AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 03 July 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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Published 28 June 2019

Agenda
Meeting of the Board
3 July 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	Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Joanne Gibbs	Director Provider Services
Judith Bassett	Dame Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Zoe Brownlie	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Penelope Ginnen (Deputy Board Chair)	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	Shayne Tong	Chief Digital Officer
Gwen Tepania-Palmer	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Bruce Levi	General Manager Pacific Health
	Rachel Lorimer	Director Communications
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Marlene Skelton	Corporate Business Manager
	Allan Johns	Director, Facilities and Development
	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)	

Agenda

Please note that agenda times are estimates only

10.00am **1. ATTENDANCE AND APOLOGIES**

2. REGISTER OF INTEREST AND CONFLICTS OF INTEREST

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

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

3. CONFIRMATION OF MINUTES 22 MAY 2019

10.05am **4. ACTION POINTS**

10.05am **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
11.10am	**7.**	**COMMITTEE REPORTS**
	7.1	Hospital Advisory Committee
11.15am	**8.**	**DECISION REPORTS**
	8.1	Health and Safety Group Operational Procedures
	8.2	Official Information Act – Policy
11.25am	**9.**	**INFORMATION REPORTS**
	9.1	Statement of Performance Expectations (SPE) Performance Report: Quarter Three 2018/19
	9.2	Supportive and Inclusive Employment – Deep Dive
	9.3	Auckland DHB Equity Deep Dive
	9.4	Management Development Programme : Tairanga Arataki – Deep Dive
	10.	**GENERAL BUSINESS**
12 Noon	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	Wednesday 14 August 2019 at 10.00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

Members	04 Jul. 18	15 August 18	26 Sep. 18	07 Nov. 18	19 Dec. 18	27 Feb 19	10 April 19	22 May 19
Pat Snedden (Board Chair)	1	1	1	1	1	1	1	1
Joanne Agnew	x	1	1	1	1	1	1	1
Doug Armstrong	1	1	1	1	1	1	1	1
Michelle Atkinson	1	1	1	1	1	1	1	x
Judith Bassett	1	1	1	x	1	1	1	x
Penelope Ginnen (Deputy Board Chair)	N/A	N/A	N/A	1	1	1	1	1
Zoe Brownlie	1	x	1	1	1	1	x	1
Lee Mathias	1	1	1	1	1	1	1	1
Robyn Northey	1	1	1	x	1	1	1	1
Sharon Shea	1	1	x	1	1	1	x	1
Gwen Tepania-Palmer	1	1	1	1	1	1	1	1
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 Chair – The Big Idea – Not-for-profit-trust 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	9.10.18
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	29.03.2019
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
Judith BASSETT	Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband - shareholder of Westpac Banking Corporation	29.03.2019
Zoe BROWNLIE	Workplace Programme Lead at YWCA Board Member – RockEnrol Unless Consulting - Director Partner – CAYAD, Auckland Council	14.05.2019
Penelope GINNEN	Trustee – Emerge Aotearoa Trust	22.11.2018

	Trustee – Emerge Aotearoa Housing Trust Director – Emerge Aotearoa Limited Director – Vaka Tautua Limited Trustee – Bruce Pulman Park Trust Trustee – Brainwave Trust Aotearoa Chairperson – Community Advisory Group to the Alcohol and Other Drug Treatment Court Member – Independent Advisory Group of Precision Driven Health Member of the Board – Auckland Philharmonic Orchestra Trustee – Recovery Solutions Trust Son – Operational Engineer at Fisher and Paykel	
Lee MATHIAS	Chair - Health Innovation Hub (until the end of the Viclink contract in line with the director appointment) Chair – Medicines New Zealand Director/shareholder - Pictor Limited Director – Pictor Diagnostics India Private Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Member – New Zealand National Party Chair – Collective Hospitality Limited	19.03.2019
Robyn NORTHEY	Shareholder of Fisher & Paykel Healthcare Shareholder of Oceania Member – New Zealand Labour Party Husband - member Waitemata Local Board Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Community Housing Foundation Husband – Shareholder, Summerset Group Holdings Husband – Shareholder, Oceania Healthcare	16.05.2019
Sharon SHEA	Principal - Shea Pita Associates Ltd Board member – Alliance Health Plus Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua Sub-contractor - Te Ha Oranga/Te Runanga o Ngati Whatua Director – Healthcare Applications Ltd Husband - Part owner Turuki Pharmacy Ltd, Auckland Husband - Board member - Waitemata DHB Husband – Director Healthcare Applications Ltd Chair – Maori Expert Advisory Group Contractor – The Moko Foundation Contractor – Impact Research Ltd Director – Manawaroa Ltd.	13.05.2019
Gwen TEPANIA-PALMER	Board Member - Health Quality and Safety Commission Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Alumnus – Massey University Director – Hauora Whanui Limited Northland Member – Lottery Waikato Community Committee	13.05.2019

Minutes
Meeting of the Board
22 May 2019

Minutes of the Auckland District Health Board meeting held on Wednesday, 22 May 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	Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Joanne Gibbs	Director Provider Services
Penelope Ginnen (Deputy Board Chair)	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Dr Lee Mathias	Chris Hutton	Acting Chief People Officer
Robyn Northey	Rosalie Percival	Chief Financial Officer
Sharon Shea	Meg Poutasi	Chief of Strategy, Participation and Improvement
Gwen Tepania-Palmer	**Auckland DHB Senior Staff Present**	
	Rachel Lorimer	Director Communications
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apologies of board members Judith Bassett and Michelle Atkinson be received.

That the apologies of executive leadership team members Shayne Tong, Chief Digital Officer, Sue Waters, Chief Health Professions Officer and Dr Margaret Wilsher, Chief Medical Officer be received.

That the apology of senior staff member Bruce Levi, General Manager Pacific Health be received.

Judith Bassett

Pat Snedden advised Board members that Judith Bassett, due to an accident, had applied for a leave of absence from the Board until the end of July 2019. The Board wished Judith well noting that the work she undertook was important and that her experience would be sorely missed from the Board.

Resolution: Moved Pat Snedden / Seconded Gwen Tepania-Palmer

That in accordance with Standing Order 2.10 Judith Bassett be granted a leave of absence from all meetings for which she is a member, until 30 July 2019, due to ill health.

Carried

2. REGISTER AND CONFLICTS OF INTEREST

The following amendments were to be made to the Interests Register:

Gwen Tepania-Palmer remove, "Committee member Lottery Northland Community Committee" and add, "Lottery Waikato Community Committee"

Sharon Shea advised that she was currently undertaking some work with ACC around Maori service model design in health and community support services.

She was also having conversations with Counties Manukau District Health Board regarding contracting to them in the Maori services space and should a contract be forthcoming would update her interests in this respect at the next Board meeting.

Pat Snedden advised that he was the Board Chairs Representative on the Shareholders Review Group of New Zealand Health Partnerships.

Lope Ginnen advised that she had been appointed as a District Court Judge to be based in Manukau. She was to be sworn in on 26 July 2019 which meant that she would be resigning as a member of the Board for Auckland DHB.

No members had conflicts of interest with any item on the open Board agenda.

Faumui Penelope (Lope) Ginnen

The Board Chair made a presentation on behalf of the Board to acknowledge and celebrate Faumui Penelope (Lope) Ginnen appointment as a District Court Judge.

Lope would remain on the Board of the Auckland DHB until 26 July 2019, with her last Auckland DHB Board meeting being 5 July 2019.

Pat Snedden paid tribute to Lopes rapid development in the governance space in the 15 years he had been associated with her, commenting on Lopes ability to place herself in positions that stretch her and to do well in them. Her work in the family court over the years had put her in a position of having to grapple with complex social issues that had assisted her understanding of the difficulties that existed within the current health system.

Lope responded that she had had an unusual legal career that had provided the opportunity of being involved with governance issues. She had welcomed the opportunity to work with these issues at a macro level whilst on the Board. She was looking forward to this next chapter in her career as District Court Judge.

Gwen Tepania-Palmer commented that it was notable that Lope had worked for a Maori and Pacific women law firm King Alofivae Malosi founded by Judge La-Verne King; Ali'imuamua Sandra Alofivae and Judge Ida Malosi. It was highly unusual to have all these women from the one firm on the bench. Gwen, while acknowledging the support that Lope had had from these women in her career, complimented Lope for her own hard work and tenacity in getting to where she had today.

Sharon Shea

Sharon Shea thanked the Board for their acknowledgement for her Mother's passing and thanked them for their kind words and the support which had meant a lot to her family.

3. CONFIRMATION OF MINUTES 10 APRIL 2019 (*Pages 8-20)*

Resolution: Moved Pat Snedden / Seconded Jo Agnew

That the minutes of the Board meeting held on 10 April 2019 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS *(Page 21)*

Item 5.2 Workplace violence and aggression.

A paper will be presented at the next HR subcommittee on 12 June 2019 dealing with this issue.

5. EXECUTIVE REPORTS

5.1 CHIEF EXECUTIVE'S REPORT (*Pages 22-35)*

Ailsa Claire, Chief Executive asked that the report be taken as read, highlighting and drawing attention to the following items in her report:

- His Royal Highness The Duke of Cambridge and Prime Minister Rt Hon Jacinda Ardern visit to the Starship Children's Hospital on ANZAC Day
- The success of The 2019 Nursing and Midwifery Awards

Gwen Tepania-Palmer formally acknowledged Margaret Dotchin and the nursing leadership team together with the Communications Team for the work behind the scenes that had made this a fantastic evening.

- Auckland DHB is in a period of negotiation with the NZ RDA
- Auckland DHB has been working in partnership with the Auckland branch of the New Zealand College of Midwives, the Midwifery Employee Representation and Advisory Service (MERAS) and the New Zealand Nurses Organisation (NZNO) on a new framework for midwifery. Marg Dotchin provided some context around the Midwifery 3 Rs explaining that it is a framework focusing on recruitment, retention and responsiveness. It involves working from the bottom up and getting the midwives ideas for improvement and a view of their experience in working for the Auckland DHB. This was launched at the end of April and currently feedback is being collected from the midwives regarding whether the tone and focus is right before establishing the groups that will be supportive of midwives to take the service forward.

Doug Armstrong asked whether the patients that had come through the system were sampled to get their views on the quality and timeliness of the service.

Margaret Dotchin advised that patients are currently sampled through the Patient experience surveys.

Pat Snedden asked whether historically Auckland DHB had sampled patients that have come to Auckland DHB to give birth. Margaret Dotchin confirmed that all women that give birth are sent a patient experience survey.

- Ailsa Claire acknowledged Sharon Shea whose services to Māori health and development were recognised in the 2019 New Year's Honours List.
- Shayne Tong who was recognised by CIO magazine as one of top 10 tech and digital chiefs in New Zealand for the work he is doing on digital transformation as Chief Digital Officer at Auckland DHB.

Resolution:

That the Chief Executives report for May 2019 be received.

Carried

5.2 Health and Safety Report *(Pages 36-81)*

Alisa Claire, in the absence of Sue Waters, Chief Health Professions asked that the Health and Safety report be taken as read, drawing attention in particular to two points made in the executive summary:

1. The work being done with ACC to match data of people reporting to ACC that they were injured with Auckland DHB data on presentations at ED. There is a significant data mismatch. This could be due to people reporting an injury that in fact did not occur or that there is under reporting occurring.
2. The audit on the depth of Health and Safety processes throughout the organisation, the results of which will be reported to the Board at the next meeting

Pat Snedden raised the issue of the Lone Worker and Board culpability. This had been raised in the Finance, Risk and Assurance Committee and he wanted to know where the audit of the issue was currently at. Advice was given that the audit had exposed a wider definition of what a Lone Worker can be categorised as. The issue has been taken back to the Directorates to widen the focus to consider and include not only those exposed in the community but also in other areas of operation so an action plan can be formulated. The audit and action plan will come back to the Finance, Risk and Assurance Committee and the Board.

Pat Snedden emphasised that in the first instance there was a need to understand and remediate risk where people who were external to the business were required to go into homes to provide a service. Systems must be in place to make it safe for people to do so.

Lee Mathias drew attention to page 44 of the agenda and asked that trend lines be inserted into graphs to indicate the movement of data.

Resolution:

That the Board:

1. Receive the Health and Safety Performance report for May 2019.

2. Endorses reporting of progress.

3. Requests trend lines to be used in graphs to indicate data movement.

Carried

5.3 Human Resources Report *(Pages 82-84)*

Chris Hutton, Acting Chief People Officer asked that the report be taken as read, drawing attention in particular to the following items that continue to be worked on:

- Management Development Programme – Six modules have been launched together with a number of face to face sessions. These have been well supported throughout the organisation with the programme on track for full delivery.
- M–Files – this project is currently on track to move the organisation towards a paperless employee record system including that historic back files are also digitised.
- Just Culture – an external provider, Outcome Engenuity has been engaged to provide briefing sessions on 10-14 June 2019 to the Executive Leadership Team/Senior Leadership Team, 50 Clinical staff and a number of non-clinical staff regarding Just Culture.
- MERAS settlements - midwives payments are to be made on Friday 24 May with work continuing on the PSA/Clerical settlement and payments.
- Refreshment of Auckland DHB careers / recruitment website is now live and was delivered on time.

Pat Snedden asked Chris Hutton to outline her highlights since stepping into the role. Chris commented that she is proud that the People Programme 2019/2020 which emanated from the "People Strategy, has been completed. It had been an enormous piece of work executed in a short period of time. It has been very well accepted by directorates and will help inform managers what they can do in their own services. Chris is enjoying the role.

Zoe Brownlie asked how the interviewing of Maori candidates was progressing in practice. Chris Hutton advised that it was going well. It was noticeable that a larger number of Māori and Pacific people were coming through the process. There were still some opportunities in areas to ensure applicants who meet a role's competency criteria are positively moved through to the interview process.

Resolution:

That the Board:

1. Receives the Auckland DHB Human Resources report for May 2019.

2. Notes the progress on Auckland DHB People Strategy commitments.

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report *(Pages 85-92)*

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

The following point was covered in discussion:

Lee Mathias queried whether the working capital was deteriorating. Rosalie Percival advised that at the end of last year the budget was (363,161) and the budgeted position for 2018/2019 was (381,686) with the actual figure at this point being (392,494) representing a small variance of $23,882. Of importance was what would occur with the creditor's provisions. How the unsettled Mecas were funded and how the issues around IDF were managed. While the cash reserve does have the potential to be impacted it is currently still in a strong position at this point.

Resolution:

That the Board receives this Financial Report for the nine months ending 31 March 2019.

Carried

6.2 Planning Funding and Outcomes Update (*Pages 93-108)*

Debbie Holdsworth, Director of Funding – Auckland and Waitemata DHBs asked that the report be taken as read advising that the last Community and Public Health Advisory Committee had carried two detailed papers on Pacific health and one on the Auckland Regional Public Health Service which are available on Diligent for any interested board members.

Pat Snedden asked whether Planning and Funding was getting what it needed at the Community and Public Health Advisory Committee level. Sharon Shea advised that progress had been made over time with a better and stronger equity lens being applied. The splitting of the agenda to allow for consideration of core business and then deep dives into particular issues has worked well.

Debbie Holdsworth advised that the Service was poised awaiting the release of the Wellbeing budget. The service was challenged rolling over into a new financial year without a full understanding of that budget.

Concerns around the complexity of how Pay Equity has been implemented were discussed. This has required significant input from staff at the opportunity cost of other priorities.

Debbie Holdsworth also drew attention to Public Health messaging and the importance of immunisation providing the following statistics:

> Flu doubles risk of heart attacks for those who are at risk. Vaccination is protective against:
> - 29% against heart attacks overall
> - 36% protective for those of high risk

The number needed to vaccinate to prevent one heart attack is 58
The number needed to vaccinate to prevent one heart attack in those with a recent heart attack is 8

15% of older adults hospitalised with flu experience catastrophic disability as defined as loss of independence > 2 basic ADLs

Flu vaccination particularly in pregnancy is an important equity intervention.

Pregnant women are at greater risk of getting flu and 3- 5 times more likely to be hospitalised. During the period of swine flu in NZ, 13% of deaths were pregnant women compared with only 1% of the population being pregnant.

Mother benefits of vaccination:
- half the risk of still birth
- decreased risk of preterm labour and small babies especially for Maori and women who smoke

Baby benefits (<6months old)
- 60-70% decreased flu
- 81% decreased flu admits
- 29% reduction in all febrile respiratory disease.

Pat Snedden commented that this was very powerful data worthy of wider circulation. The challenge would be in how to best communicate it so that it resonated with others. Karen Bartholomew advised that there was not a national forum to utilise for dissemination. Ailsa Claire suggested that it would be good to place it in a blog. Lope Ginnen asked that it be provided to her as she could disseminate through Pacific groups. It was also suggested that local and regional communication channels could be used such as Neighbourly. Pat Snedden asked that an update be provided in the next report on how immunisation messaging was being relayed.

Debbie Holdsworth acknowledged Catherine Jackson for putting together this data.

Lee Mathias commented that not enough was being demanded of the role of PHOs. There should be an incentive to enrol. She was advised that the biggest challenge was inaccurate data and a need to better quantify the situation to know how and where to target.

Lee Mathias referred to the language used on page 99 of the agenda commenting that when Health professionals and services managers start using complex names for groups and services they are simply reinforcing their power over the client/ customer/ patient/ public. There should not be the need for extensive glossaries to read.

Pat Snedden drew attention to page 102 and the commentary on the Whanau Ora review and asked that a summary of the results be presented to Board. Sharon Shea advised that it should be understood that the review only gave a view of the arrangements itself and the gaps with Whanau Ora rather than any commentary on the effectiveness of service delivery.

Pat Snedden commented that an in depth look at Asian Migrant and Refugee Health Gain would be beneficial; particularly the challenges and how we respond to them. Debbie

Holdsworth advised we had undertaken an International Asian benchmarking of health outcomes report which had been previously presented to the Board. The headlines were that there were very few inequity issues with this cohort and they enjoy better health in New Zealand than they do elsewhere. Ailsa Claire advised that there had been a focus on educating what the New Zealand model of care was with a focus on increasing enrolment and targeting students in particular.

Action

That a summary of the results of the Whanau Ora review be presented to Board

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 17 April 2019.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee *(Pages 109-122)*

Ailsa Claire, in the absence of the committee chair, Judith Bassett and deputy committee chair, Michelle Atkinson, asked that the unconfirmed minutes be received.

Gwen Tepania-Palmer asked for an update on community dialysis at Tamaki to be provided to next HAC meeting.

Resolution: Moved Lee Mathias / Seconded Jo Agnew

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 1 May 2019 be received.

Carried

7.2 Metropolitan Disability Support Advisory Committee *(Pages 123-126)*

Jo Agnew, joint chair of the Metropolitan Disability Support Advisory Committee asked that the unconfirmed minutes be received.

Jo advised that Waitemata and Auckland DHBs have a greater strategic focus than Counties Manukau DHB and that progress at Counties Manukau DHB has been relatively slower which will be a challenge when agreeing a work plan.

Debbie Holdsworth added that the challenge lies in the fact that Auckland and Waitemata DHBs have elected to concentrate on fewer strategic goals in order to make that progress whereas the Counties Manukau DHB focus was too widespread and detailed.

Resolution:

That the unconfirmed minutes from the Metropolitan Disability Support Advisory Committee meeting held on 4 April 2019 be received.

Carried

8. DECISION REPORTS – NIL

9. INFORMATION REPORTS

9.1 System Level Measures Quarterly Update (*Pages 127-148)*

Karen Bartholomew, Director, Health Outcomes for Auckland and Waitemata DHBs asked that the report be taken as read, advising that it focused on equity measures and long term shifts that were being aimed for.

One of the things of concern was the "ambulatory sensitive hospitalisation" measures which were red in the scorecard. Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prevention or therapeutic interventions deliverable in a primary care setting. The social determinants of health, particularly housing, are a substantial driver of these admissions and this worsening rate could be attributed to housing/crowding. However, at the point of hospitalisation there was not the data/measures to say whether overcrowding was also a contributing factor.

There are three areas which were within the Boards control and which it could focus on to assist an improvement in this area, as detailed in the SLM improvement plan, and they were:

1. Antenatal immunisation – improvement seen but more work to do
2. 0-4 year old immunisation – small improvements seen but would be substantially advanced by national universal flu immunisation policy for <5s
3. He Kainga Oranga – healthy housing e-referrals are now in place to facilitate enrolment in the service

Karen Bartholomew drew attention to the measure around babies living in smoke free households where an improvement had been seen and Auckland DHB performs the best in the country.

The following points were covered in discussion:

- Sharon Shea asked whether there could be visibility of the key streams of work that were being monitored under these indicators. It was noted that these are detailed in the SLM Improvement Plan – this is currently being updated as part of the Annual Planning process.
- It was advised that the Amenable Mortality indicator (as reported on page 136 of the agenda) is defined as premature deaths that could potentially be avoided given effective and timely care. That is, deaths from diseases for which effective health interventions exist that might prevent death before 75 years of age. A lot of work has been done around cardiovascular risk management but the situation is not yet improving. This is a challenging situation due to new cardiovascular algorithms which requires additional blood testing. They also do not have the additional IT

infrastructure required yet. Data is improving so the risk cohorts are being better identified, however this also contributes to the indicators appearing not to improve.

- Pat Snedden asked if when reaching a target whether it was hard to maintained required levels of effort and was advised that constant attention was required along with a lot of work inherent in the collection of the data. Progress is a slow and incremental.
- Doug Armstrong asked, how many of the population had a health mentor – a nurse or GP proactively contacting people to keep tabs on them and to provide advice, commenting that ideally it shouldbe100%. The e-Portal and ability to access one's own data is fundamental to people taking control of their own health. We do not want people to have to navigate our bureaucracy; we should be providing them with navigators.
- Ailsa Claire and Meg Poutasi advised that primary care was the health care home for this function, which is why PHO enrolment is an important enabler. In addition care navigation was now referred to as "intensive support' within the social sector. It was commented that if GPs were undertaking case finding they would be the individuals care navigator.
- Debbie Holdsworth referred to "Fit For Future" and Awhi Ora; as effective models utilised in mental health that were being looked at by other health services to provide that navigation.
- Robyn Northey asked if there was shortage of GPs and was advised that there were issue in high needs area and with an aging workforce 50% of that work force was planning on retiring in next 10 years.
- Gwen Tepania-Palmer commented that there should be some leveraging off the work undertaken for Whanau Ora as there were a number of people within the community that were aware of what was required. There were a lot of positive aspects that existed but not duplicated in the primary health care space that would be beneficial.

Action:

The Whanau Ora review to be added to the resource centre in BoardBooks.

The SLM Improvement Plan to be added to the resource centre in BoardBooks

Resolution: Moved Pat Snedden / Seconded Sharon Shea

That the Board note the Quarter two results for the third SLM Improvement Plan.

Carried

10. GENERAL BUSINESS

There was none.

11 RESOLUTION TO EXCLUDE THE PUBLIC *(Pages 149-152)*

Resolution: Moved Pat Snedden / Seconded Sharon Shea

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 10 April 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]
4.1 Environmental Sustainability - Presentation		
5.1 Risk Report	**Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which

	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 [Official Information Act 1982 s9(2)(k)]	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	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	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	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and Assurance Committee	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982

		[NZPH&D Act 2000]
9.1 Integrated Operations Centre – Digital Dashboards and Decision Support Tools	**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 Diabetes Retinal Screening Redesign	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 ProCare Governance	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 National Child Health Information Platform	**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	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

	and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	[NZPH&D Act 2000]
9.5 Skyra Fit MRI Project – Capex Variation	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 ARPHY-FY18/19 Financial Performance and FY19/20 Budget	**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]
11.1 ISSP 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 [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
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 3.00pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 22 May 2019

Chair: _____ Date: _____

Pat Snedden

Action Points from 22 May 2019 Open Board Meeting

As at Wednesday, 03 July 2019

Meeting and Item	Detail of Action	Designated to	Action by
10 April 2019 Item 5.2	**Workplace violence and aggression.** That a presentation be made at a future Board meeting on the latest methodologies applied to the management of workplace violence and aggression.	Sue Waters	14 August 2019
22 May 2019 Item 6.2	**Whanau Ora** That a summary of the results of the Whanau Ora review be presented to Board	Debbie Holdsworth	14 August 2019

Chief Executive's Report

Recommendation

That the report be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 13 May 2019 – 23 June 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

Adult Rehabilitation and Integrated Stroke Unit announcement

The Minister of Health, Hon. Dr David Clark visited Auckland City Hospital in May to announce capital funding of $30 million to build an integrated stroke and rehabilitation unit. The new unit will mean our stroke patients will receive acute care and rehabilitation in a single, specially designed facility. Research shows stroke patients cared for in an integrated unit have better outcomes.

Hon Dr David Clark making the announcement at Auckland City Hospital

The unit will be built in existing space at Auckland City Hospital, boosting the overall capacity of the hospital by 41 much-needed inpatient beds. It is the first project in Building for the Future, our programme of work to create sufficient hospital capacity to continue to provide safe, high quality care for our rapidly growing and aging population.

An artist's impression of the unit

Around 9,000 New Zealanders have a stroke each year. Whilst the incidence of stroke is decreasing, largely through improved lifestyle, Auckland DHB continues to see a steady increase in stroke admissions, mainly due to an increased population and the availability of new stroke treatments. We are ambitious to improve equity in stroke outcomes, particularly for Māori and Pacific

groups. Auckland DHB's Chief Tikanga Officer, Dame Rangimarie Naida Glavish, has provided guidance in how to incorporate elements that support tikanga best practice into the design of the unit.

Pink Shirt Day

On 17 May Auckland DHB celebrated Pink Shirt Day— a global initiative that celebrates diversity, and promotes creating a workplace environment where everyone feels valued and safe.

Pink Shirt Day is an opportunity to continue to raise awareness about Speak Up | Kaua ē patu wairua, our programme to support people who experience or witness unacceptable behaviour.

The 2019 Pink Shirt Day theme was Celebrating All of Us. Among other activities we collected photos for a composite T-Shirt and more than 3,000 stickers were handed out to staff, patients and whanau who wished to show their support for a safe and positive workplace.

Just Culture – building on our values

Our Just Culture programme began last week with a series of initial briefing sessions for key staff groups. Just Culture is an initiative that is used within New Zealand and internationally to help ensure staff are treated in a fair and just way in their workplace. Organisations that are using Just Culture include Air New Zealand, E Tū NZ, and the NHS.

At Auckland DHB, Just Culture will build on our values and is one of the ways we will deliver on the promises made in the People Strategy. It is also part of our response to what staff told us in the safety section of last year's employee survey.

A Just Culture recognises we are all human and despite our training and our best intentions mistakes happen. Although system and process failings underpin the majority of

adverse events in health, staff often feel judged by the outcome, even if they could not foresee of prevent it. The Just Culture approach values good behavioural choices and actions instead of only focussing on outcomes and invests in ensuring we have good systems and processes – all this will help us build a stronger culture of learning. Over the next few years Just Culture will improve both the experience of working here, and patient outcomes.

There was a very positive response from those who attended the briefing sessions and further training and information sessions will be held in the coming months. A quick introduction to Just Culture can be read on Hippo.

National Volunteer week

The annual National Volunteer Week held in June is an opportunity to thank our volunteers for the difference they make at Auckland DHB every day of the year.

Chief Executive Ailsa Claire joins our volunteers for a celebratory morning tea

We have more than 400 volunteers who collectively give more than 21,000 hours or their time each year. Their roles include Blue Coats, Companion Volunteers, Hospital Grandparents, Play Volunteers and Pet Programme Volunteers. People often visit us at a stressful time in their lives, and the connection and service volunteers give makes the world of difference to the individuals and families who walk through our doors.

2.2 Health sector partnerships

Sue Waters elected Chair of DHB Directors of Allied Health, Scientific & Technical

Congratulations to Sue Waters who was recently elected Chair of the National DHB Directors of Allied Health, Scientific & Technical Professions group. Sue and her deputy, Hilary Exton from Nelson Marlborough DHB, are focussed on identifying how the group can work collectively to support the national strategic health and workforce priorities.

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, 438 emails were received. Of these emails, 89 were not communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

2.3.2 Patient experience

Here is an example of patient feedback received this month:

"My experience was five star from beginning to end. No waiting, politeness, kindness and professionalism from all staff from the doorman to the surgeon. Everything was clean and ordered, everything explained in great detail – a totally positive experience." – Anon

2.4 External and internal communications

2.4.1 External

We received 109 requests for information, interviews or for access from media organisations between 13 May and 23 June. Media queries included requests for information about the Adult Rehabilitation and Integrated Stroke Unit, measles hospital cases, and influenza-related deaths. 34% of the enquiries over this period sought the status of patients admitted following road accidents and other incidents, or who were of interest because of their public profile.

The DHB responded to 22 Official Information Act requests over this period.

2.4.2 Internal

- 42 news updates were published on Hippo, the DHB intranet.
- Six editions of Our News, the weekly email newsletter for all employees, were distributed.
- Six editions of the Manager Briefing were published for all people managers
- Two In the Know presentations took place with a theme of Digital Transformation.
- Three CEO blogs were published on the following topics:
    - Minister announces funding for new stroke and rehabilitation unit
    - Domestic violence leave
    - Winter Warriors

2.4.3 Events and campaigns

Facilities Infrastructure Remediation Programme

Installation of the first group of new lifts that are part of our Facilities Infrastructure Remediation Programme (FIRP) has begun. Overall 51 lifts at Auckland City Hospital, Starship and Greenlane Clinical Centre will be gradually replaced. The works are scheduled over an extended period of time to minimise disruption. Each lift takes 10 to 15 weeks to replace, and the lifts have been prioritised for replacement on the basis of age, location, function, and number of break-downs.

The new lifts will be more reliable, faster and smoother, and more energy efficient. An active maintenance programme remains in place for the lifts waiting to be replaced.

An example of the hoardings placed around lifts while they are being upgraded

Regional Cancer and Blood Service naming spaces project

The name 'Te Puriri O Te Ora' has been gifted to the Regional Cancer and Blood Service by Chief Tikanga Officer, Dame Rangimarie Naida Glavish as part of a naming project designed to improve way-finding, inspire wellness and positivity and create a more welcoming environment for patients and whānau. The work is being undertaken by Cancer and Blood staff with oversight provided by Dame Naida and includes clinical and non-clinical spaces within the Cancer and Blood Building at Auckland City Hospital.

The Puriri is perceived in Te Ao Māori as being the most sacred tree, with many healing properties. Dame Naida likens the Cancer and Blood service to the Puriri tree with its many branches/ngā peka enabling diverse communities to find safety, nourishment, and shelter.

Flu vaccination

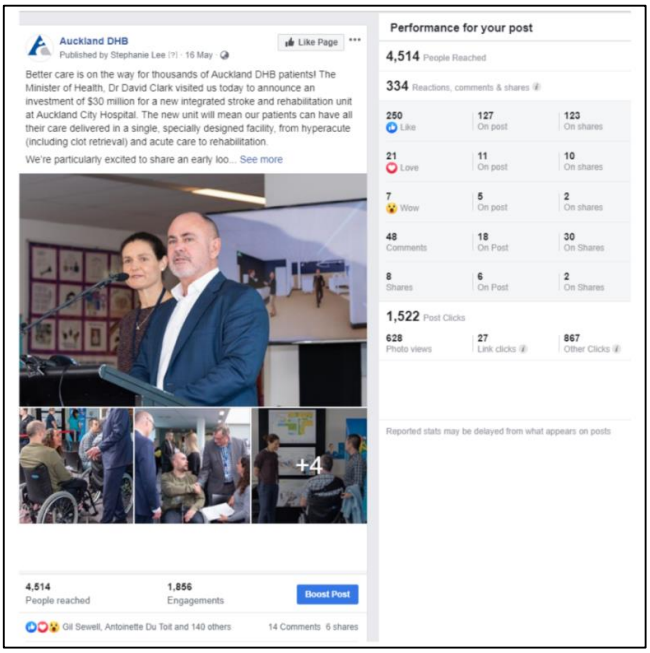
We continue to track well in our annual staff vaccination for influenza, one of the ways we protect our workforce and our patients against this serious and highly contagious disease. As at 25 June, 72.3% of our staff had been vaccinated. We offer free vaccination to staff, students and contractors through until the end of September and have sufficient stocks of the vaccine to reach our target, which is to vaccinate 80% of our staff.

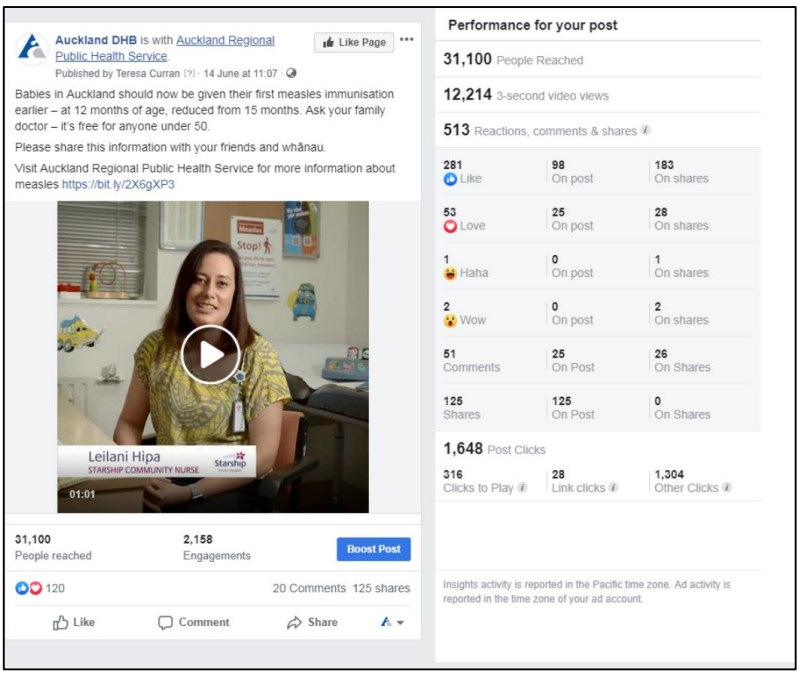
2.4.4 Social Media

Followers
LinkedIn: 11134
Facebook: 7973
Twitter: 3694
Instagram: 720

Top posts and statistics

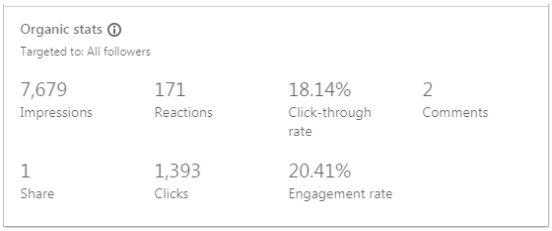
Facebook



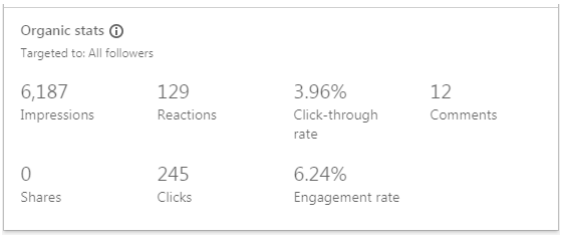


LinkedIn

Auckland DHB
11,134 followers
1mo
Today we turned pink to show our support for Pink Shirt Day 2019 — a worldwide anti bullying movement, led locally by the Mental Health Foundation.
It was great to see so many of our people decked out in pink to Kōrero Mai, Kōrero Atu, Mauri Tū, Mauri Ora – Speak Up, Stand Together, and Stop Bullying! Check out our pink pics! #PinkShirtDayNZ
Remember that our Speak Up | Kaua ē patu wairua programme is here to help if you experience or witness unacceptable behaviour. Find out more here:
http://ow.ly/Xdm730k3GoG


Organic stats
Targeted to: All followers
7,679 Impressions
171 Reactions
18.14% Click-through rate
2 Comments
1 Share
1,393 Clicks
20.41% Engagement rate

Auckland DHB
11,134 followers
1w
Congratulations to the Auckland DHB Occupational Health and Safety, and Security for Safety Programme teams, on their win at the New Zealand Workplace Health and Safety Awards.
These teams won the 'Kensington Swan best initiative to address work related safety risk' for the new electronic occupational violence system in the emergency department. This system allows our people to swiftly report violent incidents and generate good data to improve the safety of our people, patients and whānau.
Bravo, we're proud of you for truly Aiming High. #ADHBpeople #Angamua
http://ow.ly/iueE30oT0f3
SAFEGUARD
129 • 12 Comments


Organic stats
Targeted to: All followers
6,187 Impressions
129 Reactions
3.96% Click-through rate
12 Comments
0 Shares
245 Clicks
6.24% Engagement rate

2.5 Our People

2.5.1 Local Heroes

There were 14 people nominated as local heroes in May and 12 people nominated in June.

Congratulations to our two May local heroes, Graeme Bennett, Children's ED Nurse and Martin Turberville-Smith – Anaesthetic Technician.

Here are their nominations:

*"**Graeme** has worked at Starship since 2002. He is a nurse who is passionate about protecting patients and staff with immunisations. Graeme works tirelessly to promote immunisation education for children and families and the multiple disciplinary staff who work in the Children's Emergency Department (CED).*

He has been an in house immuniser for over 10 years and he is prolific in his ability to aim high to ensure 99% of the CED team have been immunised with the flu vaccine every year. In the first 7-10 days of this year's campaign Graeme had immunised 140 staff members across Starship. Everyone lines up for Graeme as he is so good at making you feel comfortable and it's a painless experience."

*"**Martin** emulates the values of the organisation during a time when we are experiencing an acute shortage of anaesthetic technicians. He has worked tirelessly to help minimise the potential impact of this on patients. He has been heavily involved in the overseas recruitment of Anaesthetic Technicians. He has engaged with candidates in conversations about Auckland DHB, Auckland and New Zealand, as well as following up with candidates when they hadn't been heard from in a while.*

Martin has been acting as a mentor to many of new overseas recruits, making them feel supported and welcomed to their new home and workplace. Martin has also been instrumental in our current research project where we identify other countries as a potential recruitment pool for anaesthetic technicians."

2.5.2 Our people

Award for new electronic occupational violence system

Congratulations to our Occupational Health and Safety, Security for Safety, and Adult Emergency Department teams whose work was recognised at the New Zealand Workplace Health and Safety Awards.

These teams won the 'Kensington Swan best initiative to address work related safety risk' for the new electronic occupational violence system in the emergency department. This system lets our people swiftly report violent incidents and also allows us to generate good data so that we can improve the safety of our people, patients and whānau.

To Thrive Graduation

On 18 June the To Thrive: Career Development Programme's (CDP) first graduates were celebrated at a graduation ceremony at Auckland City Hospital. To Thrive has been specifically designed for our lower income employees who do essential work in our cleaning, waste and orderly services. It is unique to Auckland DHB and directly contributes to our vision of healthy communities, by supporting this essential group in their personal development and career goals, and their health and wellbeing.

Graduates spoke of the benefits of improving their skills in areas as diverse as computer skills and financial management. It includes a certificate in health and wellbeing which can be the first step in a nursing career pathway. The programme has also been named as a finalist in the 2019 Diversity Awards NZ, under the category of Skills Highway, which honours organisations that recognise the importance of numeracy and literacy. Winners will be announced on 28 August.

3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

	Status	Comment
Acute patient flow (ED 6 hr)		May 91%, Target 95%
Improved access to elective surgery (YTD)		94% to plan for the year, Target 100%
Faster cancer treatment		May 95%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	 	May 95%, Target 95% Mar Qtr 87%, Target 90% Mar Qtr 97%, Target 90%
Raising healthy kids		May 100%, Target 95%
Increased immunisation 8 months		Mar Qtr 94%, Target 95%

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

4. Financial Performance

The 2018/19 approved financial plan is for a breakeven budget. Year to date to May 2019, we are tracking unfavourable to the budget by $15M, having realised a deficit of $18M against a deficit budget of $3M. The distribution of the result across divisions shows the Funder Arm result favourable to budget by $34M and the Governance Arm result favourable by $3M. These partially offset the $52M unfavourable result generated in the Provider Arm. The overall result reflects expenditure being adverse to the plan by $36M, partially offset by revenue favourable to plan by $21M. Key drivers for higher expenditure than planned include employee agreements settled at greater than planned levels, some with partial revenue offsets (overall personnel costs combined with outsourced staff costs are unfavourable by $18M YTD) and clinical supplies costs (unfavourable by $22M) driven by variations in volume, number of treatments, high cost treatment costs and higher than anticipated costs of clinical consumables. For the year end, we are forecasting a deficit of $15M against the breakeven budget. The deterioration in the forecast deficit form $10.5M previously advised is due to salary settlements flowing through without full compensation and impact of the junior doctors five day strike in May (impacts IDF and Elective delivery revenue and additional costs for SMO cover). The forecast deficit is subject to the final compensation funding received for MECA settlements, expected impairment for the National Oracle Solution, final IDF and Elective wash-up position and, actuarial valuation of staff liabilities.

The 2019/20 annual plan is being finalised following receipt of the final funding package from MoH (received in June). The funding advised is not sufficient to cover projected expenditure for the year and a deficit is indicated. The planned deficit reflects the funding gap to significant salaries and wages increases from settled employee agreements, cost pressures across clinical, non-clinical and infrastructure costs and also in the demand driven services within the NGO and community sectors. The financial plan will be presented to the Board for approval before 30 June 2019.

5. Clinical Governance

Queen's Birthday Honours

Congratulations to three of our people who received Queen's Birthday Honours this year. Appointments as Officers of the New Zealand Order of Merit were awarded to Dr Claire McLintock for services to haematology and obstetrics, Dr Lynn Sadler for services to maternal and perinatal health and Professor Charles McGhee for services to ophthalmology.

Congratulations to Vipul Upadhyay

Paediatric surgeon Vipul Upadhyay received the Outstanding Service Award from the Royal Australasian College of Surgeons in Bangkok in May. Mr Upadhyay (FRCSEd, FRACS) has served as paediatric surgeon at Starship Hospital since 1995.

Retirement of Dr Rosie Marks

Paediatrician Dr Rosie Marks' long service at Auckland DHB includes creating and leading the Developmental Paediatric service and serving as President of the Paediatric Society of New Zealand. Rosie has been an inspiring colleague and mentor for many of our current Starship Hospital paediatricians and we wish her well for her retirement.

Health Research Council funding

Congratulations to the following colleagues who received project funding in the Health Research Council of New Zealand's 2019 funding round. *(Note: embargoed until 11am, Wednesday 26 June.)*

Dr Peter Bergin - Sudden unexpected death in epilepsy. $ 1,190,647
SUDEP annually affects approximately 1 in 1000 people who have epilepsy and is particularly common in young adults; it is second only to stroke as the leading neurological cause of total years of potential life lost. This international case-control study will compare a range of variables to determine important risk factors. Among other variables, it will look at seizure variables, drug treatment (anti-epilepsy drugs and SSRI drugs in particular), sleeping arrangements and nocturnal monitoring, and socio-economic factors.

Dr Shay McGuinness – BLING III - Phase III RCT of continuous β-lactam infusion in the critically ill. $ 1,195,807
Life-threatening organ dysfunction due to infection is a major cause of mortality worldwide with an estimated 24 million cases and 6 million deaths each year. In New Zealand mortality is falling, however this is offset by a huge increase in the incidence of the condition. One of the key interventions in the treatment of infection is the provision of an adequate dose of

appropriate antibiotic, in particular β-lactam antibiotics, which are the commonest antibiotics used for serious infections. This large international randomised controlled trial will investigate if continuous infusions of antibiotics reduce the risk of death compared to intermittent dosing in critically ill patients with infections in intensive care.

Professor Robert Doughty - Biomarker-guided secondary prevention post-acute coronary Syndromes. $ 1,596,636
Recurrent clinical events remain common among patients following an acute heart attack. Certain proteins are released from the heart when the heart is under stress; these proteins, called biomarkers, can help to identify which individuals are at higher risk of these recurrent clinical events after a heart attack. The aim of this large-scale randomised controlled trial is to assess whether a biomarker guided risk-management approach for people following a heart attack can reduce the risk of people dying or having another heart attack.

Associate Professor Rachel Parke - Targeted therapeutic mild hypercapnia after resuscitated cardiac arrest. $ 1,199,994
Cardiac arrest is a major health problem in New Zealand - a common and catastrophic event effecting around 4500 per annum. Of the 27% of people who experience a cardiac arrest and survive to hospital admission, only 29% survive and leave hospital. Preventing brain injury is a key priority as brain injury is one of the leading causes of death in the Intensive Care Unit following cardiac arrest. This project will study 1700 patients to determine whether slightly higher blood carbon dioxide levels improves neurological outcomes six months after patients are admitted to the ICU following a cardiac arrest.

Health and Safety Performance Report

1. Recommendation

That the Board:

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

Prepared by: Nick Engelmann, Director of Occupational Health and Safety Auckland DHB
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

For the first time, Auckland DHB became a finalist in the New Zealand Workplace Health and Safety Awards 2019. We are proud to report that Auckland DHB has won its nominated category, Kensington Swan best initiative to address a work-related safety risk. The three finalists were

- Auckland District Health Board for our Occupational Violence reader integration project – tackling workplace violence reporting by reducing the time needed to input incidents and ensuring our front line staff can focus on their core role.
- Fulton Hogan
- Mr Apple New Zealand

During May there were a total of five contract traces, two for Measles, two for Pertussis, and the final trace for Meningitis, the majority of these traces occurred in the Adult and Children's Emergency Departments.

The Seasonal Influenza Vaccination Campaign for 2019 continues with excellent uptake being experienced across the DHB. Both fixed venue and in team vaccinations have been conducted, with both Influenza and Boostrix (whooping cough) available. Currently, 71% of staff have been vaccinated, equating to 7139 influenza vaccinations (as of 11th June 2019).

There is however a shortage of supply of flu vaccine with the Ministry being unable to obtain any more. Once our stocks are depleted the campaign will be forced to stop.

Our push towards development of a new Health and Safety Framework continues this month with four new Group Operational Procedures being completed, these are

- Hazardous Substances Group Operational Procedure
- Health and Safety Roles and Responsibilities Group Operational Procedure
- Communications and Consultation Group Operational Procedure
- Hot Works Group Operational Procedure

These four documents are ensuring compliance with our legislative requirements as well as ensuring uniformity across the entire business. All documents have taken months of research and development, as well as consultation periods in order to ensure a final, polished product.

Audit activities completed include:

- A safety advisor has now completed his qualification as a location test certifier and is registered as such with WorkSafe NZ. This will enable Auckland DHB to ensure our hazardous substances inventories are kept to the highest standards of compliance
- Hazardous substances audits continue throughout the business against a new 150-point check aligned with NZ Hazardous Substances Legislation.

The Regional Internal Audit (RIA) has tentatively proposed the following audits:

1. Harm to staff by patients
2. H&S Deep Dive 1
3. H&S Deep Dive 2

The deep dives will reflect the findings of the Health and Safety Maturity Audit which is due for release by the next meeting of FRAC.

Our improvement of governance oversight of the business continues with further advances with SAFE365. This month saw Auckland DHB, along with our partners from Safe365, Hutt Valley DHB, and Hawkes Bay DHB receive conditional acceptance of our submission to receive funding from the ACC injury prevention fund. Negotiations continue this month but we are in a good position to setup a ground breaking agreement which would see the project receive $1.5 million over three years, allowing all partners to rollout SAFE365 through our contractor and supplier chains. This will ensure visibility of our processes and procedures and allow us to interact and assist with our contractors, with the net benefit of improving health and safety outcomes for small to medium businesses that interact with us, and at the same time ensuring we have effective and transparent cross-PCBU relationships.

The Board Health and Safety engagement visits for 2019 have been very successful, with the OHS team endeavouring to step away from traditional safety tours and familiarise members with front line operations. The next upcoming visit will be at Auckland City Hospital and will focus on workplace Violence in Healthcare. A topic that was recently delivered in a webinar format for the New Zealand Institute of Safety Management. The topic was well received and had one of the largest audiences of any webinar topic to date, with audience members from ACC, WorkSafe and associated healthcare unions taking part. As a result of this webinar, participants from ACC and WorkSafe have asked to be kept up to date with our progress as a leader in this area.

The Occupational Health team is in the initial stages of working with MedTech in order to upgrade out systems and further automate and update our Pre-Employment Screening processes. It is anticipated that for a nominal cost, the team will be able to upgrade and consolidate systems, which in the long term, will be a more effective automated solution, bringing faster turnaround for this process at a reduced financial impact for the business.

1.2.1 Statistical Snapshot

The data in this report is accurate up until the end of May 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 incidents during March-April 2019.

There were 60 Blood and Bodily Fluid Accidents (BBFA) in May 2019, 38 of which were reported on DATIX.

LTIFR

The current LTIFR this month has remained stable again due to prompt follow-up and reporting, it continues to trend below the Auckland DHB target of 10 and currently sits at 8.55, down slightly from 8.61 in April 2019

Health and Safety Performance Report – July 2019

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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 July 2019

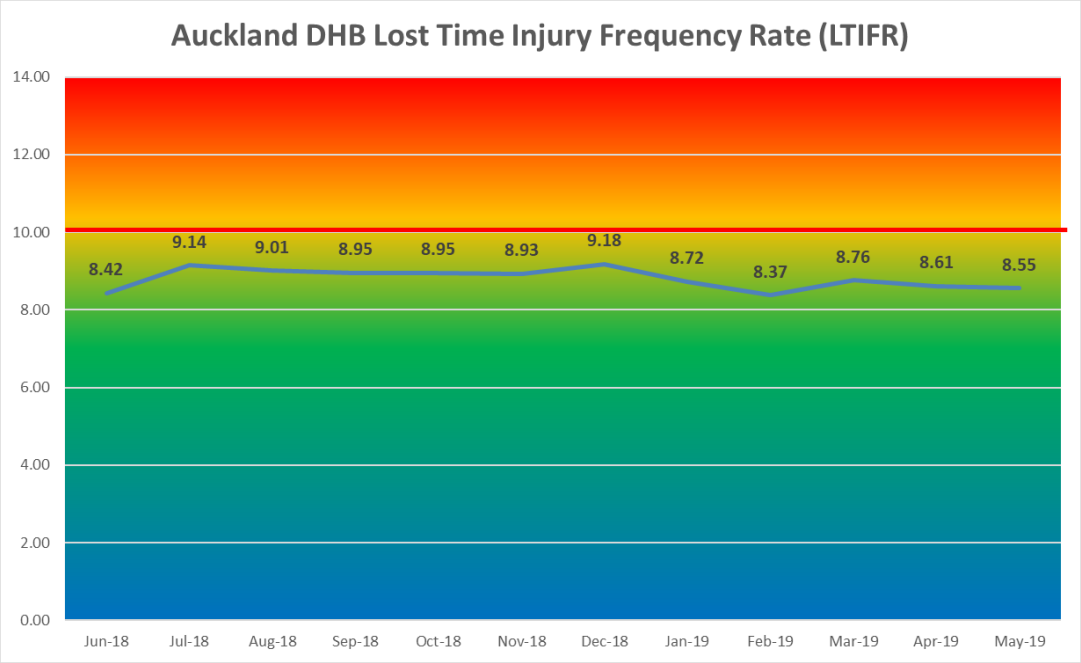
The following section describes key performance areas across Auckland DHB.

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.

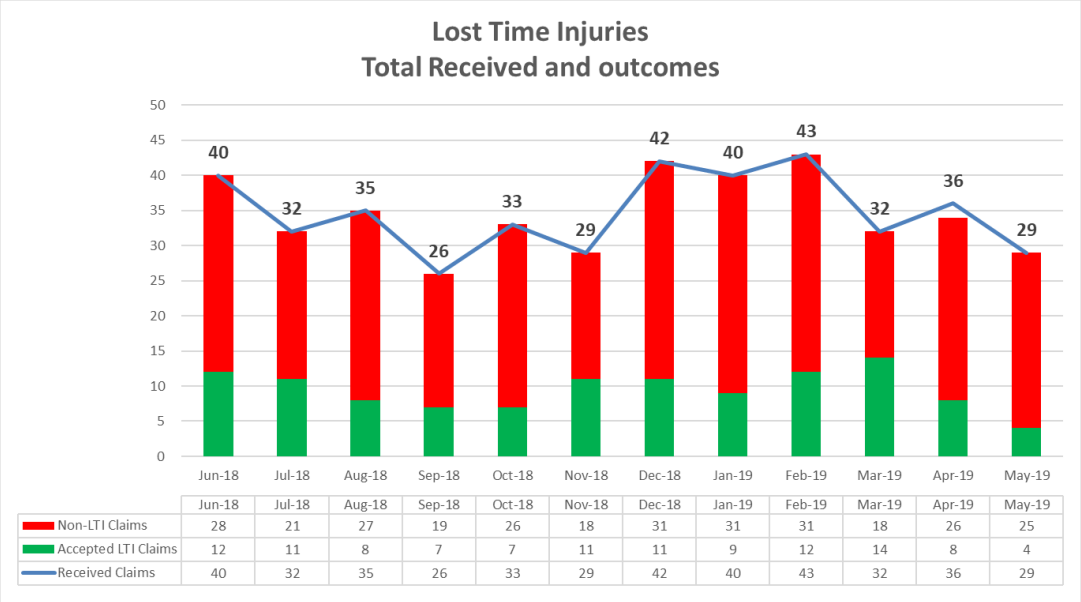
Lost Time Injuries

The current LTIFR this month has remained stable again due to prompt follow-up and reporting, it continues to trend below the Auckland DHB target of 10 and currently sits at 8.55, down slightly from 8.61 in April 2019.



