AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 18 December 2019

10:00am

Note:

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

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

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Kia kotahi te oranga mo te iti me te rahi o te hāpori

Published 12 December 2019

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

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

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

Well Being to All.

Agenda
Meeting of the Board
18 December 2019

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

Time: 10.00am

Board Members	**Auckland DHB Executive Leadership**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Mel Dooney	Chief People Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Mark Edwards	Chief Quality, Safety and Risk Officer
Peter Davis	Joanne Gibbs	Director Provider Services
Tama Davis (Deputy Board Chair)	Dame Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Fiona Lai	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Bernie O'Donnell	Rosalie Percival	Chief Financial Officer
Michael Quirke	Meg Poutasi	Chief of Strategy, Participation and Improvement
Ian Ward	Shayne Tong	Chief Digital Officer
	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
	Marlene Skelton	Corporate Business Manager
	Riki Nia Nia	General Manager, Maori Health
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Karakia

Agenda

Please note that agenda times are estimates only

10.00am **1.** **ATTENDANCE AND APOLOGIES**

10.05am Dr Debbie Holdsworth Director of Funding – Auckland and Waitemata DHBs
Dr Margaret Wilsher Chief Medical Officer

10.07am **2.** **REGISTER OF INTEREST AND CONFLICTS OF INTEREST**

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

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

10.10am **3.** **MINUTES OF LAST MEETING 6 NOVEMBER 2019 FOR INFORMATION**

10.12am **4.** **ACTION POINTS - NIL**

10.13am **5.** **EXECUTIVE REPORTS**

	5.1	Chief Executives Report
	5.2	Health and Safety Report
	5.3	Human Resources Report
10.40am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report
	6.2	Planning and Funding Outcomes Update
11.00am	**7.**	**COMMITTEE REPORTS**
	7.1	Hospital Advisory Committee
	7.2	Metropolitan Disability Support Advisory Committee
11.10am	**8.**	**DECISION REPORTS**
	8.1	Establishment of Executive Committee of the Board
	8.2	Establishment of an Interim Committee Structure
	8.3	Conflict of Interest Policy
11.30am	**9.**	**INFORMATION REPORTS**
	9.1	Management Development Programme - Tairanga Arataki – Deep Dive
11.45am	**10.**	**GENERAL BUSINESS**
12 noon	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	26 February 2020 at 10.00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

2019/2020

Members	03 Jul. 19	14 August 19	25 Sep. 19	06 Nov. 19	18 Dec. 19			
Pat Snedden (Board Chair)	1	1	1	1				
Joanne Agnew	1	1	1	1				
Doug Armstrong	1	1	1	1				
Michelle Atkinson	1	1	1	1				
Judith Bassett	1	1	1	1				
Zoe Brownlie	1	1	1	1				
Peter Davis								
Tama Davis								
Fiona Lai								
Lee Mathias	1	1	1	1				
Robyn Northey	1	1	x	1				
Bernie O'Donnell								
Michael Quirke								
Sharon Shea	1	1	1	1				
Gwen Tepania-Palmer (Deputy Board Chair)	1	1	1	1				
Ian Ward								
Key: 1 = present, x = absent, # = leave of absence, c = cancelled, resigned = r								

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
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Chair – National Science Challenge Programme – A Better Start Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd Board Member – Counties Manukau DHB Chair – Counties Manukau Audit, Risk and Finance Committee Board Member – Kainga Ora – Homes and Communities Board	03.12.2019
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, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Contracting role – Shea Pita and Associates Chargenet, Director & CEO – Steve West - Partner	10/06/2019
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Member – Trans-Tasman Occupations Tribunal Daughter – Partner Russell McVeagh Lawyers	18.09.2018
Zoe BROWNLIE	Director - Workplace Programme – YWCA Auckland Member - Steering Committee – RockEnrol Unless Consulting - Director Partner – CAYAD, Auckland Council	28.11.2019
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties	19.11.2019

William DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Chair Mana Whenua Working Group – Auckland Council Te Kete Rukuruku Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa	12.12.2019
Fiona LAI	Nil	18.11.2019
Bernie O'DONNELL	Manager – Manukau Urban Maori Authority Chair – Board of Trustees – Waatea School Deputy Chair – Marae Trustees – Nga Whare Waatea Marae Executive Member – Secretary – Te Whakaruruhau o Nga Reo Iriangi Maori Director – Maori Media Network Te Matawai Funding Panel – Te Pae Motuhake o Te Reo Tukutuku	11.12.2019
Michael Quirke	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group	12.12.2019
Ian WARD	Member – Ward Consulting Services Beneficiary of Trust holding shares - Oceania Healthcare Son is CFO – Oceania Healthcare Wife has investment in Oceania Healthcare	20/11/2019

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Minutes
Meeting of the Board
06 November 2019

Minutes of the Auckland District Health Board meeting held on Wednesday, 06 November 2019 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10:00am

Board Members Present	Auckland DHB Executive Leadership Team Present	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Mel Dooney	Chief People Officer
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Mark Edwards	Chief Quality, Safety and Risk Officer
Judith Bassett	Joanne Gibbs	Director Provider Services
Zoe Brownlie	Chris Hutton	Acting Chief People Officer
Dr Lee Mathias	Rosalie Percival	Chief Financial Officer
Robyn Northey	Meg Poutasi	Chief of Strategy, Participation and Improvement
Sharon Shea	Sue Waters	Chief Health Professions Officer
Gwen Tepania-Palmer (Deputy Board Chair)	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Rachel Lorimer	Director Communications
	Justin Rawiri	Director – Risk and Emergency Management Service
	Marlene Skelton	Corporate Business Manager
	Tim Wood	Acting Director of Funding – ADHB/WDHB
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

The Board Chair welcomed Mark Edwards, Chief Quality, Safety and Risk Officer and Mel Dooney, Chief People Officer to their first meeting of the Board in their new roles within the Executive Leadership Team.

1. ATTENDANCE AND APOLOGIES (Page 4)

That the apologies of Dr Karen Bartholomew, Director, Health Outcomes for ADHB/WDHB, Dr Debbie Holdsworth, Director of Funding – ADHB/WDHB and Shayne Tong, Chief Digital Officer be received.

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

Sharon Shea asked that her interests register be amended to include her membership on the Board of the MAS Foundation.

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

3. CONFIRMATION OF MINUTES 25 SEPTEMBER 2019 *(Pages 8-22)*

Resolution: Moved Pat Snedden / Seconded Judith Bassett

That the minutes of the Board meeting held on 25 September 2019 be confirmed as a true

and accurate record.

Carried

4. ACTION POINTS *(Page 23)*

All actions were completed and closed.

5. EXECUTIVE REPORTS

5.1 Chief Executive's Report *(Pages 24-37)*

Ailsa Claire, Chief Executive asked that the report be taken as read, advising as follows:

- In the week beginning Monday, 7 October we celebrated the Pacific identities and cultures of our employees, patients and community.
- Guided by Chief Tikanga Officer, Dame Rangimarie Naida Glavish, the Hospital has a designated pathway for tūpāpaku to ensure their transportation does not violate the tapu of the deceased or the grieving whānau. On Friday 27 September, a new design was installed on the lift doors to help strengthen understanding of that particular lifts use and why food and drink cannot be taken into it.
- Between 1 January and 25 October 2019, Auckland DHB received a total of 30 notices of industrial action, 23 of which are from the APEX union, six from the NZ Resident Doctors Association (NZRDA), and one from the Midwifery Employee Representation and Advisory Service (MERAS). Of those 30 notices, to date 23 strikes have gone ahead and five have been cancelled. (Two are recent notices of action scheduled to take place after October 25.) As a result of the 23 strikes, Auckland DHB endured 123 days of disrupted health care (either due to the full withdrawal of labour or partial withdrawal of labour). One day of disrupted health care is attributed to MERAS, 113 to APEX, and nine to NZRDA. This means that 38% of the year to the end of the current strike notices will see a range of services impacted by APEX industrial action.
- Immunisation clinics were recently launched at the Maternity Outpatients Clinic (Greenlane Clinical Centre) and Maternity High Risk Clinic (Auckland City Hospital). The new service means pregnant women can be immunised against pertussis and influenza when they are on site for other reasons – no additional appointment is needed.
  Advice was given in relation to a question as to whether any issues existed in the Auckland City Hospital over a reluctance by staff to administer this immunisation, that there was not, however, it was known that some external LMC's had issues.
- Although there is optimism that the outbreak in Auckland may have peaked, it is not yet over, and work continues to protect the community. Attempts will continue to be made to get access to those that remain unimmunised. It is to be noted that there has been much interest in the measles outbreak and as a result there has been an exponential rise in Official Information Act requests and Parliamentary questions.

At the request of Board Chair, Pat Snedden, Margaret Wilsher was asked to provide a little more information on "herd immunity and how it worked. It was explained that if enough people within a community were immunised that acted as an elevated level of protection for those vulnerable people who were unable to have it for any reason. Unfortunately, herd immunity has fallen over the years. New Zealand's policies cover New Zealand residents but not visitors or new residents to the country that do not have vaccinations in their country of origin.

- Auckland DHB's To Thrive programme has been announced as a finalist in the Community category of the 2019 YWCA Equal Pay Awards. The Awards celebration will take place on Tuesday, 12 November.
- The DHB is hitting the majority of its National Health Targets. However, at the moment acute patient flow is still high and beds have not been able to be flexed down following winter. The strikes were having an impact on the elective target.
- The year to date result to 30 September is a deficit of $10.5M which is favourable to the budgeted deficit of $11.1M by $580K. The pressure remains within the Provider Arm running a deficit of $20.6M ($485K unfavourable to budget).

Resolution:

That the Board receive the Chief Executives report for the period 16 September 2019 to 20 October 2019.

Carried

5.2 **Health and Safety Report** *(Pages 38-82)*

Sue Waters, Chief Health Professions Officer, asked that the report be taken as read, advising that

- Work has progressed well on the Lone Worker Project with the OHS Advisor team and Directorates completing the identification and risk assessments of lone worker situations with these now being documented into the Datix risk registers. The Lone Worker App rollout continues.

The following comment was made during discussion of this item:

- Lee Mathias drew attention to page 59 of the agenda and queried whether Compas were taking the SAFE365 rollout seriously. Advice was given that they registered as part of a trial in March 2019 and were now to undergo an on-boarding session.

Resolution:

That the Board:

1. **Receives the Health and Safety Performance report September 2019.**
2. **Notes reporting of progress.**

Carried

5.3 Human Resources Report *(Pages 83-87)*

Chris Hutton, Acting Chief People Officer asked that the report be taken as read, advising as follows:

- It is expected there will be almost unprecedented change required within the organisation looking ahead and with this a need to develop appropriate change procedures to accelerate capability and to assist staff to cope with change.
- "Just Culture" continues to be well received and courses well attended. The full Board will be offered an overview as part of their induction in 2020 and two Board members have indicated an interest in undertaking the certification training which is being accommodated.

The following comment was made during discussion of this item:

- Doug Armstrong drew attention to page 84 of the agenda and asked for an explanation of what "Senior Medical Officer (SMO) Workbooks" was. Margaret Wilsher advised that it was a tool that allows an SMOs role to be fully described. Apart from the clinical component of the role there were non-clinical tasks that had to be performed, such as management of other staff, audits and professional accountabilities. This tool allows for that data to be collected and provide a better picture of what was actually occurring.
- Gwen Tepania-Palmer thought that this tool could be extremely useful as it could aid decision making logic and allow one to see how effective and productive SMOs were, moving that workforce into a quality improvement space.
- Ailsa Claire added that this tool enabled management to give clinicians data to enable them to more effectively perform tasks. There is currently a gap in the data decision tree with few systems or tools that allowed reflective practise to occur. Clinicians want to do the right thing but they have not been fully enabled to do so.

Resolution:

That the Board:

1. **Receives the Auckland DHB Human Resources report for November 2019.**
2. **Notes the progress on Auckland DHB People programme commitments.**

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report (*Pages 88-94)*

Rosalie Percival, Chief Financial Officer, asked that the report be taken as read, advising that a net deficit of $10.5M was realised for the three months ending September 2019, which was $580K favourable to a net budget deficit of $11M. Volumes had been adjusted due to the effect of strike action. Currently the DHB is ahead of where it said it would be at this point in time.

Resolution:

That the Board receives this Financial Report for the Month and Year to Date ending 30 September 2019

Carried

6.2 Planning and Funding Outcomes Update (*Pages 95-112)*

Tim Wood, Acting Director of Funding – Auckland and Waitemata DHBs asked that the report be taken as read advising in brief:

- The National Child Health Information Platform and NIR Transition is progressing. The Outreach Immunisation Service (OIS) will remain with the current provider, HealthWEST. A transition plan is underway working with key stakeholders to ensure that immunisation coverage for children is not affected by the change in administration.
- A successful fifth LookUp one day annual event for youth mental well-being held on 15 August 2019 at Te Oro Music and Arts Centre in Glen Innes. The project manager for the event has now compiled a full report, including a summary of feedback from the young people attending which can be found on pages 104-106 of the agenda.

The following comment was made during discussion of this item:

- The Board Chair, Pat Snedden commented that aged residential care was undergoing change and had an interesting typology of people entering the service. Tim Wood advised that there were less people entering rest home level beds and a higher admission into hospital level beds. These were increasingly more complex patients to care for. Ailsa Claire added that this could be seen as a positive change in that older people were being better supported in the community and in their own homes reducing the necessity for rest home care.
- Michelle Atkinson drew attention to page 97 of the agenda and received clarification around statistical figures attributable to diabetes and cardiovascular disease and clinical indicators.
- Doug Armstrong suggested that in relation to the National Child Health Information Platform and NIR Transition, milestones and a timeline would be helpful in future reporting to easily determine where things were sitting.
- Zoe Brownlie wished to convey positive praise for the LookUp 2019 annual event for youth mental well-being.
- The Board Chair, Pat Snedden drew attention to page 106 of the agenda and advised that arrangements for setting up the Iwi-DHB Partnership Board were moving forward.
- Judith Bassett drew attention to page 108 of the agenda and commended the work being undertaken for the Healthy Village Action Zones and asked how this could be further expanded on. Tim Wood advised that other avenues were being explored via

GP practises that had traditionally had a high enrolment of Pacific people. However, the Pacific churches remained one of the most effective avenue to imbed these programmes. Meg Poutasi commented that youth were harder to reach and that we had not been so responsive to them so there was work being done on models of care design to widen that reach.

- Lee Mathias drew attention to item 10.5 on page 111 of the agenda commenting that she had concern around the Boards strategy in agreeing to provide service to requesting DHBs when they do not follow through on the agreement.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 25 September 2019.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee *(Pages 113-123)*

Judith Bassett, Chair of the Hospital Advisory Committee asked that the unconfirmed minutes for the meeting of 4 September 2019 be received noting some key points from the meeting as follows:

- Throughout the hospital there is an emphasis on better care. For example an emphasis on discharge and coordination of care to ensure patients are safe when discharged. The Community and Long Term Conditions team deserve specific mention for their positive response to patient's needs.
- Cooperation with other regional DHBs is notable, particularly as it is a big ask of very busy people to attend these planning meeting. Results from this work will be obvious fairly soon. There are some positive gains already in orthopaedics and opthomology.

Resolution: Moved Judith Bassett / Seconded Jo Agnew

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 16 October 2019 be received.

Carried

7.2 Community and Public Health Advisory Committee *(Pages 124-130)*

Sharon Shea, Chair of the Community and Public Health Advisory Committee asked that the unconfirmed minutes for the meeting of 7 August 2019 be received noting some key points from the meeting as follows:

- CPHAC now takes every opportunity to make recommendations to the Board. It continues to shine a light on areas that it considers are not getting the right traction. Oral Health is watched with concern and solutions continue to be applied to deal

with issues.

- In answer to a question from the Board Chair, Pat Snedden, Sharon confirmed that there was value in having a joint Community and Public Health Advisory Committee, if only to better understand region wide problems and collaborate on solutions. Standardised deep dives into issues had been very helpful. Further efforts around strategic conversations would be even more beneficial. Other members on the committee added that the skills and knowledge sharing were invaluable although care needed to be taken that the strategic approach did not take away from understanding and responding to the Auckland DHB locality. It was considered timely that this approach and the terms of reference applied be reviewed. It was acknowledged that the work done by Karen Bartholomew and team had been invaluable in advancing equity issues.

Resolution: Moved Sharon Shea / Seconded Zoe Brownlie

That the Minutes of the Community and Public Health Advisory Committee held on 07 August 2019 be received.

Carried

8. DECISION REPORTS

8.1 Standing Orders - Review *(Pages 131-181)*

The Board Chair, Pat Snedden advised that the issues raised at the previous Board meeting requiring review related to report and agenda composition and that he was resubmitting the report on Standing Orders for consideration and approval. Standing Orders were something that the Board could rely upon in the event that it required some guidance around meeting protocol.

Sharon Shea commented that in the next iteration consideration should be given to the Treaty partnership and its place in this process.

Resolution: Moved Pat Snedden / Seconded Gwen Tepania-Palmer

That the Board adopts the reviewed Standing Orders dated 6 November 2019.

Carried

[Secretarial Note: Item 10.1 was considered next.]

9. INFORMATION REPORTS

9.1 Auckland District Health Board – Annual Research Report

Dr Margaret Wilsher, Chief Medical Officer introduced Dr Helen Wihongi, Director Maori Health Research and Maryann Woodnorth, Manager Research Office and tabled the recently published Annual Research Report.

Dr Margaret Wilsher and Dr Helen Wihongi made a short presentation relating to the

research report itself and Maori health research strategy in particular.

(Attachment 9.1)

The following comment was made during discussion of this item:

- It was clarified that the ultimate outcome was a Maori lens on key questions that would support Maori Health Gain. Currently this was at the beginning stages but being built up. There were now three Maori sitting in governance positions, Riki Nia Nia had made progress with models of care research of which 80-90% were patient centred and there was a safe surgical check list (from a Maori point of view)in use. Coming through the system was work related to the Tissue Bank and Tikanga.

The Board Chair, Pat Snedden thanked Dr Margaret Wilsher and Dr Helen Wihongi for the presentation.

10. GENERAL BUSINESS

10.1 Presentation to Retiring Board Members

The Board Chair, Pat Snedden wished to acknowledge the four members who were retiring from the Board and the contribution that they had made to civil society and public life over the nine years each had been on the Board. He invited each of them to comment on their time spent on the Board.

Judith Bassett

"I have greatly enjoyed my three terms on the District Health Board. Each term has been different and I have enjoyed the last the most. This organisation is extraordinarily good at meeting challenges. I have high praise for the time and commitment put in by the staff. I thank you all very much."

Robyn Northey

"Upon reflection I realise that there have been family members involved in the health industry dating back to the time of my great grandmother. I myself started out as a nurse aid. To be able to move from an active role in health to a governance one has been a nice way to round off my career."

Gwen Tepania-Palmer

"I came to this Board with a kete half full, with some skills and expertise and I leave with a kete overflowing. Moments such as these are never a goodbye as our paths are likely to cross again.

I would like to reiterate, as I have before, that the most valuable asset an organisation has is its people. I would like to acknowledge Ailsa Claire. Change and growth has slowly and steadily emerged since she joined Auckland DHB. When you are a leader out front it comes at a cost. So, challenge, but be kind and look after one another. People matter most and it is critical that we all stay connected in our values and beliefs."

Lee Mathias

"I have been contracted within and to the public service for 51 years. There are issues around capital and negative NVP that I have consistently pushed with this Board that I have not been successful with. I would have liked to see the organisation travel further and faster. I have been here when the old main building was demolished and the new Building One was constructed and then the construction of Building 32.

I want the new Board and executive not to be socialised to the extent that they feel that they have to comply but be their own person in the decisions that they make noting that there are some times that you do have to compromise. I want to express my thanks to the administrative support staff and the EAs of the organisation for their contribution to keeping the hospital running."

A presentation of a service trophy was then made to each member.

[Secretarial Note: Item 9.1 was considered next.]

11. RESOLUTION TO EXCLUDE THE PUBLIC *(Pages 182-185)*

Resolution: Moved Pat Snedden / Seconded Gwen Tepania-Palmer

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	N/A	N/A
2. 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 25 Sept 2019	**Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

3.1 Circulation Resolution – 2019/2020 Annual Plan/SOI/SPE/Financials	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.2 Circulated Resolution – Holidays Act Financial Liability Assessment 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)]	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]
3.3 Circulated Resolution – 2018/2019 Annual 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)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**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

	Prevent Improper Gains **Information contained in this report could be used for improper gain or advantage if it is made public at this time.**	9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 Regional Measles Response	**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)] **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]
6.1 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)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 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]
8.1 Finance, Risk and Assurance 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	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

	Information Act 1982 s9(2)(i)]	of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee 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)]	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]
9.1 Facilities Infrastructure Remediation programme Report – Consultant Procurement for the Central Plant and Tunnels	**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]
9.2 Business Case, Replacement of 2 Cavitron Surgical Ultrasound Aspirators	**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.** **Prevent Improper Gain** **Information contained in this report could be used for improper gain or advantage if it is 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]
9.3 Business Case for the Stryker Power Tools Lease Renewal 2019	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that 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

	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.** **Prevent Improper Gain** **Information contained in this report could be used for improper gain or advantage if it is made public at this time.**	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 Discussion Reports – **Nil**	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 Employment relations / industrial relations – deep dive	**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]
12 General Business	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 2.00pm.

That in accordance with Standing Order 2.12.2 the Chairperson and the Chief Executive Officer confirm the correctness of the minutes of the last meeting of the current Board.

Signed as a true and correct record of the Board meeting held on Wednesday, 06 November 2019

Chair: _____ Date: 27/11/2019

Pat Snedden

Chief Executive: _____ Date 25/11/19

Ailsa Claire

2018 Auckland DHB Research Report & Maori Research Strategy

Highlights from 2018: translation of research

- Professor Alan Barber (Ngāti Porou, Whakatōhea), Extend Trial: translated into regional stroke clot retrieval service with next step goal to reduce transfer delays for patients in remote/rural areas.
- Dr Doug Campbell, MASTERSTROKE pilot 17.6% recruitment Māori participants in a study aimed at reducing inequities in perioperative settings
- Dr Sandra Hotu (Ngāti Maniapoto, Ngāti Ruanui): a person and whānau centered approach for Māori with chronic lung disease: lessons being employed by service
- Professor Stuart Dalziel: the PREDICT network benefitting children presenting to ED suffering poorly controlled epilepsy: findings translated into clinical practice internationally
- Dr Mike Nicholls: staff welbeing study involving 70% of staff in AED, findings now translated into practice on the floor
- Prof Cindy Farquhar: Liley medal winning findings on fertility support now translated into UK NICE guidelines
- A/Prof Colin McArthur: international multicentre collaborative trials in ICU translating findings into protocols (Beaven Medal)
- Dr Jackie Robinson: recipient of the UoA VC prize for best doctoral thesis for her study of the experiences of patients with acute palliative care needs: understanding that palliative care patients still need acute hospital care

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Increasing our research funding

- Profs J Weller, A Merry and I Civil: the NetworkZ study of OR simulations: $4.8M ACC
- Prof S Dalziel, Dr S Jones: how safe are our emergency departments: $1.2M HRC
- Prof G O'Grady: Translational advances in GI surgery and motility disorders $4.95M
- Prof McKeage: reducing oxaliplatin toxicity. $1.2M HRC
- Drs I Platt, I Woodhead, Prof O'Grady: novel handheld microwave imaging. $6M MBIE

- Other funding sources include: NHMRC, Canadian and US collaborations, Colleges, local Trusts and Research Foundations, Royal Society Marsden Fund, Auckland Academic Health Alliance, Lotteries

Growing tomorrow's researchers

- Dr William Good, registrar HRC training fellowship
- Ryan Welch: phsiologist and PhD student – winner best AHST poster Research Week
- Brian Yeom AAHA Summer Student: award for best research
- Dr Tom Kai Ming Wang, cardiology registrar NHF overseas fellowship

- AAHA Grants to build university/ hospital collaborations and support investigators on the journey to HRC project funding $300K per annum
- GLREF PhD scholarship
- HRC training fellowships
- Various other overseas and training fellowships

Introducing our Māori research leader:

Dr Helen Wihongi PhD (Ngāti Porou, Ngāpuhi, Te whānau-ā-Apanui, Ngāti Hine)

Maori Health Research Strategy

Framework

- Tikanga Plan
- Māori Health
- Research Strategies
- Ngā Pou Rangahau
- NZ Research Strategy

Pathways

- Research excellence
- Kaupapa Māori methodologies
- Translational research
- Ethical processes and practices
- Workforce

Focus

- Funding
- Collaborations

Action Points from 6 November 2019 Open Board Meeting

As at Wednesday, 06 November 2019

Meeting and Item	Detail of Action	Designated to	Action by
	NIL		

Chief Executive's Report

Recommendation

That the Chief Executives report for 21 October 2019 – 24 November 2019r be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 21 October 2019 – 24 November 2019. 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

Health Excellence Awards 2019

Auckland DHB's annual Health Excellence Awards took place on 27 November, celebrating the teams and individuals whose dedication and creative thinking enable us to provide better care and support for our patients, whānau, and communities.

Some of the team behind the Healthcare Security Officers who were awarded the Chief Executive Award and the Excellence in the Workplace Award.

A total of 91 entries were received across all categories.

Congratulations to all our 2019 winners:

- **Chief Executive Award:** Healthcare Security Officers creating a safer Adult Emergency Department
- **Excellence in Clinical Care:** Cardiac monitoring for adult patients at Auckland DHB
- **Excellence in the Workplace:** Healthcare Security Officers creating a safer Adult Emergency Department

- **Excellence in Community Health and Wellbeing:** Safety in practice 'every patient, every time'
- **Excellence in Process and Systems Improvement:** Phlebotomy services supporting timely discharge
- **Excellence in Research:** The Pipelle for pregnancy study
- **Individual Values Award** - Greta Pihema
- **Values Team Award** – Patient at Risk (PAR) Team

The Awards are generously supported by the Auckland Health Foundation.

Professor Cindy Farquhar and Dr Lynn Sadler from the Pipelle for pregnancy study group, awarded Excellence in Research.

Members of the Patient at Risk team, winners of the Values Team Award.

New Integrated Operations Centre opens

On Friday 8 November the new Integrated Operations Centre (IOC) at Auckland City Hospital went into operation. The IOC co-locates the people who coordinate and support the day-to-day running of the hospital in a workspace where real time data on capacity and resource is visible and accessible.
Clinical nurse managers, the Patient at Risk Team, patient flow facilitators, orderlies, cleaning supervisors, temporary staffing bureau and the safe staffing (CCDM) team are all part of the IOC.

The new facility is designed to ensure that across our hospitals we have the right people in the right place at the right time supported to make the right decisions, ultimately resulting in a better experience and outcome for our patients.

Te Whakatūtata Nāhi emblem

Te Whakatūtata is an emblem for Māori Nāhi (Nurses) uniforms to make them more visible as Tangata Whenua to Tangata Mauiui (patients) and their whānau.

The idea came from Dawson Ward, Senior Nurse at Auckland City Hospital, and inaugural winner of Te Kauae Raro Māori Nursing and Midwifery Award in 2018. It was developed with the support of Chief Nursing Officer Margaret Dotchin.

Te Whakatūtata enables Māori nāhi at Auckland DHB to choose to be identified as being Māori, can be, not only to tangata mauiui but to hoamahi (colleagues) as well. This will help foster whakawhanaungatanga and manaakitanga.

The new emblem was launched in November and will be rolled out throughout 2020.

Father and Daughter, Dawson and Hannah Ward wearing their uniforms with Te Whakatūtata

FIRP Lift Upgrades

A significant milestone for the Facilities Infrastructure Remediation Programme (FIRP) has been reached with the first lift replacement now complete. Over the next four years, 50 lifts are being replaced or upgraded across Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre. The work is carefully phased to keep the impact on services to a minimum.

Some of the CSSD team in their new lift

Industrial Relations

Industrial action by APEX Medical Imaging Technologists (Radiographers/MITs) continued through this period, with five 24-hour periods of partial or full withdrawal of labour. There was an additional full withdrawal of labour by Lab Workers from the APEX - Medical Laboratory Workers Union. Staff across the DHB worked together to ensure the safety of our patients and support each other during these periods of disruption.

For context, for the year to date (from 1 January 2019 to 5 December 2019), Auckland DHB has received a total of 35 notices of industrial action, 28 of which are from the APEX union, six from the NZ Resident Doctors Association (NZRDA), and one from the Midwifery Employee Representation & Advisory Service (MERAS). Of those 35 notices, to date 28 periods of industrial action have gone ahead and seven have been withdrawn. (Two are recent notices of action scheduled to take place after the 5th of December.)

The 28 periods of industrial action resulted in 151 days of disrupted health care at Auckland DHB impacting a range of services (either due to the full withdrawal of labour or partial withdrawal of labour). One day of disrupted health care is attributed to MERAS, 141 to APEX, and nine to NZRDA.

2.2 Health sector partnerships

Auckland Measles Outbreak – support for the Pacific

The three metro Auckland DHBs continue to manage a city-wide response to the measles outbreak. The recent focus has been to respond to outbreaks in the Pacific, particularly in Samoa where a State of Emergency was declared and there has tragically been significant loss of life.

Many clinical staff across the Waitematā, Auckland and Counties Manukau DHBs have deployed to Samoa as part of the support coordinate by the Ministry of Foreign Affairs and Trade.

The three metro Auckland DHBs have funded an advertising campaign to

promote MMR vaccination to Pacific people, especially those planning travel.

The campaign began in early December and includes advertising and interviews on key radio stations (Radio Samoa, Nui/531PI, Radio Tonga, Radio Waatea, Mai FM and Flava), print ads in the Samoa Times, and digital ads on nzherald.co.nz, stuff.co.nz and the radio websites New resources are being produced in all the Pacific languages and there is significant social media activity.

HQSC Speaker Session

The theme for Patient Safety Week this year was understanding bias in healthcare. To learn more about identifying and addressing bias we hosted a Health Quality and Safety Session for the metro Auckland DHBs. Bias expert Anton Blank provided an inspiring presentation and promoted new videos developed by the Health, Quality and Safety Commission. This is part of our ongoing conversation about equity, unconscious bias, and institutional racism.

Australian and New Zealand Paired Kidney Exchange collaboration begins

Operations associated with the new Australian and New Zealand Paired Kidney Exchange (ANZKX) started at Auckland City Hospital on 31 October 2019. The National Renal Transplantation Leadership Team expect the ANZKX to increase access to kidney transplantation for hard to transplant New Zealand patients who would otherwise expect a long wait on dialysis before receiving a deceased donor transplant.

2.3 Patients and community

2.3.1 Email enquiries

Communications manages a generic communication email box, responding to all emails and connecting people to the correct departments. For this period, 383 emails were received. Of these emails, 32 were not communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

2.3.2 Patient experience

Here are some examples of patient feedback received this month:

"Two weeks ago I had a planned c section to birth our son (he was in breech position) at Auckland hospital. It was a really great experience and went smoothly; there were some staff members that made a strong positive impression on us that I would like to pass on my sincere thanks."– C.L.

"To the entire team at NICU. A big thanks to all. We couldn't have done without you!" – A.L.

2.4 External and internal communications

2.4.1 External

We received 100 requests for information, interviews or for access from media organisations between 21 October and 24 November.

Media queries included requests for information on MRI wait times and the use of trespass notices, interview requests about organ transplantation and a request for comment on the care of a patient with Crohn's disease. Around 39% of the enquiries over this period sought

the status of patients admitted following incidents including road and e-scooter accidents, or who were of interest because of their public profile.

The DHB responded to 30 Official Information Act requests over this period.

2.4.2 Internal

- 35 news updates were published on Hippo, the DHB intranet.
- Five editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Five editions of the Manager Briefing were published for all people managers.
- Three Staying Connected sessions took place providing an update about our continued journey to address equity in healthcare at Auckland DHB.
- Two CEO blogs were published on the following topics:
    - Staying cyber safe
    - Impact of industrial action and a busy winter

2.4.3 Events and campaigns

Sustainability Symposium

A Sustainability Symposium was held on 14 November 2019. It inspired attendees to take action and work together as part of the wider community to protect and restore natural resources from climate change. Our commitment is to exhibit environmental responsibility, by having regard to the impact of our work on the environment, in order to secure good health and wellbeing for the future generations.

MP for Mount Roskill Michael Wood was the keynote speaker and also took part in a panel discussion about 'Good Health and Wellbeing', chaired by Director of Surgical Services Dr Arend Merrie.

