



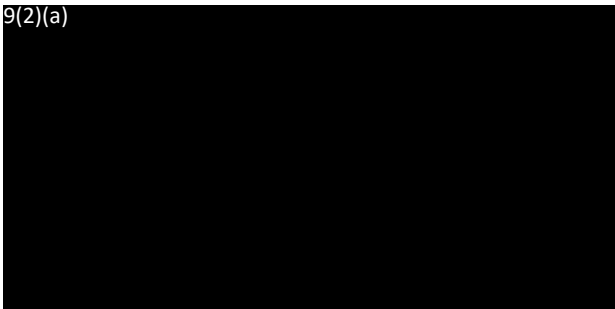
CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

8 September 2017

9(2)(a)



RE Official Information Act request CDHB 10665 and WCDHB 9580

I refer to your email dated 16 July 2021 requesting the following information under the Official Information Act from Canterbury DHB and West Coast DHB. Specifically:

1. **The latest two staff surveys relating to morale, job safety, security, bullying and harassment and similar from all departments**
 - **In whatever format or formats it has been communicated to senior leadership.**
- Refer to: Tāngata Ora Our People Survey Org-Wide – May 2021 (**Appendix 1**) covers both Canterbury DHB and West Coast DHB
 - **Note:** this survey was designed to understand our workforce's experiences and feelings on a day-to-day basis and will be used as benchmark for future comparative surveys.
- The Overview - 2016 Canterbury DHB Staff Wellbeing Survey – November 2016 (**Appendix 2**)
 - **Note:** This was a unique survey in that it was in response to a decline in our peoples' wellbeing post the Canterbury earthquakes and other significant events and was comprised of a vastly different question set.
- The most recent West Coast DHB survey (prior to Tāngata Ora) was the Our Say Our Future Pulse Survey in 2020. The survey was run in June of 2020 and was a targeted pulse survey which focused specifically on leadership, strategy, and culture. Please refer to **Appendix 3** (attached)

This survey was run alongside a programme of strategy and leadership development with senior leadership. Broad themes were shared with West Coast employees via staff communications and a detailed summary was presented to the Operational Leadership Group (OLG). The results of the survey were used to inform the development of West Coast DHB purpose and strategy and directly informed the content of the Leadership Development Programme run with West Coast leadership (all levels) in 2020.

2. And any resulting changes from leadership including emails to staff and/or unions

No changes have been made to-date as a direct result of the survey activity

Canterbury DHB and West Coast DHB are currently in the process of action-planning within each operational area based on the results of the survey (Appendix 1). However, we will be releasing a summary report/white paper in September 2021 that will be publicly available and contain an aggregate summary of activity resulting from the survey's qualitative and quantitative data.

There was a new Code of Conduct rolled out for staff which was linked to the Tāngata Ora Our People Survey, please refer to **Appendix 4** (attached).

The Tāngata Ora Our People Survey has been shared extensively with Managers, Team Leaders and Staff; we have also released **Appendix 1** to our Union Partners and they will be kept apprised of any updates moving forward.

Managers and Team Leaders also have access to secure 3rd party software to enable them to slice their quantitative data as they need.

Canterbury DHB CEO Peter Bramley has also shared the themes from the survey in his 'CDHB CEO Update' on the 8th of June (publication publicly available) and can be found here:
<https://issuu.com/canterburydhb/docs/canterbury-dhb-ceo-update-tuesday-8-june-2021/5>

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB and West Coast DHB websites after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support



Tāngata Ora Our People Survey | 2021

Results & Key Findings

May 2021

Key/Cheat Sheet

Tāngata Ora
Our People Survey | 2021



Key theme/take-away message

000

= Key figure or statistic

Here's what the colours mean:

Positive/celebrate

Unsure/no data

Negative/issue

Neutral/passive

About the Survey

Tāngata Ora
Our People Survey | 2021

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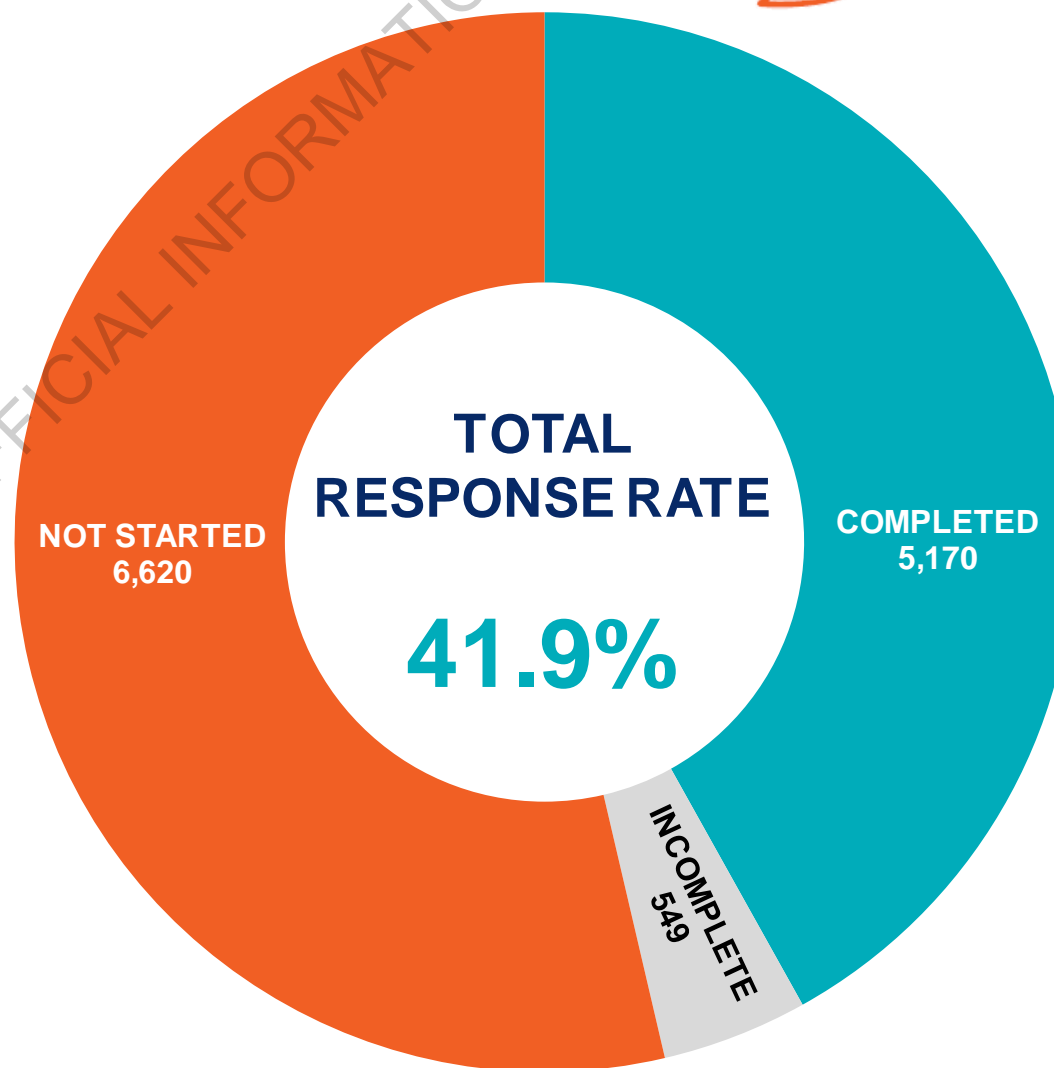
Responses



SURVEY PERIOD:
10 May – 24 May 2021

METHOD:
Online (+ optional paper-based) Survey

PARTICIPANTS INVITED:
12,339



Key Findings: What's working well?

Tāngata Ora
Our People Survey | 2021

- *Our tāngata see their work as **meaningful**.*
 - High levels of fulfilment are apparent in our organisation.
 - e.g.: "The work I do is meaningful and makes a positive impact." = **78%** average rating.
- *Our tāngata are telling us they **appreciate their team and manager**.*
 - Staff tend to feel positive about the level of collaboration and teamwork in their immediate work environment, including relationships with their direct manager or clinical lead.
 - e.g.: "My team works well together... / with other teams." – **72% / 71%** average rating;
 - e.g.: "My Manager / Clinical lead is accessible." – **75%** average rating.
- *Our tāngata feel they're confident **identifying and navigating health and safety risks**.*
 - They feel empowered to make decisions and manage their own work, and can confidently navigate health and safety risks present in their immediate work environment.
 - e.g.: "I can make decisions about things I'm responsible for." – **69%** average rating.
 - e.g.: "I understand the health and safety risks in my area." - **79%** average rating.

Key Findings: What must we improve?

Tāngata Ora
Our People Survey | 2021

- Our *tāngata* believe we could **plan** better and **resource** our mahi more effectively.
 - Our people feel the DHB is not performing to its full potential.
 - e.g.: “The DHB is good at using information ... to plan and resource work.” – **41%** average rating.
 - e.g.: “We regularly review processes and identify possible improvements.” – **55%** average rating.
 - e.g.: “We effectively identify and realise opportunities to reduce waste.” – **49%** average rating.
- Our *tāngata* feel that our Executive Team is **not visible or accessible** nor do they feel **heard**.
 - Our people have faith in their direct leadership, but less so in that of the senior/executive leadership team.
 - e.g.: “The Executive team are accessible / listen to staff.” – **38%** / **37%** on average.
 - e.g.: “DHB encourages and supports people who come forward with new ideas.” – **52%** on average.
- Our *tāngata* feel there are limited career opportunities for them and many experience negative behaviours, directly or indirectly.
 - Our people are telling us that there are limited opportunities for growth, pockets of poor culture, that bullying or poor performance is not properly dealt with and that they don’t feel confident speaking up.
 - e.g.: “The DHB provides opportunities for me to develop my skills and actively encourages career development.” – **55%** on average.
 - e.g.: “Poor performance is managed effectively and fairly at the DHB.” – **40%** on average.
 - e.g.: “We actively deal with intimidating behaviour and workplace bullying.” – **48%** on average.

Overall Performance: Our Scores

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Key Findings: Overall Score

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Our People Survey | 2021

Our Overall Score

60%

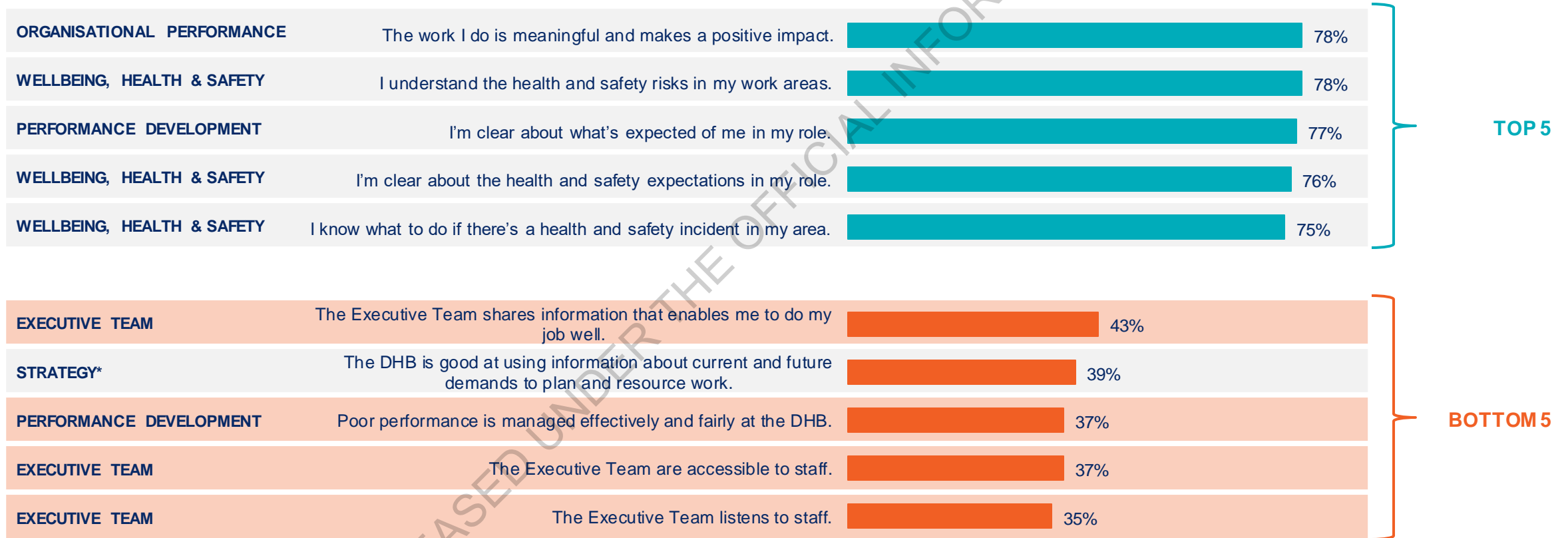
- Note: West Coast DHB = 61%
- This percentage is an overall average of our responses.

Highest & Lowest Rated Questions

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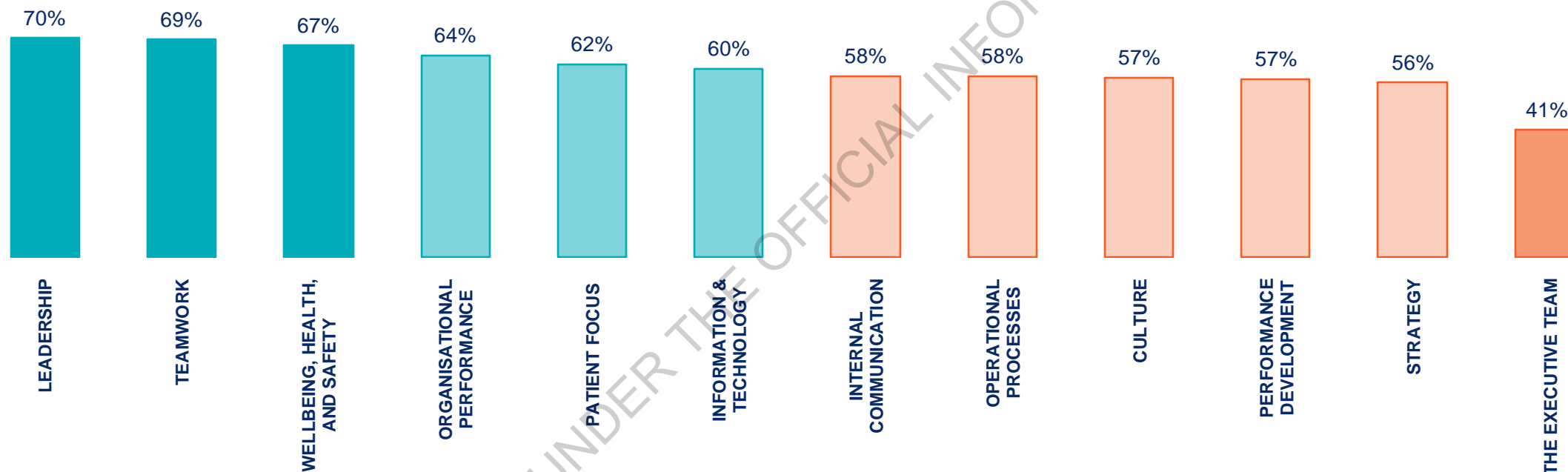
CDHB and WCDHB staff are fulfilled by their work and are confident in their specific roles, however, responses indicate a strong sense of disconnection from the Executive Team.



*10% or more of the survey participants selected "Don't know" as a response.

Average Scores for Each Category

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Our People Survey | 2021

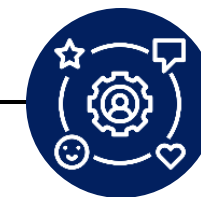


*10% or more of the survey participants selected "Don't know" as a response.

Average Category Scores

Tāngata Ora
Our People Survey | 2021

	TOTAL	CDHB	WCDHB	Executive	Non-Executive
LEADERSHIP	70%	70%	68%	78%	70%
TEAMWORK	69%	69%	67%	75%	69%
WELLBEING, HEALTH, AND SAFETY	67%	67%	70%	71%	67%
ORGANISATIONAL PERFORMANCE	64%	64%	66%	71%	64%
PATIENT FOCUS	62%	62%	63%	67%	62%
INFORMATION & TECHNOLOGY	60%	60%	62%	57%	60%
INTERNAL COMMUNICATION	58%	58%	56%	68% ▲	58%
OPERATIONAL PROCESSES	58%	57%	58%	64%	57%
CULTURE	57%	57%	60%	66%	57%
PERFORMANCE DEVELOPMENT	57%	57%	58%	60%	57%
STRATEGY	56%	56%	55%	64%	56%
THE EXECUTIVE TEAM	41%	40%	48%	66% ▲	40%



Results indicate a lack of attitudinal alignment between the Executive Team and the rest of the organisation.

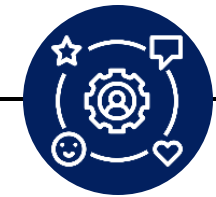
No major differences were found in staff attitudes between the CDHB and the WCDHB.

▲ ▼ indicate individual subgroup differences of +/-10% relative to the total scores.

Average Scores by Professional Group

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Our People Survey | 2021

	TOTAL	Total Clinical	Nursing	SMO	RMO	Allied Health	Total Non-Clinical	Mgmt./Admin/Clerical	Support
LEADERSHIP	70%	70%	70%	72%	70%	71%	69%	70%	68%
TEAMWORK	69%	70%	70%	69%	68%	70%	68%	68%	68%
WELLBEING, HEALTH, AND SAFETY	67%	67%	66%	62%	60%	69%	70%	68%	73%
ORGANISATIONAL PERFORMANCE	64%	63%	63%	61%	61%	66%	66%	66%	70%
PATIENT FOCUS	62%	60%	59%	58%	60%	62%	65%	64%	71%
INFORMATION & TECHNOLOGY	60%	59%	59%	51%	54%	62%	62%	60%	69%
INTERNAL COMMUNICATION	58%	56%	55%	52%	55%	59%	61%	60%	66%
OPERATIONAL PROCESSES	58%	56%	57%	50%	49%	58%	60%	57%	65%
CULTURE	57%	56%	55%	58%	56%	58%	61%	59%	66%
PERFORMANCE DEVELOPMENT	57%	57%	57%	58%	59%	58%	56%	53%	63%
STRATEGY	56%	54%	54%	48%	46% ▼	56%	60%	58%	66% ▲
THE EXECUTIVE TEAM	41%	37%	35%	38%	35%	39%	50%	48%	55% ▲



Apart from some minor variations, attitudes are fairly similar across the different professional groups.

▲ ▼ indicate individual subgroup differences of +/-10% relative to the total scores.

Average Scores by Division (CDHB)

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Our People Survey | 2021

	TOTAL	MEDICAL & SURGICAL	WOMENS & CHILDRENS HEALTH	COMMUNITY PUBLIC HEALTH	MENTAL HEALTH	OPHR	HOSPITAL SUPPORT & LABS	RURAL HOSPITALS	FACILITIES MNGMT	CORPORATE	GOVERNANCE
LEADERSHIP	70%	71%	69%	77%	73%	68%	67%	59% ▼	75%	71%	70%
TEAMWORK	69%	70%	69%	76%	71%	69%	65%	66%	70%	70%	70%
WELLBEING, HEALTH, AND SAFETY	67%	65%	64%	77% ▲	68%	68%	70%	69%	71%	70%	71%
ORGANISATIONAL PERFORMANCE	64%	63%	63%	69%	62%	65%	65%	64%	65%	68%	67%
PATIENT FOCUS	62%	61%	60%	63%	57%	62%	64%	60%	69%	68%	62%
INFORMATION & TECHNOLOGY	60%	59%	58%	71% ▲	55%	60%	57%	60%	62%	63%	62%
INTERNAL COMMUNICATION	58%	56%	56%	69% ▲	56%	56%	58%	57%	57%	62%	64%
OPERATIONAL PROCESSES	58%	56%	58%	66%	56%	57%	58%	59%	60%	61%	56%
CULTURE	57%	56%	54%	65%	57%	55%	56%	55%	65%	62%	60%
PERFORMANCE DEVELOPMENT	57%	56%	58%	62%	57%	56%	54%	59%	56%	59%	49%
STRATEGY	56%	54%	54%	66% ▲	55%	57%	55%	57%	58%	61%	62%
THE EXECUTIVE TEAM	41%	35%	37%	53% ▲	38%	38%	40%	42%	46%	53% ▲	55% ▲

▲ ▼ indicate individual subgroup differences of +/-10% relative to the total scores.