Health and Safety Scorecard

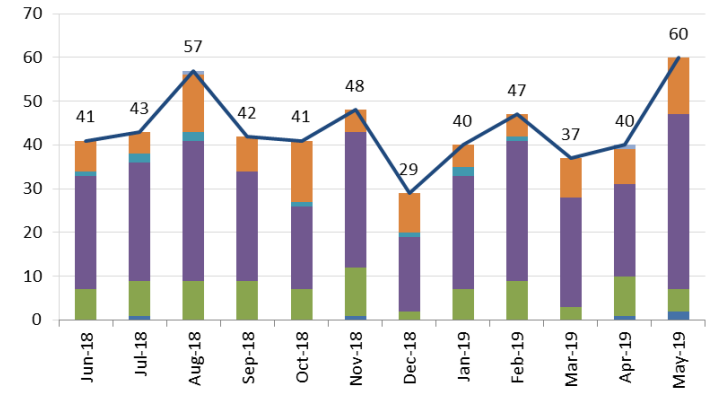
	Actual	Target		Trend
Number of Injury Claims	29	35		
Lost Time Injury Severity Rate	0.32	2		
Non LTI's	25	10		
Accepted LTI's	4	10		
Cost of Injury Claims (000's)	40	80		
Excess Annual leave: % of workers with excess annual leave	10.12	6		



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Non-LTI Claims	28	21	27	19	26	18	31	31	31	18	26	25
Accepted LTI Claims	12	11	8	7	7	11	11	9	12	14	8	4
Received Claims	40	32	35	26	33	29	42	40	43	32	36	29

The breakdown of received Lost Time Injuries (LTIs) and their respective outcomes gives a snapshot of the positive work being undertaken in the health and safety department around injury management and return to work. The team's hard work around injury management and prompt follow-up is being reflected in fewer claims again this month.

BBFA Causes



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Unknown	0	0	1	0	0	0	0	0	0	0	1	0
Splash	7	5	13	8	14	5	9	5	5	9	8	13
Scratch	1	2	2		1		1	2	1	0	0	0
Puncture by needle	26	27	32	25	19	31	17	26	32	25	21	40
Laceration by scalpel or other sharp instrument	7	8	9	9	7	11	2	7	9	3	9	5
Laceration by bone spicule	0	0	0	0	0	0	0	0	0	0	0	0
Bites	0	1	0	0	0	1	0	0	0	0	1	2
Total BBFA's	41	43	57	42	41	48	29	40	47	37	40	60

There has been an increase in BBFA's since December 2018. However, it must be noted that December 2018 recorded one of the lowest instances of overall BBFA's in some time. Research into these low reported numbers in December has been inconclusive.

Of concern was the large increase in BBFA in May, investigations have proven inconclusive as to why this sudden spike has occurred.

Incident Reporting

Reported incidents refer to any incident entered into DATIX.

Incident reporting remains within tolerance this month with 207 worker incidents reported over the month.

	Actual	Target	Trend
Workers	198	200	

WORKSAFE NEW ZEALAND | MAHI HAUMARU AOTEAROA	There were no notifiable incidents in May 2019

Top three incident classifications for May 2019

The top three incident classifications for March 2019 were as following

60 BBFA

45 Workplace Violence

43 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)

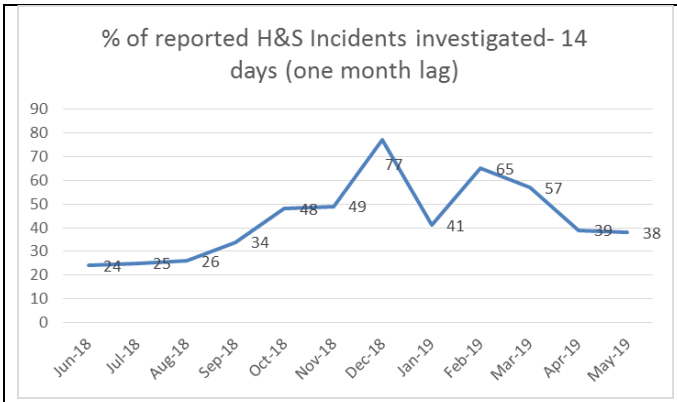
Of note, this month is the large increase in BBFA incidents, predominantly needle stick injuries, which have increased by 50% over the previous month. Health and Safety nursing staff are currently investigating this increase.

3.2 Lead Indicators

	Actual	Target		Trend
% Pre-employment screening before start date	98	100		
% local H&S Induction completed (YTD)	60	100		
% Health & Safety e-learning completed (YTD - Excluding RMOs & HOs- one month lag)	65	100		
Number of H&S Representative Vacancies	31	25		
% H&S Representatives Trained	78	80		
% of reported H&S Incidents investigated- 14 days	38	80		
# of outstanding H&S Incident investigations	95	100		
Number of contractor audits completed	35	10		
Level of compliance contractor audits	100	90		
# of Hazardous Substance audits conducted	7	10		
% Hazardous Substance audits compliant	60	80		
# MAPA training completed in high risk WV areas	17	10		
Number of staff Seasonal Influenza Vaccinations (YTD) 2019	7050	8049		
Contact Tracing (events)	5	0		
Number of Staff Assessed (For Contact Trace)	36	0		

Commentary on Health and Safety Indicator exceptions

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

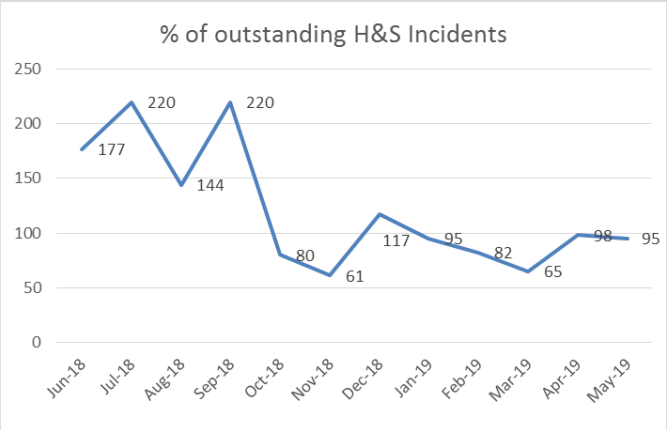


% of reported H&S Incidents investigated - 14 days (one month lag)

The reduction in closeout times for incidents is not a new or isolated issue, we continue to work hard in the directorates to assist with closeout and investigation of matters

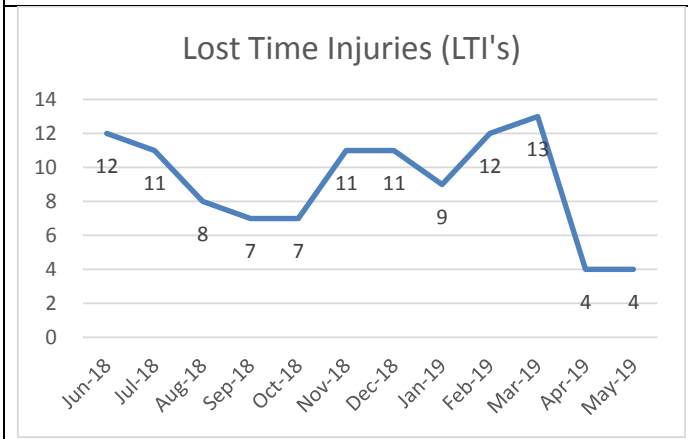
Further to this, we will continue to;

- Review the current incident manual
- Continue training our workers
- The focus of initial incidents has been taken away from hazard identification, and back to identifying the outcome



of outstanding H&S Incident investigations

The OHS teams work in this area continues to positive progress with a further reduction in outstanding investigations. We have again dropped below our target of 100 outstanding matters; however, we are continuing to work hard within the directorates to keep this figure as low as possible.



of Reported Lost Time Injuries

Lost Time Injuries are stable after a rapid decrease in April 2019. The team continues to work hard on initiatives to support out injured workers. This month saw the introduction of a Qualitric survey for all injured workers asking how our services could improve and asking for feedback. This survey was based on the ACC AEP survey distributed each year.

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 is currently being rolled out through Auckland DHB. • New Document published through document control	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)	• Current Manual Tasking document is due for review as of August 2018 • Needs to align with latest WorkSafe guidelines on Manual tasking requirements	• The document is with the Moving and Handling Steering group for further refinement • OHS team submitting a business case for additional Trainers for next financial year (extra 2) • OHS team placing submission with ACC funding round to apply for two additional trainers • The steering committee is also looking at streaming training to suit different workgroups, and to offer online options where practical to do so.	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 is currently being rolled out through Auckland DHB. • New Document published through document control	Monitoring and reviewing as required	Medium (6) – Generally those areas working in lone worker situations have their processes in place which are working. • There is currently a work stream around lone worker • Continuously monitored at the Security for Safety steering group. • GetHomeSafe App now in Phase 2 rollout.
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 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.
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	• Procedure held at a Facilities Directorate level, no Auckland DHB wide standard • New Hot Works Group Operational Procedure sent to board and ELT for approval	• Rollout training in new document	Medium (6) – There is currently no overarching policy or process in place for those outside of facilities. This is required for other contractors or staff that may be performing at heights work (although this is very rare), however best practice would indicate this risk be held at a group level and apply to all workers (Hot works – welding, grinding, cutting of metal)
Contractor Management	• There is a Health and Safety Contractor Policy and several HR policies	Development of an Auckland DHB wide Standard Operating Procedure pulling together, and creating linkages between all documents	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 • Perioperative Directorate complete and online • New Hazardous Substance Group Operational Procedure currently before board and ELT for approval	• 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	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 scope is now finalised • New Workplace Violence and Aggression Group Operational Procedure currently in draft prior to consultation phase	• Project underway • Send new document for consultation • Send document to Board and ELT for approval at end of consultation period • Rollout training in new processes	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 technique to better address violence in the workplace, specifically with MAPA approach to de-escalation.

5. WorkSafe NZ Notifications

There were no Notifiable Events in May 2019.

6. Worker-Reported Incidents

Directorate Abbreviations for Chart 2:

AMS:	Adult Medical Services Directorate
ARPHS	Auckland Regional Public Health Service
C and B:	Cancer and Blood Services Directorate
CS:	Cardiac Services Directorate
CH:	Children's Health Services Directorate
CSS:	Clinical Support Services Directorate
CLTC:	Community and Long Term Conditions Directorate
CORP:	Corporate Services
MH:	Mental Health Services Directorate
PMS:	Patient Management Services
POS:	Perioperative Services Directorate
SS:	Surgical Services Directorate
WH:	Women's Health Services Directorate

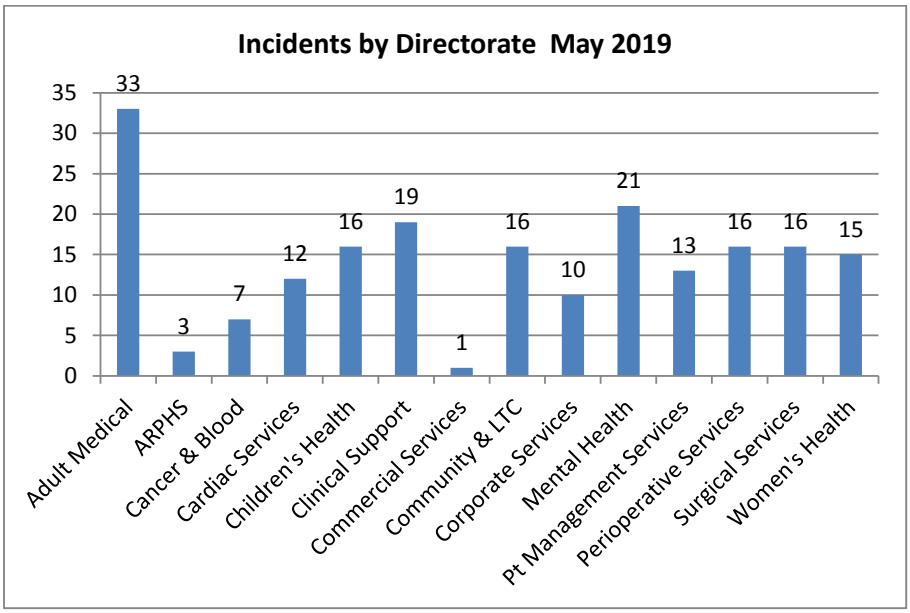
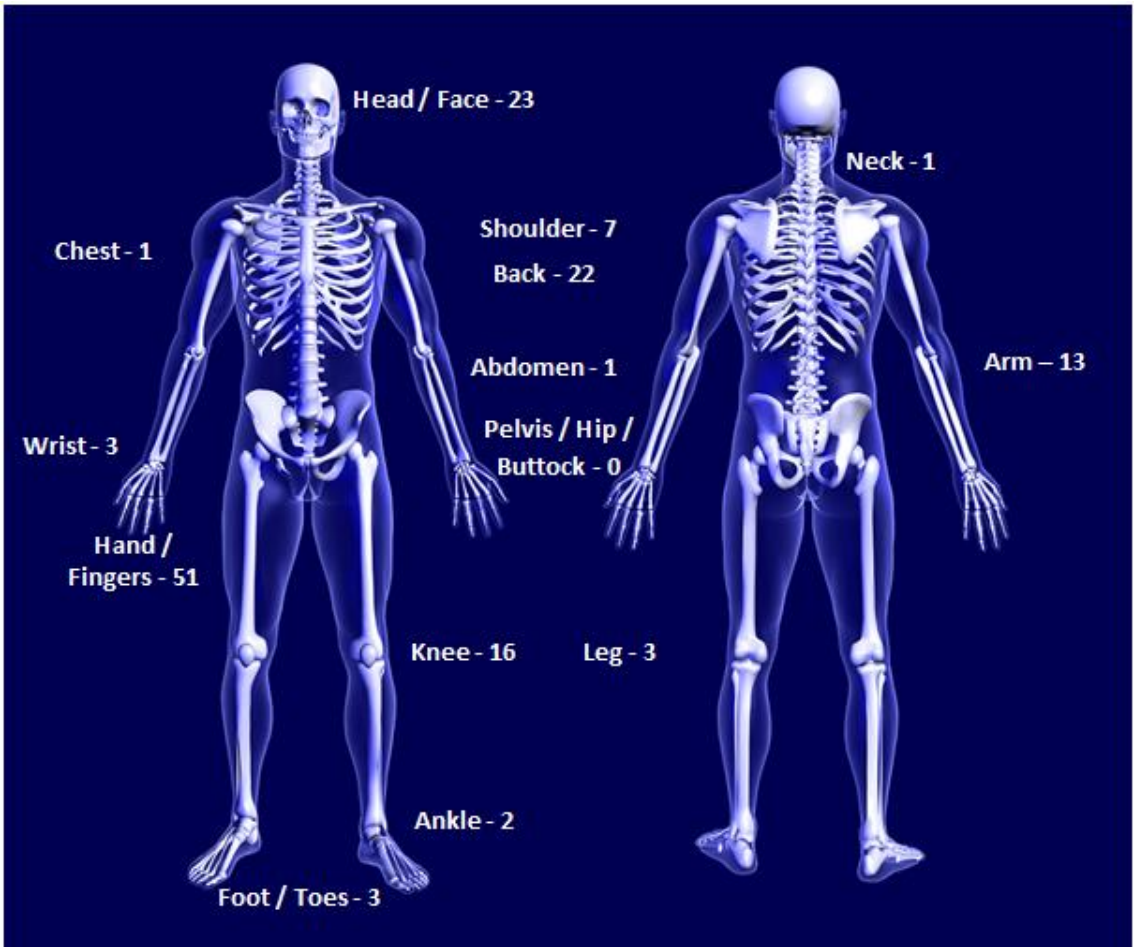


Chart 1 Incidents by Directorate: May 2019

A slight increase in reporting this month, with Adult Medical, Mental Health, and Clinical Support reporting the most incidents.



Representation of injured anatomical areas for May 2019

Area of Injury	Main Cause	How to address
Hand / Fingers	BBFA's – needle stick injury	• 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
Head / Face	Manual Tasking Injuries	The majority of these incidents were as a result of workplace violence matters. Training is being rolled out with a broader training programme to be implemented.
Back	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 2021. 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 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 Position Descriptions to include Safety KPI – This is a significant piece of work and will take time to implement fully	1/8/19

Element 4 - Information, training and supervision		

To increase the visibility (and assurance) of completed mandatory training work to strengthen this system is encouraged.
 	
To strengthen evidence of Fire Warden refreshers consider keeping a log of attendees, e.g. this could be recorded on the evacuation debrief report.
	• 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 previous Ernst and Young Audit)
	
	Good progress this month with the team to sit in on a session in June 2019 relating to the updated Leader system. The new system reportedly can satisfy the requirements for a training database however will need vetting and trials prior to closing this action out.
		Update by 31/07/2019

7.2 Health and Safety Maturity Assessment

As reported in the last report, Regional Internal Audit has conducted a Health and Safety Maturity Assessment of Auckland DHB. The findings are currently in draft, and the outcomes should be available for the next sitting of the Board.

7.3 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 are currently working with directorates in order to identify instances of lone work, risk assess them, and then setup appropriate training plans and populate the risk registers. Anticipated completion is 30/9/19
Lack of awareness of lone and remote worker requirements (policies, definition, expectations and responsibilities) across Directorates Directorates.	Each Directorate to carry out training to ensure awareness of the lone and remote worker definition, policy, roles and responsibilities.	Currently in progress – Anticipated close out 31/08/2019
Lone Worker Pilot Program	1. Carry out the Stage 2 roll out to several hundred staff.	Complete – Phase 2 now underway

7.4 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 is expected to be completed and signoff by the end of June 2019
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. Due for completion in Sept 2019
Medium			
Poor signage and marked walkways for patient delivery (helipad & hospital)	1. Paint marked walkways on the helipad to ensure staffs know safe walking locations. 2. Ensure appropriate signage is displayed for departments.	OHS Team / Facilities	**With the new project for additional helipads and a hanger to be built, this action is redundant. The area has been thoroughly cleaned to ensure no slippery surfaces but money spent here on line marking and signage would be out of date once upgrades commence. In the interim normal operations will continue and as per current procedure, only two helicopters will land at any one time and all arrivals will continue to be met by a team of ADHB staff, nullifying the need for further signage.**

7.5 Health and Safety Audit Schedule

For this financial year (ending 30/6/2019), Regional Internal Audit (RIA) has tentatively proposed the below audits:

1. Harm to staff by patients
2. H&S Deep Dive 1
3. H&S Deep Dive 2

Finalisation of dates for the audits are dependent on the finalisation of results from the maturity assessment audit, to finalise which areas to look into for the two proposed Deep Dives.

It is anticipated that there will be a firm audit schedule in place by the next sitting of the FRAC committee.

7.6 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
Moderate			
Training matrices and records are not readily available, and delivery methods require improvement	Develop a 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	Learning and Development to work with HS team to address this issue	Preliminary consultation phase

Risk area	EY Recommendations	AUCKLAND DHB Actions	Status
	roles are similar in functions, but not necessarily care. For example community workers (District Nursing and Community Midwives).		
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.	**Work in progress**

7.8 Board Health and Safety Engagement visits

Due to a clash of schedules the planned May visit was postponed until Wednesday the 10th of July

Thank you again to those that attended.

Date	Time	Content
10 July 2019	13:00	Workplace Violence and Aggression project update (also discussing OV Reader project)
21 August 2019	9am	SAFE365 Update IMS Update
2 October 2019	13:00	Asbestos
13 November 2019		Contractor Management

The Board Health and Safety Engagement visits have been planned for all of 2019 and are 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.

7.10 Auckland DHB Health and Safety Committee

The Auckland DHB Health and Safety Committee meets six-weekly, chaired by Sue Waters, and last met on Wednesday the 29th of May 2019. Minutes can be accessed on Hippo.

7.11 DATIX

The DATIX steering committee sat on the 7th of June 2019. Work is well underway on developing the Hazard module and how to incorporate audit outcomes into the system. Minutes can be accessed on Hippo.

7.12 Auckland DHB Moving and Handling Steering Committee

The Auckland DHB Moving and Handling Steering Committee is chaired by Brenda McKay and meets monthly. Minutes can be accessed on Hippo. Additional Graphing can be located in Appendix 1 and 2

7.13 Auckland DHB Violence and Aggression Steering Committee

The workplace violence project is progressing smoothly. The business case has been completed and is awaiting endorsement by the workplace violence steering group. The training roll out is planned for September, and the workplace violence lead will be teaching the training after recently attending a train the trainer programme for MAPA. The Code Orange Simulation training continues to have good attendance by clinical staff. Tools are in development to support staff in to preventatively identify violent and aggressive behaviour.

7.14 Health and Safety Team

This month has been a very busy month for the OHS team with several projects continuing along, crowned by our successful entry at the New Zealand Safeguard Awards. This month saw the development and consultation periods finish on a number of new Group Operational Procedures as well as continued scrutiny on our Hazardous Substances storage. The team continues their progression towards certification by obtaining accreditation on the HASANZ register.

This month also saw the team attend the 3M open day to get updates on the latest 3M products and to ask questions about 3M products such as the N95 masks which are a key piece of PPE utilised by out staff. Later this month the team will be attending a tour of the Lion Brewery at Ormiston, in what will be a valuable exchange of knowledge between the laboratory and safety teams. Shared learning between industries gives greater perspective to our team to ensure that we can tackle safety problems from different angles and learn new approaches.

7.15 Seasonal Influenza Vaccination Uptake:

The Seasonal Influenza Vaccination Campaign for 2019 is well underway. Two phases of fixed venue vaccinating have been completed. We are coming to the end of phase three with roaming, drop-in clinics and in team vaccinations available. Currently 71% of staff have been vaccinated, equating to 7139 influenza vaccinations (as of 11 June 2019).

MoH has announced that NZ has limited stock of Influvac vaccine remaining. GP's and Pharmacy's have been asked to only vaccinate those eligible for a free vaccination (i.e. those most in need). While the remaining stock we have at hand for staff vaccination is not directly affected by this, we will not be able to obtain more if our stock runs out, but we should have enough to vaccinate all staff who want it. In the hospital we opportunistically vaccinate our patients if they are eligible (the number of vaccinations given over a season is not high), however, we no longer have stock available so will use staff supplies as needed. We have also had a request from North Shore Hospital to provide them with vaccine for their staff program as they are running low, we are looking to see if we can accommodate them in the next few weeks.

7.16 Six Monthly Checklist Completions:

The HSRs do a 6 Monthly Checklist for their local areas. This occurs in February and August of each year. Currently, 73% of the Auckland DHB Directorates have been received by the Health and Safety team. The low compliance figure was noted and enquiries have been made with those areas that have not submitted a checklist. On many occasions we are finding that the list has been completed but not submitted. Advisors are currently following this up further to assist and get full compliance where possible.

7.17 Safe365 Progress

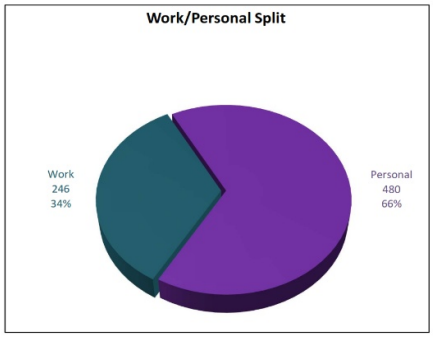
Baseline reporting in SAFE365 has now completed. On the 19th of March the programme was expanded to incorporate contractors as well. This will now give Auckland DHB visibility of these contractor's health and safety systems and processes. It also ensures that we demonstrate due diligence and fulfil our cross PCBU obligations as per the Health and Safety at work Act.

As of the end of April 2019, a Auckland DHB subcontractor portal has been setup in SAFE365 and a number of our contractors are interacting with this. The Portal is an invitation only link into the business which allows contractors to understand our systems and processes prior to arriving on site.

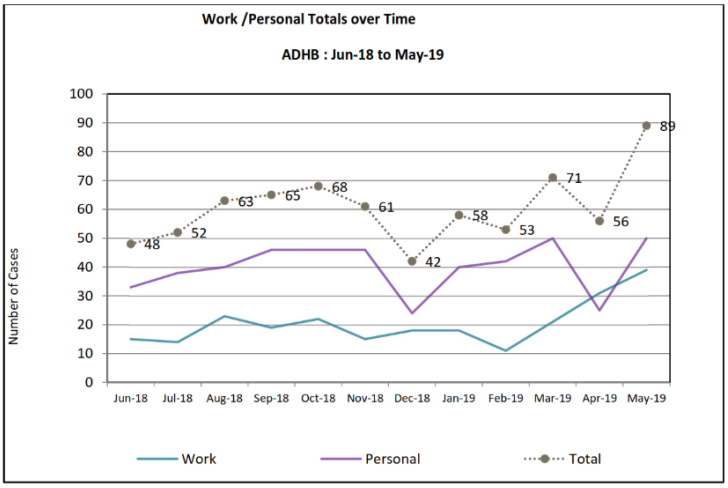
To further enhance this, an induction is being developed and we hope to incorporate this into the system by the end of the year. An online induction in this platform will allow contractors to be fully inducted prior to coming onto site. It also allows full transparency amongst the DHB and all contractors.

7.18 EAP Usage Statistics up to March 2019

The goal of EAP is to provide all employees with an early-intervention mechanism for assistance when personal or work related issues arise, in a way that is confidential, impartial, and independent from the organisation.
The following is an analysis of the reasons why our employees access EAP services.



ADHB Work/Personal Balance for the period 1/6/18 to 31/5/19



Group	Yearly Total
Occupational Group	
Management	41
Professionals	513
Technical/Trades	28
Service Workers	36
Clerical	84
Labourers	1
Unspecified	23
Gender	
Male	90
Female	607
Not Specified	29
Age	
<30 yrs	163
31-50 yrs	280
>50 yrs	155
Unspecified	128
Ethnicity	
European	435
Maori	40
Polynesian	20
Asian	109
Other	56
Unspecified	66

The presentation of demographics of employees that have used EAP over the period has been presented as year to date totals to ensure employee confidentiality. The analysis of demographic categories should ideally be viewed in relation to the total work demographics.

In the year to date, the most frequent users of the service within each demographic category have been:

- The occupational category Professional representing 70% of the total identified usage.
- The gender category Female representing 82% of the total identified usage.

The Age category 31 ~ 50 yrs. representing 45% of the total identified usage.

- The Ethnicity category European representing 58% of the total identified usage.

The OHS team is currently starting a body of work to ensure that there are no barriers which may be inadvertently preventing our workers from non-European backgrounds from accessing the service. This work is in its preliminary stages with research to be done on a broader cross section of the community accessing similar services outside of the DHB to see if this trend is reflected or not.

7.19 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.

7.20 Hazardous Substances Update

Auditing continues throughout the business. An advisor has recently undertaken training as a location test certifier and auditor. This will ensure that Auckland DHB has one of the best trained resources available to undertake this critical work, ensuring that our hazardous substances are stored, transported, and handled, safely.

7.21 Statistical Automation Project

What started out as the automation of data for inductions has now progressed, with a considerable amount of manual data entry being eradicated in the safety department. Previous processes are being radically overhauled and data is being placed onto larger DHB databases which are now

automatically collating and retrieving data for us on a monthly basis. Our current project is the automation of the HSR database, as it is important that this is constantly updated and distributed to our union partners on a regular basis.

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

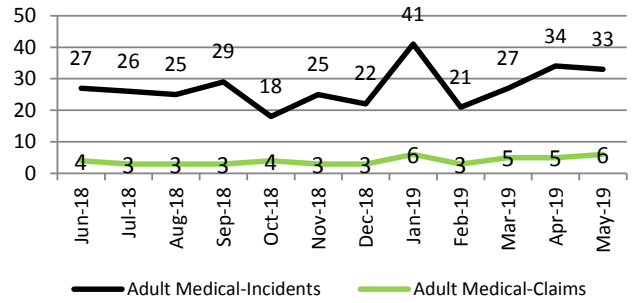
Lagging

	Actual	Target	Trend
H&S Incidents	33	20	
Work Injury Claims	6	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

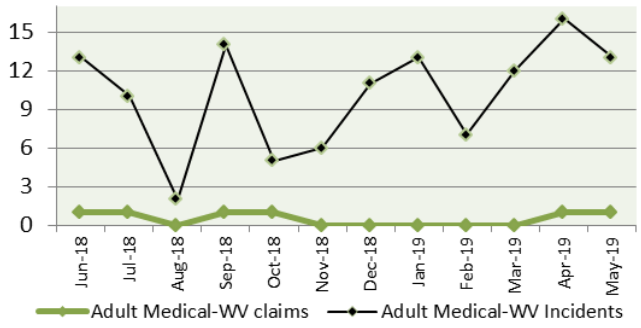
Leading

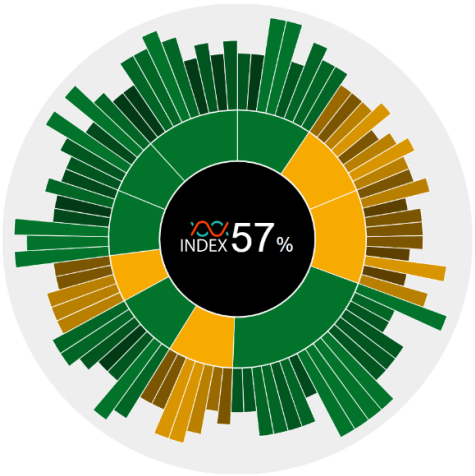
	Actual	Target	Trend
%H&S Inductions (YTD)	59	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	72	80	
% 6 monthly Workplace Checklist	95	80	
Outstanding DATIX Incidents	21	10	

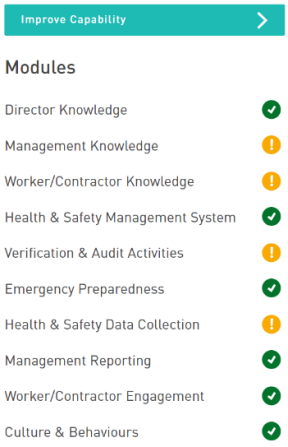
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







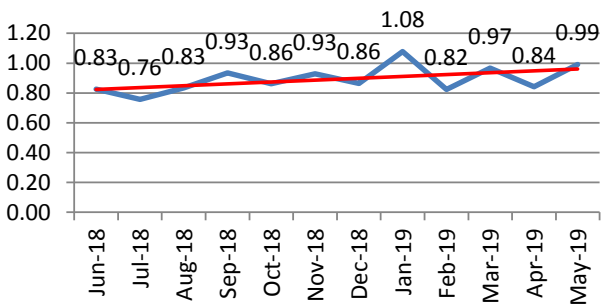
SAFE365 Starburst Graphic

Adult Medical Directorate has improved this month from a baseline of 54% now to 57% mainly through consultation with the workforce and establishing worker engagement with OHS systems.

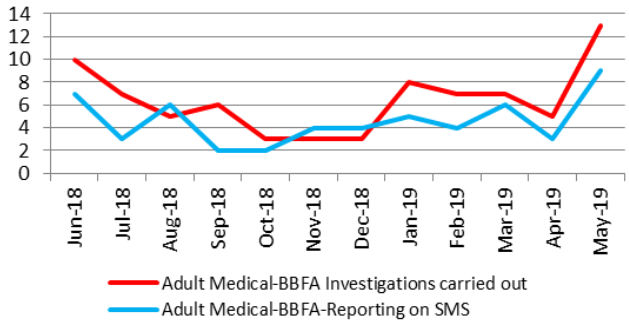
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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

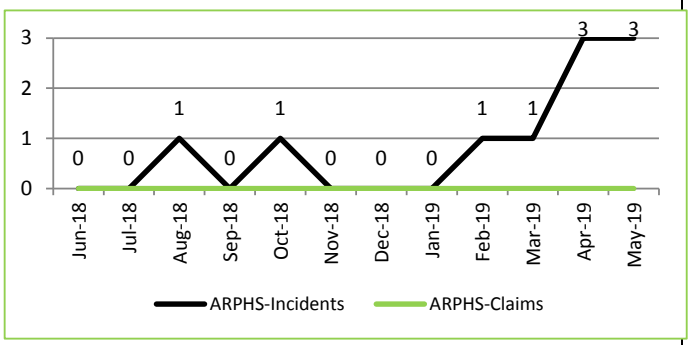
Lagging

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

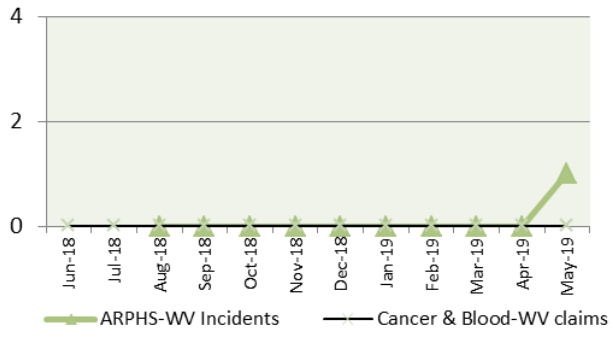
Leading

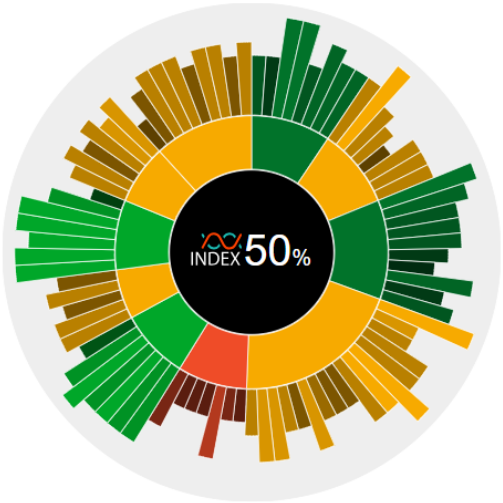
	Actual	Target	Trend
%H&S Inductions (YTD)	78	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	86	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	2	10	

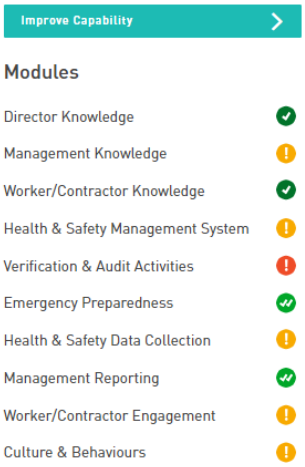
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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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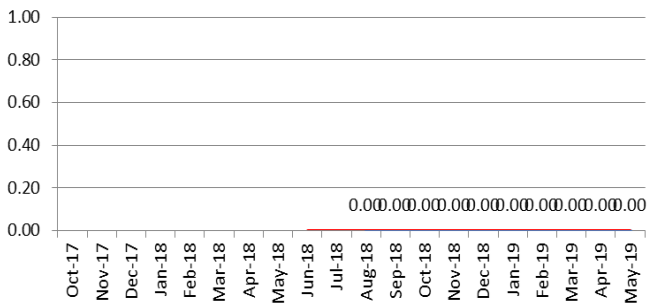
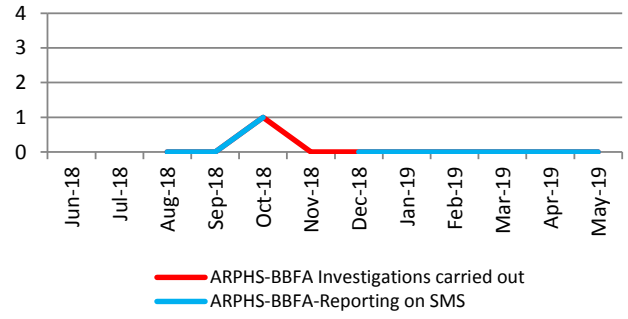
ARPHS LTIFR



Blood and Body Fluid Accidents



Cancer and Blood Services Health and Safety Report

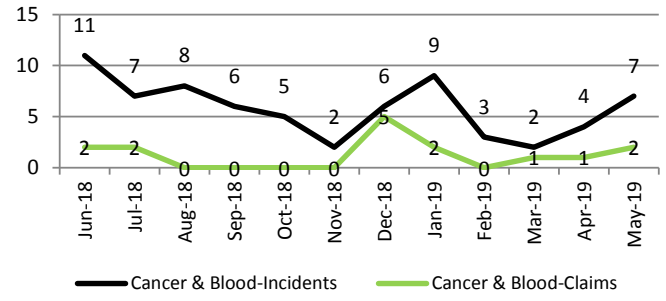
Lagging

	Actual	Target	Trend
H&S Incidents	7	20	
Work Injury Claims	2	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

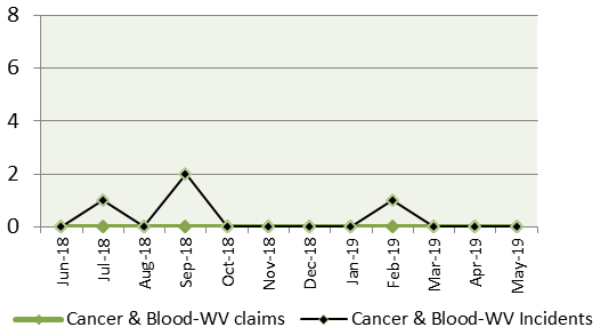
Leading

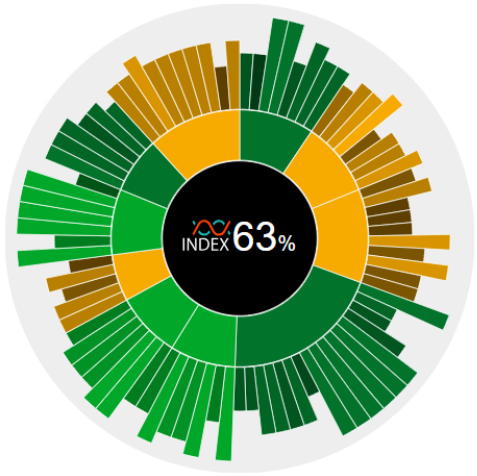
	Actual	Target	Trend
%H&S Inductions (YTD)	67	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	80	80	
% 6 monthly Workplace Checklist	60	80	
Outstanding Datix Incidents	5	10	

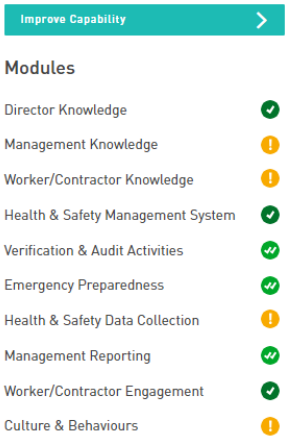
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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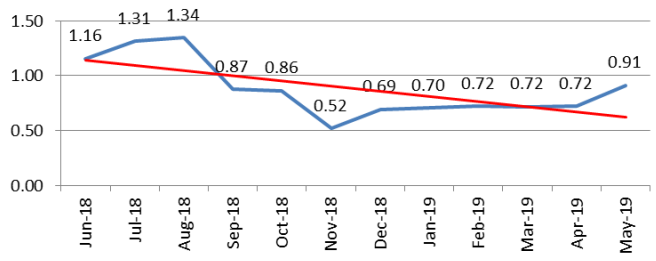
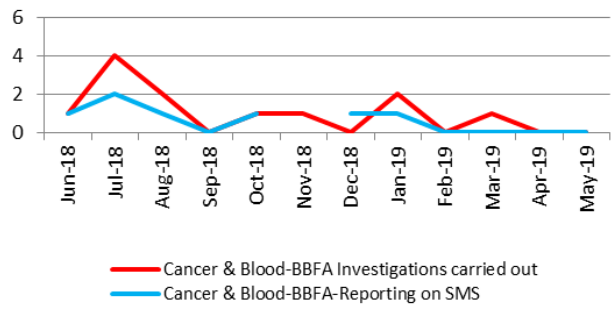
Cancer & Blood Services LTIFR



Blood and Body Fluid Accidents



Cardiac Services Health and Safety Report

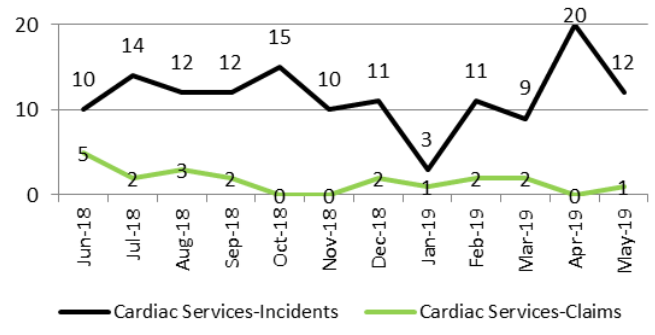
Lagging

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

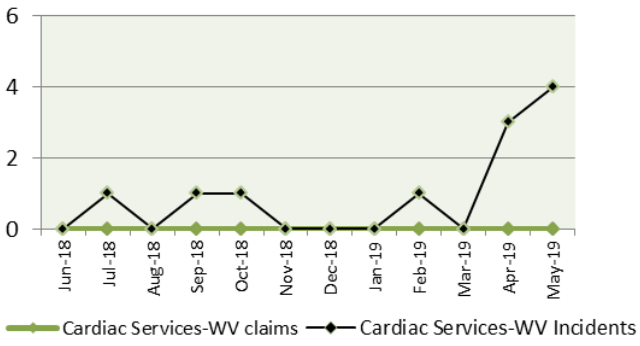
Leading

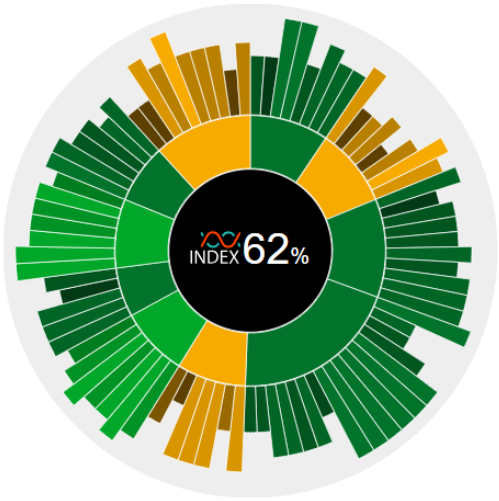
	Actual	Target	Trend
%H&S Inductions (YTD)	72	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	82	80	
Outstanding Datix Incidents	1	10	

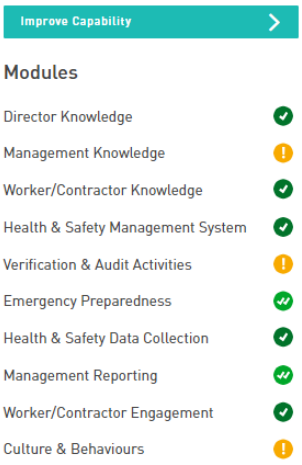
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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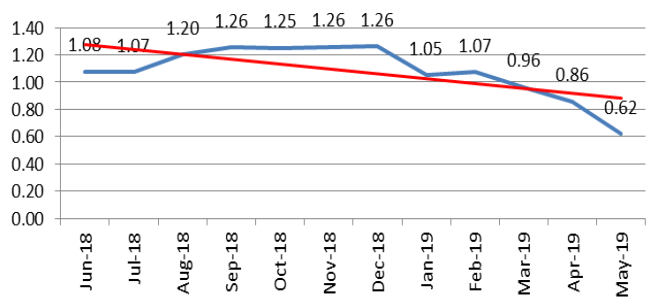
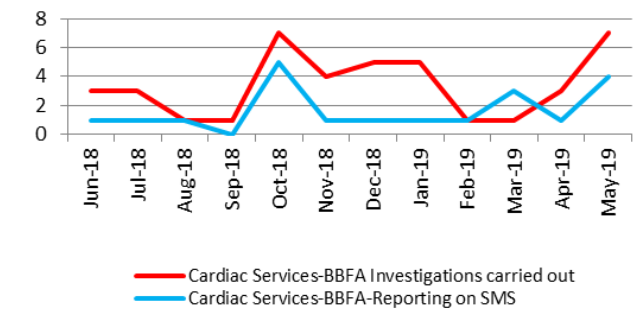
Cardiac Services LTIFR



Blood and Body Fluid Accidents



Children's Services Health and Safety Re port

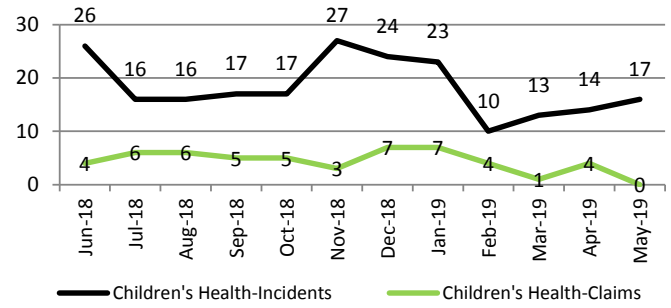
Lagging

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

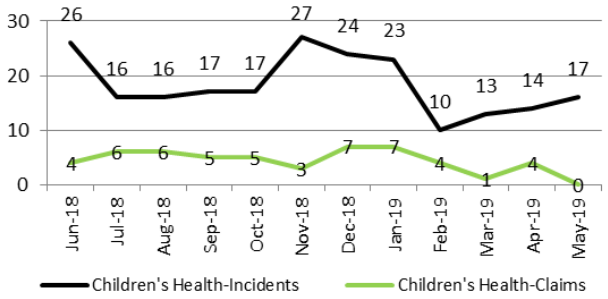
Leading

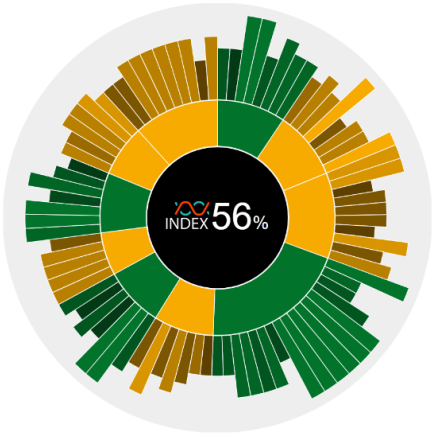
	Actual	Target	Trend
%H&S Inductions (YTD)	65	100	
H&S Rep Vacancies No.	7	2	
%H&S Rep Training	74	80	
% 6 monthly Workplace Checklist	84	80	
Outstanding Datix Incidents	8	10	

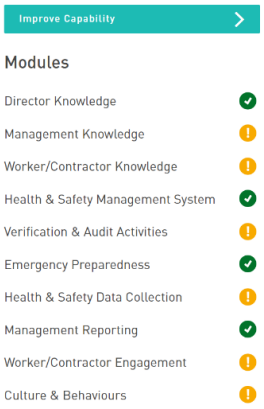
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





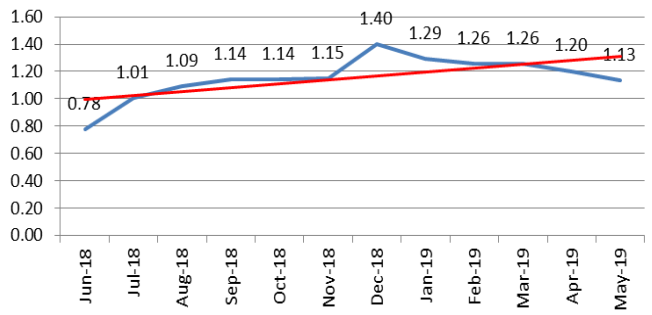


SAFE365 Starburst Graphic

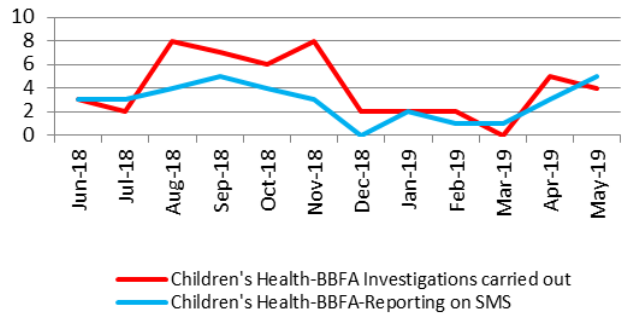
Children's health has increased from 51% to 57% over the last two months since initial baseline assessment was conducted. AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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.

