	**152**	**(7,000)**
Governance & Funding Administration	**4,496**	**4,736**	**(240)**	**4,135**	**4,736**	**601**	**361**	**0**	**361**	**93**	**109**	**17**	
Funder Arm													
Funder NGOs	170,590	165,622	4,968	158,942	163,289	4,347	11,647	2,333	9,314				7,000
Funder Inter District Flows	100,087	99,972	115	100,913	99,972	(941)	(826)	(0)	(826)				
Funder Governance	4,673	4,662	10	4,673	4,662	(10)							
Funder Own Provider	274,234	278,134	(3,900)	280,932	278,134	(2,798)	(6,698)		(6,698)				
Elimination	(285,600)	(282,796)	(2,804)	(285,600)	(282,796)	2,804	(0)		(0)				
Total Funder Arm	**263,984**	**265,594**	**(1,610)**	**259,860**	**263,261**	**3,401**	**4,124**	**2,333**	**1,791**				7,000
Consolidated	**573,392**	**571,072**	**2,320**	**574,047**	**570,395**	**(3,652)**	**(656)**	**677**	**(1,333)**	**6,413**	**6,582**	**169**	

ATTACHMENT 2

Attachment 2					
WAITEMATA DISTRICT HEALTH BOARD			Reporting Date	31 October 2017	
STATEMENT OF FINANCIAL POSITION ($'000s)					
30/06/2017 Actual			Actual	Budget	30/06/2018 Budget
	Crown Equity				
379,721		Crown Equity	379,721	379,721	379,721
273,512		Revaluation Reserve	273,512	273,512	273,512
(40,935)		Retained Earnings - Prior Years	(39,018)	(37,645)	(37,645)
1,917		Retained Earnings - 2017/18	(655)	676	
614,215			**613,560**	**616,264**	**615,588**
	Represented by :				
	Current Assets				
17,812		Bank and Short Term Deposits	53,064	20,496	52,500
55,291		Debtors	51,139	57,500	58,000
5,201		Prepayments	5,430	5,201	5,201
7,553		Inventory	7,769	7,553	8,053
		Assets Held for Resale			
85,857			**117,402**	**90,750**	**123,754**
	Current Liabilities				
		Bank Overdraft			
108,871		Creditors	160,427	108,083	106,874
1,051		Provisions and Accruals	1,051	1,051	1,051
108,175		Staff Related Liabilities - Current	103,474	109,039	113,721
256		Term Debt - Current Portion	256	256	28
218,353			**265,208**	**218,429**	**221,674**
(132,496)	**Net Working Capital**		(147,805)	(127,679)	(97,920)
	Fined Assets				
641,592		Land, Buildings and Plant (net)	635,805	640,226	602,890
3,328		Leasehold Building Works (net)	3,229	3,329	3,329
37,963		Equipment (net)	36,252	37,321	39,127
140		Information Technology (net)	130	2,221	6,382
252		Intangible Software (net)	210	1,449	3,846
3,474		Vehicles (net)	3,044	3,176	2,522
55,991		Work in Progress	67,043	56,486	56,341
742,740			**745,713**	**744,208**	**714,437**
41,649	**LT & Investments in Associates**		43,974	49,574	49,574
41,649			**43,974**	**49,574**	**49,574**
	Term Liabilities				
36,988		Staff Related Liabilities- Term	27,717	37,334	37,334
348		Trust and Special Funds	348	12,163	12,827
342		Term Debt - External	257	342	342
37,678			**28,322**	**49,839**	**50,503**
614,215			**613,560**	**616,264**	**615,588**

ATTACHMENT 3

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

CASHFLOW STATEMENT ($'000s)

	Month			YTD		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Cash flows from operating activities:						
Inflows						
Crown	150,878	139,225	11,653	529,033	556,977	(27,944)
Interest Received	243	234	9	608	937	(329)
Other Revenue	8,655	3,318	5,337	46,106	13,160	32,946
Outflows						
Staff	46,743	53,072	6,329	199,523	209,599	10,076
Suppliers	12,574	17,673	5,099	73,331	72,174	(1,157)
Other Providers	63,744	66,566	2,822	259,860	266,264	6,404
Capital Charge	0	3,077	3,077	0	12,308	12,308
GST (net)	(4,949)	0	4,949	(4,231)	0	4,231
Net cash from Operations	**41,664**	**2,389**	**39,275**	**47,264**	**10,729**	**36,535**
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	3,019	2,747	(272)	9,688	11,028	1,340
Investments	319	0	(319)	2,324	0	(2,324)
Net cash from Investing	**(3,338)**	**(2,747)**	**(591)**	**(12,012)**	**(11,028)**	**(984)**
Cash flows from financing activities:						
Inflows						
Equity Injections	0	0	0	0	0	0
New Debt	0	0	0	0	0	0
Deposits Recovered	0	0	0	0	0	0
Outflows			0			
Interest Paid	0	0	0	0	0	0
Funds to Deposit	0	0	0	0	0	0
Net cash from Financing	**0**	**0**	**0**	**0**	**0**	**0**
Net increase / (decrease)	**38,326**	**(358)**	**38,684**	**35,252**	**(299)**	**35,551**
Opening cash	14,739	17,873	(3,134)	17,813	17,813	0
Closing cash	**53,065**	**17,515**	**35,550**	**53,065**	**17,515**	**35,550**
Closing Cash Balance in HBL Sweep account	53,065			53,065		

ATTACHMENT 4

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** **31 October 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	4.6%	583,172	566,810	4,860	711	5,044	5,746	378,705
2	Accredited Employers	0.1%	11,699	2,859	77	0	5	8,759	9,714
3	Commercial	2.6%	330,839	255,976	91,083	4,221	141	-20,581	287,199
4	Crown (excluding Mo	11.9%	1,521,992	526,196	135,758	8,523	9,685	841,831	1,511,122
5	DHBS'	27.4%	3,508,710	1,891,977	74,733	135,481	582,310	824,211	3,061,080
6	MOH	26.6%	3,410,224	1,666,731	1,283,056	574,990	-114,553	0	2,472,278
7	Non Residents	26.7%	3,412,463	113,697	274,071	384,531	280,741	2,359,424	3,239,090
8	Overseas Govt	0.0%	0	0	0	0	0	0	0
9	Patient	0.1%	17,711	11,914	122	2,350	3,983	-658	20,331
10	Staff	0.0%	-164	0	0	0	0	-164	-164
	WDHB Total	**100.00%**	**12,796,646**	**5,036,159**	**1,863,760**	**1,110,807**	**767,355**	**4,018,567**	**10,979,355**
				39%	15%	9%	6%	31%	
	Total Less Nres		9,384,183	4,922,462	1,589,689	726,276	486,614	1,659,143	
				52%	17%	8%	5%	18%	
					Total 30+	2,872,033			
						31%			

REF

1 ACC — 97% of the total outstanding is 'current'. The remaining 3% aging debt are being investigated closely, mostly of which are disputed amounts which is in the process of being resolved by ACC.

4 Crown — The substancial figure 842k in the 90+ category is comprised of $700k invoice to MSD(currently waiting a credit to be processed). The aging debt attributed to Ministry of justice has significantly decreased from $219k to $89k. We will continue to work closely with MOJ to get the aging balance cleared.

5 DHB's — 61+Days overdue comprised of: CMDHB $438K (including the $344K Opex cost waiting for resolution) ; ADHB $992K mainly Radiology invoices, which is in discussion with ADHB

7 Non Residents — $1,776,145 are on payment plans. This category of debtors is the most difficult to collect from.

6.1 Minutes of the Hospital Advisory Committee Meeting held on 18 October 2017

Recommendation:

That the minutes of the Hospital Advisory Committee meeting held on 18 October 2017 be received.

Minutes of the meeting of the Waitemata District Health Board

Hospital Advisory Committee

Wednesday 18 October 2017

held at Waitemata District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.35pm

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

James Le Fevre (Committee Chair)
Max Abbott
Kylie Clegg
Sandra Coney
Brian Neeson
Morris Pita (until 3.44pm, item 4.3)
Allison Roe

ALSO PRESENT

Warren Flaunty (Waitemata DHB, Board Member) (until 3.23pm, item 4.1)
Andrew Brant (Chief Medical Officer)
Cath Cronin (Director of Hospital Services)
Fiona McCarthy (Director of Human Resources)
David Price (Director of Patient Experience)
Jo 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 Women's Health Council)

WELCOME

The Committee Chair welcomed those present.

APOLOGIES

Apologies were received from Tamzin Brott (Director of Allied Health) and Jocelyn Peach (Director of Nursing and Midwifery).

DISCLOSURE OF INTERESTS

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

Later in the meeting, Morris Pita stepped out of the meeting for the discussion of the 'Acute and Medicine Division' update in item 3.1 due to his disclosed interested of Healthcare Applications Limited.

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 06 September 2017 (agenda pages 5 to 13)

Resolution (Moved Brian Neeson/Seconded Kylie Clegg)

That the Minutes of the Hospital Advisory Committee meeting held on 06 September 2017 be approved.

Carried

Actions Arising (agenda page 14)

Noted.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – August 2017 (agenda pages 15 to 72)

Cath Cronin (Director Hospital Services) summarised the executive overview of the report.

Robert Paine (Chief Financial Officer) summarised the financial section of the executive overview.

Matters covered in discussion and response to questions included:

- That with regard to unfavourable financial reporting for infrastructure and non-clinical supplies, it was noted that the area of facilities maintenance was being looked into. Some comparison costs had been obtained from Counties Manukau DHB and were being sought from Auckland DHB.
- In response to concern expressed about the reported DNA rate for Maori and Pacific patients, Cath Cronin noted that steps are being taken to reduce DNA rates and that some improvements being seen.
- Noting that with regards to the average time for complaint responses, there has been some complex issues raised with multidisciplinary teams involved. However, the majority of complaints are responded to in a timely matter. Cath Cronin advised that when required there is frequent contact with people who have raised an issue with regular updates and interaction occurring throughout the investigation prior to a response being sent.
- Noting with regard to food services that the unbudgeted increase in price was the result of contractual terms allowing for an increase if the food services agreement did not achieve required volumes.

Human Resources (agenda page 32)

Fiona McCarthy (Director, Human Resources) summarised this section of the report. She noted that after the winter season there has been a continuing reduction in sick

leave. Also noted was that a final validation of internal/external turnover was being completed, with the intention of reporting this to the Committee at its next meeting.

Matters covered in discussion and response to questions included:

- That sick leave reported is primarily cyclical. In response to a query, Fiona McCarthy noted that with regard to sick leave and a possible influenza outbreak, there had been learnings following a pandemic in Australia a few years ago.
- Max Abbott noted that the focus of the World Mental Health day was mental health in the workplace. He noted the very positive work being undertaken in this area. With regard to the DHB, Michael Rodgers advised that a PHD student was currently looking at how the DHB measures the wellbeing of its theatre staff.
- The Committee requested a presentation in the first quarter of 2018 around the work of Helen Wood, who has a key role in the development of a mental health workplace policy that will be rolled out across all United Nation agencies.

Acute and Emergency Medicine Division (agenda page 35)

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

Alex Boersma, (General Manager, Acute and Emergency Medicine), Shirley Ross (Head of Division Nursing) and Gerard de Jong (Division head Acute and Emergency Medicine) were present for this section of the report.

Alex Boersma summarised the report. The Committee Chair acknowledged the report presented.

Matters covered in discussion and response to questions included:

- That the uptake of the White Cross voucher system was not as effective at Waitakere Hospital. Work has been undertaken to refer patients to White Cross if appropriate. Patients are categorised with high risk patients are seen in the emergency department.
- That the DHB Emergency Department Clinical Director and colleagues had liaised with Shorecare and defined lists of presentation types that are appropriate for emerging care model were identified.
- Shirley Ross noted the existing roles in the area of nurse practitioner/nurse specialist models of care.

Morris Pita returned to the meeting.

Specialty Medicine and Health of Older Persons (agenda page 44)

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

The Committee welcomed Brian Millen.

John Scott and Brian Millen summarised the report.

Matters covered in discussion and response to questions included:

- Sandra Coney requested a copy of the published findings of the Waitemata DHB Fracture Liaison Service in the New Zealand Medical Journal.
- That with regard to healthy bones, John Scott advised that there is an emphasis on lifestyle and health promotion. With regard to further information on the Health Promotion Agency and its role, it was suggested that this be covered at the Community and Public health Advisory Committee.

Child Women and Family (agenda page 51)

Dr Meia Schmidt-Uili (Division Head), Stephanie Doe (General Manager Child, Women and Family Services), Emma Farmer (Head of Division Midwifery) and Susan Peters (Head of Division Allied Health) were present for this item.

Stephanie Doe summarised the report, of particular note was the highlighted Health Promoting Schools service. The programme has been successfully led by the same person for approximately 18 years; it is a targeted programme and it is intended that it remain small in scale. Further information will be provided to the Committee about the programme at its next meeting.

With regard to the *Gateway Assessment Programme, Direct Purchasing and Enhancing Health's Response* report and the numbers of children encountered, Stephanie advised that the Waitemata DHB had been a demonstration site for this programme. It is around access to children who potentially have fetal alcohol spectrum disorder. The Committee will be provided with a further update eon this at its next meeting.

Specialist Mental Health and Addiction (agenda page 58)

Susanna Galea (Director, Speciality Mental Health and Addiction Services) and Grace Preston (Finance Manager Mental Health) were present for this section of the report.

Apologies from Pam Lightbrown (General Manager, Mental Health) were noted.

Susanna Galea introduced the report, noting in particular Mental Health Awareness week which commenced the week beginning 9th October. In addition Susanna summarised the update provided on the Substance Addiction Compulsory Assessment and Treatment implementation (page 59 of the agenda); the DHB continues to work closely with the Ministry of Health around the model of care.

Susanna brought to the Committee's attention the need to temporarily close five mental health beds due to staff shortages. There has been some difficult in recruiting staff and in assessing the situation it was determined that five beds be temporarily closed to ensure there is no clinical risk. It was noted that four staff have been appointed and will be commencing in their roles soon.

It was also noted that in dialogue with the Communications Team, work is underway to clarify the diversity of mental health and that there are peaceful environments for mental health services, it is not as is often portrayed about aggression and violence.

Surgical and Ambulatory Services/Elective Surgical Centre (agenda page 64)

Dr Michael Rodgers (Chief of Surgery) and Debbie Eastwood (General Manager Surgical and Ambulatory Services) were summarised this section of the report.

Matters covered in discussion and response to questions included:

- That with regard to retaining allied and technical staff and whether there is an issue around the cost of living in Auckland, it was noted that staff from overseas are recruited and then may not stay as long as anticipated, sometimes moving out of Auckland. The DHB have incentives in place (training and the like) to increase retention.
- Noting that the area of improving theatre utilisation is being looked at for Waitakere; North Shore Hospital theatres are well utilised. The aim is for utilisation to be at around 85%. The Committee Chair noted that it would be beneficial for the region to have a common numerator/denominator in this area.

The Committee Chair acknowledged the Emergency Department targets reported.

Resolution (Moved Kylie Clegg/Seconded Max Abbott)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 73 to 78)

Andrew Brant (Chief Medical Officer) was present for this item. Apologies were noted from Tamzin Brott (Director of Allied Health) and Jocelyn Peach (Director of Nursing and Midwifery).

Medical Staff

Andrew Brant summarised this section of the report.

Allied Health, Scientific and Technical Professions

The Committee Chair acknowledged and congratulated Katrina Wallis – Recipient of the Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa Achievement Award for 2017.

Resolution (Moved Max Abbott/Seconded Kylie Clegg)

That the report be received.

Carried

4.2 Human Resources (agenda pages 79 to 86)

Fiona McCarthy (Director Human Resources) introduced this report. In response to a question from the Committee Chair about the update provided related to 'on-boarding for operations managers,' Fiona noted that new 'on-board' (orientation) checklists and tools for are being piloted for operations managers.

That the report was received.

4.3 Quality Report (agenda pages 87 to 252)

Penny Andrew (Clinical Lead Quality), Jacky Bush (Quality and Risk Manager) and David Price (Director of Patient Experience) were present for this item. Stephanie Doe (Acting General Manager Child, Women and Family Services) and Emma Farmer (Head of Division Midwifery) were present for the maternity update.

Jacky Bush introduced the report.

Matters covered in discussion and response to questions included:

- That with regard to the 'Waitemata DHB Maternity Quality and Safety Programme' and reference to a review of the artificial rupture of membranes practice (page 248 of the agenda), it was noted the review was undertaken to promote natural births. There are times when breaking a membrane is justifiable in some instances, however, the review has determined that it is become a common practice. A campaign 'membranes matter' was initiated and directed at staff to inform on when it was necessary to break a membrane. In addition further research is being undertaken to better understand decisions made around the artificial rupture of membranes. It is anticipated that this will be completed and presented to the Committee mid-2018. The importance of ensuring pregnant women are advised of and understand their decision making in this area was also noted.
- That with regard to diabetes and pregnancy it was noted that more Asian women are being diagnosed.
- That with regard to patient experience, it was noted key areas of ongoing focus include consistent communication, managing patients expectations, needs and wants.
- Noting that with regard to patient experience, patients advise that they want to be more informed and be in partnership with healthcare professionals; this is a challenging medical model, particularly when linked to information provided on the internet. A healthcare professional can support a patient's own research by providing validated sites for research. Penny Andrew advised that the Institute is undertaking work that includes digital health.

The Committee Chair thanked those in attendance for the report presented.

The report was noted.

5. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 253)

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 06/09/17	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 4.13pm. Max Abbott retired from the meeting.

SIGNED AS A CORRECT RECORD OF THE WAITEMATA DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 18 OCTOBER 2017

_____COMMITTEE CHAIR

7.1 Leapfrog Update - Institute for Innovation and Improvement (i3): Data Discovery Business Intelligence Tool, Qlik Sense Update

Recommendation:

That the report and presentation be received.

Prepared by: Dr Penny Andrew (Director of i3) and Delwyn Armstrong (i3 Head of Analytics)
Endorsed by: Dr Dale Bramley (Chief Executive Officer)

1. Executive Summary

The purpose of this report is to provide an update for the Board on progress with the implementation of a Leapfrog Phase 2 project, the implementation of the data discovery business intelligence tool Qlik Sense. The purpose of the tool is to provide clinicians with meaningful data to drive high quality, evidence-based care. This is aligned to Board's priority of better outcomes and patient experience, with clinicians choosing metrics that best reflect the outcomes they are trying to achieve and being able to see/visualise these outcomes in real time. The aim is to provide clinicians with data that can be used systematically to improve the organisation's performance, enhance patient safety, and allow the rapid translation of evidence into clinical practice.

The project commenced in January 2017 and has progressed rapidly, applying the agile project management methodology with 'sprints' to develop dashboards with clinicians. The project team has developed over 15 substantial clinical dashboards - interactive data displays linking multiple data sources and providing the ability to drill-down to the level of individual patients and clinician. The work includes clinical excellence metric dashboards, new models of care dashboards, and patient pathway explorers developed for all divisions

The project has attracted a lot of interest from other DHBs – we have been a reference site for at least three other DHBs looking to procure Qlik Sense; we have had site visits from Counties Manukau Health and Hutt Valley DHB; and interest from attendees at the Health Informatics NZ 2017 conference where the team presented the project and its achievements.

