AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 20 September 2017

2:00pm

Note:

- **Open Meeting from 2:00pm**
- **Public Excluded to follow**

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

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Published 14 September 2017

Agenda
Meeting of the Board
20 September 2017

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

Time: 2.00pm

Board Members	**Auckland DHB Executive Leadership**	
Dr Lester Levy (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Karen Bartholomew	Acting Director of Health Outcomes – AHB/WDHB
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Joanne Gibbs	Director Provider Services
Judith Bassett	Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Zoe Brownlie	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
James Le Fevre (Deputy Board Chair)	Fiona Michel	Chief Human Resources Officer
Dr Lee Mathias	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Robyn Northey	Rosalie Percival	Chief Financial Officer
Sharon Shea	Shayne Tong	Chief of Informatics
Gwen Te Pania - Palmer	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Bruce Levi	General Manager Pacific Health
	Rachel Lorimer	Director Communications
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Agenda

Please note that agenda times are estimates only

2.00pm **1. ATTENDANCE AND APOLOGIES**

[Formal introduction of Mike Impey]

2. REGISTER OF INTEREST AND CONFLICTS OF INTEREST

Does any member have an interest they have not previously disclosed?

Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

3. CONFIRMATION OF MINUTES 9 AUGUST 2017

2.05pm **4. ACTION POINTS 9 AUGUST 2017**

2.10pm **5. EXECUTIVE REPORTS**

5.1 Chief Executive's Report

	5.2	Health and Safety Report
2.40pm	**6.**	**PERFORMANCE REPORTS**
	6.1	Statement of Performance Expectations (SPE) Performance Report: Quarter Four 2016/17
	6.2	Financial Performance Report
	6.3	Funder Update
3.10pm	**7.**	**COMMITTEE REPORTS**
	7.1	Hospital Advisory Committee
	8.	**DECISION REPORTS**
3.15pm	**9.**	**INFORMATION REPORTS**
	9.1	Pedestrian Safety Grafton and Greenlane Clinical Centre Sites
	9.2	Flipping East – Youth Wellbeing Social Lab in Tāmaki
	9.3	Linking Strategy, Execution and Risk Management for Auckland
	10.	**GENERAL BUSINESS**
3.40pm	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	Wednesday, 01 November 2017 at 10am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

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

Conflicts of Interest Quick Reference Guide

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

An "interest" can include, but is not limited to:

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Board

Member	Interest	Latest Disclosure
Lester LEVY	Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman) Chairman – Counties Manukau District Health Board Chairman - Auckland Transport Chairman – Regional Governance Group – northern District Health Boards Chairman – Health Research Council Independent Chairman - Tonkin and Taylor Ltd (non-shareholder) Professor (Adjunct) of Leadership – University of Auckland Business School (part time) Lead Reviewer – State Services Commission Performance Improvement Framework Director and sole shareholder – Brilliant Solutions Ltd (private company) Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder) Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder) Trustee – Levy Family Trust Trustee – Brilliant Street Trust	15.03.2017
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)	17.01.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited Trustee - Starship Foundation	29.03.2017
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust) Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter – Partner Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	16.01.2017
Judith BASSETT	Trustee - A+ Charitable Trust Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Corporation Granddaughter - shareholder of Westpac Corporation Daughter – Human Resources Manager at Auckland DHB	17.05.2017
Zoe BROWNLIE	Community Health Worker – Auckland DHB Member – PSA Union Board member - RockEnrol Partner – Youth Connections, Auckland Council Partner – Aro Arataki Children's Centre Committee Son – Aro Arataki Childcare Centre	09.06.2017
James LE FEVRE	Board member – Waitemata DHB Emergency Medicine Specialist - Adult Emergency Department, Auckland DHB	05.07.2017

	DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board Fellow - Australasian College for Emergency Medicine - FACEM Shareholder - Pacific Edge Diagnostics Ltd Trustee - Three Harbours Health Foundation Member – Australasian College for Emergency Medicine Hospital Overcrowding Subcommittee Wife - Medicolegal advisor, Medical Protection Society Wife – Employee Waitemata DHB Department of Anaesthesia and Perioperative Medicine	
Lee MATHIAS	Chair - Health Promotion Agency Chair - Unitec Chair - Health Innovation Hub (until the end of the Viclink contract in line with the director appointment) Director - Health Alliance Limited (ex officio Auckland DHB) Director/shareholder - Pictor Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Member – New Zealand National Party	20.06.2017
Robyn NORTHEY	Shareholder of Fisher & Paykel Healthcare Shareholder of Oceania Member – New Zealand Labour Party Husband - member Waitemata Local Board Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Community Housing Foundation	05.07.2017
Sharon SHEA	Principal - Shea Pita Associates Ltd Provider - Maori Integrated contracts for Auckland and Waitemata DHBs Provider – Plunket outcomes implementation framework Project member – Auckland and Waitemata DHB Maori Workforce Development project Provider - multiple management consulting projects for Te Putahitanga o Te Waipounamu Whanau Ora Commissioning Agency Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua Husband - Part owner Turuki Pharmacy Ltd, Auckland Husband - Board member - Waitemata DHB Husband – Director Healthcare Applications Ltd	09.08.2017
Gwen TEPANIA-PALMER	Board Member - Health Quality and Safety Commission Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Alumnus – Massey University	05.07.2017

Minutes
Meeting of the Board
9 August 2017

Minutes of the Auckland District Health Board meeting held on Wednesday, 9 August 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10:50am.

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Dr Lester Levy (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Karen Bartholomew	Acting Director of Health Outcomes – Auckland DHB/Waitemata DHB
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Joanne Gibbs	Director Provider Services
Judith Bassett	Dr Debbie Holdsworth	Director of Funding – Auckland DHB/Waitemata DHB
Zoe Brownlie	Fiona Michel	Chief Human Resources Officer
Dr Lee Mathias	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Robyn Northey	Rosalie Percival	Chief Financial Officer
Sharon Shea	Shayne Tong	Chief of Informatics
Gwen Te Pania - Palmer	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Bruce Levi	General Manager Pacific Health
	Rachel Lorimer	Director Communications
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apology of Board Member James Le Fevre be received.

2. REGISTER AND CONFLICTS OF INTEREST

The following amendments to the interests register were declared:

Sharon Shea asked that the following interests be removed:

- Contracted to Manaia PHO – delivery of workforce development training
- Project member - Te Runanga o Te Rarawa Outcomes Project.

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

3. CONFIRMATION OF MINUTES 28 JUNE 2017 (Pages 8-22)

Resolution: Moved Sharon Shea / Seconded Jo Agnew

That the minutes of the Board meeting held on 28 June 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Page 23)

There were no current action points to report on.

5. EXECUTIVE REPORTS

5.1 Chief Executive's Report (pages 24-44)

Ailsa Claire, Chief Executive asked that the report be taken as read, highlighting key issues and events as follows:

- The Minister of Health recently visited Auckland City Hospital to launch a new national strategy that aims to lift the rate of deceased organ donations and therefore increase the number of people who can receive a transplant. Attention was drawn to the winter pressures experienced by the Auckland City Hospital, with this being one of the busiest periods in its history. The adult ED has seen the highest number of patients ever during a four week period. DHB employees have put in significant extra effort to meet the high demand for services and the public's help was asked for in keeping the emergency department free for serious emergencies. These measures have also had to include rescheduling some elective surgeries in order to continue to safely care for people with urgent illnesses or injuries.
- There has recently been a surge in synthetic drug presentations. Margaret Wilsher advised that the problem continues. There was a mini surge in presentations last week where six presentations in one day were managed when it was usual to see between one to three presentations. There has been remarkable collaboration with other agencies to deal with this matter. The majority of cases are in the Auckland DHB area, and many are within the homeless and boarding house community. A smaller number of cases are within the Counties Manukau DHB and Waitemata DHB areas.
- An Auckland metro approach to address the impact of influenza on DHB capacity is in place. A regional incident plan will be developed and will be implemented if capacity is exceeded in any area.

  Internal staff flu vaccination rates are at the same level as they were for last year. To date 755 of staff, contractors, students and volunteers have been vaccinated.

- Attention was drawn to page 29 of the agenda and "Proud Moments", a place where staff can share things that they and their teams have achieved.
- It was pleasing to see the response of staff to the "Winter Warriors – sprinkle some

kindness" campaign. Auckland DHB collected over 6,000 items of clothing for the City Mission to support the homeless and families in need.

- Attention was drawn to page 31 of the agenda and the initiative of the A+ Trust, with support from Public Trust, in running a series of seminars on the ins and outs of creating or updating a will.
- The National Health Targets Performance summary on page 39 of the agenda - Ailsa was pleased to report that subsequent to the reporting period the faster cancer treatment target was now showing green. Both the acute flow and improved access to elective surgery still provide challenges and difficulty in achieving.
- Margaret Wilsher acknowledged the recent passing of Lynda Williams, MNZM. Linda dedicated more than 35 years to health activism and was a member of the Auckland District Health Board from 2008-2010. She was a familiar figure at Auckland DHB meetings over a long period of time and will be sadly missed.

  The Board Chair acknowledged the attendance at today's meeting of Sue Claridge and Holly Neilson who were picking up some of the work previously undertaken by Linda.

- Attention was drawn to page 42 of the agenda and research grants that had been received by Auckland DHB staff from the Health Research Council.
- A new role, Director Clinical Quality and Safety, has been established following a change consultation process, and the terms of reference for the Clinical Board have been refreshed. It is hoped that this will contribute to lifting the profile and visibility of quality and patient safety.

That the report of the Chief Executive for August 2017 be received.

Carried

5.2 Health and Safety Report (pages 45-107)

Sue Waters, Chief Health Professions Officer asked that the report be taken as read, drawing attention to points made in the executive summary outlined on pages 45 – 46 of the agenda.

The following points were covered in discussion:

- Appreciation was expressed by board members for the series of health and safety site visits that had been held throughout the year. They had allowed a behind the scenes view of the operation of the hospital that enabled a better understanding on the part of the board member.
- It was advised that the role of health and safety representative was taken on over and above a staff member's normal duties. The fact that the number of health and safety representative vacancies did not currently meet target, was not overly concerning. In times of hospital pressure, such as that currently being experienced, this was not uncommon but would eventually right itself.
- It was confirmed that the 76% training completed in high risk Workplace Violence

areas encompassed a large percentage of staff from the three high risk areas, Mental Health, ED and the General Medical unit.

- It was advised that the lift replacement project was proceeding well. The issues being experienced with breakdowns were with current stock awaiting replacement. It was natural that when replacing units additional stress was placed on those remaining in service. A shift engineer was in place 24/7 to monitor the situation and response times to breakdowns had decreased.

Resolution: Moved Robyn Northey / Seconded Lee Mathias

That the Board:

1. **Receives the Health and Safety Performance report for June 2017.**
2. **Endorses reporting of progress.**

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report (Pages 108-115)

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

- The DHB financial result for the month of June 2017 is a deficit of $384K which is favourable to budget by $2.5M. The full year preliminary and unaudited result is a surplus of $3.2M, unfavourable to budget by $1.3M which is driven by the transplant volumes above the funded level without compensating wash-up.
- The June and full year results show a significant variance of $62.8M in both revenue and expenditure, however, this is bottom-line neutral. This is due to a change in accounting treatment for agency arrangements between Auckland DHB and Counties Manukau DHB (CMDHB) for PHOs and Laboratory Services ($61.3M) and with Waitemata DHB ($1.4M). Historically, agency revenue has been accounted for in IDFs. The Ministry of Health have now requested that the appropriate accounting treatment be applied in the financial accounts.
- The Auditors are now auditing the 2016-2017 accounts.

The following points were covered in discussion:

- Advice was provided that the basis for the reclassification of the agency relationship for IDF was to ensure consistency with the treatment required by OAG and the Ministry of Health.

That the Board receives this Financial Report for June 2017.

Carried

6.2 Funder Update Report (Pages 116-125)

Debbie Holdsworth, Director of Funding – Auckland and Waitemata DHBs asked that the report be taken as read, highlighting in brief that the AAA (Abdominal Aortic Aneurysm) programme had been picked up on by the Prime Minister. It was notable that via the programme screening, two patients had already been identified with aortic abnormalities and had been able to be sent straight for surgery.

The following points were covered in discussion:

- Appreciation was expressed by Gwen Tepania-Palmer for the investment in the AAA programme and the fact that it was producing good results.
- Advice was given that the issue of IDF arrangements with the Northland DHB was still unresolved. Discussions were ongoing around service change. If volume is removed that poses a risk for Northland DHB. A report for their Board is being prepared on the matter. The current year has been completed with the IDF pricing issue unresolved and therefore the matter will be escalated for the Ministers attention. All Boards need to take responsibility for service provision to their own populations.
- Further information was asked for in relation to the legal claim outlined on page 121 of the agenda. The Ministry of Health has received a legal claim from Mike Heron QC on behalf of the Home Care Health Association (HCHA). The HCHA claims that Pay Equity is not being fully funded as stated in the Settlement Agreement. Debbie Holdsworth could not comment as it was a Ministry of Health matter. A general discussion was had as to the current state of the Age Residential Care (ARC) Sector within the Auckland region.

That the Funder Update Report for June 2017 be received.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee (Pages 126-138)

In the absence of James Le Fevre as Chair for this particular committee meeting, Jo Gibbs, Director Provider Services submitted the following recommendation from the Hospital Advisory Committee to the Board. Jo Gibbs commented that a key point from the meeting related to the ongoing pressure experienced in terms of operational demand and the discussion with divisional lead teams over remedial action that could be taken to address that pressure.

The following points were covered in discussion:

- Advice was provided by Margaret Dotchin, Chief Nursing Officer, that to address the shortage of midwifery staff, a regional approach had been adopted. Workforce

modelling was being undertaken to obtain better information for determining future requirements for the metropolitan Auckland region. The DHB had been fortunate to recruit Australian graduates to fill some gaps. Recruiting to support students is underway as there is a high dropout rate following the conclusion of the first year of the course. The Hospital Advisory Committee would continue to be updated on the situation.

That the Hospital Advisory Committee draft unconfirmed minutes be received.

Carried

7.2 Disability Support Advisory Committee (Pages 139-147)

Jo Agnew, chair of the Disability Support Advisory Committee submitted the following recommendation from the Disability Support Advisory Committee to the Board. Jo Agnew commented that it had been extremely advantageous to have Amanda Bleckmann, from the Ministry of Health Disability Support Services attend the meeting and that she looked forward to her continued involvement.

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

Carried

7.3 Community and Public Health Advisory Committee (pages 148-156)

Sharon Shea, chair of the Community and Public Health Advisory Committee submitted the following recommendation from the Community and Public Health Advisory Committee to the Board.

That the Community and Public Health Advisory Committee draft unconfirmed minutes be received.

Carried

8. DISCUSSION REPORTS - NIL

9. INFORMATION REPORTS

9.1 2017/2018 System Level Measures Improvement Plan (pages 157-193)

Karen Bartholomew, Acting Director of Health Outcomes – Auckland DHB/Waitemata DHB asked that the report be taken as read, highlighting in brief that this was an evolving piece of work.

DHBs and Alliance Leadership Teams have again worked together to develop the 2017/18 Improvement Plans. These incorporate two additional SLMs:

1. Youth access to and utilisation of youth-appropriate health services
2. Proportion of babies who live in a smoke-free household at six weeks post-natal.

The Manawa Ora Committee recently received the SLM plan and a paper outlining how the planning process had addressed a focus on Maori Health advancement in addition to

equity, and the explicit links with the Maori Health Plan.

The Ministry of Health has approved the plan. The Ministry feedback was very positive; they only requested one change which was to set a quantitative measure for smoke free households. This has been completed.

The Board has received quarterly reporting on the metrics in the 2016/17 plan. The next quarterly report will provide data on the 2017/18 plan.

Resolution: Moved Gwen Tepania-Palmer / Seconded Sharon Shea

That the Board:

1 Receive the 2017/18 System Level Measures Plan.

2 Notes that the 2017/18 System Level Measures Improvement Plan has been approved by the Auckland and Waitemata Primary Care Alliance Leadership Team and Counties Manukau Health Alliance on 8 June and was submitted to the Ministry of Health on 7 July.

Carried

10. GENERAL BUSINESS

Health Innovation Hub

Lee Mathias advised that Viclink who manage the contract for the Health Innovation Hub had established a good flow of projects. One of note, which is very interesting, is the PCR test for HBeAg-negative. Board members also need to be aware that this contract is only until February 2018.

11. RESOLUTION TO EXCLUDE THE PUBLIC (pages 194-196)

Resolution: Moved Lee Mathias / Seconded Jo Agnew

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		
2. Register of Interest and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

3. Confirmation of Confidential Minutes 28 June 2018	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] As per those reasons stated in the open agenda of 28 June 2017.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.1 Circulated Resolution – Allocation for Contract Value Increases – Primary Care, Community Care and Aged Residential Care	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Action Points	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Chief Executives Confidential Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	public at this time [Official Information Act 1982 s9(2)(k)]	
5.2 Human Resources Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6 Performance Reports - NIL		
7.1 Finance, Risk and Assurance Committee	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Hospital Advisory Committee	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Code Black Policy	**Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D

		Act 2000]
8.2 Rheumatic Fever	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Extension of the St Luke's CMHC Lease and Leading of Replacement Premises	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.0 Discussion Reports – Nil	N/A	
10.1 Board Resolution Quarterly Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.2 Northern Region Long Term Investment Plan	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D

		Act 2000]

The meeting closed at 1.55pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 09 August 2017

Chair: _____ Date: _____

Lester Levy

Action Points from 9 August 2017 Open Board Meeting

As at Wednesday, 09 August 2017

Meeting and Item	Detail of Action	Designated to	Action by
5 April 2017 Item 5.1	**Cleaning Staff** That Fiona Michel investigate and provide data on whether programmes for low paid workers had assisted with remuneration levels and if this training had enabled these staff to step up to a healthcare assistant role.	Fiona Michel	1 November 2017
28 June 2017 Item 6.3	**Statement of Performance Expectations (SPE) Performance Report** That Karen Bartholomew, Acting Director Health Outcome draft a letter to the Ministry for the Board Chair to come from the three metro DHB's describing the situation and outlining required performance improvement for breast screening.	Karen Bartholomew	COMPLETED

Chief Executive's Report

Recommendation

That the report be received.

Prepared by: Ailsa Claire (Chief Executive)

Glossary

1. Introduction

This report covers the period from 17 July – 27 August 2017. It includes an update on the management of the wider health system and is a summary of progress against the Board's priorities to confirm that matters are being appropriately addressed.

2. Events and News

2.1 Notable visits and programmes

Memorandum of Understanding signed with Cancer Society

Auckland DHB Chief Executive Ailsa Claire and Cancer Society Chief Executive John Loof signed a Memorandum of Understanding on 21 August at Auckland City Hospital.

The MOU formalises the constructive working relationship between the DHB's Regional Cancer and Blood service and the Cancer Society that provides significant benefit for our patients and families, including community liaison nursing, psychology, and the volunteer driving service.

It also formally documents the requirements relating to privacy, health and safety, the Vulnerable Children's Act, building access, vehicle safety requirements and others.

(Pictured: Chief Executive Ailsa Claire and Cancer Society Chief Executive John Loof.)

Winter pressures - Update

Auckland City Hospital continued to experience high adult patient numbers, with demand significantly exceeding the expected (and planned for) winter increases. Thanks to the commitment and dedication of our staff, and a strong spirit of team work that reflects our value Manaaki/Together, we have continued to deliver high quality care. We have also been

able to move forward with important initiatives that improve patient care and make us more effective as an organisation, including successfully implementing the 24/7 Project.

Regionally, the four Northern region DHBs – Northland, Waitemata, Counties Manukau and Auckland – are working together to determine the implications of the projected population increases on our services and capital requirements over the next 20 years. In addition to working with partners nationally and in other sectors on evidenced based interventions and programmes which support people to be as healthy as possible, the Northern Region DHBs are jointly focused on three areas:

- Accelerating model of care change programmes to maximise health outcomes
- Fixing our current facilities and existing assets to make them more fit for purpose
- Future proofing our capacity for expected demand

Our Right Care for You communications campaign which asks the public to help by accessing primary care and keeping the emergency department for serious illness and injury has continued through this busy period. Posters were carried in all Auckland buses for a three week period, and leaflets and posters have been circulated to community centres, libraries and Citizens Advice Bureaus. Leaflets have also been rolled out digitally in seven languages – English, Māori, Tongan, Samoan, Korean, Chinese and Hindu.

Ongoing promotions across a variety of social media channels have reached more than 50,000 individuals, and the "Right Care for You" page (www.adhb.health.nz/rightcare) on our website has been viewed more than 1000 times.

Although our capacity remains very high, forecasting shows we are at the start of a downward trend in patient numbers, and will start to notice this in September.

Seven Day Community Services

As part of our Care Closer to Home work, we have expanded our adult community service to seven days. From the beginning of September, clinical leadership is available to our front line clinical staff during the weekend, providing extra support to Community and Reablement Services. The new seven day approach is designed to improve patient outcomes, provide a better experience for patients, increase clinical safety, improve patient flow, and reduce hospital admissions.

Benefits of a seven day working model include:

- Improved patient flow: patients can be discharged at the weekend and community support commenced immediately, rather than waiting until Monday.
- Reduced hospital admissions: patients requiring community input that could avoid an acute admission can be supported to remain in the community, including

responding to St John calls and residential care, as well as supporting patients that present at the emergency department to return to their home environment.

- Improved patient outcomes: patients will be able to commence and continue community reablement packages seven days per week and therefore not be delayed in an inappropriate environment.
- Improved patient experience: patients can receive a wider range of services seven days per week, enabling greater patient choice and satisfaction. Patient can also receive continuity of care and will not need to contact multiple departments to request support.
- Improved clinical safety: with a greater number of staff on duty and a great range of services available, members of staff will be able to discuss cases and provide collegial support as required.

Synthetic cannabis - Update

The surge in patients with serious symptoms thought to be related to synthetic drug use reported to the Board in July has not been repeated. ED presentations remain steady but relatively low, and Auckland DHB has continued to work closely with and provide a flow of information to other agencies, including Waitemata DHB, Counties Manukau DHB, NZ Police, St John, the Chief Coroner, and the Ministry of Health (MOH).

Lorde visits Starship

Starship Child Health and Radio Lollipop hosted a special visit by pop superstar Lorde on 19 July.

Lorde (Ella Yelich-O'Connor) spent more than three hours at Starship, interacting with our young patients, their families, and Radio Lollipop volunteers. She was interviewed on Radio Lollipop and visited every ward in the hospital, bringing smiles to many faces.

2.2 Health sector partnerships

Māori and Pacific Youth

Auckland DHB has committed to providing further career opportunities for Māori and Pacific youth by signing the Youth Employment Pledge, established by Auckland Council's Youth Connections.

Dr Lester Levy signed the Pledge on 26 July on behalf of the three Metro Auckland DHBs, describing it as a symbolic but important step toward both addressing social disadvantage and ensuring the health workforce kept pace with the demands of Auckland's rapidly changing demographics.

The Pledge is one of the ways we are delivering on the promises in the Auckland DHB People Strategy, by focusing on the workforce we need for the future of health in Auckland.

(Pictured: Waitemata and Auckland DHBs GM Māori Health, Riki Nia Nia, Auckland metro DHBs Chair Dr Lester Levy, and Counties Manukau Health Director of Population Health & Strategy, Margie Apa with the signed Pledges.)

Māori and Pacific graduate nurses

The most recent cohort of nursing graduates recruited to Auckland DHB includes 18 Māori nurses which is the highest number recruited to date. The DHB has also been successful in recruiting a further eight Pacific nurse graduates in the September intake. Over 40 Pacific nurses attended a recent Fono focused on developing Pacific leadership within the organisation.

Stroke rehabilitation

An Auckland and Waitematā DHB-led national pilot programme providing additional rehabilitation services to employed people who experience a mild stroke is expected to begin by the end of this calendar year. Reablement from Stroke Obtained via a Rehabilitation and Employment Service (RESTORES) will provide rehabilitation support for people who have experienced a mild stroke, with the goal of helping them return to work and remain in the workforce.

A pilot of 20 participants will be followed a randomised controlled trial involving 300 people. The findings will inform a potential wider roll-out of the programme, based on evidence of sustained employability and financial outcomes. The RESTORES programme has the potential to change the lives of people in the Auckland and Waitematā districts who have experienced stroke, and their whānau and dependents.

2.3 Patients and community

2.3.1 Acknowledgements

On August 6, paediatric surgeon, Dr Elizabeth Rumball phoned Police for assistance to circumvent heavy traffic and get to Starship Hospital urgently to perform cardiac surgery on a young baby. Two police officers blue-lighted her all the way to the hospital. The surgery went well, and the story was shared as a social media video on by Counties Manukau Police and Auckland DHB. Almost 100,000 people viewed the video, which generated more than 200 comments including many similar to the examples below, where people took the opportunity to thank Dr Rumball and the Starship team for helping their own loved one.

2.3.2 Email enquiries

Communications manages a generic communication email box, responding to all emails and connecting people to the correct departments. For this period, 338 emails were received. Of these emails, 40 were not communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

2.4 External and internal communications

2.4.1 External

We received 95 requests for information, interviews or for access from media organisations between 17 July and 27 August 2017. Media queries included enquiries about winter demand and hospital occupancy, general enquiries about suspected synthetic cannabis cases, and a NZ Herald request about Tupu Ora, the Regional Eating Disorders Service.

Approximately 5 per cent of the enquiries over this period sought the status of patients admitted following road accidents and other incidents or who were of interest because of their public profile.

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

2.4.2 Internal

- One CE blog post was published, acknowledging the very high demand for our services this winter, and thanking our staff for their efforts and innovations in response.
- One Teamtalk blog was published by Jane Lees, Nurse Director for Community and Long Term Conditions talking about the links between their locality work, collaboration with the Calder Centre (who provide health care to the homeless and people in crisis) and our Winter Warriors campaign.
- Sixteen news updates were published on Hippo, the DHB intranet.
- Six editions of 'Our News', the weekly email newsletter for all employees were distributed.
- 'In the Know' sessions took place on 10 and 11 August with approximately 80 managers attending. The next sessions take place on 21 and 22 September.
- One edition of Nova magazine was published, highlights included stories covering how our Research strategy is reaping rewards; how our ACOS team reach out to our community's most vulnerable, and a welcome for our new 24/7 hospital functioning teams.

2.4.3 Events and campaigns

Winter Warriors

Thank you to everyone who contributed to our winter clothing donation drive last month. Together we collected about **5600 items** for Auckland City Mission. A special thanks to the people who organised collections with the City Mission at our main receptions and at the Taylor Centre, Manaaki House, Rehab Plus and St Luke's Centre.

Auckland City Mission Chief Executive, Chris Farrelly thanked staff and reported the donations received during our winter warriors campaign are being put to good use:

"Thank you for the amazing support the Auckland DHB team has given to the mission's Winter Warriors Appeal. I was delighted to hear about the amazing response your staff collection generated. It is another example of the close connection the mission and Auckland DHB have on a number of levels. Your wonderful donations are already making a difference to thousands of Aucklanders who are in desperate need in our community. With your support we can continue to provide assistance and care to those in most desperate need of our help, both now and into the future."

Flu Vaccination

The final phase of our flu vaccination programme finished on 31 August. This winter 7932 (76.5%) Auckland DHB employees, contractors, students and volunteers were vaccinated against influenza, protecting our patients and our people.

Nursing and Midwifery Uniforms

From Monday 14 August, you will have started to see our nurses, midwives and health care assistants wearing new uniforms. The uniforms were chosen following an extensive consultation process with more than 2300 responses on design and 1500 votes on colour.

The majority of our nursing and midwifery teams will be in the new uniform by the middle of September. The new uniforms come in three colours so patients can easily identify who is who: light blue for health care assistants, dark blue for nurses and midwives, and grey for senior nurses. Everyone going into the new uniforms has been individually fitted so they get the right sized uniform for them and have chosen their preferred styles out of the options on offer.

Scooter safety with Auckland Transport

In July, Auckland Transport offered our employees free scooter mechanical checks to keep them safer while commuting. This was in part because scooters do not require ongoing Warrant of Fitness checks, so there isn't a regular reminder to keep your scooter safe for riding.

2.4.4 Social Media

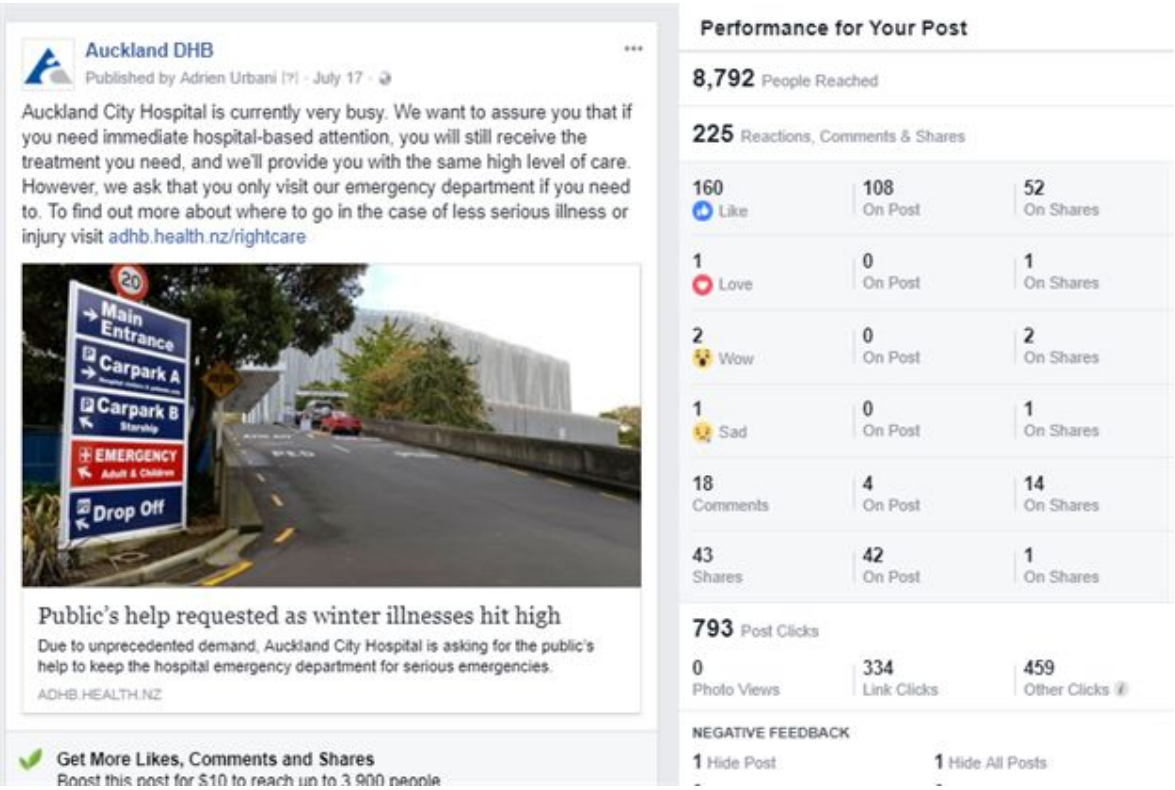
Followers

Twitter: 3,071
Instagram: 263
Facebook: 5,217
LinkedIn: 6,117

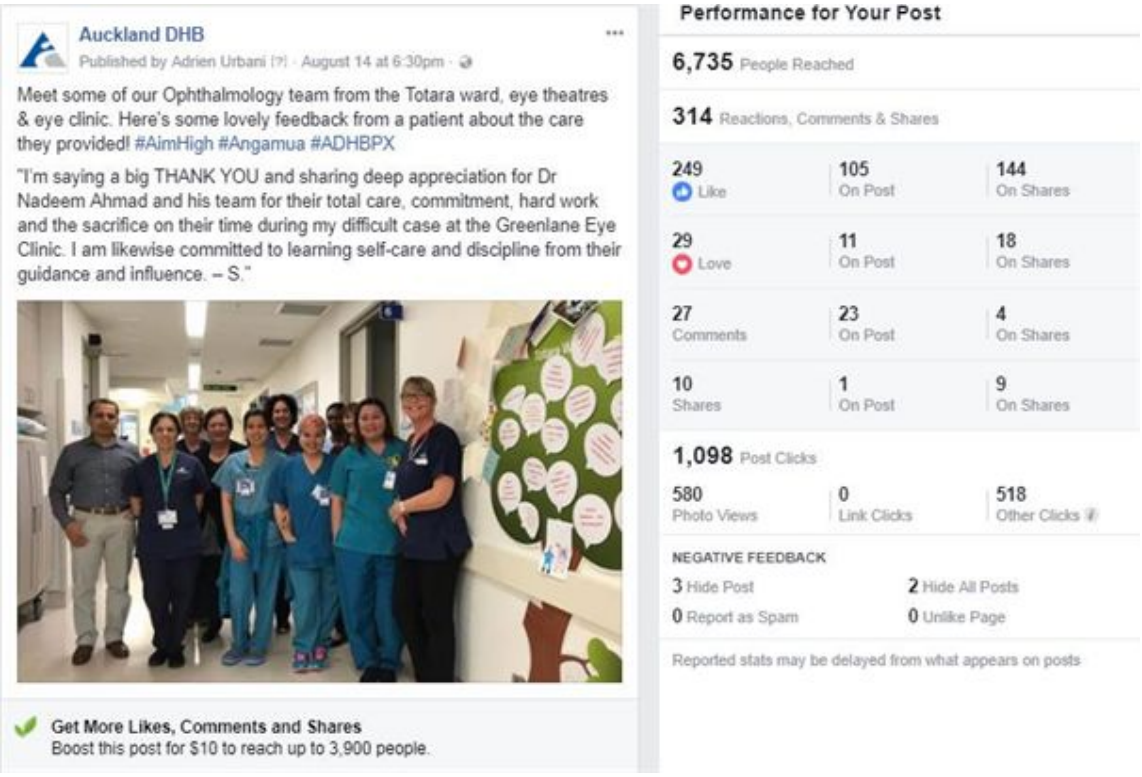
Top posts and statistics

New Nurse Uniforms

Public's help requested – winter illnesses



Ophthalmology team PX letter

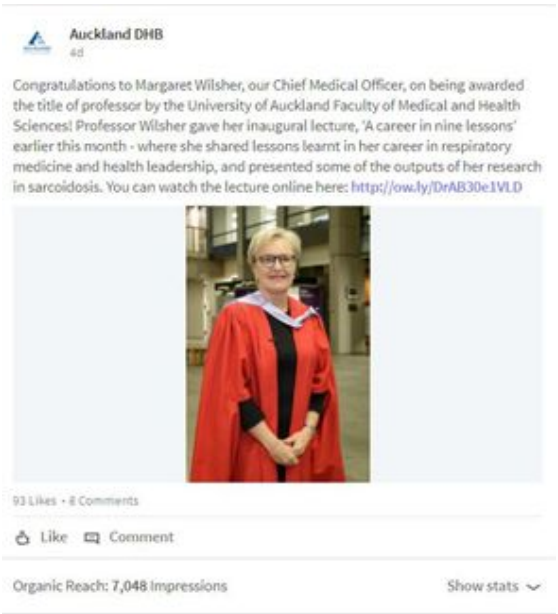


Dr Elizabeth Rumball/Counties Manukau Police Story

Post content summary

Our people

- Local heroes
- Margaret Wilsher Professorship
- Dr Stuart Dalziel Research
- Dr Elizabeth Rummel/CM Police Story



World class healthcare

- Cancer Society MOU
- HEX2016 – TeleDOT project
- HEX2016 – New-born Metabolic Screening

Patient experience

- Ophthalmology team PX letter
- Communication Cards
- Disability Strategy Forum
- Lorde Starship visit
- Starship soft toys campaign

Recruitment and organisational news

- Pacific Youth Employment Pledge
- Navigate Onboarding welcome
- CSSD Recruitment
- HEX awards promotion
- General recruitment

Healthy communities

- Public's help requested – winter illnesses
- Right Care For You & Translated Resources
- Kainga Ora Healthy Homes Initiative
- Scooter safety with Auckland Transport
- HEX 2016 Stories – Spectrum Care & Alliance Health+ Trust
- Find a GP on Healthpoint

2.5 Our People

2.5.1 Local Heroes

There were 11 people nominated as local heroes during July.

Our August Local Hero is Rachel Gatland, Cardiac Sonographer.

Rachel was nominated by a colleague who said: "Rachel always goes the extra mile to fit patients onto cardiology outpatient lists to ensure patients receive an echo - which is often the most important diagnostic tool in cardiovascular disease.

Recently, she worked really hard to ensure a young patient with significant valve disease had an urgent echo. This ensured the patient was referred in a timely manner for valve replacement surgery which will enhance her quality of life.

Her 'can do' attitude is an example of how our Allied Health workers are an integral part of our patients' pathway and experience. Her display of our Auckland DHB values about working together for our patients and aiming high to provide excellent care is a credit to her profession."

2.5.2 Chief of Intelligence and Informatics appointed

Shayne Tong has been appointed to the substantive position of Chief of Intelligence and Informatics for Auckland DHB, having acted in the role for the past six months. Prior to joining the DHB, Shayne was Chief Information Officer for Genesis Energy and has held roles with Fletcher Building, Barclays Group and Goldman Sachs.

2.5.3 Director, HR Partnering and Management appointed

Christine Hutton has joined Auckland DHB as Director, HR Partnering and Management, replacing Elizabeth Jeffs, who is now Director of Human Resources at Counties Manukau Health. Chris will be with us for a 12 month fixed term contract.

2.5.4 Sustainable Business Network Awards

Auckland DHB was recently a finalist in the 2017 Sustainable Business Network (SBN) Awards with two entries: Going Circular - PVC recycling in hospital, and Efficiency Champion - DOT initiative.

3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

National Health Targets – Auckland DHB

	Status	Comment
Acute patient flow (ED 6 hr)		Aug 90%, Target 95%
Improved access to elective surgery (YTD)		98% to plan for the year, Target 100%
Faster cancer treatment		Jul 90.5%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	Aug 94%, Target 95% Jun Qtr 92%, Target 90% Jun Qtr 100%, Target 90%
Raising healthy kids		Aug 100%, Target 95%
Increased immunisation 8 months		Jun Qtr 95%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	

National Health Targets – YOY comparison Auckland region DHBs

	Auckland Region	2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Shorter Stays in Emergency Departments 95% of patients will be admitted, discharged, or transferred from an emergency department within six hours.	**Auckland DHB**	**93**	**95**	**95**	**95**	**95**	**95**	**95**	**93**
	Waitemata DHB	93	95	96	95	97	97	97	97
	Counties Manukau	95	95	96	96	96	96	95	92
	All DHBs	92	94	94	94	93	94	94	93
Improved Access to Elective Surgery The volume of elective surgery will be increased by an average of 4000 discharges per year.	**Auckland DHB**	**93**	**98**	**98**	**101**	**93**	**97**	**96**	**08**
	Waitemata DHB	101	101	102	106	105	106	108	111
	Counties Manukau	99	103	105	109	110	108	107	107
	All DHBs	104	105	106	108	105	103	104	106
Faster Cancer Treatment 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks by July 2016, increasing to 90% by June 2017.	**Auckland DHB**	**66**	**70**	**75**	**77**	**79**	**88**	**87**	**81**
	Waitemata DHB	74	68	70	75	86	90	92	90
	Counties Manukau	70	72	70	74	75	74	76	78
	All DHBs	69	75	75	74	78	82	82	81
Increased Immunisation 95% of 8-months-olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time.	**Auckland DHB**	**95**	**94**	**94**	**94**	**94**	**95**	**94**	**95**
	Waitemata DHB	93	95	93	92	94	92	92	92
	Counties Manukau	95	95	94	95	94	94	94	94
	All DHBs	93	94	93	93	93	93	92	92
Better Help for Smokers to Quit 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. (Other targets also exist)	**Auckland DHB**	**85**	**86**	**88**	**91**	**87**	**88**	**88**	**92**
	Waitemata DHB	85	88	90	91	87	88	88	90
	Counties Manukau	87	88	89	92	89	89	89	92
	All DHBs	83	85	86	88	87	86	86	89
Raising Healthy Kids 95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions by December 2017.	**Auckland DHB**	Note: this target replaced ***More Heart and Diabetes Checks*** from July 2016				**79**	**97**	**99**	**100**
	Waitemata DHB					83	100	100	100
	Counties Manukau					29	62	91	98
	All DHBS					**49**	**72**	**86**	**91**

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

3.2 Financial Performance

Year-end audits for 2016/17 are still continuing and at this stage we are not expecting any changes to the reported result of a $3.2M surplus against a budgeted surplus of $4.5M. A draft Annual Report is an agenda item for this Board meeting.

For 2017/18, financial planning has continued and we have now developed a breakeven budget that is subject to Board approval at this meeting. However, we have submitted the draft plan indicating breakeven position to enable compliance with reporting requirements to the Ministry for July and August months. The risks in the 2017/18 plan are discussed in the separate agenda item.

Performance against this draft plan indicates a surplus of $4.6M for the month of July, against a budget of $5M, thus $399k unfavourable. This result reflects a $641k unfavourable position for the Provider arm, which was partially offset by favourable positions in the Funder arm ($188k) and Governance arm ($54k). Revenue for the month was less than budget by $3.1M, mainly due to a provision for IDF wash-up for undelivered volumes and revenue assumed in the plan not yet received (e.g. additional transplant), plus various other minor revenue variances across income categories. Expenditure was favourable to budget by $2.7M mainly in the personnel cost and clinical supplies areas, reflecting lower FTEs than planned and lower volumes delivered compared to contract.

While overall volume performance was below contract for the month of July, medical services were above contract and surgical services below contract, reflecting the need to cancel elective surgery on a number of days during the month in order to free up beds for medical patients.

July was the busiest month ever for the Adult Emergency Department - the average week day patient attendance number rose to 206 patients with average weekend attendances of 216 patients per day. The Admission and Planning Unit also had its highest level of patient attendances ever and the median length of stay was one of the longest length of stays in recent years. Access to APU from AED was problematic at times due to high levels of hospital and APU occupancy. High levels of hospital occupancy and winter illness among the ward staff slowed down the flow of patients from level 2, and AED and APU had many periods of gridlock and access block during the month.

4. Clinical Governance

4.1 Women's Health Annual Clinical Report Presentation Day

National Women's Health presented their Annual Clinical Report on 11 August, with more than 250 people attending a day-long conference that featured speakers from within Auckland DHB, and the wider New Zealand and international health sector. The report chronicles the work of our Maternity, Neonatal and Gynaecology services in 2016, which has five strategic work streams aligned with the concept of service excellence.

- Deliver the best possible outcomes for women and their families
- Provide demonstrably safe care
- Continually improve the quality of care we provide
- Value, support and hold our workforce to account
- Take care of our resources and become sustainable

Feedback about the day has been very positive, and the results of a survey of attendees will be available next month. The standout presentation was from Associate Professor Judith McAra-Couper (Head of Department; Midwifery AUT, Chair of the New Zealand Midwifery Council, and Co-Director of the Centre for Midwifery & Women's Health Research) who analysed the maternity data, and challenged "enough is enough" with respect to the relatively high intervention rate in low risk women.

4.2 Health Research Council Grants

Congratulations to Dr Shay McGuiness and Dr Colin McArthur who have received grants from the Health Research Council administered by the Medical Research Institute of New Zealand.