2.4.4 Social Media

Followers

LinkedIn: 12,756

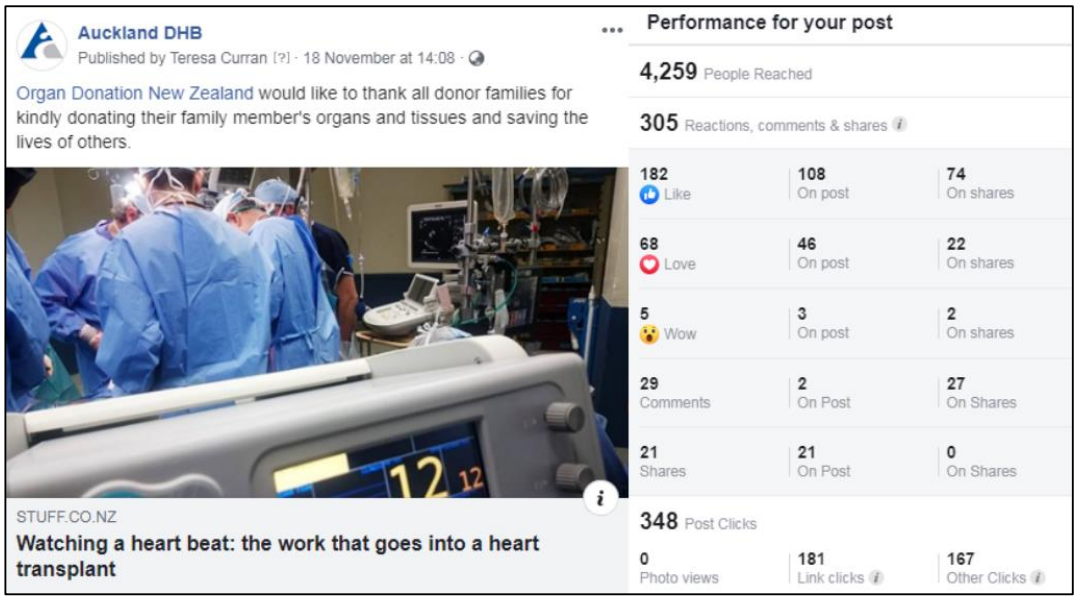
Facebook: 9,116

Twitter: 3,838

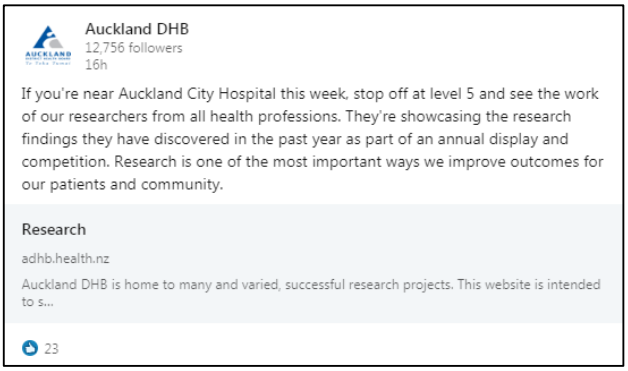
Instagram: 868

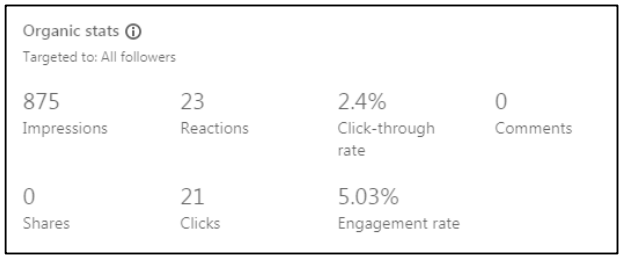
Top posts and statistics

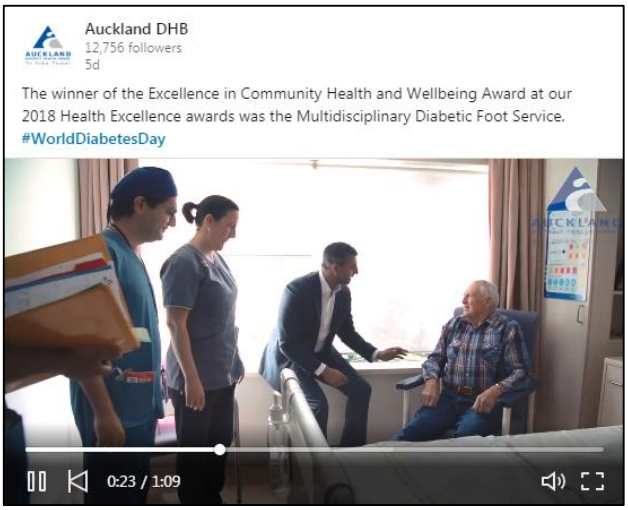
Facebook

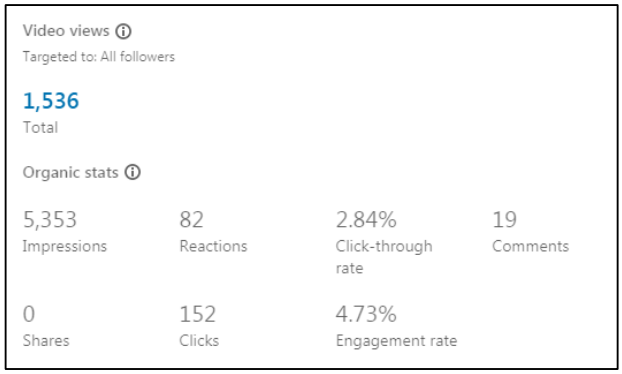


LinkedIn


Auckland DHB
12,756 followers
16h
If you're near Auckland City Hospital this week, stop off at level 5 and see the work of our researchers from all health professions. They're showcasing the research findings they have discovered in the past year as part of an annual display and competition. Research is one of the most important ways we improve outcomes for our patients and community.
Research
adhb.health.nz
Auckland DHB is home to many and varied, successful research projects. This website is intended to s...
23


Organic stats
Targeted to: All followers
875
Impressions
23
Reactions
2.4%
Click-through rate
0
Comments
0
Shares
21
Clicks
5.03%
Engagement rate


Auckland DHB
12,756 followers
5d
The winner of the Excellence in Community Health and Wellbeing Award at our 2018 Health Excellence awards was the Multidisciplinary Diabetic Foot Service.
#WorldDiabetesDay
0:23 / 1:09


Video views
Targeted to: All followers
1,536
Total
Organic stats
5,353
Impressions
82
Reactions
2.84%
Click-through rate
19
Comments
0
Shares
152
Clicks
4.73%
Engagement rate

2.5 Our People

2.5.1 Local Heroes

There were 22 people nominated as local heroes in November.

Congratulations to our November local hero, Caroline Evile. Here is Caroline's nomination:

Caroline Evile, Project Coordinator, Starship Community

"Caroline upholds the values of Auckland DHB in all her interactions with staff and whānau. She is highly responsive in supporting staff to reduce health inequities for children, their families and whānau. Her contribution to the Starship Community Services redesign has been outstanding. Caroline does this through the interpretation of data that help shape clinical staff's approach to care and how we design our services.

Local Hero Caroline Evile with Dr Mike Shepherd, Medical Director – Starship Child

"She has a questioning approach, which assists staff to see how we can have an impact in our community for those who are highly vulnerable. Caroline is always approachable, kind and understanding, and every day is an absolute joy to work with Caroline."

2.5.2 Congratulations to Vanessa Beavis

Congratulations to Dr Vanessa Beavis, Director of Perioperative Services at Auckland DHB who has been announced as President Elect of the Australian and New Zealand College of Anaesthetists (ANZCA). This is recognition of the high esteem Vanessa is held in by her peers. Vanessa has been the vice president of ANZCA for the past two years. She takes up the role of President of ANZCA in May 2020.

2.5.3 Cancer Control Agency Advisory Council

Prime Minister Jacinda Ardern and Minister of Health David Clark have announced the members of the Advisory Council, which include Ailsa Claire and Dr Richard Sullivan. The Advisory Council supports the new Cancer Control Agency, set up to deliver the Government's plan to improve cancer care and control.

In addition to his roles as Deputy Chief Medical Officer and Director of the Cancer and Blood Directorate at Auckland DHB, Richard is the Director of the Northern Cancer Network.
Ailsa is the lead CEO for Cancer, Chair of the Cancer Health Information Strategy Group and Chair of the Northern Region Cancer Governance Group.

3. Performance of the Wider Health System

3.1 Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		October 85%, Target 95%
Improved access to elective surgery (YTD)		96% to plan for the year, Target 100%
Faster cancer treatment		October 96%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	 October 97%, Target 95% Sep Qtr 86.5%,Target 90% Sep Qtr 98%,Target 90%
Raising healthy kids		September 100%, Target 95%
Increased immunisation 8 months		Sep Qtr 95%, Target 95%

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

4. Financial Performance

The 2018/19 annual audit and reporting process is now complete. The Board approved 2018/19 Annual Report will be published once this has been tabled in Parliament and copies of the report will be provided to all Board members prior to Christmas.

The Board approved 2019/20 Annual Plan, with a deficit of $59.5M has not yet been approved by the Minister of Health. We are currently reporting against a reduced deficit of $56.968M and working towards improving the year end deficit position. The Ministry has been advised of a year-end forecast position that is favourable to the $56.968M deficit by $10M. The forecast favourable position reflects budget improvements identified to date of $15M that are offset by additional depreciation of $5M that arose from asset revaluations. Work on budget improvements is continuing and will be presented to the Board for approval.

For the year to date financial performance to 31 October 2019, a deficit of $17.6M was realised. This is $918K favourable to the budgeted deficit of $18.5M. The distribution of this result across divisions shows the Funder Arm with a surplus of $12.5M ($451K favourable to budget), the Governance & Admin Arm with a surplus of $1.1M ($1.1M favourable to budget); together these partially offset the Provider Arm deficit of $31.2M ($667K unfavourable to budget). The Provider arm unfavourable result is mainly driven by unbudgeted depreciation (arising from asset revaluations) and higher clinical supplies costs.

5. Clinical Governance

Dr Mark Thomas becomes a Life Member of the NZ AIDS Foundation

Congratulations to Dr Mark Thomas from the Infectious Diseases Services, who has been awarded a NZ AIDS Foundation Life Membership. This significant honour recognises his dedicated work with people living with HIV infection and his contribution to the sector for more than 30 years.

International recognition for Dr Natasha Heather

Dr Natasha Heather, Chemical Pathologist, was awarded the Jean Dussault Medal for Young Investigators at the recent International Meeting of the Internatal Society for Neonatal Screening in Hangzhou, China. The Jean Dussault Medal for Young Investigators is given to a member of the International Society for Neonatal Screening who has made a significant contribution to neonatal or other population-based screening.

HRC career development grant recipients

Congratulations to Dr Malcolm Battin, Dr Craig Jefferies, Dr Charlotte Chen, and Dr Melanie Woodfield who won Health Research Council grants totalling more than $2.3 million.

Dr Melanie Woodfield - Clinical Research Training Fellowship
Implementing effective treatments: Parent training for conduct problems
Internationally, conduct problems are one of the most common reasons children and families seek help from mental health services. Evidence-based treatments for childhood conduct problems are available, and are among the more effective psychological treatments in existence. However, for complex reasons, relatively few clinicians routinely deliver these treatments. This research-to-practice gap is unfortunately common internationally - across both physical health and mental health settings - and has led to the establishment of the field of implementation science. This project will explore how to better implement an existing evidence-based treatment for childhood conduct problems, making this treatment - and others like it - more available to families in New Zealand.

Dr Malcolm Battin - Clinical Practitioner Research Fellowship
Improving care and outcomes for babies at risk of brain injury
Neonatal encephalopathy is the most common cause of preventable brain injury in a new-born infant. It presents with neurological problems in the first days of life and is associated with compromised blood and/or oxygen supply to the baby (asphyxia), sometimes due to serious perinatal events such as umbilical cord prolapse. The only

treatment with proven benefit is induced mild hypothermia. This grant will support six projects with the overarching aim of improving the care and outcome for babies with Neonatal encephalopathy in New Zealand.

Dr Craig Jefferies - Clinical Practitioner Research Fellowship
Improving outcomes for children and adolescents with diabetes
Diabetes is a common chronic disease of childhood in New Zealand: each year there are >200 new cases of whom 25% present in diabetic ketoacidosis with increased morbidity. There are an estimated 1200 children at any time with diabetes managed in New Zealand with standard insulin treatment; unfortunately, the majority do not meet international standards of control. This poor control markedly increases acute (e.g. severe hypoglycaemia) and chronic complications (e.g. eye and kidney disease). Dr Jefferies' work will improve the management and care for children with diabetes in New Zealand through work that evaluates how new technology can improve diabetes care, and promote collaborations, establish paediatric diabetes research networks, and enable a number of registry-based evaluations of important aspects of paediatric diabetes care.

Dr Charlotte Chen - Clinical Research Training Fellowship
Understanding dyspnoea and exercise limitation in interstitial lung disease
Interstitial lung diseases (ILD) are a group of conditions that cause lung scarring. Breathlessness during exercise is almost universal in ILD patients, yet we have limited treatment options available. To address this, we need to improve our understanding of the mechanisms of breathlessness. Studies reveal that receptors in the neck, lungs and muscles may be involved in producing breathlessness. However there are few such studies in ILD patients. This project will explore the role of these receptors in breathlessness in ILD, through a series of tests involving patients and healthy volunteers. The findings could lead to the development of new treatments to improve the quality of life for people with this debilitating condition.

Health and Safety Performance Report

1. Recommendation

That the Board:

1. **Receives the Health and Safety Performance report October 2019.**
2. **Endorses reporting of progress.**
3. **Identifies any further format or reporting changes required to the performance report.**

Prepared by: Wendy Means, Manager Occupational Health and Safety
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
A/A	As Above

1.1 Board Strategic Alignment

Community, whanau and patient-centred model of care	*Supports Patient Safety, workplace safety, visitor safety*
Emphasis and investment on both treatment and keeping people healthy	*This report comments on organisational health information via incidents, health monitoring and leave information.*
Service integration and consolidation	*This report details mandatory workplace safety audit results and reports findings and updates to the Finance risk and Assurance committee*
Intelligence and insight	*The report provides information and insight into workplace incidents and what Auckland DHBis doing to respond to these and other workplace risks.*
Consistent evidence-informed decision-making practice	*Demonstrates Integrity associated with meeting ethical and legal obligations*
Outward focus and flexible, service orientation	*Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, visitors, students and contractors. All strategic and operational work programmes and policy decisions are discussed with relevant services such as site visits and approaches to reduce risks.*
Emphasis on operational and financial sustainability	*Addresses Risk minimisation strategies adopted*

1.2 Executive Summary

The Safe365 2019 Safest Place to Work awards were held on 14 November. Auckland DHB won the innovation award jointly with Hawke's Bay and Hutt Valley DHB's for the ACC / Safe3565 project.

The fourth governance meeting for the project has been held for the roll out of the SAFE365 product through our contractor and supply chain, with the first round of contractor on-boarding sessions completed.

Work has progressed on the Lone Worker Project with the OHS Advisor team working with Directorates to enter into the Datix risk registers. The Lone Worker App rollout continues with 530 users and Mental Health Services transitioning across to the app from their current provider.

Preparation is almost complete for the annual ACC Accredited Employers Programme audit, which takes place on 5th and 6th December. This year the audit consists of the annual Injury Management elements only.

During October there were a total of 10 contact traces. Two were for mumps and 8 for measles. All but one of these traces occurred in the Adult Emergency Department.

Our improvement of governance oversight of the business continues with further advances with SAFE365.

All actions associated with the Helipad Audit have been completed.

1.3 Statistical Snapshot

The data in this report is accurate up until the end of October 2019, this being the last complete month of statistics before board report completion. The following is a brief synopsis of points of interest in this report.

There were no notifiable injuries reported during October 2019.

There were 50 Blood and Bodily Fluid Accidents (BBFA) reported in October 2019, 31 of which were reported on DATIX.

LTIFR

The current LTIFR sits at 9.92, just below the Auckland DHB target of 10.

Health and Safety Performance Report – October 2019

Contents

2. Purpose of Report

This report is intended to provide information to the Board relating to the health and safety performance at Auckland DHB. Each Directorate receives a similar, focused report, containing data pertaining to that part of the organisation. These are included, and can be found in Section 8. Directorate Health and Safety Reports.

3. Health and Safety Scorecard for October 2019

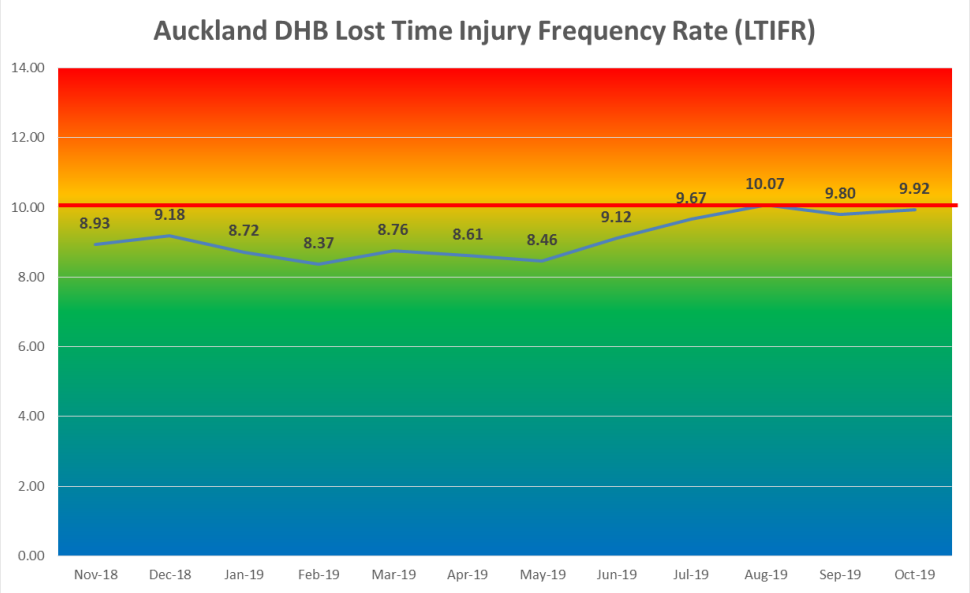
The following section describes key performance areas across Auckland DHB.

3.1 Lag Indicators

Lag indicators are those indicators which measure Auckland DHBs incidents in the form of past incident statistics. They are a traditional safety metric used to indicate progress towards compliance.

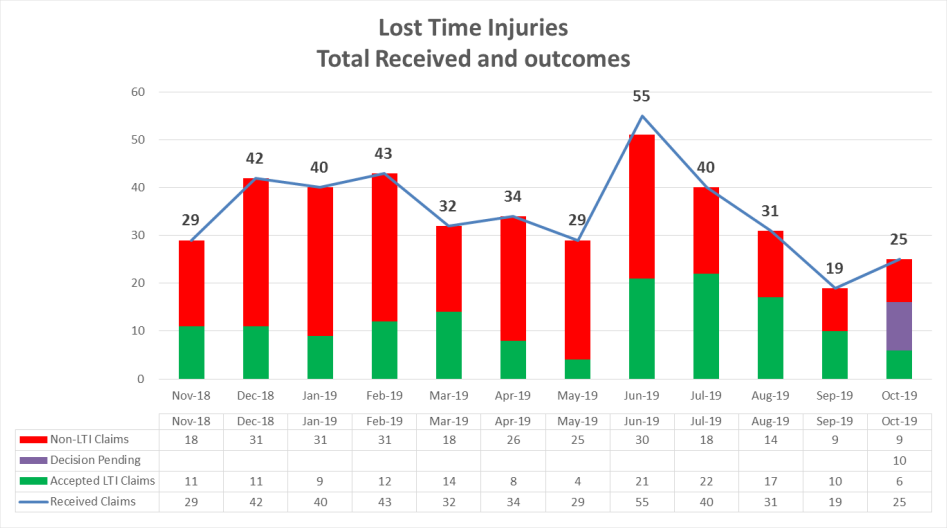
3.2 Lost Time Injuries

The current LTIFR this month continues to track below the Auckland DHB target of 10 and currently sits at 9.92. This has increased slightly in the past month, but is still below the high of 10.07 in August.



Health and Safety Scorecard October 2019

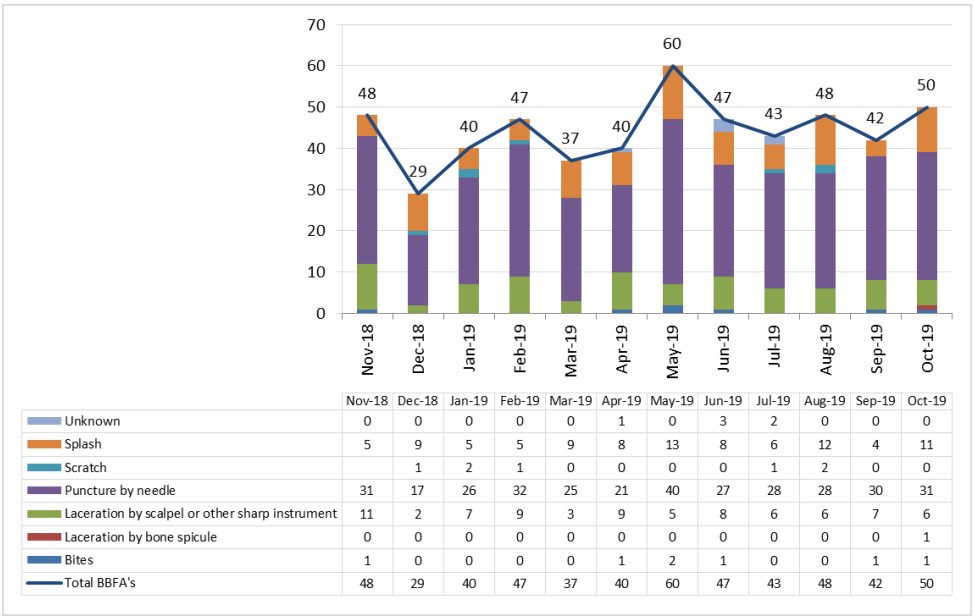
	Actual	Target		Trend
Number of Injury Claims	25	35		
Accepted LTI's	9	10		
Cost of Injury Claims (000's)	36	80		
Excess Annual leave: % of workers with excess annual leave	10.32	6		



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Non-LTI Claims	18	31	31	31	18	26	25	30	18	14	9	9
Decision Pending												10
Accepted LTI Claims	11	11	9	12	14	8	4	21	22	17	10	6
Received Claims	29	42	40	43	32	34	29	55	40	31	19	25

We have updated the graph to show the number of claims where the acceptance decision is still pending. Previously these were included in the *Non-LTI Claims* number. Received claims are down considerably from the high busy winter period numbers.

3.3 BBFA Causes



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Unknown	0	0	0	0	0	1	0	3	2	0	0	0
Splash	5	9	5	5	9	8	13	8	6	12	4	11
Scratch		1	2	1	0	0	0	0	1	2	0	0
Puncture by needle	31	17	26	32	25	21	40	27	28	28	30	31
Laceration by scalpel or other sharp instrument	11	2	7	9	3	9	5	8	6	6	7	6
Laceration by bone spicule	0	0	0	0	0	0	0	0	0	0	0	1
Bites	1	0	0	0	0	1	2	1	0	0	1	1
Total BBFA's	48	29	40	47	37	40	60	47	43	48	42	50

BBFA incident numbers followed fairly consistent trend again this month with 50 reports. The majority of these due to needle stick injuries.

3.4 Contact Traces

There were 10 contact traces in October.

1. **Mumps – 2 contract traces**
   a. **x1**
      - Work area affected: Adult Emergency Dept
      - Number of staff assessed: 7 all immune
   b. **x1**
      - Work area affected: Adult Emergency Dept
      - Number of staff assessed: 8 all immune

2. **Measles – 8 Contact traces**
   a. **x7**
      - Work area affected: Adult Emergency Dept.
      - Nurse Manager managed CT with immunity spread sheet
      - All immune
   b. **x1**
      - Work area affected: Children's Emergency Dept
      - Nurse Manager managed CT with immunity spread sheet
      - All immune

3.5 Incident Reporting

Reported incidents refer to any incident entered into DATIX.

Incident reporting remains within tolerance this month with 166 worker incidents reported over the month.

	Actual	Target	Trend
Workers	166	200	

WORKSAFE NEW ZEALAND | MAHI HAUMARU AOTEAROA	There were no reportable incidents in October 2019

3.6 Top three incident classifications for October 2019

The top three incident classifications for September 2019 were as following

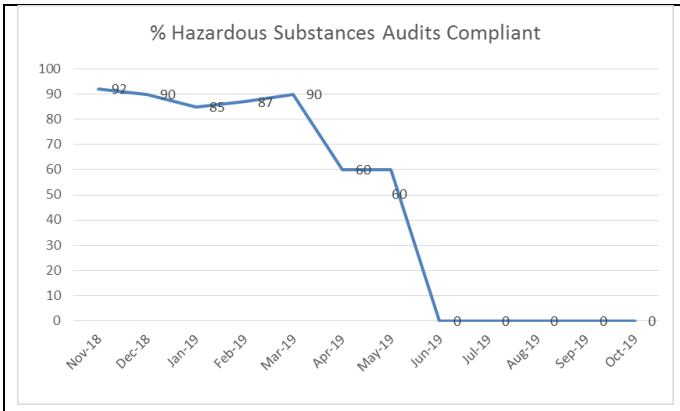
50 BBFA's	Includes all categories of BBFA's
27 Workplace Violence	Excludes those reported by the OV readers in Adult Emergency
27 Workplace Injuries	Those injuries occurring in the workplace which are not associated with a particular Hazard, for example standing from a sitting position and pulling a muscle

3.7 Lead Indicators

	Actual	Target		Trend
% Pre-employment screening before start date	97	100		
% local H&S Induction completed (YTD)	46	100		
% H&S e-learning completed YTD (excl. RMOs & HOs, one month lag)	67	100		
Number of H&S Representative Vacancies	27	25		
% H&S Representatives Trained	75	80		
% of reported H&S Incidents investigated - 14 days	55	80		
# of outstanding H&S Incident investigations	124	100		
Number of contractor audits completed	31	10		
Level of compliance contractor audits	91	90		
# of Hazardous Substance audits conducted	0	10		
% Hazardous Substance audits compliant	0	80		
# MAPA training completed in high risk WV areas	8	10		
Number of staff Seasonal Influenza Vaccinations (YTD) 2019	7900	8049		
Contact Tracing (events)	10	0		
Number of Staff Assessed (For Contact Trace)	15	0		

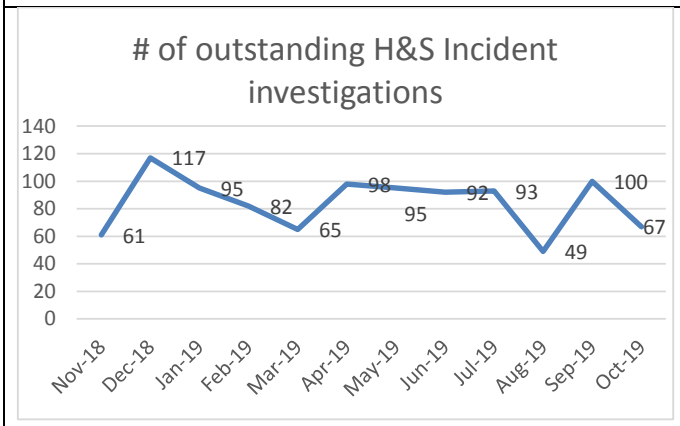
3.8 Commentary on Health and Safety Indicator exceptions

This area will reflect any dramatic changes or changes of note in the lead and lag indicators.



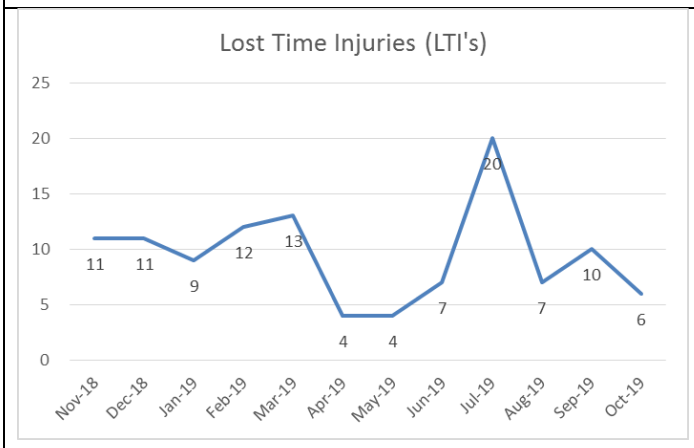
% Hazardous Substances Audits Compliant

All areas have now been audited for 2019, so no hazardous substances audits were done in October. A complete audit of all areas has been conducted during the year against the updated Work Health and Safety Hazardous Substances Regulation.



of outstanding H&S Incident investigations

OHS team's work in this area continues to maintain positive progress in managing outstanding investigations below our target of 100 outstanding matters. We are continuing to work hard within the directorates to keep this figure as low as possible.



of Reported Lost Time Injuries

The number of lost time injuries rose in July over the busy winter period, but has declined again over the past three months.

4. Health and Safety Risks

The following is a table of the key risks identified within Auckland DHB from an Occupational Health and Safety perspective. Risk areas have been highlighted where updates have occurred.

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
 Asbestos Management	• The Procedure covers the whole of the organisation • Recent external audit findings were positive • Currently being reviewed and developed into a Group Operational Procedure	Continued systems improvement and trials of Alpha Tracker software.	Medium (6) –There is always a "risk" of asbestos exposure in the current environment however it is of note that there has never been a positive air sample taken at Auckland DHB for asbestos and there are no recorded incidents of asbestos exposure on record.
 Confined Spaces	• A Group Operational Procedure has been approved and rolled out through Auckland DHB	Monitoring and reviewing as required.	Low (3) – There are no recorded instances of confined spaces work being conducted outside of the facilities remit. However, best practice indicates a need to change to a group level procedure to capture all workers at Auckland DHB not just those falling under the facilities remit.
 **Manual Tasks (including patient handing)**	• The Moving and Handling Procedure has been approved and rolled out through Auckland DHB • The chair of the Moving and Handling Steering group has resigned and this position is currently vacant	• The reviewed document has been published on Hippo • A review is underway for a proposed project group to be established with a view to replace the steering group. This group would conduct an analysis and work on injury prevention initiatives and make recommendations regarding a stratified approach to Manual Handling training by category groups of staff	Medium (6) – Currently Auckland DHB has one nurse trainer responsible for initial and refresher training for all of Auckland DHB. To comply with the current WorkSafe guide – Moving and Handling in Healthcare[1], all new starters require at least one training session and a two yearly refresher for all staff. Further to this, there is insufficient resourcing to provide general Manual Tasking training to the greater workforce in high-risk areas such as Cleaning services.
 Lone Worker Protection	• A Group Operational Procedure has been approved and rolled out through Auckland DHB	Each directorate has now undertaken work to identify any instances of lone work and are undertaking risk assessments of this to ensure compliance with the new Group Operating Procedure. The risk assessments also ensure that training needs are identified. Monitoring and reviewing as required.	Medium (6) – Generally those areas working in lone worker situations have their processes in place which are working. • Continuously monitored at the Security for Safety steering group • GetHomeSafe App now in Phase 2 rollout • Increased numbers using the App to 530 staff • Mental Health Services are transitioning across to using the app
 Vehicles and Driving	• There is a Hippo page referencing the Auckland DHB Motor Vehicle policy, but this does not exist • No Group Level overarching policy across all of Auckland DHB	Develop a new Standard Operating Procedure at a group level as a minimum standard across the entire organisation.	Medium (6) – Generally those areas working with company vehicles have localised processes and procedures. Vehicle incidents are being recorded in DATIX, and scope of work is underway to develop a group level Standard Operating Procedure.
 Working at Heights	• A Group Operational Procedure has been approved and rolled out through Auckland DHB • New Document published through document control	Monitoring and reviewing as required.	Medium (6) – A Group Level Operational Procedure is now in effect and covers all workers on all Auckland DHB sites.
 Biological Hazards	• There are currently many documents held at both a Corporate and a directorate level covering different aspects of Biological hazards, e.g. BBFA's, clinical waste	Development of an Auckland DHB wide Standard Operating Procedure, pulling together all of the current policies and procedures throughout the business.	Medium (6) – For ease of reference and use by workers throughout Auckland DHB it is necessary to have a corporate level Procedure in place setting a minimum standard for all facets of biological hazards. Individual directorates or workgroups can expand on this minimum requirement at a local level.

[1] WorkSafe New Zealand 2018, *Moving and Handling people in the Healthcare industry*, viewed 20 February 2019, https://worksafe.govt.nz/topic-and-industry/health-and-safety-in-healthcare/moving-and-handling-people-in-the-healthcare-industry/

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
 Hot Works	• A Group Operational Procedure has been approved and is currently being rolled out through Auckland DHB • New Document published through document control	• Monitoring and reviewing as required.	Medium (6) – A Group Level operational Procedure is now in effect and covers all workers on all Auckland DHB sites
 Contractor Management	• There is a Health and Safety Contractor Policy and several HR policies • Auckland DHB is in the first phase of a project to rollout SAFE365 through our contractor chain with funding from ACC	• ACC funding for SAFE365 rollout through contractor chain has commenced with the first on-boarding sessions held in early November. • Awaiting CHASNZ to release draft contractor management framework, Auckland DHB to follow this standard	Medium (6) – The subcontractor management document requires updating, and it is appropriate to have this at a corporate level to ensure the same standard is applied across all contractors, regardless of where they operate in the business.
 Fatigue Management	• Currently no comprehensive up to date group level procedure in place	Development of an Auckland DHB wide Standard Operating Procedure.	Medium (6) – There are currently various documents in place covering different aspects of fatigue management. However, no comprehensive document covering the entire business. Fatigue, Wellbeing and worker health would be included in this area.
 Hazardous Substances	• Health and Safety Policy in place and ChemWatch system in place • LabPlus full inventory now in ChemWatch • All areas now fully documented in ChemWatch • New Hazardous Substance Group Operational Procedure has been approved and is in effect	• Underpinning risk assessments need to be completed • Engage with procurement to ensure that all chemicals only come through one portal into the business • Rollout training in new processes • Ensure list of approved third party auditors is approved by OHS Director prior to engagement	Medium (6) – Through the internal audit process it has been found that much improvement can be made in the handling and storage of hazardous substances. The new Group Operational Procedure and internal auditing regime is proving very effective in identifying areas for improvement, especially around storage facilities.

 Workplace Violence and Aggression	• Project underway	• Project continues to progress with key outputs being:
		  • Training
		  • WPV Policy about to go out for consultation
		  • WPV audit and behaviour assessment tool completed
			High (10) – This is classified as high risk as workplace violence is a frequent occurrence. There is currently a project stream underway to focus on this area. Staff are also being trained in de-escalation techniques to better address violence in the workplace, specifically with MAPA approach to de-escalation.

5. WorkSafe NZ Notifications

There were no Notifiable Injury events in October 2019.

