Waitemata
District Health Board

Best Care for Everyone

2014/15

Statement of Intent

Mihimihi

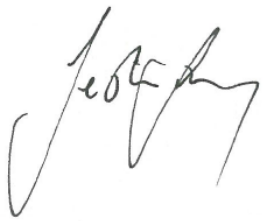
E nga mana, e nga reo, e nga karangarangatanga tangata
E mihi atu nei kia koutou
Tena koutou, tena koutou, tena koutou katoa
Ki wa tatou tini mate, kua tangihia, kua mihia kua ea
Ratou, kia ratou, haere, haere, haere
Ko tatou enei nga kanohi ora kia tatou
Ko tenei te kaupapa, 'Oranga Tika', mo te iti me te rahi
Hei huarahi puta hei hapai tahi mo tatou katoa
Hei Oranga mo te Katoa
No reira tena koutou, tena koutou, tena koutou katoa

To the authority, and the voices, of all people within the communities
We send greetings to you all
We acknowledge the spirituality and wisdom of those who have crossed beyond the veil
We farewell them
We of today who continue the aspirations of yesterday to ensure a healthy tomorrow, Greetings
Embarking on a journey through a pathway that requires your support to ensure success for all
Greetings, greetings, greetings

"Kaua e mahue tetahi atu ki waho
Te Tihi Oranga O Ngati Whatua"

The Waitemata District Health Board Statement of Intent for 2014/15 is signed for and on behalf of:

Waitemata District Health Board



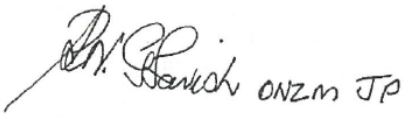
Dr Lester Levy, CNZM Date
Chair

Anthony Norman MNZM Date
Deputy Chair

Our Te Tiriti o Waitangi partners

Te Runanga o Ngati Whatua

Te Whānau o Waipareira Trust



R Naida Glavish JP Date
Chair, Te Runanga o Ngati Whatua

John Tamihere Date
CEO, Te Whānau o Waipareira Trust

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MODULE 1: Introduction and Strategic Intentions

The Statement of Intent covers the four year period: 1 July 2014 to 30 June 2018.

Foreword from our Chair and Chief Executive

Growth with integrity

The past year has been one of exponential growth for our DHB. Through this growth, our organisation has used our values and organisational promise – Best Care for Everyone – to guide us.

At the heart of this promise is the need to respect the intrinsic dignity of every single person that enters into our care – a privilege and a responsibility that we strive to keep front of mind through our everyday service delivery.

In the last 12 months, our DHB was privileged to be able to host Robert Francis QC, who is best known in New Zealand for chairing the inquiry into the Mid Staffordshire National Health Service Foundation. His advocacy for a common culture of putting patients first, fundamental standards of quality of care and strong clinical leadership gave us a prime opportunity to reflect as an organisation on our enduring commitment to these principles.

We are now the largest and fastest growing DHB in New Zealand. Population growth, an aging population and the growing prevalence of people with long term conditions will see increased demand for our services in 2014. This has spurred us to look at ways to do more with the resources we have. A substantive business transformation programme underway across the organisation has seen us obtain new efficiencies in the way we operate, while a drive to look at new models of care has seen innovative, fresh ways of delivering high quality health services to our communities. Against an increasingly challenging financial landscape, we strive to not only be sustainable, but to grow and improve the efficiency, safety and quality of the services we provide.

As the organisation rises to this challenge, we aim to meet this demand within a constrained financial environment and keep our organisational promise – Best Care for Everyone – at the heart of everything we do.

Key milestones

The past year has seen us invest in new facilities and services that have made an immediate and measurable difference to the community we serve. Key milestones include:

- The opening of a 40 bed, 4 theatre, state-of-the-art Elective Surgery Centre – a more efficient, patient-focused service which will significantly reduce waiting times and improve overall patient experience for non-emergency surgery. The new centre will be able to perform up to 5,600 procedures per year
- A $1.7 million advanced Interventional Radiology Suite enabling the DHB to offer minimally invasive treatment options for a wide range of conditions.
- Waitakere Hospital's new endoscopy suite, greatly improving local access to endoscopy services in west Auckland with reduced wait times. The new suite enables the DHB to carry out more than 2000 additional endoscopy procedures, complementing the DHB's Bowel Screening pilot
- The five bed Piri Pono service in Silverdale, the first of several new community mental health facilities planned for our district
- The opening of our first national service with the transfer from the New Zealand Navy of the Slark hyperbaric oxygen therapy service.

Our performance

In addition to these developments our overall performance is robust, ending 2013 having performed very well against the six national health targets, although we have more work to do to achieve the newest national primary care targets of more heart and diabetes checks as well as the primary care component of providing smoking cessation advice for our population. The DHB remains on a financially sound footing having again produced a small surplus which has been reinvested back into DHB services.

Most significantly, our DHB now consistently exceeds the 95 percent target of having all emergency department patients admitted, discharged or transferred in six hours or less. This exceptional performance at our two emergency departments, Waitakere and North Shore, has been consistently maintained since January 2012 – a result we are immensely proud of.

Our work is reflected in the health of our district, with our population among the healthiest in the country. The Waitemata district has the lowest death rate for its population among all health districts in New Zealand and the lowest mortality rates associated with cancer and heart disease. Our district's population is also the longest living in the country, with an average life expectancy of 84 years.

With growth has come an increased organisation-wide focus on quality to continue to enhance patient safety and experience. Last year saw the publication of Waitemata DHB's first Quality Account – a dedicated report about the quality of our services. The report looks closely at what our DHB is doing well, where improvements can be made and priority areas for improvement. The Quality Account will be released annually through a dedicated website, strengthening our reporting and monitoring systems across the organisation and providing greater public transparency and accountability.

2014 and beyond

A number of new developments starting in 2014 include:

- A $25 million, 46-bed mental health facility on the North Shore Hospital site, allowing the current service located in the Taharoto building to migrate to a new state-of-the-art facility
- A new MRI suite at North Shore Hospital, housing significantly faster, more detailed medical scanning equipment, further enhancing our ability to diagnose medical conditions
- New floor space above the antenatal unit at North Shore Hospital, providing additional office and meeting space as well as a new chapel to further support the spiritual wellbeing of patients and their families
- Beginning of the build for the expansion of Waitakere Hospital, future proofing the high quality, around-the-clock emergency care provided to west Auckland's growing population.

We are pleased with the unprecedented progress accomplished at Waitemata DHB over the past year and the progress made towards our organisational goals. There is still much work to do, and we look forward to continuing this in 2014/15.

The past year has been one of considerable achievement only made possible by dedicated staff in every corner of the organisation. As we continue on our path, our staff give us the confidence to continue to deliver positive growth in 2014 and beyond – thank you for all your support.

Dr Lester Levy, CNZM
Chair

Dr Dale Bramley
Chief Executive Officer

Te Tiriti o Waitangi Statement

Waitemata DHB recognises the Te Tiriti o Waitangi as the founding document of New Zealand. Te Tiriti o Waitangi encapsulates the relationship between the Crown and Iwi. It provides a framework for Māori development and wellbeing. The New Zealand Public Health and Disability Act 2000 requires DHBs to establish and maintain processes to enable Māori to participate in, and contribute towards, strategies to improve Māori health outcomes.

Te Tiriti o Waitangi serves as an effective framework for Māori health gain across the health sector and the articles of Te Tiriti provide four domains under which Māori health priorities for Waitemata DHB can be established. The framework recognises an obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Article 1 – Kawanatanga (governance) is equated to health systems performance. It covers the structures and systems that are necessary to facilitate Māori health gain and reduce inequalities. It provides for active partnerships with manawhenua at a governance level.

Article 2 – Tino Rangatiratanga (self-determination) is concerned with opportunities for Māori leadership, engagement, and participation in relation to DHB's activities.

Article 3 – Oritetanga (equity) is concerned with achieving health equity, and therefore with priorities that can be directly linked to reducing systematic inequalities in the determinants of health, health outcomes and health service utilisation.

Article 4 – Te Ritenga (right to beliefs and values) guarantees Māori the right to practice their own spiritual beliefs, rites and tikanga in any context they wish to do so. Therefore, the DHB has a Tiriti obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Guiding Principles

The following nine principles underpin the Waitemata DHB work streams and approaches and provide practical direction for the identification of Māori health priority areas and associated activities and indicators.

Health partnership with manawhenua

This principle is reflected in the memoranda between Waitemata DHB and Te Runanga o Ngati Whatua, which outlines the partnership approach to working together at both governance and operational levels. These memoranda arrangements establish a treaty based health partnership enabling joint collaboration between the Crown and Ngati Whatua in key areas such as funding and planning. To this extent the relationship is designed to ensure the provision of effective health and disability services for Māori resident within the Ngati Whatua tribal rohe (area).

Commitment to Māori communities

This is reflected in the memoranda between Waitemata DHB and Te Whānau o Waipareira Trust. This arrangement enables joint collaboration in key areas of planning and funding and is designed to ensure provision of effective health and disability services for Māori.

Whānau ora

Whānau ora, in the context of this document, is concerned with an intra- and inter-sectoral strength-based approach to supporting whānau to achieve their maximum potential in terms of health and wellbeing. The approach is whānau-centred and involves providing support to strengthen whānau capacities to undertake functions that are necessary for healthy living and contributing to the wellbeing of whānau members and the whānau collective.

Health equity

Health equity is concerned with eliminating disparities in health outcomes. The concept of health equity acknowledges that different types and levels of resources may be required in order for equitable health outcomes to be achieved for different groups. Improving Māori access to health services will be a key contribution towards achieving health equity.

Self-determination

This principle is concerned with the right of Māori patients/individuals and collectives to be informed and exert control over their health. This is consistent with full involvement in health care decision-making, increased capacity for self-management, higher levels of autonomy and reduced dependence.

Indigeneity

Indigeneity is concerned with the status and rights of Māori as indigenous peoples. The value placed on Indigeneity should be reflected in health policies and programmes that support the retention of Māori identity, the participation of Māori in decision-making, and health development based on the aspirations of Māori.

Ngā kaupapa tuku iho

Ngā kaupapa tuku iho requires acknowledgment and respect for Māori values, beliefs, responsibilities, protocols, and knowledge that are relevant to and may guide health service planning and service delivery for Māori.

Whole-of-system responsibility

Achieving best health outcomes for whānau and health equity for Māori is a whole-of-system responsibility. Therefore, contributing to Māori health gain and reducing ethnic inequalities in health between Māori and non-Māori is an expectation of all health activities through the whole of the health system.

Evidence-based approaches

The evidence-based approach is a process through which scientific and other evidence is accessed and assessed for its quality, strength and relevance to local Māori. An understanding of the evidence is then used in combination with good judgement, drawing on a Māori development perspective and social justice ethic, to inform decision-making that maximises the effectiveness and efficiency of Māori health policy, purchasing, service delivery and practice.