Dr Shay McGuinness "Timing of initiation of renal support in acute kidney injury" ($1,191,467)

Acute Kidney Injury (AKI) is a common problem that affects 67% of patients admitted to the intensive care unit (ICU) and is associated with much worse patient outcomes including increased risk of death and the requirement for long-term dialysis. Patients who have more severe forms of AKI often require Renal Replacement Therapy (RRT), a form of dialysis. It is unclear when RRT should be started – earlier RRT may theoretically be better; however it does have its own complications and adds significant treatment costs. The Timing of Initiation of Renal Support in Acute Kidney Injury (STARRT-AKI) Trial is the largest study of RRT ever undertaken in the ICU and will investigate if early commencement of RRT reduces the risk of dying for patients with AKI. This global study will enrol 2866 patients from 80 ICUs in NZ, Australia, Canada, China and Europe including 400 patients in New Zealand.

Dr Colin McArthur "Bacteraemia antibiotic length actually needed for clinical effectiveness" ($1,191,322)

The optimal duration of antibiotic treatment for critically ill patients with bloodstream infections is unknown, and there is evidence shorter durations of antibiotic treatment are as

equally effective as longer durations for less severe infections. Longer durations contribute to antibiotic resistance, complications such as secondary infections, and increased healthcare costs. This project is an international, multi-centre, randomised, controlled trial in New Zealand, Canada and Australia involving 3,600 patients in 40 intensive care units to determine whether shorter duration antibiotic treatment (7 days) for patients with bloodstream infection is as effective as longer treatment (14 days) and associated with less total antimicrobial use, and fewer secondary bowel infections, adverse events, and development of antibiotic-resistant organisms.

4.3 Care Capacity Demand Management (Safe Staffing Healthy Workplace).

The Safe Staffing and Healthy Workplace (SSHW) Unit has signed off the Auckland DHB annual work plan to progress the implementation of this national programme to ensure that nursing workforce allocation matches the care requirements based on patient acuity within inpatient wards. We will shortly begin work analysis within our four Reablement Wards. Work analysis assists in determining the nursing skill mix required. This will then lead to a process of FTE calculations in early 2018. We are establishing a plan to have 50 wards complete this process by 2021.

4.4 Evaluation of Schwartz Rounds published in the Internal Medicine Journal

An Auckland DHB initiative addressing staff stress and burnout through a programme of monthly care-based reflective rounds has been evaluated by Shamsul Shah, Ingo Lambrecht and Anne O'Callaghan and reported in the Internal Medicine Journal.

Based on the Schwartz Center Rounds, the programme involves facilitated one-hour, monthly, case-based, staff support groups to discuss some of the complex emotional and psychosocial issues in caring for patients. Attendees reported positive benefits, including gaining knowledge to help them care for patients (94%), working better with colleagues (87%) and gaining insight into how others think and feel in caring for patients (97%). The authors concluded staff benefit from a safe and supportive space to explore the emotional aspects of their work, and value having a 'shared understanding' with the recognition that they are 'not alone' when managing challenging situations.

Health and Safety Performance Report

Recommendation

That the Board:

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

Endorsed By: Sue Waters (Chief Health Professions Officer)

Glossary

BBFA	Blood and/or Body Fluid Accident
EY	Ernst and Young Limited
HSR	Health and Safety Representative
HSWA	Health and Safety at Work Act (2015)
LTI	Lost Time Injury (work injury claim)
MFO	Medical Fees Only (work injury claim)
MOS	Management Operating System
PCBU	Person Conducting a Business or Undertaking
PES	Pre-employment Health Screening
SMS	Safety Management System
SPEC	Safe Practice Effective Communication (SPEC)
SPIC	Safe Practice in the Community
YTD	Year to date

1. Board Strategic Alignment

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

2. Executive Summary

This report contains data for the period including July 2017, the most recent month for which all data is available.

There were no Notifiable Events in July.

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

There were 52 BBFA incidents in July, but only 27 were reported on SMS. All missing reports are followed up by Occupational Health Nurses.

The Seasonal Flu Vaccination Campaign's Phase 4 has been completed (17-23 July). Phase 4 consisted of roaming vaccinators available in both the clinical and non-clinical areas at Auckland City Hospital. Clinic based vaccinations were offered at Greenlane Clinical Centre. Notifications of time, dates and the vaccinators' name were available in 'Our News'. Staff Alerts were sent out when

"roaming day" vaccinators were visiting the respective areas. In-Team vaccinations also continued as usual. Further vaccination opportunities (both roaming and clinic based) were made available during the week of 24 July, at both Auckland City Hospital and Greenlane Clinical Centre. As of 28 July, 7,915 workers had been vaccinated, of which 6,949 were employees, including 194 employees vaccinated at their GP's Clinic, or elsewhere. As at the end of July the percentage of employees vaccinated was 76%. A final roaming session and a few clinic-based sessions were planned for early August. Appointments for all further vaccinations are to be made by contacting the Occupational Health Clinic.

Lost time injury claims, at 3, were better than the target level of 10 (Lagging Indicators Scorecard), with the frequency rate (events per million hours worked) also better than target, at 3. The severity rate remains low, at 0. Note that claim figures include all work related injury claims lodged against Auckland DHB whether they were accepted, declined or are still pending a decision. This figure can vary slightly from month to month due to re-opening of historical claims to process late payment. This can also occur due to late claim reporting.

All charts in this report include data from Kiosk and the new Safety Management System (SMS - Datix). SMS reporting includes all workers, as required by the Health and Safety at Work Act. Kiosk was turned off at the end of June 2017.

Health and Safety Representative (HSR) Training, is at 75% completed, against a target of 80%. This includes both the transitional training provided by WorkSafe and the Two Day Training sourced from E.M.A. There are 18 HSRs roles vacant, which is better than target. We do not have access to the NZQA Records of Achievement for HSRs so cannot report on how many have achieved the required NZQA Unit Standard (US29315). This is confidential information that can only be accessed by the registered individual. Departmental managers need to request this information from each HSR directly.

Due to the current limitations of new Safety Management System, the Health and Safety team are unable to generate reports on the progress of Health and Safety Incident Investigations. The Health and Safety team is working with the Quality Team so that this issue can be resolved and incident investigation progress reports can be generated in future.

Patient Handling training was completed by 78 workers in July. 85 workers completed the refresher training. There were 9 workshops in July, where staff learned the physical skills needed for effective patient handling.

Local induction and e-learning induction reports are still well below target. The link on the Health and Safety intranet landing page provides a much easier method for managers and HSRs to register the completed local inductions. Clinical staff who are employed on Regional Contracts are highly mobile and inducting them is difficult for HSRs. If these staff are removed from the data, this provides a 4% increase in compliance reporting.

Health and Safety Performance Report – July 2017

Contents

3. Purpose of Report

This report is intended to provide information to the Board relating to the health and safety performance at Auckland District Health Board. Each Directorate receives a similar, focused report, containing data related to that part of the organisation. These are included in Section 12.

4. Health and Safety Scorecard for July 2017

The Leading and Lagging indicators in the scorecards are indicative of Health and Safety performance across the organisation using trends and traffic light indicators. This helps to highlight the areas where we are progressing towards our target and the ones where further improvement may be needed.

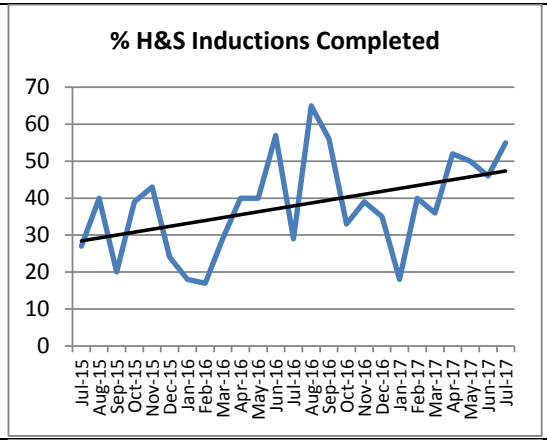
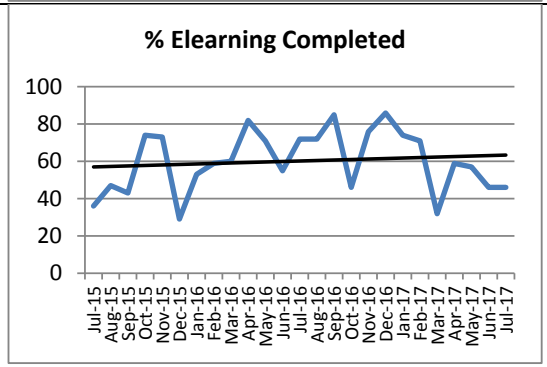
Lagging Indicators

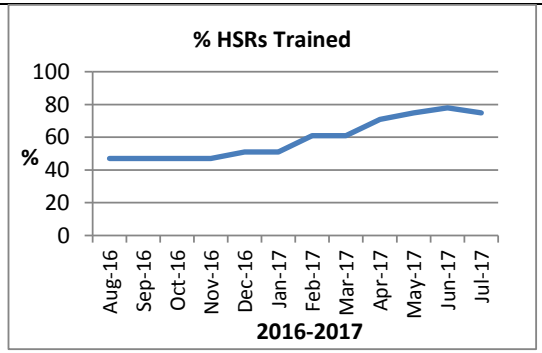
	Actual	Target	Trend
Lost Time Injury Frequency Rate	3	8	
Number of Injury Claims	20	35	
Lost Time Injury Severity Rate	0	2	
Lost Time Injury	3	10	
Cost of Injury Claims (000's)	13	80	
Excess Annual leave: % of workers with excess annual leave	9	6	
Number of Reported H&S Incidents			
Staff	194	200	
Contractors	13	50	
Students	0	10	
Volunteers	0	10	
Number of Notifiable Events			
Staff	0	0	
Contractors	0	0	
Students	0	0	
Volunteers	0	0	
Patients	0	0	
Other	0	0	
Top 3 Accident types that caused harm			
Patient Handling	5	0	
Workplace Violence and Aggression	4	0	
Physical Environment (Slip/Trips/Falls)	4	0	
Lone/Off site workder safety; total recorded incidents and severity	RU	0	
Lone/Off site workder safety; total recorded claims	RU	0	

Leading Indicators

	Actual	Target	Trend
% Pre-employment screening before start date	99	100	
% Significant Hazard Registers current	RU	80	
% completed hazard remediation	RU	80	
Management of Reisidual Risk action plans	RU	80	
% local H&S Induction completed (YTD)	55	100	
% Health & Safety e learning completed (YTD)	46	100	
Number of H&S Representative Vacancies	18	25	
% H&S Representatives Trained	75	80	
% of reported H&S Incidents investigated- 14 days	RU	80	
# of outstanding H&S Incident investigations	RU	10	
Number of contractor audits completed	50	10	
Level of compliance contractor audits	100	90	
# of Hazardous Substance audits conducted	15	10	
% Hazardous Substance audits compliant	100	80	
Safety Secuity Audits conducted	RU	0	
% training completed in high risk WV areas	76	95	
Health and Wellbring Programmes: new and underway	RU	0	
Number of staff Seasonal Influenza Vaccinations (YTD) 2017	7920	7923	
Contact Tracing (events)	0	0	
Contact Trace (headcount exposed)	0	0	

5. Commentary on Health and Safety indicators exceptions

Indicator	Issue		Action
Local Health and Safety Inductions	Local Health and Safety Inductions are to be carried out within 7 days of the employee commencing work at Auckland DHB. Health and Safety Department is to be notified when this has been completed, using the link on its webpage.		Managers are responsible for the new starters' local inductions. Health and Safety Advisers emphasise this at all the Health and Safety Directorate Committee meetings. The compliance process for the local inductions is mentioned in the Health and Safety Directions (newsletter that is circulated to HSRs and Managers). A new link has been placed on the webpage to simplify reporting.
On-Line Health and Safety training (Ko Awatea LEARN)	All new workers should complete this assessment within one month of commencing work at Auckland DHB. Completion is reported directly by Ko Awatea.		Approximately 46% of new starters have completed the training for the month of July 2017. This is an ongoing issue (low percentage) and needs to be addressed by every directorate.

Indicator	Issue		Action
Health and Safety Rep training	Training for new Health and Safety Rep is provided by EMA and includes the mandatory NZQA unit standard.		Three more sessions (August, October and November) have been scheduled. 124 Health and Safety Representatives have attended this training to date and 120 Health and Safety Representatives have completed Transitional Training making it a total of 244/326 (75%) This percentage is calculated by taking into account the HSRs positions that are currently filled.
Number of Health and Safety incidents investigated within 30 days.		Report currently not available from Safety Management System (Datix).	
Percentage of training completed in high risk workplace violence areas	Workplace violence and aggression training is needed to manage the identified risks in these areas.	No data currently available.	The WV&A steering group has identified that a multi-stream approach is needed to meet the needs of the various directorates and at varying levels within each directorate.
Hazard Registers are Current	No centralised system in place for the hazard registers (some directorates are using a paper or spreadsheet based system).		The Hazard Registers will be mapped to the new Safety Management System. This is a large piece of work and the Health and Safety Team is currently working with the Quality Team to achieve this.

6. Health and Safety Risks

The table below outlines our key health and safety risks together with commentary on the current status/issues related to that risk and any actions to address issues. The table has been organised to list the Hazards (Risks) from higher risk to lower risk items. Please note that the table lists only the remaining amber and red risks. There are eight risks on the table. One residual risk remains high, and seven are amber. No new risks have been added for this report. Update was provided by Heather Townend, Programme Manager and John Casey, Health and Safety, Risk and Compliance Manager, Facilities and Development (Auckland DHB).

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
Site Security 483RR	Access Control System and CCTV system experience on-going outage which occurs on a daily basis due to the age of both systems and lack of a preventative maintenance program over the past few years. Upgrade the maintenance protocols to reduce the down-time is required. Commercial Services now have operational control over both Access control and CCTV systems and are currently in the process of upgrading the access control system to a newer platform. The CCTV system is also being replaced by a new IP and VMS based CCTV system. Fortlock security systems have been selected as the preferred Contractor to carry out all works on the systems upgrade and to carry out future R+M work on all security systems.	A business case for an upgrade to the Access control and CCTV at both sites was accepted by the Board in December 2014. Steering group formed to oversee the management of this risk. Independent Consultant has reviewed plans and advised re the implementation model. There is an identified asbestos issue throughout Grafton and Greenlane sites but this is being carefully worked through by Facilities Management and close liaison with Commercial Services is underway in order to determine a safe pathway to accommodate the security systems upgrade.	The Honeywell replacement at Grafton site is expected to be completed by end 2017. Planning for GCC and other community sites have not been scheduled but will commence early 2018. It should be reported that the risk is lowering as more areas are cutover to the new Gallagher system; 45% as of July 2017. (Reported by Heather Townsend on 16/8/17)
Original Risk			Residual Risk (5x3) 15

Aggression - Physical and Verbal 479RR	Physical and verbal abuse directed at workers from patients and visitors primarily occurs in Mental Health, Adult ED, and some children's services. Although most result in minor harm each one has the potential to be very serious.	Safe Practice in the community (SPIC) training and the National collaborative on Safe Practice Effective communication (SPEC) has been agreed upon and training will commence in 2017. Discussion with a potential supplier for training for physical health area is underway and a tender process is to commence in 2017.	Remains a medium risk while incidents are occurring. However work is being done to close any gaps in security and safety in the community. We are not sure if all accidents/near misses are reported.
Original Risk			Residual risk (4x3) 12
Auckland City Hospital Atrium Walkway barriers 563RR	The glass barriers on some of the levels of the Auckland City Hospital atrium walkway are lower than others. The lower barriers allow for people to climb over them. Two recent attempts have been made by a member of the public both were interrupted by passers-by. There was a successful jump from level 6, three years ago. The person survived. Note that the existing barriers are compliant with the building codes for user safety in relation to accidental falls, the issue here is intentional falls related to suicide attempts.	Approval for part of the project was obtained in June 2016. Handrails have been removed to prevent climbing points.	Facilities will monitor the area to see how effective these controls are. On-going monitoring indicates that the controls are effective as long as bins or chairs are not put against the balustrades. A request will be made to the Communications Team to communicate this to staff.
Original Risk			Residual Risk (5x2) 10

Greenlane Clinical Centre	The design of the glass balustrades allow for people (patients and children) to climb	Facilities and Development have investigated possible solutions using the	Glass has been ordered. The new balustrades are expected to be installed by

Dental Clinic	over them.	existing materials. Due to new building regulations a retro fit solution is not possible. New balustrades are required and being quoted.	September 2017. The immediate risk is being managed. When the new balustrades will be placed the risk can be further reduced.
Original Risk			Residual Risk (5x2) 10

Slips, Trips and Falls (related to hazards in grounds and buildings.) 478RR	Making up almost 25% of our incidents, slips, trips and falls, continue to be one of the most significant hazards as they are with any other industry worldwide.	Continue to report trends and liaise regularly with Facilities when repairs are required. Liaise regularly with the cleaning service to ensure that best practice wet floor risk management is a continual focus. A Pedestrian Safety committee was established in late 2016 and meets monthly to drive priorities based on risk. July 2017 A review of the built in rubber matting in the entrances to some of the buildings is currently being undertaken by Facilities as water due to the inclement weather is being tracked into our buildings.	Risk remains at a medium level because of the unpredictable nature of this incident type. Brochures have been designed. Posters have been designed to raise the awareness on what to do when a spill or leak occurs.
Original Risk			Residual Risk (3x3) 9

Traffic Management (loading bays/ parking)
388RR
465RR
	The level 5 loading bay at Grafton has been identified as a Health and Safety hazard by Auckland DHB.
	
	The risk for pedestrians at both the Grafton and Greenlane sites is due to high volume of interactions between trucks, vehicles and pedestrians (including staff, patients, contractors, couriers, ambulance services and visitors)
	
	The Auckland DHB Traffic Management plan is awaiting direction from the Public Spaces Project.
		A Pedestrian Safety steering group has been formed and monthly meeting are being held to agree priorities for remediation.
		
		Projects are being progressed with a risk based prioritisation approach.
		
		Pedestrian Safety Project update
		
		<u>Auckland City Hospital Grafton</u>
		
		• Pedestrian crossing outside Transition Lounge
		  ○ x2 (1 each side of crossing)
		• Cart Docks
		  ○ x1 between Cart dock 1 and 2
		  ○ x1 at end of Cart dock 3
		• Building A08
		  ○ x1 under the Air Bridge to A01
		  ○ x1 at stop sign at intersection of A01/A08/A07
		  ○ x1 at A08 main entry side stairs,
		  ○ x1 at bottom end of A08 on exit road to Domain
		• Building A35 (Mental Health)
		  ○ x1 before the pedestrian crossing
		• Building A15 (FMU)
		  ○ x1 before the pedestrian crossing.
		• Building A43 (Marion Davis Library)
			The risk remains moderate until the work to improve traffic safety is completed at Grafton and Greenlane Clinical Centre and a Traffic management plan is established. Speed bumps and additional signage have been put in place.
			
			The speed bumps are helping reduce the speed of vehicles on site. The Board have undertaken an engagement visit with Facilities during July 2017 to view this initiative.
			
			The pedestrian crossings (weather permitting) from car park A to A01 level 5 will be repainted using a non-slip coating.

		○ x1 uphill from bend in roadway before the pedestrian crossing becomes visible. ○ Paint the existing Marion Davis library pedestrian crossing in-laid asphalt judder bar with road marking colours as per Carpark B • Starship/Carpark B Vicinity ○ x2 full road width judder bars ○ Paint out the existing pedestrian crossing in-laid asphalt judder bar with road marking colours as per Carpark B The Junction at Carpark B and road down to Clinical records, building A21 has also been identified as requiring further review due to trucks needing to enter the A21 Carpark on the wrong side of the road. <u>Greenlane Clinical Centre Greenlane</u> • Building G04 main entrance ○ Upgrade current width 50mm height with 75mm full width • Building G17 ○ x1 close to bus stop on road to Claude Road. • Building G16 – ○ x1 at a mid-point between Claude Road Entrance Gate and G15 pedestrian crossing.	The hoardings will be removed and Facilities will re-paint it the pedestrian crossings. This are is being reviewed and options being sought to improve the safety of this area.

		Install works anticipated commencement in 2 weeks. Works to be conducted is the Claude Road Entrance – Install new pedestrian crossing with footpath ramps just above vehicle gates/Gate House.	
Original Risk			Residual Risk (4x3) 12

Asbestos 524RR	There are a number of buildings utilised by Auckland DHB that contain asbestos. The Auckland DHB Facilities Asbestos register requires updating. Contractor compliance with asbestos hazard management is being actively managed and the issues are being addressed.	Collaboration with Waitemata and Counties DHB's is underway in relation to the asbestos management plan and communication plan. The main Auckland DHB contractors likely to undertake work in areas where asbestos have been identified are required to undertake Asbestos Awareness Training. Building surveys are nearly complete and the Asbestos Management Plan has been reviewed by Health and Safety specialists at Meredith Connell. Recommended changes have been made and approved by SLT. Asbestos in the Workplace presentations (LearnHR) are being undertaken at GCC and ACH for staff.	Asbestos in building is safe if in good condition and not disturbed. The risk remains moderate due to the extent of asbestos in our buildings and the requirement to undertake planned and unplanned work on the structure of the buildings. Especially Building Warrant of fitness compliance work or emergency works The Asbestos Management Plan and Policy is due to be tabled at the August Board meeting for approval.
Original Risk			Residual Risk (4x2) 8

Facilities Lifts 502RR	A number of issues in relation to elevator repairs and maintenance. This has resulted in lift malfunction where people have been trapped in the lifts.	Five year Lift replacement plan in place.	The risk is reduced to moderate as the review of all lifts is now completed and remedial work is underway. Two new lifts at SSH are in service with the third (lift 21) due at the end of September 2017. The SSH link lift will no longer be used for patients (an alternate route in place). New lift ropes have been installed to the A32 Staff lifts 1 & 2.
Original Risk			Residual Risk (4x3) 12

7. WorkSafe NZ Notifications – no change from last report

Notifiable Events (Staff) (previously called Serious Harm)
Auckland DHB noted the following serious incidents (now Notifiable Events) reported to WorkSafe NZ in the 2016/17 fiscal year.
There were no Notifiable Events in July 2017.

8. Worker-Reported Incidents

Directorate Abbreviations for Chart 2:

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

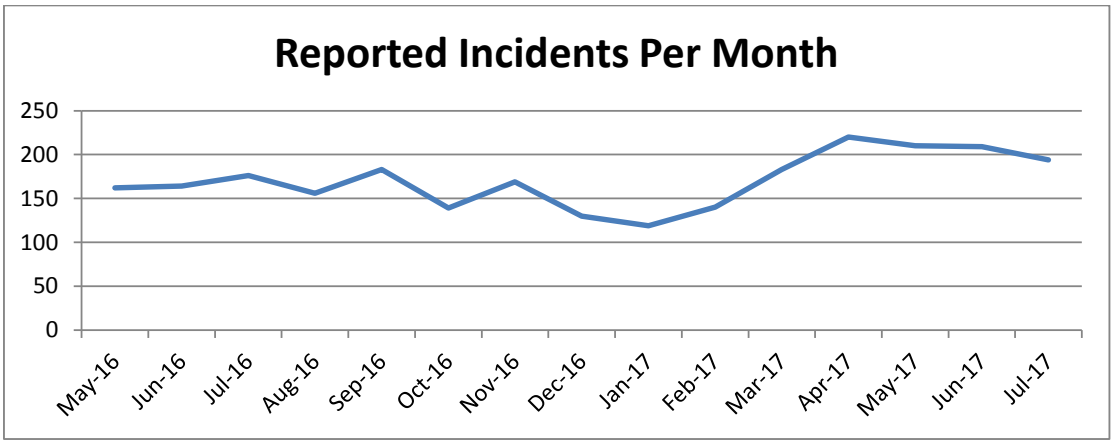


Chart 1 Total incidents reported by staff per month to July 2017.

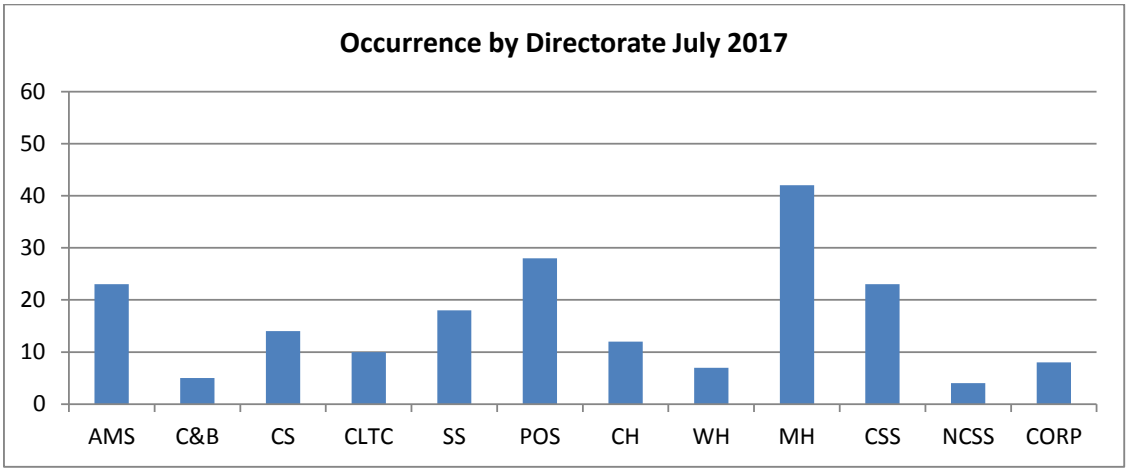


Chart 2 Incidents by Directorate: July 2017

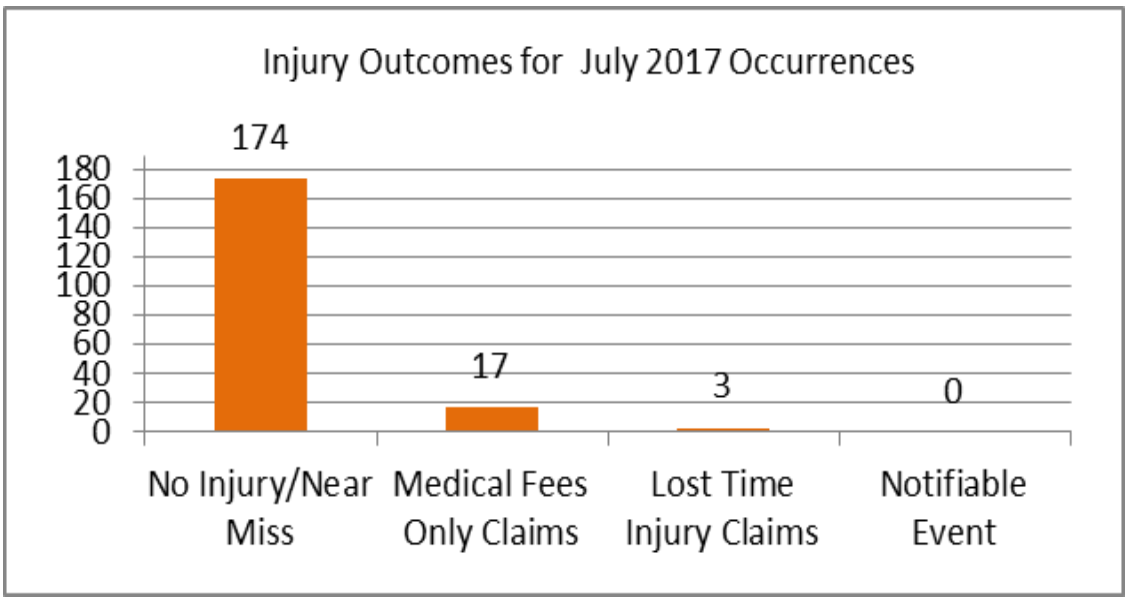


Chart 3 Incidents by Injury outcomes July 2017.

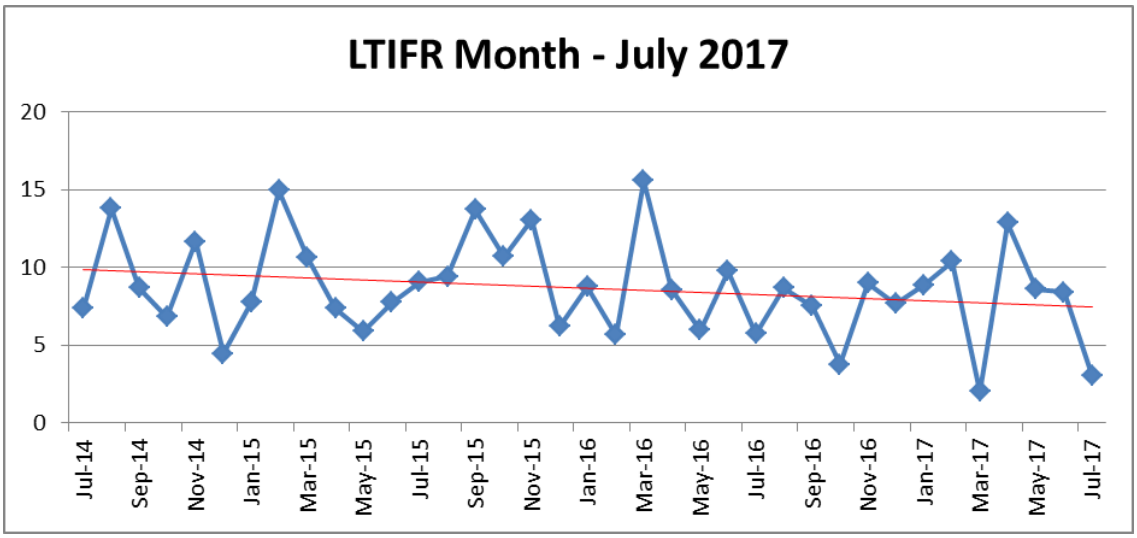


Chart 4 Lost Time Injury Frequency Rate by Month (July 2014 – July 2017)

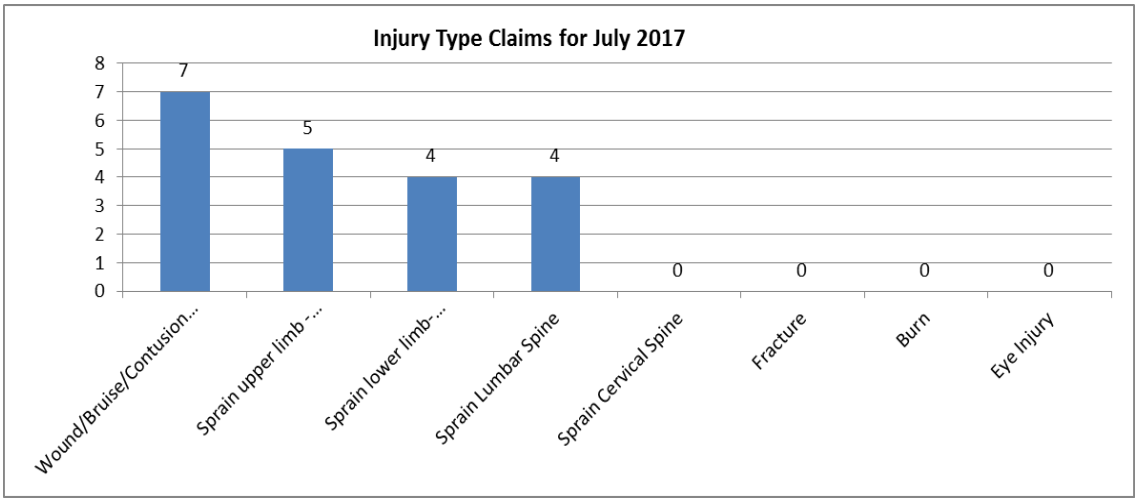


Chart 5 Claims by Injury type for July 2017

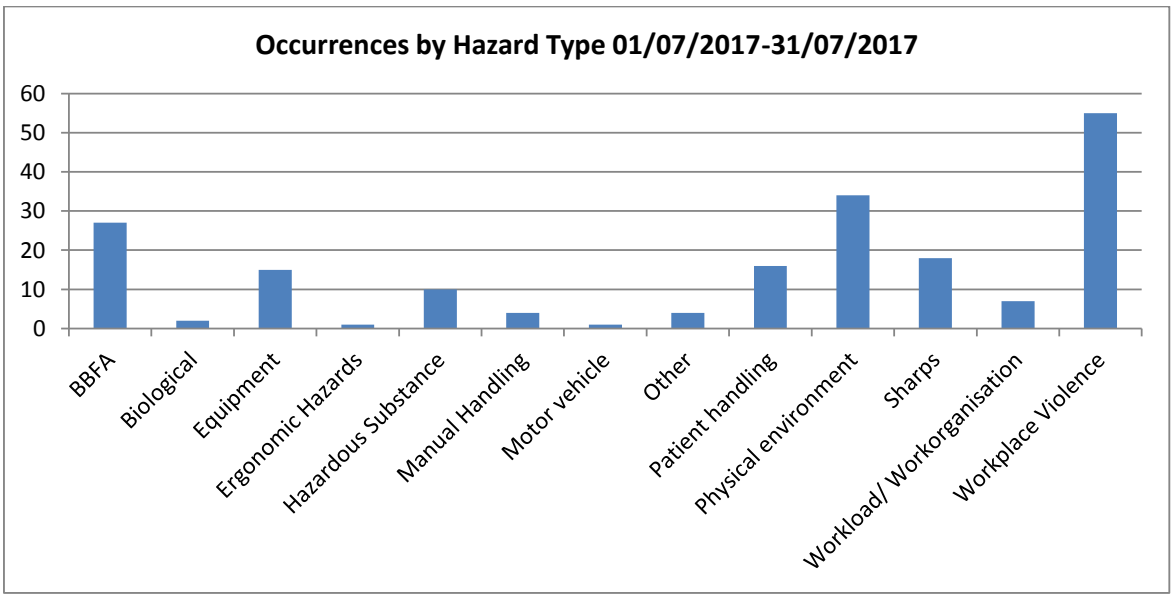


Chart 6 Incidents (Ocurrences) By Hazard Type July 2017 (194)

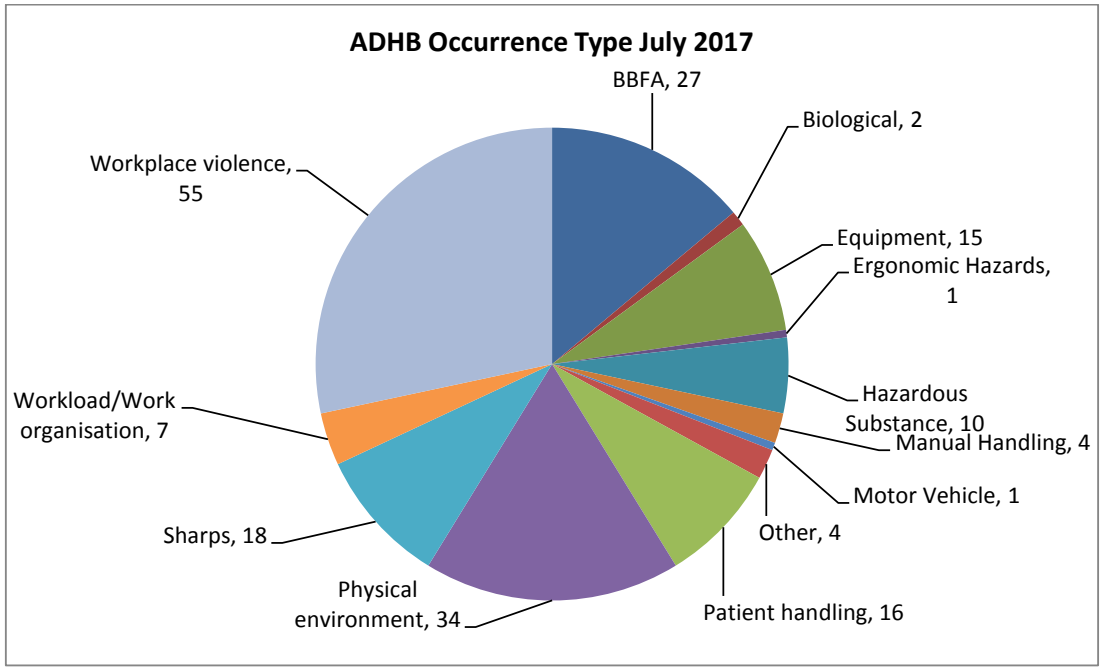
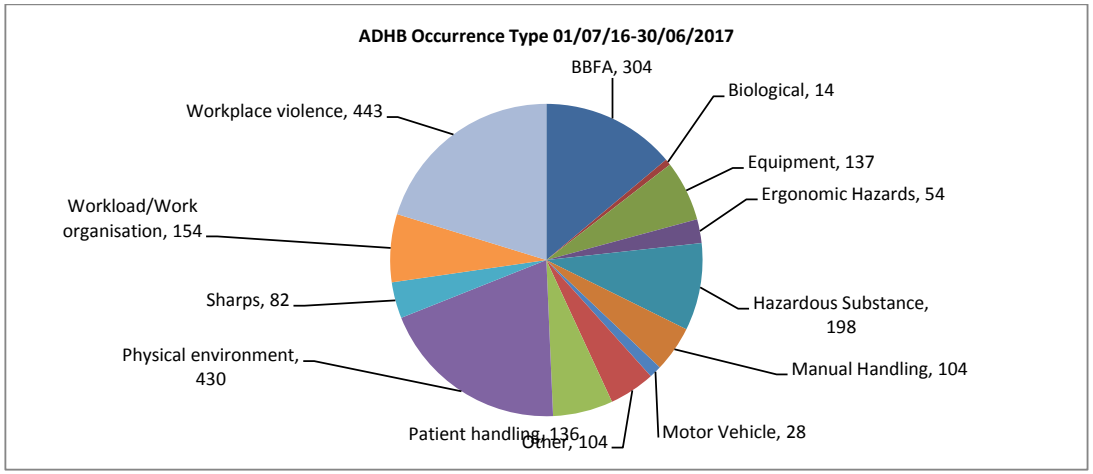


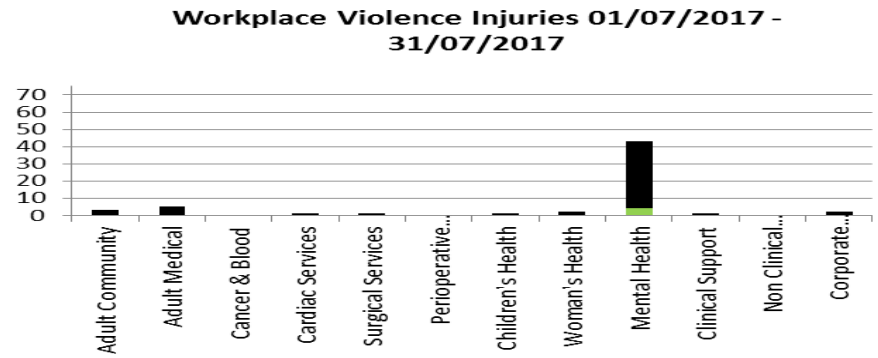
Chart 7 – Year to date Occurrences by Hazard type (Last year chart below for info)



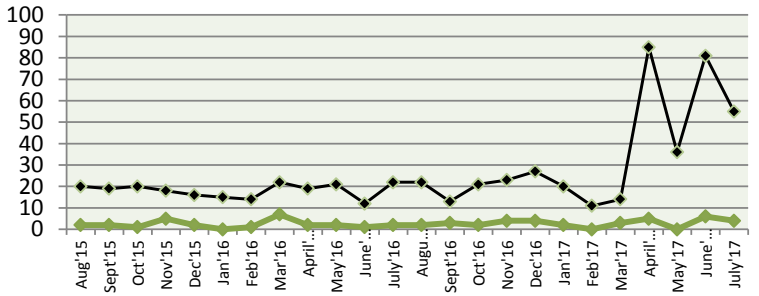
9. Top Three Incident Types Which Caused Harm (Occurrences and Claims)

CLAIMS OCCURANCES

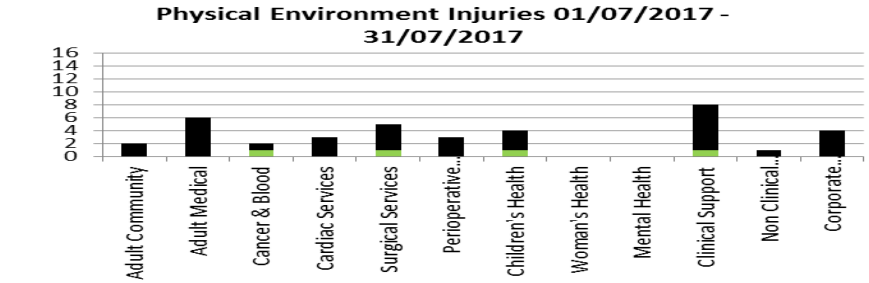
WORKPLACE VIOLENCE AND AGGRESSION:



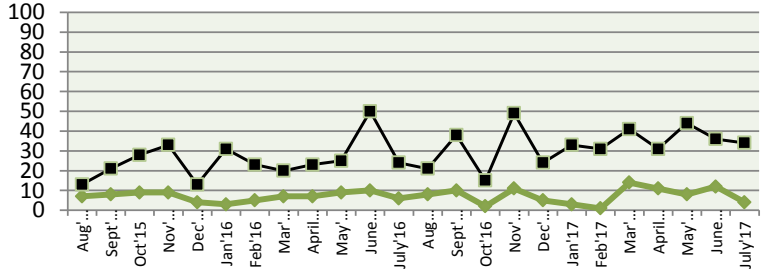
2 Year Rolling



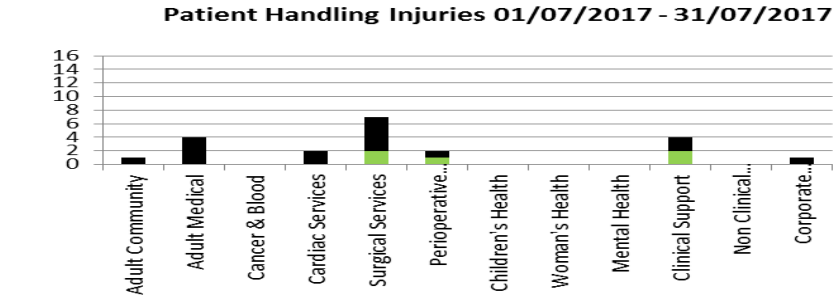
PHYSICAL ENVIRONMENT:



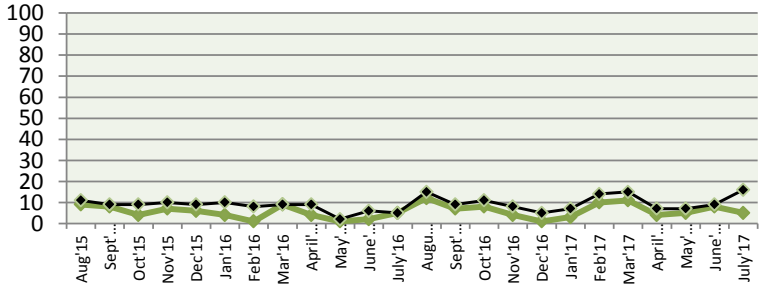
2 Year Rolling



PATIENT HANDLING:



2 Year Rolling



5.2

10. Health and Safety Activities

ACC Accredited Employer Partnership Programme Audit
The audit consisted of reviewing the Health and Safety systems (conducted every alternate year) and the Injury Management systems (desktop audit, site inspections, case reviews and focus groups- conducted every year). Progress is reported to the Finance Risk and Audit Committee. The Injury Management System Audit will be in November 2017.

