# Public Agenda

**26 JUNE 2019**

11th Floor Boardroom, Grace Neill Block, Wellington Regional Hospital, Wellington 12.30PM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ACTION</th>
<th>PRESENTER</th>
<th>MIN</th>
<th>TIME</th>
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<tbody>
<tr>
<td>1 PROCEDURAL BUSINESS</td>
<td>1.1 Karakia</td>
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<tr>
<td>1.2 Apologies</td>
<td>Records</td>
<td>A Blair</td>
<td>10</td>
<td>12.30pm</td>
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<tr>
<td>1.3 Continuous Disclosure</td>
<td>Confirms</td>
<td>A Blair</td>
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<tr>
<td></td>
<td>- Interest Register</td>
<td>Accepts</td>
<td>A Blair</td>
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<td></td>
<td>- Conflicts of Interest</td>
<td></td>
<td>A Blair</td>
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<td>5</td>
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<tr>
<td>1.4 Confirmation of Draft Minutes 30 May 2019</td>
<td>Approves</td>
<td>A Blair</td>
<td>7</td>
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<td>12</td>
</tr>
<tr>
<td>1.5 Matters Arising</td>
<td>Notes</td>
<td>A Blair</td>
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<td>20</td>
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<tr>
<td>1.6 Action List</td>
<td>Notes</td>
<td>A Blair</td>
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<td>21</td>
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<tr>
<td>1.7 CCDHB Work Plan 2019</td>
<td>Notes</td>
<td>A Blair</td>
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<td></td>
<td>22</td>
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<tr>
<td>1.8 Chair’s Report</td>
<td>Notes</td>
<td>A Blair</td>
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<td>24</td>
</tr>
<tr>
<td>1.9 Chief Executive’s Report</td>
<td>Notes</td>
<td>J Patterson</td>
<td></td>
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<td>39</td>
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</table>

## 2 PRESENTATIONS

| 2.1 Patient Story | Notes | S Blake | | | |
| 2.2 Wellington Hospital Foundation | Notes | B Day | | | |
| 2.3 Māori Partnership Board | Notes | T Wall | | | |

## 3 FOR DISCUSSION

| 3.1 Health and Safety Report | Notes | T Davis | | | 42 |
| 3.2 Children’s Hospital Programme Update | Notes | T Davis | | | 49 |
| 3.2.1 Appendix 1 Site Photos | | | | | 55 |

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| 4.1 Health System Committee Report | Notes | R Haggerty | | | 56 |
| 4.1.1 Appendix 1 Minutes of meeting | | | | | 59 |
| 4.2 State Services Commission Standards | Notes | A Wilson | | | 64 |

## 5 OTHER

| 5.1 General Business | Notes | A Blair | | | |
| 5.2 Resolution toExclude the Public | Approves | A Blair | | | 75 |

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**DATE OF NEXT CCDHB MEETING — 31 JULY 2019**

11th Floor, Board Room, Grace Neill Block, Wellington Regional Hospital
### Interest Register

#### 26 JUNE 2019

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest</th>
</tr>
</thead>
</table>
| Mr Andrew BLAIR   | - Chair, Capital & Coast District Health Board  
                     - Chair, Hutt Valley District Health Board  
                     - Chair, Hutt Valley DHB Hospital Advisory Committee  
                     - Chair, Queenstown Lakes Community Housing Trust  
                     - Member, State Services Commission Advisory Group on Crown Entity Chief Executive Remuneration  
                     - Member of the Governing Board for the Health Finance, Procurement and Information Management System business case  
                     - Member, Hutt Valley DHB combined Disability Support Advisory Committee  
                     - Member, Hutt Valley DHB Community and Public Health Advisory Committee  
                     - Member, Capital & Coast DHB Finance, Risk and Audit Committee  
                     - Member, Capital & Coast Health Systems Committee  
                     - Owner and Director of Andrew Blair Consulting Limited, a Company which from time to time provides governance and advisory services to various businesses and organisations, include those in the health sector  
                     - Former Member of the Hawkes Bay District Health Board (2013-2016)  
                     - Former Chair, Cancer Control (2014-2015)  
                     - Former CEO Acurity Health Group Limited  
                     - Advisor to Southern Cross Hospitals Limited and Central Lakes Trust to establish an independent short stay surgical hospital in the Queenstown Lakes region  
                     - Advisor to the Board of Breastscreen Auckland Limited  
                     - Advisor to the Board of St Marks Women’s Health (Remuera) Limited |
| Dame Fran WILDE   | - Ambassador Cancer Society Hope Fellowship  
                     - Chief Crown Negotiator Ngati Mutunga and Moriori Treaty of Waitangi Claims  
                     - Chair, Kiwi Can Do Ltd  
                     - Chair National Military Heritage Trust  
                     - Chair, Remuneration Authority  
                     - Chair Wellington Lifelines Group  
                     - Deputy Chair, Capital & Coast District Health Board  
                     - Director Museum of NZ Te Papa Tongarewa  
                     - Director Frequency Projects Ltd |
| Dr Kathryn ADAMS  | - Member, Capital & Coast District Health Board  
                     - Fellow, College of Nurses Aotearoa (NZ)  
                     - Reviewer, Editorial Board, Nursing Praxis in New Zealand  
                     - Workplace Health Assessments and seasonal influenza vaccinator, Artemis Health  
                     - Director, Agree Holdings Ltd, family owned small engineering business, Tokoroa  
                     - Member, National Party Health Policy Advisory Group |

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Capital & Coast District Health Board  
26 JUNE 2019
<table>
<thead>
<tr>
<th>Name</th>
<th>Interest</th>
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<tbody>
<tr>
<td>Dr Roger BLAKELEY</td>
<td>- Member of Capital and Coast District Health Board&lt;br&gt;- Deputy Chair, Wellington Regional Strategy Committee&lt;br&gt;- Councillor, Greater Wellington Regional Council&lt;br&gt;- Member, Harkness Fellowships Trust Board&lt;br&gt;- Member of the Wesley Community Action Board&lt;br&gt;- Director, Port Investments Ltd&lt;br&gt;- Director, Greater Wellington Rail Ltd&lt;br&gt;- Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council&lt;br&gt;- Independent Consultant&lt;br&gt;- Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland&lt;br&gt;- Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington</td>
</tr>
<tr>
<td>Ms Eileen BROWN</td>
<td>- Member of Capital &amp; Coast District Health Board&lt;br&gt;- Board member (until Feb. 2017), Newtown Union Health Service Board&lt;br&gt;- Employee of New Zealand Council of Trade Unions&lt;br&gt;- Senior Policy Analyst at the Council of Trade Unions (CTU). CTU affiliated members include NZNO, PSA, E tū, ASMS, MERAS and First Union&lt;br&gt;- Executive Committee Member of Healthcare Aotearoa&lt;br&gt;- Executive Member of Health Benefits of Good Work&lt;br&gt;- Nephew on temporary CCDHB ICT employment contract.</td>
</tr>
<tr>
<td>Ms ‘Ana COFFEY</td>
<td>- Member of Capital &amp; Coast District Health Board&lt;br&gt;- Councillor, Porirua City Council&lt;br&gt;- Director, Dunstan Lake District Limited&lt;br&gt;- Trustee, Whitreia Foundation&lt;br&gt;- Brother is Team Coach for Pathways and Real Youth Counties Manukau District Health Board&lt;br&gt;- Father is Acting Director in the Office for Disability Issues, Ministry of Social Development</td>
</tr>
<tr>
<td>Ms Sue DRIVER</td>
<td>- Community representative, Australian and NZ College of Anaesthetists&lt;br&gt;- Board Member of Kaibosh&lt;br&gt;- Former Chair, Robinson Seismic (Base isolators, Wgtn Hospital)&lt;br&gt;- Advisor to various NGOs&lt;br&gt;- Daughter, Policy Advisor, College of Physicians</td>
</tr>
<tr>
<td>Ms Sue KEDGLEY</td>
<td>- Member, Capital &amp; Coast District Health Board&lt;br&gt;- Member, CCDHB CPHAC/DSAC committee&lt;br&gt;- Member, Greater Wellington Regional Council&lt;br&gt;- Member, Consumer New Zealand Board&lt;br&gt;- Deputy Chair, Consumer New Zealand&lt;br&gt;- Environment spokesperson and Chair of Environment committee, Wellington Regional Council&lt;br&gt;- Step son works in middle management of Fletcher Steel</td>
</tr>
<tr>
<td>Ms Kim NGARIMU</td>
<td>- Member of Capital and Coast District Health Board&lt;br&gt;- Deputy Chair, Capital &amp; Coast District Health Board, FRAC Committee&lt;br&gt;- Member, Medical Council of New Zealand (MCNZ)</td>
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<tr>
<td>Name</td>
<td>Interest</td>
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</table>
|      | • Member, Specialist Education Accreditation Committee (Australian Medical Council)  
• Member, Māori Heritage Council  
• Member, Waitangi Tribunal  
• Board Member, Te Māngai Pāhō (Māori Broadcasting Agency)  
• Board Member Eastern Institute of Technology  
• Board Member Heritage New Zealand  
• Director, Taaua Ltd (Public policy and management consulting company)  
• Trustee, Judith and Taina Ngarimu Whānau Trust (has shareholdings in various health related companies – share acquisition and sale is independently managed) |  |
| Mr Darrin SYKES | • Board Member, Capital & Coast District Health Board  
• Chair, Capital & Coast District Health Board, FRAC committee (effective 21 February 2018)  
• Member, Capital & Coast District Health Board, Remuneration Committee (effective 21 February 2018)  
• Trustee, Wellington Regional; Sports Education Trust (trading as Sports Wellington)  
• Board Member, Sport and Recreation New Zealand (trading as Sport NZ)  
• Member, Lottery National Community Committee  
• Member, Lottery Outdoor Safety Committee  
• Chief Executive, Crown Forestry Rental Trust  
# Executive Leadership Team

**Julie Patterson**  
*Interim Chief Executive Officer*

- Chair, Adverse Event Expert Advisory Group to Health Quality and Safety Commission
- Member of recent Independent Panel Advising on NZNO/DHB Multi-Employer Collective Agreement
- Director of New Era Business Services Ltd
- Director of Tinui Enterprises Ltd
- Trustee of Wellington Hospital Foundation
- Chair SIPCAG HQSC
- CEO representative on ACC’s NE Taskforce Working Group

**Mr John Tait**  
*Chief Medical Officer*

- Vice President RANZCOG
- Chair, National Maternity Monitoring Group
- Member, ACC taskforce neonatal encephalopathy
- Board member, Wellington Hospitals Foundation
- Board member Asia Oceanic Federation of Obstetrician and Gynaecology
- Chair, PMMRC

**Rachel Haggerty**  
*General Manager, Strategy Innovation & Performance*

- Director, Haggerty & Associates
- Chair, National GM Planner & Funder

**Nigel Fairley**  
*General Manager of 3DHB Mental Health, Addictions and Intellectual Disability Services*

- President, Australian and NZ Association of Psychiatry, Psychology and Law
- Trustee, Porirua Hospital Museum
- Fellow, NZ College of Clinical Psychologists
- Director and shareholder, Gerney Limited

**Carey Virtue**  
*Executive Director Operations Medicine Cancer and Community*

- None

**Sandy Blake**  
*General Manager, Quality Improvement and Patient Safety*

- Advisor to Patient Safety and Reportable Events programme, Health Quality Safety Commission
- Adviser to ACC re adverse events
- Son is Associate Director of Deloittes

**Delwyn Hunter**  
*Executive Director Operations Surgery Women and Children*

- Partner is employed by CCDHB (MHAIDS)
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Relationships and Responsibilities</th>
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<tbody>
<tr>
<td>Thomas Davis</td>
<td>General Manager, Corporate Services</td>
<td>None</td>
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<tr>
<td>Andrew Wilson</td>
<td>General Manager, People and Capability</td>
<td>Director and shareholder of ForeConsulting Business Services Ltd — contracts to health services</td>
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<td></td>
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<td>Family member is a midwife employed by CCDHB</td>
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<td>Family member is employed by TAS</td>
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<td>Arish Naresh</td>
<td>Executive Director Allied Health, Technical and Scientific</td>
<td>President NZ Dental and Oral Health Therapists Association</td>
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<td>Board Director, UNICEF New Zealand</td>
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<td>Executive Council Member, Allied Health Association of NZ</td>
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<td>Board Member, Federation of Primary Health</td>
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<td>Founder, Opportunities without Discrimination Movement</td>
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<td>Member, Asia NZ Foundation Leadership Network</td>
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<td>Advisor, NZ Federation of Multicultural Councils</td>
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<td>Director, Naresh Professional Services</td>
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<td>Director, Elev8 Communications</td>
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<td></td>
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<td>Locum Oral Health Consultant</td>
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<tr>
<td>Emma Hickson</td>
<td>Chief Nursing Officer</td>
<td>None</td>
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<tr>
<td>Michael McCarthy</td>
<td>Chief Financial Officer</td>
<td>Director/Trustee Prime Site Properties Ltd</td>
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<td>Consultant to Ahuriri Health Trust</td>
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<td>Business relationship with Teresa Wall/Lady Rei (Chair of CCDHB MPB) in primary care consulting</td>
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<td>Trustee of the Wellington Hospital Foundation</td>
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<td>Daughter works in cervical screening programme</td>
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<tr>
<td>Arawhetu Gray</td>
<td>Director Māori Health Services</td>
<td>Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group</td>
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<td>Director, Gray Partners</td>
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<td>Member, Te Hauora Rūnanga o Wairarapa Board</td>
</tr>
<tr>
<td>Taima Fagaloa</td>
<td>Director of Pacific Peoples’ Health/Manager Planning &amp; Funding, Child &amp; Population</td>
<td>Sister is a Registered Nurse for 3DHB MHAIDS</td>
</tr>
<tr>
<td>Roger Palairet</td>
<td>Chief Legal Counsel</td>
<td>Chair and Trustee of Carers NZ (non-profit organisation promoting the interests of family carers; funders include MoH, MSD and Waitemata DHB)</td>
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<tr>
<td></td>
<td></td>
<td>Chair and Trustee of the Wellington Community Trust</td>
</tr>
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<td></td>
<td>Sister-in-law is a paediatric nurse at CCDHB</td>
</tr>
<tr>
<td>Jannel Fisher</td>
<td>Communications Manager</td>
<td>Mother-in-law is a Bureau nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sister-in-law is a nurse at CCDHB</td>
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</table>
1 PROCEDURAL BUSINESS

1.1 PROCEDURAL
Darrin Sykes blessed the meeting with a karakia. The Capital & Coast District Health Board Chair, Andrew Blair, welcomed the Capital and Coast District Health Board CEO designate, Ms Fionaagh Dougan, Board members, support staff, guests, members of the public, and the Executive Leadership Team.