Context

Who we are and what we do

Waitemata DHB was established under the New Zealand Public Health and Disability Act (2000) to:

- Improve, promote, and protect the health of communities
- Reduce inequalities in health status
- Integrate health services, especially primary and hospital services
- Promote effective care or support of those in need of personal health services or disability support.

The Waitemata district encompasses North Shore, Waitakere and Rodney. Approximately 574,500 people live in Waitemata DHB and this number is growing due to the inwards migration of people to the Waitemata district. New strategies are being implemented to meet this growing demand. A snapshot of the Waitemata population is provided in the box below.

The next four years will be a period of growth for our DHB guided by our values and promise – Best Care for Everyone. We will continue to roll-out organisational redesign to ensure the optimum arrangement for the most effective and efficient delivery of health services. This will involve clinical leaders taking on the accountability for clinical and financial outcomes for their services.

Snapshot of Waitemata DHB

- Largest and fastest growing population of all districts – over 574,500 people, with the population expected to grow approximately 20% (111,300 people) over the next 10 years
- Our population is relatively affluent with the third highest proportion of least deprived (deciles one and two) people and the second lowest proportion of highly deprived (decile 10) people of any DHB
- People who live in our district have the highest life expectancy in New Zealand. We also have the highest life expectancy for Māori in the North Island. However, in 2012 there was an 8.8 year gap between Māori and non-Māori non-Pacific and an 8.2 year gap between Pacific and non-Māori non-Pacific ethnic groups
- 20% of the Waitemata population is Asian[1], 10% Māori and 7% Pacific
- 20% of our overall population and 35% of our Māori population are under 15 years of age, 13% of the population are over 65 years, with around 2% over 85 years old
- It is estimated that 7,800 babies will be born to Waitemata residents in 2014/15
- Between 2008 and 2012 we have seen an increase of 37% in the number of people attending our emergency departments with 104,653 attendances in 2012.

Please refer to our website for further information on our population and health needs assessments. http://www.waitematadhb.govt.nz/PlanningConsulting/Healthneedsassessments.aspx

[1] For the purpose of the Annual Plan and associated documents, the term 'Asian' describes culturally diverse communities with origins from the Asian continent and refers to Chinese, Indian, Southeast Asian and other Asian people excluding people originating from the Middle East, Central Asia (except Afghanistan) and Asian Russia. The term 'MELAA' refers to Middle Eastern, Latin American or African ethnicity groupings consisting of extremely diverse cultural, linguistic and religious groups.

Challenges and Opportunities

Across the overall Auckland region there are similar kinds of challenges and opportunities:

- Population growth and ageing
- Increasingly diverse communities
- Increasing prevalence of long term conditions
- Growing demand for our health services (impacting workforce and infrastructure)
- Inequalities in access to services and health outcomes.

As we grow, our DHB needs to respond while working in a fiscal environment where health spending is expected to be constrained. The challenge is to enhance quality health service delivery against this economic background.

Key areas of risk and opportunity

Risks	Mitigations/ opportunities
Long-term fiscal sustainability	Clear prioritisation across all areas of the sector. Innovation, integration and regional collaboration to support improved national, regional and local service delivery models of care. Use of evidence-based care to avoid wastage. Tight cost control to limit the rate of cost growth pressure and purchasing and productivity improvement to deliver services more efficiently and effectively across both community and hospital providers.
Diversity of need within New Zealand's population, including a growing number of older people with multiple conditions	Engaging patients, consumers and their families and the community in the development and design of health services and ensuring our services are responsive to their needs. Assisting people and their families to manage their own health in their own home, supported by specialist services delivered in community settings as well as hospitals and increasing our focus on proven preventative measures and earlier intervention.
Growing demand for health services	Accelerating the pace of change, in key areas such as: • Moving intervention upstream • Improved models of care • Better management of long term conditions • Integrating services (the coordination of care, systems and information) to better meet people's needs • Improving performance and implementing evidence based practice • Strengthening leadership while supporting front-line innovation • Integrated contracting • Working regionally and across government to address health and other priorities • Working as a whole of system health service, inclusive of non-government organisations (NGOs), primary care, community, hospitals and funders.

Nature and scope of activities

District Health Boards have four key roles to deliver on their objectives. The 'Planner' and 'Funder' roles are undertaken by the same team hosted by Waitemata DHB for both the Auckland and Waitemata DHBs:

- Planner - DHB planning begins with the assessment of population health need. Health needs assessment, along with input from our key stakeholders (including our community), establishes the important areas of focus within our district and these are balanced alongside

national and regional priorities. These inform the Northern Region Health Plan, which sets the longer term priorities for DHBs in the northern region (Northland, Waitemata, Counties Manukau and Auckland DHBs) as well as the annual plan and Māori Health Plan

- Funder - DHB responsibilities include funding the totality of hospital-based and community-based services for our population while delivering both value for money, living within our means and improving health outcomes for our population
- Provider - Waitemata DHB provides predominantly secondary hospital and community services from North Shore Hospital, Waitakere Hospital and over 30 sites throughout the district. We also provide child disability, forensic psychiatric services, school dental services and alcohol and drug services to the residents of the overall Auckland region on behalf of the other DHBs. We manage the national Hyperbaric Medical Service. We contract other DHBs, particularly Auckland DHB, to provide some tertiary services, eg cardiac surgery and radiation oncology services, and have contracts with approximately 900 other community providers to deliver aged residential care, primary care, mental health, laboratory, pharmacy and oral health services
- Owner of Crown assets - as an owner of Crown assets, we must operate in a fiscally responsible manner and be accountable for the assets we own and manage. We are responsible for ensuring strong governance and accountability, risk management, audit, and performance monitoring and reporting.

Other interests

The Waitemata DHB group consists of the parent, Waitemata District Health Board, Three Harbours Health Foundation (controlled by Waitemata District Health Board) and the newly formed Well Foundation which replaces two organisations – the North Shore Hospital Foundation and the West Auckland Health Services Foundation. The Well Foundation will operate as a legally-independent charitable entity providing seed funding for new equipment and healthcare innovations and initiatives.

Wilson Home Trust: Waitemata DHB is trustee for this trust, the primary functions of which are: provision and maintenance of building and grounds at the Wilson Home and the funding of equipment and amenities for children with physical disabilities. Waitemata DHB leases from the Trust premises on the Wilson Home site from which the DHB provides services for children with physical disabilities

Joint ventures are healthAlliance N.Z. Limited, New Zealand Health Innovation Hub Limited Partnership and Awhina Waitakere Health Campus. The associate company is Northern Regional Alliance Limited formerly called Northern DHB Support Agency Limited (NDSA).

Waitemata DHB also holds a 20% shareholding in South Kaipara Medical Centre Limited Partnership. This is a joint venture with the Helensville District Health Trust and two local GPs to ensure sustainability of a rural general practice.

Waitemata DHB is a shareholder in a number of Crown entity subsidiaries, namely the New Zealand Health Innovation Hub Management Limited, healthAlliance New Zealand Limited and the Northern Region Alliance Limited, which is an amalgamation of two previous subsidiary companies, the Northern Region DHB Support Agency Limited and the Northern Regional Training Hub Limited. The NRA is owned in four equal shares by Waitemata, Auckland, Counties Manukau and Northland DHBs.

Waitemata DHB will seek approval from the Minister of Health to progress any plans to acquire shares or interests in any other company, trusts and/or partnerships.

Strategic Intentions

Our DHB's Purpose

Our organisation's purpose is:

- To promote wellness
- To prevent, cure and ameliorate ill health
- To relieve suffering of those entrusted into our care.

Our purpose focuses us on delivering the Best Care for Everyone. For us that means striving to offer the best care possible to every person and their family engaged with our services. This requires us to continue to develop an organisation-wide culture that puts patients first, is relentless in the pursuit of fundamental standards of quality of care and which is enhanced by strong clinical leadership.

Over the past four years we have made substantial gains toward delivering on our purpose. To continue making progress we need to embed those gains and develop new models of care. This requires developing innovation capacity and capability while focusing on our two organisational priorities – relieving suffering and achieving better outcomes.

Relieving suffering requires we act to:

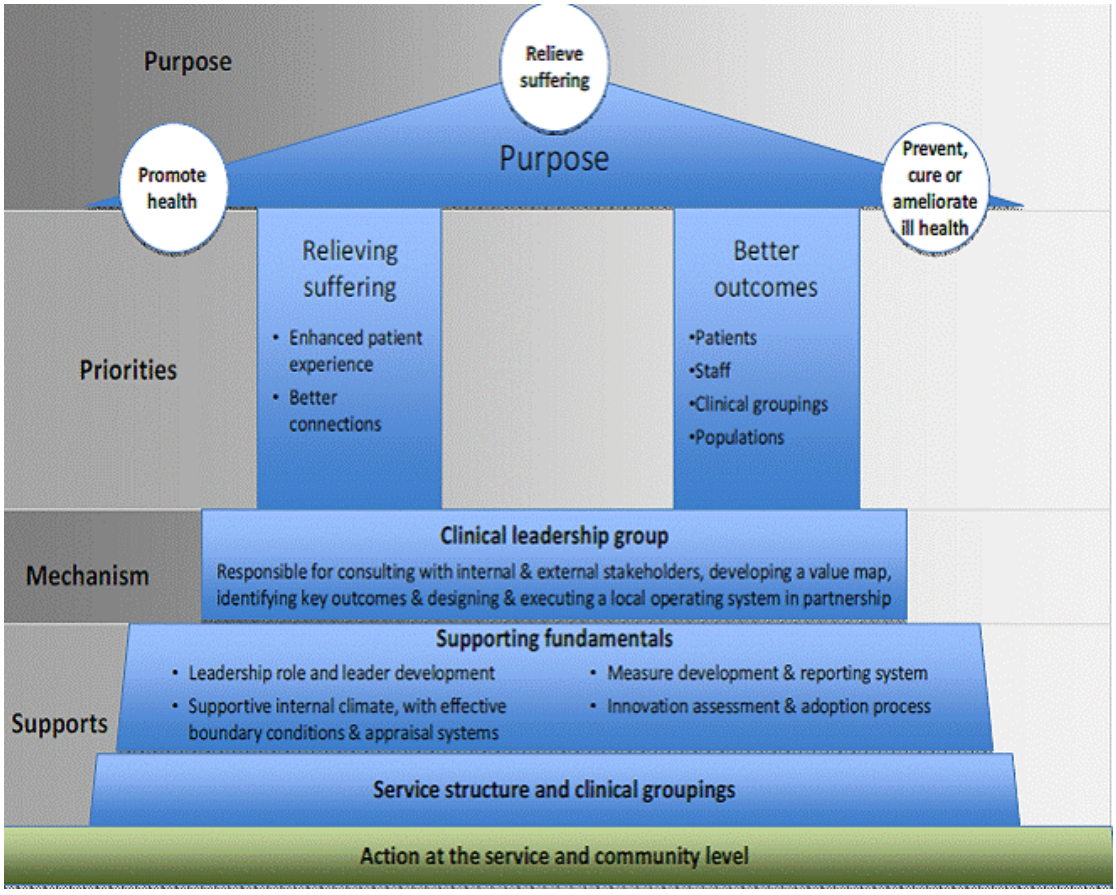
- Enhance patient and whānau experience when they interact with us, be it in the community, as an outpatient or as an inpatient
- Ensure that everything we do is done to relieve physical, psychological/emotional pain in a timely way
- Provide clear and understandable connections and smooth transitions between the various units of the DHB and its many community partners
- Ensure we do nothing to increase suffering, such as commit errors or provide unsafe or inappropriate care.