Asbestos
The Asbestos Management Team meets fortnightly. The Asbestos Management Plan and Asbestos Policy documents have been completed and have been reviewed by independent legal experts. The documents are now finalised and awaiting endorsement by the board at their next meeting prior to publication. A communication strategy is currently being developed by the Asbestos Management Team and will be endorsed by ELT prior to publication.

An educational presentation focusing on staff awareness of asbestos and how ADHB is managing this historical substance has been prepared and presented to staff at various forums including the H.R. Learn sessions. Feedback has been very positive and Facilities and Development will continue to identify further opportunities to present this information to our staff.

Managing Safely
The courses for 2017 have been set up in Kiosk. This has been promoted throughout the Directorate leadership team. 231 Managers have completed the Managing Safely course as of July 2017.

Board Health and Safety Engagement visits
The July 2017 visit focused on the pedestrian and road safety around the Grafton site. The Board Health and Safety Engagement visit for the 23rd August was cancelled. The next visit is on 4th October 2017.

Month	Day	Visit Date
August	Wednesday	**Canx**
October	Wednesday	**4 October 2017**
November	Wednesday	**15 November 2017**

Auckland DHB Health and Safety Committee
The Auckland DHB Health and Safety Committee meets six-weekly, chaired by Sue Waters, and last met on 12/07/17. Mike Impey (Health and Safety Manager) chaired this meeting. Monthly Directorate Health and Safety Reports are provided to support the committees.

Safety Management System (Datix):
Health and Safety Team is working with the Quality Team to map the Hazard registers to the new Safety Management System. Health and Safety incident reporting has transitioned to the new system. Training was provided to the Health and Safety Reps (how to report an incident).

Auckland DHB Moving and Handling Steering Committee
The Auckland DHB Moving and Handling Steering Committee is chaired by Brenda McKay and they meet monthly. The Bariatric Bundle trial is now completed and a research paper will be presented to the ELT. Work has commenced on a fall retrieval bundle.

Auckland DHB Violence and Aggression Steering Committee
Violence and Aggression Steering Committee Terms of Reference are under review to ensure membership includes all stakeholder groups. The Chairperson is Anna Schofield.

New Health and Safety Legislation
See Appendix 4 for a detailed work plan with due dates and accountability.

Health and Safety Team
There are currently three vacancies in the Health and Safety Team. Recruitment will continue and a contractor has been engaged to provide services in the interim. The Health & Safety Team despite being short staffed continue to respond to requests made by the wider organisation e.g. hazard assessments, lost time injury investigation support etc.

Seasonal Flu Vaccination Uptake:
This year there was a 76% uptake of the Flu Vaccination programme by staff members. In total 7915 workers (including contractors, students etc) were vaccinated at different venues at Auckland DHB.

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

Auckland DHB is now also aligned with Waitemata DHB and Counties Manukau DHB in relation to the ACC Accredited Employer Scheme third party claims administrator. All three DHBs now use WellNZ. Regional benchmarking of injury management related data is being discussed.

11. Facilities and Development Health and Safety

Current Initiatives

The second contractors' health and safety forum was held at ACH in July. The continuing theme was on identifying appropriate controls to manage the top hazards identified at the previous forum, the also worked on a risk assessment (raw) without controls in place to highlight the potential likelihood and consequence of the risks. The next stage of this process was to get the contractors (PCBU's) to develop common baseline controls and expectations when managing these types of risks.

The controls were recorded and will be used to help compile a comprehensive hazard and risk register that reflects the ADHB hazards. The contractors will be provide the register that they can use as a baseline for all their safety documentation so that they can have controls to manage and therefore provide a safe site for all people that use our services and facilities. This approach helps create a consistent approach and allow us to set expectations for contractors on how we manage and control common hazards that are often created during the work undertaken by facilities.

The focus at the next forum will be formalizing the practicable controls and then discussing the evidence or information required (if needed) to prove that these risks are adequately managed through to the remaining residual risk. We will also have the opportunity to ensure that we sense check that we are comfortable that we have effective controls to manage the risks and a robust process that the contractors can use in future to identify hazards and manage risk.

The ultimate intention and goal will be to have a unique risk register with common controls that ADHB will expect to be implemented in relation to pre identified hazards and risk. Each contractor will also be provided this information as a basis for their risk registers.

Facilities also intend to collate this information and provide it in future ADHB documentation/ contracts, so that during any future tender processes and quotations for work, ADHB can provide more transparency on the Health and Safety requirements, standards and controls that we expect from contractors (PCBU's) working on our sites.

On-going work is also required by Facilities on establishing hoarding standards and requirements. This work has involved working with Infection Control team on the requirements (locations, material and dust prevention) of hoardings in different scenarios and also with the Emergency Management team on ensuring we design adequate egress and comply with fire safety requirements. Once we develop these standards they will also be used as a bench mark for future work.

Other on-going initiatives that are currently a focus are ensuring that we have adequate controls and systems in place when working at height, especially roof access and also ensuring that the equipment in our plant rooms is adequately guarded.

National F&D Forum

Facilities organised and hosted a national Facilities forum and had representatives from 12 DHB's attend. The forum was arranged as a result of the other regional DHB's questioning and asking Allan Johns about the initiatives and processes that we have developed or are working on at ADHB. It is intended that this forum will provide a platform so that we can start to share information nationally.

The topics that were presented and discussed included procurement especially focused on the contractor panel agreements, Health & Safety – managing contractors and navigating the current Health and Safety at Work Act (HSWA), managing asbestos in a hospital environment and how ADHB are utilizing the BEIMs work order system. The presentations and questions raised also covered some of the solutions used to help manage the day to day challenges that Facilities Managers might face within a DHB environment.

The forum has already created networking opportunities, with some DHB's already arranging to have their staff visit ADHB to gain a better understanding of how we manage some of the topics discussed in more detail.

Trade Waste Sampling

As per the terms of the Watercare Services Limited, Trade Waste Agreement with Auckland City Hospital (ACH) have undertaken the first 6 monthly water sample from a drain discharge point behind building A06. This is the discharge from the main kitchen via screens and a grease trap. The sampling is checked for the quality of the water including its PH, oil and grease content and water temperature. This sampling will ensure that the controls we have in place are effective, the first water sampling test took place in July 2017 and the laboratory results have confirmed that we are well below the requirements the Watercare have stipulated in our agreement.

The other terms of the agreement require ADHB to submit their Trade Waste Policy and Hazardous Substance Inventory, these documents have just being updated to ensure we state clearly what controls we have in place for the disposal of chemicals into the drains. ADHB will also need to continue to ensure that campaigns continue to be undertaken to raise staff awareness relating to what is allowed to be put into the drains and what is not. Facilities are working with the Communications Team to ensure this requirement is achieved.

Lifts

Facilities are also working with the Communications Team to develop a staged campaign to help raise staff awareness about preventing damage to our lifts. Facilities have identified that 80% of lift faults can be attributed to the lift doors being bumped or knocked out of alignment. When the doors this happens the lift will 'fail to safety' and stop. A lift technician is then required to visit site to check the lift, rectify any faults and reset the control to put the lift back into service. This has a negative effect on all users affected by lift breakdowns.

ADHB Board visit- Vehicle and pedestrian safety

The recent Board engagement visit in July to Facilities focused on Traffic Management and pedestrian safety. The presentation outlined the recommendations from site traffic reviews that have identified the areas that pose our highest risk at ACH, these areas were the focus of the discussions and tour.

The areas included the:-

- Level 5 entrance, planned modifications to the ambulance bay and reconfiguration of the transition lounge.
- Waste compactor/ skip and loading docks (A01).

- Access to and from Oncology around Building 8,
- Improvements that can be made on the Grafton road side of Starship hospital once the Leigh's hoarding is removed.
- The road from Carpark B down to Building 21. This area was also included as a truck was observed during the EY audit driving on the incorrect side of the road to access the building 21 car park. It has also been identified that there is no safe pedestrian access from car park B walk way to building 21 or the staff car parking areas in Kari Street.

During the tour the Board members were able to view the traffic calming (speed bumps), additional signage, pedestrian crossings and dedicated walkways that have been installed to help with traffic management and pedestrian safety. The decline in the number of vehicles driving through the site and reduction of the speed of vehicles through the site were noted.

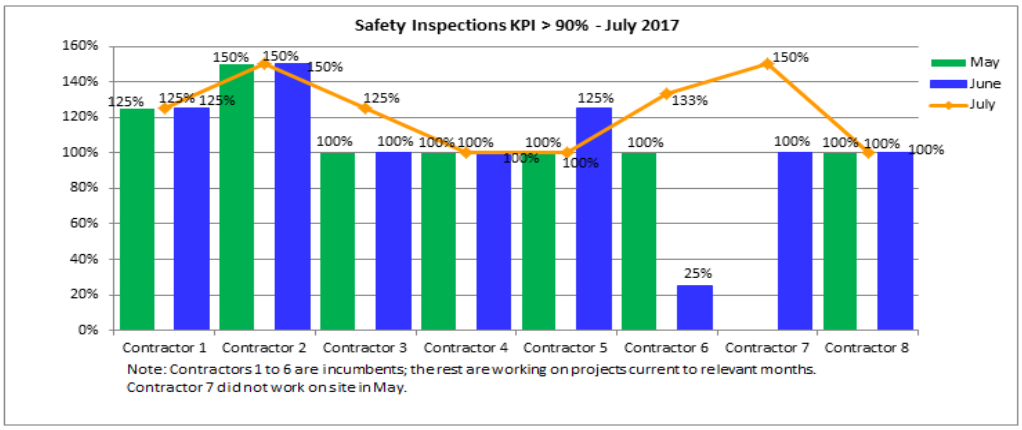
Significant Projects – CDU, A32 Level 2

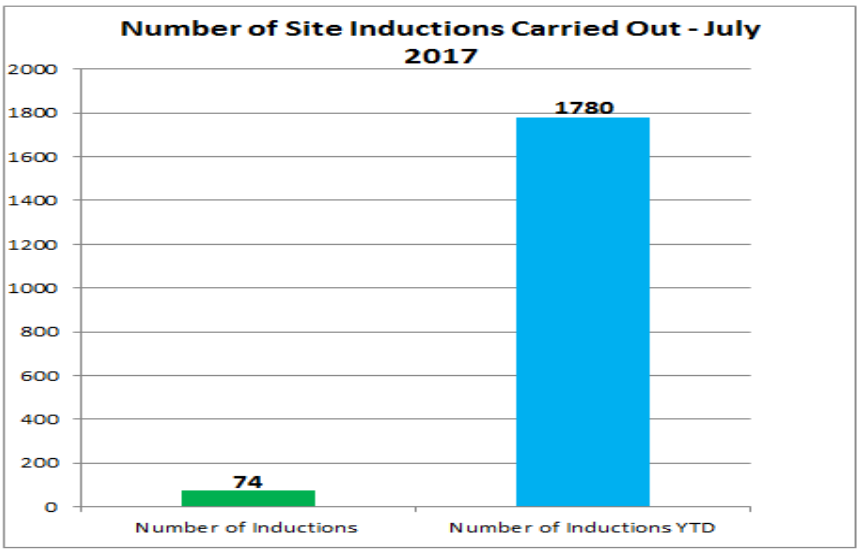
The demolition of the cages, concrete block walls and concrete pads has been completed at CDU. The contractors are now cutting the concrete floor slab to install the pipework for the required plumbing. A number of internal and external audits have been undertaken on this site and the Sub P site (same contractor) and have identified that the standard of housekeeping especially during the demolition has been to a very high standard and the sites are being actively managed.

Photographs showing the standard of housekeeping while on site while the trenches are being dug out for the drainage pipes on the CDU site.

Inductions- Online and PAE inductions

In July 74 contractors have been inducted (or re inducted as inductions are valid for 2 years) onto site or undertaken the on-line induction process and the yearly total of all the inductions undertaken is now standing at 1780 (combined) completed for workers engaged to work on site. The number of inductions reflects the volume of work and projects that F&D are currently managing especially around Starship, CDU, sub P and an influx of new workers that are engaged via Facilities.





This month's reporting is averaging 103% across all the work that Facilities are engaged to manage.

12. Directorate Health and Safety Reports

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

(Control+Click on Directorate Title to access the report)

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

Adult Medical Services Health and Safety Report

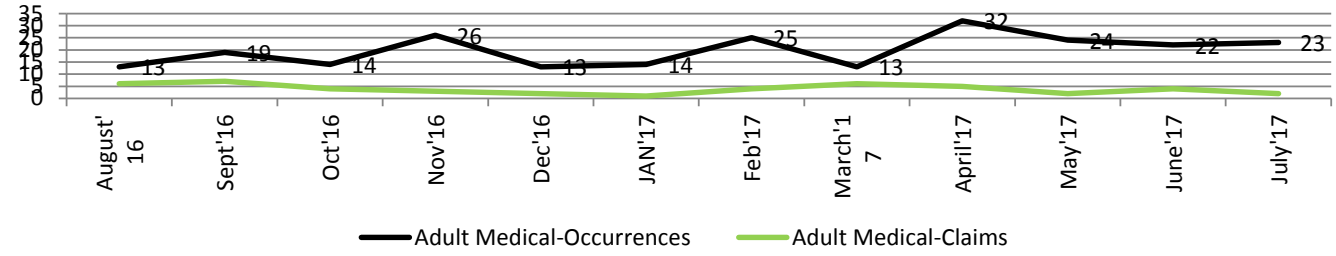
Lagging

	Actual	Target	Trend
H&S Incidents	23	20	
Work Injury Claims	2	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

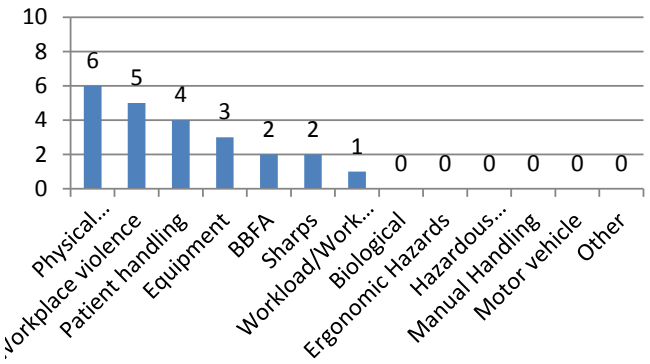
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	71	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	74	80	
%6 Monthly Workplace Checklist	78	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

Health and Safety Incidents and Claims for 12 months

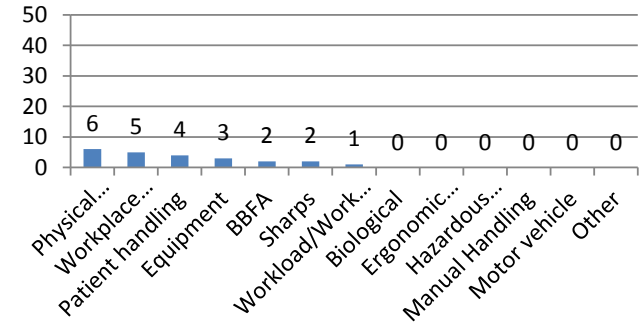


Health and Safety Incident by Hazard Type for July 2017

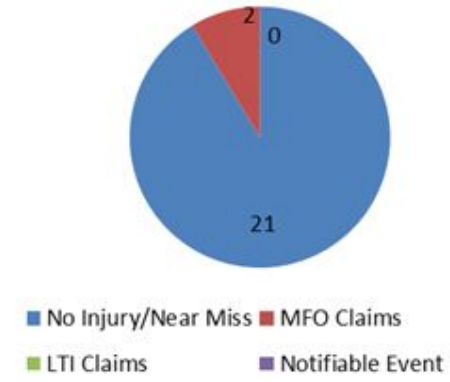


Work Injury by Outcome Type for July 2017

Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



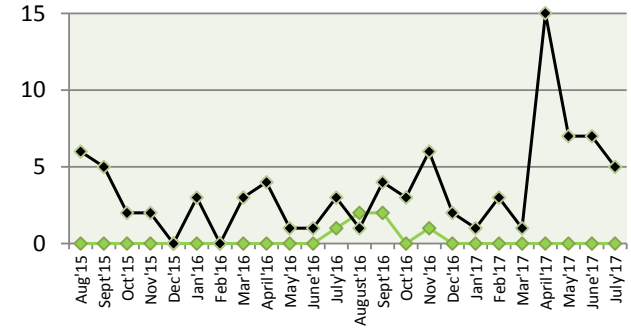
Work Injury by Outcome Type – YTD (2017-2018)



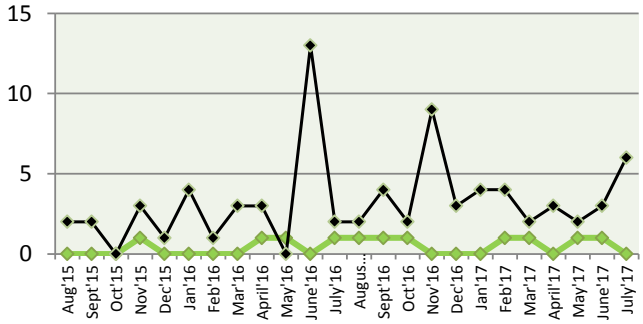
Adult Medical Services Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

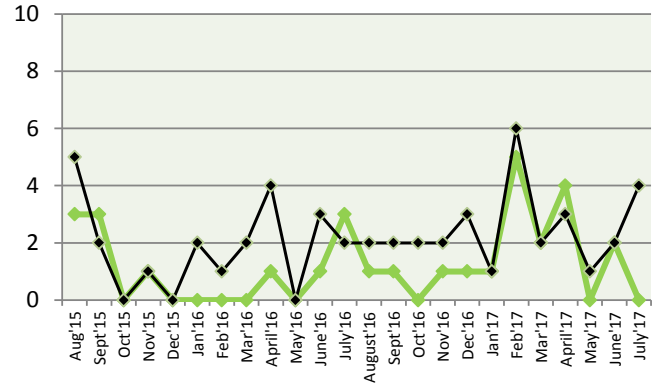
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



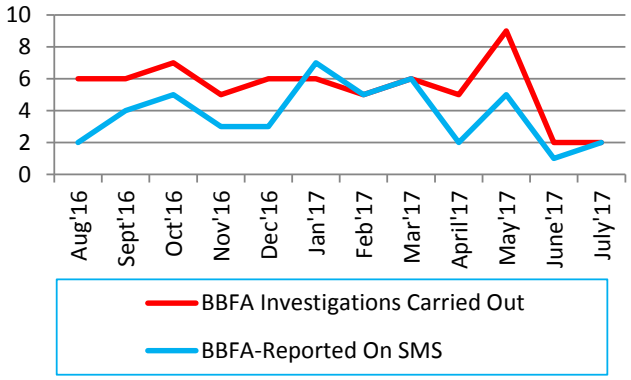
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

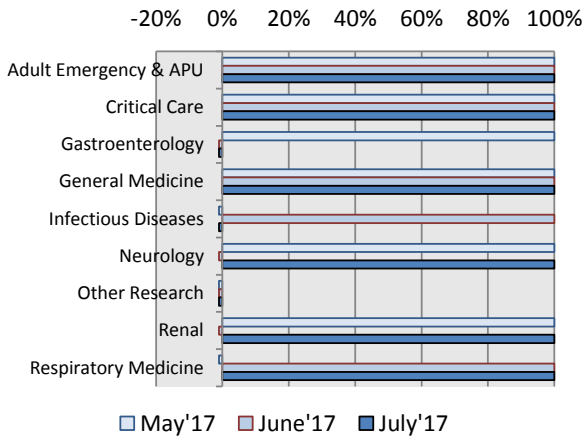


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Cancer and Blood Services Health and Safety Report

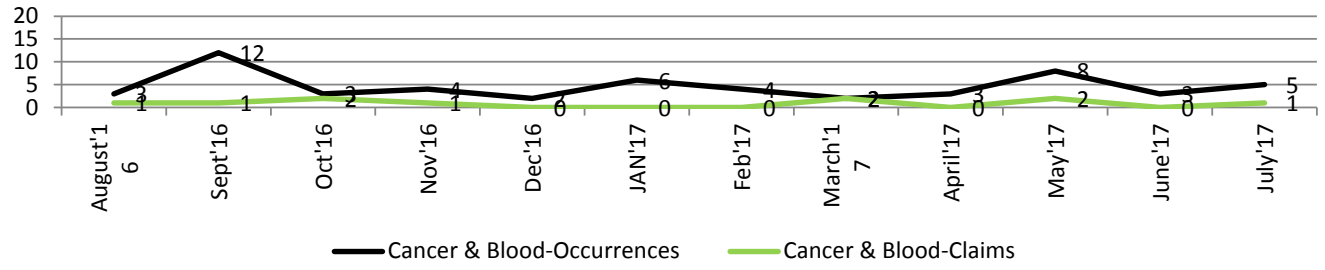
Lagging

	Actual	Target	Trend
H&S Incidents	5	20	
Work Injury Claims	1	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

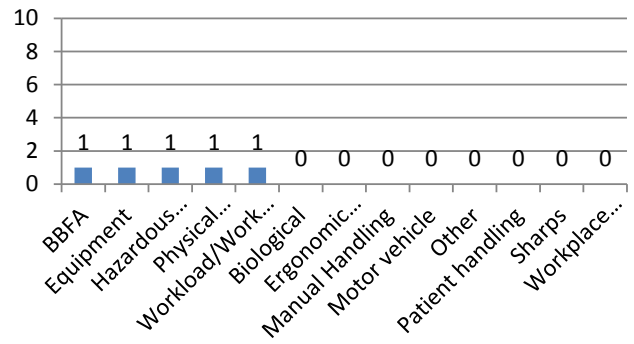
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	n/a	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	45	80	
%H&S Rep Checklist	43	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

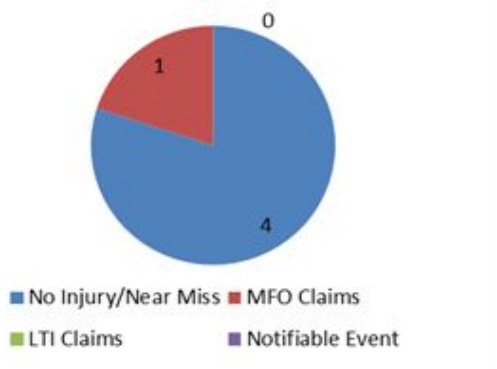
Health and Safety Incidents and Claims for 12 months



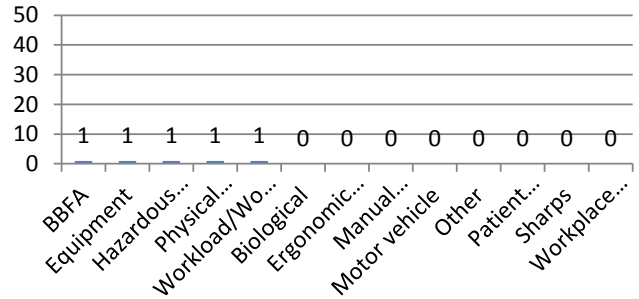
Health and Safety Incident by Hazard Type for July 2017



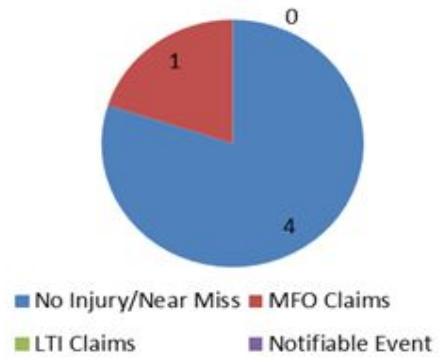
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



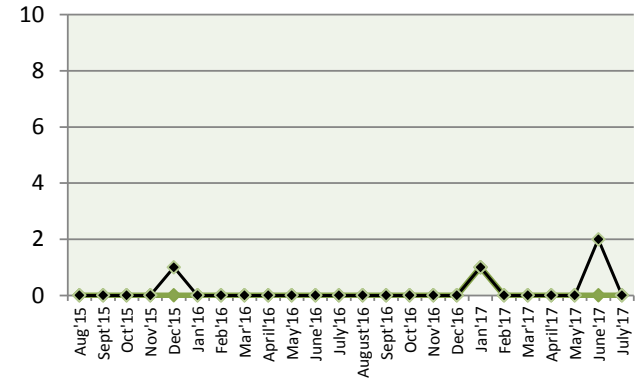
Work Injury by Outcome Type – YTD (2017-2018)



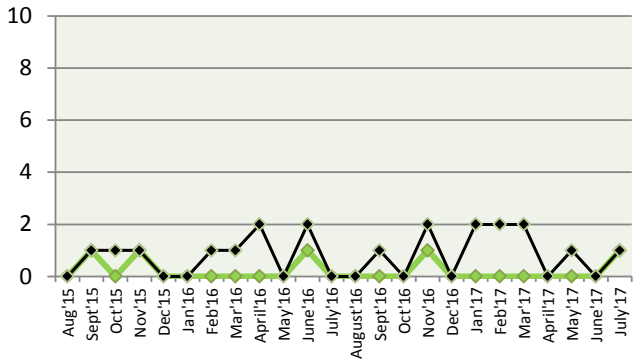
Cancer and Blood Services Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

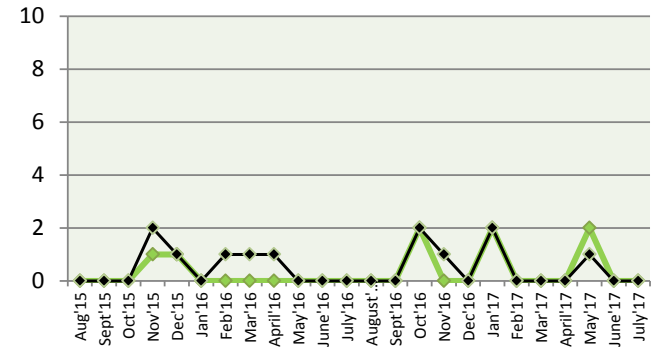
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



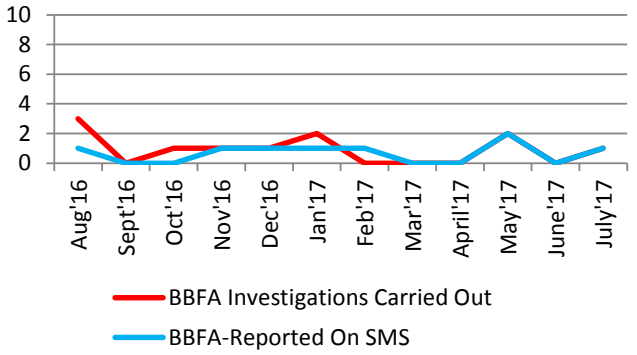
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

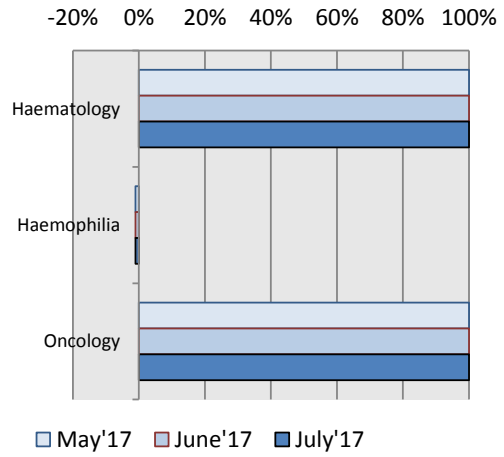


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Cardiac Services Health and Safety Report

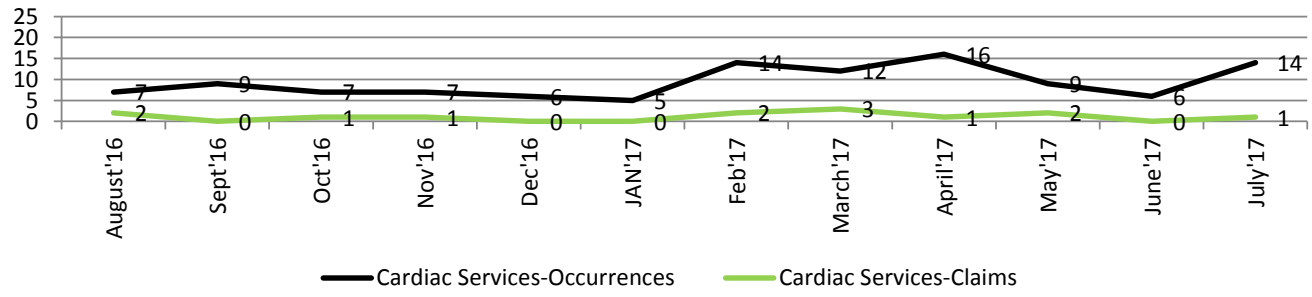
Lagging

	Actual	Target	Trend
H&S Incidents	14	20	
Work Injury Claims	1	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

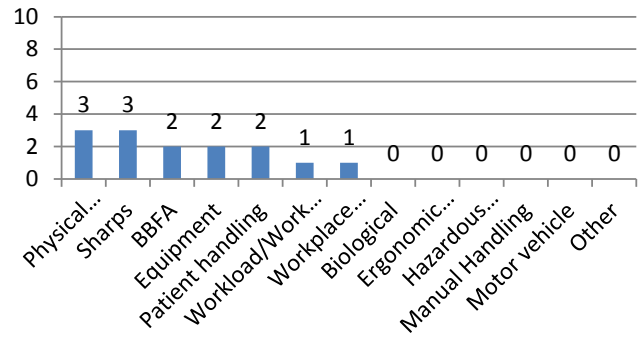
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	0	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	84	80	
%6 Monthly Workplace Checklist	80	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

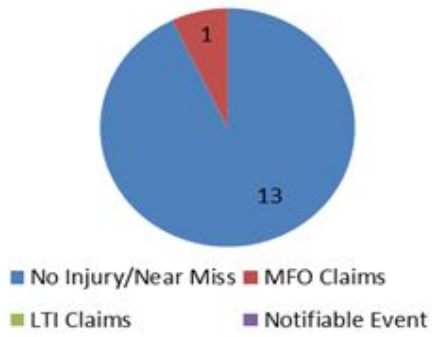
Health and Safety Incidents and Claims for 12 months



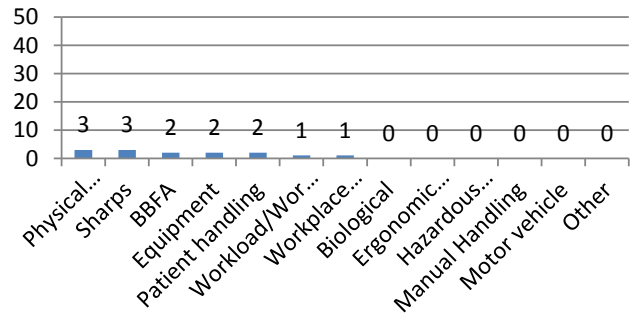
Health and Safety Incident by Hazard Type for July 2017



Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)

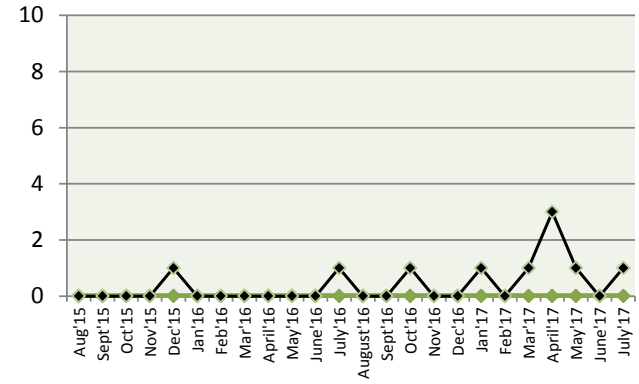


Work Injury by Outcome Type – YTD (2017-2018)

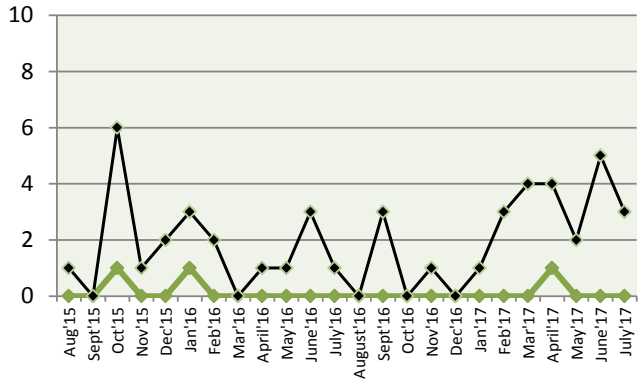
Cardiac Services Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

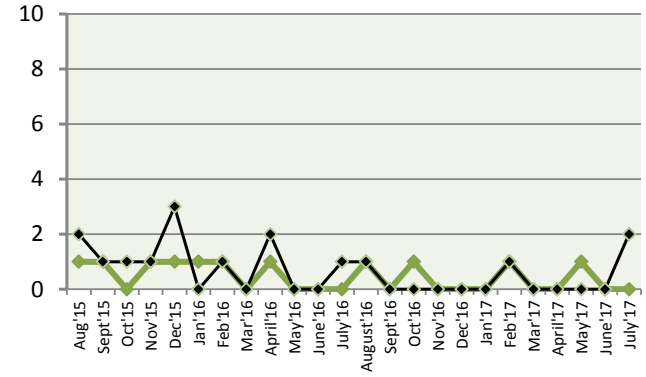
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



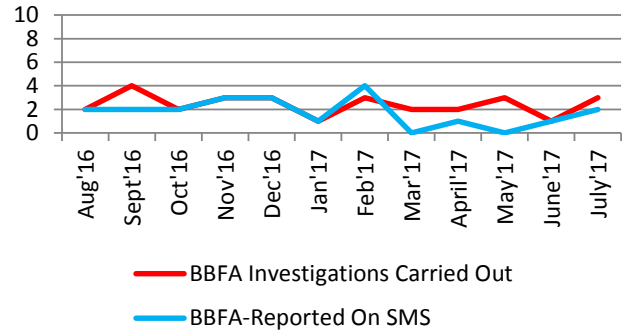
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

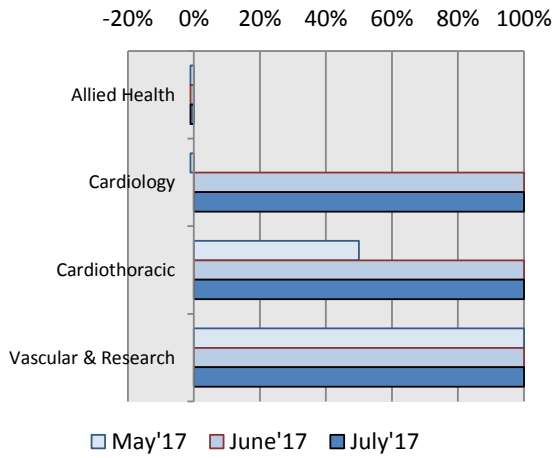


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	67%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Children's Services Health and Safety Report

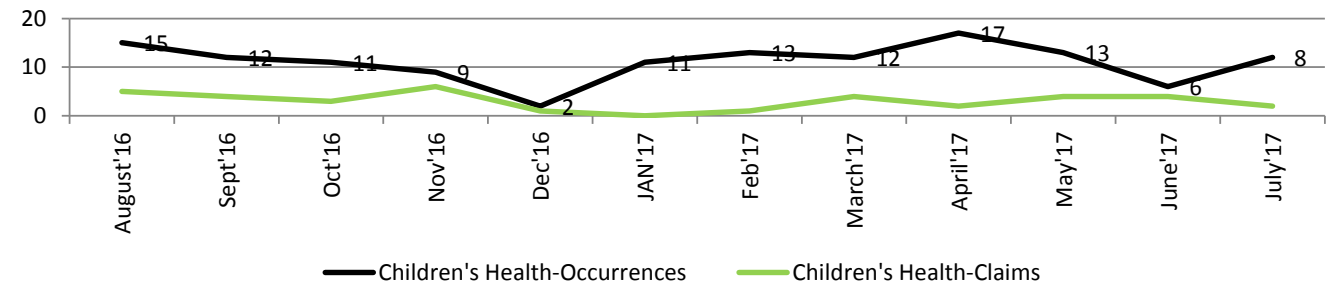
Lagging

	Actual	Target	Trend
H&S Incidents	12	20	
Work Injury Claims	2	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

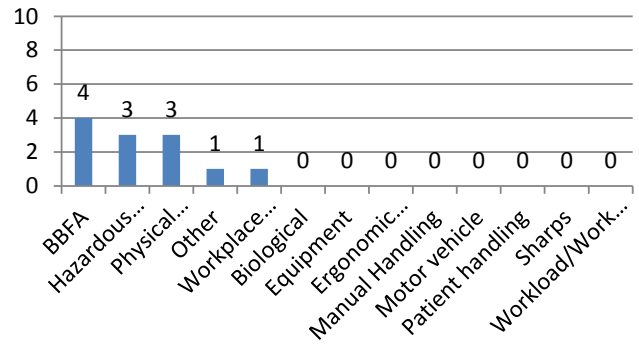
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	39	100	
H&S Rep Vacancies No.	2	2	
%H&S Rep Training	76	80	
%6 Monthly Workplace Checklist	35	80	
%PES before start date	97	100	
%H&S Incidents Follow up 14 days	RU	80	

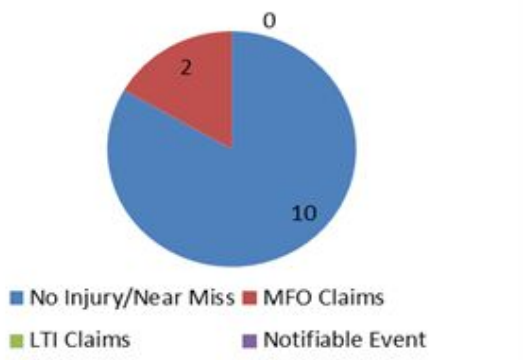
Health and Safety Incidents and Claims for 12 months



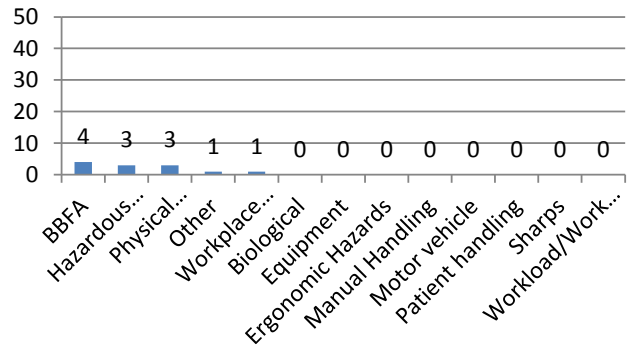
Health and Safety Incident by Hazard Type for July 2017



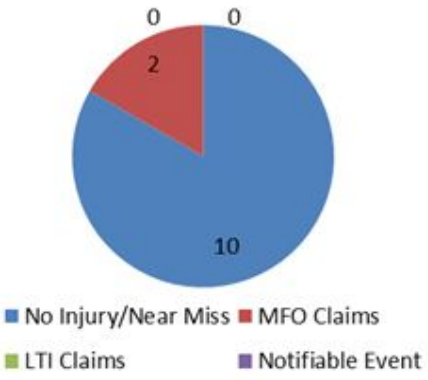
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



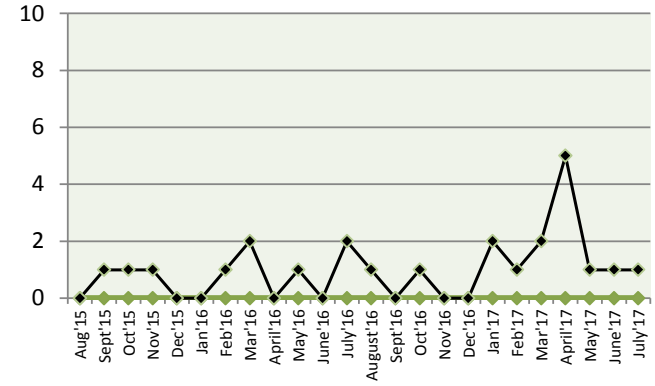
Work Injury by Outcome Type – YTD (2017-2018)



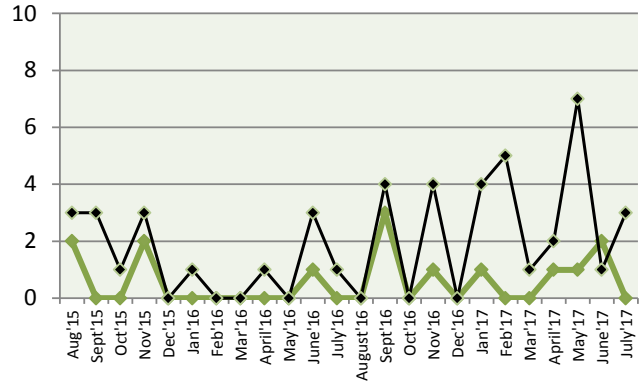
Children's Services Health and Safety Report (continued)

LEGEND: CLAIMS | Health and Safety INCIDENT

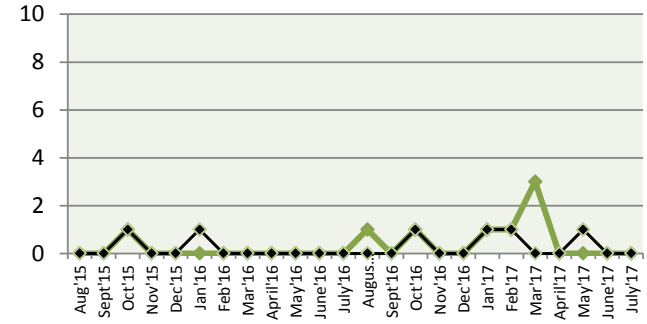
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



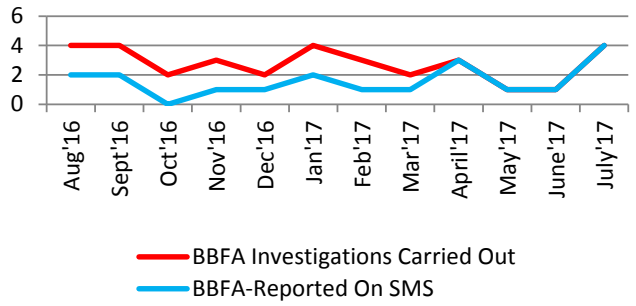
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

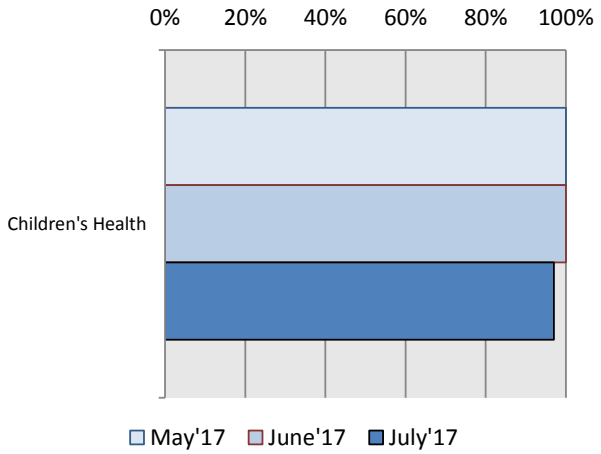


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	97%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Clinical Support Health and Safety Report