1.2 APOLOGIES
Ms ‘A Coffey and Dr R Blakeley.
1.3 INTERESTS

1.3.1 REGISTER OF INTERESTS
There were no items on the agenda that would cause any conflict. Darrin Sykes has been appointed as a committee member to the Lottery National Community and the Lottery Outdoor Safety Committees.

CONFLICTS RELATED TO ITEMS ON THE AGENDA
No other conflicts were identified in respect of items on the current agenda but there would be an additional opportunity at the beginning of each item for members to declare conflicts of interest.

1.4 MINUTES OF PREVIOUS MEETING 1 MAY 2019 RESOLVED THAT:
The minutes of the CCDHB Board meeting held on 1 May 2019, taken with the public present, were confirmed as a true and correct record.

Moved: Sue Kedgley Seconded: Eileen Brown CARRIED

5. MATTERS ARISING UPDATE
(a) Noted that the incoming Board should have the opportunity to become familiar with the organisational values and what they mean to the organisation.

6. ACTION LIST
The Board:
(a) Noted the reporting timeframes on the other open action items.

1.7 CCDHB WORK PLAN 2019
Changes noted.

1.8 CHAIR’S REPORT
The Chair will report to the combined board his meetings and correspondence.

1.9 CEO’S REPORT
The paper was taken as read.
The Board:
(a) Noted the updates and progress reports of the Clinical Governance Review and the Care and Capacity Management programme;
(b) Noted the Public Health concern related to student and social housing environment;
(c) Noted the involvement of Capital and Coast with the Wellington Civil Defence and Emergency Management Coordinating Executive Group;
(d) Noted and acknowledged the Gold award awarded to Naylor Love for the CCDHB ICU expansion project received at the recent New Zealand Commercial Project Awards.

Action
1. Management to provide a Health System view update to the Board.

1.10 CLINICAL COUNCIL REPORT
The paper was taken as read.
The Board:
(a) **Noted** that the Clinical Council met on 16 May 2019 to review one agenda item:


(b) **Noted** the Board’s expectations of the Clinical Council are still not being met and this will be discussed further in relation to the annual capital investment Budget.

### 2 FOR DECISION

#### 2.1 LOCAL GOVERNMENT ELECTIONS 2019

**The paper was taken as read.**

The Board:

(a) **Noted** the appointment of Mr Warwick Lampp as the electoral officer for the 2019 DHB elections;

(b) **Agreed** that the names on the 2019 voting papers be set out in random order;

(c) **Approved** that early processing be undertaken in respect of the votes of the Capital and Coast District Health Board at the 2019 elections by which votes are processed during the voting period;

(d) **Noted** the 2019 Board elections will be conducted under the single transferrable vote (“STV”) system;

(e) **Agreed** that an information evening for 2019 CCDHB candidates be arranged

(f) **Noted** the timetable for the 2019 Local Government Elections;

(g) **Delegated** the finalisation of arrangements for the CCDHB elections to management.

Moved: Sue Kedgley  
Seconded: Kathryn Adams  
CARRIED

### 3 FOR DISCUSSION

#### 3.1 HEALTH AND SAFETY REPORT

**The paper was taken as read.**

The Board:

(a) **Noted** that there were no reported Notifiable Events in April;

(b) **Noted** management previously reported six lost time injuries in March however as a result of late reporting this increased to seven;

(c) **Noted** there were seven lost time injuries in April compared with only five last year;

(d) **Noted** the lost time injury frequency has declined this month for the general hospital and remained the same in MHAIDS;

(e) **Noted** the current Health and Safety Risks are included in the Board Risk Report.
3.2 CHILDREN’S HOSPITAL PROGRAMME UPDATE
The paper was taken as read.

The Board:

Health & Safety Summary
(a) Noted that there has been no incidents, since the last report.

New Children’s Hospital Programme of Works
(b) Noted that the NCH projects, CCDHB internal teams & CCDHB external consultants are continuing to work with the Benefactors team in achieving 100% Detail Design.
(c) Noted that Building Consent (BC-1) for the foundations was granted. Site works will ramp up in May including the beginning of the concrete raft slab.
(d) Noted that the Oncology reconfiguration is proceeding through design stages with demolition and tender selections targeted for May 2019
(e) Noted that Fixtures, Fittings and Equipment (FF&E) preliminary work has commenced.

4 FOR INFORMATION

4.1 HEALTH SYSTEM COMMITTEE RECOMMENDATIONS
The minutes were taken as read.

The Board:
(a) Noted that the Health System Committee approved the first draft SOI, incorporating the SPE to be submitted to the Ministry of Health on 16 May 2019;
(b) Noted a joint submission on to the Wellington City Council in support of a bylaw that includes all commercial services that risk cutting/piercing or burning the skin;
(c) Noted the Acute Demand and Bed Capacity programme has been established to provide a whole of system response to acute demand growth and will have some impact on bed day reductions;
(d) Noted the Maori Partnership Board tabled noted that they have not been able to review the Annual Plan in a timely matter.

Action
2. Management to arrange a workshop with Board members on the Budget financials after the Health System Committee meeting.

5 OTHER

5.1 GENERAL BUSINESS

5.2 RESOLUTION TO EXCLUDE THE PUBLIC
The Board NOTED and RESOLVED to:
(a) Agreed that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:
**Public Excluded Minutes**
For the reasons set out in the respective public excluded papers.

**Public Excluded Matters Arising from previous Public Excluded meeting**
For the reasons set out in respective public excluded papers.

**Chair’s report**
**CEO’s report**
**FRAC Recommendations**
Proposal to purchase six replacement anesthetic machines and monitors

**Capital Funding Request to implement Exchange Online**

**Lease Options for Pyxis and Mobile X-Ray Machines**

**New Children’s Hospital – Cancer Corridor Business Case**

**Register of Contract and Agreement Signoffs**

**Risk Report**

**Patient Safety Status and Health and Disability Commission Complaints**

**Children’s Hospital Programme of Works Status Update**

**2019/2020 Capital Prioritisation**

**Draft Annual Plan - Statement of Intent; Statement of Expectations**

**Draft Annual Planning Financials**
Subject to Ministerial approval

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*Official Information Act 1982.*

**Moved:** Eileen Brown  **Seconded:** Sue Kedgley  **CARRIED**

*The meeting closed at 10.15am.*

**6 DATE OF NEXT MEETING**

Wednesday 26 June 2019, 12.30pm, 11th Floor, Boardroom, Grace Neill Block, Wellington Regional Hospital, Wellington.

**CONFIRMED** that these minutes constitute a true and correct record of the proceedings of the meeting

**DATED** this ................................................day of...............................................2019

Andrew Blair
CHAIR CCDHB
PRESENT
Andrew Blair Chair, Capital & Coast and Hutt Valley DHBs
Kathryn Adams Member, Capital & Coast DHB
Eileen Brown Member, Capital & Coast DHB
‘Ana Coffey Member, Capital & Coast DHB
Sue Driver Member, Capital & Coast DHB
Sue Kedgley Member, Capital & Coast DHB
Kim Ngarimu Member, Capital & Coast DHB
Darrin Sykes Member, Capital & Coast DHB
Fran Wilde Deputy Chair, Capital & Coast DHB

APOLOGIES
Roger Blakeley Member, Capital & Coast DHB for early departure
Eileen Brown Member, Capital & Coast DHB for absence 1.00 – 3.15 pm
‘Ana Coffey Member, Capital & Coast DHB for late arrival

IN ATTENDANCE
Fionnagh Dougan Chief Executive Designate
Julie Patterson Acting Chief Executive
Rommel Anthony Acting 3DHB Chief Information Officer for 1.45 pm
Sandy Blake General Manager, Quality Improvement and Patient Safety
Thomas Davis General Manager, Corporate Services from 12.58 pm
Taima Fagaloa Director of Pacific People’s Health from 12.58 pm
Nigel Fairley General Manager, 3DHB MHAIDS
Arawhetu Gray Direct Maori Health Services
Rachel Haggerty Executive Director, Strategy, Innovation and Performance
Mike McCarthy Chief Financial Officer
Arish Naresh Executive Director Allied Health, Scientific and Technical
Andrew Wilson Acting General Manager, People and Capability
Carey Virtue Executive Director Operations, Medicine, Cancer and Community
Chas Te Runa External Communications Advisor

HVDHB
Lisa Bridson Member, Hutt Valley DHB
Yvette Grace Member, Hutt Valley DHB
Wayne Guppy Deputy Chair, Hutt Valley DHB
Ken Laban Member, Hutt Valley DHB
Prue Lamason Member, Hutt Valley DHB
Kim von Lanthen Member, Hutt Valley DHB
Tim Ngan Kee Member, Hutt Valley DHB
David Ogden Member, Hutt Valley DHB from 12.48 pm
John Terris Member, Hutt Valley DHB from 12.42 pm
Judith Parkinson Acting Chief Executive
Kristine McGregor Executive Officer, HVDHB
Melissa Brown Interim Chief Operating Officer
<table>
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<tr>
<th>BOARD</th>
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<tbody>
<tr>
<td>Rod Bartling Service Improvement Director, Mental Health and Addictions</td>
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<tr>
<td>Sisira Jayathissa Chief Medical Officer</td>
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<tr>
<td>Fiona Mayo Communications Manager</td>
<td>from 12.35 pm</td>
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<tr>
<td>Tofa Suafole-Gush Director of Pacific People’s Health</td>
<td>from 1.13 pm</td>
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<tr>
<td>Christine King Director of Allied Health, Scientific and Technical</td>
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<tr>
<td>Fiona Allen General Manager – Human Resources and Organisational Development</td>
<td>from 2.18 pm</td>
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<td>Kerry Dougall Director of Maori Health</td>
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<td>Christine Rabone Committee Secretary</td>
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<td>Kate Charles</td>
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<th>GUESTS</th>
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<tr>
<td>Tino Pereira Chair, Sub-regional Pacific Health Advisory Group</td>
<td>1.25 – 1.45 pm</td>
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<td>1 x member of the public</td>
<td>12.30 – 2.08 pm</td>
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<tr>
<td>Lealamanua (Caroline) Mareko</td>
<td>12.58 – 1.45 pm</td>
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1. PROCEDURAL BUSINESS

The Chair welcomed the Board, the Chief Executive Designate, Interim Chief Executive, and the executive team to the meeting together with the representatives of HVDHB.

The Chair informed the Board that although the CCDHB and HVDHB Boards were meeting together at the same time, these were two separate DHB Board meetings being held concurrently.

1.1 KARAKIA

The meeting was opened with a karakia

1.2 APOLOGIES

The Board NOTED apologies from Mr R Blakeley, Mr D Sykes and MS E Brown (for early departure) and Ms A Coffey (for late arrival)

1.3 CONTINUOUS DISCLOSURE

The Board CONFIRMED that it was not aware of any matters (including matters reported to, and decisions made by the Board at this meeting) that required disclosure.

1.3.3 INTEREST REGISTER – CAPITAL & COAST DHB

The Board NOTED that no changes to the interest register were declared in the meeting

1.3.4 CONFLICT OF INTEREST

The Board CONFIRMED that it was not aware of any matters (including matters reported to, and decisions made, by the Board at this meeting) that require disclosure and that there would be an opportunity to declare any conflicts prior to discussion on each item of the agenda.

1.6 DRAFT 2019 JOINT BOARDS’ WORK PLAN

The Chair acknowledged the work of Roger Blakeley, Sue Driver, Kim von Lanthen, the acting Chief Executives of HVDHB & CCDHB, and Kristine McGregor for their work on today’s agenda ensure it had a more strategic focus

The Chair noted that the meeting dates for 2020 and the 2020 workplan is due to the Boards in August, and whilst the current Boards would endorse its adoption, there would be the opportunity for the newly elected Boards to review it after they take office.

The Board noted the draft 2019 joint Boards’ workplan

1.7 CHAIR’S REPORT

The Chair provided a verbal report to the Board, noting the correspondence he has received and sent (included in today’s papers), the meetings he had attended since the last Board meeting, the upcoming meetings he will be attending and any media queries he had received.

Correspondence

2 May 2019 (incoming) Letter from Michelle Arrowsmith, DDG DHB Performance, Support and Infrastructure, MOH, regarding DHB strategic conversations with the Ministry on 24 May

9 May 2019 (incoming) Letter from John Ryan, Controller and Auditor-General, regarding insights and reflections from Audit NZ’s 2017/18 central government audit work

20 May 2019 (incoming) Letter from the Minister of Health regarding the approval of the Central Region’s 2018/19 Regional Services Plan
9 May 2019 National DHB Chairs and CEs meeting

- Presentation form Peter Boshier, Chief Ombudsman
- Discussion was held regarding the need to improve the induction process run by the Ministry of Health for new Board members

The Board **NOTED** the contents of the verbal report.

1.8 **COMBINED CHIEF EXECUTIVES’ REPORT**

The report was taken as **READ**.

The Acting and Interim Chief Executives of HVDHB and CCDHB provided verbal updates on the strategic meeting they had with the Ministry of Health on 24 May, and noted that this meeting was very positive.

Following today’s Budget 2019 announcements, Mr M McCarthy and Ms J Parkinson will analyse how this will affect CCDHB’s & HVDHB’s final 2019/20 budgets, and will send this out to the Boards.

The Board:

a) **NOTED** the consultation on the lead DHB for MHAIDS is well underway;

b) **NOTED** that the DHBs had a strategic conversation with the Ministry of Health on 24 May;

c) **NOTED** that a written submission to the Health System Committee is underway.

3. **AGENDA FOR CHANGE**

3.1 **IMPLEMENTATION PLAN LIVING LIFE WELL – 3DHB MENTAL HEALTH & ADDICTIONS STRATEGY**

The paper was taken as **READ**.

Ms R Haggerty provided a verbal summary of the development process, and presented overview of the implementation plan. She acknowledged the work of Mr R Bartling and Ms K Charles in the development of strategy and its implementation plan.

Mr D Sykes departed the meeting at 12.55 pm
Ms T Fagaloa and Ms L Malua entered the meeting at 12.58 pm

The Board noted that the implementation plan has been endorsed by Wairarapa DHB.

The Board noted that the implementation plan could be used as the framework for future reporting on mental health.

The Board:

a) **APPROVED** the *Living Life Well 2019 – 2025* Implementation Plan;

b) **NOTED** that a large programme of mental health improvement work is already underway;

c) **NOTED** that additional investment will need to be committed to by the 3DHBs to achieve the full outcomes sought from this Plan, as well as a reconfiguration of some of mental health investments and transformative change in the MHAIDS services;

d) **NOTED** that a Population Outcomes Framework will be presented to DSAC for feedback in August 2019 and to the 3DHB Boards for approval in November 2019;

e) **NOTED** that a five-year investment plan be presented to DSAC for feedback in December 2019 and to the 3DHB Boards for approval in February 2020;
f) **NOTED** that the Strategy and Implementation Plan will be reviewed against the Government’s response to the Mental Health and Addiction Inquiry Report once available;

g) **NOTED** that Implementation Plan will be reviewed in December 2019, and annually thereafter.