Achieving better outcomes requires we act to:

- Measure and better manage the outcomes that patients care most about, such as the reduction of pain, return to previous level of functioning, return to work, home and independent living
- Improve the health of the Waitemata population, with a focus on the sub-populations the Board prioritises for action, by timely access to evidence-based treatment and care
- Enhance staff engagement and satisfaction, as this correlates to better patient outcomes.

Executing on our purpose

We are developing a set of plans and supporting resources in order to execute on this purpose. Primary among these is the development of a group of clinical leaders across primary and hospital care responsible for and capable of implementing improved care models in their clinical areas. As the diagram on the following page outlines, these leaders are being supported by a leadership development programme, a performance measurement system and an innovation assessment and deployment process.



The diagram shows the approach we take at Waitemata DHB to galvanise action at the service level so that we can achieve our purpose. Our purpose and priorities and organisational mechanisms and supports that we have highlighted for attention are based on our current performance and areas for further improvement.

Innovation and Development

In order to continually improve outcomes and processes of care, innovation capacity and capability need to be developed, encouraged and sustained. We are developing an evolving library of up-to-date information on healthcare innovations nationally and internationally. This sits alongside the clinical leadership programme to support clinical redesign of existing models of care.

We are establishing a Centre for Health IT and Creative Design that will focus on the application and testing of innovations and technologies within the frontline health services. It is a collaborative model, involving partnering with industry and academic institutions as appropriate. This will provide an innovation assessment and prioritisation process and sites for the deployment and testing of new ways of working and new technologies for rapid evaluation by frontline staff. New models of care will be refined before being considered for roll-out across DHB services. Innovations will particularly focus on improving outcomes and the patient and whānau experience of healthcare. The Centre also aims to enhance innovation and research skills in staff, and engage them in a culture of innovation and ideas generation.

System integration

Developing an effective integrated health care system that meets the needs of our population is central to the delivery of our purpose and priorities. In the coming years we will accelerate progress towards an integrated system to ensure patients and family receive the right care in the most appropriate place.

We will build upon and complement existing integration developments such as the youth hub, the integrated cognitive impairment pathway (previously the dementia care pathway) –led by hospital and community clinicians, integrated diabetes and child health services in west Auckland and the palliative care model of care. We are initiating, with primary care and non-government organisations, our Coordination, Assessment, Rehabilitation, Education (CARE) programme for older people. In collaboration with primary care and non-government organisations we will continue to focus on the Better Public Service targets for health:

- The Prime Minister's Youth Mental Health Project
- The Children's Action Plan
- Increased Immunisation Health Target
- Reduced rates of Rheumatic Fever.

Integration of services is a consistent focus across all our health service delivery areas. We are developing strong clinical leadership with responsibility for accelerating the rate of system integration through clinical redesign of existing models of care. This will be supported by:

- Embedding strong relationships between the DHB and primary care through the district Alliance
- Release of expertise within the hospitals to better support primary care and NGOs allowing more care to be delivered in community settings
- Building capability and capacity across the health care system and particularly primary care
- Improving performance through quality improvement and transparent reporting
- Developing innovative funding models that enable and support sustainable service change
- Organisation culture and norms of behaviour that support redesign processes and clinical leadership
- A focus on Māori, Pacific and other high need populations.

We will also contribute to the achievements of clinically-led regional networks as they progress the objectives of the Northern Region Health Plan. This work places particular emphasis upon:

- Agreement of appropriate standards and the consistency of care delivery across our region
- Development of new models of care to achieve best clinical outcomes and efficient use of our region's health resources
- Use of information technology to enable integrated patient and whānau determined health care; crossing organisational boundaries and extending along the continuum of care.

We will also contribute to the achievement of the Health Quality and Safety Commission, Health Workforce New Zealand, HBL, and National IT Board objectives including:

- Improve the quality and safety of health services and minimising patient harm
- Support implementation of national IT initiatives such as shared care and e-prescription services
- Support workforce development initiatives.

Strategic outcomes in national and regional context

National

Collectively, the health sector contributes to government priorities by working towards the Ministry of Health's overarching outcomes:

- New Zealanders living longer, healthier and more independent lives
- The health system is cost-effective and supports a productive economy.

For 2014/15 the Minister of Health requires continuing focus on the following priorities:

- **Better Public Services –** leading the effort to increase immunisation, reduce the incidence of rheumatic fever and reduce violent assaults against children
- **National Health Targets –** committing to achieve the six national health targets
- **Care closer to home –** better integration and coordination of health services between community and hospitals particularly for management of long term conditions and for the health of our older people to support their independence
- **Regional and national collaboration –** to leverage the financial and clinical gains to be derived from working together
- **Living within our means –** to support the Government achieving a surplus.

The DHB will support National Health Committee technology, clinical research and burden of disease work programmes as required during 2014/15. The PHARMAC managed Hospital Medicines List was implemented at Waitemata DHB in July 2013 and nationally is still in the transition phase.

Regional

The Northern Region Health Plan has been developed by the four Northern Region DHBs. The Plan sets out three priority goals, these are:

- **Goal One** – First, Do No Harm: reducing harm and improving patient safety
- **Goal Two** – Life and Years: reducing disparities and achieving longer, healthier and more productive lives. This year there is a particular emphasis on child health, health of older people and reducing inequalities for Māori, Pacific and other population groups
- **Goal Three** – The Informed Patient: ensuring patients are better informed about care and treatment choices and healthcare providers are better informed about patients' care preferences, particularly around end of life care.

The Northern Regional Health Plan can be located here:
http://www.NDSA.co.nz/FormsDocuments.aspx)

Sub-regional

Auckland and Waitemata DHBs have a bi-lateral agreement which joins governance and some activities where there is mutual benefit to the planning and delivery of providing enhanced, sustainable health services to over one million Aucklanders. The two DHBs share a Board Chair and have advisory-committees that meet jointly. The merger of a number of teams has increased consistency of relationships across the two DHBs.

Planning Framework

The following planning framework for Waitemata DHB summarises the key national, regional and local priorities that inform the 2014/15 annual plan and associated documents and sets the direction for the coming years, including the key measures we monitor to ensure we are achieving our objectives.

GOVERNMENT OUTCOMES	NEW ZEALANDERS LIVE LONGER, HEALTHIER AND MORE INDEPENDENT LIVES		THE HEALTH SYSTEM IS COST EFFECTIVE AND SUPPORTS A PRODUCTIVE ECONOMY
MOH Priorities	**Minister's Health Targets**	**Better Public Services**	**System Integration**
Northern Region Triple Aim	Health services are integrated, more convenient and people centered	New Zealanders are healthier and more independent	Future sustainability of health system is assured
WDHB PROMISE	**Best Care for Everyone**		
Board Priorities	Better Outcomes • Relief of Suffering		
WDHB Purpose	Promote Wellness	Prevent, cure and ameliorate ill health	Relieve suffering of those entrusted to our care
Priority Programmes	• Smoking • Childhood immunisations • Well children • Rheumatic fever	• CVD/Diabetes Checks • Cardiac and Stroke Services • Cancer screening • Faster cancer treatment • Mental health	• Shorter stays in ED • Access to electives • Patient experience • Quality and safety
Priority Populations	Maori	Pacific	Asian
Output classes	Prevention	Early Detection and Management	Intensive Assessment and Treatment	Rehabilitation and Support
Enablers	Patient and Family empowerment	Workforce	Information and Communication Technology	Financial sustainability

Outcomes Framework

Our outcomes framework enables the DHB to ensure it is achieving the best possible outcomes for our population. Based on the three key themes that comprise our purpose statement we have identified two overall outcomes as well as a number of outcome measures and supporting impact measures that will demonstrate whether we are succeeding in delivering our purpose and improving the health and wellbeing of our population. These are presented in the intervention logic diagram on the following page.

Outcomes have been grouped in three sections in line with the DHB's purpose to prevent, cure and ameliorate ill health. Promoting wellness and the relief of suffering are cross cutting outcomes that run across all the DHBs programmes. The outcomes, outputs and programme areas are all interrelated and all contribute to the DHB's overall purpose and priorities as shown by the arrows at the bottom of the table.

Working with our hospital and primary care clinical leaders and MOU partners we will refine this framework and develop metrics and a reporting process to support it. The measures included in our outcomes framework will be updated through this process. We intend to align this to the Integrated Performance Improvement Framework (IPIF) as it is developed. The Statement of Performance Expectations (which forms part of the Annual Plan) sets out a more detailed set of indicators that contribute to our overall outcomes framework.

Key to Outcomes Framework

Acronym/ Term	Definition
ABC	**Ask** about smoking status, to give **Brief** advice to all smokers to stop smoking and to provide evidence-based **Cessation** support for those who wish to stop smoking
B4	B4 school check is a nationwide programme offering a free health and development check for four year olds
CVD	Cardio-vascular disease
DCIP	Diabetes Care Improvement Package
HBA1c	HbA1c is a test of blood sugar levels used to indicate how well diabetes is being controlled
HBSS	Home-Based Support Service
HSMR	Hospital Standardised Mortality Ratio
Impact	Means the contribution made to an outcome by a specified set of goods and services (outputs), or actions, or both (Public Finance Act 1989, s2). It normally describes results that are directly attributable to the activity of an agency. For example, the change in the life expectancy of infants at birth and age one as a direct result of the increased uptake of immunisations
Outcome	Outcomes are the impacts on or the consequences for, the community of the outputs or activities of government. However in common usage the term 'outcomes' is often used more generally to mean results, regardless of whether they are produced by government action or other means. An intermediate outcome is expected to lead to an end outcome, but in itself, is not the desired result. An end outcome is the final result desired from delivering outputs. An output may have more than one end outcome; or several outputs may contribute to a single end outcome
Outputs	Final goods and services, that is, they are supplied to someone outside a Crown Entity. They should not be confused with goods and services produced entirely for consumption within the DHB group (New Crown Entities Act 2004 s136(1)(a – c))
QALYs	Quality-adjusted life years is a measure of disease burden, including both the quality and the quantity of life lived
RTT	Referral to treatment.