2. Strategic Alignment

Community, whanau and patient centred model of care	The dashboards are built to support the development of patient centred models of care and focus on patient outcomes and patient experience.
Emphasis and investment on both treatment and keeping people healthy	Measures in dashboards include population-based health measures and measures focused on keeping people healthy and free of harm.
Service integration and/or consolidation	Dashboards integrate community data (eg community laboratory and pharmacy data) with inpatient, outpatient and national (eg births, deaths and marriages) data.
Intelligence and insight	The project supports a key principle of the i3, namely being data driven. The project aims to put data in the hands of 1,000+ users to inform service improvement.

	Evidence informed decision making and practice	The implementation of clinical dashboards will enable evidence-informed decision making and practice.
	Outward focus and flexible, service orientation	The project team and i3 is actively involved in horizon scanning – looking for the best examples of new models of care and apps (dashboards) that have been successfully implemented nationally or internationally. In addition, dashboards that are outward focused are being developed, for example a cancer dashboard that is being developed with the endorsement of the regional cancer steering group.
	Operational and financial sustainability	The clinical dashboards include measures of efficiency and cots and will help the analysis and tracking of operational and financial sustainability.

3. Introduction/Background

In October 2016, the Board approved the purchase of a business intelligence data discovery tool, Qlik Sense. One of the primary objectives of the tool is to provide clinicians with meaningful data to drive evidence-based care, with clinical and research data being used to improve the organisation's performance, enhance patient safety, and allow the rapid translation of evidence into clinical practice.

The tool enables staff to access large amounts of data from multiple data sources; it integrates the data and allows staff to interact with the data through filters and drill-down features, providing them with greater insight into population, service and individual patient outcomes. The project was given a clear directive from the Chief Executive Officer that it must benefit clinicians wanting to improve patient outcomes and experience.

The Qlilk Sense project team started by partnering with engaged clinical leads to design and develop the content of Qlik explorers, which in some cases brought together a number of disparate data sources, for example Emergency Department, ward stay, radiology, surgical pathology, other laboratory tests, medicines, surgery, complications, acute booking details and costs data. The team built on the work of the i3's public health physicians who have supported clinicians in the divisions of Surgery and Ambulatory Services, Medicine and Health of Older People, and Child Women and Family Services, to develop clinical excellence metrics. These metrics are sets of measures that the clinicians have identified as important for them to be able to monitor and improve the quality of their care, address unwarranted variation in care, design new models of care, and implement evidence-based best practice clinical pathways/protocols.

The Qlik Sense project team developed a set of principles that guides the implementation:

Clinical focus	Implementation will focus on applications which directly enable clinicians to improve and track care.
Clinical leadership	Development will not just be for clinicians but by clinicians
DHB-wide	The Qlik tool and resources will be shared across the DHB
Balancing privacy of information	While Qlik affords great transparency of data, care must be taken to protect individual patient data

Implementation commenced in January 2017 and has progressed rapidly, applying the agile project management methodology with 'sprints' to develop dashboards with clinicians. The aim of the project is to provide an interactive data discovery experience with dashboards of key information for a thousand or more information users by 2019.

A plan for the development of dashboards, in Qlik called apps, was developed that identified different application types, with a prerequisite that any app developed must have a clinical/management lead:

Application Types	Description	Primary Audience
Clinical Pathways (a.k.a. Best Care Bundles/ treatment protocol)	Displays metrics against the evidence-based pathway patients are on throughout hospital stay, incl. costing, ED, med/surgery stay, rehab stay, radiology, laboratory, SaferSleep, Surgical Pathology and Allied Health Scientific and Technical Professions details.	Clinical staff: doctors, nurses, Allied Health Scientific and Technical Professions
Divisional Dashboards	Displays key clinical excellence metrics, operational measures	GM and HODs
Specialty dashboards	Displays • Clinical excellence metrics • Patient pathway metrics if relevant • Operational measures including costing	Clinical Directors Operations Managers Professional and Clinical Leaders Allied Health Scientific and Technical (PCLs)
Models of Care Dashboards	Dashboards to track and evaluate metrics for models of care for areas of focus, e.g. Cancer services, EDARS, stroke services	Clinical Directors, Director of Hospital Services, Ops Managers, GMs, HODs and SMT, CEO
Patient Safety Dashboards	Display metrics to monitor safety and quality of care across the DHB Patient Safety Overview Dashboard Patient safety programmes/ projects	CMO, CEO, Clinical Governance Board, Director of i3, SMT, Innovation and Improvement Project Managers
Strategic Programmes	Metrics to track DHB-wide strategic programmes such as ward care standards.	Programme specific.
Simple Explorers	Self-service explorers which allow user to answer simple questions about a data area, e.g. outpatient appointments, ED presentations	CDs, Ops Managers, researchers, project managers

4. Risks

4.1 Transparency of clinician-level data

Some clinicians (doctors) have expressed concern that they can be identified by the data and have asked for data to be aggregated to clinician groups (ie not provide drill down to the individual clinician level); or for clinician identities to be coded; or for access to clinician level data to be limited to the clinician and users approved by the clinician. There are risks associated with both providing access to and limiting/preventing access to clinician-level data. For example, providing access may

lead to clinicians becoming disengaged, not actively use the data, or use the data in unintended ways (eg practice defensive medicine). On the other hand, if we want to identify and address unwarranted variations in evidence-based practice then clinician-level data is needed.

To mitigate the risk of misuse, an honour code has been introduced for any person accessing dashboards, requiring the user to give an undertaking that the data will be used for improvement and not to the detriment of individual clinicians. The honour code is based on a similar code used by Health Roundtable. The project team is working with clinicians who have requested limiting access to data, to address their concerns. Security rule options in Qlik Sense are being investigated and tested.

4.2 Meeting demand with existing developer resources

There is a risk that the volume of requests for dashboard development exceeds the ability of the development team to meet the demand. The development is time-consuming and requires data analyst expertise which is a limited resource. The risk is being managed through a robust governance structure that prioritises requests for app development and allocates analyst FTE.

4.3 Low clinical and managerial engagement with the tool and application development

There is a risk of under-utilisation by end-users that could lead to reduced predicted benefits. This risk is being managed by actively promoting clinician and managers' engagement at all levels of the project with clinical end-users as co-designers, and representation from each division on the project steering group. The steering group has agreed that areas with higher levels of engagement will be prioritised for application development and that clinical leads will be identified and involved from concept through to publishing the applications.

5. Progress

Over 15 substantial clinical dashboards have been developed and there are over 400 users. The dashboards are interactive data, allowing users to filter and analyse the data, aggregate the data for example to an organisation, division, speciality, team and group level; and drill-down to the level of individual patients and clinician.

Dashboards developed and in development include:

- Large-scale, multidisciplinary patient pathway dashboards, for example an outpatient explorer, surgery explorer and cancer outcomes dashboard
- Divisional dashboards, for example a surgical divisional dashboard
- Department and speciality-specific dashboards, for example Anaesthesia, Emergency Department, Allied Health, paediatric, diabetes and renal medicine
- New models of care dashboards, for example for early recovery and rehabilitation service (EDARS), and an orthogeriatrician model of care
- Clinical pathway dashboards, for example general surgery clinical pathways (appendicitis, cholecystitis and abscess);
- Dashboards to support specific programmes, for example sepsis, Patient Safety Surveys, and the Patient and Whanau Centred Care Programme.

The programme also involves developing a community of clinician and other non-clinical staff Qlik developers trained and able to drive the development and use of the dashboards. In some cases, the more technically savvy clinicians have been given the ability to develop their own dashboards or amend dashboards that can then be published.

While the focus has been on clinician engagement, the project team has also provided training to the Finance Team, the Health Information Group, and other analysts in the DHB, for example analysts from Waitemata Central and eReferrals.

The development of a Qlik Pathway Explorer for three defined general surgery clinical pathways (appendicitis, cholecystitis and abscess), is a key element of the Department of Surgery's clinical pathway quality improvement programme. The programme, modelled on Intermountain Healthcare's approach, integrates care redesign, standardisation of clinical processes and continuous measurement of quality, cost and patient experience outcomes (attached is a paper describing the department's programme in more detail). Dashboards for each of the three pathways have been developed, providing the department with access to real time data about how well patients are progressing along the pathways, whether care is being provided consistently and appropriately, and outcomes for patients.

6. Conclusion

The Qlik Sense data discovery project has been successful in developing a highly effective team with IT/project/analyst/clinical expertise that has partnered with clinicians to keep the project moving in a rapid iterative manner. To date, the team has delivered the foundations of a comprehensive clinical data dashboard system that will enable clinicians to lead care redesign, innovation and continuous improvement. The challenge for the project team is to sustain the rapid progress and ensure clinicians can use the tool effectively to improve patients' outcomes and experience.

Background

Over the past two years the Department of General Surgery, led by the Clinical Director, Mr Richard Harman, has been developing a quality improvement programme based on a quality management model developed by Dr Brent James at Intermountain Healthcare, Utah, USA. The model integrates care redesign and standardisation of clinical processes based on evidence-based best practice with continuous measurement of quality, cost and patient experience outcomes.

Intermountain Healthcare is recognised as a world leader in clinical excellence delivering high quality, high value care. As a result of its quality management model it has produced consistently better health outcomes and generated approximately $100 million (US) in cost savings. Intermountain uses a structured methodology to undertake a rigorous review of evidence-based best practice, standardisation and redesign of clinical processes based on this evidence, and data collection and analysis of variation and outcomes. Continuous measurement of variation against standard practice and patient outcomes, and clinician documentation of reasons for not following standard practice, leads to the generation of further evidence of best practice and iterative changes to clinical processes. The result is a self-sustaining system with quality improvement integrated into clinical workflow, and clinical effectiveness research embedded in care processes, and the iterative generation of level II clinical treatment evidence.

The structured methodology developed by Intermountain involves a number of steps:

1. Development of an evidence based, best practice model of care (clinical pathway/ practice guideline/protocol) defining standard steps in the management of a clinical condition
2. Identification of a small set of outcome and process measures (including patient experience and cost) to assess the effectiveness of the pathway/ protocol
3. Development of an e-outcomes tracking system linking clinical quality, cost and patient experience
4. Development of an activity based cost accounting system to extract an accurate cost of each element of patients' treatment that consumes hospital resources (including staff time)
5. Integration of the practice guideline/protocol and data collection into clinical workflow
6. Development of automated clinical information systems, eliminating manual data collection

Critical success factors

While evidence-based protocols, data collection and analysis of clinical processes have been used as strategies for improvement, few healthcare systems have successfully translated these efforts into sustained system-wide improvements in healthcare. Intermountain considers the following are essential to its success:

- Leadership commitment to quality improvement as a core strategy
- Recognised shared values between clinicians and management
- A clinician-led governance structure, which is responsible for prioritising clinical work programmes and care processes, and tracking results. This governance structure works in parallel with existing management structures with tight links and shared goals. For example, both groups review clinical goals and assess outcome data
- Aligning data to clinical work processes and the tasks of clinicians, as opposed to the traditional model of financial data organised for operations and facilities management

- Commitment to substantial investment in resources to support clinical care management including investment in health information technology, personnel and training ("substantial organisation investment with substantial returns")
- The establishment of an Institute for Healthcare Delivery and Research that brings together critical resources dedicated to support clinicians in clinical care management (including experts in data architecture, statistics, outcome analysis, financial analysis, quality improvement, project management and informatics)
- Education and training in quality management and clinical quality improvement to enable clinicians and mangers to implement and sustain continuous quality management

Intermountain Healthcare's quality management model has been adopted by the Department of Surgery at Flinders Medical Centre, Adelaide, Australia, led by Professor Rob Padbury, Director, Division of Surgery and Perioperative Medicine. The work of Flinders Medical Centre has also informed the development of Waitemata DHB's general surgery quality improvement programme.

General Surgery Patient Pathways

The Department of General Surgery and Institute for Innovation and Improvement (i3) have worked together over the past two years and completed a number of steps to build a clinical pathway quality improvement programme:

✓ Development of 17 evidence-based, best practice clinical pathways (protocols)for the following conditions:
(Published in the Clinical Electronic Decision Support System (CeDSS) http://staffnet/edss/General_Surgery/content/Protocols_and_guidelines.asp)

- Appendicitis (see **Appendix One**)
- Acute cholecystitis (see **Appendix One**)
- Biliary Stones
- Diverticulitis
- Complicated Diverticulitis
- Duodenal switch
- Gastric bypass
- Hernia repair
- Lower GI bleeding
- Upper GI bleeding
- Necrotising fasciitis
- Small bowel obstruction
- Pancreatitis
- Thyroidectomy

(In development)

- Abscess (2): breast abscess lactating and non-lactating; perianal pain
- Large bowel obstruction

Three of the pathways (Appendicitis, Acute Cholecystitis and Abscess) have been selected for an initial quality improvement project that aims to develop a structured methodology and quality management process based on Intermountain Healthcare's model. These three conditions have been selected on the basis they account for largest volume of acute surgical cases - approximately two thirds of acute cases booked for theatre.

✓ Identification of a set of measures for each pathway to assess effectiveness and identify areas for improvement. For example, the measures will enable us to identify variation in care; timeliness of care; diagnostic accuracy; and complications of care. Measure sets for Appendicitis and Acute

Cholecystitis pathways have been developed (**Appendix Two**). Measure sets for the Abscess pathways are to be developed. The measure sets do not include patient reported experience measures (PREMs) and patient reported outcome measures (PROMs) yet.

- ✓ Development of an electronic measure tracking and reporting system for each of the three selected pathways. This has been a substantial undertaking that has included identifying appropriate data sources, linking data systems, data validation and analysis, and development of a clinically useful data discovery and reporting tool. Initially dashboards for Appendicitis and Acute Cholecystitis were developed using the business intelligence tool Qlikview, and Excel (see **Appendix Three**). Dashboards for these two pathways are now being developed using the QlikSense business intelligence tool. A dashboard for the Abscess pathways will be developed following completion of the clinical protocol. The data is reported down to the individual patient and surgeon level. Data development and analytics support from the i3 (in particular from Delwyn Armstrong, Head of Analytics, Carlene Lawes, Public Health Physician, and Sharon Puddle, Head of Digital Transformation) has been critical for this component of the programme.

- ✓ Exploration of the DHB's cost accounting system, identification of relevant cost data, incorporation of cost data in the electronic tracking and reporting system, and analysis of cost data to inform an improvement project. The DHB's costing system does not include activity based costing eg staffing requirements, and how much time is spent with each patient by a doctor, nurse, technician, etc. Development of activity based cost accounting will be further explored as part of the quality improvement project. Costing analysis for the Appendicitis and Cholecystitis pathways to inform a quality improvement project is set out below.

Two further steps to be completed for the clinical pathway quality improvement programme are the integration of the practice guideline/protocol and data collection into clinical workflow, and further development of automated clinical information systems to eliminate manual data collection. There has been significant development of automated clinical systems with the implementation of electronic prescribing and administration, electronic vitals, and an electronic acute surgery booking system. Development of electronic clinical notes (including the admission to discharge planner, clinical progress notes and clinical forms) would essentially eliminate manual data collection. The two further steps will be incorporated in the Appendicitis, Acute Cholecystitis and Abscess pathways quality improvement project (see project scoping document at **Appendix Four**).

Additional work that has been completed and will be incorporated in the quality improvement project includes:

- The development of Criteria Led Discharge (CLD) protocol (**Appendix Five**)
- The development of patient information material, for example, Laparoscopic Appendix Discharge Advice and Laparoscopic Cholecystectomy Discharge Advice (**Appendix Six**)

Analysis of data for acute appendicitis, cholecystitis and abscess

As stated above, we have selected three clinical conditions: appendicitis, acute cholectystitis and abscess for data analysis to inform a quality improvement project. These three conditions were selected on the basis that they represent almost two thirds of the all acute general surgery cases.

We know that a prolonged length of hospital stay results in patient dissatisfaction, additional cost and increased morbidity. We wanted to determine whether there are opportunities to improve the quality and value of care by improving efficiency (reduced length of stay) and reducing the cost of care.

Data sources

We used acute theatre booking data and inpatient coded data to determine the:

- Number of acutely admitted cases booked for theatre as acute cases per year, in the 2016 calendar year
- Average length of stay (LOS) in the 2016 calendar year

And we used financial (costing) data to determine the:

- Total cost of each condition by year, in the 2016 financial year (FY)
- Average cost per day of the hospital stay for each admission, in the 2017 financial year

Analytical approach

We identified a 'healthiest' group of patients: patients with an ASA score of 1 or 2[1] and a length of stay <5 days. And we identified the best achievable length of stay from a clinical perspective - a length of stay that would result in the best patient experience and safe treatment:

- Appendectomy and Abscess Drainage <24hours
- Cholecystectomy 24 – 48 hours

We calculated the cost savings of a reduced length of stay for ASA 1 and ASA 2 patients. We then postulated several methods of achieving this length of stay for the 'healthiest' patients

From a total general surgery budget of $60 million, we calculated the costs per annum for each of the top 3 acute general surgery procedures for the FY2016 (limited to acute cases where these were the primary procedure):

- Abscess Drainage $2.285 million
- Appendectomy $3.227 million
- Cholecystectomy $3.045 million

We calculated the current average length of stay (LOS) using FY2016 data and acute cases where the three selected procedures were the primary procedure:

- Abscess Drainage 2.3 days Goal <24 hours
- Appendectomy 2.8 days Gaol < 24 hours
- Cholecystectomy 5.5 days Goal < 48 hours

Abscess Drainage

- 638 Acute cases were booked for abscess drainage in 2016
- 549 (86%) of these cases were ASA 1-2
- 94% of ASA 1 and 2 cases currently stay up to 4 days
- Cost by average length of stay for ASA 1 and 2 cases (2017 FY data) were
    - $2,393 av LOS <24 hours (27% cases)
    - $2,957 av LOS 24-72 hours (60% cases)
    - $6,362 av LOS >72 hours (13% cases)
- Total saving if ASA 1-2 cases staying 1-4 days had a LOS reduced to <24 hours
    - All cases (n ≈ 500) $221,974
    - 75% of cases (n ≈ 400) $166,480

Appendectomy

- 549 Acute cases booked for appendectomy in 2016
- 531 (97%) of these cases ASA 1-2
- 85% of ASA 1 and 2 cases currently stay up to 4 days

[1] The American Society of Anesthesiologists (ASA) Score is a score that assesses the physical status of patients before surgery. There are five ASA categories (ASA 1 – 5); ASA 1 is defined as a normal healthy patient, and ASA 2 as a patient with mild systemic disease.