MOVED: F Wilde  
SECONDED: K Adams  
CARRIED

## 2. PATIENT STORY

### 2.1 PATIENT EXPERIENCE STORY

Ms T Fagaloa introduced Ms Mareko (Caroline) to the Board who shared her experience in the health system when she was trying to find out further information about bariatric surgery. She noted that barriers not only exist within the health system, but throughout the wider community (for instance, the lack of ramp access into and out of some local pools).

The Board Chair thanked Taima and Caroline for bringing the story to the meeting.

## 3. AGENDA FOR CHANGE

### 3.3 PACIFIC PEOPLE’S HEALTH UPDATE

*Fa’amatuainu Tino Pereira entered the meeting at 1.25 pm*

The Board:

a) **NOTED** the contents of this report;

b) **NOTED** the 3DHB Pacific Plan engagement;

c) **NOTED** the appointment of the Sub-regional Pacific Strategic Health Group members

### 3.2 UPDATE ON PROGRESS AGAINST the 2018/19 REGIONAL SERVICES PLAN

The Board:

a) **NOTED** progress update on the regional programme for 2018/19 as provided by the Central Region Technical Advisory Services (TAS).

### 3.3 3DHB MEDICATION MANAGEMENT IT ROADMAP

The Board:

a) **NOTED** the information in this paper.
3. COLLABORATIVE ACTIVITY

4.1 3DHB DSAC RECOMMENDATIONS 6 MAY 2019

The Board noted the Living Life Well implementation plan had already been approved earlier in the meeting.

4.2 3DHB MHAIDS UPDATE

The paper was taken as READ.

M N Fairley updated the Board that the final decision on the MHAIDS consultation would be due to come to the Board in July (was previously advised as June)

The Board:

a) NOTED MHAIDS Consultation is underway. The first phase, which sought feedback from staff has been extended to 7 June. This is being collated and reviewed by the MHA Improvement Programme Governance Group;

b) NOTED a pilot is underway with a Mental Health Nurse being based in WRH’s Emergency Department;

c) NOTED at a recent Zero Seclusion forum, the MHAIDS storyboard received an award for the category “best use of data to describe improvement”.

4.3 2DHB PEOPLE AND CAPABILITY REPORT

The paper was taken as READ.

The Board:

a) NOTED the content of the report in regards to the progress being made by HVDHB and CCDHB against the General Manager Human Resources (GM HR) regional priorities;

b) NOTED the regional priorities of the Central Region GMs HR;

c) NOTED the performance of HVDHB and CCDHB against key HR metrics relating to the management of staff establishment and vacancies (CCDHB only), employee turnover, annual leave and sick leave.

4.4 3DHB ICT QUARTERLY UPDATE

The paper was taken as READ.

Action: The Board requested management provide an update to FRAC regarding matters raised in “Information Communications Technology controls” section of the letter from the Controller and Auditor-General dated 9 May 2019.

The Board:

a) NOTED that the availability of key (category one) ICT systems over the reporting period measured 99.54 percent against a target of 99.90 percent. The average availability over the last 12 months measured 99.39 percent;

b) NOTED that all planned data backups were completed successfully during the reporting period;

c) NOTED that two low level cyber security phishing incidents occurred during the reporting period that resulted in an urgent piece of security remediation work in April 2019;

d) NOTED the appointment of the 3DHB Chief Clinical Information Officer (CCIO);

e) NOTED the recruitment of the new Chief Digital Officer to replace Shayne Hunter has been completed.

4.5 POPULATION HEALTH REPORT

The paper was taken as READ.
The Board requested further information be provided in subsequent reports regarding access rates to community dental services.

The Board requested management investigate what work can be done to improve access to warm water in schools (as a means of reducing skin infections).

The Board requested data be provided in subsequent reports regarding the follow up of patients following abnormal cervical and breast screening results.

The Board:

a) **RECEIVED** the updates from the three regional services (Regional Public Health, Wellington Regional Dental Service and Regional Screening);

b) **NOTED** the process for reporting updates from the Greater Wellington Regional Drinking Water Joint Working Group to the CCDHB and HVDHB Executive Leadership teams;

c) **NOTED** the change of direction for the Regional Child Oral Health Service (RCOHS) to involve Pasifika Early Childhood Centres for the supervised tooth brushing programme;

d) **NOTED** the proposal for the high risk strategy intervention for the Regional Child Oral Health Service’s most vulnerable children through a Kāiawhina driven fluoride application programme;

e) **NOTED** the commitment by the Regional Child Oral Health Service on eliminating service arrears by end of 2020.

5. **OTHER**

5.1 **GENERAL BUSINESS**

No items of general business were raised.

5.2 **RESOLUTIONS TO EXCLUDE THE PUBLIC**

The Board **RESOLVED** to **AGREE** that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>REASON</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Excluded Minutes and Public Excluded Matters Arising from previous meeting</td>
<td>For the reasons set out in the 1 May 2019 Capital &amp; Coast DHB, and 2 May 2019 Hutt Valley DHB Board agendas</td>
<td>Section 9(2)(f)(iv) Section 9(2)(j)</td>
</tr>
<tr>
<td>Combined Chief Executives’ report</td>
<td>Information contained in the paper may be subject to change as the information has not yet been reviewed by the Boards’ FRACs Paper contains information and advice that is likely to prejudice or disadvantage negotiations</td>
<td>Section 9(2)(j)</td>
</tr>
<tr>
<td>Sub-committee draft minutes</td>
<td>Papers contain information and advice that is likely to prejudice or disadvantage negotiations</td>
<td>Section 9(2)(j)</td>
</tr>
<tr>
<td>Joint Long Term Investment update – options to manage increasing dialysis demand in the sub-region</td>
<td>Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.</td>
<td>Section 9(2)(i)(j)</td>
</tr>
<tr>
<td>Audit NZ – audit engagement letter and fees 2018/19</td>
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<tr>
<td>Data Networks Services Transition update</td>
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</tbody>
</table>
8. **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday, 26 June 2019, in the level 11 Boardroom, Grace Neill Block, Wellington Regional Hospital, commencing at 12.00 pm.

**CONFIRMED** that these minutes constitute a true and correct record of the proceedings of the meeting.

**DATED** this [insert date] day of 2019

ANDREW BLAIR  
CHAIR  
CAPITAL & COAST DISTRICT HEALTH BOARD
<table>
<thead>
<tr>
<th>Original Meeting Date</th>
<th>Ref</th>
<th>Topic</th>
<th>Action</th>
<th>Resp</th>
<th>How Dealt with</th>
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<tbody>
<tr>
<td>30 May 2019</td>
<td>BP2019-9</td>
<td>Population Health report</td>
<td>The Board requested data be provided in subsequent reports regarding the follow up of patients following abnormal cervical and breast screening results</td>
<td>Interim COO, HVDHB</td>
<td>Information included in next report</td>
<td>29 August 2019</td>
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<tr>
<td>30 May 2019</td>
<td>CBP2019-7</td>
<td>Population Health report</td>
<td>The Board requested management investigate what work can be done to improve access to warm water in schools (as a means of reducing skin infections)</td>
<td>Interim COO, HVDHB</td>
<td>Investigation undertaken and report back included in next report</td>
<td>29 August 2019</td>
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<tr>
<td>2 May 2019</td>
<td>BZ2019-2</td>
<td>Strategy, Planning and Outcomes update</td>
<td>The Board requested that management investigate the Board visiting Te Omanga's new facility</td>
<td>Executive Officer</td>
<td>Site visit arranged for 27 June</td>
<td>June 2019</td>
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## SCHEDULE OF ACTION POINTS – 26 JUNE 2019 PUBLIC MEETING

<table>
<thead>
<tr>
<th>Action No</th>
<th>Date of Meeting</th>
<th>Agenda Item Number</th>
<th>Topic</th>
<th>Action</th>
<th>Designated to</th>
<th>How Dealt With</th>
<th>Due Date</th>
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</thead>
<tbody>
<tr>
<td>P0087</td>
<td>30 May</td>
<td>1.9</td>
<td>CEO’s Report</td>
<td>Management to provide a Health system view update to the Board</td>
<td>Dir SIP</td>
<td>Paper</td>
<td>June</td>
</tr>
<tr>
<td>P0085</td>
<td>1 May</td>
<td>1.9</td>
<td>CEO’s Report</td>
<td>Management to review Standards for Public Servants and to report to Board as to how they will be implemented</td>
<td>GM PC</td>
<td>Report</td>
<td>June</td>
</tr>
<tr>
<td>P0079</td>
<td>12 December 2018</td>
<td>4.3</td>
<td>Health System Committee Recommendations</td>
<td>Management to schedule a Citizens Council presentation to the Board early 2019.</td>
<td>Dir SIP</td>
<td>Presentation</td>
<td>March May July 2019</td>
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</table>

### Actions completed prior to 26 June meeting

<table>
<thead>
<tr>
<th>Action No</th>
<th>Date of Meeting</th>
<th>Agenda Item Number</th>
<th>Topic</th>
<th>Action</th>
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<th>How Dealt With</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>P0088</td>
<td>30 May</td>
<td>4.1</td>
<td>Health System Committee Recommendations</td>
<td>Management to arrange a workshop with Board members on the Budget financials after the Health System Committee meeting</td>
<td>CEO</td>
<td>Workshop</td>
<td>June</td>
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<td>Month</td>
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<td>Mental Health Services</td>
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<td>Regular Reporting</td>
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<tr>
<td>Regular CCDHB items: (Public) Chair’s Report; CEO’s Report; Clinical Council Report; HSC Recommendations; HSC Minutes; Children’s Hospital Report; Resolution to Exclude (Public Excluded): Chair’s Report; CEO’s Report; FRAC recommendations; FRAC minutes; Workforce and Employment Relations Update; Children’s Hospital Programme Status Update.</td>
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**Commented [RF[1]:** Changed for availability of guests

**Commented [RF[2]:** Transferred to July as Chair not available

**Commented [RF[3]:** Deferred to June

**Commented [RF[4]:** On hold

**Commented [RF[5]:** Deferred until documents are ready

**Commented [RF[6]:** Request to add to agenda 23/5/2019

**Commented [RF[7]:** Request to add to agenda 23/5/2019

**Commented [RF[8]:** Deferred to June

**Commented [RF[9]:** To combined agenda

**Commented [RF[10]:** To combined agenda

**Commented [RF[11]:** Replaced with Patient Safety Report

**Commented [RF[12]:** Replaced with Patient Safety Report

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<td>Information</td>
<td>Population Health (Regional Public Health Report) Facilities and Infrastructure Update Pacific Health Update</td>
<td>Litigation and legal risk update Environmental Sustainability Update</td>
<td>Litigation and legal risk update Environmental Sustainability Update</td>
<td>Population Health (Regional Public Health Report)</td>
<td>Primary Birthing Facility Feasibility Study</td>
<td>Litigation and legal risk update Environmental Sustainability Update</td>
<td>Population Health (Regional Public Health Report) Facilities and Infrastructure Update Pacific Health Update</td>
<td>Environmental Sustainability Update</td>
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CCDHB Public 26 June 2019 - PROCEDURAL BUSINESS
Kia ora koutou

I have been thinking about the importance of the name of the new children’s hospital and would like to share an idea.

I am a public health academic at University of Otago Wellington. I’ve looked at children’s policy in NZ compared to Sweden and Australia. As you well know, NZ does poorly in child health compared to other high income nations and we have high levels of preventable disease. My research from Sweden found that the primary reason they have such good children’s policies and outcomes is because of a deep-seated valuing of children in society (which became embedded over the last 80 yrs). Children had a high profile and were at the centre of society (and they were portrayed as strong & resilient agents with a lot to offer the world as children).

NZ is on the pathway to showing that as a country we value children but we have a long way to go. There are various groups of children that have been especially marginalised – especially Maori and Pacific children (and children with disabilities, in care etc).

Mark Dunajtschik has done a tremendous amount to raise the profile of children in this city and DHB. The choice of name for the new children’s hospital could be another important and enduring symbolic way to help embed a higher profile and positive view of children in our region. The way that is done could generate a strong community connection to the new hospital (and I would love to see it becoming a hub of wider community child-related activity).

I was wondering if there might be interest in exploring this further? The children’s hospital in Stockholm is named after Astrid Lindgren, the author of Pippi Longstocking (a strong and courageous girl who overcome great odds). It could be good to explore with our local Māori leaders whether a special name unique to our region would be appropriate or desired e.g. naming it after a young Māori girl/woman with a story of strength/vision/resilience (e.g from history/a fictional character/mythological entity/ancestor from our region)? It could help to embed a deep sense of community ownership and engagement with this fantastic new hospital.

I was wondering if there might be interest in exploring this idea further? It seems to be an important opportunity and I’d love to have a conversation to see if it is feasible and gain further leverage from the wonderful new hospital and help to make NZ the best place for children.

Best wishes

Amanda

Dr Amanda D’Souza MBChB, DCH, MPH, FNZCPHM
Convenor (4th year public health module) & Senior Lecturer
Department of Public Health (I am based in the Dept on Monday, Tuesday, Friday)
University of Otago, Wellington | Te Whare Wānanga o Otago ki Te Whanga-Nui-a-Tara
23a Mein St, PO Box 7343, Wellington South 6242
Tel 04 9185516
Mob 0210330547
11 June 2019

Dr Amanda D'Souza  
Department of Public Health  
University of Otago  
P.O Box 7343  
Wellington South 6242

Dear Amanda

Thank you for your email with suggestions about the name of the new children’s hospital. This is an issue which the Board and management are concerned about.

It is important that we recognise the very generous gift from Mark Dunajtschik and the name of the building is likely to reflect this. As you note the building provides us with other opportunities in delivering health services and to launch the delivery of child health services across the region with a new image and brand. It’s really important that children and their whānau see the new hospital as a positive environment and not something to fear which is often the connection made with hospitals.

We are very aware that there are many internal and external stakeholders in this project who will have their own interests and ideas about the name of the building and the child health services we will provide from the building. We have already had significant engagement with various stakeholder groups including our consumers, disability groups, clinicians and our Māori Partnership Board in the design of the new hospital.

To ensure we consider the interests of the many stakeholders in this project we have engaged an external consultancy to meet with the various stakeholders to obtain their input to naming the building and the child health services. We look forward to their report and proposal to achieve what you have outlined in your email. There are some great examples internationally as you have noted and we want to ensure we take this opportunity to do something similar. We will pass your comments to our consultants to consider.