Outcomes Framework and Intervention Logic

OVERALL OUTCOMES	INCREASE LIFE EXPECTANCY AND IMPROVE QUALITY OF LIFE		REDUCE INEQUALITIES IN LIFE EXPECTANCY
Outcome Measures	• Smoking Prevalence • Obesity Prevalence • Infant + Child Mortality	• CVD Mortality • Cancer Mortality • Suicide rates	• Better Patient Experience • HSMR • Elective QALYs • Staff experience
High Level Impact Measures	• % Smoking ABC • % immunisation • Rheumatic Fever Cases • Assaults against children	• % CVD Checks • % screened (bowel, breast, cervical) • Access to Mental Health Services	• Net Promoter Score • Elective Discharges • ED waiting times • No. Adverse events
Outputs	• No. smoking advice given • No. children immunised • No. B4 school checks • No. children swabbed	• No. CVD checks • No. DCIP Annual Reviews • No. People Screened • No. Cardiac procedures • Mental Health contacts	• Outpatient Attendances • Elective Discharges • ED + Inpatient Attendances • HBSS packages of care • Residential placements
Priority Programmes	• Smoking • Childhood Immunisations • Well Children • Rheumatic Fever	• CVD/Diabetes Checks and Management • Cancer Screening • Faster Cancer Treatment • Mental Health	• Shorter stays in ED • Access to Electives • Patient Experience • Quality and Safety • Health of Older People
Priority Populations	Maori	Pacific	Asian
Output Classes	Prevention	Early Detection and Management	Intensive Assessment and Treatment / Rehabilitation and Support
PURPOSE	Prevent	Cure	Ameliorate
BOARD PRIORITIES	*Better Outcomes*	*Relief of Suffering*	

Overall Outcomes

The overall outcomes that we want to achieve are to increase life expectancy and quality of life (measured by life expectancy at birth) and to reduce ethnic inequalities (measured by the ethnic gap in life expectancy). Measures for the quality of life are less well developed so we have not currently identified a single overall measure of quality of life. However a number of measures in our outcomes framework will contribute to quality of life. Mental ill health in particular is a major cause of disability and distress that significantly reduces quality of life.

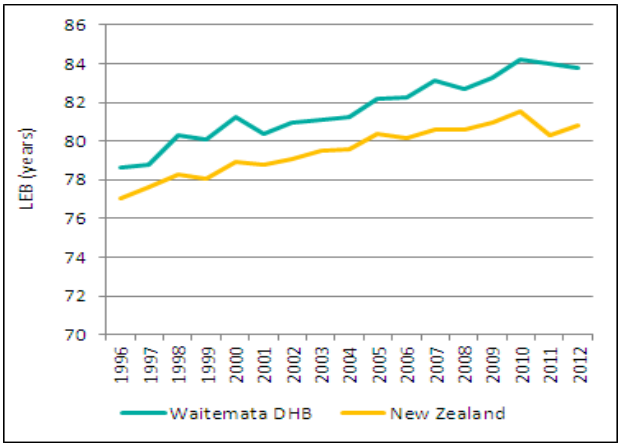
Key

✔ Indicates an outcome measure has achieved target, or is performing better than the national average. (The absence of a tick does not necessarily indicate poor performance as not all measures have targets or are compared to national rates).

Overall Outcome – Increase Life Expectancy and Quality of Life

Internationally recognised as a measure of population health status, increased life expectancy continues to be the high level outcome we monitor. For New Zealand as a whole life expectancy has increased by 2.7 years per decade over the last 16 years. In Waitemata life expectancy has increased by 3.3 years per decade. Overall we continue to have the highest life expectancy in the country at around 84 years – almost three years higher than New Zealand as a whole. If the Waitemata district were a country we would have the highest life expectancy in the world (ahead of Japan, Switzerland and San Marino who all had life expectancies at birth in 2011 of 83 years[2]).

Outcome Measure – Life Expectancy at birth ✔

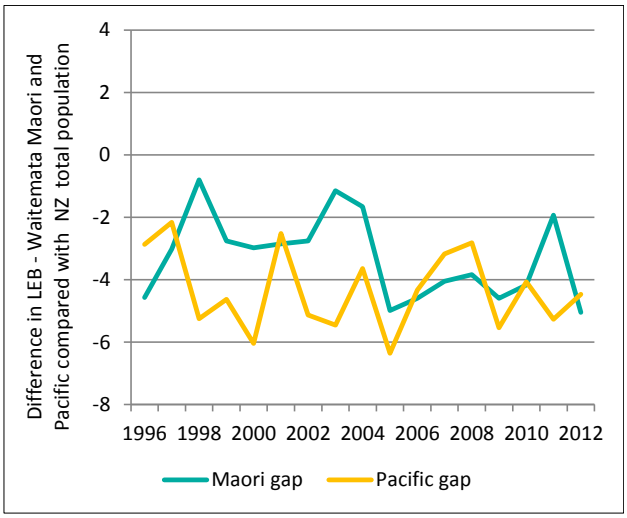


Overall Outcome – Reduce Inequalities for all populations

There are significant differences in life expectancy rates between ethnic groups within our district. Māori and Pacific people have a lower life expectancy compared to other New Zealanders, with a gap of 5 years for Māori, and 4.5 years for Pacific.

Cardiovascular disease, lung cancer, diabetes and obesity accounted for over half the difference in life expectancy between Māori and Pacific, and European ethnicities in Waitemata. Accidents, chronic obstructive airways disease, prostate cancer and female genital cancer also made significant contributions to the ethnic differences in life expectancy. These findings are reflected in our outcome areas below.

Outcome Measure – Ethnic gap in life expectancy at birth



[2] Global Health Observatory (http://apps.who.int/gho/data/node.main.3?lang=en)

To prevent ill health – people will be supported to be healthier and take greater responsibility for their own health

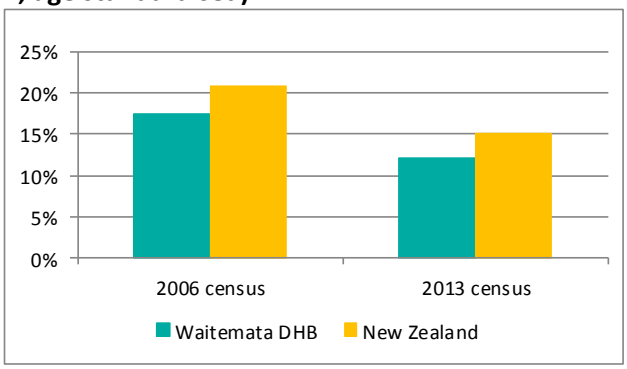
Our focus in this area is on smoking, obesity, and childrens health. In these areas we will ensure people are better protected from harm, informed of the signs and symptoms of ill health, and supported to reduce risk behaviours and modify lifestyles in order to maintain good health. We will create health-promoting physical and social environments which support people to take more responsibility for their own health and make healthier choices. Over the next 4 years our main measures of these activities are as follows.

Outcome – A Smokefree Aotearoa by 2025

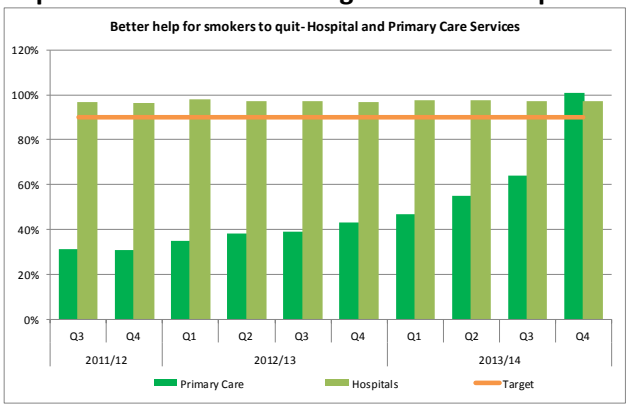
Smoking is the leading modifiable risk factor in New Zealand and contributes to many deaths and hospitalisations in Waitemata. The prevalence of smoking in Waitemata DHB was 12% according to census 2013. This is well below the national average of 15% and has reduced markedly since the previous census.

There are significant ethnic differences in our district with Māori and Pacific people more likely to smoke although these rates are well below the national average (27.1% and 20.7% respectively for Waitemata). We have performed very well providing brief advice to smokers in hospital – 97% of hospitalised smokers received advice on quitting smoking in quarter four 2013/14. However, results for this health target in primary care were particularly impressive – more than 100% of smokers seen by primary care received advice to quit in quarter four 2013/14. In addition to offering advice in primary care settings, some practices also contacted patients who had not recently attended their general practitioner to offer them brief advice and support to quit smoking.

Outcome measure – Smoking prevalence (15 years +, age standardised) ✔



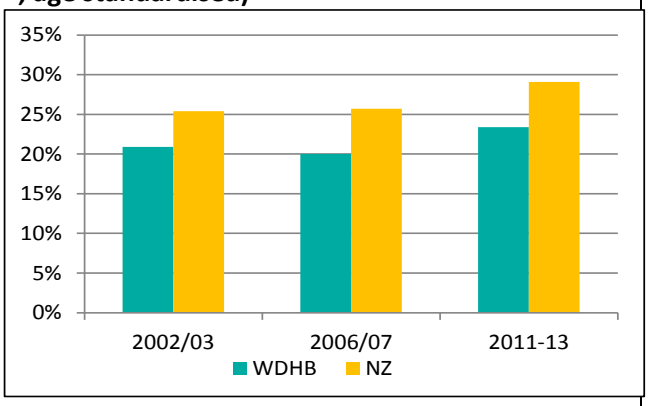
Impact measure – Smokers given advice to quit



Outcome – Halt the rise in Obesity

Obesity and the associated effects of poor diet and inactive lifestyles are at epidemic levels in New Zealand and obesity is the second most important modifiable risk factor. Our community's overall obesity prevalence (22.2%) is less than the New Zealand average. Obesity prevalence is particularly high amongst Māori and Pacific people (30.7% and 48% respectively). The associated costs of obesity have been estimated at 4.4% of healthcare expenditure or $152 million dollars for the overall Auckland region and are rising.

Outcome Measure – Obesity Prevalence (15 years +, age standardised) ✔



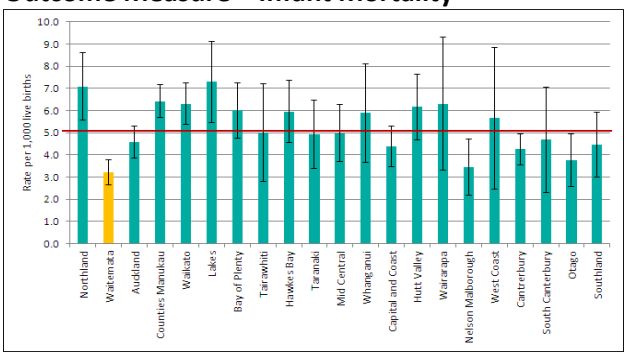
Outcome – Children get the best possible start in life

The wellbeing of children is critical to the wellbeing of the population as a whole and is both a regional and a national priority. Healthy children are more likely to become healthy adults. Positive health outcomes for children and mothers are essential for this. Waitemata DHB's infant mortality rate of 3.2 per 1000 live births (2006-2010) is the lowest in the country, as is the child mortality rate.