Strategy & Internal Communication

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Strategy

Tāngata Ora
Our People Survey | 2021



Organisation's mission, vision and values are well-understood, however, more work is required to ensure they are properly implemented across the organisation. Survey participants, especially clinicians, feel that the organisation could do a lot better when it comes to using available information to plan for the future.

OVERALL SCORE

56%

MAIN SUBGROUP DIFFERENCES (+/-10% or more)

I understand the DHB's mission, vision, and values.

67%

▲ Executive 82%
▼ RMO 56%

All departments/areas have objectives that are aligned to the DHB's mission, vision and values.*

59%

The DHB is good at using information about current and future demands to plan and resource work.

41%

▲ Executive 58%; Support Staff 59%; CPH 57%;
Governance 55%
▼ SMO 30%; RMO 30%

*10% or more of the survey participants selected "Don't know" as a response.

Internal Communication

Tāngata Ora
Our People Survey | 2021



Information provided through internal communications is generally well-trusted, however, it is not always sufficient and sometimes can be difficult to come by.

OVERALL SCORE



MAIN SUBGROUP DIFFERENCES (+/-10% or more)

I trust the information that's shared through our internal communications.

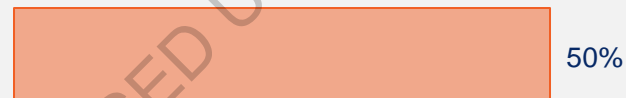


▲ Executive 76%

I can easily access the information needed to do my job.



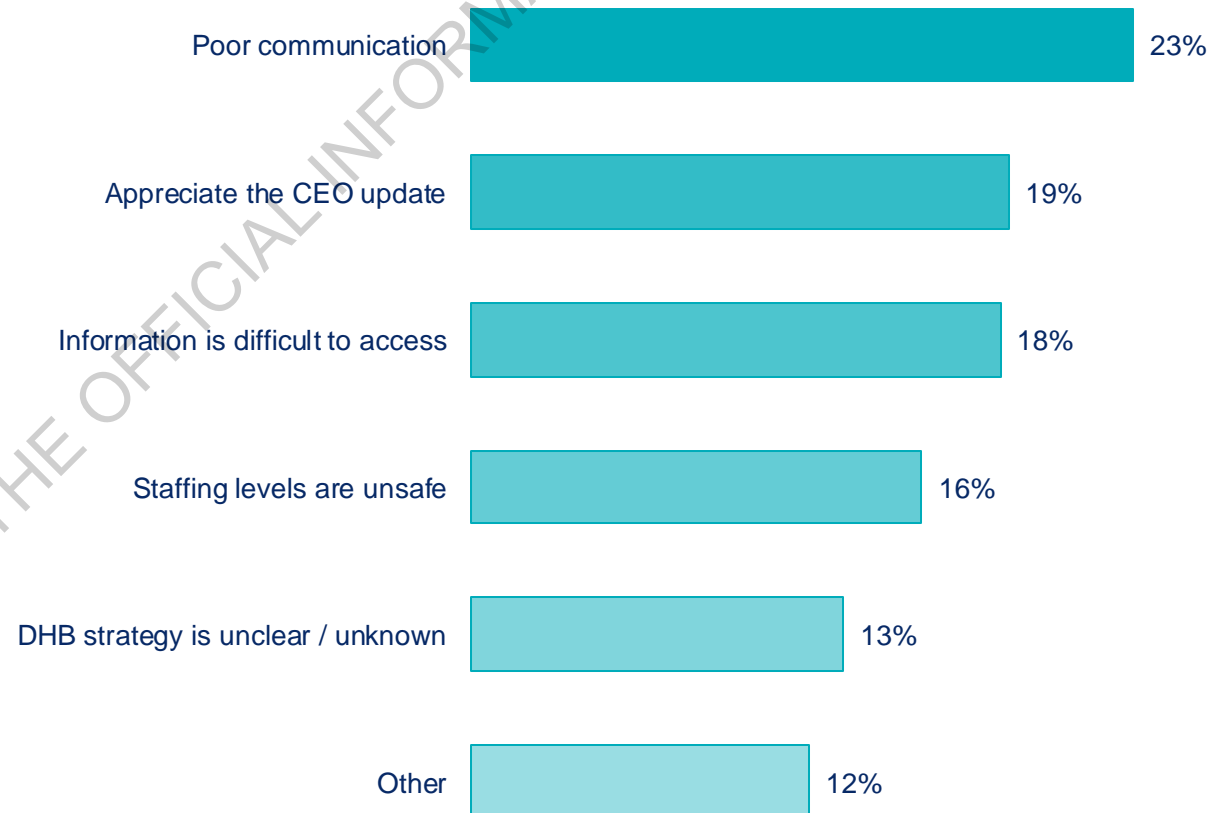
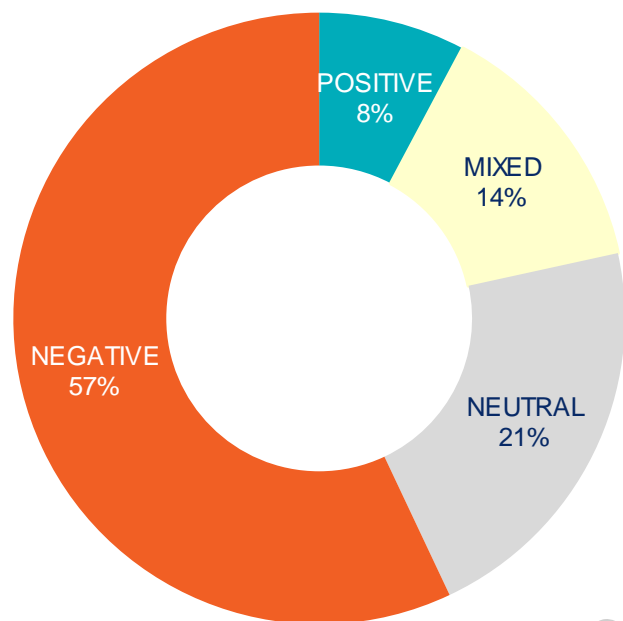
I'm provided with meaningful updates on changes in the DHB and how it is performing.



▲ Executive 67%; Support Staff 61%; CPH 62%

Thoughts on Strategy & Internal Communication

Tāngata Ora
Our People Survey | 2021



* 76% of survey participants provided no response.

The Executive Team

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The Executive Team

Tāngata Ora
Our People Survey | 2021



Confidence in the Executive Team, right now, is currently low, particularly when it comes to perceived accessibility and ability to listen. Notably, perceptions of the Executives tend to be more positive among the Support Staff and the Community Public Health division.

OVERALL SCORE



MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

I have confidence in the Executive Team.*



▲ Executive 75%; Support Staff 57%; CPH 57%

The Executive Team shares information that enables me to do my job well.*



▲ Executive 61%; Support Staff 58%; CPH 54%

The Executive Team are accessible to staff.*



▲ Executive 61%; Support Staff 53%; CPH 49%

The Executive Team listens to staff.*

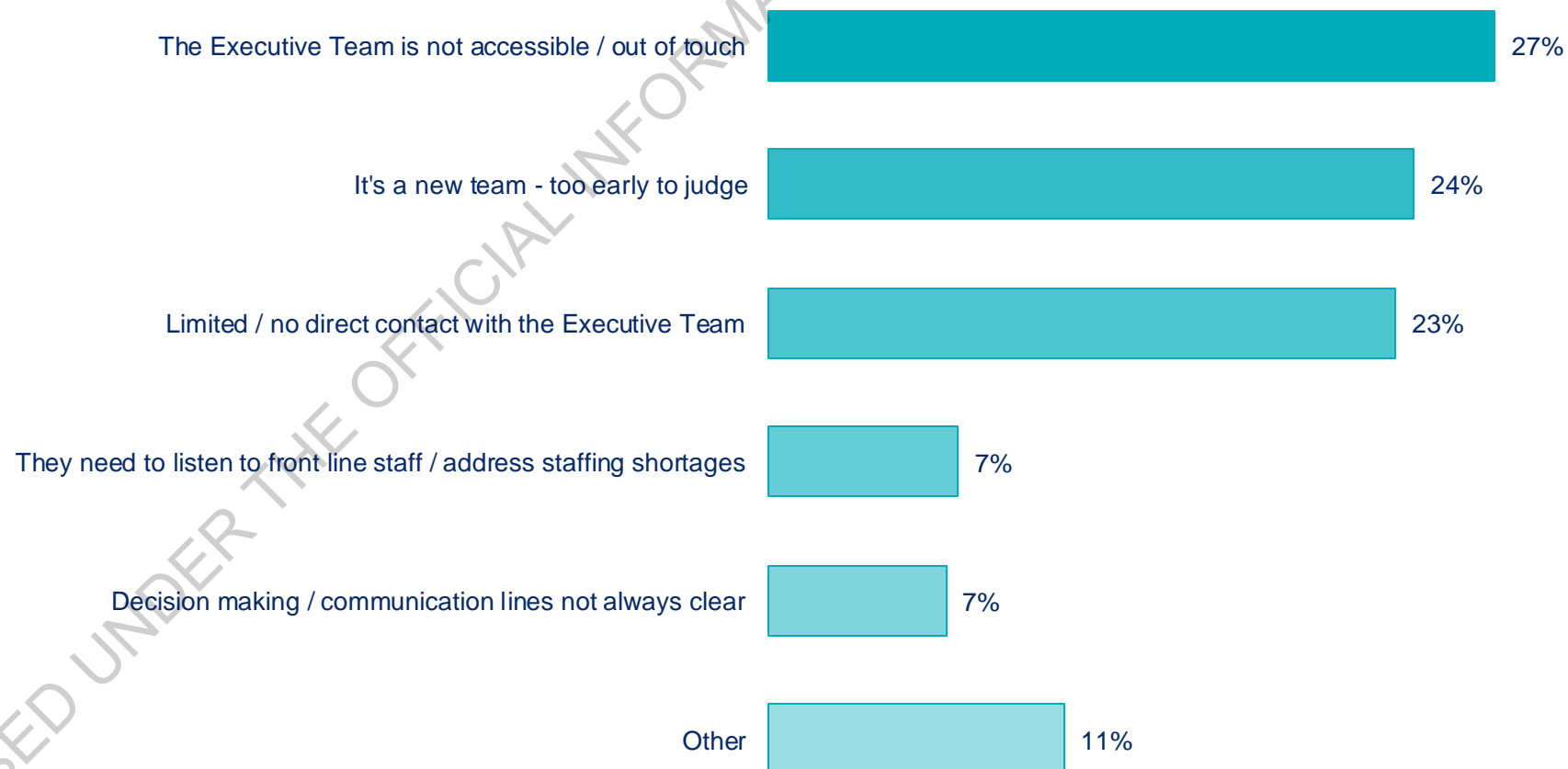
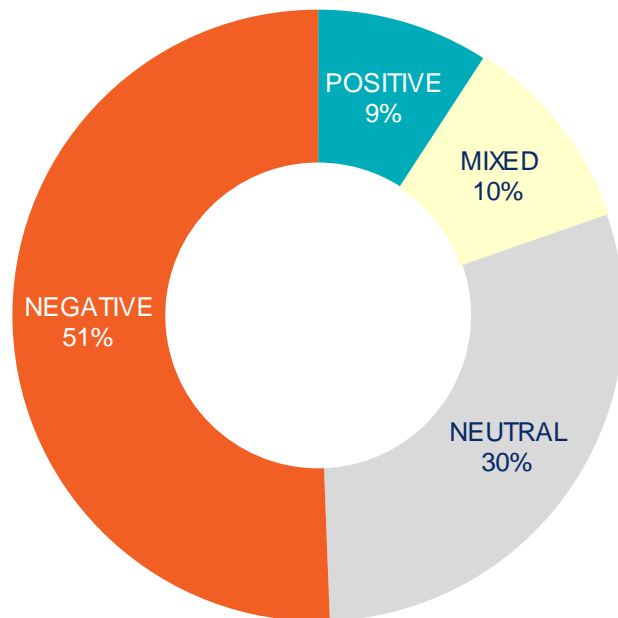


▲ Executive 66%; Support Staff 51%; CPH 52%

*10% or more of the survey participants selected "Don't know" as a response.

Thoughts on the Executive Team

Tāngata Ora
Our People Survey | 2021



* 75% of survey participants provided no response.

Patient Focus

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Patient Focus

Tāngata Ora
Our People Survey | 2021



Patients' safety is clearly a priority at the DHB, although it is not always clear how different roles and parts of the organisation come together to make a real difference. There is an opportunity to improve patient services through a more robust feedback consideration process.

OVERALL SCORE

62%

MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

We actively promote patient safety in our services.

68%

We place enough emphasis on the importance of our patients' needs in our work.

60%

▲ Support Staff 71%

Everyone in the DHB is clear on the role they play to deliver what our patients need.

59%

▲ Support Staff 70%

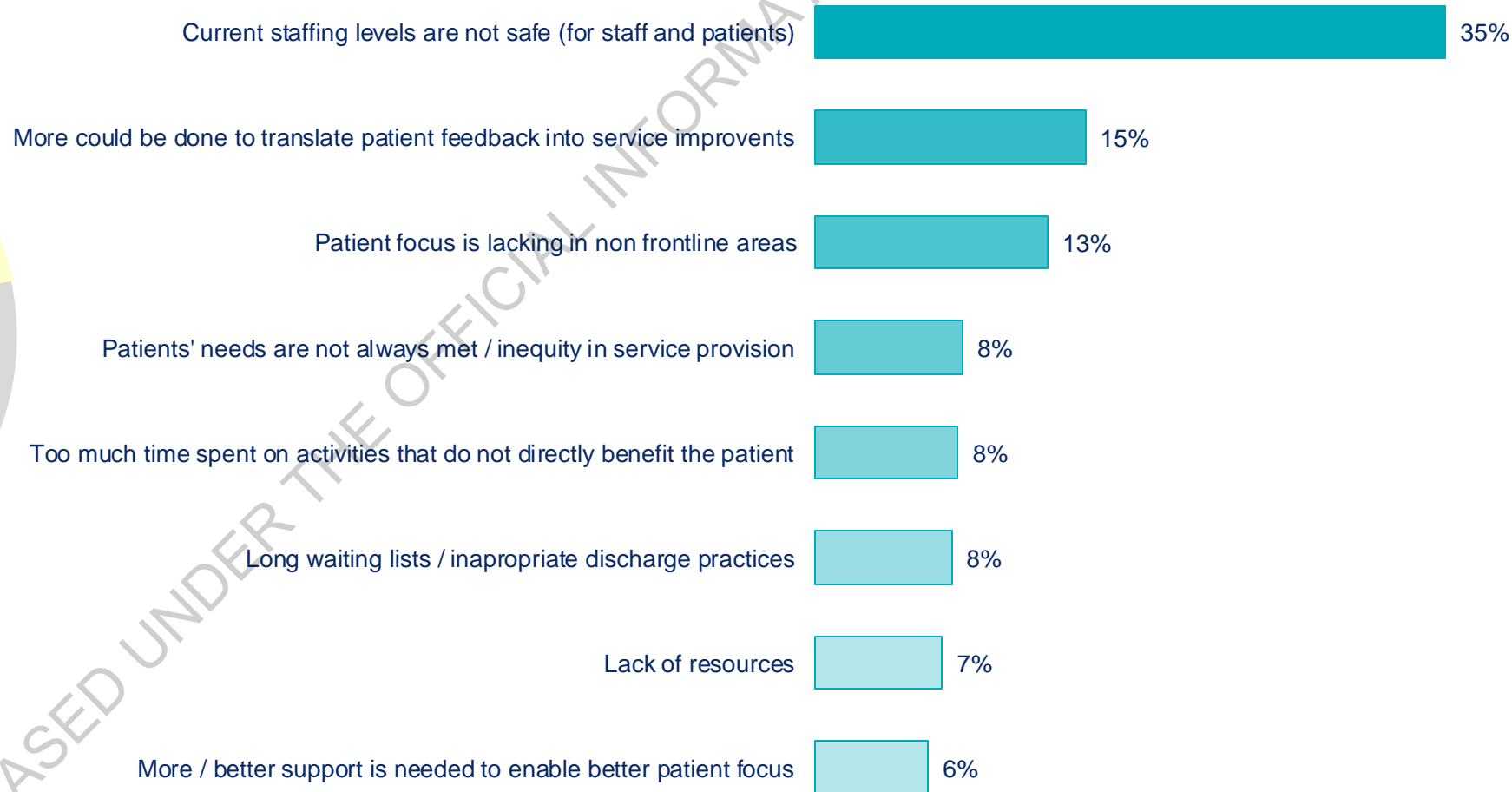
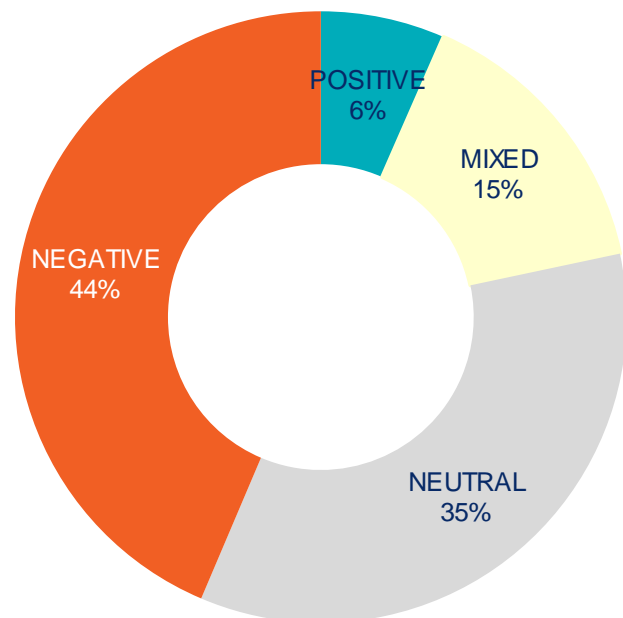
We gather feedback from patients and use this to improve our services.*

59%

▲ Facilities Management 71%

Thoughts on Patient Focus

Tāngata Ora
Our People Survey | 2021



* 77% of survey participants provided no response.

Teamwork & Leadership

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Teamwork

Tāngata Ora
Our People Survey | 2021



Staff are generally positive about the level of collaboration within the organisation, particularly when it comes to their immediate work environment.

OVERALL SCORE

69%

MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

My team works well together to achieve our goals.

72%

My team works well with other teams to achieve our goals.

71%

My Manager / Clinical Lead creates an environment for good teamwork.

65%

▲ Executive 75%

Leadership

Tāngata Ora
Our People Survey | 2021



Staff are also fairly positive about performance of their immediate manager or clinical lead. Notably, scores tend to be lower in the Rural Hospitals division.

OVERALL SCORE



MAIN SUBGROUP DIFFERENCES
(+/- 10% or more)

My Manager / Clinical Lead is accessible.



▼ Rural Hospitals 64%

My Manager / Clinical Lead treats people the way they ask us to treat others.



▲ Executive 79%

▼ Rural Hospitals 57%

The actions of my Manager / Clinical Lead are consistent with the DHB's values.



▲ Executive 79%

My Manager / Clinical Lead listens to staff.



