

18 April 2016

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Dear Mr Williams

Re Official Information Act Request – Your Ref IR#150595

I refer to your Official Information Act request dated 21 March 2016 requesting the following information:

“This is a request for official information under the Official Information Act 1982 relating to the DHB’s new set of ‘values’.

We have been informed from a senior source in the DHB that the new CEO, Ailsa Clare, has brought about a process replacing the old ‘values’ with new ones, which, according to one of the facilitators in a ‘values workshop’, is for the CEO to ‘leave her mark’. We would like to understand the costs of the exercise and the reasons for it, and therefore request information that would answer the following questions:”

1. What are the DHB’s former, current and proposed ‘values’?

Former values: Integrity, Respect, Innovation, Effectiveness.

Current values: Welcome-*Haere mai*, Respect- *Manaaki*, Together-*Tūhono*, Aim high – *Angamua*

Proposed values: No changes are proposed to the current values.

2. Do any of the values reflect the DHB’s duty to ensure taxpayers receive value for money and provide the best possible services with its limited resources? If not, why not?

The value of Aim high-*Angamua* calls on staff to be at their best. Being ‘at our best’ applies to all DHB activities: governance, clinical work, quality and safety, service planning, health administration, and funding. One of the specific behaviours we have defined under Aim High – *Angamua* is: ‘looks for ways to be more efficient and innovative’.

3. What was the reason for the change?

The former values were developed over ten years ago through a management process that did not include staff or patients. Auckland DHB management saw the benefit of refreshing these through a process of engaging with staff, patients, families, whanau, and our community-based providers. There is good evidence to suggest that having a shared set of values helps to increase staff engagement which in turn contributes to a positive patient experience and improved health outcomes.

People are our greatest asset. The more we involve staff and our clinical leaders in decision making, the more likely we are to get good buy-in to decisions and to develop a sense of shared identity. Clinical engagement is a core plank in government’s health strategy.

We were also aware that the Auckland DHB culture could be improved. Our work on values came around the time of media reports about bullying within surgical teams across New Zealand and Australia. This problem has been acknowledged by the Health Quality and Safety Commission’s Chair, Professor Alan Merry, who says (on their HQSC website): *‘Bullying, discrimination and harassment are not hallmarks of good teamwork or a culture of patient safety. A team working well together will also be able to take greater care of the patient.’*

Equally we want to work in an environment where people treat each other with respect and act as a team. There is evidence that experiencing rudeness, or even observing it, can affect our cognitive function and make us not just unhappy but also less effective at work.

Values-led hospitals have greater staff engagement, less patient complaints and better clinical outcomes. And it’s not just about improving care for patients, but also for one another. Internal complaints show staff have been upset by rudeness, lack of acknowledgement and respect, and other behaviours between staff.

Staff at other district health boards reported a positive shift in culture following their commitment to, and adopting of, a shared set of values, also from the kinds of training and staff development that is flows from this. Having a shared set of values forms a solid foundation for the development of the organisation’s strategy and long-term plans for staff development.

4. Who initially proposed the change?

The refresh of values was the initiative of the CEO, Ailsa Claire.

5. Who approved the change?

The change was approved by the Board.

6. What is the total cost of the change? Please provide a breakdown, including the costs of training, staff time, consultation, printing, signage, design and expert reports.

Expenses relate to ‘Values Project’: February 2014 to February 2015

Professional expenses (advice, material, training, facilitation, data analysis, and expenses incl. airfares and accommodation)	\$82,000
Thank you gifts x 2	\$80

Communication material	\$1,483
Media advertising	\$4,102
Room bookings, travel for patients and refreshments for events during Values Week	\$8,180
Interpreters and translators	Staff time
Cultural supports and advice	Staff time
Project team meetings 12 members and 18 meetings	Staff time
Steering group meetings 5 people and 5 meetings	Staff time
Staff attendance during 'Values week' sessions	Staff time
Total cost	\$95,845

7. Have staff been taken off clinical duties for any training or consultation in relation to the change? If so, to what extent and what is the staff time and cost of this?