- Cost by average length of stay, ASA 1 and 2 cases (2017 FY data)
    - $4,854 av LOS <24 hours (3% cases)
    - $5,918 av LOS 24-72 hours (71% cases)
    - $9,745 av LOS >72 hours (26% cases)
- Total saving if ASA 1-2 cases staying 1-4 days, had LOS reduced to <24 hours
    - All cases $578,920
    - 75% of cases $434,190

Cholecystitis

- 285 Acute cases booked for cholecystectomy in 2016
- 230 (81%) of these cases ASA 1and 2
- 42% of ASA 1 and 2 cases currently stay up to 4 days
- Cost by average length of stay, ASA 1 and 2 cases (2017 FY data)
    - $8,064 if av LOS 24-48 hours (7% cases)
    - $8,623 if av LOS 48-72 hours (15-20% cases)
    - $13,251 if av LOS >72 hours (70-80% cases)
- Total saving if ASA 1-2 cases staying 2-5 days, had LOS reduced to <48 hours
    - All cases $236,370
    - 75% of cases $177,277

Total savings in one year

If acutely admitted ASA 1 and 2 patients had their total LOS reduced to

<24 hours Appendectomy
<24 hours Abscess Drainage
< 48 hours Cholecystectomy

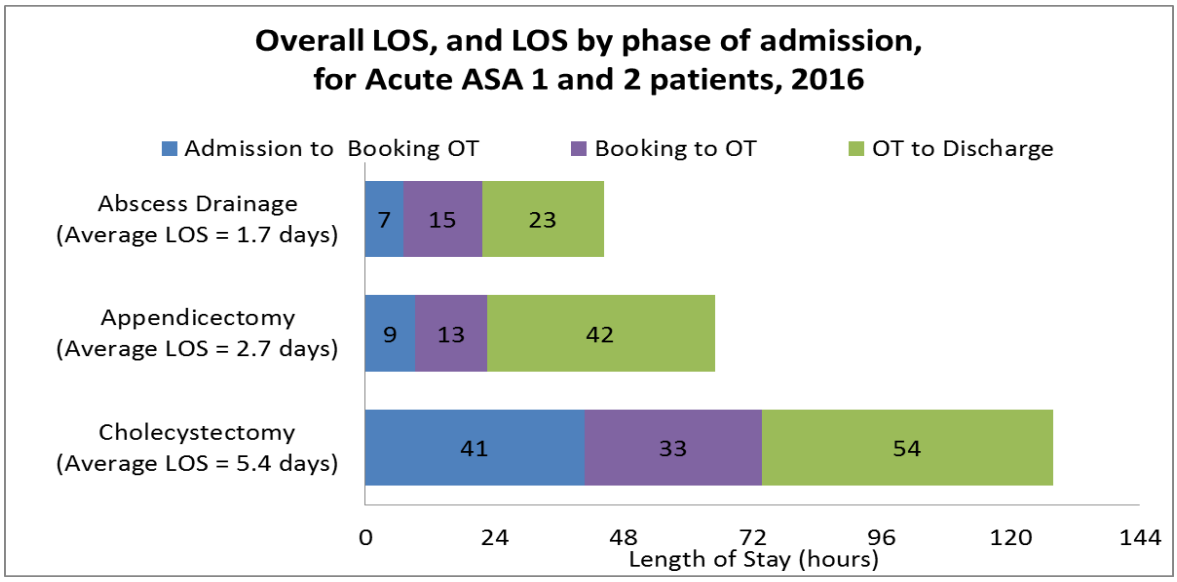
Total savings/year ≈ $750,000 - $1,000,000*

*Range covers calculations for

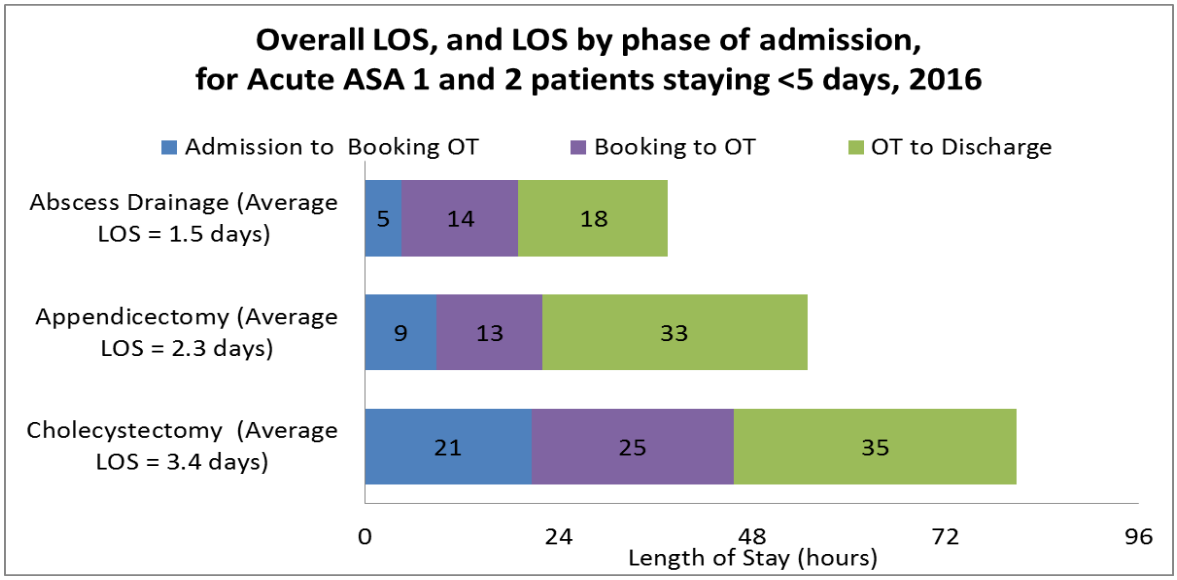
- Reducing LOS for 75% and 100% of relevant patients
- Patients booked as acute cases +/- acute arranged cases

Distribution of length of stay for ASA 1 and 2 patients

We calculated the average length of stay for all ASA 1 and 2 patients for each of the three conditions in 2016. And we calculated the average length of stay for each of three phases of a patient's stay: admission to booking; booking to theatre; theatre to discharge:



We calculated the average total length of stay for ASA 1 and 2 patients staying <5 days:



The distribution of length of stay identifies opportunities to improve efficiency and patients' experience in each of the three phases of patients' admission: from the time of admission to theatre being booked (investigations and diagnosis); from the time theatre is booked to getting patients to theatre (access to theatre); and the time from when the patient leaves theatre to discharge (post-operative recovery on the ward). The data shows that the post-operative period is the phase that contributes most to patients' length of stay and provides an opportunity for early improvement with improved discharge planning and a streamlined discharge process. The department is developing a criteria-led discharge process (see Appendix Five), and this will be incorporated in the improvement project.

Further potential analysis

We have not undertaken analysis yet of the data in relation to identifying compliance with the pathways and variation in clinical practice (for example, variation in laboratory testing, radiology investigation, and antibiotic prescribing); and accuracy of diagnosis (normal/abnormall pathology).

Opportunity for improvement

We propose to undertake a quality improvement project for three acute general surgery clinical pathways (Appendicitis, Acute Cholecystitis and Abscess) with the aim of:

- Improving patient experience
- Improving efficiency of care (reducing length of stay)
- Reducing unwarranted variation in practice
- Reducing the cost of care

As part of the project, we also aim to complete the steps required to create a clinical pathway quality improvement programme methodology that can be replicated for other clinical pathways in surgery and other specialty services.

Appendix One

Waitemata District Health Board
Best Care for Everyone

Surgical & Ambulatory Services
General Surgery

Appendicitis

Abdominal Pain Blood Profile completed (ED & ADU)

Assessment:

- RIF tenderness, fever, tachycardia and signs of peritonism
- Blood test, MSU, PR examination.
- If female consider PV examination if appropriate symptomology
- If acute gynaecological pathology suspected (eg: ovarian torsion) consult gynaecology promptly

Management:

- 4 hourly observations (more often if clinically indicated)
- NBM, IVF
- Mobilise as tolerated
- VTE prophylaxis as per General Surgical Protocol
- Calculate Alvarado Score
  - Consider discharge with ADU clinic next morning for surgical review if score <5

Alvarado score: 1 point except for the two where noted

- Migration to the right lower quadrant
- Anorexia
- Nausea or Vomiting
- Tenderness in the right lower quadrant (2)
- Rebound pain/percussion tenderness
- Elevated temperature
- Leucocytosis (2)
- Left shift of leukocytes

Interpretation

- Score <4: Appendicitis unlikely
- Score 5-6: Possible acute Appendicitis
- Score 7-8: Probable Appendicitis
- Score 9-10: Very probable acute Appendicitis

SCORE = ☐

ATYPICAL History/Examination

Clinical Diagnosis of Appendicitis is established

LAPAROSCOPIC APPENDICECTOMY

- Decision for operative or conservative treatment to be made by registrar in consultation with senior staff.
- *Commence IV antibiotics (see over)*
- Surgical Registrar to review minimum 12 hourly while awaiting OT

See next page

Active observation

- Surgical Registrar to review minimum of 12 hourly
  - If pain settles, diet as tolerated
  - If pain does not settle within 24 hours, USS (Gynae pathology suspected) or CT with contrast after discussion with senior
  - If Abnormal treat on merit
  - If Normal- diet as tolerated

CLINICAL DETERIORATION

- Increased pain/generalised peritonitis
- *Resp rate < 8 or > 36
- *SaO2 < 90%
- *Pulse <60 or > 100
- *Systolic BP < 90
- Temp > 38

Contact the senior registrar or consultant to discuss the patient according to NEWS.

Discharge preparation

- Review discharge medications - ensure prescription ready for discharge if required
- Discharge Summary with advice to return if unwell
- Consider SOS follow up for 3 months and explain to patient
- GP review in 1 week
- Outpatient clinic follow up only if further investigations required

Discharge Criteria

- Vital signs - within normal limits
- Mobility – steady gait, no dizziness, can mobilise independently or achieves preadmission level
- Diet and fluids - able to eat and / or drink with nil to mild nausea
- Pain – pain score 0 – 3/10
- Passing urine- no dysuria
- Nursing discharge checklist is complete

Issued by	Practice Improvement Nurse Specialist	Issued Date	July 2017	Classification	010805-01-015
Authorised by	Clinical Director General Surgery	Review Period	36 months	Page	Page 1 of 2

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Waitemata District Health Board
Best Care for Everyone

Surgical & Ambulatory Services
General Surgery

Appendicitis

LAPAROSCOPY / APPENDICECTOMY

Pre op care

- Book for surgery (consult registrar/consultant re urgency/timing)
- Obtain consent –Registrar
- ECG if over 60
- CXR (if significant co morbidities)
- Fast preferably for a minimum of 6 hours
- Maintain IV therapy
- 4/24 observations (RR,HR, BP, SaO2)

Intra-op

- Intra-op antibiotics if not already given pre-op
- Remove normal Appendix if no other significant pathology
- Washout should be limited to removal of purulent fluid especially the pelvis with avoidance of generalised peritoneal lavage
- VTE prophylaxis as per Protocol

Post op day 0 (day of surgery) to discharge

- Routine post op observations (HR,BP,SaO2,wound)
- IV therapy until tolerating > 100mls/ hour of oral fluids
- Diet and fluids as tolerated
- Analgesia
- Encourage mobilisation as tolerated
- VTE prophylaxis as per protocol

Discharge preparation

- Discharge Summary
- GP follow up for all unless requested by team or unexpected histopathology
- Consider SOS follow up for 3 months and explain what this is.
- Provide patient with Appendicectomy discharge information sheet and explain content
- Ensure patient knows what action to take if problems arise

ANTIBIOTICS

On clinical diagnosis of Appendicitis

- Commence IV Cefuroxime 1.5 g Q8H + Metronidazole 500mg IV Q12H
- Consider **'triple therapy'** with Amoxicillin 1g IV Q6H + Gentamicin 5-7mg/kg (IBW) IV STAT* + Metronidazole 500mg IV Q12H if unwell or signs of Peritonism

Surgical Antibiotic Prophylaxis

- Single dose of Cefuroxime 1.5g IV (bolus) and Metronidazole 500mg IV (infusion) within 1 hour prior to incision.

Normal Appendix or mildly inflamed

- No further antibiotics required

Gangrenous / Necrotic / Perforated appendix or signs of peritonitis pre-op:

- Commence / continue **'triple therapy'** with Amoxicillin, Gentamicin and Metronidazole as above
- Patients with **renal dysfunction** or severe **Penicillin allergy,** discuss with Infectious Diseases physician
- Complete a 5-7 day course depending on clinical response (cease when afebrile for >24 hours and normalising WCC)
- Metronidazole has 100% bioavailability and should be given orally as soon as the patient is eating and drinking
- Consider changing from IV antibiotics to oral Amoxicillin/Clavulanate 625mg PO TDS or Cefaclor 250-500mg PO TDS after 24 hours if responding well

**Initial Gentamicin dose only (based on ideal body weight), then refer to Aminoglycoside guideline – Adults. ID input if >48 hours.*

Discharge Criteria

- Vital signs - within normal limits
- Mobility – steady gait, no dizziness, can mobilise independently or achieves preadmission level
- Diet and fluids – able to eat and / or drink with nil to mild nausea
- Pain – pain score 0 – 3/10 with oral analgesia
- Wound – nil to minimal bleeding, wound dressing requires nil or minimal reinforcement
- Voiding post operatively with no dysuria
- Complete nursing discharge checklist

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Waitemata District Health Board
Best Care for Everyone

Surgical & Ambulatory
General Surgery

Acute Cholecystitis

Abdominal Pain Blood Profile Completed
(ED & ADU) plus MSU

Ongoing assessment and management

- Review results of ED investigations - FBC, U&E, LFT, lipase
- Assess for fever, persisting / localising tenderness right quadrant > 24hrs
- Blood cultures if temp > 38C
- Ultrasound within 24hours
- Before requesting Ultrasound, check no prior cholecystectomy
- Request an ultrasound for Cholecystitis
- 4/24observations (TPR,BP, SaO2)
- NBM and IV therapy. Strict Fluid Balance Chart
- Analgesia prn
- Mobilise as tolerated
- VTE prophylaxis as per General Surgical Protocol
- Commence IV antibiotics as soon as clinical diagnosis of cholecystitis
- If LFTs abnormal, refer to CBD stone protocol

ANTIBIOTICS
Waitemata Antibiotics Guidelines 2015

- Cefuroxime 1.5g IV Q8H and Metronidazole 500mg IV Q12H

(For patients with immediate hypersensitivity to Penicillin/ Cephalosporins, use Ciprofloxacin 400mg IV Q12H Metronidazole 500mg IV Q12H)

For severe sepsis, with an apparent biliary source:

- Amoxicillin 1g IV Q6H, Metronidazole 500mg IV Q12H and Gentamicin 5 – 7mg/kg IV STAT (adjust for renal impairment) then refer to Aminoglycoside guideline - Adults
  - Consider Aztreonam as an option in 'triple therapy' in sepsis with renal failure when Gentamicin use and dosing can be problematic
  - For patients with penicillin hypersensitivity: discuss urgently with ID on call

Metronidazole and ciprofloxacin have excellent bioavailability and should be given orally as soon as the patient is able to eat and drink.

After clinical improvement, switch to oral therapy to complete a total course duration of up to 7 days. Use Amoxycillin / Clavulanate 625mg PO TDS

For patients with penicillin hypersensitivity, seek expert advice.

No Gallstones

Consider other causes of RUQ pain (e.g. peptic ulcer)

NON OPERATIVE MANAGEMENT
Consider:

- Patient preference
- Frail /co-morbid
- Theatre resources

Active observation

Team review daily and document plan

Gallstones

ACUTE LAPAROSCOPIC CHOLECYSTECTOMY (SEE OVER PAGE)

- Decision for operative treatment is to be made by the registrar in consultation with senior staff.
- If ultrasound does not confirm acute cholecystitis (i.e.an abnormal gall bladder wall), consider the accuracy of the study (sensitivity 90%, specificity 80%), other US findings (e.g. gallstones, duct dilatation, lesion of liver/right kidney) and any change in the clinical picture to determine if further imaging is indicated (repeat USS, CT, MRI).

Active observation pre-op

Surgical Registrar to review 12 hourly

Waitemata District Health Board
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Surgical & Ambulatory
General Surgery

Acute Cholecystitis

ACUTE LAPAROSCOPIC CHOLECYSTECTOMY

Pre op care

- If LFTs abnormal refer to CBD stone protocol
- Book for surgery (consult registrar/consultant re urgency/timing)
- Obtain consent – consultant or registrar
- Review blood results – no greater than 24 hours, coags only if indicated – i.e. anticoagulants or jaundice
- ECG if patient over 60
- CXR (if significant comorbidities)
- Fast for minimum of 6 hours
- Maintain IV therapy
- 4/24 observations (RR, HR, BP, SaO2)
- Administer antibiotics on diagnosis (see over page)
- Consider timing of procedure if patient is diabetic, septic or increased opioid requirement

Intra-op

- IV Antibiotics (dependant on timing of last dose given pre op)
- VTE prophylaxis as per VTE Protocol
- Perform IOC routinely if safe

Post op day 0 (day of surgery) to discharge

- Routine post op observations (TPR, BP, SaO2, wound)
- Commence clear fluids when tolerated.
- IV therapy until drinking.
- Commence diet once tolerating fluids
- Analgesia prn
- Encourage to mobilise
- VTE prophylaxis as per GI services protocol
- Continue IV antibiotics as ordered

Open Cholecystectomy

Care is similar to laparoscopic approach plus:

- PCA for analgesia initially then regular oral analgesia
- 3 to 5 day length of stay
- Enoxaparin will be required until discharge
- Wound care / dressings
- Provide written and verbal discharge advice to patient +/or family using the "Open cholecystectomy – Discharge Instructions" sheet

Discharge preparation

- Discharge medications – prescription written
- GP follow up in 1 week for wound check and histology
- Consider SOS follow up for 3 months (self-referral on symptoms) and explain what this is.
- Medical certificate if required
- Provide 'Laparoscopic cholecystectomy' discharge information sheet and explain content to patient. Ensure patient knows what action to take if problems arise
- Home supports – ensure that home supports are available and aware of pending discharge

Discharge Criteria

- Vital signs – are within normal limits
- Mobility – steady gait, no dizziness, mobilising independently
- Diet and fluids – able to eat and/or drink with nil to mild nausea
- Pain – pain score 0 – 3/10 with oral analgesia
- Wound – nil to minimal bleeding, wound dressing requires nil or minimal reinforcement.
- Nursing discharge checklist completed

Issued by	Practice Improvement Nurse Specialist	Issued Date	July 2017	Classification	010805-01-014
Authorised by	Clinical Director General Surgery	Review Period	36 months	Page	Page 2 of 2

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.
This protocol has been developed for WDHB practice setting only. It is intended to guide practice and does not replace clinical judgement.