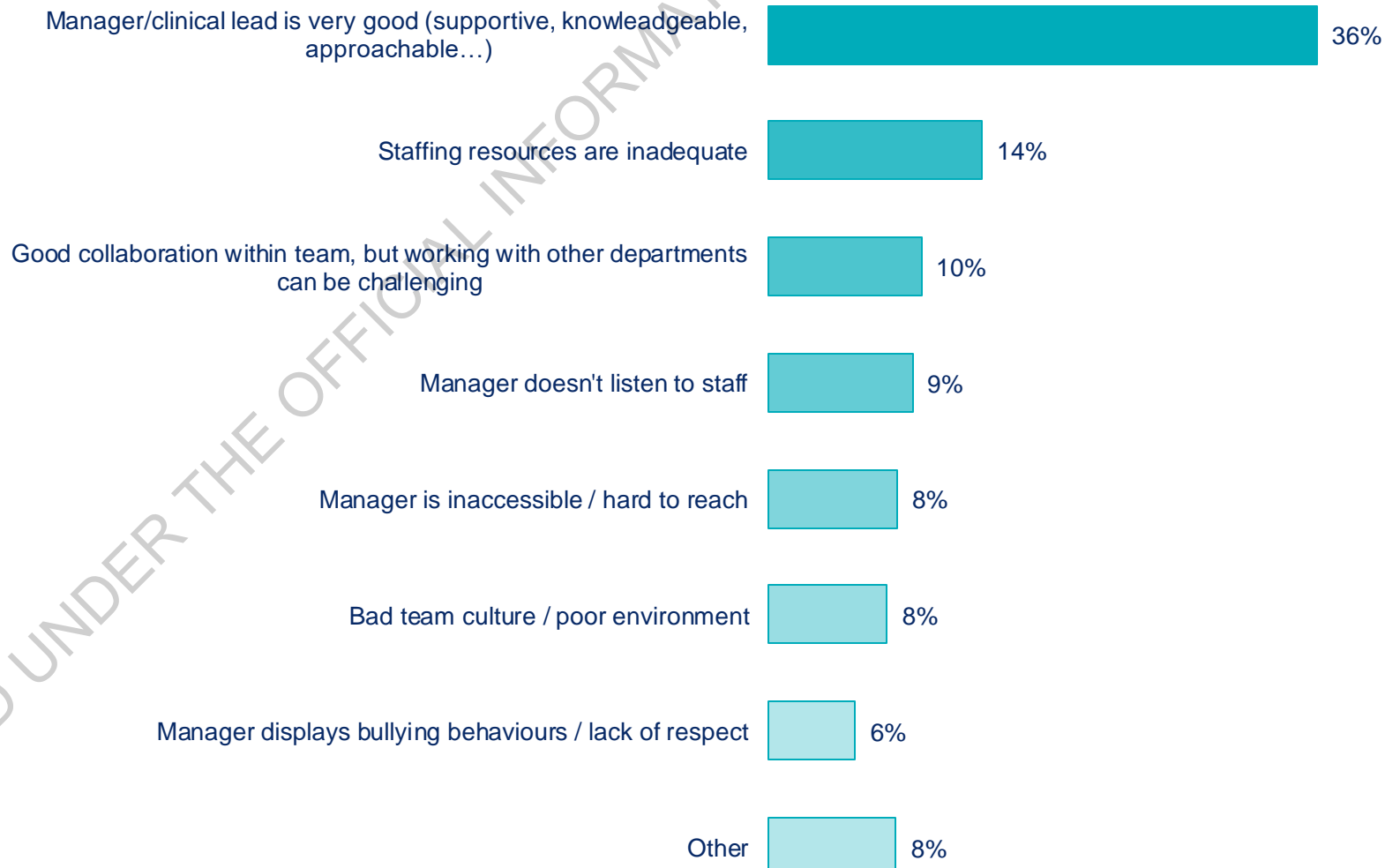
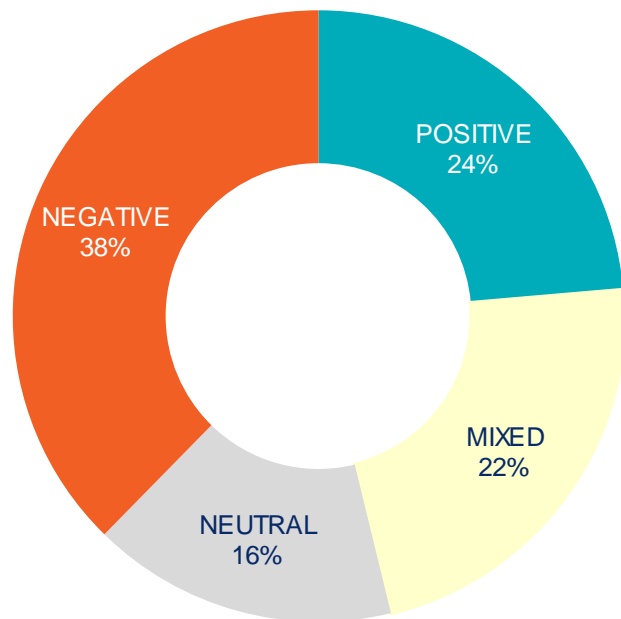
▲ Executive 79%

▼ Rural Hospitals 57%

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Thoughts on Teamwork & Leadership

Tāngata Ora
Our People Survey | 2021



* 73% of survey participants provided no response.

Performance, Processes & Information

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Organisational Performance

Tāngata Ora
Our People Survey | 2021



While staff report a strong sense of fulfilment at work, they are less likely to agree that the organisation follows the best practice in healthcare. Stronger support systems are needed to promote new ideas.

OVERALL SCORE

64%

The work I do is meaningful and makes a positive impact.

79%

We keep up with best practice in healthcare.

62%

The DHB encourages and supports people who come forward with new ideas.*

52%

*10% or more of the survey participants selected "Don't know" as a response.

Operational Processes

Tāngata Ora
Our People Survey | 2021



Respondent feedback indicates a siloed culture. While individuals feel empowered to manage and make decisions about their own work, this is not always supported by robust organisation-wide processes which can lead to duplication and decreased cohesion.

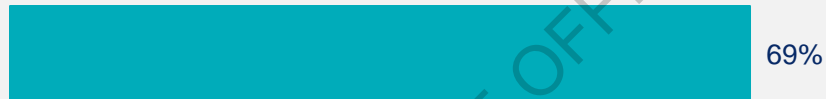
OVERALL SCORE



58%

MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

I can make decisions about things I'm responsible for.



69%

At the DHB, we regularly review processes and identify possible improvements.



55%

At the DHB, we effectively identify and realise opportunities to reduce waste.



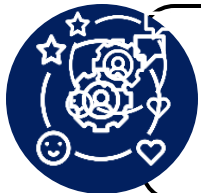
49%

▲ Executive 60%; Support Staff 60%; CPH 62%

▼ RMO 31%

Information & Technology

Tāngata Ora
Our People Survey | 2021



Technology is a pain-point for the DHB staff, in particular for medical staff.

OVERALL SCORE

60%

MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

I have the information I need to do my job effectively.

64%

I can make effective decisions because I have access to the right information.

63%

I have the technology to effectively support my work.

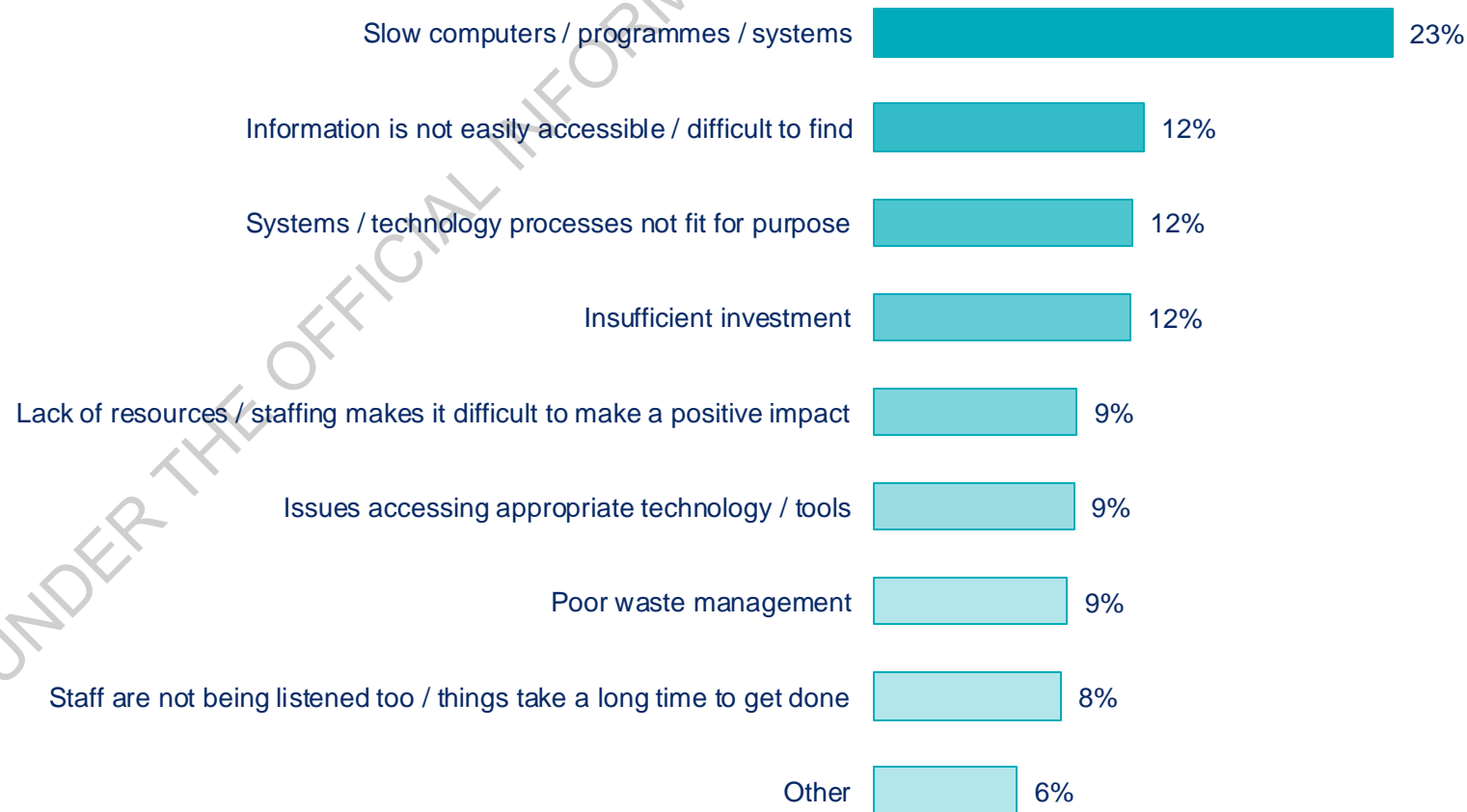
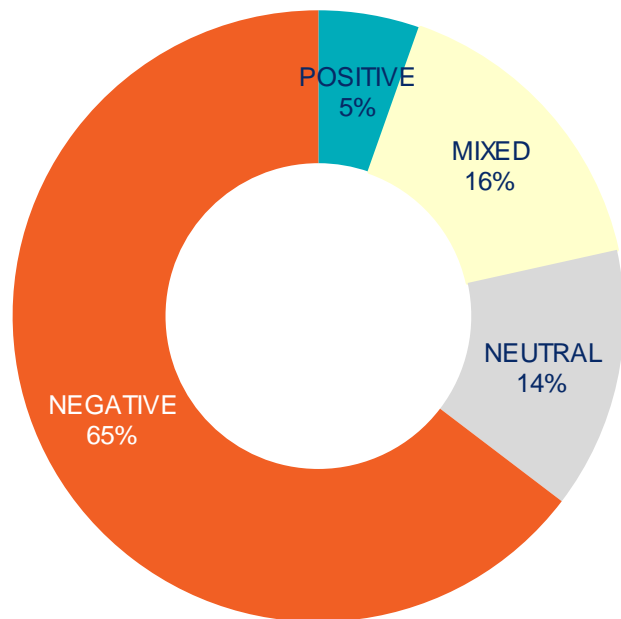
53%

▲ Support Staff 67%; CPH 67%; Facilities Management 64%

▼ SMO 39%; RMO 39%

Thoughts on Performance, Processes & Technology

Tāngata Ora
Our People Survey | 2021



* 73% of survey participants provided no response.

Performance Development

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Performance Development

Tāngata Ora
Our People Survey | 2021



While staff tend to have a good understanding of what's required to do their job well, opportunities for growth are not always readily available. Organisation's perceived inability to deal with poor performance is a major sticking point.

OVERALL SCORE

57%

MAIN SUBGROUP DIFFERENCES
(+/-10% or more)

I'm clear about what's expected of me in my role.

78%

The DHB provides opportunities for me to develop my skills and actively encourages career development.

55%

I have regular and effective feedback and development conversations.

54%

▲ CPH 67%

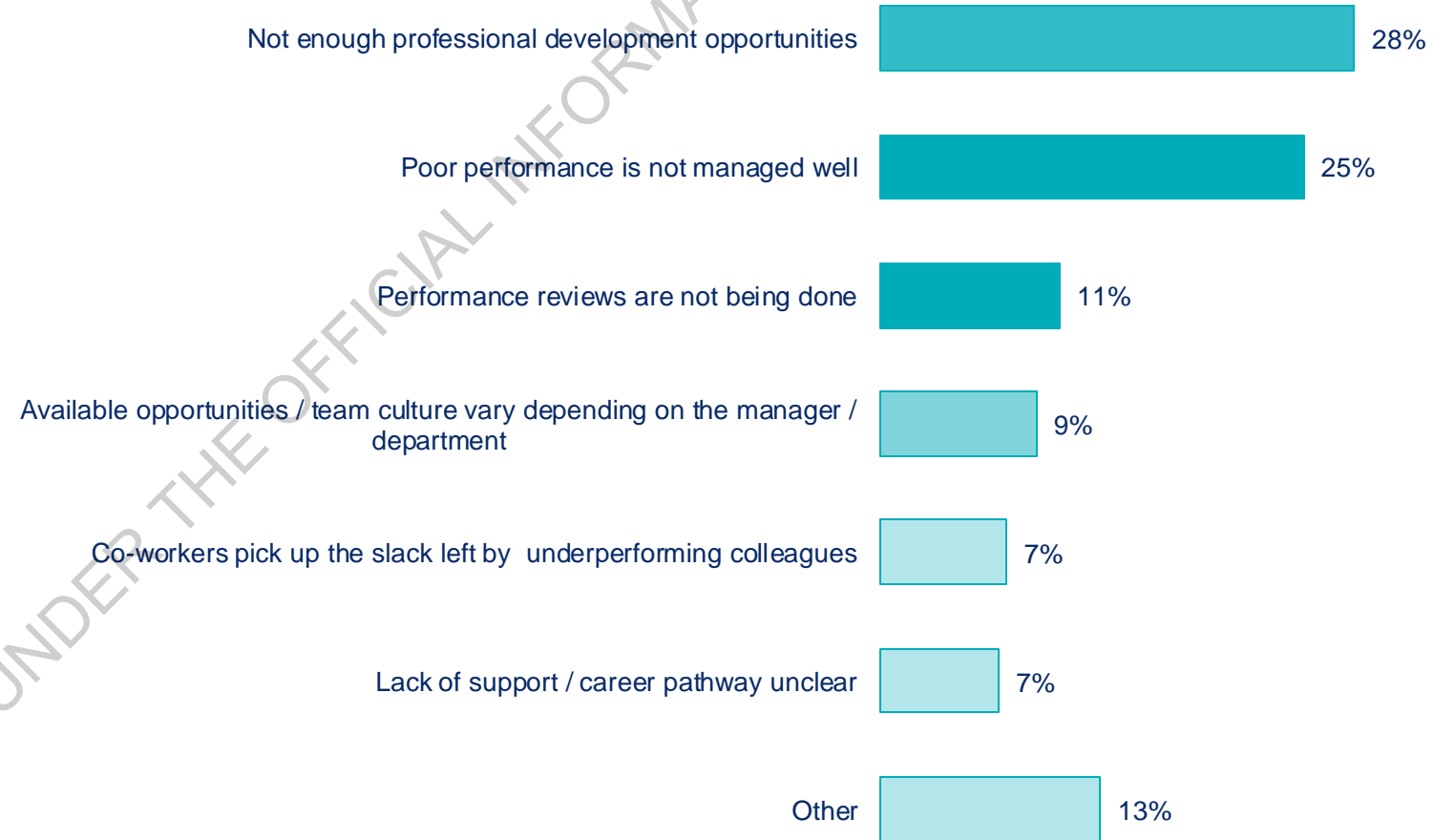
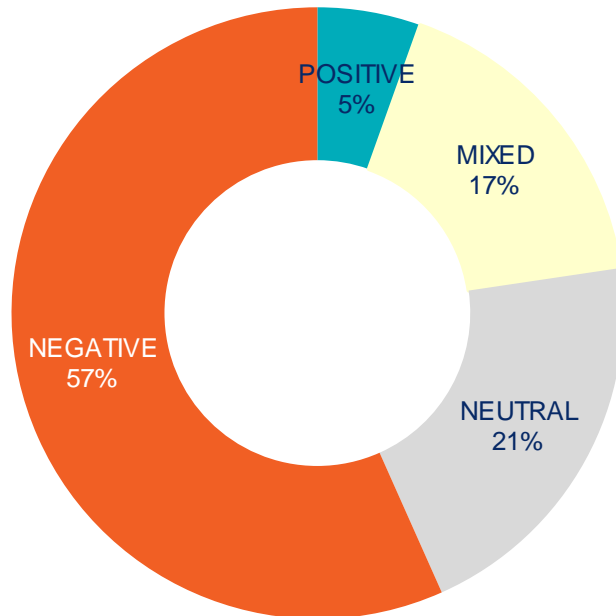
Poor performance is managed effectively and fairly at the DHB.*

40%

*10% or more of the survey participants selected "Don't know" as a response.