During Values Week in July 2014, staff were invited to attend one or more of the 17 sessions being run to explore values. Staff were not required to attend. In some sessions, staff shared their experiences of a good and a bad day at work. Other sessions involved listening and recording patient stories as patients and family talked about their experiences with the DHB. Approximately 400 staff participated in these sessions. There were other ways to participate. An online survey and graffiti boards in the wards meant that clinical staff could contribute to the development of values without leaving their duties.

The time and cost of clinical staff involved in Values Week sessions can be calculated but not easily. It would take a day to pull the record of attendance at 17 sessions and check names for clinical staff then estimate the time taken in each session. A rough estimate would be 300 clinical staff involved in sessions over Values Week at 2.5 hours per person, i.e. 750 hours.

Regarding training after Values Week, there have been several training sessions around living the values. Again these have been, in most cases, voluntary to attend. In some cases there has been a requirement for the whole team to undertake training together as part of team building and ongoing staff development.

8. Why was it necessary to fly Tim Keogh from the UK to New Zealand to lead the process?

The decision to bring Tim over from the UK was not taken lightly. He came highly recommended by our colleagues at other district health boards, for the end-to end process he could provide and oversee, for his knowledge of best practice and experience with health systems internationally, and for his style of presentation.

Tim did not lead the process. The process was led by Dr Andrew Old with help from a project group, and overseen by a steering group. Tim's role was to guide and support these teams. He provided the methodology, guidance, data analysis, communication material and advice. During Values Week Tim facilitated most sessions and also trained staff in how to do this so we are able to repeat the sessions ourselves.

With the exception of Values Week, Tim's involvement was predominantly through skype and email connections. After Values Week he returned to NZ to lead sessions for managers on leading the values and presented at a Grand Round session. Because Tim works with a number of DHBs in NZ, he is able to coordinate his trips to suit all parties.

9. What services did Mr Keogh / April Strategy provide and how much was the total spend to date since Ms Clare’s appointment?

Spend Feb 2014 to Feb 2015	
Professional expenses: advice, material, training, facilitation, data analysis, including expenses, airfares and accommodation	\$82,000
Spend March 2015 to March 2016	
Professional expenses: advice, material, training, facilitation, data analysis, including expenses, airfares and accommodation	\$77,972
Total (Approximately \$16 per staff member)	\$159,972

10. We also request copies of any reports, documents, memos or similar relating to the proposal to change the values. We are specifically interested in those drafted by Mr Keogh / April Strategy.

As attached.

There are over 200 emails on file covering the one year period in which the values were changed (March 2014 to April 2015). The table below does not record these simply due to the volume. However we have listed all the key documents that were produced by Tim Keogh or in collaboration with Tim Keogh. We have omitted his invoices to us for work completed and other material which we feel is his protected intellectual property. We have not included the many drafts of documents, only final versions.

Please note: the DHB welcomes further interest and invites members of the Tax Payers Union to discuss their concerns with relevant members of the DHB executive.

Date	Nature of communication	File name
18/3/14	Tim Keogh paper explaining how to get the baseline data we need from our patient surveys	ADHB Information needs.docx
6/5/14	Tim Keogh PowerPoint aimed at ADHB leaders. Explaining the benefits of values for patient experience and staff engagement	Values intro pres for staff – 6 May.pptx
12/5/14	Julie Helean for staff. Schedule of all sessions proposed during Values Week in July 2014	Schedule for Values Week 28 th July 2014v2.docx
23/6/14	Julie Helean briefing for ADHB facilitators during values week	ADHB Facilitator Briefing Final 23 June.pdf
3/7/14	Staff flyer to promote the survey	Staff flyer with survey (JH).docx
7/9/14	Tim Keogh. First draft of Values week outputs	140908 - At Our Best draft analysis – stage 1.pdf
30/9/14	Tim Keogh. Options for a values set	options for Building values.ppt
1/10/14	Presentation for directors on outcome of Values Week. Prepared by ADHB communication team	Staff presentation for directors from maxine 29 of sep.ppt
14/1/15	Tim Keogh takes the preferred values and develops a set of behaviours	Tim ADHB values and behaviours dev 2014.ppt
17/3/15	Final set of Values as approved by the Board meeting of March 18th	Values –post_board_23_Feb_CE.docx

Date	Nature of communication	File name
23/4/15	Tim Keoghs slides for the Grand Round	Tims slides for the Grand Round.ppt

Yours faithfully



Ailsa Claire, OBE
Chief Executive