Childrens Services LTIFR



Blood and Body Fluid Accidents



Clinical Support Health and Safety Report

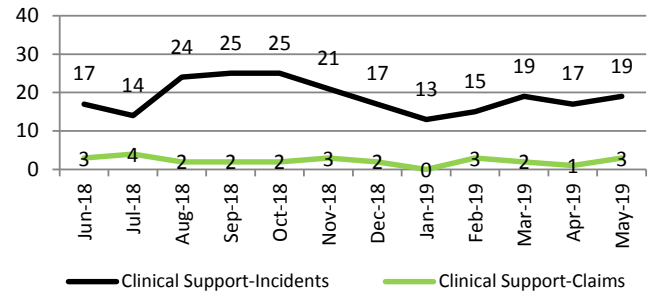
Lagging

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

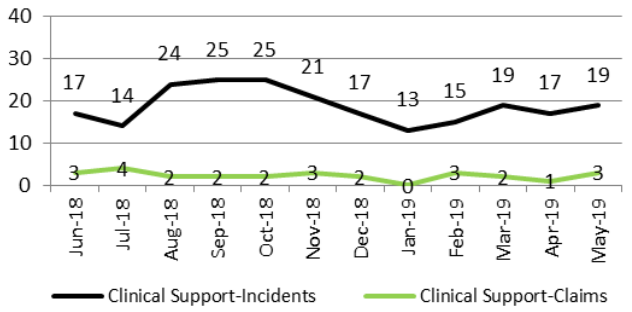
Leading

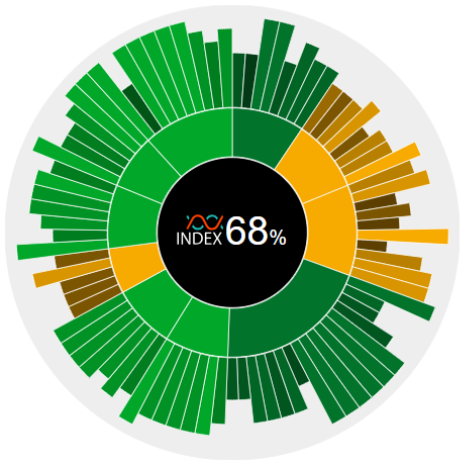
	Actual	Target	Trend
%H&S Inductions (YTD)	72	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	67	80	
Outstanding Datix Incidents	5	10	

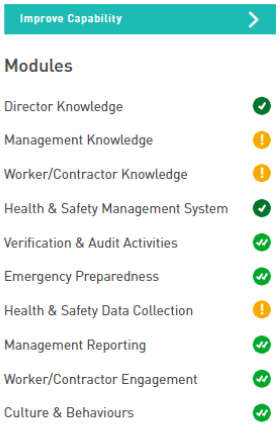
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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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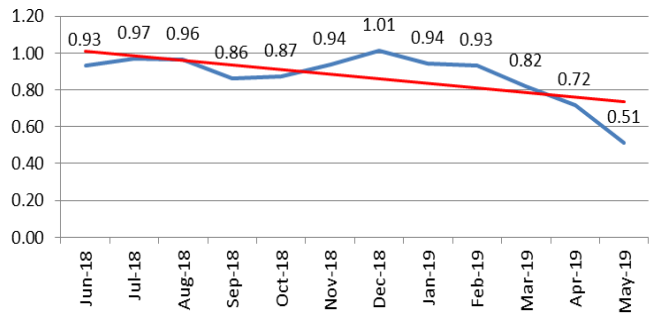
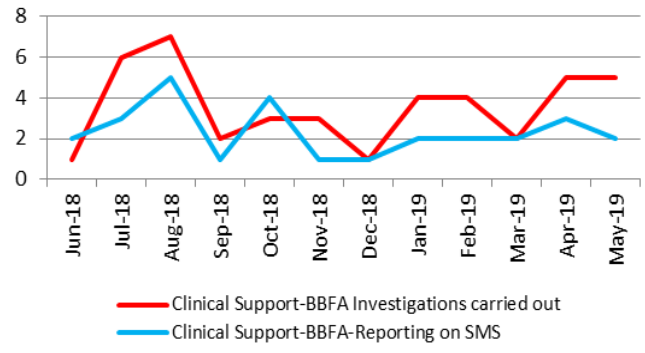
Clinical Support LTIFR



Blood and Body Fluid Accidents



Commercial Services Health and Safety Report

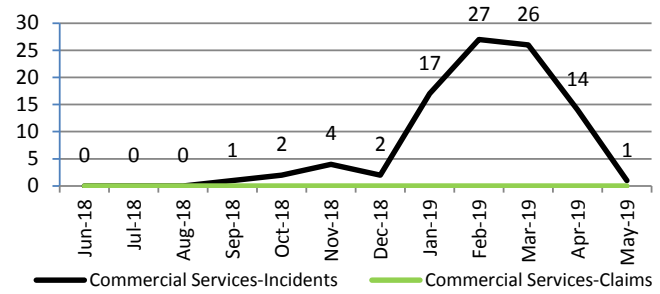
Lagging

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

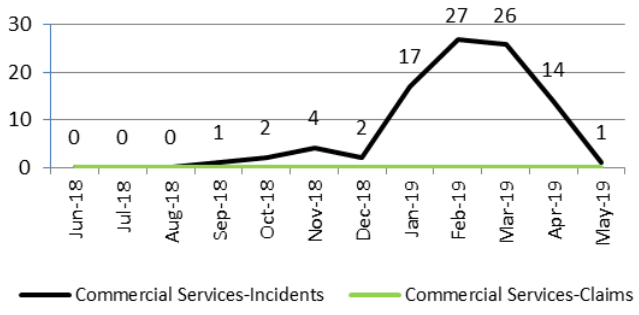
Leading

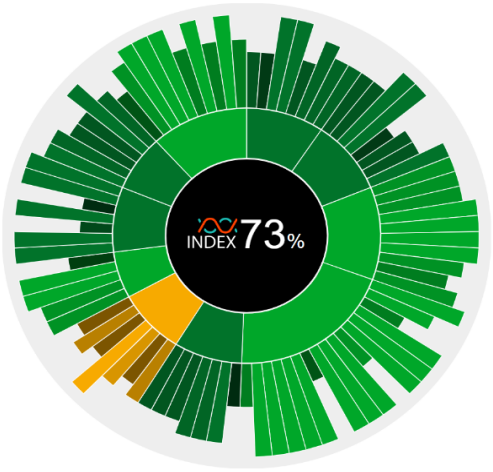
	Actual	Target	Trend
%H&S Inductions (YTD)	100	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	100	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	1	10	

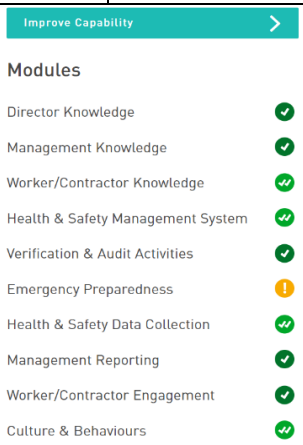
Health and Safety Incidents and Claims for 12 months



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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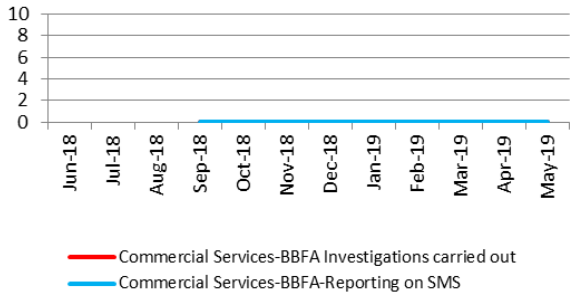
Blood and Body Fluid Accidents



Corporate Services Health and Safety Report

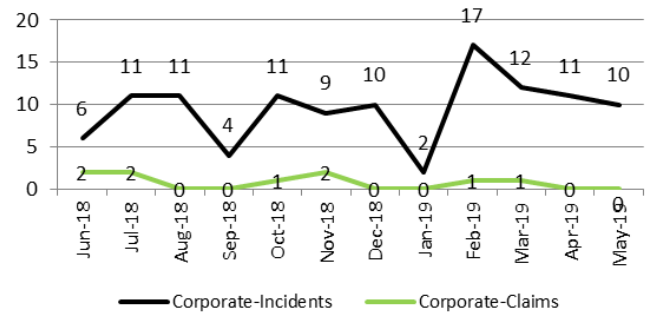
Lagging

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

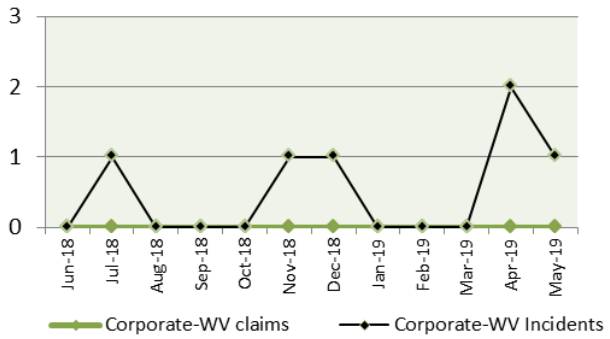
Leading

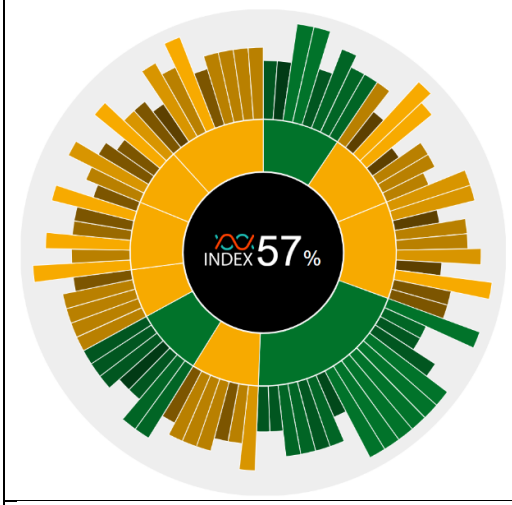
	Actual	Target	Trend
%H&S Inductions (YTD)	71	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	72	80	
% 6 monthly Workplace Checklist	91	80	
Outstanding Datix Incidents	4	10	

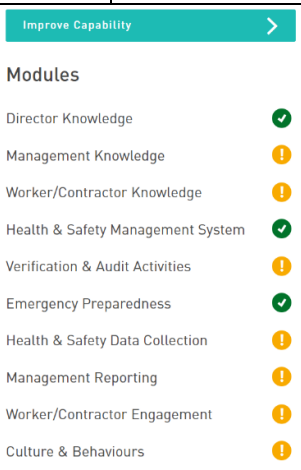
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

A slight increase this month for Corporate Services, up from 53% to 56% 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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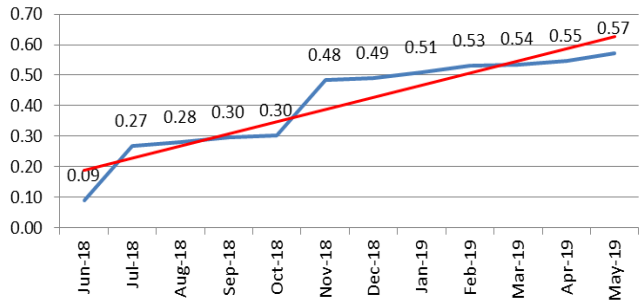
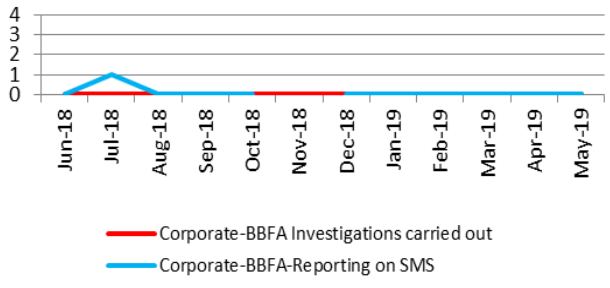
Corporate Services LTIFR



Blood and Body Fluid Accidents



Community and Long Term Conditions Health and Safety Report

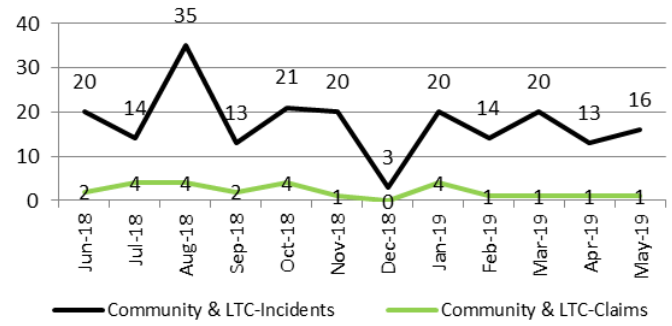
Lagging

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

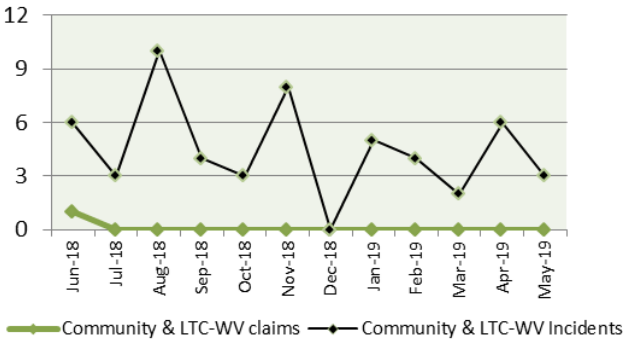
Leading

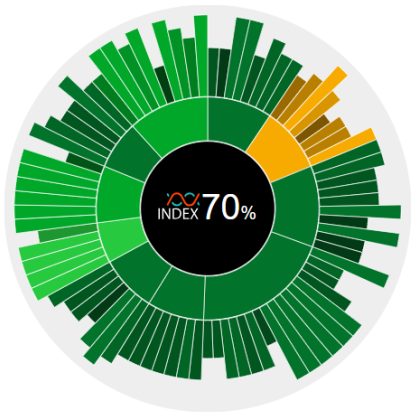
	Actual	Target	Trend
%H&S Inductions (YTD)	71	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	87	80	
% 6 monthly Workplace Checklist	65	80	
Outstanding Datix Incidents	5	10	

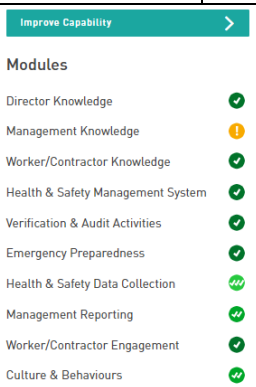
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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.

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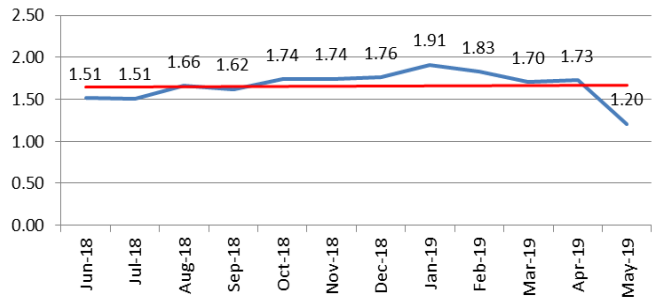
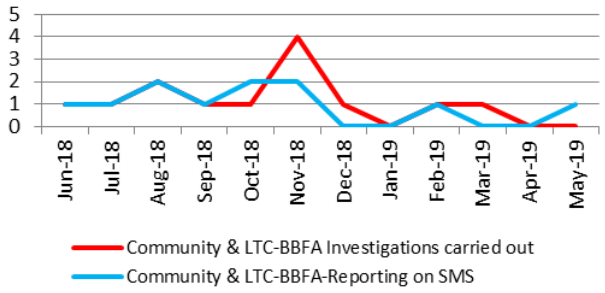
Community & LTC LTIFR



Blood and Body Fluid Accidents



Mental Health Services Health and Safety Report

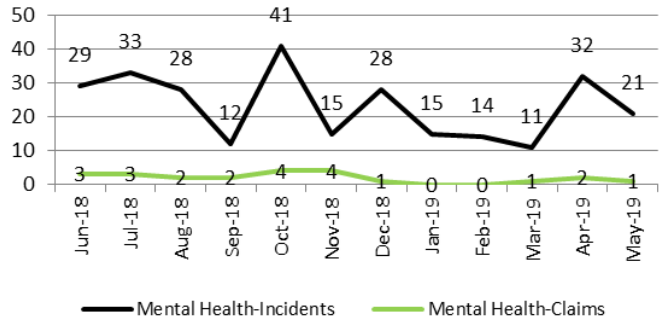
Lagging

	Actual	Target		Trend
H&S Incidents	21	20		
Work Injury Claims	1	0		
Lost Time Injuries	1	0		
Notifiable Events	0	0		

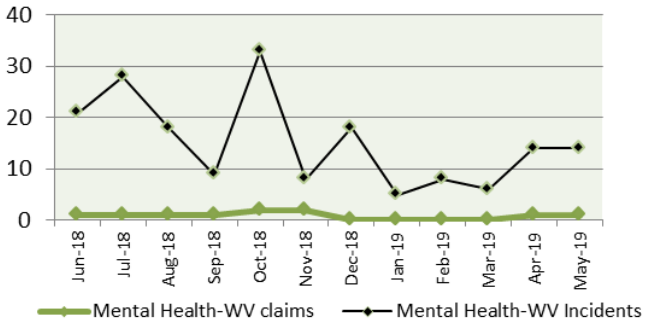
Leading

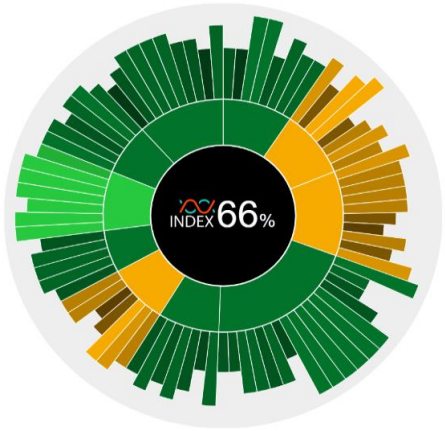
	Actual	Target		Trend
%H&S Inductions (YTD)	68	100		
H&S Rep Vacancies No.	1	2		
%H&S Rep Training	71	80		
% 6 monthly Workplace Checklist	70	80		
Outstanding Datix Incidents	14	10		

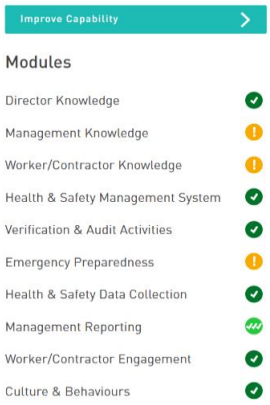
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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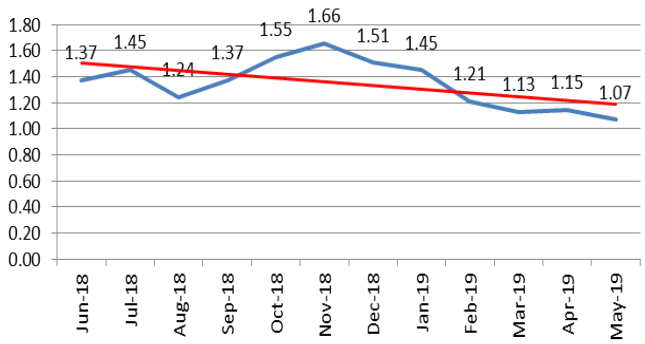
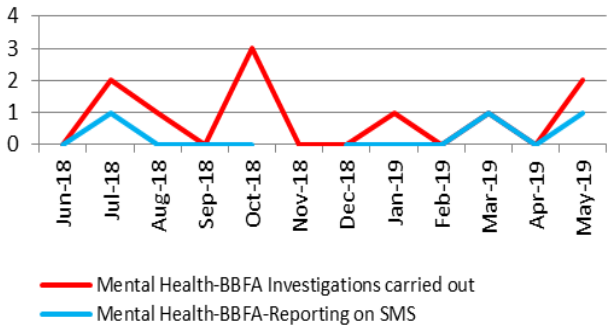
Mental Health Services LTIFR



Blood and Body Fluid Accidents



Patient Management Service Health and Safety Reports

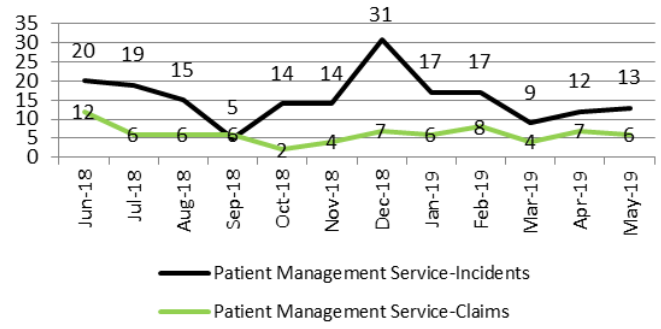
Lagging

	Actual	Target	Trend
H&S Incidents	13	20	
Work Injury Claims	6	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

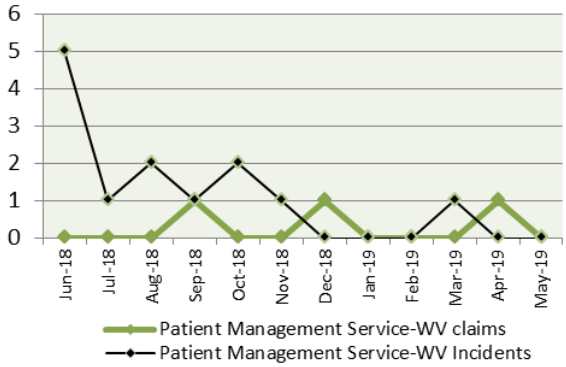
Leading

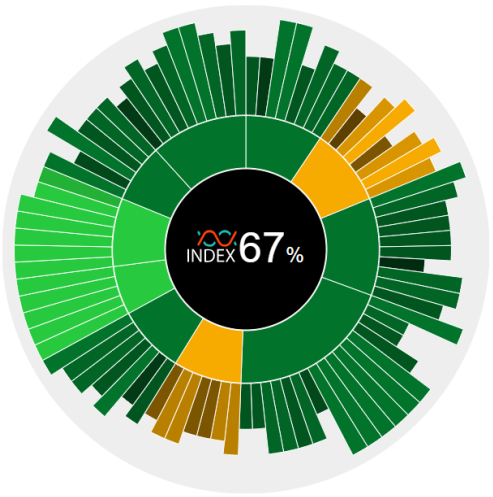
	Actual	Target	Trend
%H&S Inductions (YTD)	41	100	
H&S Rep Vacancies No.	2	2	
%H&S Rep Training	52	80	
% 6 monthly Workplace Checklist	50	80	
Outstanding Datix Incidents	8	10	

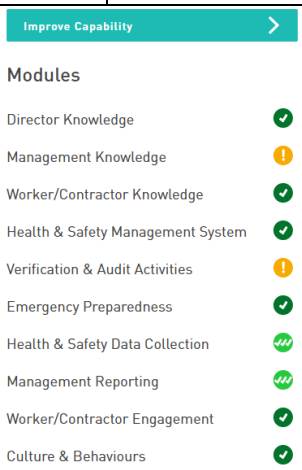
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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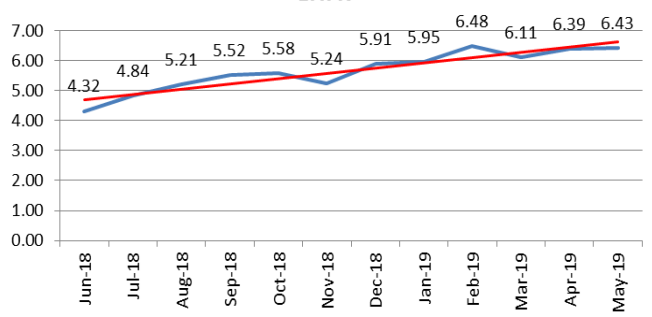
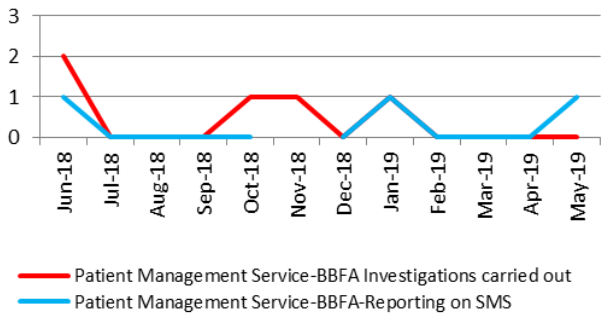
Patient Management Services LTIFR



Blood and Body Fluid Accidents



Perioperative Health and Safety Report

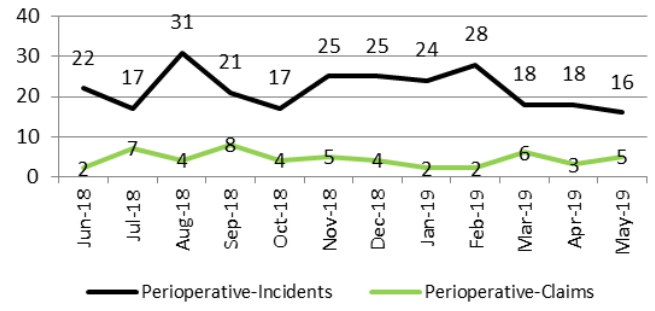
Lagging

	Actual	Target	Trend
H&S Incidents	16	20	
Work Injury Claims	5	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

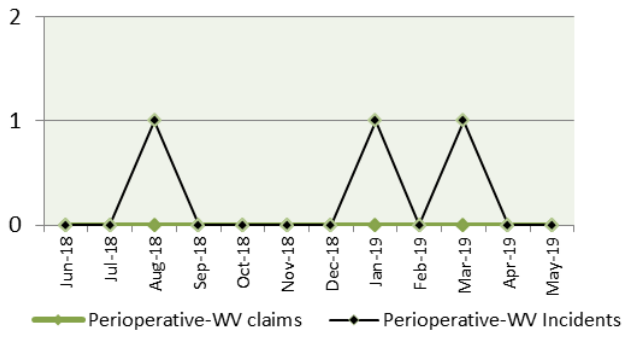
Leading

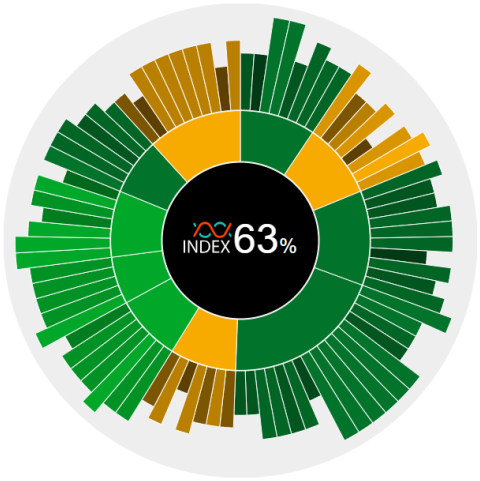
	Actual	Target	Trend
%H&S Inductions (YTD)	81	100	
H&S Rep Vacancies No.	2	2	
%H&S Rep Training	81	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	8	10	

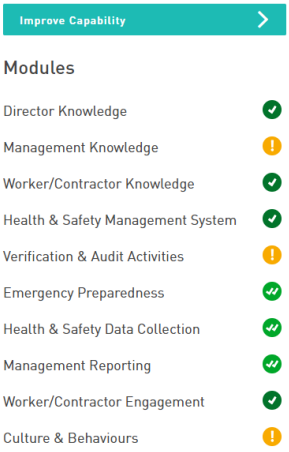
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





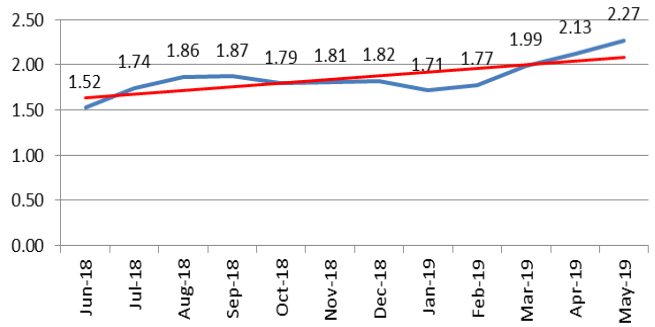


SAFE365 Starburst Graphic

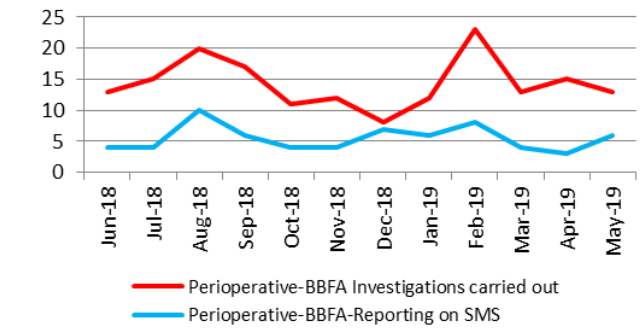
AUCKLAND DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018. The perioperative directorate has increased from 60% to 63% this month

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.

Perioperative Services LTIFR



Blood and Body Fluid Accidents



Surgical Services Health and Safety Report

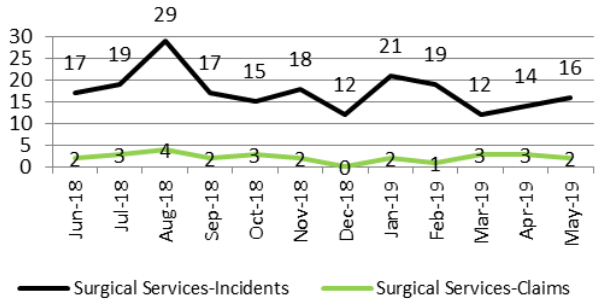
Lagging

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

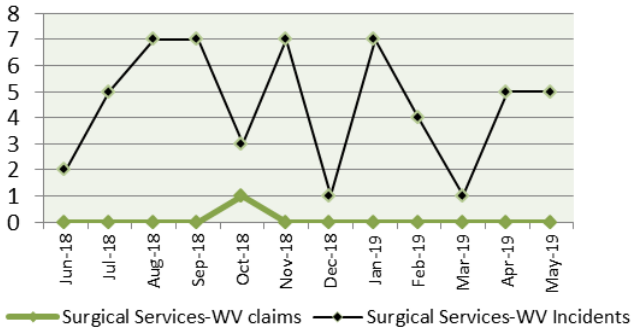
Leading

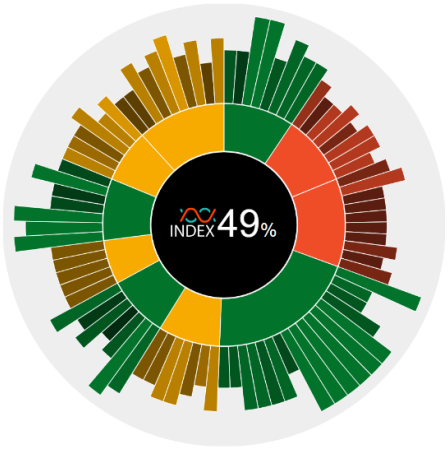
	Actual	Target	Trend
%H&S Inductions (YTD)	59	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	78	80	
% 6 monthly Workplace Checklist	75	80	
Outstanding Datix Incidents	5	10	

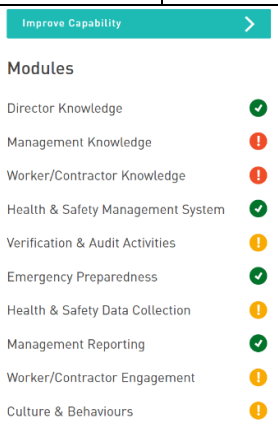
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

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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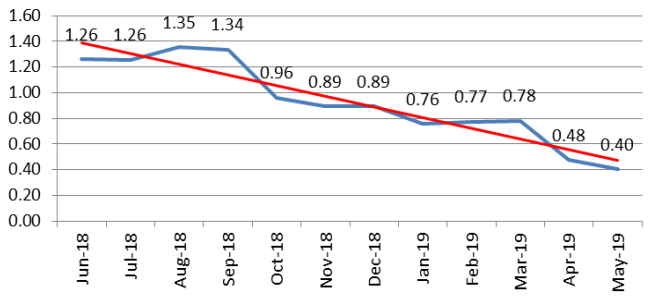
Surgical Services LTIFR



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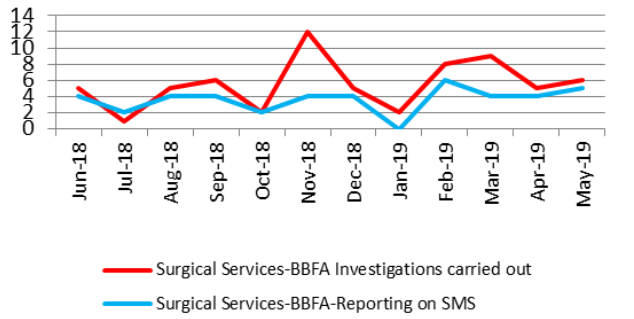


Women's Health and Safety Report

Lagging

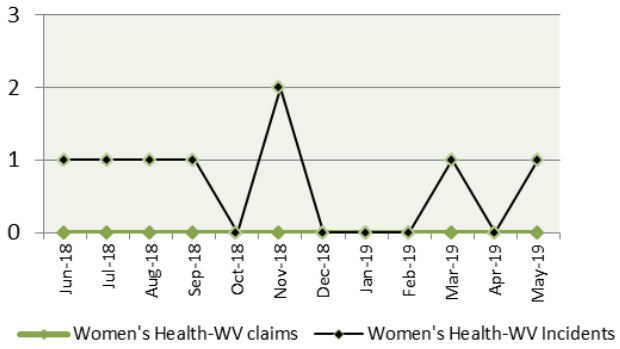
	Actual	Target	Trend
H&S Incidents	15	20	
Work Injury Claims	2	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

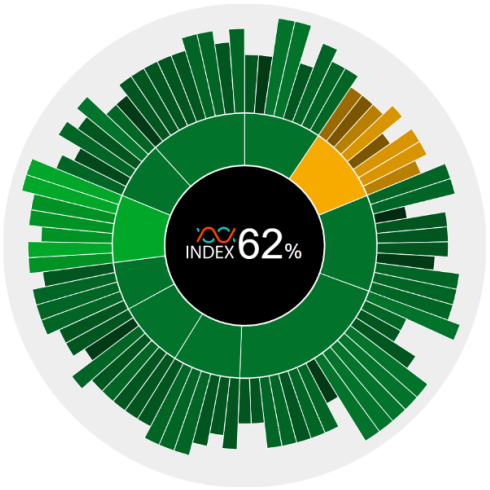
Leading

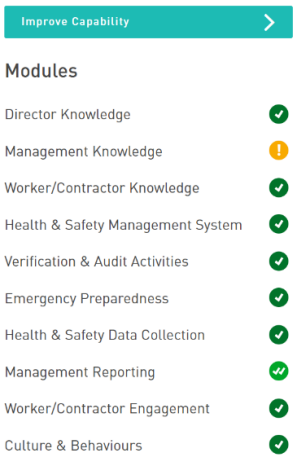
	Actual	Target	Trend
%H&S Inductions (YTD)	50	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	75	80	
% 6 monthly Workplace Checklist	91	80	
Outstanding Datix Incidents	7	10	

Health and Safety Incidents and Claims for 12 months

Workplace Violence and Aggression for 12 months







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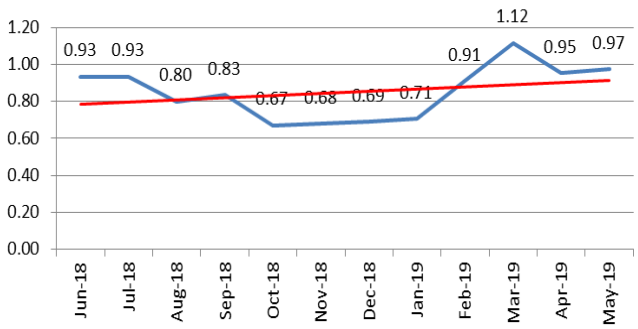
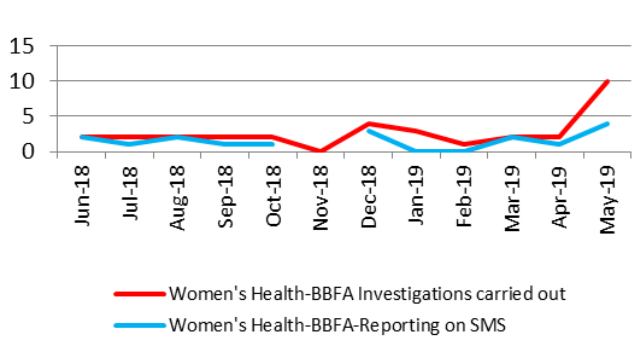
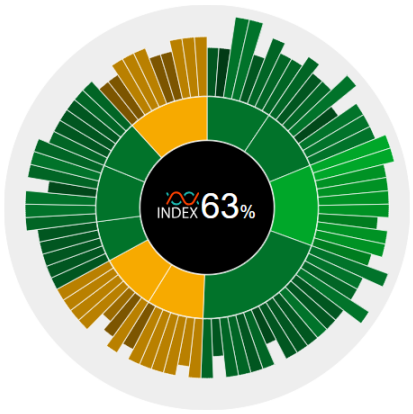
Womens Health LTIFR

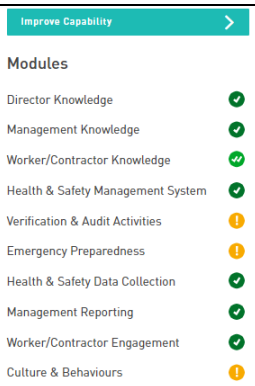


Blood and Body Fluid Accidents



Facilities Department





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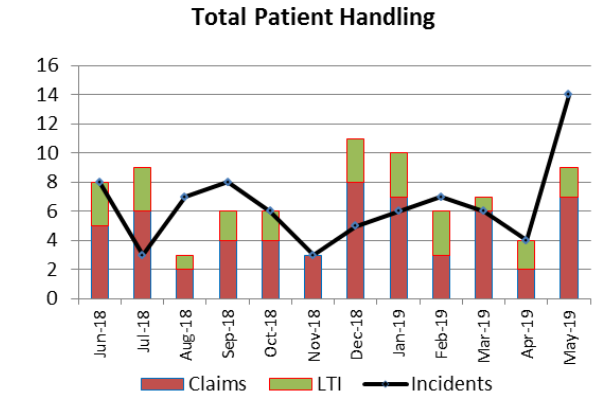
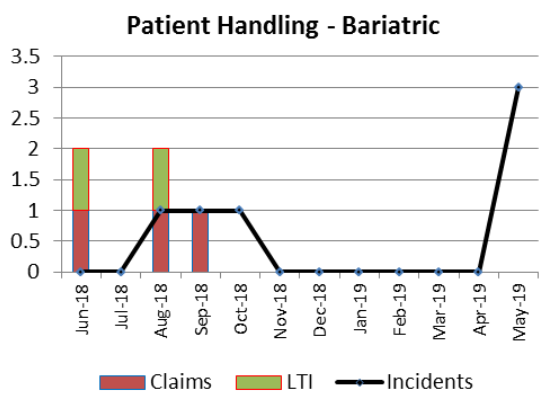
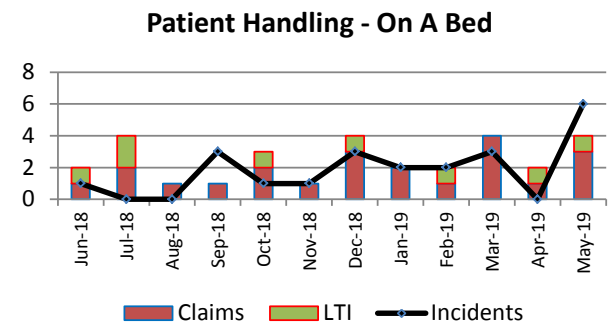
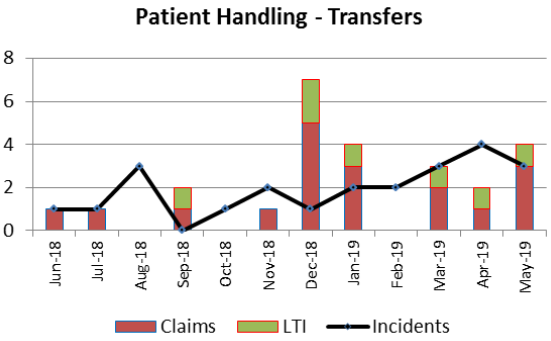
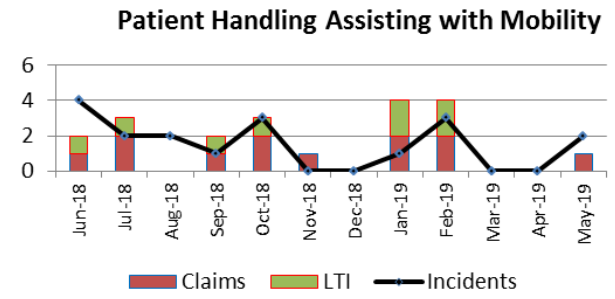
Appendix 1 - **Moving and Handling Injury Categories**

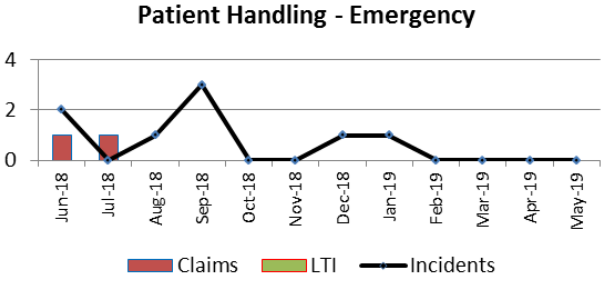


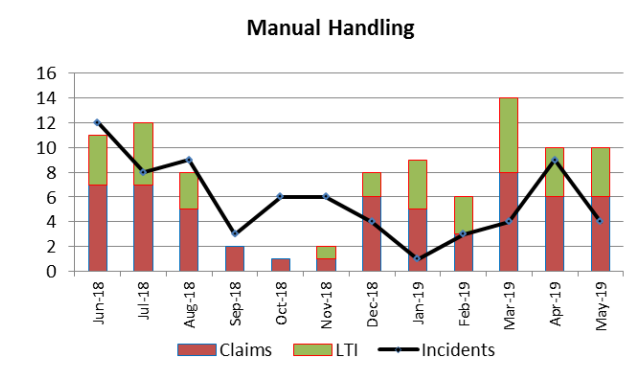








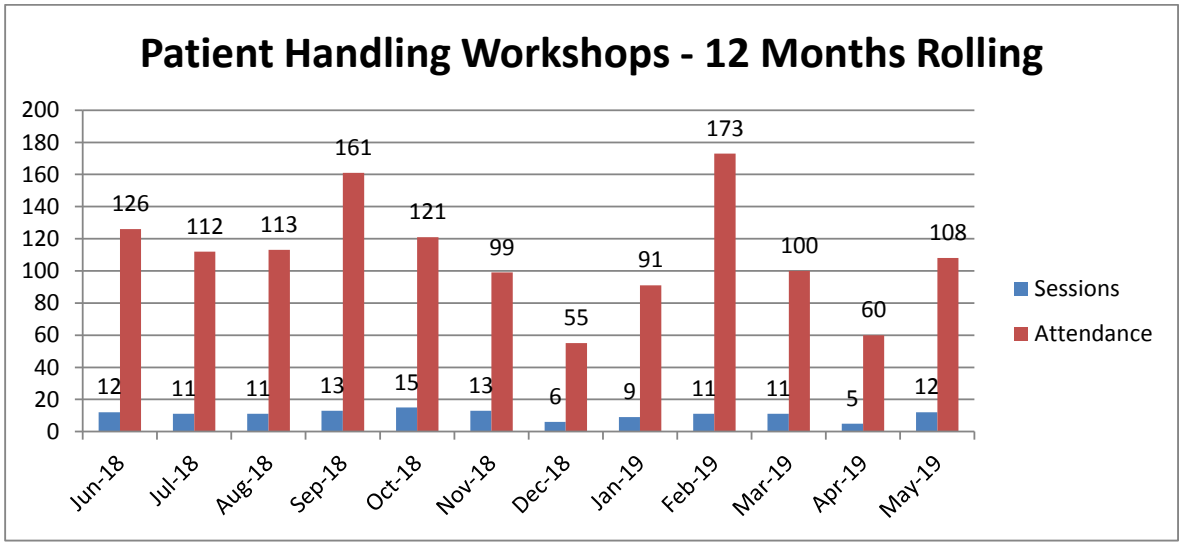


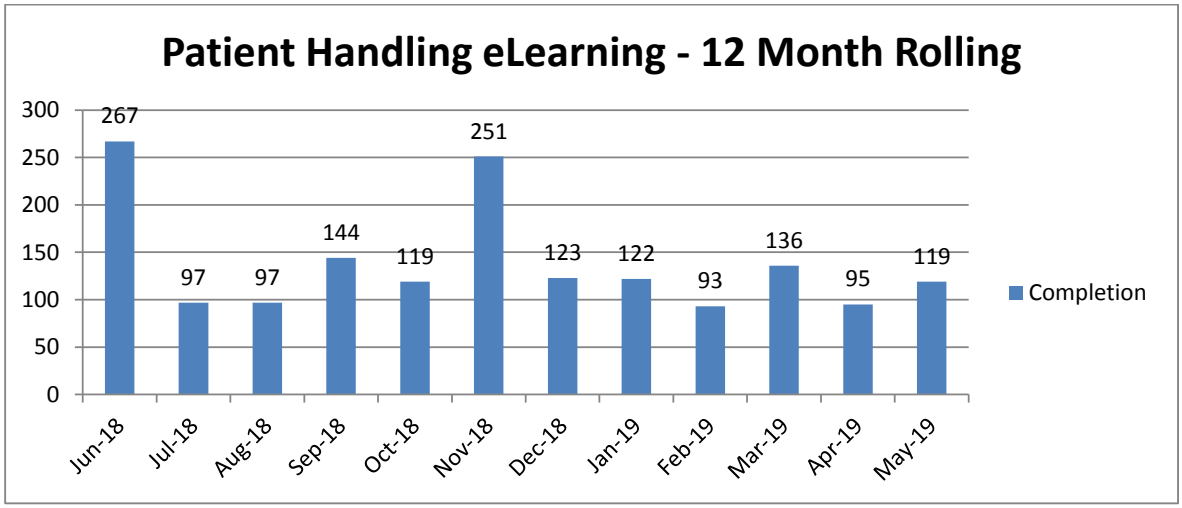


New graphs representing the LTI/Claims vs actual reported incidents related to manual tasking/patient handling. In those instances where the total Claims/LTI is higher than the Incidents, there has been no DATIX reported at the time of the incident, the OHS team actively chases these up.

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 May 2019**

Auckland DHB	Workplace Violence reported			Workplace Violence CLAIMS
Directorate	**May**	**%**	**YTD 2019**	**May**
Adult Medical	13	30%	59	1
ARPHS	1	2%	1	0
Cancer & Blood	0	0%	1	0
Cardio-Vascular	4	9%	9	0
Children's Health	0	0%	15	0
Clinical Support	1	2%	7	0
Commercial Services	0	0%	0	0
Community & LTC	3	7%	17	0
Corporate	1	2%	4	0
Mental Health	14	33%	60	1
Patient Management Services	0	0%	1	0
Perioperative	0	0%	1	0
Surgery	5	12%	17	0
Women's Health	1	2%	2	0
Total Auckland DHB	43		194	2

The Mental Health Directorate has traditionally always had a higher occurrence of Workplace Violence incidents reported, however with the OV reader coming on line in the next couple of months in the Emergency Department, it is anticipated, that with increased staff awareness and training, this area should also see a rapid increase in reporting

Auckland DHB	Code Orange			
	May	%	YTD 2019	%
ACH	106	73%	691	85%
Starship	27	18%	53	7%
Women's Health	0	0%	6	1%
GCC	1	1%	11	1%
Support Bldg	12	8%	51	6%
Total ADHB	**146**		**812**	

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

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

TABLE 1 – Risk Matrix

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 (this is adapted from the ADHB 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

ADHB **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 July 2019.**
2. **Notes the progress on Auckland DHB People Strategy commitments.**

Prepared by: Chris Hutton (Acting Chief People Officer)
Endorsed by: Ailsa Claire (Chief Executive Officer)

1. Introduction/Background

The purpose of this report is to provide the Board an update on the progress made towards delivering the Auckland DHB People Strategy. Our 2016-2019 People Strategy 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 Auckland DHB People Strategy 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 skills
2. Making it easier to work here
3. Building constructive relationships
4. Delivering on our promises
5. Ensuring a quality start

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 will be submitted to the HR Subcommittee at upcoming meetings.

2. Progress/Achievements/Activity

Accelerating capability and skills

Management Development Programme

The Management Development Programme rollout is progressing on target and is expected to be delivered in full by end of August 2019. Refer to Deep Dive paper provided this month.

Making it easier to work here

HR Services Work Programme

The online employee file system, which launched 12 February 2019, has been very successful. We now have 153 employee files loaded and 22,336 documents as at the end of April 2019. Loading of historical employee files is dependent on funding, so it is likely that these will not be loaded within the desired 12 month period. All new employees since 1 January 2019 are automatically being loaded into M-Files.

Building constructive relationships

Just Culture

A calendar of briefings have been scheduled and booked in the week commencing 10 June 2019. These include the Executive Leadership Team, Senior Leadership Team, and Clinical and Non-Clinical teams. A meeting is to be held with the Chief Advisor for Outcome Engenuity to confirm the next steps around certification and training our trainers. It is hoped that a time at a later date can be found for a Board briefing by Outcome Engenuity when capacity allows.

We have agreed our communications approach and are on track with this programme of work.

Equity Focus – Employee Experience

A Deep Dive paper is provided this month.

Delivering on our promises

Accessibility

Our website and new career page speaks strongly to diversity and references disability and our accessibility tick programme, however we are making further adjustments as a result of several recommendations from an external review for accessibility.

We are currently exploring how best to capture data on accessibility that we can use going forward to measure our progress.

We are also exploring providing basic barrier-free training to Health and Safety representatives so they can ensure accessibility is considered in annual physical environment site audits in their areas, alongside regular Health and Safety annual audits.

To Thrive

To Thrive initiatives have been implemented and continue as BAU with the pilot group. The Green Prescription has recently been added to the annual health check and the update for these was good.

The first two cohorts in our numeracy, literacy and digital inclusion pilot for career development complete their training next month with a graduation ceremony on 18 June 2019.

The scoping and delivery of career pathway initiatives, including funding of trainee positions and internships, continues. Alternative strategies for funding and managing career pathways for this group are being considered, mindful of the organisation's financial position.

We have submitted an application for the 2019 Diversity Works Awards. We will have feedback early June 2019 as to whether we are finalists.

Plans are underway to roll out To Thrive to the next target group, the Central Sterile Supply Department.

Remuneration Strategy

55% of the migration of the Senior Medical Officer workbooks to the new platform has now been completed. The process moving forward will be to begin to transfer workbook responsibility back to each Service as their workbooks are completed.

Ensuring a quality start

Recruitment strategy

The new Auckland DHB careers website has received extremely positive feedback with regard to its attractiveness and content. Testing has indicated it has further improved our ranking in Google searches which is critical in reaching active candidates.

The new recruitment function structure featuring the addition of Team Leaders has been rolled out. Full implementation is targeted for early July 2019 when additional Consultant and Cooridnator vacancies are expected to be filled by. Recruitment strategy planning for FY19/20 continues to be refined, concurrent with the new team structure. Included will be a focus on how health equity is being addressed:

1. To have collaborative Directorate recruitment plans based on clear forecasted business needs
2. Enhance attractiveness of recruitment marketing
3. Better utilisation (leverage) of profession based candidate talent across DHB Directorates e.g. nursing, allied health
4. Long term targeting and activation of passive candidate market and upstream feeder channels
5. Provide a significantly improved candidate experience
6. Improve process efficiency so high impact value add activities can be the focus verses transactional processing.

Auckland DHB coordinated a regional response to proposed changes to Migrant Work Visa policy and processes by Immigration New Zealand. Immigration New Zealand has advised the following update:

> *"We are finalising advice to the Minister of Immigration across the proposals, taking on board submission feedback, and then proposals will be taken to Cabinet in June. Once Cabinet has made decisions, public announcements will be made on any changes".*

Financial Performance Report – Eleven Months Ending 31 May 2019

Recommendation

That the Board receives this Financial Report for the eleven months ending 31 May 2019

Prepared by: Rosalie Percival, Chief Financial Officer
Date: 25 June 2019

1. Executive Summary

The 2018/19 Annual Plan approved by the Board is for a breakeven result. Financial performance for the month of May 2019 shows a net deficit of $9.2M which was $1.4M unfavourable to a net deficit budget of $7.9M. For the year to date (YTD), a net deficit of $17.5M was realised which was $14.9M unfavourable against a net deficit budget of $2.6M. The overall YTD net deficit unfavourable variance is distributed across divisions as follows:

Result by Division	**YTD (eleven months ending 31 May-19)**		
	Actual	**Budget**	**Variance**
Funder	56,338	22,000	34,338 F
Provider	(76,450)	(24,528)	51,923 U
Governance	2,607	(39)	2,646 F
Net Surplus / (Deficit)	**(17,505)**	**(2,566)**	**14,939 U**

- The Funder arm result reflects favourable revenue ($34.6M favourable), which fully offset expenditure unfavourable to budget by $5.6M.
- The Provider arm result is driven by both revenue being less than budget by $3.8M (mainly due to a liability provision for under-delivery of electives and IDF volumes) and, expenditure unfavourable to budget by $48M (due to adverse variances in clinical supplies, outsourced services, infrastructure and personnel costs).
- The favourable Governance result is mainly due to less expenditure than budgeted for outsourced funder services and infrastructure costs (mainly IT and Professional fees).

2. Summary Result and Financial Commentary for May 2019

$000s	Month (May-19)			YTD (eleven months ending 31 May-19)			Full Year (2018/19)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	131,652	128,624	3,028 F	1,442,582	1,412,378	30,204 F	1,578,930	1,522,103	56,827F
Non-Government and Crown Agency	8,403	7,854	550 F	86,507	86,246	261 F	94,454	94,100	354F
Inter- District Flows	54,178	54,075	104 F	600,192	594,820	5,371 F	654,665	667,891	13,226U
Inter-Provider and Internal Revenue	1,069	1,579	510 U	2,260	17,366	15,106 U	5,026	18,696	13,670U
Total Income	**195,303**	**192,130**	**3,172 F**	**2,131,541**	**2,110,810**	**20,731 F**	**2,333,075**	**2,302,790**	**30,285F**
Expenditure									
Personnel	96,539	91,319	5,220 U	948,445	943,395	5,050 U	1,035,617	1,026,473	9,144U
Outsourced Personnel	2,344	1,150	1,194 U	26,000	12,801	13,199 U	27,193	13,951	13,242U
Outsourced Clinical Services	3,893	3,111	782 U	34,957	32,506	2,451 U	39,185	35,309	3,876U
Outsourced Other Services	5,483	6,174	692 F	67,831	67,919	88 F	74,600	74,094	506U
Clinical Supplies	26,400	25,089	1,311 U	276,156	254,551	21,605 U	300,933	277,598	23,335U
Funder Payments - NGOs and IDF Outflows	52,988	55,824	2,835 F	604,294	614,062	9,768 F	657,703	669,886	12,183F
Infrastructure & Non-Clinical Supplies	16,935	17,330	395 F	191,363	188,142	3,222 U	212,844	205,479	7,365U
Total Expenditure	**204,582**	**199,997**	**4,585 U**	**2,149,046**	**2,113,377**	**35,670 U**	**2,348,075**	**2,302,790**	**45,285U**
Net Surplus / (Deficit)	**(9,280)**	**(7,867)**	**1,413 U**	**(17,505)**	**(2,566)**	**14,939 U**	**(15,000)**	**(0)**	**15,000 U**

Result by Division	Month (May-19)			YTD (eleven months ending 31 May-19)			Full Year (2017/18)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	7,542	2,000	5,542 F	56,338	22,000	34,338 F	60,586	24,000	36,586 F
Provider	(17,347)	(9,815)	7,532 U	(76,450)	(24,528)	51,923 U	(77,750)	(24,000)	53,750 U
Governance	525	(51)	576 F	2,607	(39)	2,646 F	2,164	(0)	2,164 F
Net Surplus / (Deficit)	**(9,280)**	**(7,867)**	**1,413 U**	**(17,505)**	**(2,566)**	**14,939 U**	**(15,000)**	**(0)**	**15,000 U**

Commentary on DHB Consolidated Financial Performance

Month Result - Major variances to budget on a line by line basis are described below:

Revenue is favourable to budget by $3.2M (1.7%) reflecting:

- $3M (2.4%) favourable Government and Crown Agency revenue, mainly driven by MOH Contracts funded initiatives which include additional funding from Ministry for MECA settlements (NZNO, PSA Nurses and PSA Allied), Safe Nursing Funding, additional 2017/18 Electives revenue, funding for new Primary Health Initiatives and PHARMAC funding relating to new Ministry Combined Pharmaceutical Budget strategy previously budgeted and funded as rebate but now accounted for as revenue (post budget).

Expenditure is unfavourable to budget by $4.6M (-2.1%) reflecting:

- $6.4M (-6.9%) unfavourable combined Personnel/Outsourced staff costs, mainly driven by total FTEs being above budget by 184 primarily in Nursing and Management and Administration staff. The balance of the unfavourable variance reflects a combination of higher than budget MECA settlement costs, additional costs for RMO strikes, higher annual leave accrual and annual leave revaluation as a result of the implementation of MECA increases.
- $1.3M (-5.2%) unfavourable clinical supplies, reflects the following key variances:
  - Ophthalmology $0.2M unfavourable reflecting Pharmac approved new drug (for diabetes retinopathy conditions) not previously funded resulting in higher treatments - this is partially offset by a reduction in costs for some existing treatments.
  - Adult and Paediatric Oncology Services $0.5M unfavourable due to unusually high volumes for this service driving higher than normal expenditure on high cost pharmaceuticals – most of which is funded PCTs.
  - Clinical Support $0.3M unfavourable due to the directorate's bottom line savings targets allocated to Clinical Supplies but achieved across other categories – overall, the service expenditure is within budget YTD.
  - Perioperative instruments and equipment $0.2M unfavourable reflecting increased equipment repair costs and increased use of disposable instruments.
- $2.8M (5.1%) favourable Funder Payments – NGOs and IDF Outflows, driven by review and release of Funder provisions and accruals in preparation for year end, mainly for initiatives not yet contracted. The

balance of the favourable variance is also driven by adjustments relating to favourable 2017/18 IDF wash ups, post budget service changes and PHO quarterly wash ups.

Year to Date Result - Major variances to budget on a line by line basis are described below.

Total Revenue is favourable to budget by $20.7M (1%), reflecting:

- $30M (2.1%) favourable variance in Government and Crown Agency revenue, mainly driven by Ministry of Health (MoH) Contracts funded initiatives, additional funding from MoH for MECA settlements (NZNO, PSA Nurses and PSA Allied), Safe Nursing Funding, additional 2017/18 Electives revenue, funding for new Primary Health Initiatives and PHARMAC funding relating to new Ministry combined pharmaceutical budget strategy previously budgeted and funded as rebate but now accounted for as revenue (post budget).
- $5.4M (0.9%) favourable variance in Inter-District Flows, driven by a favourable 2017/18 MoH IDF wash-up, post budget changes in Community Pharmacy and net favourable PHO wash-ups.
- $15M (-87%) unfavourable Inter-Provider and Internal revenue, mainly reflecting provisions for elective and IDF wash-ups (due to volume under-delivery) and budgeted Public Health core contract funding that will not be realised.