6. Worker-Reported Incidents

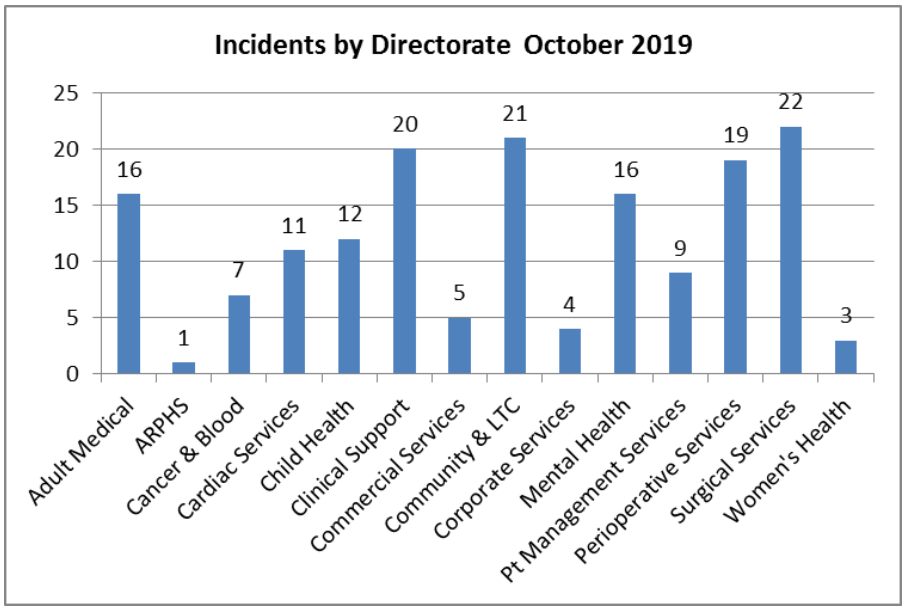
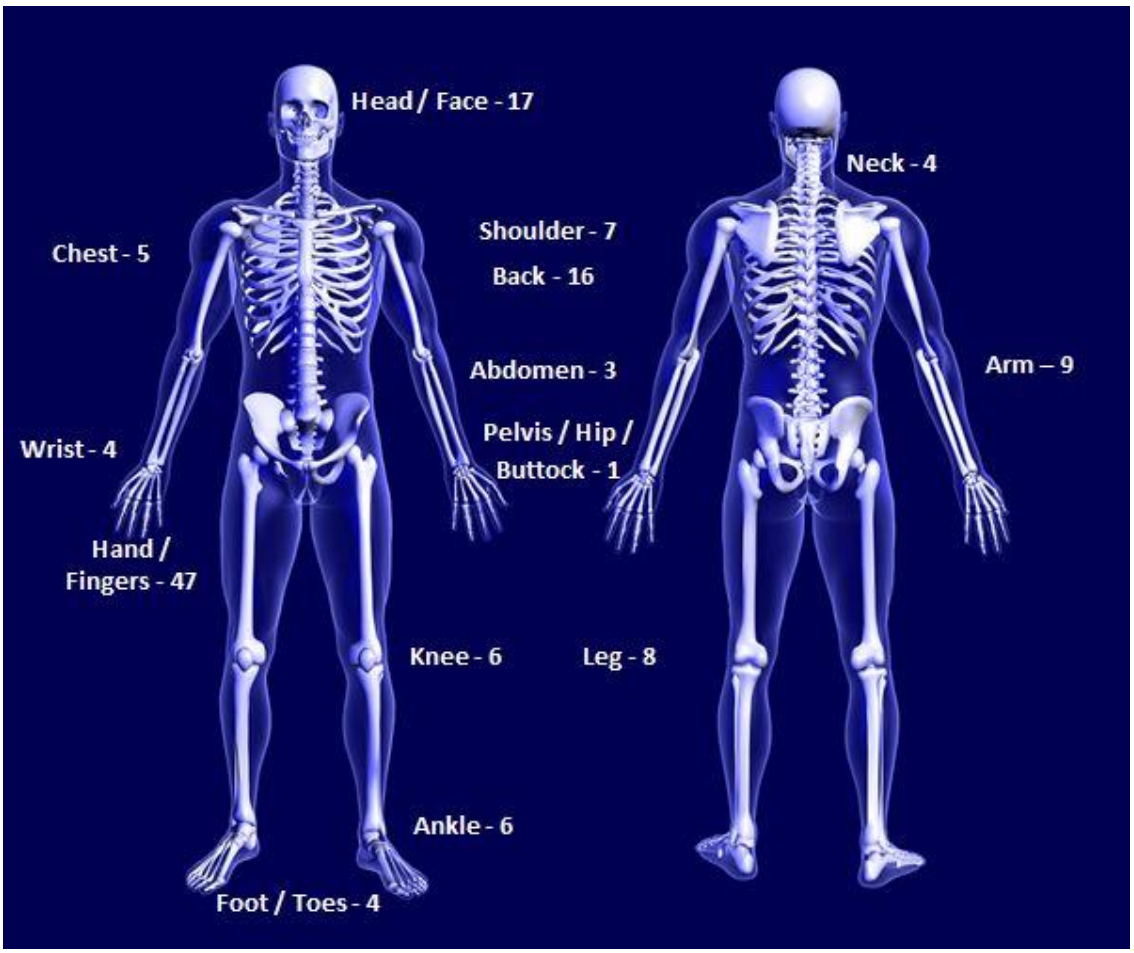


Chart 1 Incidents by Directorate: October 2019

Directorate Abbreviations:

ARPHS	Auckland Regional Public Health Service
Community & LTC	Community and Long Term Conditions

October saw a slight decrease in reported incident numbers compared to September, with most Directorates having a similar incident rate. There was a notable decrease in incidents reported for Mental Health and Adult Medical, which is to be expected after one of the busiest winter periods.



Representation of injured anatomical areas for October 2019

Area of Injury	Main Cause	How to address
Hand / Fingers	47 in total (needlestick injuries accounted for 31 of these)	• Continued education around sharps protocols, and continued support through BBFA process from OHS team • Contact made with Supplier of sharps, and investigating safety needles and catheters
Back	Manual Tasking Injuries	Manual tasking injuries, bending, lifting, twisting – need to increase manual tasking sessions, review incidents to see if any mechanical aids can assist with processes
Arm	Manual Tasking injuries	Increased training sessions around good manual tasking practice

7. Health and Safety Activities

7.1 Annual ACC Accredited Employers Programme Audit

Auckland DHB is currently Tertiary accredited with ACC until November 2020. The annual ACC audit is scheduled for 5-6 December 2019, and will focus on injury management with a site visit and focus groups (one employee, one manager) at GCC. This year's audit does not include safety management, which is audited every second year. The last audit was conducted over November and December 2018, with excellent results received. Special mention was given to the excellent work being conducted both in Patient Handling and on the Workplace Violence and Aggression project.

Although the 2018 audit was quite substantial, requiring some front line staff, all staff that participated were very accommodating, the auditor was very grateful for the friendly atmosphere and enthusiasm shown throughout the audit.

Element 1 – Employer commitment to safety management practices		
Audit Finding	**Action/Assigned to/Progress**	**Due Date**
For ongoing conformance with audit requirements (tertiary), evidence needs to be available to confirm that health and safety performance for a selection of management positions such as senior managers and operational/line managers has been assessed.	Update of Management Position Descriptions to include Safety KPI. A project to create an improved and contemprary position description is underway, however this is a significant piece of work and will take time to implement fully. An interim solution to meet the requirement is underway. Draft wording has been provided to HR to use for Position Descriptions. Once the wording is finalised, managers will be asked to include this in updated PDs as they commence new recruitment activities and recruiters can prompt them to ensure it is present. One the new position desription template is designed the Safety KPI wording will be included.	1/12/19
Element 4 - Information, training and supervision		

To increase the visibility (and assurance) of completed mandatory training work to strengthen this system is encouraged.	• The implementation of an Auckland DHB Training system which
	  ○ Holds all employee training records, tickets, licences, qualifications
	  ○ Alerts line managers and the employee when a required skill or ticket is due for renewal
	  ○ Is easily accessible by all levels of management
	• OHS currently in discussions with Organisational Development to source a solution
	(Note this is a similar finding to the
		Update by 31/12/2019

To strengthen evidence of Fire Warden refreshers consider keeping a log of attendees, e.g. this could be recorded on the evacuation debrief report.		

	previous Ernst and Young Audit)	

7.2 Health and Safety Risk and Control Audit of Lone and Remote workers

The purpose of this review was to establish how the Lone Workers work stream, (part of the Security for Safety Programme) has been developed and implemented to identify the risks across Auckland DHB and ensure that the controls established are operating effectively.

Audit Conclusion

The processes around risks and controls of lone and remote worker safety at Auckland DHB require improvement to mitigate the risks posed to these workers and to ensure their safety.

Audit Finding	Action/Assigned to/Progress	Due Date
Inconsistent formal training regime in place for team leads and workers to actively manage their safety while working alone.	Confirm the requirements for lone worker training and how this will be recorded and monitored across the DHB.	HR currently determining an appropriate training database platform.
Lone and Remote Worker risks have either not been identified or not well described in the Directorate risk registers, and identified controls not consistently applied.	1. Review the lone and remote worker risks at a directorate level to ensure they are appropriately assessed, described, recorded and reported. 2. Ensure that the controls identified in the risk registers are appropriate to the risks and systematically implemented in the directorate, with clearly identified control owners.	The new Lone Worker Protection GOP is being rolled out through Directorate HS Committees. OHS Advisors have been working with directorates to identify instances of lone work, this is ongoing. Lone work is being been entered into the Risk and Hazard module in Datix for each Directorate.
Lack of awareness of lone and remote worker requirements (policies, definition, expectations and responsibilities) across Directorates.	Each Directorate to carry out training to ensure awareness of the lone and remote worker definition, policy, roles and responsibilities.	All Directorates have had presentations at H&S Committee meetings. Ongoing education with individual service areas and managers/HSRs continues as required.

7.3 Helipad Audit

The purpose of this review was to determine the current health and safety risks and confirm that controls for the safe use of the helipad have been identified and that the controls are operating effectively.

RIA carried out an analysis to assess the health and safety risk management operational processes of the Helipad. The scope included a current state assessment of the health and safety risks and controls that have been identified and implemented for the safe use of the helipad. This consisted of:

- Documentation review of the design of the operation of the helipad relating to identified health and safety risks and controls.
- Testing of key identified controls through documentation review, walkthroughs, and interviews with (up to four) identified individuals involved in designing, implementing and using the controls as agreed at the opening meeting.
- Identifying and analysis of risk and control issues and gaps.
- An analysis of the helipad operation at the DHB relating to health and safety risk management. The following processes are included in the scope:
    - Arrival and departure of the air ambulance.
    - Disembarking and reloading.
    - Transportation through the air bridge.
    - Delivery of patient to the appropriate location.
    - Appropriate firefighting equipment is available and is maintained.
    - Appropriate Security access is maintained.
    - Appropriate signage regarding directions, hazards, and zones are implemented and are available.

The following Corrective actions were identified

Risk area	Recommendations	AUCKLAND DHB Actions	Status
High			
Lack of Formal Risk Assessment and risk register	Conduct formal risk assessment including identification of key controls and control responsibility and accountability; and implement and maintain updated risk register to support operationalisation of those controls and assurance. This may require seeking advice from a specialised aviation consultant regarding specific risks and optimal controls.	Action assigned to Alex Pimm	A health and safety risk assessment of the Auckland DHB helicopter site is being undertaken by operational personnel and staff from the Auckland DHB risk team. Initial meetings and documents have been exchanged. **The assessment has been completed and signed off.**
Lack of Helipad Operating Procedure and Protocol	1. Develop an agreed operating procedure and protocol relating to the helipad and air-bridge including (but not limited to) clauses on:	Alex Pimm / Justin Rawiri	The ADHB Helipad and Air bridge Working Group continues to work with stakeholders to develop operating procedure and

Risk area	Recommendations	AUCKLAND DHB Actions	Status
	• Confirmation of the emergency closure procedure of the helipad. • Confirmation of the desired and appropriate method of communication between helicopter medics and the ED to notify of arrivals. • Confirmation of air-bridge procedures. 2. Implement the requirements of the helipad operating procedure and protocol and ensure the procedure is communicated and accessible to all relevant stakeholders (internal and external to ADHB) who will have access to and use the helipad and air-bridge.		protocol. **This has been completed.**

7.4 Ernst and Young Follow-Up Health and Safety Review

Ernst and Young (EY) were engaged by Auckland and Waitemata DHBs to identify gaps in the current Health and Safety policy and practice. The Health and Safety at Work Act (2015) was sufficiently different to the Bill to warrant a further audit. This was identified in the EY report and a follow-up audit was conducted in June/July 2017.

Key Findings:

- Locations of community workers not always adequately accounted for
- Training matrices and records are not readily available and delivery methods require improvement
- Improvements required to report near misses and hazards
- Risk assessment process for community workers required improvement
- Transfer of knowledge between Directorates and areas could be improved
- Quality of key H&S risk information provided to the Board requires improvement

EY Recommendations and action update; High Risks (Orange), Moderate (Blue) and Improvement Idea (Black)

Risk area	EY Recommendations	AUCKLAND DHB Actions	Status
High			
Locations of community workers not always adequately accounted for	Auckland DHB to address this risk as a high priority.	Lone worker electronic tracking project team currently deploying stage 2.	Phase 2 now in effect. Approximately 530 staff using the get home safe app. Mental Health Services are in the process of transitioning across to Get Home Safe from their current provider.
Moderate			
Training matrices and records are not readily available, and delivery methods require improvement	Develop non-clinical H&S training matrices (or similar) outlining the minimum training required by workers to undertake the role safely. This information should be shared among the Directorates, especially where the roles are similar in functions, but not necessarily care. For example community workers (District Nursing and Community Midwives).	Learning and Development to work with HS team to address this issue.	Preliminary consultation phase
Transfer of knowledge between Directorates and areas could be improved.	Provide a platform where workers and area managers, such as charge nurses, can share H&S management information with each other.	Work with Directorates and the OH&S Team in this area continues.	**Currently in progress** **OHS Advisors are attending H&S Governance Committee meetings**

7.5 Board Health and Safety Engagement visits

The Contractor Management visit scheduled for 13 November was unfortunately cancelled due to the unavailability of Board members. This session will be re-scheduled for 2020.

The Board Health and Safety Engagement visits for 2020 need to be planned and will be scheduled at various times of the day to try and accommodate for all board members. We look forward to the board's attendance and input at these sessions.

7.6 Auckland DHB Health and Safety Committee

The Auckland DHB Health and Safety Committee meets six-weekly. The last meeting was on Wednesday 13 November 2019. Minutes can be accessed on Hippo.

7.7 DATIX

Work is complete with the development of the key H&S risk corporate level DATIX risk register. Each Directorate has identified which of the key H&S risks are applicable to them and work is currently in progress to populate the Directorates and Service area registers as applicable.

7.8 Auckland DHB Moving and Handling Steering Committee

The Auckland DHB Moving and Handling Steering Committee is currently without a Chair and a project group proposal is currently being investigated.

7.9 Auckland DHB Violence and Aggression Steering Committee

The MAPA De-escalation training for clinical staff has commenced and is being rolled out in high acuity areas. So far training has been consistently booked, and this will include training up to 80 new grads in February 2020. Training continues to be positively reviewed. A behaviour assessment tool to assist staff with preventatively managing aggression is to be piloted in AED in December. A Workplace Violence audit tool has been developed to be used with the 6 monthly Health and Safety checklist. The Workplace Violence lead will look at socialising Health and Safety Advisors and reps to this in December. The inhouse Security team continues to receive positive feedback from staff. HR will be rolling out the workplace violence posters in early December.

7.10 Occupational Health and Safety Team

It has been another busy month in Occupational Health and Safety.

The fourth governance meeting was held with leaders from Hutt Valley and Hawkes Bay DHB's as well as the SAFE365 team. The roll out of SAFE365 with our contractors began with the first face-to-face on-boarding sessions.

The team are completing preparations for the upcoming ACC Accredited Employers Programme audit, which takes place early December.

Measles contract traces have reduced significantly, however TB and mumps contact traces have increased and require a significant amount of work. There have also been 4 OIA requests in light of the measles epidemic, around staff immunity.

Recruitment is currently underway for the Director of OHS, and for the Occupational Health Clinical Lead who is retiring in December. Recruitment has been completed for an additional Staff Nurse and the replacement of three Health & Safety advisors, all roles will commence mid-January.

Despite the vacancies and additional work loads, the Occupational Health and Safety team have continued to work with professional proactivity throughout the business on our key initiatives, projects and within their Directorates to ensure service continuity.

7.11 Six Monthly Checklist Completions

The HSRs do a 6 Monthly Checklist for their local areas. This occurs in February and August of each year. 75% of the August checklists have been completed, and outstanding checklist completions are being followed up by the H&S Advisors.

7.12 Safe365 / ACC Grant Progress

The Safe365 2019 Safest Place to Work awards were held on 14 November. Auckland DHB won the innovation award jointly with Hawke's Bay and Hutt Valley DHB's for the ACC / Safe3565 project.

The fourth governance meeting for the project was held in October with leaders from Hutt Valley and Hawkes Bay DHB's as well as the Safe365 team. The first round of on-boarding sessions (both face-to-face and online) with Safe365 were completed in early November. Attendance by contractors across all three DHB's was very low, with only 11 Auckland DHB contractors signed up for the sessions. Project communications have been reviewed and new comms sent out to contractors. Feedback from the updated comms has been positive with contractors having a better understanding of the project and requirements. Further online on-boarding sessions have been scheduled for end of November to mid-December. We have 28 contractors signed up for a Safe365 account so far.

7.13 Auckland DHB Induction Project

The OHS team has been working on revamping the Health and Safety induction process for all levels of the business. The driver for this was evidence showing across all directorates in SAFE365 that indicated that inductions were adequate but could use improvement. This work will ensure that all employees receive not only the required information for induction but also job specific induction material.

Key to this piece of work is formalising a whole of business approach to inductions. It is proposed that this will become a Group level Policy, setting minimum requirements for the business. Associated induction tasks and milestones are currently being formulated.

7.14 Hazardous Substances Update

Auditing has been completed throughout the business. Identified training needs and signage upgrades for hazardous substances locations stores are on track to be completed by the end of the year. The consulting engineering group, Beca, have now produced upgraded site plans for all Auckland DHB hazardous substances locations, showing legal boundaries of Auckland DHB worksites.

8. 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.

Adult Medical

Auckland Regional Public Health Service

Cardiac

Children's Health

Clinical Support

Commercial Services

Community and LTC

Corporate

Mental Health

Patient Management

Perioperative

Surgical

Women's Health

Adult Medical Services Health and Safety Report

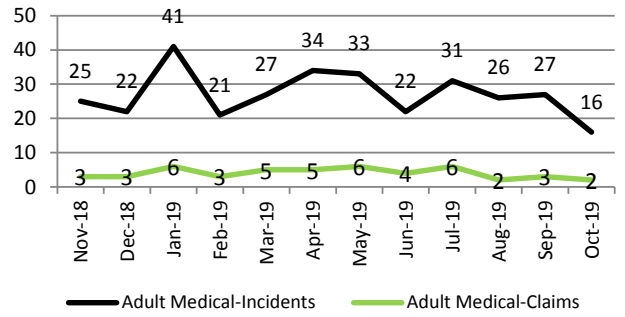
Lagging

	Actual	Target	Trend
H&S Incidents	16	20	
Work Injury Claims	2	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

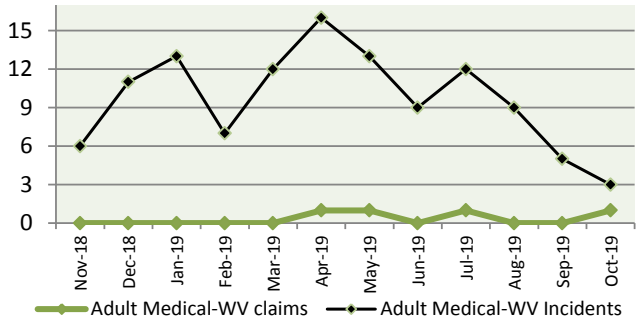
Leading

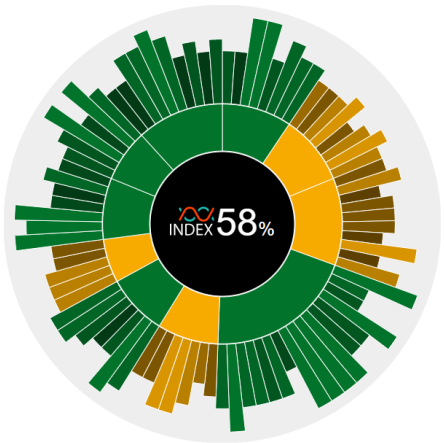
	Actual	Target	Trend
%H&S Inductions (YTD)	50	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	77	80	
% 6 monthly Workplace Checklist	74	80	
Outstanding DATIX Incidents	7	10	

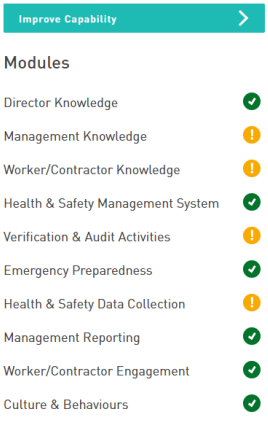
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







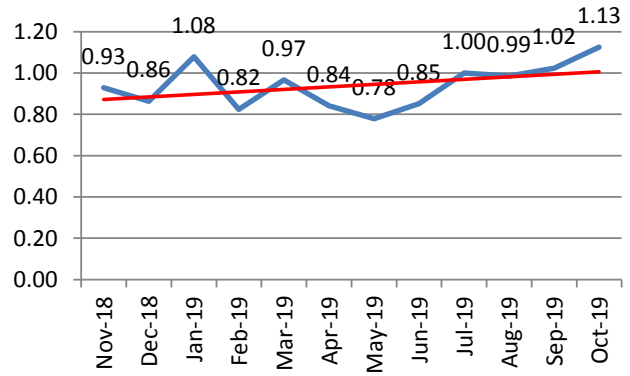
SAFE365 Starburst Graphic

Adult Medical Directorate has remained stable at 58% this month

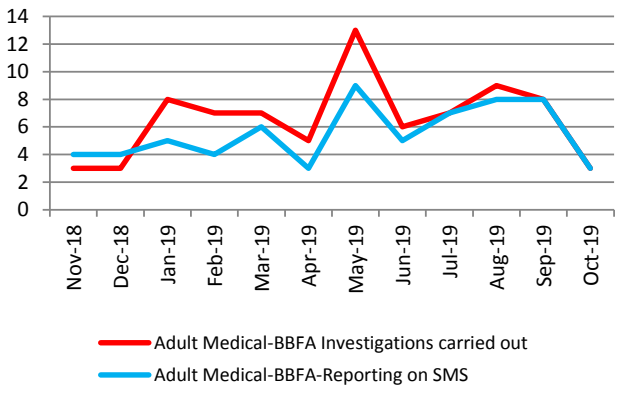
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Adult Medical Services LTIFR



Blood and Body Fluid Accidents



ARPHS Services Health and Safety Report

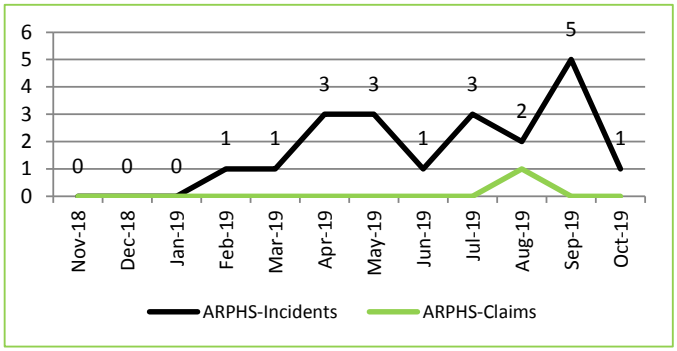
Lagging

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

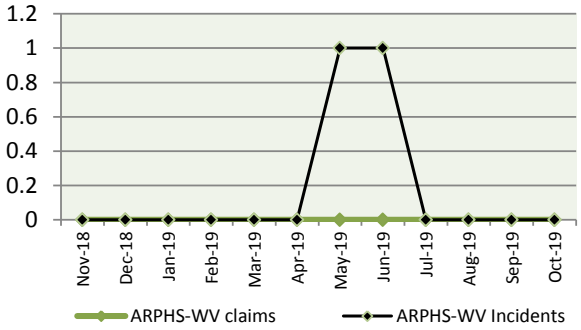
Leading

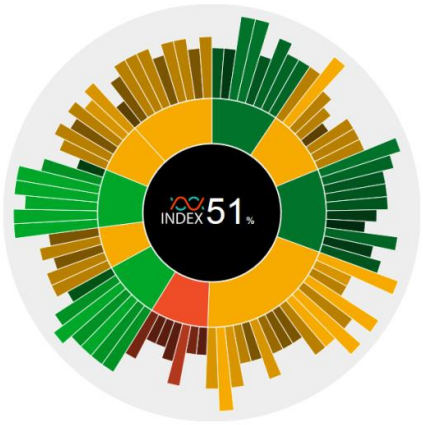
	Actual	Target	Trend
%H&S Inductions (YTD)	41	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	87	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	5	10	

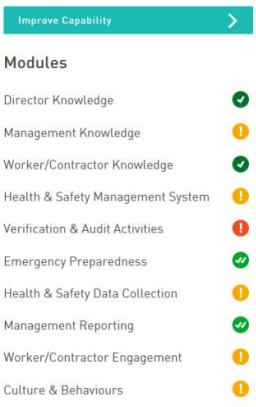
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

ARPHS has remained stable at 50% over this month

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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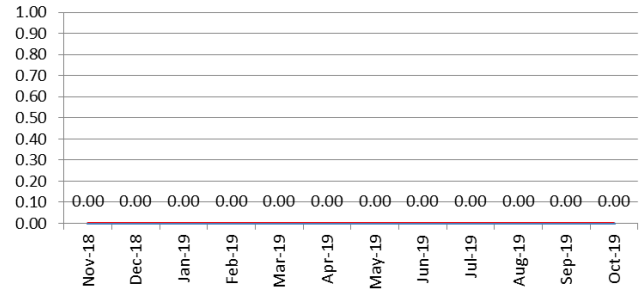
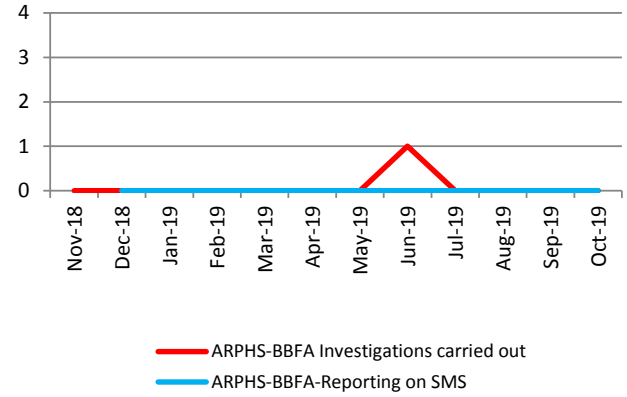
ARPHS LTIFR



Blood and Body Fluid Accidents



Cancer and Blood Services Health and Safety Report

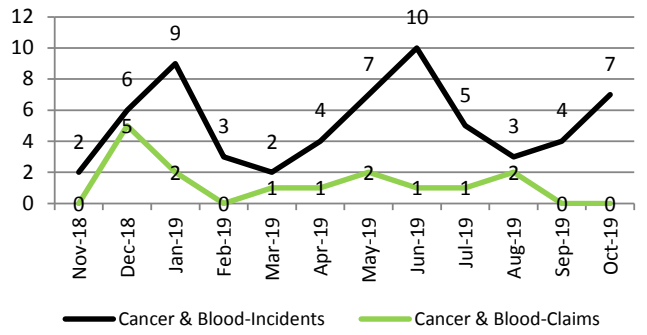
Lagging

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

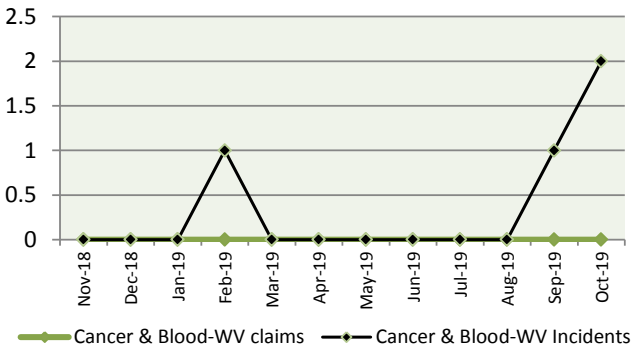
Leading

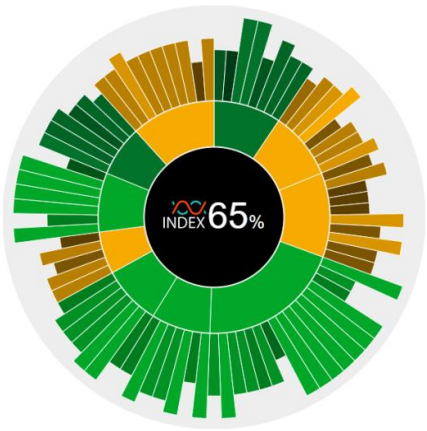
	Actual	Target	Trend
%H&S Inductions (YTD)	39	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	78	80	
% 6 monthly Workplace Checklist	60	80	
Outstanding Datix Incidents	18	10	

Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





SAFE365 Starburst Graphic

Cancer and Blood Directorate has remained stable at 65% this month

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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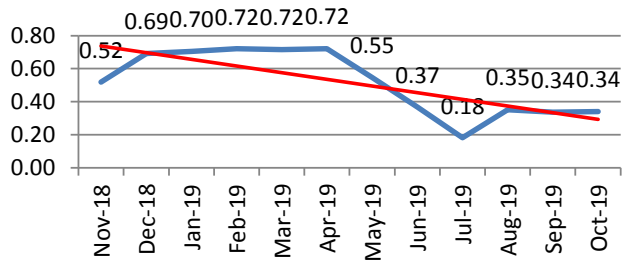
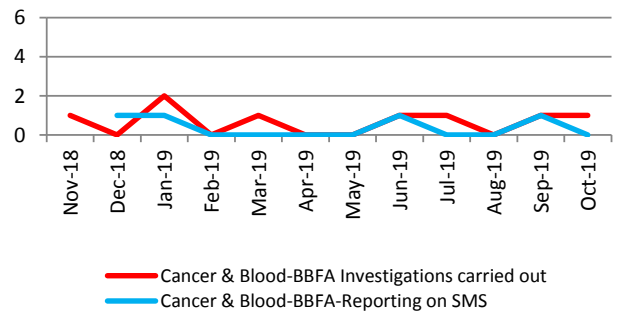
Cancer & Blood Services LTIFR



Blood and Body Fluid Accidents



Cardiac Services Health and Safety Report

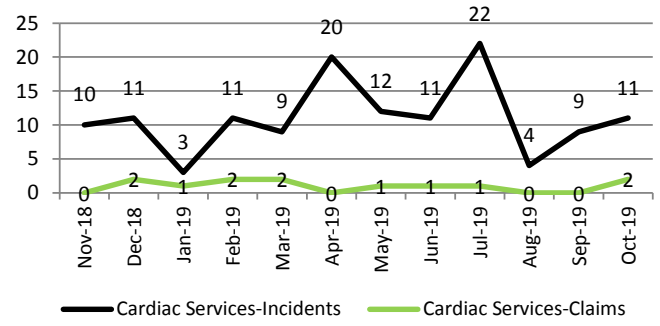
Lagging

	Actual	Target	Trend
H&S Incidents	11	20	
Work Injury Claims	2	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

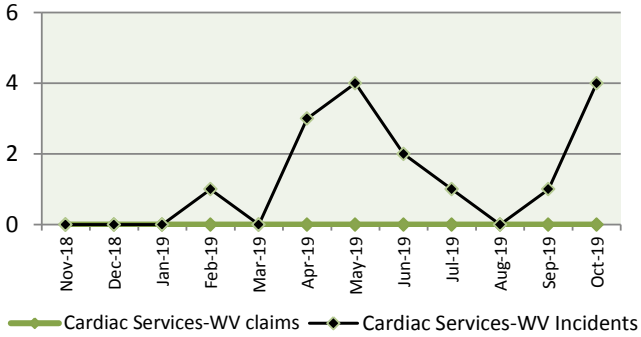
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	61	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	42	80	
Outstanding Datix Incidents	0	10	

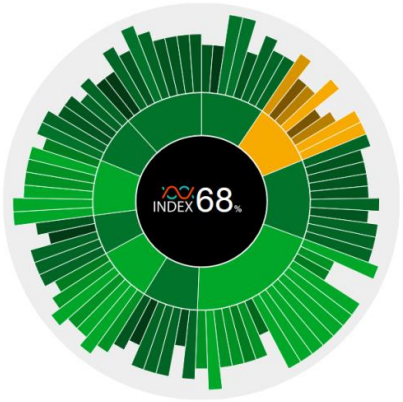
Health and Safety Incidents and Claims for 12 months

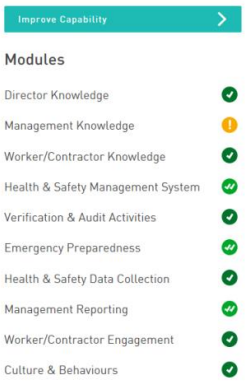


Workplace Violence and Aggression for 12 months



SAFE365 Starburst Graphic





Cardiac Services Directorate has increased from 63% to 68% this month, with improved capability in Culture & Behaviour and Verification & Audit Activities.