Appendix Two

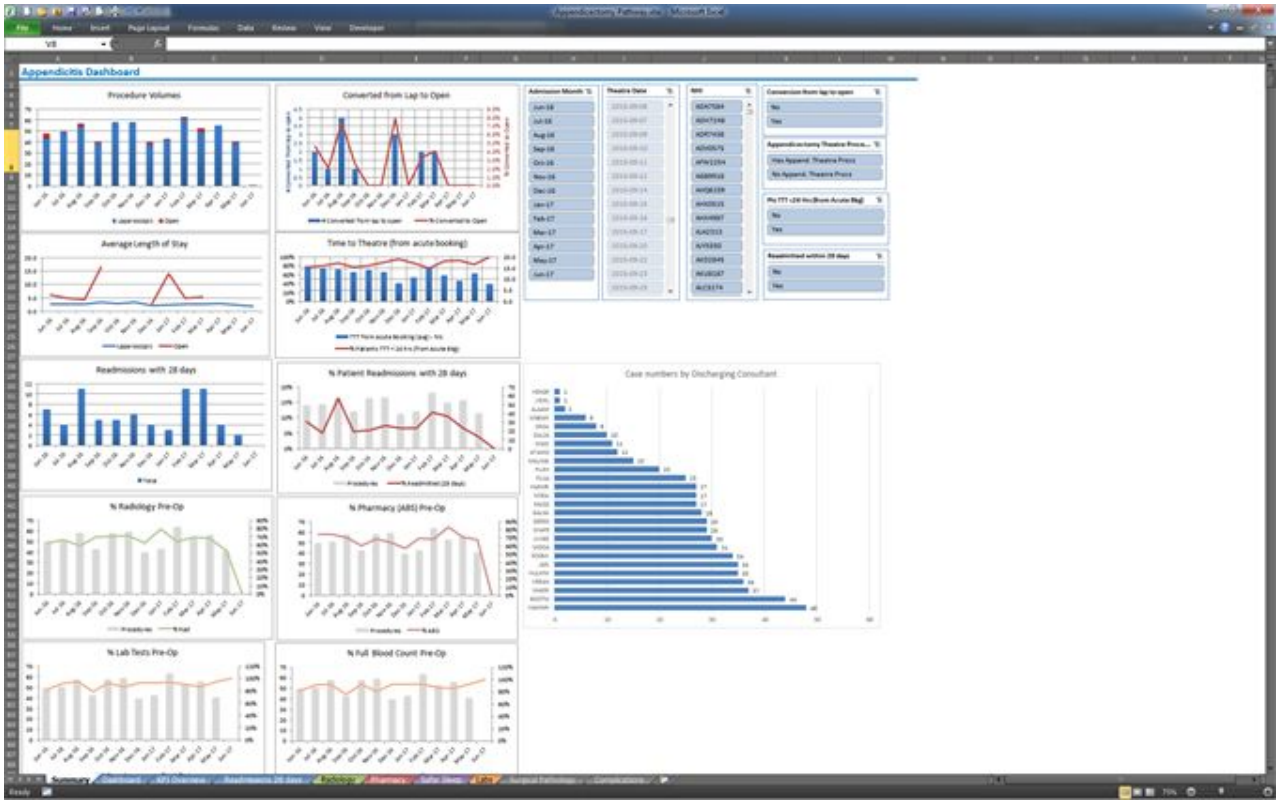
Appendicitis Pathway Measure Set

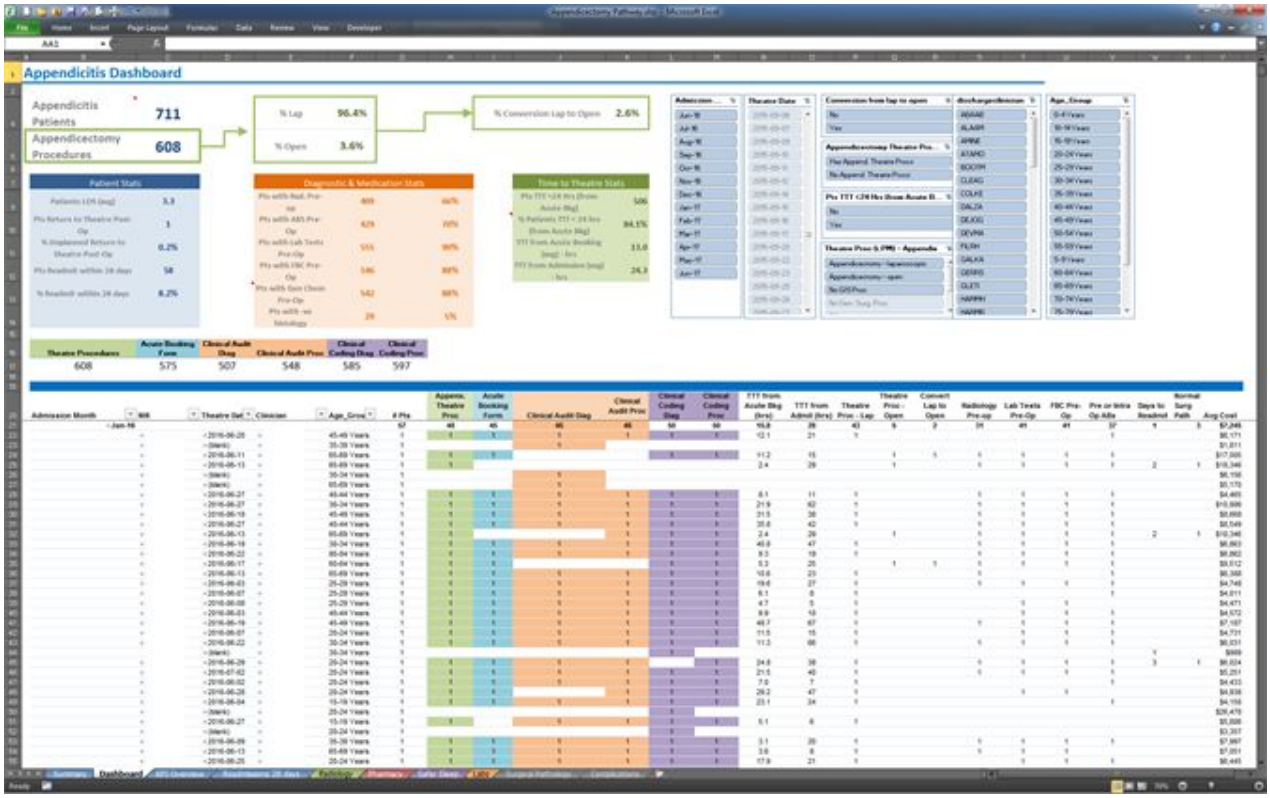
Appendicitis		KPIs
1.	Number of CT scans and ultrasound scans (should be very low)	(<10%)
2.	VTE prophylaxis	Within 12 hours
3.	Lab tests: FBC, U&Es, Lipase	Within 6 hours of admission
4.	Ultrasound or CT	Within 24hrs of admission
5.	VTE prophylaxis	Within 12 hours
6	Antibiotics pre-op / intra-op and current antibiotics	During admission
7	Admission to theatre time	Within 24 hours
8	Admission to ultrasound /CT scan time	Within 12 hours
9	Any post-op complications (<10%)	(<10%)
10	Laparoscopic to open conversion rate	(<10%)
11	Re-operation / return to theatre associated with appendectomy	(<10%)
12	Discharge time from admission – length of stay	Length of stay / time
13	Discharge from surgery / operation times	Operation time
14	Re-admission for related problem	(<10%)

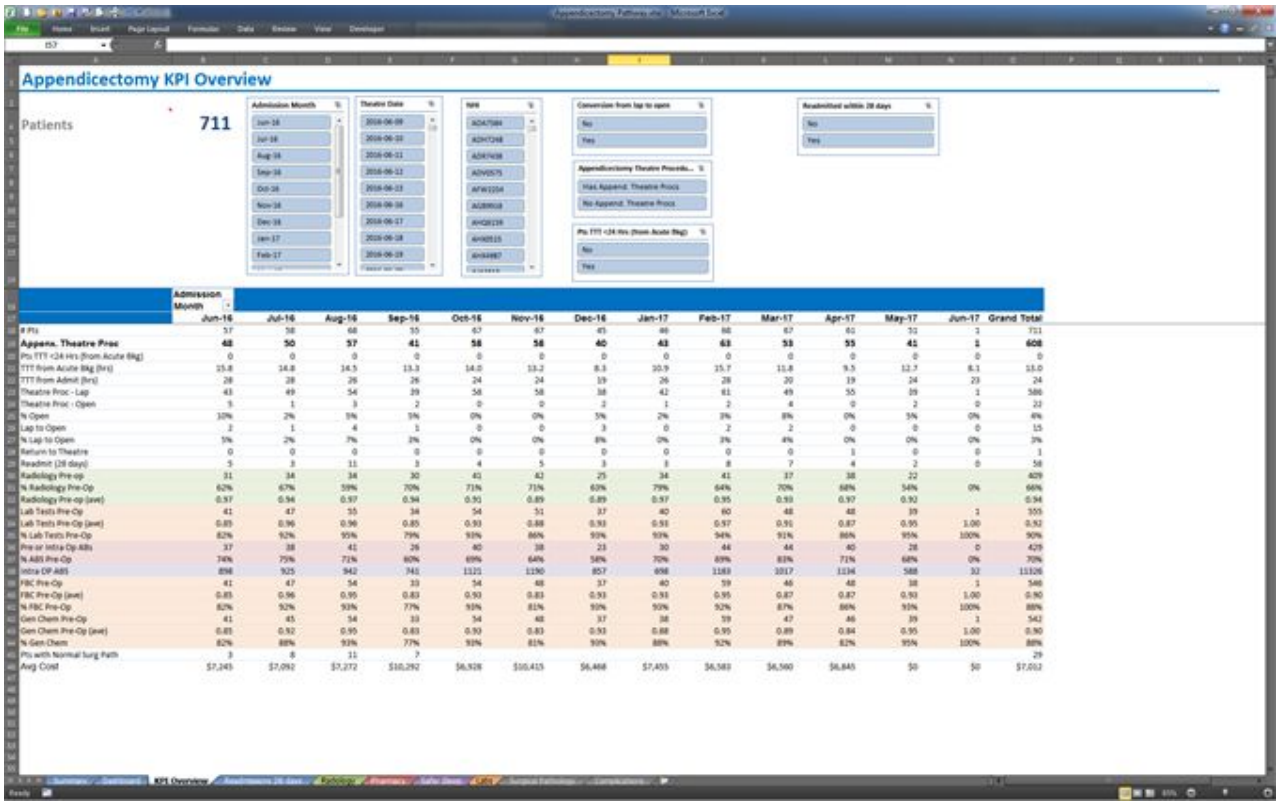
Acute Cholecystitis Pathway Measure Set

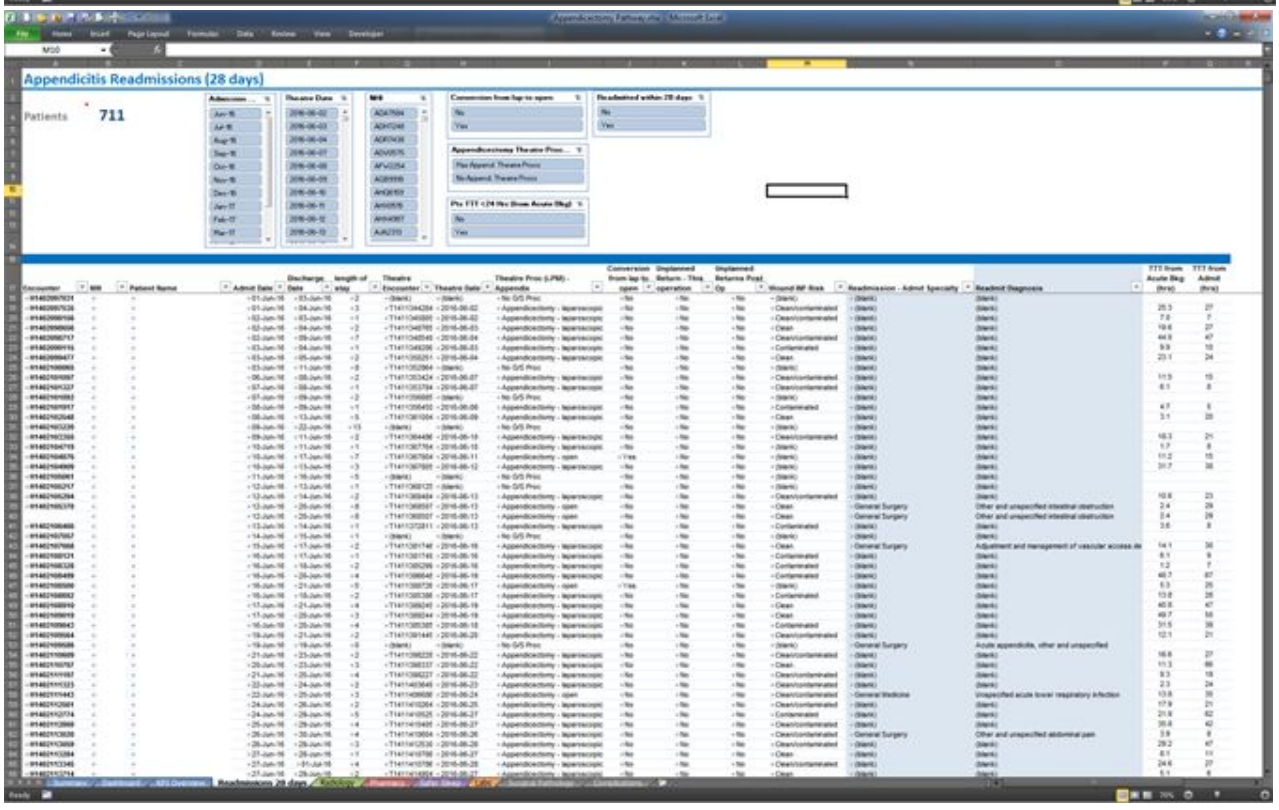
Cholecystitis – (only those who have had surgery)		KPIs
1.	Lab tests: FBC, U&Es, LFTs, Lipase.	Within 6 hours of admission
2.	Ultrasound or CT	Within 24hrs of admission
3.	VTE prophylaxis	Within 12hrs of admission
4.	Antibiotics pre-op / intra-op and current antibiotics	During admission
5.	Admission to theatre time	Within 24hrs
6.	Admission to ultrasound /CT scan time	Within 6 -12 hours
7.	Scan time to theatre	Within 12 hours
8.	Any post-op complications	(<10%)
9.	Bile duct exploration	(<10%)
10.	Bile duct injury	(<1/1000)
11.	Laparoscopic to open conversion rate	(<10%)
12.	Re-operation / return to theatre associated with cholecystectomy	(<5%)
13.	Discharge time from admission	Length of stay / time
14.	Discharge from surgery	Operation time
15.	Re-admission for same problem	(<10%)