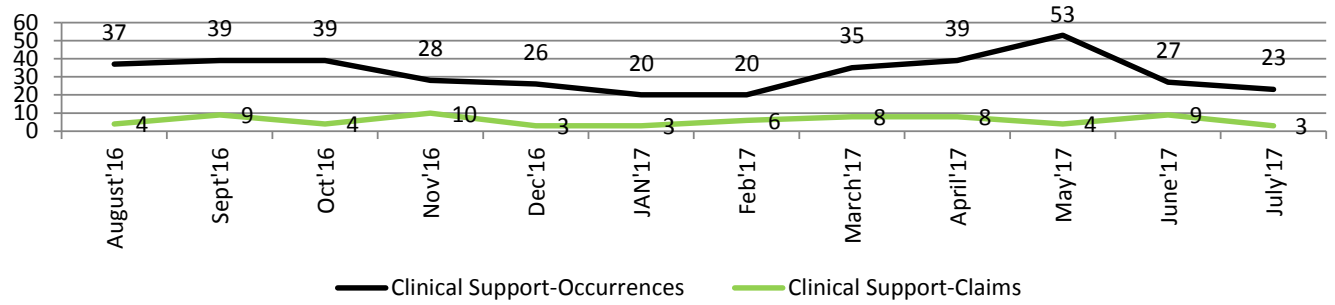
Lagging

	Actual	Target	Trend
H&S Incidents	23	20	
Work Injury Claims	3	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

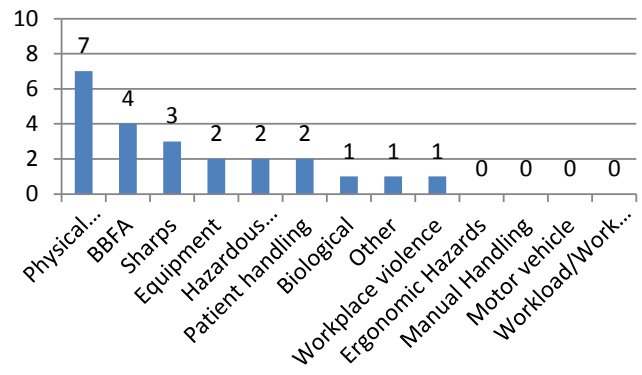
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	65	100	
H&S Rep Vacancies No.	6	2	
%H&S Rep Training	81	80	
%6 Monthly Workplace Checklist	73	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

Health and Safety Incidents and Claims for 12 months

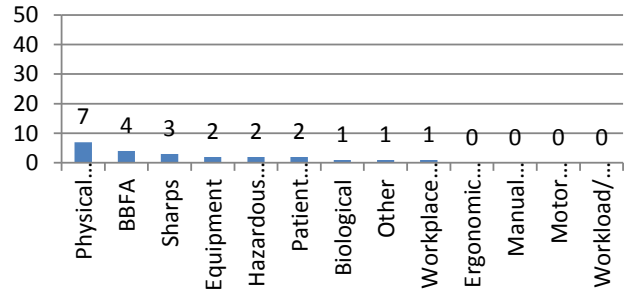


Health and Safety Incident by Hazard Type for July 2017

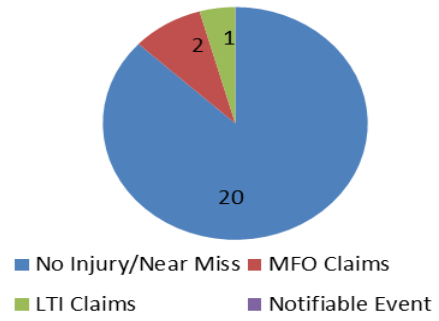


Work Injury by Outcome Type for July 2017

Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



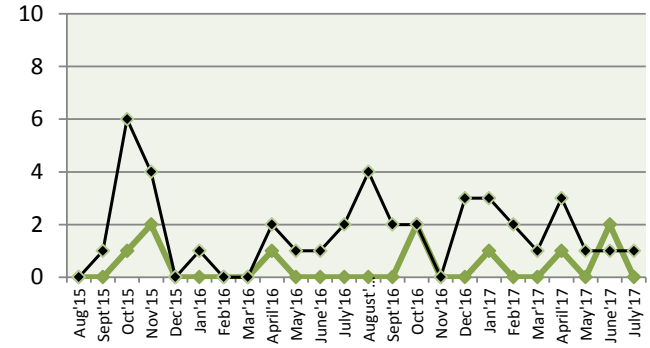
Work Injury by Outcome Type – YTD (2017-2018)



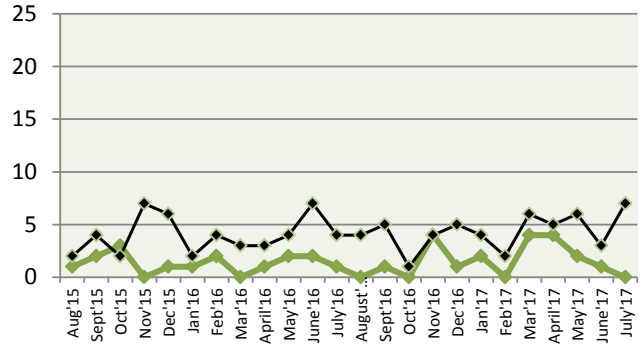
Clinical Support Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

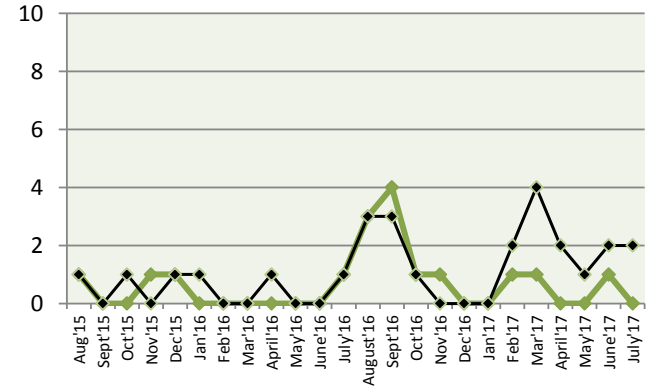
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



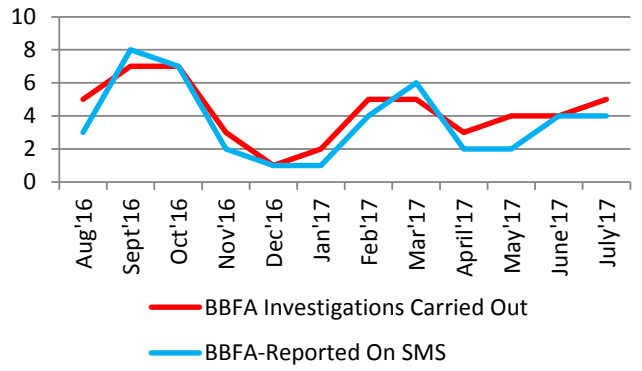
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

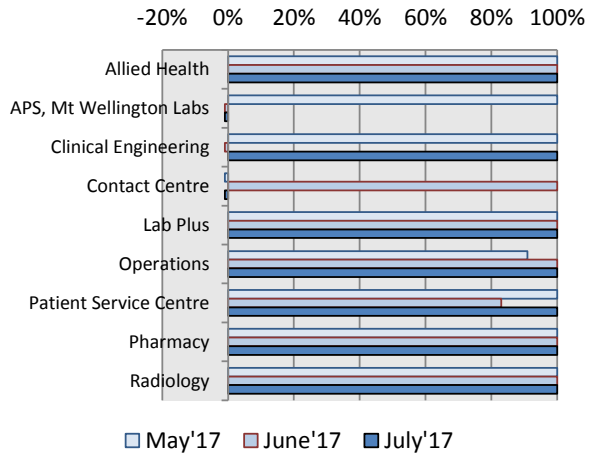


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	97%	98%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Corporate Services Health and Safety Report

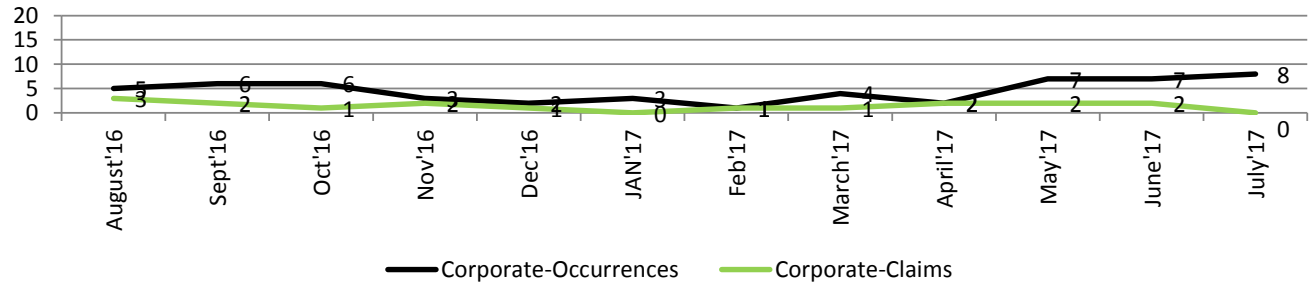
Lagging

	Actual	Target	Trend
H&S Incidents	8	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

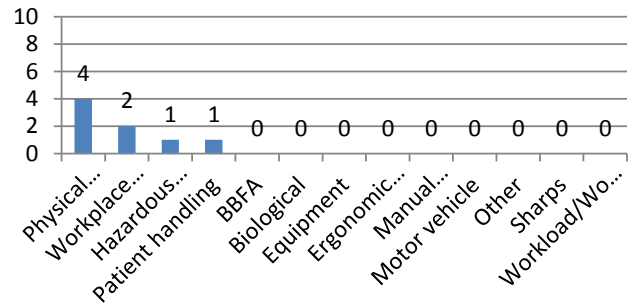
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	100	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	81	80	
%6 Monthly Workplace Checklist	58	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

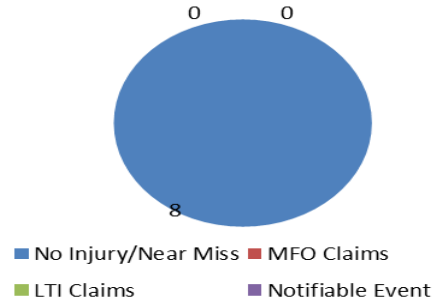
Health and Safety Incidents and Claims for 12 months



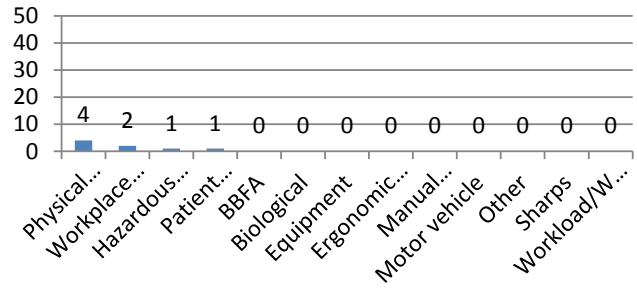
Health and Safety Incident by Hazard Type for July 2017



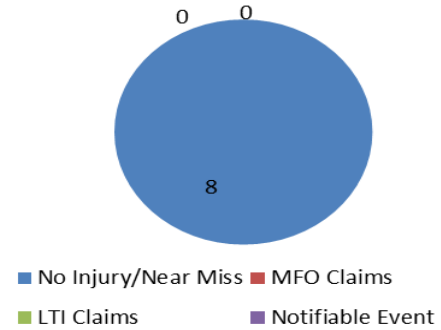
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



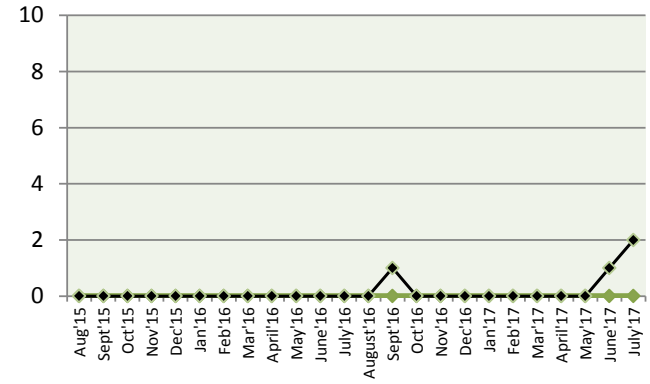
Work Injury by Outcome Type – YTD (2017-2018)



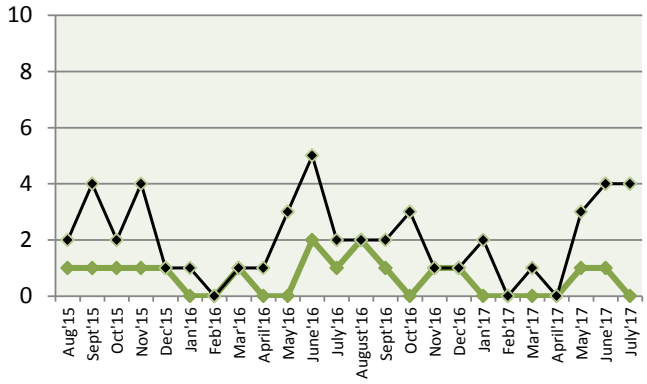
Corporate Services Health and Safety Report (continued)

LEGEND: CLAIMS | Health and Safety INCIDENT

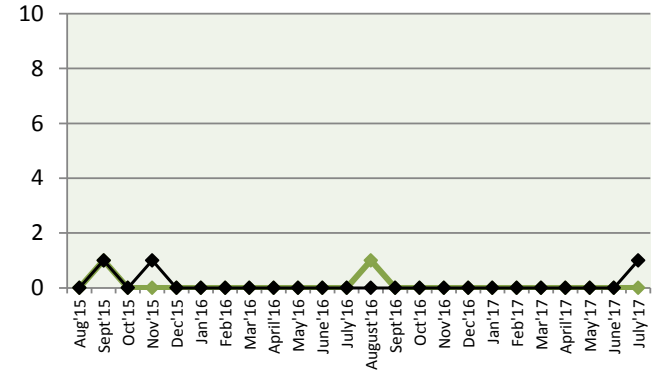
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



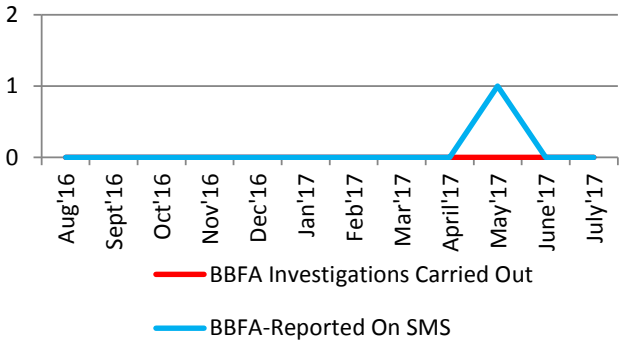
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



MANUAL HANDLING
(From 2 Years Rolling)

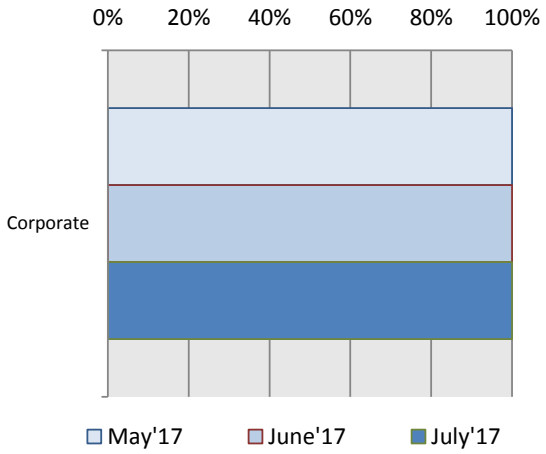


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Community and Long Term Conditions Health and Safety Report

5.2

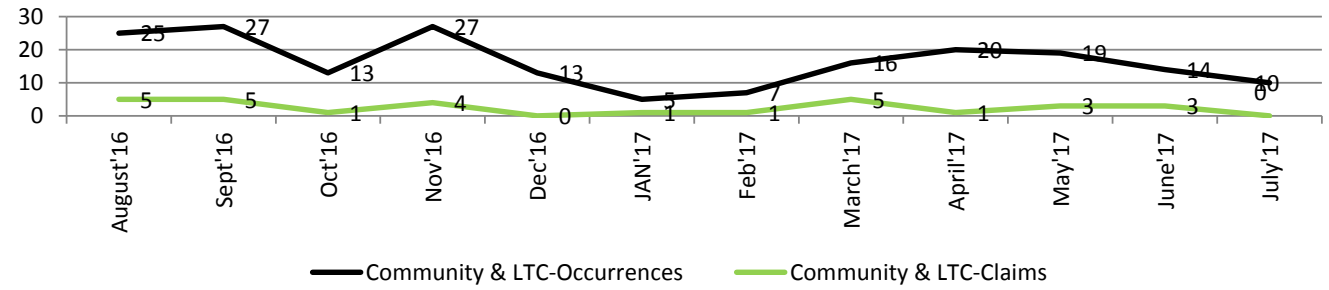
Lagging

	Actual	Target	Trend
H&S Incidents	10	20	
Work Injury Claims	0	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

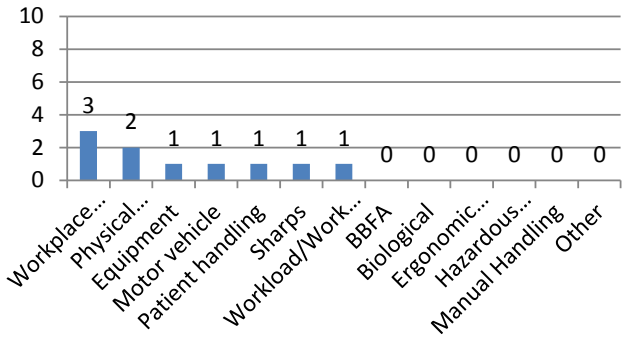
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	33	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	86	80	
% 6 monthly Workplace Checklist	89	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

Health and Safety Incidents and Claims for 12 months

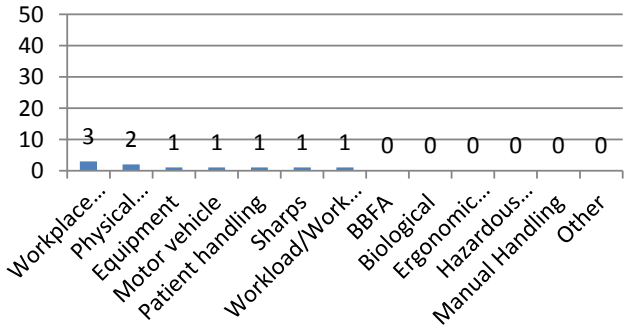


Health and Safety Incident by Hazard Type for July 2017

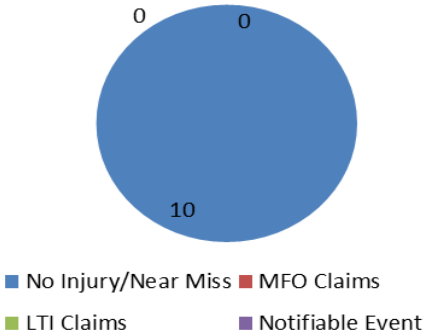


Work Injury by Outcome Type for July 2017

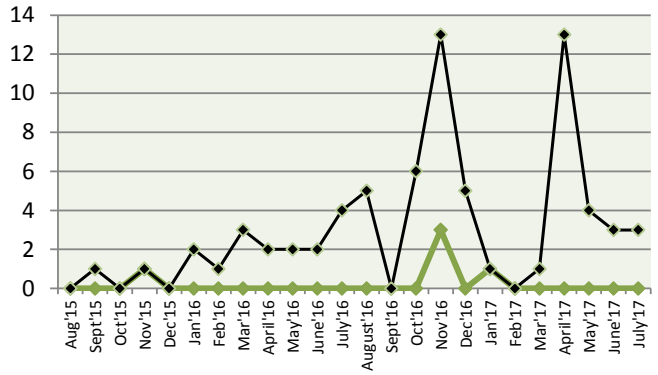
Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



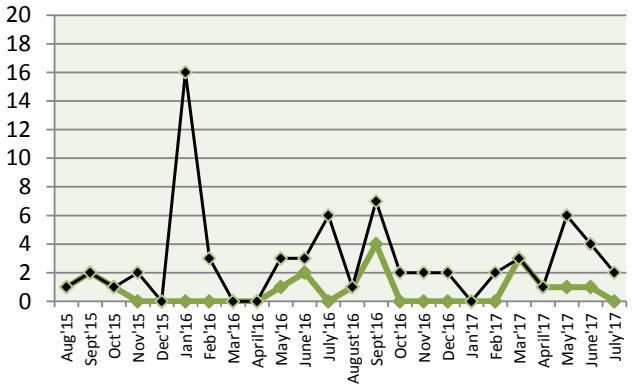
Work Injury by Outcome Type – YTD (2017-2018)



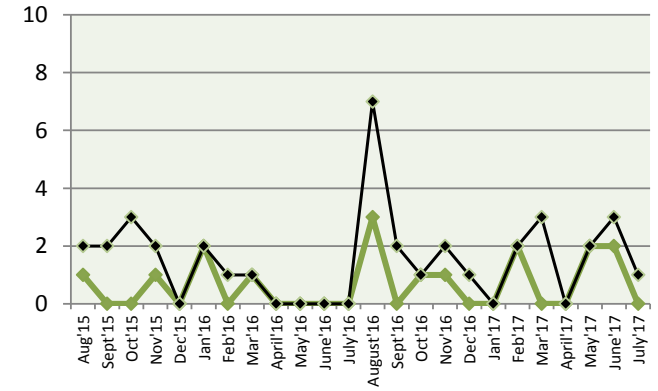
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



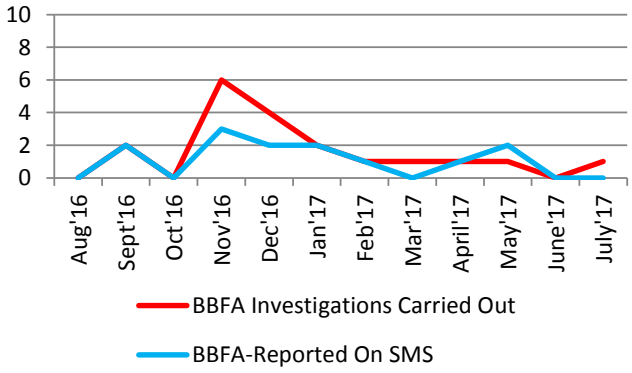
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

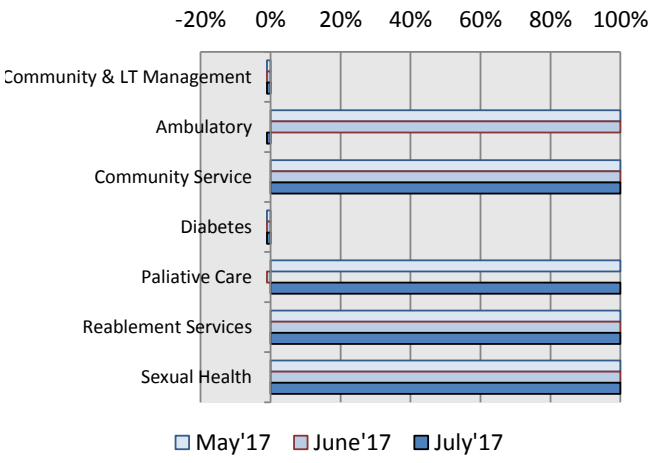


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Mental Health Services Health and Safety Report

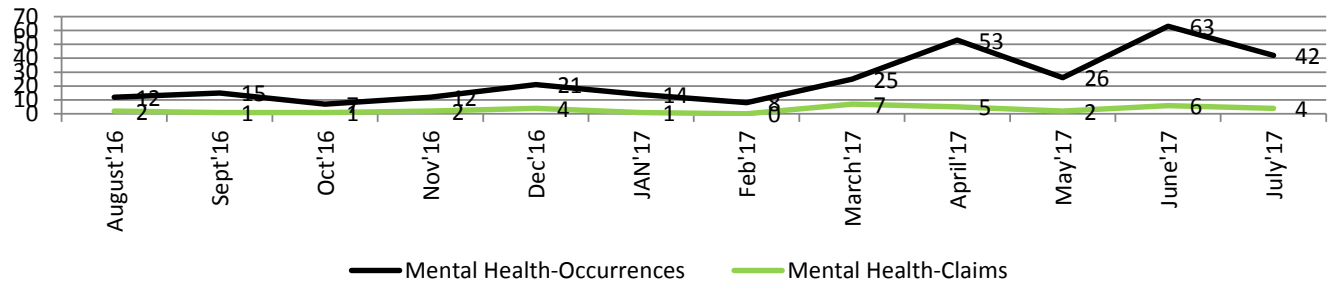
Lagging

	Actual	Target	Trend
H&S Incidents	42	20	
Work Injury Claims	4	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

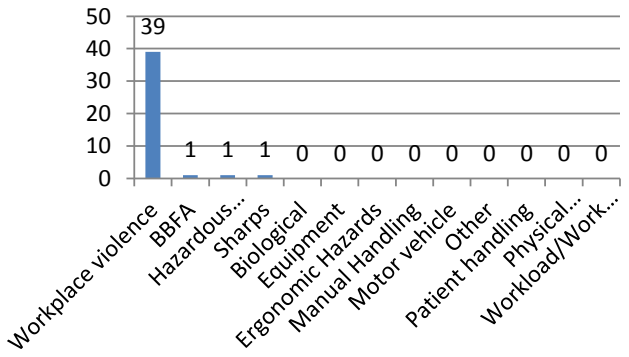
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	25	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	61	80	
%6 Monthly Workplace Checklist	81	80	
%PES before start date	83	100	
%H&S Incidents Follow up 14 days	RU	80	

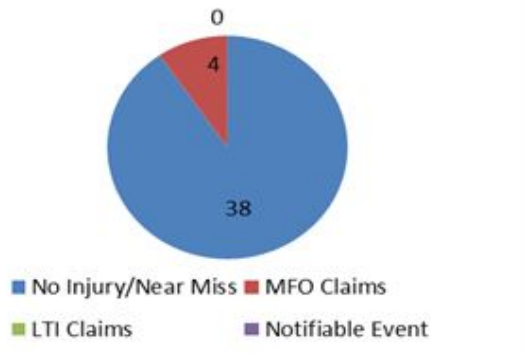
Health and Safety Incidents and Claims for 12 months



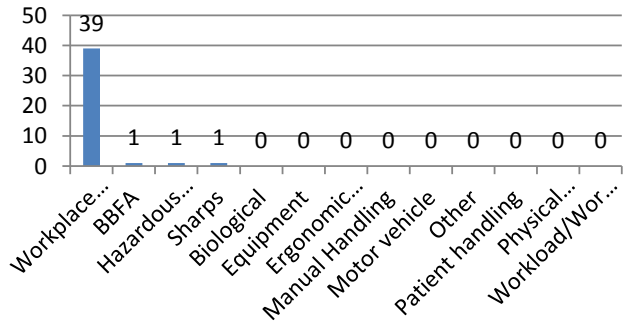
Health and Safety Incident by Hazard Type for July 2017



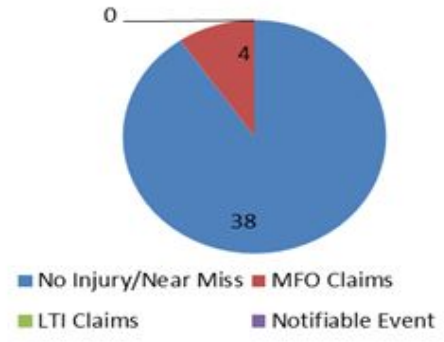
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



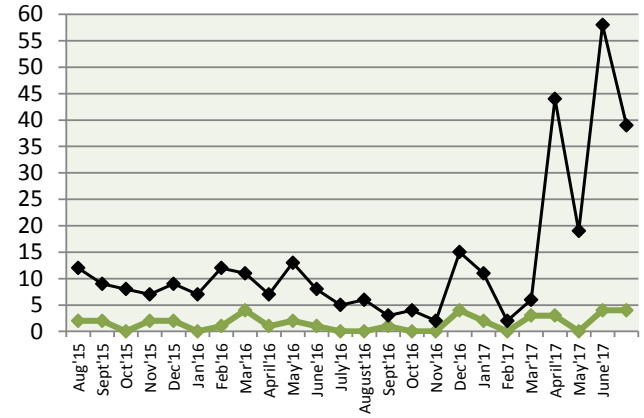
Work Injury by Outcome Type – YTD (2017-2018)



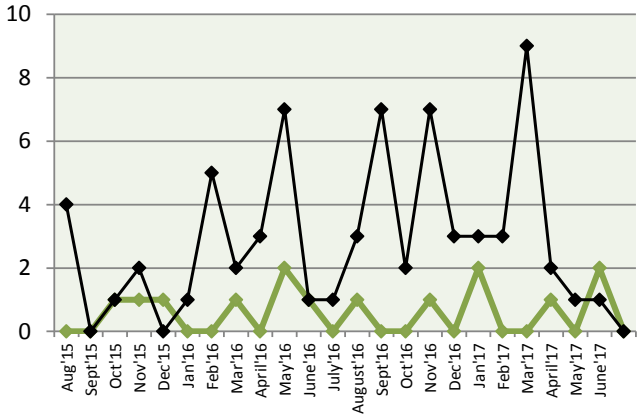
Mental Health Services Health and Safety Report (continued)

LEGEND: CLAIMS | Health and Safety INCIDENT

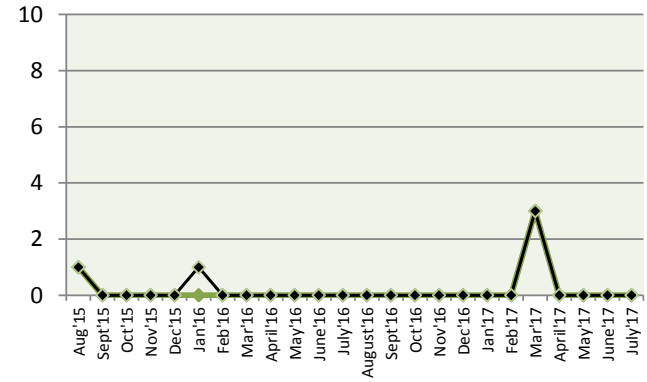
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



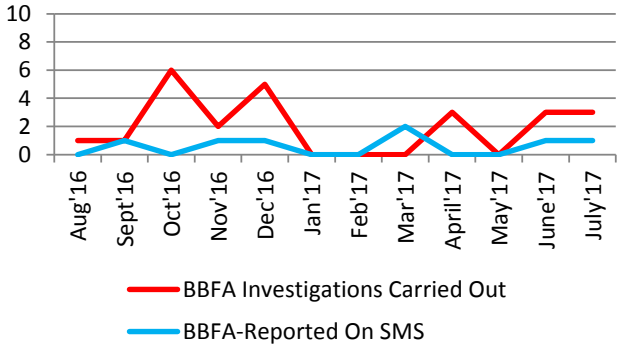
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

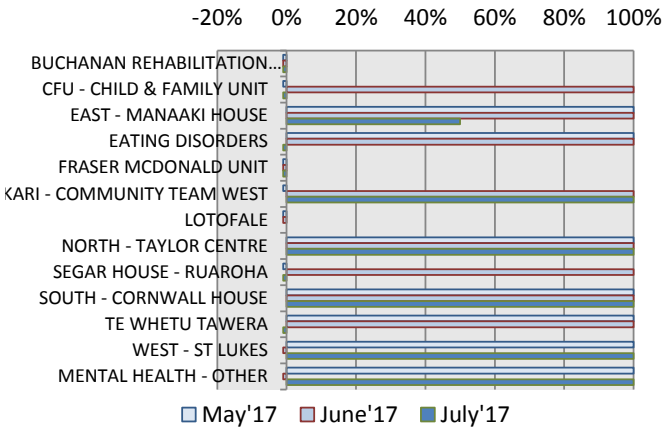


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	83%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Non Clinical Support Health and Safety Reports

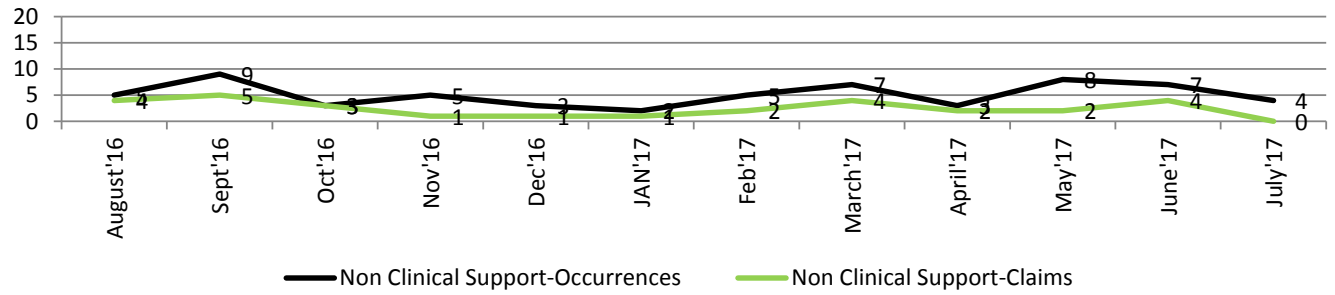
Lagging

	Actual	Target	Trend
H&S Incidents	4	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

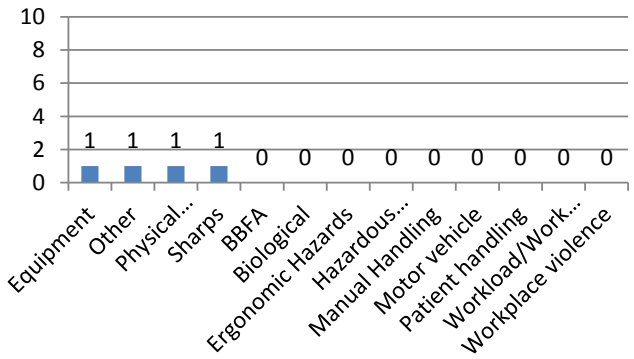
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	n/a	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	50	80	
%6 Monthly Workplace Checklist	40	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

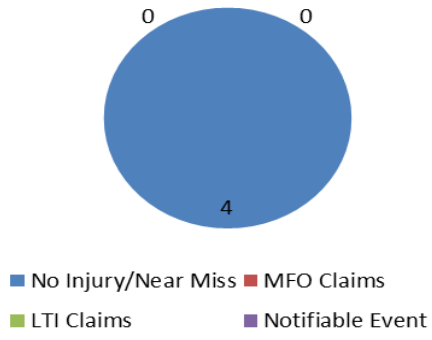
Health and Safety Incidents and Claims for 12 months



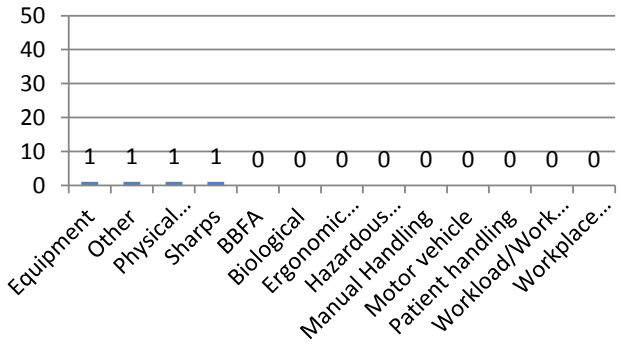
Health and Safety Incident by Hazard Type for July 2017



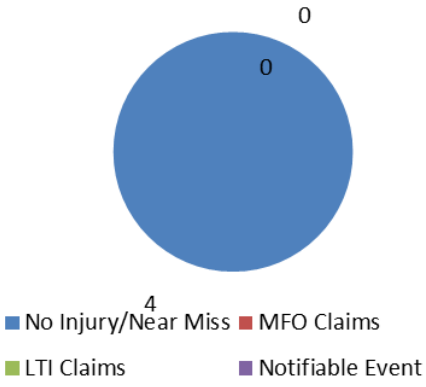
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



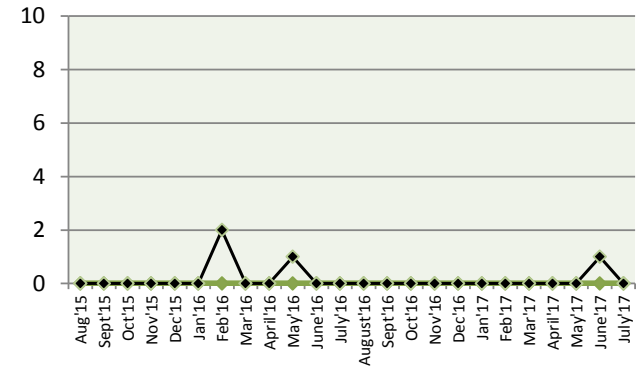
Work Injury by Outcome Type – YTD (2017-2018)



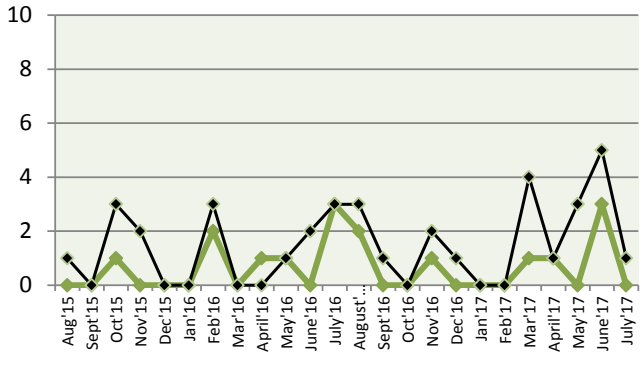
Non Clinical Support Health and Safety Reports (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

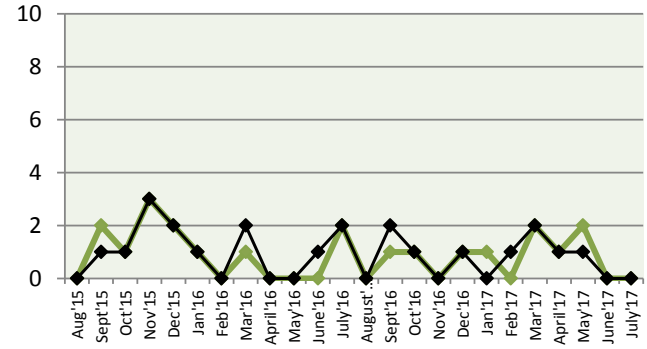
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



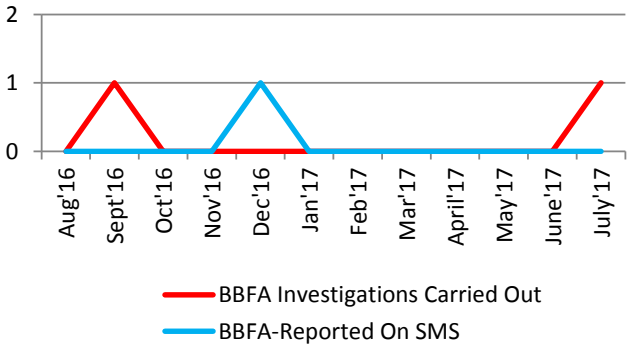
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



MANUAL HANDLING
(From 2 Years Rolling)

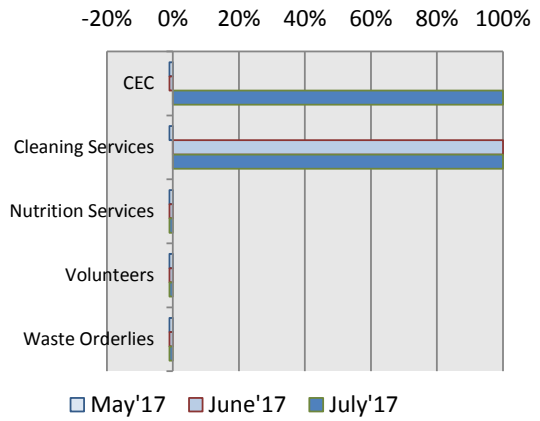


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	-1%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Perioperative Health and Safety Report

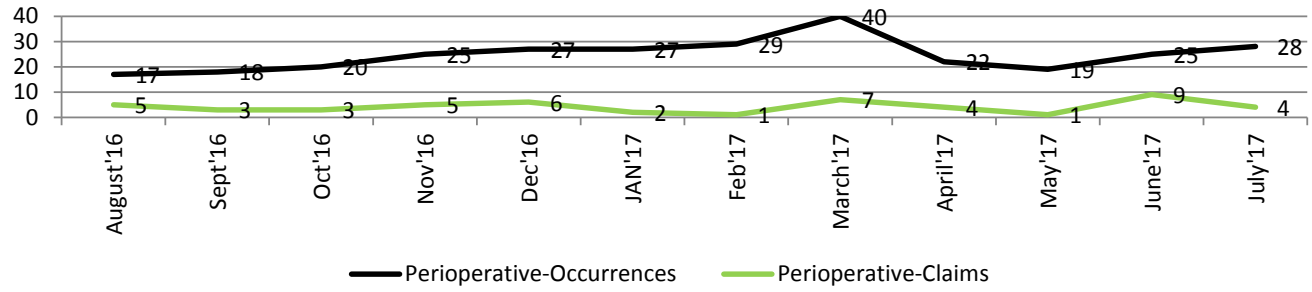
Lagging

	Actual	Target	Trend
H&S Incidents	28	20	
Work Injury Claims	4	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

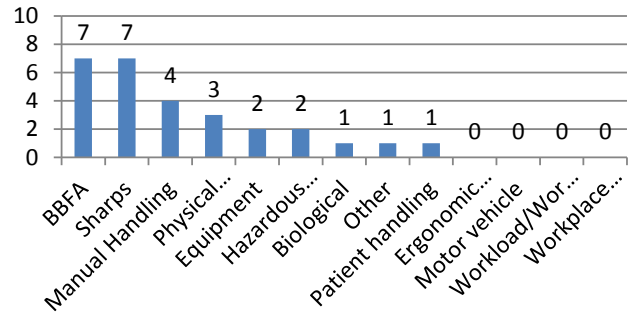
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	88	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	89	80	
%6 Monthly Workplace Checklist	100	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

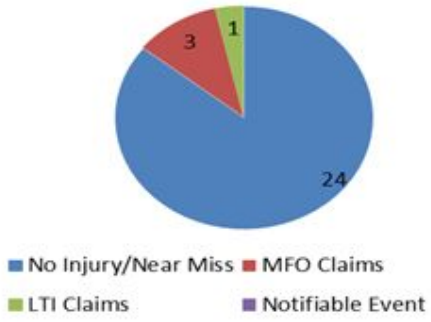
Health and Safety Incidents and Claims for 12 months



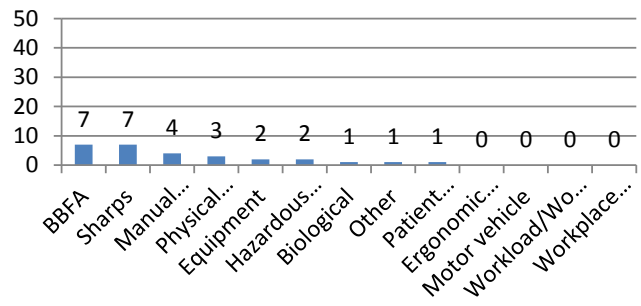
Health and Safety Incident by Hazard Type for July 2017



Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)