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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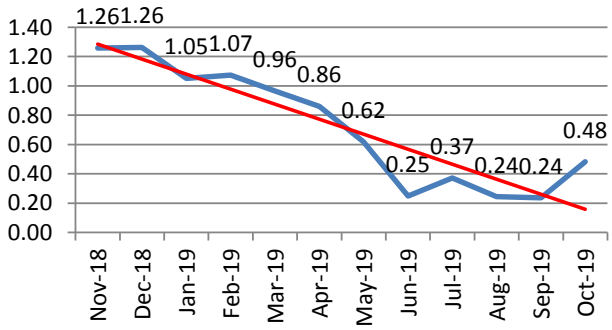
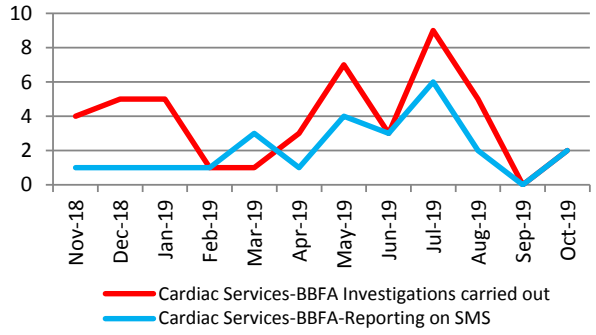
Cardiac Services LTIFR



Blood and Body Fluid Accidents



Children's Services Health and Safety Report

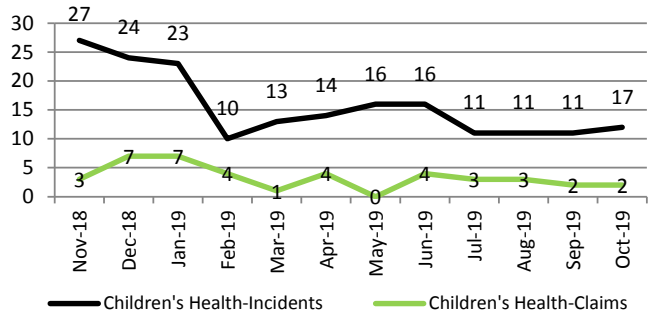
Lagging

	Actual	Target	Trend
H&S Incidents	12	20	
Work Injury Claims	2	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

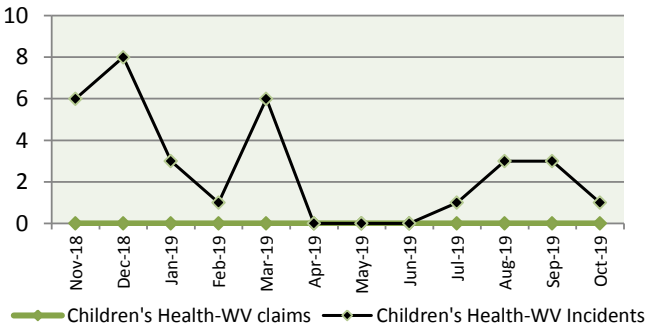
Leading

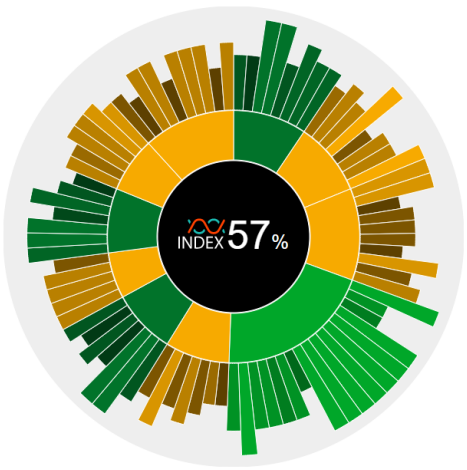
	Actual	Target	Trend
%H&S Inductions (YTD)	36	100	
H&S Rep Vacancies No.	7	2	
%H&S Rep Training	69	80	
% 6 monthly Workplace Checklist	71	80	
Outstanding Datix Incidents	12	10	

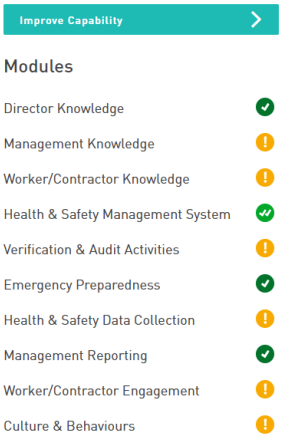
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





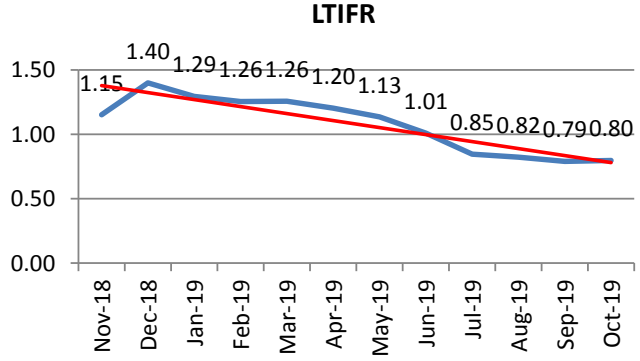


SAFE365 Starburst Graphic

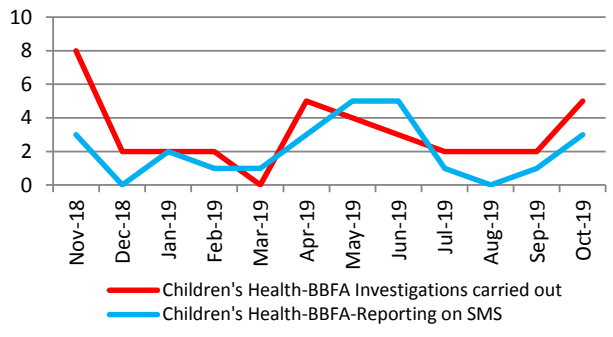
Children's health has remained stable at 57% this month

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Childrens Health LTIFR



Blood and Body Fluid Accidents



Clinical Support Health and Safety Report

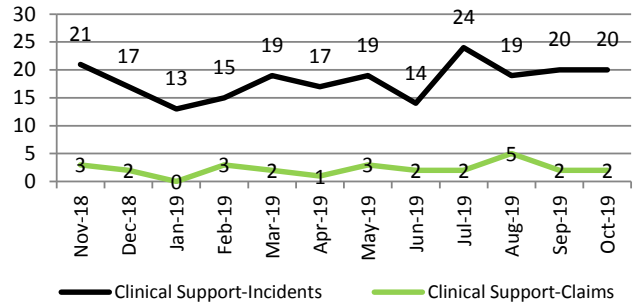
Lagging

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

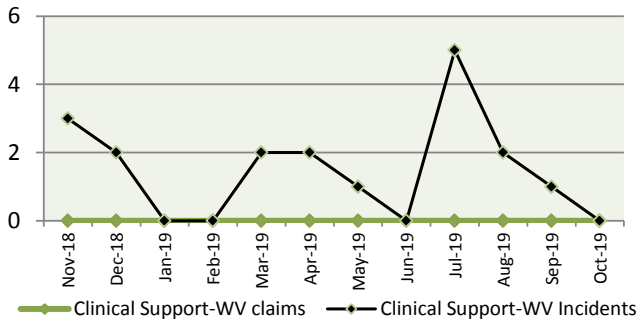
Leading

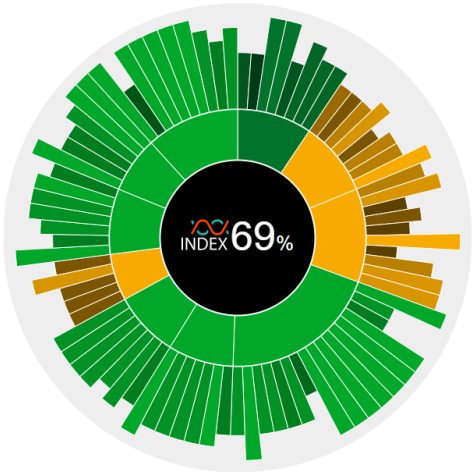
	Actual	Target	Trend
%H&S Inductions (YTD)	63	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	89	80	
% 6 monthly Workplace Checklist	67	80	
Outstanding Datix Incidents	8	10	

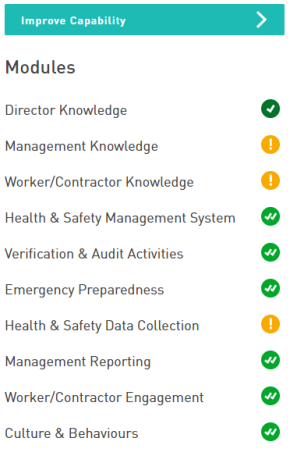
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

Clinical Support Directorate has remained stable at 69% this month

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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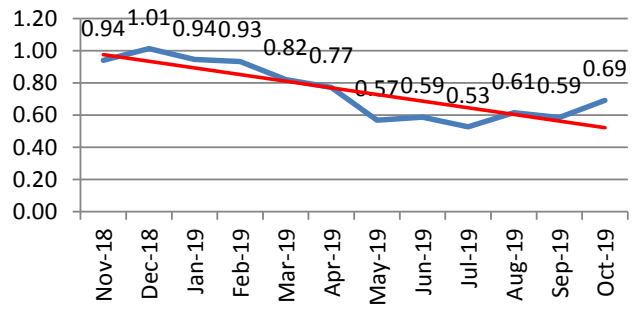
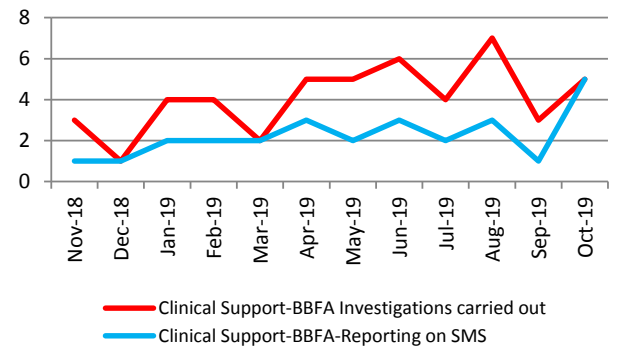
Clinical Support LTIFR



Blood and Body Fluid Accidents



Commercial Services Health and Safety Report

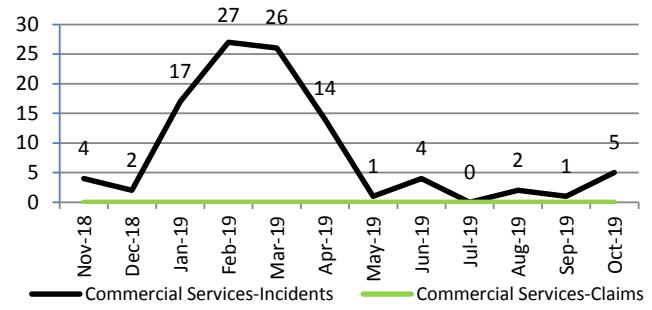
Lagging

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

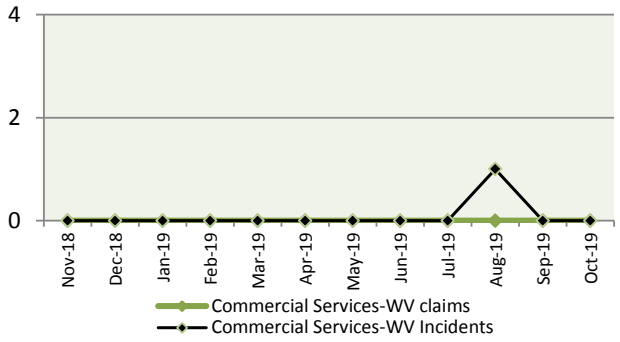
Leading

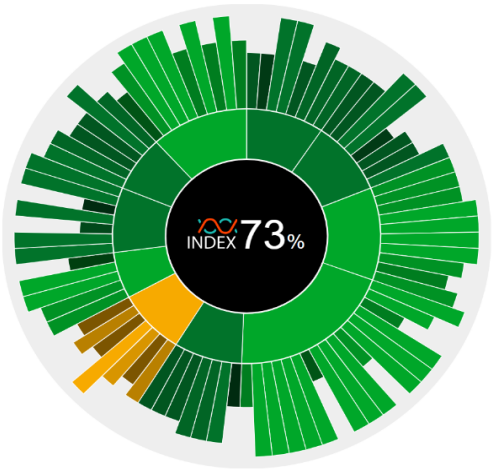
	Actual	Target	Trend
%H&S Inductions (YTD)	100	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	100	80	
% 6 monthly Workplace Checklist	50	80	
Outstanding Datix Incidents	0	10	

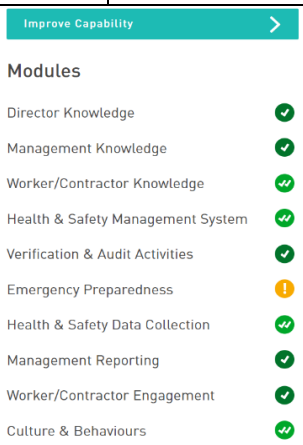
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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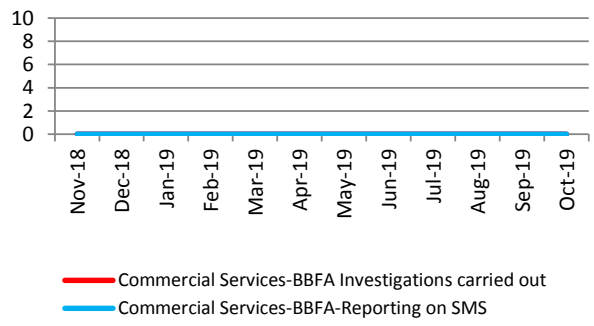
Blood and Body Fluid Accidents



Corporate Services Health and Safety Report

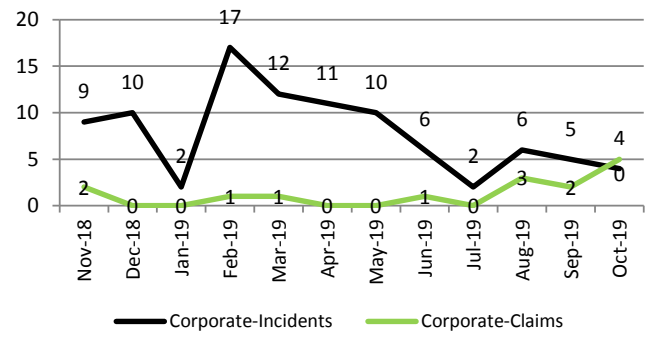
Lagging

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

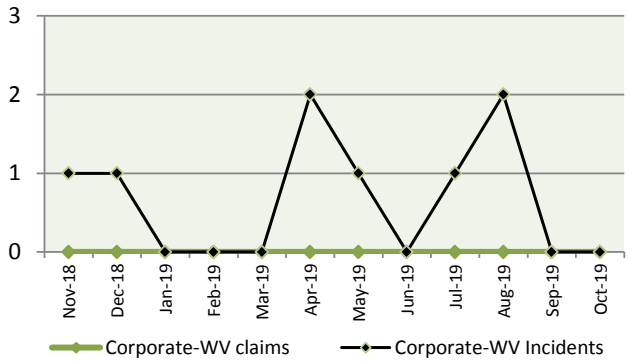
Leading

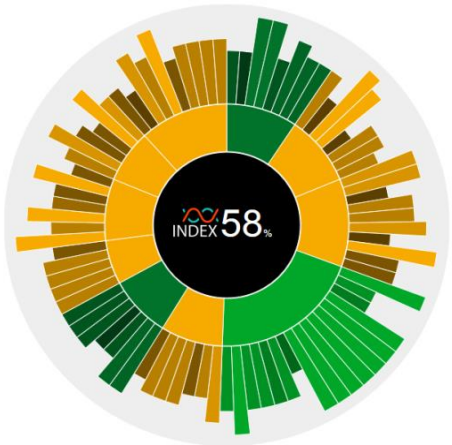
	Actual	Target	Trend
%H&S Inductions (YTD)	31	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	62	80	
% 6 monthly Workplace Checklist	91	80	
Outstanding Datix Incidents	7	10	

Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





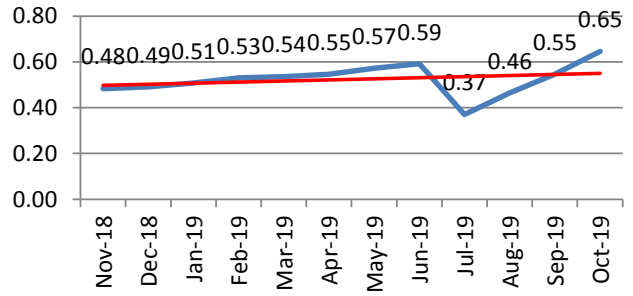
SAFE365 Starburst Graphic

A slight increase this month for Corporate Services, up from 57% to 58% again with better awareness on the DHB Health and Safety management system

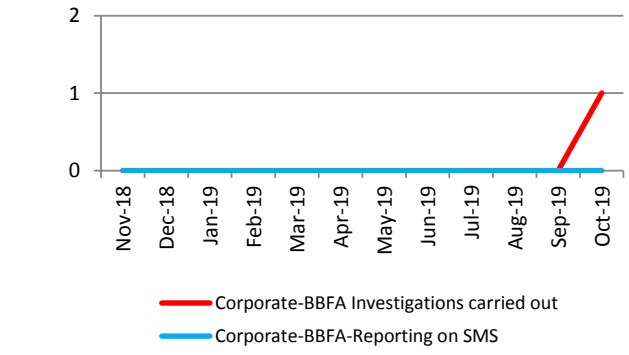
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Corporate Services LTIFR



Blood and Body Fluid Accidents



Community and Long Term Conditions Health and Safety Report

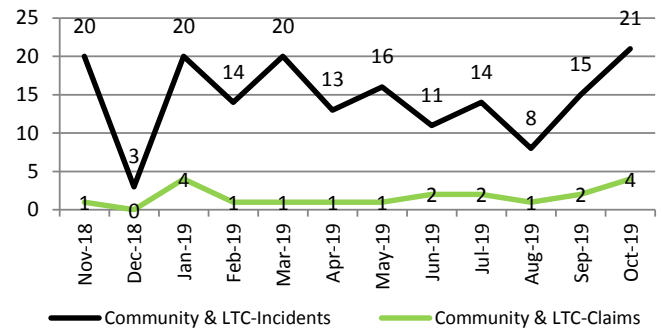
Lagging

	Actual	Target	Trend
H&S Incidents	21	20	
Work Injury Claims	5	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

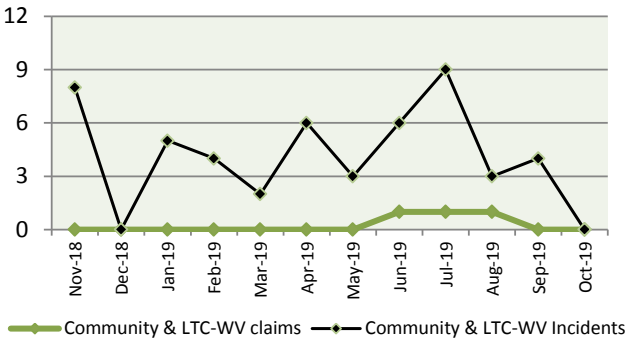
Leading

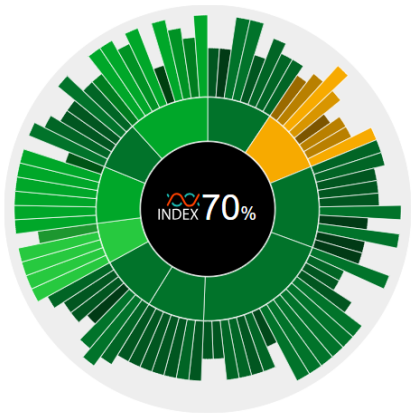
	Actual	Target	Trend
%H&S Inductions (YTD)	94	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	95	80	
Outstanding Datix Incidents	2	10	

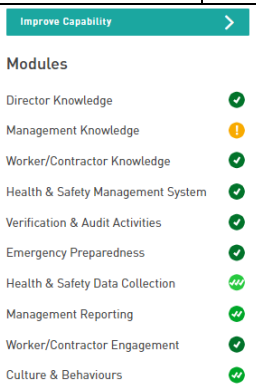
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







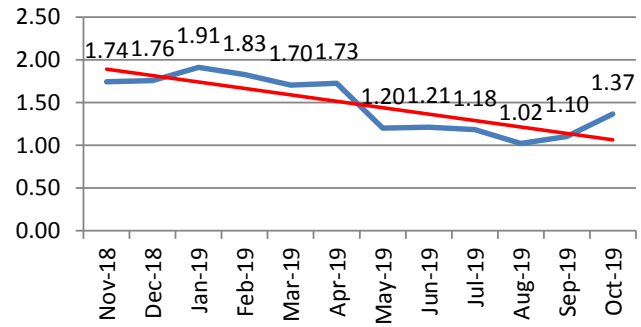
SAFE365 Starburst Graphic

An excellent Safety culture highlights Community and LTC Directorate, solid Management buy in and key engagement from workers has given the team an exceptional score to start with

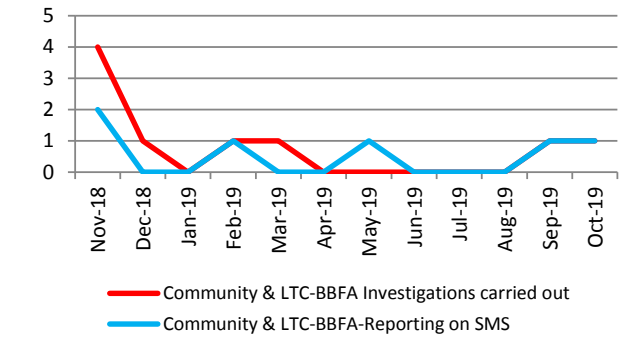
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Community & LTC LTIFR



Blood and Body Fluid Accidents



Mental Health Services Health and Safety Report

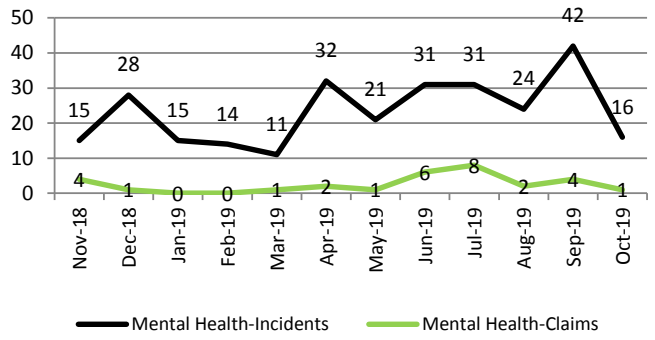
Lagging

	Actual	Target	Trend
H&S Incidents	16	20	
Work Injury Claims	4	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

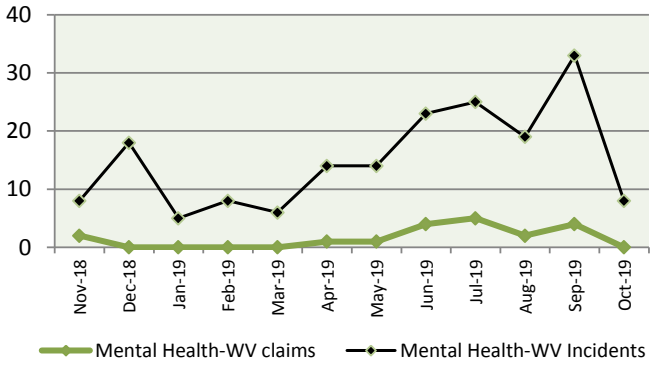
Leading

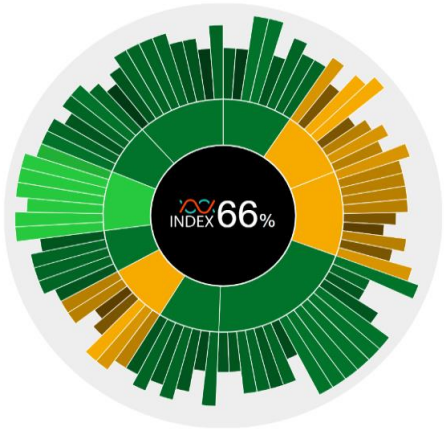
	Actual	Target	Trend
%H&S Inductions (YTD)	36	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	74	80	
% 6 monthly Workplace Checklist	70	80	
Outstanding Datix Incidents	24	10	

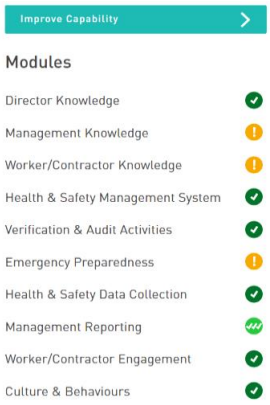
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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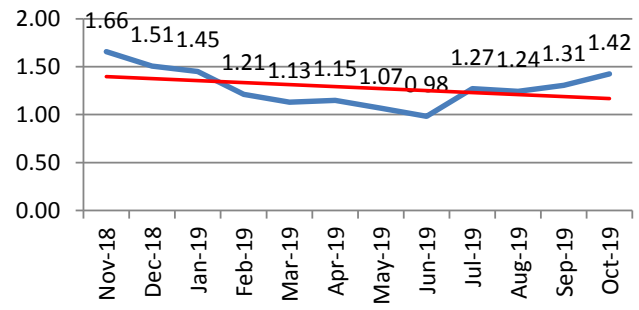
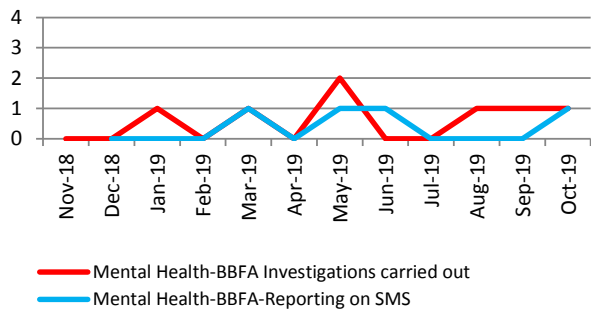
Mental Health Services LTIFR



Blood and Body Fluid Accidents



Patient Management Service Health and Safety Reports

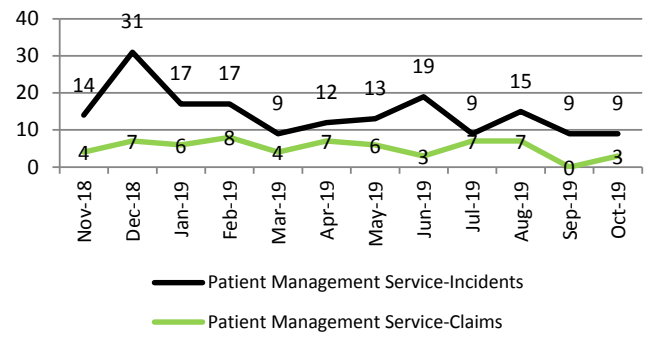
Lagging

	Actual	Target	Trend
H&S Incidents	9	20	
Work Injury Claims	3	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

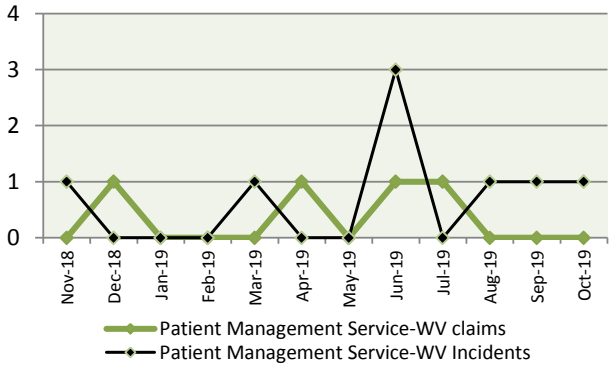
Leading

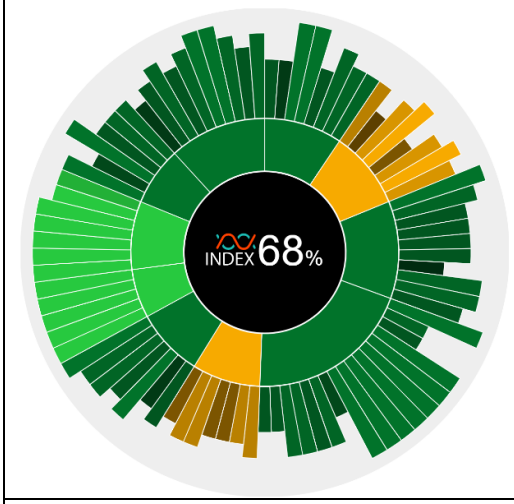
	Actual	Target	Trend
%H&S Inductions (YTD)	24	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	65	80	
% 6 monthly Workplace Checklist	50	80	
Outstanding Datix Incidents	3	10	

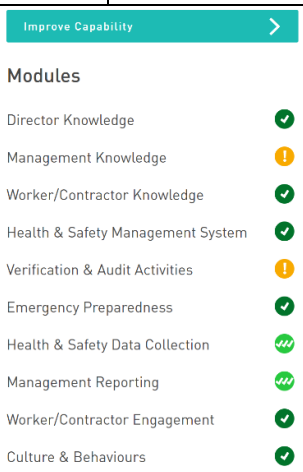
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





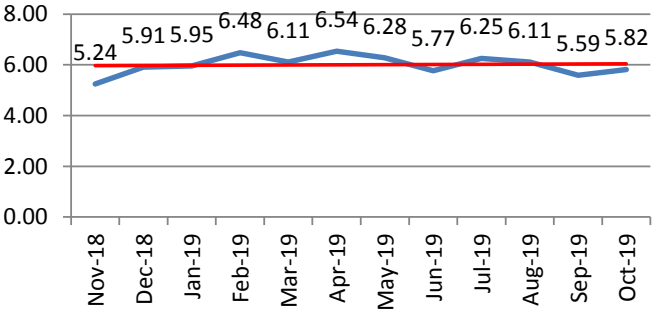


SAFE365 Starburst Graphic

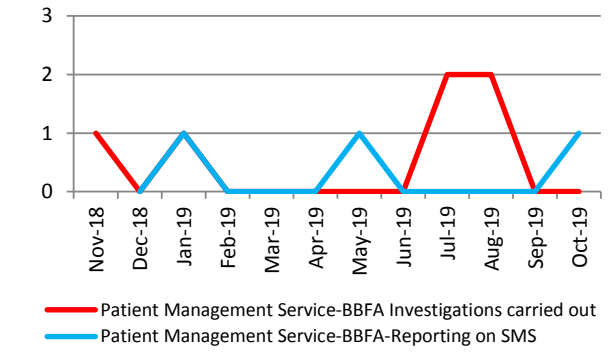
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018. The directorate has increased from 67% to 68% this month through the Boards approval of the Health and Safety policy in April this year

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Patient Management Services LTIFR



Blood and Body Fluid Accidents



Perioperative Health and Safety Report

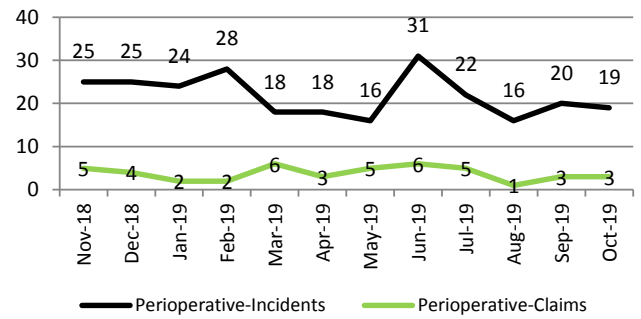
Lagging

	Actual	Target	Trend
H&S Incidents	19	20	
Work Injury Claims	3	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

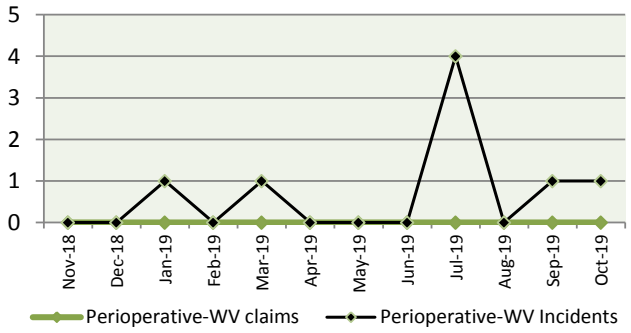
Leading

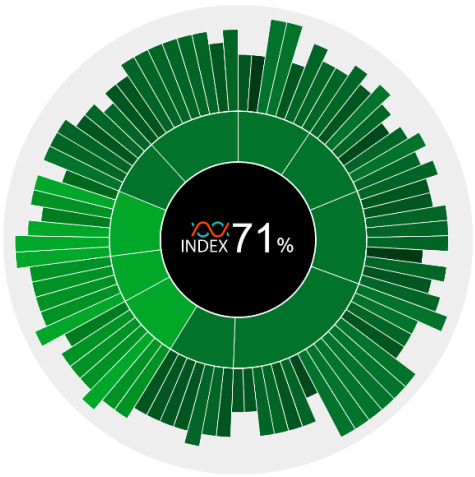
	Actual	Target	Trend
%H&S Inductions (YTD)	83	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	92	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	8	10	

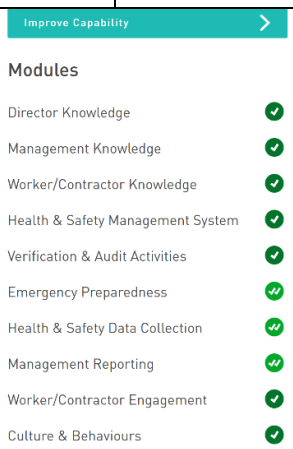
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







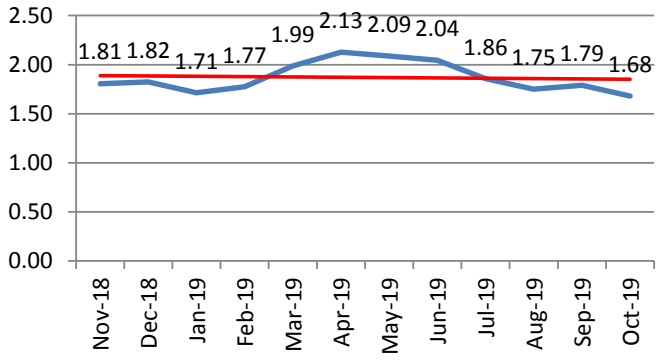
SAFE365 Starburst Graphic

The Perioperative directorate has remained stable at 71% this month

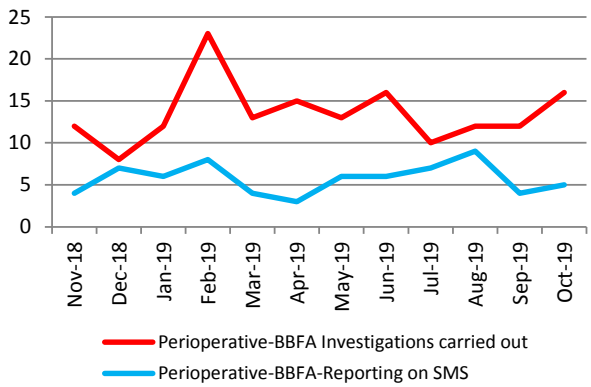
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Perioperative Services LTIFR