Yours sincerely

Andrew Blair  
Board Chair

cc:  fran@franwilde.com  
kim@qva.co.nz  
juile.patterson@ccdhb.org.nz  
eileenb@nzctu.org.nz  
Andrew.Marshall@ccdhb.org.nz
Kia ora Andrew, Clare and colleagues

Many thanks for your reply – this will be an exciting process with tremendous potential.

The nature of my research is unique for NZ and if possible I would value the opportunity to meet with your consultants at an early stage – thank you for passing on my email.

Would it be possible for them to meet with Neavin Broughton as well? Neavin is the Cultural Engagement Facilitator at Te Wharewaka o Pōneke (mobile 021 676 073) and is an expert on local Maori history, process, and the importance of a name: https://www.stuff.co.nz/dominion-post/culture/104736670/theres-always-a-story-in-a-te-reo-mori-name

If it would help, I (and Neavin) would be delighted to meet with you, Mark Dunajtschik and others to discuss how to maximise the potential and aspirations for the region’s children and whanau from this extraordinary gift.

Nga mihi
Dr Amanda D’Souza
Mob 021 0330 547
20 May 2019

Mr Andrew Blair, Chair &
Julie Patterson, Interim CEO
Capital & Coast District Health Board
Private Bag 7902
Newtown
Wellington 6242

Dear Andrew & Julie,

Wellington Regional Children’s Hospital – Funding Applications

With reference to applications received from Child Health the Foundation is pleased to advise funding has been approved to enable the purchase of the following items:

1 x Wall Mounted Cardiac Monitor  
(Ward 2)  
$18,051.67 (excl. GST)

2 x Resmed Lumis VPAP machines  
(Children’s Clinic)  
$5,578.00 (excl GST)

Please find enclosed, cheques totalling $23,629.67 representing payment of the Foundations donation for the above equipment.

The Foundation is pleased to have been able to assist with this request.

Yours sincerely,

[Signature]

Bill Day, MNZM, JP
Chair

cc: Delwyn Hunter
    Mike McCarthy
    Mal Joyce
    Andrew Marshall
    Karen Bridge
    Hamish Collier
    Kelly Smith

Wellington Hospitals Foundation
Level 2, Wellington Regional Hospital,
Riddiford Street, Wellington
Private Bag 7902, Newtown, Wellington 6242

Phone: 04-806-2332 or 0800 WGTN HOSP
Email: admin@whtf.org.nz
Online: www.whtf.org.nz
20 May 2019

Mr Andrew Blair, Chair &
Julie Patterson, Interim CEO
Capital & Coast District Health Board
Private Bag 7902
Newtown
Wellington 6242

Dear Andrew & Julie,

ORA Therapies – Funding Applications

With reference to an application received from ORA Therapies the Foundation is pleased to advise funding has been approved to enable the purchase of the following item:

1 x Anatomical Model of the Male Pelvic Floor $979.17 (excl. GST)
(Physiotherapy)

Please find enclosed, cheque for $979.17 representing payment of the Foundations donation for the above equipment.

The Foundation is pleased to have been able to assist with this request.

Yours Sincerely

[Signature]

Chair

cc: Michael McCarthy
    Kevin Harris
    Chris Nash
    Isobel Weeks
    Murray Harrison
    Kelly Smith

Wellington Hospitals Foundation
Level 2, Wellington Regional Hospital,
Riddiford Street, Wellington
Private Bag 7902, Newtown, Wellington 6242
Phone: 04-806-2332 or 0800 WGTN HOSPITAL
Email: admin@whf.org.nz
Online: www.whf.org.nz
20 May 2019

Mr Andrew Blair, Chair &
Julie Patterson, Interim CEO
Capital & Coast District Health Board
Private Bag 7902
Newtown
Wellington 6242

Dear Andrew & Julie,

Women’s Health - Funding Applications

With reference to an application received from Women’s Health the Foundation is pleased to advise funding has been approved to enable the purchase of the following item:

1 x Cuddle Cot spare ancillaries kit  $504.65 (excl. GST)
  (Ward 4 North)

Please find enclosed, cheque for $504.65 representing payment of the Foundations donation for the above equipment.

The Foundation is pleased to have been able to assist with this request.

Yours sincerely

Bill Day, MNZM, JP
Chair

cc:  Michael McCarthy
     Jacqueline Gartell
     Rhondda Know
     Gail Austin
     Kelly Smith
27 May 2019

Mr Bill Day
Chair
Wellington Hospitals Foundation
Level 2
Wellington Regional Hospital

Dear Bill

Re: Wellington Regional Children’s Hospital – Funding Approvals

Thank you for your letters of 20 May enclosing cheques to enable purchase of the following items:

1 x Wall Mounted Cardiac Monitor $18,051.67 (excl GST)
(Ward 2)

2 x Resmed Lumis VPAP machines $5,578.00 (excl GST)
(Children’s Clinic)

1 x Cuddle Cot spare ancillaries kit $504.65 (excl GST)
(Ward 4 North)

1 x Anatomical Model of the Male Pelvic Floor $979.17 (excl GST)
(Physiotherapy)

The Board greatly appreciates the support of the Foundation in providing this funding.

Yours sincerely,

Andrew Blair
Board Chair
Capital & Coast DHB
Begin forwarded message:

From: Ruth Lavelle Treacy <ruth@assegai.co.nz>
Subject: Meeting request | Andrew Blair (Chair CC & Hutt Valley DHBs) | John Fiso (Chair Fiso Group & Pacific Health Plus)
Date: 23 April 2019 at 3:49:51 PM NZST
To: andrew@blairconsulting.co.nz,
andrew.blair@cedhb.org.nz

Dear Andrew,
We have not met, but I am writing to you to both share information on John Fiso and also to request whether you could take some time to meet with John at your convenience.

John, a respected New Zealand businessman of Samoan descent, who spent 20 years in the education sector improving outcomes of Pacific and Maori youth (see further details below), in December last year invested in a health service in Porirua called Pacific Health Plus (previously Porirua Health Services). John bought this business to save it from bankruptcy. It services around 2000 Pacific people in Cannons Creek.

Within six weeks of taking over, John’s group had brought the service back to financial health with new management and a new board. Six weeks subsequent to that, John facilitated signing of a ground-breaking medical research partnership between Pacific Health Plus and the Maurice Wilkins Centre (see the media release attached) to ultimately improve the health of Pacific people.

John would appreciate an opportunity to meet with you to share his vision for improving the outcomes of Pacific people in the Wellington region and how Pacific Health Plus can contribute to this. John is also keen to hear your thoughts and ideas in relation to strategically improving the response to Pacific health issues.

I look forward to hearing back from you.
With kind regards,
Ruth Lavelle Treacy
021 104 6909
Director
Assegai

About John Fiso
Chairman of the Fiso Group, Former CEO and Founder New Zealand Institute of Sport, Current Board Member Pacific Corporation Foundation
John has had extensive governance and management experience in education, health and economic development sectors. He has served as
Chairman of the Independent Tertiary Education Providers of NZ (ITENZ) and on the boards of the Pacific Co-operation Foundation, Ako Aotearoa, Volleyball NZ and the Pacific Business Trust. He was awarded the NZ Order of Merit for services to sport, education and the Pasifika community. He was named Wellingtonian of the Year for services to education in 2016. John was also recognised by the Tagata Pasifika with the ‘People’s Choice’ award for contributions to education and the inaugural winner of the ANZ Pacific Business Awards. As the first Pacific Otago University Physical Education graduate he went on to teach at Mana College in Porirua in Physical Education and Health introducing a range of innovative programmes. John then founded the New Zealand Institute of Sport (NZIS), a three tier education institute with both foundation, vocational and graduate programmes with strong national and international links. NZIS increased qualification rates and changed outcomes of thousands of Māori and Pacific youth. It started with 18 students in Porirua and grew to qualifying over 1000 students annually across multiple campus sites across the country.

About the Fiso Group
The Fiso Group (FG) is owned by John Fiso and is a commercial/business arm of the Fiso Family Trust. The Fiso family were one of the earliest Pacific families to come to New Zealand in the early 1950’s. The Fiso Group currently has interests in health and the wellness sector, overseas investments in horticulture, hospitality, infrastructure, commercial and residential property. Through Pacific Health Plus, the Fiso Group sees the opportunity to provide capable, competent, skill-based leadership in the Porirua region to enhance and build capacity and excellence in the health care provision to the Pacific and wider community in Porirua. The Fiso Group is seeking further investment and partnerships opportunities to contribute to solutions for economic upliftment for Pasifika in New Zealand.

Pacific Health Plus
Pacific Health Plus, based in Cannons Creek, Porirua, was established as a subsidiary of the Fiso Group in January 2019. It was formerly known as Porirua Health Services (PHS) which had been operating for 10 years but during 2018 came under severe financial pressure. As a result, the Board of PHS embarked on a formal bid process to identify new owners. This was conducted by legal firm Gibson Sheat and accountancy BDO Spicers with five bids submitted. The Fiso Investment Group was notified as the successful bidder in December 2018 and the new entity, Pacific Health Plus (PHP), was set up. Pacific Health Plus is a primary care provider to 2000 local residents who are mainly of Pacific descent. Further information can be found here:


Maurice Wilkins Centre
www.mauricewilkinscentre.org
The Maurice Wilkins Centre is a national Centre of Research Excellence that involves over 400 of New Zealand’s top scientists and clinicians from Universities, CRIs and independent research organisations across New Zealand. The Centre harnesses and links New Zealand’s outstanding expertise in biomedical research to develop cutting-edge drugs and vaccines, tools for early diagnosis and prevention, and new models of disease.

The Maurice Wilkins Centre (MWC) is working in partnership with The Moko Foundation led Waharoa Ki Te Toi research centre based at Kaitaia Hospital and the Ngāti Porou Hauora led Te Rangawairua o Paratene Ngata research centre based in Te Puia Springs hospital. Both these centres were established in 2018 and with MWC support aims to develop capacity and
become sustainable and independent health research centres based in these regional areas.

Relevant background information can be found here:

Useful statistics

- The median wealth of $12,000 for Pasifika people remains the lowest
- of any ethnic group, twelve times lower than European and four times lower than Māori (StatsNZ 2016)
- Hospitalisation rates for Pacific people are about double that of the
- general population; the proportion of Pacific people with diabetes is twice that of everyone else - and that rate is rising; Pacific
- people are eight times more likely to be admitted to hospital with
- rheumatic fever than the rest of New Zealand
- Almost half of all Pasifika preschoolers in New Zealand live in
- crowded housing and have the highest rate of rheumatic fever
- Pacific children have an increasing rate of obesity directly linked
- to deprivation
- The Pacific population are the fastest growing group of young in
- New Zealand (http://www.mpp.govt.nz/library/policy-publications/contemporary-report/)

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RUTH LAVELLE TREACY
DIRECTOR
Mobile +64 21 104 6909
Website www.assegai.co.nz
29 May 2019

John Fiso
Chair
Fiso Group and Pacific Health Plus

Email: ruth@assegai.co.nz

Dear John

I write further to an email from Ruth Lavelle Treacy received on 23 April that requested a meeting between yourself and I.

I have sought advice from Julie Patterson, Interim Chief Executive of Capital & Coast DHB and believe that it would be most appropriate for you to meet with Fa'amatuainu Tino Pereira, Chair of the Sub-regional Pacific Health Advisory Group, which provides advice to the greater Wellington region’s boards regarding Pacific Health. Following the meeting, Tino will report back to me in due course.

Kind regards,

Andrew Blair
Chair
Capital & Coast and Hutt Valley District Health Boards

cc: Tino Pereira
11 June 2019

Ruth Lavelle Treacy
Director, Assegai
Wellington
New Zealand

Dear Ms Treacy

Re: Meeting Request with Mr John Fiso dated 23 April 2019

Thank you for your invitation to meet with Mr John Fiso, Chairman of Pacific Health Plus Porirua Service.

I am encouraged to hear of the work that Mr Fiso is undertaking in the Pacific Health space across Capital and Coast District Health Board (CCDHB). I acknowledge the partnership with the Maurice Wilkins Centre to improve the health of Pacific people through ongoing research and evaluation into the determinants of health for Pacific people. I appreciate that Mr Fiso has met with members of the Executive team of CCDHB and that a response to an Official Information Request is underway.

I have recently learnt that Pacific Health Plus have been awarded a Nurse Entry to Practice (NetP) Award which will support the Service to employ a new Pacific graduate nurse. I wish to express my congratulations as this appointment will provide essential clinical support and will also support the development of the Pacific workforce.

Currently Hutt Valley, Capital and Coast, and Wairarapa District Health Boards are midway through their Pacific community and stakeholder engagement programme that will inform the development of the 3DHB Pacific Plan.

To ensure the focus on Pacific health incorporates the vision of Pacific Health Plus, I would like to recommend that Mr Fiso meet with Mr Tino Pereira, Chairman of our Sub Regional Pacific Strategic Health Group. The plan will be a significant development for Pacific families and communities across the sub-region and I would like to encourage Mr Fiso’s contribution.

Our Executive team will be in touch to coordinate meeting times between Mr Fiso and Mr Pereira, who will inform me of the outcome of the meeting.

Yours sincerely

Andrew Blair
Board Chair

cc Tino Pereira
10 June 2019

Andrew Blair, Chair &
Julie Patterson, Interim CEO
Capital & Coast District Health Board
Private Bag 7902
Newtown
Wellington 6242

Dear Andrew & Julie,

Wellington Regional Children’s Hospital

With reference to Funding Application received Child Health, the Foundation is pleased to advise funding of $2,652.00 has been approved to enable purchase of the following for the Children’s Hospital:

**Tomato Chair & Accessories**

(as per invoice from Allied Medical Ltd)

$2,652.00

Following advice from C&CDHB that the equipment has now been received we have pleasure in enclosing our cheque representing payment of the Foundations donation for this item.

Yours sincerely,

Bill Day, MNZM, JP
Chair

cc: Delwyn Hunter
    Mike McCarthy
    Mal Joyce
    Karen Bridge
    Hamish Collier

Wellington Hospitals Foundation
Level 2, Wellington Regional Hospital,
Riddiford Street, Wellington
Private Bag 7902, Newtown, Wellington 6242

Phone: 04-806-2332 or 0800 WGTN HOSPI
Email: admin@whtf.org.nz
Online: www.whtf.org.nz
17 June 2019

Mr Bill Day
Chair
Wellington Hospitals Foundation
Level 2
Wellington Regional Hospital

Dear Bill

Re: Child Health – Tomato Chair and accessories

Thank you for your letter of 10 June advising that funding has been approved to enable purchase of the following item for the Children’s Hospital”

Tomato Chair and accessories
(as per invoice from Allied Medical Ltd)

$2,652.00

The Foundation’s fundraising for this project is greatly appreciated.