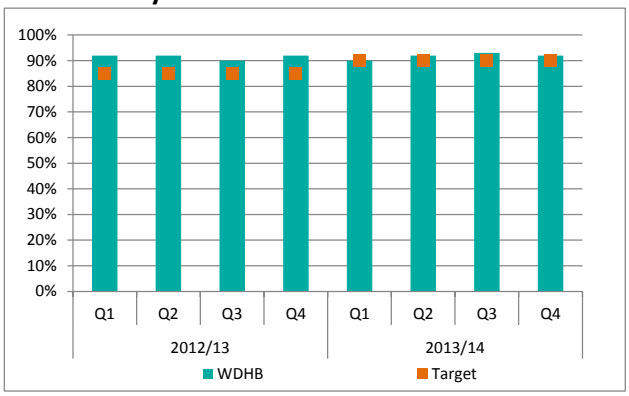
Significant progress has been made in increasing the proportion of children immunised in recent years. 92% of Waitemata children were fully immunised at 8 months at the end of June 2014 and steady gains have been made to reduce the equity gap with an increase of 16% for Māori and 6% for Pacific since July 2012. We want 95% of children to be immunised by December 2014 and to maintain or improve on this level in the coming years.

Reducing the number of assaults and supporting the prevention and early identification of child maltreatment through delivering on the Children's Action Plan (CAP) and aligned initiatives is a national and local priority. Child assault admissions to Waitemata hospitals have declined in recent years – from 21 per 100,000 children in 2010/11 to 13 per 100,000 children in 2012/13.

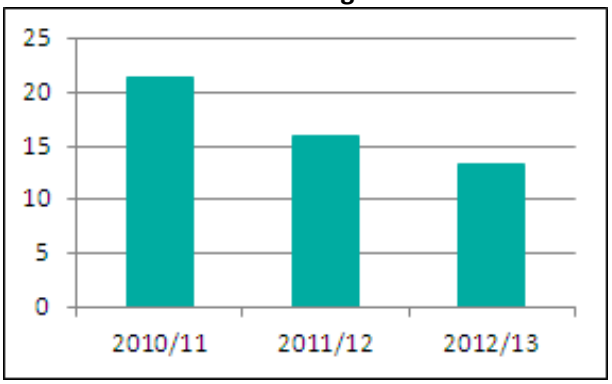
Outcome Measure – Infant Mortality ✔

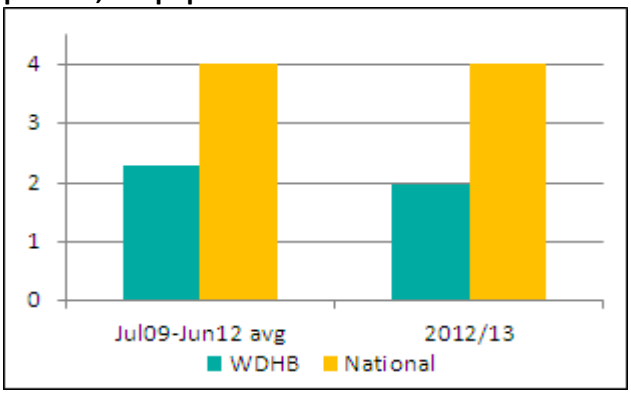


Impact Measure - Proportion of 8 month old children fully immunised ✔



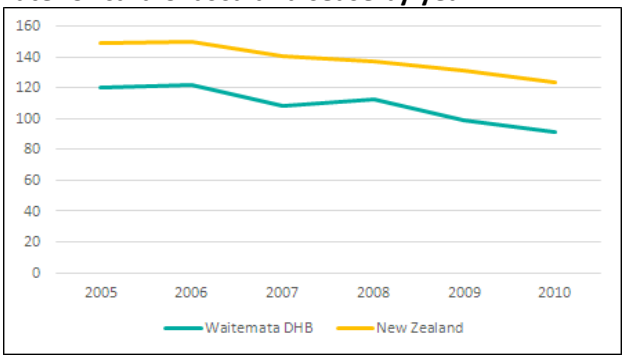
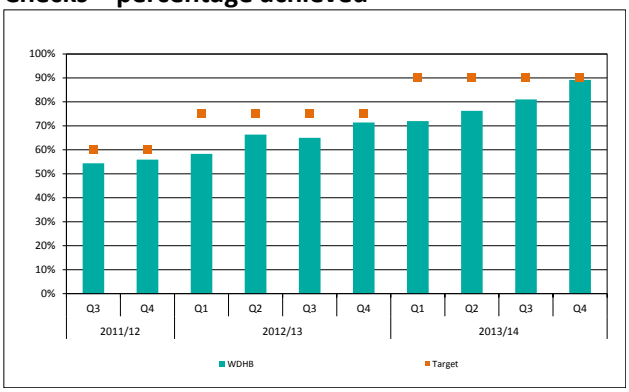
Impact Measure – Hospital Admission Rates for injuries arising from Assault / Neglect / Maltreatment of Children Aged 0-14 Years ✔



Outcome – Children get the best possible start in life	
Rheumatic fever rates are unacceptably high in New Zealand and are largely preventable. Waitemata DHB has one of the lowest rates of acute rheumatic fever in the country – our baseline 3 year rate was 2.3/100,000 population (12 cases) as at 2011/12. Our target for 2014/15 is to further reduce the rate in Waitemata to 1.4 per 100,000 population (8 cases), aiming for no more than 0.8 episodes per 100,000 of the population by 2017/18.	**Impact Measure – Acute Rheumatic Fever Cases, per 100,000 population** 

To cure ill health – people will be supported to stay well through early detection and effective management of ill health.

Significant progress has been made in improving the management of ill health. This is reflected in our morbidity rates for cardiovascular disease and cancer, which are the lowest in the country. But there is more that can be done to increase life and reduce disability for our patients particularly for Māori and Pacific populations. We need to improve the detection and management of cancer, cardiovascular disease and mental ill health as well as ensuring rapid assessment and treatment for patients when they are ill. Our main measures in this area over the next 4 years are as follows.

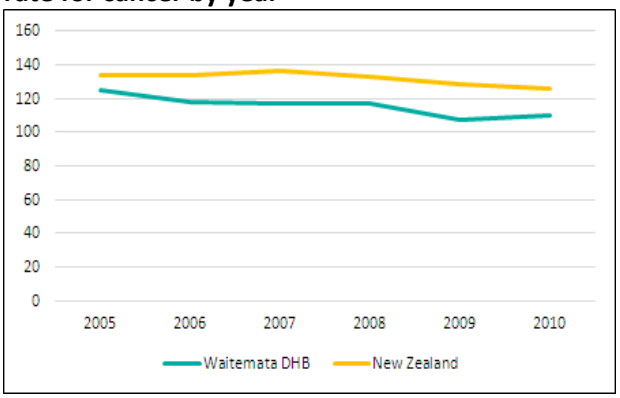
Outcome - Reduced mortality from Cardiovascular Disease (CVD)	
Cardiovascular mortality (92 per 100,000) in Waitemata is the lowest in the country but it remains a leading cause of death and is largely preventable with lifestyle change, early intervention, and effective management. Cardiovascular disease is exacerbated and compounded by diabetes and although the prevalence of diabetes is the lowest in the country, over 26,535 residents live with diabetes and the number is increasing. Ethnic differences persist and long term conditions rarely occur as a single disease. A cardiovascular risk assessment programme has been operating in Waitemata for a number of years and steady progress is being made to meet the heart and diabetes check target. Management of blood pressure, cholesterol, blood glucose levels (HBA1c), retinal screening and diabetes patient education can significantly reduce cardiovascular mortality and improve health outcomes.	**Outcome Measure - Age standardised mortality rate for cardiovascular disease by year**  **Impact Measure – More Heart and Diabetes Checks – percentage achieved** 

Outcome – Increase Survival and Reduced Mortality from Cancer

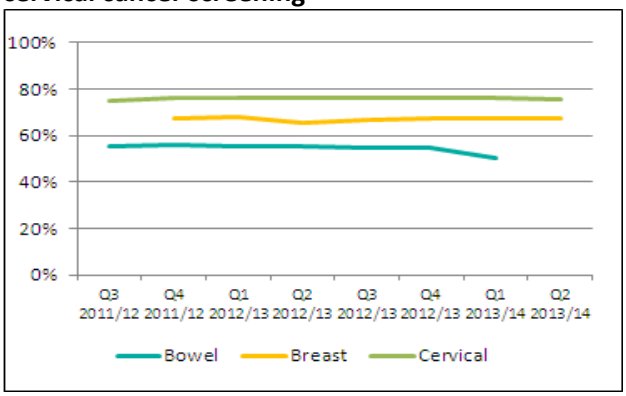
We have the lowest cancer mortality in the country at 110.7 per 100,000 population (128/100,000 nationally) and we have the highest overall one year cancer survival rate in the country at 81.5%. But cancer continues to be the leading cause of death in Waitemata and 2315 people per year were diagnosed with cancer in our district between 2008 and 2010.

Breast, cervical and bowel screening programmes identify cancers in these areas and enable early treatment of disease. Waitemata DHB is a national pilot for the bowel screening programme. Uptake of all three cancer screening programmes has been increasing but can be further improved. Similarly rapid diagnosis and treatment of cancer which is the focus of the 62 day referral to treatment target increase the options for treatment and the chances of survival.

Outcome Measure - Age standardised mortality rate for cancer by year ✔



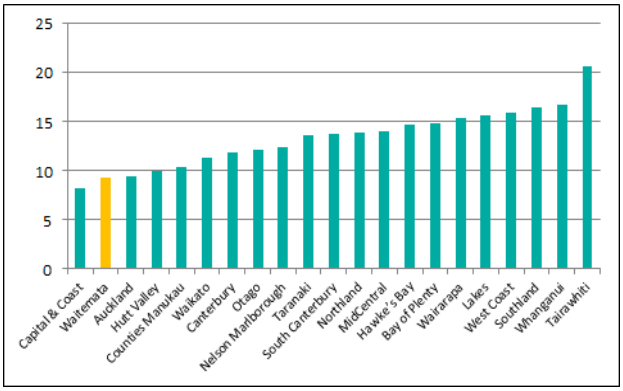
Impact Measures – Uptake of bowel, breast and cervical cancer screening



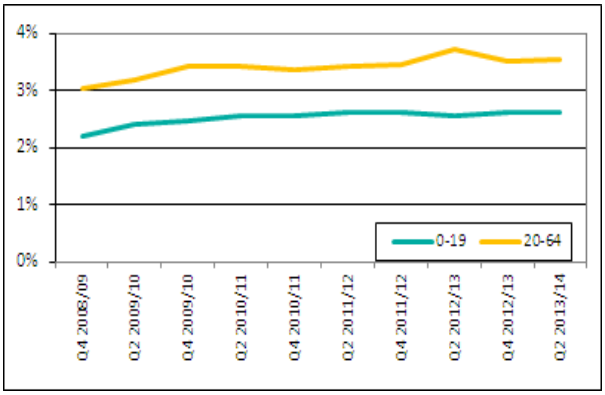
Outcome – Reduced morbidity and mortality from mental illness

Mental ill health is one of the leading causes of disability and overall health loss. Nationally one in 5 people have suffered some kind of mental illness in the last year and 3% have suffered from a serious mental illness. Approximately 45 -50 people die as a result of suicide each year in the Waitemata DHB district, a disproportionate number of who are young and Māori. Timely access to mental health services in primary care or hospital and effective treatment can reduce the time spent with a mental illness and reduce the associated morbidity and mortality.