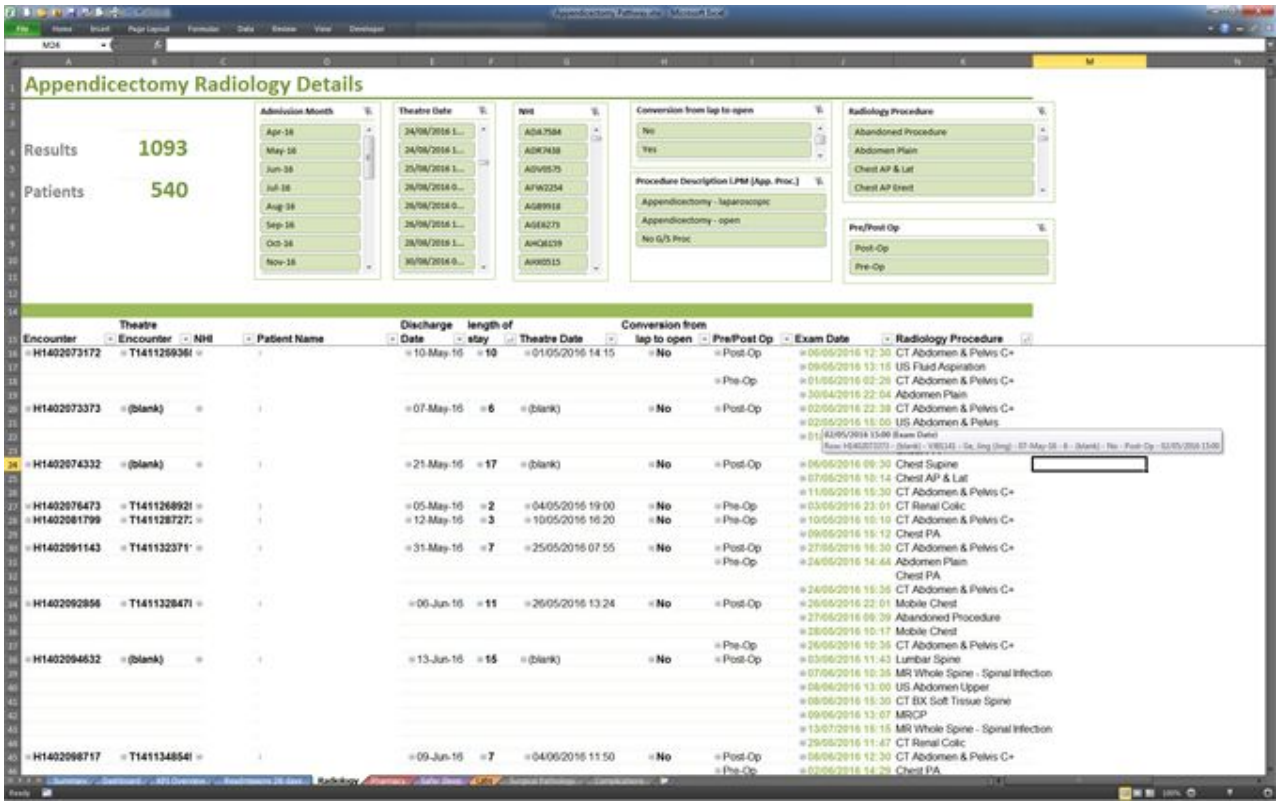
Appendix Three

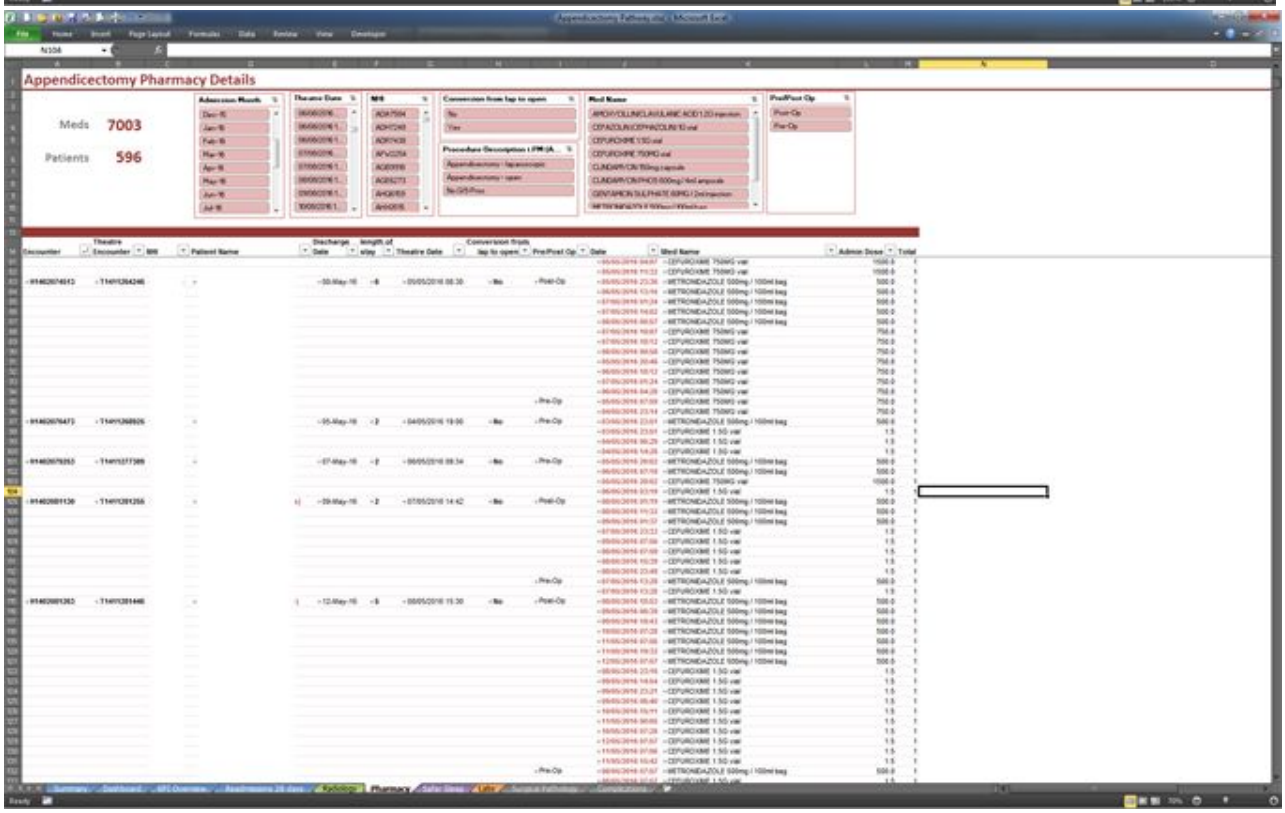


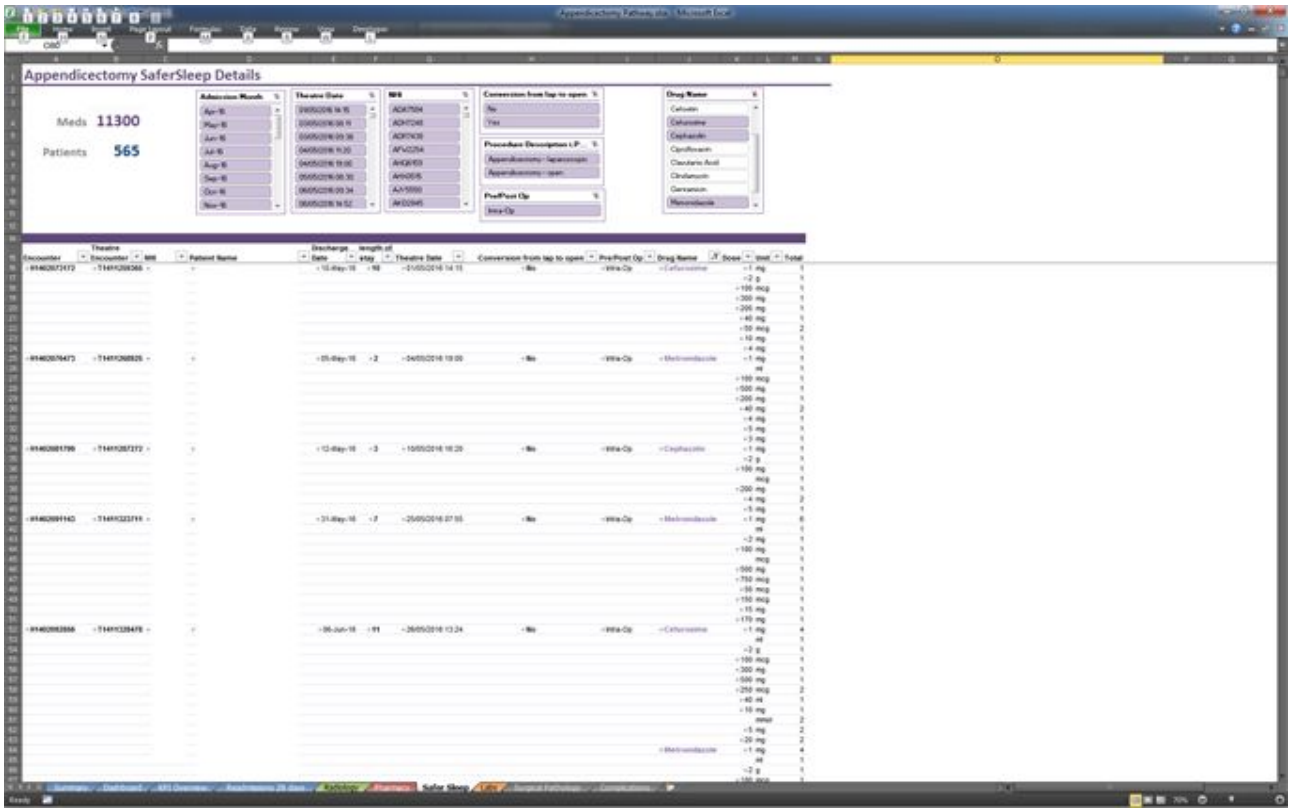


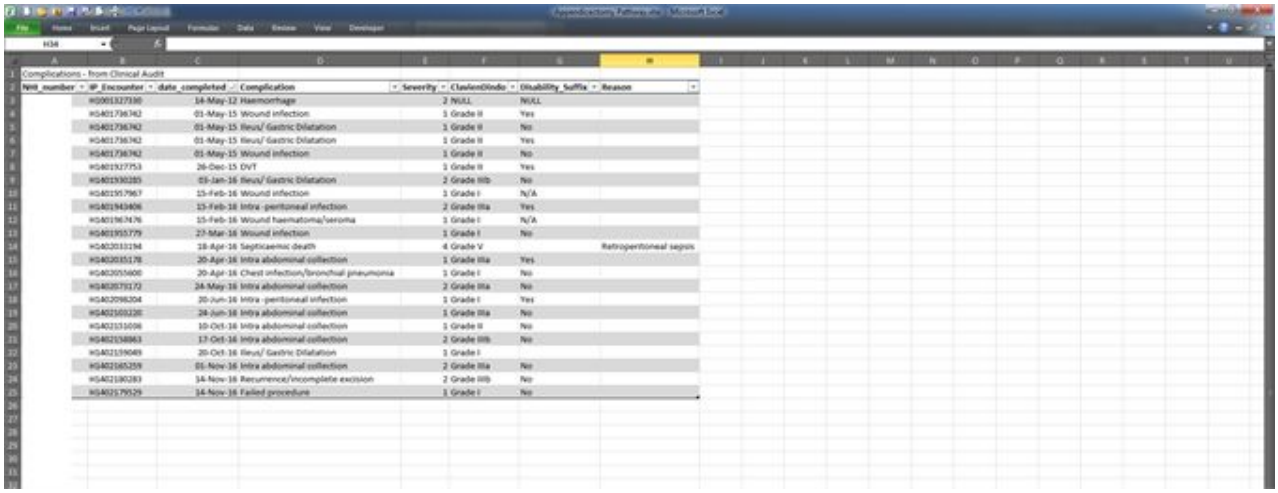

Appendicectomy KPI Overview
Patients
711


Appendicitis Readmissions (28 days)
Patients
711


Appendicectomy Radiology Details
Results 1093
Patients 540


Appendicectomy Pharmacy Details
Meds 7003
Patients 596





NHS_number	IP_Encounter	date_completed	Complication	Severity	ClavienDindo	Disability_Suffix	Reason
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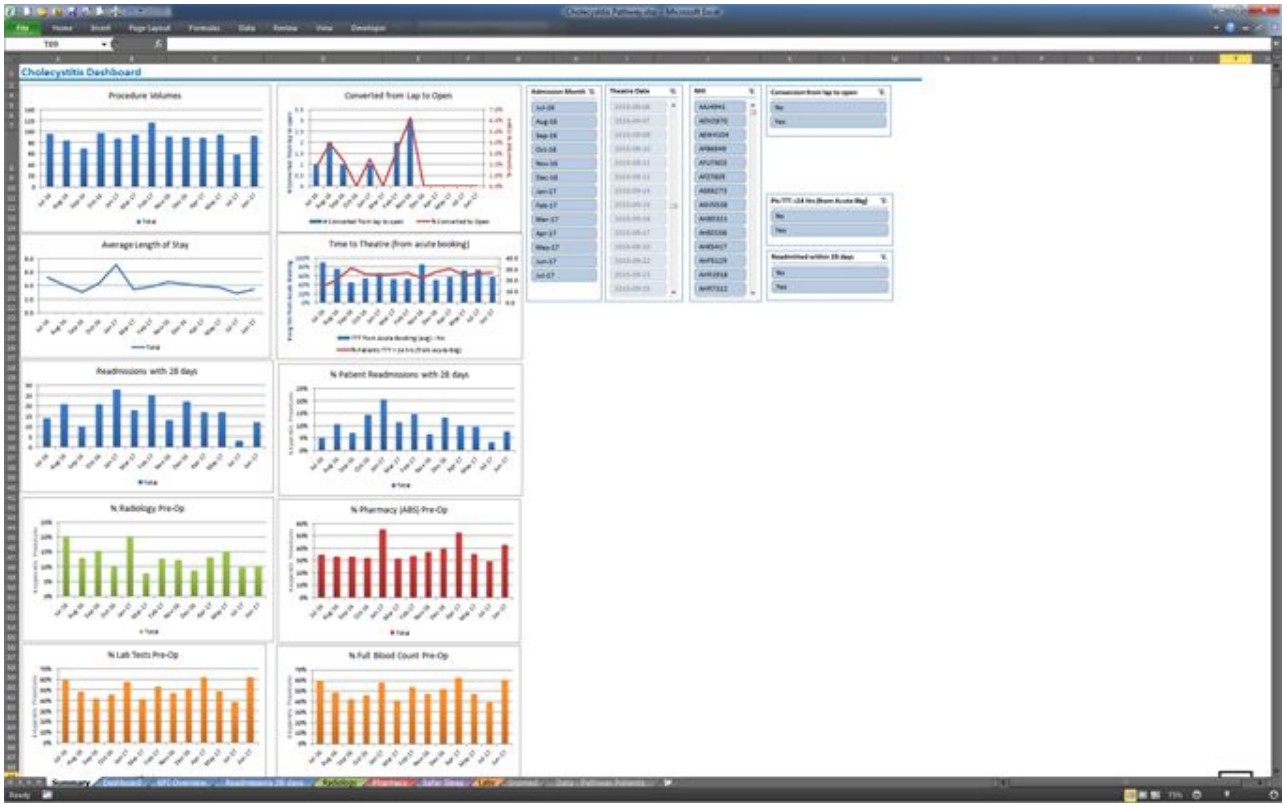
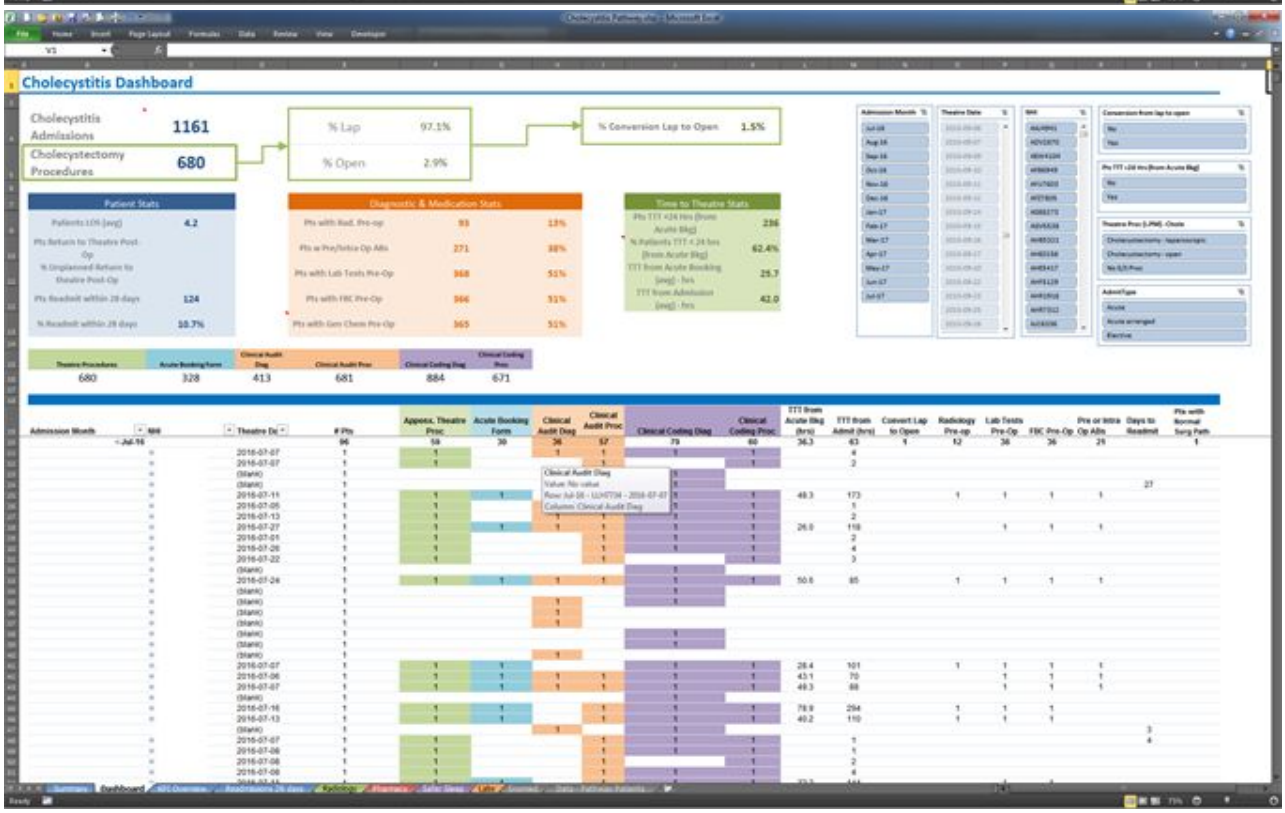
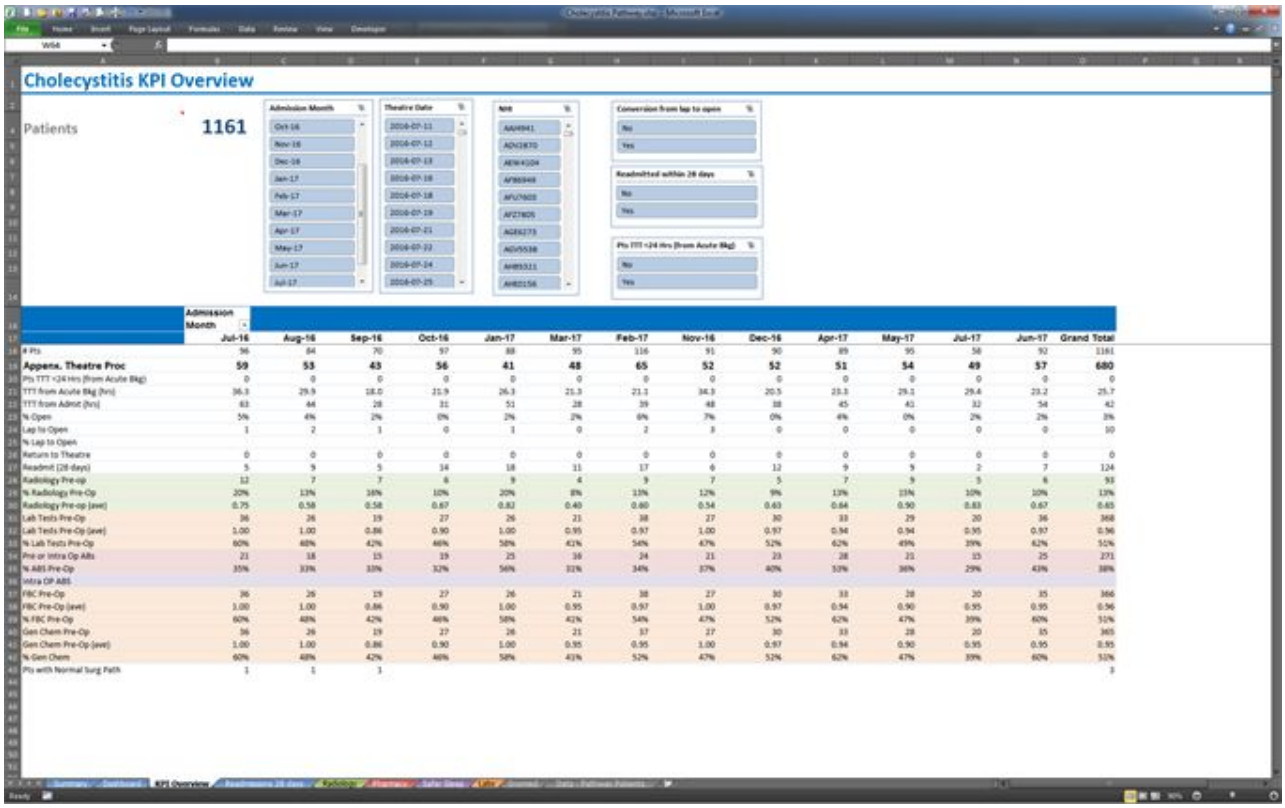
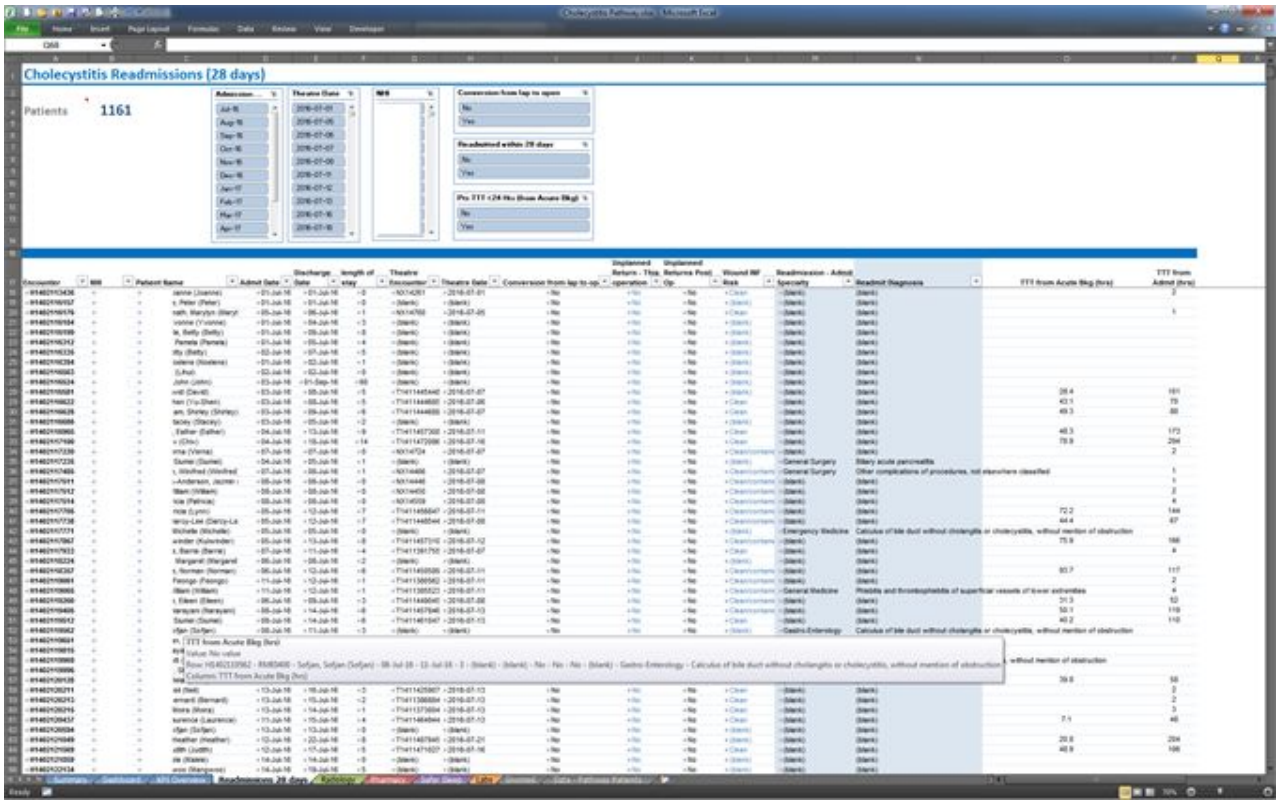
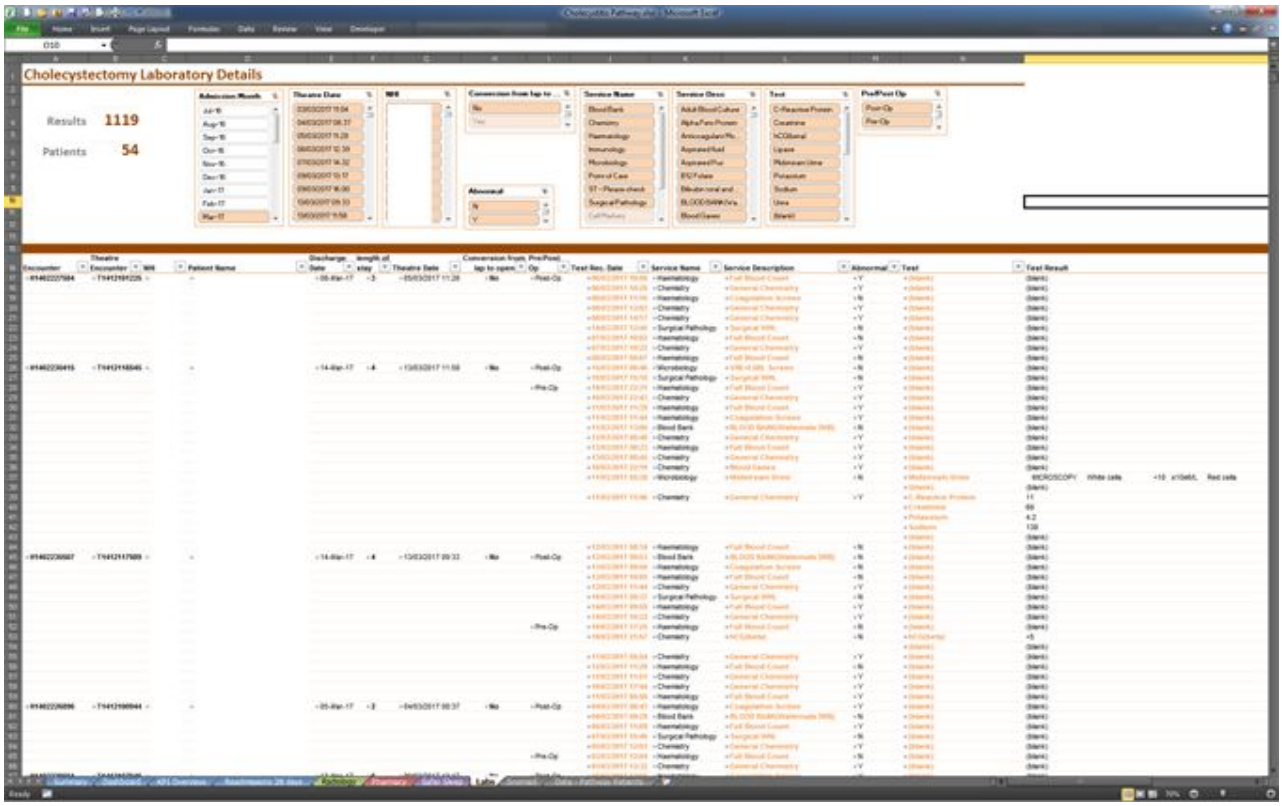
	H0401736742	01-May-15	Wound infection	1	Grade II	Yes	
	H0401736742	01-May-15	Ileus/ Gastric Dilatation	1	Grade II	No	
	H0401736742	01-May-15	Ileus/ Gastric Dilatation	1	Grade II	Yes	
	H0401736742	01-May-15	Wound infection	1	Grade II	No	
	H0401927753	26-Dec-15	DVT	1	Grade II	Yes	
	H0401930285	03-Jan-16	Ileus/ Gastric Dilatation	2	Grade IIIb	No	
	H0401957967	15-Feb-16	Wound infection	1	Grade I	N/A	
	H0401943406	15-Feb-16	Intra -peritoneal infection	2	Grade IIIa	Yes	
	H0401963476	15-Feb-16	Wound haematoma/seroma	1	Grade I	N/A	
	H0401955779	27-Mar-16	Wound infection	1	Grade I	No	
	H0402031194	18-Apr-16	Septicaemic death	4	Grade V		Retroperitoneal sepsis
	H0402035178	20-Apr-16	Intra abdominal collection	1	Grade IIIa	Yes	
	H0402055600	20-Apr-16	Chest infection/bronchial pneumonia	1	Grade I	No	
	H0402070172	24-May-16	Intra abdominal collection	2	Grade IIIa	No	
	H0402098204	20-Jun-16	Intra -peritoneal infection	1	Grade I	Yes	
	H0402103226	24-Jun-16	Intra abdominal collection	1	Grade IIIa	No	
	H0402131036	10-Oct-16	Intra abdominal collection	1	Grade II	No	
	H0402138863	17-Oct-16	Intra abdominal collection	2	Grade IIIb	No	
	H0402139049	20-Oct-16	Ileus/ Gastric Dilatation	1	Grade I		
	H0402165259	01-Nov-16	Intra abdominal collection	2	Grade IIIa	No	
	H0402180283	14-Nov-16	Recurrence/incomplete excision	2	Grade IIIb	No	
	H0402179529	14-Nov-16	Failed procedure	1	Grade I	No	