Thoughts on Performance Development

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Our People Survey | 2021



** 78% of survey participants provided no response.*

Wellbeing, Health & Safety

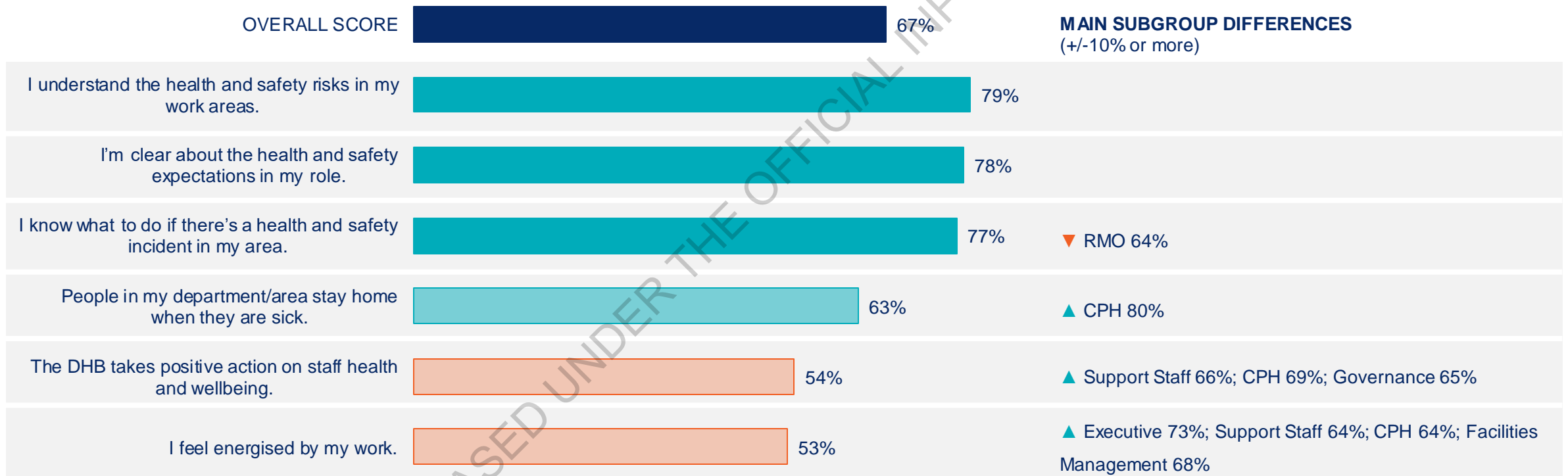
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Wellbeing, Health & Safety

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Our People Survey | 2021

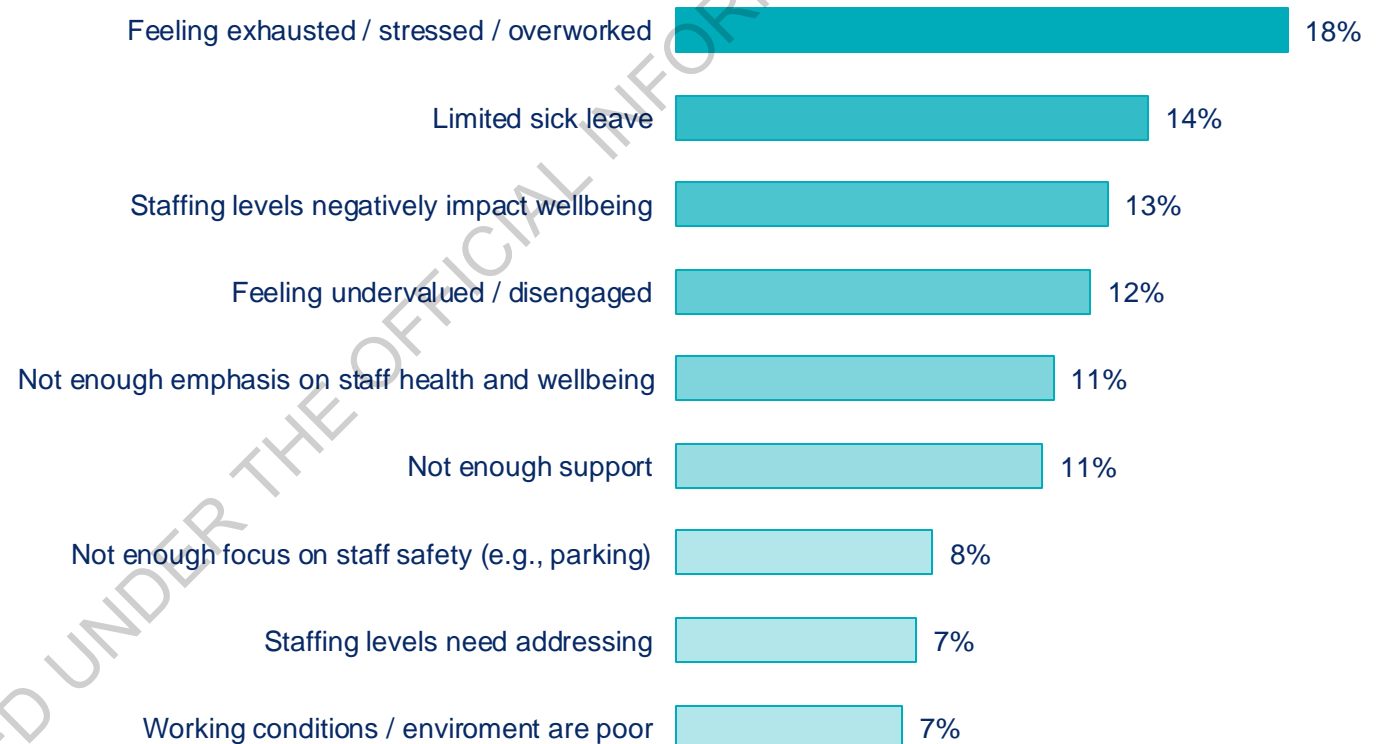
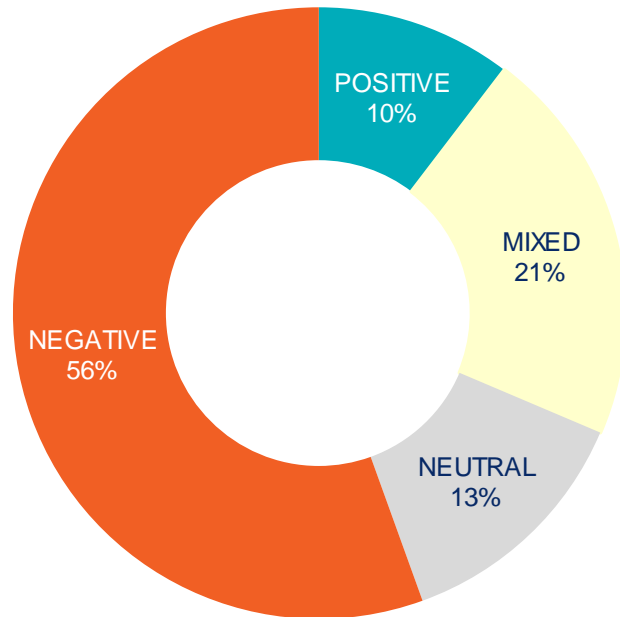


While staff are generally confident about navigating H&S risks in their immediate work environment, feedback suggests not enough emphasis is placed on promoting staff health and wellbeing across the organisation.



Thoughts on Wellbeing, Health & Safety

Tāngata Ora
Our People Survey | 2021



* 76% of survey participants provided no response.

Culture

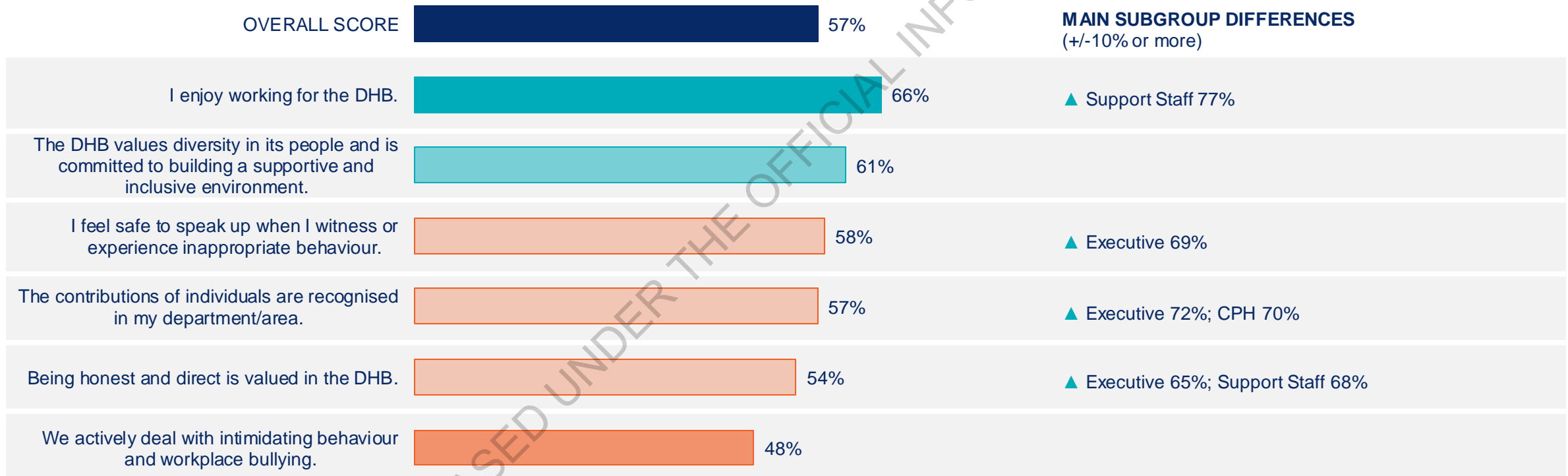
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Culture

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Our People Survey | 2021

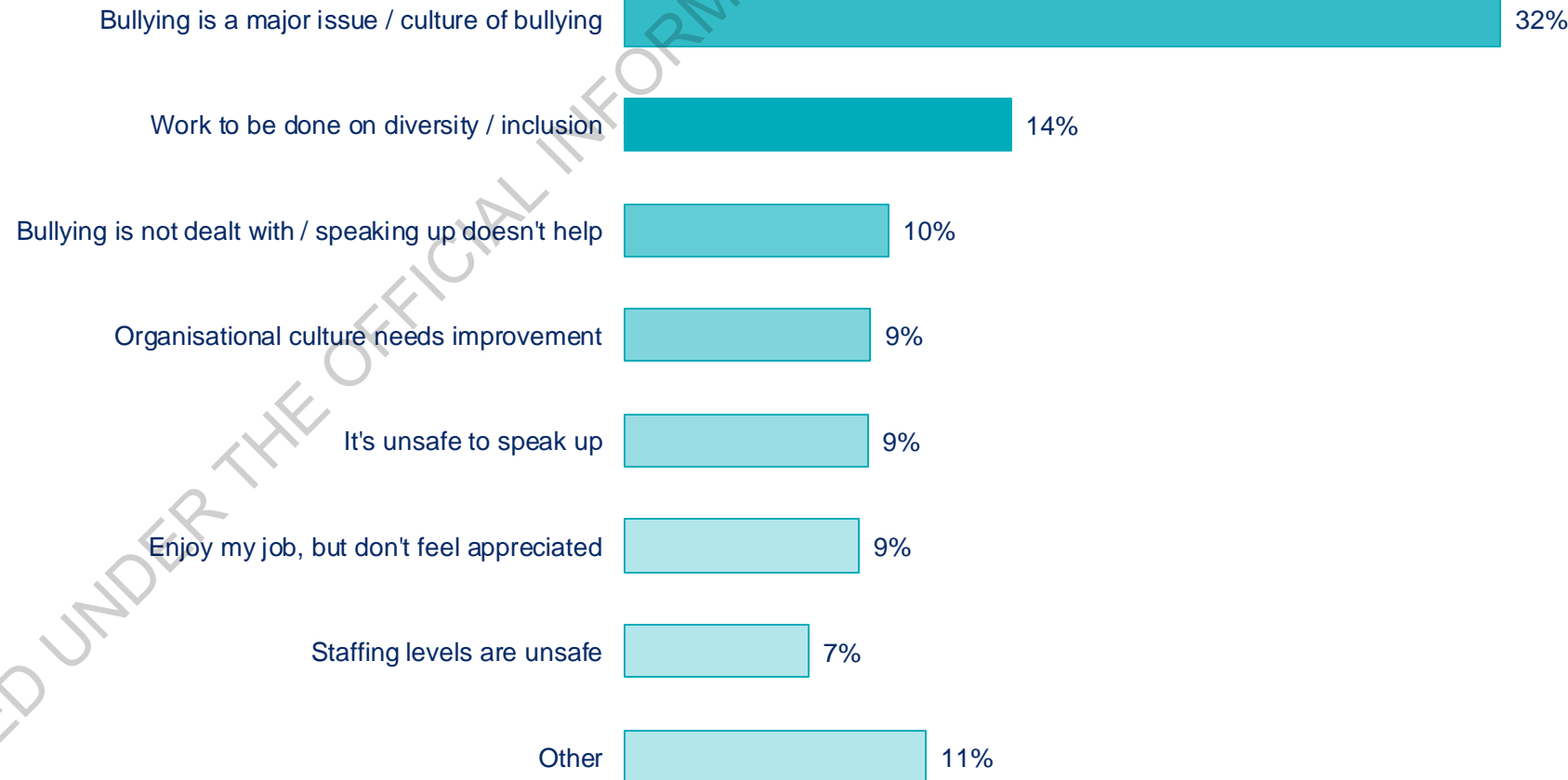
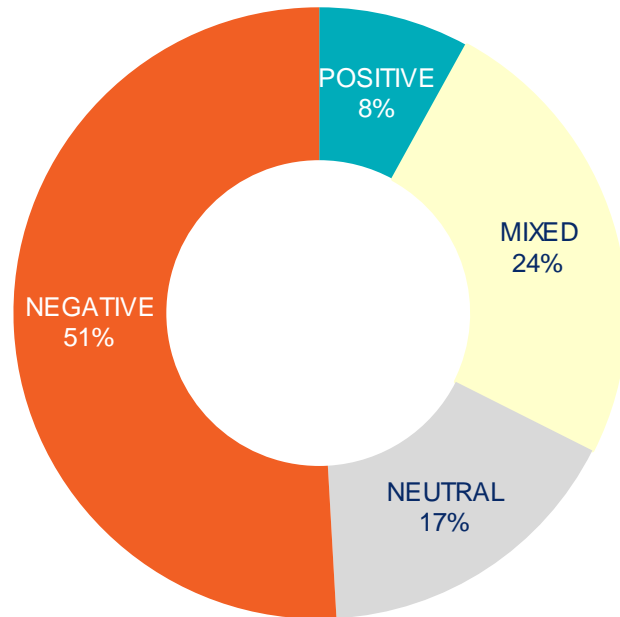


Staff express concerns around how negative behaviours, particularly bullying, are dealt with within the organisation, also indicating that some feel unsafe to speak up.



Thoughts on Culture

Tāngata Ora
Our People Survey | 2021



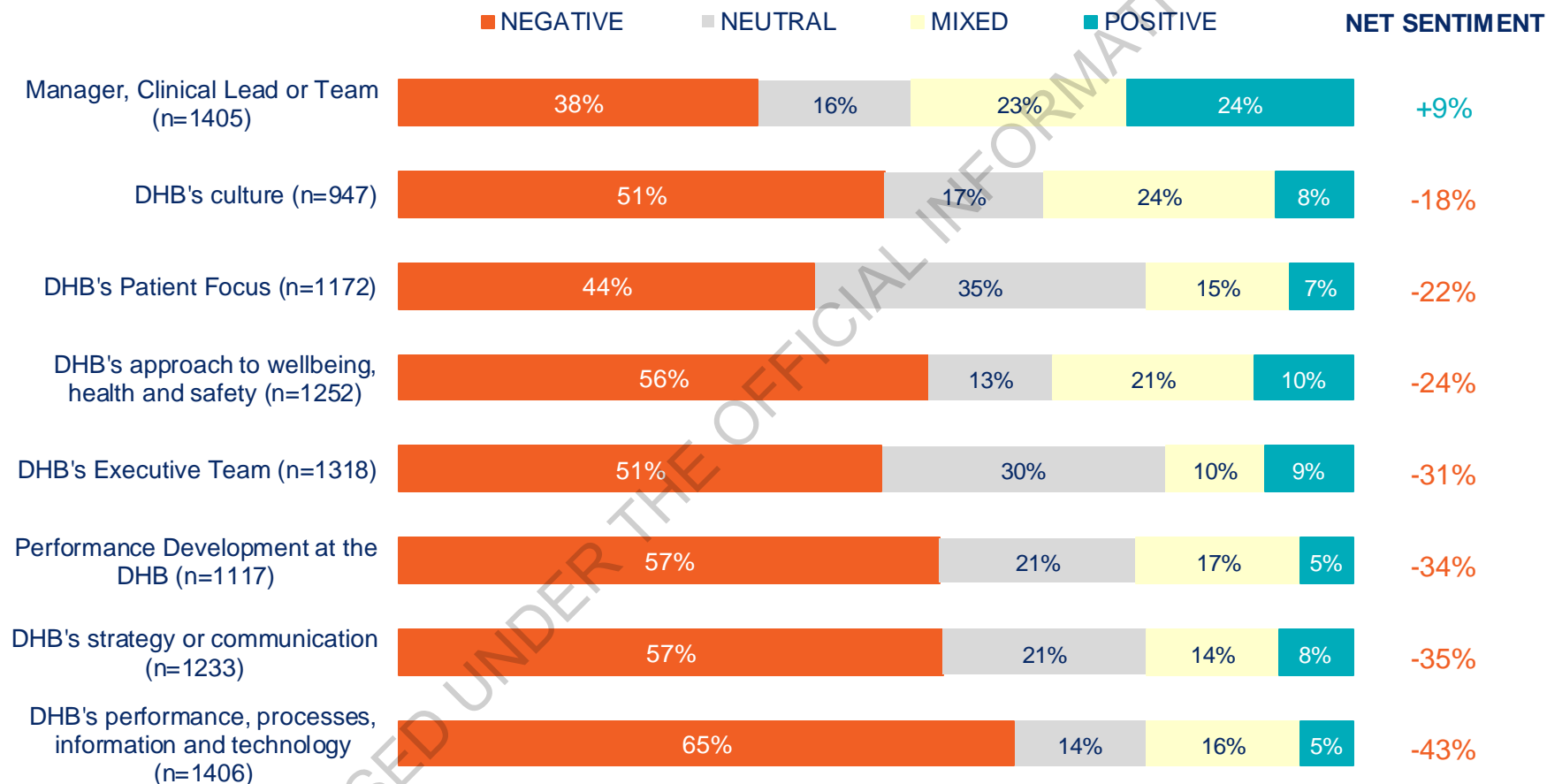
* 82% of survey participants provided no response.

Free Text: Closing Questions

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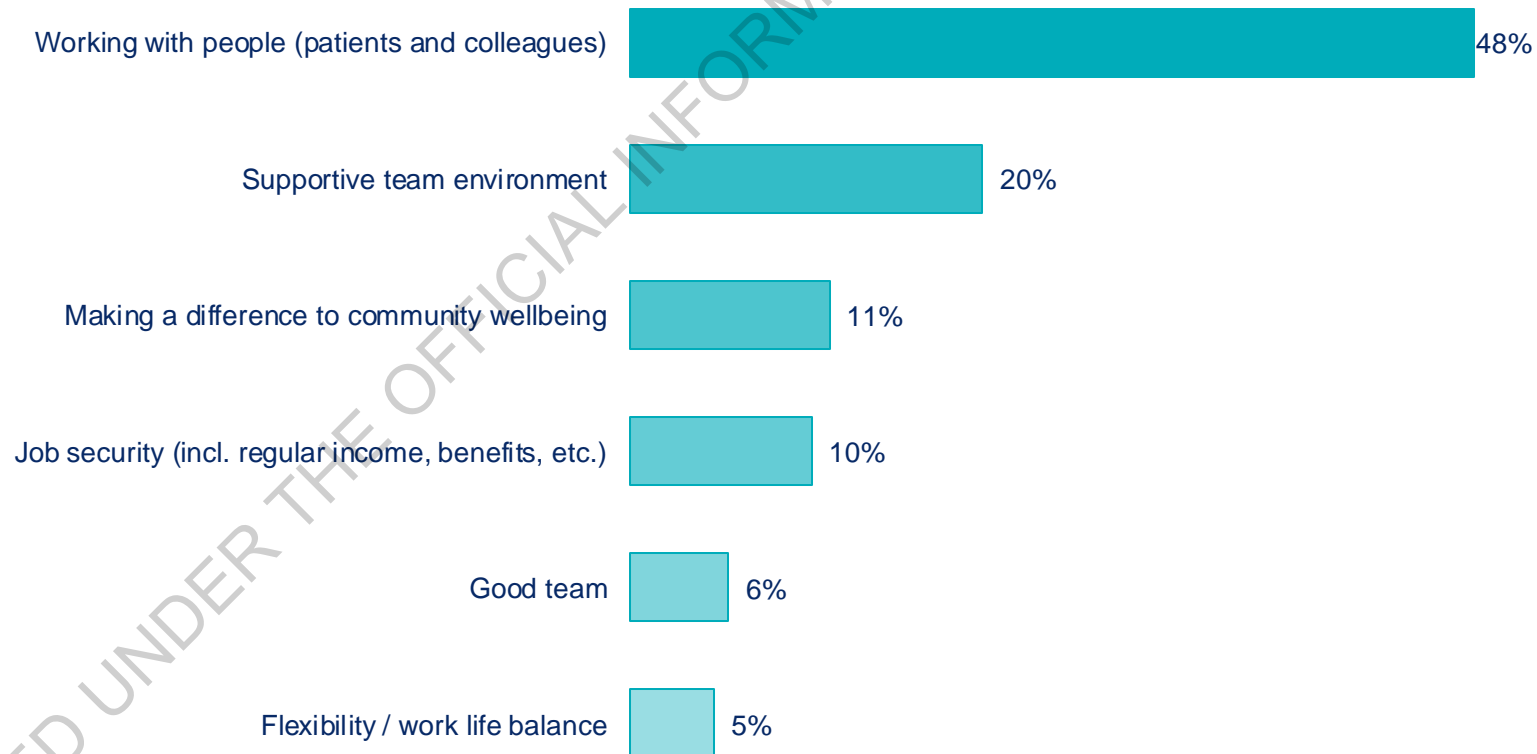
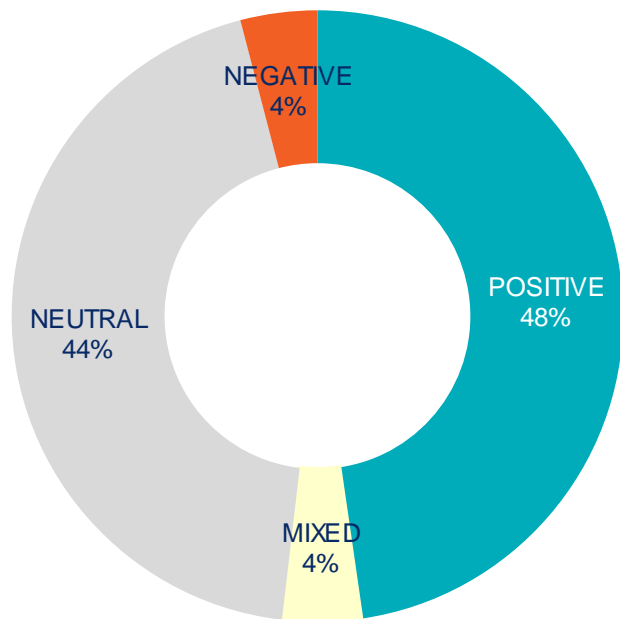
Spontaneous Feedback - Sentiment Overview