Blood and Body Fluid Accidents



Surgical Services Health and Safety Report

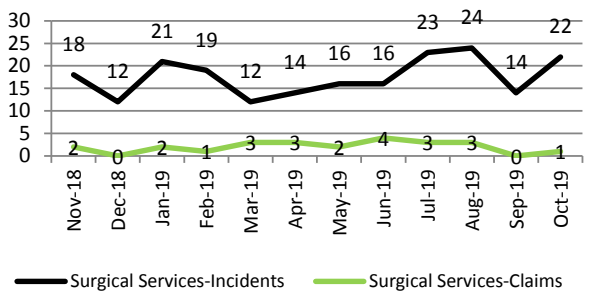
Lagging

	Actual	Target	Trend
H&S Incidents	22	20	
Work Injury Claims	1	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

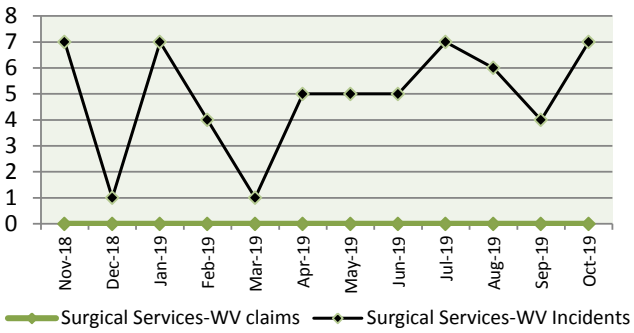
Leading

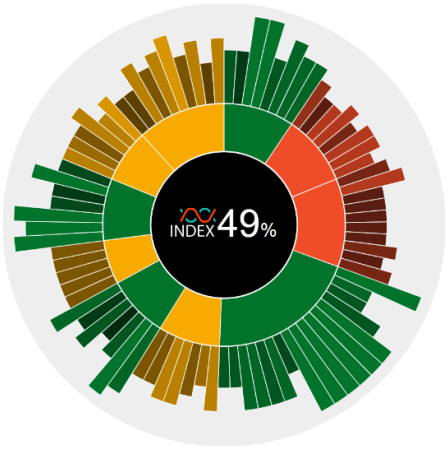
	Actual	Target	Trend
%H&S Inductions (YTD)	36	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	87	80	
% 6 monthly Workplace Checklist	65	80	
Outstanding Datix Incidents	4	10	

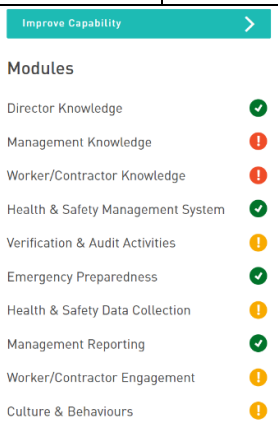
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





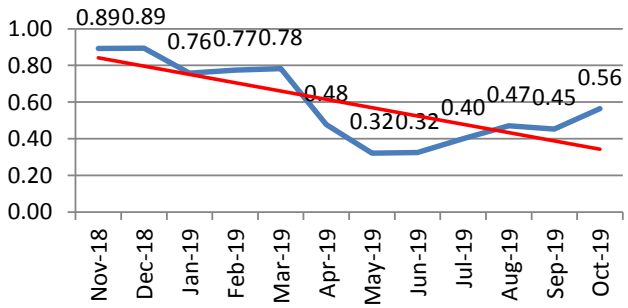


SAFE365 Starburst Graphic

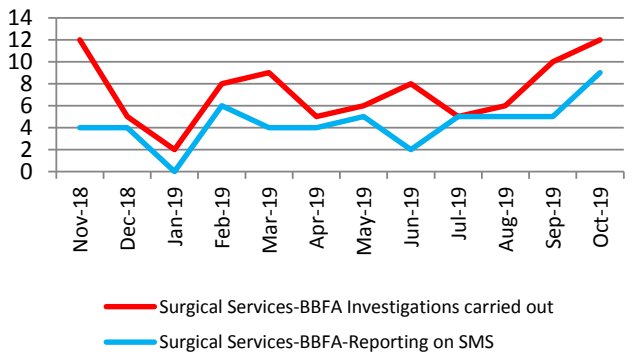
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Surgical Services LTIFR



Blood and Body Fluid Accidents



Women's Health and Safety Report

Lagging

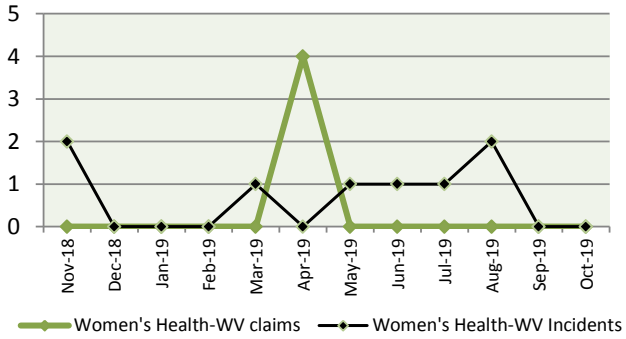
	Actual	Target	Trend
H&S Incidents	3	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

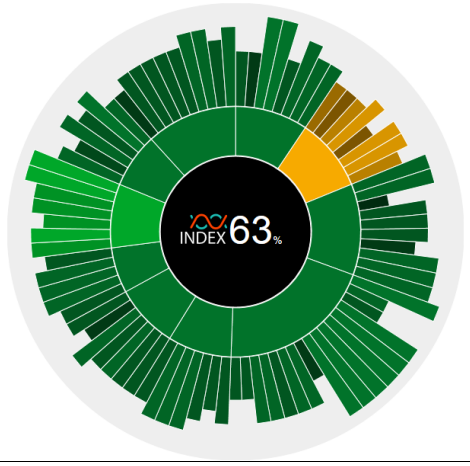
Leading

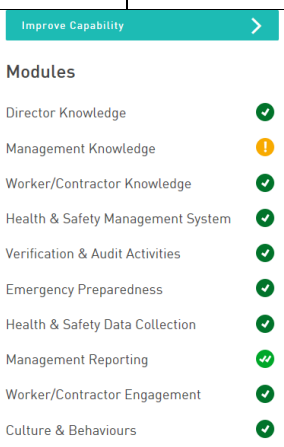
	Actual	Target	Trend
%H&S Inductions (YTD)	15	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	70	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	4	10	

Health and Safety Incidents and Claims for 12 months

Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

A slight increase this month for Women's Health Services, up from 62% to 63% again with better awareness on the DHB Health and Safety management system

AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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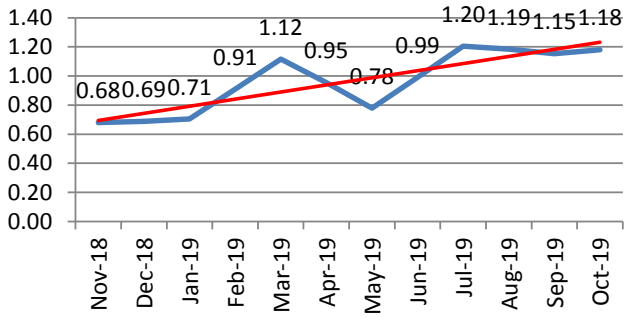
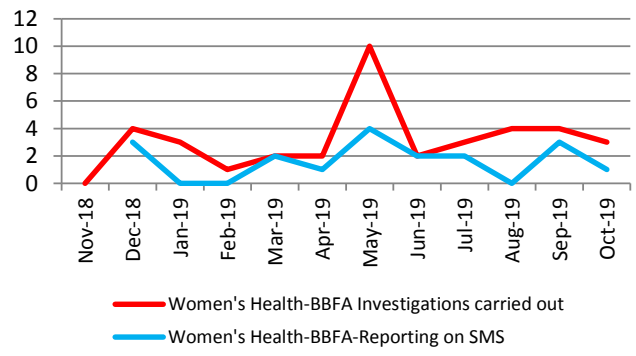
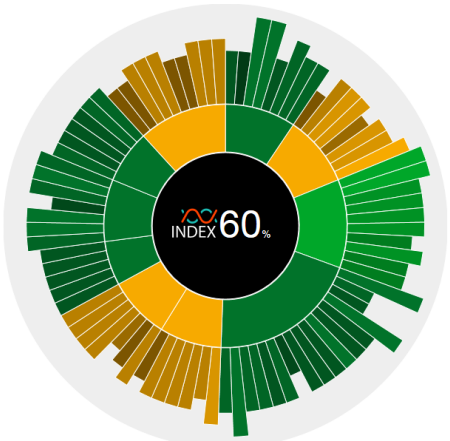
Womens Health LTIFR

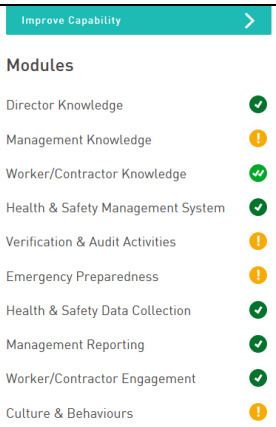


Blood and Body Fluid Accidents



Facilities Department





SAFE365 Starburst Graphic

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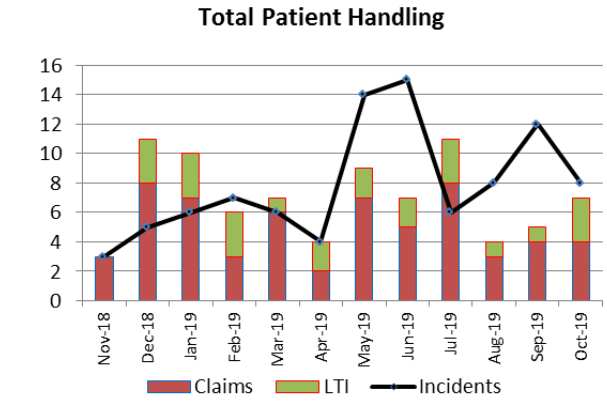
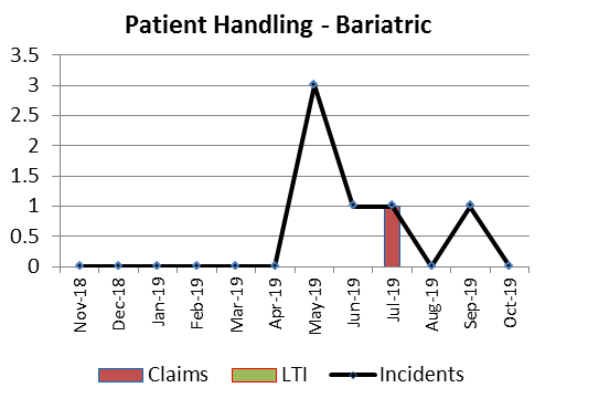
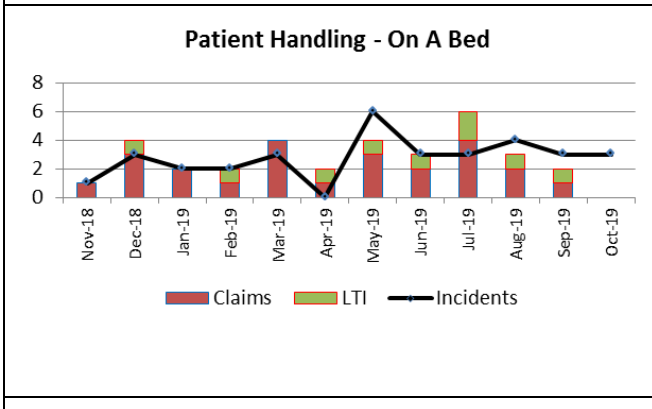
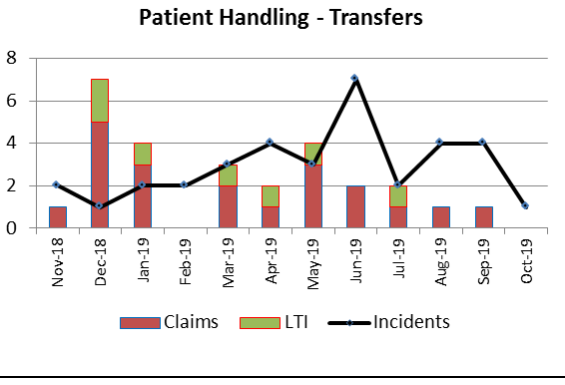
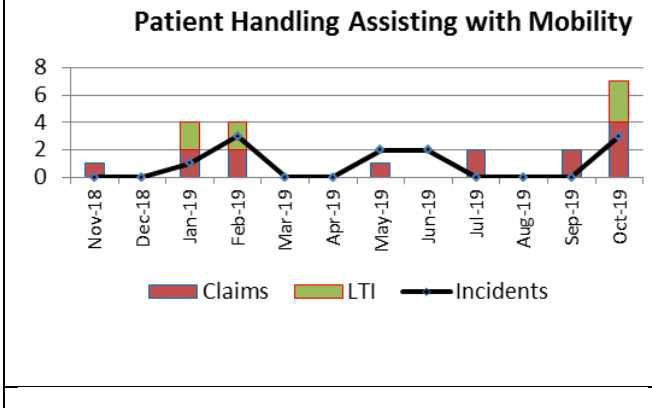
Appendix 1 - **Moving and Handling Injury Categories**

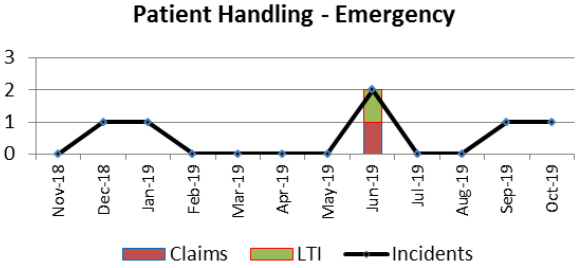


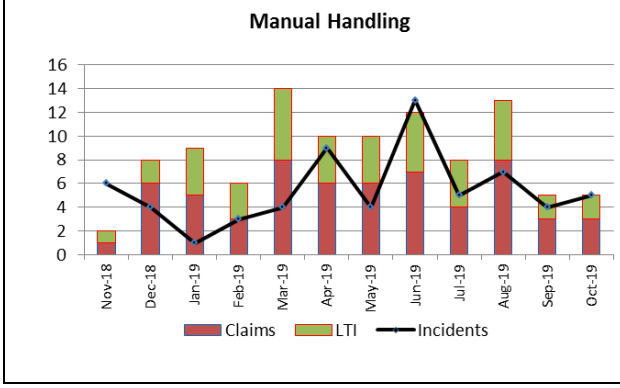








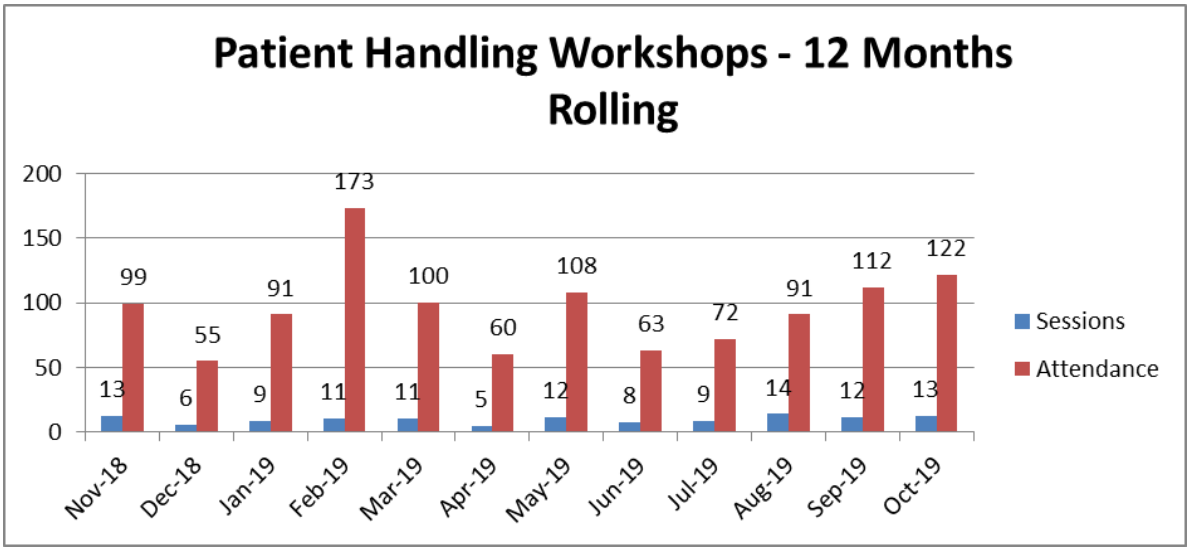


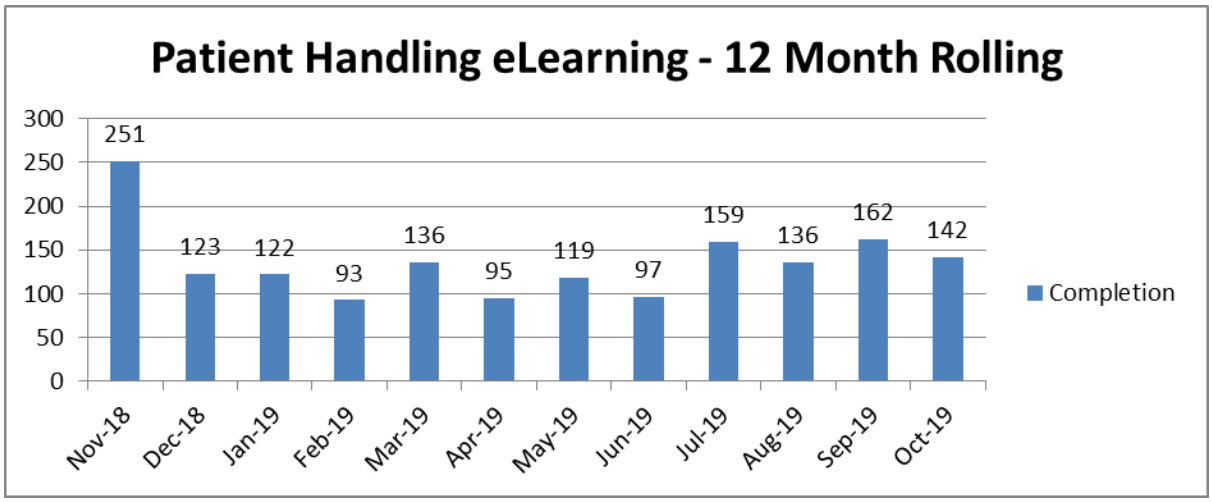


New graphs representing the LTI/Claims vs actual reported incidents related to manual tasking/patient handling. In those instances where the total Claims/LTI is higher than the Incidents, there has been no DATIX reported at the time of the incident, the OHS team actively chases these up.

Workers are being reminded that DATIX incidents must be entered for all injuries, this assists in accelerating the claims process.

Appendix 2 - **Moving and Handling: e-Learning and Workshop Attendance**





Appendix 3 - Workplace Violence October 2019

Auckland DHB	Workplace Violence reported			Workplace Violence CLAIMS
Directorate	October	%	YTD 2019	October
Adult Medical	3	11%	97	0
ARPHS	0	0%	2	0
Cancer & Blood	2	7%	4	0
Cardiovascular	4	15%	17	0
Children's Health	1	4%	23	0
Clinical Support	0	0%	15	0
Commercial Services	0	0%	1	0
Community & LTC	0	0%	39	0
Corporate	0	0%	5	0
Mental Health	8	30%	168	1
Patient Management Services	1	4%	7	0
Perioperative	1	4%	7	0
Surgery	7	26%	46	0
Women's Health	0	0%	6	0
Total Auckland DHB	27		437	1

Auckland DHB	Code Orange			
	October	%	YTD 2019	%
ACH	180	89%	1420	86%
Starship	5	2%	104	6%
Women's Health	1	0%	9	1%
GCC	2	1%	30	2%
Support Bldg	14	7%	91	6%
Total ADHB	**202**		**1654**	

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 - **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 job site every one million man-hours worked. The formula gives a picture of how safe a workplace is for its workers. To further ensure that we see a trend in the LTIFR, this formula is applied over a 12-month period, this way we can see a trend and eventually, the impact of initiatives on the LTIFR.
Lost time injuries (LTI)	Includes 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.
Pre- Employment Health Screening	Process of medical screening to ensure that prospective employees are fit for their assigned role at Auckland DHB

TABLE 1 – Risk Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Consequence	Fundamental /Catastrophic				Critical	
	Major			High		
	Moderate		Medium			
	Minor	Low				
	Insignificant					

TABLE 2 - Consequence Definitions

	Insignificant	Minor	Moderate	Major	Fundamental/ Catastrophic
Consequence	Work related Injury requiring no intervention or treatment. No time off work required.	Minor work related injury or illness requiring minor intervention. May require time off work for <7 days.	Moderate work related injury requiring further intervention. Requiring time off work for >7 days.	Death / Major work related injury leading to long-term incapacity/ disability. Admission to hospital for more than 24 hours	Incident leading to death of individual or several people with direct causation /negligence. Multiple permanent injuries or irreversible health effects. Potential for serious harm / death resulting from systemic issue.

TABLE 3 – Likelihood Definitions (adapted from the Auckland DHB Risk Matrix for H&S)

Score	Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily

Tolerable Risk

Auckland DHB **tolerable risks** are those falling within the **"medium" and "low"** categories.

HIGH TO CRITICAL RISK SCORES MUST BE ENTERED INTO YOUR DIRECTORATE RISK REGISTER AND ESCALATED and ACTIONED as MATTER OF PRIORITY.

Use the following table as a guide (taken from ADHB Risk Management policy) for timeframes for action and review:

Risk level	Priority actions	Review timescale
Critical Risk	Immediate active management with Senior Management, including a discussion if further escalation to Executive is required. Increased oversight of risk treatments by Senior Management.	2 Weekly
High Risk	Active management required, discussion with Senior Management regarding further escalation to Executive and or Board	6 Weekly
Medium Risk	Implement measures to eliminate or minimise, monitor and review	6 Monthly
Low Risk	Monitor and review	Annually

Auckland DHB Human Resources Report

Recommendation

That the Board:

1. **Receives the Auckland DHB Human Resources report for December 2019.**
2. **Notes the progress on Auckland DHB People programme commitments.**

Prepared by: Mel Dooney (Chief People Officer)
Endorsed by: Ailsa Claire (Chief Executive Officer)

Kuputaka: Glossary

Acronym/term	Definition
MDP	Management Development Programme
MSD	Ministry of Social Development
SMO	Senior Medical Officer

1. Introduction/Background

The purpose of this report is to provide an update on the progress made towards delivering the People programme. Our programme provides a pathway for working together so that we can all continue to do our life's best work for our patients, our whānau and our communities. The People programme continues to deliver change through five programmes of work to help us all role model a happy, healthy, high-performing community by:

1. Accelerating capability and skill
2. Making it easier to work here
3. Building constructive relationships
4. Delivering on our promises / Caring for our people
5. Ensuring a future ready workforce

Progress on the workstreams that sit within these five programmes of work are as follows. This report also provides an update on current risks and issues in regards to bargaining. Further progress reports for Human Resources will be submitted at upcoming meetings.

2. Progress/Achievements/Activity

Accelerating capability and skill

Building change capability

The Change Leadership module in the Management Development Programme (MDP) has had a total of 111 employees complete the module with an additional 66 underway.

Prioritisation and planning work is underway for exploring additional training mechanisms, establishment of a Community of Interest and Sponsorship. In addition, research is underway with participants that have completed the MDP module: Change Leadership and/or attended the HR Learn session to further understand what might be useful or needed.

Implement talent management

The pilot programmes are well underway. Follow-up support meetings with lead managers in two out of three pilot groups have been completed. A moderation guide has been developed and will be tested with the pilot group. A briefing session to prepare the Clinical Support leadership team for talent moderation has been completed and a talent moderation session is scheduled for early December 2019.

Making it easier to work here

HR Services work programme

Annual reviews for those on Individual Employement Agreements is now complete. A 2.43% increase was effective from 1 October 2019 and was applied to all those eligible for a review.

Senior Medical Officer (SMO) workbooks are now in place across all directorates and will be used going forward for to notify payroll of any changes to SMO terms and conditions.

Building constructive relationships

Te tino o mātou – Us at our best

Te tino o mātou has been successfully socialised across all directorate leadership teams with the exception of Auckland Regional Public Health Service and Women's Health which are scheduled to be completed in November 2019. The HR team is actively engaging next tiers of managers in a similar process. Success stories include evidence of some teams:

- using the six key insights to reflect on how well they are living the values as a team
- building the six key insights into weekly MOS meetings to recognise people
- using the insights and tools from the book for team development activities
- requests for the book.

A draft plan to embed Te tino o mātou in all our people processes has been developed in preparation for the embed phase.

Just Culture

Seventy four (74) employees attended the September certification training, with further certification training scheduled in November 2019 and February 2020 which will deliver approximately two hundred certified senior managers who will be our internal 'champions'. Approximately 30 have self-nominated to be trained as trainers, this training is scheduled for November 2019. This trainers group, with HR, will deliver manager training commencing from February 2020 for all people managers.

Planning to deliver the 2020 manager training is well underway. Targeted communication to our champions and general communication to build awareness continues over the coming months. Relevant policies and procedures are under review to align to Just Culture, to be communicated early next year.

Delivering on our promises / Caring for our people

Supportive and Inclusive Employment

To Thrive

We are progressing the development of a strategic partnership with the Ministry of Social Development (MSD) to support our lower paid workers. This work would be two-fold; firstly, under the heading of retention. This work primarily sits around non-benefit supports for our people that has the aim of keeping them in work, and secondly around recruitment, with support to prepare candidates for entry level roles, build a pipeline for entry level roles, and support for redirected candidates.

Commencing 25 November 2019, we will be supported by MSD with case officers. Staff who may be experiencing financial hardship will be able to make a time to meet with the case officers and discuss options available to them. They will be onsite 2 half days per week at Auckland City Hospital and Greenlane Clinical Centre. It is expected that any support required would be effected immediately. This can be a particularly stressful time of year leading up to Christmas and we will continue to offer this support until the end of March 2020, as families may struggle with return to school costs.

Commencing January 2020, we will also have an MSD recruitment consultant onsite one day a week to support our recruitment team with sourcing talent.

To Thrive – Career Development

The To Thrive internal Job Fair is running in November 2019. This fair is targeted at our low paid workers and their whānau/aiga. A career pathway booklet is being designed and will be launched at the job fair. This will provide employees with a clear and easy to understand resource about our entry level and next step roles and organisational support to progress.

Accessibility Tick

We have filmed some employee stories which will go up on our careers page once captioning is completed. An accessibility survey has been designed and will be launched to the organisation the first week in December 2019 to coincide with International Day of People with a Disability.

Ensuring a future ready workforce

Recruitment

Steady progress continues across all strategy stream areas. Key areas of focus centre on accuracy of position management information support and continuing the development of sourcing strategies for Mental Health and Women's Health Directorates. Ensuring a positive candidate experience as one of our key work streams continues with near completion of the on-going survey design for hired and interviewed candidates. This will further drive process improvement that will lead to an enhancement of employment brand reputation. Reporting of prioritisation outcomes of Māori and Pacific candidates through the process has been further enhanced with improved capture of "reasons for non-progression".

Financial Performance Report – for the month ending 31 October 2019

Recommendation

That the Board receives this Financial Report for the Month and Year to Date ending 31 October 2019

Prepared by: Rosalie Percival, Chief Financial Officer
Date: 9 December 2019

1. Executive Summary

The audited 2018/19 Annual report was approved by the Board on 31 October 2019. The report will be published and distributed to Board members after being tabled in parliament (expected prior to Christmas).

The final 2019/20 Annual Plan budget approved by the Board in October is for a deficit of $56.9M. The DHB continues to work to improve the overall year-end financial position, with the forecast currently estimated to be $15.9M favourable to the full year budget.

A net deficit of $17.6M was realised year to date, which was $918K favourable to a net deficit budget of $18.5M. The result is distributed across divisions as follows:

Result by Division	**YTD (four months ending 31 Oct-19)**		
	Actual	**Budget**	**Variance**
Funder	12,452	12,000	452 F
Provider	(31,162)	(30,495)	668 U
Governance	1,147	14	1,133 F
Net Surplus / (Deficit)	**(17,564)**	**(18,481)**	**918 F**

- The Funder arm result reflects expenditure being favourable to budget due to demand driven nature of expenditure mainly across Mental Health, Medical/Surgical and Personal Health.
- The Provider arm result reflects expenditure being unfavourable to budget mainly due to higher than budget outsourced clinical services, clinical supplies and infrastructure costs. Net staff costs (combined personnel and outsourced) were favourable to budget.
- The favourable Governance result is mainly due to less expenditure than budgeted for outsourced funder services and infrastructure costs (mainly Professional fees).

2. Summary Result and Financial Commentary for October 2019

$000s	Month (Oct-19)			YTD (four months ending 31 Oct-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
Government and Crown Agency	138,174	137,705	469 F	549,586	550,596	1,010 U
Non-Government and Crown Agency	8,953	8,624	329 F	36,232	35,611	621 F
Inter- District Flows	53,399	56,624	3,224 U	221,097	226,495	5,398 U
Inter-Provider and Internal Revenue	(315)	1,164	1,479 U	3,603	4,801	1,197 U
Total Income	**200,211**	**204,117**	**3,906 U**	**810,518**	**817,502**	**6,984 U**
Expenditure						
Personnel	92,534	94,874	2,340 F	361,929	369,274	7,345 F
Outsourced Personnel	2,168	1,189	979 U	8,767	4,737	4,030 U
Outsourced Clinical Services	4,723	3,848	875 U	16,746	15,367	1,380 U
Outsourced Other Services	6,654	6,807	154 F	27,259	27,229	30 U
Clinical Supplies	27,321	26,487	834 U	108,076	106,278	1,799 U
Funder Payments - NGOs and IDF Outflows	55,637	59,769	4,132 F	230,151	239,075	8,924 F
Infrastructure & Non-Clinical Supplies	18,230	18,536	305 F	75,153	74,024	1,130 U
Total Expenditure	**207,266**	**211,509**	**4,243 F**	**828,082**	**835,984**	**7,901 F**
Net Surplus / (Deficit)	**(7,055)**	**(7,392)**	**337 F**	**(17,564)**	**(18,481)**	**917 F**

Result by Division	Month (Oct-19)			YTD (four months ending 31 Oct-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Funder	3,250	3,000	250 F	12,452	12,000	452 F
Provider	(10,547)	(10,365)	182 U	(31,162)	(30,495)	668 U
Governance	243	(27)	270 F	1,147	14	1,133 F
Net Surplus / (Deficit)	**(7,055)**	**(7,392)**	**337 F**	**(17,564)**	**(18,481)**	**918 F**

Commentary on DHB Consolidated Financial Performance

Month Result - Major variances to budget on a line by line basis are described below:
Total Revenue for the month is unfavourable to budget by $3.9M and mainly driven by:

- $3.2M (-6%) unfavourable Inter-District Flows, mainly from a Funder wash-up provision for under delivered inpatient services.
- $1.5M (-127%) unfavourable Inter-Provider and Internal revenue, reflecting additional wash-up provision in the Provider Arm for volumes below contract.

Total Expenditure for the month is favourable to budget by $4.2M (2%) mainly driven by:

- $1.4M (1.4%) favourable variance in Personnel/Outsourced Personnel costs – reflecting low medical education costs.
- $4.1M (6.9%) favourable variance in NGO costs and IDF Outflows reflecting $2.8M favourable in IDF outflows mainly driven by PHO agency adjustment to account for changes in GP enrolments and $1.5M favourable in payments to the internal Provider due to reduction of funding to the provider arm for the under delivery of inpatient services.

Year to Date Result - Major variances to budget on a line by line basis are described below:
Total Revenue year to date is unfavourable to budget by $7M (-0.9%), mainly driven by:

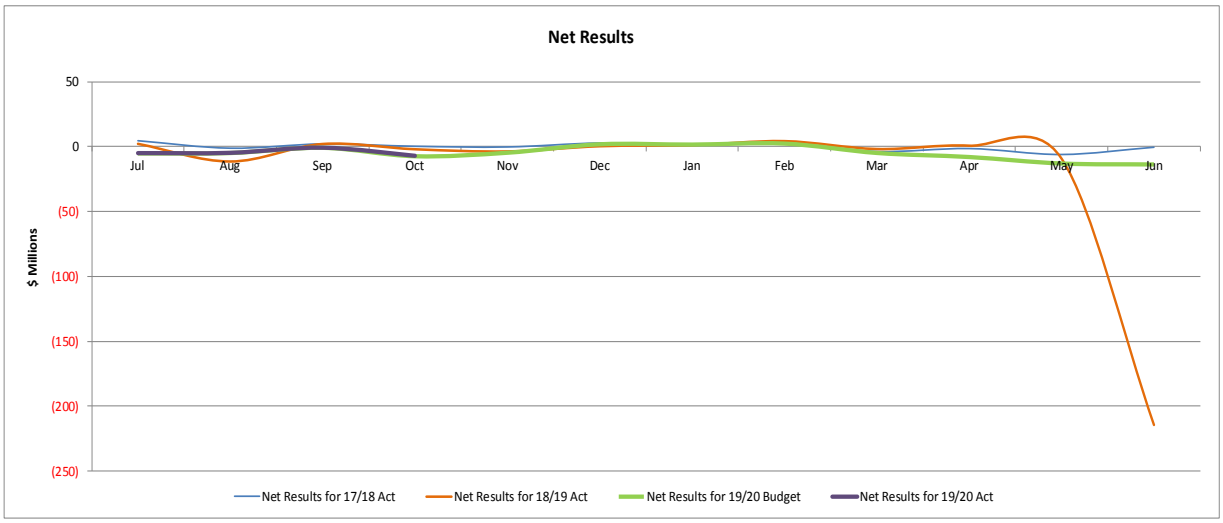
- $1M (-0.2%) unfavourable Government and Crown Agency revenue, mainly driven by PHARMAC reducing their forecast national revenue allocation to DHBs for Hospital Medicines resulting in lower quarterly receipt from PHARMAC and also due to budgeted initiatives not yet contracted.
- $5.4M (-2.4%) unfavourable Inter-District Flows, mainly from revenue wash-up provisions for under delivered inpatient services year to date.
- $1.2M (-25%) unfavourable Inter-Provider and Internal revenue, reflecting additional wash-up provision for under delivered electives and IDFs.