Total expenditure is $35.7M (-1.69%) unfavourable, mainly driven by:

- $18.2M (-1.9%) unfavourable variance in Personnel/Outsourced Personnel costs – mainly driven by higher outsourced staff costs than budget including costs to cover vacancies. YTD average FTEs are close to budget (56.6 or 0.6% above budget) equating to $5.4M above budget, but the unfavourable expenditure largely reflects the impact of costs of MECA settlements above budget, partially offset by additional funding from MoH, and the additional costs associated with strikes.
- $2.5M (-7.5%) unfavourable variance in Outsourced Clinical services primarily due to the requirement to outsource radiotherapy ($1.2M) combined with additional MRI outsourcing to meet MoH targets of 95% of referrals completed within six weeks.
- $21.6M (-8.5%) unfavourable variance in Clinical Supplies reflects variations in volume, number of treatments and higher than anticipated costs of clinical consumables. The key variances are summarised below:
  - Ophthalmology $2.6M unfavourable reflecting (i) the Pharmac approved new drug (for diabetes retinopathy conditions) not previously funded resulting in higher treatments and (ii) lenses – higher costs.
  - Adult & Paediatric Oncology Services $3.1M unfavourable due to unusually high volumes for this service resulting in higher pharmaceutical costs.
  - Blood products (non-Haemophilia) $3.2M unfavourable – driven by higher price increase than budget and increased in usage (this is under review).
  - Clinical Support $3.5M unfavourable due to savings targets allocated to Clinical Supplies but achieved across other categories – overall, the service expenditure is within budget YTD.
  - Equipment costs $2.6M unfavourable, mainly due to higher depreciation than planned.
  - Perioperative instruments and equipment $2.3M unfavourable reflecting increased equipment repair costs and increased use of disposable instruments.
  - Radiology $1.1M unfavourable reflecting cost of high cost interventional radiology procedures above budget.
  - Assumed savings for Pharmac management of hospital medicines not yet achieved $0.9M.
  - Transplants - $0.6M due to higher volumes compared to prior years.
  - Interpreters $1.7M unfavourable due to increased usage combined with savings targets not achieved.
- $9.8M (1.6%) favourable Funder Payments – NGOs and IDF Outflows, mainly driven by the review and release of Funder provisions and accruals in preparation for year end, mainly for initiatives not yet contracted, and also from favourable variances from 2017-18 national IDF wash-up, post budget service changes and PHO quarterly wash-up.

- $3.2M (-1.7%) unfavourable variance in Infrastructure and Non Clinical supplies is mainly due to $3.1M unfavourable Repairs and Maintenance combined with non-capital asbestos remediation costs.

Forecast Year End Result

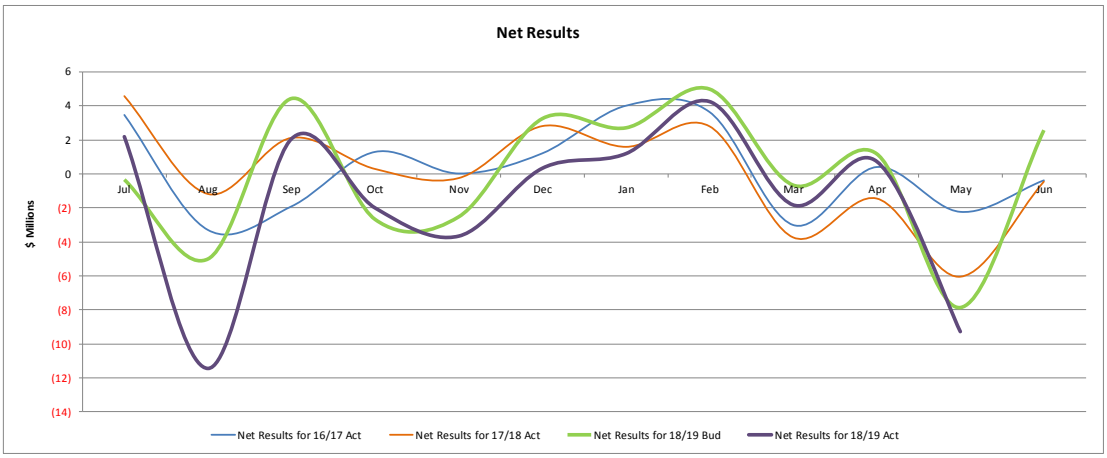
The forecast deficit has moved from $10.5M to $15M and the deficit reflects: additional employee costs from MECA settlements flowing through without full compensation; under-delivery of IDF and elective volumes (due to strikes, winter pressures and staff shortages); clinical supplies and infrastructure costs greater than planned; and Public Health Services core contract funding that will not be realised. The deterioration in the year end forecast is primarily due to the impact of the junior doctors five day strike in May (impacting on senior doctors' costs and revenue related to service delivery).

The forecast also includes assumptions for additional revenue to offset MECA settlements and for any over delivery of transplants.

The forecast is subject to change depending on the final position for IDF and elective wash-ups, actuarial valuations for staff liabilities and impairment for the National Oracle Solution.

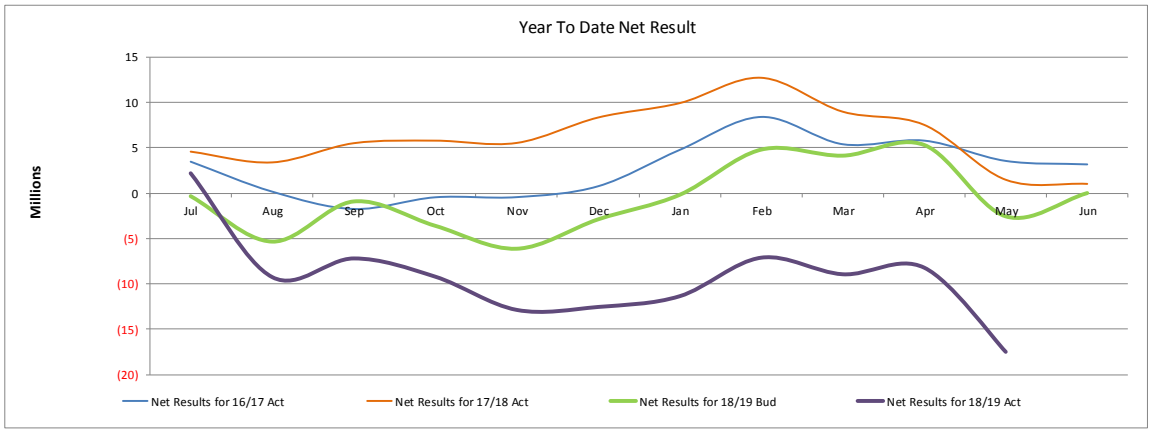
3. Performance Graphs

Figure 1: Consolidated Net Result (By Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 16/17 Act	3.462	(3.302)	(1.914)	1.290	0.017	1.203	4.004	3.636	(3.010)	0.398	(2.238)	(0.384)	2.871
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 Bud	(0.342)	(5.010)	4.427	(2.683)	(2.530)	3.244	2.703	4.982	(0.666)	1.175	(7.867)	2.566	(0.000)
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)		(17.505)

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 16/17 Act	3.462	0.159	(1.755)	(0.465)	(0.448)	0.755	4.759	8.394	5.385	5.783	3.545	3.162
Net Results for 17/18 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 Bud	(0.342)	(5.352)	(0.925)	(3.608)	(6.137)	(2.893)	(0.190)	4.791	4.125	5.300	(2.566)	(0.000)
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)	
Variance to Budget 18/19	2.525	3.912	6.282	5.607	6.743	9.663	11.181	11.914	13.078	13.526	14.939	

4. Financial Sustainability

The plan for 2018/19 is to deliver Provider Arm savings amounting to $11.5M and these are phased according to expected delivery. For year to date, benefits of $6M have been achieved against the phased target of $9.8M which is $3.7M unfavourable to plan. The forecast for the full year is $9.2M which is $2.3M unfavourable to plan.

May 2019 Summary Position

2018/19 Provider Financial Sustainability $000	YTD Actual	YTD Target	YTD Variance	Full Year Forecast	Full Year Target	Full Year Variance
Revenue Growth	1,109	2,562	-1,453	2,700	3,250	-550
Procurement & Supply Chain	2,452	3,085	-633	3,232	3,513	-281
Loss Making Services	239	1,787	-1,548	720	2,118	-1,398
Cost Containment	0	45	-45	0	60	-60
Sustainability Initiatives	0	150	-150	0	200	-200
Models of Care	363	459	-96	500	500	0
Patient Flow	18	37	-19	40	40	0
Outpatients	1,859	1,650	209	1,982	1,832	150
Total	6,040	9,775	-3,735	9,173	11,513	-2,340

Commentary on Performance by Workstream:

- **Revenue Growth [YTD $1,453k U] -** This workstream covers a range of initiatives including data quality work focusing on ensuring all activity is captured and appropriately funded, and reviewing funding for national services. Forecast is $550k unfavourable to full year target, reflecting the latest estimate for volumes for national services.
- **Procurement & Supply Chain [YTD $663k U] -** This initiative relates to healthAlliance, Pharmac, MBIE and DHB led procurement and supply chain savings. The initiatives include efficiencies in stock management, product rationalisation and procurement savings. HealthAlliance savings of $2,452k are reported against a budget of $3,085k, with a full year forecast of $3.2M.
- **Loss Making Services [YTD $1,548k U] -** Eleven services have been identified and prioritised for review. The reviews have highlighted opportunities for improved volume and revenue capture as well as possible cost containment. Work on realising the identified opportunities will continue through the next year. The forecast savings for this year relate to Cardiovascular services (Cardiology, Vascular and Cardiothoracic) and Haematology, with other services to follow. Cardiovascular have developed workstreams to address the opportunities and have benefit targets phased from November 2018 with reported benefits of $224k. The year to date unfavourable variance is primarily in Haematology and Cardiology for cost savings not yet realised. The forecast for Haematology and Cardiovascular workstreams has been reduced to $720k.
- **Cost Containment [YTD $45k U] -** Benefits from the FCM Online Travel Approvals system – reporting not yet available.
- **Sustainability Initiatives [YTD $150k U] -** Benefits for this project will not be recognised in this financial year.
- **Models of Care [YTD $96k U] -** Benefits for COPD and Frailty are forecasting to meet the full year target of $500k. Other opportunities in this area are being investigated.
- **Patient Flow [YTD $19k U] -** This reflects the benefits achieved year to date for the Discharge Planning project.
- **Outpatients [YTD $209k F] -** The Outpatient Production planning programme went live during May 2018 and has delivered benefits in this financial year of $1.9M through increasing clinic session utilisation. The programme is on target and forecasting additional benefit of $150k.

5. Financial Position

5.1 Statement of Financial Position as at 31 May 2019

$'000	31-May-19			30-Apr-19	Variance	30-Jun-18	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Public Equity	889,380	881,298	8,082F	886,315	3,064F	881,298	8,082F
Reserves							
Revaluation Reserve	515,639	515,639	0F	515,639	0F	515,639	0F
Accumulated Deficits from Prior Year's	(456,995)	(457,004)	9F	(456,995)	0F	(458,009)	1,014F
Current Surplus/(Deficit)	(17,503)	(2,565)	14,938U	(8,223)	9,280U	1,014	18,517U
	41,141	56,070	14,929U	50,421	6,215U	58,644	9,421U
Total Equity	**930,521**	**937,368**	**6,847U**	**936,736**	**6,215U**	**939,942**	**9,421U**
Non Current Assets							
Fixed Assets							
Land	321,582	321,582	0F	321,582	0F	321,582	0F
Buildings	564,979	580,481	15,502U	559,114	5,865F	581,987	17,008U
Plant & Equipment	84,200	89,359	5,159U	89,216	5,016U	87,854	3,654U
Work in Progress	62,153	62,164	11U	58,117	4,036F	30,418	31,735F
Total PPE	1,032,914	1,053,586	20,672U	1,028,029	4,885F	1,021,841	11,073F
Investments							
- Health Alliance	69,542	64,280	5,262F	69,337	205F	63,452	6,090F
- NZHPL	11,869	9,646	2,223F	11,869	0F	9,646	2,223F
- ADHB Term Deposits > 12 months	15,000	-	15,000F	15,000	0F	1,818	13,182F
- Other Investments	560	-	560F	560	0F	538	22F
	96,971	73,926	23,046F	96,766	205F	75,454	21,517F
Intangible Assets	953	1,254	301U	1,012	59U	1,251	298U
Trust Funds	15,871	15,308	563F	15,982	111U	13,490	2,381F
	113,796	90,488	23,307F	113,760	35F	90,195	23,600F
Total Non Current Assets	**1,146,710**	**1,144,074**	**2,636F**	**1,141,789**	**4,921F**	**1,112,037**	**34,673F**
Current Assets							
Cash & Short Term Deposits	127,325	109,119	18,206F	146,316	18,991U	97,106	30,219F
Trust Deposits > 3months	13,303	15,792	2,490U	12,807	496F	15,792	2,490U
ADHB Term Deposits > 3 months	15,000	24,000	9,000U	15,000	0F	30,000	15,000U
Debtors	23,646	32,222	8,575U	38,024	14,377U	32,222	8,575U
Accrued Income	61,258	60,344	915F	56,995	4,263F	60,344	915F
Prepayments	1,456	1,225	230F	1,683	227U	1,225	230F
Inventory	14,979	13,853	1,126F	15,065	86U	13,853	1,126F
Total Current Assets	**256,967**	**256,554**	**413F**	**285,890**	**28,922U**	**250,542**	**6,426F**
Current Liabilities							
Borrowing	(1,191)	(3,364)	2,172F	(1,132)	59U	(666)	525U
Trade & Other Creditors, Provisions	(200,625)	(180,342)	20,284U	(205,792)	5,168F	(152,718)	47,907U
Employee Entitlements	(205,804)	(206,046)	242F	(218,766)	12,963F	(208,503)	2,699F
Funds Held in Trust	(1,308)	(1,275)	33U	(1,308)	0U	(1,275)	33U
Total Current Liabilities	**(408,928)**	**(391,026)**	**17,902U**	**(426,998)**	**18,071F**	**(363,161)**	**45,767U**
Working Capital	**(151,961)**	**(134,472)**	**17,489U**	**(141,109)**	**10,851U**	**(112,620)**	**39,341U**
Non Current Liabilities							
Borrowings	(8,134)	(14,813)	6,679F	(7,850)	284U	(4,510)	3,625U
Employee Entitlements	(56,094)	(57,421)	1,327F	(56,094)	0F	(54,965)	1,129U
Total Non Current Liabilities	**(64,228)**	**(72,234)**	**8,005F**	**(63,944)**	**284U**	**(59,475)**	**4,754U**
Net Assets	**930,521**	**937,368**	**6,848U**	**936,736**	**6,215U**	**939,942**	**9,421U**

Commentary

The major variances to budget are summarised as:

Property, Plant and Equipment:
The variance reflects capital expenditure tracking below budget. Budgeted capital spend is based on timing of implementation of capital projects as advised by services which may vary due to timing of capital approval, procurement and implementation timeframes.

Cash and Short Term Deposits:
The higher than budgeted balance mainly reflects the impact of the delay in the capital program on cash and lower than budgeted payments to providers / suppliers.

ADHB Term Deposits >3 months
An ADHB term deposit of $15M matured in January 2019 and this was reinvested in February 2019 into two term deposits of $10M maturing in February 2020 (current) and $5M maturing in February 2021 (non-current). The second ADHB term deposit of $15M matured in February 2019 and was reinvested into two term deposits of $5M maturing in March 2020 (current) and $10M maturing in September 2020 (non-current).

Debtors and Accrued Income:
Debtors and Accrued income in total is lower than budgeted levels driven by the timing of billings to and receipts mainly from MoH.

Borrowings:
Total Borrowing is below budget by $9M mainly driven by the timing of when planned financing lease arrangements are finalised and approved.

Trade & Other Creditors, Provisions:	**$000's**
Trade Creditors (including accruals)	182,798
Income in Advance	17,558
Provisions (Litigation)	269
Total	200,625

5.2 Statement of Cash flows as at 31 May 2019

$000's	31-May-19			YTD (eleven months ending 31 May-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	201,334	191,677	9,657F	2,124,100	2,105,817	18,282F
Payments						
Personnel	(109,501)	(91,319)	18,183U	(950,014)	(943,395)	6,619U
Suppliers	(55,112)	(44,274)	10,838U	(484,645)	(461,530)	23,115U
Capital Charge	0	0	0F	(27,334)	(22,852)	4,482U
Payments to other DHBs and Providers	(49,736)	(55,565)	5,829F	(590,331)	(610,800)	20,469F
GST	267	0	267F	(374)	0	374U
	(214,082)	(191,158)	22,925U	(2,052,699)	(2,038,578)	14,122U
Net Operating Cash flows	**(12,748)**	**519**	**13,267U**	**71,400**	**67,240**	**4,161F**
Investing						
Interest Income	511	454	57F	5,412	4,993	419F
Sale of Assets	58	0	58F	150	0	150F
Purchase Fixed Assets	(9,508)	(6,796)	2,712U	(57,611)	(74,760)	17,149F
Investments and restricted trust funds	(705)	0	705U	(1,032)	6,000	7,032U
Net Investing Cash flows	**(9,643)**	**(6,342)**	**3,301U**	**(53,080)**	**(63,767)**	**10,687F**
Financing						
Interest paid	(12)	(100)	88F	(215)	(1,100)	885F
New loans raised	472	0	472F	5,423	12,903	7,481U
Loans repaid	(123)	(250)	127F	(1,390)	(3,263)	1,873F
Other Equity Movement	3,064	0	3,064F	8,082	0	8,082F
Net Financing Cash flows	**3,402**	**(350)**	**3,752F**	**11,899**	**8,540**	**3,359F**
Total Net Cash flows	**(18,990)**	**(6,173)**	**12,818U**	**30,219**	**12,013**	**18,206F**
Opening Cash	146,316	115,292	31,022F	97,106	97,106	0F
Total Net Cash flows	(18,990)	(6,173)	12,818U	30,219	12,013	18,206F
Closing Cash	**127,325**	**109,119**	**18,204F**	**127,325**	**109,119**	**18,206F**
ADHB Cash				123,880	107,372	16,508F
A+ Trust Cash				3,103	1,414	1,689F
A+ Trust Deposits - Short Term < 3 mths & restricted fund				342	332	10F
				127,325	**109,119**	**18,206F**
ADHB - Short Term > 3 months				15,000	24,000	9,000U
A+ Trust Deposits - Short Term > 3 months				13,303	15,792	2,490U
ADHB Deposits - Long Term				15,000	-	15,000F
A+ Trust Deposits - Long Term				15,871	15,308	563F
Total Cash & Deposits				**186,499**	**164,220**	**22,280F**

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 22 May 2019.

6.2

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 Refugee Health Gain)
Endorsed by: Dr Debbie Holdsworth (Director, Funding), Dr Karen Bartholomew (Director, Health Outcomes)

Glossary

ACC	-	Accident Compensation Corporation
ARC	-	Aged Residential Care
ARDS	-	Auckland Regional Dental Service
ARPHS	-	Auckland Regional Public Health Service
ARRHN	-	Auckland Regional Refugee Health Network
CCL	-	Cardiac Catheter Laboratory
CELT	-	Commissioning Executive Leadership Team
CHCH	-	Child Health Connection Hub
CMH	-	Counties Manukau Health
CT	-	Computed Tomography
DHB	-	District Health Board
DNA	-	Did Not Attend
ESPI	-	Elective Services Performance Indicators
FCT	-	Faster Cancer Treatment
HCSS	-	Home and Community Support Services
HIP	-	Health Improvement Practitioner
HNZ	-	Housing New Zealand
IDF	-	Inter District Flow
IR	-	Interventional Radiology
LMC	-	Lead Maternity Carer
MECA	-	Multi-Employer Collective Agreement
MMR	-	Mumps, Measles and Rubella
MoE	-	Ministry of Education
MoH	-	Ministry of Health
MOU	-	Memorandum of Understanding
MRI	-	Magnetic Resonance Imaging
MSD	-	Ministry of Social Development
NCHIP	-	National Child Health Information Platform
NIR	-	National Immunisation Register
NRTCGG		Northern Region Transgender Clinical Governance Group
OIS	-	Outreach Immunisation Service
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
PIA	-	Privacy Impact Assessment

SMILE - Smoke and Alcohol Free, Mental Health Matters, Immunise, Lie on Your Side, Exercise, Eat Healthy
TUG - Time Up and Go Test
WCTO - Well Child Tamariki Ora
YTD - Year to Date

1 Purpose

This report updates the Auckland District Health Board (DHB) on Planning and Funding and Outcomes activities and areas of priority, since its last meeting on 22 May 2019.

2 Planning

2.1 Annual Plans

Draft one of the 2019/20 Auckland DHB Annual Plan was submitted to the Ministry of Health on 10 April 2019. This version did not include any financial information. While preliminary 2019/20 funding guidance was received from the Ministry of Health on 1 March 2019, further advice has been received post 30 May Budget announcements. This is being analysed and work is being undertaken to confirm the funding impacts and implications for the budgets. Once this work has been concluded, financial content for the Annual Plan will be developed and dates and processes for Board approval will be advised.

The Ministry have provided some feedback on the non-financial aspects of the submitted Annual Plan and the Plan is currently being updated in response to this. Currently the Ministry of Health date of submission of the second draft of the Annual Plan is 21 June; however this is likely to be extended. The Ministry expects to release updated planning guidance by mid-June, with final plans due around mid-July. There will also be an update of the Minister's Letter of Expectations.

3 Primary Care

3.1 Metro Auckland Pharmacy Service Level Alliance

A new Service Level Alliance is being formed across Auckland, Waitematā, and Counties Manukau District Health Boards to focus on the pharmacy work programme. The vision is to achieve equity of access to medicines and pharmacist services under a collaborative and integrated model of care.

The priority areas of the Metro Auckland Pharmacy Service Level Alliance' work programme will be:

- local commissioning principles and priorities for pharmacist services aimed at reducing health inequities, focusing on the reorientation of the sector so that implementation of local services will target populations with highest need
- enhanced residential care pharmacy services.

The aim is to also address the following areas, provided there are sufficient collective resources available to the Alliance:

- influenza immunisation for over 65s – local strategies to support pharmacy and other immunisation providers to collectively improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years old
- linkages to the future diabetes system of care and the Diabetes Service Level Alliance

- broader implementation of the New Zealand ePrescription Service with community pharmacies and general practices.

The Metro Auckland Pharmacy Service Level Alliance will convene for its first meeting in late July.

4 Health of Older People

4.1 Aged Residential Care

District Health Boards (DHBs) have offered the Aged Residential Care (ARC) sector a 3.2% price uplift on the 2018/19 ARC contracted prices; this excludes pay equity but is inclusive of the 0.43% contribution that DHBs funded in 2018/19 to offset in part the impact of the DHB nurses Multi Employer Collective Agreement (MECA) settlement on recruitment and retention of registered nurses in ARC.

The offer is conditional on greater transparency on premium charging. Agreement has been sought from the sector to list/publish their median premium charge rates so they are readily available and easily accessed by the public. This would start in January 2020 allowing time to work through the design and methodology for publishing this information.

Data collection has been completed with ARC facilities on care and support worker qualifications and hours per resident per day. This data is being used to inform the pay equity adjustments for 2019/20, which are yet to be finalised.

4.2 Home and Community Support Services

A number of projects were initiated in the Home and Community Support Services (HCSS) model in 2018, and work is ongoing to ensure these initiatives are now business as usual, in particular the Stop and Watch tool, cultural responsiveness work and the joint orientation workshop. The Stop and Watch tool used by support workers reports small changes in a client, such as 'seems different from usual', eats less, or talks less. The number of reported escalations from the Stop and Watch tool has increased in 2019. The cultural responsiveness work has resulted in the inclusion of some new measures into the performance monitoring report, including admission and discharge of Māori clients, and Māori diversity in the HCSS staff, which will be tracked over time. Finally the first joint orientation workshop between Auckland DHB and HCSS Providers took place in May. This was evaluated by those attending and a small number of changes will be made before it is rolled out. The joint orientation is designed to be hosted by any one of the providers every six months with all new and existing staff welcome to attend.

4.3 Falls Prevention

Referrals to the falls prevention programmes have been lower than expected and it is clear that older people who would benefit from these services are not being referred. Over the last quarter a project manager has undertaken extensive data analysis including referral source to understand referral patterns. There has been engagement with Primary Health Organisations' (PHOs') clinical leads and other leaders to identify and support approaches to increase awareness of, and referrals to, the falls prevention programmes. PHOs have requested practice level referral data to assist their follow up, which will be provided. Further work is underway to ensure the falls screening/risk tool on the Patient Dashboard (or equivalent) in general practice is simple and effective to use.

For those people who participate in the falls prevention programmes participation and outcomes are positive. The in home strength and balance programme is being delivered to people at highest risk of falls and two thirds to three quarters of participants are completing the programme with large

improvements in Time Up and Go (TUG) test and number of falls. Harbours Sport is overseeing the community group exercise classes and there are now 130 classes operating within Auckland DHB that have been approved by Accident Compensation Corporation (ACC).

5 Child, Youth and Women's Health

5.1 Immunisation

5.1.1 Immunisation Health Target

Immunisation coverage nationally has been tracking down. As at the end of May, Auckland DHB was sitting on 93% of babies being fully immunised by 8 months of age. Furthermore, Māori coverage at 8 months of age was at 80%, and Pacific dropped a further point to 92%. Declines and opt off have not changed significantly, suggesting that more infants are being missed. This is of concern.

Tamariki Māori decline rates continue to be problematic. National Immunisation Register (NIR) analysis shows increasing decline rates for tamariki Māori at 6.5% in Auckland DHB (10 tamariki) in Quarter 3 2018/19. An in-depth analysis of immunisation timeliness for tamariki Māori turning 8 months, 24 months and 5 years of age in Quarter 2 2018/19 is being finalised. This is the basis of work with the Māori Health Gains team on activities to improve immunisation, such as working with Māori leadership to promote immunisation. New promotional material is also being finalised following consumer testing with Māori groups, with a suite of photographs shot.

The Ministry of Health has signalled a move in emphasis expecting that in 2019/20 DHBs will contribute to child wellbeing and healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to 6 years of age. Auckland DHB's total population coverage at 24 months and 5 year has remained fairly steady at 93% and 89% respectively.

The collaboration with Plunket continues to provide an additional outreach immunisation contact for Māori and Pacific children who have not yet responded to the HealthWEST Outreach Immunisation Service (OIS). This combined Well Child Tamariki Ora (WCTO) health support worker and nurse vaccinator service has had an increased focus on children turning 24 months and 5 years of age.

Auckland and Waitematā DHBs continue a programme of work with PHOs to improve early enrolment for infants. Following a workshop with PHOs and HealthWEST, PHOs have identified practices in priority area to trial a supported pathway to enrolment with a PHO. We are now working with the HealthWEST Outreach Immunisation Service (OIS) on implementing this trial.

5.1.2 Measles

There have now been over 70 confirmed cases of measles in the Metro Auckland area. Auckland Regional Public Health Service (ARPHS) are co-ordinating a regional health sector response for measles control, which is likely to see the scheduled vaccine for infants at 15 months of age moved back to 12 months. Advice is that anyone aged less than 50 years of age who has not had any doses of MMR to go to their primary care provider to get one.

In response to the Mumps outbreak during 2018, Auckland undertook a school-based Measles, Mumps, Rubella (MMR) vaccine catch up programme in low decile secondary schools with funded school health services. The programme delivered 3,608 MMR vaccinations, resulting in an increase of adolescents who had at least 1 dose of MMR.

5.1.3 Antenatal Immunisation

Higher than normal case rate of Pertussis continue to be report to ARPHS. Although the January peak has reduced now, in the last four weeks, there have been three cases under 1 year old age in the metro-Auckland region.

The Auckland DHB opportunistic vaccinator service which launched in October 2018 has expanded to include antenatal clinics at Auckland City Hospital in addition to those at Greenlane Clinical Centre. The opportunistic vaccinators are offering both pertussis and flu vaccines to women attending these clinics as well as providing education for mums-to-be on the importance of timely immunisation of their babies.

The Ministry of Health have signalled there is some pressure on the supply of the free influenza vaccine following unprecedented high uptake to the end of May this year. They advised primary care practices and pharmacy that vaccine priority should be given to those who are over 65 years of age, pregnant women, eligible children under 5 years of age and those with severe asthma, heart disease, diabetes, and other conditions which put them at risk for influenza disease.

Work continues on the Smoke and alcohol free, Mental wellbeing matters, Immunise, Lie on your side and Eat healthily (SMILE) campaign. The Auckland DHB communications team have completed a photo shoot for the imagery, with the messages now having final feedback from maternity leads.

A new round of distribution of the successful antenatal vaccine reminder cards for both Boostrix and Influenza has been underway, with a focus on providing this resource to Lead Maternity Carers (LMCs). The health professional survey undertaken at the end of last year provided feedback that this resource is well received and utilised.

5.2 National Child Health Information Platform

The project team is progressing the design phase to implement the National Child Health Information Platform (NCHIP) in the Northern region DHBs. NCHIP will provide a point-of-care view of each child's progress through the universal health milestones from 0 to 6 years of age.

The NCHIP Privacy Impact Assessment (PIA) has been reviewed and updated for the Northern Region implementation. The Regional Privacy Advisory Group formally approved the Northern Region NCHIP PIA. Memorandums of Understanding (MOUs) with Ministry of Social Development (MSD) and Ministry of Education (MoE) have been signed by the respective Ministries. Access to contact information held by these Ministries is expected to be a significant piece in supporting the engagement of families.

Both Auckland and Waitematā Boards have now endorsed the decision to bring the National Immunisation Register (NIR) into the DHB as part of establishing a Child Health Connection Hub (CHCH) and to locate the CHCH at Greenlane Clinical Centre.

5.3 Child and Youth Well Being Strategy and National Well Child Tamariki Ora Review

The Department of Prime Minister and Cabinet has released the summary report of the public consultation on the future Child and Youth Wellbeing Strategy. The consultation workshop series and submissions culminated in 10,000 contributions being made. Key themes to emerge are:

- Change is needed, and it's needed now.
- The Strategy needs to be bigger than the government of the day.
- Local communities are integral to the success of the Strategy.
- The Strategy needs to have a focus on family and whānau wellbeing.

- Te Tiriti o Waitangi should be a clear and empowering dimension of the Strategy.
- The Strategy needs to focus on reducing inequity.
- A good life is more than the bare basics.
- Children and young people have a right to be included in the decision making process.
- Invest in ensuring all kids get a great education.
- Focus on early intervention and specifically the first 1000 days.
- Government, agencies, and community services need to work together better.

Outcomes from the consultation will inform development of the first Wellbeing Strategy which is due to be published later this year.

In related work, the Ministry of Health (MoH) also has a National Review underway for WellChild Tamariki Ora (WCTO). Following a series of regional symposiums, the MoH have announced the following Key Milestones for the review.

- March 2019: Planning Phase
- June 2019: Early Analysis Phase. During this phase evidence and data will be gathered to inform the shape of the Review
- June – October 2019: Options Phase. Possible improvements to Well Child Tamariki Ora will be tested during the Options Phase
- October 2019 – 1 July 2020: Implementation Phase. The first changes to Well Child Tamariki Ora are expected to be in place from 1 July 2020

The timelines have been shared with WCTO stakeholders in the Auckland and Waitematā region and we are actively encouraging groups to be engaged with the Review.

5.4 Oral Health

The Maternal Oral Health prototype which aims to provide free oral health care for pregnant women in Tamaki has entered the implementation phase. Recruitment is now underway for the project lead as well as clinical & support staff. A steering group is being developed to oversee the implementation with members from the provider Auckland Regional Dental Service (ARDS), and the ADHB Community Maternity Service.

Due to high demand from families for the child oral health Saturday service in Point England, an additional chair was opened, bringing the total to 3 chairs.

Work under the Metro Auckland Pre-school Oral Health Strategy continues with activities to improve equity currently focused on refining enrolment processes and reducing Did Not Attends (DNAs), predominately by improved booking services. ARDS is continuing to develop relationships with Early Child Education centres and kohunga reo with a view to expanding service linkages. The pre-school fluoride varnish programme continues to be rolled out.

5.5 Youth Health

Additional nurses for decile 5 secondary schools were announced in Budget 2019. There do not appear to be any decile 5 secondary schools in Auckland DHB. We have not yet been successful in engaging all decile 4 secondary schools in the programme. While we have an existing service in Mt Roskill Grammar; Avondale and Selwyn have not yet been brought on board. These schools will be approached again in July.

5.6 Transgender Healthcare – Tender for new Peer Support Service

The Planning, Funding and Outcomes (PFO) team transgender health project, focused on improving access to gender affirming healthcare for transgender peoples for the northern region DHBs, came to a close in January 2019. Project work has moved into business as usual, overseen by the Northern Region Transgender Clinical Governance Group (NRTCGG).

The Northern Region DHBs have sought a provider for a new Transgender Peer Support Service through an open tender process. Counties Manukau Health (CMH) will hold the contract on behalf of the Northern Region District Health Boards. Service delivery is scheduled to start 1 July 2019. The new provider is Rainbow Youth. They have partnered with OUTline to deliver this service across the northern region.

5.7 Healthy Housing

The Kāinga Ora (Healthy Housing) service has a priority focus on pregnant women and those with young babies. Since the start of the programme, Auckland DHB has received 847 referrals to Kainga Ora. 3528 Auckland DHB family members have had access to healthier home interventions. Of the referrals received 257 were for families where there was a new-born baby or hapu woman. As part of the social work interventions, these women may be referred to smoking cessation services or immunisation, amongst other interventions such as entitlements available through the Ministry of Social Development (MSD).

An evaluation of Kāinga Ora was conducted. The results demonstrate a high level of acceptability and accessibility as reported by clients. The majority of clients in private rentals found their homes warmer and drier after healthy housing interventions were completed. Clients had increased confidence to engage with social services, with one client discussing her increased knowledge enabling her to support two other homeless families through MSD and Housing New Zealand (HNZ) processes, into new public houses.

Habitat for Humanity's To Kainga Whare service, which provides housing interventions for Auckland DHB, Waitematā DHB and CMH Healthy Housing Initiatives (Kainga Ora and Awhi) has received funding of $819,800.00 for the period April 2019 – March 2020 from Foundation North, Hugh Green Foundation, Starship Foundation and Green Star. This enables continuation of important interventions for Kainga Ora families, including those in private rentals, for items such as minor repairs, curtains and landlord liaison.

6 Mental Health and Addictions

6.1 Government Inquiry into Mental Health and Addiction Services

The Government Inquiry into Mental Health and Addictions was announced by Government in early 2018 and commenced in February 2018, with the final report (He Ara Oranga) presented to Government and released to the public in November 2018.

On 29 May 2019 the Government formally responded to He Ara Oranga. The Prime Minister Jacinda Ardern positioned the approach by saying "we need to transform our thinking and approach to mental health and addiction – and that is what we are committing to today". He Ara Oranga contained 40 recommendations, which apply to health, the wider social sector and society as a whole. The Government, has accepted in principle or agreed to further consideration of 38 of the recommendations. In a release from the Government, a high level summary of recommendations accepted included:

- Significantly increase access to publicly funded mental health and addiction services for people with mild to moderate needs
- Commit to increase choice by broadening the types of services available
- Urgently complete the national suicide prevention strategy
- Establish an independent commission to provide leadership and oversight of mental health and addiction
- Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992

The two recommendations not accepted, were to:

1) direct the State Services Commission to report back with options for a locus of responsibility for social wellbeing, and
2) set a target of 20% reduction in suicide rates by 2030 (the rationale for not accepting this recommendation was that agreeing to any number of suicides is not acceptable).

On 30 May 2019, the Wellbeing budget announced 1.9 billion over four years for mental health and addictions (1.5 billion for Vote Health).These allocations included:

- $455 million for a new frontline service for people with mild to moderate mental health and addiction issues. Services will be delivered from general practice clinics, iwi health services and other health services
- $40 million for Suicide Prevention, to give intensive support to people at risk, including better recognition and support for people who have self-harmed.
- 14 million for expanding access to addiction treatment, with a focus on access to early support through primary care (in up to four regions, based on community need).
- $44 million to improve and enhance existing specialist drug addiction services and fund enhanced residential care and detoxification programmes.
- $19.6 million to extend nurses in schools programmes
- $197 million for Housing First initiatives, funding 1,044 new places over the 4 years
- $124 million to increase mental health and addictions support for offenders both in prison and the community.

6.2 Primary Mental Health Initiatives (Awhi Ora, Health Improvement Practitioners and Health Coaches)

In April, Auckland DHB Commissioning Executive Leadership Team (CELT) approved business cases for the continuation of three key primary mental health initiatives, Awhi Ora, Health Improvement Practitioners (HIPs) and Health Coaches. These initiatives were originally implemented under Fit for the Future which finished in September 2018. The initiatives have since received DHB funding to continue delivery until June 2019. With this recent approval of funding, all three will now continue to be delivered at the current levels from 1 July 2019 for 12 months.

Awhi Ora is a co-designed preventative and early intervention approach to support people with mild to moderate mental health and addiction issues. This is achieved through the integration of NGO support services within general practice and other community settings to deliver psychosocial support and navigation services. HIPs are registered mental health practitioners (usually psychologists) who provide brief support to people with a wide range of behavioural issues. Health Coaches are non-clinical positions that help people build knowledge, skills and confidence to manage health conditions that are often co-morbid and chronic.

Following independent evaluation, all three interventions have been shown as effective in responding to mild to moderate mental distress they also align closely with many of the recommendations within He Ara Oranga (the Government inquiry into Mental Health and

Addictions). With the Government accepting these recommendations and the budget announcement of $455 million to expand access and choice of primary mental health and addiction support, these proven models could be key to the DHB quickly and effectively responding to this area of high need.

6.3 Managed Withdrawal Model of Care

The Mental Health and Addictions Planning Funding and Outcomes team have supported the Northern Regional Alliance to undertake a review of the northern region's managed withdrawal model of care. This project has involved multiple stakeholders from the addictions sector and is focused on outlining best practice for the region in supporting the medical and psychological care of people who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence. This work impacts directly on Auckland DHB withdrawal management requirements including the requirements of hospital-based care. It will also impact on service delivery from the City Mission Homeground development.

6.4 Health Workforce New Zealand Development Fund ROI

In June 2018 Auckland DHB and Waitematā DHB Planning, Funding and Outcomes team submitted a first stage Registration of Interest (ROI) to Health Workforce New Zealand, for a workforce programme targeting the Kaiāwhina (unregulated support work and peer support) workforces. In April 2019 an invitation was made to submit a second stage proposal by 21 May 2019.

The proposal submitted was based on an innovative approach to strengthening the Kaiāwhina (support) sector through strategic, integrated, co-produced training and workforce development across the service framework including acute responses to primary healthcare. The rationale being that Kaiāwhina workforce development has been piecemeal and reactive, and recently qualifications have been destabilised by changes to the NZQA Framework. At the same time, the sector has experienced changes, both in the scope and depth of work undertaken. The solution proposed by Planning, Funding and Outcomes involves the optimisation of existing resources, and the design and development of new training, resources, models of delivery and career pathways.

7 Māori Health Gain

7.1 Orākei Health Needs Assessment

Our Māori Health Gain Team and members of our Health Gain and Health Intelligence Teams met with representatives from Ngāti Whātua ki Orākei to plan out a tailored form of health needs assessment for their registered population. The health needs assessment will use the life course approach by analysing issues at particular life stages, noting that certain health issues and social determinants span multiples life stages ie housing, mental health, smoking and poverty and co-developing potential recommendations and interventions. We are currently working through data provided by Orākei to understand the demographic profile of their registered population. From this point, further analyses will be carried out and reported as they are produced.

A larger iwi-based Health Needs Assessment is also planned with Ngāti Whātua and will span three DHB areas – Auckland, Waitematā and Northland (as does the traditional tribal boundary of Ngāti Whātua). This process will inform the larger piece of work.

7.2 Iwi-DHB Partnership Board

The establishment of the Partnership Board is progressing, with our iwi partners due to meet in June to confirm their support for the current version of the Terms of Reference. In order to support executives and Auckland DHB Board members to make a decision about endorsing the Partnership Board and its functions, we have taken the proposal to Crown Law for an opinion; specifically

guidance around what delegations can legally be made to the Partnership Board from the DHB Board. Given no other DHB committees have ever attempted to delegate authority to a sub-committee in this way, further advice will clarify the DHB parameters.

7.3 Māori pipeline projects

The Māori health pipeline is currently progressing proposal development in a range of areas. Auckland DHB has an accelerated focus on screening and PHO enrolment.

A summary of recent Māori Health Pipeline activity is below:

- Lung cancer screening - (See **Section 7.4 Further Information** on Lung Cancer Screening on the following page). Ethics approval has been granted for Study 1 (qualitative study), with local approvals now in progress. Recruitment planning has begun and we hope that this can include a component of survey data collection with Māori medical students, with a research capacity building component. The broader project governance (including Study 2, the planned demonstration lung cancer screening project) has been established with leadership from Associate Professor Dr Sue Crengle (University of Otago), and in collaboration with a range of Māori clinicians, academics and other partners. Two steering group meetings have been held, a technical group established and a range of work streams initiated.
- alternative community pulmonary rehabilitation model – an establishment meeting has been set been undertaken with leadership from Dr Sandra Hotu, respiratory physician and a Māori consumer. The prototype planning meeting with respiratory physiotherapists and kapa haka experts has been set.
- alternative community cardiac rehabilitation model – the pilot has been completed and evaluated. Further work on model scaling is being undertaken for the business case
- northern region breast screening datamatch ('500 Māori women campaign') – the data has been received and analysed. The total number of Māori women either not screened or overdue for screening for the Northern region is 5,274, with approximately 800 women in the Auckland DHB area. We are undertaking an additional match to identify women not enrolled in a PHO and have strong positive engagement with the three BreastScreen Aotearoa Lead Providers, having agreed a common approach to offer of screening and recording of outcomes for the project. This will be the first demonstration project nationally and will have important learnings for the BreastScreen Aotearoa programme.
- Māori provider and PHO datamatch – a Māori Data Sovereignty assessment has been completed and was taken to the Auckland DHB and Waitematā DHB Māori Provider Forum for discussion. This is the first such assessment and generated a range of considerations. Data sharing agreements with the nominated iwi representatives have been drafted for review
- Facilitated PHO enrolment – a joint project between PFO, the Māori Health provider arm team, primary care and PHOs is under development. Exploratory data analysis are being undertaken for consideration – including datamatching to ascertain PHO enrolment in the maternity services, ED admissions, hospitalisations and for specified services and conditions. The purposes of this work is to develop a facilitated PHO enrolment process for Māori whānau that touch hospital services and are not currently enrolled with a PHO. A planning meeting has been established
- Human papillomavirus (HPV) Self-Testing demonstration projects starting with the high grade cervical screening project - audit work has been undertaken and project planning undertaken to develop an intensive supported offer of service for women who have a history of a high grade screening result but have not attended follow up. Progression of the project through various approvals is now underway

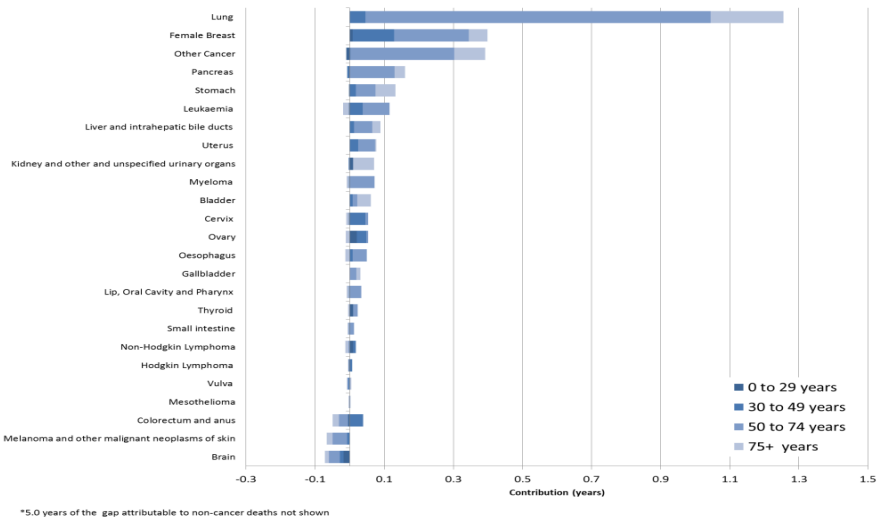
Additional areas of work will be included over time.

7.4 Further information: Māori lung cancer screening research programme

Each year lung cancer causes more deaths in New Zealand than melanoma, breast and prostate cancer combined. Most lung cancers are diagnosed at a late stage, resulting in a poor survival rate. With a 5-year net survival rate of 15.3% (age-standardised, 2010-2014), New Zealand has a worse 5-year survival rate than similar countries.

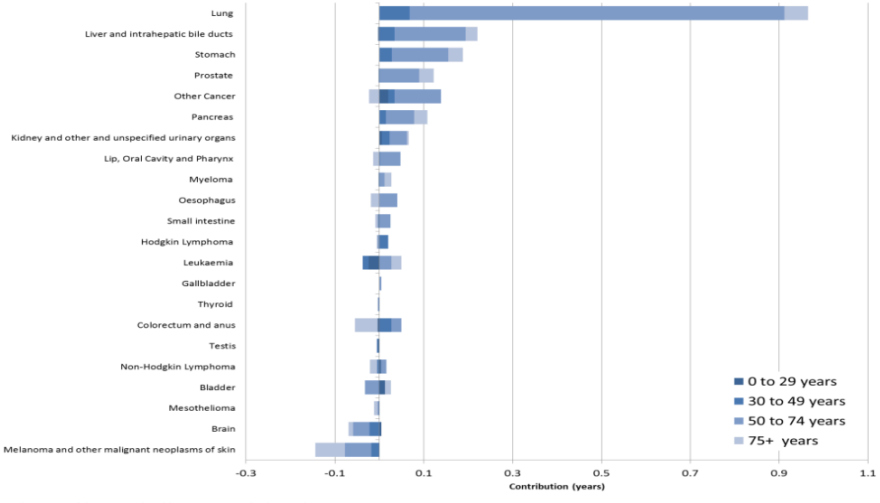
Lung cancer is a significant health issue for Māori and has been found to be the greatest contributor to the absolute inequity in mortality for Māori compared to NZ European/Other. Figures 1 and 2 below (where lung cancer is the top contributor for both women and men) visually demonstrates the substantial contribution of lung cancer to the cancer related life expectancy gap for Māori men and women.

Figure 1. Contribution of Cancer to the life expectancy gap - Māori Female



*5.0 years of the gap attributable to non-cancer deaths not shown

Figure 2. Contribution of Cancer to the life expectancy gap - Māori Male



*7.0 years of the gap attributable to non-cancer deaths not shown

Source: Walsh, Michael. Life Expectancy Gap disaggregation, 2019 (unpublished).

Māori develop lung cancer 6-8 years earlier than non-Māori and while high smoking prevalence is a significant contributor, local research has indicated that Māori have worse outcomes at every level of smoking than non-Māori. With the very high incidence of lung cancer for Māori women and an on-going very high mortality from the disease, it is likely that differences in mortality from lung cancer will persist for some time even with further investment in smoking cessation efforts.

Low dose CT screening

Lung screening using a low-dose computerised tomography (LDCT) scan in people who are not showing symptoms enables cancer nodules to be detected at an early stage, greatly improving the chance of successful surgical, radiation or pharmaceutical treatment. Many countries – including the US, Canada, UK, Netherlands/Belgium, Italy, Australia – have trialled, or are in the process of trialling, 'high risk' or targeted approaches to lung cancer screening – focused on smokers and former smokers. Results from large trials in the US and most recently in Europe indicating a favourable 20-26% reduction in lung cancer mortality, as well as a reduction in all-cause mortality. The most recent NELSON trial (not yet published) suggests an even more favourable benefit for women with a 39% mortality reduction, and this newer trial evidence also suggests a much more favourable risk profile of screening (for example much lower false positive rate with newer nodule management procedures). Alongside breast, cervical and bowel; lung cancer screening is recommended in the US and Canada, and a recent European consensus statement urges planning for screening programmes.

Māori lung cancer screening research programme

Reducing Māori mortality from lung cancer through screening has potential to reduce the life expectancy gap and address a key Māori health priority. A research programme into lung cancer screening targeting Māori smokers and ex-smokers is being developed under the leadership of Associate Professor Dr Sue Crengle (University of Otago) and as a collaborative with Planning, Funding and Outcomes (Health Gain and Māori Health), Māori health clinical and academic partners and key Auckland DHB clinicians. This project is consistent with the national call for a focus on equity in cancer planning at the Cancer at a Crossroads conference at Te Papa earlier this year and is aligned with the Northern Region Cancer Service equity focus. The research is the flagship programme for the Auckland DHB and Waitematā DHB Māori Health Pipeline.

The lung cancer screening research programme has two parts:

- Study 1: Qualitative study – focus group hui and survey
- Study 2: Demonstration trial – with initial feasibility assessment

Study 1 has been funded by the A+ Trust with additional support from Auckland DHB. Study 1 is now underway to better understand knowledge, attitudes and beliefs about lung cancer and screening among Māori potentially eligible for screening. This is a mixed method study that will use a survey of approximately 300 people alongside a series of focus group hui. The study aims to identify psychological, cultural, emotional and practical enablers and barriers to making an informed choice about participating throughout the screening pathway; including issues around stigmatisation and treatment. Presenting unbiased and clear information in the context of reflection on personal values and preferences is particularly important, and resources and processes for optimal shared decision making for Māori will be co-developed. Issues for Māori associated with blood sampling, bio-banking and the optimal integration of smoking cessation into the project are also being explored in the study. The first focus group is expected to be held this July and the survey, which will be conducted primarily face to face, is anticipated to be underway towards the end of the year.

It is intended that the findings from this preliminary study inform the design of a proposed lung cancer screening Demonstration trial (Study 2), which is currently being developed as a research proposal for funding. The trial intends to examine the impact for Māori of current best practice risk-prediction based invitation, as well as provide evidence on the stage distribution of any cancers identified and a range of other policy relevant parameters. Participants will be offered a LDCT scan along with lung function tests, and be invited to provide a blood sample for biomarker assessment. Participants who have positive scan results will have full investigation and management.

Planning for the trial includes the potential impact on the lung cancer diagnostic and treatment pathway, for which Auckland DHB is the central site. Impacts on diagnostic access and timeliness, multidisciplinary assessments and treatments will be identified and mitigations included in the proposal. A range of other planning work is underway including key elements of the design and clinical requirements, considering linkages to other international demonstration trials, development of data and quality assurance systems, outlining additional workforce, and seeking optimal strategies for eligible Māori in terms of incorporating smoking cessation within the context of lung cancer screening. Learnings from the Abdominal Aortic Aneurysm (AAA) and Human papilloma virus (HPV) screening research projects have been incorporated into the proposed research programme. Specific work examining previous and recent cost-effectiveness analyses and their relevance for Māori is underway; the trial will also include parameters with specific relevance for cost-effectiveness in a New Zealand context.

No lung cancer screening research programme to date has addressed a primary equity consideration, despite the disproportionate burden on indigenous populations internationally. Therefore this research will have policy relevance to the National Screening Advisory Committee (Dr Bartholomew is a member), to Hei Āhuru Mowai the national Māori Cancer Leadership Group (the Hei Āhuru Mowai Chair Dr Nina Scott is a member of the project steering group), as well as to indigenous colleagues and lung cancer screening researchers around the world. Locally the findings may have translation to other screening programmes and interventions to address inequities as well as the lung cancer tumour stream and the broader Northern Region cancer work programme.

8 Pacific Health Gain

8.1 Pacific Health Action Plan (PHAP) Priority 1 - Pacific children are well and safe and families are free of violence

Work is ongoing in the family violence prevention area. The Pacific Health Gain team are participating in discussions with the Ministry of Health and other Auckland and Waitematā DHB teams about the current Rheumatic fever rates and how to approach this issue which is most prevalent amongst the Pacific population.

8.2 PHAP Priority 2 - Pacific people are Smoke free

The Primary care, Pacific Health Gain teams, Enua ola and Healthy Village Action Zones networks are in the process of agreeing the next steps to support the Pilot Smokefree champions programme. This is likely to include follow up workshops with smokefree champions to understand learnings from work as champions in their local church and community groups, and the barriers encountered.

8.3 PHAP Priority 3 - Pacific people eat healthy and stay active

The 10 Enua Ola groups on the North Shore have completed the Aiga Challenge 8 Weeks competition. A total of 293 community people registered with 64 under 16 years of age. 75% (220 people) completed the 8 weeks challenge. From the 10 groups, 410kgs of weight loss was achieved, with an average weight loss of 2.4kgs per person. The Community prize giving event will take place Friday 7th June 2019 to celebrate individual and group achievements.

8.4 PHAP Priority 5 – Pacific people use hospital services when needed

The Pacific team has a started a project to review the Pacific cancer patient journey from access, primary care and provider services in the community, to accessing services in the hospital. An in-depth understanding of patient health literacy, health and social support needs will be considered. This information will inform future service development, with an emphasis on access and engagement for Pacific people with cancer.

9 Asian, Migrant and 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

The Asian, Migrant and Refugee Health Gain team have contributed to the Annual Plan for 2019/2020, updated to address issues for Asian populations. We continue to work on the actions from the Asian, migrant and former refugee health plan 2017-2019.

9.2 Increase Access and Utilisation to Health Services

9.2.1 Indicators:

- **Increase by 2% the proportion of Asians who enrol with a PHO to meet 71% target by 30 June, 2019**
- **80% of eligible Asian women will have completed a cervical sample by 2020**

The Auckland DHB Asian PHO enrolment rate for Q4 2018/19 has decreased by 1% to 68% with 1,055 new enrolees between Quarter 3 and Quarter 4.

Preliminary findings from the Healthy Eating and Oral Health Questionnaire to Indian, Chinese, Filipino and Middle Eastern Parents or Caregivers will be shared with the Preschool Oral Health Group in their June meeting.

9.2.2 Indicator: Increase opportunities for participation of eligible former refugees enrolled in participating general practices as part of the Former Refugee Primary Care Wrap Around Service funding

The Asian, Migrant and Refugee Health Gain team have been engaging with MBIE on their revised off shore/on-shore screening model for quota refugees, to manage the increase in the quota refugee intake to 1500 in 2020.

The team attended the Auckland Regional Refugee Health Network (ARRHN) Auckland Refugee Health Forum, with good attendance of over 50 primary health professionals. The topic was *Social wellbeing – understanding welfare entitlements for former refugees & asylum seekers and how we can improve their access to it.* The team also presented at the national Asylum Forum on *'The role and perspective of a family doctor (GP) in supporting the mental health & wellbeing of asylum seeker patients.'*

Note: Partners across the refugee and asylum seeker sector have agreed to use the term 'former refugee' in replace of 'refugee' to minimise any distress caused by use of this term in the resettled communities.