Tāngata Ora
Our People Survey | 2021



What's the best thing about working at the DHB?: Key Themes

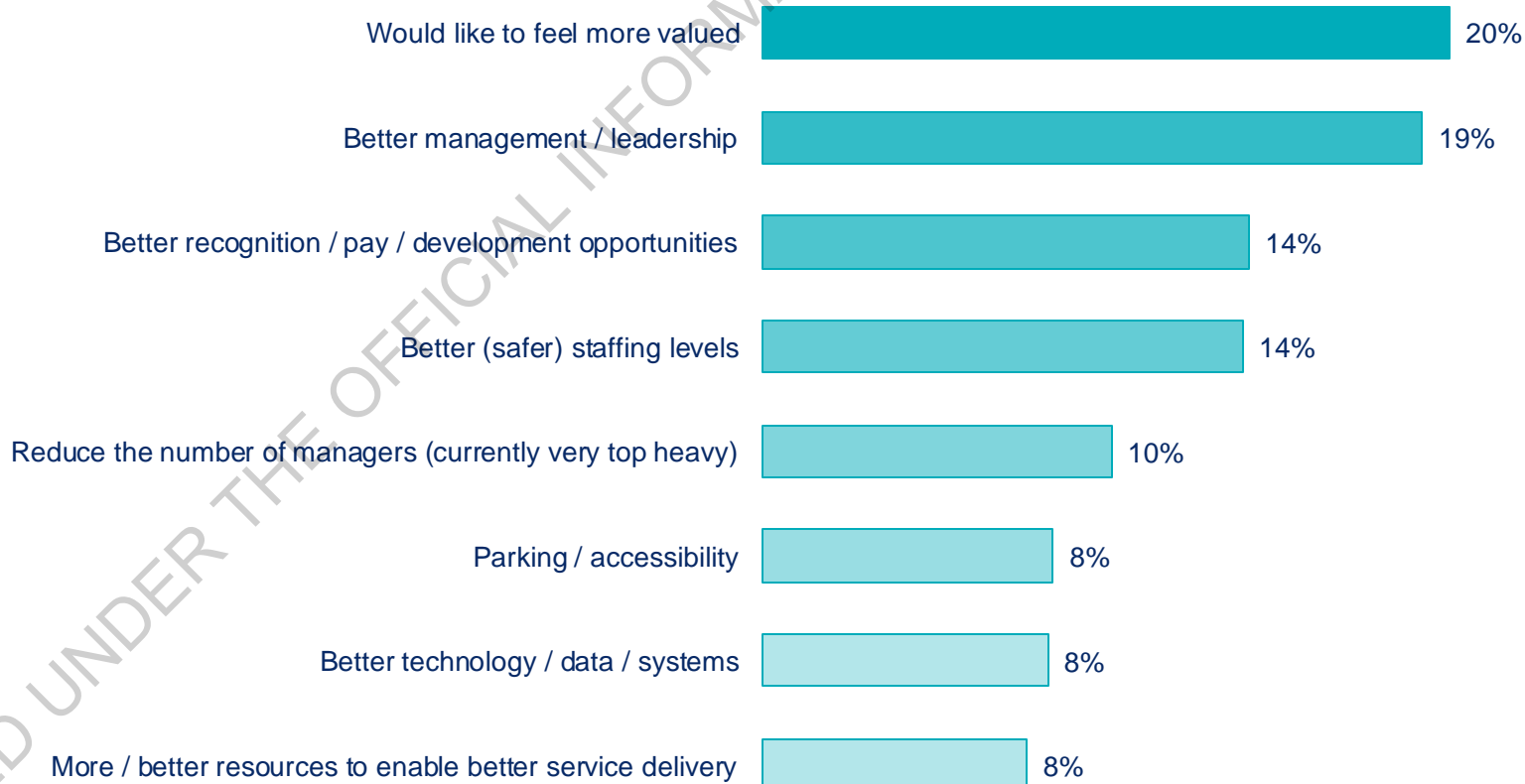
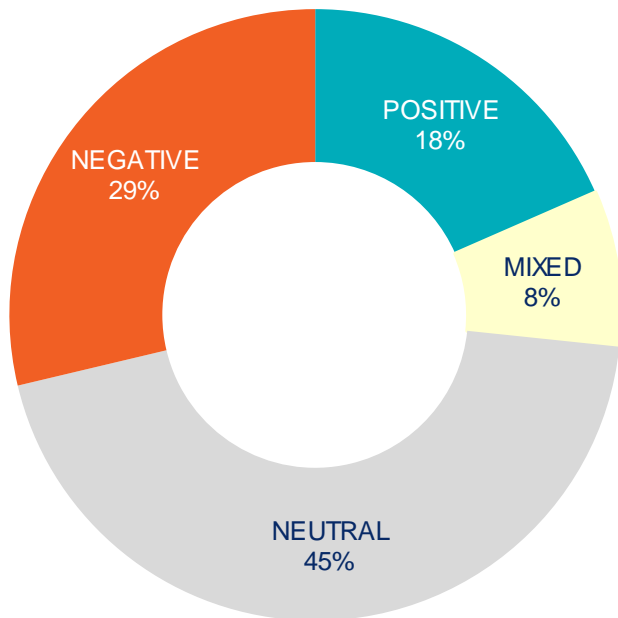
Tāngata Ora
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** 29% of survey participants provided no response.*

What's the ONE thing you would change about the DHB?

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Our People Survey | 2021



** 27% of survey participants provided no response.*

Reactions to National Health Reform

Tāngata Ora
Our People Survey | 2021



Uncertainty is apparent in relation to the recently announced National Health Reform and what it will mean for staff and individual jobs.

I'm feeling positive about the upcoming National Health Reform and what that means for me

52%

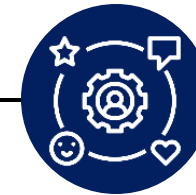
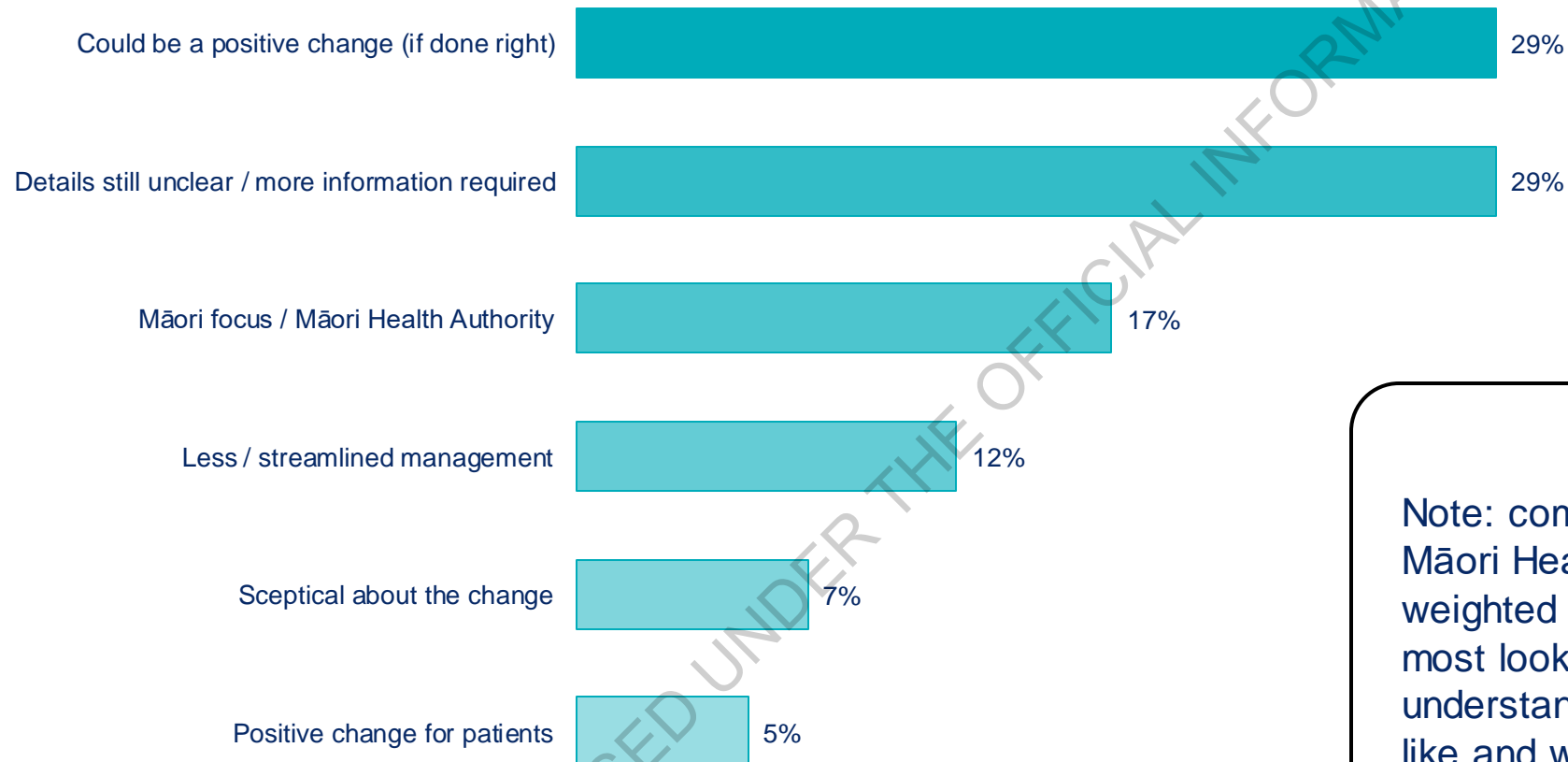
I know what support is available for me if I need it

64%

23% of the survey participants selected "Don't know".

Reactions to National Health Reform

Tāngata Ora
Our People Survey | 2021



Note: comments around the Māori Health Authority were weighted more positively, with most looking to better understand what it would look like and what that means for their mahi.

Overview

2016 CDHB Staff Wellbeing Survey

10 November 2016

For information on this paper, please contact:

Mark Lewis – Manager Wellbeing Health and Safety [People and Capability]

Email: Mark.Lewis2@cdhb.health.nz



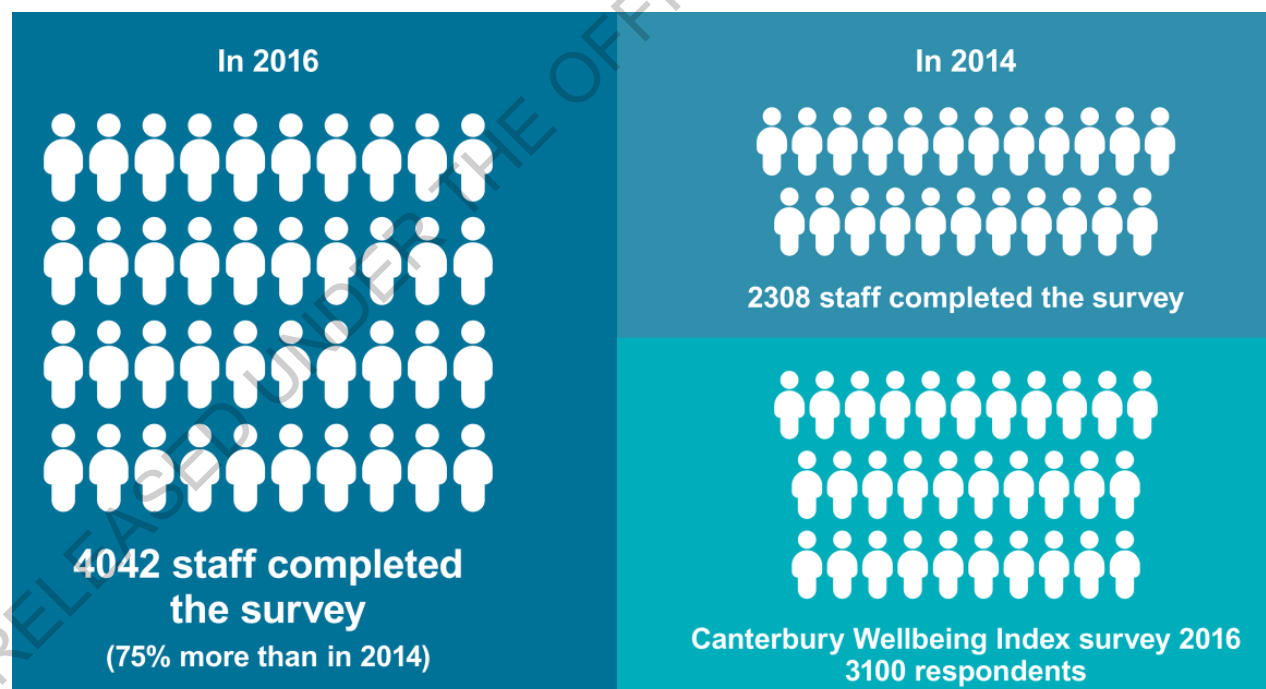
**PUTTING PEOPLE AT THE
HEART OF ALL WE DO**

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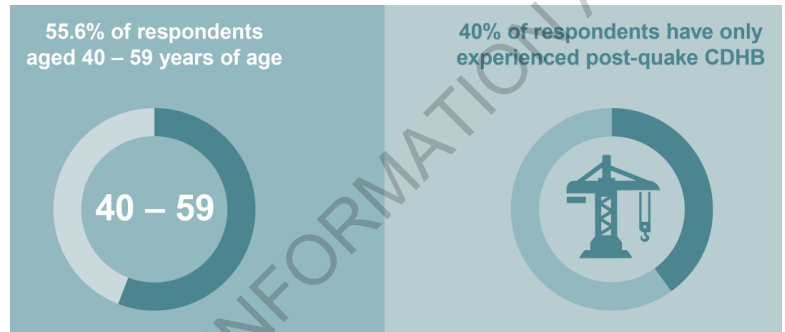
Executive summary

1. The Canterbury District Health Board [CDHB] conducted staff wellbeing surveys in 2012, 2014 and most recently 2016. The survey has involved some consistent elements with respect to perceived wellbeing, measures of engagement and stressors inside | outside of work. In addition to this, there have been specific questions asked within the context of the time e.g. the 2012 survey included specific questions with respect to housing and house repairs related to the Christchurch earthquakes and in 2014 there were specific questions with respect to flooding in Christchurch. The 2016 survey was designed to gauge how staff are currently coping, to highlight areas where the CDHB may be able to further assist staff, and to inform the ongoing development of the CDHB's Wellbeing Strategy.
2. In 2016, 4042 staff completed the survey [42% of all staff employed with the CDHB]. This was a 75% increase in the response rate from 2014 [2308 staff]. Due to the fact the invitation to complete the survey was not randomised, rather voluntary, the survey may not represent the opinions and experiences of all staff across the CDHB. However, it does capture the opinions and experiences of a large number of staff employed by the CDHB.
3. Where free-text responses were provided they were analysed using a process of coding and grouping which highlighted key themes. Any identifying information was excluded from this process. When considering differences between groups, percentages based on a large number of respondents are more likely to be precise than those based on small numbers of respondents.



Respondent demographics

4. Of the 4005 responding to the question about gender 83.3% identified as female, 16.4% as male and 0.22% as gender diverse. This is similar to the CDHB total staff population which has a gender profile for all CDHB staff members of 81% female and 19% male.
5. Survey respondents came from all age bands with the highest response rate among those aged <18 years [62.5% - note: total number of CDHB staff in this group is only 8] followed by those aged 50-59 years [48.0%] and those aged 40-49 years [45.0%].
6. The majority of survey respondents [55.6%] identified as being in the 40 to 49 or 50 to 59 age band [32.2% and 23.4% respectively]. CDHB demographic data indicates that 50 per cent of current employees are aged between 40 and 59 years of age. The <18 years age group and the 70 years or over age group are the smallest groups by total employee numbers.
7. Survey respondents were invited to answer the Statistics New Zealand ethnicity question [used in both the 2006 & 2013 censuses] which asks respondents to select all those ethnic groups to which they belong. The majority of survey respondents identified as New Zealand European [82.6%] and 5% identified as New Zealand Māori.



Division

8. Of the 4014 survey respondents who answered this question the largest percentage of respondents came from Mental Health [15.6%] followed by Christchurch Campus – Medical Services [13.9%] and Older Person's Health & Rehabilitation [11.9%]. Note: Christchurch Campus was divided into five sub-groups due to the overall size of the division [medical services, surgical services, children's services, women's health and cross division services e.g. ICU, ED, peri-operative, radiology etc.].

Division	Number of survey respondents	Percentage of survey respondents
Ashburton & Rural Health	134	3.3%
Canterbury Health Laboratories	218	5.4%
Clinical Support e.g. M&E, Supply and Procurement, ISG	92	2.3%
Community & Public Health (Public Health Unit - Manchester St)	119	3.0%
Corporate Services e.g. People & Capability, Finance, Decision Support	336	8.4%
Mental Health	627	15.6%
Older Person's Health & Rehabilitation	479	11.9%

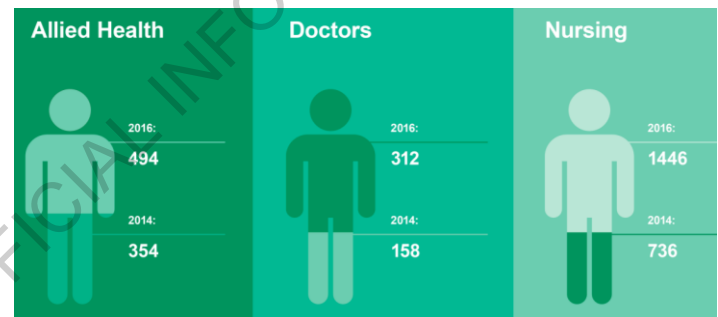
Christchurch Campus - Surgical Services	367	9.1%
Christchurch Campus - Medical Services	557	13.9%
Christchurch Campus - Women's Health	206	5.1%
Christchurch Campus - Children's Services	191	4.8%
Christchurch Campus - ICU, ED, Peri-operative, Radiology	282	7.0%
Other/Not sure	406	10.1%

9. Despite communications to guide staff in their selection of the 'correct' division, 10% of respondents selected 'Other/Not Sure' in response to this question. These responses will be reviewed at a later date to inform future iterations of this question, and associated survey communications, in Canterbury DHB staff surveys.

Occupation

10. Of the 3951 survey respondents who answered this question the largest percentage of respondents came from Nursing [36.6%], Administration | Reception [12.9%] and Allied Health [12.5%]. Other large respondent groups identified themselves as:

- Doctors [312],
- Technical and Scientific [272], and
- Management [267].