Total expenditure year to date is favourable to budget by $8M (0.95%), mainly driven by:

- $3.3M (0.9%) favourable variance in Personnel/Outsourced Personnel costs – reflects lower cost per FTE driven by lower medical education costs for the year to date and phasing of MECA settlement costs. The year to date FTE is consistent with the budget.
- $1.4M (-9%) unfavourable in Outsourced Clinical Services reflecting higher than expected cost of outsourcing MRI ($0.6M), higher than budget cardiothoracic outsourcing driven by higher referrals from other DHBs ($0.4M) and higher than budget Laboratory send-away tests ($0.3M) due to one-off backdated charges.
- $1.8M (-1.7%) unfavourable in Clinical supplies, mainly driven by funded pharmaceutical cancer treatment costs which are $1.2M over budget and Haemophilia blood product which is $1.2M over budget – both of these are fully funded and will be subject to full wash up.
- $8.9M (3.7%) favourable variance in NGO costs and IDF Outflows reflecting normally expected variations in business as usual factors across the Funder NGO services mainly demand driven Community Pharmaceuticals (includes Pharmac rebates) services and Primary Health Organisation services (mainly from changes in GP enrolment expenditure).
- $1.1M (-1.5%) unfavourable in Infrastructure and Non Clinical supplies expenditure driven by the revaluation of building asset category resulting in higher than budget depreciation costs.

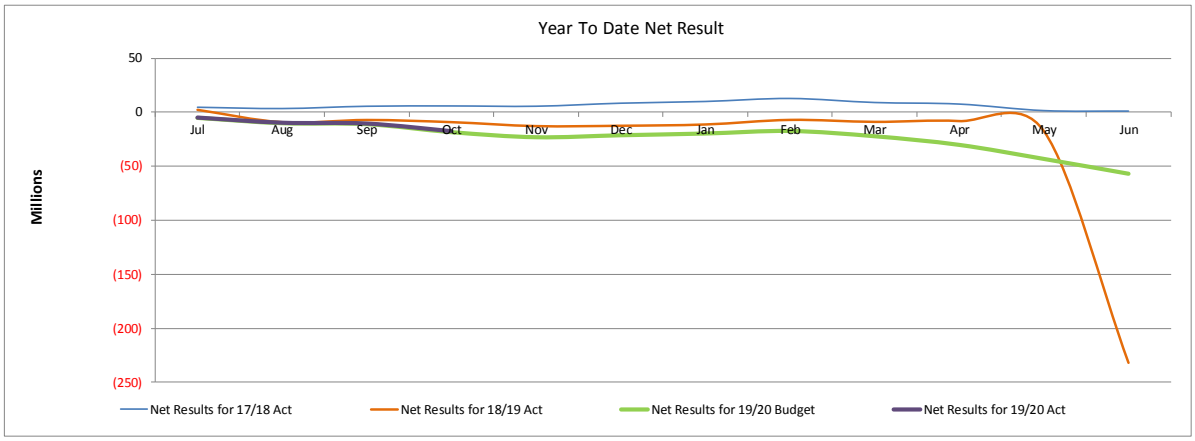
3. Performance Graphs

Figure 1: Consolidated Net Result (By Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 17/18 Act	4.569	(1.187)	2.114	0.283	(0.252)	2.806	1.585	2.793	(3.739)	(1.453)	(6.051)	(0.456)	1.012
Net Results for 18/19 Act	2.183	(11.446)	2.057	(2.009)	(3.665)	0.324	1.185	4.248	(1.830)	0.728	(9.280)	(214.462)	(231.967)
Net Results for 19/20 Budget	(5.269)	(4.924)	(0.895)	(7.392)	(4.691)	1.834	1.597	2.355	(4.869)	(7.999)	(12.991)	(13.722)	(56.968)
Net Results for 19/20 Act	(4.968)	(4.764)	(0.776)	(7.055)									(17.564)

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 17/18 Act	4.569	3.382	5.497	5.779	5.527	8.333	9.919	12.712	8.972	7.520	1.468	1.012
Net Results for 18/19 Act	2.183	(9.263)	(7.207)	(9.215)	(12.880)	(12.556)	(11.371)	(7.122)	(8.953)	(8.225)	(17.505)	(231.967)
Net Results for 19/20 Budget	(5.269)	(10.194)	(11.089)	(18.481)	(23.172)	(21.338)	(19.741)	(17.386)	(22.255)	(30.254)	(43.246)	(56.968)
Net Results for 19/20 Act	(4.968)	(9.732)	(10.509)	(17.564)								
Variance to Budget 19/20	0.301	0.461	0.580	0.918								(56.968)

4. Financial Position

4.1 Statement of Financial Position as at 31 October 2019

$'000	31-Oct-19			30-Sep-19	Variance	30-Jun-19	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Public Equity	895,849	921,196	25,347U	895,849	0F	889,380	6,469F
Reserves							
Revaluation Reserve	599,151	515,639	83,512F	599,151	0F	599,151	0U
Accumulated Deficits from Prior Year's	(688,960)	(469,873)	219,086U	(569,187)	119,773U	(456,995)	231,965U
Current Surplus/(Deficit)	(17,563)	(18,962)	1,399F	(10,508)	7,055U	(231,965)	214,401F
	(107,371)	26,804	134,175U	19,456	126,828U	(89,808)	17,563U
Total Equity	**788,478**	**947,999**	**159,522U**	**915,305**	**126,828U**	**799,572**	**11,094U**
Non Current Assets							
Fixed Assets							
Land	347,122	322,582	24,539F	347,122	0F	347,122	0F
Buildings	620,952	570,810	50,142F	623,583	2,631U	631,462	10,510U
Plant & Equipment	82,555	114,003	31,448U	83,677	1,121U	86,580	4,025U
Work in Progress	76,090	86,330	10,240U	68,790	7,300F	52,223	23,867F
Total PPE	1,126,719	1,093,726	32,993F	1,123,172	3,547F	1,117,387	9,332F
Investments							
- Health Alliance	70,066	70,626	560U	70,066	0F	70,066	0F
- NZHPL	6,714	6,714	0F	6,714	0F	6,714	0F
- ADHB Term Deposits > 12 months	5,000	15,000	10,000U	5,000	0F	15,000	10,000U
- Other Investments	937	-	937F	937	0F	937	0F
	82,717	92,340	9,623U	82,717	0F	92,717	10,000U
Intangible Assets	1,665	1,467	198F	1,580	85F	1,810	145U
Trust Funds	18,006	17,198	808F	17,991	14F	17,200	806F
	102,388	111,005	8,617U	102,288	100F	111,727	9,339U
Total Non Current Assets	**1,229,107**	**1,204,731**	**24,376F**	**1,225,460**	**3,647F**	**1,229,114**	**7U**
Current Assets							
Cash & Short Term Deposits	135,151	77,214	57,937F	123,863	11,287F	97,046	38,105F
Trust Deposits > 3months	11,300	13,300	2,000U	12,800	1,500U	13,300	2,000U
ADHB Term Deposits > 3 months	25,000	15,000	10,000F	25,000	0F	15,000	10,000F
Debtors	26,099	29,550	3,451U	26,656	557U	30,081	3,983U
Accrued Income	45,355	56,205	10,851U	61,427	16,072U	56,786	11,432U
Prepayments	5,974	892	5,083F	5,921	54F	996	4,979F
Inventory	14,405	14,446	40U	14,669	264U	14,356	49F
Total Current Assets	**263,284**	**206,607**	**56,677F**	**270,336**	**7,052U**	**227,566**	**35,718F**
Current Liabilities							
Borrowing	(1,206)	(1,976)	771F	(1,195)	10U	(1,079)	127U
Trade & Other Creditors, Provisions	(195,550)	(169,582)	25,967U	(181,229)	14,320U	(147,836)	47,714U
Employee Entitlements	(426,784)	(215,487)	211,297U	(317,494)	109,290U	(428,009)	1,225F
Funds Held in Trust	(1,308)	(1,275)	33U	(1,308)	0U	(1,308)	0U
Total Current Liabilities	**(624,847)**	**(388,321)**	**236,526U**	**(501,226)**	**123,620U**	**(578,231)**	**46,616U**
Working Capital	**(361,563)**	**(181,714)**	**179,849U**	**(230,889)**	**130,673U**	**(350,665)**	**10,897U**
Non Current Liabilities							
Borrowings	(9,172)	(12,087)	2,914F	(9,371)	199F	(8,983)	189U
Employee Entitlements	(69,894)	(62,932)	6,962U	(69,894)	0F	(69,894)	0F
Total Non Current Liabilities	**(79,067)**	**(75,019)**	**4,048U**	**(79,265)**	**199F**	**(78,877)**	**189U**
Net Assets	**788,478**	**947,999**	**159,522U**	**915,305**	**126,828U**	**799,572**	**11,094U**

Commentary

The major variances to budget are summarised as:

Property, Plant and Equipment:
The variance reflects the increase in value for land and buildings resulting from the revaluation of land and building assets for the year ended 30 June 2019. The increase is offset by unfavourable variance in Plant & Equipment driven by the delay in implementation of capital programs.

Cash and Short Term Deposits:
The higher than budgeted balance mainly reflects the impact of the delay in the capital program on cash and timing of receipts and payments.

Debtors and Accrued Income:
Debtors and Accrued income in total variance is mainly driven by to the timing of billings to and receipts mainly from MOH.

Employee entitlements:
The unfavourable variance in Employee entitlements is driven by the Holiday Pay Act provision.

Trade & Other Creditors and Provisions:

Trade & Other Creditors, Provisions:	**$000's**
Trade Creditors (including accruals)	175,209
Income in Advance	20,197
Provisions (Litigation)	144
Total	195,550

4.2 Statement of Cash flows as at 31 October 2019

$000's	31-Oct-19			YTD (four months ending 31 Oct-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	219,436	203,429	16,007F	834,416	814,734	19,682F
Payments						
Personnel	(102,660)	(95,100)	7,560U	(363,154)	(369,730)	6,575F
Suppliers	(45,664)	(51,625)	5,961F	(188,076)	(218,503)	30,426F
Capital Charge	0	0	0F	-	0	0F
Payments to other DHBs and Providers	(55,637)	(58,643)	3,006F	(230,148)	(234,572)	4,424F
GST	1,453	0	1,453F	2,345	0	2,345F
	(202,508)	(205,368)	2,860F	(779,033)	(822,804)	43,771F
Net Operating Cash flows	**16,928**	**(1,939)**	**18,867F**	**55,383**	**(8,070)**	**63,452F**
Investing						
Interest Income	378	454	76U	1,568	1,815	247U
Sale of Assets	71	0	71F	99	0	99F
Purchase Fixed Assets	(7,295)	(13,335)	6,040F	(26,990)	(53,341)	26,351F
Investments and restricted trust funds	1,500	0	1,500F	1,500	0	1,500F
Net Investing Cash flows	**(5,346)**	**(12,882)**	**7,535F**	**(23,823)**	**(51,526)**	**27,703F**
Financing						
Interest paid	(106)	(108)	2F	(241)	(432)	191F
New loans raised	0	0	0F	717	3,903	3,186U
Loans repaid	(189)	0	189U	(401)	0	401U
Other Equity Movement	0	7,954	7,954U	6,469	31,816	25,347U
Net Financing Cash flows	**(295)**	**7,846**	**8,141U**	**6,544**	**35,288**	**28,743U**
Total Net Cash flows	**11,287**	**(6,974)**	**18,261F**	**38,104**	**(24,308)**	**62,412F**
Opening Cash	123,863	84,188	39,675F	97,046	101,522	4,476U
Total Net Cash flows	11,287	(6,974)	18,261F	38,104	(24,308)	62,412F
Closing Cash	**135,151**	**77,214**	**57,936F**	**135,150**	**77,214**	**57,936F**
ADHB Cash				129,832	74,310	55,522F
A+ Trust Cash				4,975	2,562	2,413F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits				344	342	1F
				135,151	**77,214**	**57,936F**
ADHB - Short Term > 3 months				25,000	15,000	10,000F
A+ Trust Deposits - Short Term > 3 months				11,300	13,300	2,000U
ADHB Deposits - Long Term				5,000	15,000	10,000U
A+ Trust - Long Term Investments				18,006	17,198	808F
Total Cash & Deposits				**194,456**	**137,712**	**56,744F**

Planning Funding and Outcomes Update

Recommendation

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 6 November 2019.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Joanne Brown (Funding & Development Manager Hospitals), Vicki Scott (Acting Funding & Development Manager Primary Care), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding & Development Manager Women, Children & Youth), Jean-Marie Bush (Senior Portfolio Manager Mental Health and Addiction Services), Shayne Wijohn (Manager Māori Health Gain), Leani Sandford (Acting Manager Pacific Health Gain), Samantha Bennett (Manager Asian, Migrant and Former Refugee Health Gain)
Endorsed by: Tim Wood (Acting Director Funding), Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AOD	-	Alcohol and Drug
ARC	-	Aged Residential Care
ARRC	-	Age Related Residential Care
CBD	-	Central Business District
CT	-	Computed Tomography
CTO	-	Community Treatment Orders
CVD	-	Cardiovascular Disease
DHB	-	District Health Board
EP	-	Electrophysiology
ESPI	-	Elective Services Performance Indicators
FCT	-	Faster Cancer Treatment
GP	-	General Practitioner/General Practice
HCSS	-	Home and Community Support Services
HPS	-	Health Promoting Schools
IDF	-	Inter District Flow
IMT	-	Incident Management Team
IUCD	-	Intra-Uterine Contraceptive Devices
LMC	-	Lead Maternity Carer
MBIE	-	Ministry of Business, Innovation and Enterprise
MMR	-	Mumps, Measles and Rubella
MoH	-	Ministry of Health
MRI	-	Magnetic Resonance Imaging
NCHIP	-	National Child Health Information Platform
NGO	-	Non-Governmental Organisation
NIR	-	National Immunisation Register
NRFS	-	Northern Region Fertility Services
NSCP	-	National Cervical Screening Project
OIS	-	Outreach Immunisation Service
PFO	-	Planning, Funding and Outcomes
PGD	-	Pre-implantation Genetic Diagnosis
PHARMAC		The Pharmaceutical Management Agency
PHO	-	Primary Health Organisation
REF	-	Regional Executive Forum
RFP	-	Request for Proposal

ROI - Request for Interest
YTD - Year to Date

1. Purpose

This report updates the Auckland District Health Board (DHB) on Planning and Funding and Outcomes (PFO) activities and areas of priority, since its last meeting on 6 November 2019.

2. Planning

2.1 Annual Plans and release of the Disability Action Plan 2019-2023

The final Auckland DHB 2019/20 Annual Plan was submitted to the Ministry on 29 October 2019. We are currently awaiting confirmation that the Plan will be signed by the Minister. On 8 November 2019 DHBs received advice from the Ministry of Health on the Disability Action Plan 2019-2023 and the health and disability sector actions and planning requirements for 2020/21. All actions will have implications for DHBs regarding the funding and delivery of services for people with disability-related needs. These will be further discussed between DHBs and the Ministry and will be incorporated into the DHB planning package advice for 2020/21 due for release in early December 2019. The six actions for health sector leadership are:

- Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992
- Reduce the use of seclusion and restraint in mental health services
- Improve health outcomes and access to quality healthcare for disabled people
- Transformation of the disability support system
- Protecting bodily integrity of disabled people against non-therapeutic medical procedures
- Funded Family Care policy change

2.2 Annual Reports

The Auckland DHB 2018/19 Annual Report is now complete and has been printed. Following tabling in parliament, the Report will be available on the Auckland DHB website.

3. Primary Care

3.1 Waiheke Island's improved after-hours health care service

The Waiheke Oranga Urgent After- Hours Service will be provided by the Piritahi Hau Ora Trust and Waiheke Health Trust jointly, and will operate after-hours from the Oneroa Accident and Medical Centre in the Red Cross building. The Agreement for Services as recently been signed by all parties and will be operational by the end of 2019.

The new service, aims to improve existing after-hours primary health care for Waiheke residents and visitors to the island with a single location, extended clinic hours and a standardised fee structure for patients enrolled with the general practices on the island.

Under the current model, doctors and nurses provide urgent after-hours care from either of the two medical centres located in Oneroa and Ostend, with patients paying different fees depending on which local practice they are registered with. Providing these services from just one venue, standardising fees and extending clinic hours will improve access for patients and safety for clinicians, and help to reduce the costs involved in running after-hours services out of two locations.

The new and improved service will mean that eligible Waiheke Island patients receive the same reduction in fees as those across the metro Auckland area. This means that patients visiting the clinic

will pay a maximum cost of $39 for a medical consult if they are over 65 years or have a high user health card or community services card. Medical consults at the clinic will be free for children and young people under 14 years.

Auckland DHB and the two Waiheke Island Health trusts are creating this new service in response to the needs of the people of Waiheke Island. Waiheke residents and visitors are set to benefit from more accessible, sustainable and safe after-hours and urgent care right within the Waiheke community.

4. Health of Older People

4.1 Aged Residential Care (ARC)

The annual review of the national Aged Related Residential Care (ARRC) Agreement (A21 Review) is underway; currently DHBs and the ARC sector are submitting issues to be considered through this process. However, the recommendations from the ARC Funding Model Review are also being considered and if these were to proceed a likely requirement would be a complete re-write of the ARRC Agreement. Therefore, DHBs are being asked to be pragmatic and only submit issues that are important to, and realistically could be resolved through changes to, the ARRC Agreements for 2020-21.

One issue that DHBs have agreed to submit and have already signalled to the ARC sector is transparency and disclosure of premium charging by facilities. In advance of finalising the changes from the A21 Review a joint working group has been set up with ARC representatives to establish a process/mechanism for publishing premium charge rates so they can be easily accessed by the public when considering options for residential care.

4.2 Home and Community Support Services (HCSS)

Home support services to people living in apartments in the Auckland Central Business District (CBD) were affected by the October fire at the convention centre. This was well managed by HCSS providers who contacted all clients and ensured safety of support workers. It did mean that some non-essential services such as housework were cancelled.

4.3 Respite

Respite for caregivers, who generally care for people with cognitive impairment, is a service provided by the DHB and is practical support for carers who may be at risk of caregiver burden. Anecdotally it appears the packages of respite are inequitable and recent effort has been made to look closely at the process for allocating in-home respite hours to see if improvements can be made. The current process suggests there may be a variation in the number of hours received according to locality of domicile and ethnicity. Work is underway to establish a clear framework for respite including assessment and allocation.

5. Child, Youth and Women's Health

5.1 Immunisation

5.1.1 Childhood Immunisation Schedule Vaccinations

Final results for Quarter 1 2019/20 recorded that Auckland DHB partially achieved the 8 month immunisation priority health outcome with 94.6%. At 86.9% for tamariki Māori Auckland DHB did not achieve the new Ministry of Health expectation that Māori is within 5% of the total coverage.

Ngati Whatua emailed all registered iwi members a letter from Dame Naida Glavish, Chief Advisor Tikanga, to encourage on-time immunisation. The SMILE resource to normalise antenatal immunisation is being distributed to Lead Maternity Carers (LMCs), Primary Health Organisations (PHOs) and pharmacies during November.

5.1.2 Measles

As at 11 November there have been 1639 cases of measles in the Metro Auckland area, with new cases continuing to occur predominately in Counties Manukau. New cases continue to be reported although the overall outbreak appears to have passed the peak. Measles, Mumps, Rubella (MMR) is now being offered to babies aged 6-12 months in the Auckland area. These children will still need to complete the two scheduled doses. Planning is underway for the 44 vaccinating pharmacies in Auckland DHB to start offering MMR for 16-29-year olds as part of the outbreak response from December 2019.

The Ministry of Health has also recommended MMR vaccine for under 50 year olds who are travelling to the Pacific Islands.

We are also aware that localised outbreaks of mumps have been reported in the Auckland DHB area, in schools and other community locations. The DHBs are working closely with Auckland Regional Public Health Service (ARPHS) on cluster control activities.

5.1.3 Meningococcal Vaccine Funded for some Adolescents

The Pharmaceutical Management Agency (PHARMAC) has announced funding for the Meningococcal ACWY vaccine for people aged between 13 and 25 who live in boarding school hostels, tertiary education halls of residence, military barracks and prisons. This takes effect from 1 December 2019. The Immunisation Advisory Centre has provided training for all primary care providers via a webinar in November.

5.2 National Child Health Information Platform (NCHIP) and National Immunisation Register (NIR) Transition

Repatriation of the National Immunisation Register (NIR) to DHB management went live on 1st November without incident. The service team are based at Greenlane Clinical Centre. A working group to support the NIR transition continues to meet. HealthWEST, PHOs, the Primary Healthcare PFO team and the Māori Health Gain team are all represented. The focus is on the critical success factors for the new NIR. The Immunisation Programme Manager has been seconded to get the new service up and running. Bureau staff have been contracted to the new service until recruitment could commence. The NIR Team Leader position and Administration roles have now been advertised. There has already been a positive change in the over-due immunisation communication processes with General Practices which has been well-received. Further, the DHB will shortly consider technological enablers to ensure data collection is aligned to gold standard practice, with a view to regional collaboration on the resulting solution.

5.3 School based health services

School based health services continue to be well received in participating schools... Some delivery of the HEADDSSS well-being assessment has been impacted by Measles, which is unfortunate. Year end results are not yet available but it is unlikely the 95 % HEADDSSS coverage target will have been met. Recruitment to the roaming nurse role has been completed. This nurse also covers St Paul's College, who are very pleased to have access to a nursing service for their students. We have also recruited an additional Nurse Educator. We continue to engage with schools yet to agree to participate in the programme as part of decile 4 expansion.

5.4 Maternal Oral Health

Delays in recruitment for a dentist have significantly impacted timelines for delivery of this new service. At earliest, services will be provided from late January 2020.

5.5 Contraception

PHARMAC recently announced that the contraceptive devices Mirena and Jaydess will become fully funded for all women. This is a very significant and welcomed advancement to improve access to effective contraception for women. Mirena and Jaydess are Intra-Uterine Contraceptive Devices (IUCD) and the cost of these has until recently been a significant barrier for women to access these options if they are preferred. In addition to this new funding for these IUCDs, the Ministry of Health has provided a targeted funding stream for contraceptive consultation and insertion or removal of Long Acting Removable Contraception such as IUCD, copper Intra-Uterine Device or a sub-cutaneous contraceptive implant (Jadelle). This funding is to improve access to contraception for women in deprivation with a focus on Māori, Pacific and young women. Pathways to improve access to contraception are in development in Women's Health for maternity, through the sexual health service networks and through additional community clinics. Additional options for improving community reach through primary care providers are being explored and a request for interest (ROI) process will be commenced in the coming months.

5.6 Healthy Housing Initiative

Our successful Healthy Housing Initiative continues to provide excellent services to families who are referred. The evaluation released in late September for the Healthy Housing Initiative nationwide identified significant improved health indicators for children and considerable cost savings to the health system from the programme. Further information from the evaluation is available on the Ministry of Health website. We continue to prioritise building referrals of eligible women and children from maternity services alongside child health services. Total referrals to Kāinga Ora at 31 October 2019 was 1,086. This involved 4,503 people in the households. Of the referrals, 347 (32%) were for pregnant women and 469 for Rheumatic Fever patients.

On the 1st of October the new entity for Housing New Zealand, HLC and Kiwibuild was created and named Kāinga Ora – Homes and Communities. This similar name to our existing Kāinga Ora Healthy Housing Initiative is creating some confusion for families and service providers. As a consequence, we have commenced a discussion to identify an appropriate new name for the service and will then undertake re-branding.

5.7 Fertility Services

The Northern Region Fertility Services (NRFS) continue to work to provide high quality, evidence based fertility services for individuals and couples experiencing biological infertility. The service is supporting a national research project led by Professor Cindy Farquhar and Dr Lynn Sadler to identify the efficacy of lower complexity interventions for successful pregnancy outcomes. The results of this 5 year study will be highly relevant to delivery of publicly funded fertility services.

Work is ongoing in the NRFS in collaboration with the Auckland DHB clinical genetics service to support the refinement of processes for the Pre-implantation Genetic Diagnosis (PGD) pathway. PGD is used where an inherited condition is known to be present to identify embryos which don't carry that condition. This is an established service pathway in New Zealand, in diseases such as Huntington's, and this type of intervention has become highly valued to prevent significant health conditions. Innovation in genetics continues to identify further conditions at an accelerated rate and clarification of decision pathways for access to the fixed public funding pool for PGD treatment will be valuable going forward.

5.8 Health Promoting Schools (HPS) Discontinued

The Ministry has decided to stop HPS in its current form and reinvest the funding into two main areas that include:

1. supporting the Healthy Active Learning initiative (Budget 2019) by increasing the total funding available overall from 1 January 2020; and

2. a new integrated service model that will be developed using a collective co-design approach, enabling key partners from across Health and Education to co-create a new model that covers the range of health and health promotion services in schools.

The Ministry is working with Auckland Regional Public Health Services to add the new Healthy Active Learning initiative as part of their current public health services contract.
Discontinuation of the HPS Agreement will have implications for some of the Starship Community workforce.

6. Mental Health and Addictions

6.1 Government Inquiry into Mental Health and Addiction Services (He Ara Oranga) and the Wellbeing Budget

A metropolitan Auckland response to the MoH RFP for Improved Access and Choice Integrated Mental Health has been submitted. This response was endorsed by all parties involved in the oversight of the development of the response, including;

- MoU partners
- Pasifika providers
- PHOs
- Mental Health NGOs
- People with Lived Experience representatives
- Metro Auckland DHBs.

The response includes expansion of Awhi Ora, Te Tumu Waiora, by Māori and by Pacific services along with a programme to up skill general practice teams. We are waiting on a response from the MoH to the proposal. In preparation for successfully agreeing a contract with the Ministry of Health we have continued to engage with the wider sector to put in place an enduring collaborative group for metro Auckland to oversee the implementation of the programme, which will comprise of the involved parties and include clinical and managerial expertise. It has been proposed that there are two co-chairs, a MoU partner appointed co-chair and Ailsa Claire.

Draft Terms of Reference for the collaborative are in development.

Subsequently, the Ministry of Health have release two further RFPs:
1. Kaupapa services expansion
2. Pacific services expansion

The funder is supporting Māori and Pacific providers in the development of their responses.

6.2 Haven: Recovery Café

The Haven (Recovery Café) opened on 11 October 2019 at Merge Café on Karangahape Road, Auckland Central. The service is funded through the Acute Drug Harm Discretionary Fund and staffed by peers (people with lived experience) from Odyssey House Trust, Mind and Body and Lifewise. The

service is open afterhours in the weekend to support those experiencing an acute drug and alcohol and/or mental health emergency. In the first 6 weekends of operation 797 people accessed the service. Presentations to the café have resulted in a number of people being assessed for AOD treatment and/or receiving support to identify transitional/permanent accommodation. An independent evaluator is in the process of being appointed to determine the outcomes and efficacy of this approach.

7. Māori Health Gain

7.1 Iwi-DHB Partnership Board

The partnership agreement between the DHBs and iwi - Whanaungatanga kī taurangi – has passed all three Boards and is to be presented to the Minister of Health for endorsement. A letter supporting this is currently with the Ministry of Health who are seeking further advice on the document. A meeting planned before Christmas was postponed due to late apologies being received and is being rescheduled for the New Year. We hope to have the Minister's approval before this meeting.

7.2 Community Treatment Orders (CTOs)

Auckland DHB's CTO Steering Group is looking at a six month Māori Community Treatment Order Inequities – Free Medication Pilot. Auckland DHB is proposing a service that will allow responsible clinicians to discharge service users from a CTO and continue to receive free medication for a six month period. During this time, there will be extra follow ups from the key worker every two months and this will continue after the initial six month pilot is completed. At the four month mark, the key worker will begin to support the service user to transition into paying for their own medication either through automatic payments to a dedicated pharmacy or through a disability benefit. This service will be piloted within Manawanui and Manaaki House due to the high Māori population they currently serve. In order to ensure the DHB is addressing the equity gap the number of non-Māori from Manaaki House will be limited to 15 participants. The limited research available on the impact CTOs have on Māori show that users and whānau often advocate to stay on a CTO in order to avoid the cost of medication. It is Auckland DHBs hope that this pilot will provide some clarity on the impact, or not, that free medications has on the ability of whaiora to come off and stay off a CTOs. The pilot will be evaluated from start to completion of the project.

7.3 Māori Provider Forum

In November, representatives from Māori providers across metro Auckland met in West Auckland to discuss Māori health gain and issues affecting their services/communities. Leading issues included workforce development, primarily the recruitment and retention of Māori clinicians who are increasingly leaving these providers for higher wages in larger NGOs or DHBs. A project has started, led by the Māori Health Gain Team, to determine how significant the pay gap between Māori health sector and other health providers/services is – this may lead to further development and investment through their existing contracts. Linked to this issue is clinical leadership within Māori health providers who are finding it difficult to develop clinicians into leadership positions. A project scoping meeting is planned for December to co-design solutions for this issue and commence a regional project.

7.4 Māori Pipeline Projects

The Māori health pipeline is currently progressing proposal development in a range of areas. A summary of recent Māori Health Pipeline activity is below:

- Lung cancer screening - an interim report on the initial focus groups has been provided, and the learnings from these have been immediately incorporated into the survey design and delivery and into the planning for the larger study. One further phase of focus groups is planned for

March 2020 focused on testing study materials and on the design of the approach based on insights provided. The survey has been through the appropriate pre-testing and approvals, and will be in the field from December aiming to recruit 300 Māori potentially eligible for screening and approximately 100 whānau. The equity re-analysis of the cost effectiveness model for lung cancer screening in New Zealand is being submitted for publication, and the workstreams for the larger demonstration trial are ongoing. A submission on Lung Cancer Screening was made to the Māori Affairs Select Committee in November and was well received. There has been a lot of interest in the project from around the country, which has led to the proposal for a national meeting on the issue (hosted by Auckland DHB and Waitematā DHB, supported by Hei Ahuru Mowai (National Māori Cancer Leadership Group) and TeORA (Māori Medical Practitioners Association) with the Lung Foundation and potentially a local branch of the Cancer Society. The meeting is planned for March-April 2020.

- Alternative community cardiac rehabilitation model – development of the next steps continues.
- Alternative community pulmonary rehabilitation model – opportunities for staff to participate in kapa haka have been progressed, and joint working to develop options of how to integrate of pulmonary rehab and kapa haka (while maintain the integrity of both) have begun. Research protocol development is ongoing.
- Northern region breast screening datamatch ('500 Māori women campaign') – contacting the women has been underway since 1 October and is expected to continue for some months.
- Māori provider and PHO datamatch – Data sharing agreements with the nominated iwi representatives have been drafted and approved. A privacy impact assessment was completed and approved by DHB and regional privacy groups. The new project Māori data governance group has been established and has met. Planning for tailored approaches with individual providers for data extraction are now underway.
- Facilitated PHO enrolment –Maternity services have been identified as the initial pilot location with the potential for automated data matching to identify women not enrolled in a PHO and develop an offer of service. Further work will begin on this in the new year.
- High grade cervical screening project - the National Cervical Screening Programme (NCSP) were unable to provide the detailed data to undertake a data-based triage process for this project (legislative restrictions). The project has therefore been rescoped and subsequently a pilot approach has been undertaken. This involves piloting of a practice level cervical screening audit, a clinical audit of the high grade lists followed by primary care quality improvement developed around any identified issues and then the offer of a DHB intensive support model. Two practices have been identified for the pilot phase and work is underway with the first practice. Learnings and feedback are being incorporated into the next phase of the project. A steering group is being established and will meet in January. A research sub-project, where human papilloma virus (HPV) self-testing is offered to women who decline, has been funded by the A+ Trust and will now be included in the project. This will offer, as far as we are aware, a world first opportunity to test this approach for women who are at high clinical risk. The work is a collaborative with pathology and clinical colleagues. .

Additional areas of work will be included over time.

8. Pacific Health Gain

8.1 Maternal Oral Health

A maternal oral health service is currently being established in Tamaki, Glen Innes. The service aims to improve equity of access and outcomes for Pacific, Māori and other priority groups. The Pacific Health Gain team is participating at a governance level to oversee the implementation of the service

and will be involved in supporting the promotion of the service to Pacific pregnant women and their families.

8.2 Healthy Village Action Zones review

A literature review and analysis of data has been completed. Service reach, strengths of the community led development and opportunities for the future are being considered. The report is currently being finalised.

8.3 Measles outbreak

Although the number of measles cases across the Auckland region has slowed, the majority of cases continue to significantly affect Pacific people. The Pacific team is supporting the metro Auckland Incident Management Team (ITM) led by the Health Emergency Management Committee, in its response to the outbreak. With the upcoming holiday season approaching, a campaign will shortly be underway to promote and strongly encourage people travelling to the Pacific Islands nations to get their MMR vaccination before they travel. The campaign will utilise social media, radio, existing channels and community networks. MMR vaccine is now available to anyone in Auckland aged 1-49 years who has not had two MMR doses and plans to travel to the Pacific or another outbreak area.

8.4 Pacific Pipeline projects

The Pacific communication project concerning emerging and acute disease outbreaks impacting Auckland Pacific communities is forging ahead. A literature review of communication frameworks and processes, communication with Pacific peoples and key stakeholder interviews have been instigated. Further analysis of communication channels that will support a quick and efficient means of disseminating information to Pacific communities will be explored.