10 Hospitals

10.1 Cancer target

Auckland DHB has maintained Faster Cancer Treatment (FCT) indicator compliance to date (92.3% Oct-March 19). Ongoing radiation therapist workforce shortages have contributed to internal capacity constraints in Radiation Oncology and this has led to reduced FCT performance from February. This may impact on compliance with the national indicator in future months. Regular weekly outsourcing of patients for radiotherapy will continue through to June 2019 and a request has been made to the Board for approval to continue outsourcing at a similar rate throughout 2019/20.

10.2 Auckland DHB Surgical Health Target

The Auckland DHB population 2018/19 Surgical Health Target discharge position for the April year to date period is 93.7% against plan. This position is not expected to improve by year end.

10.3 Elective Services Performance Indicators Compliance

General

MoH reporting shows Auckland DHB's Elective Services Performance Indicators (ESPI) 2 position remained amber for March and April. However ESPI5 continues to be non-compliant with a number of services (including both adult and paediatric Orthopaedics) reporting red. Further industrial action by junior doctors meant ESPI recovery plans were compromised and at this time it is unclear when each service will achieve improved compliance.

Orthopaedics

The total inpatient waiting list remains static however there has been gradual improvement in the ESPI non-compliance position. The rate of improvement continues to be limited by insufficient capacity for acute Orthopaedic surgery as a result of perioperative staffing shortages, leading to the cancellation of elective surgery.

10.4 2018/19 Auckland DHB provider performance

For the April year to date period, acute discharges (WIES) are tracking at 99.8% provider plan for both ADHB and all other (Inter District Flow (IDF)) populations.

10.5 Cardiac service demand

The Cardiac Surgery waiting list continues to improve and the waiting list is 76 as at 2 June which is well within the waiting list maximum number of 113.

As previously reported, additional funding ($1.1 million) was allocated to the Cardiology service in 2018/19 to address a long regional waiting list for Cardiology Electrophysiology procedures. However, ongoing delays in establishing additional capacity has led to the total number of patients waiting increasing from 135 in April 2018 to 199 in May 2019. A significant proportion of these patients are waiting in excess of 120 days. There is likely to be increased scrutiny of this waiting list position by the Ministry of Health in the near future as Auckland DHB is required to include the Cardiology waiting list in ESPI reporting going forward.

10.6 Ophthalmology service demand

Increased demand in 2018/19 compared with 2017/18 has led to a 5% increase in reported outpatient activity year to date (YTD) for Auckland and Waitematā DHB populations, at the same times as the total number of patients waiting for follow-up as increased. The service has implemented prioritisation guidelines for outpatient bookings and the number of overdue follow-ups is slowly improving. Further demand increases are forecast in 2019/20 and this will require additional capacity to be established. The service is developing a plan to respond to this expected demand increase.

10.7 2019/20 IDF Planning

2019/20 inpatient and outpatient IDF demand forecasts for Waitematā DHB and CMH at Auckland DHB have been reviewed. While revenue adjustments need to be made between inpatient and outpatient forecasts for the Waitematā population, this will not result in increased revenue to Auckland DHB.

10.8 Policy Priority areas

Colonoscopy Indicators

Auckland DHB is not meeting national colonoscopy waiting time indicators. In April, Auckland DHB did not meet the waiting time indicator for urgent colonoscopy, with reported performance of 77.05% (target 90%), non-urgent colonoscopy performance at 54.25% (target 70%) and the surveillance indicator at 55.02% (target 70%). The service reports the recovery plan will achieve compliance in October 2019.

Radiology Indicators

Auckland DHB performance in outpatient Computed Tomography (CT) (88.7%) and Magnetic Resonance Imaging (MRI) (68.5%) indicators deteriorated in April as a result of the Junior Doctors strike however improvement is expected in May.

10.9 National Services

Progress continues to be made between MoH, Auckland DHB and the Australian Organ & Tissue Authority to confirm agreements and arrangements for the Australian & New Zealand Kidney Exchange, which is due to commence in August 2019. Auckland DHB is waiting for feedback from the Ministry of Health regarding the development of a new national service for the management of Neuro-Endocrine Tumours.

10.10 Regional Service Review Programme

Cardiac Catheter Laboratory (CCL) services

Auckland DHB continues to work with regional colleagues to plan for the future development of CCL at CMH and Northland DHB. An interim plan will need to be established for the management of expected increased demand from Northland as a result of the appointment of new Cardiologists in Northland DHB.

Interventional Radiology (IR) services

Auckland DHB has provided a proposal to provide sustainable IR services at Waitematā DHB in response to the loss of capacity within the local Waitematā service. In the meantime Auckland DHB continues to undertake additional acute and acute-arranged procedures as internal capacity allows.

Hospital Advisory Committee Meeting 12 June 2019 – Draft Unconfirmed Minutes

Prepared by: Marlene Skelton, Corporate Business Manager

Recommendation

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 12 June 2019 be received.

Minutes
Hospital Advisory Committee Meeting
12 June 2019

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 12 June 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**	
Jo Agnew		Ailsa Claire	Chief Executive Officer
Michelle Atkinson (Deputy Chair)		Margaret Dotchin	Chief Nursing Officer
Doug Armstrong		Joanne Gibbs	Director Provider Services
Dr Lee Mathias		Riki Nia Nia	General Manager Māori Health
Gwen Tepania-Palmer		Bruce Levi	General Manager, Pacific Health Services
		Rosalie Percival	Chief Financial Officer
		Dr Margaret Wilsher	Chief Medical Officer
		Auckland DHB Senior Staff Present	
		Jo Brown	Funding and Development Manager Hospitals
		Ian Costello	Director of Clinical Support Services
		Dr Lalit Kalra	Acting Director Community and Long Term Conditions
		Mr Arend Merrie	Director Surgical Services
		Duncan Bliss	General Manager, Surgical and Perioperative Services
		Kieron Millar	Acting General Manager Commercial Services
		Alex Pimm	Director Patient Management Services
		Dr Michael Shepherd	Director Medical, Children's Health
		(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

The apologies of Board Members Pat Snedden (Board Chair) and Judith Bassett (Chair) be received.

That the apologies of Executive Leadership Team members Dame Naida Glavish, Chief Advisor Tikanga, Meg Poutasi, Chief of Strategy, Participation and Improvement, Sue Waters, Chief Health Professions Officer, Shayne Tong, Chief Digital Officer and Chris Hutton, Acting Chief People Officer be received.

That the apologies of senior staff Dr Barry Snow, Director Adult Medical be received.

2. REGISTER AND CONFLICTS OF INTEREST

There were no new interests to record. There were no conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 01 May 2019 (Pages 8 - 20)

Resolution: Moved Lee Mathias / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 1 May 2019 be confirmed as a true and accurate record

Carried

4. ACTION POINTS (Pages 21)

Item 5.1, Jo Gibbs provided a paper on behalf of Sue Waters following the program board meeting regarding the Teleheath project activity. Available on the resource centre and attachment 1 in minutes.

All actions were either complete or in progress.

5. PERFORMANCE REPORTS (Pages 22 - 119)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 22 - 25)

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

Jo Gibbs, Director Provider Services asked that the report be taken as read, adding the following key points:

- The Ministry of Health has issued Auckland DHB the new Planned Care Guidance for 19/20. The Planned Care Guidance is the new term for all elective and planned services. It was proposed that Jo Brown presents on this and lead a discussion at the next Hospital Advisory Committee meeting to brief Committee members on the new terminology, and the new way of managing performance within the Planned Care Guidance.

Doug Armstrong asked if the purpose behind this was to move care to the community and out of the institution. The aim is to ensure patients are getting better access to appropriate assessment and treatment services, whereas, historically, policy had expressed that as a commitment around suitable discharges. Jo believes the new Guidance delivers the right intent, however the translation of the intent into DHB expectations to deliver the volume uplifts may be challenging.

- The hospital had not completely recovered to an amber position on ESPI5, following the impact of the junior doctor strike. Moving into the New Year, there are specific actions around Orthopaedics, Oral Health and Cardiology waits that are under ESPI5. The Committee will receive more detailed briefings on these.
- Of note is that there has been an increased early instance of the flu in the community.

Action:

Jo Brown to present / facilitate a discussion at next meeting on the Planned Care Guidance document

A copy of the Planned Care Guidance document to be added to the resource centre

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That the Hospital Advisory Committee receive the Provider Arm Operational Performance – Executive Summary for June 2019

Carried

5.2 Provider Arm Scorecard (Pages 26)

See above.

5.3 Cancer and Blood Directorate (Pages 28 - 35)

Dr. Richard Sullivan, Director Cancer and Blood asked that the report be taken as read, highlighting the following key points:

- The service has implemented a Pharmacy Hub Pilot where patients can prescriptions within the cancer centre and either pick up or they can be delivered to their home rather than waiting around for hours for dispensing. This has been a great success and the service is looking at making this pilot a more permanent fixture.
- The local delivery of the chemotherapy program pilot has been completed and assessed, with further work underway to determine the next steps for further rollout. The service is looking at various models of care which will be exploring breast cancer treatments including chemotherapy administered locally along with bowel cancer therapy.

5.4 Cardiovascular Directorate (Pages 36 - 48)

Michael Stewart, Director Cardiovascular, asked that the report be taken as read pointing out the range of quality improvement activity that is occurring across the directorate. In particular, the introduction of the Rheumatic Heart Disease clinic which is a multi-disciplinary clinic where patients need to attend clinic only once where previously they could have attended up to five appointments. The clinic has a particularly high DNA rate due to the population that is being served which are predominately Maori and Pacific. Very useful work is currently being carried out within the service looking at the failure to attract these patients to the clinic and to better understand the reasons for DNA, which is often due to hospital administrative processes that need to be improved. The most common reasons are the hospital having incorrect personal information (addresses, phone numbers etc.) so the patient is unable to be contacted, following by problems with transport and parking. Initiatives to assist with these issues are underway.

The following points were highlighted:

Volumes have been maintained across the cardiovascular directorate over the last two quarters. The ICU has been busy over the last couple of weeks as winter approaches.

The Cardiology program has workforce related issues resulting in the struggle to deliver the volumes required. ESPI 5 is a focus, together with very detailed improvement work in order to get the waiting list under control.

The following point was covered in discussion:

- Gwen Tepania-Palmer thanked Michael Sullivan for his report and asked if there was a regional approach to reducing rheumatic fever rates as there had been some very successful pilots across the Auckland region that the Auckland DHB could capitalise on. Dr Stewart confirmed that there is networking and sharing forums, learning from

the various pilots. Auckland DHB is trying to replicate and learn from the successful work that has been completed at Counties Manukau DHB.

5.5 Clinical Support Services (Pages 49-58)

Ian Costello, Director of Clinical Support Services asked that the report be taken as read briefly highlighting key points.

- Laboratories, Radiology and Clinical Engineering all passed their external audits / accreditations, with positive comments around the quality and safety within service.
- This month progress on MRI target for radiology has been slow. This has been due to the number of number of sessions that have not been available due to holidays or sickness. The operational model for radiology is currently under review.
- Waitlist numbers have reduced with the exception of paediatrics (unusual number of patients requiring general anaesthesia for MRI particularly). A successful joint approach with child health, taking a "virtual reality" type approach has minimized the number of patients requiring general anaesthesia and assisted paediatric patients in reducing anxiety levels. The service is seeking to understand why there is currently is a peak compared to where they have been more recently.

There were no questions.

5.6 Maori Health Services (Pages 59 - 63)

Riki Nia Nia, General Manager Māori Health asked that the report be taken as read, noting that good progress has been made on the current set of performance indicators that are used to measure the performance of the service. These indicators are primarily for whānau and Maori patients within the hospital.

The following points were highlighted:

- The Model of Care review has commenced. This provides an opportunity to look at how the service practices and prioritises, along with what some of the measures are that may be used to measure the performance of the service as it relates to the aspirations of whānau and how it supports the wider organisation.
- Tumu Whakarae (National DHBs Strategic Māori Leadership Group) and DHB Chief Executive Officers nationally have been looking at the importance of developing the capability and capacity of the DHB workforce in particular by increasing the number of Maori as a proportion in the workforce. Both the CEO's and Tumu Whakarae have developed guidelines / directions as outlined on page 61 of the agenda. These are a reflection of what the Auckland DHB is doing. Riki congratulated the Committee for leading this for the country. As a result of the Chief Executive's leadership and Tumu Whakarae these guidelines have been rolled out across the country. It is expected that we have a system that is not only looking at developing a workforce that reflects the community and populations that the Auckland DHB serves but also that it monitors it more closely. Work is underway with the HR and Clinical teams, looking at how to strengthen that so that each Directorate within the hospital and within the organisation can see clearly how well they are doing in relation to the selection of Maori workforce across the selection continuum in terms of applicants, those who are short listed and then those who go on to be selected to work at the Auckland DHB.
- Riki Nia Nia formally acknowledged the Human Resources team for strengthening the way in which equity is achieved in recruiting Maori staff. The biggest challenge remains with attraction and retention.

- A number of initiatives are underway to grow, recruit, develop and retain the Māori workforce at Auckland DHB; these initiatives have been strongly supported by the Chief Executive Officer and Executive Leadership Team. Through the recruitment initiative of prioritising the short listing of Māori applicants who met the criteria for vacant positions in the Auckland DHB there have been positive steps made towards the recruitment of Maori staff. The primary challenge is to increase the proportion of Maori recruits to at least 10% of total recruitments and to reduce the turnover of the Maori workforce. The service is looking at setting targets for Attraction, Recruitment and Turnover of the Māori workforce.
- The Maori directorate is looking at ways to become more deliberate and intentional with eliminating institutional racism from the Auckland DHB. The strategy is to approach the elimination of racism within the organisation in three specific areas as outlined on page 62 – 63 of the agenda. It is believed that 80% of the racism that occurs within the organisation is unconscious. By implementing a more robust way of reporting and surfacing racism, it provides a greater opportunity to receive and respond in a way that eliminates it
- Riki Nia Nia acknowledged the Committee for their support to implement the Te Reo Māori programme across both Auckland DHB hospital sites. This has continued to be a success with over 200 employees participating in the course.

Lee Mathias congratulated the service and in particular for their efforts in relation to the Te Reo programme

Gwen Tepania-Palmer acknowledged the workforce development capability and acknowledged Margaret Dotchin, Chief Nursing Officer for the work she has completed in the recruitment of Maori nurses into the organisation.

Michelle Atkinson acknowledged the importance of the work on institutional racism.

5.7 Pacific Health Service (Pages 64 - 73)

Pulotu Bruce Levi, Director Pacific Health acknowledged the dignitaries and leadership of the Auckland DHB and asked that the report be taken as read, highlighting the following key points:

- Pacific week was cancelled for both Auckland and Waitematā DHBs due to the Christchurch mosque attacks. However the service was able to run the cultural competency session facilitated by the Ministry of Pacific Peoples in Auckland along with the Sustainability Development Goals Forum.
- A number of sessions on Kapasa are being rolled out from the Pacific Health Service in partnership with the Ministry of Pacific Peoples. ***Kapasa*** is a policy framework in engaging with Pacific peoples at all levels including operational level and ***Yavu***: an assisting tool to better engage with Pacific communities. This acknowledges the evidence and the data of Pacific people that are in the service, both patients and staff, valuing their strength and diversity and with a component around actual engagement. The Cancer and Blood Directorate are the first to be in involved in this.
- The directorate was presented with the environmental certificate by Dr Gill Greer CBE MNZM, and received by our Chief Financial Officer on behalf of our Chief Executive. Auckland University Pro Vice chancellor (Pacific) Dr Toeolesululu Damon Salesa presented some challenges that were not necessarily reflected in the models of care and health and education outcomes. The video summary of this was outlined on page 71 of the agenda.
- The Directorate is also progressing work on institutional racism.

The following points were covered in discussion:

The Committee had a discussion on institutional racism

Gwen Tepania-Palmer acknowledged the report and the work the Pacific service has done, along with the work across the directorates.

5.8 Perioperative Services Directorate (Pages 74 - 81)

Duncan Bliss, General Manager, Surgical and Perioperative Services asked that the report be taken as read and briefly highlighted the following key points:

- It was advised that staffing and workforce continues face a struggle to fill vacancies. There are 22.8 Anaesthetic Technician vacancies which is a significant improvement, although it is still a substantial gap across the workforce. Nursing vacancies are at 41 FTE
- Anaesthetic Technicians have three intakes per year, with 6 candidates are commencing in June. Nursing graduates start in Feb, May and September.

Gwen Tepania-Palmer thanked Duncan for the report and acknowledged Niall Wilton who is stepping down after many years of loyalty and commitment.

Action:

Send a letter on behalf of the committee to Niall Wilton thanking for his service

5.9 Surgical Services Directorate (Pages 71 - 82)

Mr Arend Merrie, Director Surgical and Perioperative Services asked that the report be taken as read and briefly highlighted the following key points:

- Industrial action has had significant impact on the directorate resulting in large reductions in elective operating times; this is 795 behind plan year to date.
- There has been a significant effort put in this this month on throughput resulting in a $742K favourable position on revenue in May, this is a substantial change
- There has been a major focus on revenue and expenditure, which has shown some turnaround

The following points were covered in response to questions:

It was advised that flex session are where a service is not allocated to specific sessions and have not historically had anaesthetic support. As part of the Greenlane improvement project, an attempt has been made trying to maximise all the sessions and that they are fully staffed and resourced.

In response to Gwen Tepania-Palmer asking about the morale of the staff with the increased demand and pressures that the directorate is under; Mr Merrie responded that nurses are under a lot of pressure but there is a lot of effort put into keeping the morale high. Generally most of the services are engaged and the engagement survey results reflect that.

5.10 Women's Health Directorate (Pages 95 - 104)

Rob Sherwin asked that the report be taken as read, advising as follows:

- The service has been particularly affected by the RMO strikes but has maintained a

safe service; this is reflected in the ESPI 2 and 5 positions.

- The Directorate welcomed Deb Pittam, Director of Midwifery. Additional leadership roles within the Directorate have been stabilised this quarter.
- The DNA rate overall is sitting within acceptable boundaries however; the Māori and Pacific rate of DNA are well outside expected levels. Improvement strategies to address this sit within the 2019/20 plan
- Sick leave and annual leave accruals remains high for the quarter. This reflects the difficulty of recruiting and retaining midwives and is a major focus of the three R's campaign
- The directorate is exploring alternative staffing models – Ward 96 has been refurbished and the staffing and patient flow that can go into the space is being investigated.
- "Healthware" (electronic maternity record) is nearing the end of its supported life. Health Alliance is investigating options to commission alternative software. This is currently a significant risk.

5.11 Provider Arm Financial Performance Report (Pages 105-119)

Rosalie Percival, Chief Financial Officer asked that the report be taken as read, highlighting that the April result had extremely high expenditure costs and work is underway to bring these costs back into line. There have been some improvements in some areas in May, however these numbers are not yet finalised. Currently the budgets are still behind on YTD overall.

The Financial performance was covered in-depth at Finance Risk and Audit Committee

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

That the Provider Arm Performance Reports for June 2019 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 120 -123)

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	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 1 May 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 Seasonal Variation Plan – Winter 2019		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 The Impact of Antimicrobial Resistance on the Delivery of Safe and Effective Healthcare	**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]
6.1 Commercial Contract Management Food Services (FMEA) 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)] **Negotiations** Information relating to commercial and/or industrial negotiations in	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]

	progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	
6.2 Head and Neck Oversight Report	**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. **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 Ophthalmology Department Oversight Report	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Orthopaedic 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. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	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	**Prejudice to Health or Safety** Information about measures	That the public conduct of the whole or the relevant part of the

Services – Shortage of Perioperative Workforce Oversight Report	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. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	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	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]

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

Carried

The meeting closed at 2.30pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 12 June 2019

Deputy Chair: _____ Date: _____

Michelle Atkinson

Approval of Group Operational Procedures

Recommendation

That the Board endorse the attached Group Operational Procedures (GOP). These GOP details Auckland DHB's requirements for complying with relevant safety requirements as stipulated in the Health and Safety at Work Act. The GOPs have been drafted to reflect the requirements of New Zealand Legislation and have been developed in line with guidance from WorkSafe New Zealand and thoroughly researched against a range of AS/NZ Standards.

Prepared by: Nick Engelmann (Director Occupational Health and Safety)
Endorsed by: Sue Waters (Chief Health Professions Officer)
Endorsed by Executive Leadership Team: Yes

1. Board Strategic Alignment

Service integration and consolidation	*Documents are a part of the Health and Safety Integrated Management Framework, ensuring conformity and unification of all work groups within Auckland DHB*
Intelligence and insight	*The Documents are compliant with New Zealand legislation and have gone through a consultation period with the workforce.*
Consistent evidence-informed decision-making practice	*Demonstrates Integrity associated with meeting ethical and legal obligations*

2. Introduction/Background

Auckland DHB Health and Safety policies, guidelines and other associated documents are currently held at various levels throughout the organisation, with no consistent approach from a corporate level. This has been identified in various Health and Safety audits presented to FRAC and these group level policies will address these audit findings.

To further address this at organisational level we are in the process of developing a fully integrated health and safety framework covering all of Auckland DHB and ensuring an aligned standard of practice across all Auckland DHB controlled work areas. This will ensure that Auckland DHB has a robust and up to date Health and Safety Management System,

The Framework itself consists of;

Policies	One page documents, detailing Auckland DHB's commitment to a range of key risk areas, and developed in line with the requirements of various International and New Zealand standards.
Group Operational Procedures	A suite of documents held at a corporate level, reviewed bi-annually, and mandating a minimum requirement for all workers at Auckland DHB. These documents have been built upon a broad brush risk assessment identifying key risk areas for Auckland DHB, consulted throughout the workforce, and heavily researched and referenced by our own team of Health and Safety Professionals.

Standard Operating Procedures	Individual workgroups have the option of building upon the Group Operational Procedures in those instances where they may need more locally specific requirements than are detailed at Group operational procedure level.

This paper seeks Board endorsement for the attached Group Operational Procedures:

1. Health and Safety Roles and Responsibilities Group Operational Procedure

This GOP covers the requirements under the Health and Safety at Work Act 2015 in relation to ensuring that there is alignment throughout the organisation when it comes to health and safety roles and responsibilities.

Reference and guidance has been taken from the WorkSafe position statement - Worker engagement, participation and representation 2019, as well as the Four Pillars of Good Governance published by the Institute of Directors.

2. Health and Safety Communication and Consultation Group Operational Procedure

This GOP covers the requirements under the Health and Safety at Work Act 2015 in relation to communication with the workforce and external third parties. The document itself is based around the tenements of inclusiveness, consultation, and engagement with all levels of the business and takes into account the FRAMEWORK FOR NEGOTIATING A WORKER PARTICIPATION AGREEMENT – Resolution 180611, which was signed off by all DHB's and the CTU in 2018.

Reference and guidance has also been taken from the WorkSafe position statement - Worker engagement, participation and representation 2019, as well as the Four Pillars of Good Governance published by the Institute of Directors.

3. Hazardous Substances Management Group Operational Procedure

This GOP covers the requirements under the Health and Safety at Work (Hazardous Substances) Regulations, and specifically focuses on the development of compliant systems and processes for the storage, handling, and transportation of Hazardous substances within Auckland DHB. This has been a Key risk area and recent deep dive internal auditing has shown significant compliance issues in the area of storage and handling of Hazardous Substances in the DHB. This document is crucial to providing a corporate level standard for interactions with hazardous substances.

4. Hot Works Group Operational Procedure

This GOP covers the requirements under the Health and Safety at Work Act relating to "Hot Works" (welding, grinding, cutting, which may result in a source of fire) it builds upon the facilities level document previously endorsed by the Board and provides a minimum standard for all workers and contractors on all Auckland DHB controlled sites. It has also been aligned with codes of practice and the latest Australian / New Zealand Standards.

Health and Safety Integrated Management Framework

The Framework provides an overarching statement of commitment and sets the safety foundation for the business. This framework ensures that workers throughout the organisation are bound by the same set of policies and Group Operational Procedures regardless of work area. The key benefit to this system is that by ensuring conformity amongst the workgroups (directorates), simplicity is assured.

The only differences between workgroups from this point forward, will be in those areas that decide to build upon the minimum requirements as stipulated in the Group Operational Procedures.

OHS Integrated Management Framework Progress

Whilst these Group Operational Procedure address specific key risk areas there is still much associated work to be undertaken to achieving the complete suite of documents required for the development of the OHS Integrated Management Framework. A timeline of December 2020 has been set to then have the framework accredited by an external association such as SAI Global, Lloyds, Skyqual, or similar JASANZ approved organisation.

The work programme and status of projects associated with this accreditation process are listed below.

Project	Status	Comment
Occupational Health and Safety Policy	Complete	In place and approved by the board – April 2019
Environmental Management Policy	Complete	In place and approved by the board – April 2019
Lone Worker Protection Group Operational Procedure	Complete	In place and approved by the board – April 2019
Working at Heights Group Operational Procedure	Complete	In place and approved by the board – April 2019
Confined Space Management Group Operational Procedure	Complete	In place and approved by the board – April 2019
Asbestos Management	WIP	Under Development
Manual Tasks (Including Patient Handling)	WIP	Under Development
Vehicles and Driving	WIP	Under Development
Biological Hazards	WIP	Under Development
Hot Works	Seeking Approval	Currently Seeking Board endorsement and approval
Fatigue Management	WIP	Under Development
Hazardous Substances	Seeking Approval	Currently Seeking Board endorsement and approval
Workplace Violence and Aggression	WIP	Under Development
Legal Requirements	WIP	Under Development
Contractor Management	WIP	Under Development
Communication and Consultation	Seeking Approval	Currently Seeking Board endorsement and approval
Roles and Responsibilities	Seeking Approval	Currently Seeking Board endorsement and approval
Documents Records and Data Control	WIP	Under Development
Environmental Management	WIP	Under Development
Occupational Health and	WIP	Under Development Completion by end of August 2019

Project	Status	Comment
Hygiene Management		
Occupational Injury and Illness Management	WIP	Under Development Completion by end of August 2019
Inspections and Audits	WIP	Under Development Completion by end of August 2019
Inductions	WIP	Under Development Completion by end of August 2019
Traffic Management	WIP	Under Development
Control of the Work Environment	WIP	Under Development

This list is subject to updating as the project progresses

Glossary

Term	
GOP	Group Operational Procedure – A Set of minimum requirements covering a range of topics undertaken at Auckland DHB. All GOP's have been thoroughly researched and consulted with the workforce prior to approval.
OHS	Occupational Health and Safety
SAI Global Lloyds Skyqual	Examples of third party organisations that accredit business against international standards.
JASANZ	The Joint Accreditation system of Australia and New Zealand, recognised internationally as the body that develops the assessment criteria that organisations are assessed against when gaining accreditation to international standards.
WIP	Work in Progress

Roles and Responsibilities Group Operational Procedure

Unique Identifier	[Category] – v00.01
Document Type	Policy
Risk of non-compliance	may result in significant harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	healthAlliance
• Directorate(s)	All
• Department(s)	All
• Used for which patients?	N/A
• Used by which staff?	All
• Excluded	N/A
Keywords	Governance, OHS, Roles, Responsibilities
Author	Nick Engelmann (ADHB)
Authorisation	
• Owner	[Manager]
• Delegate / Issuer	Director - Occupational Health and Safety
Edited by	Document Control
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This version issued	[Publish Date] - consultation draft
Review frequency	2 yearly

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1. Background

1.1 Purpose

The purpose of this policy is to ensure that all employees of Auckland District Health Board (Auckland DHB) have clearly defined Occupational Health and Safety (OHS) responsibilities and to ensure appropriate resources and competent staff are available to manage health and safety risks and deliver health and safety objectives, targets and programmes.

The document establishes a minimum standard, that shall be adhered to in all areas of Auckland DHB.

This policy is written to comply with the Health and Safety at Work Act 2015, and the latest guidance provided by WorkSafe New Zealand. In those instances, where applicable, relevant Australian and New Zealand Standards have been referenced.

1.2 Scope

This policy applies to all Auckland District Health Board (Auckland DHB) Business Units, Contract Sites and contractors working under Auckland DHB's control. This document serves as a minimum requirement and is subject to the additional requirements of legislation, other Persons Conducting a Business or Undertaking (PCBU) or equipment manufacturers.

2. Definitions

Term	Definition
CPD	Continuous Professional Development
HSR	Health and Safety Representative
OHS	Occupational Health and Safety
Risk assessment	The process of evaluating the likelihood and consequence of an incident, injury or illness arising from exposure to an identified hazard

3. Requirements

3.1 Board Members

Board Members are responsible for:

- Demonstrating a commitment to health and safety by undertaking at least two board engagement visits per year.
- Promoting a positive Occupational Health and Safety (OHS) culture, where OHS performance is continuously improved and leaders lead by example.
- Ensuring competent staff, with appropriate qualifications and/or experience, and provided with adequate resources, have been appointed in OHS roles commensurate to the risk profile of the organisation including the appointment of a competent person to advise the Executive Leadership Team on their OHS duties and ensure that they are being discharged properly.
- Ensuring material and financial resources are available to meet OHS systems and procedures.

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- Co-operating with the requirements or advice given by regulatory/enforcement authorities.
- Ensuring Auckland DHB has appropriate plans in place, which are then implemented to assure compliance with Organisational OHS policy, legal and regulatory requirements.
- Reviewing completion of audits and closeout of actions.
- Reviewing Auckland DHB's OHS performance, in consultation with the Executive Leadership team and Director of Occupational Health and Safety.
- Taking such actions as required to achieve OHS objectives and KPI's where performance is identified as deficient, or where corrective actions are deemed necessary.

3.2 Chief Executive

The Chief Executive is responsible for:

- Promoting a positive Occupational Health and Safety (OHS) culture, where OHS performance is continuously improved and leaders lead by example.
- Ensuring competent staff, with appropriate qualifications and/or experience, and provided with adequate resources, have been appointed in OHS roles commensurate to the risk profile of the organisation including the appointment of a competent person to advise the Executive Leadership Team on their OHS duties and ensure that they are being discharged properly.
- Ensuring material and financial resources are available to meet OHS systems and procedures.
- Ensuring those under their direct management receive adequate OHS information, instruction and training necessary to discharge their duties.
- Ensuring arrangements are in place to properly identify and manage key stakeholder and regulatory relationships relevant to the organisation's operations.
- Co-operating with the requirements or advice given by regulatory/enforcement authorities.
- Reviewing the findings from significant accidents/incidents, and ensuring that lessons learned are shared across the business.
- Ensuring Auckland DHB has appropriate plans in place, which are then implemented to assure compliance with Organisational OHS policy, legal and regulatory requirements.
- Reviewing completion of audits and closeout of actions.
- Reviewing Auckland DHB's OHS performance, in consultation with the Executive Leadership team and Director of Occupational Health and Safety.
- Taking such actions as required to achieve OHS objectives and KPI's where performance is identified as deficient, or where corrective actions are deemed necessary.

3.3 Executive Leadership team

The Executive Leadership team:

- Demonstrates the team's commitment, collectively and as individual members, to OHS compliance and set a good example to other employees.
- Periodically reviews OHS risks.
- Ensures that decisions take into consideration any likely OHS implications.
- Monitors performance against OHS strategy, objectives and targets.
- Ensures that those under its direct management receive adequate OHS information and instructional training, as necessary to discharge their duties.
- Defines and agrees competency requirements to meet and effectively manage OHS risks and regulatory requirements.

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- Ensures appropriate OHS resources (people and finances) are in place.
- Ensures training requirements are defined and maintained for roles with specific OHS responsibilities.
- Reviews OHS incidents reported and learnings from investigations.
- Considers trends and actions to address issues raised.
- Ensures appropriate crisis and management processes are in place to manage Auckland DHB incidents.
- Co-operates with the requirements or advice given by regulatory/enforcement authorities.
- Take such disciplinary measures as necessary, when OHS breaches occur.
- Monitors Auckland DHB OHS performance
- Ensures appropriate records are maintained including:
  - Responsibilities and KPIs.
  - Meeting notes and agenda items referring/relating to OHS standards and objectives.
  - Reviews and progress against objectives and targets.

3.4 Director of the Directorate/Service Clinical Director

The Director of the Directorate/Service Clinical Director are responsible for:

- Complying with OHS policy, procedures and key controls; which may include the development of Directorate Standard Operating Procedures.
- Providing oversight and reporting of Directorate OHS performance.
- Ensuring appropriate OHS resources are provided to support the Directorate.
- Managing OHS risks, and delivering OHS objectives and targets.
- Promoting a positive OHS culture, where OHS performance is continuously improved and leaders lead by example.
- Ensuring those under their direct management receive adequate OHS information instruction and training as is necessary to discharge their duties.
- Ensuring operational line management carry out their functions in terms of their responsibilities, objectives and performance.
- Co-operating with the requirements or advice given by the Regulators/Enforcement Authorities and Director of Occupational Health and Safety in terms of OHS legislative and regulatory requirements.
- Reviewing the findings from significant accidents/incidents, and ensuring that lessons learned are shared across the business.
- Ensuring completion of incident reports and close-out of actions.
- Reviewing safety performance covering areas of responsibility and discussing the review findings with operational line management.
- Taking such actions as required to achieve OHS objectives and targets where performance is identified as deficient or where corrective actions are deemed necessary.
- Ensuring that this policy is implemented within their respective Directorates and is adequately monitored and enforced.
- Ensuring that Directorate processes build upon these minimum requirements where deemed appropriate.
- Escalating issues, where it is not possible to implement adequate risk control measures.

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3.5 Directorate Leadership Team

The Directorate Leadership team:

- Demonstrates the team's commitment, collectively and as individual members, to OHS control and set a good example to other employees.
- Approves Standard Operating Procedures relevant to the Directorate.
- Ensures OHS regulatory requirements applicable to the Directorate are reflected in Directorate-level procedures.
- Ensures Directorate OHS risks, hazards, aspects and impacts are understood, assessed and incorporated within the Directorate risk register.
- Ensures controls and mitigating actions are in place to manage assessed risks.
- Periodically reviews OHS risks.
- Ensures that decisions take into consideration any likely OHS implications.
- Agrees to Directorate OHS objectives and targets.
- Monitors Directorate performance against OHS strategy, objectives and targets.
- Ensures that those under its direct management receives adequate OHS information, instructional training as necessary to discharge their duties.
- Reviews reported OHS incidents and learnings from investigations.
- Ensures appropriate crisis and management processes are in place to manage Directorate incidents.
- Co-operates with the requirements or advice given by regulatory/enforcing authorities and OHS Advisors in regard to legislative requirements.
- Monitors Directorate compliance against OHS procedures to ensure regulatory and Auckland DHB Group Operating Standards are being complied with.

3.6 Operational Managers

Operational Managers are responsible for:

- Complying with OHS policy, procedures and key controls.
- Promoting a positive OHS culture.
- Ensuring implementation of the health and safety management system, policies and procedures as directed.
- Ensuring all staff receive adequate and appropriate OHS training, including completion of any mandatory training.
- Co-operating fully with any requirement or advice given by the Regulators/Enforcing Authority.
- Advising the Chief Health Professions Officer or Director of Occupational Health and Safety of any regulatory visits and or correspondence.
- Considering any lessons learned from incidents in relation to operations.
- Undertaking periodic, formal OHS inspections to ensure that the requirements of OHS procedures are being maintained.
- Reviewing all safety inspection/compliance reports and ensuring implementation and close-out of items raised.
- Consulting and engaging with line management, health and safety representatives/delegates and workers on safety- and health-related matters, as required.
- Advising the Director of Occupational Health and Safety or Chief Health Professions Officer of any reportable accident, dangerous occurrence or environmental incident.

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- Ensuring that all OHS incidents are properly recorded and reported on DATIX and are investigated to a suitable level.
- Reviewing (at least monthly) their work group OHS performance.
- Taking such disciplinary measures as necessary, in line with disciplinary procedures, when breaches of OHS requirements occur.
- Implementation of this policy, within those areas of their Directorate which they are responsible for.
- Providing workers with suitable and sufficient information, instruction and training in accordance with this policy and taking all reasonably practicable steps to maintain, and where necessary, improve health and safety standards.

3.7 Contractors/Workers

All Contractors/Workers have a responsibility to:

- Undertake training provided and ensure any mandatory training is kept up to date.
- Take reasonable care of their own and others' health and safety.
- Follow defined procedures, work instructions, and risk assessments.
- Inform a line manager or OHS representative of any OHS concerns.
- Co-operate with Auckland DHB in all matters relating to OHS.
- Advise line management of any unsafe condition or work practice.
- Understand the OHS risks of work operations and work within defined controls.
- Support the achievement of OHS objectives and targets.
- Only operate equipment for which they have the necessary training and competency.
- Maintain and wear Personal Protective Equipment (PPE) that has been issued to them.
- Advise Line Management or Supervisory personnel if they require any further information or additional OHS training.
- Co-operate fully with any requirement or advice given by the Regulator/Enforcing Authority or Occupational Health and Safety team.
- Support any audit or review that is being undertaken.
- Follow the safe systems of work identified when carrying out any high-hazard tasks, for example, working at heights or handling hazardous substances.
- Report any compliance failures, or concerns to their line manager/supervisor, Health and Safety Representative and/or Health and Safety Department.
- Report incidents, accidents and near misses.
- Attend and complete training, as required.

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3.8 Occupational Health and Safety (OHS) personnel

Auckland DHB Occupational Health and Safety have the following responsibilities.

3.8.1 Director of Occupational Health and Safety

- Facilitate the implementation of the Health and Safety policy and associated Safety Framework, policy and key controls across Auckland DHB.
- Ensure that procedures and key controls remain fit-for-purpose, reflect legislative and regulatory requirements and effectively manage OHS risks.
- Provide oversight and reporting of Auckland DHB OHS performance.
- Define the Auckland DHB OHS Strategy and implementation plan.
- Promote a positive OHS culture, where OHS performance is continuously improved and leaders lead by example.
- Ensure appropriate OHS management systems and procedures to manage OHS risks are in place and meet organisational, legal and regulatory requirements.
- Ensure OHS legal and regulatory requirements are understood and complied with.
- Assess and periodically review overall OHS key risk areas and ensure appropriate controls are in place to manage and mitigate them.
- Promote visible leadership in actively promoting OHS.
- Ensure that OHS resources are adequate, competent and structured in a way to effectively manage assessed OHS risks facing Auckland DHB.
- Advise on the minimum requirements for OHS training within Auckland DHB.
- Ensure that OHS professionals within the Occupational Health and Safety team maintain a Continuous Professional Development (CPD) regime and that they are aware and kept up-to-date with legislative requirements and any other specifications deemed appropriate.
- Provide OHS advice and guidance to the Chief Health Professions Officer on all matters relating to OHS as they affect Auckland DHB.
- Maintain effective relationships with relevant regulatory/enforcement and other professional organisations.
- Ensure accidents/incidents are investigated and reported on, in compliance with Auckland DHB procedures.
- Identify and share lessons learnt from investigations across the organisation.
- Develop and implement an OHS compliance assurance programme appropriate to assessed OHS risks. Monitor findings and investigate trends to support continuous improvement in OHS.
- Ensure OHS data is captured accurately and timely and recorded on the appropriate systems.
- Review the organisations OHS incidents, objectives and performance on a regular basis, monitoring and addressing trends.
- Produce periodic reports detailing OHS performance within Auckland DHB.

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3.8.2 Occupational Health and Safety Advisors

- Support and Advise management teams with the development of local procedures and work instructions to meet Auckland DHB policy, and relevant OHS legal and regulatory requirements.
- Assist management teams and employees in understanding and complying with the Auckland DHB Health and Safety Framework and relevant legal and regulatory requirements.
- Support and advice the management of Auckland DHB with regard to H&S best practise ensuring effective, efficient and cost-effective advice at all levels of the organisation.
- Provide expert H&S support and clear, impactful guidance to Auckland DHB project teams, HS Committees and HSR's to ensure compliance with a legislative requirement and Auckland DHB Procedures.
- Provide effective reports and recommendations designed to increase Leadership Team and Line Managers capacity to manage H&S within their areas.
- Assist management teams by supporting the completion of OHS risk assessments and ensuring their periodic review.
- Ensure controls to manage and mitigate identified OHS risks are applied, where appropriate.
- Actively promote OHS.
- Maintain an up to date understanding of legislative requirements and any other specifications deemed appropriate to work activities.
- Advise and assist in the identification of Directorate OHS training requirements.
- Co-operate with the requirements or advice given by the Regulators/Enforcing Authorities.
- Report injuries, reportable/minor accidents and incidents, dangerous occurrences and environmental incidents and support investigations into them.
- Support OHS Inspections/Audits and the resolution of actions to address non-conformances.
- Raise any serious breaches of legal or regulatory requirements with management.
- Ensure OHS data is accurate and is recorded in a timely manner on the appropriate systems.
- Investigate workplace harm incidence, including loss time injuries, and other potentially serious events and develop strategies to minimise incidents.
- Support the collation of information necessary to meet OHS reporting requirements.
- Support and assist OHS committees and HSRs.

3.9 Health and safety representative (HSR)

Health and safety representatives:

- Assist management teams with the development of local procedures and work instructions to meet Auckland DHB policy, and relevant OHS legal and regulatory requirements.
- Assist management teams and employees in understanding and complying with the Auckland DHB Health and Safety Framework and relevant legal and regulatory requirements.
- Assist management teams by supporting the completion of OHS risk assessments and ensuring their periodic review.
- Ensure controls to manage and mitigate identified OHS risks are applied, where appropriate.
- Actively promote OHS.
- Co-operate with the requirements or advice given by the Regulators/Enforcing Authorities.
- Report injuries, reportable/minor accidents and incidents, dangerous occurrences and environmental incidents and support investigations into them.

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- Support OHS Inspections/Audits and the resolution of actions to address non-conformances.
- Raise any serious breaches of legal or regulatory requirements with management.
- Ensure OHS data is accurate and is recorded in a timely manner on the appropriate systems.
- Support the collation of information necessary to meet OHS reporting requirements.
- Support and assist OHS committees
- Provide support for workers during interviews concerning work health and safety between a worker that they represent and an inspector or the Auckland DHB.

3.10 All workers / contractors

All employees have the following Health and Safety responsibilities:

- Undertake training provided and ensuring any mandatory training is kept up to date
- Take reasonable care of self and others' health and safety
- Follow defined procedures, work instructions, method statements and risk assessments
- Inform a line manager or Health and Safety Representative of any Health and Safety concerns
- Co-operate with Auckland DHB in all matters relating to Health and Safety
- Understand and work within Health and Safety procedures, relevant risk assessments and safe systems of work applicable to their work operations
- Advise line management of any unsafe condition or work practice
- Exercise reasonable care for the health and wellbeing of themselves and others who may be affected by their actions or non-actions
- Support the achievement of Health and Safety objectives and targets
- Only operate plant and equipment to which they have the necessary training and competency
- Maintain and wear Personal Protective Equipment (PPE) that has been issued in a suitable manner
- Advise Line Management or Supervisory personnel if they require any further information or additional Health and Safety training
- Co-operate fully with any requirement or advice given by the Regulator/Enforcing Authority or Operational Line management/Supervisors
- Report any incident immediately to line managers and enter into the Incident Managemnt System (DATIX)
- Support any audit or review that is being undertaken.

4. Training requirements

Auckland DHB will ensure that all levels of responsibility understand their roles and responsibilities via:

- Individual position or role descriptions
- Induction Training, and
- Discussion of performance of allocated Occupational Health and Safety responsibilities during performance reviews
- Any further training needs, identified following review of any OHS investigations and reports.

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5. Monitoring and review

The on-going application and effectiveness of this policy shall be monitored and reviewed via the following processes:

- Job Observations
- OHS audits and workplace inspections
- Review of incident, injury or illness reports
- Review of any other OHS information, for example, WorkSafe New Zealand alerts, 'Safeguard' bulletins.

Unless otherwise triggered via an incident, process change, legislative change or another event, this policy shall be reviewed at least once every two years.

6. Records

All Auckland DHB sites shall ensure that records are maintained in accordance with regulatory requirements, and the Auckland DHB document retention requirements.

7. Legislation

- Health and Safety at Work Act 2015
- Health and Safety at Work Regulations (General Risk and Workplace Management) Regulations 2016
- Institute of Directors, 2019, The four pillars of good governance.

8. Associated documents

- Auckland DHB Health and Safety Integrated Management Framework

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.

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Consultation and Communication Group Operational Procedure

Unique Identifier	[Category]
Document Type	Procedure
Risk of non-compliance	Very unlikely to result in harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board (Auckland DHB)
• Directorate(s)	All
• Department(s)	All
• Used for which patients?	NA
• Used by which staff?	All
• Excluded	NA
Keywords	Communication, Consultation, HSR, Health and Safety Representative, Committee
Author	Auckland DHB Occupational Health and Safety
Authorisation	
• Owner	Chief Health Professions Officer
• Delegate / Issuer	Director of Occupational Health and Safety
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First issued	Click here to enter a date.
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Review frequency	2 yearly

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1. Background

1.1 Purpose

This Group Operational Procedure (GOP) outlines a systematic approach to the consultation and communication of Health and Safety matters in order to minimise any potential health and safety risks.

This procedure is written to comply with the Health and Safety at Work Act 2015, and the latest guidance provided by WorkSafe New Zealand. In those instances, where applicable, relevant Australian and New Zealand Standards have been referenced. Acknowledgment is also given to the National Framework for negotiating a worker participation agreement which can be found in Appendix 1.

1.2 Scope

This GOP applies to all Auckland District Health Board (Auckland DHB) Business Units, Contract Sites and contractors working under Auckland DHB's control. This document serves as a minimum requirement and is subject to the additional requirements of legislation and other Persons Conducting a Business or Undertaking (PCBU).

2. Roles and Responsibilities

2.1 The Chief Executive is responsible for:

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

2.2 Director of the Directorate / Service Clinical Director are responsible for:

- Ensuring that the Procedure is implemented within their respective directorates and that the procedure is adequately monitored and enforced;
- Ensuring that directorate processes build upon these minimum requirements where deemed appropriate;
- Escalating where it is not possible to implement adequate control measures.

2.3 Operational Managers are responsible for:

- Implementation of this Procedure;
- Ensuring that all reasonably practicable control measures are identified and implemented;
- Providing workers with suitable and sufficient information, instruction and training in accordance with this Procedure and taking all reasonably practicable steps to maintain, and where necessary, improve health and safety standards;
- Escalating where it is not possible to implement adequate control measures.

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2.4 All Contractors/Workers have a responsibility to:

- Ensure their safety, and that no action or inaction causes harm to any other person;
- Report any compliance failures, or concerns to their line manager/supervisor, Health and Safety Representative and/or Health and Safety Department;
- Report incidents, accidents and near misses;
- Attend training as required.

2.5 The Health and Safety team has the responsibility to:

- Provide advice and support to managers regarding the implementation of this Procedure;
- Monitor the effectiveness of this Procedure.

3. Procedural Requirements

3.1 Key Controls

All applicable steps in this Group Operating Procedure shall be followed. However, the following controls are seen as a core requirement throughout this document as they are considered key controls to ensure effective communication and consultation throughout the business. Whenever a matter affecting worker health and safety is being considered, Auckland DHB shall engage with and enable the participation and representation of workers, ensuring that:

1. Applicable workers are given the relevant information in a timely manner, and in a manner which can be understood;
2. Workers are given an opportunity to respond, including being given an opportunity to seek advice if they need it;
3. Workers views are taken into account, and listened to with an open mind and a genuine willingness to reconsider decisions made; and
4. Workers are advised of any outcomes reached.

3.2 Consultation and Participation

The requirement to consult and communicate with workers ensures that procedures and documents developed for the workforce are thoroughly critiqued prior to being put in action. Furthermore, consultation is a legislated requirement[1]. The Health and Safety at Work Act (HSWA) stipulates the following requirements:

- When a matter that affects a worker is being considered for change, that relevant information about the matter be shared with worker(s) in a timely manner; and that workers be given a reasonable opportunity to express their views and to raise work health or safety issues in relation to the matter;
- That workers are given the opportunity to contribute to the decision-making process relating to the matter; and that the views of workers be taken into account by Auckland DHB;
- When the matter is decided and finalised, workers need to be advised of the outcome in a timely manner;

[1] Health and Safety at Work Act s.58

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- If the workers are represented by a health and safety representative (HSR), the engagement must involve that representative.

3.3 Requirements for Consultation

Consultation is a legal requirement (with respect to health and safety) and an essential part of managing health and safety risks. Effective consultation on health and safety matters creates greater awareness and commitment while involving all relevant persons in the decision-making process.

3.3.1 When to consult

Consultation regarding health and safety matters shall occur so far as is reasonably practicable when any employee may be directly affected by health and safety issues. This includes consultation with independent subcontractors and their employees regarding health and safety decisions that directly affect them. Consultation shall be undertaken when:

- identifying hazards and assessing risks
- making decisions regarding ways to eliminate or minimise those risks
- making decisions about the adequacy of facilities for the welfare of employees
- setting objectives
- proposing changes that may affect the health and safety of employees, and
- making decisions on work practices and processes, including procedures and work instructions.

3.3.2 Who to consult

Consultation regarding health and safety matters shall occur (so far as reasonably practicable) with all relevant individuals who are directly affected by the health and safety issue. This includes consultation with independent subcontractors and their employees regarding health and safety decisions that directly affect them.

Reasonably practicable in this instance means that appropriate consideration must be given to the following:

- size and structure of departments
- nature of the work that is carried out
- nature of the particular decision or action including the urgency of the requirement to make a decision or to take action
- work arrangements such as shift work
- characteristics of the individual including languages spoken and literacy levels.

3.3.3 How to consult

Consultation must facilitate the following outcomes:

- relevant health and safety information is shared with all employees within the department
- any person carrying out work at the site shall be given reasonable opportunity to express their views, to raise health and safety issues and contribute to any decision-making processes relating to health and safety

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- the view of any person who carries out work at the site shall be taken into account with regard to health and safety
- any person carrying out work at the site shall be advised regarding the outcome of any consultation in a timely manner.

Any employee carrying out work at the site shall be:

- made aware of health and safety matters as soon as reasonably practicable
- encouraged to ask questions about health and safety
- encouraged to raise concerns and report problems
- encouraged to make health and safety suggestions
- involved in problem solving processes
- promptly informed regarding the outcome of any consultation and decisions.

Consultation shall be achieved by (but not limited to) the following:

- The Health and Safety Steering Committee and the Directorate Health and Safety Committees and the involvement of those committees in the determination of appropriate procedures and processes
- where relevant, establishing working parties to view and provide advice in relation to specific projects
- ensuring that Health and Safety Committee minutes are easily available to all employees via notice boards, distribution lists and the intranet
- having health and safety as a standing agenda item at meetings including directorate / department, MOS and prestart / shift handover meetings
- using email and other electronic means and newsletter / department updates
- where required, providing information in mediums and languages that address any special language or literacy requirements.

3.3.4 Taking views into account

The views of employees, Health and Safety Representatives (HSR) and other stakeholders affected by the decision shall be taken into account before making decisions that affect them. However, consultation does not require consensus or agreement and the final decision on all health and safety matters will be made by management.

3.3.5 Advising outcome of consultation

All relevant individuals who have been consulted on a health and safety matter that will affect them, should be informed of the final decision or course of action and, where relevant, will be provided with information in order to understand the reasons for the decision.

3.3.6 Documenting consultation

Records of consultation assist the risk management process and demonstrate compliance with consultation requirements. Records of consultation shall be maintained in accordance with relevant procedures, including the following:

- who is involved
- what the health and safety matter is
- what decision has been made

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- who is to take action and by when
- when the action has been completed
- additional information including feedback, where relevant.

3.4 Employee Representation of Work Groups

3.4.1 Work Groups

Auckland DHB has determined that multiple work groups are appropriate within its activity of provision of publicly funded healthcare and that workers will be grouped in a way that:

- most effectively enables the health and safety interests of the workers to be represented; and
- takes account of the need for a HSR to be accessible to the workers he or she represents.

The determination of any work group will be made having regard to:

a. the number of workers;
b. the views of workers in relation to:
    i. the determination or variation of work groups;
    ii. the number of HSRs to be elected;
    iii. the number of different places of work for the workers and the distances between those places;
c. the number and grouping of workers who carry out the same or similar types of work;
d. the nature of the areas or places where each type of work is carried out;
e. the extent to which any worker must move from place to place while at work;
f. the diversity of workers and their work;
g. the nature of any hazards or risks to the health and safety of workers at the workplace or workplaces;
h. the pattern of work carried out by workers, for example, whether the work is full-time, part-time, casual, or fixed-term;
i. the times at which work is carried out;
j. any arrangements at the workplace or workplaces that relate to overtime or shift work.

3.4.2 Health & Safety Representatives (HSR)

Where an employee requests a HSR to be elected to represent their views, the respective Manager shall ensure that the HSR is elected in accordance with this procedure.

During the election process, reasonable steps shall be taken to ensure the following:

- each employee within the work group is informed of the date on which the election is to be held, as soon as practicable after the date has been determined;
- employees within the work group are given an opportunity to nominate for the position of HSR and vote in the election; and
- employees within the work group are informed of the election outcome.

HSRs shall be appointed for a set term (typically 3 years), except if:

- the person resigns from the role of Health and Safety Representative

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- the person resigns from the business
- the work group determines they no longer wish to be represented by the person.

An election for HSR positions is to be held:

- for newly formed work groups
- vacant positions
- after completion of the maximum 3-year term.

The HSR is eligible for re-election after they complete a 3-year term.

3.4.3 Training of HSRs

Once elected HSRs are eligible for HSR training. Auckland DHB runs HSR training courses every second month which are accredited against NZQA 29315. Refer to My Safety on Hippo for further information on HSR and other associated training and course dates.

In addition to this base training requirement there are several other courses available for HSR education and development. Further details of these courses can be accessed on the My Safety Hippo page.

3.4.4 Recording of HSR – Database

All Health and Safety Representatives shall be recorded in a database and maintained by the Auckland DHB Health and Safety Team. This will ensure current contact information is available and updated as required.

3.4.5 Health and Safety Committees

Health and Safety committees serve as a forum for senior management, HSRs and members of the Health and Safety team to discuss matters such as policies, procedures, planning and direction in order to facilitate continual improvement in health and safety performance.

The Health and Safety Committee can make safety, environment and wellbeing recommendations to managers. However, it is the respective management team's responsibility to make final decisions regarding these recommendations.

The Health and Safety Committee must consist of both employees and contractors (if applicable). It is also a requirement that the committee is attended by respective HSRs.