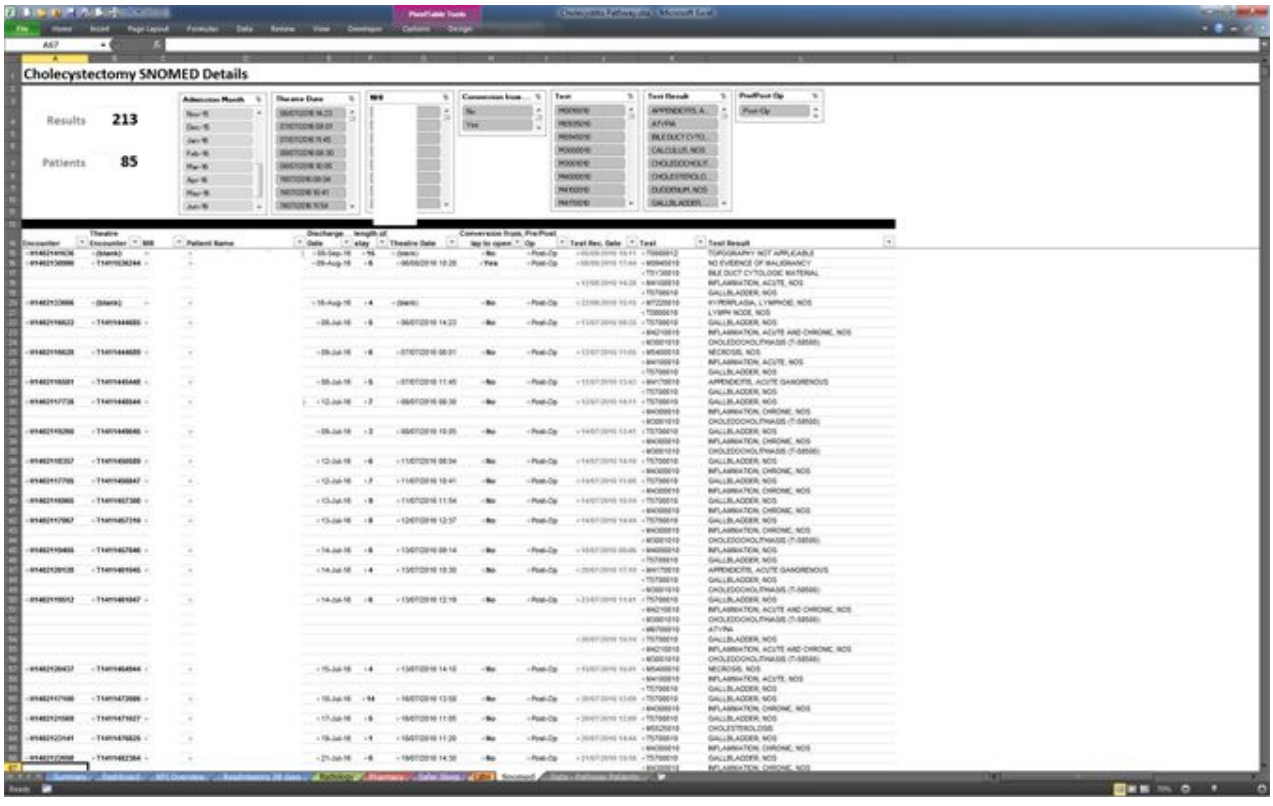

Cholecystitis Dashboard
Procedure Volumes
Converted from Lap to Open
Average Length of Stay
Time to Theatre (from acute booking)
Readmissions with 28 days
% Patient Readmissions with 28 days
% Radiology Pre-Op
% Pharmacy (ABS) Pre-Op
% Lab Tests Pre-Op
% Full Blood Count Pre-Op


Cholecystitis Dashboard
Cholecystitis Admissions 1161
Cholecystectomy Procedures 680
% Lap 97.1%
% Open 2.9%
% Conversion Lap to Open 1.5%
Patient Stats
Diagnostic & Medication Stats
Time to Theatre Stats


Cholecystitis KPI Overview
Patients
1161


Cholecystitis Readmissions (28 days)
Patients
1161


Cholecystectomy Laboratory Details
Results 1119
Patients 54


Cholecystectomy SNOMED Details
Results 213
Patients 85

Appendix Four

General Surgery Patient Pathways

institute for innovation + improvement

Project Scoping Document

Waitemata DHB

Completed by: Angie Hakiwai, Richard Harman, Renee Kong

Background

Over the past two years the Department of General Surgery, led by the Clinical Director, Mr Richard Harman, has been developing a quality improvement programme based on a quality management model developed by Dr Brent James at Intermountain Healthcare, Utah, USA. The model uses a structured methodology to integrate care redesign and standardisation of clinical processes based on evidence-based best practice with continuous measurement of quality, cost and patient experience outcomes. Intermountain's systems provide detailed feedback to clinicians about clinical variation, cost and outcomes. Clinicians use the information to reduce unwarranted variation and the cost of care and improve patients' experience.

An extensive amount of ground work has been done to build a clinical pathway quality improvement programme based on Intermountain Healthcare's methodology. The work completed to date includes:

- Development and publishing of patient pathways (a total of 17 pathways have been published in CeDSS)
- Identification of key performance indicators (KPIs) for the Appendicitis and Acute Cholecystitis pathways
- Development of Appendecectomy and Acute Cholecystitis dashboards in MS Excel to track performance against KPIs
- Analysis of potential cost savings for three pathways (Appendicitis, Acute Cholecystitis and Abscess) that represent almost two thirds of acute surgery admissions, if the best achievable length of stay (LOS) from a clinical perspective (a LOS resulting in the best patient experience and safe treatment), is realised

Findings from the analysis for the "healthiest" group of patients (ASA 1 and 2):

Procedure	Current LOS	Target LOS	Potential Cost Saving*
Abscess drainage	2.3 days	< 24 hours	$166,480 - $221,974
Appendecectomy	2.8 days	< 24 hours	$434,190 - $578,920
Cholecystectomy	5.5 days	< 48 hours	$177,277 - $236,370

For the three pathways, a total of $750k - $1million* could be saved in one year if LOS targets were met for acutely admitted ASA 1 and 2 patients..

*Range covers calculations for

- reducing LOS of 75% and 100% of relevant patients
- patients booked as acute cases +/- acute arranged cases

Aim Statement

To identify and implement solutions to meet a target length of stay, reduce unwarranted variation, reduce the cost of care, and improve patient experience and outcomes for patients who undergo abscess drainage, appendectomy, and cholecystectomy procedures, within 12 months of the beginning the project.

Project Scope

Includes:

- Pathways for
  - Appendicitis
  - Acute Cholecystitis
  - Abscess

Excludes:

- Other general surgery pathways
- Development of any other protocols

Measures

Outcome Measures

- Reduced length of stay

Process Measures

- Adherence to protocol

Balance Measures

- Adverse events

- Improved patient outcomes
- Improved patient experience
- Reduced cost of care
- Readmission within 28 days of discharge

Resources

Sponsor: Richard Harman – CD General Surgery

Clinical Lead: Angie Hakawai – Practice Improvement Nurse

Working Group:

- Kate Macfarlane – General Surgery Operations Manager
- Monique Greene - i3 Information Analyst
- Jenny Choi – General Surgery RMO
- Carlene Lawes – i3 Public Health Physician

High Level Timeline

Milestone/Phase		1	2	3	4	5	6	7	8	9	10	11	12
Phase 1	Initiate												
	Plan												
	Execute												
Phase 2	Initiate												
	Plan												
	Execute												
Closure													

Associated Projects

- QlikSense Data Discovery

Associated Documents

- Care Transformation Dept General Surgery Patient Pathways Quality Improvement Programme
- Implementation of a Quality Improvement Program presentation

Appendix Five

Waitemata District Health Board
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Surgical & Ambulatory
General Surgery

Criteria Led Discharge

This guideline applies to patients within General Surgery

Principles of criteria led discharge (CLD)

CLD aims to facilitate timely and clinically appropriate discharge of patients assisting to improve patient flow and reduce length of stay.
CLD needs to involve clear communication of plans between medical and nursing staff
Criteria for discharge may be:
Documented in discharge plan of the operation note handover form
As per discharge ready criteria on a clinical protocol
Documented in the medical record
Day surgery patients meeting the modified Post Anaesthetic Scoring System (MPASS)

How to initiate criteria led discharge

Elective surgical short stay patients

- The surgeon documents the discharge intention on the post op plan / on the operation note
- If a post op review is required this should occur on the day of surgery where possible
- Discharge scripts, medical certificates etc. are to be arranged on the day of surgery before the patient leaves the operating room
- CLD nurse / RN to document assessment made for discharge in the progress notes

Acute surgical patients undergoing simple / straight forward surgery

- The surgeon is to document the discharge intention on the operation note / post op orders
- If a post op review is required this should occur on the day of surgery where possible
- Discharge scripts, medical certificates to be completed on the day of surgery
- CLD competent nurse to document assessment in the progress notes

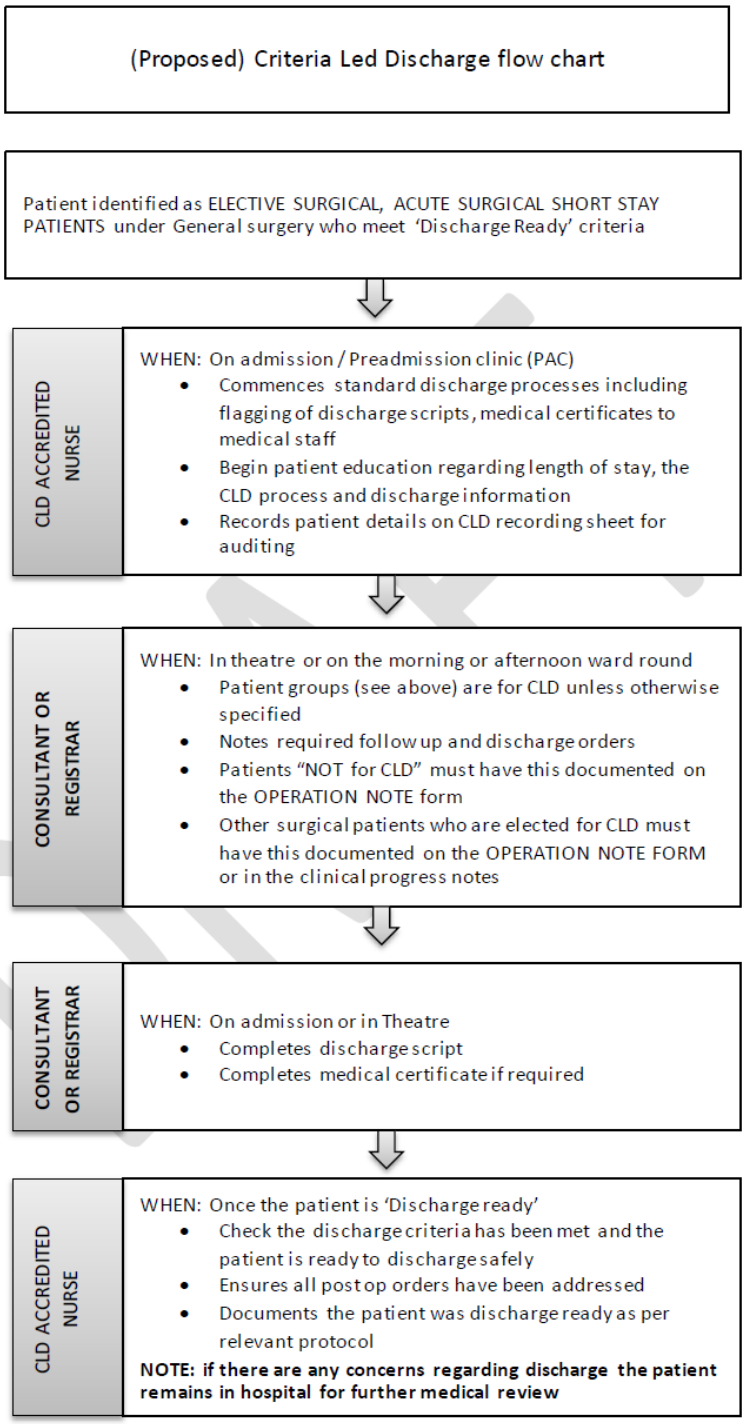
Longer stay patients who meet discharge ready criteria (e.g. patient ready when last antibiotic dose given)

- Doctor to document in progress notes when for CLD, e.g. "discharge later today following last IV antibiotic dose as per CLD criteria"
- Discharge medications, medical certificate to be arranged when patient is nearing expected discharge date
- CLD nurse to document assessment in the progress notes.

NOTE if nursing staff are in any doubt then please contact the surgical team to check CLD suitability

Where there is no protocol for a condition the standard minimum discharge ready criteria are:

- Documented discharge plan in progress notes / operation note
- Observations stable and within normal limits for patient (no less than 30 minutes post op for sedation day stay patients and 1 hour post op for GA day stay patients
- Mobility – steady gait, no dizziness
- Oral intake – tolerating fluids and / or diet. No vomiting or excessive nausea.
- Pain management – pain score 0-3/10
- Wound discharge is minimal to none (for post op patients)
- IV access is removed and documented
- Patient is aware of actions to take if they experience post op complications / concerns. Written instructions are supplied and there is a carer who will be with the patient for 24 hours post anaesthetic
- Discharge scripts, medical certificates and any follow up has been arranged and discussed with patient


(Proposed) Criteria Led Discharge flow chart
Patient identified as ELECTIVE SURGICAL, ACUTE SURGICAL SHORT STAY PATIENTS under General surgery who meet 'Discharge Ready' criteria
CLD ACCREDITED NURSE
WHEN: On admission / Preadmission clinic (PAC)
Commences standard discharge processes including flagging of discharge scripts, medical certificates to medical staff
Begin patient education regarding length of stay, the CLD process and discharge information
Records patient details on CLD recording sheet for auditing
CONSULTANT OR REGISTRAR
WHEN: In theatre or on the morning or afternoon ward round
Patient groups (see above) are for CLD unless otherwise specified
Notes required follow up and discharge orders
Patients "NOT for CLD" must have this documented on the OPERATION NOTE form
Other surgical patients who are elected for CLD must have this documented on the OPERATION NOTE FORM or in the clinical progress notes
CONSULTANT OR REGISTRAR
WHEN: On admission or in Theatre
Completes discharge script
Completes medical certificate if required
CLD ACCREDITED NURSE
WHEN: Once the patient is 'Discharge ready'
Check the discharge criteria has been met and the patient is ready to discharge safely
Ensures all post op orders have been addressed
Documents the patient was discharge ready as per relevant protocol
NOTE: if there are any concerns regarding discharge the patient remains in hospital for further medical review

Appendix Six

Waitemata District Health Board
Best Care for Everyone

Laparoscopic Appendicectomy Discharge Information

What is a Laparoscopic Appendicectomy?