8.5 Pacific Abdominal Aortic Aneurysm Screening

A Pacific lead has been recruited for a Tongan pilot of AAA screening based on the successful Māori pilots. This research programme collaborative between the Health Gain Team and the Pacific Health Gain Team involves screening 150 Tongan men and has recently been awarded A+ Trust funding. This will be a pilot approach for a larger Pacific research programme of 750 men. The research programme has been initiated with a focus group to test materials and processes.

9. Asian, Migrant and Former Refugee Health Gain

9.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and former refugee populations

We are developing a new Asian, migrant, and former refugee health plan 2020-2023.

9.2 Increase Access and Utilisation to Health Services

Indicators:

- Increase by 2% the proportion of Asians who enrol with a PHO to meet 71% (Auckland DHB) by 30 June, 2020
- 80% of eligible Asian women will have completed a cervical sample by 2020

The Asian PHO enrolment rate for Quarter 4 2019 (Quarter 2 2019/20) was 71% (Auckland DHB). The rate has increased by 2% from Quarter 2 to Quarter 4 2019. The number of new enrolees between these two quarters was 5,770. However, targeted effort within Auckland DHB is required to continue the upward trend. A suite of initiatives are planned for 2020 including leveraging off Asian partner platforms such as WeChat to promote health information including role of a family doctor/general practitioner (GP); refreshing the New Zealand Health & Disability System videos to add in subtitles

for: English, Arabic, Farsi, Korean, Japanese, Spanish, Portuguese, and Burmese; and developing online New Zealand Health & Disability System materials for Rohingya, Cambodian, Farsi, Urdu, Tamil, Somali, Amharic, Tigrinya, Swahili, and Punjabi. Communities settling and resettling in metro Auckland DHBs are increasing for the languages aforementioned.

We are working with MBIE's Immigration New Zealand Refugee and Protection Unit on the Language Assistance Services Face to Face Interpreting Solution Design and Commercial Strategy.

We are co-funding with MBIE's Immigration New Zealand Refugee Status Branch AUT interpreting scholarship's for minority languages such as Mongolian, Rohingya, Kiribati, Tokelauan and Niuean. Six scholarship positions will be available. Language support is in higher demand for these languages within the DHB interpreter services across metro Auckland.

We are funding one-off support to Kāhui Tū Kaha's Muslim Well-being Support Service to deliver a suite of Muslim training workshops to mainstream mental health workforce, primary and community care to support Muslim families particularly women and youth who require support post Christchurch attack impending Court hearing.

9.3 Indicator: Increase opportunities for participation of eligible former refugees enrolled in participating general practices as part of the *'Improving access to general practice services for former refugees and current asylum seekers' agreement'* (formerly known as Former Refugee Primary Care Wrap Around Service funding)

We are working with Ministry of Business Innovation and Employment's (MBIE) Immigration New Zealand Refugee Status Branch in the discussion of changes to the immigration health screening requirements for current asylum seekers.

10 Hospitals

10.1 Cancer target

Auckland DHB has maintained compliance with the Faster Cancer Treatment (FCT) 62 day indicator having achieved 95.1% for the rolling six month period April - September 2019. The Northern region rate for the same period is 86.6%. Outsourcing of radiotherapy continues at the level previously approved by the Board for 2019/20 however there is an intention to cease this outsourcing from February 2020 as a result of increased capacity due to successful recruitment initiatives by the provider enabling additional evening shifts to be established.

10.2 Auckland DHB Planned Care Initiative (formerly Elective Surgical Health Target)

At the end of the first quarter the provider is tracking at 95% of surgical discharges (174 discharges less than planned), with Adult Orthopaedic, Ophthalmology, Paediatric Surgery and Paediatric Orthopaedics being behind plan. The under delivery in Orthopaedics and Ophthalmology is due to internal capacity issues; however the paediatric surgical issues relate both to capacity constraints and reduced demand. In addition at the end of the first quarter, both Dental and Cardiology elective discharges are behind plan (83% and 87% respectively) and these services also form part of the Planned Care volume requirements.

10.3 Elective Services Performance Indicators (ESPI) Compliance

10.3.1 General

Auckland DHB lost ESPI 2 amber compliance for September with continued ESPI 5 (treatment) non-compliance for same period. Seven services contributed to the ESPI 5 non-compliance, with Orthopaedics, Dental and ORL accounting for the majority of these breaches. ESPI 2 non-compliance was driven mainly by Orthopaedics and Paediatric Surgery.

10.3.2 Orthopaedics

For the period through to end of October 2019, the ADHB provider has delivered 53 more adult Orthopaedic elective procedures compared with the same period last year, however the Year To Date (YTD) delivery is 60 discharges less than planned for 2019/20. We are outsourcing at the same rate as last year however this needs to be increased to achieve the discharge plan over the rest of the financial year to address the YTD shortfall of 31 ADHB population discharges.

10.4 2019/20 Auckland DHB provider performance

Analysis of October 2019 data shows that year to date there has been a 6.1% increase in acute demand compared with the same period last year and there is a higher rate of growth in demand for the Auckland population compared with the acute demand for other populations. While total elective delivery is 7.1% less than planned for both ADHB and Inter District Flow (IDF) populations, year to date there is a 9.8% increase on the elective WIES delivered in the same period last year.

10.5 Cardiac service demand

The electrophysiology (EP) regional waiting list continues to grow with few options to substantively increase capacity. Work continues to establish a view of the options available to address the waiting list and the intention is to consult with the rest of the region regarding a preferred approach before making recommendations to the Regional Executive Forum (REF).

10.6 Ophthalmology service demand

The Regional Ophthalmology Steering Group has suspended activities pending the recruitment and appointment of a full time project manager to progress the regional workplan.

10.7 2019/20 Planned Care Initiative (formerly Elective Initiative)

ADHB has not received confirmation from the MoH that the revised 2019/20 Planned Care proposal is acceptable, noting that this plan is 722 discharges less than the MoH has requested but includes a plan of 900 discharges more than was delivered by the ADHB provider in 2018/19. Discussions are ongoing with the MOH in an endeavour to secure 100% funding allocated for the Auckland DHB population

10.8 Policy Priority areas

Colonoscopy Indicators

In October, Auckland DHB met the waiting time indicator for urgent colonoscopy (100% against target of 90%) however continues to be non compliant for surveillance colonoscopy achieving 60.8% against a target of 70% .The routine indicator also continues to be below target at 49.7% (against target of 70%). Recovery of these waiting times is a requirement of implementing Bowel Screening for the ADHB population in August next year.

Radiology Indicators

Auckland DHB performance in outpatient Computed Tomography (CT) (90.4%) improved on previous months' performance (85.4% in August) however the Magnetic Resonance Imaging (MRI) indicator fell (55.3% down from 65.3% in August).

10.9 National Services

The Auckland DHB provider (Lab Plus) has developed a proposal for additional revenue for resources towards the continued implementation of the National Perinatal Pathology Service. This is expected to be submitted to MoH for the December National General Managers Planning and Funding meeting.

10.10 Regional Service Review Programme

Cardiac Catheter Laboratory services

The Auckland DHB revised Stranded Cost Cardiac Catheter Laboratory analysis has been completed and the outputs of this work have been used to develop a regional decision paper for consideration by the Regional Executive Forum. Further consultation is needed with regional Funders, regional CFOs and COOs.

Interventional Radiology services

Work continues to implement a new integrated Interventional Radiology service for Auckland DHB and Waitematā DHB populations, working to provide local services at Waitematā where clinically appropriate and making best use of available workforce and physical capacity.

Hospital Advisory Committee Meeting 27 December 2019 – Draft Unconfirmed Minutes

Prepared by: Marlene Skelton, Corporate Business Manager

Recommendation

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 27 November 2019 be received.

Minutes
Hospital Advisory Committee Meeting
27 November 2019

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 27 November 2019 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
Jo Agnew	Mel Dooney	Chief People Officer
Michelle Atkinson (Deputy Chair)	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Mark Edwards	Chief Quality, Safety and Risk Officer
Dr Lee Mathias	Rosalie Percival	Chief Financial Officer
Gwen Tepania-Palmer (Deputy Board Chair)	Meg Poutasi	Chief of Strategy, Participation and Improvement
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Angela Beaton	General Manager Women's Health
	Dr Vanessa Beavis	Director Perioperative Services
	Duncan Bliss	General Manager Surgical and Perioperative Services
	Jo Brown	Funding and Development Manager Hospitals
	Ian Costello	Director of Clinical Support Services
	Kimmo Karsikas-Genet	Personal Assistant
	Dr Arend Merrie	Director Surgical Services
	Katie Quinney	Nurse Director Surgical Services
	Dr Robert Sherwin	Director Women's Health
	Dr Michael Stewart	Director Cardiovascular
	Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer
	Marlene Skelton	Corporate Business Manager
	Jacob Toner	Director Enterprise Portfolio Management Office
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

That the apology of the Board Chair, Pat Snedden be received.

That the apologies of Executive Leadership Team members Jo Gibbs, Director Provider Services, Shayne Tong, Chief of Intelligence and Informatics and Sue Waters, Chief Health Professions Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST

Doug Armstrong requested the following changes to be made to his interest register: Orion Healthcare to be removed and Green Cross Health to be added.

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

3. CONFIRMATION OF MINUTES 16 October 2019 (Pages 8 - 17)

Resolution: Moved Jo Agnew / Seconded Gwen Tepania-Palmer

That the minutes of the Hospital Advisory Committee held on 16 October 2019 be approved.

Carried

4. ACTION POINTS (Page 18)

All action points were either complete or in progress.

5. PERFORMANCE REPORTS (Pages 19 - 105)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 19 - 21)

In the absence of Jo Gibbs, Director Provider Services; Ailsa Claire, Chief Executive asked that the report be taken as read, advising in brief that:

- The new Integrated Operations Centre has opened and the Ward 51 Integrated Stroke Unit build is underway.
- The target was not met by Adult and Children Emergency Departments (EDs) during September 2019 (81.24% and 87.75% respectively). While ongoing work continues to improve whole of hospital function including ED, it is likely that this problem will persist given both patient numbers and available resources.
- Bed realignment of medical and surgical beds is due to take place on the weekend of 14/15 December 2019 in order that additional capacity can be created for general medicine patients and allow more elective surgical patients to access their care.

There were no questions.

5.2 Provider Arm Scorecard (Pages 22 - 23)

In the absence of Jo Gibbs, Director Provider Services; Ailsa Claire, Chief Executive asked that the report be taken as read, advising in brief that the position had not changed significantly from that last reported.

There were no questions.

5.3 Cancer and Blood Directorate (Pages 24 - 34)

Dr Richard Sullivan, Director Cancer and Blood and Deputy Chief Medical Officer asked that the report be taken as read, raising three points:

- There is on-going pressure on providing infusional chemotherapy mainly due to the introduction of new drugs which have added people to the lists for these therapies and therefore placing additional pressure on the service.

- There remain challenges providing radiation therapy. Two additional late shifts will commence in the new-year to address this. The waitlist remains stable enabling the service to hold its own. The radiation/oncology plan is being reviewed.
- To get change required there is a need for electronic enablers and there is regional work on-going in relation to this. Currently a business case is being developed for an e-prescription enabler.

The following points were covered in discussion:

- Judith Bassett asked if an improvement in patient's quality and length of life can be seen due to the new treatments being used. Richard Sullivan replied that the incidence of cancer in Auckland keeps going up as the population grows and ages but people are living longer and drugs are much less toxic.
- Doug Armstrong asked where the biggest benefits could be achieved in terms of cost highlighting especially access to the latest drugs. Richard Sullivan replied that the biggest benefits could be achieved by putting more emphasis on prevention, diagnostics and screening, as drugs only prolong life and do not cure.
- Gwen Tepania-Palmer enquired about the work on equity for Māori as well as Pacific patients. Richard Sullivan commented that with Dame Naida Glavish's oversight the Directorate is looking into how services are being delivered making sure that Maori data is front and centre.
- Judith Bassett drew attention to the scorecard on page 29 of the agenda highlighting that all measurements are not equally important to all patients. She also noted that the score for the coordination of care after discharge is now nearly up to the target. It is important that the work continues on that as, patients need to feel safe and cared for after discharge.

5.4 Cardiovascular Services Directorate (Pages 35 - 47)

Dr Michael Stewart, Director Cardiovascular asked that the report be taken as read, advising in brief that:

- The Directorate is very focused on improving and recovering its financial position, being aware that it is behind in its plan for revenue to date. The MIT strike has had a very big impact on Cardiovascular Services affecting both revenue and waitlist.
- The work continues on vascular and thoracic patient pathways. Extending opening hours of the day unit is being piloted, with assistance of staff volunteers. CVICU early discharge rates and enhanced recovery pathways to relieve pressures are also being investigated.
- He was very pleased how with well the DHB strategy in relation to Māori and Pacific is working. There has been development of leadership within teams. This has overall, created a good atmosphere and environment.

The following points were covered in discussion:

- Gwen Tepania-Palmer wanted to acknowledge the work the Directorate had done and Judith Bassett commented on the encouraging progress being made overall.

5.5 Clinical Support Directorate (Pages 48 - 57)

Ian Costello, Director of Clinical Support Services asked that the report be taken as read, advising as follows:

- Due to the MIT strike MRI performance has deteriorated, although on a positive note the service has managed to secure some external staff to run weekend sessions in January/February 2020 which will provide more flexible access for patients.
- The Department of Forensic Pathology has received accreditation from the National Association of Medical Examiners and is only the second department to receive such accreditation outside USA.
- Remote temperature monitoring of refrigerators containing medication and breast milk is now operational across the hospital. Pharmacy's on call service is able to alert teams to any issues.

The following points were covered in discussion:

- Judith Bassett acknowledged how important the accreditation for the Department of Forensic Pathology was. She asked that the Committee's appreciation for the work undertaken around this be conveyed to the whole team.
- Judith Bassett also wanted to draw attention to page 55 of the agenda and the proactive approach on building better health outcomes and culture, seeing the visits to Auckland Girls Grammar being a useful opportunity to encourage future recruits.

5.6 Perioperative Directorate (Pages 58 - 66)

Dr Vanessa Beavis, Director of Perioperative Services asked that the report be taken as read, advising in brief that:

- National Anaesthesia Day was celebrated on 16 October with a display in the main foyer which generated interest during the day.
- The first bariatric patient has been operated on at the Greenlane Surgical Unit.
- Recruitment is proceeding well and the recent recruitment trip to the UK was successful.
- A directorate Māori Workforce Hui is being held on Friday 29 November.

The following point was covered in discussion:

- Jo Agnew wanted to know about the impact on staffing due to the changes in the anaesthetic technician training degree. Dr Vanessa Beavis advised that AUT will stop training via the diploma route and the last intake will be next year. The new format is still unclear. There will be a meeting in December in regards to this and the directorate will inform the Committee of developments.

5.7 Pacific Health Auckland (Pages 67 - 73)

Bruce Levi, General Manager for Pacific Health Auckland asked that the report be taken as read, advising in brief that:

- Pacific Week which took place in September had attracted several good speakers i.e. Honourable Jenny Salesa. There was also a lot of engagement with Pacific staff and the Tonga kava performance was an important event.
- The Pacific Health Strategy presented to Auckland and Waitemata DHBs' leadership includes five foci; Pacific Intelligence Engine, Pacific patient experience, Cultural excellence, Multi-skilled Pacific workforce and Community.

The following points were covered in discussion:

- Judith Bassett wanted to know more about the support and advisory role in regards to the measles epidemic. Bruce Levi advised that they had been working closely with the Director of Communications Rachel Lorimer on this issue. The challenge was to get messaging out quickly and in a way that it is easily understood. Community leaders also need to be identified and there will be a meeting coming up with church leaders and representatives to enable this to occur. There is also a need to get the messaging right before the holiday season.
- Meg Poutasi wanted to emphasise that it is important that the Pacific team aligns itself with the organisational outcomes and the correct ELT process needs to be followed.
- Gwen Tepania-Palmer acknowledged the existence of the Pacific Health Strategy stating that there was a range of activity being undertaken across numerous sites. Overall, Pacific Health has grown with time and she wanted to acknowledge the team and the work that had been done.

5.8 Surgical Services Directorate (Pages 74 - 85)

Dr Arend Merrie, Director of Surgical Services asked that the report be taken as read, advising that:

- It had been a very busy time for the directorate and staff had been highly engaged in increasing the scope and opportunities around working at Greenlane.
- ESPI 5 position has been worsening across Urology, Ophthalmology, ORL, Orthopaedics, Oral Health and Neurosurgery with recovery plans in place and shared with the Ministry of Health. All services are currently on track to deliver against recovery plans in December despite the impact of industrial action.
- Total volumes delivered are 100% of contract for the YTD. Demand for acute services is 103.1% and elective volumes at 96.1% against contract YTD.
- Personnel cost continues to create pressure and there has been a lot of robust conversation around staffing and recruitment. Nursing teams in particular have been

engaged in a productive way.

- There has been significant work done on the bed realignment planned for December 2019 and the work done by Nurse Director Katie Quinney should be acknowledged. Chief Nursing Officer Margaret Dotchin introduced Katie Quinney to the Committee Members.

The following points were covered in discussion:

- Judith Bassett wanted to acknowledge and have the committee note the information outlined on page 83 of the agenda. Gwen Tepania-Palmer wanted to acknowledge the report and say how impressed she has been with the work undertaken by Katie Quinney.

5.9 Women's Health Directorate (Pages 86 - 95)

Dr Robert Sherwin, Director of Women's Health and Angela Beaton, General Manager asked that the report be taken as read, advising as follows:

- New appointments in Christine Mellor, Associate Director of Midwifery and Associate Nurse Director Lisa Middelberg had been made.
- The midwifery paper had been well received by staff.
- Significant work has been done around the issue of midwifery incentive and retention with a new initiative to be formally communicated to all staff and implemented.
- The Midwifery Leadership Consultation and Te Manawa o Hine Consultation Processes have been completed.
- There have been improvements on staff metrics around sickness, overtime and turnover.

The following points were covered in discussion:

- Dr Lee Mathias wished to point out that women "birth" a baby they do not "deliver" a baby asking that this be taken into consideration when writing future reports.
- Rob Sherwin provided clarification in relation to the Scorecard's breastfeeding rate advising that breastfeeding rates are measured at discharge from Auckland DHB. This may be 12 hours after birth or later. Hence, the published breastfeeding rates are not measures of on-going or long term breastfeeding.

5.10 Provider Arm Financial Performance Report (Pages 96 - 105)

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

- Total performance YTD as at 2 October 2019 is favourable in expenditure but unfavourable in terms of revenue. Strike action had affected activity and thus revenue potential.

There were no questions.

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

That the Provider Arm performance reports for the month of September 2019 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 106 - 109)

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

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.

Carried

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	N/A	N/A
2. 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 16 October 2019	**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. Confidential Action Points	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Change and Sustainability Benefits	**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

Realisation Report	**disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 ADHB Data Governance Oversight Report Benefits Realisation 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)]	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 Auckland Cardiology Electrophysiology Services Oversight 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)] **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.	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 Clinical Support Oversight Report – MRI Capacity	**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)] **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.	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]
6.4 Head and Neck Oversight 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)] **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.	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 Perioperative Services – Shortage of Perioperative Workforce Oversight 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)] **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.	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 Radiotherapy Workforce Oversight 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)] **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.	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]
6.7 Security for Safety	**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)] **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.	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]
6.8 Women's Health – Midwifery Recruitment and Retention Oversight 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)] **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.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Clinical Quality and Safety Service Report	**Commercial Activities** **Information contained in this report is related to commercial activities and**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

	Auckland DHB would be prejudiced or disadvantaged if that information was made public [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.	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 Policies and Procedures (Controlled Document Management)	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 3.25pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday 27 November 2019

Chair: _____ Date: _____

Judith Bassett

Minutes of the
Regional Disability Support Advisory Committee

Held on Thursday, 14 November 2019 at 1.00am
Senior Citizens Room, Fickling Convention Centre, 546 Mount Albert Road, Three Kings, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Co-Chair)
Jo Agnew (Committee Co-Chair)
Dianne Glenn (CM Health Board Member)
Edward Benson-Cooper (WDHB Board Member)
Judy McGregor (Board Chair, WDHB)
Katrina Bungard (CM Health Board Member)
Michelle Atkinson (ADHB Board Member)

ALSO PRESENT

Samantha Dalwood (Disability Advisor, WDHB)
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions, CM Health)
Sue Waters (Chief Health Professions Officer, ADHB)
Tim Wood (Funding & Development Manager, Primary Care, WDHB)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

WELCOME

The Chairs opened the meeting at 1.00pm and welcomed all those present.

1. AGENDA ORDER AND TIMING

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

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Allison Roe, Catherine Abel-Pattinson, and Gwen Tepania-Palmer, Robyn Northey and Amanda Bleckmann.

2.2 Disclosure of Interests

There were no disclosures of interests to note.

2.3 Disclosure of Specific Interests

There were no special disclosures in relation to today's agenda.

2.4 Minutes of the Previous Meeting

Confirmation of the Minutes of the Regional Disability Support Advisory Committee meeting held on 6 June 2019.

On pages 8 & 9 Ms Atkinson had some amendments which she will email to Ms Tafau.

Resolution (Moved: Colleen Brown/Seconded: Dianne Glenn)

That the minutes of the Regional Disability Support Advisory Committee meeting held on 6 June 2019 be approved.

Carried

2.5 Action Items Register & 2.6 Work Plan (Joint Item Discussion)

Ms McGregor feels that the Work Plan should sit in both areas. We should be cross-fertilising now and not wait for the Ministry of Health. Which work plan? The DSAC Work Plan or the MoH work plan? Which areas does this refer to?

CM Health's new Board will be undertaking an Inequities workshop in early 2020.

Discussion to be held at Board level re where Maaori & Pacific Disability Action Plans sit within the organisations and how they will be actioned.

With the launch of the new Disability Action Plan – it will be interesting to see what sits in there around direction, in particular for Maaori & Pacific. Is this a quote? Someone's comment?

Each Board to sign off an agreement for a community representative from each District to sit on RDiSAC. Mana Whenua representation is also to be included.

Ms McGregor felt that it would be beneficial to focus on 2 or 3 priorities regionally. Structure the meetings a different way in order to allow for a better reporting back (to Board) functionality.

Ms McGregor added - The current Work Plan was drafted at the beginning of 2019 and contains core DHB Strategic Work – communication, websites. There needs to be critical focus in order for RDiSAC to be taken seriously. Would like to see more employment for Disabled persons. The Health & Disability Interim Report states that DHBs are large employers and there is no reason why they can't increase the employment within their organisations. RDiSAC could look to gain Board support to introduce targets that can be reported to the Board. It will be important to see the link with Board Strategy. Look into providing a Dashboard that can be fed to the Boards.

A positive course of action is required going forward in relation to how we report on disability employment.

All three DHBs are on a journey to employ more disabled persons. Making deliberate changes in the system in order to make it easier for disabled people to apply and therefore gain employment at DHBs.

Gaining the Accessibility Tick is relatively easy, but it is keeping the Tick that is difficult. All three DHBs will need to show continuous improvement. They need to be organisations where people feel comfortable discussing their disabilities and feel safe to do so.

It was felt that whilst DHBs are moving in the right direction, employing the key people (Recruitment, etc), driving the change, there is still a disjunction between the Government and the work that is being undertaken at the DHB level.

In order to keep Boards informed of where DHBs are at, informative reporting is required from the RDiSAC?.

Next engagement with community could be around presenting what work has been undertaken since the previous community engagement at the end of 2017.

Conversation ensued around clarification that whilst the Committee is the Governance arm sitting across the 3 metro-DHBs, the operationalization of how the work is carried out and in fact, what work is carried out, is very individual in approaches to the application of the Plan.

It is a responsibility of this committee to push recommendations to the Board and then on to the MOH in order to hold them accountable.

Seek clarification around what is the mandate of the committee.

Resolution

Recommendation to the Boards: The Interim Report of the Health & Disability System Review states *"Better health, inclusion, and participation of people with disabilities must be a priority for action across the whole health and disability system. Increasing numbers of people are living with disability, and more disabilities are being recognised. The system needs to gear its ability to respond to disability becoming more of a norm.*

The Panel's view is that, as the largest employer in many regions, the system should lead in employing people with disabilities. Boosting employment of disabled people overall may be the single biggest contributor to improving wellbeing of disabled people. Bringing their skills to the workforce in health will also make the sector more responsive, adaptive, inclusive, and reflective of the community."

In light of the above requirement, RDiSAC would like to acknowledge the work that is going on within each DHB and asks Boards to discuss how they would like visibility of the fulfilment of the above obligations.

3. STANDING ITEM

3.1 Metro Auckland DHBs Disability Strategy Implementation Plan 2016-2026 – Progress Report (Samantha Dalwood, Disability Advisor, WDHB)

Resolution (**Moved:** Colleen Brown/**Seconded:** Dianne Glenn)

The Regional Disability Advisory Committee:

Received this progress report.

Carried

4. PRESENTATION

4.1 DHB Accessibility & Disability Update (Adele Thomas, Organisational Development Practice Leader, ADHB)

Note that this information is sitting with Boards. ADHB was the first DHB to be awarded the Accessibility Tick at the end of 2018. The Tick has since been re-awarded in 2019.

In terms of purchasing and procurement, ADHB need guidance around ensuring that disability is considered. Individual DHBs are working with healthAlliance in order to update their policies to include consideration of people with Disabilities. Need to think about how we approach this, preferably in a staged manner, in particular for smaller organisations/NGOs. A proactive programme to take the provider leaders on a journey of understanding is to be considered. Further discussion to be had offline around how DHB's can approach this body of work. Case studies can be helpful in order to help inform organisations.

Working towards de-stigmatisation for organisations, with the Recruitment team holding a 'Confidence in recruiting disabled staff' workshop and a 'Disability confidence for managers' workshop. Hiring Managers are to gain an understanding around disabled people. Workshops have been well received in the organisation.

The recruitment process has been reviewed, implementing more supportive processes. Showing encouragement on website for people with disabilities to apply. Putting current staff with disabilities videos on the website as another way to provide encouragement for disabled people to apply for DHB roles. All job adverts display the Accessibility Tick.

Partner with Be Accessible and get interns through them.

Designed an Accessibility survey for staff. To be launched in December.

Whilst DHBs currently interview Maaori & Pacific applicants automatically, ADHB would like to see disabled people being automatically interviewed as well .

It was noted that that each DHB is looking to mirror the work that ADHB is doing.

RDiSAC congratulated Ms Thomas on the work to date.

Mr Nand advised that on the 2nd of December, CM Health will receive the Accessibility Tick. Waitemata DHB will get theirs on 3 December, which is International Day of Disabled Persons.

5. DISCUSSION

5.1 **Committee Members to discuss the validity of Community Representation** (one representative from each DHB)

Advertise widely. Three different roles and each incumbent to have a different skill set. The subject of Mana Whenua was raised and it was felt there should be representation on the Committee.

5.2 **Complexity of Finding Data about Disabled People:** There is a need for specific questions for Adri Isbister, DDG Disability, prior to her attendance at the RDiSAC meeting in April 2020.

We're not set up in a systematic way in order to be able to collect the data. The way the data is collected needs to be consistent across DHBs and the MoH.

We are required to have a plan for the region, but we don't have a way to collect the data to support what the needs may be in the future. Consistent and accurate data needs to be collected.

A series of questions for Ms Isbister need to be compiled and this will need to happen offline as there is no meeting between now and April 2020. Need a whole of system picture in order to be able to look towards planning for the future.

Questions for Ms Isbister: invite her to 2 parts of the April meeting, both Data and Strategy.

6. DISCUSSION

6.1 Taikura Trust and their role in the Disability Sector (Sonia Hawea, CEO, Taikura Trust)

Sonia introduced Peter Hoskin (Community Engagement Manager), Kelly Norton-Matthews (Support Manager), Sally Clark (Manager, Support & Resources)

Sonia advised that Taikura Trust is moving towards a new direction and will be testing new ways of working.

A recent restructure has flattened the structure. There are now 7 leadership roles and an enhanced service delivery team.

Looking holistically, including social supports as well. Model will focus on where the need is most and will walk the journey alongside the client.

Concerns that they are a demand driven service. Case loads are increasing, for some approx. 480 cases per staff member.

There are 6000 low needs clients so Taikura are looking to become more efficient, asking the right questions in the right way, how do we service this group of people? The Funding team are working on simplifying the funding models to do what? To make it easier for clients?

Taikura is the largest NASC in the country with 11,700 clients, often people with multiple needs. Working towards better consistency for clients. Preparing for how we can support disabled people and their families/whānau around flexible funding conversations.

Improving on eligibility pathways and looking at new ways of engagement. Increasing capability internally in order to be able to meaningfully engage. Will link in with the DHBs more effectively.

Hospital In-Reach roles have been maintained. Interface with Hospital rehab will be worked on, in particular around the discharge planning process.

Taikura have signed an MOU with CM Health around commitment to new ways of working together with the DHB, particularly in the space of how do they best place their staff to work more efficiently and effectively with the DHBs.

Taikura advised that it is the MOH that holds the contracts with support providers, not Taikura. So there is no requirement for support providers to accept Taikura's requests for client support or assistance.

Contracts are inadequate to look after very complex cases. In order to find the appropriate support, this can take a lengthy amount of time that is unacceptable for the client. Because Auckland is seen as too big and too expensive, innovative models/pathways of care that may be delivered in other parts of New Zealand can take time to reach Auckland.

Ms Hawea was asked with the change in Taikura, how do you continue to deliver the services that are still required? As a unit, the three managers have worked together on the pace of the change. Ensuring that nothing is lost on the way, engaging with DHBs in a problem-solving manner. Focus has been around better communication, smoother processes, getting support faster.

Young people transitioning from the education sector is a focus for Taikura. It has been highlighted as a service gap. Currently working with clients on an individual basis. Moving to a more effective model.

Capacity in local areas for people to transition into the community is lacking. There appears to be a lack of awareness from planners around what people with disabilities needs are.

Working together going forward using the collective influence in order to effect change. Taikura is working closely with Fepulea'i Margie Apa in order to get the right information in front of the MOH.

RDiSAC would like the opportunity to meet again with Taikura in 2020 to determine how their new models are working for their clients.

The Regional Governance Group have tried to collect as much data as possible in relation to long term investment planning. As they move into health planning, Taikura sharing data with DHBs in order to be able to better inform the MOH would be hugely beneficial.

Regional Dual Disability Service – Ms Hawea is part of this work as invited by Dr Peter Watson.

CPHAC thanked the team for coming along today and the information they shared and look forward to meeting again in June 2020.

The Co-Chairs thanked the Committee members and staff for their commitment during the year and looked forward to a fresh start in 2020 after a break.

The meeting concluded at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE AUCKLAND METROPOLITAN DISTRICT HEALTH BOARDS REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE MEETING OF 14 NOVEMBER 2019.

Colleen Brown, Committee Co-Chair

Jo Agnew, Committee Co-Chair

Establishment of Executive Committee of the Board

Recommendation

That the Board:

1. **That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/ New Year Board recess.**
2. **That membership of the Committee is to comprise the Board Chair, Pat Snedden, the Deputy Board Chair, Tama Davis, Jo Agnew and Doug Armstrong, with a quorum of three members (the Chair needs to be one of the three members).**
3. **That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from the Chief Executive.**
4. **That all decisions made by the Executive Committee be reported back to the Board at its meeting on 26 February 2020.**
5. **That the Executive Committee be dissolved as at 26 February 2020.**

Prepared by: Marlene Skelton (Corporate Business Manager) for Pat Snedden (Board Chairman)

Glossary

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

1. Purpose

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

2. Background

The final normal scheduled meeting of the Board for the year is on 18 December 2019. The next meeting is on 26 February 2020. There may be some items of business requiring approval at Board level that need to be processed during this period.

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

3. Proposal

As in recent years, it is proposed that the Executive Committee should have a relatively small membership so that it can be convened at short notice, should this be necessary. The proposed membership is the Board Chair, the Deputy Board Chair, Jo Agnew and Doug Armstrong, with a quorum being three (the Chair needs to be one of the three members).

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

Auckland District Board – Interim Committee Membership

Recommendation

That the Board approve the appointment of Board members as members and chairs of Committees and Foundations as set out in Section 3 of this report
(Note: *full membership list to be shown in the final resolution*).

Prepared by: Marlene Skelton, (Corporate Business Manager) for Patrick Snedden (Board Chair)

1 PURPOSE

The purpose of this paper is for the Board to approve interim membership of Committees, following the election of the new Board and the appointment of new members in 2019. A full review of Committee membership will be undertaken and presented to the Board at its scheduled meeting in either February or April 2020.

2 BACKGROUND

There are three new elected members: Peter Davis, Fiona Lai and Ian Ward (replacing Judith Bassett, Lee Mathias and Robyn Northey) and three new appointments to the Board made by the Minister of Health: Tama Davis, (Deputy Board Chair), Bernie O'Donnell and Michael Quirke (replacing Gwen Tepania-Palmer, Sharon Shea and a vacancy the outgoing Board had been carrying with the resignation of Lope Ginnen). With respect to the other remaining appointment; Pat Snedden (Board Chair) has been re-appointed for another term.

The following recommendations have been made in the interim to allow time to determine the spread of skills and experience of members with a view to providing a balanced workload for individual members throughout the term of the Board.

3 INTERIM PROPOSAL

The proposed interim Committee membership and other appointments for the new Auckland DHB Board Committee structure for the period through to either 26 February 2020 or 8 April 2020 is as follows:
(*Note: membership for the combined Committee meetings from Waitemata and Counties Manukau DHBs is subject to their Board approval and will be advised accordingly*)

Hospital Advisory Committee

Chair: (*To be Advised on 18 February 2019*)

Committee Members: All Auckland DHB Board members.