Yours sincerely

Andrew Blair
Board Chair
Capital & Coast DHB
13 June 2019

To: DHB Chairs
Copy: DHB Chief Executives

Dear Shareholders

Appointment of Chair

Following the recent NZ Health Partnerships’ Board meeting held 21 May, and Peter Anderson’s update on the meeting’s outcomes, I am pleased to inform you that the Directors unanimously accepted the resignation of Peter Anderson as Chair, and unanimously appointed me as Chair, effective from 1 June until the end of my term on 30 September 2021.

Also the Directors unanimously confirmed Peter Anderson as an Independent Director, effective from 1 June until the end of his term on 30 September 2020. We are very pleased that Peter’s commitment to NZ Health Partnerships means that the Board will continue to benefit from his governance experience, guidance and wisdom.

I am very committed to NZ Health Partnerships and its shared services model in the sector, aspiring to build and grow tangible health benefits for the national good. In this vein, I’m privileged to be a member of the Shareholders Review Group, working through the process of reviewing and assessing the ongoing value proposition of the company as a shared services provider to District Health Boards.

Yours sincerely

Terry Anderson
Chair

Copy: Peter Anderson
RECOMMENDATIONS
It is recommended that the Board:
(a) Notes the impact on services from leaky pipes and downtime of the CT scanner;
(b) Notes the remedial work and contingency planning undertaken by service groups to minimise impact on services.

1. LEAKING WATER AND CT DOWNTIME

1.1 LEAKY PIPES
On Thursday 30 May, a leak was reported in one of our Delivery Suite rooms. Upon investigation, it was established that the leak affected a localised section of Levels 4, 3 2 and the underground carpark. A split PVC pipes in two different areas caused the leak. In order to establish the cause of the leak, repair and ensure no mould was present or spread, working areas near a stack riser in Delivery Suite, Sterile Services and Radiology (CT Scan room 1) had to be isolated, impacting service delivery.

1.1.1 Service Delivery Impacts – Operations
In order to replace pipes, shutdowns of up to 3 hours were required, affecting up to 30 toilets in all levels of the Wellington Regional Hospital, on the South wing. The shutdowns were coordinated through Emergency Management and the IOC.

To re-line, plaster and paint the area nearby the riser would take 2-3 days in the Sterile Services area once the plumbing work was finished. In the CT scan room, the re-lining could take up to 2 weeks as the materials used in these areas are radiation-resistant and anti-static and are not stocked in Wellington.

Leaders from the affected services were notified and a management plan was agreed in conjunction with Emergency Management.

1.1.2 Service Delivery Impacts – CT Scanner
Following advice that shut down was required immediate rescheduling of elective outpatients was undertaken to maintain acute CT capacity (Emergency, Inpatient and Acute outpatient). Approximately 130 outpatient appointments were rescheduled over the 2 weeks of unplanned downtime. There were no significant delays to acute referrals. Increased outsourcing of routine CT referrals will assist the recovery of lost timeslots over the next 4 – 6 weeks.
### 1.2 REPAIRS WORKS

#### 1.2.1 Core

The entire length of PVC pipe was replaced with a new copper pipe. Copper was chosen as a more appropriate material to deal with the temperature variations of the dirty water in that pipeline.

#### 1.2.2 Preventative

Once the riser was open, there was opportunity to carry out preventative inspections to avoid further failures in the area. The domestic hot water and domestic cold water pipes (both copper pipes from the original build) in the same raiser were inspected and replaced as a preventative measure. The old pipes were sent to the consultants assisting the Copper Pipes remediation project.

#### 1.2.3 Re-Lining

Re-lining of all areas was finished on Friday 14 June.

### 2. FINANCIAL UPDATE

#### 2.1 Financial Overview

The DHB result for April 2019 is ($2.3m) unfavourable to budget and ($7.5m) unfavourable year to date. The DHB deficit year to date is ($18.3m).

The DHB YTD underlying deficit is ($25.9m) which has been offset by $7.6m of prior year accounting adjustments ($3.6m IDF/IBT/pay equity, $2m ACC provision and $2m stock adjustment). The full year forecast and cash in the bank is now coming under pressure particularly as the industrial action across the workforce continues. The forecast position has deteriorated to ($22m) deficit with further strike action impacting IDF volumes and SMO costs to cover striking RMO’s.

#### Hospital Services

The YTD Hospital variance is significantly impacted by the industrial action.
Whilst the overall revenue is higher to the DHB due to funding for MECCA settlements and other extraordinary items, for the Hospital the revenue is lower than budget by ($5.6m) due to the lower IDF revenue from cancelled surgeries and wider lower hospital activity during the strike periods.

Personnel costs are higher than budget due to the additional payments for SMO’s who are covering during the strikes, but is also offset by MECCA reserves as settlements are made from corporate.

Clinical supplies are adverse to budget ($1.1 million) for the month and ($5.2m) due to higher blood usage, pharmaceuticals and equipment costs. The rising volumes of high cost cancer drugs and bone marrow transplants continues to impact our funding.

The month variance was partially due to recognition of the first two days of the five day strike, combined with higher Medical costs for the new MECA steps and other personnel costs noting several influencing factors; a relatively full month compared to other months with the prior strike impacts. The three public holidays conjoined with school holidays would usually mean significant amounts of staff on leave however, this has been reduced due to the strikes and leave balances increased by ($1m). Apart from leave, movement the underlying daily cost for personnel is relatively unchanged despite the unfavourable ($2.6m) in personnel costs for the month.

Higher clinical supply costs and efficiency targets were also not achieved. These costs were offset with a monthly $1m revenue catch-up on IDFs largely in the areas of Oncology, Neonatal and Cardiology.

Further industrial action will continue to cause unfavourable variances in the hospital due to additional SMO payments and reduced revenue recovery from other DHBS. It would be expected that the prolonged five-day strike into May would cause further deterioration in terms of both IDF revenue and Medical Personnel outsourcing in May.

**Mental Health**

Revenue for Mental Health is significantly favourable to budget $1.7m, however in terms of external revenue the directorate variance is less than $300k compared to the YTD variance in the prior year indicating a conservative budget was provided for in the current year.

Medical and Allied Personnel are significantly favourable due to vacancies to the value of $2.6m however combined these two categories of staff are also within $268k of last year YTD spend indicating the same level of staffing compared to the prior year. However, the underlying spend that has increased is both outsourcing largely to fill medical and allied vacancies. In addition to personnel nursing costs increase due to a lower level of vacancies compared to the prior year.

Significant savings have been made on rental expenses in the year, both in terms of budget and prior year of $300k; this has been offset by unfavourable variances for security services, ICT costs and consultant fees.

The May financial results are available and being considered at the FRAC meeting prior to the Board meeting. A verbal update on the May results will be given at the meeting.
RECOMMENDATIONS

It is **recommended** that the Board:

(a) **Notes** that there were no reported Notifiable Events in May;

(b) **Notes** the increase in LTIs to nine in May compared with eight in April and only four last year.

(c) **Notes** the High Performance High Engagement project being established in MHAIDS.

EXECUTIVE SUMMARY

1. This report informs the DHB on Health and Safety performance and initiatives as at 18 June 2019.

2. **RISK REGISTER**

   There are currently seven health and safety risks on the CCDHB Risk Register. The risks have been reviewed and structured to reflect contemporary risk management practice. A risk review by management will consider CCDHB Health and Safety **Critical Risks**.

3. **INCIDENTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe Staffing</td>
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<tr>
<td>Hazardous Materials</td>
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<tr>
<td>Fire/Smoke</td>
<td>1</td>
</tr>
<tr>
<td>Other Assaulted</td>
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<td>Staff Assaulted</td>
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<tr>
<td>Verbal Abuse</td>
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<td>Threatening Behaviour</td>
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<td>Slip, Trip, Fall</td>
<td>10</td>
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<tr>
<td>Potential for Harm</td>
<td>10</td>
</tr>
<tr>
<td>Pain or Discomfort</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Near Miss</td>
<td>1</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>1</td>
</tr>
<tr>
<td>Patient Handling</td>
<td>1</td>
</tr>
<tr>
<td>Object Handling</td>
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</tr>
<tr>
<td>Injured in Restraint</td>
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</tr>
<tr>
<td>Hazardous Substance Exposure</td>
<td>3</td>
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<tr>
<td>Collision with Object or Person</td>
<td>7</td>
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<tr>
<td>Burn</td>
<td>1</td>
</tr>
<tr>
<td>BBFE</td>
<td>15</td>
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Definitions
- **Injury Claims** - Any work related injury resulting in an ACC claim
- **MFO Claims** - Medical Fee Only Claims. Any work related injury which results in an ACC claim for treatment but with no lost time
- **LTIFR** - Lost Time Injury Frequency Rate. The number of lost-time injuries (per million hours worked) within a given accounting period relative to the total number of hours worked in the same accounting period
- **Severity Rate** - The average number of lost days experienced as compared to the number of incidents experienced i.e. Number of lost days divide by the number of lost time injuries
- **TRIFR** -- Number of incidents where injuries/illness occurred requiring medical treatment by a medical professional (Number of injury claims X 200,000 / Number of hours worked)
- **Note**: Date of claim may not match the month of injury if the claim is lodged late, we are providing the number of days lost, and other statistics based on date of injury and therefore this may restate prior months in the tables/graphs.
3.2 Lag Indicators (last 13 months)

**Blood or Body Fluid Exposure (BBFE)**

**Slip, Trip, Fall**

**Physical Assaults - MHAIDS**

**Physical Assaults - Non MHAIDS**

**Patient Handling**

**Object Handling**

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**Trend**
3.3 Lost Time Injuries (LTI)

Current month

26 new injury claims were registered by Wellnz (may include prior months for delayed registration).
9 work related injuries in the month resulted in lost time.

<table>
<thead>
<tr>
<th>Category of Incident</th>
<th>Directorate</th>
<th>Department</th>
<th>Days Lost to Date</th>
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<tbody>
<tr>
<td>Manual handling patient</td>
<td>Medicine Cancer &amp; Community</td>
<td>Ward 6 East</td>
<td>4</td>
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<tr>
<td>Slip, trip, fall</td>
<td>Surgery, Women &amp; Children’s</td>
<td>Genetic Services</td>
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<td>Manual handling patient</td>
<td>QIPS</td>
<td>Bureau</td>
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<td>MHAIDS</td>
<td>Nga Taiohi</td>
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<td>Dialysis</td>
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<td>Ward 4 Kenepuru Hospital</td>
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<td>Collision with object</td>
<td>Medicine Cancer &amp; Community</td>
<td>MAPU</td>
<td>6</td>
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<tr>
<td>Slip, trip, fall</td>
<td>MHAIDS</td>
<td>Purehurehu</td>
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Corrected LTIs April

There was an additional lost time injury in April, reported in May.

<table>
<thead>
<tr>
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<th>Directorate</th>
<th>Department</th>
<th>Days Lost to Date</th>
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<td>Hit by object</td>
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<td>Planning &amp; Performance</td>
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<td>NICU</td>
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<td>Manual handling object</td>
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<td>Supply &amp; Inward Goods</td>
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<tr>
<td>Slip, trip, fall</td>
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<td>Orthopaedic Outpatients</td>
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<td>During restraint</td>
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<td>Physical assault</td>
<td>QIPS</td>
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CCDHB Public 26 June 2019 - 3 FOR DISCUSSION

### General (Excluding MHAIDS)

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<th>Month</th>
<th>General LTIs</th>
<th>Total Days Lost</th>
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<td>May-18</td>
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<tr>
<td>Jun-18</td>
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<td>Oct-18</td>
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<td>Nov-18</td>
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### MHAIDS

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<th>MHAIDS LTIs</th>
<th>Total Days Lost</th>
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<td>Mar-19</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Apr-19</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>May-19</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
4. Workplace Injury Management

4.1 Cost – Past 13 months

4.2 Types of injury – Past 13 Months

Sprain: 455
Misc: 66
Laceration: 44
Noise Exposure: 0
Gradual Process: 6
Fracture: 10
Contusion: 142
Burn: 0

4.3 Claims by Directorate – Past 13 Months

- Surgery, Women and Children: 72
- MHAIDS: 83
- Strategy Innovation & Performance: 1
- Medicine, Cancer & Community: 94
- Corporate Services: 8
- Quality Improvement & Patient Safety Services: 3
- Clinical & Support Services: 28
- Chief Executive’s Office: 0
5. Workplace Violence and Aggression Statistics

6. OTHER BUSINESS

6.1 Steering Committees

- Health & Safety Steering Committee - This Committee meets every two months and has been refined and refocussed;
- Preventing Workplace Violence Steering Committee - This Committee is meeting on a monthly basis and is contemplating a trial analysis of Violence and Aggression as a critical risk within the Bow Tie risk modelling framework;
- Moving & Handling Steering Committee - This Committee is being reformed and redefined to a point of consistency with other steering committees;
- A high performance high engagement project has been initiated for H&S in MHAIDS in conjunction with the CTU. A proposal is being made to ACC to fund this project and to MoH given the work is being undertaken using the HPHE approach.
**RECOMMENDATIONS**

It is **recommended** that the Board:

**Health & Safety Summary**

(a) **Notes** that there has been no incidents, since the last report.

**New Children’s Hospital Programme of Works**

(b) **Notes** that the NCH projects, CCDHB internal teams & CCDHB external consultants are continuing to work with the Benefactors team in achieving 100% Detail Design;

(c) **Notes** that Building Consent for the Superstructure (BC- 2) is expected to be lodged by 14th June. Stage 1 concrete slab was poured early May & Stage 2 slab is targeted for 15th June;

(d) **Notes** that FF&E analysis is underway with a draft report/list of Original FF&E costings v’s current actual requirements ;

(e) **Notes** that the tender for the Link Corridor, Oncology Reconfiguration (WRH and GNB Level 3) is planned to be published on GETS week beginning 17 June. Tender evaluation and recommendation is planned for 22 to 26 July 2019.

**APPENDIX**

1. Site Photos (as at 31st May 2019).

**1. INTRODUCTION**

1.1 **Purpose**

The purpose of the paper is to inform the CCDHB PCG of the progress with the new Children’s Hospital Programme of Works. The CCDHB new Children’s Hospital Programme of Works (projects) includes:

- New Children’s Hospital
- FF&E (Planning Stage)
- Engineering Services works – (Planning stage)
- Internal reconfiguration works within the Regional Hospital (Tender Stage)
- Car parking (temporary locations)
- Sub project design stages
  - Landscaping (Hard & Soft) works – (24.05.2019 – BC lodged with WCC)
  - New Car parking deck & associated works (Develop Design Stage)
- Civil Diversion works (now complete)
- Demolition works (now complete).
2. UPDATE

2.1 Health & Safety

There have been no personal injuries however there were 2 reportable incidents during May.