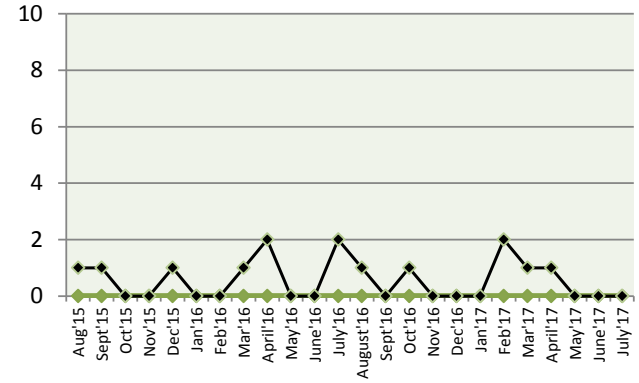


Work Injury by Outcome Type – YTD (2017-2018)

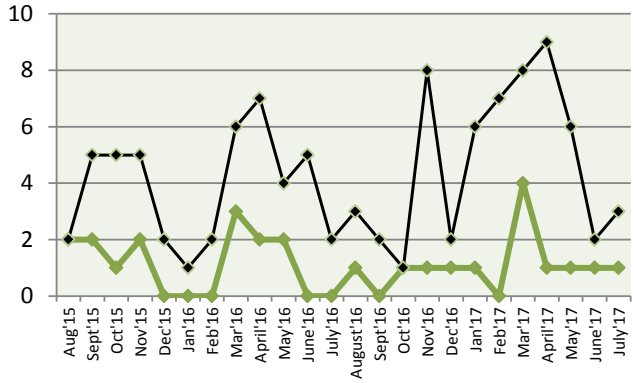
Perioperative Health and Safety Report (continued)

LEGEND: CLAIMS Health and Safety INCIDENT

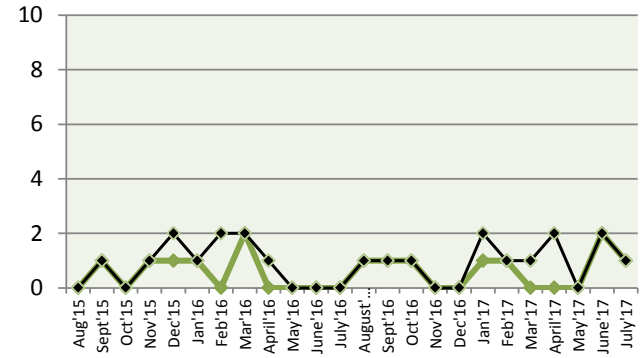
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



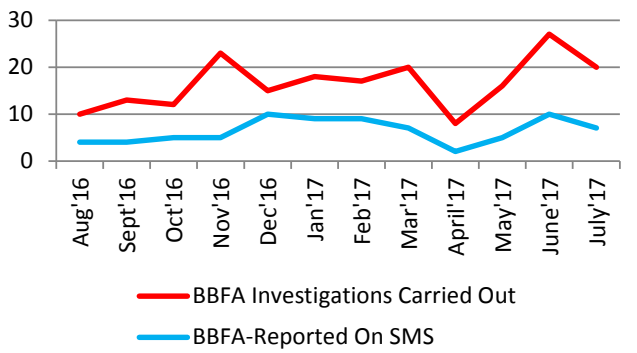
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

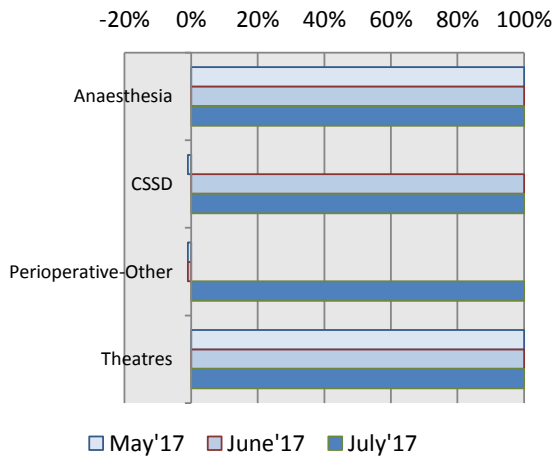


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Surgical Services Health and Safety Report

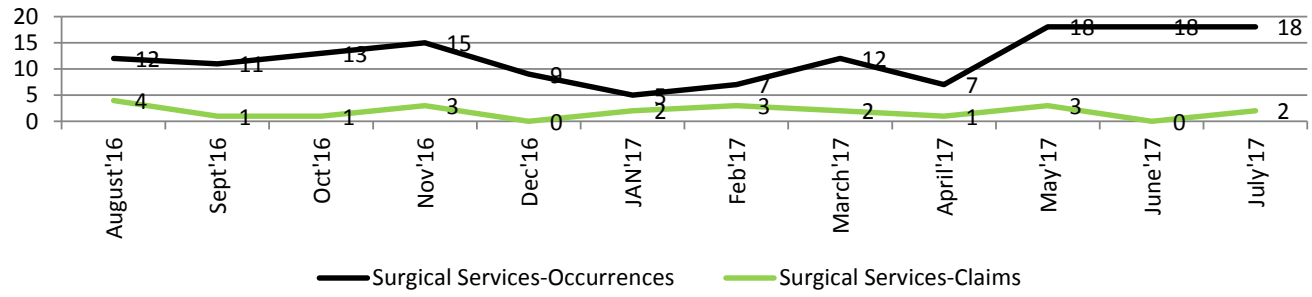
Lagging

	Actual	Target	Trend
H&S Incidents	18	20	
Work Injury Claims	2	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

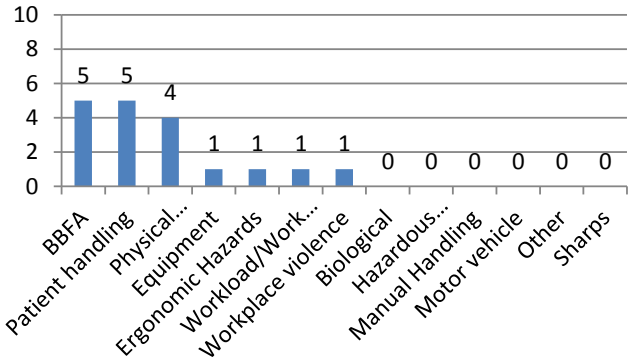
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	40	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	71	80	
%6 Monthly Workplace Checklist	60	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

Health and Safety Incidents and Claims for 12 months

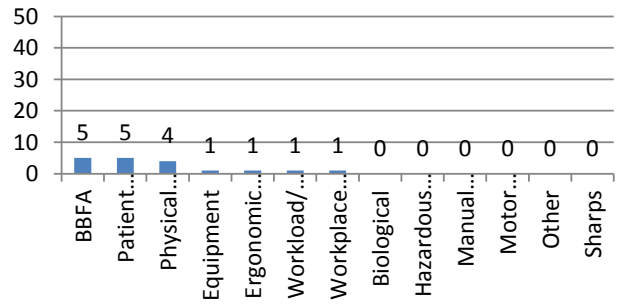


Health and Safety Incident by Hazard Type for July 2017



Work Injury by Outcome Type for July 2017

Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)

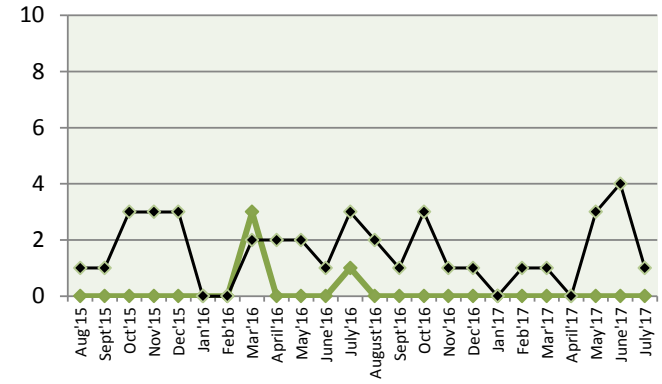


Work Injury by Outcome Type – YTD (2017-2018)

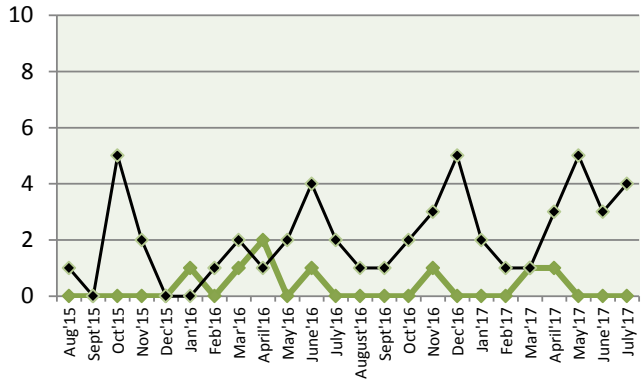
Surgical Services Health and Safety Report (continued)

LEGEND: CLAIMS | Health and Safety INCIDENT

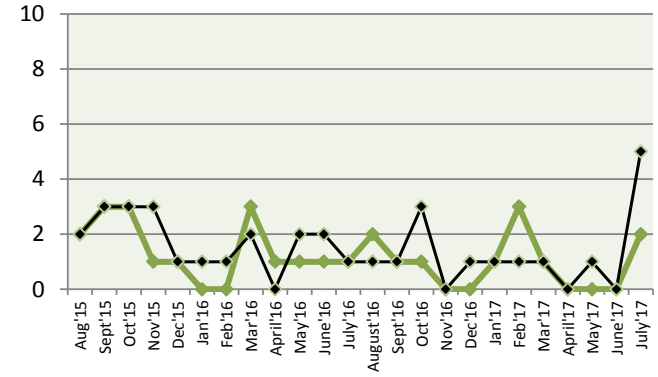
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



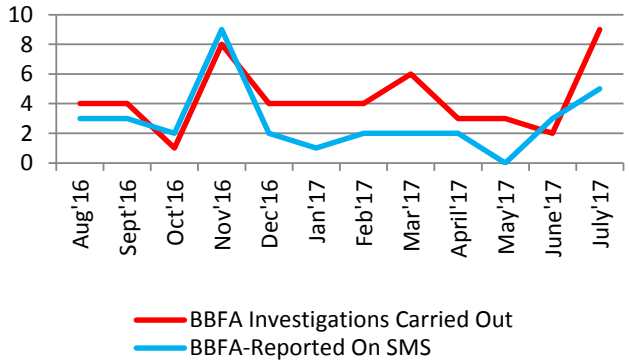
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

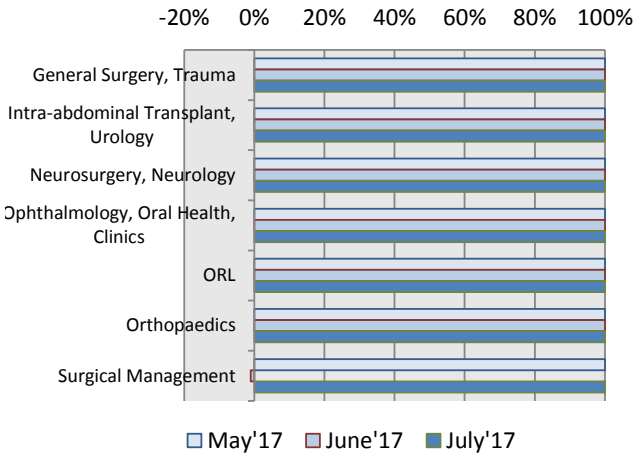


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

Women's Health and Safety Report

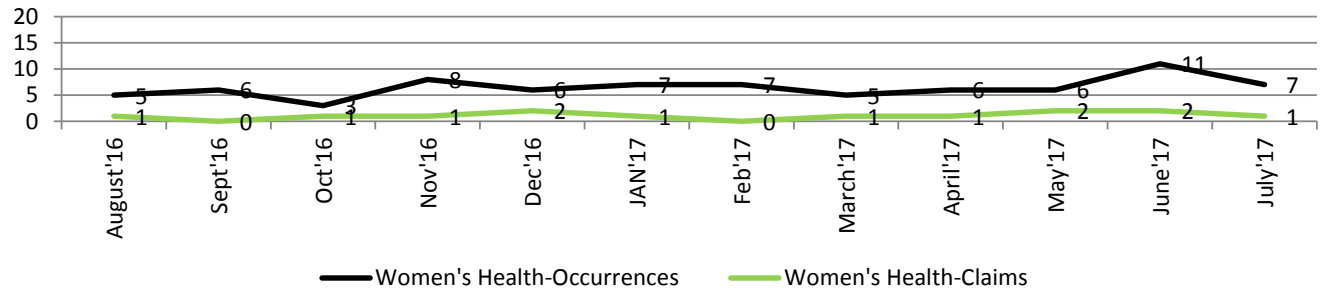
Lagging

	Actual	Target	Trend
H&S Incidents	7	20	
Work Injury Claims	1	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

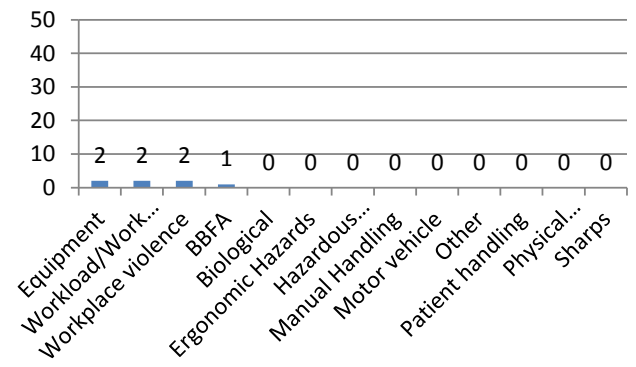
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	25	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	65	80	
%6 Monthly Workplace Checklist	42	80	
%PES before start date	100	100	
%H&S Incidents Follow up 14 days	RU	80	

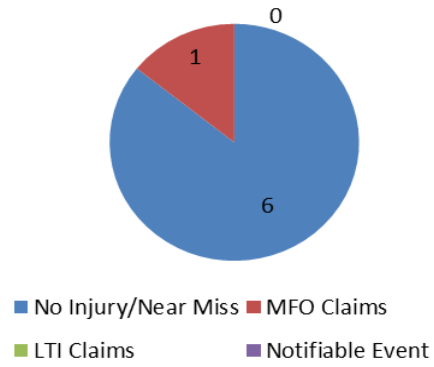
Health and Safety Incidents and Claims for 12 months



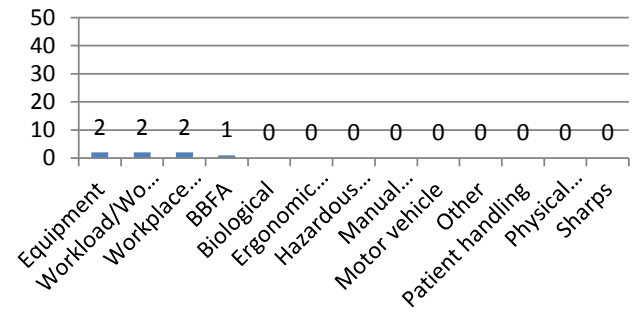
Health and Safety Incident by Hazard Type for July 2017



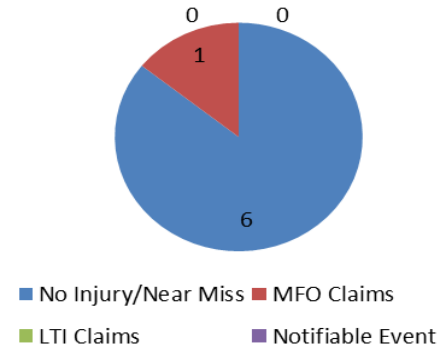
Work Injury by Outcome Type for July 2017



Health and Safety Incident by Hazard Type – Financial YTD (2017-2018)



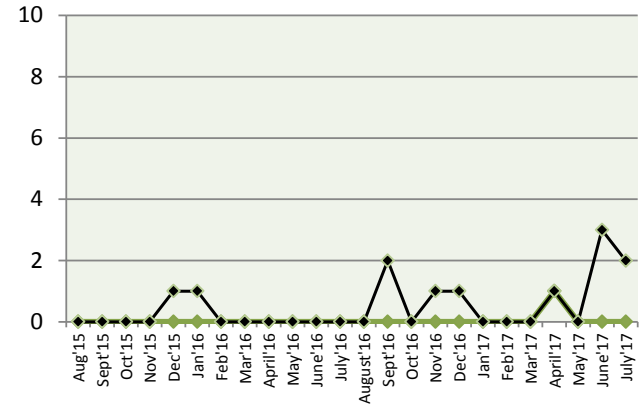
Work Injury by Outcome Type – YTD (2017-2018)



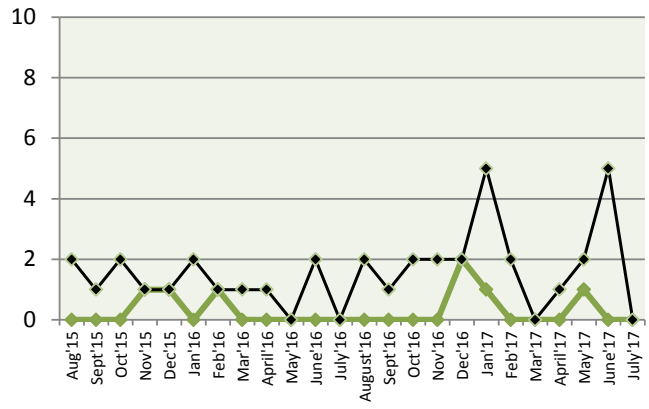
Women's Health and Safety Report (continued)

LEGEND: CLAIMS | Health and Safety INCIDENT

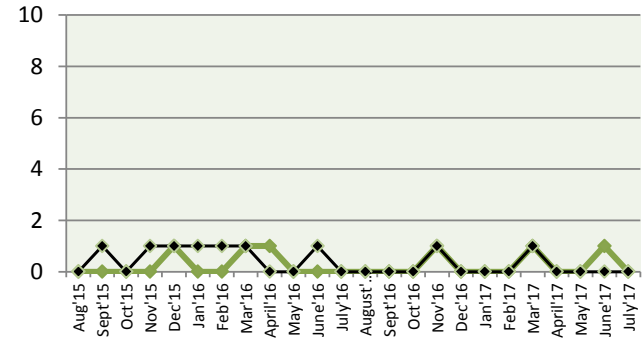
WORKPLACE VIOLENCE AND AGGRESSION
(From 2 Years Rolling)



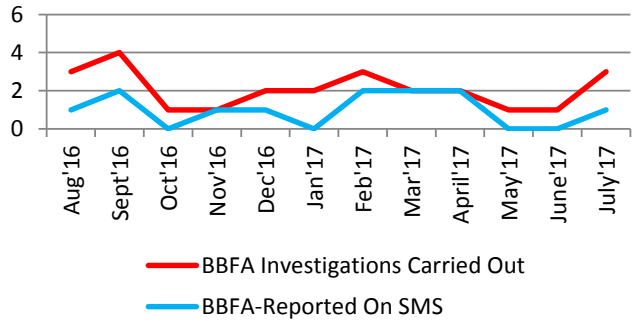
PHYSICAL ENVIRONMENT
(From 2 Years Rolling)



PATIENT HANDLING
(From 2 Years Rolling)

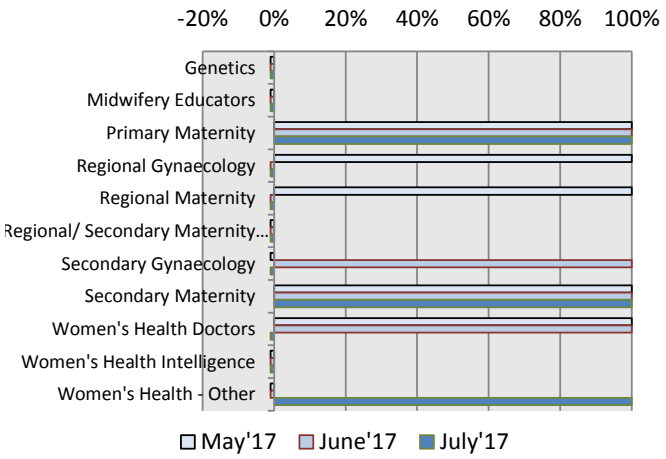


BLOOD AND BODY FLUID ACCIDENTS
(From 1 Year Rolling)



PRE-EMPLOYMENT SCREENING

TARGET	May'17	June'17	July'17
100%	100%	100%	100%



Health and Safety INCIDENTS INVESTIGATIONS *

TARGET	April'17	May'17	June'17
80%			

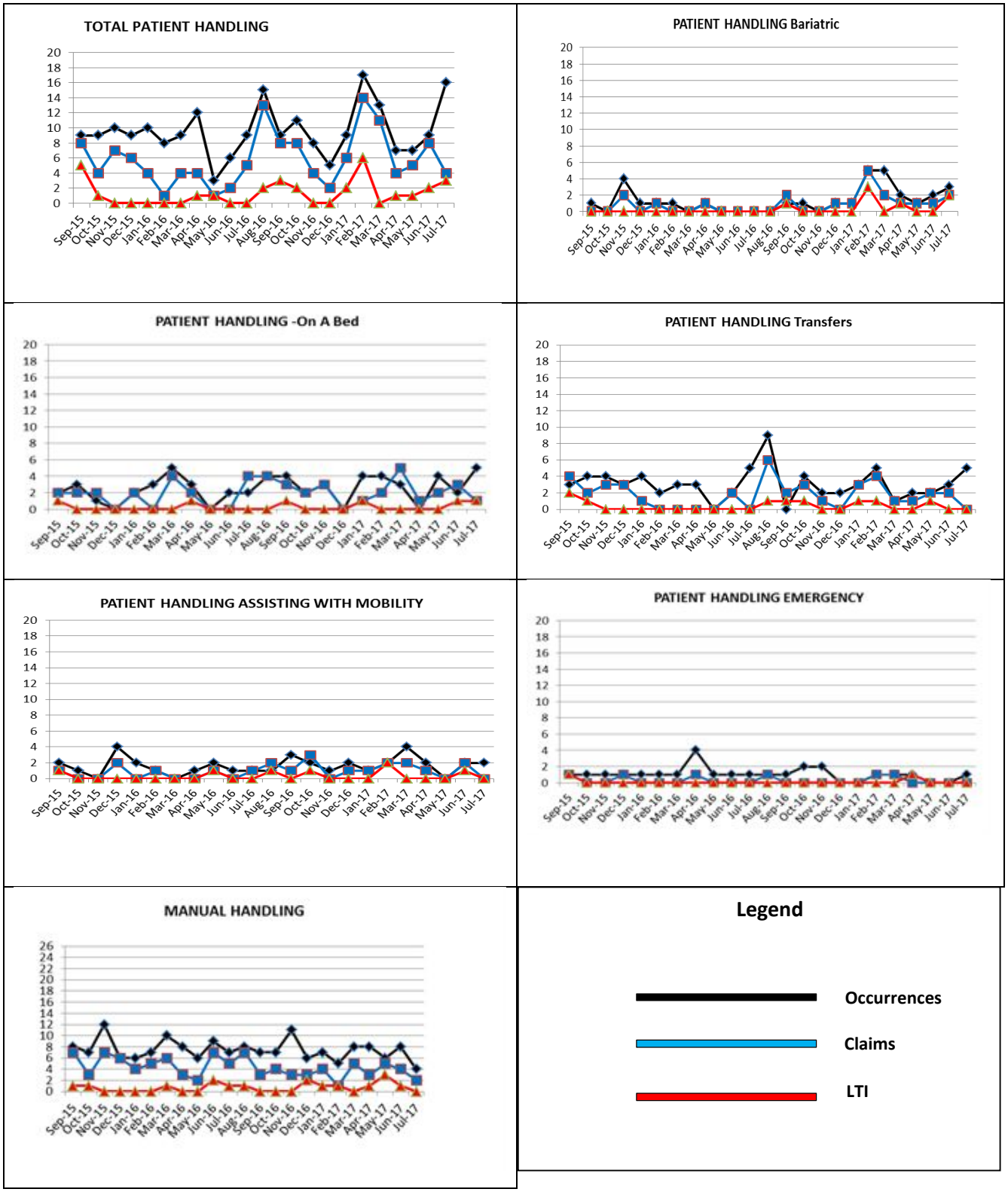
REPORT UNAVAILABLE FOR THIS MONTH (New Safety Management System does not currently generate 'Sign-off' date column)

Information data accurate as of 07/08/2017

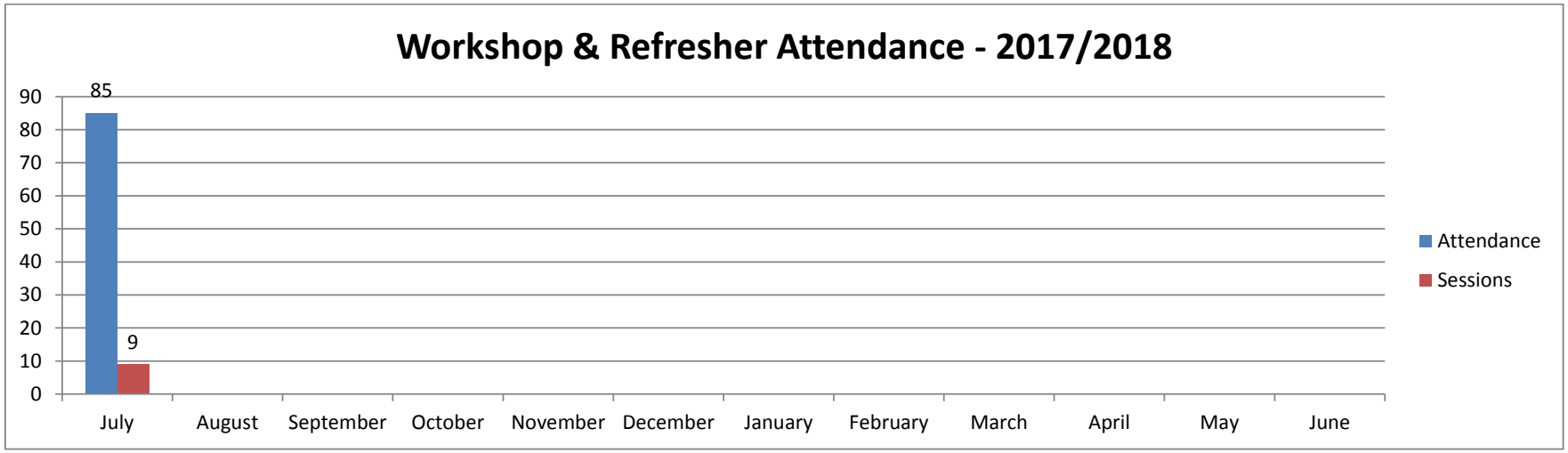
Appendix 1 Moving and Handling

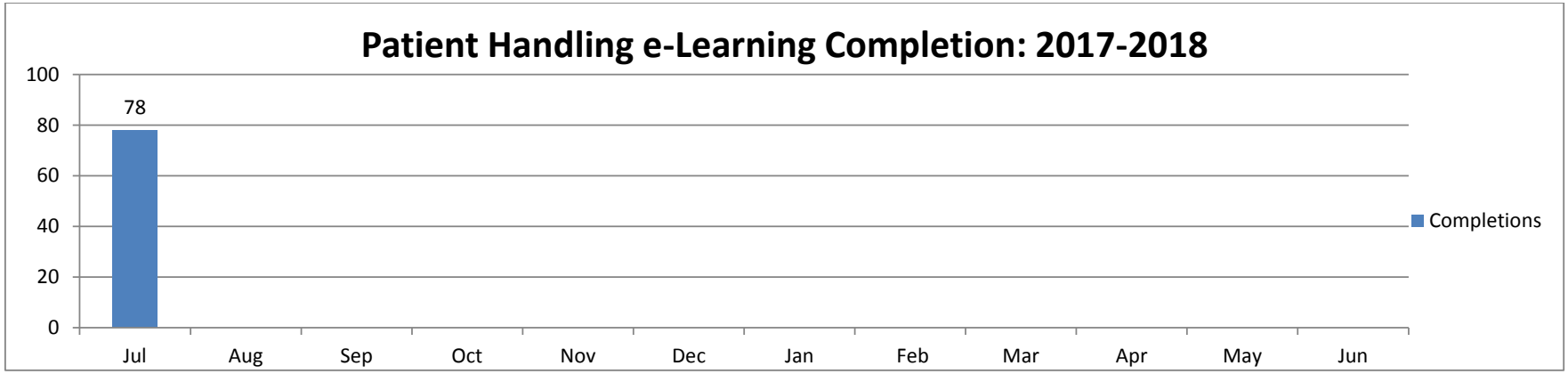
Please note; Occurrence and Claims and Training Data for July 2017

Table 5.1: Moving and Handling Injury causation



Appendix 2 Moving and Handling Workshops and Attendances for July 2017





Appendix 3 Workplace Violence July 2017

	Workplace Violence reported on New Safety Management System				Workplace Violence CLAIMS
Directorate	July	%	YTD	%	
Community & LTC	3	5%	3	5%	0
Adult Medical	5	9%	5	9%	0
Cancer & Blood	0	0%	0	0%	0
Cardio-Vascular	1	2%	1	2%	0
Children's Health	1	2%	1	2%	0
Clinical Support	1	2%	1	2%	0
Corporate	2	4%	2	4%	0
Mental Health	39	71%	39	71%	4
Non Clinical Support	0	0%	0	0%	0
Perioperative	0	0%	0	0%	0
Surgery	1	2%	1	2%	0
Women's Health	2	4%	2	4%	0
Total ADHB	55		55		4

	Code Orange			
	July	%	YTD	%
ACH	76	67%	76	67%
Starship	32	28%	32	28%
Women's	1	1%	1	1%
GCC	0	0%	0	0%
Support Bldg	4	4%	4	4%
Total ADHB	113		113	

A Code orange call is activated by staff whenever they feel that their safety or that of others is compromised and their own methods to resolve the issue have not worked. A Code Orange team comprises of Clinical Nurse Manager, Psychiatry Liaison and Security. Other personnel are utilised as required. All other team members and staff associated with the challenging behaviour/situation, follow the direction of the CNM to ensure management of the situation is effectively co-ordinated.

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

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

NO.	Element	#	Detail Action	Assigned to	Due Date	Status	Remark
			reflect requirements of the new Health and Safety legislation and codes of practice released by WorkSafe NZ.				New site how now been published in HIPPO
3	Training	3.1	Directing Safely: • Board, ELT and Directors • Apply legal requirements to operational environment • 2-3 hours	MI	30/03/16	Substantially Completed	Ko Awatea Learn course has been adapted and will be piloted in May.
		3.2	Managers: Managing Safely • Line managers • Full day • Pre-reading/assessment • Post course assignment	DJ/DL	30/03/16	**Completed**	Redesign of current managers course. Based on content of new Health and Safety legislation and Regulations and Health and Safety document reviews. Course schedule for 2017 published.
		3.3	Staff: Working Safely • Welcome Day • Health and Safety handbook/Ko Awatea Learn • Local Health and Safety Induction • Hazard specific training	DJ/DL	30/03/16	**Completed**	Review of current tools required to update and align to new legislation. Hazard specific training includes aggression relation safety training, and hazardous substance training
		3.4	Health and Safety Reps: • Health and Safety Rep Orientation • Core Training (NZQA) • Topic Training (CPD)	DJ/DL	30/03/16	**Completed**	Health and Safety Rep elections held in June 2016. External "Core" Training will be required. Supplier engaged. Courses for 2017 in KIOSK.

NO.	Element	#	Detail Action	Assigned to	Due Date	Status	Remark
4	On Line Hazard Register	4.1	On Line Hazard Management system: Install and train Directorates: • Sequential implementation (by Directorate) • One commenced per month throughout 2016 • Manager Training Health and Safety Rep training	DJ/DL	31/12/2016	**Completed**	Focus of this project has moved to preparing the services for transition to new Risk management software acquisition that is in final stages. Health and Safety is working with the Directorates to prepare for transition to Datix Hazard Register. Six out of 12 directorates have initiated the electronic Hazard Register
		4.2	Development of Risk management module in new Risk Management system: • Develop Risk Register in new system (31/12/16)	MI	31/12/2017	**Competed**	New Safety management system went live in March. Health and Safety will support the transition to the new system.

Appendix 5 Definitions

Definitions for Monthly Performance Scorecard

Lost Time Injury Frequency Rate	LTIFR refers to the number of lost time injuries occurring in a workplace per one million man-hours worked. An LTIFR of seven, for example, shows that seven lost time injuries occur on a jobsite every one million man-hours worked. The formula gives a picture of how safe a workplace is for its workers. Lost time injuries (LTI) include all on-the-job injuries that require a person to stay away from work more than 24 hours, or which result in death or permanent disability. This definition comes from the Australian standard 1885.1– 1990 Workplace Injury and Disease Recording Standard.[1][2]
Lost Time Injuries	Any injury claim resulting in ONE or more full days lost time on an ACC45
Pre- Employment Screening	• Percentage of Auckland DHB employee where PES has been completed • Percentage of new starts where PES was completed before start date

Notifiable Events:

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

- **Notifiable Death -** A person has been killed as a result of work. If someone has been killed as a result of work, then WorkSafe NZ must be immediately informed (Health and Safety Department will arrange this).

- **Notifiable Injury** - Any injury that requires (or would usually require) the person to be admitted to hospital for immediate treatment (see below for full details):
    - Amputation
    - Serious Head Injury
    - Serious Burn
    - Spinal Injury
    - Loss of Bodily Functions
    - Serious Laceration
    - Skin Separation

- **Notifiable illness**

If a person contracts an illness as a result of work and needs to be admitted to hospital for immediate treatment or needs medical treatment within 48 hours of exposure to a substance.
In addition, you MUST notify WorkSafe if a person contracts a serious illness as a result of:

- working with micro-organisms
- providing treatment or care to a person
- contact with human blood or bodily substances

- handling or contact with animals, their hides, skins, wool or hair, animal carcasses or waste products
- handling or contact with fish or marine animals
- Exposure to a substance, natural or artificial such as a solid, liquid, gas or vapour.

- **Notifiable Incident**

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.

Risk Matrix

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

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

Table 3 - Risk Score & Grading = Consequence X Likelihood					
Likelihood	**Consequence**				
	1 Negligible	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 - Almost Certain	**5**	**10**	**15**	**20**	**25**
4 - Likely	**4**	**8**	**12**	**16**	**20**
3 - Possible	**3**	**6**	**9**	**12**	**15**
2 - Unlikely	**2**	**4**	**6**	**8**	**10**
1 - Rare	**1**	**2**	**3**	**4**	**5**

Risk Score & Grade	**1 – 3 Low Risk**	**4 - 6 Medium Risk**	**8 – 12 High Risk**	**15 – 25 Critical Risk**

Appendix 6 Annual ACC Accredited Employers' Programme Audit

Background to the ACC Accredited Employers' Programme (ACC AEP):

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

2016 ACCPP Audit

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

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

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

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

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

Five Recommendations were given: see table to follow below

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

Appendix 7 Terms of reference for 2017 Health and Safety Review

Purpose

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

Background

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

The 2014/15 audit consisted of:

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

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

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

Scope of work

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

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

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

Deliverables

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

Timeframes

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

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

Recommendation:

That the Statement of Performance Expectations (SPE) Performance Report - Quarter four 2016/17 report be received.

Prepared by: Wendy Bennett (Planning & Health Intelligence Manager – Auckland and Waitemata DHBs)
Endorsed by: Karen Bartholomew (Acting Director Health Outcomes – Auckland and Waitemata DHBs), Simon Bowen (Director of Health Outcomes – Auckland and Waitemata DHBs)
Endorsed by ELT: 15 August 2017

Glossary

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

Introduction

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

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

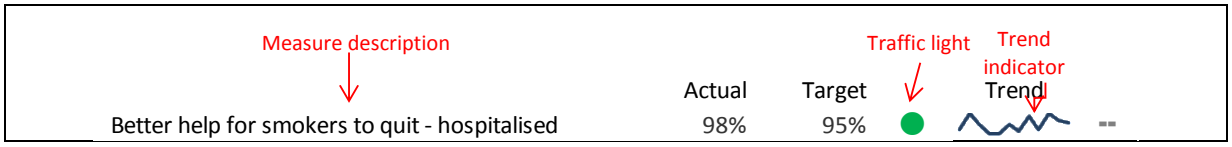
Auckland DHB is making good progress in achieving the Health Targets and a large number of the SPE indicators. Of particular note is the achievement of all population-based screening and acute services indicators.

Key areas of focus include: breast and cervical screening, surgical intervention rate for major joints, Mental Health waiting times (<3 and <8 weeks in 0-19 year-olds), green prescription (adults), PHO enrolment, POAC referrals, diabetes management, MRIs completed within 6 weeks, ESPI 2 and 5.

HOW TO INTERPRET THE SCORECARDS

Traffic lights

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



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

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

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

Trend indicators

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

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

The trend indicator criteria and interpretation rules:

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

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

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

SPE scorecards: Quarter four 2016/17

Metro-Auckland DHBs Performance Scorecard

Health Targets and key indicators

Quarter 4

2016/17

	Auckland DHB			Waitemata DHB			Counties Manukau DHB		
Health Targets	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
Shorter stays in EDs	93%	95%	▼	97%	95%	--	92%	95%	▼
Improved access to elective surgery	98%	100%	▲	111%	100%	▲	107%	100%	--
Faster cancer treatment - within 62 days	81%	85%	▼	90%	85%	▼	78%	85%	▲
Increased immunisation (at age 8 months)	95%	95%	▲	92%	95%	▲	94%	95%	--
Better help for smokers - Primary Care	92%	90%	▲	90%	90%	▲	92%	90%	▲
Better help for smokers - Maternity	100%	90%	▲	92%	90%	▲	90%	90%	▼
Raising healthy kids	100%	95%	▲	100%	95%	--	98%	95%	▲
Key indicators	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
Breast screening coverage	*64%*	*70%*	--	*67%*	*70%*	--	*68%*	*70%*	--
Cervical screening coverage	69%	80%	▼	74%	80%	▼	73%	80%	▼
CVD on triple therapy (dispensed)	*52%*	*55%*	▼	*53%*	*56%*	▼	*58%*	*60%*	▼
Surgical intervention rate (SIR) - major joints	*14.9*	*21.0*	▼	*27.1*	*21.0*	--	*24.2*	*21.0*	▲
SIR - cataracts	*38.1*	*27.0*	▲	*40.7*	*27.0*	▲	*38.9*	*27.0*	▲
SIR - cardiac surgery	*5.7*	*6.5*	▲	*6.4*	*6.5*	▼	*5.8*	*6.5*	▼
SIR - percutaneous coronary revascularisation	*11.2*	*12.5*	▲	*15.5*	*12.5*	▲	*11.2*	*12.5*	▲
SIR - coronary angiography	*29.9*	*34.7*	▼	*41.3*	*34.7*	▲	*28.6*	*34.7*	▲
Urgent diagnostic colonoscopy in 14 days	98%	85%	▼	94%	85%	▼	97%	85%	▼
Opportunities for hand hygiene taken	*84%*	*80%*		*86%*	*80%*		*84%*	*80%*	
Older patients assessed for risk of falling	*94%*	*90%*	▲	*98%*	*90%*	▼	*93%*	*90%*	▼
Hip/knee operations given prophylactic antibiotic	*95%*	*100%*	--	*95%*	*95%*	▼	*92%*	*100%*	▼
0-19 Mental Health waiting within 3 weeks	*73%*	*80%*	▼	*70%*	*80%*	▲	*74%*	*80%*	▼
0-19 Mental Health waiting within 8 weeks	*90%*	*95%*	--	*93%*	*95%*	▲	*95%*	*95%*	--
0-19 Addictions waiting within 3 weeks	*95%*	*80%*	--	*88%*	*80%*	▼	*96%*	*80%*	▼
0-19 Addictions waiting within 8 weeks	*99%*	*95%*	--	*98%*	*95%*	▲	*99%*	*95%*	▼
ARC providers with 4 year audit certification	29%	↑	▼	20%	↑	▼	18%	↑	--

Auckland DHB Performance Scorecard

Statement of Performance Expectations

Quarter 4

2016/17

Output Class 1: Prevention Services

	Actual	Target	Trend
Health Promotion			
Better help for smokers to quit - hospitalised	95%	95%	--
Green prescriptions - adults	5,390	6,152	▲
Health Protection (ARPHS - all northern region DHB results)			
Tobacco retailer compliance checks conducted (YTD)	316	300	▲
TB treatments with start date	94%	85%	▼
Population-based screening			
Newborn hearing - % babies offered screening w/in 1 mth	100%	90%	▲
Referral rate to audiology	1.0%	≤4%	▲
Audiology services by 6 month of age	100%	≥95%	--
B4 School Checks completed (YTD)	93%	90%	▲

Output Class 2: Early Detection and Management

	Actual	Target	Trend
Primary health care			
Primary Care enrolment	84%	95%	--
POAC referrals (YTD)	5,060	7,000	▲
Diabetes management	50%	61%	▼
CVD risk assessed in last 5 years	92%	90%	▲
Community referred testing and diagnostics			
GP-referred radiological tests (YTD)	26,950	22,817	▲
CTs completed within 6 weeks	95%	95%	▼
MRIs completed within 6 weeks	60%	85%	▼

Output Class 3: Intensive Assessment and Treatment

	Actual	Target	Trend
Acute services			
Number of ED attendances	28,295	No target	▼
Total acute WIES (DHB Provider - YTD)	100,399	98,135	▲
Eligible stroke patients thrombolysed	*12%*	*10%*	--
Stroke patients admitted to stroke unit	*87%*	*80%*	▼
Coronary angiography in 3 days (ACS patients)	84%	70%	▼
Maternity			
Number of births in Auckland DHB hospitals (YTD)	7,256	No target	▼
Primiparous vaginal births with 3rd/4th degree tears	5.1%	↓	▼
Elective (inpatient/outpatient)			
Non-urgent diagnostic colonoscopy in 42 days	88%	70%	▼
Waiting >4 months for FSA (ESPI 2)	0.57%	0.00%	▼
Waiting >4 months for treatment (ESPI 5)	6.92%	0.00%	▼
Quality and patient safety (HQSC)			
Staph bacteraemia rate per 1,000 inpatient bed days	0.0002	↓	▼
Inpatients who rate care 'very good' or 'excellent'	85%	↑	▲
Mental health			
Mental health service access 0-19	*3.3%*	*3.0%*	▲
Mental health service access 20-64	*3.5%*	*3.7%*	--
Mental health service access 65+	*3.1%*	*3.1%*	--

Output Class 4: Rehabilitation and Support Services

	Actual	Target	Trend
Home-based support			
Long-term support 65+ who have had interRAI	*97%*	*95%*	--
Urgent InterRAI assessed in 5 working days	*70%*	*90%*	
Non-urgent InterRAI assessed in 15 working days	*92%*	*90%*	
Palliative Care			
Number of contacts (YTD)	9,805	No target	▲
Hospice patient deaths that occur at home	25%	↑	▼
Referrals that wait >48 hours for a hospice bed	11%	↓	▼

Key notes

ESPI traffic lights follow MoH criteria

ESPI 2	ESPI 5
0	0
<0.4%	<1%
≥0.4%	≥1%

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

HEALTH TARGETS

SCORECARD VARIANCE REPORT

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

KEY INDICATORS

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Output class 1: prevention services		
8. Breast screening coverage	✖	*In Manawa Ora report (Māori specific)*
Output class 2: early detection and management		
9. Cervical screening	✖	*In CPHAC report and Manawa Ora report (Māori specific)*
10. CVD on triple therapy (dispensed)	✓	
Output class 3: intensive assessment and treatment		
11. Surgical intervention rate (SIR) – major joints	✖	Orthopaedic volumes this year are tracking at considerably lower levels than planned. Following an external review by Deloitte, it was previously planned that volumes would increase incrementally through Q4 2017/18. However, outsourcing did not start until July 2017. We are working with the Ministry to reduce waiting lists through 2017/18.
12. SIR – cataracts	✓	
13. SIR – cardiac surgery	✖	This quarter saw an increase in acute referrals into the service. We remain within our waiting list target times and continue to meet referral demand. We continue with our fortnightly teleconference with the Ministry's Electives team to review and discuss any challenges facing the service and provide regular updates.
14. SIR – percutaneous coronary revascularisation (angioplasty)	✖	There has been improvement in the SIR results from the previous quarter. We continue to meet referral demand and maintain a good relationship with primary care.