Outcome Measure – Suicide rates (age-standardised, by DHB, 2006-2010) ✔



Impact Measure – % of people <19 and 20-64 years with access to mental health services.



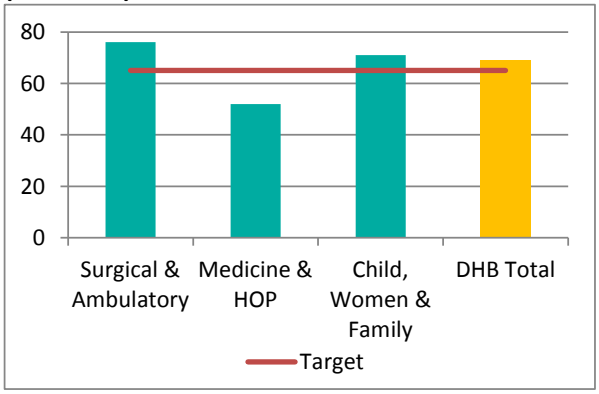
To ameliorate ill health – people will receive timely, safe, high quality and compassionate services when they need them.

Health services play a major role in providing intensive assessment and treatment when people are ill as well as supporting people to regain their functionality after illness and to remain healthy and independent. There are also a number of services or interventions that focus on patient care such as pain management or palliative services to improve the quality of life. Our focus in this area is on patient experience, timely access to hospital services and the quality and safety of services.

Outcome – Better Patient Experience

Evidence shows that patient experience is a robust indicator of quality and understanding and enhancing patient/whānau experience is essential to achieving high quality health outcomes. We will improve patient experience through: our Patient and Family-Centred programme; upgrading and improving our facilities; implementing the Family and Friends Test, and reducing time to respond to complaints.

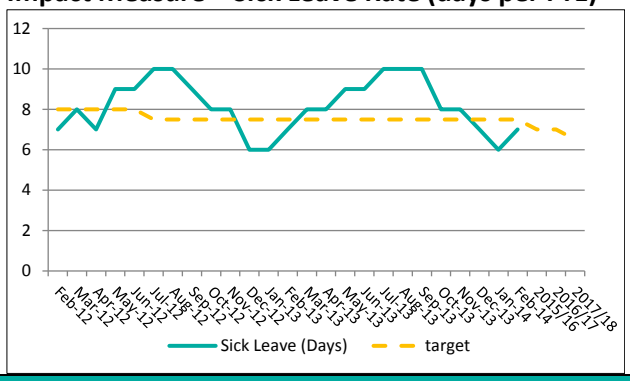
Outcome Measure – Net Promoter Score (Feb 2014)



Outcome – Better Staff Experience

Staff engagement and satisfaction is central to the delivery of high quality and safe services and a significant determinant of outcomes for patients. We are currently in the process of developing a staff survey which will enable us to develop and monitor a staff experience score to track how we are doing in this area.

Outcome Measure – Staff Experience Score
Impact Measure – Sick Leave Rate (days per FTE)



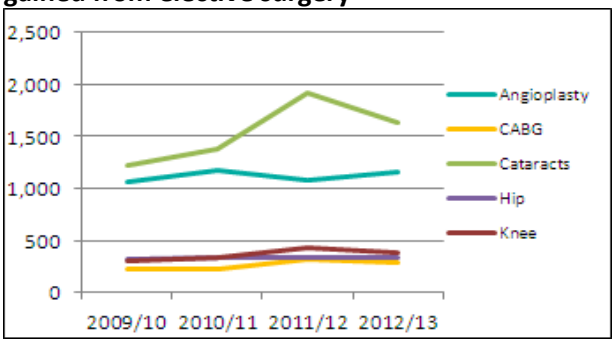
Outcome – Timely Access to Hospital Services

We want to provide timely access to hospital services to enable people to live longer, healthier and more independent lives. Elective surgery increases quality of life because it remedies or improves disabling conditions.

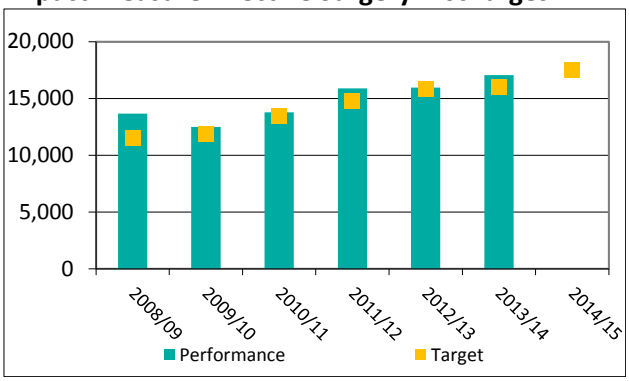
We have achieved the largest increase in elective discharges in the country over the last 3 years. We attained significantly above the surgical intervention rates considered optimum for our population in cataract surgery (to Sep 2013), cardiac surgery, angioplasties and angiographies (to Dec 2013). We also met the surgical intervention rate for major joints for the first time in 2012/13 and continue to achieve against the national target discharge rate

We are consistently admitting, discharging or transferring 95% of patients from our emergency departments within 6 hours. Between 2008 and 2013 we have seen an increase of 37% in the number of people attending our emergency departments with 109,223 attendances in the 2013 calendar year.

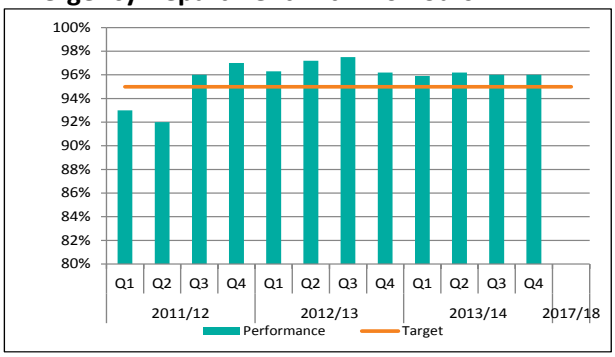
Outcome Measure - Quality Adjusted Life Years gained from elective surgery



Impact Measure- Elective Surgery Discharges ✔



Impact Measure - 95% of patients will be admitted, discharged or transferred from the Emergency Department within 6 hours ✔



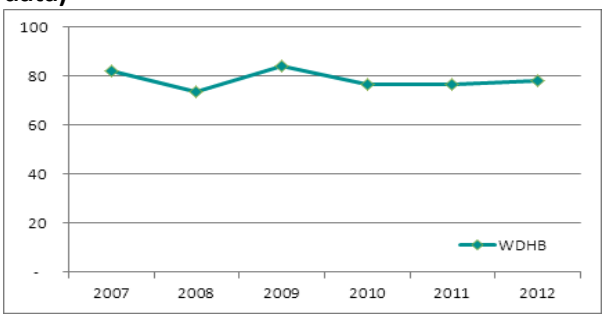
Outcome – High Quality and Safe Services

To provide the very best care for all our patients, we need to ensure that the care we provide is safe, clinically effective, focused on the needs of our patients, whānau and our community and achieves quality outcomes that are among the best in the world.

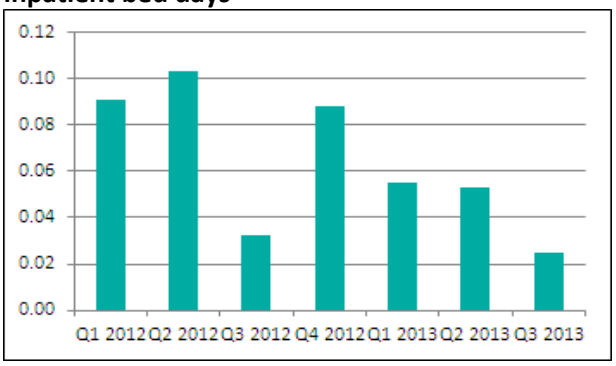
We will improve quality and safety through implementing the First Do No Harm programme, being open and transparent and monitoring the Health Quality and Safety Commission's quality and safety markers (QSMs) and regularly striving to improve in the four areas of harm covered by the campaign:

- Falls
- Healthcare associated infections (hand hygiene, central line associated bacteraemia and surgical site infection)
- Perioperative harm
- Medication safety

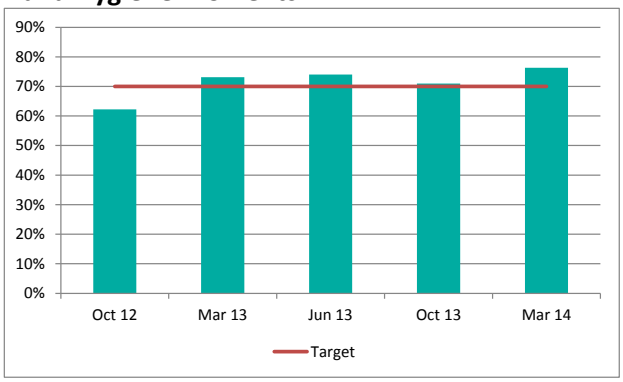
Outcome Measure – Waitemata DHB Hospital-standardised mortality rate, 2007-2012 (MOH data)



Impact Measure – Healthcare associated Staphylococcus aureus bacteremia per 1000 inpatient bed days

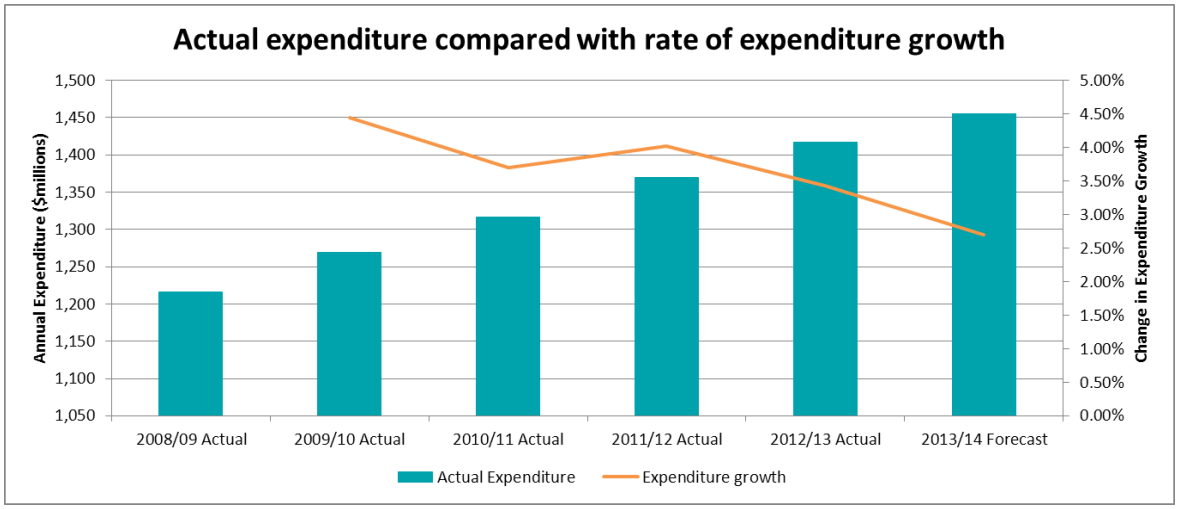


Impact Measure - % rate of compliance with 5 Hand Hygiene Moments



Efficient and Effective Delivery of Health Services

In addition to ensuring we improve the health outcomes for our community we are also focused on the sustainability of our organisation. DHBs are required "to ensure they seek the optimum arrangements for the most effective and efficient delivery of health services in order to meet local, regional, and national needs"[3]. We are also required to operate in a financially responsible manner and must endeavour to cover all our annual costs from our annual income. We will continue to ensure we remain a sustainable organisation which manages its resources efficiently and achieves a break-even position each year. For example our rate of expenditure growth has decreased over the last 5 years (refer graph on the following page).