A Laparoscopic Appendicectomy is the surgical removal of the appendix through small cuts made in the abdomen. The surgeon inserts a lighted scope into the abdomen through a small cut near the umbilicus (belly button); the image will appear on a video monitor where the surgeon will then insert instruments into the abdomen through more small cuts and remove the appendix. You will have 3 or more small wounds.

General Anaesthetic and the first 24 hours after surgery

- You must have a responsible adult with you for the next 24 hours as the full effects of an anaesthetic may not wear off for 24 hours.
- You ***must not drive*** a motor vehicle as a safety precaution for yourself and other road users (You may not be covered by insurance during these 24 hours).
- You should not operate machinery including everyday items such as kitchen appliances.
- You should not make important decisions or sign legal documents.
- You should not travel alone by public transport.
- You should not drink alcohol for 24 hours following your anaesthetic.

What you need to know after this surgery

- Take regular pain relief as instructed. You may have a prescription
- You may experience pain in your shoulder due to the gas in the abdominal cavity. This should resolve after a couple of days.
- You will have small dressings covering your wounds which must stay clean and dry for 48 hours. After 48 hours the wounds can be left uncovered or redressed with small dressings or plasters, especially if you find clothing irritates them: please follow instructions on the *Wound Care advice sheet* given to you.
- Shower (recommended unless otherwise instructed) as normal & ensure the wound is thoroughly dry afterwards. Pat your wound dry – Do not rub it.
- After leaving hospital, most people are back to normal, including working and doing gentle exercise, within 7–14 days. Avoid heavy lifting & strenuous activity & heavy housework (vacuuming, hanging washing, lifting heavy pots/pans) during this time.
- Maintain a nutritionally balanced diet to promote healing, avoiding high fat foods initially.
- You should reassess your ability to drive 2-3 days after your surgery.

General Discharge Advice

- You need to arrange for someone to drive you home or accompany you home when you are discharged from hospital.
- Some rest may be necessary but in general it is recommended that you remain mobile to avoid the risks of deep vein thrombosis (clots in the legs) and help recovery.
- Take regular pain relief as instructed. You may have a prescription.
- It is advisable to visit your GP after 10 days to check your wounds.

Laparoscopic Appendicectomy Discharge Information

Activity

To help reduce the risk of clots occurring in your legs or lungs it is important to go for short walks (if possible) and gradually return to your normal activities. If your mobility is limited, remember to wiggle your toes and bend your feet back and forward from the ankles. Avoid sitting for long periods of time (no more than two hours).

Common signs and symptoms of a clot include:

- Pain, redness, swelling and tenderness in your leg(s).
- Pain in your lungs or chest.
- Difficulty breathing or feeling faint.
- Coughing up blood.

If you experience these signs and symptoms after you return home, call your doctor or go to the nearest Hospital Emergency Department immediately.

Bowels

To prevent constipation you can do the following unless you have been told otherwise:

- Drink plenty of fluids (water is great).
- Eat high fibre food such as fruit and vegetables (Kiwifruit and prune juice work well).
- Go for short walks if possible.
- Sometimes you may need a stool softener such as Coloxyl or Senna – these can be bought at the Chemist.

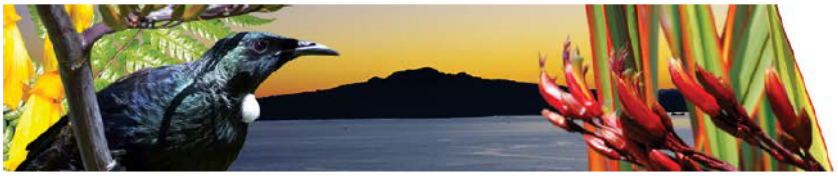
If you have any of the following...

- Fresh bleeding from the wound sites.
- Increased swelling, redness or discharge at the incision sites.
- Feeling hot and feverish or generally unwell.
- Pain and discomfort – including shoulder tip pain not relieved by pain medication.
- **If you have abdominal pain after your operation while taking pain medication, see your doctor (GP).**

If you experience any problems then please contact...

1. Your doctor (GP).
2. After hours – 24 hour Medical Centre
3. In case of **emergency** – The nearest Hospital Emergency Department.

Please take this information sheet and your discharge summary with you when seeking medical attention.



Waitemata District Health Board
Best Care for Everyone

Laparoscopic Cholecystectomy Discharge Information

What is a Laparoscopic Cholecystectomy?

A Laparoscopic Cholecystectomy is the surgical removal of the gallbladder through small cuts made in the abdomen. The surgeon inserts a lighted scope into the abdomen through a small cut near the umbilicus (belly button); the image will appear on a video monitor where the surgeon will then insert instruments into the abdomen through small cuts and remove the gallbladder. You will have 4 or more small wounds.

General Anaesthetic and the first 24 hours after surgery

- You must have a responsible adult with you for the next 24 hours as the full effects of an anaesthetic may not wear off for 24 hours.
- You ***must not drive*** a motor vehicle as a safety precaution for yourself and other road users (You may not be covered by insurance during these 24 hours).
- You should not operate machinery including everyday items such as kitchen appliances.
- You should not make important decisions or sign legal documents.
- You should not travel alone by public transport.
- You should not drink alcohol for 24 hours following your anaesthetic.

What you need to know after this surgery

- Take regular pain relief as instructed. You may have a prescription
- You may experience pain in your shoulder due to the gas in the abdominal cavity. This should resolve after a couple of days.
- You will have small dressings covering your wounds which must clean and dry for 48 hours. After 48 hours the wounds can be left uncovered or redressed with small dressings or plasters, especially if you find clothing irritates them: please follow instructions on the *Wound Care advice sheet* given to you.
- Shower (recommended unless otherwise instructed) as normal & ensure the wound is thoroughly dry afterwards. Pat your wound dry – Do not rub it.
- After leaving hospital, most people are back to normal, including working and doing gentle exercise, within 7–14 days. Avoid heavy lifting & strenuous activity & heavy housework (vacuuming, hanging washing, lifting heavy pots/pans) during this time.
- Maintain a nutritionally balanced diet to promote healing, avoiding high fat foods initially.
- You should reassess your ability to drive 2-3 days after your surgery.

General Discharge Advice

- You need to arrange for someone to drive you home or accompany you home when you are discharged from hospital.
- Some rest may be necessary but in general it is recommended that you remain mobile to avoid the risks of deep vein thrombosis (clots in the legs) and facilitate recovery.
- Take regular pain relief as instructed. You may have a prescription.
- It is advisable to visit your doctor (GP) after 10 days to check your wounds.

Issued by	Practice Improvement Nurse Specialist	**Issued Date**	March 2016	**Classification**	010-04-01-042
Authorised by	Clinical Director of General Surgery	**Review Period**	36 months	**Page**	1 of 2

This information is correct at date of issue. Always check in the relevant Waitemata DHB policy manual that this copy is the most recent version.

Laparoscopic Cholecystectomy Discharge Information

Activity

To help reduce the risk of clots occurring in your legs or lungs it is important to go for short walks (if possible) and gradually return to your normal activities. If your mobility is limited, remember to wiggle your toes and bend your feet back and forward from the ankles. Avoid sitting for long periods of time (no more than two hours).

Common signs and symptoms of a clot include:

- Pain, redness, swelling and tenderness in your leg(s).
- Pain in your lungs or chest.
- Difficulty breathing or feeling faint.
- Coughing up blood.

If you experience these signs and symptoms after you return home, call your doctor or go to the nearest Hospital Emergency Department immediately.

Bowels

To prevent constipation you can do the following unless you have been told otherwise:

- Drink plenty of fluids (water is great).
- Eat high fibre food such as fruit and vegetables (Kiwifruit and prune juice works well).
- Go for short walks if possible.
- Sometimes you may need a stool softener such as Coloxyl or Senna – these can be bought at the Chemist.

If you have any of the following...

- Fresh bleeding from the incision sites.
- Increased swelling, redness or discharge at the incision sites.
- Feeling hot and feverish or generally unwell.
- Pain and discomfort – including shoulder tip pain not relieved by pain medication.
- **If you have abdominal pain after your operation while taking pain medication, see your doctor (GP).**

If you experience any problems then please contact...

1. Your doctor (GP).
2. After hours – 24 hour Medical Centre
3. In case of **emergency** – The nearest Hospital Emergency Department.

Please take this information sheet and your discharge summary with you when seeking medical attention.

7.2 Health and Safety Marker Report – update December 2017

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 Waitemata 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 legislation
Good	Some actions to be completed
Low	Significant or some key actions to be completed

Topic	**Level of performance**	**Outstanding actions**
1. Policy	High	
2. Worker engagement, participation, and representation	Good	Regional worker participation agreement in discussion. Training framework complete and resourcing in discussion.
3. Notifiable events	High	

Topic	Level of performance	Outstanding actions
4. Health, Safety and Wellbeing Committee	High	
5. Orientation	Good	Orientation systems for staff, volunteers and students to be updated or reviewed. Online induction for non-clinical contractors is now live.
6. Risk Management	Good	Safe work protocols published and others in development (see section 6 of Appendix). Funding for dedicated health and safety software will be raised during the year with planned implementation for mid-2018/19.
7. Contractors (Facilities, healthAlliance and Information Technology)	Low	Work across a number of topics is underway (see section 7 and 10 of the appendix).
8. Hazardous substances	Good	High use areas accounting for 80% of chemicals currently under audit however over 300 sites are 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. Interim processes for health and safety works assessment is in place.
11. Training	Good	Health and safety training in place but key components being reviewed.
12. Audits	High	Audit programme for 2017/18 underway (see section 12). Audits for hazardous substances underway (43% complete).
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.

2. Glossary

HSNO – Hazardous Substances and New Organisms Act 1996.

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: a 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 Waitemata 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. Meeting with on-site contractors to establish health and safety representatives and discuss health and safety matters have commenced.
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 nationally with 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.
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.
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. An executive level health and safety governance committee has been approved by the Executive Leadership Team for establishment. The committee's first and second meetings have been held on 30 October and 28 November 2017.

How do we comply?	The Waitemata DHB has two organisation wide Health, Safety and Wellbeing Committees focussing on 1) Executive governance and risk and 2) operational and policy matters.
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. **New for December** We have a pre commencement orientation and 'safety first' video available for new staff to view however we are now making an orientation module mandatory for staff to view prior to their commencement. This is due for roll out in December 2017.
What is outstanding?	We need to put an Officer orientation programme in place however, in the meantime we have run Officer training for both the Senior Management Team and the Waitemata DHB Board. We need to check orientation processes for students and volunteers. Orientation needs will be reviewed as part of the current scoping to put all Waitemata DHB orientation resources on line. An online health and safety orientation is currently being developed, to ensure all staff are able to view within the prescribed time period, even if they are unable to attend the full 'Welcome to Waitemata' orientation. This is due for roll out in December 2017.
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 is 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 and after incidents, 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. 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 slip, trip and fall hazards. This expectation is spot audited. CCTVs are active in appropriate places on and around our sites. A reception and aggression hazard and security risk assessment tool has been developed for use in Community and inpatient settings. Asbestos surveys are ongoing for buildings constructed before 2000. A fixed term resource has been approved to oversee reactive maintenance triage and works management. Facilities staff have had existing Site Safe training which includes hazard identification. Refresher training has been completed for Trade staff. Remaining Facilities and Development staff booked to complete Hazard and Risk Management training beginning of November.

	An organisational wide health, safety and wellbeing risk register has been created noting six risks (legislation, wellbeing, hazardous substances, use of sharps, aggression, community workers) with another four identified to be added before the end of the year (contractor safety, asbestos, slips/trips/falls and moving and handling). Evidence of audit, checks and compliance will be noted where controls prescribe this. Reporting on the register will be via the Executive Health, Safety and Wellbeing Committee, and where risks are elevated to the Corporate Risk Register, to the Risk and Compliance Committee, and the Audit and Finance Committee. The safe way of working audit tool has been rolled out across the Waitemata DHB and completed by all areas, with validation audits now also complete. Final results have been compiled and were presented to the Executive Health, Safety and Wellbeing meeting on 30 October 2017.
What is outstanding?	Recent audits have identified a number of Health and Safety Information Technology (IT) systems that are not providing the ability for robust, integrated and systematic analysis across the organisation. A Request for Information has been released and will be evaluated in February with a view to go to Request for Proposal in April. In the interim: • A combination of the hazard register and the risk register is being used to store and make visible organisational, divisional and unit hazards (A new organisational risk register has been established as noted above). • A Microsoft Access database has been created to provide a greater ability to automate basic reporting of statistics and carry out limited data mining. • The new instance of the BEIMS system based on Auckland DHB implantation is being implemented to replace the current system version. 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 was completed with the Executive Leadership Team on 3 July 2017. Work to review and mitigate high residual risks is underway and due to complete in December. Safe working guidance on working at heights, hot works, risk assessment of community security risks and working with asbestos have been published with the following in development: • Risk assessment of aggression risks (links closely with security assessment). • Working in confined spaces. • Electrical safety. • Health and Safety Management System for Facilities and Development including standard procedures for known Facilities and Development hazards.

	Asbestos: Basic register of surveys is complete in excel format. Surveys have been published via SharePoint, online register system under test with implementation and roll out three to six months later.
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 Waitemata 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 supplier panel arrangement in place as yet but contracts are in place and current for main contractors. All regular contractors have been required to submit prequalification documentation in response to an HS200 questionnaire. Only those that satisfy the prequalification requirements which are safety compliant focused can continue to work for the Waitemata DHB. **1. 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. The standard terms and conditions applicable to any procurement via an Oracle purchase order are being updated to include condition relevant to serviced included requirements to meet HSWA 2015. **healthAlliance procurement processes:** Documentation is not adequate for the new Act. **Orientation:** The contractor induction documentation and process has been refreshed. A new document, revised presentation and updated requirements for attendance by all contractors. Online contractor inductions have been developed and are now operational.

	The online induction is required for all contractors, with medium to high risk contractors also needing to attend the Facilities and Development on-site induction. No contractor is now able to receive their security pass without either having completed the online induction (for low risk contractors) and/or the Facilities and Development induction (for medium to high risk contractors). **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 e.g. 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 identification (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. **2. 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. Contractors carrying out very urgent works are exempt from the requirement to complete the formal induction course and photo ID but must be provided with an induction and safety briefing suitable for their task prior to starting work. **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 Waitemata2025 team are Site Safe certified as they join the team. Regular meeting with construction contractors are occurring. **Asbestos:** Asbestos register surveys are completed, and a register of these surveys is in place, with a register by building which notes hazard level. The

	type, location, condition and personal protective equipment expectations are identified in the survey so staff and contractors are alerted. Staff and contractors need to contact Facilities to seek information from the relevant survey. An online system is being developed to provide easier access to the detailed information. 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 (AMG) in consultation with Auckland DHB and AMG. **Incidents and Accidents:** Reporting of incidents and accidents follow the Waitemata 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 Waitemata 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** Post Implementation Reviews 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. The Waitemata DHB will transition to this process over the next 12 months. The first step of this transition is complete

	i.e. 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:** Online asbestos register system is under test with implementation and roll out three to six months later. **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 Act 1996 (HSNO) 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 390 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, including new legislative updates relating to hazard classifications and tracked substances, 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, United Nations number, Chemical Abstracts Service number, identified hazards, exposure limits, HSNO class and Personal Protective Equipment 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. • Managers' 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 review of the potential interim storage area for hazardous substances has been completed and found not to be necessary at this time. Two additional dangerous goods cabinets have been procured and installed to hold waste stock on the Waitakere hospital loading dock, while awaiting collection by our contractor for disposal. **Update for December** The latest HSNO Legislation was released in November 2017 and we are currently reviewing it to understand all material changes required of us. Our existing HSNO Policy has also been updated and is due to be republished at the end of November, pending Board approval (included in the Health and Safety Performance Report). Of note, HSNO training will now be required, under the new legislation, for all workers who use or handle hazardous substances. We are currently planning to develop mandatory online training modules for these staff, with more specialised training for those staff who have a higher level of oversight and responsibility (competent persons).
What is outstanding?	We have another estimated 350 areas to review but a comprehensive audit of the 33 high risk areas is underway. The tender for construction of the Hazardous Substances Store for Waitakere Hospital has been completed and a successful contractor chosen. A business case and request for funding is currently being considered as part of the 2017/18 capital expenditure re prioritisation process. In the interim a review of hazardous goods volumes and types has been completed and it has been determined that a temporary store for Waitakere Hospital is not required, so we are limiting the volumes that areas are able to order at any one time and hold in their own Dangerous Goods Cabinets. The only remaining issue is a lack of holding space for waste chemicals for disposal. As such, additional Dangerous Goods Cabinets have been purchased for waste chemicals and situated on the Loading Dock area, which will enable us to operate on an interim basis, until such time as the required Dangerous Goods Store can be constructed.
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?	Pre-employment screening in place, however a number of staff still commence work pending their results. A pilot has been completed with the Specialist Mental Health and Addictions Services, and pending discussions on future options to implement across the Waitemata DHB, the pilot will continue and staff and managers asked to complete health screening prior to employment. 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 for radiation (Radiology, Cardiac Catheter Lab) occurs externally. We provide free influenza and other vaccinations for staff. We provide and maintain workplace heating, ventilation and cooling. Areas with friable asbestos are sealed and 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, Infection prevention and control, use of lasers, etc. Infection prevention and control processes are in place to manage any disease exposure and outbreaks. 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. The safe way of working audit tool has been rolled out across the

	Waitemata DHB and completed by all areas, with validation audits now also complete. Final results have been compiled and presented to the Executive Health, Safety and Wellbeing meeting on 30 October 2017. Staff have access to EAP works, the Employee Assistance Programme for up to three free sessions on work or personal matters. Wellbeing, resilience and mindfulness training is available as part of the organisation development team offerings as well as on request. Influenza vaccinations for 2017 complete with 56% of staff vaccinated. Staff influenza planning for 2018 is underway including a further increase in the number of in team vaccinators, as evidence suggests opportunistic access and availability is a factor on decisions to gain a vaccination. Planning for patient responses, e.g. isolation of suspected flu cases, proactive vaccination of vulnerable cohorts is also underway. The flu campaign is expected to commence from April 2018. **New for December** New Workplace Exposure Standards were released in November 2017 by WorkSafe NZ. We are reviewing this to understand the material changes, but initial assessment indicates that the requirements are significantly higher than the previous standards, which will require a greater level of change for us to meet, both relating to staff time resource and financial cost. The impacts will be assessed and discussed with the Executive Leadership Team early next year.
What is outstanding?	Health monitoring programmes should be in place across all relevant risk areas. An audit on use of personal protective equipment will be planned as part of the health monitoring programme to validate the application of various policies and risk controls – due December 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 hospital bio-medical equipment is maintained by the Bio-Engineering team.