Indicator	On target	Variance commentary
15. SIR – coronary angiography	✖	We continue to meet time frames for angiography; however, our waitlist demand is increasing overall and there was an increase in acute work in Q4. We are continuing to monitor our waitlist management and catheter lab utilisation to manage our increased volumes. There is no real or perceived barrier to referral and we continue to maintain a good relationship with primary care.
16. Urgent diagnostic colonoscopy in 14 days	✓	*In HAC report*
17. Opportunities for hand hygiene taken	✓	*In HAC report*
18. Older patients assessed for risk of falling	✓	
19. Hip and knee operations with prophylactic antibiotic given	✓	
20. 0-19 Mental Health waiting within 3 weeks	✖	*In HAC report*
21. 0-19 Mental Health waiting within 8 weeks	✖	*In HAC report*
22. 0-19 Addictions waiting within 3 weeks	✓	
23. 0-19 Addictions waiting within 8 weeks	✓	
Output class 4: rehabilitation and support services		
24. ARC providers with 4-year audit certification	No set target	

OUTPUT CLASS 1: PREVENTION SERVICES SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Health promotion		
25. Better help for smokers to quit – hospitalised	✓	*In CEO, HAC reports*
26. Green Prescription – adults	✖	The provider reported a slow start to the quarter, with fewer referrals in April than anticipated due to the Easter holiday and ANZAC Day. The year-end achievement is 5,390 referrals, or 87.6% of the annual target. Because several clients who attend weekly workshops chose to continue onto the programme for the following term (terms 1 to 2 or terms 2 to 3), a higher volume of renewals was received in Q4 vs. previous quarters.
Health protection (ARPHS – all northern region DHB results)		
27. Tobacco retailer compliance checks conducted	✓	
28. % of TB treatments with start date	✓	
Population-based screening		
29. Newborn hearing - % babies offered screening within 1 month	✓	
30. Referral rate to audiology	✓	
31. Audiology services by 6 months of age	✓	
32. % of Before School Checks completed (YTD)	✓	

OUTPUT CLASS 2: EARLY DETECTION AND MANAGEMENT SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Primary health care		
33. Primary care enrolment	✖	*In CPHAC report*
34. POAC referrals YTD	✖	This quarter has seen an improvement in POAC utilisation against the Q4 target volume (i.e. 88%). We continue to focus on improving POAC utilisation.
35. Diabetes management	✖	*In CPHAC report*
36. % CVD risk assessed in the last 5 years	✓	
Community-referred testing and diagnostics		
37. GP-referred radiological tests	✓	
38. % CTs completed within 6 weeks	✓	*In HAC report*
39. % MRIs completed within 6 weeks	✖	*In HAC report*

OUTPUT CLASS 3: INTENSIVE ASSESSMENT AND TREATMENT SCORECARD VARIANCE REPORT

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

OUTPUT CLASS 4: REHABILITATION AND SUPPORT SERVICES
SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Home-based support		
55. Long-term support 65+ who have had InterRAI	✓	
56. Urgent InterRAI assessed in 5 working days	Q4 data not available (✗ in Q2)	We are working with all stakeholders to provide more effective and timely information from the Momentum software on waiting times for assessments. This is an issue shared by other DHBs. At present, any data gathered by DHBs are likely to be different and may not be comparable, as the methods of gathering and examining are likely to be different. We are currently developing a report, with the business intelligence unit, to link referral data from our systems with that on Momentum. This will deliver accurate referral to assessment waiting times. Currently, our systems do not store interRAI assessment dates, and Momentum does not store referral dates or data. Northern Region HOP Managers have interRAI data as a standing agenda item at the monthly regional HOP Programme Manager Forum. We continue to work on identifying specific measures to be used for comparison between the four northern DHBs. Please see representative data provided below this table.
57. Non-urgent InterRAI assessed in 15 working days	Q4 data not available (✓ in Q2)	Please see above commentary
Palliative care		
58. Number of contacts (YTD)	No set target	
59. Hospice patient deaths that occur at home	✓	
60. Referrals that wait >48 hours for a hospice bed	✓	

Waiting time data here translates from referral to first contact with our NASC service.

Data

The following data were taken from Momentum, the analytical tools used by the interRAI team.
Assessments within quarter 4 2016/17:

Assessment Type	Assessment Provider	Month	Number
Contact Assessment version 9.3	Other provider	Apr	157
Contact Assessment version 9.3	Auckland DHB	Apr	23
Contact Assessment version 9.3	Other provider	May	204
Contact Assessment version 9.3	Auckland DHB	May	38
Contact Assessment version 9.3	Other Provider	Jun	147
Contact Assessment version 9.3	Auckland DHB	Jun	24

Assessment Type	Assessment Provider	Month	Number
HC Assessment version 9.3	Other Provider	Apr	29
HC Assessment version 9.3	Auckland DHB	Apr	141
HC Assessment version 9.3	Other Provider	May	45
HC Assessment version 9.3	Auckland DHB	May	238
HC Assessment version 9.3	Other Provider	Jun	26
HC Assessment version 9.3	Auckland DHB	Jun	202

Referral data for Needs Assessment and Service Coordination within Auckland District Health board in Q4 are below:

Month	Referrals received
Apr-17	479
May-17	631
Jun-17	604

Waiting times (June 2017)	Proportion of Patient's waiting before first contact date
24 hours	57%
1 - 7 days	21%
8- 14 days	7%
15 - 42 days	9%
greater than 42 days	6%
	100%

While the waiting time data provided above are for June rather than all of Q4, they are representative of the quarter. All referrals are prioritised on the basis of clinical need. Some patient waiting times are longer than 14 days, due in part, to the availability of family, the client, or staff. More information will be provided once the work identified above is completed.

Financial Performance Report

Recommendation

That the Board Receives this Financial Report for July 2017.

Prepared by: Rosalie Percival, Chief Financial Officer
Date: 7 September 2017

1. Executive Summary

The financial performance for the full 2016/17 year was overall unfavourable to plan by $1.3M, with a surplus of $3.2M achieved compared to the budgeted surplus of $4.5M. The external audit of the financial accounts is nearly complete and we do not expect the result to change. The final audited result for the year will be reflected in the 2016/17 Annual Report to be approved by the full Board at the end of October 2017.

For the first month of the 2017/18 year the DHB has performed on budget, with the result for the month of July-17 unfavourable to budget by $399K. Revenue is unfavourable by $3.1M, offset by favourable expenditure of $2.7M. The majority of the unfavourable variance is in the Provider Arm ($641K unfavourable), partially offset by favourable variances in the Funder and Governance Arms). Key variances are explained in this report.

Summary Results as at 30 July 2017

$000s	YTD (1 month ending 31 July-17)		
	Actual	Budget	Variance
Income			
MOH Sourced - PBFF	104,298	104,298	0 U
MoH Contracts - Devolved	9,720	9,779	59 U
	114,017	114,076	59 U
MoH Contracts - Non-Devolved	4,656	4,764	108 U
IDF Inflows	51,406	51,406	0 F
Other Government (Non-MoH, Non-OtherDHBs)	3,359	3,382	23 U
Patient and Consumer sourced	1,741	1,651	90 F
Inter-DHB & Internal Revenue	(375)	1,966	2,341 U
Other Income	4,322	5,112	790 U
Donation Income	593	413	181 F
Financial Income	379	412	33 U
Total Income	**180,099**	**183,182**	**3,083 U**
Expenditure			
Personnel	72,191	76,007	3,817 F
Outsourced Personnel	3,508	2,295	1,212 U
Outsourced Clinical Services	2,240	2,431	191 F
Outsourced Other Services (incl. hA/funder Costs)	4,680	4,674	6 U
Clinical Supplies	21,880	22,269	390 F
Funder Payments - NGOs	45,333	45,446	113 F
Funder Payments - IDF Outflows	8,977	8,977	0 U
Infrastructure & Non-Clinical Supplies	12,147	11,495	653 U
Finance Costs	5	50	45 F
Capital Charge	4,569	4,569	0 F
Total Expenditure	**175,530**	**178,214**	**2,684 F**
Net Surplus / (Deficit)	**4,569**	**4,968**	**399 U**

Result by Division	YTD (1 month ending 31 July-17)		
	Actual	Budget	Variance
Funder	657	603	54 F
Provider	3,724	4,365	641 U
Governance	188	0	188 F
Net Surplus / (Deficit)	**4,569**	**4,968**	**399 U**

2. Financial Commentary for July 2017

Month Result

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

Revenue is unfavourable to budget by $3.1M (1.7%), mainly driven by:

- Inter DHB revenue $2.3M unfavourable mainly due to $1.5M provision for IDF wash-up based on July volumes under-delivered and $124K Labs as a result of a particularly low month, with no reason to suggest it won't correct over coming months as budget is not overstated.
- Other income $790k unfavourable mainly due to $292k expected additional revenue for national transplant services – agreement not yet reached with MOH and $173k planned growth in revenue streams not yet achieved.

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

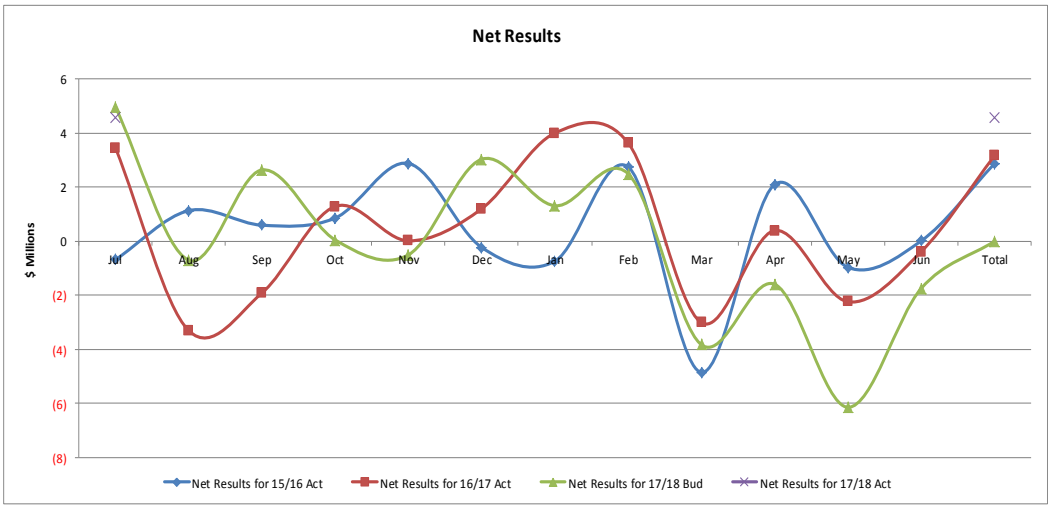
Expenditure is less than budget by $2.7M (1.5%) with significant variances in:

- Personnel costs combined with Outsourced Personnel costs $2.6M (3.3%) favourable, primarily driven by total FTE 173 (2%) below budget.
- Infrastructure & Non Clinical Supplies $653K (5.7%) unfavourable, primarily due to Bad/Doubtful Debts $345k as a result of a particularly high month of write offs as this expenditure varies from month to month and also reflects high non-resident revenue for the month; One off accreditation costs $78k and $550k variance in Facilities is driven by the timing differences in Utilities invoices and accruals.

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

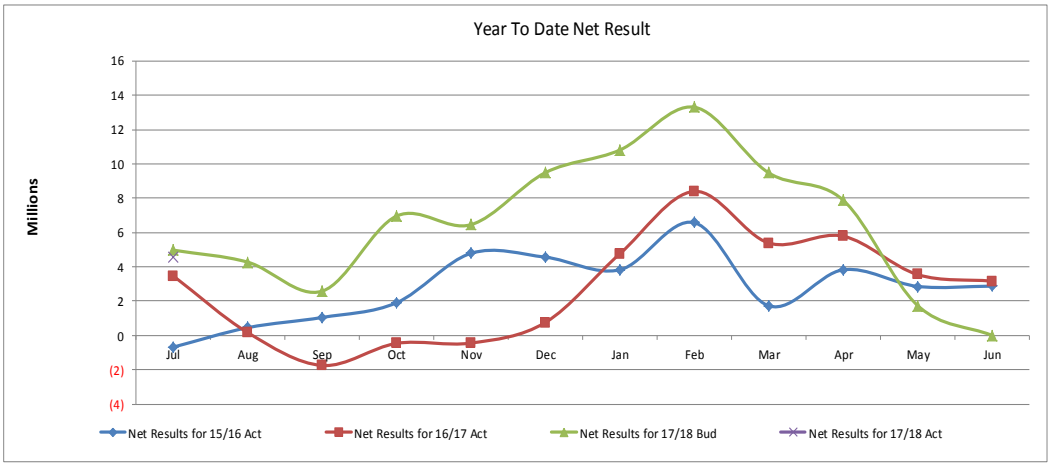
3. Performance Graphs

Figure 1: Consolidated Net Result (Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 15/16 Act	(0.683)	1.133	0.595	0.859	2.881	(0.227)	(0.734)	2.747	(4.850)	2.101	(0.967)	0.015	2.871
Net Results for 16/17 Act	3.462	(3.302)	(1.914)	1.290	0.017	1.203	4.004	3.636	(3.010)	0.398	(2.238)	(0.384)	3.162
Net Results for 17/18 Bud	4.968	(0.700)	2.639	0.051	(0.502)	3.035	1.315	2.497	(3.828)	(1.591)	(6.140)	(1.743)	0.000
Net Results for 17/18 Act	4.569												4.569

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 15/16 Act	(0.683)	0.450	1.045	1.904	4.785	4.557	3.824	6.571	1.721	3.822	2.855	2.871
Net Results for 16/17 Act	3.462	0.159	(1.755)	(0.465)	(0.448)	0.755	4.759	8.394	5.385	5.783	3.545	3.162
Net Results for 17/18 Bud	4.968	4.267	2.578	6.957	6.455	9.490	10.805	13.302	9.474	7.883	1.743	0.000
Net Results for 17/18 Act	4.569											
Variance to Budget for 2016/17	(0.399)											

4. Efficiencies / Savings

The savings target assumed in the draft 2017/18 financial plan is $20M, with all of these planned to be generated within the Provider Arm. It is noted that the 2017/18 financial plan and the savings program planned are subject to Board approval as the DHB Annual Plan is still pending the Board's approval.

Auckland DHB has generated significant savings over the past few years, in excess of $211M. However, the savings are becoming more difficult to find and deliver. To improve savings delivery capability, the DHB has implemented a Financial Sustainability Program to ensure continuous identification, assessment (risk and achievability), implementation and monitoring of savings initiatives.

The financial sustainability program delivered savings of $1.083M in July. Details of the full savings program for 2017/18 will be provided to the Board as part of the 2017/18 Annual Plan approval process.

5. Financial Position

5.1 Statement of Financial Position as at 30 July 2017

$'000	31-Jul-17			30-Jun-17	Variance	30-Jun-17	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Crown Equity	881,298	881,298	0F	881,298	0F	881,298	0F
Reserves	-	-	0F	-	0F	-	0F
Revaluation Reserve	515,639	515,639	0F	515,639	0F	515,639	0F
Cashflow-hedge Reserve	-	-	0F	-	0F	-	0F
Accumulated Deficits from Prior Year's	(458,009)	(458,009)	0F	(461,173)	3,164F	(461,173)	3,164F
Current Surplus/(Deficit)	4,569	4,969	400U	3,164	1,405F	3,164	1,405F
	62,199	62,599	400U	57,630	4,569F	57,630	4,569F
Total Equity	**943,497**	**943,897**	**400U**	**938,928**	**4,569F**	**938,928**	**4,569F**
Non Current Assets							
Fixed Assets							
Land	321,582	321,582	0F	321,582	0F	321,582	0F
Buildings	574,098	573,354	744F	576,044	1,946U	576,044	1,946U
Plant & Equipment	89,239	91,169	1,930U	90,502	1,263U	90,502	1,263U
Work in Progress	39,129	43,654	4,525U	35,892	3,237F	35,892	3,237F
	1,024,048	1,029,759	5,711U	1,024,020	28F	1,024,020	28F
Derivative Financial Instruments	-	-	0F	-	0F	-	0F
Investments	-						
- Health Alliance	60,512	60,512	0U	57,936	2,576F	57,936	2,576F
- HBL	12,420	12,420	0U	12,420	0F	12,420	0F
- ADHB Term Deposits > 12 months	-	-	0F	-	0F	-	0F
- Other Investments	685	684	1F	685	0F	685	0F
	73,617	73,616	1F	71,041	2,576F	71,041	2,576F
Intangible Assets	938	1,021	83U	995	57U	995	57U
Trust Funds	14,707	14,625	82F	14,625	82F	14,625	82F
	89,261	89,262	1U	86,660	2,601F	86,660	2,601F
Total Non Current Assets	**1,113,309**	**1,119,021**	**5,712U**	**1,110,680**	**2,629F**	**1,110,680**	**2,629F**
Current Assets							
Cash & Short Term Deposits	65,008	60,951	4,056F	72,178	7,171U	72,178	7,171U
Trust Deposits > 3months	12,000	13,000	1,000U	13,000	1,000U	13,000	1,000U
ADHB Term Deposits > 3 months	26,000	26,000	0F	11,000	15,000F	11,000	15,000F
Debtors	24,060	23,992	69F	30,990	6,930U	30,990	6,930U
Accrued Income	64,689	63,432	1,257F	56,432	8,258F	56,432	8,258F
Prepayments	6,795	5,027	1,768F	5,027	1,767F	5,027	1,767F
Inventory	13,661	13,882	221U	13,882	221U	13,882	221U
Total Current Assets	**212,212**	**206,284**	**5,928F**	**202,509**	**9,703F**	**202,509**	**9,703F**
Current Liabilities							
Borrowing	(494)	(494)	0U	(494)	0F	(494)	0F
Trade & Other Creditors, Provisions	(149,322)	(148,750)	572U	(144,179)	5,142U	(144,178)	5,143U
Employee Entitlements	(188,838)	(188,754)	84U	(186,179)	2,659U	(186,179)	2,659U
Funds Held in Trust	(1,264)	(1,263)	1U	(1,263)	2U	(1,263)	2U
Total Current Liabilities	**(339,918)**	**(339,261)**	**657U**	**(332,115)**	**7,803U**	**(332,114)**	**7,804U**
Working Capital	**(127,706)**	**(132,977)**	**5,271F**	**(129,606)**	**1,900F**	**(129,605)**	**1,899F**
Non Current Liabilities							
Borrowings	(332)	(373)	41F	(372)	40F	(373)	41F
Employee Entitlements	(41,774)	(41,774)	0F	(41,774)	1F	(41,774)	1F
Total Non Current Liabilities	**(42,106)**	**(42,147)**	**41F**	**(42,146)**	**41F**	**(42,147)**	**42F**
Net Assets	**943,497**	**943,897**	**400U**	**938,928**	**4,570F**	**938,928**	**4,569F**

Comments on major balance sheet variances

Category	Comment
Property, plant and equipment	Capital spend is $6m behind forecast for the month of July. The forecast capital spend is based on the expected cash flows timing provided by individual services, which may vary from the actual timing of the cash flows.
Investment in healthAlliance	In July 17 an investment of $2.6M was made to healthAlliance for the final washup of funding Capex spend by the way of C CLass shares fro 2016/17. The timing of payments to healthAlliance are largely dependent of the timing of the call for cash and the issuance of shares, therefore this is not budgeted for.
Debtors and Accrued income	Indivudially there are significnat variances for debtors and accrued income, however due to the timing of the accruals and cash flow there is a differnce between the budget, and the overall net variance is $1.3M.

5.2 Statement of Cash flows (Month July 2017)

$000's	YTD (1 month ending 31 July-17)		
	Actual	Budget	Variance
Operations			
Cash Received	181,097	182,770	1,673U
Payments			
Personnel	(69,532)	(73,432)	3,900F
Suppliers	(44,587)	(39,181)	5,406U
Capital Charge	0	0	0F
Funder payments	(54,310)	(54,423)	113F
GST	116	0	116F
	(168,314)	**(167,036)**	1,278U
Net Operating Cash flows	**12,783**	**15,734**	**2,951U**
Investing			
Interest Income	379	412	33U
Sale of Assets	(47)	0	47U
Purchase Fixed Assets	(3,671)	(9,756)	6,085F
Investments and restricted trust funds	(16,576)	(17,575)	999F
Net Investing Cash flows	**(19,915)**	**(26,919)**	**7,004F**
Financing			
Other Equity Movement	0	0	0F
New loans raised	0	0	0F
Loans repaid	0	0	0F
Interest paid	(41)	(40)	1U
Net Financing Cashflows	**(41)**	**(40)**	**1U**
Total Net Cash flows	**(7,173)**	**(11,225)**	**4,052F**
Opening Cash	72,178	72,178	0U
Total Net Cash flows	(7,173)	(11,225)	4,052F
Closing Cash	**65,005**	**60,953**	**4,052F**

ADHB Cash	61,288	**58,452**	2,836F
A+ Trust Cash	2,129	**916**	1,213F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits	1,587	**1,585**	2F
	65,005	**60,953**	**4,052F**
ADHB - Short Term > 3 months	26,000	**26,000**	0F
A+ Trust Deposits - Short Term > 3 months	12,000	**13,000**	1,000U
ADHB Deposits - Long Term	0	**0**	0F
A+ Trust Deposits - Long Term	14,707	**14,625**	82F
Total Cash & Deposits	**117,712**	**114,578**	**3,134F**

Funder Update

Recommendation

That the Funder Update Report for July 2017 be received.

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

Glossary

AAA	-	Abdominal Aortic Aneurysm
AF	-	Atrial Fibrillation
ARC	-	Aged Residential Care
DHB	-	District Health Board
FFtF	-	Fit For the Future
HCSS	-	Home and Community Support Services
HVAZ	-	Healthy Village Action Zones
MoH	-	Ministry of Health
NGO	-	Non-Governmental Organisation
PHAP	-	Pacific Health Action Plan
PHO	-	Primary Health Organisation
SACAT	-	Substance Addiction Compulsory Assessment and Treatment Act
SLM	-	System Level Measures

Summary

This report updates the Auckland District Health Board (DHB) Board on planning and funding activities and areas of priority, since its last meeting on 9 August 2017.

1. Planning

1.1 Annual Plans

The Auckland DHB Board met earlier this month to discuss 2017/18 budgets and financial plans. Consequently, financial information is now being developed for inclusion in the 2017/18 Annual Plan. Once finalised, the Plan and the Northern Regional Health Plan will be submitted to the Ministry of Health (MoH).

1.2 System Level Measure Improvement Plans

The Metro-region 2017/18 System Level Measures (SLM) Improvement was finalised and submitted to the MoH for review. It has also been presented as information to the August Board meeting.

Reporting is under development – in both static format and using a dynamic web-based tool.

2. Hospitals

2.1 Cancer target

Auckland DHB's reported achievement of the 62-day FCT indicator for month ending June 2017 was 79% which was slightly lower than previous months. However, the Northern region achieved 83.1% overall for Q4 16/17, with Auckland achieving 80.7%. From July 2017 the FCT target measure changed and excludes those patients deferred for personal or legitimate medical reasons and the target requirement increased to 90% (from 85%). Auckland DHB has achieved 90% compliance with the FCT target consistently over the last month and there is significant improvement in the Gynaecology Oncology tumour stream that has contributed to this. There are ongoing improvement activities underway in Radiation Oncology and Radiology and the need for further work in the Head and Neck tumour stream.

2.2 Auckland DHB Surgical Health Target

2016/17 ADHB Surgical Health Target

For the period ending June 2017, the MoH has reported the Auckland DHB Surgical Health Target at 97.6% overall, which is an improvement from the Quarter 3 reported performance. The final discharge shortfall of 408 discharges less than planned was attributable to Adult Orthopaedics.

2017/18 ADHB Surgical Health Target

The discharge plan for the Auckland DHB population has been established with a significant uplift in Adult Orthopaedic discharges planned compared with the volume planned and delivered in 2016/17. 47% of the planned volume in Orthopaedics will need to be sourced from other providers. There has been some progress in getting procedures completed by third party providers but this is slower than desirable. We expect there to be some further improvement in throughput in the next month as waiting list management practices are strengthened with the engagement of the new service Clinical Director in this process. Final prices for non-primary joint replacement services, including spinal services have yet to be finalised with the private suppliers and this has been delayed while the suppliers finalise their indicative capacity plans. There has been a need for some escalation with the private providers to ensure we receive the indicative capacity plans.

An additional uplift of 300 discharges has also been applied to Ophthalmology services and the funder is working with the provider to review the thresholds currently in place for the Auckland DHB population. There is a fixed volume plan in place to source cataract volumes from a single third party provider throughout 2017/18.

ESPI Compliance

Auckland DHB remains ESPI 5 non-compliant in adult and paediatric Orthopaedics however there has been a significant improvement in the paediatric Orthopaedic position with six children waiting more than 120 days at the end of August compared with 21 at the beginning of July. At the end of August 44% of patients on the Adult Orthopaedic waiting list have been waiting more than 120 days. A range of measures are being established to increase the focus of the service on ensuring the longest waiting patients are receiving surgery first.

2.3 Regional Cardiology service demand

Work is continuing with the Auckland DHB Cardiology service to manage the Electrophysiology waiting list demand to the available funded capacity and local Cardiology teams are reviewing patients on the list on an ongoing basis to ensure there is no adverse clinical effect for those patients waiting longer than expected. The Auckland DHB service identified a range of options for managing the waiting list and these were presented to the Northern region Cardiac network. Following

feedback from the region, the Auckland DHB service is implementing elements of the options identified and will provide an update on progress to the region in mid-September.

2.4 IDF Arrangements

2017/18

Auckland DHB 2017/18 inpatient and outpatient IDF funding arrangements have been finalised with Waitemata DHB and Counties Manukau Health, resulting in planned increases in funding to the Auckland DHB provider for services expected to be delivered. Formal documentation implementing the changes to funding arrangements will be complete by the end of August.

Northland inpatient and outpatient IDF funding arrangements have not been agreed, however, the Northland DHB Chief Financial Officer has agreed to review their previous position on this matter.

There has been no further advice from Midland DHBs or the MoH regarding the proposed service change to Eating Disorder service arrangements for the Midland DHBs population and therefore Auckland DHB has not agreed to implement a change to current funding arrangements at this time.

2018/19

The planning cycle for 2018/19 IDF arrangements has commenced with all IDF forecasts expected to be finalised by the end of October 2017.

2.5 Policy Priority areas

Colonoscopy Indicators

Auckland DHB has continued to achieve all colonoscopy national waiting time indicators in June.

Radiology Indicators

There has been improvement in the outpatient CT indicator performance with 94.5% referrals completed within six weeks in June compared with 91.7% in May. There is slow improvement in performance against the outpatient MRI indicator reported in June when 60% (May = 53%) patients received their procedure within six weeks against a target 85% target. The provider is working to establish the timeframe for achieving compliance with the indicator. Of the total number of children waiting for MRI at the end of August, 27% are waiting longer than six weeks and additional lists are planned throughout September to address this waiting list. At the end of June, 83% of outpatient ultrasounds were completed within six weeks against a DHB target of 95% however since the provider has begun to achieve the target since early August through

Bone Marrow Waiting Times

For the last six weeks there has consistently been one patient waiting longer than the maximum waiting time of six weeks for bone marrow transplant however this is not the same patient each week.

2.6 National services

There is an interim contract in place for the National Intestinal Failure Coordination service for six months pending the conclusion of contract discussions with the MoH. There is no progress to report from the MoH regarding the 2017/18 and sustainable funding arrangements for national transplant services provided by Auckland DHB.

Auckland DHB has initiated a request to the national pricing programme to have the pricing reviewed.

Agreement has been reached nationally to continue funding the national Cardiac Inherited Disease Group based at Auckland DHB on an ongoing basis.

2.7 Regional Service Review Programme

Work is continuing within Auckland DHB and with regional colleagues to understand the scope of Cardiac Catheter Laboratory work that is being proposed to be delivered by Counties Manukau Health and Northland DHB as a result of plans to increase local capacity. There is not expected to be any change in 2017/18 however both DHBs have signalled their desire for change in 2018/19.

3. Primary Care

3.1 Health Targets

Better Help for Smokers to Quit

Auckland DHB achieved the Better Help for Smokers to Quit target with a result of 92.2% the third best result for all DHBs. Each and every PHO achieved that target and are congratulated for their efforts.

3.2 Safety in Practice

Auckland DHB had increased interest from general practices' in this programme, 33 general practice and urgent care clinics have signed up for the 2017/18 programme.

Safety in Practice is designed to reduce preventable harm within Primary Care by targeting issues of clinical concern and support general practice teams' gain skills in quality improvement through practical experience and collaborative learning. The programme has objectives of:

- Reduce harm to patients
- Create safer systems
- Promote a culture of safety
- Acquire skills to improve patient care

Safety in Practice is now recognised by the Royal New Zealand College of General Practitioners as meeting some of the requirements for Cornerstone accreditation. This, along with ongoing enthusiasm for the programme from existing general practice teams is seeing increasing interest.

The first two learning sessions for the 2017/18 year have been held. Over 200 general practice team members form practices in both Auckland and Waitemata DHBs attended the two events. The learning sessions were tailored so that those who have previously participated could attend sessions on advanced improvement skills. A curriculum is being developed such that over time practices will become self-sufficient and less reliant on DHB improvement specialist advice and support. This will enable further general practices becoming involved without the need to increase the improvement specialist support.

Auckland DHB in collaboration with Waitemata DHB is initiating a pilot Safety in Practice programme with 20 community pharmacies. The first learning session is set for early September.

As the programme develops there is potential to get general practice and community pharmacy working collaboratively on common areas of preventable harm.

4. Health of Older People

4.1 Age Residential Care

The Aged Residential Care (ARC) payment mechanism for Pay Equity remains contentious despite this being the mechanism originally proposed and supported by the ARC sector. ARC providers are receiving pay equity funding via the daily bed rate, which means there will be 'overs and unders' in terms of how individual providers fare. The MoH has undertaken modelling to understand the impact of this allocation method, which shows there are seven facilities in Auckland DHB that will be disadvantaged. However, the ARC sector is challenging the methodology used by the MoH as they believe disadvantaged facilities will be more widespread. A more detailed analysis is now being undertaken for a randomly selected subset of facilities.

Caughey Preston (129 residents) announced its closure on the 31 July 2017. The intended closure date is 31 October but the facility is aware of its responsibilities and has agreed that if there are residents who have not transferred by this date they will continue to provide care until all residents have moved to other facilities. The closure is not due to the introduction of pay equity despite media coverage making this claim.

5. Women, Children & Youth

5.1 Immunisation Health Target

The Immunisation Health Target was achieved in Q4 for Auckland DHB (95%), an increase on the previous quarter. A 90 day action plan has been prepared to address the lower rate for Maori tamariki, this has been presented to Manawa Ora and the Maori Provider Forum. The Maori Health Gain team will lead the ongoing work. The plan includes a co-design component

5.2 Obesity Health Target – 'Raising Healthy Kids'

The Raising Healthy Kids target continues to be exceeded. Work continues to:

- Finalise the Metro Auckland Healthy Weight Action Plan for Children 2017-2020
- Engage with each family identified using the BeSmarter brief intervention
- Train general practice and other health providers working with young children in how to effectively monitor Body Mass Index and utilise the brief intervention tool
- Maintain referrals to achieve and exceed the Raising Healthy Kids Target of 95%.

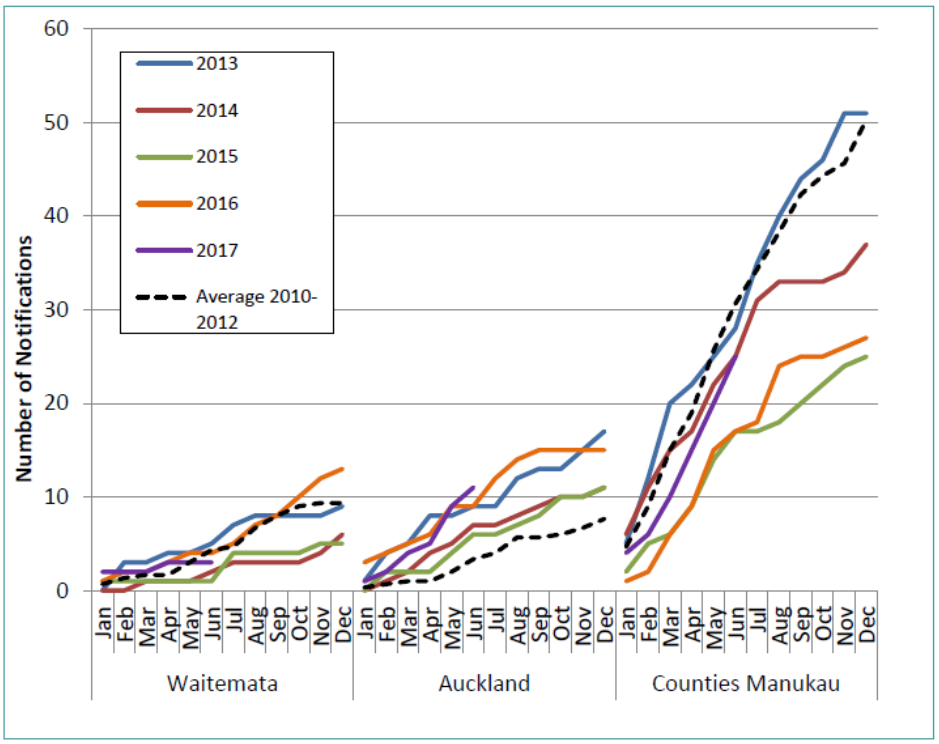
Funding has been provided by the MoH to support a range of initiatives, which are in the planning phase. Initiatives that are likely to be implemented during 17/18 include:

- Scoping and implementation of a positive parenting and active lifestyle programme
- Aligning oral health and healthy weight key messages
- Scoping a possible Raising Healthy Kids liaison to oversee the care management for every child identified under the health target
- A programme of evaluations to inform continuous quality improvement cycles.

5.3 Rheumatic Fever

Information has been provided to the Auckland DHB Finance, Risk and Compliance Committee regarding Rheumatic Fever, including the latest data. The Figure below is a cumulative count of rheumatic fever cases for the metro Auckland region (compiled by Auckland Regional Public Health Service). At both Counties Manukau DHB and Auckland DHB the cumulative 2017 data is trending higher than 2015 and 2016 notifications. Of particular concern is the large rise of cases in Counties Manukau, as high as before programme was introduced.

Figure 4: Cumulative monthly count of ARF cases in 0 to 19 year olds by DHB and year, Auckland region



Negotiations with primary care are nearly complete and will see a change in the Rapid Response model. All clinics will be asked to provide sore throat management services including case finding in Pacific children and making bicillin an option for those that need a course of antibiotics. At this stage, funding for a programme in primary schools has not been confirmed, research funding avenues will be pursued. The MoH remains keenly interested in the programme across metro Auckland.

5.4 Cervical Screening

Education, practical support and promotion of the use of National Screening Unit data match lists for use by General Practices' to recall women for screening continues to be provided. This supports more targeted recall efforts by primary care. We support and encourage PHOs and practices' to promote screening and to utilise opportunistic screening strategies as well as broadening available clinic hours (weekend clinics etc.). This is supplemented by a number of 'pop up' clinics. Funding for cervical screening to PHOs targeted to high priority women who have either never been screened, or are overdue for five or more years continues to be provided.

We collaborate with Well Women and Family Trust to promote outreach screening in community locations as well as support to services for screening for women who have proven difficult to recall for primary care.

A new action plan has been developed in consultation with key stakeholders. This contains some new initiatives that need to be further developed with potential providers.

6. Mental Health and Addictions

6.1 Fit for the Future

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

Following establishment of the project group, the following actions are in progress:

- Synergia has been selected as an evaluator following a Registration of Interest process. They have a strong track record in the evaluation of both primary care and Mental Health and Addiction services. Synergia, the Auckland DHB Quality Team and the Funder are working on the evaluation framework which is due to the MoH by 30 September 2017
- A meeting including Synergia, PHOs, NGOs and the Funder has been organised for 30 August 2017 to discuss:
    - The development of a working definition of 'moderate' mental illness
    - Current and new data collection by PHOs and NGOs to support the evaluation
- THINKSPACE has initiated the co-design process to develop a model of care across the primary mental health space. Stakeholder interviews are underway and will be finished by 1 September. Initial work focuses on establishing and launching a framework to prototype a new suite of Primary Mental Health Initiatives within up to six general practices
- Following consultation with Awhi Ora – Supporting Wellbeing NGO Support Hours providers, the additional Fit for the Future (FFtF) funding has been allocated and a contracting process is underway. Service delivery will begin 1 September 2017. To reflect the FFtF priority target populations the allocation of resources has been weighted towards Māori and Pacific NGO providers (Mahitahi Trust and Malologa Trust respectively). General Practices and with high Māori and Pacific enrolled populations and social services with high Māori and Pacific populations with be prioritised. A working group is being established to support this initiative.

6.2 Suicide Prevention and Postvention

Suicide Prevention and Postvention Action Plan

Auckland and Waitemata DHBs' Suicide Prevention Action Plan 2015/17 is currently under review. The revision process of the plan will build off the current action plan, and align to the new national Suicide Prevention Strategy 2017/27.

Feedback on the Draft Suicide Prevention Strategy 2017

A new draft Suicide Prevention strategy has been developed by the MoH, this was released for public consultation on 12 April 2017. The public consultation process closed on 26 June 2017, with the draft Strategy presented at various forums and Networks for feedback throughout both Auckland and Waitemata DHBs and comprehensive feedback was submitted to the Ministry.

Suicide Prevention and Postvention Interagency group

The Suicide Prevention and Postvention Interagency group have been working closely with the Clinical Advisory Services Aotearoa to support schools and community organisations to reduce the risk of contagion. In particular there has been a spike of suspected suicides within the Asian community been reported through the notification pathway with the coroner service. In the last eight months there have been eight suspected suicide cases of Asian ethnicity in the Auckland DHB area, with three of those cases reported to be in Asian owned rest homes. In response, a number of meetings with relevant service providers provided vital support for the affected community. Action plans were developed from these meetings with a leading service/agency identified. This process continues to demonstrate the importance of establishing a collective effort to prevent suicides.

Suicide Prevention workforce training
Coordinated work has been ongoing to develop a Northern Region DHB Suicide Prevention Training Framework to support workforce develop. This Framework will align with international best practice, the MoH Strategic direction and local planning and initiatives. It aims to address regional need and maximise the opportunity for consistent training and resource efficiency while maintaining local diversity, which recognises the uniqueness of each local DHB. This work will also involve a stocktake of current suicide prevention training programmes.

Zero Suicide
The suicide prevention programme manager and members of the suicide prevention advisory group attended a National Zero Suicide Forum on 27 July. The foundational belief of Zero Suicide is; suicide deaths for individuals under care within health and mental health systems are preventable. It presents both a bold goal and an aspirational challenge. This aspect of suicide prevention has been explored by the Suicide Prevention and Postvention Advisory Group in a robust manner since the forum. Further consultation and discussion with relevant groups needs to be facilitated before a definitive decision is reached.

6.3 Look-Up 2017 Exploring Relationships

The LookUp youth mental health and wellbeing event was hosted on 10 August, at the Fickling Centre, Three Kings. Registrations were planned around a target of 250, but increased to 290 in the final days before closing. LookUp grew out of a recommendation from the Auckland DHB Integrated Child and Youth Mental Health and Addiction Direction 2013-2023. It has become an annual event sponsored by Auckland DHB, and organised in partnership with NGO and PHO partners and is now in its third year. LookUp is free to participants (young people, school staff and providers) as a day-long event, focussed on inspiring innovative ways to wellbeing with the target audience of young people aged 13 to 25. This year the theme was “Relationships”. Starship Foundation contributed $5,000 sponsorship to the day to fund spot prizes and other expenses on the day.

Auckland DHB contracted Affinity Services Ltd to provide the event coordination and project management, in collaboration with Connect Supporting Recovery, Odyssey House and Toi Ora Trust. Nicole Symons, a youth advisor with Affinity, was Project Event Manager, she was supported by a Steering Group (with ProCare, Connect Supporting Recovery, Affinity, and Funder representatives), an Action Group (comprising of young people from wide ranging organisations) and a volunteer team (primarily Affinity staff).

Six workshops were run in total, with two workshops running concurrently, allowing people to attend up to three workshops. The themes for each set of workshops were “Let’s Connect! Exploring Identity; Keeping Safe! Healthy Communication; Creating Change! Inside and Out”.

Stall holders included; Auckland Sexual Health Service, Youthline, Unitec, Youthline, YouthLaw, Netsafe, CADS Altered High, Odyssey House, SPARX, CAYAD, HELP, Rainbow Youth, Connect and Affinity.

Attendees seemed engaged in the programme, workshops were full, and all stalls well attended. Preliminary evaluation feedback is overwhelmingly positive, on questions such as I learnt things…” about identity that I didn’t know before; I learnt some good self-care strategies; I learnt about rights and responsibilities in positive sexual relationships; and I have learnt skills that will help me behave respectfully in my relationships”.

A full report and evaluation will be tabled as part of the next Auckland DHB Board Funder Update.

6.4 Substance Addiction Compulsory Assessment and Treatment Act (SACAT)

The MoH notified the Northern Region of their intention to provide the Region with $2.024M for the purchase of a national SACAT Act treatment facility in the 2017/18 financial year, with ongoing funding of $2M per annum. The MoH have given the Northern Region the first right of refusal and require confirmation that the offer has been accepted by 21 August 2017, as they will need to approach the wider national sector in the event the offer is declined. A paper presented at the Regional Executives Forum on 18 August outlined the options for implementation, including:

a. Construction of a purpose build facility (Option 1)
b. Locating a seven bed National SACAT facility on hospital grounds within existing acute mental health inpatient units (options 2 and 3)
c. Development of a hybrid service (Option 4) which involves the establishment of a SACAT consult and liaison service compromised of health professionals including medical, allied health and nursing and conducting a closed Request for Proposal procurement process to identify a NGO to provide a specialised Alcohol and Other Drugs cognitive impairment at a gazetted community site. All patients under the Act will have commenced a medically supervised withdrawal in the location most suitable to their medical needs, comorbidities and risk factors either in a general medical ward or other medical detoxification service available in the DHB of domicile
d. Notifying the MoH that the Northern Region is unable to provide a national SACAT treatment facility (Option 4). This will mean that Northern Region SACAT patients will be assessed and treated out of region (once they are stabilised in medical inpatient wards and metro detoxification services). All costs associated with the initial stages would be borne by the DHB of domicile.

The unanimous response from the Regional Executives Forum was that the timeline for implementation (21 February 2018) was unrealistic, the funding offered by the MoH was insufficient and that unless additional funding could be identified, the offer should be declined. The Chief Executives will respond in writing to the MoH on the 21 August stating this position and requesting additional funding.