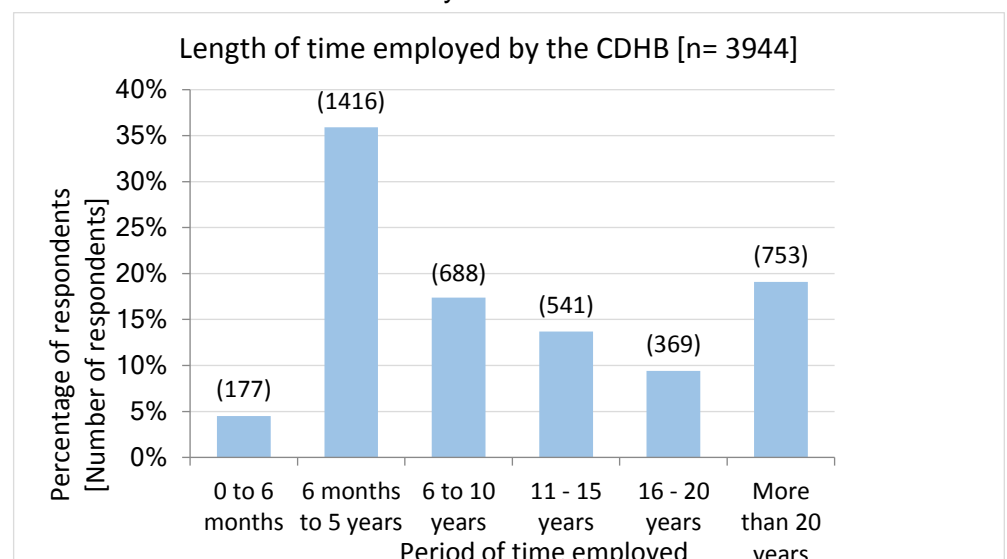


11. Once again, despite communications to guide staff in their selection of the 'correct' occupation, 194 respondents selected 'Other' in response to this question. As above, these responses will be reviewed at a later date to inform future iterations of this question.

Length of time employed

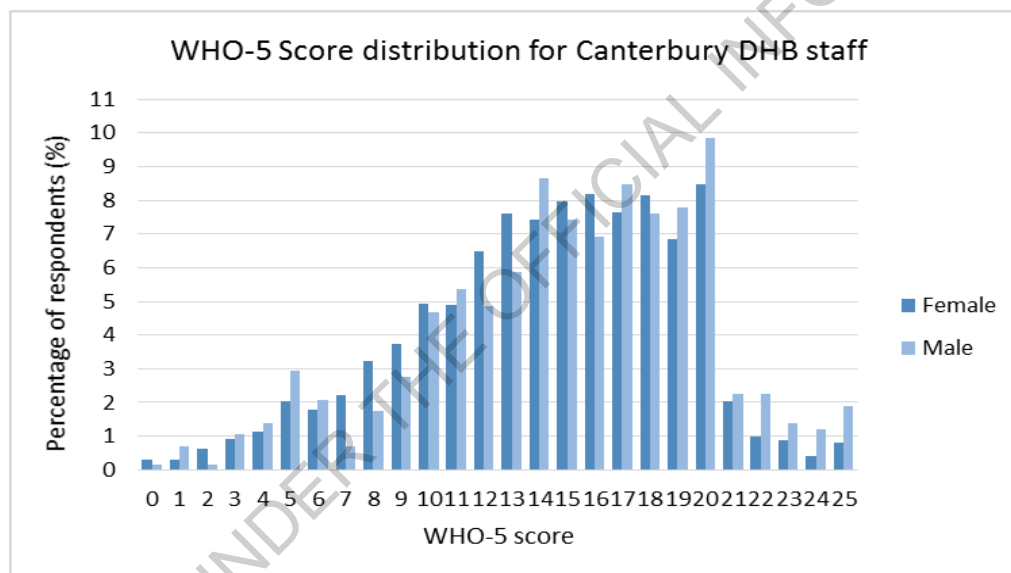
12. Thirty-six per cent of those responding to the question about the length of time they had been employed with the CDHB identified themselves as having worked for the CDHB between six months and five years. The next largest respondent group [19%] reported having worked for the CDHB for more than 20 years whilst the smallest respondent group [4.5%] had worked for the DHB for six months or less.

13. Of note: 40.5% of staff have not experience working for the CDHB in the pre-earthquake environment [employed for five years or less].



Overall health and wellbeing

14. The World Health Organization Wellbeing Scale [WHO-5] is a brief assessment designed to assess emotional wellbeing on a self-rating scale. The scale has been tested in numerous studies and has been found to be both reliable and valid. Wellbeing is measured by a raw score on the WHO-5 [0 to 25]. For an individual, a score below 13 [raw score between 0 and 12] is indicative of poor emotional wellbeing and is considered an indicator of potential mental health risk.
15. The most recent Canterbury Wellbeing Survey [formerly the CERA Wellbeing Survey, now the responsibility of the CDHB] undertaken in April 2016 presents a mean WHO-5 raw score result for greater Christchurch of 14.4. Just under a third of respondents [32%] had a score below 13.
16. For the CDHB survey, the mean WHO-5 score was 14.4. Just under a third of CDHB respondents [32.1%] had a score below 13. In 2014, the mean WHO-5 score for CDHB staff was 13.8 with 37.0% of respondents scoring 13 or less.



**Two years on,
our people are
still vulnerable**

32% of CDHB people
continue to be reporting
poor emotional wellbeing



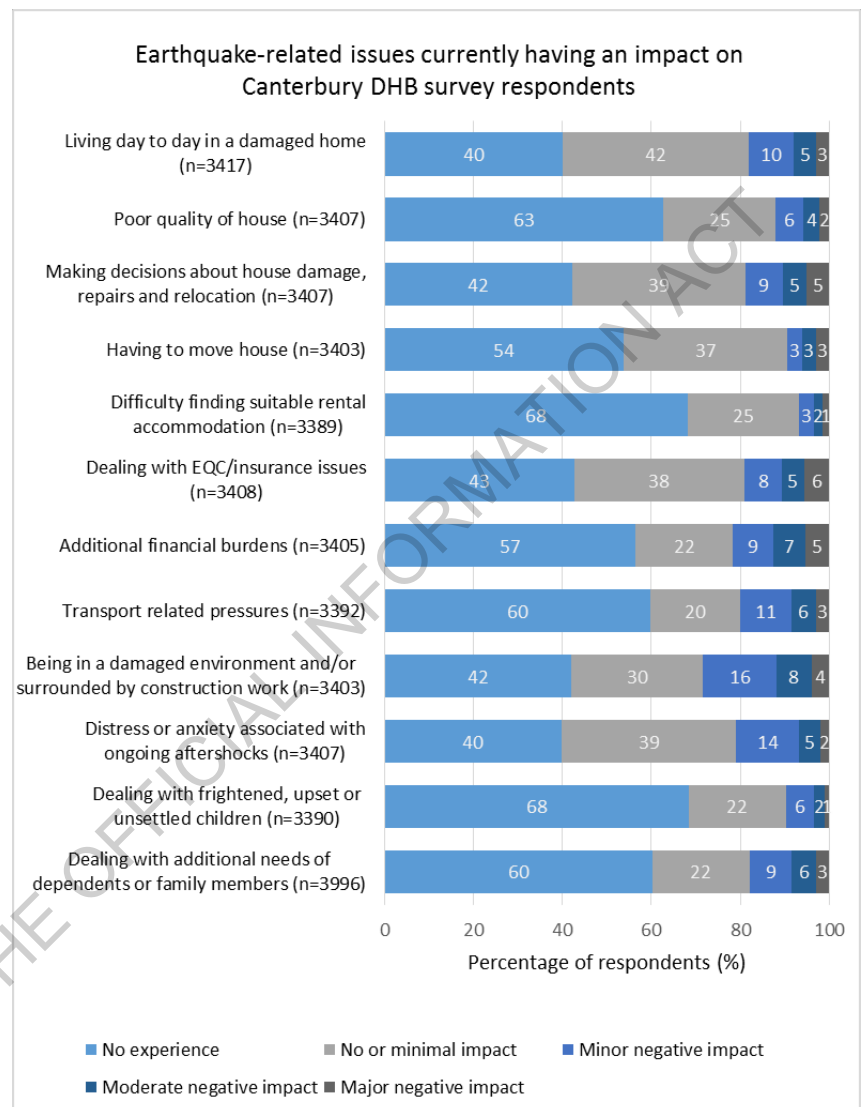
Pressure at home - impacts of the earthquakes

Survey respondents were asked a series of questions about the different ways that the earthquake might still be having an impact on their lives. Respondents were asked to indicate the level of impact that each of the issues was still having on their everyday life. Not all respondents [n=3437; 605 skipped question] answered all twelve questions.

17. Respondents were able to select from the following responses:

- Did not experience this as a result of the earthquakes
- Experienced this but it is having no or minimal impact right now
- Still having a minor negative impact
- Still having a moderate negative impact
- Still having a major negative impact

18. The key issues identified by respondents [i.e. issues that are currently having a moderate or major negative impact] are:



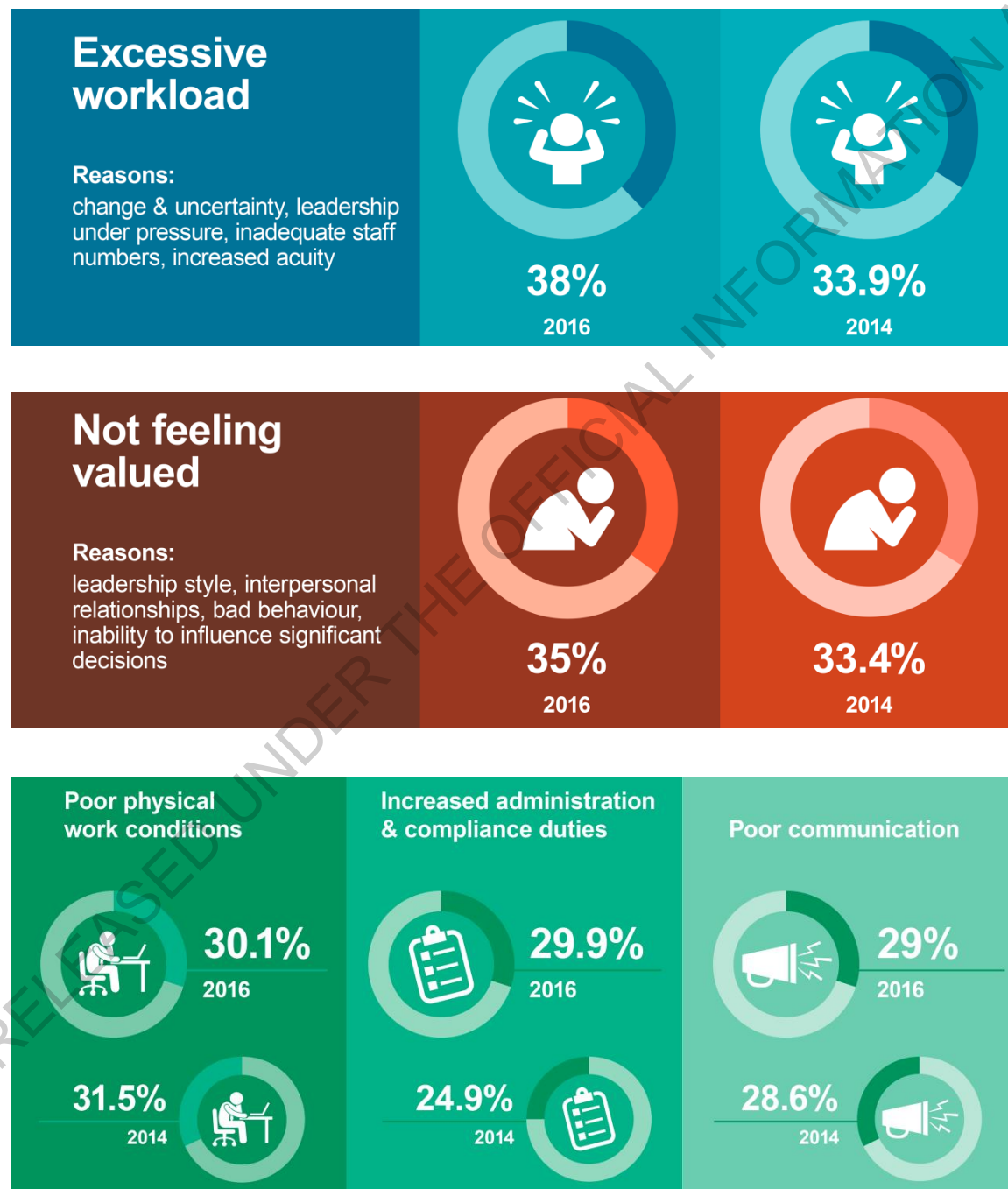
Extraordinary pressures on our people



Pressures at work – occupational stress factors

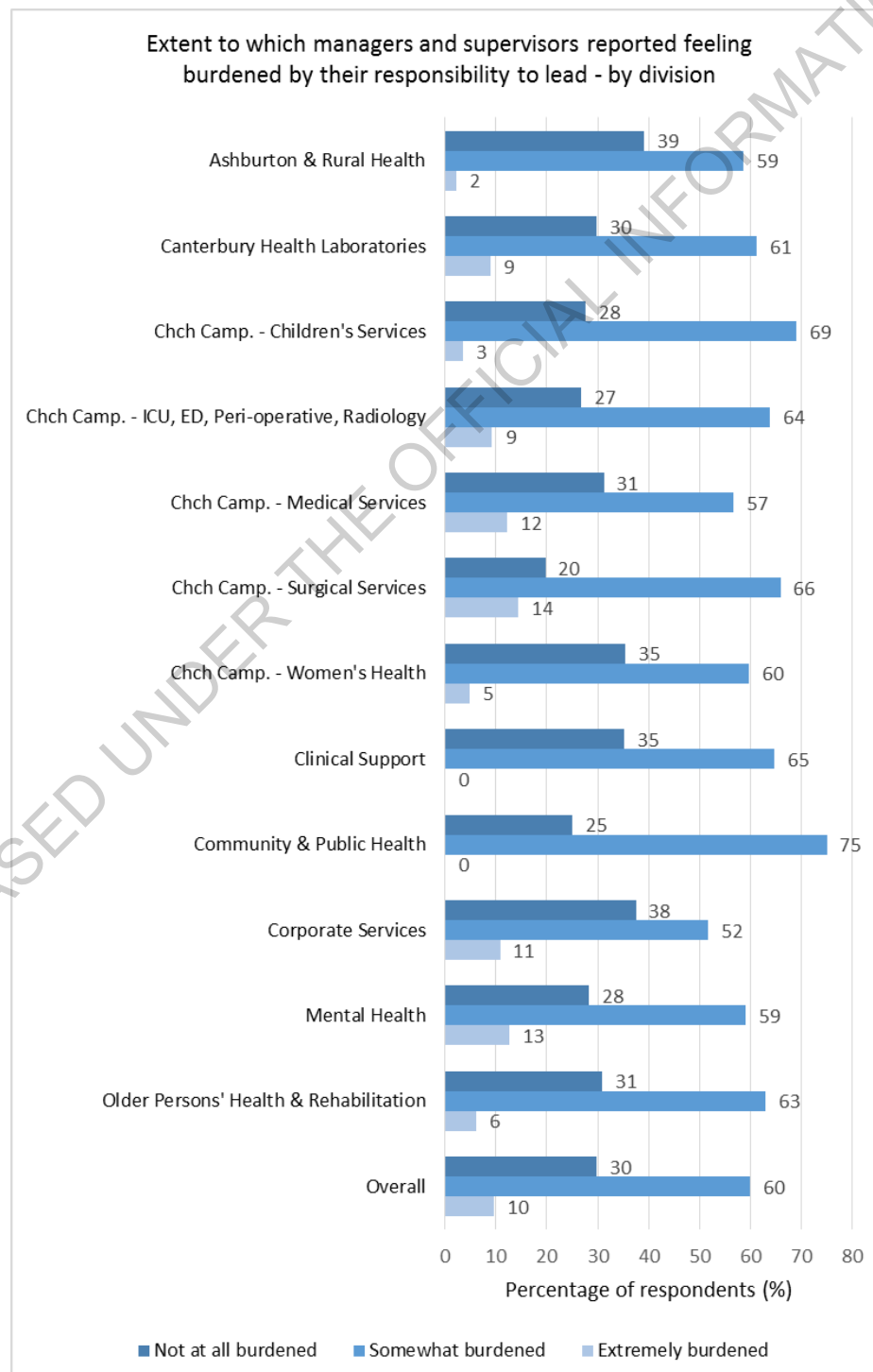
19. Survey respondents were invited to select all stress factors that applied to them from a list of potential stressors. In addition to the provided list, a free text 'other' option was made available that allowed respondents to indicate any additional factors that were stressful for them.

20. Overall, 3691 respondents reported experiencing at least one of the stress factors included within the provided list. The 'top five' stressors for all respondents are:



Managers | supervisors – leading within this context

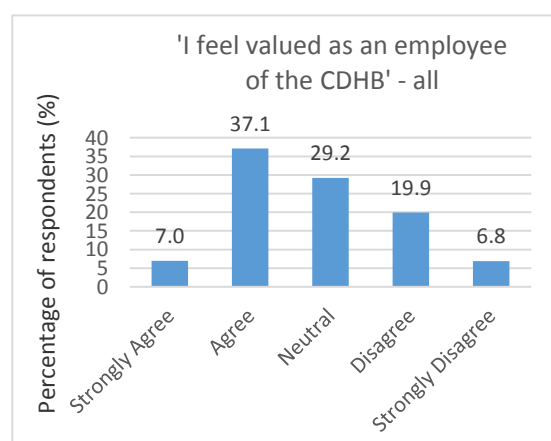
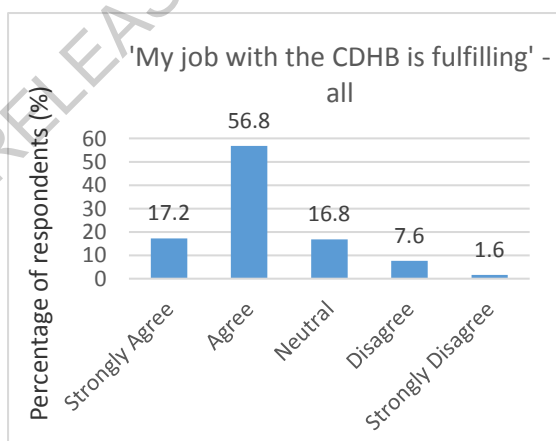
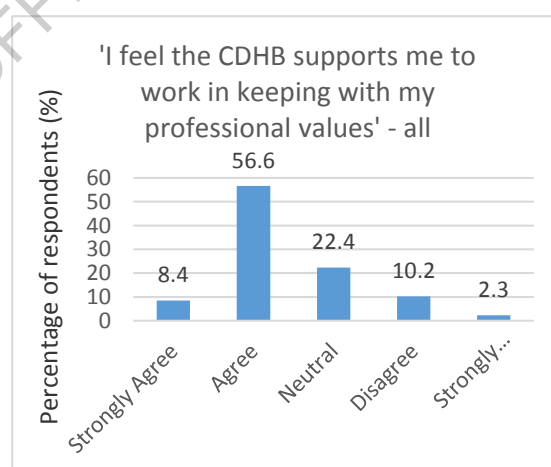
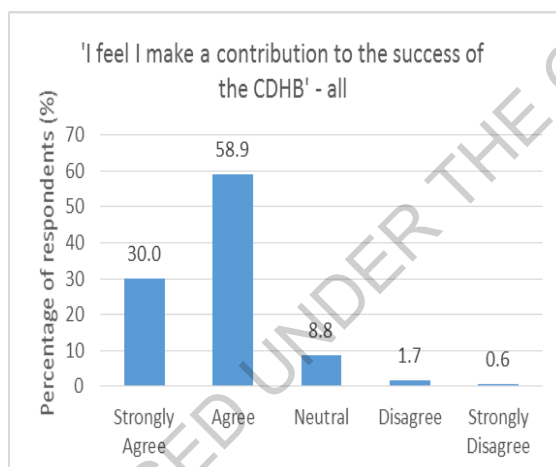
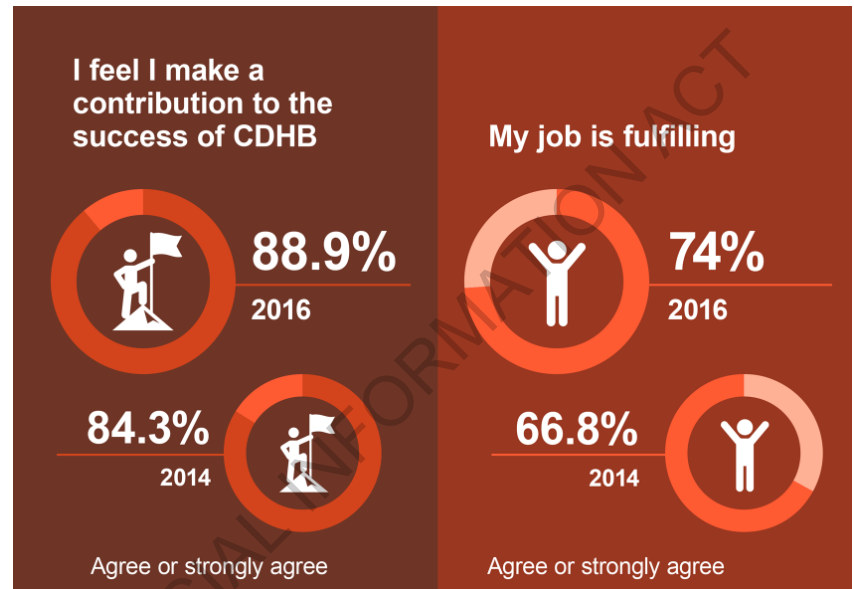
21. The survey included one question directed towards managers and supervisors which asked them about the extent to which they felt burdened by their responsibility to lead within the context of increased acuity | demand and the post-quake rebuild. Of the 1309 who identified themselves as managers/supervisors, by answering this question, 9.8% [n=129] described themselves as extremely burdened, 59.8% [n=784] as somewhat burdened, and 30.3% [n=396] as not at all burdened by their responsibility to lead.
22. The following chart presents the findings for this question by division. It is important to note that the number of respondents can be very small at a divisional level and therefore need to be interpreted with caution.