Ex officio: Pat Snedden

Finance, Risk and Assurance Committee

Independent Committee Chair: Dame Paula Rebstock

Committee Members: All Auckland DHB Board members and Norman Wong (Professor of Accounting and Finance, Head of the Department of Accounting and Finance, University of Auckland)

Community and Public Health Advisory Committee (combined meeting arrangements with Waitemata DHB. Auckland DHB may appoint five members)

Committee Members: Pat Snedden, Zoe Brownlie and three other board members. (*The remaining three members to be advised on 18 February 2019)*

Other Appointments

Starship Foundation Michelle Atkinson

Auckland Health Foundation (*to be appointed on 18 February 2019*)

Major Capital Programmes Expert Advisory Group Continue with the following external appointments until further notice: Norman Wong and Graeme Bell.

Conflict of Interest Policy Approval

Recommendation

That the Board:

1. **Approves the updated Conflict of Interest Policy for staff.**
2. **Notes that the Auckland DHB Conflict of Interest Policy has been reviewed as per audit and State Service Commission requirements.**

Prepared by: Marlene Skelton (Corporate Business Manager)
Endorsed by: Sue Waters (Chief Health Professions Officer)
Endorsed by: Mel Dooney (Chief People Officer)
Endorsed by Executive Leadership Team: Yes: 19 November 2019

1. Executive Summary

This paper is to request that the Board to consider and endorse the updated Auckland DHB Conflict of Interest Policy and to approve the recommendations noted above.

The policy has been revised so it meets with the standards published by the State Services Commission in May 2018. This has necessitated a section entitled "Standard Statements" being inserted in the policy.

The policy has been considered and endorsed by the Executive Leadership Team. It is recommended that the Board approve the revised Conflict of Interest Policy.

2. Introduction/Background

The State Services Commission in the middle of last year issued Model Standards in regard to the management of Conflicts of Interest. All Public Bodies were asked to adhere to these standards and to ensure that they were encapsulated in all policy and process documentation.

These standards have been considered during the regular scheduled review of this policy and are included as section three in the policy.

Regional Internal Audit in late 2018 looked at the compliance with the Conflict of Interest policy below the Board and Senior Management level and recommended that a comparison between the State Services Commission standards and the existing Auckland DHB policy be undertaken and the policy revised accordingly.

3. Analysis

The reviewed policy is applicable to all Auckland DHB employees. The procedures by which Board and Committee members identify, declare and manage conflicts of interest are set out in the Auckland DHB Board Governance Manual.

Changes have been made to reflect the requirement to:

- have all new candidates that reach interview stage to be alerted to the organisations expectations around the management of conflicts of interest
- have all new candidates offered a position complete, review and disclose any potential conflicts of interest and that these are referred to in any contractual agreements and a completed declaration held on the personnel file and in a central register
- Training on recognising and disclosing conflicts of interest is covered in induction
- Managers are provided tools to recognise, receive and deal with conflicts of interest
- The central register is regularly reviewed as part of an audit programme
- A mechanism exists for raising any concerns about a conflict of interest.

The revised policy was sent out for consultation by seeking input from Legal, Finance, Human Resources and the Chief Medical Officer. Revisions based on comments received during consultation were included and all parties have confirmed they are supportive of the proposed revised policy being submitted as final for approval by the Board.

Appropriate additional procedures are being developed to support the changes listed above so that process is improved, visability is increased and more staff are being captured consistently and that the process is in general is more representative. All these changes will take six months to fully implement and within 12 months, at the next full review, an improvement in each area is expected.

4. Conclusion

The Conflict of Interest policy has been reviewed and revised to ensure currency and incorporate the model standards promoted by the State Services Commission. A range of supportive process improvements are being developed and will be implemented over a six month period

It is recommended that the Board approve the revised policy for adoption.

Conflict of Interest

Unique Identifier	PP01/STF/003
Document Type	Policy
Risk of non-compliance	may result in a small degree of harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board
• Directorate(s)	Auckland DHB Organisation wide
• Department(s)	All Auckland DHB Departments
• Used for which patients?	n/a
• Used by which staff?	All Auckland DHB employees. It includes commercial transactions and recruitment of employees, any person seconded or contracted to the Auckland DHB and students training in DHB premises, as well as clinical research and related activities such as funding and research grants.
• Excluded	n/a
Keywords	Transaction, Interest in a transaction, Conflict of Interest, Related party, Gifts, Sponsorship, Donation, Corporate Hospitality
Author	Corporate Business Manager
Authorisation	
• Owner	Chief Executive & Endorsed by The Board
• Delegate / Issuer	• Corporate Business Manager • Chief Financial Officer
Edited by	Document Control
First issued	01 August 1995
This version issued	[Publish Date] - updated
Review frequency	3 yearly

Contents

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Overview
This document outlines the policy to ensure that decisions made by the District Health Board are not influenced by the personal interests of its employees. The District Health Board acknowledges that conflicts do exist from time to time; with openness and transparency, these can be managed positively.

1. Introduction

Purpose

Our District Health Board is committed to providing a fair, ethical and accountable environment for the conduct of health system operations. All employees are expected to perform duties in a fair and unbiased way and not to make decisions which are affected by private interests or personal gain. The integrity and fairness of the decisions and actions taken by employees could be undermined if, when performing their duties, a conflict between the District Health Board and private interests exists or appear to exist.

To protect the integrity of the District Health Board and its employees, conflicts of interest need to be properly managed. Employees have an on-going obligation to disclose any conflict of interest, or potential or perceived conflict of interest.

Conflicts of interest must be as transparent as possible. The generally accepted view is that where conflict between the organisation's duty, requirements and private interest exists, matters must be resolved in the organisation's interest.

Scope

This policy applies to all District Health Board employees. It includes commercial transactions and recruitment of employees, any person seconded or contracted to the Auckland DHB and students training in DHB premises, as well as clinical research and related activities such as funding and research grants.

Employees must disclose all interests, regardless of whether they consider they may or may not be in conflict with Auckland DHB.

Note:
The procedures by which Board members and members of committees identify, declare and manage conflicts of interest are set out in:

- The Auckland DHB Governance Manual
- Part 2 of the Crown Entities Act 2004
- Schedule 3 of the New Zealand Public Health and Disability Act 2000

2. Model Standards

The State Services Commission has stated that public bodies must exercise a high standard of judgement around the management of conflicts of interests and to assist in supporting pubic

bodies achieve this they have released a set of minimum expectations in the form of model standards which it expects public bodies to incorporate into policy and process.

Standard statements

Organisational commitment, leadership and culture

Regular statements will be issued by senior leadership of their expectation of people within the organisation to act honestly and ethically and to fully and openly disclose conflicts of interest.

Appointment and engagement

1. Human Resources will ensure that candidates who reach interview stage are alerted to the possibility of conflicts of interest and the organisation's expectation that people will act honestly, ethically and fully disclose actual and potential conflicts of interest that are then formally recorded.
2. Human Resources have a procedure to allow candidates who reach interview stage to review and disclose potential conflicts of interest as part of the pre-selection process.
3. Human Resources ensure conflicts of interest are explicitly referred to in contractual agreements, with individuals required to sign that they have read and understood the organisation's expectations and accept responsibility for identifying and recording their relevant private interests.

Training and awareness

1. Existing and potential staff understand and are alert to the possibility of conflicts of interest and the requirements to disclose them.
2. Training on recognising and disclosing conflicts of interest is covered in induction for staff and contractors supported by regular reminders of an individual's responsibility to disclose.
3. Managers are provided with training in how to recognise, receive and deal with conflicts of interest, how and when to access professional advice, avoid and manage conflicts and handling complaints or breaches of the policy.

Managing conflicts of interest

1. Processes are in place for disclosing, recording and responding to conflicts of interest.
2. A process exists for managing conflicts of interest that includes what constitutes a conflict, options for managing it, who makes decisions and potential consequences of non-compliance.
3. Clear documented responsibilities and actions for managers receiving, accessing, managing and monitoring disclosed conflicts of interest exist.

Monitoring and auditing

1. All conflicts of interest are centrally recorded and designated people exist to track, monitor and report to senior leadership.
2. Conflicts of interest are included in risk management registers and reporting.
3. The conflict of interest register is regularly reviewed and updated as part of an audit programme.

Raising concerns

1. A mechanism exists to allow individuals to raise concerns about how the organisation is managing their declared interest or any suspected impropriety in relation to disclosure/non-disclosure of interests or the management of interests
2. All concerns raised will be assessed, recorded and acted on in a timely way

3. Policy Statements

1. Where an employee or their related party has an interest (or potential interest) in a transaction – financial, professional or personal –or could be influenced or perceived as being influenced by a personal or private influence which may potentially conflict with their obligations to the District Health Board, they must declare that interest to the appropriate Manager or Clinical Head.

2. Where an employee or their related party has a (potential) conflict of interest, this must be discussed with the appropriate Manager/Clinical Head, and they are to decide whether any change to the employee's activities is required to mitigate any conflict and determine what other steps are necessary to appropriately deal with the interest. Such decisions will be made in conjunction with the appropriate General Manager and Legal Counsel where appropriate.

3. Employees have an on-going obligation to disclose actual, potential or perceived conflicts of interest. They should err on the side of caution; if they are unsure whether they have a conflict of interest in a particular situation, they should discuss the matter with their manager or professional lead.

4. Where an employee or their related party has a conflict of interest and has knowingly withheld this information, and/or acted to their own advantage, the employee may be subject to disciplinary action up to and including dismissal.

5. Conflicts of interest must be either eliminated or managed in the best interest of the DHB.

The meaning of conflict of interest

A conflict of interest exists when it is likely that an employee could be influenced or could be perceived to be influenced by a personal or private interest in *any transaction* whilst carrying out their responsibilities for the District Health Board.

Transaction means:

- *The exercise or performance of a function, duty, or power of the District Health Board; or*
- *An arrangement, agreement, or contract to which the DHB is a party; or*
- *A proposal that the District Health Board enter into an arrangement, agreement, or contract; or*
- *The development of a strategy or policy that will guide future decision-making on service provision, purchasing, contacting or staff employment.*

The functions the relevant individual performs, and delegated authorities that employee holds at the District Health Board, will need to be considered to determine how a conflict of interest may arise.

A personal or private interest are those interests that can bring benefit or disadvantage to an employee as an individual, or to others whom the employee may wish to benefit or disadvantage.

An Interest in a Transaction that can lead to a conflict of interest may exist where an employee:

- will derive financial, professional or personal benefit from the transaction
- has financial interest in another party to a transaction
- is a director, officer or trustee of another party to the transaction, or is a person who will or may derive a material financial benefit from the transaction
- is a shareholder of another party to the transaction
- has an interest in another party tendering for work which the DHB is contesting
- is the parent, child, spouse, sibling, partner or close friend of another party to the transaction, or a person who will or may derive a financial benefit from the transaction.

Examples of interests employees should consider are:

- Shares they own;
- Their having made or received a donation or gift when there is a related or associated transaction;;
- Their being an adviser, employee, trustee or director of another business or organisation;
- Their being a member of a professional body;
- Their family affiliations;
- Any business proposals they are developing.

See Appendix 1 for a list of situations where conflicts of interest may potentially occur. Be aware that these are examples only and that the list is not exhaustive.

Actual, perceived and potential conflicts of interest

Conflicts of interest can be actual, perceived or potential.

An actual conflict of interest involves a direct conflict between an employee's current duties and responsibilities and existing private interests.

A perceived or apparent conflict of interest can exist where it could be perceived, or appears, that an employee's private interests could improperly influence the performance of their duties, whether or not this is the case.

A potential conflict of interest arises where an employee has private interests that could conflict with other official duties in the future.

For advice, please contact your relevant manager in the first instance.

Competing interests or conflict of duties

Conflicts of interest can also arise where an individual has official roles in more than one public organisation. In these situations, it may be difficult for a public official to keep the roles separate and this can lead to poor performance of one of the roles, at least, and unlawful or improper decision making at worst, or improper use of information to give advantage to the second organisation, etc.

These types of conflict are not always recognised because no private interest is involved or apparent. These situations are usually described as one of competing interests or a conflict of duty, and are best managed on the same basis as conflict of interest.

Employment of, or promotion of, relatives

There are situations under Section 32 (exception in Relation to Family Status) of the Human Rights Act 1993 which allow an employer to impose restrictions on the employment of any people who are married to, or living in a relationship in the nature of marriage with, or who are related to another employee. Managers recruiting staff must ascertain whether the appointment of a person may create an actual, potential or perceived conflict of interest. Employees should inform their manager in the event that, subsequent to commencing employment, they enter into a relationship that causes an actual or potential conflict of interest or a perception thereof. Managers should refer to the Recruitment Policy for further information.

Deciding if a conflict of interest exists

Employees should ask themselves the following questions to help decide if a conflict of interest exists or could be perceived by any person to exist:

- Do I, a relative, friend or associate stand to gain/lose financially from the District Health Boards decision or action on this matter?
- Do I, a relative, friend or associate stand to gain/lose in any way from the District Health Board s decision/action?
- Am I in a position to influence decision making about a matter related to a potential personal or professional interest?
- Have I made any promises or commitments in relation to this matter?
- Have I received a benefit or hospitality from someone who stands to lose or gain from the District Health Boards decision/action?
- Am I a member of an association, club or professional organisation, or do I have particular ties or affiliations with organisations or individuals, who stand to lose or gain from the District Health Boards consideration of the matter?
- Could there be benefits for me in the future that could cast doubt on my objectivity?
- If I do participate in assessment or decision-making, would I be happy for my colleagues and the public to be aware of any association or connection?
- Would a fair and reasonable person perceive that I was influenced by personal interest in performing my public duty?
- Do I need to seek advice or discuss the matter with an objective party?
- Am I confident of my ability to act impartially and in the public interest?
- Do I need to declare the matter to my manager or to the relevant decision making group?
- Might I be perceived as favouring a particular person or firm because of a longstanding association?

- Am I in a position to influence development of a particular strategy or policy that will guide future decisions from which I may benefit personally?
- When I am making a presentation or recommendation to the Board or other decision-making group, are they aware of my interests (including private practice commitments) which might be perceived as influencing the advice I am giving?

4. Dealing with Conflicts of Interest

Disclosure of Conflict of Interest

After determining that a conflict of interest may exist in a particular situation, the individual employee must disclose any actual or potential interest they have (whether pecuniary or non-pecuniary).

The employee should disclose to their manager and/or any relevant decision making group, or the responsible decision making person, his or her conflict of interest at the first available opportunity, for a decision as to what action should be taken to avoid or deal with the conflict. Disclosures are to be treated as confidential if appropriate.

A disclosure should provide relevant information such that management can make an informed decision about how best to manage the actual or potential conflict of interest.

Specific information disclosed must include:

- The position at issue (the role) and its functions and duties specifically in relation to the transaction
- The potential value (direct and indirect) of the transaction
- The way in which the interest or conflict will or may impact on the performance of the employees role
- An explanation of any personal benefit – perceived, actual or potential, direct or indirect, financial or otherwise – resulting from the transaction
- Possible future involvements and benefits

Disclosures should be made verbally and in writing. An employee who has a conflict of interest must ensure that the interest is reported to the Corporate Business Manager for recording in the Staff Interests Register.

If an employee, their manager or professional lead is uncertain whether a particular situation constitutes a conflict of interest they should err on the side of caution and arrange for the interest to be declared and recorded in the interests register. If further advice is needed on whether or not the particular situation constitutes a conflict of interest, the matter can be referred to Legal Counsel or the Corporate Business Manager for guidance.

Documentation of Conflicts of Interest

The existence of a conflict of interest by a member of staff must be documented in an Interests Register.

This documentation should note:

- The name of the employee
- The nature of their interest in the transaction, and
- What role they had in the transaction e.g. no role, only involved in the discussion but not the decision, full involvement.

In circumstances where issues have been discussed and it has been decided that there is no conflict of interest then there is no need to declare this, unless this is the expressed wish of the employee involved. It is best practice for the DHB to acknowledge that interests have been declared and recorded appropriately.

Interests Register

An Interests Register is to be maintained by the Corporate Business Manager to record all interests (actual or potential) for all staff and that the register be available for inspection by Internal Audit and Legal Services as required.

The register is to incorporate as a minimum the following information:

- Name of the person declaring the interest
- Name of the person the interest was declared to
- Date of declaration
- Organisation or individual involved
- Brief description of matter
- Action taken/comments and how the conflict of interest will be managed/mitigated.

Every manager of staff is responsible for ensuring that:

  - any staff within their area of responsibility who are required to complete an interests declaration does so.
- a copy of each completed form is sent to be maintained in a central folder.
- any interests that are declared are recorded, along with a description of what will be done to manage the interest (for example, arranging another staff member to take over responsibilities relevant to the interest, ensuring the staff member is not part of specific procurement processes)
  - advice is sought from Legal Counsel and/or HR department as required in relation to specific issues that may arise in relation to conflicts.

5. Options and appeals

Options for dealing with a conflict of interest

Generally, if a pecuniary interest is disclosed, the individual with the interest must not be involved in consideration or discussion of the matter in which he or she has the interest and must not vote on any question relating to the matter.

In rare situations, this may not be possible, for example, if a conflict of interest is identified at or near the conclusion of a process. Appointing an independent person to be involved in decision-

making would minimise the actual or perceived influence or involvement of the person with the actual or reasonably perceived conflict.

However, a broader range of options exists for dealing with conflicts of interest that do not have a pecuniary component. Choosing the right option to deal with the situation will depend on the circumstances and an objective assessment of it.

Options can include:

- Take no action because the conflict is assessed as being minor in nature or is eliminated by disclosure or effective supervision.
- Allow limited involvement (e.g. participate in discussion, but not in decision-making).
- Prohibit any involvement.
- Request the individual concerned relinquish or divest the personal interest which creates the conflict.
- Appoint an independent person to manage the process to provide assurances of fairness and equity in the matter.

Appeals process

If an employee and their manager disagree with respect to any Conflict of Interest issue, an appeal may be made for a review to the Chief Human Resources Officer, or the Chief Medical Officer, or through other options available to the employee.

6. Definitions

Term	Description
Conflict of Interest	In the context of the public sector there is a conflict of interest where: *"A member's or official's duties or responsibilities to a public entity could be affected by some other interest of duty that the member or official may have".*
Relationship	A personal level of connection, association, interaction or interdependence with any other person who may or may not be a life partner, intimate other, blood relative or member of the same household
Relative **Related Party**	For the purposes of this policy, a relative means any other person who: • is related by blood, marriage (whether legal or de facto), affinity, or adoption; or • is wholly or mainly dependent upon the employee; or • is a member of the employee's household. s.2(1)(c) Human Rights Act 1993

7. Legislation

What	Description

What	Description
NZ Legislation	• Crown Entities Act 2004 • NZ Public Health and Disability Act 2000 • Employment Relations Act 2000
NZ Standards	• State Services Commission – Model Standards

8. Associated documents

Term	Description
Board Policies	• Conduct - Standards • Discipline and Dismissal • Gifts, Sponsorship, Donations and Corporate Hospitality Policy • Delegated Authority Policy
Other	• Auckland DHB Governance Manual • Staff Interests Register • Managing Conflicts of Interest – Good Practice Guide (2007) – Office of the Auditor-General • PBE IPSAS 20 Related Parties Accounting Standard • Conflict of Interest Guidelines for DHBs – Ministry of Health

Search

Key words to be recorded for Intranet search functions related to this topic are as follows:

- Transaction
- Interest in a transaction
- Conflict of Interest
- Related party
- Gifts
- Sponsorship
- Donation
- Corporate Hospitality

9. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed ***before*** the scheduled date, they should contact the owner or Document Control without delay.

Appendix 1: Conflict of Interest examples and recommended actions

Listed below, under various classifications, are situations where conflicts of interest may potentially occur and a recommended action to avoid or deal with the conflict.

Purchasing of goods and services or letting of contracts

Situation	Recommended Action
Accepting gifts or benefits from Suppliers, or other individuals, involved in the provision of goods and/or services could present a conflict of interest or obligation and be perceived as encouraging or obliging the employee to favour that supplier. Gifts and benefits can take many forms e.g. Lucky door prizes, raffles, travel, meals. It also includes opportunities to attend educational conferences or meetings and attendance at or participation in sports events.	Refer to your policy on Gifts, Sponsorship, Donations and Corporate Hospitality. Best practice is to accept the gift on behalf of the unit for which you work. Report that you received the gift to your manager to record the details appropriately. Complete the Gifts, Sponsorship, Donations and Corporate Hospitality Declaration form. Note that there are limits placed on the value of gifts that can be received. *Relevant register: Gifts Register*
Selection of Tenders/Appointment of contractors: Preferring tenderers or prospective contractors with whom there is a private relationship	Where there is a private interest with any Tenderer or contractor, the employee must declare their conflict of interest and withdraw from the selection process. *Relevant register: Staff Interests Register*

Recruitment

Situation	Recommended Action
Sitting as a member on selection panels Where applicants for the position are known to the member personally, as family, friend or close associate, to an extent that could be considered to be a conflict of interest.	Declare the interest and withdraw from any part of the recruitment process is the preferred option; however, in some situations it may be necessary to include the person with the conflict on the panel (for example in cases where they have specific expertise that is required). In these cases, it may be an option to include an independent person in the recruitment process. *Relevant register: Staff Interests Register*

Situation	Recommended Action
Being in a position **to influence the Selection**, or non-selection, of an applicant for a position where the applicant is known personally and involvement could be perceived to be a conflict of interest.	Declare the interest. Other choices as noted above. *Relevant register: Staff Interests Register*

Staff administration

Situation	Recommended Action
Having a **close personal and/or family relationship** with another employee over whom control is exercised.	All employees are to be treated equally and fairly and any relationships that could be perceived to be of possible concern should be brought to the attention of the appropriate senior employee. If it appears that employees are being given preferential treatment, these concerns should be addressed through the disciplinary process. *Relevant register: Staff Interests Register*

Presentations to the Board or other decision makers

Situation	Recommended Action
Making a written or oral presentation to the Board (or to another Auckland DHB decision-making body) about equipment, facilities or services when the presenter has, or is contemplating, private sector involvement in a similar service.	At the start of the presentation the presented is expected to explicitly declare their private practice involvement. The Board or other decision making body then as an opportunity to ask questions about this interest. When arrangements are being made for a staff member to make a presentation to the Board, the staff member will be reminded of the expectation to declare private practice commitments. *Relevant register: Staff Interests Register*

Client/patient relationship

Situation	Recommended Action
Providing information or making recommendations to client/patient regarding service providers where one of the service providers is a **close friend/relative**, etc. Providing information or making recommendations to patients by recommending yourself in a private capacity.	Staff are not to give preferential treatment to personal associates at the expense of others. (Wherever practicable, staff are not to recommend any one service provider or firm. They should provide "lists" of available service providers/firms.) If a staff member is found to have received a financial return for recommending one service provider, or firm, or oneself, disciplinary action taken may include dismissal. *Relevant register: Staff Interests Register*

Membership of associations or clubs, professional organisations, political parties

Situation	Recommended Action
Being involved in decision-making processes of the District Health Board or a professional body, association, etc. that could have an effect on the method of operation of the District Health Board or that association, club, professional organisation, etc. that the employee is a member of, or has an interest in.	Declare the interest and allow management to determine the extent of involvement. If an employee is found to have made or influenced a decision to the District Health Board's detriment, then that employee could be subject to disciplinary action and possible dismissal depending on the circumstances. *Relevant register: Staff Interests Register*

Clinicians and other health professionals

Health professionals encounter a variety of circumstances in their day-to-day work, which could give rise to potential conflicts of interest.

Situation	Recommended Action
Establishing a relationship with a **pharmaceutical company or medical equipment supplier** where it could be perceived that preference was given to that particular company during procurement/ tendering process.	Declare any potential conflict of interest to the Chief Executive Officer (CE) or authorised delegate(s) e.g. your manager. *Relevant register: Staff Interests Register*
Accepting **travel and accommodation fees** .	Obtain approval from CE or authorised delegate(s) for accepting travel and accommodation fees. *Relevant register: Gifts Register*

Situation	Recommended Action
Accepting **payment of fees** and/or honorariums for sitting on committees.	If a fee-for-service is received and the service is provided during working hours, then the income must be declared and provided to the organisation. (Also refer to Secondary/Additional Employment Policy). *Relevant register: Gifts Register*
Participating on **professional boards, committees, societies**, etc. Which could constitute a conflict of interest with position held in health organisation.	Obtain approval from CE or authorised delegate(s) to participate in external boards, etc. where there is any or could be a perception of a conflict with the duties or functions performed in the health organisation. *Relevant register: Staff Interests Register*
Having **directorships** and **share holdings** in private companies, associations, etc. which deal with the health organisation.	Declare the interest to the CE or authorised delegate(s) who would then decide whether a conflict of interest existed and possibly restrict the person's involvement in the District Health Board s processes or request resignation from external involvement. *Relevant register: Staff Interests Register*
Evaluating new **products / drugs** where decisions may be influenced by personal associations/offers of samples or equipment, whether to the individual or the organisation.	Declare any potential conflict of interest to the CE or authorised delegate(s). *Relevant register: Staff Interests Register*
Evaluating **new products / techniques devices** developed by employees also involved in clinical trials of same; or when a company licensed to use an employee's invention is sponsoring trial to be undertaken with the District Health Board.	The Clinical Practice Committee must review this as per their terms of reference. They will decide on how to manage the conflict and legal responsibilities. *Relevant register: Staff Interests Register*

Improper actions

Promoting friends or relatives where other employees are more deserving.

Preferentially rostering staff to the advantage of particular individuals due to personal association with those persons. This can have financial (penalty rates, etc.) advantage to the favoured individuals to the disadvantage of other employees.

Allocation of overtime regularly to particular individuals to the disadvantage of other persons equally entitled and equally efficient.

Assessment and/or inappropriate recommendation of particular individuals over others because of personal associations, for such things as:

- Training courses
- Attending conferences
- Job or advancement opportunities

Recommending incremental progression, or non-progression, of particular employees due to personal interests, or attitudes, that are not aligned to the work situation.

Giving preference for the taking of leave by individuals to the detriment of others due to personal association.

Not applying the same rules equally to all employees because of personal association, e.g. failure to address issues of late attendance, non-performance, etc.

Management Development Programme | Tairanga Arataki – Deep Dive

Recommendation

That the Board receives the Management Development Deep Dive report for December 2019.

Prepared by: Monique Le Heron (Organisation Development Practice Leader) and Sarah McLeod (HR Director – Organisational Development)
Endorsed by: Mel Dooney (Chief People Officer)

Glossary

Acronym/term	Definition
MDP	Management Development Programme
OD	Organisational Development

1. Executive Summary

The purpose of this report is to provide an update on the progress of the Management Development Programme (MDP) - an initiative identified within the People Strategy to meet the development needs of our people leaders. A report was provided to the Board in June 2019 outlining the design process, the implementation approach, feedback from participants and the uptake so far. This report aims to share the progress since June, uptake and feedback on the modules and our plan to continue to engage our Managers in this programme next year.

2. Background

The MDP is comprised of 16 online modules and 6 face to face workshops. These modules have been, and are continuing to be, released since February 2019.

3. Progress to date

Of the 16 online modules, 10 have been released so far. Of the face to face workshops, 3 have been released so far. The table below shows what modules are available and which modules still remain to be launched.

Released modules and corresponding workshops:

Online Module	Face to Face Workshop
Role and Responsibilities of being a Manager at Auckland DHB	Intro to MDP
Recruitment and Selection	Interviewing at Auckland DHB
Developing People	Developing People
Leading our Values	**Total:** 3 face to face workshops
Onboarding	
Uncovering MOS	
Speak Up	
Health and Safety	
Risk Management and Conduct	
Payroll Matters	
Change Leadership	
Total: 11 online modules	

Modules and corresponding workshops under development:

Online Module	Associated Face to Face Workshop
Anti-Racist Leadership	Anti-Racist Leadership
Managing Employment Issues	Courageous Conversations
Team Development	Creating a High Performing Team
Finance	**Total:** 3 face to face workshops
Employment Relations	
Total: 5 online modules	

The Organisation Development (OD) team is working on the design and release of the above remaining modules and workshops. These are progressing well and will be launched as the year ends and in to the beginning of next year. The Anti-Racist Leadership module directly supports our organisations key priority of eliminating inequities and this module and face to face workshop focuses on a manager's role in this space.

Future modules

We have set out to complete the initial 16 modules however recognised early on that we would consider other topic areas for inclusion as and when needed. Recently, requests to include 'Quality and Safety' and 'Just Culture' modules have been raised so we will work through a process to determine how these can be included.

4. Uptake of programme and reporting

The MDP is open to all employees at Auckland DHB with an interest in developing their skills, however the target audience for this programme is our Managers – that is, anyone with a team member or direct report. We also want to ensure Aspiring Managers are supported if they want to participate on this programme as a pathway to becoming a Manager. Consequently, we are reporting on the uptake of this programme for both Managers and Aspiring Managers within each Directorate every month. This allows Directorate Leadership teams to identify their Managers who are participating, and who in their Directorates are aspiring to become a Manager.

Organisation Completion Data

Topic	Launch Month	Total # Completions	#Completions for Mgrs	% of overall Mgr completions[1]	# completions Aspiring Mgrs[2]
Role of a Manager*	Feb	211	94	15.7%	117
Leading Our Values	Feb	281	121	20%	160
Onboarding	March	202	89	15%	113
Uncovering MOS	March	116	50	8.4%	66
Speak Up	May	131	59	10%	72
Developing People*	May	126	50	8.4%	76
Recruitment and Selection*	July	68	28	4.7%	40

[1] The percentage of overall Manager completions is calculated by comparing the number of completions against our total Manager population which is 595 employees.
[2] A percentage for our Aspiring Managers is not possible as this could theoretically be compared against all 11,000 employees.

Change Leadership	August	101	43	7.2%	58
Health and Safety	Sept	78	34	5.7%	44
Risk Management & Conduct	Sept	46	16	2.6%	30
Payroll Matters	Oct	47	26	4.3%	21

This data shows that for 10 out of the 11 topics, Aspiring Managers have a higher completion numbers than our Managers. Modules that were released earlier in the year tend to have a higher numbers of completions compared to modules that were released one or two months ago. The topics with an asterisk beside them indicate they have a face to face workshop. The completion data above for these topics indicate that participants have completed both the online module and the face to face workshop.

Module Completion Data within each Directorate

Each month module completion data is reported on within each Directorate. It shows the percentage of Managers within each Directorate that have completed specific modules. This report is shared with the HR Partnering and Management team to enable HR Managers to work with their Directorate Leadership teams to increase uptake of the programme. It also enables positive reinforcement and recognition for Managers who have high participation.

Feedback

After participants complete an online module or a face to face workshop a feedback survey is sent. This allows us to track what modules are being rated well and which ones could be improved. The qualitative comments allow participants to provide specific feedback on what they enjoyed as well as what could be improved.

Below is a summary of how each online module is rated on average so far. The rating scale is from 1 (poor) to 10 (excellent).

	Change Leadership	Developing People	Health & Safety	MOS	Onboarding	Payroll	Recruitment & Selection	Risk Mgmt & Conduct	Role of a manager	Speak-Up	Leading our Values
Average	8.97	8.76	8.74	8.73	8.86	8.04	8.82	8.53	8.44	9.04	8.75

Qualitative feedback on the face to face workshops:

- *The strength of the affinity bias really struck me and why we need to be aware of this*
- *Behavioural interviewing – I learned how to structure questions to be able to assess the interviewee's experience and suitability for a role*
- *It is such an amazing way to bring some "reality" into the programme and the individual learning process*
- *Coaching conversations - I have learnt that to start off a conversation with your staff, you don't necessarily have to know what the problems or the answers beforehand. You only need to be very attentive, probe/ask questions as much as you can and by actually having the conversation, you don't realise that it will naturally (most of the time) lead to the participants finding a resolution to things*

5. Engagement strategies and next steps

With five online modules and three face to face workshops under development, the priority for this calendar year is to ensure these are completed and launched. Looking ahead to next year, the focus will be on engaging our Managers to participate on the programme to increase the level to uptake we are currently seeing and to implement continuous improvement strategies.

Our current planned engagement strategies for 2020 include:

- MDP celebrate events for all graduates who have completed the full programme
- MDP graduates will receive a pin to wear
- Lunch and learn series where guest speakers are invited to share their management / leadership journey
- Leader-led master classes which are workshops dedicated to a specific topic which are led or co-facilitated by leaders from within the organisation
- Investigate accreditation options
- Link programme to Career Development Tools i.e. Fuel50
- Face to face workshops co-facilitated by senior leaders from within the organisation to ensure an experienced voice in the room who knows the realities managing at ADHB
- Directorate Leadership teams to include specific modules/topics/programme in to their KPIs and objectives

Continuous improvement strategies:

- Quarterly reviews for all online modules by subject matter experts to ensure content is up to date and accurate
- Establish inclusion criteria to determine if/what new modules could be included
- OD team members taught to use module editing software – enables continuous editing capability with no additional cost to the organisation
- Evaluation report conducted by external company to measure impact of the programme

6. Conclusion

The MDP is a key initiative in the people strategy to enable our Managers to do their life's best work. The focus for 2019 is to complete the programme development. The focus for 2020 is to ensure optimal engagement and participation from our Managers and to focus efforts on continuous improvement to ensure this is an effective and sustainable programme for years to come.

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	N/A	N/A
2. 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 6 November 2019	**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. Confidential Action Points - NIL	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**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)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is 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.	
6.1 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)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 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]
7.2 People Dashboard	**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 Finance, Risk and Assurance 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)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee 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)]	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]
9.1 Submission to the	**Commercial Activities** Information contained in this report is	That the public conduct of the whole or the relevant part of the meeting would

Justice Committee on the Inquiry into the 2019 Local Elections by the Waitematā District Health Board on behalf of the Northern Regional Governance Group (Auckland, Counties Manukau, Northland and Waitematā DHBs	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 obligation of confidence is enclosed in the report.	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]
9.2 Capital Budget Expenditure Pool for Surgical Instruments	**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]
9.3 National DHB Healthy Food and Drink Policy: Progress Update	**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]
9.4 Capex Variation Approvals Seed Funding Projects PICU Expansion and Atrium Refurbishment	**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)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is 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]
10 Discussion Reports – Nil	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act

		1982 [NZPH&D Act 2000]
11 Information Reports - Nil	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
12 General Business	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]