The Northern Regional Technical Advisory Group will meet to determine how the legislation will be implemented in the event that no additional funding is identified. A number of significant risks have been identified primarily due to financial and timeframe constraints that will impact on the ability of clinical services to meet the obligations inherent in the SACAT Act.

6.5 Pay Equity, Mental Health Workers

The Care and Support Worker Pay Equity Settlement Agreement came in to effect on 1 July 2017.This agreement covers care and support workers employed by Providers funded by the Crown, DHBs or ACC, working in ARC; community residential living ;or home and community support services. Mental Health Services were specifically excluded from the agreement.

Eight Mental Health and Addictions NGO providers across the country have been challenged by Unions who have submitted a “statement of problem” to the Employment Relations Authority. The problem the Unions are seeking a solution to is “what does “equal pay” pay rate mean for mental health support workers?”

Platform, the peak national representative body for MHA NGOs has been mandated to lead negotiations on behalf of the NGO sector. Named NGOs in the submission are required to have legal representation which potentially could become very costly.

Ron Dunham,(DHB Lead CE for mental health services), and Jon Shapleski, (Programme Director, HOP,DHB Shared Services) are meeting regularly with the MoH, NGO provider representatives and Unions looking at the decision to exclude care and support workers in mental health from the

Settlement. MHA funders across the country were asked to provide a detailed breakdown, by provider and service line, of the numbers of care and support workers, and their level of qualification for a meeting on 15 August 2017, to inform the discussion around potential numbers and the overall funding required should the parties reach a view that such workers should have been included in the Settlement.

Given the current inequity between the pay of those workers covered by the agreement, and those not covered, the NGOs are highly aware of the risk to workforce recruitment and retention, and are already noting a significant decrease in responses to recruitment.

7. Māori Health Gain

7.1 Maori Health Plan

A key highlight is the completion of the 2017/18 Māori Health Plan for Auckland and Waitemata DHBs'. For the first time we have combined both DHBs' Māori Health Plans into a single Plan, the final plan is available on both DHBs' websites.

7.2 Integrated Contracts

The Māori Health Gain Team has recently completed Phase 3 of the integrated contracting process with Māori providers. This process was designed to reduce reporting requirements, initiate alignment of outputs to outcomes and support whānau ora model of care delivery. Phase 1 occurred between December 2014 and June 2015, Phase 2 between July 2015 and June 2016, with Phase 3 being implemented over the July 2016 to June 2017 period. Phase 3 included the delivery of the following activities:

- Regular Quarterly Performance Management Hui with each provider
- A review of current Māori Providers performance management reporting framework with the aim to apply more consistency
- Introduction of funding changes to the Well Child Tamariki Ora contracts requiring contract variations to reflect changes to National Specifications with the current bulk funding model being replaced by a Relative Value Unit model
- Integrated performance monitoring in partnership with the Child, Youth and Women's health team.

7.3 Abdominal Aortic Aneurysm and Atrial Fibrillation Screening

Following the successful Abdominal Aortic Aneurysm (AAA) screening pilot with three General Practices in Waitemata DHB, we have extended the programme to screen all Māori males aged 60-74 years and Māori females aged 65-74 years enrolled in General Practices in Auckland and Waitemata DHB. We have also added screening for Atrial Fibrillation (AF), and have progressed well after changing the innovative AF detection device. As of 9 August 2017 we have screened approximately 1100 people across both DHBs' in the extended AAA and AF screening project. This represents a 32% participation rate after one invitation round is nearly complete. We are aiming to screen an additional 1340 participants which will provide a coverage rate of 70%, and will begin a range of active follow up activities to achieve this shortly. We are currently planning the AAA extension to be complete in March 2018.

8. Pacific Health Gain

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

A proposal to the MoH to fund a Healthy Lifestyles Triple P parenting programme for children who are identified as obese in the B4SC Programme, including Pacific children, was successful and we are working with the Child Health team to implement the programme.

In relation to the Pacific component of the *Healthy Babies Healthy Futures* programme, the annualised results are identified below (for across Waitemata and Auckland DHB areas). West Fono is the provider for both DHBs. A target is set for each of the five main components of the programme. The following table are actual numbers and in relation to targets for each component:

Activity	Actual	% of Target
Staff trained	48 (West Fono staff and community)	100%
Mothers briefed	514	100%
Healthy conversations	312	104%
TextMATCH enrolments	248	99%
CLP completed	89	99%
E - Newsletters	4	100%

Alliance Health Plus PHO is continuing to fund community based Rheumatic Fever awareness programmes, two events were held in the last month by Catholic Tongan communities, one in the Mt. Wellington/Ellerslie/Greenlane area and one in Glen Innes/Panmure. Over 200 people, from young children to grandparents attended the events, with Rheumatic Fever messages clearly conveyed through drama, poetry and songs. The shortcoming of the messages is that a high number of children/young people do not develop a sore throat to act as an alert for parents to take their children to be checked which is what the current messages advise.

We continue to work closely with the Child Health team to address the ongoing challenges faced by the Rheumatic Fever programme.

One Living without Violence and one Triple P parenting programme are being implemented with Tongan communities in Orakei and Ellerslie (funded from 2016/17 budget).

8.2 PHAP Priority 2 –Pacific People are smoke-free

As of the end of the 2016/17 financial year, 49 of the 58 churches (84%) who are part of the Enua Ola and Healthy Village Action Zones (HVAZ) programmes and who own their own church properties are smoke free (halls and grounds). This is an increase from 71% from the 2015/16 year. We did set a target of 100% smoke free churches, but new churches joined the programmes and they take time, through education, to get their members' to agree to go smoke free. A church minister did remind us, that although church leaders do agree to having smoke free church properties, that they cannot ban or make smokers feel unwelcomed in churches, but with education they will come to understand the harmful effect they have on others and not just themselves.

8.3 Priority 3 – Pacific people are active and eat healthy

The annualised results of the Aiga Challenge Weight Loss Competition for the 2016/17 year are as follows:

- 39 (out of 42) HVAZ churches participated in the competition
- 1,231 participants completed the eight week challenge
- 120 (9.7%) maintained weight

- 852 (69%) participants lost a total of 2,466 kgs
- 260 (21%) gained a total of 520 kgs contributing to a Net weight loss of 1,946 kgs

We are currently analysing data from 2014 – 2016 Aiga Challenges data to identify numbers that maintained their weight or maintained weight loss over this period.

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

The integrated services *Fanau Ola* contract that we have with Alliance Health Plus is now able to measure pre and post intervention clinical measures. The contract set a target of fanau ola/household family assessments for 329 families within a period of 12 months. As of 30 June 2017, 354 assessments have been done, consisting of 1491 individuals.

The service can report on pre and post clinical measures including HbA1C, blood pressure lipids and weight. It can identify DNA at primary care/GP level as well as Emergency Department presentation, hospitalisation and hospital length of stay. We have received initial data for these. This is a major improvement on what the service was able to report on previously. We will invite Alliance Health Plus to present to the Primary Care team to further interrogate the data and will work on service pricing further, now that we are able to relate input into some outcomes.

We have met with the Clinical Director of the Starship Community Service and agreed to identify families that the Starship Community Service and the Alliance Health Plus Fanau Ola service may both be providing services to, and decide whether both services are required or not.

9. Asian, Migrant and Refugee Health Gain

9.1 Increase Access and Utilisation to Health Services

Indicators:

- **Increase by 2% the proportion of Asians who enrol with a PHO to meet 71% target by 30 June, 2018 (current rate 69% as at Q1 2017/18)**
- **80% of eligible Asian women will have completed a cervical sample by 2020 (current rates 56% as at June 2017)**

Campaign – Healthcare – where should I go?

Evaluation of the Auckland DHB targeted 'Healthcare-where should I go?' multi-lingual social media campaign has been completed (see Figure 1). Of note, using the population projected based on 2016 Update, and taking into consideration that the denominator to determine the Asian PHO rate includes international students which are primarily living in the Auckland district, the Asian PHO enrolment has remained stable at 69%.

	Baseline FY 16/17 Q3	**Outcome FY 17/18 Q1**
ADHB Asian PHO enrolment rate	69% 1,152 new enrolees	69% 1,511 new enrolees
ED presentations for overseas eligible triage 4 patients	60.6%	56.9%
ADHB Asian cervical screening coverage	58.4%	56.0%

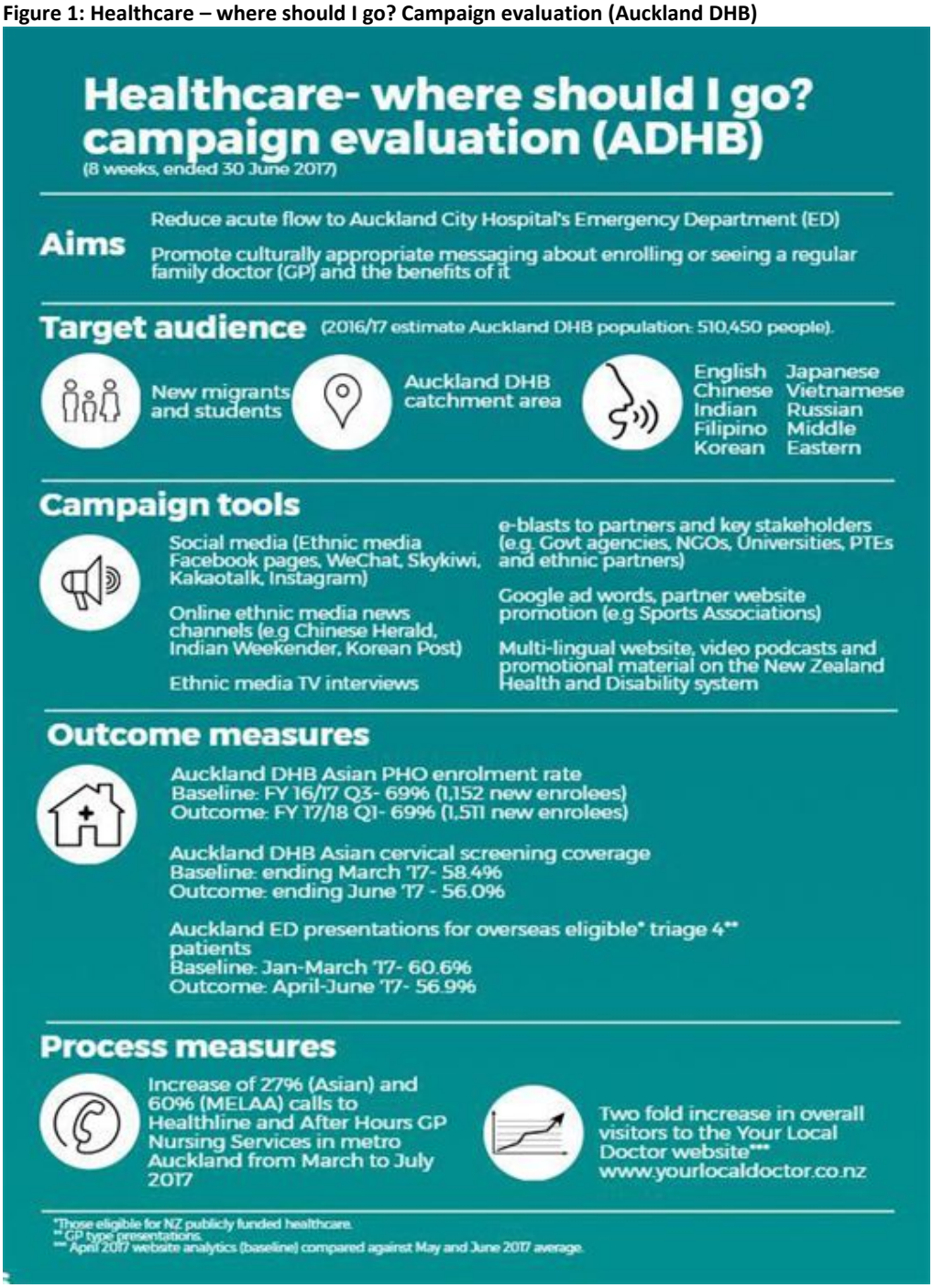
Next steps

Continue to work with PHOs, Central Business District General Practices', University health centres, Private Training Establishments' and settlement partners on healthcare messaging via their communication channels.

Various health seminars/events to increase awareness of the health system and enrolment with a family doctor (GP) are planned for Asian sub-groups including Chinese older adults, Burmese and Japanese. An Auckland DHB Asian Health & Wellbeing Day is planned for 13 September in partnership with The Asian Health Incorporated and PHOs.

Two focus groups will be delivered to Chinese and South Asian women in Quarter 1 2017/18 as part of the Massey University's broader HPV self-sampling study in collaboration with The Asian Health Incorporated and the Chinese New Settlers Service Trust.

Figure 1: Healthcare – where should I go? Campaign evaluation (Auckland DHB)



Hospital Advisory Committee Meeting 30 August 2017 – Draft Unconfirmed Minutes

Prepared by: Michelle Webb (Corporate Committee Secretary)

Recommendations

That the Hospital Advisory Committee draft unconfirmed minutes be received.

Minutes
Hospital Advisory Committee Meeting
30 August 2017

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 30 August 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1.30pm

Committee Members Present		**Auckland DHB Executive Leadership Team Present**	
Judith Bassett (Chair)		Ailsa Claire	Chief Executive Officer [arrived at 2.30pm]
James Le Fevre (Deputy Chair)		Margaret Dotchin	Chief Nursing Officer
Jo Agnew		Joanne Gibbs	Director Provider Services [arrived at 2.30pm]
Michelle Atkinson		Fiona Michel	Chief Human Resources Officer
Doug Armstrong		Rosalie Percival	Chief Financial Officer [arrived at 2.30pm]
Dr Lee Mathias		Shayne Tong	Chief of Informatics [arrived at 2.30pm]
Gwen Tepania-Palmer		Dr Margaret Wilsher	Chief Medical Officer [arrived at 1.36pm]
In attendance:		**Auckland DHB Senior Staff Present**	
Holly Nielson, Maternity Services Consumer Council		Dr Vanessa Beavis	Director Perioperative Services
		Dr John Beca	Director Surgical, Child Health
		Jo Brown	Funding and Development Manager Hospitals
		Judith Catherwood	Director Long Term Conditions
		Ian Costello	Director of Clinical Support Services
		Karin Drummond	General Manager Women's Health
		Dr Mark Edwards	Director Cardiovascular Services
		Mr Arend Merrie	Director Surgical Services
		Alex Pimm	Director Patient Management Services
		Anna Schofield	Acting Director Mental Health and Addictions
		Dr Michael Shepherd	Director Medical, Children's Health
		Dr Barry Snow	Director Adult Medical
		Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer
		Michelle Webb	Corporate Committee Administrator
		(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

The apologies of senior staff members Mark Edwards Director Cardiovascular Services for lateness, and of Sue Fleming, Director Women's Health and Sue Waters, Chief Health Professions were received.

The Chair notified the Committee that the order of business would change to accommodate an emerging priority for Executives and Directors which required them to be absent for part of the meeting.

[Secretarial Note: At the commencement of the meeting senior staff members Ailsa Claire Chief Executive, Jo Gibbs Director Provider Services, Rosalie Percival Chief Financial Officer,

Shayne Tong Chief of Informatics and Margaret Wilsher, Chief Medical Officer were absent. Margaret Wilsher joined the meeting at 1.36pm, with the remainder of the absent senior staff joining at 2.30pm]

2. REGISTER AND CONFLICTS OF INTEREST

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

3. CONFIRMATION OF MINUTES 19 July 2017 (Pages 8 to 23)

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That the minutes of the Hospital Advisory Committee meeting held 19 July 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 24 to25)

All actions points were either in progress or complete.

5. PERFORMANCE REPORTS (Pages 26 to 148)

[Secretarial Note: Items 5.1 and 5.2 were considered as one item]

5.1 Provider Arm Operational Performance – Executive Summary (Pages 26 to 34)

Margaret Dotchin, Chief Nursing Officer asked that the report be taken as read, emphasising that June and July had been very busy months for the hospital with continuing high levels of activity.

Margaret highlighted the following key points:

- Implementation of the 24/7 Hospital Functioning model of care had delivered improvements in afterhours service delivery. Feedback received from staff and patients had been positive. Recruitment to the new Clinical Nurse Manager roles within the model of care was now complete.
- Whilst workforce deficits remained in Women's Health, there had been a reduction in FTE vacancies and voluntary turnover for the year to date.

5.2 Provider Arm Scorecard (Pages 35 to 36)

It was observed that there were measures in the scorecard appearing as Status red where the commentary indicated that such results were normal variations in rates. Management were aware that this gave a misleading impression and would adjust the way these results were displayed for future reports.

Advice was given that the Executive team undertook weekly monitoring and management of risks and issues including performance that does not meet targets.

When considering performance against the 'AED patients with ED stay of less than 6 hours'

target it was important to note that the 'Shorter Stays in ED' measure is a whole-of-system target rather than specific to the Emergency Department. Whilst it may be possible to determine a patient's required clinical pathway within 6 hours of their admission to the Emergency Department, patients transferred to another service within the hospital may not be suitable for discharge within 6 hours.

[Secretarial Note: Item 5.9 was taken next]

5.3 Clinical Support Services (Pages 37 to 43)

[Secretarial Note: this item was considered after Item 5.9]

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

- Whilst performance against the MRI target had improved slightly for June staffing issues had impacted on ability to achieve greater results.
- Discussions were occurring across metro-Auckland to scope potential for collaborative work on Pharmacy, Clinical Engineering and Interpreter services.
- International Accreditation New Zealand (IANZ) accreditation for Histology had been restored. All remedial work had been completed. A fuller update on this topic would be provided as part of consideration of Item 6.5 of the Confidential agenda.

5.4 Women's Health Directorate (Pages 44 to 51)

Karin Drummond, General Manager Women's Health asked that the report be taken as read highlighting the following:

- Fertility Plus had undergone an external audit against reproductive technology accreditation and fully achieved required standards.
- A project to implement the Medirosta online medical rostering system was progressing well. There would be improvements and efficiency gains as a result.
- The National Women's Annual Clinical Report launch day had been successful and well attended.

Matters covered in response to questions included:

- The '% Day Surgery Rate' target for the service was 50%. Results appeared to be trending at approximately 30%. The barriers to achieving increased performance against this target included patient comorbidities, limited surgeon availability to address the Greenlane Surgical Unit lists, and increases in demand for acute and complex services.

The Chair requested that the Hospital Advisory Committee be invited to attend the Primary Birthing Rapid Improvement event as detailed on page 45 of the agenda.

Action

That a formal invitation to the Primary Birthing Rapid Improvement Event be extended to the Hospital Advisory Committee.

5.5 Child Health Directorate (Pages 52 to 63)

John Beca, Director Surgical Child Health and Michael Shepherd Director Medical Child Health asked that the report be taken as read highlighting the following:

- Safe and high quality services had been effectively maintained during significant facilities projects within Starship. This included the refurbishment of Level 5 (which was now complete), the patient lift replacement programme and installation of the Cath lab HVAC
- The Starship Clinical Excellence dashboard presented in the current report included outcomes for the Neurological Services group.

John Beca provided a verbal update on quality research proposals which had been approved by the Starship Foundation earlier this year.

Child Health Quality Research Proposals

Child Health had worked with the Starship Foundation Board to develop strategies for a granting round to the value of $500,000. A research review committee process was used to support decision making. Seven proposals were approved as part of the Starship Foundation Research Training and Education programme.

The seven proposals successfully awarded funding were:

1. Oral health, including tooth decay and loss
2. Psychological morbidity in children
3. High risk intervention in anaesthesia for bronchial procedures in children.
4. Development of a screening programme for congenital heart disease in babies
5. The role blood pressure plays in avoiding brain injury for children undergoing critical heart surgery
6. A retrospective audit of patients diagnosed with mitochondrial disease in New Zealand from 2000 to 2015
7. Genomic technologies in paediatric neurogenetic degenerative diseases

Child Did Not Attend (DNA) Rates

Members queried what activities were currently in progress to address child DNA rates and to identify potential improvements in the current model of outpatient services. Advice was given that:

- The term had been changed from 'Did Not Attend' to 'Was Not Brought' to more accurately reflect the situation for children
- Contributing factors were being considered and analysed. Children with more than two 'Was Not Brought' (WNB) episodes were reviewed and analysis of causes undertaken. Contributors were multi-factorial. Many of the reasons for a WNB were not attributable specifically to Child Health services but to external factors such as care coordination.
- The service currently had a Social Worker focussing on Maori and Pacific WNB to reduce inequity in service access for these groups.

The Committee was reminded that the Outpatient Model of Care Programme was in progress and contained initiatives and activities to address WNB and DNA rates.

5.6 Perioperative Services Directorate (Pages 64 to 71)

Vanessa Beavis, Director Perioperative Services spoke to the report highlighting the following:

- Consultation on the proposed service restructure was in progress. The department had grown by 75% since the time of last review. The current review had identified a deficit in resources and leadership capacity. The proposed new structure contained mechanisms to address these gaps.
- Progress had been made on the Single Instrument Tracking project. A proposal to achieve the critical stabilisation of the 'Tdoc' platform had been approved by the Auckland and Waitemata DHB Boards and was proceeding to implementation. The Central Sterile Supply Department had faced many challenges whilst contractual and legal requirements were being resolved. Contingency plans had worked extremely well. The efforts and achievements of the team in working around these challenges were noted.

The Committee formally acknowledged the efforts and achievements of staff in managing Central Sterile Supply Department activities throughout the delays in the Single Instrument Tracking project. It was agreed that a Board member Health and Safety site tour to the Central Sterile Supply Department would be of interest and value.

Actions

a) **That the formal thanks and recognition of the Hospital Advisory Committee be extended to the Central Sterile Supply Department team for their efforts and achievements in managing activities throughout the delays in the Single Instrument Tracking project.**

b) **That the Committee Secretary requests that the October 2017 Board Member Health and Safety Site Tour Programme be focussed on the Central Sterile Supply Department.**

5.7 Cancer and Blood Directorate (Pages 72 to 78)

Richard Sullivan, Director Cancer and Blood asked that the report be taken as read briefly highlighting the following:

- Women's Health had made excellent progress towards achieving FCT targets relevant to their services.
- Implementation of the Linear Accelerator continued to progress well.
- As part of the adjuvant Herceptin delivery pilot, Auckland DHB was engaged with Waitemata DHB to determine arrangements for commencing Herceptin delivery from North Shore Hospital.

There were no questions.

5.8 Mental Health Directorate (Pages 79 to 89)

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

- Development of the clinical facilities map requested by the Committee was still in progress.
- High levels of service demand continued across mental health services. This reflected an increasing level of unwellness in the community.
- Arrangements were being made to enable the Emergency Department to access mental health notes held in HCC to support more timely and collaborative care to patients.

Matters covered in response to questions included:

- Agreement relating to Midland DHBs longer term investment in Residential Eating Disorder Services remained outstanding. This presented risk to staff when attempting to determine management of patient need in the interim.

[Secretarial Note: Item 5.10 was considered next]

5.9 Adult Medical Directorate (Pages 90 to 96)

[Secretarial Note: this item was considered after Item 5.2]

Barry Snow, Director Adult Medical asked that the report be taken as read highlighting the following:

- There had been strong focus on discharging inpatients before 11.00am each day to enable effective patient flow through the Adult Emergency Department.
- The Cellulitis pathway pilot commenced in June. June and July data suggested a 20% reduction in admissions and 35% reduction in length of stay for simple cellulitis cases had resulted.
- The Hyperacute Stroke service for stroke and clot retrieval was now active.
- The "right care for you" community advertisements had positively impacted on the appropriateness of presentations to the Adult Emergency Department. The ambulatory care unit had also been developed well.
- Staff fatigue and turnover were of concern to the service.

The Committee acknowledged the maintained levels of quality and safety in the context of a challenging workload.

[Secretarial Note: Item 5.3 was taken next]

5.10 Community and Long Term Conditions Directorate (Pages 97 to 105)

[Secretarial Note: this item was considered after Item 5.8]

Judith Catherwood, Director Community and Long Term Conditions asked that the report be taken as read highlighting the following:

- Quality and service levels had been maintained despite increased patient demand.
- The directorate had worked with ACC to introduce a new national model of funding for non-acute Rehabilitation services. This would streamline the process of care for patients needing rehabilitation post-accident.
- Data for the quarter indicated that the service had transferred 88% of Auckland DHB's rehabilitation population into Reablement Services within 7 days of their stroke event.

5.11 Surgical Services Directorate (Pages 106 to 118)

Arend Merrie, Director Surgical Services spoke to the reporting highlighting the following:

- A Service Clinical Director for Orthopaedics had been appointed. The role would work across Auckland and Counties Manukau DHBs to enable closer clinical working relationships between the two DHBs.
- Opportunities for patient delivery of services closer to home were being explored in collaboration with Counties Manukau and Waitemata DHBs.
- A regional Bariatric services steering group was being established. It would explore equity of access and regional service delivery.
- Ophthalmology performance was stable and the waitlist continued to decrease.
- A directorate quality forum had been implemented within the service.

5.12 Cardiovascular Directorate (Pages 119 to 126)

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

- Recruitment to cardiothoracic roles to support the new directorate Nursing Educator model had been completed.
- Northland DHB had signalled their intention to develop an Interventional Cardiology service, including a Cardiac Catheter Lab service. Management had entered into an appropriate process with Northland DHB with support from Planning and Funding.
- Consultation on implementation of the service model for Extracorporeal Membrane Oxygenation (ECMO) had been reported as complete. Since that time consultation had been reopened to allow some members of staff who had not had appropriate opportunity to provide input to do so.
- A recent Cardiovascular Ground Round on Respect and Kindness had been extremely positive and highly valued by staff.

[Secretarial Note: Item 5.14 was taken next]

5.13 Non-Clinical Support Services (Pages 127 to 132)

[Secretarial Note: this item was considered after Item 5.15]

Rosalie Percival, Chief Financial Officer spoke to the report briefly highlighting the following:

- Significant work had been occurring around stock, procurement and sustainability with good achievements being made.

- A pilot of hybrid vehicles would be included within the next scheduled fleet replacement.
- Installation of a further car charging station in Auckland City Hospital Car Park 1 was planned.

[Secretarial Note: Item 6.1 was taken next]

5.14 Patient Management Services (Pages 133 to 135)

[Secretarial Note: this item was considered after Item 5.12]

Alex Pimm, Director Patient Management Services asked that the report be taken as read, informing that Patient Management Services was a new portfolio comprised of selected services formerly under Clinical Support and Commercial Services.

Recent key areas of work for the directorate had been supporting changes required to implement the 24/7 Hospital Functioning model of care, and development of a business case for space improvements within the Auckland City Hospital Transition Lounge.

There were no questions.

5.15 Provider Arm Financial Performance Report (Pages 136 to 148)

Rosalie Percival, Chief Financial Officer spoke to the report noting that the figures reported were for June 2017.

The Provider Arm result for the full year was $48.0M unfavourable. The result included provisions for staff liabilities that were actuarially valued at the end of each year and other employee related provisions.

[Secretarial Note: Item 5.13 was taken next]

That the Provider Arm Performance report for August 2017 be received.

6. INFORMATION REPORTS (Pages 149 to 156)

6.1 Patient Experience Report (Pages 149 to 156)

[Secretarial Note: this item was considered after Item 5.13]

Margaret Dotchin, Chief Nursing Officer advised that the report presented was the first of a series which looked at each of the Auckland DHB's values. The report presented considered the value "Welcome │Haere Mai.

Members commented that the format of the report was of excellent quality.

That the Patient Experience reports be received.

8. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 157 to 161)

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand

Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	As per that stated in the open agenda.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register and Conflict of Interests	As per that stated in the open agenda.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 19 July 2017	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6. Oversight Reports	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections

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

	time [Official Information Act 1982 s9(2)(j)]	
6.4 Security for Safety Programme	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.5 Laboratory and Pathology Services	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.6 Food Services Quality	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Quality Report	**Privacy of Persons** Information relating to natural person(s) either living or deceased	That the public conduct of the whole or the relevant part of the

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

	Act 1982 s9(2)(c)]	
7.4 Policies and Procedures (Controlled Documents)	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Renal Dialysis – Spoke Design and Delivery Update	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 3.51 pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 30 August 2017

Chair: _____ Date: _____

Judith Bassett

Pedestrian Safety Grafton and Greenlane Clinical Centre

Recommendation

That the Board receives the Pedestrian Safety Grafton and Greenlane Clinical Centre Briefing Paper for Information

Prepared by: Allan Johns Director, Facilities and Development
Endorsed by: Rosalie Percival Chief Finance Officer, Sue Waters, Chief Health professions Officer
Endorsed by Executive Leadership Team: Yes: Date: Tuesday, 12 September 2017

1. Purpose

The purpose of this paper is to brief the Board regarding the current status of the risk remediation programme to address pedestrian safety issues on the Grafton and Greenlane Clinical Centre Sites.

2. Summary

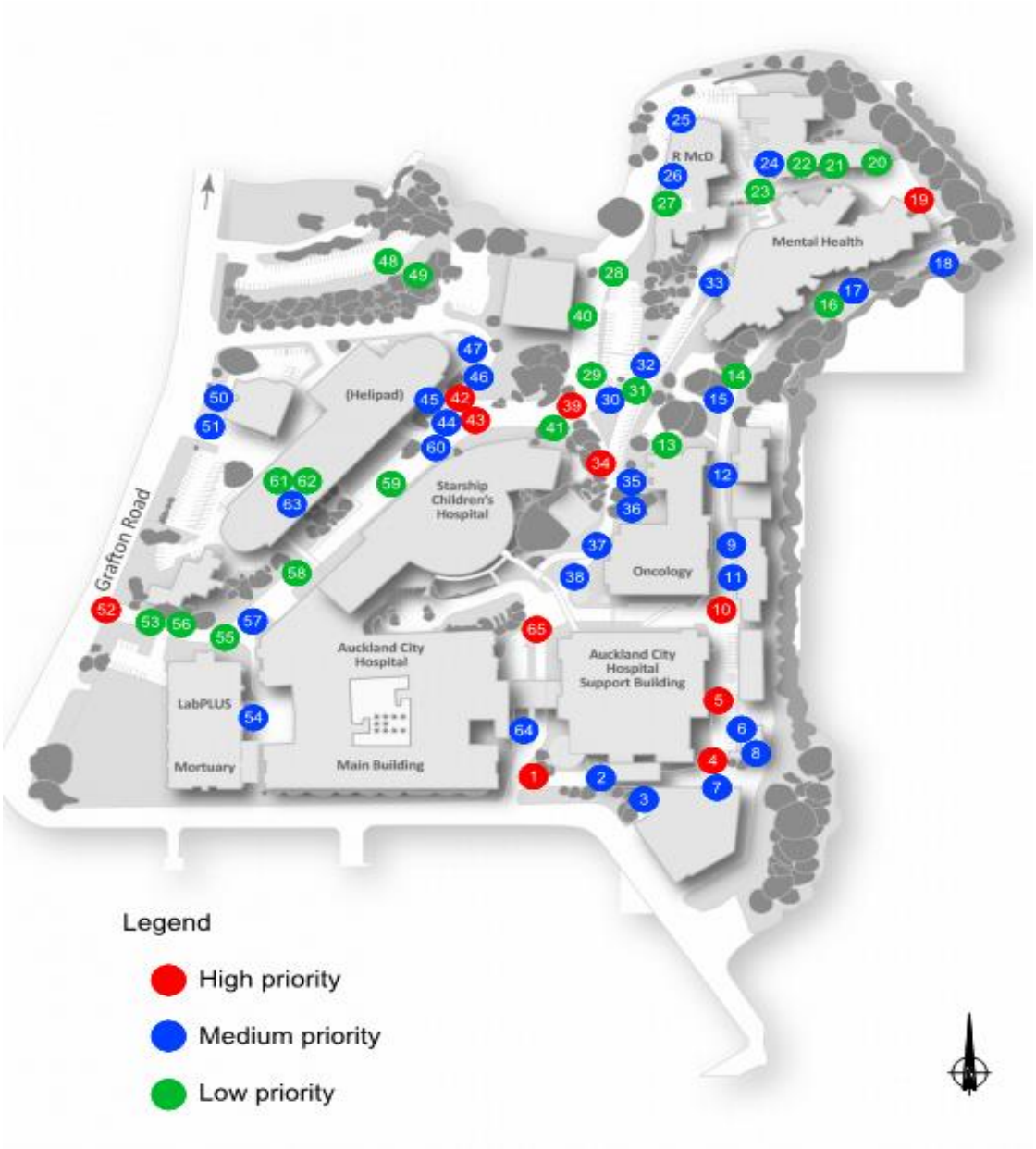
In early 2014 it was becoming increasing clear that traffic congestion on both sites was not only reducing traffic flows through the two sites but was also becoming a significant risk to patients, visitors and staff moving around the sites.

Facilities and Development commissioned a review by Beca of the two sites to provide guidance as to what improvements to the site roading infrastructure could be undertaken to provide quick wins when managing a number of areas across the Grafton and Greenlane sites. These are related predominantly to site access, pick-up and drop-off, car parking and loading areas. The focus was to be on providing improvements to health and safety on the sites.

A number of issues were raised and some addressed but it was rapidly recognised that the key issue to be addressed was pedestrian safety, more so than traffic management measures.

A further report was commissioned, undertaken by TDG (Traffic Design Group) to undertake an in-depth review of pedestrian safety on the Grafton site based on risk and to provide a risk ranking of these issues. It also required a range of indicative options as to how the risks could be resolved or mitigated together with a high level cost/complexity of each option.

The following site map shows the areas identified in the report and a priority ranking based on risk to pedestrians.



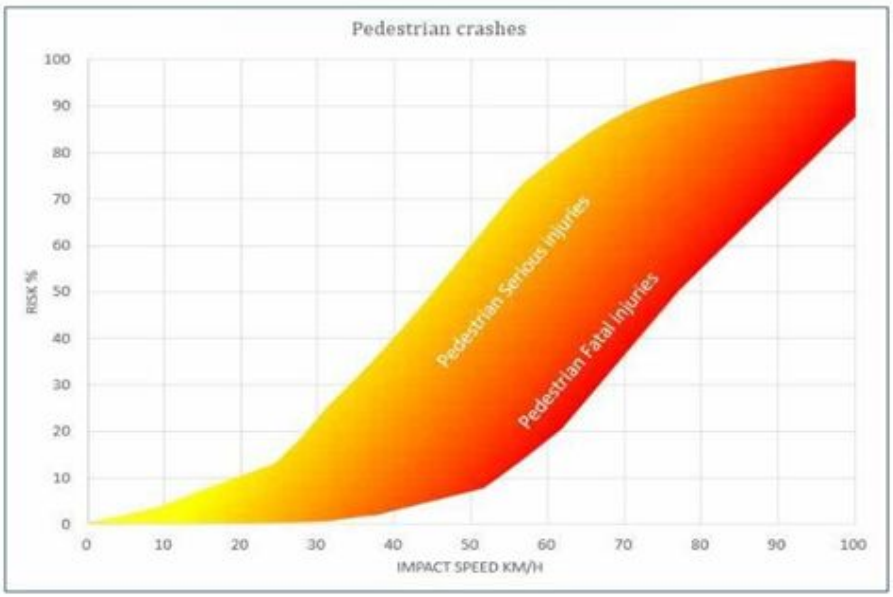
3. Findings and Actions Undertaken

3.1 Speed Environment

Speed is a contributing factor in many crashes. It is also the primary factor in whether a crash, once it occurs, causes injury or death. This is of even greater importance on a hospital site where pedestrian numbers are high, many visitors are physically impaired or emotionally distracted to at least some degree and many children and elderly are present.

Extensive research into tens of thousands of serious and fatal injuries (and echoed by similar studies worldwide) shows that the impact of speed on injury severity is non-linear. While risks rise relatively slowly for a 0-30 km/h vehicle impact speed range, once vehicle impact speeds rise to over 40-50 km/h, injury risk increases markedly faster.

The figure below shows the general relationship between impact speeds and risk of resulting injury (for both pedestrians and cyclists – and to a lesser degree to motorists as well:



This graph shows how small increases in speed greatly increase risk. At 50km/h the risk is four times that at 30km/h. Cycling and pedestrian injury risk vs speed curves are very similar (source: Mackie Research Ltd.)

Figure 1: Injury and Fatality Risk for Pedestrians, Excerpted Cycling Safety Panel Report, NZTA, 2015

As shown above, at an example 30 km/h impact, fatal injury risk for pedestrians can be as low as 1%, while at 40 km/h impact speed, this already rises to at least 3%. At 50 km/h, it is at least 7% and at 60 km/h at least 18%. Serious injuries respond similarly.

This shows that even a 10 km/h reduction in impact speed can more than halve the level of fatalities and serious injuries. As such, setting speed limits and managing actual speeds to appropriate levels is a key objective of site-wide road safety. As the DHB site has an extensive network of internal roads and circulation aisles this responsibility falls upon the DHB as none of the internal roads are currently vested as public roads.

The DHB site operated under a 20 km/h speed limit which is appropriate for site function. Some parts of the site also provide appropriate traffic calming measures such as speed bumps, occasional narrower roads and zebra crossings giving pedestrians priority.

However, there are a number of caveats:

- The 20 km/h speed limit was not well-communicated to motorists. Formal advertising of the speed limit is generally limited to standard or sub-standard size road signs at the site entrances which have to compete for attention with many other elements.
- Much of the roading design is more generous to vehicle speed than appropriate in a 20 km/h road environment. Cues of width and sweeping curves encourage higher speeds and an expectation of vehicle priority among drivers. Typical examples include:
    1. Various roads that are up to 4.5m wide for each lane or in case of former two-way roads now operating as one-ways, up to 6-8m wide
    2. The two four-arm intersections northeast and southeast of Starship with their very generous radii and large crossing widths.

Recommended Speed-Related Changes

It was recommended that to reinforce the 20 km/h speed environment various changes should occur throughout the site. It is crucial to note in this context that a 20 km/h environment should not primarily be implemented through education or enforcement (though better signage is useful). Rather, the road design itself should ensure that drivers gravitate to a 20 km/h speed.

Generally, "speed enforcement" is not seen as a highly suitable solution for the sites. This would involve significant and ongoing operational requirements and ongoing costs while the beneficial impacts are likely to be of very short duration (i.e. outside of enforcement times, or if enforcement is ceased, issues will return very quickly). Infrastructure changes will be more durably effective, and involve less administrative overhead.

Key suggested measures were:

- Provide additional/repeater speed signage reinforcing the 20 km/h speed environment within the site, including use of painted on-road "signs". However, it is noted that this is the weakest possible improvement as it depends on a highly conscious process (recognition of speed limit -> conscious speed choice - > physical speed reduction action) in an environment where drivers already experience significant "visual noise" and have to make many other conscious choices in short succession.
- Additional traffic calming and pedestrian priority. For the safest solution, these two should generally be provided together, ideally as raised table zebra crossings. This is a "mid-to-strong" improvement combining visual and physical cues in physical infrastructure.

Narrowing of wide roads and intersections generally by widening footpaths and reducing the size of excessively large intersections (while considering the needs of access of large vehicles such as delivery trucks), was also recommended. In some localised areas it may also be suitable to allow parking where it is currently prohibited to narrow the remaining road. This is also a "mid-to-strong" improvement as it works via strong sub-conscious cues.

Actions Undertaken:

1 As it has been observed that the speed limit of 20Km is rarely adhered to it was decided that the speed limit would be reduced to 10km/h with the likely hood that drivers would at least reduce to 20km/h. Speed signage has been placed at a number of key locations around the sites.

2 Traffic calming has been introduced with the placement of a number of Judder bars at strategic locations; pedestrian crossings, areas where cars are known to speed and areas where pedestrians are at greater risk.

3.2 Pedestrian Environment

The pedestrian environment of the sites has a wide range of issues mainly created by evolved, intermittent historical design which prioritised vehicle traffic.

While the key safety issue for pedestrians relates to speed of vehicles around the sites the current environment includes numerous infrastructure deficiencies such as:

- **Very narrow footpaths** – significant sections of footpath around the sites are not much wider than 1m (whereas 1.8m is the recommended minimum), making it difficult to walk safely away from passing vehicles/opening car doors. This narrowness also makes it difficult for pedestrians to walk side-by-side, something especially important for carers or family members accompanying patients on the site grounds and exacerbates issues where people in wheelchairs might meet other wheelchairs.
- **Footpaths on one side only** – this encourages pedestrians to walk on the road if footpaths are not provided to where they need to go especially where using the single footpath would require crossing the road twice.
- **Steep footpaths** – significant sections of footpath around the sites do not comply with appropriate gradients for easy walking, or mobility access standards. Due to the topography of the site, and the difficulty of overcoming this within the existing internal road network without extensive rebuilds, this may require a separate accessibility audit that also includes identifying and highlighting available building-internal routes.

Illegal parking blocking pedestrian routes

The issues with illegal parking are substantial and can include:

- Vehicles blocking footpaths forcing pedestrians to step out into traffic or off the footpath onto berms. This is particularly an issue for impaired/elderly pedestrians as it may involve difficult terrain
- Vehicles blocking sightlines making crossing difficult, even at formal crossing points
- Vehicles blocking the passage of other vehicles including potentially emergency access
- Vehicles blocking designated pick-up/drop-off and loading spaces for much longer than intended leading to non-functioning of these zones.

Actions Undertaken:

A towing policy has been developed and awaits approval. In the interim vehicles blocking footpaths, access routes etc. are being towed.
A review of footpaths will be undertaken and improvements implemented.

Pedestrian Crossings

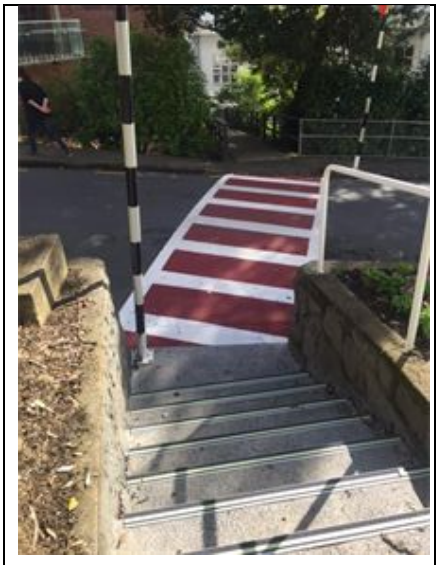
Many pedestrian crossing locations around the sites already provide pedestrian priority (i.e. zebra stripes). This is strongly encouraged as being appropriate for a pedestrian-focused area like a hospital site and also assists a more traffic-calmed environment.

It is noted that a substantial number of the existing zebra crossings are not raised – i.e. the crossing stripes are not located atop a platform that is raised some 50mm to (ideally) 100mm above the general carriageway. This is a safety limitation as raised platforms are a key factor in making zebra crossings safe.