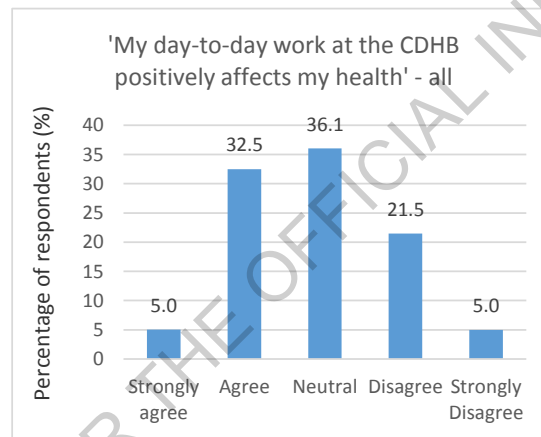
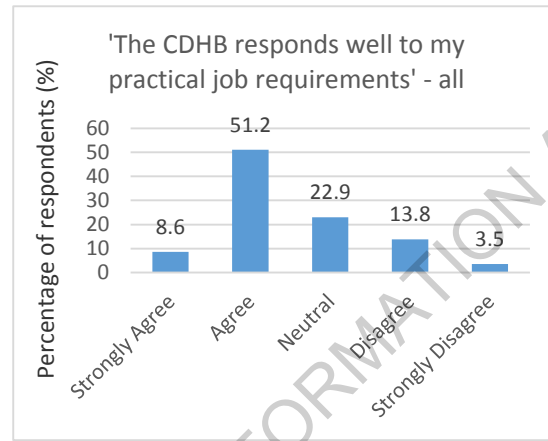
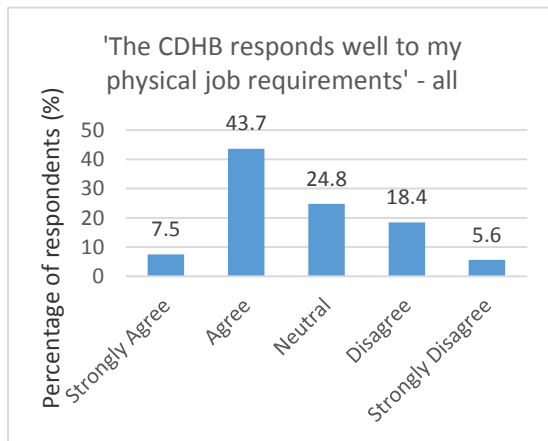
Engagement – working environment and employment

23. Feeling fulfilled and valued are important aspects of an employee's assessment of their workplace. Survey respondents answered four survey questions relating to employee engagement; 'I feel I make a contribution to the success of the CDHB', 'I feel the CDHB supports me to work in keeping with my professional values', 'My job with the CDHB is fulfilling, and 'I feel valued as an employee of the CDHB'.

24. 89% of respondents agreed or strongly agreed that they feel they make a contribution to the success of the CDHB and overall, 65% of respondents agreed or strongly agreed that the CDHB supported them to work in keeping with their professional values. 74% agreed or strongly agreed that their job with the CDHB was fulfilling and just over 44% reported that they agreed or strongly agreed that they felt valued as an employee of the CDHB.



26. Respondents were also asked to indicate how well they thought the CDHB responded to their physical and practical job requirements. Overall 51.2% agreed or strongly agreed that the CDHB responded well to their physical job requirements and 59.8% agreed or strongly agreed that the CDHB responded well to their practical job requirements. 37% of respondents either strongly agreed or agreed that their day-to-day work at the CDHB positively affects their health.



What the Canterbury DHB does well

27. Survey respondents were invited to answer the question, “What do you think the CDHB does well to assist you in your day-to-day work?”. In total, 2266 respondents provided approximately 4000 evaluable comments [i.e. many respondents provided multiple comments covering different aspects of their work experience, such as management, environment, culture, equipment etc.].
28. Respondents highlighted a number of things that ‘the CDHB does well’, and a number of these appear to be universally valued by staff [such as providing support, good facilities, good communication and good management]. In addition, some resources – human, economic, and organisational capital - and other supports, appear to be highly valued by specific occupational groups, particularly those who predominantly work in business/office/hospital non-clinical settings, and those who work in community settings. A summary follows.

29. Universally valued

- Support:
 - from managers: the active facilitation of an overarching supportive environment, and good interpersonal relationships. Including when a clear and overarching philosophy and/or strategic direction is advanced by managers.
 - from team: support, friendliness, passion, caring and good-will of colleagues/team.
- Communication: via daily Staff Communications Update email and the Canterbury DHB CEO Update, other newsletters, and via Line-Managers and Team Leaders.
- Management: desirable|valued management styles and attributes included —
 - support as a fundamental trait,
 - leadership,
 - flexibility,
 - enthusiasm,
 - responsiveness,
 - transparency,
 - accessibility [an open door policy],
 - professionalism, and
 - progressiveness | vision.
- Flexibility | flexi-time: flexibility of working arrangements, including the flexibility of work flow/tasks, flexibility of work place, and flexibility of hours/work-life balance.
- Training opportunities: the CDHB is proactive and encouraging of staff undertaking on-going training|professional development, in-service, courses and opportunities including courses and workshops within the ‘Staff wellbeing programme’.
- Built environment and equipment: good basic access to the type of working space|facilities needed for routine day-to-day work.
- Information Technology infrastructure — improved accessibility.

What the Canterbury DHB could do better

30. The survey invited respondents to answer the question “What could the CDHB do better to assist you in your day-to-day work?” In total 2461 respondents provided approximately 3500 evaluable comments in response to this question. When comparing and contrasting these themes it appears that applying a sub-grouping of ‘clinical’ versus ‘non-clinical’ best describes some apparent differences.

Clinical staff

31. One prominent issue reported by responding clinical staff related to workload. This issue appears to be fundamental and is in turn related to numerous sub-issues that according to respondents compromise staff wellbeing. This theme can be described using the term ‘supply and demand’ with many respondents describing issues on both sides of this equation. Overall, respondents made comments that suggested that the imbalance between supply and demand has exceeded what they considered reasonable.

Non-clinical staff

32. Responding non-clinical staff tended to report a wider range of challenging issues, and these were able to be broadly grouped as interpersonal, strategic and operational. While non-clinical staff also commented on excessive workloads, respondents from this broad grouping tended to describe multiple issues of relatively even importance.

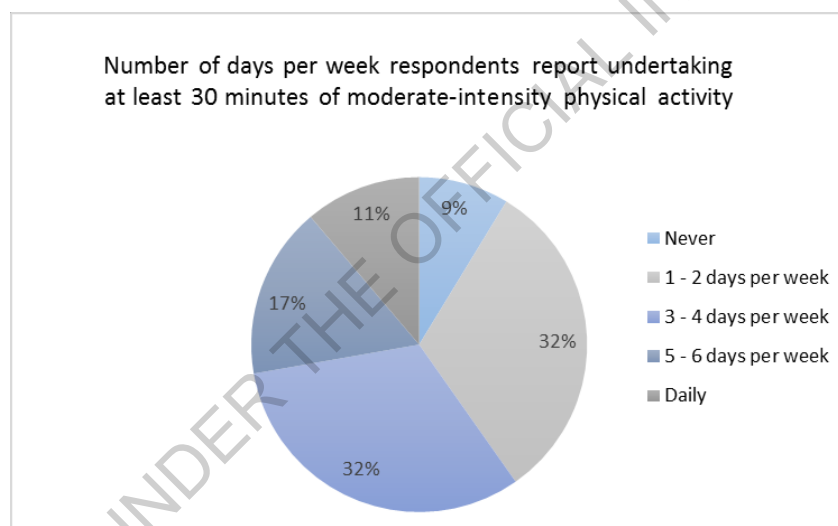
Health behaviours

33. The survey included a number of questions about the health behaviour of respondents. The questions asked respondents about their exercise frequency, consumption of fruit and vegetables, intake of alcohol, and current smoking status.

Exercise frequency

34. The Ministry of Health recommends that adults undertake at least 30 minutes of moderate- intensity physical activity or exercise at least five days per week. The 2014|15 New Zealand Health Survey reported that 50.7% of New Zealand adults [those aged 15+ years] were meeting the Ministry of Health physical activity guidelines.

35. Survey participants were asked to state how many days per week, on average, they would undertake moderate-intensity exercise for at least 30 minutes. Overall, 28% of respondents were meeting the Ministry of Health guidelines for physical activity [5-6 days per week - 17%; Daily - 11%], although 9% reported not undertaking any form of weekly exercise.



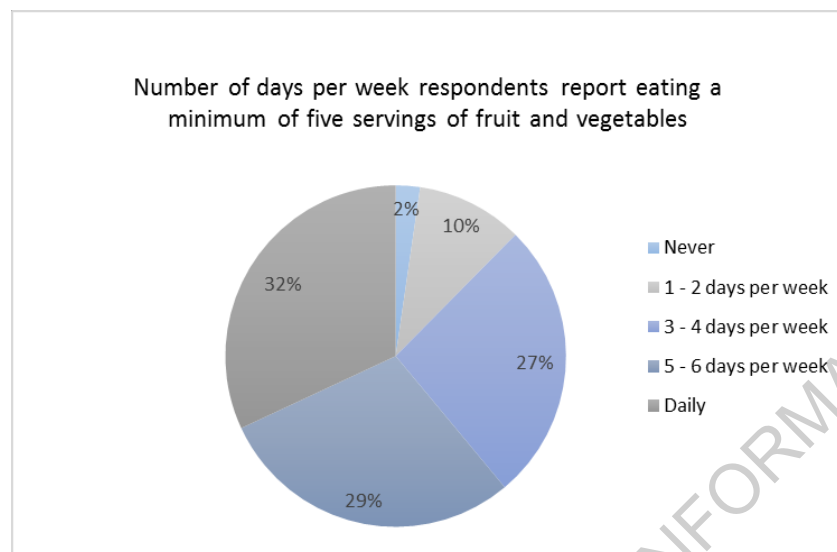
Fruit and vegetable intake

36. Adequate vegetable and fruit intake [for adults aged 15+ years] is defined by the Ministry of Health as eating at least three servings of vegetables each day, and at least two servings of fruit each day.

37. The New Zealand Health Survey asks two separate questions, one about vegetable intake and one about fruit intake, which are combined to provide a population estimate of the percentage of respondents who are meeting the guidelines for vegetable and fruit intake. The New Zealand Health Survey 2014|15 reported that 40.5% of adults [those aged 15+ years] were consuming at least three servings of vegetables and at least two servings of fruit daily [i.e. 3+ servings of vegetables and 2+ servings of fruit per day].

38. The CDHB Staff Wellbeing survey included one question which asked participants to identify how many days per week, on average, they would eat a minimum of five [5] servings of fruit or vegetables. As a result of the differences between these questions, comparisons with the New Zealand Health Survey need to be interpreted with caution.

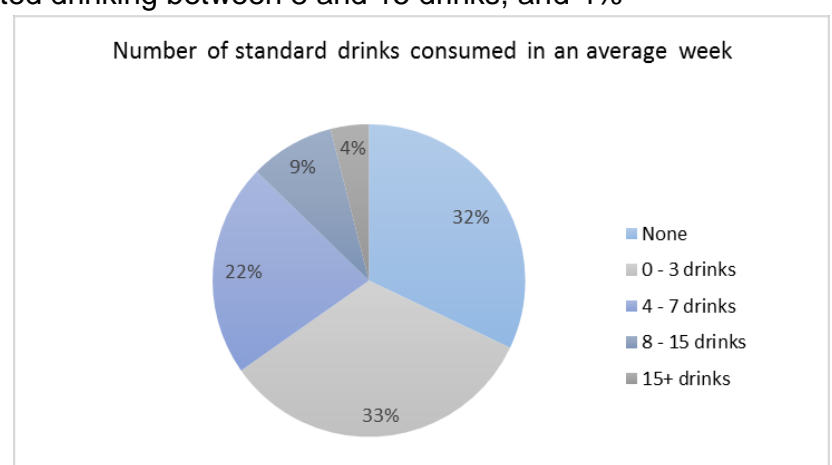
39. Overall, 32% of survey respondents reported eating five servings of fruit and vegetables on a daily basis and a further 29% reported consuming five servings of fruit and vegetables on 5-6 days per week.



Alcohol

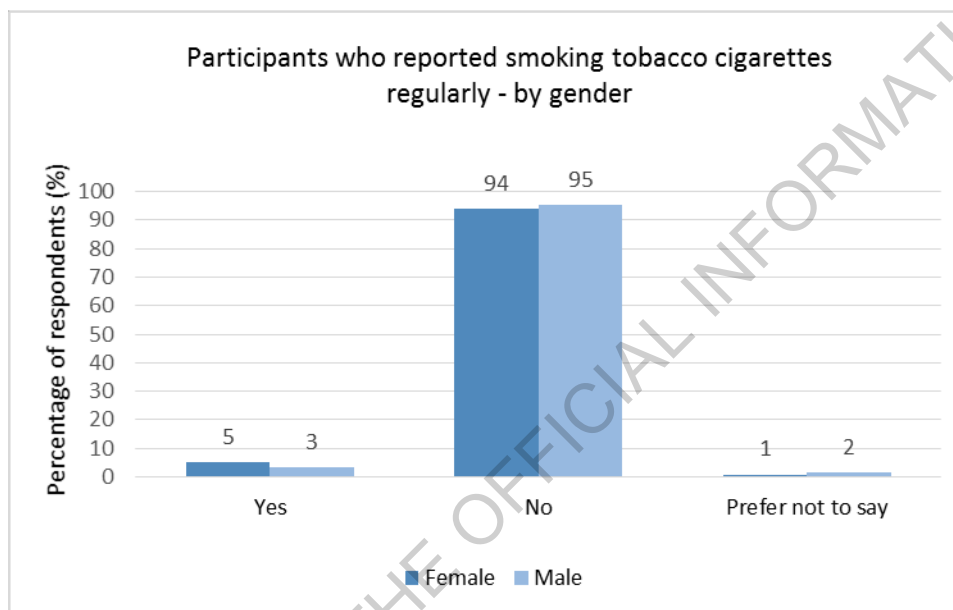
40. The survey used two questions to assess alcohol use. The first asked survey participants to report how many standard drinks they would consume in an average week [an image illustrating the number of standard drinks in commonly available alcoholic beverages was included]. The second alcohol use question included in the survey was a validated level one screening question as recommended by the National Institute of Alcohol Abuse and Alcoholism.
41. This question aims to estimate the proportion of at-risk drinkers [or unhealthy drinking behaviour] through the identification of binge drinking [five or more drinks in one sitting] in the previous three month period. It is important to note that this question does not identify alcohol dependence or abuse, but simply identifies the proportion of survey respondents [who answered this question] who have engaged in what can be considered risky or unhealthy drinking behaviour in the previous three month period.
42. Overall 32% of respondents to this question [n=3392] reported that they do not drink alcohol in an average week. Thirty-three percent reported that they would normally drink 0-3 standard drinks in an average week, 22% reported drinking between 4 and 7 drinks, 9% reported drinking between 8 and 15 drinks, and 4% reported drinking more than 15 standard drinks in an average week.

43. Responses to the alcohol screening question revealed that overall, 25% of survey respondents reported that they had consumed more than 5 drinks containing alcohol on a single occasion in the three months prior to completing the survey.



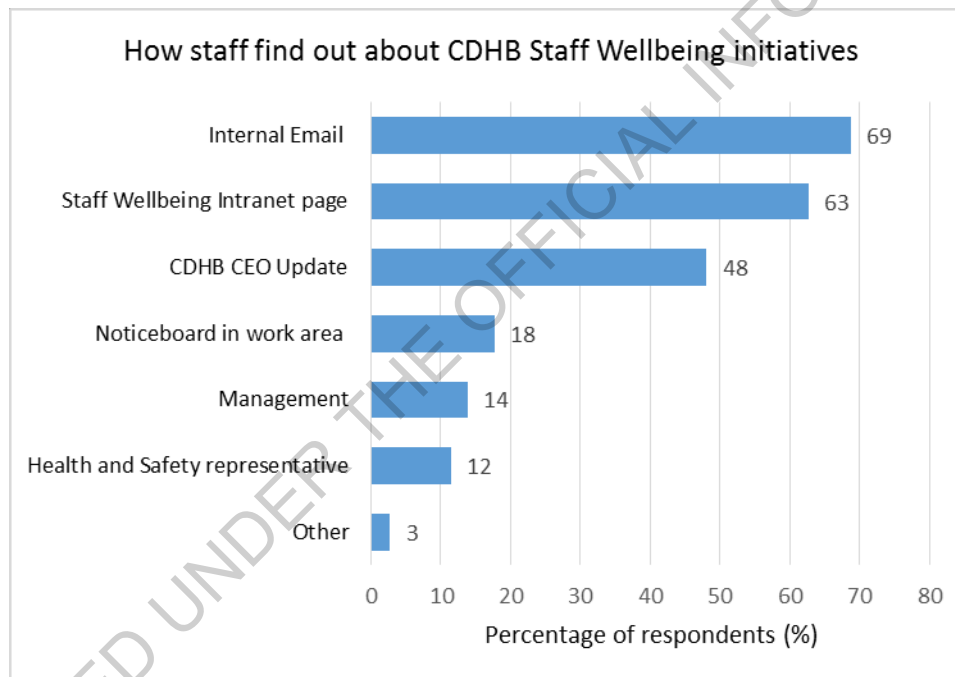
Smoking

44. The question used to assess the prevalence of smoking is one that has been previously validated and used within the New Zealand Census: 'Do you smoke cigarettes regularly [that is, one or more a day?] DON'T count pipes, cigars or cigarillos. Count only tobacco cigarettes'. The 2013 New Zealand Census reports the proportion of daily smokers [aged 15+ years] as 15.1%.
45. Overall, 4.9% of Canterbury DHB survey respondents identified as daily smokers of tobacco cigarettes [i.e. smoking one or more cigarettes daily].



Awareness of Canterbury DHB Wellbeing Programme

46. The survey included two questions specifically about the Canterbury DHB Staff Wellbeing Programme and a third question invited respondents the opportunity to suggest any further opportunities where they perceived the Canterbury DHB could 'improve or assist staff wellbeing'.
47. Eighty-eight percent of the 3423 [619 skipped this question] who responded to this question reported being aware of the Canterbury DHB's Staff Wellbeing Programme.
48. Survey participants were asked how they found out about Staff Wellbeing initiatives – they were able to identify as many options as applied. Of those answering this question 69% reported that they found out about staff wellbeing initiatives via the daily 'Internal Email' [Staff Communication Update], 63% via the Staff Wellbeing Intranet page and 48% of respondents identified the weekly CEO Update as an important source of information.