We have lived within our means for the past five years, achieving year-end financial results better than approved plans and more recently generating surpluses that have been reinvested into programmes to ensure that we continue to meet the health service needs of our growing population. This required providing services in a more efficient and cost effective way and has been achieved through our business transformation programme and involving our clinical staff in our decision-making processes.

How will we know we have provided the most effective and efficient delivery of health services?

- A surplus was achieved for 2012/13 and we are on track to deliver a surplus in 2013/14. A $1m surplus is presented here. We intend to maintain a breakeven position in the coming years
- Successfully implementing Business Transformation savings
- Successfully implementing agreed collaboration work streams at a national, regional, sub-regional and local and locality level, achieving associated savings. These initiatives include working with other DHBs and our PHO partners reviewing models of care and service configurations to ensure efficient and effective service delivery
- healthAlliance and Health Benefit Limited savings initiatives implemented and savings achieved by each year
- Successfully implementing Performance Improvement and achieving quality and productivity improvements against national benchmarks and against health outcomes
- Fully implementing regional health plan work streams
- Maintaining Capped FTE count at agreed budget levels.

[3] NZPHD Act 2000 Sec 22.1.ba

MODULE 2: Stewardship

Managing our Business

In order to manage our business effectively and efficiently to deliver on the priorities and activities described in module 1 above and Module 2 of the Annual Plan, we must translate our high level strategic planning into action in an organisational sense within the DHB and have in place supportive infrastructure requirements to achieve this. We must operate in a fiscally responsible manner and be accountable for the assets we own and manage. We must also ensure that every public dollar spent is spent wisely with the overall intention of improving, promoting and protecting the health of our population.

Organisational performance management

We have developed an organisational performance framework which links our high-level outcomes framework with day to day activity. The organisational performance monitoring processes in place include: annual reporting; quarterly and monthly Board and Committee reporting of health targets and key performance measures; monthly reporting against annual plan deliverables; weekly health target reporting and on-going analysis of inter-district flow performance; monitoring of responsibility centre performance and services analysis.

We also have performance monitoring built into our human resource processes. All staff are expected to have key performance indicators which are linked to overall organisational performance and these are reviewed at least annually.

Risk management

We continue to monitor our risk management practices to ensure we were meeting our obligations as a Crown Entity, including compliance with the risk standard AS/NZS 31000: 2009 Standard for Risk Management. We have developed a joint risk management framework with Auckland DHB. This enables both DHBs to be consistent in the approach to managing and controlling risks particularly where risks are similar and also in consideration of risks that may arise from the collaboration work underway.

Asset Management

Asset Management Plan Development

Waitemata DHB provided asset management information to the National Health Board as part of the first draft of the financial templates for the 2014/15 Annual Plan. Input has also been provided for the development of the Northern Region Asset Management Plan (AMP).

We are continuing with the workstreams around the updated Asset Management Plan. The Asset Management Plan outlines our current physical asset base used in delivering health services, the condition of the assets, refurbishment, upgrades and replacement requirements over the long term. This plan also outlines the key strategic projects planned for the medium term. Overall, the plan supports investment decisions by providing asset replacement profiles to facilitate management and on-going maintenance of the current asset base and identifying future asset requirements to continue to meet the growing demand for health services provided by our DHB.

To inform the Asset Management Plan development, we have completed a number of asset management improvement initiatives including the following:

- **Clinical Equipment Asset Verification and Cataloguing:** We have reviewed, verified and created a catalogue for high value clinical equipment assets with a value of $10,000 or more (these represent 80% of total clinical equipment assets). Phase 2 of the verification work is now

underway and includes the completion of dental and breast screening along with our new Elective Surgical Centre equipment and updating the catalogue for general additions and disposals

- **Buildings Condition Assessments:** We have completed condition assessments for all buildings owned by Waitemata DHB with assessments completed up to building room level. The output of this is useful for establishing building maintenance and replacement programmes. Training on SPM Assets has been undertaken and the database has been updated with the maintenance work performed in the past year. Work is underway on developing the maintenance programmes required to inform the Asset Management Plan
- **Seismic Compliance Assessment:** Waitemata DHB buildings have been assessed for seismic compliance to inform facility modernisation and upgrade programmes. We are reviewing a number of options in regards to the affected buildings and the decanting requirements
- **Motor Vehicles:** The motor vehicle verification and condition assessment exercise was completed. The next step is to review the option of outsourcing fleet purchasing and management to a specialist fleet manager
- **Site Master Planning**: Work is on-going around key strategic capital projects and timing of these in the medium to long term, including consideration of financing options for these. These will be discussed in the Asset Management Plan
- **Health Services Planning**: Health Services Planning remains a key outstanding work stream to inform the overall longer term asset requirements. A Director of Health Outcomes was appointed to the DHB in 2013 and we are awaiting the outcome of this work to inform the Asset Management Plan in terms of our on-going requirements
- **Asset Management Plan Improvement Projects**: Key local Asset Management Plan improvement projects and regional considerations will be discussed in detail in the updated Asset Management Plan.

Facilities Modernisation

We are rapidly progressing our facilities modernisation in order to improve the quality of services, expand capacity and meet service demand, enable service transfers from other DHBs (mainly Auckland DHB), improve productivity and efficiency and meet legislative compliance. This includes the following strategic capital projects:

- Construction works for a new Mental Health Unit to replace Taharoto have commenced at the re-named He Puna Wairoa with practical completion estimated to be February 2015, followed by operational commissioning
- The lease with Unitec for decant of the Mason Clinic building has been executed and a design-build solution is being progressed for this facility. Once this is completed and service users are transferred, the first leaky building will be remediated along with internal security upgrades
- Operational commissioning of the building to implement the second phase of the transfer of Renal Services' patients from Auckland DHB will occur once the internal clinical fit out is completed (scheduled for April 2014)
- Construction for a new MRI machine commenced in February with practical completion due in November 2014. The displaced chaplaincy service has been relocated to existing facilities. The displaced Māori Health team still needs to be accommodated on the North Shore campus with many options being considered
- Refurbishment of theatres and corridors required to meet current standards for gases and electrical services and updating of consumable store areas
- Upgrade and replacements of lifts to meet current Health and Safety standards and compliance with New Zealand Building Code requirements. This will ensure lifts are more reliable, using modern and durable materials that are fit for purpose within a hospital environment

- Remodelling of wards - innovative ward design can improve quality and health outcomes, improve patient safety, reduce patient and family stress, help reduce staff stress and fatigue and increase effectiveness in delivering care
- Podium – additional North Shore hospital tower
- Extension of the Waitakere hospital Emergency Department.

Emergency planning

The Waitemata DHB Emergency Planning and Response Team have a DHB-wide work plan that meets the requirements of the Operating Policy Framework and ensures the readiness of our DHB to provide a sustainable response if an emergency arises. The work plan includes an up to date Health Emergency Plan, education/awareness programme with staff, update of service by service response plans and exercise programmes that include the wider health sector, ie residential aged care and primary care, beyond our provider arm services.

Waitemata DHB works closely with the Auckland region Health Coordinating Executive Group on the priority work plan supporting regional emergency planning and management and participates in regional and national exercises. There is also a link with the regional Civil Defence and emergency services activities in the district and regionally to ensure timely notification and accurate communication and liaison in the event of an emergency.

Building Capability

Information Communication Technology

Information systems are fundamental to the Northern Region's ability to deliver a whole of system approach to health service delivery. A key clinical driver is to improve the continuity of care for patients across primary, secondary and tertiary care. This relies on consistent and reliable access to core clinical information for all clinicians involved in a patient's care.

The Northern Regional Information Strategy (RIS 2010-20), and the Northern Region Information Systems Implementation Plan set the direction on information management, systems and services in the Northern Region. They align with national and regional information strategies and are a key enabler for us to achieve our clinical and business objectives. Fundamental to the achievement of these objectives is the performance of our shared services support agency, healthAlliance NZ Ltd.

Historic underinvestment in IT infrastructure has resulted in an inherent service continuity risk for IS services and a bow wave of infrastructure upgrade and system resilience requirements in the Northern Region. The Northern Region DHBs began to address this in 13/14 and this will continue in 14/15, with investment in the following areas:

- Microsoft software upgrades in infrastructure
- Clinical and business systems upgrades to ensure systems can realise the potential available only in later versions
- On-going improvement of IS process, capability and capacity to cope with the levels of complexity and volume of IS service requirements
- Improved resilience and security of IS systems to improve system availability, access and data integrity.

Prioritisation of the above areas is a fundamental pre-requisite for maintenance of current IS services and investment in our future systems. The regional plan also supports a five yearly computer replacement cycle to ensure these are regularly updated and fit for purpose.