2.2 Benefactor progress

The Benefactor’s builder, McKee Fehl, completed stage 1 raft slab pour last month and are preparing stage 2 slab for a 16th June pour. See photo attached (Appendix 1).

Site Works completed for May includes:

- Complete the balance of Stage 2 pile capping,
- Concrete pour of Stage 1 slab during the weekend of 3rd May.
- Transfer & installing all the concrete formwork from Stage 1 to Stage 2
- And commence reinforced cages for Stage 2 concrete slab.

Site Works planned for June includes:

- Complete the balance of Stage 2 pile capping,
- Concrete pour of Stage 1 slab during the weekend of 3rd May.
- Transfer & installing all the concrete formwork from Stage 1 to Stage 2
- Commence reinforced cages for Stage 2 concrete slab.

Other Benefactor activities continuing include:

- Sub-contractor procurement is progressing
- Materials procurement
- Refinement of the interior layout with the Health Planner & the architect during face to face workshops.

2.3 Design

New Children’s Hospital project

Detail design coordination and correction of room layouts continued throughout the month.

A 6-day workshop was conducted at the architect’s office where our health planner (THP) & Kensway, had reviewed individual room designs. When corrections were needed, the CAD Technicians in the office, would correct the dwg and that dwg was represented to THP for approval.

During these 6 days, approx. 227 rooms were reviewed (several had been reviewed a few times each) with 152 rooms (including 15 Medical Services Panels) were approved by THP. A record of the first day’s activities was not started after lunch however, according to MKFs completion register, that day may have seen approx. 15-20 dwgs additional dwgs approved by THP.

Next workshop is on 13th & 14th June.

As the designs are completed and approved, Aurecon are coordinating these dwgs and will finalize their services design’s for final review by CCDHB internal staff & external consultants.

Detail Design signoff by CCDHB was anticipated for late April, early May however, additional refinement by the Benefactors team is pushing the completion of Detail Design towards late July but this is cannot be confirmed by MKF until Aurecon complete their services design off the back of the completed room designs.

Other design work is continuing with the Superstructure, Link Bridge, Eastern & Riddiford carparks. The balance (Envelope, Services & Fitout) of design continues.
Building Consent (BC-6) has been lodged for landscape & Civil works and BC-2 Superstructure is in final Peer Review after which MKF aim to lodge BC-2 with WCC by 17th June.

Furniture, Fixings & Equipment (FF&E)
A process of evaluation of RLB costings & FFE groupings is underway to identify CCDHB cost obligations, actual needs and possible savings by:

- Developing list of items to be procured by CCDHB –includes clinical, non-clinical, operational, and functional items, plus fittings where clinical input or oversight is required.
- Review of items by volume & latest known price.
- Development of provisional FF&E schedule (includes RDS items and clinical equipment) by volume & price. This will also identify:
  - Key risks such as lead times, Technology & Communications appropriateness, Allied Health shared spaces
- A Procurement management plan is under development

A variety of tasks have been undertaken or are in progress during the last month that includes but not limited to;

- Identification of Clinical items to be transferred, replaced or purchase to be staged across 2-5 yrs
- Identification of items that are included under current contracts
  - As a result of the above, we should be able to identify Benefactor FF&E
- Agreement re approach to FF&E management with Wellington Hospital Foundation
- Establishment of Procurement & Facilities review process
- Meeting with stakeholders includes;
  - Meeting with ICT to understand impact of additional rooms, scheduling transition to new facility, organise audit of existing assets. Lack of strategy noted on risk register.
  - Meeting with Biomedical engineering to understand impact of new equipment on Biomedical team (noted on risk register)
  - Meeting with Paediatric Pharmacist & Pyxis Technician to understand medication storage

A verbal update on the forecast FFE cost compared with the original RLB estimate will be available at the meeting.

Building Engineering Services (supply of services from WRH to NCH)
The Building Engineering Services works includes the design, construction, connection and integration of engineering services from the WRH to the NCH via either the Link Bridge or locations deemed the optimum supply location.

Electrical Supply design;
- Is being undertaken by Blackyard in coordination with Aurecon. There is merit for the power to come from L6 WRH down to the basement carpark, switch room where Aurecon will continue the design to the CCDHB demarcation point in the new Children’s Hospital’s main switch board.

Aurecon & MKF;
- Are still in the preliminary design stages with the other services to be taken from WRH such as Medgas, security and communications. Water supply is via the ring main on Hospital Road, near NZ Blood.
**Temporary Car Parking**

Car parking is being reviewed after the availability of the demolished Riddiford building has freed up approx. 30 parking spaces in the North-North-west corner of the construction site near where the old gym building stood.

It is planned that the current month to month paid, parking contract with Te Hopi could and the needs at School of dance, could cease.

**Sub-project currently in the Benefactor’s design stages**

Includes:
- Landscaping (Hard & Soft) works – (24.05.2019 – BC lodged with WCC)
- Eastern Carpark deck & associated works (Develop Design Stage)

**2.4 Link Corridor & Oncology reconfiguration (Internal reconfiguration works within WRH & GNB)**

- The Business Case for option 3 was approved by the board on 30 May. Work is approved to proceed to tender and consent.
- Tender documents are being prepared for publishing 17 June.
- GNB Demolition Tender being reviewed. Contractor Recommendation planned 11 June.
- The full, Status report #16 is attached

To ensure the engagement of contractors is not delayed the project recommends the Board delegate authority to the CEO to approve and execute contracts for this work within the approved budget.

**2.5 Timeline programme**

Below is a high-level capture of the Programme of Works per project timeline & percentage completed

<table>
<thead>
<tr>
<th>Task</th>
<th>Target Completion Date</th>
<th>% Complete on site (31.05.2019)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition Works Project</td>
<td>02/05/2019</td>
<td>100%</td>
<td>Demolition completed &amp; Final account underway</td>
</tr>
<tr>
<td>Internal Reconfiguration works within Regional Hospital</td>
<td>12/12/2020</td>
<td>0.05%</td>
<td>Tenders and demolition procurement to commence late June. Minor clearance works commenced in GNB</td>
</tr>
<tr>
<td>Building Services Works Project (WRH), Scope</td>
<td>20/5/2019</td>
<td>0%</td>
<td>Aurecon are in early stages of a design with another visit through WRH supply points to be conducted mid-May</td>
</tr>
<tr>
<td>FF&amp;E, Identification of equipment &amp; evaluation of costs</td>
<td>30/06/2019</td>
<td>70%</td>
<td>A comparison/review of equipment needs and costs are being developed with input from CCDHB procurement and various business units.</td>
</tr>
<tr>
<td>McKee Fehl Main Children’s Hospital Construction</td>
<td>14/02/2021</td>
<td>2%</td>
<td>Foundation slab commenced and long lead procure mostly confirmed. MKF latest Construction Programme identifies Practical Completion, as well as handover, being Feb 2021</td>
</tr>
<tr>
<td>New Children’s Hospital Project – Soft fitout</td>
<td>8/03/2021</td>
<td>0%</td>
<td>Time allocation allowance for the CCDHB to complete the final fitout / installation of FF&amp;E and all training &amp; Commission where required</td>
</tr>
</tbody>
</table>
The New Children’s Hospital Project – Milestones Programme as at 14.03.2019 below:

The slippage being experienced at present is predominately related to the foundation piling requirements and WCCs Building Consent (BC) requirements of stringent foundation design.

**BC1:** Building Consent was approved in early May.

**BC2:** Building Consent for the Superstructure has had to undergo a Peer Review by Dunning Thornton before submitting to council.

**BC-6:** landscaping & civils, has been lodged with WCC and due at the end of June.

The **Red Font** in the table below identifies the delays in MKF design or Consent process using 15th November 2018 (1st programme after the Deed was signed) as the base line date. These delays have a roll-on effect to all construction activities.

We also note that BC 2 is lagging from the 10.05.2019 programme below however, we continue to monitor and assist The Benefactors team where we can.

**CCDHB Wellington Children Hospital Project - Milestones dates from MKF Const. Programme 10.05.2019**

<table>
<thead>
<tr>
<th>Construction &amp; Associated Activities</th>
<th>Start</th>
<th>Complete</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design - Stages</td>
<td>04/12/2017</td>
<td>21/05/2019</td>
<td>Commenced</td>
</tr>
<tr>
<td>Approval of Budget and Development Deed Signed</td>
<td>03/09/2018</td>
<td>03/09/2018</td>
<td>Completed</td>
</tr>
<tr>
<td>Resource Consent</td>
<td>28/05/2018</td>
<td>25/07/2018</td>
<td>Completed</td>
</tr>
<tr>
<td>Building Consents (5 stages)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Consent #0 – Enabling Works, granted</td>
<td>19/12/2018</td>
<td>14/05/2019</td>
<td>Commenced</td>
</tr>
<tr>
<td>Building Consent #1 - Foundations</td>
<td>11/03/2019</td>
<td>12/04/2019</td>
<td>Completed</td>
</tr>
<tr>
<td>Building Consent #2 - Superstructure (Building)</td>
<td>24/05/2019</td>
<td>21/06/2019</td>
<td>Not lodged</td>
</tr>
<tr>
<td>Building Consent #3 - Balance of works (Envelope, Services, Fitout)</td>
<td>17/07/2019</td>
<td>14/08/2019</td>
<td>Design Stage</td>
</tr>
<tr>
<td>Building Consent #4 - Link Structure &amp; Associated Works</td>
<td>24/10/2019</td>
<td>22/11/2019</td>
<td>Design Stage</td>
</tr>
<tr>
<td>Building Consent #5 - Eastern carpark</td>
<td>18/11/2019</td>
<td>16/12/2019</td>
<td>Design Stage</td>
</tr>
<tr>
<td>Building Consent #6 - Landscaping</td>
<td>24/05/2019</td>
<td>21/06/2019</td>
<td>Lodged - WCC</td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation</td>
<td>15/10/2018</td>
<td>4/02/2021</td>
<td>Commenced</td>
</tr>
<tr>
<td>Base Isolators</td>
<td>25/01/2019</td>
<td>18/07/2019</td>
<td>Commenced</td>
</tr>
<tr>
<td>Superstructure</td>
<td>06/05/2019</td>
<td>03/07/2019</td>
<td>Commenced</td>
</tr>
<tr>
<td>Remove Crane</td>
<td>24/06/2019</td>
<td>12/03/2020</td>
<td>BC &amp; Design Stage</td>
</tr>
<tr>
<td>Main Building Services</td>
<td>05/02/2020</td>
<td>28/02/2020</td>
<td>Not Due</td>
</tr>
<tr>
<td>Services Annex TBC</td>
<td>11/11/2019</td>
<td>05/10/2020</td>
<td>Not due</td>
</tr>
<tr>
<td>Internal works &amp; fixed FFE</td>
<td>18/07/2019</td>
<td>01/05/2020</td>
<td>Design Stage</td>
</tr>
<tr>
<td>Link Bridge &amp; connection</td>
<td>30/10/2019</td>
<td>27/11/2020</td>
<td>Design Stage</td>
</tr>
<tr>
<td>External &amp; Associated works (incl eastern carpark)</td>
<td>11/05/2020</td>
<td>5/10/2020</td>
<td>Design Stage</td>
</tr>
<tr>
<td>Project Completion (processes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defects Clearance</td>
<td>04/11/2020</td>
<td>28/02/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>CPU</td>
<td>01/03/2021</td>
<td>05/03/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>Project Practical Completion</td>
<td>05/03/2021</td>
<td>05/03/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>Handover</td>
<td>08/03/2021</td>
<td>12/03/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>Soft Fitout - client</td>
<td>15/03/2021</td>
<td>01/06/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>Client Defect notification - Architectural</td>
<td>01/03/2021</td>
<td>18/05/2021</td>
<td>Not due</td>
</tr>
<tr>
<td>Client Defect notification - Engineering Services</td>
<td>15/03/2021</td>
<td>28/02/2022</td>
<td>Not due</td>
</tr>
</tbody>
</table>
2.6 Communication

Regular updates on site works continue to go out to staff and neighbours.

A site works notice advising neighbours of the second overnight concrete pour on Saturday 15 June was issued by McKee Fehl in the last week of May. There have been no complaints or issues from neighbours.
### New Children’s Hospital, Site progress photos

**31.05 2019**

<table>
<thead>
<tr>
<th>NCH</th>
<th>31.05.2019</th>
<th>Riddiford</th>
</tr>
</thead>
</table>

| Slab 2, prep | 23.05.2019 | Bearing plinth, prep |

Frank Duiz - Kensway
It is recommended that the Board:

(a) Agrees that a member of the Board be appointed as a champion of the Pro-Equity Plan;
(b) Notes that the final draft of the Annual Plan 2019/20 has been submitted to the Ministry of Health on 21 June 2019.
(c) Notes that we are working with our partners to develop dementia friendly communities – including government agencies, NGO's and councils.

APPENDIX


1. PURPOSE

This report summarises the key discussions at Health System Committee meeting on 12 June 2019. The minutes of the meeting are attached as Appendix 1. The full papers from this meeting are available on Boardbooks.

The recommendations reflect the summarised minutes and does not repeat all of the recommendations endorsed by the Health System Committee. No decisions are required from this Health System Committee.

2. PRO-EQUITY WORK PLAN

In March 2019, the Health System Committee received a Pro-Equity check-up report prepared by Baker Jones. At this meeting, an Implementation Plan was presented to the Committee. The Implementation Plan supports the Health System Committee agreement to a programme of work that delivers:

- a clear CCDHB equity goal and direction, with an agreed set of equity principles
- an operational framework that translates these principles into practice
- a performance framework to monitor and guide progress.

The staged implementation will commence from July 2019 developing a pro-equity framework to support CCDHB in decision-making, service commissioning and service provision. The approval included a draft Terms of Reference for an Equity Leadership Group to provide operational oversight to the Equity work plan.

The Health System Committee were advises that the Central region DHBs have been developing an Equity Framework for use by all DHBs to adopt a pro-equity approach. This framework is being workshopped across DHBs to determine how it may be implemented. This work will inform CCDHBs implementation of equity. It is attached as Appendix 3 to the paper.

It also worthwhile noting that the Central Region has also commissioned the development of a Treaty Partnership framework. The region has recognised that equity and Treaty Partnership are complementary but require different responses from our organisations.
3. **ANNUAL PLAN**

The Committee approved the final draft of the Statement of Intent and the Annual Plan, which have now been submitted, to the Ministry of Health on 21 June 2019. These Plans do not include financials. These are due for submission to the Ministry of Health on 28 June 2019.