Directorate Health and Safety committees shall meet on a regular basis, with intervals not exceeding three months. The Committee can elect to meet on a more frequent basis, with most Directorate committees meeting on a monthly basis. In forming the Committee, the Directorate Manager responsible for health and safety shall ensure that:

- the number of employer representatives does not exceed the number of employee representatives
- employee representatives must be elected by employees from the work group
- the Committee shall elect a Chairperson at the first meeting, and

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- the Committee shall elect a proxy for the Chairperson in the event they are unable to attend.

Terms of Reference shall be established for each health and safety Committee, which shall include, as a minimum:

- frequency of meetings;
- quorum; and
- functions of committee members.

An example of this can be found in Appendix 1.

The respective Directorate Manager shall ensure that the following information is made readily available to employees:

- contact details of Health and Safety Committee Members;
- Health and Safety Committee Meeting Schedule; and
- outcomes of Health and Safety Committee meetings, including promulgation of meeting minutes.

3.5 Communication of Health and Safety Information

3.5.1 Internal Communications

Auckland DHB must ensure that a process of consultation and communication has been implemented to support the delivery of the Health and Safety Management Framework, and achievement of objectives.

Organisational policies, procedures and other health and safety information shall be communicated to employees and relevant stakeholders to ensure the content is clearly understood.

Communication material must be developed by employees who have the appropriate skills, knowledge and experience.

Information must be expressed in plain language and made as clear as possible, taking into account workforce diversity, including subcontractors, casual and part-time employees and varying levels of literacy.

All health and safety information is periodically reviewed and updated in order to keep it current.

Auckland DHB communication may occur via:

- inductions and training programs
- meetings/forums, including management team, Health and Safety Committee, toolbox talks and site meetings
- emails and newsletters
- intranet (Hippo)
- DATIX
- Health and Safety noticeboards
- standard operating procedures and/or work instructions
- safety Alerts

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- site health and safety information and instructions
- Health and Safety Committee Meeting minutes
- hazard reports and risk assessments, and
- information on proposed changes to the workplace, systems of work, plant or substances.

3.5.2 External Communications

It is the responsibility of all contract managers to ensure effective communications with contractors. Each contractor being engaged by Auckland DHB shall have an appointed contact person responsible for ensuring that all safety requirements are fulfilled prior to the contractor coming onto any Auckland DHB controlled site.

External communications can take several different formats:

- through the SAFE365 Contractor Hub (Procedures, documents, forms)
- through Email communications (Safety Alerts, Newsletters, updates)
- contractor toolbox talks, and other project specific documentation such as project plans, site specific safety plans.
- through Contractor Health and Safety Committees or the respective directorate Health and Safety Committees. Details of which shall be forwarded to contractors so they may attend.

3.6 Monitoring and Review

The on-going application and effectiveness of this procedure shall be monitored and reviewed via the following processes:

- Applicable incidents
- Meeting minutes
- HSE audits

Unless otherwise triggered via an incident, process change, legislative change or another event, this Group Operating Procedure shall be reviewed at least once every two years.

3.7 Records

All Auckland DHB sites shall ensure that all related records are maintained in accordance with regulatory requirements, and the Auckland DHB document retention requirements:

4. Definitions

HSR Health and Safety Representative

5. References

Health and Safety at Work Act 2015
Health and Safety at Work (Worker Engagement, Participation, and Representation) Regulations 2016)

Institute of Directors 2019, The Four Pillars of Good Governance, viewed April 24th 2019.

WorkSafe New Zealand, Worker engagement, participation and representation 2019, Position Statement, viewed 17th May 2019, https://worksafe.govt.nz/managing-health-and-safety/businesses/worker-engagement-and-participation/

Relevant Auckland DHB Documents:

- Auckland DHB Integrated Management Framework

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6. Appendix 1 – Sample Terms of Reference

HEALTH AND SAFETY COMMITTEE

1. CONSTITUTION

The Directorate Health and Safety Committee shall be a committee of the Directorate established by the Directorate.

2. OBJECTIVE

The role of the committee is to assist the Directorate to provide leadership and policy in discharging its health and safety management responsibilities.

3. CHAIR AND MEETINGS

3.1 The Chair of the committee shall be appointed by the Directorate senior leadership team with guidance provided by Auckland DHB Group Operational Procedure – *Roles and Responsibilities*.

3.2 A quorum of members of the committee shall be five.

3.3 The committee may have in attendance such members of management, including, the Chief Executive Officer (CEO), and such other persons as it considers necessary to provide appropriate information and explanations.

3.4 All workers shall be entitled to attend meetings of the committee.

3.5 Reasonable notice of meetings and the business to be conducted shall be given to the members of the committee, and all other relevant parties.

3.6 Meetings shall not be held fewer than four times a year. Further meetings will be arranged on an as-needed basis.

3.7. Minutes of all meetings shall be kept.

3.8. After each meeting the chair will report the committee's recommendations, key issues and findings to the Directorate senior leadership team, and if appropriate to the chair of the Auckland DHB Health and Safety steering group.

4. RESPONSIBILITIES

4.1. Review, monitor and make recommendations to the senior leadership team on the directorates health and safety risk management framework and policies to ensure that the organisation has clearly set out its commitments to manage health and safety matters effectively.

4.2. Review and make recommendations for directorate approval on strategies for achieving health and safety objectives.

4.3. Review the directorate safety Key Performance Indicators (KPI) for health and safety performance and assess against those targets.

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4.4. Utilising SAFE365, Monitor the directorates compliance with health and safety policies and relevant applicable law.

4.5. Ensure that the systems used to identify and manage health and safety risks are fit-for purpose, being effectively implemented, regularly reviewed and continuously improved.

This includes ensuring that the senior leadership team is properly and regularly informed and updated on matters relating to health and safety risks.

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4.6. Seek assurance that the Directorate is effectively structured to manage health and safety risks.
4.7. Review health and safety related incidents and consider appropriate actions to minimise the risk of recurrence
4.8. Make recommendations to the Directorate Leadership regarding the appropriateness of resources available for operating the health and safety management systems and programmes
4.9. Any other duties and responsibilities which have been assigned to it from time to time by the Directorate leadership team.

5. AUTHORITY

5.1. The committee has complete access to the Directorates leadership team through the chair, at any time.
5.2 The committee does not have the authority to make final decisions on any matter, all recommendations must be overseen by the directorate leadership team

6. REVIEW

The committee shall:

6.1. Ensure that processes are in place to develop, implement, audit, regularly review and update the health and safety management framework to be consistent with accepted standards.
6.2. Formally review the health and safety performance of the directorate including review of audits (internal and external), system reviews, performance results, significant incidents and investigations, the impact of organisational changes and benchmark data. The allocated Health and Safety Advisor will be responsible for producing sufficient information for this review to occur, with input from the rest of the executive/senior management team.
6.3. Receive and consider independent reviews and or audits of health and safety within the business.

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7. REVIEW OF THE COMMITTEE

The committee shall undertake annual self-review of its objectives and responsibilities and of these terms of reference and report back to the Directorate leadership team. The committee may at any time initiate a review of the committee and make appropriate recommendations for its alteration to the directorate.

Terms of reference adopted by the committee on XX/XX/201X.[2]

[2] Sample Template adapted from the Institute of Directors Good Governance Guide 2019

7. Appendix 2

FRAMEWORK FOR NEGOTIATING A WORKER PARTICIPATION AGREEMENT – Resolution 180611

Purpose

The purpose of this document is to provide a framework that DHBs and unions can commit to and use as a basis to negotiate a worker participation agreement (WPA) for their DHB as part of the engagement process with all workers. It will support individual DHB's alongside union partners to implement best practice worker engagement, participation and representation systems in the workplace. The framework sets out a process to ensure all workers are provided with reasonable and effective opportunities to actively engage and participate in health and safety matters.

Our Commitment

DHBs and unions recognise that the safest and healthiest workplaces are ones where the PCBU and its workers work together. When negotiating a WPA, DHBs and unions will commit to meaningful and high engagement with all workers and their representatives;

- We will provide leadership and are committed to and support worker engagement, participation and representation across the health sector
- We are committed to enabling competent and effective Health and Safety Representatives (HSRs) and Health and Safety Committees (HSCs) as methods of engaging with all workers
- We will strive to be leaders and demonstrate our commitment to worker engagement, participation and representation across all industries and sectors
- We will strive to be leaders across all industries and sectors in creating work environments that promote the health and wellbeing of all workers so we can provide the best possible care and support for our community

We acknowledge that we must engage with our workers on matters that may affect their health and safety. This includes when we are identifying hazards and risks, and when we are making decisions on ways to eliminate or minimise those risks, and when we are making decisions on setting up worker participation practices such as workgroups. We acknowledge that, whatever matter is being considered, for engagement to be meaningful and effective;

- Workers must be given the relevant information in a timely manner. Information cannot be withheld and should be provided in a manner that workers can understand;
- Workers must be given an opportunity to respond, including being given an opportunity for
- workers to seek advice if they need it;
- Workers views need to be taken into account, and listened to with an open mind and a
- genuine willingness to reconsider decisions made; and
- Workers need to be advised of any outcomes reached.

Coverage and Scope

WPAs should cover all workers, including non-DHB employees. DHB's recognise that as a PCBU, they have duties to consult, co-operate with, and co-ordinate with other PCBUs. In some instances,

DHB's acknowledge they may have duties to engage with workers of PCBU's that a DHB has overlapping duties with.

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Leadership

For a health and safety system to be effective, leadership must be demonstrated at all levels. Each party has a role to play. Each party can show leadership in different ways:

- Workers: see it, fix it or escalate it
- Managers: listen, assess it, fix it or escalate it
- Senior Leadership: ensure the right people are in the room, talking about the right issues, with the right resources and have clear and effective escalation procedures
- Governance: champion health and safety for the organisation
- Unions: understand, participate, support, reinforce and use the health and safety system and structures. Identify and raise issues and challenges in a constructive way

DHBs should also provide leadership by consulting, co-operating and co-ordinating worker engagement, participation and representation activities with other PCBUs. DHBs and unions also have a wider leadership role to play in all industries and sectors.

We agree that we will work together to engage with workers across the sector on shared/mutual issues. This may include the setting up of cross-DHB working groups that include workers (or their representatives) from each DHB to consider particular issues that are sector-wide. The HSRA group can have oversight over such groups. The approach should include mechanisms to support the upskilling and build the competency of HSRs relating to these issues.

Workgroups

Workers and managers will discuss and agree on a suitable configuration of workgroups.
Workgroups must be structured to allow for effective representation. A workgroup will be effective when:

- It accounts for the risk profile of the workers and the type of work occurring in that workgroup;
- It allows for the workers to be able to access their HSR (contact, time and resources, pattern of work, the time at which work is carried out); and
- The workers know which workgroup(s) they belong to. A worker can belong to more than one workgroup and a workgroup can cover workers of more than one manager and/or PCBU.

Where workers and managers cannot agree on the configuration of workgroups, the decision will be escalated to the respective union officials and senior leadership within the PCBUs. If agreement still cannot be reached, the parties will agree to independent mediation, which could include using WorkSafe's issue resolution procedures.

Health and safety representatives

Health and safety representatives (HSRs) are an effective way of ensuring engagement and participation on health and safety matters. HSRs perform a key role in identifying hazards and risks within a workgroup and working with the DHB to manage them. They provide a link between workers and management, and help in situations where it will not be practical for the DHB to talk one-to-one with its entire workforce. HSRs bring a different perspective on the workplace, and can
(in some cases) provide a voice for workers who may not otherwise speak up about health and safety matters.

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DHBs and unions are committed to using HSRs as a form of participation, and will enable HSRs to be as effective as possible. To be effective, DHBs acknowledge HSRs must:

- Be given adequate time, training, resources, and equipment to undertake their functions and exercise their powers;
- Be supported by management to undertake their role. HSRs require a PCBU that is willing to respect, support and listen to the HSR;
- Have an interest in health and safety and representing their workgroup;
- Be able to liaise and assist other HSRs, management and the health and safety team in their roles; and
- Be included in risk management decision making processes.

Elections for HSRs

DHBs and unions agree that HSRs must be elected by the workers. Each DHB should have a clear election process agreed with its workers and their representatives. All workers can stand for election. The names of the elected HSRs should be clearly communicated to the workers in the workgroup.

Powers and functions

An HSR is not expected to know everything about workplace health and safety, or to take the overall responsibility for health and safety in their workgroup. The powers and functions of an HSR are set out in the Health and Safety at Work Act 2015 (the "Act") Schedule 2 Section 1 - 9 Functions of
health and safety representatives.

The DHBs obligations in relation to an HSR are also set out in the Act Schedule 2 Section 10 Obligations of PCBU to health and safety representative.

Health and safety committees

Health and safety committees (HSCs) are a formal mechanism for resolving local issues that cannot be resolved between workers (or HSRs) and their managers. They are typically the first escalation point to manage risks or resolve workgroup issues. HSCs support the ongoing improvement of health and safety across the workplace.

DHBs should engage with its workers and the relevant unions on the structure and makeup of the HSCs. In most cases, HSCs should be aligned to the workgroups agreed to by the DHB and its workers, however, multiple workgroups might logically combine into one HSC.

The rules regarding the constitution, functions and powers of an HSC are set out in the Act 2015 Schedule 2 Section 20 Functions of health and safety committee.

Other ways of engaging with workers

From time to time, DHBs may engage with workers outside of the formal HSR or HSC structures. These may include whole workforce discussions, or by calling together project or focus groups. DHBs and unions will work together to ensure these mechanisms of engagement and participation are effective.

Health and safety training for all

DHBs and unions recognise that for their health and safety system to operate effectively, each party requires a level of health and safety knowledge. DHBs are committed to providing health

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and safety training for all workers, including specific training for managements and HSRs. Unions are committed to providing health and safety training to union officials and delegates.

Health and safety representative training

HSRs have a 2-day annual entitlement to training. For HSRs in the first year of their term, DHBs and unions will promote the training to unit standard for NZQA 29315. HSRs are able to choose their training provider and course in consultation with the DHB. Unions support this training being provided by WorkSafeReps.

After the first year of the HSRs term, DHBs and unions will work with the HSRs to identify effective training opportunities that will build their capability under the Occupational Health and Safety subfield of the NZQA framework. HSRs can also request additional training.

Measuring progress

A WPA should build in measures to assess whether it is operating effectively. Such measures of success should include:

- Managers demonstrate an understanding of their role and responsibility with respect to health and safety and how to effectively engage with workers and HSRs
- Workgroups have been determined for all work areas and work types
- HSRs have been elected for all workgroups and have been trained for their roles
- HSRs have time allocated as part of their role to undertake their functions
- Workers know who their HSR and representatives on their HSC are
- Worker feedback confirms positive engagement on health and safety

Additional measures of success can be found in the Worker Engagement, Participation and Representation Good Practice Guidelines.

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Hazardous Substances Group Operating Procedure

Unique Identifier	[Category]
Document Type	Procedure
Risk of non-compliance	May result in significant harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board (ADHB)
• Directorate(s)	All
• Department(s)	All
• Used for which patients?	NA
• Used by which staff?	All
• Excluded	NA
Keywords	Hazardous Substances, Certified Handler, Test Compliance, Flammable, Corrosive, Toxic, Oxidiser, Ecotoxic, HSNO.
Author	Auckland DHB Occupational Health and Safety
Authorisation	
• Owner	Chief Health Professions Officer
• Delegate / Issuer	Director Occupational Health and Safety
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Review frequency	2 yearly

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1. Background

1.1 Purpose

This Group Operating Procedure (GOP) outlines how the Auckland DHB will manage the identified key risk of Hazardous Substances to ensure the safety and security of workers and compliance to meet the requirements of the regulations.

Due to the nature of this work, the handling of hazardous substances needs to be provided with additional organisational support, management, training and instruction to deal with workplace-related risks, as well as ensuring that managers are provided with clear instruction and workers are being enabled and empowered to take responsibility for their safety.

The purpose of this document is to establish a minimum standard that shall be adhered to in all areas of Auckland DHB when handling a hazardous substance, the risk that a hazardous substance presents to a person's health or safety and the requirements of facilities in which hazardous substances are stored.

There are many different work and storage environments, which involve the use of hazardous substances, so Directorate managers are encouraged to build upon the minimum requirements as outlined in this procedure.

This procedure is written to comply with the Health and Safety at Work Act 2015, the Health and Safety at Work (Hazardous Substances) Regulations 2017, the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 and the latest guidance provided by WorkSafe New Zealand. In those instances, where applicable, relevant Australian and New Zealand Standards have been referenced.

1.2 Scope

This GOP is applicable to all Auckland DHB Business Units, Contract Sites and contractors engaged by the Auckland DHB. This document serves as a minimum requirement and is subject to the additional requirements of legislation, other PCBU's or plant manufacturers.

2. Roles and Responsibilities

2.1 The Chief Executive is responsible for:

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

2.2 Director of the Directorate / Service Clinical Director are responsible for:

- Ensuring that the GOP is implemented within their respective directorates and adequately monitored and enforced;
- Ensuring that directorate processes build upon these minimum requirements where deemed appropriate;
- Escalating where it is not possible to implement adequate control measures.

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2.3 Operational Managers are responsible for:

- Implementation of this GOP;
- Ensuring that risk assessments are performed for all hazardous substances handling, storage and other associated operations involving hazardous substances, including those used by contractors;
- Ensuring that all reasonably practicable control measures are identified and implemented;
- Providing workers with suitable and sufficient information, instruction and training in accordance with this GOP and taking all reasonably practicable steps to maintain, and where necessary, improve health and safety standards;
- Escalating, where it is not possible to implement adequate control measures.

2.4 All Contractors/Workers have a responsibility to:

- Ensure their own safety, and that no action or inaction causes harm to any other person;
- Follow the safe systems of work identified when handling hazardous substances;
- Report any compliance failures, or concerns to their line manager/supervisor, Health and Safety Representative and/or Occupational Health and Safety Department;
- Report incidents, accidents and near misses;
- Attend training as required.

2.5 The Occupational Health and Safety team has the responsibility to:

- Provide advice and support to managers regarding the implementation of this GOP;
- Provide the organisation with data and any reports related to hazardous substances as requested;
- Approving and maintaining a register of approved providers of services relating to hazardous substances;
- Monitor the effectiveness of this GOP;

2.6 Definition of a Hazardous Substance:

A Hazardous Substance is defined in the Hazardous Substances and New Organisms Act 1996 (HSNO) as a substance that is:

- Explosive (Class 1)
- Flammable (Class 2,3 & 4)
- Oxidiser (Class 5)
- Toxic (Class 6)
- Corrosive (Class 8)
- Eco-toxic (Class 9)

A substance may have more than one hazardous substance classification, i.e. it can be a mixture of classes.

Radioactive materials (class 7) are not included in the Hazardous Substances Regulations 2017 and are dealt with separately in the Radiation Safety Act 2016.

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3. Procedural Requirements

3.1 Key Controls for managing hazardous substances

All applicable steps in this GOP shall be followed. However, the following controls are highlighted throughout this document as they are considered key controls to eliminate or minimise the risks of fatalities and serious injuries arising from and including the management of process and facilities hazardous substances:

1. All hazardous substances handled or stored at Auckland DHB must be approved hazardous substances (with the exception of those areas deemed in terms of the Hazardous Substances Regulations and recognised by Auckland DHB Occupational Health Department as a laboratory).
2. All hazardous substances need appropriate emergency management. Emergency management involves preventing accidents and incidents as well as limiting the adverse effects of incidents, should they occur.
3. All personnel who handle and store hazardous substances shall be competent and authorised and will have received training, supervision and instruction that meets the requirements of Part 4.5 of the Hazardous Substances Regulations.
4. Safety Data Sheets (SDSs) for all substances must be present in the work area. SDSs are supplied when a hazardous substance is initially supplied to a work area and must be updated when any change is made to the SDS.
5. Versions of SDSs should not be more than five years old, from the date of last review.
6. Appropriate risk management strategies that meet the requirements of the Hazardous Substances Regulations Part 2 and Part 3.2 , Regulations 5-8 of the General Risk and Workplace Management Regulations will be in place for all hazardous substance activities including hazardous substance waste.
7. An inventory of all hazardous substances used, handled or stored at Auckland DHB including hazardous substance waste must be kept and maintained up-to-date.
8. All containers that contain hazardous substances must be labelled in accordance with Parts 2.1 – 5.5 of the Hazardous Substances Regulations.

Auckland DHB uses Chemwatch as its inventory management system. To access Chemwatch go to **Hippo>MySafety>Occupational Health & Safety>Chemwatch.** For further information and training on Chemwatch contact your Directorate Occupational Health and Safety Advisor.

3.2 Hazardous Waste

Hazardous waste is waste generated from manufacturing and industrial operations that is likely to be, or contain, at least one hazardous substance that is explosive, flammable, oxidising, toxic or corrosive. In other words, waste that comes from work involving a hazardous substance is likely to be hazardous. The Regulations apply to the use, handling and storage of hazardous waste. There is no requirement to have a safety data sheet (SDS) unless it is known that the waste is of the same substance, however:

- hazardous waste must be included in the department's inventory of hazardous substances. This includes a name that best reflects what the waste is, the amount, its location and any specific storage requirements.
- hazardous waste in containers must be correctly labelled. The label must be in English and identify the waste as closely as possible and include relevant hazard pictograms and statements, and contact details of the producer, if known.

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- The department must provide workers with the relevant information, training, instruction and supervision before they carry out work involving hazardous waste.
- The hazardous waste needs to be stored the same as any other hazardous substance with the same classification.
- The risk management for hazardous waste should be the same as for any other hazardous substance.

3.3 Risk Assessment

Risk derived from the handling or storage of hazardous substances must be proactively managed in line with the requirements of:

- The Health and Safety at Work Act 2015
- The Health and Safety at Work (Hazardous Substances) Regulations 2017 which specify technical requirements to manage the risk of working with hazardous substances.
- The Health and Safety at Work (General Risk and Workplace Management) Regulations 2016, which set out a process for managing risks, including the risks that arise from hazardous substances.

The manager or supervisor in charge of the area must undertake the risk assessment of the hazardous substances handled or stored within their area. The risk assessment should address all reasonably foreseeable activities or exposure of persons to that substance including visitors and patients.

3.4 Safety Data Sheets

A safety data sheet (SDS) provides comprehensive information about the properties of a hazardous substance, how it affects health and safety in the workplace and how to manage these risks. An SDS explains how the substance should be safely used, stored, transported and disposed of. It provides first aid information, information about the personal protective equipment that the person handling the substance should wear and what to do in the event of an emergency, such as a spill or fire.

The supplier of a hazardous substance to a workplace must provide a HSNO compliant SDS with their products.
There is also a duty on the PCBU that is being supplied with a hazardous substance to obtain a SDS:

- when the hazardous substance is first supplied. This includes if it is the first time it has been supplied to the workplace in five years.
- when the hazardous substance is first supplied after the SDS has been amended.

A current SDS for each hazardous substance (or a condensed version of the key information from the safety data sheet, for example a product safety card) must be kept with your inventory. It must be read, the risks posed by the substance understood and the appropriate measures put in place to manage them.

The full SDS, or the condensed version, must be readily accessible to people who may handle, or be exposed to, the hazardous substance such as workers and emergency services personnel.

You do not require an SDS when:

- a hazardous substance that is in transit.
- a hazardous substance that is a consumer product to be used in quantities consistent with household use.

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- a hazardous substance in a retailer's premises that is a consumer product **and** is in that workplace only for the purpose of supply to other premises **and** is not intended to be opened on the retailer's premises.
- anhydrous ammonia contained in equipment that forms part of any other equipment in which anhydrous ammonia is used as a refrigerant (unless the quantity of anhydrous ammonia is more than 100 kg).

However, in any of these exclusions there must be provision to make sure that information about the safe use, handling, and storage of the substance is readily accessible to workers.

3.5 Inventory

For each hazardous substance used, handled or stored, the inventory must include:

- the product or chemical name and United Nations (UN) number (if available). If there is a UN number, it will be in section 14 of the SDS. If there is no UN number assigned then the UN number does not need to be included in the inventory.
- the maximum amount likely to be at the workplace.
- its location.
- any specific storage and segregation requirements. See *Section 7: Handling and Storage* of the SDS and *Section 10: Stability and Reactivity*. Section 10 also has information on any incompatible materials or substances.
- an SDS or a condensed version of the key information from the primary SDS.

The inventory must also include hazardous waste. This means waste likely to meet the classification criteria for substances with explosive, flammable, oxidising, toxic or corrosive properties in the Hazardous Substances (Classification) Notice 2017.

For hazardous waste, the inventory must include:

- an identifier describing the waste as closely as possible (e.g. chlorinated solvent waste).
- the maximum quantity of the waste likely to be at the workplace.
- its location.
- any specific storage and segregation requirements for the waste.

Hazardous waste does not require an SDS.

Auckland DHB uses Chemwatch as its inventory management system. To access Chemwatch go to **Hippo>MySafety>Occupational Health & Safety>Chemwatch.** For further information and training on Chemwatch contact your Directorate Occupational Health and Safety Advisor.

3.6 Information, training and instruction

3.6.1 Information

Before workers carry out or supervise work that involves using, handling, manufacturing or storing hazardous substances, they must know:

- about any work with hazardous substances in their work area.
- where to find information about handling and storing substances safely, including (but not limited to) the information found on the SDS.

The method in which this information is given must be effective and appropriate.

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3.6.2 Training and instruction

Before your workers undertake or supervise, any work involving hazardous substances or work around hazardous substances, they must receive training and instruction on:

- the physico-chemical and health hazards of the substances they will handle (in other words, whether the substances are explosive, flammable, oxidising, toxic or corrosive, and what this means for the workers who handle them);
- any procedures for safely using, handling, manufacturing, storing and disposing of the hazardous substances;
- how to safely use the plant (e.g. machinery, tools and equipment, including PPE needed to manage the hazardous substances);
- any other duties or obligations they may have because of the substances they work with;
- what to do in an emergency involving the hazardous substances or that could affect the hazardous substances.

Training needs to reflect the work that the worker will carry out.

3.6.3 Supervision

Workers must be supervised with an appropriate level of supervision to protect them from the risks associated with their work when they:

- use, handle, manufacture or store hazardous substances;
- operate, test, maintain, repair or decommission plant used to store, manufacture or handle hazardous substances at the workplace;
- are likely to be exposed to hazardous substances at the workplace.

Where it can be demonstrated (with documentation or certification) that a worker has equivalent previous experience and/or training for their work, there is no requirement to provide the above training and instruction unless it is decided that there is a requirement for refresher training.

3.6.4 Training records

Records must show what training has taken place and when a refresher is needed.

Training records will be required if an inspector, compliance certifier or auditor requests to view them.

It is mandatory to keep records of training and instruction for each worker from 1 June 2018.

3.6.5 Training in other requirements

Information, instruction and training are required for different types of certification and as part of emergency preparation.

Certified handler compliance certificate
Workers need information, training and instruction to become certified handlers, which are required where an area handles certain highly hazardous substances e.g. Class 6.1A, 6.1B.

Approved filler certification
Workers need training and instruction to be certified as approved fillers.

Handling ecotoxic substances
Workers may need to hold special qualifications if they are involved in handling:

- a class 9.1A, 9.2A, 9.3A or 9.4A pesticide, other than a fumigant or vertebrate toxic agent: or
- (b) a class 9.1A, 9.2A, 9.3A or 9.4A plant growth regulator.

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Hazardous substance location compliance certificates
Where workers manage or control a hazardous substance location (HSL), workers must receive information, training and instruction for the substances at the HSL.

Emergency response plans
Training and information are part of the emergency response plan requirements.

The emergency response plan shall provide information about any special training that any person identified in the plan needs to have to deal with emergencies involving any substances in your workplace.

The plan also needs to show how to find information about the properties of hazardous substances that could be involved in an emergency and how to control these substances.

3.7 Emergency response

Where hazardous substances are stored, used or handled in a workplace there must be an emergency response plan prepared. The plan must be appropriate to the amount(s) and type(s) of hazardous substance handled, used or stored in that area.

The emergency response plan must describe and apply to all reasonably foreseeable emergencies that may arise from a breach or failure of the controls on any hazardous substance present or likely to be present, at the workplace.

The emergency response plan must, for each reasonably foreseeable emergency:

- describe the actions to be taken to warn people at the workplace, and in surrounding areas that may be adversely affected by the emergency, that the emergency has occurred; and
- advise those people about the actions they should take to protect themselves; and
- help or treat any person injured in the emergency; and
- manage the emergency so that its adverse effects are:
    - restricted to the area initially affected; and
    - reduced in severity as soon as practicable; and
    - eliminated, if reasonably possible; and
    - re-establish the controls put in place in respect of the hazardous substances at the workplace, including the use of protective equipment or chemical agents (for example, neutralisers or absorbents); and
    - identify each person with responsibility for the actions described in paragraph or any part of any of those actions and give information on how to contact the person, any skills the person is required to have, any special training needed to deal with an emergency involving the substance and any actions the person is expected to take.

The plan must specify:

- how to obtain information about the hazardous properties of, and means of controlling, the substance or substances that may be involved;
- actions to be taken to contact any emergency service provider;
- the purpose and location of each item of equipment or facilities to be used to manage the emergency;
- how to decide which actions to take;
- the sequence in which actions should be taken.

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The plan must provide:

- an inventory of hazardous substances present at the workplace; and
- a site plan that shows the physical position of all hazardous substance locations within the boundary of the workplace (if applicable).

The emergency response plan must:

- specify the type and location of the fire extinguishers provided in accordance with regulation 5.3, and any extra fire-fighting equipment or facilities provided, if any of the reasonably foreseeable emergencies identified in the plan is a fire;
- must provide for the retention of any liquid or liquefied oxidising substance or organic peroxide to prevent it from contacting any incompatible substance.

For areas deemed a Hazardous Substance Location there is an expectation that the Emergency Response Plan is communicated to and reviewed by Fire and Emergency New Zealand (FENZ).

3.8 Labelling

All containers that contain a hazardous substance must be labelled. This means:

- keeping the manufacturer's or importer's label on original containers of hazardous substances
- labelling workplace containers
- providing information about substances in transportable containers.

The label must be legible, written in English, and have all the information required for the type of container and substance.

The following workplace containers must be labelled:

- small portable containers for substances that are decanted or transferred from their original containers;
- containers of hazardous waste

In a workplace, so far as reasonably practicable, hazardous substances in their original containers need to retain the manufacturer's or importer's label and that these need to be maintained in a legible condition.

3.8.1 Workplace labels

When a substance is decanted from its original container the new container must be labelled. The information included on the label depends on the type of container. All labels must be written in English.

Information on labels

Most labels have some common features. Importer and manufacturer labels generally have all of the features listed below, but the workplace labels listed above can be a simpler version. Labels can include:

hazard statements

hazard pictograms

signal words

precautionary statements

other information, including response, storage and disposal statements.

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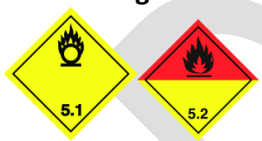
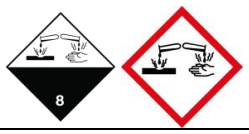
3.8.2 Hazard pictograms

Hazardous substances are put into classes depending on their hazardous properties.

On signs and labels, two types of pictograms (symbols) show the class a substance belongs to:

- GHS (Globally Harmonised System of Classification and Labelling of Chemicals) pictograms, or
- Transport of Dangerous Goods pictograms.

Figure 1: Hazardous Substances Pictograms GHS and Transport of Dangerous Goods

Class	Subclass	Description
2: Flammable gases & Aerosols	2.1.1 A, B	Flammable gas
	2.1.2 A	Flammable aerosol
3: Flammable liquids	3.1 A, B, C, D	Flammable liquid
	3.2 A, B, C	Liquid desensitised explosive
4: Flammable solids	4.1.1 A, B	Readily combustible solid
	4.1.2 A, B, C, D, E, F	Self-reactive solid
	4.1.3 A, B, C	Desensitised explosive
	4.2 A, B, C	Spontaneously combustible
	4.3 A, B, C	Dangerous when wet
5: Oxidising substances 	5.1.1 A, B, C	Oxidising liquid/solid
	5.1.2 A	Oxidising Gas
	5.2 A, B, C, D, E, F, G	Organic Peroxide
6: Toxic	6.1 A, B, C, D, E	Acute Toxicity
	6.3 A, B	Skin Irritant
	6.4 A	Eye Irritant
	6.5 A, B	Respiratory/contact sensitiser
	6.6 A, B	Mutagen
	6.7 A, B	Carcinogen
	6.8 A, B, C	Reproductive & development
	6.9 A, B	Target organ or systemic
8: Corrosive 	8.1 A	Metal corrosive
	8.2 A, B, C	Skin corrosive
	8.3 A	Eye corrosive
9: Ecotoxicity	9.1 A, B, C, D	Aquatic ecotoxic
	9.2 A, B, C, D	Soil ecotoxic
	9.3 A, B, C	Vertebrate ecotoxic
	9.4 A, B, C	Invertebrate ecotoxic

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3.8.3 Hazardous waste

Hazardous waste that is reasonably likely to be or contain a substance that meets one or more of the classification criteria for substances with explosive, flammable, oxidising, toxic and/or corrosive properties under the Hazardous Substances (Classification) Notice 2017 must be labelled.

Hazardous waste can be a mixture of different hazardous substances that cannot be separated back into the original substances. For this reason, the waste must be identified in a way that reflects its nature as closely as possible (e.g., flammable waste). The label must provide details about its producer, and a hazard pictogram and hazard statement.

3.9 Signage

Where hazardous substances are stored over specific amounts, signage must be displayed to inform workers, other people and emergency services what hazardous substances are present and to inform them of the associated hazards.

Signage must:

- Be in English and readily understandable;
- Not contain abbreviations and acronyms unless people commonly understand them and that the term in full is used at least once on the sign;
- All information must be clearly visible and legible from a distance of no less than 10m in varying conditions (e.g. in the rain or changing light)
- Are made of durable materials that are resistant to sunlight and require minimal maintenance.

3.9.1 Placement of signs

Signage must be placed in areas that make it clear to all persons what type of hazardous substances are present and where they are located on the worksite.

As a general rule if hazardous substances are (see Figure 1):

- in a room, put a sign at the entrance to the room
- in a building, put a sign at every entrance to the building
- in a building on your land, put a sign at every entrance to the land
- outdoors, put a sign immediately next to the storage area

3.9.2 Content of signs

Signs present information about safety and the immediate response to take in an emergency.

Key features:

- A warning that hazardous substances are present – this must use the words: EXPLOSIVES for class 1 substances or HAZCHEM for class 2, 3, 4, 5, 6, 8 or 9 substances on signs outside rooms or compartments inside buildings.

- A description of the hazardous property and general type of hazard of the substances that are present. The hazardous property means the class of the substance, represented by pictograms and/or a hazard statement (e.g. flammable liquid).

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- The general type of hazard means the substance subclass, represented by pictograms or a hazard statement (e.g. dangerous when wet).
- Precautionary measures to prevent the hazards of explosives, flammables and oxidisers or organic peroxides.
- The immediate emergency response action.
- The sign contains no additional instruction such as PPE, authorised persons.

Where flammables, oxidisers, toxics or corrosives are present on a worksite in volumes that trigger the requirement for a test compliance certificate, the emergency response action can be represented by the HAZCHEM code.

Figure 1 Example Placement of signage

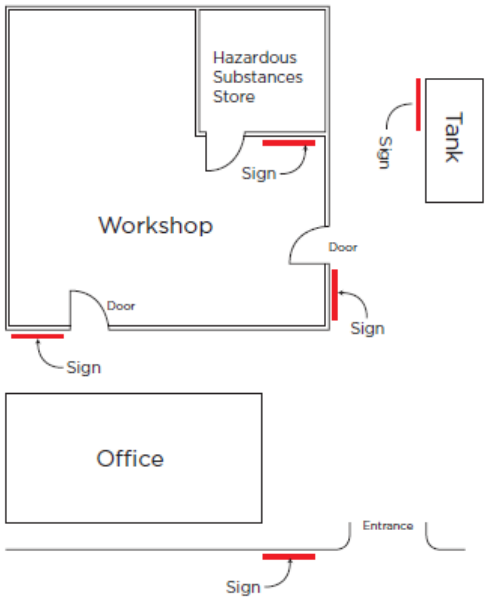

FIGURE 1:
Where signs should be placed at a site

3.9.3 Signs for substances in buildings

Where hazardous substances are present in quantities above the threshold for displaying signs in a building (but not a dedicated room or compartment in that building), the sign must state:

- that hazardous substances are present
- the general type of hazard of each hazardous substance presents
- the immediate emergency response action – the first action in an emergency

Signage must be displayed at every vehicular and pedestrian entrance:

- to the building
- to the land where the building is located.

3.9.4 Substances in a dedicated room or compartment in a building, or in an outdoor area

When there are hazardous substances in a dedicated room or compartment in a building or an outdoor area at your workplace, your signs must include:

- a warning that hazardous substances are present – use the word 'HAZCHEM' for class 2, 3, 4, 5, 6, 8 or 9 substances or 'EXPLOSIVES' for class 1 substances
- the general type of hazard of each substance – use hazard pictograms or hazard statements reflecting the classification of the substance

- the immediate response action to take in an emergency involving the substances.

The signs must also include precautionary statements to prevent:

- unintended explosion for explosives (e.g. explosion risk in case of fire)
- unintended ignition of the substance for flammables (e.g. no smoking)
- unintended combustion, acceleration of fires, or thermal decomposition for oxidisers or organic peroxides (e.g. keep away from sparks).

Signs must be displayed:

- at each entrance to the room or compartment
- immediately next to the outdoor area.

3.10 Person in Charge of Hazardous Substances

A Person in Charge (PiC) of hazardous substances must be appointed to each area where hazardous substances are stored, used or handled.
The PiC:

- is in charge of all hazardous substances contained within the area, department, workshop, hazardous substance location, room, laboratory area etc. assigned to them.
- may nominate any appropriately trained person to be in charge in their absence.
- must be treated as an individual who holds a controlled substance licence for the possession of substances that require a controlled substance licence.

Being in charge of the hazardous substances contained within the designated area means the PiC must ensure that:

- any approved hazardous substance is handled, used and stored in accordance with Parts 9 to 13 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.
- any unapproved hazardous substance is handled, used and stored in a way in which a similar quantity of an approved hazardous substance within similar hazardous properties and equivalent degrees of hazard would be under the applicable provisions of Parts 9 to 13 (laboratories only).
- there is an emergency response plan and inventory in place.

Workers are provided with the following information before handling a hazardous substance:

- Ensure that those workers handling hazardous substances have completed an Auckland DHB approved hazardous substance awareness training course;
- procedures to prevent the contamination of any equipment, clothing or part of the work area;
- if the substance is an approved hazardous substance, procedures to ensure that persons in the area are not exposed to more than the prescribed exposure standard (if any) for that substance;
- if the substance is not an approved hazardous substance, the method of management required under regulation 18.10(1) and (3) (Laboratories only).
- the disposal requirements for the substance set out in the Hazardous Substances (Disposal) Notice 2017.
- the actions required under the emergency response plan in the event of an accident or accidental exposure to the substance.

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The PiC should also ensure that:

- workers are trained in the correct use, storage and maintenance of personal protective equipment and respiratory protective equipment
- workers are trained in the correct operation, storage and maintenance of any other required equipment
- information on hazardous substances is made available (i.e. SDS/Standard Operating Procedure/Safe Method of Use) and that all precautions are in place.

3.11 Certified handler

A certified handler is someone who has a current compliance certificate to show that have received the information, training and instruction that they need to handle highly hazardous substances.

A certified handler is required for any amount of substances requiring a controlled substance license or where Class 6.1A or 6.1B substances are stored, used or handled.

3.12 Secured when unattended

Highly hazardous substances must be secured when unattended to prevent them from being accessed by unauthorised persons (see Appendix 1)

3.13 Location Compliance Certificate

A current compliance certificate is required at hazardous substance locations where flammable, oxidising, toxic or corrosive substances are stored or used and the amount of substance is over the amounts described in Appendix 2. If no specific amount is listed for open or closed containers then the amount is the same whether the substance is in an open or closed container. Only test certifiers who appear on the Auckland DHB approved hazardous substance service providers register can be engaged to undertake certification

3.14 Commissioning a Hazardous Substance Location

The regulations require that where a hazardous substance location has been established to notify WorkSafe New Zealand of the hazardous substance location before it is commissioned.

Time frames (before commissioning):

Hazardous Substance Location (excluding LPG)	at least 30 days
Hazardous Substance Location (where LPG is to be located)	at least 5 working days

3.15 Tracking hazardous substances

If an area holds any amount of a substance with one or more of the following classifications that substance will require tracking:

- 3.1A, 3.2A
- 4.1.2A, 4.1.2B
- 4.1.3A
- 4.2A
- 4.3A
- 5.1.1A
- 5.2A, 5.2B
- 6.1A, 6.1B

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3.16 Stationary Container

3.16.1 Stationary container system with a stationary tank

Stationary tanks are used for storing or supplying hazardous liquids, and are normally located at specific places. Stationary tanks include:

- all parts and materials that help to maintain the structure and integrity of the tanks
- any means of closing the tanks (e.g. a lid or fitted cover)
- any component of the tanks intended to protect the contents of the tank from harm (e.g. lightning protection), and
- any other components that are integral parts of the tanks (e.g. liquid height indicators, heating coils, or internal valves).

3.16.2 Stationary container system with a process container

Process containers are stationary containers that hold a hazardous substance during manufacture or use (e.g. a mixing container, reaction vessel, distillation column, drier or dip tank).

3.16.3 Types of compliance certificates

It must be established if an area requires one or both of a stationary container system compliance certificate and a location compliance certificate for a tank or process container.

3.16.4 Requirements for stationary tanks

A stationary container system compliance certificate is required for your tank if it is:

- a below-ground tank (including tanks that are covered by earth or other material) holding more than 250L
- an above-ground tank, holding more than 2,500L of class 3.1A and 3.1B substances (e.g. petrol or solvents)
- an above-ground tank, holding more than 5,000 L of substances other than class 3.1A or 3.1B (e.g. diesel, caustic soda or corrosives)
- an above-ground tank, holding more than 500L of gas used with a vaporiser dispenser
- a tank that provides fuel to an oil burning installation which has a capacity greater than: 500L for a class 3.1D substances (e.g. diesel and waste oil) supplying an internal combustion engine
- 50L for class 3.1A, 3.1B and 3.1C substances supplying an internal combustion engine
- 60L for class 3.1 flammable substances supplying a burner
- a tank that provides fuel to an oil burning installation with a service tank.

3.16.5 Requirements for process containers

A stationary container system compliance certificate is required for your process container if it is:

- below ground (including process containers that are covered by earth or other material) of any size
- above ground, greater than 250L and intended for use with a hazardous gas, or
- above ground, greater than 1,000L and intended for use with a hazardous liquid.

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3.17 Laboratories

Areas classified as a laboratory (as defined in Part 18 of the Regulations) are to meet the requirements of Part 18 of the Health and Safety at Work (Hazardous Substances) Regulations 2017. The requirements apply to laboratories that use hazardous substances for research and development, analytical testing and teaching providing **none** of the substances, or any substance created from their use, is sold by the laboratory, except under certain circumstances.

Auckland DHB laboratories are required to follow the Auckland DHB Standard Operating Procedure for laboratories the fall under this Group Operating Procedure.

3.18 Procurement of hazardous substances or hazardous substance containing products

Before introducing any new hazardous substance or a product containing a hazardous substance to Auckland DHB , submit it for approval to Auckland DHB Product Management Committee. If the substance requires a Certified Handler, the appropriate Certified Handler must be consulted and training must be given appropriate to the substance prior to it being introduced.

The Committee will require:

- A current (no older than 5 years) New Zealand compliant SDS.
- Product name and chemical name of substance(s) contained.
- Name, address and contact number for New Zealand supplier.
- The Class of substance e.g. Class 3.1, Class 5.1A, Class 8.2 etc.
- Size of the container(s) product is supplied.
- The likely maximum amount to be stored and handled.
- Storage location and type, e.g. flammable cabinet, secured area.
- How would the substance or residual substance be disposed of.
- Documented statement on how the substance, if introduced to Auckland DHB, will be safely managed in line with this GOP including the appointed Person in Charge details.

3.19 Contractors

All contractors bringing on to an Auckland DHB campus a hazardous substance shall have as a minimum safety management processes that ensure that those hazardous substances meet the requirements of the regulations and present no risk to the health or safety of the contractor, Auckland DHB staff, its patients and visitors to an Auckland DHB campus.

As a minimum, a contractor shall have in place prior to bring a substance on site:

- A Site Specific Safety Plan or similar that details how that substance is safely managed.
- An SDS for all hazardous substances introduced on site.
- Appropriate Emergency Response Plan for any likely emergency event involving that substance including, but not limited to fire, spill, contamination, fume and vapour management, ingestion and environmental exposure.
- Where a substance is classed as ecotoxic the Emergency Response Plan shall include environmental risk management.
- Evidence that they have received appropriate training, instruction, information and supervision that fulfils the requirements, where appropriate of section 3.6 of this GOP.

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4. Definitions

Approvals and approval numbers	If you are importing, manufacturing or using *hazardous substances*, they must be approved under the Hazardous Substances and New Organisms (HSNO) Act 1996. Once they are approved they are given an approval number and a set of controls that people using the substances need to follow to help manage the *risks* associated with the substance. The approval number will be found in Section 15 (the Regulatory Section) of your *safety data sheet* and will be of the format HSR00XXXX. Most domestic and workplace *hazardous substances*, other than pesticides, are approved under a group standard approval. An example of a group standard approval number is HSR002662 Surface Coatings and Colorants (Flammable).
Approved filler	An approved filler is someone who has the necessary training, knowledge and skills to fill gas containers safely and has obtained an approved filler *compliance certificate* from a *compliance certifier*.
Certified handler	A certified handler is someone who has specific knowledge and experience on how to use particular very *hazardous substances* safely. This person needs to apply to a *compliance certifier* to get an approved handler *compliance certificate*.
Classification	The properties of a substance are classified according to their *hazards*. Based on the classification, *controls* are put in place to manage the risks that arise from these hazards.
Compliance certificates	Compliance certificates are a type of certification issued by *compliance certifiers* to show that users of *hazardous substances* have appropriate *controls* in place or have the appropriate knowledge and training. You might need a compliance certificate for people, locations or equipment.
Compliance certifier	A compliance certifier is an independent service provider approved by WorkSafe to issue *compliance certificates*. You can find a list of compliance certifiers on the WorkSafe website: worksafe.govt.nz
Controlled substance licence	A controlled substance licence (CSL) is required to possess certain explosives, vertebrate toxic agents and fumigants. To obtain a CSL, a person must be a certified handler and a fit and proper person to possess the substance concerned.
Controls	Controls are rules put in place to prevent or manage the adverse effects of *hazardous substances*. The controls for substances differ depending on their hazard *classification*.
Dangerous goods	The term 'dangerous goods' is used internationally to describe the goods covered by the United Nations Recommendations on the Transport of Dangerous Goods Model Regulations. Dangerous goods are not exactly the same as *hazardous substances*. For example, radioactive materials and infectious substances are also considered to be dangerous goods but are not classified as *hazardous substances*. Additionally, some substances that cause skin irritation are *hazardous substances* but not dangerous goods.
Emergency response plan	An emergency response plan is a written document that covers what will be done and who is responsible for each task in an emergency involving *hazardous substances* at your workplace.
Globally Harmonized System (GHS) of Classification and Labelling of Chemicals	The Globally Harmonized System of Classification and Labelling of Chemicals (GHS) is a single internationally agreed system of *hazardous substance classification* and hazard communication through labelling and *safety data sheets* (SDS). GHS has been adopted by many countries around the world and the classification and labelling system will be seen more often. The *HSNO* classification system currently in use in NZ is based on the GHS system.

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Hazard	A hazard is any source of potential damage, harm or adverse effect (including health effects).
Hazardous area	A hazardous area surrounds a place where flammable substances are used or stored and flammable vapours may be present. Within these areas, special precautions need to be taken to prevent unintended ignition so that a fire or explosion does not occur.
Hazardous substances	A hazardous substance is a substance classified as having one or more of the following properties: • an explosive nature, including fireworks • flammability, for example, petrol, turps, LPG, diesel • ability to oxidise, accelerate a fire, for example hydrogen peroxide • corrosiveness, for example, caustic drain cleaner
Hazardous substance location	A hazardous substance location (HSL) is a place where specific *controls* are put in place in order to safely store certain *hazardous substances* above specified amounts. You must establish an HSL (or hold the substances in a transit depot) if you hold tracked substances in a place for more than 2 hours or if you hold untracked substances in a place for more than 24 hours. You will need a *location compliance certificate* for some HSLs.
HSNO	HSNO refers to the Hazardous Substances and New Organisms Act 1996 and supporting regulations. Under HSNO, the Environmental Protection Authority (EPA) approves substances and sets environmental controls top of the supply chain controls for manufacturers and importers for matters such as packaging and disposal or the content of labels or *safety data sheets (SDSs)*.
HSWA	HSWA refers to the Health and Safety at Work Act 2015. The main purpose of HSWA is to provide a balanced framework to ensure the health and safety of workers and others.
Incompatible substances	Incompatible substances are substances that must be kept away from each other to prevent them from mixing and causing a fire or explosion or any other potentially harmful chemical reaction, such as production of toxic fumes.
Inventory	An inventory is a list of all *hazardous substances* used, handled, manufactured and stored at your workplace.
Location compliance certificate	A location compliance certificate certifies that the place where *hazardous substances* are used and stored is safely managed, according to the rules. *Compliance certificates* are issued by *compliance certifiers*.
PCBU	This is the abbreviation for Person Conducting a Business or Undertaking. The PCBU is a key duty holder in workplace health and safety, and may be an organisation (e.g. a company), or a person (e.g. a sole trader). A business is an activity carried out with the intention of making a profit or gain. An undertaking is an activity that is non-commercial in nature, such as a not-for-profit group.
Personal protective equipment (PPE)	PPE is used to handle *hazardous substances*. It can include respiratory protective equipment (RPE). As the PCBU, you must make sure that suitable PPE is provided to your workers, that it fits them, and that it is properly maintained.
Regulations	Regulations are rules that must be complied with under a specific Act, such as the Health and Safety at Work Act 2015.
Risk	Risk is the combination of the likelihood of adverse effects occurring and the magnitude of the effects, if they were to occur.
Safety data sheet (SDS)	A safety data sheet includes information about how to safely use and store a *hazardous substance*, first aid information and what to do in an emergency. Safety data sheets must be provided by your supplier when you purchase a *hazardous substance* for the first time.
Secondary containment (bunding)	A secondary containment system ensures that liquid substances (or liquefiable substances) can be contained if they leak or spill from the container in which they are stored. The system should also enable recovery of a spilled substance.
Stationary container system	A stationary container system is a fixed tank and its associated pipework and

	fittings. If you have a stationary tank containing a gas or a liquid hazardous substance you may need a stationary container system compliance certificate. This certifies that your tank is safe and complies with the rules.
Test station	Test stations are authorised to inspect and test gas cylinders.
Tracking	Tracking refers to recording what happens to very *hazardous substances* from their manufacture through to use and/or disposal.

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Legislation

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Health and Safety at Work (Hazardous Substances) Regulations 2017
Health and Safety at Work (General Risk and Workplace Management) Regulations 2016

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6. Appendix 1: Amounts of substances that must be secured when unattended

Highly hazardous substances or large amounts equal to, or over, the amounts in the table below must be secured from people not permitted to have access to them when they are unattended.

Hazard of classification (HSNO) of substance	Substance must be secured when amount is equal to or over the amounts below
2.1.1A	100 kg (non-permanent gas) or 100 m^3 (permanent gas) permanent gas
2.1.2A	3,000 L (aggregate water capacity)
3.1A	Any amount
3.1B	250 L when in containers of more than 5 L or 500 L when in containers less than or 5 L in size
3.2A	Any amount
3.2B	100 L
4.1.1A	100 kg
4.1.2A, 4.1.2B	Any amount
4.1.2C, 4.1.2D	25 kg
4.1.2E, 4.1.2F	50 kg
4.1.3A	Any amount
4.1.3B	100 kg
4.2A	Any amount
4.2B	100 kg
4.3A	Any amount
4.3B	100 kg
5.1.1A	Any amount
5.1.1B	500 kg or 500 L
5.1.1C	1,000 kg or 1,000 L
5.1.2A	250 kg or 200 m^3
5.2A, 5.2B	Any amount
5.2C, 5.2D, 5.2E, 5.2F	10 kg or 10 L
6.1A, 6.1B	Any amount (must be either under the personal control of a certified handler or secured)
6.1C	Any amount (except for classes 1.1C (UN 0160) and 1.3C (UN 0161)
Anhydrous ammonia (HSNO approval number HSR001035)	100 kg
6.7A	10 kg or 10 L
8.2A	Any amount

Appendix 2: Location Compliance Certificates

A current compliance certificate is required at hazardous substance locations where flammable, oxidising, toxic or corrosive substances are stored or used and the amount of substance is over the amounts in the table below. If no specific amounts are listed for open or closed containers then the amount is the same whether the substance is in an open container or a closed container.