Raised crossings:

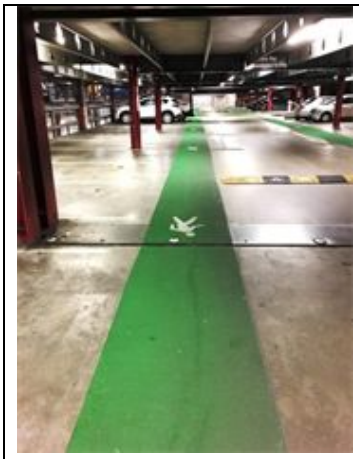
- Ensure slower vehicle crossing speeds making pedestrians safer and reducing severity if crashes still occur (see earlier section on impact speeds)
- Make it easier for pedestrians to cross including the elderly and wheelchair users who do not have to navigate up and down kerb ramps
- Improve clarity by making the crossing more conspicuous, even for distracted drivers
- Assist the site-wide speed limit environment, i.e. act as traffic calming to reinforce the 10 km/h speed limit
- Ensure drivers slow down for the crossing even if they do not expect to encounter pedestrians (drivers might otherwise get into the dangerous habit of thinking for example that "*nobody ever crosses here at night*") this is crucial for a 24/7 site.
- There is no need to limit truck access if properly designed crossings, utilising raised tables is employed. This is likely inappropriate on "hot" ambulance routes such as at Gate 4. Elsewhere they are suitable even where ambulances access is required (such as the main entrance area) as raised tables are gentler for vehicle occupants than speed bumps.

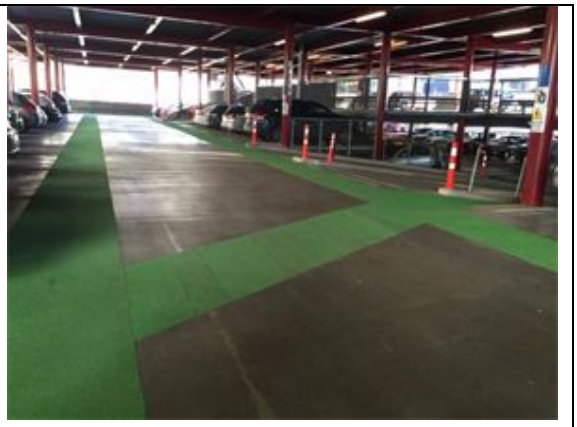
Figure 2 shows an example of a pedestrian crossing clearly defined and utilising a non-slip surfacing to minimize slips while **Figure 3** shows an example of a footpath with protection from cars parking adjacent to the path. Also clear signage is used to direct people to use this path.



Other Initiatives Undertaken

Pedestrian Safety within our Carparks





Action: Clear, slip-proof walkways and crossings have been added to the Carpark to minimise the number of slips and falls that have occurred. These are now installed on all visitor levels of carpark B where the concrete floor has a smooth surface.

Summary

A number of improvements have resulted in providing a safer environment for our patients, visitors and staff. The key improvements have resulted in fewer slips, trips and falls and fewer complaints. Initially the introduction of greater traffic calming devices (speed-bumps) created an influx of complaints but this has now stopped as people get used to driving at a slower and more appropriate speed through our sites.

There are still a number of areas in the work plan for this year which will address some key risk areas such as pedestrian access down the road at the back of Starship leading down to Grafton Road. There are also a number of areas which were initially considered lower risk which will now be reviewed.

Flipping East – Youth Wellbeing Social Lab in Tāmaki

Recommendation

That the Board:

1. **Notes** the development and progress of the Flipping East Youth Social Lab within the Tāmaki Mental Health & Wellbeing initiative.
2. **Notes** that this way of working will inform Auckland DHBs involvement in future community-based health and wellbeing initiatives.

Prepared by: Karl Bailey (Community Activator)
Approved/Endorsed by: Andrew Old (Chief of Strategy, Participation and Improvement), Camille Gheerbrant (Service Improvement Manager)
Endorsed by ELT: 29 August 2017

Attachment: Flipping East Midway Reflection

Glossary

CAYAD - Community Action Youth and Drugs
COMET – Community Education Trust Auckland
The Social Labs approach - a platform for addressing complex social challenges that have three core characteristics:

- They are social – they bring together diverse participants drawn from civil society, business and government into teams that act collectively.
- They are experimental – social labs take an iterative approach to challenges it wants to address. This is done through prototyping a suite of promising solutions.
- They are systemic – The ideas and initiatives aspire to be systemic in nature. This requires systems thinking methods and trying to come up with solutions that go beyond dealing with a part of a whole system.

1. Executive Summary

This report informs the Board about a youth wellbeing community activation initiative which has emerged from the Tāmaki Mental Health & Wellbeing Initiative.

The community activation work seeks to improve access for parts of the population who do not engage well with the health system and help build their resilience. It reinforces the early intervention and prevention focus of our localities approach. The Flipping East Lab prototype (the Lab) was created to enhance youth mental health outcomes as well as to test the viability of the social labs approach to supporting youth wellbeing in Tāmaki and more broadly in Auckland

The Lab has brought together diverse stakeholders from across the community with an interest in youth wellbeing, including young people; organisations focused on youth wellbeing; and community leaders, to develop an understanding of the system that exists around supporting youth wellbeing, and to look for ways to shift that system by prototyping innovations in small teams.

At its midway point after three months, the Lab is already proving successful.

It has:

- 4 people invested in convening the lab from three organisations (including ADHB)
- 20 young people engaged for 2.5 days in a foundation hui at Ruapotaka Marae
- $14,000.00 invested by CAYAD towards an innovation fund to support teams prototyping
- 10 young people capable to co-design, prototype and lead social change
- 20 people from across the community still engaged in prototyping, 20 other organisations engaged at different levels of the lab
- 4 active prototype initiatives currently being developed

2. Introduction/Background

The *Flipping East Youth Wellbeing Social Lab* is one of the key *community activation* projects to come out of the *Local Wellbeing* work stream of the *Tamaki Mental Health and Wellbeing* locality initiative.

The idea for this initiative came from multiple sources including Auckland DHB's 'Locality Approach' and the Prime Ministers Chief Science Advisors report on youth mental health titled 'Improving the Transition'. The initiative seeks to encourage greater integration and collaboration of health and social services; enable greater participation of local communities within the change efforts that better meet local needs; as well as improving equity in health and social outcomes for all people.

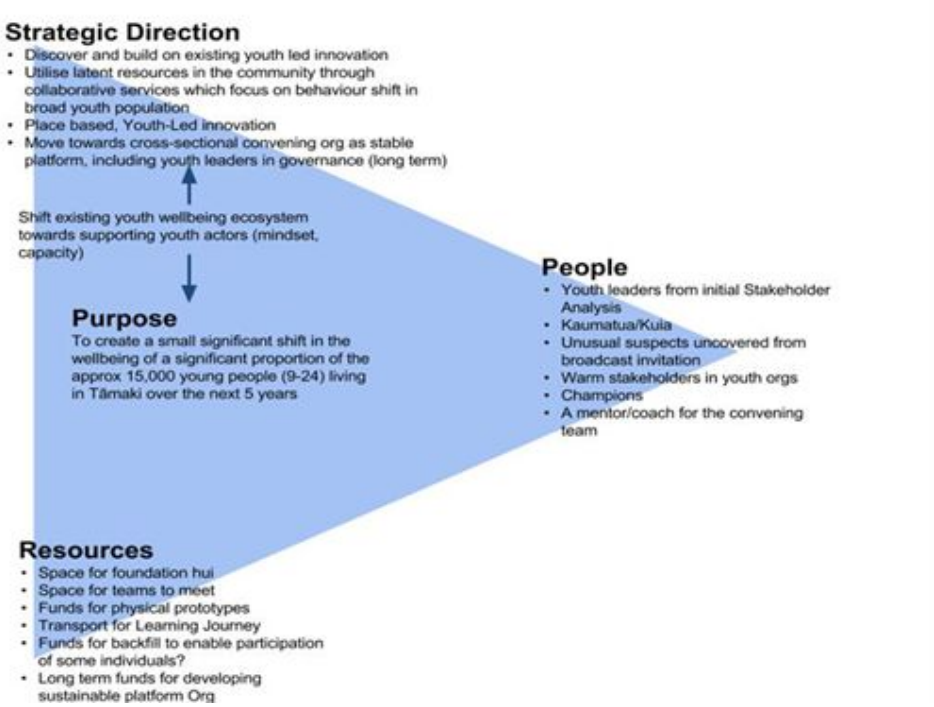
Tāmaki is a vibrant and ethnically diverse area but has many social challenges. Forty one percent of its population live in social housing, 2 out of 3 adults living in social housing receive a form of welfare and 39% of all households contain children under 13 years of age (TRC Household Segmentation, 2017). In addition, health outcomes are poorer than for the rest of Auckland.

The focus on youth wellbeing was selected because of the opportunity to bring together different initiatives happening in the Tāmaki community. Youth wellbeing is a complex, multifaceted challenge. The way that young people live their lives has changed greatly over recent decades and this has created a range of poorly understood but probably critical pressures that affect their psyche and behaviour. The pace of these sociological and technological changes is unprecedented and it is not surprising that for many young people, particularly those with less psychological resilience, it can leave them with a growing sense of dislocation. Understanding and co-design with our communities and particularly with Māori perspectives will be crucial at each stage as we develop, test and take to scale approaches shown to make a difference[1].

The Youth Wellbeing Social Lab was created in response to these challenges in partnership between Auckland DHB, Auckland Council Libraries, CAYAD and Ruapotaka Marae at the end of April 2017 to test the viability of a social labs approach to supporting youth wellbeing in Tāmaki.

[1] P. Gluckman (2017). Office of the Prime Minister's Chief Science Advisor Youth Suicide in New Zealand: a Discussion Paper. Tāmaki Regeneration Company (2017). Tāmaki Household Segmentation Data. Presentation

Figure 1: Youth Social Lab Framework



3. Progress/Achievements/Activity

Leading up to April, the lab convening team were recruiting members, conducting a literature review and holding stakeholder interview which all contributed to the framing of an initial framing synthesis which outlined a few key areas of focus for the lab. A foundation hui was held at Ruapotaka Marae from April 28th-30th with lab members forming prototyping teams to create and test promising ideas in different domains. Since then two month prototyping cycles have been completed and the lab is on track to completing its first full cycle.

Below is a high level snapshot of the current status and impact that the Lab has generated over the three months of being active. For more detailed information, this can be found in the *Midway Reflection* report attached.

- 4 people invested in convening the lab for several months
- 20 people engaged for 2.5 days in a foundation hui at Ruapotaka Marae
- $14,000.00 invested by CAYAD towards an innovation fund to support teams prototyping
- 10 young people capable to co-design, prototype and lead social change
- 20 people from across the community still engaged in prototyping, 20 other organisations engaged at different levels of the lab

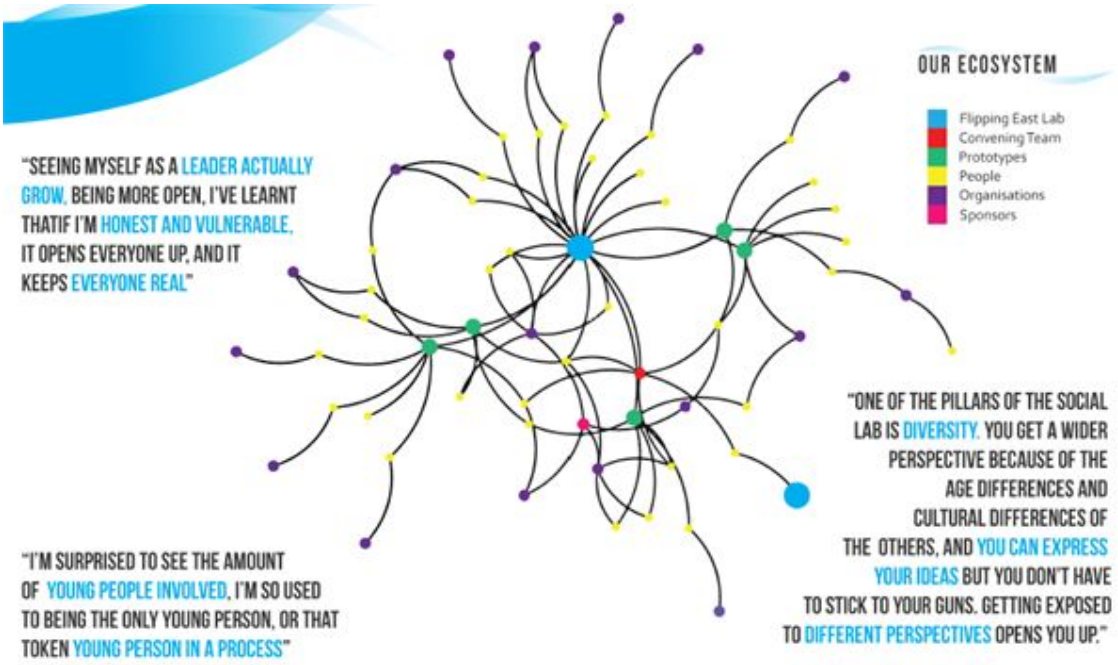
- 4 active prototype initiatives currently being developed

Social Lab Cycle Overview

Project	Status	Next steps
No Six - Young people influencing the media narrative about Tamaki by creating their own video narratives.	Developing leadership skills, planning events and holding meetings themselves.	Creating an incubator space in Te Oro where young people can come in, share knowledge and grow.
Local Youth Voice Platform	Prototyping a platform for youth participation in decision making and community action.	Design of platform strongly influenced by young people in the team- Diverse team from different geographies and organisations working collaboratively.
Wellbeing for Young Women in Tāmaki	Prototyping confidence building and holistic wellbeing activities for young women.	Holding a community forum with stakeholders to co-design a local framework that supports greater collaboration of local projects that foster wellbeing for young women.
Whanau Honest Dialogue	Capturing stories of the shared relational journeys of young people and their parents	Co-design with youth and parents who are being filmed to create a locally relevant visual campaign around the importance of open whanau dialogue and interaction.

Social Lab Stakeholder Ecosystem

The lab is becoming a centre of gravity in the community around youth wellbeing efforts. Through each social lab workshop and prototyping stream, new connections and working relationships are being formed. This is visualised in the *Stakeholder Ecosystem* below, which also contains some quotes from individual stakeholders about their lab experience.



4. Conclusion

Flipping East is an exciting example of a community based social lab that is delivering quickly. There are already visible achievements regarding building resilience, co-design capabilities and local wellbeing innovation for youth in Tāmaki. It is providing a great basis for learning what works to inform other DHB activity to improve community health and wellbeing.

MIDWAY REFLECTION

FLIPPING EAST LAB

RUAPOTAKA MARAE

"I NEVER THOUGHT I'D BE IN THIS SPACE – PARTICIPATING IN SOMETHING THAT SUPPORTS CHANGE. IT MADE ME REALISE THAT I COULD DO THIS MYSELF, AND HAS TAUGHT ME TO BE MORE SELF-RELIANT."

MIDWAY RELFECTION

Flipping East Lab was launched by a collaborative team from ADHB, Auckland Libraries, and CAYAD (Community Action Youth and Drugs) at the end of April 2017 to test the viability of a social labs approach to supporting youth well being in Tāmaki. This involves bringing together diverse stakeholders from across the community with an interest in youth wellbeing, including young people, organisations focussed on youth wellbeing, and community leaders, to develop an understanding of the system that exists around supporting youth wellbeing, and look for ways to shift that system by prototyping new innovations in small teams.

Leading up to April , the convening team were recruiting members and conducting stakeholder interviews, through an initial framing synthesis which was developed, outlining a few key areas of focus for supporting youth well being in Tāmaki. During the Foundation Hui which was held at Ruapotaka Marae April 28-30, lab members developed the themes in the synthesis further, and at the end formed initialprototyping teams to develop and test promising ideas in different domains. Since then two month long prototyping cycles have been completed to test and develop these ideas further.

THE SCOPE

4 people invested in convening the lab for several months

20 people engaged for 2.5 days in a foundation hui at the marae

14K invested by CAYAD to support prototyping

10 young people capable to codesign, prototype, and lead social change

20 from across community still engaged in prototyping

4 active prototype initiatives currently being developed

20 organisations engaged at different levels

TIME LINE

APRIL 28TH - 30TH — Ruapotaka Marae **Glen Innes**

JUNE 3RD — Peace Experiment **Panmure**

JULY 8TH — Riverside Community Centre **Panama**

AUGUST 25TH — Glen Innes Library* **Glen Innes**

OUR EVALUATION

We are using a framework that is underdevelopment by Lifehack to assess the effectiveness of the lab. The framework measures initiatives in three dimensions, and we've found that it's useful to look at how Flipping East Lab can create shifts up the scale in these dimensions. The three dimensions are:

Co-design Capability - How are young people involved?
How well do we involve young people and work with them in a mutual learning process through the design, prototyping and delivery of evidence-informedinterventions, services and initiatives?

Service integration and responsiveness - How do we learn and work together to offer better responses?
How well do services, agencies and groups work together? Are we coordinated across groups, sectors including community, to make best use of our resources and strengths in response to young people's changing needs and experiences?

Community Asset Building - Do our environments show young peopleare valued and important?
How well does the community invest in young people? Are young people recognised as having particular needs and is this reflected in the amenities, structures and processes in place? Are programmes underpinned by a positive youth development approach, promoting positive protective factors and reducing risk factors? Do we address systemic barriers and discrimination? Can and do young people access diverse resources, services and support?

These three dimensions are measured in five steps, from:

LEVEL ONE - UNDEVELOPED

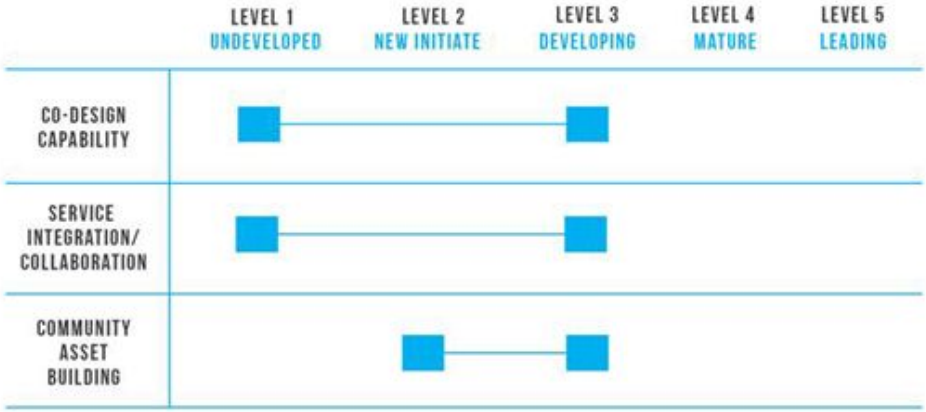
LEVEL TWO - NEW INITIATE

LEVEL THREE - DEVELOPING

LEVEL FOUR - MATURE

LEVEL FIVE - LEADING (INNOVATING)

DEVELOPMENT OF FLIPPING EAST LAB



Lab development of youth engagement and leadership (Co-design capability)
Young people in prototyping groups have been developing abilities to lead activities and to prototype new solutions in collaboration with others from the community. Notable examples of this are in the Nosix prototyping group, and the wellbeing for young women in Tāmaki prototyping group

Lab activities' contribution to collaboration and connectedness
Collaboration began with the convening team formed from Auckland Libraries, ADHB, and CAYAD, and the different perspectives and strengths we have created dynamic interactions which informed the initial design of the lab. Karl and Tyrone (from ADHB and CAYAD respectively) were able to draw on considerable connections and reputation in the community, and experience in the youth wellbeing domain, while Hamish and Monique (from Auckland Libraries) brought design thinking and social labs knowledge, and emphasised the need to reach out and connect to diverse parts of the community not yet engaged.

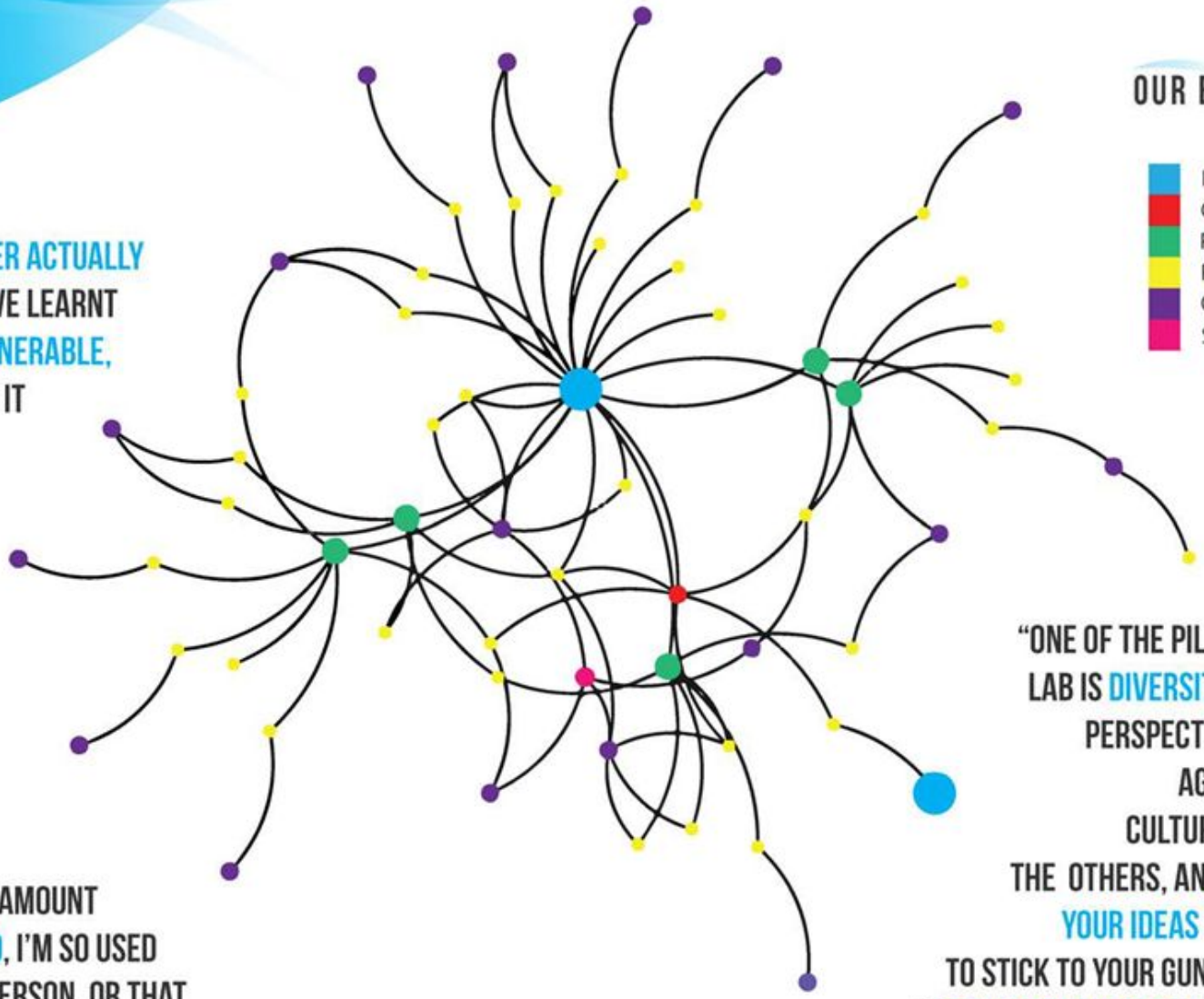
There has been an increase in community connectedness as lab members and stakeholders are exposed to different places, people, and organisations. Lab members spending a weekend at Ruapotaka Marae developed a connection to that place which they described as valuable to them, as well as to Peace Experiment, the new Montessori highschool in Panmure. A range of connections have formed or been strengthened between a number of organisations, groups and individuals that have been involved, for example between Libraries, Community facilities, ADHB, CAYAD, Peace Experiment, the Marae, Te Oro, and more. Good examples of this are the offer by Peace Experiment to collaborate with the lab to bring young people from Tamaki into the school fees free on scholarships, and the Te Oro No Six partnership. Below is a list of core and connected members to the lab:

Young People
CORE: Niko Meredith, Benjii Timu, Hannah Teipo, Xixi Xian, Krammer Hoeflich, Scott Hita
CONNECTED: Angel Gale,Loni Fifita, Lorenzo Palekuola Fauolo, Nisyola Fifita, Huva Fonua, Logan Walsh, Jordan Makea, David Makea, Moka Daisy Heka, James Walker, Bruno Osuji, Santana Maihi, Christian Masters, Lasina Mapa, Laura Wotten, Jess Drummond

Community Stakeholders
CORE: Auckland Council (Panmure and Glen Innes Libraries, CAYAD, Panmure and Riverside Community Facilities), Auckland District Health Board, Ruapotaka Marae, PEACE Experiment, Maungakiekie-Tamaki Local Board, Tamaki Regeneration Company, Te Oro, Mad Ave, Life Hack, National Science Challenge - Building Better Homes, Towns and Cities, Rakau Tautoko
CONNECTED: HEART Movement, GI Family Centre, GI East Side Facebook Page, Tamaki College, Faith Family Baptist, Youthtown, Glen Innes Neighbourhood Policing Team, Tamaki Community Development Trust, Local Board Youth Panels (Papakura, Howick Botany)

Lab development of community asset building
Four people from Auckland Libraries, CAYAD, and ADHB have invested months convening and supporting the lab. The commitment of human resource from these organisations represents a significant step towards supporting social innovation initiatives, and youth wellbeing in Tamaki. Four prototypes to support youth wellbeing are being developed by prototyping teams which are in themselves collaborations between different actors in thecommunity. The time spent by the twenty people across these teams represents asignificant community investment in youth wellbeing. CAYAD has invested $15,000 to support prototyping activities for Flipping East Lab; this is a significant organisational investment in youth well being in Tamaki. Overtwenty organisations have been engaged with the lab at differing levels, making the lab a significant centre of activity to support youth well being in Tamaki. One function of a Social Lab is to act as a centre of gravity to attract investment ofattention, time, money, and other resources towards the challenge that it is addressing.

"SEEING MYSELF AS A LEADER ACTUALLY GROW, BEING MORE OPEN, I'VE LEARNT THATIF I'M HONEST AND VULNERABLE, IT OPENS EVERYONE UP, AND IT KEEPS EVERYONE REAL"



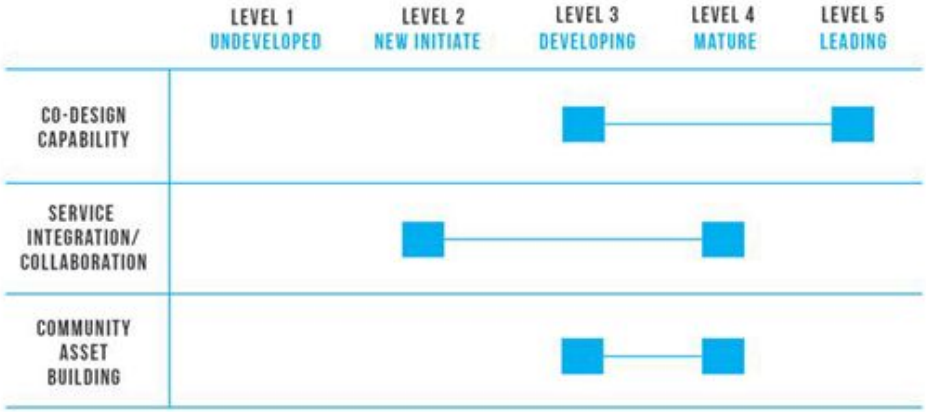
OUR ECOSYSTEM

- Flipping East Lab
- Convening Team
- Prototypes
- People
- Organisations
- Sponsors

"ONE OF THE PILLARS OF THE SOCIAL LAB IS DIVERSITY. YOU GET A WIDER PERSPECTIVE BECAUSE OF THE AGE DIFFERENCES AND CULTURAL DIFFERENCES OF THE OTHERS, AND YOU CAN EXPRESS YOUR IDEAS BUT YOU DON'T HAVE TO STICK TO YOUR GUNS. GETTING EXPOSED TO DIFFERENT PERSPECTIVES OPENS YOU UP."

"I'M SURPRISED TO SEE THE AMOUNT OF YOUNG PEOPLE INVOLVED, I'M SO USED TO BEING THE ONLY YOUNG PERSON, OR THAT TOKEN YOUNG PERSON IN A PROCESS"

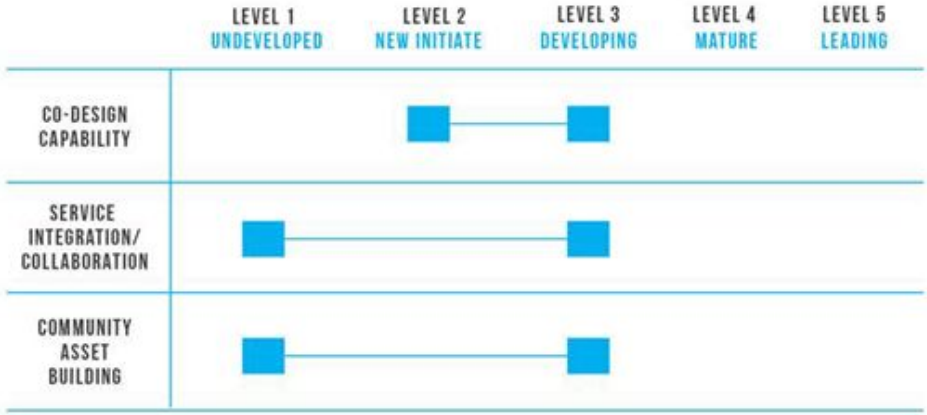
NO SIX



The Nosix team went into the lab as Tāmaki Media club which was a group that met in Te Oro to talk about interest in film and video, and was perceived as a class, as most programmes at Te Oro are. Discussion from hui that developed from the theme of the vicious cycle of negative media coverage, community perception, and reality, validated the idea that was brewing with Tamaki Media club of young people taking some influence in the community narrative through creating and sharing their own narratives.

During the lab cycle young people in the group started to lead more activities themselves like organising meetings and planning events, building their capability to lead. Tamaki Media Club evolved into Nosix, from being perceived as a class to being an incubator where young people can learn from and grow with each other. The lab brought the group together more intensively, and gave them time to develop their brand and collective identity, and through the first ingathering the wider group of lab members got exposure to nosix as a newly formed unit, and second Ingathering of Flipping East Lab used as a space for Niko to create a video capturing feedback from young people on local board plan, providing an avenue for youth voice to impact local board decision making. By being asked about their development needs by the coach, young people in the group identified developing self-confidence as their greatest need in taking leadership, followed by practical skills, so this has become the focus of the group. A strong relationship has been built with Te Oro in a formalised partnership which will enable greater access to the space and resources available at Te Oro for the group to utilise in its narrative creating work.

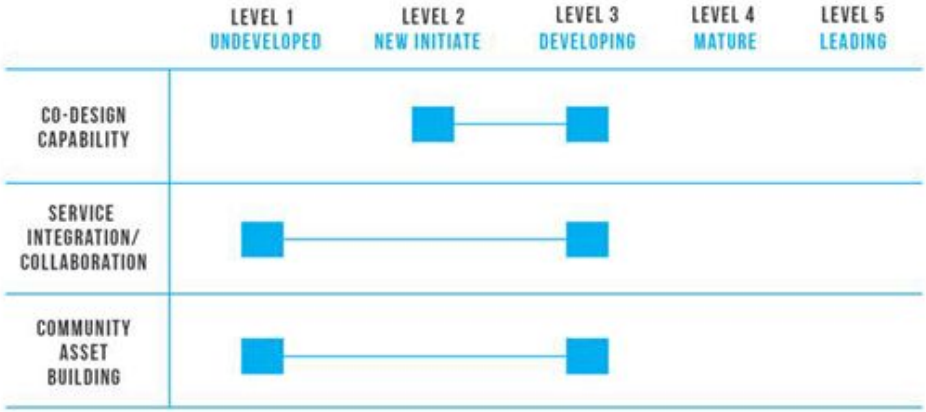
YOUTH VOICE



Young people have been involved in the design of the youth voice prototype since the foundation hui two months ago. Young people at the hui jumped off from the starting theme of youth voice andempowerment, describing how they get asked what they want and consulted a lotbut then nothing happens as a result, or that they get asked in ways that don't make sense e.g. forms to fill out which use complicated user unfriendly language. This seeded the idea for a youth panel prototype to increase youth participation and voice in decision making, and support for youth leadership, which is being developed by collaborative team including people from ADHB, TRC, community facilities, mayors youth advisory panel, Baha'I youth, and from different geographies: Panmure, GI, riverside, Mt Wellington.

This group includes two young people in the core and 3 more at the periphery who have had a strong influence in the design. Adults using complicated and hard to understand language have been challenged by young people to make the language used in the project accessible and understandable. There has been a shift fromdoing a big design up front using an existing model, to prototyping a new innovative model at small scale using 10 young people from different youth pockets, and learning what works from that to develop the prototype further.

YOUNG WOMEN WELLBEING IN TAMAKI

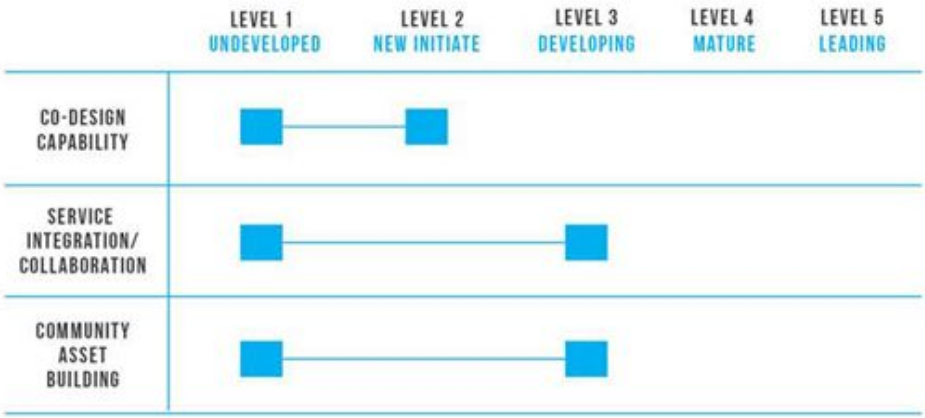


The initial focus of this prototyping group which developed from the foundation hui was on how places and spaces in Tamaki affect youth wellbeing. There was a lot of discussion around some of the drivers and barriers for young people to engage in places and spaces and a couple of group examples came out about the importance of confidence and self-esteem to want to engage with places and spaces.

Monique shared the example of Shift, an approach running in Wellington which has an aim of improving the wellbeing of young Wellington women. Shift takes a holistic approach to wellbeing and therefore their outcomes include social connectedness, body confidence, leadership, positive mental and physical health, access to physical activity and confidence building. The group really liked the Shift example as themembers could see a resonance with how they would like to be a part of it or how it would be beneficial for supporting wellbeing of young women they knew of, and therefore thought about how they could prototype a similar idea in Tamaki. Hoko and Monique got some good insights from some young women at Tamaki college, who greed that lack of confidence social anxiety was a barrier to engaging with different spaces. The group reflected that they saw how the iterative design process allowed them to make a useful shift from "places and spaces" to the idea of supporting wellbeing for young women.

Young people in the group identified increases in capability and perceived ability to participate in impactful change. For example, Loni Fifita described how she was surprised that she could be in a team that could have a significant social impact; that she could help make a difference. This is especially important as young people in Tamaki have identified a cultural norm that's strong in the area that young people can't lead, and should listen to their elders. She valued the opportunity to work and brainstorm with people from various backgrounds.

WHANAU HONEST DIALGOUE



At the Foundation ingathering a theme in the synthesis about support for relationships between young people and their whanau triggered ingathering participants, both young people and adults to articulate the the need for honest dialogue between parents and young people being key to those relationships. Initially an idea was explored for whanau retreats which would give family groups the space to have honest dialogues, which was what an initial prototyping team formed around.

The whanau retreat idea did not find strong interest for development with stakeholders, but later conversations between the Lab convening team with Glen Innes family centre around the identified theme of honest dialogue between young people and parents struck up their interest. GI family centre had already been thinking about capturing various interactions between family members from their practice, and the opportunity to prototype the

capturing of stories around one specific aspect of family interactions that the lab had identified servedas a useful catalyst for moving the family centre's intention into action.

The family centre engaged families with stories to share about honest dialogue between parents and young people, and videos are now being created which will make those stories accessible to the community. Family members and the family centre emphasised the importance of capturing local stories that were easily accessible in a video format and that illustrate parenting journeys, as an empowering community resource for other parents. As it is developed, this resource will become an important community asset for youth well being.

WHAT'S NEXT

Over the next month prototyping teams will be developing the most mature versions of their prototypes and looking to embed them in the community if they are showing value in supporting youth wellbeing. If you'd like to support one of the prototypes in any way, please get in touch flippingeast@gmail.com. We plan to conclude the lab activity cycle at the end of August with a final ingathering, review the effectiveness and impact of the labs approach and look at ways to further develop support for youth well being in Tamaki.

RUAPOTAKA MARAE

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland Council Libraries
Ngā Pātaka Kōrero o Tāmaki Makaurau

CAYAD
COMMUNITY ACTION YOUTH AND DRUGS

Update on plans to link Strategy, Execution and Risk Management for Auckland DHB

Recommendation

That the Board:

1. **Receives the Update on plans to link Strategy, Execution and Risk Management for Auckland DHB report for September 2017.**
2. **Notes the status and progress of plans to explicitly capture the links and integration between Auckland DHB's strategy, strategic programmes, and strategic risk management and to confirm a coordinated in-year plan which aligns all of our annual activity work-plans.**
3. **Confirms feedback on these plans so that Executive Management can translate this into updated plans, processes and reporting frameworks.**

Prepared by: Sharon McCook (Executive Business Manager)
Approved by: Ailsa Claire (Chief Executive)
Endorsed by: Executive Leadership Team: Yes: Date: Tuesday, 12 September 2017

Glossary

Acronym/term	Definition
EPMO	Enterprise Portfolio Management Office

1. Board Strategic Alignment

Intelligence and insight	Informs and promotes annual planning based on a clear understanding of inter-related factors.
Evidence informed decision making and practice	A wide range of data is needed to support planning processes and service delivery. Joining up our data and information will also improve how we report the results of our work.
Outward focus and flexible service orientation	An aligned strategic risk management approach ensures the DHB is prepared to address external risks and is able to implement flexible solutions.
Operational and financial sustainability	The approach outlined increases our ability to realise value from our strategic programmes and demonstrate efficiency in our services

2. Executive Summary

This paper provides an update of plans to more explicitly link and integrate Auckland DHB's organisational strategy, strategy execution plans, and strategic risk management in order to maximise the associated value for the DHB.

Currently Auckland DHB has an existing strategy; a portfolio of strategic programmes, a strategic risk matrix (as per the associated risk register) and an annual plan for the Provider Arm. Recently, the

need to clearly capture the linkages between these documents and initiatives has been noted as well as the need to develop a coordinated in-year plan for the DHB which aligns all of our annual activity work-plans.

These plans build on discussions to date about Auckland DHB's strategic intent, strategic programmes as well as a recent strategic risk workshop held with the Board.

Current progress includes

i. Review of Auckland DHB's organisational strategy, the strategic priorities, as captured within Auckland DHB's strategic programmes and annual Provider plan, and the associated strategic risks to confirm alignment (see appendix for details).

ii. Consideration of the annual Provider Business Plan and any other annual work plans/priorities, including those embedded in the current suite of strategic documents and plans. Based on this review, a single overarching coordinated in-year plan for the DHB is currently being developed which draws on the work underway within the Enterprise Portfolio Management Office (EPMO) to prioritise the strategic programmes. The most appropriate method for documenting and reporting against this integrated in-year plan will be confirmed once the in-year plan is finalised.

3. Alignment of Auckland DHB's strategy and risks.

Auckland DHB's strategic direction is reflected in three distinct but interrelated components:

- The **strategy for Auckland DHB** which outlines the key outcomes that we are seeking to achieve and provides a framework for prioritising activity (strategic programmes),
- The **strategic programmes** which are the organisational mechanism for delivering the key outcomes outlined in our strategy; and
- Our **strategic risks** which relate to the way in which we execute our strategy, via the strategic programmes, and reflect the potential impact if we do not achieve the outcomes that we are seeking.

Whilst these three components have all been considered by the Board, the relationships and linkages between each of the components have not been explicitly stated. Similarly, a coordinated overarching view of the DHB's in-year plan and associated budget has not been finalised.

The appendix to this paper provides an overview of the work undertaken to confirm the alignment between these three components. Key strategic outcomes were taken from Auckland DHB's vision, as outlined in the organisational strategy developed by the Board. The strategic risks are those previously considered by the Board and the Finance, Risk and Assurance Committee. Key risk mitigation strategies have been developed by the Executive Leadership Team. The Strategic Initiatives outlined are the current suite of programmes that have been established by the DHB's senior leaders to support successful implementation of ADHB strategy.

A review of the strategic programme documentation was undertaken to confirm the extent to which these programmes act as mitigations for the range of strategic risks. The table in the appendix highlights the specific programmes that make the single biggest contribution towards mitigating individual risks. The alignment between strategic outcomes, strategic risk and strategic initiatives is also demonstrated.

It is expected that this table can be reviewed overtime to ensure continual alignment and to demonstrate management efforts towards more efficient and effective risk management and strategy execution.

4. Next steps

Following Board confirmation of the table in the appendix, progress will continue on coordination of annual strategy implementation plans in order to develop a single overarching in-year plan and associated budget.

Appendix: Alignment between strategic outcomes, strategic risk and strategic initiatives

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

Strategic Outcome	Strategic risk	Strategic Initiative
Healthy Communities Achieving the best, most equitable health outcomes for the populations we serve 	• Actual population growth exceeds funding projections • Contracted providers in community unable to deliver services for the contracted price • Inability to meet our Treaty of Waitangi obligations • Inability to meet our health equity obligations	**Primary and Community** **Patient and whānau-centred care** **Mental health**
Strategic Outcome	**Strategic Risk**	**Strategic Initiative**
World-class healthcare Making sure people have rapid access to health care that is reliable, equitable, high quality and safe. 	• Our Provider is unable to respond to increasing activity and complexity. • Commissioning of national and tertiary services inadequate in specification and/or pricing • Auckland DHB Provider unable to deliver services within contracted price • Service planning model is not developed	**Daily Hospital Functioning** **Provider Financial Sustainability** **Capacity planning** **Afterhours in-patient safety** **Deteriorating patients** **Patient Safety** **Outpatients Model of Care**

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

Strategic Outcome	Strategic Risk	Strategic Initiative
Achieved together Working as partners across the whole system: staff, patients, whānau/family, communities, and others 	• Public loss of trust and confidence in Auckland DHB. • People Strategy not achieved. • Inability to effectively influence national Employee Relations Strategy • Funder unable to develop commissioning expertise.	**People**
	• Metro Auckland approach not achieved	**Northern Region Cancer**
	• Inadequate capital to resolve infrastructure issues	**Asset Management improvement**
		Safety for Security
	• Informatics strategies may not meet the needs of Auckland DHB • Cyber attacks on critical systems	**IS stabilisation**

Resolution to exclude the public from the meeting

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		
2. Register of Interest and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 09 August 2017	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] As per those reasons stated in the open agenda of 28 June 2017.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4.1 Supported Living Contracts	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Chief Executives Confidential Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public [Official Information Act 1982 s9(2)(i)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Finance, Risk and Assurance Committee	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Hospital Advisory Committee	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 CAMRI – Auckland DHB – Lease and Services Agreement	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Approval of Agreement to Lease Manaaki House Community Mental Health Centre (CMHC)	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Obligation of Confidence** Information which is subject to an	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	express obligation of confidence or which was supplied under compulsion is enclosed in this report. **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	
8.3 Linear Accelerator Replacement Project	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4 2017/2018 Annual Plan and Financials	**Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.5 Commissioning Reablement Services	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.6 Health Services of Older People Day Care Services Review	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 ARPHS CEO Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]