	A Board approved funding pool for major Health and Safety maintenance purchases has been accrued for activation by the Chief Financial Officer as relevant. Work on updating the helipad, loading dock and five key pedestrian crossings is progressing, with final costings being sourced. The Waitemata DHB is currently collaborating with regular meetings between Waitemata DHB, Counties Manukau Health and Auckland DHB on Contractor Management, Asbestos Management and other legislative compliance work. Task planning and sign off process for maintenance work, ensuring competent review and management oversight will be shared. Support for Job Safety Analysis and safety planning is underway with training, monitoring and guidance for staff. Management of Job Safety Analysis is being provided by contracted resource prior to recruitment of permanent staff focused on health and safety and work management.
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 has been engaged while a permanent resource is in recruitment. Trades staff have completed training in risk identification prior to undertaking maintenance works. An interim fast track process to approve maintenance triggered for health and safety reasons is in place but this needs to systematise. The BEIMS system is due for update in February 2018. The security alert systems for community workers working group have completed their Request for Proposal and a pilot is underway.
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 Waitemata DHB.
How do we comply?	Orientation information is provided to staff pre commencement and within the first four weeks of their employment (corporate orientation). 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 mandatory 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 drills occurs across all Waitemata 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 duty nurse 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. • The Waitemata DHB runs particular Health CIMS4 training with a provider twice a year for key areas that have identified a need. Training in the due diligence responsibilities as Officers for the Senior Management team was completed on 7 July 2017 and for Board members on 27 September 2017. Training for risk assessment complete for Facilities and Development staff.
What is outstanding?	A Waitemata DHB wide health and safety training framework has been developed to enable officers and workers to increase awareness and knowledge of health and safety systems and processes. The training framework for security is currently being reviewed with options to ensure we have available appropriate: 1. Specialist training for Security and mental health staff who undertake calming and restraint. 2. De-escalation training including policy and technical skills.

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 Waitemata DHB.
How do we comply?	Since early 2015 we have completed a number of readiness audits to assess 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 biannually. 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. The annual Safe Way of Working audit has been completed; divisional results have been validated and distributed. Audits in discussion for 2017/18 include: 1. Health and safety governance – Quarter two. 2. Companion audits for the 2016/17 deep dive audits for community workers and construction/contractors. These audits are planned to look at contemporary Waitemata DHB practise against industry expectations, as well as understanding what is working well, what we still need to develop and any work we should do regionally in these areas – by Quarter four. 3. A follow up audit on the essential services maintenance deep dive audit to check that all critical or immediate steps have reduced overall residual risk- Quarter four. For 2018/19 potential audit topics are as follows: 1. Safety culture 2. Emergency response 3. Control measures for high accident types 4. Safety and security. **New for December** The health and safety governance audit commences 4-14 December 2017 with a draft report due 19 December 2017.

What is outstanding?	There are no outstanding actions. Audit findings and actions are reflected in other sections of the report.
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, Audit and Finance Committee meeting and the organisational Health, Safety and Wellbeing committee. A new Board Health and Safety Reporting format has been in place since November 2016 and additional information continues to be identified for inclusion, e.g. the recently added work-related injury claims cost data. 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. 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. **New for December** From February 2018, the Facilities and Development service will commence reporting on related health and safety matters in the Audit and Finance Committee.
What is outstanding?	A divisional real time reporting scorecard will be developed alongside the new health and safety IT system.
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 in 2016. Recommended actions were tabled to the Board in August 2016. On review of the report we have 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). • Fixed term resourcing for reactive maintenance triage is in place. An additional Duty Nurse resource has been in place for four months and extended for up to an additional 12 months. Employment of small works project management is complete.
What is outstanding?	A resourcing (staff) and systems (information technology) review for Occupational Health and Safety and Facilities and Development is being scoped. An Asbestos Project Manager role has been approved and recruitment is progressing.
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.

7.3 Statement of Performance Expectations (SPE) Performance Report: Quarter One 2017/18

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

CPHAC	-	Community and Public Health Advisory Committee
HAC	-	Hospital Advisory Committee
SIR	-	Surgical intervention rate
SLM	-	System level measure
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), a key component of the Annual Plan (Module 3). SPE measures represent the outputs/activities we deliver to meet our goals and objectives in the Annual Plan and provide a reasonable representation of the vast scope of business-as-usual services we provide. Performance measures help to assess the quantity, quality, coverage and timeliness of service delivery. Actual performance against these measures is reported in our Annual Report and audited by Audit NZ.

The measures in this report have been updated to reflect those in the draft 2017/18 Annual Plan. This report excludes: 1) variance reported in other scorecards/reports to Board and Board Committees, 2) indicators for which data is available only annually, and 3) indicators that measure volumes without a specified target.

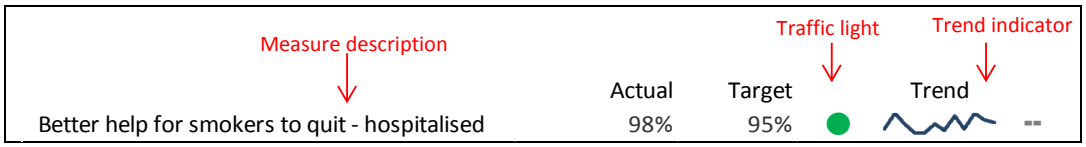
Waitemata DHB's overall performance is good, with the majority of SPE indicators being met for quarter one. Of particular note is the achievement of five of the seven Health Targets and six of the eight Health Quality and Safety Commission indicators.

Areas to improve include: cessation support for PHO-enrolled smokers, breast and cervical screening, patients with prior CVD receiving triple therapy, hip/knee operations given prophylactic antibiotic, Mental Health waiting times (<3 weeks in 0-19 year-olds), bowel screening (correctly completed kits returned) and diabetes management.

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.

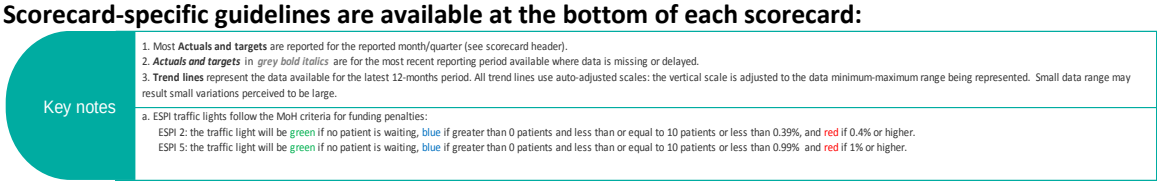
Note that YTD measures (such as WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance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

Scorecard-specific guidelines are available at the bottom of each scorecard:



SPE scorecards: Quarter one 2017/18

Metro Auckland DHBs Performance Scorecard - Health Targets and key indicators

Quarter 1
2017/18

	Auckland DHB			Waitemata DHB			Counties Manukau DHB		
Health Targets	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
Shorter stays in EDs	90%	95%		96%	95%		88%	95%	
Improved access to elective surgery	98%	100%		113%	100%		100%	100%	
Faster cancer treatment - within 62 days	93%	90%		93%	90%		94%	90%	
Increased immunisation at age 8 months (total)	95%	95%		93%	95%		94%	95%	
Better help for smokers - Primary Care	88%	90%		88%	90%		90%	90%	
Better help for smokers - Maternity	100%	90%		90%	90%		94%	90%	
Raising healthy kids	100%	95%		100%	95%		100%	95%	
Key indicators	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
PHO-enrolled smokers with cessation support	26%	25%		30%	34%		25%	25%	
a. Breast screening coverage	*64%*	*70%*		*66%*	*70%*		*69%*	*70%*	
Cervical screening coverage	68%	80%		74%	80%		73%	80%	
b. CVD risk >20% on dual therapy (dispensed)	*42%*	*43%*		*43%*	*42%*		*49%*	*48%*	
b. CVD on triple therapy (dispensed)	*52%*	*55%*		*53%*	*56%*		*58%*	*60%*	
Preschoolers enrolled in DHB oral health services	82%	95%		92%	95%		79%	95%	
a. ED presentation rate per 1,000 population	*203.0*	*205.0*		*223.3*	*221.2*		*215.5*	*214.4*	
a. Surgical intervention rate (SIR) - major joints	*15.2*	*21.0*		*28.0*	*21.0*		*23.2*	*21.0*	
a. SIR - cataracts	*37.3*	*27.0*		*39.7*	*27.0*		*35.8*	*27.0*	
a. SIR - cardiac surgery	*5.2*	*6.5*		*6.1*	*6.5*		*5.9*	*6.5*	
a. SIR - percutaneous coronary revascularisation	*11.7*	*12.5*		*16.5*	*12.5*		*11.3*	*12.5*	
a. SIR - coronary angiography	*29.5*	*34.7*		*41.7*	*34.7*		*28.0*	*34.7*	
Urgent diagnostic colonoscopy in 14 days	100%	90%		98%	90%		99%	90%	
HQSC inpatient survey aggregate score	8.8	8.5		8.3	8.5		8.3	8.5	
a. Opportunities for hand hygiene taken	*85%*	*80%*		*86%*	*80%*		*84%*	*80%*	
b. Hip/knee operations given prophylactic antibiotic	*98%*	*100%*		*94%*	*100%*		*95%*	*100%*	
a. 0-19 Mental Health waiting within 3 weeks	*73%*	*80%*		*71%*	*80%*		*75%*	*80%*	
a. 0-19 Mental Health waiting within 8 weeks	*89%*	*95%*		*95%*	*95%*		*95%*	*95%*	
a. 0-19 Addictions waiting within 3 weeks	*96%*	*80%*		*89%*	*80%*		*95%*	*80%*	
a. 0-19 Addictions waiting within 8 weeks	*100%*	*95%*		*98%*	*95%*		*97%*	*95%*	
a. HBSS clients with clinical interRAI in last 24 mth	*93%*	*95%*		*75%*	*85%*		*75%*	*75%*	

Waitemata DHB Performance Scorecard - Statement of Performance Expectations

Quarter 1
2017/18

Output Class 1: Prevention Services

Health promotion	Actual	Target	Trend
Clients engaged with Green Prescriptions (YTD)	1,179	1,230	
Increased immunisation at age 8 months (Māori)	92%	95%	
Population-based screening			
Bowel screening - correctly completed kits returned	*51%*	*60%*	
Bowel screening - referred for colonoscopy within 45 days	*95%*	*95%*	
B4 School Checks completed (YTD)	23%	23%	
Auckland Regional Public Health Service			
Tobacco retailer compliance checks conducted (YTD)	113	0	
TB treatments with a recorded start date	88%	95%	
Assessments related to Drinking Water Standards	0	0	

Output Class 2: Early Detection and Management

Primary health care	Actual	Target	Trend
a. Primary Care enrolment rate (Māori)	*81%*	*90%*	
POAC referrals (YTD)	4,111	2,703	
Eligible patients with HbA1c ≤64 mmol/mol in last 15 mo	44%	60%	
CVD risk assessed w/in 5 years (Māori)	87%	90%	
a. ASH rate per 100,000 for 0-4 year olds - skin infections	*655*	*760*	

Output Class 3: Intensive Assessment and Treatment

Acute services	Actual	Target	Trend
a. Eligible stroke patients thrombolysed	*5.6%*	*6.0%*	
ACS patients with coronary angiography in 3 days	79%	70%	
Elective (inpatient/outpatient)			
Non-urgent diagnostic colonoscopy in 42 days	86%	70%	
Patients waiting >4 months for FSA (ESPI 2)	***Non-compliant***		
CTs completed within 6 weeks	94%	95%	
MRIs completed within 6 weeks	96%	90%	
Quality and patient safety (HQSC)			
a. Staph bacteraemia rate per 1,000 inpatient bed days	*0.07*	*0.12*	
a. Older falls risk patients with an individualised care plan	*97%*	*90%*	
a. #NOF from falls per 100,000 admissions (rolling 12 m)	*6*	*<8*	
b. Hip/knee procedures given right antibiotic in right dose	*96%*	*95%*	
a. Surgical site infections per 100 hip and knee operations	*2.2*	*<0.8*	
Mental health			
a. Mental health service access (age 0-19 years)	*3.7%*	*3.1%*	
a. Mental health service access (age 20-64 years)	*3.6%*	*3.4%*	
a. Mental health service access (age 65+ years)	*2.0%*	*2.1%*	

Output Class 4: Rehabilitation and Support Services

Palliative care	Actual	Target	Trend
Hospice patient deaths that occur at home	29%	↑	
Referrals that wait >48 hours for a hospice bed	4%	↓	
Palliative Pathway Activations (PPAs): patients identified	0	0	
PPAs - conversations with Providers	0	0	
Residential care			
ARC residents LTCF interRAI w/in 230 days of previous	80%	80%	

Key notes

1. Most **Actuals** and **Targets** are reported for the quarter in the scorecard header
2. **Actuals** and **Targets** in grey bold italics are the most recent available data where current data are missing or delayed
3. **Trend lines** display the available data for the 4 most recent time points; the scale is auto-adjusted, small variations may appear large
4. Some indicators are regularly reported on in the Manawa Ora scorecard, as Māori vs. non-Māori

a. Q4 2016/17 data b. Q3 2016/17 data

Health Targets

Scorecard Variance Report

Indicator	On target	Variance commentary
1. Shorter stays in EDs	✓	In CEO report, HAC Provider Arm Performance report, and Manawa Ora report (Māori specific)
2. Improved access to elective surgery	✓	In CEO report
3. Faster cancer treatment – within 62 days	✓	In CEO report, HAC Provider Arm Performance report, and Manawa Ora report (Māori specific)
4. Increased immunisation at age eight months	✓	In CEO, CPHAC and SLM reports
5. Better help for smokers – Primary Care	✓	In CEO and CPHAC reports
6. Better help for smokers – Maternity	✓	In CEO report
7. Raising healthy kids	✓	In CEO and CPHAC reports and Manawa Ora report (Māori specific)

Key Indicators

Scorecard Variance Report

Indicator	On target	Variance commentary
Output class 1: prevention services		
8. PHO-enrolled smokers with cessation support	✘	In SLM report
9. Breast screening coverage	✘	In CEO report, SLM report (Māori specific) and Manawa Ora report (Māori specific)
10. Cervical screening	✘	In CEO and CPHAC reports and Manawa Ora report (Māori specific)
Output class 2: early detection and management		
11. CVD risk >20% on dual therapy (dispensed)	✓	In SLM report
12. CVD on triple therapy (dispensed)	✘	In SLM report and Manawa Ora report (Māori specific)
13. Pre-schoolers enrolled in DHB oral health services	✓	
Output class 3: intensive assessment and treatment		
14. ED presentation rate per 1,000 population	✓	In SLM report
15. Surgical intervention rate (SIR) – major joints	✓	In CEO report
16. SIR – cataracts	✓	In CEO report
17. SIR – cardiac surgery	✘	*Performance considered to be 'not significantly different' from target by Ministry of Health*
18. SIR – percutaneous coronary revascularisation (angioplasty)	✓	In CEO report
19. SIR – coronary angiography	✓	In CEO report

Indicator	On target	Variance commentary
20. Urgent diagnostic colonoscopy in 14 days	✓	In CEO report and HAC Provider Arm Performance report
21. HQSC inpatient survey aggregate score	✓	
22. Opportunities for hand hygiene taken	✓	In CEO report, HAC Provider Arm Performance report and HAC Quality report
23. Hip and knee operations given prophylactic antibiotic	✗	In CEO and HAC Quality reports
24. 0-19 Mental Health waiting within three weeks	✗	In HAC Provider Arm Performance report
25. 0-19 Mental Health waiting within eight weeks	✓	
26. 0-19 Addictions waiting within three weeks	✓	In HAC Provider Arm Performance report
27. 0-19 Addictions waiting within eight weeks	✓	
Output class 4: rehabilitation and support services		
28. HBSS clients with clinical interRAI in the last 24 months	✗	In CPHAC report

Output Class 1: Prevention Services

Scorecard Variance Report

Indicator	On target	Variance commentary
Health promotion		
29. Clients engaged with Green Prescriptions (YTD)	✓	
30. Increased immunisation at age 8 months (Māori)	✓	In SLM report
Population-based screening		
31. Bowel screening – correctly completed kits returned	✗	In CEO report
32. Bowel screening – referred for colonoscopy within 45 days	✓	
33. B4 School Checks completed (YTD)	✓	
Auckland Regional Public Health Service		
34. Tobacco retailer compliance checks conducted (YTD)	✓	
35. TB treatments with a recorded start date	✗	*Treatment start date is missing for 8 notifications (12%). Measures are not directly within remit of Auckland Regional Public Health Service:* • *3 notifications awaiting sputum results; not yet on treatment* • *3 notifications waiting to be seen in clinic to determine treatment start date* • *1 notification presenting multi-drug resistant TB; awaiting decision from clinicians when to start treatment*

Indicator	On target	Variance commentary
		• *1 notification currently overseas*
36. Assessments related to Drinking Water Standards	✓	

Output Class 2: Early Detection and Management

Scorecard Variance Report

Indicator	On target	Variance commentary
Primary health care		
37. Primary Care enrolment rate (Māori)	✖	In CPHAC and Manawa Ora reports
38. Primary Options for Acute Care referrals (YTD)	✓	In Manawa Ora report (Māori specific)
39. Eligible patients with HbA1c ≤64 mmol/mol in the last 15 months	✖	In CPHAC report and Manawa Ora report (Māori specific)
40. CVD risk assessed within 5 years (Māori)	✓	In SLM report
41. ASH rate per 100,000 for 0-4 year olds – skin infections	✓	

Output Class 3: Intensive Assessment and Treatment

Scorecard Variance Report

Indicator	On target	Variance commentary
Acute services		
42. Eligible stroke patients thrombolysed	✖	*A review of patients not thrombolysed has been conducted, showing no missed opportunities. Our full year's performance of 7.7% exceeds the 6.0% target*
43. ACS patients with coronary angiography in three days	✓	In HAC Provider Arm Performance report
Elective (inpatient/outpatient)		
44. Non-urgent diagnostic colonoscopy in 42 days	✓	In CEO report and HAC Provider Arm Performance report
45. Waiting >4 months for FSA (ESPI 2)	✖	
46. CTs completed within 6 weeks	✓	In HAC Provider Arm Performance report
47. MRIs completed within 6 weeks	✓	
Quality and patient safety (HQSC)		
48. Staph bacteraemia rate per 1,000 inpatient bed days	✓	In HAC Quality report and HAC Provider Arm Performance report
49. Older falls risk patients with an individualised care plan	✓	In CEO and HAC Quality reports
50. Fractured NOF from falls per 100,000 admissions (rolling 12 months)	✓	In HAC Quality report and Manawa Ora report (Māori specific)
51. Hip and knee procedures given right antibiotic in right dose	✓	In HAC Quality report
52. Surgical site infections per 100 hip and knee operations	✖	In CEO report, HAC Quality report and Manawa Ora report (Māori specific)

Indicator	On target	Variance commentary
Mental health		
53. Mental Health service access (age 0-19 years)	✓	In HAC Provider Arm Performance report and Manawa Ora report (Māori specific)
54. Mental Health service access (age 20-64 years)	✓	In HAC Provider Arm Performance report and Manawa Ora report (Māori specific)
55. Mental Health services access (age 65+ years)	✓	

Output Class 4: Rehabilitation and Support Services

Scorecard Variance Report

Indicator	On target	Variance commentary
Palliative care		
56. Hospice patient deaths that occur at home	✖	*The target (increase from 35%) was set prior to a definition change, which excludes patient deaths occurring at high and low level residential aged care (20% and 3%, respectively)*
57. Referrals that wait >48 hours for a hospice bed	✓	
58. Palliative Pathway Activations (PPAs): patients identified	✓	
59. PPAs – conversations with patients	✓	
Residential care		
60. ARC residents LTCF interRAI within 230 days of previous	✓	In CPHAC report

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 (08/11/17)	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. Circulated resolution (17/11/17)	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.
3. Recommendations from the Audit and Finance Committee – Public Excluded (29/11/17)	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)]

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 from Hospital Advisory Committee with public excluded (18/10/17)	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. Facilities	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)]
6. Capital Asset	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. Capital Asset	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	**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.

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. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	[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)]
8. Facilities	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)]
9. Mental Health 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)]
10. Incentives programme	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)]

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
11. 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)] **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)]
12. Facilities	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. Facilities	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: ii) 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. Audit NZ	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)]

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
15. Briefing for the Board	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)]