Hazard classification (HSNO) of substance	Location compliance certificate needed when have amounts of substance over those below
2.1.1A , 2.1.1B	100 kg or 100 m^3 for a permanent gas
2.1.2A	3,000 L (aggregate water capacity)
3.1A	20 L
3.1A **(petrol, aviation gasoline, and racing gasoline)**	50 L
3.1B	**Closed containers** 100 L (in containers more than 5 L in size) or 250 L (in containers 5 L or less in size) **Open containers** 50 L
3.1C	500 L (in containers more than 5 L in size) or 1,500 L (in containers 5 L or less in size) **Open containers** 250 L
3.2A, 3.2B, 3.2C	1 L
4.1.1A	1 kg
4.1.1B	100 kg
4.1.2A, 4.1.2B	1 kg
4.1.2C, 4.1.2D	25 kg
4.1.2E, 4.1.2F, 4.1.2G	50 kg
4.1.3A, 4.1.3B, 4.1.3C	1 kg
4.2A	1 kg
4.2B, 4.2C	25 kg
4.3A	1 kg
4.3B	25 kg
4.3C	50 kg
5.1.1A	50 kg or 50 L
5.1.1B	500 kg or 500 L
5.1.1C	1,000 kg or 1,000 L
5.1.2A	100 kg non-permanent gas or 200 m^3 permanent gas
Oxygen in discrete cylinder or tank – HSR001029	200 m^3
Chlorine – HSR1001058	150 kg
5.2A, 5.2B	10 kg
5.2C, 5.2D	25 kg
5.2E, 5.2F	100 kg
6.1A	50 kg or 50 L
6.1B	250 kg or 250 L
6.1C	1,000 kg or 1,000 L
8.2A	50 kg or 50 L
8.2B	250 kg or 250 L

Hot Works Group Operational Procedure

Unique Identifier	[Category]
Document Type	Procedure
Risk of non-compliance	May result in significant harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board (ADHB)
• Directorate(s)	All
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• Used for which patients?	NA
• Used by which staff?	All
• Excluded	NA
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1. Background

1.1 Purpose

This Group Operational Procedure (GOP) outlines how the Auckland District Health Board will manage the identified key risk of Hot Works to ensure the safety and security of workers, patients and visitors.

For the purpose of this GOP, Hot Work is considered any work that has the potential to create a source of ignition. This may include, but is not limited to, grinding, welding, thermal or oxygen cutting or heating and other related heat or spark producing operations.

The purpose of this document is to establish a minimum standard, that shall be adhered to in all areas of Auckland DHB when managing hot works.

It is taken that there are many different work environments which involve hot works. Hence Directorate managers are encouraged to build upon the minimum requirements as outlined in this procedure.

This procedure is written to comply with the Health and Safety at Work Act 2015, and the latest guidance provided by WorkSafe New Zealand. In those instances, where applicable, relevant Australian and New Zealand Standards have been referenced.

1.2 Scope

This GOP applies to all Auckland District Health Board (DHB) Business Units, Contract Sites and contractors working under Auckland DHB's control. This document serves as a minimum requirement and is subject to the additional requirements of legislation, other Persons Conducting a Business or Undertaking (PCBU) or plant manufacturers.

2. Roles and Responsibilities

2.1 The Chief Executive is responsible for:

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

2.2 Director of the Directorate / Service Clinical Director are responsible for:

- Ensuring that the Procedure is implemented within their respective directorates and that the procedure is adequately monitored and enforced;
- Ensuring that directorate processes build upon these minimum requirements where deemed appropriate;
- Escalating where it is not possible to implement adequate control measures.

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2.3 Operational Managers are responsible for:

- Implementation of this Procedure;
- Ensuring that risk assessments are performed for all Hot Works situations;
- Ensuring that all reasonably practicable control measures are identified and implemented;
- Providing workers with suitable and sufficient information, instruction and training in accordance with this Procedure and taking all reasonably practicable steps to maintain, and where necessary, improve health and safety standards;
- Escalating where it is not possible to implement adequate control measures.

2.4 All Contractors/Workers have a responsibility to:

- Ensure their safety, and that no action or inaction causes harm to any other person;
- Follow the safe systems of work identified when conducting hot works
- Report any compliance failures, or concerns to their line manager/supervisor, Health and Safety Representative and/or Health and Safety Department;
- Report incidents, accidents and near misses;
- Attend training as required;

2.5 The Health and Safety team has the responsibility to:

- Provide advice and support to managers regarding the implementation of this Procedure;
- Provide the organisation with data and any reports related to hot works as requested;
- Monitor the effectiveness of this procedure;

2.6 Health and Safety Advisors / Health and Safety Managers

- Ensuring that this GOP continues to meet the requirements of relevant regional and legislative standards whilst continuing to meet the requirements of the business.
- Conducting inspections, job observations and audits to ensure the requirements of this GOP are being implemented.

2.7 Permit Issuer:

A competent person, who ensures all hazards associated with the proposed job have been identified, assessed and controlled. Maintains records of all issued Permits in the site office.

2.8 Nominated Permit Holders:

Satisfy themselves that they understand the requirements of the permit, be skilled, qualified and competent to perform work, including the use of PPE and rescue plan(s) required for the job.

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3. Procedural Requirements

3.1 Key Controls

All applicable steps in this Group Operating Procedure shall be followed. However, the following controls are highlighted throughout this document as they are considered key controls to eliminate or minimise the risks of fatalities and serious injuries arising from hot works:

1. All personnel required to conduct hot work, to act as a fire sentry or issue hot work permits must be trained, competent and authorised.
2. A hot work permit shall be in place prior to any heat related or spark producing operations being undertaken outside a designated hot work area.
3. Prior to conducting any hot work, all personnel shall review and sign-on to a hot work permit.
4. Prior to and during any hot work in or near a hazardous area, atmospheric monitoring of the space shall be undertaken to ensure a safe atmosphere.
5. Prior to any person conducting hot work, all potentially hazardous energy sources shall be isolated.

3.2 Competent Personnel

Personnel who are involved with hot work activities shall have a good understanding of this procedure and site emergency response procedures, hold the relevant competencies, and be authorised to perform the task.

Personnel who perform prescribed high-risk activities (as defined by legislation) shall have acquired through training, qualifications or experience, or a combination of these, the knowledge and skills required to carry out the task correctly (safely). Operators shall hold the appropriate licence class for the equipment type and be verified as competent (If required).

All personnel who conduct, supervise or authorise hot work activities shall be competent and authorised.

3.3 Risk Assessment

A risk assessment shall be completed for all hot work activities that are to be undertaken at the work site and recorded in writing. The risk assessment shall be reviewed and revised whenever any risks change.

The risk assessment shall consider:

- Type of hot work to be undertaken
- Equipment to be used
- Flammable and combustible materials located near the hot work area
- The type and location of any utilities in the area
- Ventilation of the area – whether natural or mechanical
- Whether any vegetation is close to the hot work area
- Required risk mitigation measures based on the hierarchy of controls
- Need for extended fire watch at the end of the job

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- Emergency response requirements.

The Auckland DHB JSA can be located in Appendix 2.

Responsible Managers/Supervisors shall assess the risks involved and determine the most appropriate method of undertaking the works, all personnel involved in the task shall be included and sign off on the assessment.

3.3.1 General Risk Mitigation Measures

Specific risk mitigation measures for hot works will be dependent on the characteristics of the site and work being undertaken, however, general guidance is as follows:

- Atmospheric testing should be conducted to ensure a safe environment
- Adequate natural or mechanical ventilation to protect workers against exposure to atmospheric contaminants
- All hazardous energy sources should be isolated
- Ignition sources must be avoided when working in hazardous areas or within 15m[1] of flammable goods
- Non-essential workers should be excluded from the area
- Screens and hot work pads should be used to protect equipment from heat, flame, sparks etc.
- Synthetic ropes should be avoided or protected from heat, flame, sparks or hot metal particles
- Signs should be used to warn workers of hazardous activities
- Safe access and egress to the work area should be provided
- Intrinsically safe equipment should be used when conducting hot work in explosive atmospheric conditions
- Sufficient firefighting equipment shall be on hand should a fire break out
- Check local fire restrictions prior to conducting hot works
- Fire Watch shall be established where there is a risk of fire.

The permit will include a risk assessment – where the risk of fire can't be mitigated by the controls (below), then the permit issuing person should contact the ADHB Fire & Evacuation Advisor for guidance.

3.3.2 Hierarchy of Controls

The ways of controlling the risks associated with hot work are ranked from the highest level of protection and reliability to the lowest. This ranking is known as the hierarchy of controls.

In determining the level of controls to put in place to manage and control hot work you should always choose the control that most effectively eliminates or, if this is not reasonably practicable, minimises the risk in the circumstances. This may involve a combination of two of more different controls.

[1] AS1674.1:1997 *Safety in welding and Allied processes p9.*

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3.3.3 Examples of Hot Work Controls

The following list, in order of priority, provides examples of how the hierarchy of controls can be applied:

1. **Elimination** – eliminate the need for hot works to be undertaken, by having materials manufactured off site.
2. **Substitution** – substitute an open flame process for other forms of heating e.g. induction.
3. **Isolation** – involves separation of people from the hazard e.g. use of a barrier to prevent exposure.
4. **Engineering** – equipment or processes that minimise, suppress or contain hazardous chemicals associated with hot works e.g. mechanical ventilation to reduce atmospheric exposure to fumes and vapours.
5. **Administration** – includes safe work practices, procedures or policies e.g. excluding non-essential access to an area where hot works are being conducted.
6. **Personal Protective Equipment (PPE)** – includes protective clothing e.g. welders helmet/mask, leather welder's apron, leather boots etc.

A combination of these controls may be required to adequately manage and control risks associated with hot work.

3.4 Designated Hot Work Areas

Designated hot work areas are areas of the workplace which have been established with the required controls in place to ensure hot works can be safely conducted without the need for a Hot Work Permit. Wherever practical, hot work shall be undertaken within a designated hot work area, such as a welding bay.

Designated hot work areas shall:

- Be isolated using appropriate screens, barricades and warning signs
- Be free from flammable and combustible materials
- Be free from water and damp conditions, and
- Have adequate natural or mechanical ventilation.

If hot work is to be undertaken outside of designated hot work areas, a hot work permit must be issued prior to the work being conducted.

3.5 Hot Work Permit

No person(s) shall conduct hot work outside a designated hot work area unless they have been issued with a Hot Work Permit.

The Hot Work Permit shall be issued by a competent person (Permit Issuer) who is nominated and authorised to issue the permit on behalf of Auckland DHB.

The Hot Work Permit is issued to the Permit Holder. The Permit Holder shall not be the Permit Issuer.

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Each Hot Work Permit only applies to one (1) hot work area and allows one or more person(s) listed on the Permit to conduct the hot work.

The Hot Work Permit remains valid for a maximum of 8 hours unless one of the following occurs, in which case the Permit is immediately terminated:

- Work is completed
- If the person with direct control of the work changes
- Where a break (of greater than 2 hours) in the continuity of work occurs
- Where changes are made to the work that introduce hazards not addressed by the current permit
- Where new risk controls are required, or
- Where an emergency occurs.

The Hot Work Permit shall be displayed in a prominent place to facilitate signing and clearance and shall remain in place until the hot work is completed.

All personnel involved in the hot work shall sign on to the Hot Work Permit prior to conducting any hot work.

Note that other Permits may also require completion, such as a Confined Space Entry Permit and/or a Working at Heights Permit.

The Hot Work Permit shall be retained as a management record.

3.6 Preparation of Hot Work Area

If the hot work is not being conducted in a designated hot work area, then the following precautions shall be considered to make the area safe prior to conducting hot work:

- Screens are required where welding or grinding is conducted at ground level to screen nearby workers from welding flash
- Where there is grasses or other natural vegetation nearby, the area is to be protected by screens and a source of water shall be available for potential spot fires.
- wash down the work area thoroughly to remove any flammable material residues
- protect leads and hoses to prevent trip hazards and damage
- cover cable ladders, electrical equipment and conveyors with fire blankets to prevent hot metal and sparks falling onto them
- isolate any fire systems to prevent false alarms
- barricade areas below where hot work is being conducted above
- signs and barricades shall be erected to prevent entry of persons not involved in the work.

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3.7 Isolation

Prior to any person(s) conducting hot work, all potentially hazardous energy sources shall be isolated and where appropriate locked-out.

Hazardous energy sources may include:

- Electrical energy – e.g. powered pumps, stirrers, rotating parts
- Pressure energy – e.g. high-pressure water, pressurised air, vacuum energy
- Chemical energy – e.g. oxidising chemicals
- Thermal energy – e.g. burners, steam, and
- Mechanical energy – e.g. compression, springs.

Only qualified and competent personnel have authority to isolate energy sources.

In all instances, contact shall be made with the Auckland DHB Facilities department to coordinate any isolation relating to infrastructure

3.8 Safe Atmospheric Conditions

3.8.1 Atmospheric Monitoring

Any hot work undertaken in proximity (less than 15m) [2] to an area where there is potential for a flammable atmosphere to exist, or an area where ventilation cannot be guaranteed, requires atmosphere testing to be performed. This is to be done prior to commencing work, and on a periodic or continual basis when there is a potential for changing conditions. This is to ensure hot work areas are free of flammable or explosive vapour mixtures.

Atmospheric testing of the work area shall be conducted only by a competent person using a suitable, correctly calibrated gas monitor.
Safe atmospheric conditions for hot work are defined as:

Type of atmospheric contaminant	Safe levels of atmospheric contaminant
Flammable vapour	Less than 5% of the lower explosive limit (LEL) of the contaminant
Oxygen (O2)	19.5 – 23.5% by volume under normal atmospheric conditions
Carbon monoxide (CO)	Less than 25ppm
Hydrogen Sulphide (H2S)	Less than 10ppm
Volatile Organic Compounds (such as F-44 and F-76 fuels)	Less than 10ppm
Other contaminants	The level specified in the Safety Data Sheet for that contaminant

[2] AS1674.1:1997 *Safety in welding and Allied processes p9.*

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If any of the above conditions are not met at any time, then the person responsible for the area shall ensure that all work is stopped until conditions are safe to proceed.

The competent person conducting the atmospheric monitoring shall:

- Determine the scope and frequency of testing
- Ensure all gas testing equipment has been calibrated and is in proper working order
- Ensure testing is performed as close as possible to the work area
- Ensure testing is performed just prior to work commencing (and no longer than 2 hours before)
- Conduct continual monitoring if hazardous atmospheres exist, where conditions may change or where the work area is near (less than 15m) flammable materials.

Changing conditions, which may require continual monitoring, can include wind shifts carrying vapours from nearby areas and the heating of chemicals in the sun causing the release of vapours.

Atmospheric test results are valid for a maximum of 8 hours[3] or the duration of the Hot Work Permit, whichever is less.

The results of testing and monitoring shall be recorded on the Hot Work Permit.

3.8.2 Gas Monitor Calibration

Gas testers must be used and selected as per AS/NZS 60079.29.2 'Explosive atmospheres - Gas detectors – Selection, use and maintenance of detectors for flammable gases and oxygen'.
Gas monitors shall be:

- Regularly inspected for possible malfunctions, damage or other deterioration before each use
- Calibrated in accordance with the manufacturer's instructions by a competent person
- Calibration data must be recorded on a maintenance record, and
- Bump tested before each day's use in accordance with the manufacturer's instructions.

3.9 Fire Watch

It is a mandatory requirement to monitor the safety of personnel carrying out open-spark work in a Hazardous Area or where there are potentially combustible materials within 15m of the hot work.

The number and location of Fire Watch personnel must be determined via hazard identification documented within the JSA. The Permit Issuer must also determine special precautions and further considerations of this role, including any specific contractual requirements.

The Fire Watch shall:

- Hold formal qualification / competency in the role/responsibility of a safety watch person (US 17596.)
- Remain within line-of-sight or close proximity to the person(s) performing hot work.

[3] AS1674.1:1997 *Safety in welding and Allied processes p10.*

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- Continuously observe the hot work and watch for fires in all areas, including adjoining areas if heat transfer is possible, confirming that safe conditions are maintained
- Warn of any potential fire conditions, and warn others of associated hazards (e.g. hot metal)
- Instruct hot work to cease immediately in the event of a fire and initiate emergency procedures
- Have adequate fire-extinguishing equipment readily available
- Have appropriate PPE e.g. anti-flash hood, gloves and a vest indicating that they are the designated fire watch
- Hold formal qualifications/competency in the use of firefighting equipment (US 3271)
- Extinguish fires only when obviously within the capacity of the firefighting equipment available
- Establish means of communication with the person performing the hot work to alert them of a hazard (e.g. tap on the shoulder, blow horn etc. Note – this shall be documented on the Hot Work Permit)
- Have available means of sounding the alarm and outside communication
- Maintain active watch for a minimum of 30 minutes after work is completed (including the end or change in shifts) and remain at the ready to observe and act immediately if a fire ignites. This is to ensure that heat has cooled sufficiently so there is no potential for ignition of surrounding materials via heat radiation, conduction or convection, and
- Not leave the area or be distracted whilst hot work is being conducted.
- The Fire Sentry must not have any other duties to perform during this time which might distract them from overseeing the hot work, or require them to be away from the work area.
- The person performing the hot work cannot be the Fire Sentry.

3.10 Emergency Plans

Prior to the commencement of any hot work, the emergency plan for the area shall be reviewed, available and communicated to all workers involved in the hot work to ensure they are well equipped and can respond effectively in case of a fire or an emergency.

If additional fire or emergency equipment is required over and above that available for the area where the hot work is to be conducted, this shall be detailed on the Hot Work Permit and be available prior to work commencing.

All personnel involved in the hot work shall be aware of procedures to (a) raise the alarm in the event of a fire or emergency and (b) to initiate the evacuation of the area if required.

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3.11 Maintenance of Equipment

Any equipment or other devices used for hot work shall be appropriately maintained, in accordance with manufacturer's requirements. This includes periodic certification, calibration, visual checks and inspections, testing of equipment and preventative maintenance.

All firefighting equipment, that is being utilised to control the risk of fire during hot works, must be maintained in accordance with the relevant standards, for example.

Standards New Zealand 2005, Hand Operated Fire-fighting equipment (NZS 4503:2005), viewed 2 May 2019, http://www.standards.govt.nz/

3.12 Completion of Hot Work

The Hot Work Permit shall not be signed off as complete by the Permit Holder, until the work area has been checked and verified that the site has been made safe.

3.13 Training

3.13.1 Hot Works Training Requirements

Any worker carrying out any Hot Works activity shall hold an appropriate trade qualification in the conducting of the hot works related activity to be undertaken. It is the responsibility of the Manager organising hot works activities to obtain evidence of a contractors training and qualifications for the activity before the commencement of work, and to ensure they have completed supplier assessments.

3.14 Monitoring and Review

The on-going application and effectiveness of this procedure shall be monitored and reviewed via the following processes:

- Inspections during the work to ensure hot work requirements are being applied
- Job Observations
- HSE audits

Unless otherwise triggered via an incident, process change, legislative change or another event, this Group Operating Procedure shall be reviewed at least once every two years.

3.15 Records

All Auckland DHB sites shall ensure that hot work related records are maintained in accordance with regulatory requirements, and the Auckland DHB document retention requirements:

- Risk assessments and JSEA's/SWMS/SSSP – 5 years
- Hot Work Permits – 5 years
- Atmospheric Test Results – 5 years
- If a claim is made – for the life of the claim, kept by the Manager
- Training records – for the duration of employment and seven years after finalisation of employment.

4. Definitions

AS/NZS Australian Standard/New Zealand Standard.

Atmospheric Monitoring Atmospheric monitoring means the sampling of workplace atmospheres (or "air") to derive an accurate measure of exposure to a hazardous substance.

Bump Test A bump test is a functional test of a gas monitor. Sensors and alarm indicators are tested, ensuring acceptable performance of sensors and monitor before use. All sensors are challenged with a known quantity of gas, and instrument response is compared to the actual quantity of gas present.

Competent Person Competent person means a person who has acquired through training, qualification or experience the knowledge and skills to carry out the task.

Designated Hot Work Areas Designated hot work areas are areas of the workplace which have been established with the required controls in place to ensure hot works can be safely conducted. Hot works in these areas do not require a Hot Work Permit.

Fire Watch A person whose sole role is to watch the hot work activities to ensure they do not start an uncontrolled fire. The Fire Watch is trained and competent in the use of firefighting equipment.

Hazardous Area An area in which flammable liquids, vapours, gases, combustible liquids, dust, fibres or other flammable or explosive substances may be present.

Hot Work Any work that has the potential to create a source of ignition. This may include, but is not limited to, grinding, welding, thermal or oxygen cutting or heating and other related heat or spark producing operations.

Hot Work Permit Sets out the work to be done, who will perform the work, the work precautions to be taken, and the work conditions to be maintained during the work to be performed. A Hot Work Permit is required for all hot work conducted outside of a designated hot work area.

Ignition Source An ignition source is defined as any fire or spark producing activity, component or piece of equipment (e.g. welding, grinding, saw-cutting concrete etc.).

JSA (Job Safety Analysis): is a form of risk assessment, which details step by step how the task is to be carried out safely. This is sometimes also referred to as a JSEA to include environmental aspects. However both forms can adequately address risk.

Risk Assessment: The process of evaluating the likelihood and consequence of an incident, injury or illness arising from exposure to an identified hazard.

Site Safety Documentation: May include but are not limited to the Site Specific Safety Plan (SSSP), Job Safety Analysis (JSA) and Site-Specific Risk Assessment.

(Hot) Work Permit: A Permit to Work authorises persons to undertake activities which are potentially hazardous in accordance with safe and environmentally sound work practices while maintaining a continuance of services.

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LEL Lower Explosive Limit (LEL) is the lowest concentration (percentage) of a gas or a vapour in the air capable of producing a flash of fire in the presence of an ignition source (arc, flame, heat).

Permit Holder A competent person that is trained and holds a current competency in hot works. The Permit Holder shall be accountable for all work performed under the issued Hot Work Permit. The Permit Holder shall not be the Permit Issuer.

Permit Issuer A competent person that is trained and holds a current competency in hot works, atmospheric gas testing and permit issuing and has been nominated and authorised to issue Hot Work Permits on behalf of the business.

Risk Assessment Is an analysis done to ensure that the hazards associated with a job are identified and controls are put in place to mitigate the risks associated with those hazards. A Job Safety Analysis is a form of risk assessment.

Safe Work Method Statement (SWMS) like a JSEA. A SWMS is a document that:

- Lists the types of high risk work being done
- States the health and safety hazards and risks arising from that work
- Describes how the risks will be controlled, and
- Describes how the risk control measures will be put in place.

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5. References

Safe Work Australia 2016, Model code of practice - Welding Processes, viewed 30 April 2019, https://www.safeworkaustralia.gov.au/system/files/documents/1705/mcop-welding-processes-v3.pdf

Standards New Zealand 2005, Hand Operated Fire-fighting equipment (NZS 4503:2005), viewed 2 May 2019, http://www.standards.govt.nz/

Standards Australia 1997, Safety in Welding and Allied Processes (AS 1674:1997), viewed 28th April 2019, https://www.saiglobal.com/online/

Standards Australia 2004, The storage and Handling of gases in cylinders (AS 4332:2004), https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as4000/4300/4332-2004(+A1).pdf

Standards New Zealand 2017, Explosive Atmospheres Part 29.1: Gas Detectors – Performance requirements of detectors for flammable gas. https://shop.standards.govt.nz/catalog/60079.29.1:2017(AS%7CNZS)/scope?

Standards New Zealand 2009, Gas detectors – Selection, installation, use and maintenance of detectors for flammable gases and oxygen (AS/NZ 60079.29.1:2009) http://www.standards.govt.nz/

Standards New Zealand 2009, Explosive atmospheres Part 10.1: Classification of areas — Explosive gas atmospheres (AS/NZ 60079.10.1:2009)

Legislative references

Health and Safety at Work Act 2015
Health and Safety at Work (General Risk and Workplace Management) Regulations 2016

Relevant Auckland DHB Documents:

Auckland DHB Integrated Management Framework

6. Appendix 1 - Hot Work Permit

Copy To:	**- Manager/Supervisor** **- ADHB / Client** **- Original to be retained**

Date: ..... **Permit No.:** .....

CAMPUS: .....
BUILDING NUMBER & ROOM IDENTIFIER: .....
BEIMS WORK ORDER or PROJECT NUMBER: .....
HOT WORK LOCATION/EQUIPMENT: .....
HOT WORK REQUIRED (Brief job description): ....
Name and Company of Person/s Carrying Out Hot Work: .....
Supervisor/Manager or ADHB representative to authorise Hot Work subject to precautionary measures as specified being undertaken.

Precautionary Measures:

1. The area inspected and hazardous operations/material stopped or removed	YES / NO
2. Atmospheric testing carried out (purging of systems/ Confined Spaces)	YES/NO/NA
3. Cutting/welding equipment in good repair	YES / NO
4. Work area cleared of all flammables and combustibles (minimum 15m of work)	YES / NO
5. Damping down completed	YES / NO
6. Wall/floor opening covered	YES / NO
7. Combustibles protected by fire resistant shields	YES / NO
8. Fire suppression & detection systems deactivated	YES / NO
9. PPE provided	YES / NO
10. Barricades/shields & signage in place	YES / NO
11. Fire watch organised during and 30 minutes afterwards	YES / NO
10a.Name of person acting as fire watch:	
12. Fire protection equipment provided (minimum of two extinguishers)	YES / NO
13. Affected Management advised and approval obtained	YES / NO

The Hot Work as detailed above is approved for the date specified, subject to the following precautionary measures being completed.

DATE: ...../...../..... **APPROVED: YES/NO**

SIGNED: ..... **AUTHORISED PERSON:** .....

COMPANY:.....

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1. Objectives

- To minimise the risk of fire and/or explosion, and the resulting potential injuries to people and damage to property by ensuring that work which incorporates ignition sources is properly controlled.
- To provide guidelines for managing work situations, good practices and follow up where hot work has to take place including the issue of permits to ensure adequate communication to all persons involved.

2. Definition

- Hot work: is work that can generate flames, heat or sparks and includes the following:
  - oxy-acetylene or oxy-propane flame cutting
  - gas welding
  - spot welding
  - brazing
  - electric arc welding
  - soldering
  - use of open flames
  - electric heaters or coils
  - abrasive blasting
  - chipping and grinding using power tools.
- ***Hot work permit:*** is the form that has to be completed prior to commencing any work defined as "hot work". It has to be authorised and lodged with the person in charge of the work.
- ***Competent person:*** a person who has been trained in hot work and the hot work permit system and has been assessed as competent to take responsibility for this type of work.

3. Actions Required

3.1 Preparation for Hot Work

- Inspect equipment before commencement
- Remove any flammable or combustible liquids or flammable gases and relocate at least 20 metres away from the area. Alternatively provide physical barriers to liquids, vapours and gases between the storage and heat source.
- Provide welding screens as required to contain sparks and prevent welding flashes to other personnel in the area.
- If hot work is overhead or above equipment assess the need for temporary cowling, such as heavy-duty rubber belting.
- Ventilate the area to ensure the atmosphere does not contain flammable vapours.
- Sweep floors and wet them down, check walls and horizontal surfaces for collection of dusts and if necessary sweep and wet down as for floors. If the area is outdoors, clear away combustible materials such as vegetation, sawdust, wooden pallets, and soak the area concerned.
- Provide ample fire protection equipment such as fire extinguishers, fire blankets and fire hoses.
- Consider the implication of carrying out hot work in conjunction with other activities, i.e. confined spaces.
- Deactivate automatic fire suppression systems and smoke detection systems.
- Provide access to running water and check there is adequate pressure and reach by hose
- Appoint a person to act as a fire watch.
- Determine the emergency action that might be required.
- Erect the necessary barricading and signage.
- Provide the appropriate personal protective clothing and equipment.
- When the manager or nominated responsible person is satisfied the area is satisfactorily prepared for the work proposed, a Hot Work Permit will be issued, signed by that person and the Company employee or contractor responsible for carrying out the work.

3.2 On Completion of Hot Work

- On completion of the hot work, the person responsible for carrying out the work will inspect the area to ensure it is safe, fill in the completion time on the Hot Work Permit and return it to the person who originally authorised the work. The area must not be left unattended for 30 minutes after completion of the hot work to monitor for of any smouldering debris.
- The manager or responsible person must inspect the work area approximately 60 minutes after the job has been completed to check the area is safe and free from smouldering debris. When satisfied that the area is safe the Hot Work Permit is then signed and filed.

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7. Appendix 2 - JSA

Job Safety Analysis / Safe Work Method Statement Form

JSA is used to identify potential hazards and control measure at the task level by the workers carrying out the work.

Job No		**Job Name**	
Job description:			
Contractor (s) to print name and sign to signify that you have read, understood and accept the control measures defined in this JSA / SWMS:			
Company Name		**Worker Name (s)**	
Signature / Date		**Job Title**	

Type of work (please indicate if permit or approval required by marking "Y" or "N")						
Penetration /drilling		Asbestos work		Other (list below)		
Confined space entry		Electrical work				
Lone worker		Hot work				
PPE requirements as required						
Safety glasses		Dust masks		Barricading/signs		High visibility vest
Face shield		Safety harness		Safety boots		Other (list below)
Respirator		Gloves		Fire extinguisher		

Minimum requirements for the job: Use of appropriate PPE, safety documentation, emergency plan. Work in pairs when working at height.

For further information on work procedures or PPE, refer to:
1. HSWA 2015 requirements
2. AS/ NZS Standards
3. Relevant WorkSafe guides
3. Relevant work procedures
4. ADHB / PAE work instructions

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8.1

REQUIREMENTS: Remember each JSA must be site specific and include all workers in its development			
Activity List the tasks required to perform the activity in the sequence they are carried out.	**Hazards** Against each task list the hazards that could cause injury when the task is performed.	**Risk control measures** List the control measures required to eliminate or minimise the risk of injury from the identified hazard.	**Who is responsible?** Write the name of the person responsible (supervisor or above) to implement the control measure identified.

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8. Appendix 3 – Emergency Rescue plan

This emergency Checklist is to be reviewed:

- Prior to commencing work at a high risk site
- As new job risks are identified e.g. risk of fall
- In conjunction with any other site specific documentation, e.g. SSSP, JSAs, Procedures.

Note: All site workers are to be aware of the location and the implementation process of this plan.

Item	Tick	NA
Notified to the WorkSafe if a Notifiable Work?	☐	☐
Cordon-off area (public safety is ensured)?	☐	☐
Emergency phone number ---------- e.g. mobile number or dial 777 from an ADHB phone if can't access site emergency phone number.	☐	☐
Ambulance (Reaction time.....?)	☐	☐
Fire Services, Emergency Response (Reaction time.....?)	☐	☐
Medical Emergency Centre (Auckland City Hospital OR----------)	☐	☐
Critical information to be offered to Emergency services: • Hazard present – known and introduced • Location of incident • Description of incident • Known injuries.	☐ ☐ ☐ ☐	
Post Incident Notification Procedure: • PAE and / or ADHB informed of the incident? • WorkSafe notified if a Notifiable Event? • Investigation to commence and completed as per the ADHB investigation procedure timelines.	☐ ☐ ☐	

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Official Information Policy

Recommendation

That the Board:

1. **Approves the Official Information Act (OIA) policy**
2. **Notes the new requirement for proactive release of Official Information Act responses on the external website**

Prepared by: Marlene Skelton (Corporate Business Manager)
Endorsed by: Sue Waters (Chief Health Professions Officer)
Endorsed by Executive Leadership Team: Yes: Date: Friday, 28 June 2019

Glossary

Acronym/term	Definition
OIA	Official Information Act

1. Executive Summary

The existing Official Information Act (OIA) policy has been reviewed and is in line with current treatment of Policy documents; the procedural and "how to" content having been removed.

The policy now describes the organisations obligations for the management, publishing of, charging associated with and staff accountabilities in general for OIA.

This policy will:

- assist the Auckland DHB to better fulfil its commitments and obligations under the OIA, and
- shape response planning in respect of proactive release of OIA as now required by the State Services Commission.

2. Introduction/Background

This policy sets out Auckland DHB's approach to ensure compliance with the Official Information Act 1982 (OIA) and the rules governing access to information held by Auckland DHB. The OIA has an overarching principle of availability, which states that information must be made available unless there is good reason for withholding it. (Attachment 1)

3. Issues

In May last year at the Public Service Leaders' Summit, the Minister of State Services and the State Services Commissioner talked about how we could make official information more freely available to promote good government and strengthen trust and confidence in the sector.

The statistics show that in general good progress is being made on responding to OIA requests on time. Separate to the issue of timeliness, an opportunity was identified to support open, transparent government by publishing OIA responses on agency websites.

At that time, according to the latest statistics, only 24 agencies publish OIA responses on their websites. Since then the majority of DHBs have moved to publishing some or all of their responses online. It makes sense to publish responses because they are often of interest to the wider public and it is relatively easy to do. It holds the potential to reduce the need for individuals to make requests for information and it can reduce the work for agencies in responding to requests.

We will be surveyed again in July 2019 to see whether we are publishing and have been told that we must have an appropriate proactive release policy and practices in place to release OIA responses. To support this requirement a section has been added to the policy dealing with proactive release of OIA based on the State Services Commission matrix governing decision making around release. (Attachment 2)

4. Other Activity

To support the proactive release of OIA responses work has been undertaken with the Communications Team and Legal Counsel to design a landing page on the external website containing current information on how OIA works, where to go on our site for information prior to making an OIA request and then appropriate OIA responses released since January 2019. (Attachment 3)

5. Conclusion

That this policy is in order for the Board to approve, noting the new requirement for proactive publishing of OIA.

Official Information Act - Policy

Unique Identifier	PP01/BMT/012
Document Type	Policy
Risk of non-compliance	Choose an item.
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board (ADHB) healthAlliance and Auckland Regional Public Health Service
• Directorate(s)	All
• Department(s)	All
• Used for which patients?	N/A
• Used by which staff?	All Auckland DHB staff
• Excluded	N/A
Keywords	
Author	Marlene Skelton (ADHB)
Authorisation	
• Owner	Chief Executive
• Delegate / Issuer	<Designation>
Edited by	Corporate Business Manager
First issued	2016
This version issued	[Publish Date] - reviewed
Review frequency	3 yearly

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1. Background

Auckland DHB is subject to requests under the Official Information Act 1982. This document sets out the policy governing the management of an Official Information Act (OIA) request; it applies to all services across Auckland District Health Board (Auckland DHB) and where healthAlliance and the Auckland Regional Public Health Service are required to provide information to enable Auckland DHB to answer an OIA request.

2. Purpose and Scope

This policy sets out Auckland DHB's approach to ensure compliance with the Official Information Act 1982 (OIA) and the rules governing access to information held by Auckland DHB. The OIA has an overarching principle of availability, which states that information must be made available unless there is good reason for withholding it.

This policy applies to all Auckland DHB staff (Staff) and all information held by Auckland DHB.

3. Policy statements

Obligations for the management of Official Information Requests

3.1 Auckland DHB will comply with its obligations under the OIA. Under the OIA requests may be made to:

- 3.1.1 Access any specified information
- 3.1.2 Access internal rules affecting decisions
- 3.1.3 Access agendas, reports and minutes of meetings, including those where the public was excluded

3.2 Under the duty of assistance, outlined in section 13 of the OIA, all Staff must provide reasonable assistance to people who indicate they wish to make a request for official information.

3.3 All Staff must transfer requests for official information to the Office of the Chief Executive as soon as possible.

3.4 Auckland DHB will make and communicate a decision on requests or making requests as soon as practicable, but no later than 20 working days after it was received, unless an extension is made.

3.5 Requests may be refused or information withheld if a good reason exists under the OIA for withholding the information. Withholding will only occur after legal confirmation that the withholding ground does outweigh the public interest inherent in release. Auckland DHB will inform the requester of the reason for refusal and their right to ask the Ombudsman to investigate the refusal if the requester is not satisfied with the response.

3.6 Natural persons have the right to access personal information about themselves and others under the Privacy Act. Requests for personal information should therefore be copied to Auckland DHB's Privacy Officer in addition to the Office of the Chief Executive.

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Publishing of Official Information Requests

3.7 The publishing of OIA responses on the Auckland DHB external web site will be governed thus:

3.7.1 Frequency of publishing to the external website is at the discretion of Auckland DHB but will in general occur no less than10 working days and no more than 30 working days after the release of the response to the requestor.

3.7.2 An assessment will be carried out by the OIA Manager, General Counsel and Director Communications to determine suitability of OIA responses for publication based on the assessment matrix provided by the State Services Commission.

3.7.3 Auckland DHB will ensure that prior to the publication of any material it complies with other legislative and legal requirements including the Privacy Act 1993, the Health Information Privacy Code 1994 and any other applicable law.

3.7.4 The names and contact details of the requestor and staff will be redacted.

3.7.5 Where appropriate, Auckland DHB will publish additional information alongside responses to support the material released, provide proper context, and mitigate any potential risk of misinterpretation of the information by the general public.

Charging Associated With Official Information Request Responses

3.8 Where it is clear the request will take more than five hours to collate consideration will be given to charging the person or organisation requesting the information.

3.8.1 In deciding whether to charge, all the circumstances relevant to the request will be considered, including the ability of the requestor to pay the charge, and the public interest in the release of the information. Payment of all or part of the charges will be required in advance.

3.8.2 The Chief Health Professions Officer must be informed when charges are proposed so that they may consult with the Chair and others on whether to waive charges, in whole or in part, or the requirement for payment in advance.

3.8.3 Auckland DHB will advise the requestor of the decision to charge within seven working days of receiving the request.

3.8.4 The requester's confirmation that they are willing to pay the charge must be obtained before proceeding to collate the information requested.

3.8.5 Payment for the costs incurred does not give the requestor sole rights to the information provided; Auckland DHB may publish the information.

4. Risk

Lack of compliance with the Official Information Act

If the DHB fails to comply with the 20 working day time limit (or with any extended time limit) the failure is deemed to be a refusal to make the information available and the Ombudsman may investigate.

Under Review

5. Accountabilities

5.1 All Staff are responsible for the correct application of this policy and for giving OIA requests priority to ensure that time limits specified in the OIA are met.

5.2 Upon receipt of a request for information all Staff should respond to a straightforward request, for example; over the phone, at a reception desk or via Communications. However, if the request requires research or is specified as being made under the OIA Staff must forward the request to the Chief Executive for a formal response as soon as possible.

5.3 Auckland DHB's OIA Manager is responsible for responding to all OIA requests and providing advice and guidance on the application of the Act.

5.4 Executive Leadership team members, as appropriate, are responsible for reviewing and approving the veracity of information provided to answer an OIA by their service.

5.5 General Counsel and Director of Communications are responsible for providing advice when requested in their spheres of expertise and influence.

5.6 The Chief of Health Professions is responsible for providing a final check before the response letter is submitted to the CEO.

5.7 The CEO is responsible for final review, signing and release of all formal OIA responses.

6. Associated Documents

NZ Legislation	Official Information Act 1982 http://legislation.govt.nz/act/public/1982/0156/107.0/DLM64785.html Privacy Act 1993 http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html Health Information Privacy Code 1994 https://privacy.org.nz/about-us/introduction/
Standards	None
Guides	Office of the Ombudsman - Official information legislation guides http://www.ombudsman.parliament.nz/ Ministry of Justice - charging Guidelines https://www.justice.govt.nz/about/official-information-act-requests/directory-of-official-information/charging-guidelines-for-oia-requests/
Other related documents	20 DHB & TAS Principles of Publishing and Proactive Release of Official Information 2018

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7. 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.

Under Review

OFFICIAL INFORMATION
PUBLISHING RESPONSES TO OFFICIAL INFORMATION ACT REQUESTS ON AGENCY WEBSITES

STATE SERVICES COMMISSION
Te Komihana O Nga Tari Kawanatanga

The principle of availability underpins the proactive release of responses to OIA requests

One of the key purposes of the Official Information Act is to make information more freely available, which promotes good government and trust and confidence in the State services. Proactively releasing completed OIA requests that may be of interest to the wider public is easy to do. It helps reduce the need for individuals to make requests for information and it can reduce the work for agencies in responding to requests.

This information sheet is to help you get ready to publish information that has already been released to an individual requester under the OIA. It supports the high level guidance we issued in 2017.

Did you know the SSC website has information for OIA requesters that your agency website can link directly to?

http://www.ssc.govt.nz/official-information-act-requests

OIA request received

Acknowledge OIA request

- Advise requester the response may be published. (See suggested wording on page 2)

Process OIA request

- When preparing the OIA response, consider its suitability for publication.
- See guidance on assessment on page 2.

Publish on website

- Publish on an easily accessible webpage (e.g. as ready or according to a predetermined publication schedule).

Prepare response for publication

- Make any additional redactions and check they can't be reversed.

Send OIA response

- Advise requester whether the response will be published. (See suggested wording on page 2)

Reduce time and effort by preparing for proactive release in the processing of the OIA request

If considering proactive release separately from processing the OIA request

- Assess the response for any risks of releasing it more widely (see page 2).
- Good record keeping is important, particularly for any additional redactions as this makes it easier to verify what was done and why in the future. Also remember to update the security classification of any documents and internal records where the classification has changed.

Remember

- Also consult with agencies on any information that relates to them as they will need to do their own assessment.
- If a complaint to the Ombudsman has changed the OIA response, update the information that was proactively released.

Assessment:

A response to an OIA request will have already taken into account the withholding grounds in the OIA. However, the protections in section 48 of the OIA do not extend to the proactive publication of information, even if the information has previously been released to a requester under the OIA. Before publishing the same information, the following questions should form part of your assessment process, in addition to any other considerations relevant to the types of information your agency manages:

	KEY QUESTION	WHAT TO CONSIDER
Suitability for publication	Is there likely to be public interest in the information released to the requester?	Consider whether there is wider interest in the topic, and its suitability for publication more generally. Consider whether it is appropriate to charge a requester for the information if it is likely to be proactively released.
Privacy	Is there a privacy interest in the information proposed for release?	Consider whether there is a need to redact information to protect personal privacy and/or whether the information should be released at all. Consult with all individuals/companies named on any documents proposed for release (even if it is not proposed to release their name). Refer to Section 6 and Part 4 of the Privacy Act 1993, the Office of the Privacy Commissioner Codes of practice that become law and other guidance including A quick tour of the privacy principles.
Contractual obligations	Is there a contractual interest in the information proposed for release?	Consider whether there is a need to redact information to protect contractual obligations and/or whether the information should be released at all.
Copyright	Is any of the material proposed for release subject to copyright?	If the material proposed for release is the creative work of others, their trademarks, or certain confidential business information, the owner of the information must give permission before it can be published. New Zealand Government Open Access and Licensing framework (NZGOAL) provides guidance for releasing copyright works and non-copyright material for re-use by others.
Defamation	Does the information proposed for release say or do something that may harm the reputation of another person, group, or organisation?	Ensure that the risks of defamation are understood and that material is thoroughly assessed for this risk when considering information for publication. Seek legal advice.
Other contextual information	Does any other information need to be released with the OIA response to place it in the proper context?	Consider linking the response to other related information already on your agency website, or proactively releasing additional information.

Sample wording for template letters:

Acknowledgement template

Our letter notifying you of our decision on your request will confirm if we intend to publish the letter (with your personal information removed) and any related documents on the [name of agency]'s website.

Consultation correspondence (amend based on whether the response is intended to be published or not)

Please note that we intend to publish our response to this official information request (with the requestor's personal information removed) on the [name of agency]'s website. OR

Please note that we do not intend to publish our response to this official information request.

Response template (amend based on whether the response is intended to be published or not)

Please note that we intend to publish this letter (with your personal information removed) [and enclosed documents] on the [name of agency]'s website. OR

Please note that we do not intend to publish our response to your official information request.

Recording decisions for withholding information:

Recording reasons helps to ensure that all relevant factors have been taken into account, the decision is soundly based, and to enable future verification of what was done and why. It should include:

- ✓ The name and position of the decision-maker.
- ✓ The decision made.
- ✓ The date of the decision.
- ✓ A reference to any legislative authority under which the decision was made.
- ✓ A reference to any relevant legislative, policy or procedural requirements for the decision making process, and the relevant steps taken by the decision maker in that respect.
- ✓ A reference to the evidence considered and the key facts taken into account.
- ✓ An explanation of why the decision was made.

See the Ombudsman's guidance on Good decision making.

8.2

EXTERNAL WEBSITE CONTENT

If you are seeking information from Auckland District Health Board, you may be able to ask for it under the Official Information Act 1982 (OIA).

Information held by the Auckland DHB

Before making an OIA request it may be useful to view information on this website, [http://www.adhb.health.nz/]. where we publish useful information online on a regular basis.

The following documents may provide you with what you need:

- Auckland DHB Annual Plans and Annual Reports
- Auckland DHBs responses to the 2014/15 Health Select Committee Annual Plan Review Questions(external link)
- Auckland DHB Performance 'How's my DHB performing' on the Ministry of Health website(external link)
- Auckland DHB Certification Audit Summaries on the Ministry of Health website(external link)
- Auckland PHO Performance on the Ministry of Health website(external link)
- Deceased organ donors for the calendar year (2014, 2015, 2016)(external link)
- Serious Adverse Events reports(external link)
- Staff numbers (in the Annual Reports on the Planning and Funding documents on our website)(external link)

The Ministry of Health publish a considerable amount of information on their website, so you may want to check the information you are after is not already publicly available there before making a request.

- https://www.health.govt.nz/new-zealand-health-system/my-dhb/whanganui-dhb
- https://www.health.govt.nz/publications

As appropriate, we proactively publish responses to Official Information Act (OIA) requests on this page after sending the response to each requestor. You may also find what you require from looking at previous Official Information Request replies below.

Making an OIA request for information held by the Auckland DHB

If you cannot find what you require and wish to make a request for information held by the Auckland District Health Board please send an email to **ailsac@adhb.govt.nz**

We will make and communicate a decision on your request as soon as reasonably practicable and no later than 20 working days after it was received (unless an extension is agreed).

We may extend the maximum time limit for transferring a request or making a decision and communicating it to you, if your request is for a large quantity of information or consultation is needed to make a decision on your request. Any extension must be for a reasonable period of time in the circumstances.

If you decide to amend or clarify your request, the amended or clarified version will be considered to be a new request and the 20 working days will start from the day after this new request is received.

In order to assist us, and ensure you receive the correct information, please be as specific as you can in identifying the information you want. The information you request must be specified with 'due particularity' - meaning that we must be able to identify the information you have asked for. Any request that lacks due particularity will not be valid. If this is the case, we may contact you to clarify your request.

If you do not receive a response to your request for official information within the statutory time limit, or you are unhappy with the response you receive, you can complain to the Ombudsman. [***http://www.ombudsman.parliament.nz/***] The Ombudsman's role is to "investigate and review" the agency's decision (or lack of decision) on your request.

More information about the Official Information Act and OIA requests

For more information please see:

- Ombudsmen Guide – Making official information requests: a guide for requestors(external link)
- Ombudsmen's official information legislation guides(external link)
- Official Information Act 1982 (external link)
- Privacy Act 1993(external link)
- Charging guidelines for official information requests(external link)

Auckland DHB OIA request statistics

Statistics that provide a high level summary of the volume of OIA requests received by Auckland DHB, the availability of information and how we are performing against statutory timeframes can be viewed here [PDF, 365 KB].

Auckland District Health Board recent responses to OIA requests

Please see the links below for Auckland DHB OIA responses from 1 October 2018 onwards.

Statement of Performance Expectations (SPE) Performance Report: Quarter Three 2018/19

Recommendation:

That the Statement of Performance Expectations (SPE) Performance Report: Quarter Three 2018/19 report be received.

Prepared by: Lily Yang (Reporting Analyst – Auckland and Waitematā DHBs)
Endorsed by: Executive Leadership Team (Auckland DHB), Karen Bartholomew (Director Health Outcomes – Auckland and Waitematā DHBs) and Wendy Bennett (Planning & Health Intelligence Manager – Auckland and Waitematā DHBs)

Glossary

CEO	Chief Executive Officer
CPHAC	Community and Public Health Advisory Committee
CVD	Cardiovascular disease
HAC	Hospital Advisory Committee
HQSC	Health Quality and Safety Commission New Zealand
NOF	Neck of femur
POAC	Primary Options for Acute Care
SIR	Surgical intervention rate
SLM	System level measure
SPE	Statement of Performance Expectations

Introduction

This is a regular quarterly report of the indicators in the Statement of Performance Expectations (SPE), a key component of the Annual Plan (Section 3). SPE measures represent the outputs or activities we deliver to meet our Annual Plan goals and objectives, and provide a reasonable representation of the vast scope of business-as-usual services we provide. These performance measures help to assess the quantity, quality, coverage and timeliness of service delivery. Actual performance against these measures is published in our Annual Report and audited by Audit NZ.

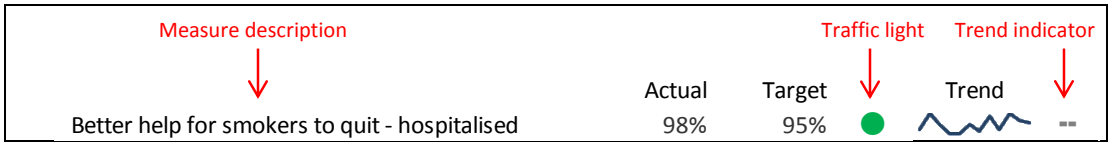
The measures in this report reflect those in the 2018/19 Annual Plan. This report excludes indicators that measure volumes without a specified target or those for which data is available only annually.

Auckland DHB achieved three and almost achieved a further three of the seven Health Targets in Q3. While a large number of the SPE indicators were achieved, key areas of focus remain. These include: elective surgery (Health Target), cervical cancer screening, Mental Health waiting times (<3 and <8 weeks in 0-19 year-olds), influenza vaccination in Maori and Pacific age 0-4 years and hospitalised for respiratory illness, immunisation in Maori 8-month-olds, primary care enrolment rate in Maori, Primary Care patient experience survey response rate in Maori, non-urgent diagnostic colonoscopy in 42 days, and patients waiting >6 weeks for MRI.

HOW TO INTERPRET THE SCORECARDS

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target for the reporting period (or previous reporting period as indicated by the ***grey bold italic*** font).



The traffic light colours align with the Annual Plan (with the HQSC exceptions, listed below):

Traffic light	Annual Plan criteria: relative variance actual vs. target	Interpretation
●	On target or better	Achieved
●	0.1–5% away from target	Substantially achieved but off target
●	5.1–10% away from target and improvement from previous reporting period	Not achieved, but progress made
●	>10% away from target or 5.1–10% away from target and no improvement from previous reporting period	Not achieved

HQSC criteria are applied wherever possible (these measures are labelled with '*'):

Traffic light	HQSC criteria: thresholds are set by HQSC		Interpretation
●	Upper better	Varies with each indicator	Achieved
●	Middle group	Varies with each indicator	Not achieved but near target
●	Lower group	Varies with each indicator	Not achieved

Trend lines and trend indicators

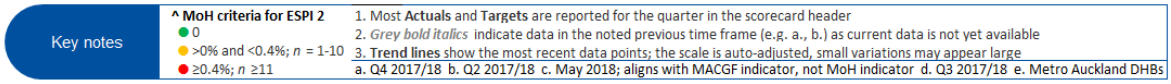
A trend line and a trend indicator are reported against each measure. Trend lines represent the available data for the latest 12-month period. All trend lines use auto-adjusted scales, and small variations may appear to be large.