In addition to the investment in core infrastructure and IS support processes, Auckland DHB and Waitemata DHB, as part of the Northern Region, will undertake the following activities with respect to key national and regional projects:

- G2012 Microsoft License Compliance
  - Upgrade of servers to Microsoft Windows 2008
  - Compliance with Department of Internal Affairs mandate around use of supported software
- NZ ePrescription Service (NZePS)/ CPSA
  - Implementation of the GP scripting service to access community pharmacies
- Maternity Clinical Information System
  - Regional support for Counties Manukau DHB as the lead Northern Region DHB to implement
- Hospital ePharmacy
  - Upgrade of the AUCKLAND DHB ePharmacy system to enable multi-DHB use of the system and integration with the nationally mandated NZ Universal List of Medicines (NZULM) and NZ Formulary (NZF)
- Legacy Patient Administration System (PAS) Replacement ($193K)
  - Auckland DHB will take the regional lead on implementing a Northern Region PAS (plus EMR) with vendor selection and development and approval of the business case to be completed in this period
- eDischarge
  - the new national standard for eDischarge will be implemented across Auckland DHB and Waitemata DHB hospital services
- eMedicines Reconciliation (eMR) ($100k)
  - Auckland DHB will implement the Orion Health eMR module, and Waitemata DHB will upgrade their current system to enable implementation of eMedicines Reconciliation to hospital services within both DHBs
- Care Connect Development Programme (initial focus - $62k)
  - eReferrals phases 2 and 3 ($160k)
    - Auckland DHB and Waitemata DHB will complete implementation of the eReferrals solution (including triage, intra and inter DHB referral functionality)
  - Shared Care Planning
    - Auckland DHB and Waitemata DHB will continue implementation of the national shared care planning tool to support the management of complex, long term conditions and the localities joint initiative with the PHOs
  - Clinical Pathways ($406k)
    - Auckland DHB and Waitemata DHB will continue implementation of dynamic clinical pathways, and will also undertake static pathway development
- Mobility Adoption
  - Auckland DHB and Waitemata DHB will contribute to the development of a regional mobility strategy to guide our investment decisions, and we will install WiFi infrastructure to provide coverage across key clinical and patient areas
- Regional RIS/PACS ($190K).

Quality and Safety

Our quality vision is to provide the very best care for all our patients - to be recognised as an organisation that provides safe, clinically effective care that is focused on the needs of the patient, their family and our community and achieves quality outcomes that are among the best in the world. We are committed to: placing the quality of patient care, especially patient safety, above all other aims; engaging, empowering, and hearing patients and carers at all times. We are also committed to fostering whole-heartedly the growth and development of all staff, including their

ability and support to improve the processes in which they work embracing transparency unequivocally and everywhere in the service of accountability, trust and the growth of knowledge.

Key foundations for achieving our purpose and vision are a custom designed enhanced care management and clinical leadership programme. We have developed this to equip our clinical leaders with the skill and resources needed to lead the delivery of our quality vision and organisation purpose. It also supports our undertaking to become a values-led organisation using patient and staff listening events, compliments and complaints analysis and staff surveys to connect our patients views and experience with our values. This will enable us to better understand what matters most to patients and their whānau and better understand the links between staff engagement and patient experience.

In 2013 we presented our first Quality Account setting out our commitment to achieving our quality vision and the four national priority areas of patient safety set by the Health Quality and Safety Commission. We are also working regionally with the three other northern region DHBs in a campaign, 'First Do No Harm' to make patient safety a top priority and to focus on no avoidable harm. In 2014/15 we plan to continue to demonstrate this commitment. Specific actions are included in Module 2 'Patient Experience' and 'Quality'.

Workforce

Managing our workforce within fiscal constraints

Living within our means is central to our success as an organisation. We actively participate in the national Employment Relations Strategy Group which establishes the parameters to ensure bargaining will deliver organisational and sector expectations. Any agreements negotiated nationally or locally are approved by the MOH as per established protocols. We have an employee engagement document signed by all the major unions. The intent of this document is central to the relationship development we wish to foster with our current workforce via a strong and effective union relationship in order to achieve a high level of staff engagement with the organisations objectives of achieving better outcomes and the relief of suffering.

We have a standalone recruitment service wholly owned by the DHB providing capability to support best practice recruitment strategies and processes. This enables recruitment of staff who will enhance the organisations ability to improve performance and work in an environment where their professional aspirations are supported and nurtured in order to retain those people within the organisation and the sector.

Note: regional imperatives will be met from current budget, no additional budget allocations will be made

Building and Strengthening our Workforce

Our workforce is central to the delivery of the key organisational priorities of Better Outcomes for patients/ whānau, our staff, our population and Relief of Suffering via better patient experience and better connections. There is a strong commitment to the on-going building and maintenance of a performance and patient focused culture which underpins a range of organisational programmes which have and are being implemented.

Waitemata DHB will work with our regional partners to develop and implement regional workforce strategies with a focus on Government priority areas and targets and in our organisation to strengthen our workforce in relation to Culture, Capability, Capacity and Change Leadership. We will work with the Regional Training Hub Director to develop and deliver a workforce plan as part of the 2014/15 Regional Service Plan. The workforce plan will outline regional actions and key milestones, which include General Practice Education Programme GPEP2) requirements. On a case by case basis

the DHB will work to develop placements to match individual GPEP2 trainee requirements. We will also work in partnership with professional leaders, primary care, professional bodies and unions to support and train increased numbers of diabetes nurse prescribers in the 2014/15 year. Waitemata DHB currently does not currently have nurse prescribers but will actively support at least 2 nurses with the training required to prescribe. We will also be supporting implementation of the Health Workforce New Zealand Implementation of the new the 70/20/10 funding criteria for post-entry training in medical disciplines. Progress towards achieving this by July 2015 will be reported through the Regional Services Plan.

The work streams associated with each of the four workforce strategy elements are detailed in the DHB Workforce Strategy 2012-2016 document in line with regional priorities established to support the achievement of the Regional Health Plan objectives as well as local priorities and requirements. Awhina Education, Workforce Development and Human Resource department lead activity will support the implementation of the strategies as identified in the relevant regional plans.

Our Current Workforce

FTE	Other	Pacific	Māori	TOTAL
Medical Personnel	630.9	9.0	13.2	653.1
Nursing Personnel	2,181.4	91.4	72.9	2,345.6
Allied Health Personnel	1,300.9	67.4	91.9	1,460.1
Support Personnel	203.5	46.4	18.8	268.6
Management /Admin Personnel	699.1	32.7	34.8	766.5
Grand Total	5,016	247	231	5,494

Headcount	Other	Pacific	Māori	TOTAL
Medical Personnel	706	9	15	730
Nursing Personnel	2,590	97	77	2,764
Allied Health Personnel	1,511	72	99	1,682
Support Personnel	233	49	20	302
Management/Admin Personnel	804	35	38	877
Grand Total	5,844	262	249	6,355

Headcount excludes casual staff
Sourced from Leader, accurate as at 31 December 2013

Note: some services are jointly provided for both DHBs, though hosted and employed by Waitemata DHB.

Safe and competent workforce

Child protection policies

We have recently undertaken a review of our child protection policy, which is a single corporate policy that applies to all services. We review our policy every two years and a link to the policy is available on our internet site. This policy provides Waitemata DHB community and hospital based staff with a framework to identify and manage actual and/or suspected child abuse and neglect. We have also been developing service level protocols that are applied in conjunction with the corporate policy. All child health services are going to move to a set of protocols for 'Community' and 'Inpatient'. We are working with Waitemata PHO to start a child protection policy trial with seven general practices and then rolling it out to all their practices. We will ensure that activity related to implementation of the policy is reported in our Annual Report.

Children's worker safety checking

The Vulnerable Children's Bill is introducing worker safety checks to reduce the risk of harm to children by requiring people employed or engaged in work that involves regular or overnight contact with children to be safety checked.

We have a robust recruitment and selection policy with processes well embedded. Our standard recruitment process includes robust criminal vetting with all applicants being required to consent to a police check and reference checks. Applicants are required to provide proof of identity and any qualifications or professional registration or certification necessary for the role they have applied for. Offers of employment are made conditional upon meeting the requirements of the above checks. We require current employees to disclose any changes to their circumstances that may impact on their employment.

Where roles are identified as having unchaperoned care of children additional checks are implemented. Selection panels conduct a thorough risk assessment in any situations where there may be red flags and candidates will not be employed if convicted of one of the specified offences in the Act.

As required by the Vulnerable Children's Bill, we will introduce three yearly reassessments for existing employees within two years. The safety checking information about people employed or engaged by Waitemata DHB in work that involves regular or overnight contact with children is available for provision to the Director-General of Health, as required under Section 38.

Organisational Health

Equal Employment Opportunities

We strive to be a good employer at all ages and stages of our employees' careers. We are aware of our legal and ethical obligations in this regard. We are equally aware that good employment practises are a critical aid in the building of a reputation which attracts and retains top health professionals who embody our values and patient centred culture in their practice and contribution to organisational life.

Our Good Employer policy makes clear that we will provide:

- Good and safe working conditions
- An equal employment opportunities programme
- Recognition of the employment requirements of women
- Recognition of the employment requirements of men
- Recognition of the employment requirements of people with disabilities
- The impartial selection of suitably qualified persons for employment

- Recognition of the aims, aspirations, cultural differences and employment requirements of Māori
- Recognition of the aims, aspirations, cultural differences and employment requirements of Pacific people and people from other ethnic or minority groups
- Opportunities for the enhancement of the abilities of individual employees.

We have an on-going Health Scholarship programme which supports Māori and Pacific residents of the district to undertake health-specific tertiary study with an accredited New Zealand education provider. As well as providing students with financial support to achieve their goals, an all-important link to our DHB is established so recipients can access practical placement opportunities and get help to begin a rewarding career after completing study. We are working with local schools to provide a pathway for students from school to studies relevant to health careers. This assists students particularly from Māori and Pacific groups to achieve qualifications at school with an emphasis on mathematics and science so entry to and success in health related qualifications is possible.

Staying On is an innovative development programme designed to assist us and our people adapt to the age wave. It is a strategic whole of organisation approach aimed at creating an engaged culture and supports our desire to be an employer of choice at all ages and stages of a health professional's career. Staying On is built on three pillars: staying engaged, staying healthy and staying connected. It is a specific intervention designed to assist us to creatively and in the spirit of our purpose and values meet the requirements of our Good Employer policy.

Reporting and Consultation

We will provide the Ministry of Health with information that enables monitoring of performance against any agreement between the parties, and providing advice to the Minister in respect to this. This includes routine monitoring against the funding, DHB service delivery, and DHB ownership performance objectives. We will provide the Minister and the Director-General of Health with the following reports during the year:

- Annual reports and audited financial statements
- Quarterly reports
- Monthly reports
- Any ad hoc information that the Minister or Ministry requires.

Ability to Enter into Service Agreements

In accordance with section 25 of the New Zealand Public Health and Disability Act, Waitemata DHB is permitted by its annual plan to:

a) Negotiate and enter into service agreements containing any terms and conditions that may be agreed; and

b) Negotiate and enter into agreements to amend service agreements.

Memoranda of Understanding

We hold a number of Memoranda of Understanding (MoUs) with other groups and agencies which outline the principles, processes and protocols for working together at governance and operational levels to deliver better health care outcomes to the people of the district. These include the MoUs currently held with Manawhenua, Te Runanga o Ngati Whatua, and with Te Whānau o Waipareira Trust.

Through the Awhina Health Campus we have, or expect to create, MoUs with a number of partners, focusing on areas of opportunity and mutual interest. These MoUs relate to various areas including clinical placements and teaching spaces. They enable us to build capacity for developing our existing and future workforce.