4. **DISCUSSION**

Two discussion papers were presented to the Committee:

**Dementia in our Community – Prevalence, Impacts and Planning for the Future.**

Dementia is an irreversible, progressive deterioration in cognition defined by the presence of:

- A short term memory problem and
- Trouble with at least one cognitive function (e.g. abstract thought, judgement, orientation, behaviour) and
- These troubles have an impact on the performance of daily life activities.

The most common form of dementia is Alzheimer disease; other forms include vascular and fronto-temporal dementias. With the collection of InteRAI, assessments all DHBs are much more informed than previously regarding the incidence of dementia and its impact on people’s ability to be independent. It was noted that 80% of people receiving the Health of the Older Person funded services have some form of cognitive impairment. An integrated approach that includes both health and social aspects of care will maximise the wellbeing and independence of the elderly clients.

The emotional, social and economic costs of dementia are significant and require planning as the population ages and more people live into their mid-80’s and beyond.

People living with dementia and those who support them require:

1. Timely diagnosis and access to specialist care when needed
2. Good information and advice
3. To be able to participate in community life/environments that enhance wellbeing and independence

The Dementia contribution to overall health system demand is not fully recognised. It impacts on age residential care needs, home care support as well as on complexity in receiving specialist and primary care.

There was discussion regarding the importance of quality residential care for people with dementia. Reference was made to some of the Dutch and Scandinavian models where people live in model villages and enjoy daily experiences more like being at home, than in residential care. There is one of these facilities in Rotorua. It was discussed whether the DHB had further levers to encourage these types of facilities. It was identified that these levers are not available to District Health Board, we can only encourage.

We continue to work with our partners in our community and in the health and social sector to support people living with dementia and their whānau.

**Update on Integration of Youth Services in Porirua Project.**

Five areas have been identified for specific focus to improve outcomes for rangatahi in Porirua. These are:

- An overarching vision to work together to support young people and support better health and social outcomes.
- That youth appropriate general practices are made available.
- The provision of a community based youth hub, with satellite/outreach services to meet the needs of the community.
- That the school based health services remain in all secondary schools, teen parent unit and alternative education facilities and are needs tested on an ongoing basis.
The development of an online service to enable young people to better understand the health system and where to access services.

As well as the health focus on integrated youth services for Porirua the DHB have commenced engagement at a local level with key agencies including the Porirua City Council, Oranga Tamariki, Police and the Ministry of Social Development with initial indications of strong commitment to the establishment of a service in Porirua where a range of services in a safe and confidential environment are made available for young people. Underpinning this project and the wider scope of the potential for a holistic multi agency approach to a rangatahi service is meaningful engagement with Iwi as Treaty partners.

Feedback from stakeholders combined with the need to escalate progress towards improved outcomes for young people in the Porirua indicate that a stepped approach to the establishment of the integrated youth service is required.

The Committee endorsed the co-design workshop and the establishment of a youth panel to consult and engage with rangatahi to discuss the ongoing needs for them in the community and develop a detailed workshop. It is anticipated that the design phase of the project will complete by 31 July 2019. The design phase will provide clear service specifications, which will inform an RFP process to establish a service to deliver the proposed model of care.

5. VERBAL DISCUSSION

The Committee members received a printed copy of the ‘Wellbeing Budget’. Management took the Committee members through the parts of the budget relevant to health and District Health Boards. It was noted that there was significant investment to improve health and wellbeing. Most of the new money, outside of percentage cost uplift for DHBs was tagged to specific initiatives and were not yet released to the sector. This included significant additional mental health funding.
1 PROCEDURAL BUSINESS

1.1 PROCEDURAL
Tristram Ingham opened the meeting with a karakia and blessing. Fran Wilde welcomed members of the public and DHB staff.

1.2 APOLOGIES
Apologies received from Mr Tino Fa’amatuaín Pereira, Julie Patterson and the late arrival of Andrew Blair.
1.3 INTERESTS

1.3.1 Interest Register
Dr Margaret Southwick registered her interests as a member of the Health and Disability Review Panel and as the lead for the Pacific Nurse-led services in Porirua project.

1.4 CONFIRMATION OF PREVIOUS MINUTES
The minutes of the CCDHB Health System Committee held on 15 May 2019, taken with public present, were confirmed as a true and correct record with one amendment as listed below.

Moved: Roger Blakeley  Seconded: Sue Driver  CARRIED

1.5 MATTERS ARISING
An update was provided to the Committee on Items 3.1 Timeframe for Nail Salons, and 3.2 Measles Report by Peter Gush, Regional Public Health.

Action:
1. Management to ensure all papers that reference other papers should hyperlink these documents for all committee and Board papers.

1.6 ACTION LIST
The reporting timeframes on the other open action items were noted.

Action:
2. Committee to include in discussion with the Citizens Health Council’s presentation to the Committee representation of a CHC member on the Health System Committee.

1.7 ANNUAL WORK PROGRAMME
The Committee:
(a) Noted that the work programme;
(b) Noted that an update on Oranga Tamariki and Maternity Services will be included on the August agenda and workplan.

2 DECISION

2.1 PRO-EQUITY WORK PLAN
The paper was taken as read.

The Committee:
(a) Endorsed the proposed Equity work plan, through to December 2019;
(b) Approved the draft Terms of Reference for an Equity Leadership Group, including membership;
(c) Noted that the Health System Committee will receive quarterly updates on progress towards a pro-equity organisation;
(d) Endorse to the Board that a member from the Board be appointed as a champion of this plan.

Moved: Roger Blakeley  Seconded: Eileen Brown  CARRIED
Actions:
3. Management to reference the UN Convention in the plan. Disability and other advisory groups to be listed in the Terms of Reference;
4. Management to ensure a ‘whole system’ view be taken to ensure it is inclusive of all the population;
6. Management to invite members to presentation by Ruth d’Souza on Diversity and equity of Healthcare.

2.2 ANNUAL PLAN

The Committee was informed that there had been no changes since the Annual Plan had been presented to the Health System Committee and that delegated authority was given by the Board to the Health System Committee to approve the final draft Annual Plan 2019/20 so that it may be submitted to the Ministry of Health.

The Committee:
(a) Approved the final draft Annual Plan 2019/20 to be submitted to the Ministry of Health by 21 June.

Moved: Roger Blakeley Seconded: Sue Kedgley CARRIED

3 DISCUSSION

3.1 DEMENTIA IN OUR COMMUNITY — PREVALENCE, IMPACTS AND PLANNING FOR THE FUTURE

The paper was taken as read.

The Committee:
(a) Noted 80% of people receiving Health of the Older Person funded services have some form of cognitive impairment
(b) Noted All funded services for the elderly have clients with cognitive impairment
(c) Noted An integrated approach that includes both health and social aspects of care will maximise wellbeing and independence
(d) Noted that as our population ages more of our patients in hospital and mental health care will have dementia;
(e) Noted we are working with our partners to develop dementia friendly communities – including government agencies, NGO’s, councils.

Actions:
7. Disability Sub Regional Group to provide advice to be included in the Long Term Investment Plan;
8. Management to bring back a paper to the Committee on elderly and dementia.

3.2 UPDATE ON INTEGRATION OF YOUTH SERVICES IN PORIRUA PROJECT

The paper was taken as read.

The Committee:
(a) **Notes** the contents of the paper.
(b) **Endorses** the co-design workshop and planned next steps.

**Moved:** Sue Driver  
**Seconded:** Eileen Brown  
**CARRIED**
4 PRESENTATION

4.1 SUSTAINABILITY AND INVESTMENT CHOICES
To be presented at this afternoon’s Board workshop.

4.2 WELL BEING PROJECT
Discussion on the Government Well Being Budget specifically for:
- Mental Health Services
- Telehealth
- Suicide prevention
- Mental Health Commission
- Supporting education
- Investing in social determinants
- Family support – training for health workers
- Child development
- Māori Health Workforce package
- Investment in Pacific Health.

Action:
9. Management to arrange for the Dementia paper to be emailed to Dementia Wellington.

*Public Meeting closed at 11.10am.*

7 DATE OF NEXT MEETING

17 July 2019, 9am, Board Room, Level 11, Grace Neill Block, Wellington Regional Hospital.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting

DATED this ................................................day of...............................................2019

Fran Wilde
Health System Committee, Chair
RECOMMENDATIONS
It is recommended that the Board:
(a) Notes the policy, processes and mechanisms already in place to support Speaking up at CCDHB;
(b) Notes ongoing activities to support speaking up;
(c) Notes proposed next steps to support Speaking Up.

APPENDIX

1. INTRODUCTION

1.1 Purpose
This paper reviews the State Service Commission (SSC) expectations for public service organisations to have robust internal procedures and processes to receive and deal with reports of serious wrongdoing and to report and review these procedures regularly. The paper also reports to the Board as to how the DHB currently implements the standards outlined by SSC; and how it intends to extend and improve application of the standards in the coming period.

1.2 Previous Board Discussions
The paper was requested by the Board Chair at the April Board meeting, following publication of Acting in the Spirit of Service: Speaking up, by the State Services Commission in April 2019 (‘the SSC standards’).

2. BACKGROUND

2.1 Policies and processes related to ‘whistle blowing’ or speaking up without fear of punishment or retribution have been in place at CCDHB since 2006, with the introduction of the Protected Disclosure Policy. Since 2017, the DHB has had an active programme of work underway to improve these processes and mechanisms, and to extend the more formal mechanisms to encompass an everyday work culture of speaking up. The SSC standards provide a useful benchmark against which to assess the current state and proposed improvement activities, and ensure key elements of a robust speaking up culture are included.

2.2 Acting in the Spirit of Service – Speaking up
The core tenet of the SSC standards is that “public servants must be able to raise concerns without fear of punishment or reprisal”. SSC envisages that this will be achieved by building and maintaining a culture that promotes speaking up about perceived wrongdoing.

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1 Peter Hughes, State Services Commissioner.
This includes three elements: promoting a speaking up culture; operating good processes including timely investigations; and keeping people safe from reprisals or other detrimental impacts.

2.2.1 Getting the foundations right from the start

This element incorporates organisational commitment to leadership, raising awareness and supporting staff and managers through regular communication and training.

2.2.2 Making sure processes are robust

This element includes taking concerns seriously when they are raised, by ensuring systems are in place for monitoring, reporting, investigating and effectively communicating with those involved in a report or disclosure. A range of channels should be available to staff to raise concerns; informally, through line management, directly to the Chief Executive or via a formal protected disclosure mechanism.

2.2.3 Keeping People Safe

This element refers to the importance of ensuring that people can feel safe in making reports, trust that organisations will act upon them, and ensuring that organisations provide tailored and dedicated support and protections to staff to keep them safe from reprisal.

3. DISCUSSION

3.1 What do we already have in place?

- Getting the foundations right

CCDHB has articulated a clear commitment to a culture of speaking up, led by successive CE’s and senior leaders since 2017; and supported by communications, and organisation and capability development activities. The Chief Executive regularly invites direct communication from staff via weekly columns. In addition, a current focus on values and values based behaviours is designed to further embed the conditions of safety for speaking up.

Our organisation has embarked on a programme of activities to increase staff confidence and capability to speak up effectively, balancing respect with concern. This has included concerted and sustained communications about the importance of speaking up to create a safe culture for staff and patients. CCDHB is working with the Cognitive Institute in this programme of work. Over 70% of staff have completed the Speaking Up For Safety training session (run by the Cognitive Institute) and new staff attend the training at Te Rāu Whakatau (CCDHB orientation).

A focus on leader and manager capability to respectively listen to and receive staff speaking up and to deal with conflict and complaints that emerge. A range of capability development activities are in development, with some already in place to support this. For example, since early 2018 new managers attend a ‘listening up for safety’ session as part of induction, and since early 2019 all managers have access to “Team SUFS”, a resource to support the embedding of speaking up in day-to-day team working.

- Making sure processes are robust

CCDHB offers a range of alternative channels for staff to speak up and has been working actively over the past 12 months to increase the quality of support experienced by staff through those different channels.

The complexity, scale and geographical spread of our DHB creates challenges in ensuring that people who raise concerns can readily access safe and appropriate people with whom they can raise concerns. Depending on the nature of the issue, the appropriate recipient could be working in line management,
professional or senior leadership, patient safety or human resources. Planning is underway to introduce restorative ways of working as a framework to strengthen the quality of response and support staff receive when they speak up.

CCDHB has a formal process for investigation of instances of speaking up related to workplace behaviour. It is confidential, impartial and takes concerns seriously, and is outlined in the Policy on Workplace Bullying, Harassment, Discrimination and Victimisation Prevention and associated guidance for employees and managers. The investigation has an intent of good faith, holding respect and dignity of all at the core. The investigation may be carried out as a self-help, informal or formal intervention process. Every case is treated as unique, but includes a check regarding safety, information about rights, obligations and process steps, an offer of support, points of contact, regular communication throughout the process, remedy when appropriate, debriefing regarding outcomes and why, and reporting.

CCDHB has a Protected Disclosure Policy to support a formal and confidential process where required. The policy as it stands outlines the channels and process for Protected Disclosure and the rights and responsibilities of all parties in that process. The policy was updated in 2017 with consultation in 2018, however requires further updating in light of our change in EAP provider and the introduction of the Speaking up for Safety Programme.

The Ministry of Health also hosts the Health Integrity Line (0800424888) which is a free, anonymous 24/7 phone line for reporting of fraud or other activities of concern in the health system. These other activities can include dishonesty, inappropriate use of technology, workplace bullying, theft, drug use, and/or harassment.

CCDHB has a Speaking up for Safety log maintained by the People and Capability Directorate, which captures Speaking up for Safety events raised with and/or supported by the human resources or organisation development teams. This log is reported to the Supporting Safety Culture Steering Group on a 6 weekly basis.

An electronic incident reporting mechanism (Square) provides a mechanism, which staff can use to report events relating to patient safety, and which captures some health and safety and human resource events. Square reports escalate to relevant managers, professional heads and senior leadership. They system has been in place for 5 years and is currently under review to ensure it is fit for purpose.

- **Keeping people safe**

  CCDHB provides free and confidential access to an Employee Assistance Programme, provided by EAPworks. Staff members can access 3 sessions of free and confidential counselling with the ability to extend this for additional sessions if recommended by the provider based on client need. The identity of the staff member and nature of their concerns is confidential, with anonymised reporting to the DHB to monitor cost, usage and trends.

  Our DHB has a partnership relationship with unions to ensure appropriate and consistent support for staff is available when needed. Unions are partners in organisation development work, for example safety culture, values, wellbeing work.

  Where a formal report of wrongdoing occurs, informants have rights and obligations outlined verbally and in writing as part of the beginning of the investigation process. This includes an identified point of contact for communication throughout the process. A risk assessment is carried out and if there are safety concerns, remediation as appropriate may occur (e.g. transfer to a new role). While this process is in place, it is acknowledged that the confidentiality constraints surrounding investigative processes,
can lead to staff experiencing this process as isolating and distressing. Connections to EAP, union supports and other support options are explored and encouraged with staff, to reduce the impact of these constraints.