YTD measures (e.g. Green Prescriptions, B4 School Checks) are cumulative by definition, and their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

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

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

Scorecard-specific notes are provided beneath each scorecard



SPE scorecards: Quarter three 2018/19

Metro Auckland DHBs Performance Scorecard - Health Targets and key indicators

Quarter 3, 2018/19

	Auckland DHB			Waitemata DHB			Counties Manukau DHB		
Health Targets	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
Shorter stays in EDs	93%	95%		96%	95%		86%	95%	
Improved access to elective surgery	93%	100%		106%	100%		98%	100%	
Faster cancer treatment - within 62 days	92%	90%		88%	90%		76%	90%	
Increased immunisation at age 8 months (total)	94%	95%		92%	95%		92%	95%	
Better help for smokers - Primary Care	87%	90%		87%	90%		88%	90%	
Better help for smokers - Maternity	97%	90%		89%	90%		94%	90%	
Raising healthy kids	100%	95%		100%	95%		100%	95%	
Key indicators	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
PHO-enrolled smokers with cessation support	30%	28%		34%	31%		23%	25%	
a. Breast screening coverage	*63%*	*70%*		*65%*	*70%*		*72%*	*70%*	
a. Cervical screening coverage	*64%*	*80%*		*71%*	*80%*		*69%*	*80%*	
Preschoolers enrolled in DHB oral health services	83%	95%		96%	95%		80%	95%	
a. Surgical intervention rate (SIR) - major joints	*18.8*	*21.0*		*22.7*	*21.0*		*23.0*	*21.0*	
a. SIR - cataracts	*45.0*	*27.0*		*43.0*	*27.0*		*44.9*	*27.0*	
a. SIR - cardiac surgery	*5.2*	*6.5*		*5.5*	*6.5*		*5.7*	*6.5*	
a. SIR - percutaneous coronary revascularisation	*12.2*	*12.5*		*16.1*	*12.5*		*12.8*	*12.5*	
a. SIR - coronary angiography	*31.3*	*34.7*		*42.1*	*34.7*		*29.8*	*34.7*	
Urgent diagnostic colonoscopy in 14 days	92%	90%		96%	90%		100%	90%	
b. Opportunities for hand hygiene taken*	*86%*	*80%*		*89%*	*80%*		*87%*	*80%*	
b. Hip/knee operations given prophylactic antibiotic*	*98%*	*100%*		*97%*	*100%*		*93%*	*100%*	
a. 0-19 Mental Health waiting within 3 weeks	*63%*	*80%*		*76%*	*80%*		*70%*	*80%*	
a. 0-19 Mental Health waiting within 8 weeks	*79%*	*95%*		*95%*	*95%*		*91%*	*95%*	
a. 0-19 Addictions waiting within 3 weeks	*90%*	*80%*		*91%*	*80%*		*98%*	*80%*	
a. 0-19 Addictions waiting within 8 weeks	*99%*	*95%*		*99%*	*95%*		*100%*	*95%*	

Auckland DHB Performance Scorecard - Statement of Performance Expectations

Quarter 3, 2018/19

Output Class 1: Prevention Services

	Health promotion	Actual	Target	Trend
a.	Pregnant smokers referred to incentives programme (YTD)	*50*	*92*	
	Clients engaged with Green Prescriptions (YTD)	3,301	3,375	
	Immunisation			
a.	Pertussis vaccination in pregnancy	*54%*	*50%*	
a.	Flu vaccine in 0-4 yo hospitalised for respiratory illness	*18.0%*	*15.0%*	
a.	- Māori	*10.1%*	*15.0%*	
a.	- Pacific	*12.6%*	*15.0%*	
	Increased immunisation at age 8 months (Māori)	84%	95%	
	Population-based screening			
	B4 School Checks completed (YTD)	65%	68%	
	Newborns offered and hearing screened w/in 1 month	96%	95%	
a.	Chlamydia testing in 15-24 yo	*10%*	*15%*	
	Auckland Regional Public Health Service			
d.	Tobacco retailer compliance checks conducted (YTD)	369	150	
d.	Tuberculosis treatments with a recorded start date	92%	90%	
d.	By-protocol initial contact for high risk enteric disease	87%	90%	

Output Class 2: Early Detection and Management

	Primary health care	Actual	Target	Trend
	Primary Care enrolment rate (Māori)	72%	90%	
	POAC referrals (YTD)	4,487	4,527	
a,c.	Eligible patients with HbA1c ≤64 mmol/mol in last 15 mo	*58%*	*62%*	
	CVD risk assessed w/in 5 years (Māori)	88%	90%	
a.	Māori with prior CVD prescribed triple therapy	*57.1%*	*60.1%*	
a.	Pacific with prior CVD prescribed triple therapy	*64.0%*	*62.9%*	
a.	ASH rate per 100,000 in 45-64 yo - Māori	*7004*	*<6877*	
a.	ASH rate per 100,000 in 45-64 yo - Pacific	*8704*	*<8839*	
a.	ASH rate per 100,000 in 45-64 yo - COPD	*202*	*<172*	
a.	ASH rate per 100,000 in 45-64 yo - CHF	*104*	*<122*	
a,d.	PHO-enrolled population with login access to a portal	*23%*	*20%*	
d.	Practices participating in patient experience survey	90%	90%	
	Patient experience survey response rate - Māori	11.3%	12.2%	
	Patient experience survey response rate - Pacific	9.1%	9.3%	

Output Class 3: Intensive Assessment and Treatment

	Acute services	Actual	Target	Trend
a.	ED admissions 'unknown' to be alcohol related (10-24 yo)	*9.5%*	*<10%*	
a.	Eligible stroke patients thrombolysed	*13.1%*	*10.0%*	
	ACS patients with coronary angiography in 3 days	80%	70%	
	Elective (inpatient/outpatient)			
	Non-urgent diagnostic colonoscopy in 42 days	58%	70%	
	Patients waiting >4 months for FSA (ESPI 2)^	0.10%	<0%	
	CTs completed within 6 weeks	93%	95%	
	MRIs completed within 6 weeks	76%	90%	
	Quality and patient safety (HQSC)			
a.	Staph bacteraemia rate per 1,000 inpatient bed days	*0.27*	*<0.11*	
a.	Older falls risk patients with an individualised care plan*	*63%*	*90%*	
a.	#NOF from falls per 100,000 admissions (rolling 12 m)	*7.7*	*<8.4*	
b.	Hip/knee procedures given right antibiotic in right dose*	*96%*	*95%*	
b.	Surgical site infections per 100 hip and knee operations	*1.72*	*<0.93*	
	Mental health			
a.	Mental health service access (age 0-19 years)	*2.9%*	*3.4%*	
a.	Mental health service access (age 20-64 years)	*3.3%*	*3.7%*	
a.	Mental health service access (age 65+ years)	*2.5%*	*3.2%*	

Output Class 4: Rehabilitation and Support Services

	Home-based support	Actual	Target	Trend
a.	HBSS clients with clinical interRAI and care plan	*97%*	*95%*	
	Palliative care	Actual	Target	Trend
	Hospice patient deaths that occur at home	23.8%	25.8%	
	Referrals that wait >48 hours for a hospice bed	2%	<4%	

Traffic light criteria

- Achieved; target met
- Substantially achieved; 0.1 to 5% variance from target
- Not achieved, but progress made; 5.1% to 10% variance from target
- Not achieved; >10% variance from target

*** HQSC criteria**
- Upper group
- Middle group
- Lower group

Key notes

^ MoH criteria for ESPI 2
- 0
- >0% and <0.4%; *n* = 1-10
- ≥0.4%; *n* ≥11

1. Most **Actuals** and **Targets** are reported for the quarter in the scorecard header
2. *Grey bold italics* indicate data in the noted previous time frame (e.g. a., b.) as current data is not yet available
3. **Trend lines** show the most recent data points; the scale is auto-adjusted, small variations may appear large

a. Q2 2018/19 b. Q1 2018/19 c. Aligns with MACGF indicator, not MoH indicator d. Metro Auckland DHBs

HEALTH TARGETS

SCORECARD VARIANCE REPORT

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

KEY INDICATORS

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
8. PHO-enrolled smokers with cessation support	✓	In SLM report
9. Breast screening coverage	✖	In SLM report
10. Cervical screening	✖	In CPHAC report
11. Preschoolers enrolled in DHB oral health services	✖	*The Auckland DHB enrolment dataset ARDS receives is incomplete. For example, of babies born in February 2019, 100 babies in the NIR dataset were not included in the ARDS dataset. We are working to ensure ARDS receives the complete dataset.* *Data matching continues with two Māori Well Child Tamariki Ora providers, one each in Auckland and Waitematā DHBs. This supports ARDS to identify many high needs children not enrolled with the oral health service and allows services to identify current contact details and improve oral health service utilisation.*
12. Surgical intervention rate (SIR) – major joints	✖	*The last two December quarters have shown positive change in the SIR for major joints, rising 2.41 per 10,000 in December 2017 (vs. December 2016) and 0.14 in December 2018 (vs. December 2017). This is due to increased elective capacity created via outsourced elective surgery. This continues to be an important part of our capacity generation solution. Despite this, Orthopaedics continues to experience high acute demand and limited theatre resource to increase elective production, which limits the ability to further increase elective interventions.*
13. SIR – cataracts	✓	

Indicator	On target	Variance commentary
14. SIR – cardiac surgery	✖	*While the SIR rate for cardiac surgery is below target, it has improved on the previous quarter. CVICU saw a high number of ECMO patients with extended LOS in the unit in November and December, which placed pressure on the service's ability to deliver elective cardiac surgery. The service insourced cases throughout this period to manage waitlist growth. The service continues to have very good communication with regional stakeholders and the opening of four regional cardiology beds at ACH to improve equity of access for regional patients is working well.*
15. SIR – percutaneous coronary revascularisation (angioplasty)	✓	
16. SIR – coronary angiography	✖	*We are not experiencing any waiting list challenges; patients have access to timely intervention. There is no barrier to referral and the service continues to ensure appropriate clinical management between acute and elective cases. The service has regular multi-disciplinary meetings to manage any issues impacting on elective patient delivery. Development of the CT angiography service may be a contributing factor to lower intervention rates.*
17. Urgent diagnostic colonoscopy in 14 days	✓	In HAC report
18. Opportunities for hand hygiene taken	✓	In HAC report
19. Hip and knee operations given prophylactic antibiotic	✖	*Prophylactic antibiotic administration is managed by perioperative. The 95% actual (i.e. 95% within HQSC guidelines and 5% outside) is a result of issues with correct administration time and inaccuracies recording this time within the IT system. For patients allergic to routine antibiotics, there is a further variable in that they may require an infusion over a prolonged period, which affects audit recording. These issues were discussed with perioperative, and IT Services are working on resolving the interface issue to ensure accurate and timely reporting.*
20. Mental Health waiting within 3 weeks in 0-19 year olds	✖	*The current data do not accurately reflect our results as we were unable to submit data to PRIMHD since 1 October 2018. We are working to resolve the issues causing this and keeping the Ministry updated with our progress and likely timeframes for resumption of data submissions.*
21. Mental Health waiting within 8 weeks in 0-19 year olds	✖	

Indicator	On target	Variance commentary
22. Addictions waiting within 3 weeks in 0-19 year olds	✓	
23. Addictions waiting within 8 weeks in 0-19 year olds	✓	

OUTPUT CLASS 1: PREVENTION SERVICES SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Health promotion		
24. Pregnant smokers referred to incentives programme (YTD)	✘	*Referrals are generally fewer in December, contributing to a lower result for the quarter. The DHB-employed midwives will soon start using an opt-off approach to refer pregnant women who smoke to stop smoking services (i.e. unless a woman objects, she will be referred to the stop smoking service).*
25. Clients engaged with Green Prescriptions (YTD)	✓	
Immunisation		
26. Pertussis vaccination in pregnancy	✓	
27. Flu vaccine in 0-4 year olds hospitalised for respiratory illness - total	✓	
28. Flu vaccine in 0-4 year olds hospitalised for respiratory illness - Māori	✘	*The overall uptake of flu vaccine for eligible children has increased. PHOs met and identified a need for further education on the importance of this vaccine in this population for practices and the general public. There will be an increased focus on practice-level follow-up to support Māori and Pacific uptake in 2019.*
29. Flu vaccine in 0-4 year olds hospitalised for respiratory illness – Pacific	✘	
30. Increased immunisation at age 8 months (Māori)	✘	*Our tamariki Māori coverage stayed stable over the last quarter and reflects the national trend of coverage below the herd immunity threshold for several diseases. We are collaborating with PHOs on strategies to improve coverage and with our Treaty partners to explore ways to better engage Māori with immunisation. New promotional material to increase on-time immunisation was tested with consumers and is being finalised for release. Collaboration with Plunket for an additional outreach immunisation service is focused on Māori and Pacific babies. We funded an antenatal vaccinator at hospital antenatal clinics.*
Population-based screening		
31. B4 School Checks completed (YTD)	✓	

Indicator	On target	Variance commentary
32. Newborns offered hearing screening within 1 month	✓	
33. Chlamydia testing in 15-24 year olds	✖	*At a population level, screening rates appear to have dropped vs. the same time last year and after a period of gradual increase. This needs further monitoring to understand if there is a data quality issue or a real decline. While the target of 15% coverage is not achieved for the total population (in Metro Auckland DHBs), it is achieved for females alone, at 18%.*
Auckland Regional Public Health Service		
34. Tobacco retailer compliance checks conducted (YTD)	✓	
35. Tuberculosis treatments with a recorded start date	✓	
36. By-protocol initial contact for high risk enteric disease	✓	

OUTPUT CLASS 2: EARLY DETECTION AND MANAGEMENT SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Primary health care		
37. Primary Care enrolment rate (Māori)	✖	*A joint project between Planning Funding and Outcomes, the Māori Health provider, Primary Care and PHOs is under development. Exploratory data analyses are being undertaken, including data matching to ascertain PHO enrolment in the maternity services, ED admissions, hospitalisations and for specified services and conditions. The purpose is to develop a facilitated PHO enrolment process for Māori whānau who access hospital services and are not currently enrolled with a PHO. A Māori data oversight group is currently being established following agreement by Māori providers to share data. A focus to drive increasing enrolment with Māori providers and their enrolled populations was marginally successful without involvement from other organisations in the sector. The facilitated enrolment project will engage all major players across the sector to ensure PHO enrolment is captured at multiple points (community to hospital services) and facilitated enrolment is to occur at the point that non-enrolment is identified.*

38. Primary Options for Acute Care (POAC) referrals (YTD)	✓	
39. Eligible patients with HbA1c ≤64 mmol/mol in the last 15 months	✖	In CPHAC report
40. CVD risk assessed within 5 years (Māori)	✓	In SLM report
41. Māori with prior CVD prescribed triple therapy	✓	
42. Pacific with prior CVD prescribed triple therapy	✓	
43. ASH rate per 100,000 in 45-64 year olds – Māori	✓	
44. ASH rate per 100,000 in 45-64 year olds – Pacific	✓	
45. ASH rate per 100,000 in 45-64 year olds – chronic obstructive pulmonary disease (COPD)	✖	*A key focus will be on improving primary care diagnosis recording for CVD and other long-term conditions so that interventions in Primary Care can be monitored appropriately.*
46. ASH rate per 100,000 in 45-64 year olds – congestive heart failure (CHF)	✓	
47. PHO-enrolled population with login access to a portal	✓	
48. Practices participating in patient experience survey	✓	
49. Patient experience survey response rate – Māori	✖	*PHOs are focusing on improving collection of email addresses as response rates are higher than for the SMS alternative.*
50. Patient experience survey response rate – Pacific	✓	

OUTPUT CLASS 3: INTENSIVE ASSESSMENT AND TREATMENT SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Acute services		
51. ED admissions 'unknown' to be alcohol related (15-24 year olds)	✓	
52. Eligible stroke patients thrombolysed	✓	
53. ACS patients with coronary angiography in 3 days	✓	
Elective (inpatient/outpatient)		
54. Non-urgent diagnostic colonoscopy in 42 days	✖	In HAC report
55. Patients waiting >4 months for FSA (ESPI 2)	✖	In HAC report
56. CTs completed within 6 weeks	✓	In HAC report
57. MRIs completed within 6 weeks	✖	In HAC report
Quality and patient safety (HQSC)		
58. Staph bacteraemia rate per 1,000 inpatient bed days	✖	In HAC report

Indicator	On target	Variance commentary
59. Older falls risk patients with an individualised care plan	✖	*The Falls and Pressure Injuries Steering Group identified this issue in late 2018 and the Chief Nursing Officer requested mitigation from the relevant Directorates. The paper-based tool used for data collection had become increasingly complex over the last year and this is thought to have led to performance deterioration. The tool was significantly revised and tested in April; early indications show that we are exceeding the target for falls assessments. We plan to move to an electronic tool, which will further simplify data collection and enhance data integrity through the use of forcing functions and mandatory fields.*
60. Fractured NOF from falls per 100,000 admissions (rolling 12 months)	✓	
61. Hip and knee procedures given right antibiotic in right dose	✓	
62. Surgical site infections per 100 hip and knee operations	✖	*We perform relatively few arthroplasty operations, which skews the SSI rate with low numbers of infections.*
Mental health		
63. Mental Health service access (age 0-19 years)	✖	In HAC report
64. Mental Health service access (age 20-64 years)	✖	In HAC report
65. Mental Health services access (age 65+ years)	✖	In HAC report

OUTPUT CLASS 4: REHABILITATION AND SUPPORT SERVICES SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Home-based support		
66. HBSS clients with clinical interRAI and care plan	✓	
Palliative care		
67. Hospice patient deaths that occur at home	✖	*The quarterly results for this measure have been consistently at 23-24% during 2018/19. The target for this measure was set on the assumption that patients with palliative care needs prefer to die at their normal place of residence. We plan to investigate the value of this measure and provide an update in 2019/20.*
68. Referrals that wait >48 hours for a hospice bed	✓	

Supportive and Inclusive Employment – Deep Dive

Recommendation

That the Board:

1. **Receives the Supportive and Inclusive Employment – Deep Dive report for July 2019.**
2. **Notes that status and progress of the Supportive and Inclusive Employment plan.**

Prepared by: Adele Thomas (OD Practice Leader), Fiona Kennedy (OD Practice Leader) and Sarah McLeod (HR Director OD)
Endorsed by: Chris Hutton (Acting Chief People Officer)

Executive Summary

The purpose of this paper is to take a deeper look at the concept of supportive and inclusive employment at Auckland DHB and the work that is happening in this space.

Auckland DHB People Strategy and our Employee Value Proposition promises to provide clarity on the activities and programmes to be implemented in Auckland DHB over the next 3 years. The Big Five actions prioritised in the people strategy are key to building better engagement across our organisation. They are: Accelerating capability and skill; Making it easier to work here; Building constructive relationships; Delivering on our promises and Ensuring a quality start.

The headline pieces of work that have been identified are:

To Thrive (A series of initiatives specifically targeted to support our lower income employees)

- Committed to maximising the income of our lower paid employees through access to job specific training and financial capability education
- Helping to raise equitable and fulfilling employment transition opportunities by addressing numeracy, literacy and digital literacy needs (the majority are ESOL)
- Provision and support of career pathway opportunities at Auckland DHB to increase employee financial security and employee aspirations
- Improving the health and wellbeing of our lower paid employees through access to free health checks and by enhancing working conditions

Disability/Accessibility (aligned to the New Zealand Disability Strategy 2016-2026)

- Creating a diverse and accessible work environment through gaining the accessibility tick and advancing all areas identified in the Accessibility Tick recommendation report
- Increasing the number of employees with a disability or access need so our disability community see more of themselves working in the health environment, which is better for health outcomes
- Helping to raise equitable and fulfilling employment opportunities for people with a disability or access need to increase financial security and achieve aspirations
- Aligned to Accessibility includes:

- Supporting employees dealing with mental health issues (noting that we know our Māori and Pacific, and our rainbow community are affected to a greater proportion by such issues)

Rainbow community

- Gaining the Rainbow Tick certification and advancing all areas identified in the Rainbow Tick report for Auckland DHB
- Developing a more inclusive culture at Auckland DHB

The next sections provide an overview of the focussed work that is happening in each area described above.

To Thrive

The To Thrive programme supports Auckland DHB employees in lower paid roles to maximize their income, enhance their personal and professional development and improve their working lives and health. This programme has been piloted with 380 employees in the Cleaning, Waste and Orderly Services since July 2018.

The uptake of all value initiatives is expected to accelerate and expand to other lower paid employee groups in 2019.
To date we have implemented all initiatives in Phase One and most of the initiatives in Phase Two.

The focus for 2019 is:

- Continue all phase One initiatives, financial capability programmes and numeracy and literacy programmes for the pilot group, including new employees.
- Scoping and delivery of phase two and three training and career pathway initiatives.
- Expanding elements of To Thrive to other lower paid employee groups, including training and career pathway opportunities.

To Thrive - Summary

The pilot has been an opportunity to test and refine content and processes of the programme and although continuing to evolve, key learning from the pilot will inform the extension of To Thrive to other lower paid employee groups.

By recognising the different needs of employees the To Thrive programme provides Auckland DHB with the ability to attract, develop and retain a more diverse workforce, provide equitable and fulfilling employment opportunities and enhance our reputation as an employer of choice. It will also help to inform supportive employment initiatives outside of To Thrive for youth, Māori and Pacific candidates and those with accessibility needs.

Disability and Accessibility

The UN Secretariat for the Convention on the Rights of Persons with Disabilities definition of disability is: *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*

Disabled people account for 24% of the population in New Zealand. Increasing the number of disabled people Auckland DHB employs will better reflect the population we serve and enhance our reputation as an employer of choice.

Auckland DHB is working to ensure that meeting the accessibility needs of our employees and our patients is how we do business. We know that for our patients, having a workforce that reflects the diversity of our community is a good thing. We are also striving to provide an inclusive workforce where everyone is accepted for who they are and are supported to do their life's best work.

We want to make it easy for people with an accessibility need to work here and create a more diverse workforce through developing a fully accessible recruitment process, which reaches qualified applicants with access needs and reduces the likelihood of disability discrimination in hiring.

Disability & Accessibility

Current state (and what has been achieved)

Systems, Policy and Procedures

- New Zealand Disability Strategy Framework and Waitematā DHB and Auckland DHB Disability Strategy Implementation Plan 2016-2026.
- Policies reviewed (HR Principles, Recruitment and Selection)
- Procurement and Purchasing policy amendments to include accessibility as a consideration currently in policy change process (in process)
- Accessibility Action plan 2019

Leadership – Culture Shaping Actions - Role modelling, Rewards and Recognition and Learning

- Accessibility Tick achieved December 2018.
- CEO commitment to all areas of accessibility and inclusion communicated to the organisation
- High visibility of CEO and Board Chair and ADHB story in Accessibility Tick launch and initiatives.
- Accessibility Steering Committee to ensure actions are being taken, as laid out in Auckland DHB's Accessibility Action Plan
- Management Development Programme modules externally reviewed for accessibility and recommendations made, including content.

Systems, Policy and Procedures

- Accessibility commitment visible on ADHB premises and website.
- Rainbow community at ADHB supported by Rainbow Network.

Talent- Workforce

- The new careers website speaks strongly to diversity and references disability and our accessibility tick programme.
- External accessibility review of online recruitment process conducted and remediation priorities recommended.
- The new website front page addresses diversity and references the Accessibility Tick

Future State (what we are working towards)

Systems, Policy and Procedures

- Accessibility needs are woven into any document, presentation, meeting, conference and advertisement that communicates with employees and patients.
- All documents can be provided in an accessible format as necessary, as per NZ Accessibility Standards
- New websites will be developed in compliance with the most current web content accessibility guidelines
- All ADHB policies, practices and communications reviewed, revisited and modified in line with Accessibility Tick requirements

Leadership – Culture Shaping Actions - Role modelling, Rewards and Recognition and Learning

- Auckland DHB demonstrates an active, consultative commitment to all areas of accessibility and inclusion
- Employees are aware of appropriate etiquette and communication when interacting with colleagues, job applicants, patients and visitors with accessibility needs.
- Disability confidence/unconscious bias learning rolled out across Auckland DHB
- All employees know how to request and implement workplace adjustments
- The health and safety of people with accessibility needs is a standard agenda item at health and safety committee meetings.

Community – People, patients, partners, whānau and suppliers

- Ensure ADHB's obligations to accessibility practice are understood and encouraged by suppliers and partners to mirror our own commitment.
- Accessibility will be considered with any new builds, leases or other procurement decisions so that our services and buildings are accessible for everyone.

Talent - Workforce

- Achieve a more diverse workforce through developing a fully accessible recruitment process that reaches qualified applicants with access needs and reduces the likelihood of disability discrimination in hiring.
- Demonstrating a consultative commitment to all areas of accessibility and inclusion

Risks and Issues

The current work outlined above is all funded and resourced as part of Business As Usual.

Risk/Issue	Mitigation
Bias in hiring and equitable career development opportunities for employees with accessibility needs is a risk.	Inclusive Leadership, Developing People and Team Development online modules of Management Development Programme (MDP).
Initiatives viewed as disparate and not connected with engagement by our people.	Ensure an accessibility and inclusion lens is applied across all policies, procedures and systems in the employee lifecycle.
People managers have little understanding and confidence of their role in or the support/resources available should an employee suffer a mental health crisis.	Respond immediately to feedback and develop a process and resources for managers on what to do in a crisis. Mental Health Foundation has agreed to facilitate two immediate sessions on this for managers in April and May.

Disability and Accessibility - Summary

Employment is important for everyone and we at Auckland DHB have an obligation to ensure we fully support, include and reflect the diverse communities we serve.

Auckland DHB's diversity and inclusion work, particularly the To Thrive programme, has gained some initial support and awareness across the organisation, especially from the Executive Leadership Team and Senior Leadership Team. We are now building on that and looking to increase support and awareness for people with a disability or access need.

Looking after our people's financial, physical and psychological health is not only the right thing to do, and resonates with our values and Employee Value Proposition, but will bring with it a perspective that can help to transform our culture, our relationships and our performance as an organisation.

For organisations, a new question is becoming vital: When we look in the mirror held up by society, do we like what we see?

Rainbow Community

Note: Definitions for this section of this paper can be found in Appendix B

Dimensions for building inclusion for the Rainbow Community

Fundamental dimensions for building an inclusive culture include reinforcers at the level of systems policies and procedures, attention to the broader community, leadership and workforce development[1]. The current and future state of each dimension with respect to the Rainbow community at Auckland DHB is outlined below.

Rainbow Community

Current state (and what has been achieved)

Reinforcers – Systems, Policy and Procedure

- Legislative framework including Homosexual Law Reform Act 1986,Human Rights Act 1993 and Marriage Amendment Act 2013
- ADHB policies, practices and communications reviewed, revisited and modified to achieve Rainbow Tick Certification and as a response to feedback from the certification report.

Leadership – Culture Shaping Actions - Role modelling, Rewards and Recognition and Learning

- Rainbow Tick certification achieved December 2018
- Introduction of Rainbow Diversity and Inclusion Workshop
- Mandatory Rainbow e Learning module for all employees: introduction to Rainbow Community and why Rainbow inclusion matters
- High visibility of CE and Board chair and ADHB story in Rainbow Tick certification and Rainbow initiatives
- Rainbow tick addressed in Navigate, orientation of new employees.

Community – People, patients, partners, whānau and suppliers

- Rainbow tick commitment, stickers and other symbols visible on ADHB premises and website
- Rainbow community at ADHB supported by Rainbow Network
- Rainbow initiatives such as Pride Parade actively supported by ADHB

Talent- Workforce

- The new careers website speaks strongly to diversity, welcomes the Rainbow Community, and references Rainbow learning modules and network
- The new website front page addresses diversity and references the Rainbow Tick and Rainbow community.

Future State (what we are working towards)

Systems, Policy and Procedures

- As above for current state

Leadership – Culture shaping actions - Role modelling, Rewards and Recognition and Learning

- The learning modules for Rainbow are designed for organisations by Rainbow Tick and are not tailored to a health context. In general feedback from the Rainbow workshop has been very good. However future modules should include links to ADHB context and discussion of implications for health care practice.
- Routine feedback for the e-learning module is currently being introduced. Unsolicited feedback has pointed to the need for modifications to prevent one identity category being set against another. Rainbow Tick has reviewed the module in light of feedback from ADHB and will update the module.
- Rainbow tick learning touches on sensitivities for some staff. This raises the need for managers' to develop skills to hear people while maintaining and offering a constructive frame, without becoming reactive themselves.
- A working group staffed by members of the Rainbow Network, OD and senior leadership should be formed to scope and endorse the future programme of work.

Community – People, patients, partners, whānau and suppliers

- Foster partnership relationship with Rainbow Tick and ensure that obligations to inclusive practice are understood by suppliers

Talent - Workforce

- Build skills in noticing and calling out bias and hosting conversations where respect is paramount
- Build skills in linking observable behaviour to team and organisational culture through one on ones, team meetings and performance development process

Keys to success

- Fully integrating the four aspects of belonging, systems, policies and procedure, leadership, community and workforce development
- Develop managers who are skilled in hosting conversations on issues of living the values, making space for differences and mitigating systemic biases
- Partnering with Rainbow Tick
- Development of a representative working group to oversee programme of work
- Attentiveness to the health and wellbeing challenges faced by the Rainbow community

Risks/Issues

Risk/Issue	Mitigation
The 2018 employee survey shows that 18% of employees experienced discrimination at work in the past 6 months. While rates of discrimination on the basis of sexual orientation or identity are unknown from the survey, research has shown that such discrimination has been estimated as being very costly to organisations - both in human and financial terms.[2] The 2017 Auckland Council report found that the LGBTTIF community faced discrimination in health care settings.[3]	Link the Rainbow e-learning and work-shops to reflections on current work practices. For example at the end of workshops ask: "What is one thing that we could do to promote inclusion that we are not doing now?" and "What is one thing that we need to be more careful about in our practice in order to be inclusive?" etc. Include drill down on discrimination for 2020 engagement survey.
Initiatives viewed as disparate and not connected with engagement by our people.	Build in, rather than bolt on accessibility and inclusion lens across the policies, procedures and systems in the employee lifecycle. This includes bolstering the Rainbow initiative and protecting its integrity while also connecting Rainbow to the broader narrative of inclusive employment.
Bias in decision making and management capability remains a risk. A large UK study found that while senior leaders embraced diversity, line managers were often unskilled and uncomfortable holding basic conversations in the LGBTIF space. [4] Anecdotal evidence suggests that this may also be the case at Auckland DHB.	Inclusive Leadership, Developing People and Team Development online modules of MDP. Face to face modules of MDP: Developing my People, Creating a high performance Team and Challenging Conversations.
Capacity of Rainbow network: The rainbow network is made up of volunteers who struggle to represent their community while also doing justice to their paid work. This issue will become more pressing in forming an Auckland DHB working group to represent the community in on-going issues of inclusion and organisational development. The risk of overstretched in-house networks is echoed in international research.	Consider adjustment to formal roles for one or two Rainbow network members to enable representing the community on Rainbow working group.

The 2017 review by Auckland Council notes that New Zealand society is emerging from a history of active discrimination. This is a reminder that substantial progress outlined in this report requires active bolstering and cannot be taken for granted.	Continue to promote visibility, recognition and inclusion. Consider initiatives to increase knowledge about health issues for Rainbow Community.

Rainbow Community - Summary

The wellbeing and contribution of the Rainbow Community rests on three pillars: the legislative framework, social institutions and cultural orientation. By and large support for the Rainbow Community in New Zealand is solid at the legislative level and has been shaped by the evolution of attitudes at the institutional and cultural levels. This report outlines clear gains and changes at the institutional level however many of these are new and cannot be assumed. Cultural oriented work is more subtle and calls for managers who are clear about their role in this area and who have the skill to host sensitive and challenging conversations, recognize and stop discrimination and to build inclusive teams.

The next phase of work continues to be well represented by the phrase "building in, rather than bolting on" so that inclusion principles are honoured in everyday conversations, practices and processes.

Conclusion

The development of a more supportive and inclusive culture will ensure attraction and retention of talent, increased engagement and productivity, and importantly, help develop our push for equity.

A supportive and inclusive workplace also addresses moral and social justice issues, where some social groups are disadvantaged in comparison with others.

Focussed activities, supported by leadership are critical for the continued cultural change need to ensure that inclusion is part of the way we do things around here.

Appendix A

Phase Two

- 2018 Pacific Healthcare Assistant cadetship programme included two cadets from To Thrive. Four positions in this year's Healthcare Assistant cadetship intake will provide further opportunity for To Thrive employees
- A series of basic computer skills workshops developed in collaboration with Health Alliance (hA) have been piloted. These are now a business as usual offering.
- Thirty-two employees are part of a pilot programme, aiming to raise capability to a foundation NCEA level 1 (or equivalent). This numeracy, literacy and digital literacy programme is delivered jointly by Edvance and 20/20 Trust who are enabling digital inclusion for these lower paid employees by providing a free device (chromebook), modem and subsidised internet for 12 months to all participants who complete the programme.

Phase Three

- Green Prescription review will be offered in conjunction to the annual free currently offered.
- Explore with directorates and external providers additional programmes of learning, unit standards, qualifications, to create new pathway steps within specific roles that can be modularised into competency based curriculum and link to salary increases where possible.
- Develop in-house training and development programmes for identified fixed and supernumerary positions.
- Develop position centric orientation packages for identified positions that ensure the right support is in place to encourage learning and confidence and set employees up for success.
- Pilot Career Path software Fuel50, aligned with a series of career development workshops designed to inspire and equip employees with the vision and capability to proactively develop their careers in a meaningful and authentic way.
- Consider fit of existing To Thrive initiatives explore alternatives and prioritize the Sterile Supply Technician and Healthcare Assistant roles as new To Thrive target employee groups, as per recommendation to ELT in January.
- Explore and confirm scholarships and funding through Auckland Health Foundation and other external providers specifically to support To Thrive initiatives. This has recently resulted in funding for six Auckland DHB lower paid workers (focusing on women in ethnic minorities) to have business management training (x3 New Zealand Certificate in Business Level 4, including independent assessors, and x3 New Zealand Diploma in Business Level 5) to the amount of $9,495.
- Review and enhance the recruitment process in order to ensure equity and supportive alternative application paths for To Thrive and other lower paid, non-regulated roles.
- Pilot an in-house job expo for To Thrive employees with the view of running annually for all of our lower paid employee groups
- Support Nursing Development Unit with exploring the Enrolled Nurse qualification and training as a pathway

Appendix B

The definitions relevant for this section of the report are:

Term	Definition
Diversity	"Who you are, and recognising the value you bring to work'"
Inclusion	"The degree to which people feel unique and recognised for their differences as well as feeling a sense of belonging based on sharing common attributes and goals with their peers"
Rainbow	Rainbow is a term that embraces the diversity of sexual orientations, gender, and sex identities. It is inclusive of, but not exclusive to lesbian, gay, bisexual, transgender, transsexual, intersex
LGBTTIF	In the new Zealand context the acronym LGBTTIF is used to describe the Rainbow community. This refers to lesbian, gay, bisexual, transgender, Takatāpui, intersex and Faʻafafie
Discrimination	Discrimination occurs when a person is treated unfairly or less favourably than another person in the same or similar circumstances. It is a breach of the Human Rights Amendment Act 2016
Bias	"Bias is a preference for one thing over another, and is part of being human; biases help us make decisions every day. Sometimes bias (conscious and unconscious) can impact the quality of decision making, reflecting our preferences and experiences"

References

Lead Toolkit for Employing People with Disabilities in the State Sector www.ssc.govt.nz/Lead

The New Zealand Disability Strategy 2016-2026 https://www.odi.govt.nz/nz-disability-strategy/

Mental Health Foundation of New Zealand https://www.mentalhealth.org.nz/

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George, Elizabeth (2017) The Psychology of Difference : Ozeren E. (2014)

Baragwanath, L and McLaren E. (2017) Auckland's Rainbow Communities: Challenges and Opportunties, Technical Report, Auckland Council

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Auckland DHB Equity Deep Dive

Recommendation

That the Board receives the Auckland DHB Equity Deep Dive report for July 2019.

Prepared by: Alexis Cameron (Organisational Development Practice Leader – Māori and Pacific) and Sarah McLeod (HR Director, Organisational Development)
Endorsed by: Chris Hutton (Acting Chief People Officer)

Kuputaka

Acronym/term	Definition
NZQA	New Zealand Qualifications Authority
nMnP	non-Māori non-Pacific

1. Executive Summary

"Te piko o te māhuri, tērā te tupu o te rākau - The way in which the vision is nurtured (bent), determines how the tree will grow."

Auckland DHB is committed to achieving equity that is rights-based for Māori as Tangata Whenua and needs-based for our Pacific and other priority populations. To negate a systems-design that is fundamentally not conducive with the health and wellbeing of these minority populations, being explicit in nurturing this vision is vital to eliminating inequities and must be enacted through multiple deliberate approaches given the complexity of causation.

To enable all our employees to bring their whole selves to work and do their 'life's best work', we must be intentional in addressing institutional racism and eliminating systemic barriers in order to build inclusive and culturally responsive processes and practices. It is through this, that greater advancement of attraction, recruitment and retention of our priority workforce groups will be achieved because we know, complimentary to the efforts of improving patient health outcomes, is having a workforce and leadership reflective of the communities we serve. This paper explores the activity that will determine how our 'tree will grow'.

2. Introduction/Background

Eliminating healthcare inequities is a strong strategic focus at Auckland DHB and we are committed to ensuring our Māori and Pacific communities achieve equitable health outcomes.

With the increasing recognition of racism as a basic underlying determinant of ethnic inequities in health, eliminating institutional racism within both workforce development and service delivery is integral to achieving health equity.

There are two main focus areas for our work:

1) To develop Auckland DHB to be the employer of choice for Māori and Pacific Health professionals, and

2) To build capability within the whole workforce to reduce the inequity of health outcomes for the Māori the Pacific communities that we serve.

This includes an increase of Māori and Pacific employees, accelerating Māori and Pacific leadership, growing mātauranga Māori (Māori knowledge) at Auckland DHB, placing emphasis on valuing diversity of thought and thus truly building inclusive practices that do not require assimilation. Furthermore, encouraging all our staff to understand the socio-political context in which they deliver healthcare services, possessing cultural competence and taking a strengths-based approach to applying an equity lens and championing Māori and Pacific health is important to building organisational capability.

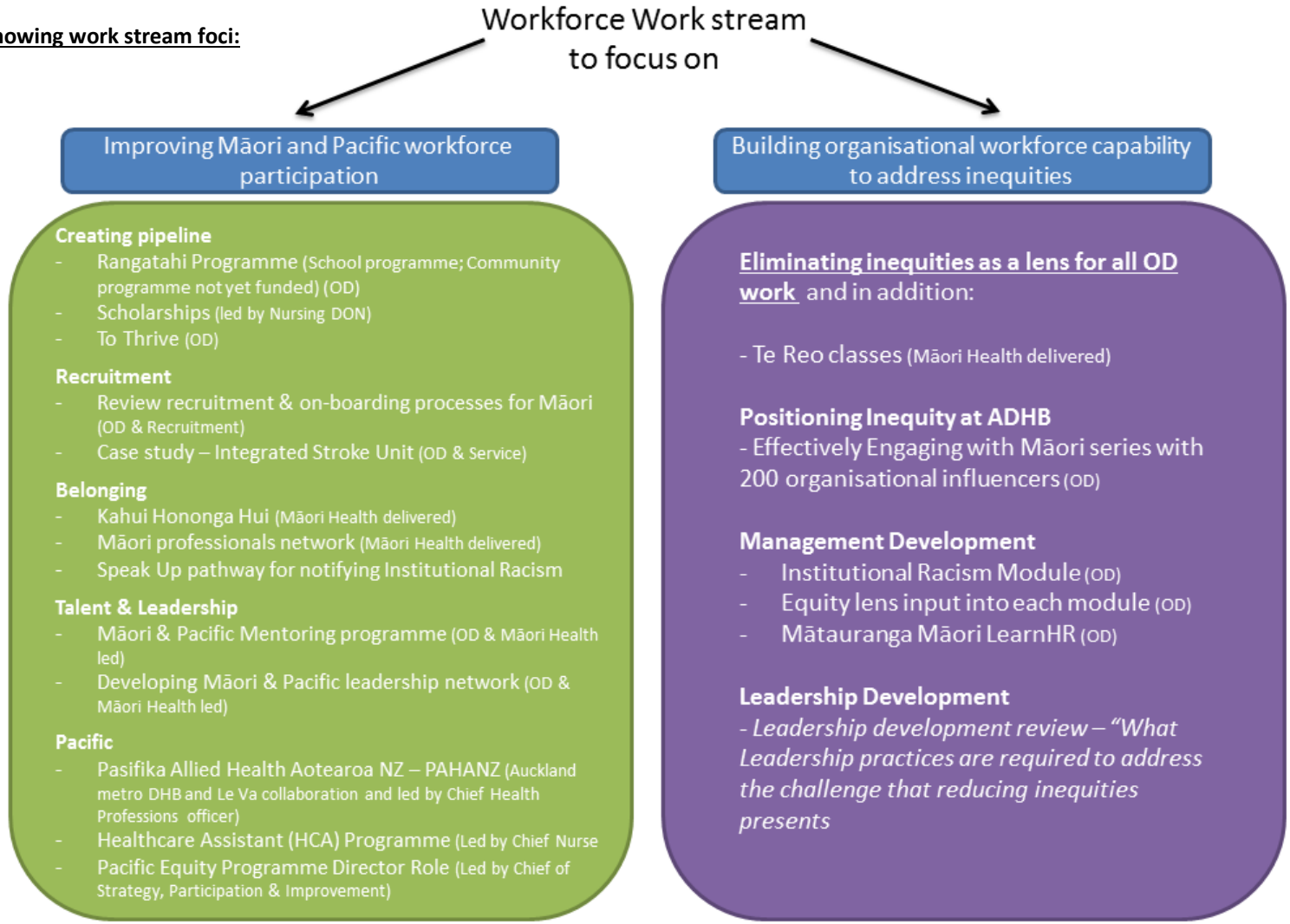
3. What our people are telling us

Independent ethnic reporting for the employee survey is new for 2018 and demonstrates Auckland DHB's commitment to learning from our Māori and Pacific employees with genuine intent to improve the inclusivity of our organisational culture and processes.

- The engagement score for Māori and Pacific employees were 77% and 79% respectively, and comparable to the overall organisation engagement score of 79%.
- There were great similarities between Māori and Pacific employees with regard to highly rated positive emotions being: Optimistic, Motivated, Happy and Proud.
- Māori employees reported more negative emotions of both high and poor rating than Pacific employees (Māori = Not respected, Ignored, Low, Isolated, Cynical/Frustrated, Stressed, Drained; Pacific = Low).
- Māori nurses showed an engagement score of 73%, lower than that of Pacific and non-Māori non-Pacific (nMnP) nurses who both scored 80% against the organisational engagement score of 79%. Participation of Maori nurses was slightly higher than that of Pacific and nMnP scoring 70%, 69% and 68% respectively.
- Whilst low across the board compared to the organisational score, for Senior and Junior Medical there was a significant difference in the engagement score of Māori and Pacific employees (39% and 36% respectively) versus nMnP who scored 46%. Participation was particularly low for Pacific employees at 57% compared to Maori and nMnp who scored 77% and 75% respectively.
- Allied Health Professionals showed somewhat comparable scores for engagement (Māori = 80%, Pacific 78% and nMnp 78%. Participation scores were also similar with Māori and Pacific scoring 88% and 85% respectively and higher than nMnP 81%.

4. Current state

Diagram showing work stream foci:



Showcase:

Rangatahi Programme to become "Tihi Oranga Programme":

'Tihi Oranga' – Apex of wellness, a term gifted by Dame Rangimarie Naida Glavish – Chief Tikanga Advisor (Auckland DHB/Waitematā DHB) describes a holistic workforce development approach promoting whānau/iwi health, wellbeing and health literacy whilst illuminating pathways into health careers and employment. The move away from Rangatahi Programme is to also better reflect the stage in which one engages in exploring a career in health versus the age, our talent pool of prospective Māori and Pacific employees is too small to self-impose filters.

The recruitment process into the Organisational Development Consultant – Māori and Pasifika (1.0 FTE) which will largely be to manage the programme is currently underway. Additional resourcing is required to establish and pilot the community stream.

Tihi Oranga Programme		
Rangatahi stream •Existing Rangatahi Programme •Secondary - tertiary - employment pathways into clincial careers	**Business side of Health stream** •Non-clinical careers •Tertiary - employment pathways	**Community stream** •Entry level employment skills •NZQA accredited unit standards •Establishment of talent pool ***Proposed for development if funding can be secured.***

5. Future state

Nurturing our organisational vision requires a collective effort and championing from all levels across the organisation. For this reason, the Auckland DHB Equity Action Group is currently being scoped for the purpose of advancing local equity initiatives and prioritised activities.

Embedded throughout this work will be learnings from the Māori and Pacific employee engagement survey as well as information on the persona research by the Māori Health team.

With regard to plugging the gaps in our Māori and Pacific workforce development programmes, is the need to establish and pilot the Community Stream of the Tihi Oranga Programme - A New Zealand Qualifications Authority (NZQA) recognised health employment skills programme that will serve as a talent pool of work-ready NZQA accredited candidates seeking entry level employment opportunities at Auckland DHB.

6. Conclusion

In response to the DHBs strategic commitment to eliminating inequities and have a workforce reflective of our communities, our considered approaches can be broadly categorised into the two main focus areas of improving the Māori/Pacific employee experience and building capability of our staff within this space across the organisation.

From this, deliberate and intentional planning to identify and effectively address manifestations of institutional racism with the support of the Equity Action Group will encourage culturally responsive policies and practices within workforce and service development.

Management Development Programme : Tairanga Arataki – Deep Dive

Recommendation

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

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

Glossary

Acronym/term	Definition
MDP	Management Development Programme
OD	Organisational Development

1. Executive Summary

Managers at Auckland DHB play a critical role to the health and wellbeing of our employees, to the smooth running of the health system and to the safety and care of our patients. Managers also play a vital role in creating the context for engaged staff. Some of the lower rated items in the engagement survey can be mitigated by manager's skill and understanding. These include regular, helpful feedback about work, and key aspects of wellbeing such as experiencing rude or unkind behaviour and people not having time to do their jobs. Some of the strengths in the engagement survey, such as people's experience of the values in action can be boosted up by the team environment that is created by managers.

The new Management Development Programme (MDP) has been designed to equip managers with both the capability and confidence across their management practice and to create the context for engaged staff.

This report is submitted to provide background information on the programme, the implementation approach, progress to date, participation rates, feedback so far and next steps.

2. Introduction/Background

How it came to be

The Auckland DHB People Strategy focuses on five priorities to help us progress towards our aspiration of being a happy, healthy, high-performance community. The MDP was identified as a key initiative to meet the development needs of our people leaders.

To understand what a great MDP looks like, research was conducted internally by interviewing managers within Auckland DHB, externally with counterparts in other New Zealand organisations and reviewing global organisations management development offerings. This research highlighted a number of design principles and topic areas that were relevant to Auckland DHB.

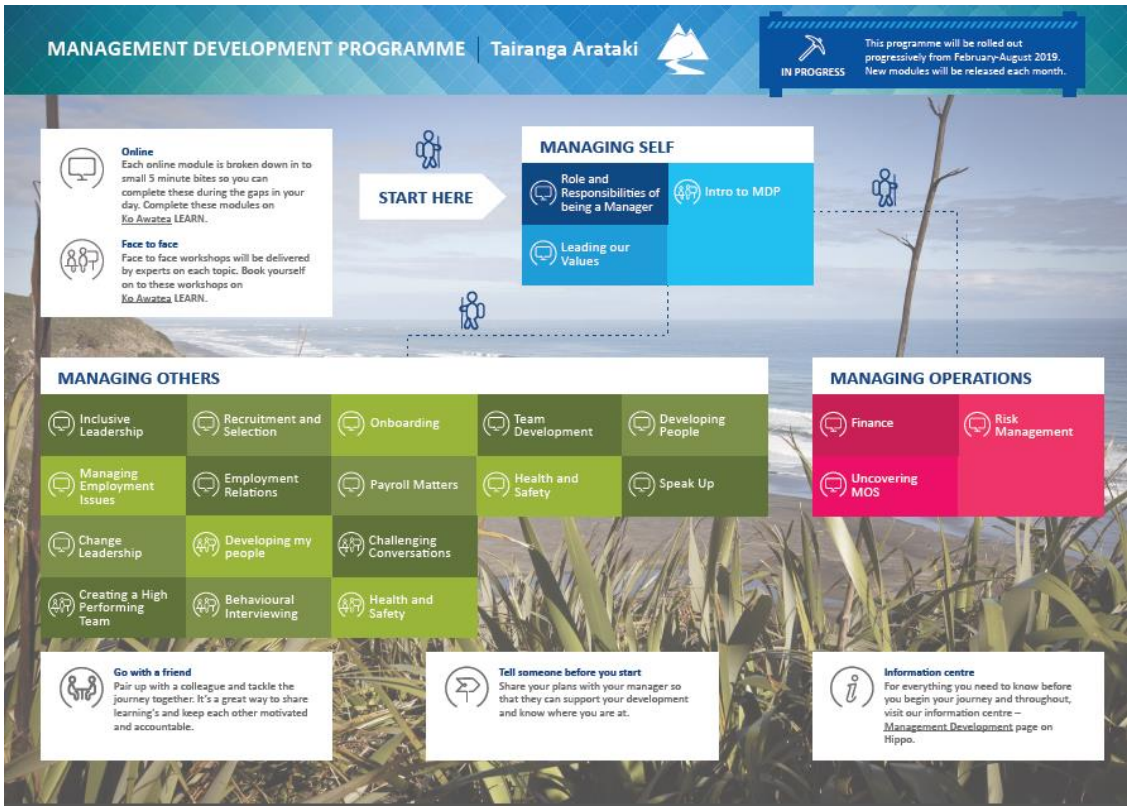
These design principles and topic areas were piloted from May-July 2017. The pilot confirmed the main learning delivery channel to be online and validated the relevance of the suggested topics. It also highlighted that our people leaders value learning from others in face to face environments.

Based on the initial research and pilot programme feedback the final design of Auckland DHB's MDP was confirmed. This was to include:

- 16 online modules
- 6 face to face workshops

The online modules and face to face workshops cover three domains: managing self, managing others and managing operations. The programme is designed to build manager's skills and increase their knowledge about management practices with a specific lens on management at Auckland DHB.

Whilst the programme is targeted at current managers, it is open to everyone. Aspiring managers are encouraged to participate and get involved. This meets a key design principle ensuring this development opportunity is accessible for all, and provides an opportunity for succession planning.



Infographic: Overview of the Management Development Programme

3. Implementation approach

Creative concept

In an environment with a lot of information and updates, and given the importance of this initiative in building the capability of our people leaders, the launch of the programme needed to be creative

and engaging. A number of creative concepts were generated during an ideation session and the Great Walks of New Zealand was chosen as the preferred theme. This gave the programme a point of difference and made it stand out within our busy work environment. This theme informed the launch campaign, imagery within the modules, supporting collateral and the communications.

Roll out approach

To enable managers access to the online modules and face to face workshops as soon as they are ready, the programme is being rolled out from February until August this year, with 2-3 topics released each month.

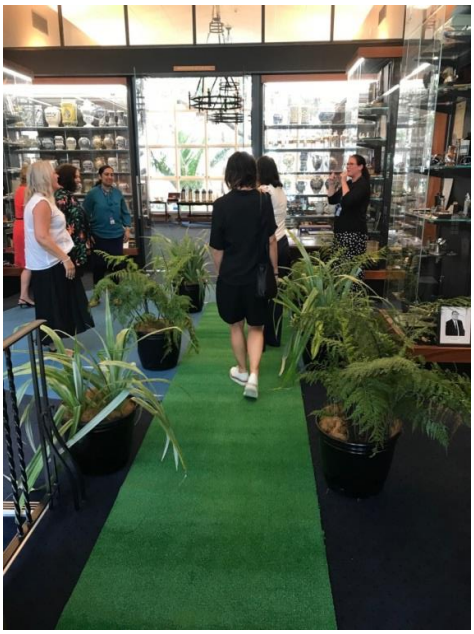
Launch Campaign

This has been a long awaited initiative so it was important the programme was launched in a way where managers felt invested in and that the organisation was prioritising their development. In the lead up to the launch of the programme a campaign video was released calling managers to participate on the programme and targeted communications were sent to build excitement.

The programme was launched in February this year with a launch week, where a number of guest speakers from other public sector organisations were invited to share their inspiring management journey.

The campaign strategy resulted in a launch week which was highly attended with over 330 participants and high enrolment numbers on to the programme.

Image: Full house at the first launch event, where Pat Snedden, Ailsa Claire and Fiona Michel presented.



Entrance to launch event

Tusha Penny, Assistant Commissioner NZ Police

4. Progress to date

Since the official launch of the programme in February 2019, another four online modules and one face to face workshop have been released. This equates to a total of six of the sixteen online modules and two of the six face to face workshops released.

Eight 'Intro to MDP' workshops have been delivered so far and the Developing my People workshops will begin on 21 May 2019. The programme is on track to be delivered in full by end of August 2019.

Modules released	Modules in progress
Online Modules: • Role & Responsibilities of being a manager at Auckland DHB • Leading our Values • Uncovering MOS • Onboarding • Developing People • Speak Up Face to Face Workshops: • Intro to MDP • Developing my People	Online Modules: • Recruitment & Selection • Risk Management & Compliance • Change Leadership • Health & Safety • Team Development • Managing Employment Issues • Employment Relations • Payroll • Finance • Inclusive Leadership * Face to Face Workshops: • Behavioural Interviewing • Health and Safety • Creating a High Performing Team • Challenging Conversations

**In response to feedback the Inclusive Leadership module will have the lens of institutional racism applied within the content.*

4. Participation

There are currently 310 participants enrolled on the programme which includes both managers and aspiring managers. Of these 310 enrolees, 214 participants have completed some or all of the programme elements. A breakdown of the completions of the individual programme topics is below.

MDP Activity	Completion Rate
Role & Responsibility of being a manager online module	214 completions
Leading our Values online module	159 completions
Intro to MDP workshop	155 completions
Onboarding online module	80 completions
Uncovering MOS online module	56 completions

Note: The Developing People and Speak Up topics have only just been released therefore it is too soon to report on completions. The data above is accurate as at 15 May 2019.

The first modules released have seen the highest completion rate, with fewer completions for the most recent modules released. This is likely due to the differing length of time these have been available and may also be influenced by the significant campaign during the launch week encouraging managers to participate.

Continuing engagement and participation

These completion results highlight the importance of continually focusing on engaging our managers to participate in the programme. This will involve consistent reporting, communications and strategies to attract managers to complete modules. Participants have suggested MDP Master-classes as one strategy where there is a dedicated room and time to bring along their laptop and complete the modules in the company of other participants. A variety of strategies will be tested to determine what works well to motivate managers to complete the programme.

5. Evaluation and Feedback so far

Feedback surveys are sent after an online module or face to face workshop has been completed. These surveys are helpful in providing insight in to participant's reaction or experience of the learning completed. The overall experience of participants so far has been positive with most people responding between 'above average' to 'excellent' in their ratings. The qualitative feedback has provided some useful feedback in what is working well and also identifying some areas for improvement.

Describe the useful information that you will apply to your job:

- *"Good managers are approachable, look after their teams and don't play a power card. They work with their teams and look beyond simply meeting KPIs but more towards improvement of their staff and environment."*
- *"How to give constructive feedback by using BUILD. This allows me to focus on the behaviour and not the person."*

- *"By applying the small team building activities, and having one-on-one sessions with members of the team. It is a very useful advice in making everyone feel welcomed and in getting to know the team."*
- *"How important it is to reflect on work e.g. Looking at the ADHB values and how I can support my team to live by these."*
- *"When working with others in a team, I will apply more interest and attention to their cultural and personal needs"*
- *"How to effectively "onboard" a new member to the team. I do feel like new members to my team have previously been left to sink or swim so it is good to get some practical advice on how to welcome someone and make them feel valued."*
- *"First time MOS was explained so well, and we will be doing it the right way weekly"*

Feedback on how the learning experience could have been improved:

- *"The journal doesn't work well, like the idea but in reality it was difficult to use."*
- *"I completed the journal but there was no where that said close etc., worried I might lose the info when closing- not very clear."*
- *"Knowing how long each module will take before starting so that you don't feel like you need to rush."*

It is too soon to understand any organisational impact of the programme, however the programme is being formally evaluated by an external supplier. Pre and post programme survey and organisational data will be shared with Boost so they can conduct an objective analysis and report.

6. Next steps

The remaining modules are continuing to be developed and released. Reporting on the uptake of the programme will be formalised and included in the Directorate Quarterly Performance Review reports and Board reports. This reporting will help inform the continuing communication strategy to encourage participation of our managers and aspiring managers. Feedback on the modules will be continually reviewed to identify opportunities for improvement.

7. Conclusion

The Auckland DHB MDP is a critical initiative to support the development needs of our managers who play a critical role to the health and wellbeing of our employees, to the smooth running of the health system and to the safety and care of our patients. The launch of the programme was successful and the roll out of the programme is progressing well. It is pleasing to be able to offer a modern, engaging and well-designed development offering to our managers at Auckland DHB who play such an important role.

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 22 May 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 Circulated Resolution – ISSP Business Case 17 June 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 Risk Management	**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

Update	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 [Official Information Act 1982 s9(2)(k)]	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	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	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	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 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 Committee	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory	**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

Committee	Auckland DHB would be prejudiced or **disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	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 hA Class C Share Issue	**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 Variation for Access CCTV Monitoring and Security for Safety Programme	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 MoH Draft Regional Service Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
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 Information from Ministry of Health regarding the Northern Region Capital Roadmap Project	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	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]

12.1 Second Draft of the Annual Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
13 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]