4. PLANNED NEXT STEPS

4.1 The next steps that are to be taken are as follows:

a. Continue to strengthen CCDHB’s Speaking up culture – with continued roll out of Speaking up for Safety training across the workforce (Cognitive Institute model); Team SUFS – activities to support role modelling, rituals and activities for managers to embed speaking up into team routines; values work to identify values based behaviours, to give shared expectations of behaviour upon which to speak up.

b. Focus on leader and manager capability to increase their ability to respond positively and productively when staff speak up e.g. coaching, introduction of restorative ways of working (with Victoria University School of Government).

c. Consideration of Promoting Professional Accountability (PPA) is the next step in the Cognitive Institute approach to strengthening safety culture in health through addressing unprofessional behaviours. The approach includes introduction of an anonymous notification mechanism, with graduated feedback, coaching and interventions for unwarranted behaviours.

d. Complete update of the Protected Disclosure Policy; including addition of the EAPworks support option and the Speaking up For Safety programme.

e. Improve visibility of options for speaking up, on the new intranet (signalled launch date of August 2019).
APPENDIX 1: STATE SERVICES COMMISSION STANDARDS

ACTING IN THE SPIRIT OF SERVICE
Speaking up

Public Servants must be able to raise concerns without fear of punishment or reprisal. If Public Servants raised genuine concerns through proper channels and were then disadvantaged in any way because of it, that would be completely unacceptable and something I view very seriously.

Peter Hughes, State Services Commissioner

New Zealand is held in high regard for the standards of honesty, openness, transparency and integrity in the State services, but our reputation depends upon our ability to build and maintain a culture that promotes speaking up about wrongdoing.

Good policies and processes that encourage staff to speak up about possible wrongdoing are vital for maintaining the integrity of our State services.

These model standards outline the State Services Commissioner’s minimum expectations for organisations to support staff on speaking up in relation to wrongdoing concerns that could damage the integrity of the State services. They comprise all the key elements for promoting a ‘speak up’ culture, operating good processes including timely investigations, and keeping people safe from reprisals or other detrimental impacts.

These are the standards expected of all organisations within the State services – organisations will determine whether additional policies and processes are required. All State services organisations should ensure that these standards are integrated into policies and processes for reporting wrongdoing within their Human Resource, Employment Relations, and operational management systems.

SCOPE OF THE STANDARDS

The Protected Disclosures Act 2000 sets out some requirements on organisations, including operating internal procedures for receiving and dealing with reports of serious wrongdoing and publishing and reviewing those procedures regularly.

These standards outline additional expectations on State services organisations to support effective reporting and managing of wrongdoing concerns. Reporting information is key to identifying and managing wrongdoing. Staff need to feel confident that wrongdoing concerns will be taken seriously.

There are three key elements to these standards:

1. Getting the foundations right from the start: organisational commitment to leadership, raising awareness, and supporting staff and managers through regular communication and training.

2. Making sure processes are robust: taking concerns seriously when they are raised by ensuring systems are in place for monitoring, reporting, investigation, and effectively communicating with those involved in a report or disclosure.

3. Keeping people safe: ensure they can feel safe in making reports, trust that organisations will act upon them, and ensuring that organisations provide tailored and dedicated support and protections to staff to keep them safe from reprisal.

New Zealand Government.

Original published July 2017, this version published April 2019.
GETTING THE FOUNDATIONS RIGHT FROM THE START

Organisational Commitment, Leadership and Culture

Research tells us that organisational culture, tone from the top, level of awareness, processes, support and protection are critical in determining whether people will raise concerns about wrongdoing.

Organisations need to enable people to raise concerns in any circumstance and through any channel they feel most comfortable with, even where they may be uncertain or lack evidence to support their concerns.

People must be able to raise their concerns regardless of whether they are sure it meets the standard of a protected disclosure.

Informal
I can ask a question or speak privately to someone I trust in the organisation. I can raise a question in an open forum, such as at a team meeting or staff talk.

Through the line
I can discuss an issue or make a formal complaint to a manager or supervisor.

Direct to the Chief Executive
I can raise any concerns about possible wrongdoing directly with the chief executive.

Protected Disclosure
I can talk to a designated impartial person within the organisation who is independent of the possible wrongdoing. I can also talk to a range of external authorities about a protected disclosure in certain circumstances.

Training and awareness

It is important that people have access to good training and information that is regularly reviewed and updated so that they know what to do, or where to look, if they have a concern about wrongdoing in the State services.

Policies and procedures for raising concerns or making a complaint are supported by having designated people and mechanisms for staff to discuss their concerns or report wrongdoing in the way that they feel most comfortable.

Model standards:

- Training on reporting is covered at inductions and regular refreshers at least every two years, as well as following any changes to policies or procedures.
- Training for managers includes receiving and dealing with conflicts, complaints, public interest disclosures and on identifying red flags.
- There is a designated person or team that people can talk to about any concerns of wrongdoing.
- All concerns reported to organisations are assessed and acted on in a timely way.

New Zealand Government

2

Originally published: July 2019, this version published: April 2019
MAKING SURE PROCESSES ARE ROBUST

Roles, responsibilities and accountability
Processes need to be robust, well understood by all staff, and fit together as a whole. Integrating processes for receiving and managing reports will support timely and appropriate resolution.

Impartiality
Impartiality is of the highest priority in considering and investigating concerns about wrongdoing.

Confidentiality
Staff have a responsibility to speak up where they see possible wrongdoing. In all cases, organisations must protect the confidentiality of people who raise concerns as far as is reasonably possible and take steps to safeguard their welfare during and after the reporting process.

Taking concerns seriously
Organisations have a responsibility to take all concerns raised seriously and to provide mechanisms for people to raise concerns in whichever way they are most comfortable. Reports of wrongdoing are best managed when they are reported as soon as possible.

This means ensuring that people who report concerns are aware of their rights and obligations and includes the availability of, and processes for contacting, external ‘approved authorities’.

Expectations
People who disclose suspicions of wrongdoing are obliged to act in good faith and use their best judgement. They should alert organisations if they feel they have been retaliated against.

Reports assessed as being a protected disclosure
For a concern raised to be a protected disclosure, it must be about serious wrongdoing. Organisations will do everything in their power to treat disclosures confidentially, professionally and seriously.
Processes, channels and entry points

There should be multiple channels through which people can raise concerns of wrongdoing – this includes from the most informal, through to ensuring that staff can contact the chief executive directly.2

- Informal
  - Do teams have regular meetings to discuss their concerns?
  - Are there opportunities at staff days or forums for people to speak without managers?

- Through the line
  - Do your managers make time for staff to raise concerns?
  - Do you have a designated person in your organisation as an alternative to a line manager?

- Directly to the Chief Executive
  - Do you have a dedicated place or channel for staff to raise concerns directly with the chief executive in a confidential and secure way?

- Protected Disclosure
  - Do you have a designated person and processes where staff can lodge a protected disclosure?
  - Can staff find information on which external authorities they can contact and how?

Making a report

It is important that people understand how their concerns will be treated and what to expect once they have raised them, regardless of the channel used. This will support greater trust in the process.

People must be able to make reports anonymously and raise concerns at the level they are comfortable with.

Trust in the process

For policies on reporting wrongdoing to be successful, people must be able to trust in organisational processes.

Policies detail the steps to be taken and what will happen on receipt of information.

People making a report may choose to take their concerns to external organisations or regulatory bodies.

Model standards:

- There are clear processes for addressing concerns according to each channel.
- Organisations communicate clearly and regularly with people to ensure that they understand what will happen once their concerns have been assessed.
- There are procedures to enable people to make anonymous reports, regardless of the nature or level of report.
- Policies include assessing any risk of reprisal, repercussion, or adverse impacts to anyone from the first report or disclosure, especially to the person making the report.
- Appropriate external contacts are available to people as points of escalation and support as appropriate.
- When a report is made about serious criminal activity, organisations will immediately report the matter to the Police or the Serious Fraud Office.

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2 Organisational policies also need to identify how people can raise wrongdoing concerns that relate to the chief executive. The appropriate channel for raising such a concern will differ depending on the nature of the agency. Raising the concern with a statutory deputy, a board chair, a monitoring agency or the State Services Commissioner are all possible options.
ASSESSING AND INVESTIGATING REPORTS

Investigation and resolution

An investigation may not be required in every situation and concerns raised should be resolved at the lowest appropriate level.

Once an organisation decides that an investigation is warranted, good communication is essential. Having the right people to look into concerns of wrongdoing is critical to upholding the trust and confidence that people place in the State services’ systems and organisations.

In the interests of natural justice, organisations should provide time for people affected or implicated in a report to respond to any allegations.

Organisations may need to manage communication to multiple parties throughout the process of investigating reports of wrongdoing.

Organisations must ensure a fair and impartial process that results in fair and reasonable outcomes. It may not be appropriate to share the outcome or resolution in every case.

Model standards:

- Clear timeframes and terms of reference, if appropriate, are developed and shared as soon as practicable.
- People who do the investigations are skilled, experienced, and independent from the matter reported.
- Any person, (people) implicated in a report of wrongdoing will be provided with information about the investigation and the opportunity to respond to evidence or findings at an appropriate time, in accordance with all relevant legal considerations.
- The person who raised the issue is regularly updated and communicated with throughout the investigation through a dedicated support person and management are informed as appropriate.
- Organisations also communicate effectively with others outside the organisation who may need to be informed or provide support.
- Organisations specify who will make any decisions on investigation findings, how decisions are reached, and ensure that the resolutions and actions are fair and reasonable.

Monitoring and documentation

Organisations’ ability to understand the nature of complaints, reports, and disclosures relies on their ability to track and monitor any risks or trends and to learn from them. This requires a centralised approach to manage and oversee concerns raised and responses to them, particularly where different aspects are being dealt with by different people.

Centralised tracking and monitoring requires that managers, supervisors or other designated people to whom disclosures are made are able to log and provide auditable details.

Model standards:

- All reports of potential wrongdoing are centrally recorded and organisations have designated persons who are responsible for all tracking, monitoring, and reporting all cases of potential wrongdoing to senior leadership.
- Reports and disclosures are included in agency risk management programmes and reporting, including any internal or external risk and assurance committees.
- There are training programmes and systems in place to enable centralised tracking, monitoring, auditing practices and continuous improvement.

New Zealand Government

Originally published July 2017, text version published April 2019
KEEPPING PEOPLE SAFE

Types of support
Supporting and protecting people if they are concerned about possible wrongdoing is a vital part of the system. People must be able to raise any concerns, no matter how big or small, without fear of punishment or reprisal.
They must be able to access dedicated and tailored support in addition to Employee Assistance Programmes (EAP), local welfare or support services, unions and service organisations.
Union delegates may become aware of union members reporting wrongdoing concerns and provide appropriate support.

Plan for support
In order to provide the right support early, the risk of detrimental impact should be assessed from the time a concern is first raised.
People who report concerns of wrongdoing are informed of their rights and obligations from the start of a concern being raised and are communicated with constantly throughout the process.

Remediation – Individuals and agencies
Protecting people from reprisal and repercussion is vital to ensuring trust in the system. If a person does experience repercussions then organisations need to be able to respond appropriately.
Acknowledging those who make reports is a good way to promote a “speak up” culture.

Model standards:
• There is a range of standard and tailored support available to people and mechanisms in place for communicating what support is available, and how it can be accessed at any time.
• Training as a support person is provided to union delegates where possible.

Model standards:
• There are active risk assessment strategies in place, enabled by a designated support person who is able to respond and take action where risks are identified.
• Designated support is provided from time a concern is first raised, is managed and monitored constantly, and is available for as long as required.
• There is a designated person to communicate with the person who raised the concern, including a debriefing following a resolution being reached to ensure that they understand what the outcomes are and why.

Model standards:
• Organisations take immediate action to keep the person safe and work with them to provide any remediation that may be appropriate, including transfer to a new role, or other physical protection.
• The experience of the person who raised the concern is monitored throughout and after the process.
• There are processes that support making acknowledgements, sharing lessons learned, and making apologies when appropriate.
• Where a person has been disadvantaged in any way, there are procedures in place to appropriately remedy and apologise.
CROSS-AGENCY WORK

It is important that the Public Service can work in a modern, flexible and adaptive way, including through the flexible transfer of skills and people between agencies (for example, through secondments or informal arrangements to support short-term projects).

When a person participates in cross-agency work, their employer needs to ensure that the ordinary channels for raising a concern about wrongdoing remain open to that person. Supporting and protecting a person who has raised a concern remains the responsibility of the home agency.

Agency procedures for managing wrongdoing concerns need to recognise that a concern may be raised about someone who is not employed by the agency. In that situation, multiple agencies may have obligations to the people involved.

As far as is reasonably practicable, the affected agencies should consult, co-operate with, and co-ordinate their activities in responding to the concern. Confidentiality constraints need to be discussed at the outset with the person raising the concern. This will affect the options for resolution that are available. If more than one agency does become involved, then the agencies need to reach an agreement as to who will be responsible for what. Good communication and documentation are essential throughout.

It is important that the people who do the investigation are independent from the matter reported. In some instances, it may be appropriate to engage an investigator who is independent of the agencies involved.
**RECOMMENDATION**

It is **recommended** that the Board:

(a) **Agrees** that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

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<tr>
<th>SUBJECT</th>
<th>REASON</th>
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<tr>
<td>Public Excluded Minutes</td>
<td>For the reasons set out in the respective public excluded papers.</td>
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<tr>
<td>Public Excluded Matters ARISING from previous Public Excluded meeting</td>
<td>For the reasons set out in respective public excluded papers.</td>
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<tr>
<td>Chair’s report</td>
<td>Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations</td>
<td>9(2)(b)(i)(j)</td>
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<td>CEO’s report</td>
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<td>Clinical Council report</td>
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<td>FRAC Recommendations</td>
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<td>Proposed new rent between Wellington School of Medicine (WSOM) for Embedded Space</td>
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<td>Sale of 201 Warspite Avenue, Waitangirua, Porirua</td>
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<td>Replacement of Nuclear Medicine Gamma Camera</td>
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<td>Proposal to lease Pyxis Machines, 2x Image Intensifiers, 5x Mobile X-Ray machines</td>
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<td>Register of Contract and Agreement Signoffs</td>
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<td>Risk Report</td>
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<td>Quality Improvement &amp; Patient Safety Update</td>
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<td>Children’s Hospital Programme of Works Status Report</td>
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<td>Workforce and Employment Relations Update</td>
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<td>Annual Plan – Sign Off Delegation</td>
<td>Subject to Ministerial approval</td>
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<td>Annual Plan – Financial Budget 2019/20</td>
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