49. The survey invited respondents to make suggestions about things that they thought the Canterbury DHB could offer, or do, in order to improve or assist staff wellbeing. Just over 1900 respondents [n=1917] answered this question. Responses were collated and four key themes were identified. These were able to be grouped into four Staff Wellbeing Programme categories: Future Content, Delivery Considerations, Staff Benefits, and Team Building opportunities.
50. Some suggestions made by survey respondents are currently available through the Staff Wellbeing Programme but are included here as they indicate that respondents were not necessarily aware of current opportunities or were possibly unable to access them.
51. Staff suggestions organised by the four identified Staff Wellbeing Programme categories are as follows:

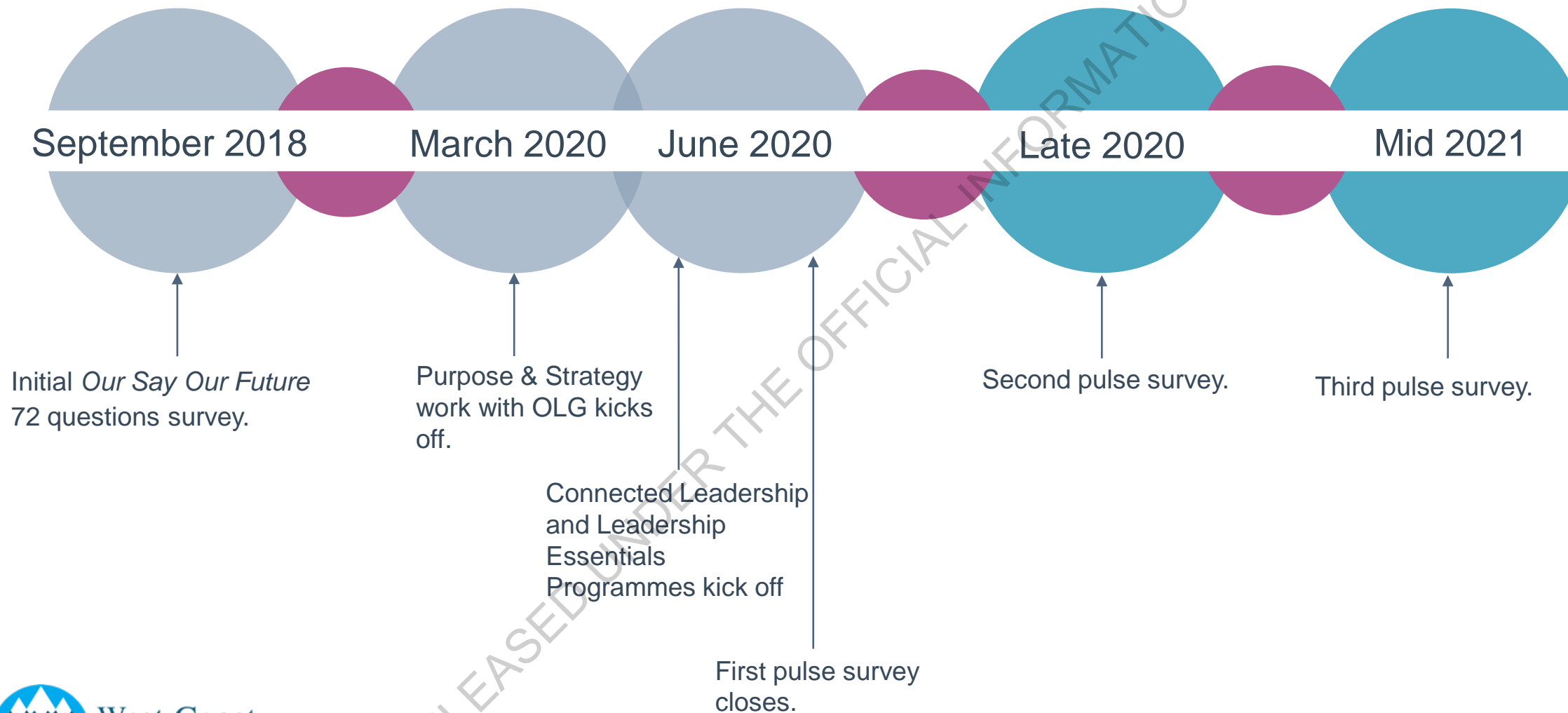
- Staff Wellbeing Programmes – Future Content:
 - Yoga.
 - Zumba.
 - Pilates.
 - Meditation sessions [mindfulness].
 - Weight Watchers.
 - Tai Chi.
 - Chi Gong.
 - Boot camp.
 - Running club|cycling group.
 - Healthy eating programme.
 - An open forum to talk about staff wellbeing.
- Staff Wellbeing Programmes – Delivery Considerations:
 - Outside work hours [e.g. after 5 pm].
 - At a suitable time for different shifts.
 - At more locations [e.g. rural areas].
 - More frequently.
 - Fitness sessions of different length [e.g. 30 mins].
 - Staff Wellbeing Programmes - Staff benefits.
- Subsidised fitness groups:
 - Free or discounted gym memberships.
 - A gym on site.
 - Free annual check ups.
 - Free counselling service.
 - Subsidised health insurance.
 - Workplace massages.
 - Wider range of healthy food options in staff cafeterias.
 - Coffee shop discount.
 - One hour paid leave weekly for health and exercise.
 - Staff incentive programmes [e.g. monthly draw of movie tickets].
 - Showers and changing rooms for staff who cycle or walk in to work.
 - Provision of more standing desks.
 - More 'Something for You' benefits [e.g. regular short term big discounts that change].
- Staff Wellbeing Programmes - Team building opportunities
 - Whakawhanaungatanga within sectors.
 - Staff social activities [e.g. quiz night].
 - Monthly staff meetings being facilitated.
 - Christmas parties and mid-winter lunches.
 - Annual department days out including a team building physical activity.
 - Team work and team building workshops.
 - Team building away from work.
 - A team building weekend [e.g. an overnight stay on a Marae as a cultural experience].
 - An anti-bullying policy.

APPENDIX 3

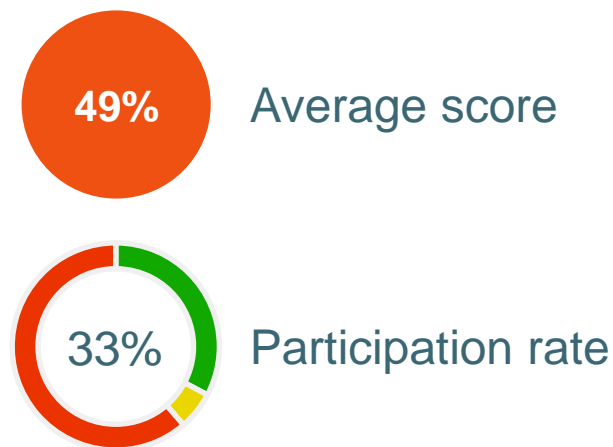
Enhancing Culture and Leadership

Our Say Our Future Results

Our Say Our Future Timeline



2018 Baseline



13 Key assertions identified for re-testing

Assertion
The purpose, vision, principles and values for WCDHB are clearly understood
I feel safe to tell the truth even when it is unpopular
Our leaders treat people the way they ask us to treat others
Our leaders make and deliver hard decisions in an effective way
There is a strong focus on how we can work together better as a team
Honesty and directness are valued at WCDHB
We have clear and effective systems for dealing with intimidating behaviour and workplace bullying, which are applied consistently
WCDHB has a culture of empowerment that maximises the performance of staff
I have regular and effective feedback and performance reviews
Poor performance is managed effectively at WCDHB
Everything we do is consistent with WCDHB's purpose, vision, principles and values
Meetings are generally an effective use of time
I am motivated by the effective way our Senior Leadership Team communicates

2020 Pulse Survey

Understanding Your Results

Respondent
Answer

~

Which gives
a score of:

No Score

0%

20%

40%

60%

80%

100%

Which means:

0% - 49%

50% - 67%

68% - 83%

84% - 100%

Red is an area that needs focus. What can you and your team do to improve this? Do you need help from others to solve it?

Orange shows potential concerns and can identify where you should be focusing actions. What could you build on?

Yellow is good. Are there any key areas important to your organisation that should actually be addressed here also?

Green is excellent! This is worth celebrating. How could you make this even better? What can you share with other teams and leaders?

Participation Rate

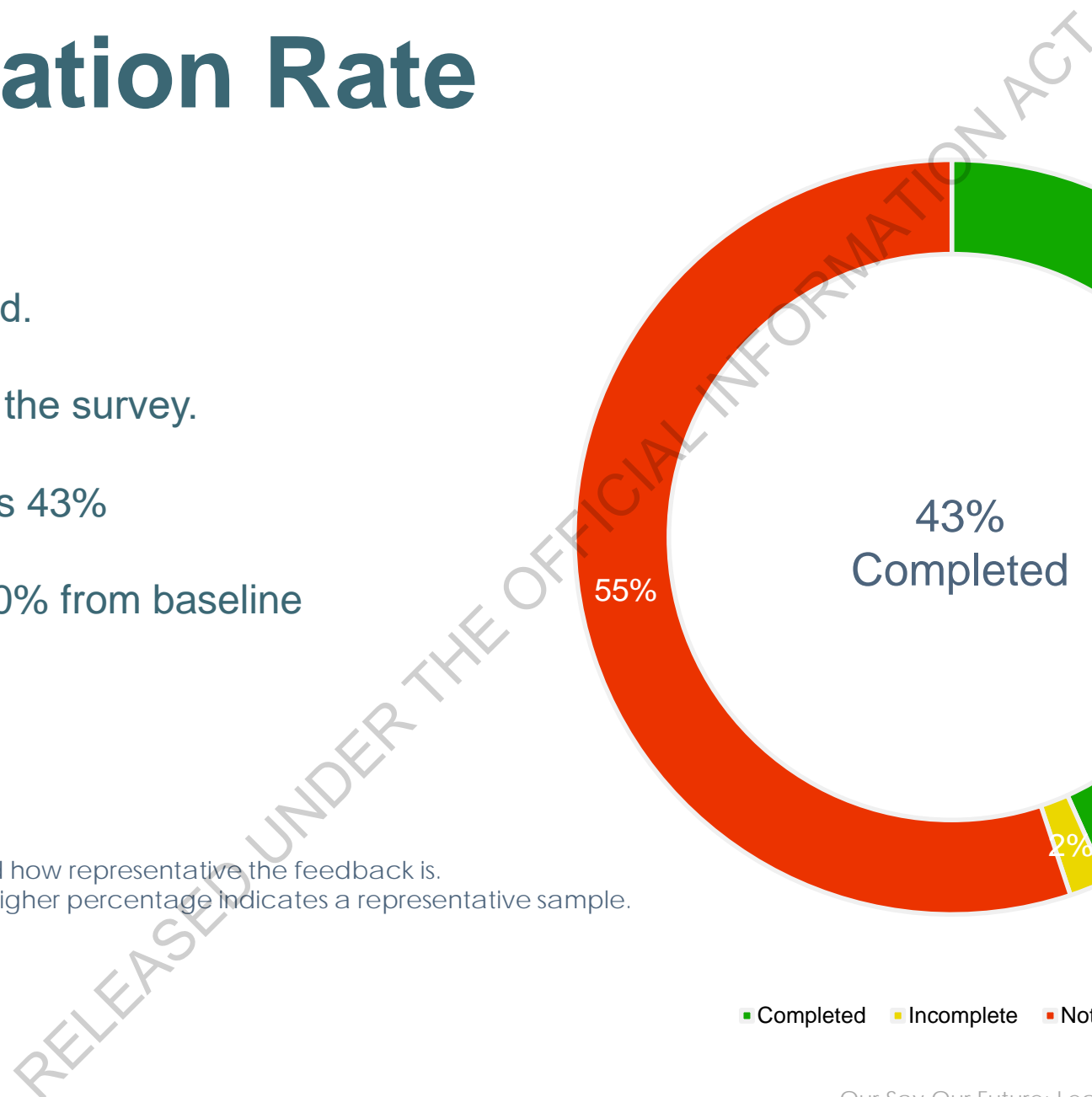
933 people were invited.

404 people completed the survey.

The participation rate is 43%

Participation was up 10% from baseline

Participation rates help us understand how representative the feedback is.
While we are not aiming for 100%, a higher percentage indicates a representative sample.



■ Completed ■ Incomplete ■ Not started

Average Score

46%

-3% from the 2018 baseline.

Average Assertion Scores

Success Factors	Assertion	Score
Leadership	The purpose, vision, principles and values for WCDHB are clearly understood	52%
Leadership	I feel safe to tell the truth even when it is unpopular	51%
Leadership	Our leaders treat people the way they ask us to treat others	49%
Leadership	Our leaders make and deliver hard decisions in an effective way	47%
Culture	There is a strong focus on how we can work together better as a team	50%
Culture	Honesty and directness are valued at WCDHB	50%
Culture	We have clear and effective systems for dealing with intimidating behaviour and workplace bullying, which are applied consistently	40%
Performance Development	WCDHB has a culture of empowerment that maximises the performance of staff	42%
Performance Development	I have regular and effective feedback and performance reviews	39%
Performance Development	Poor performance is managed effectively at WCDHB	35%
Strategy	Everything we do is consistent with WCDHB's purpose, vision, principles and values	56%
Operational Processes	Meetings are generally an effective use of time	43%
Internal Communication	I am motivated by the effective way our Senior Leadership Team communicates	43%

Highest Scores

#	Success Factors	Assertion	Score
1	Strategy	Everything we do is consistent with WCDHB's purpose, vision, principles and values	56%
2	Leadership	The purpose, vision, principles and values for WCDHB are clearly understood	52%
3	Leadership	I feel safe to tell the truth even when it is unpopular	51%
4	Culture	There is a strong focus on how we can work together better as a team	50%
5	Culture	Honesty and directness are valued at WCDHB	50%

Lowest Scores

#	Success Factors	Assertion	Score
1	Performance Development	Poor performance is managed effectively at WCDHB	35%
2	Performance Development	I have regular and effective feedback and performance reviews	39%
3	Culture	We have clear and effective systems for dealing with intimidating behaviour and workplace bullying, which are applied consistently	40%
4	Performance Development	WCDHB has a culture of empowerment that maximises the performance of staff	42%
5	Internal Communication	I am motivated by the effective way our Senior Leadership Team communicates	43%

Demographic Analysis

Blind Spot Analysis

Executive (OLG) vs. Other Staff

#	Success Factors	Assertion	People	Executive	Difference
1	Culture	There is a strong focus on how we can work together better as a team	50%	52%	2%
2	Leadership	Our leaders make and deliver hard decisions in an effective way	47%	48%	1%

Primary Location

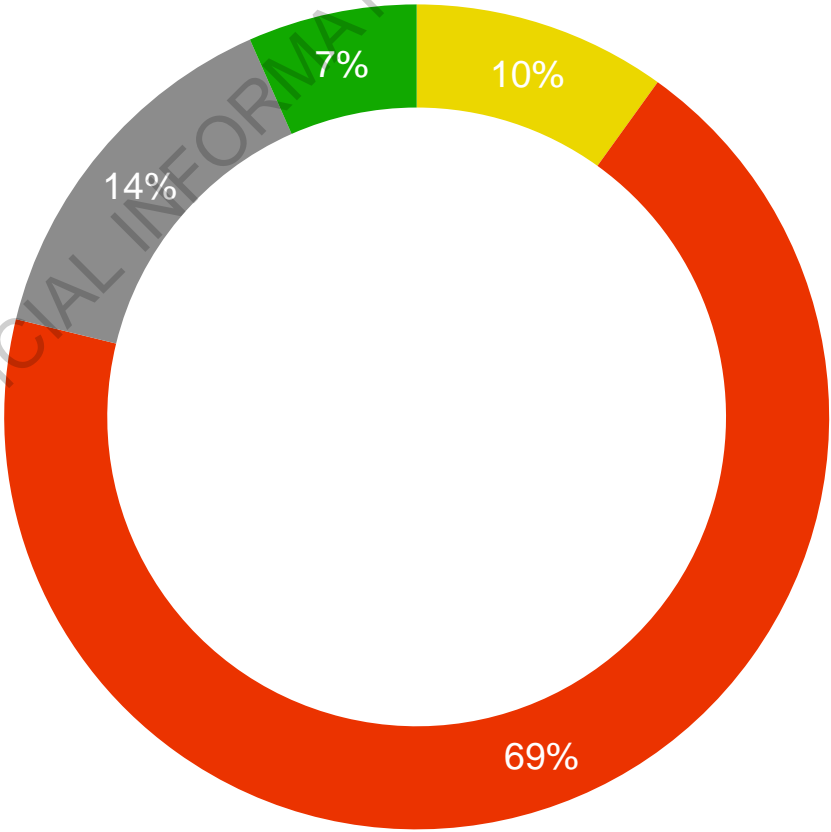
Demographic	Average Score
Primary Location	
Buller (Westport, Ngakawau, Karamea and Reefton)	41%
Grey (Moana, Greymouth)	47%
Westland (Hokitika, South Westland)	49%

**Please add any other
comments regarding
leadership and culture
at WCDHB...**

Free Text Sentiment

Please add any other comments regarding leadership and culture at WCDHB...

151 comments given



MIXED NEGATIVE NEUTRAL POSITIVE

[illegible]

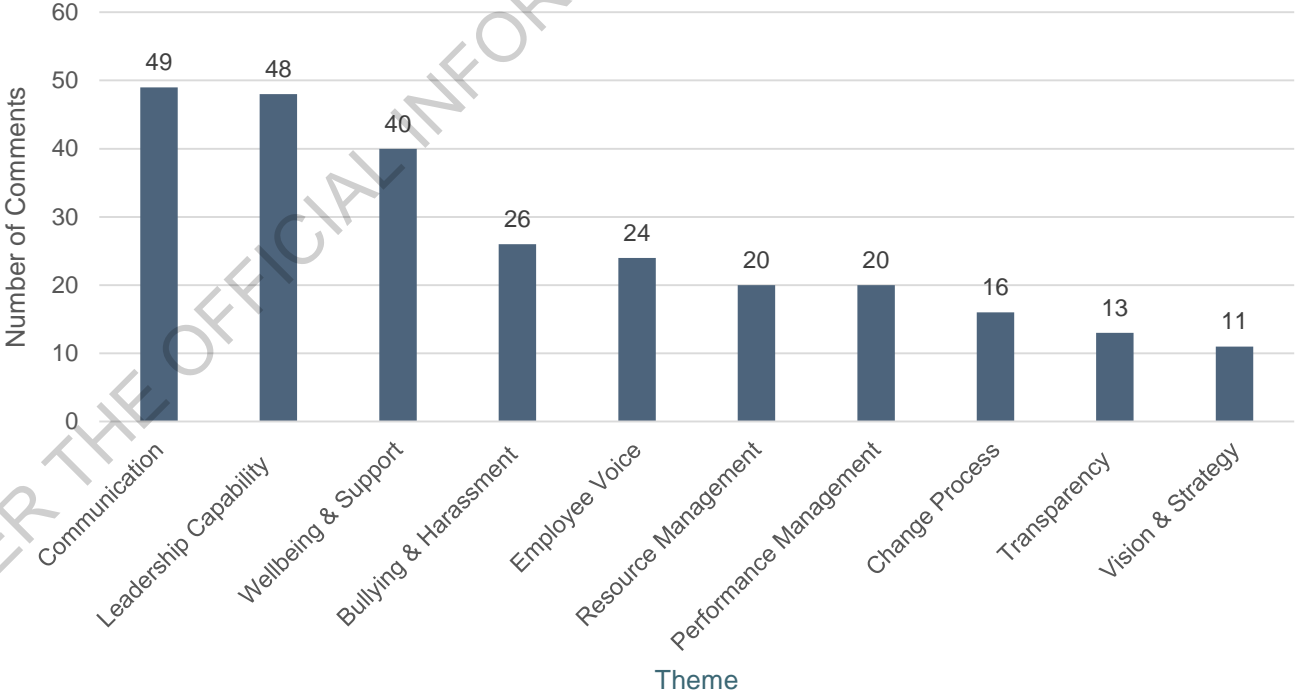
Free Text Themes

32% of comments referenced communication.

31% of comments referenced leadership capability.

26% of comments referenced the wellbeing of staff and the support given to them.

Top Free Text Comment Themes

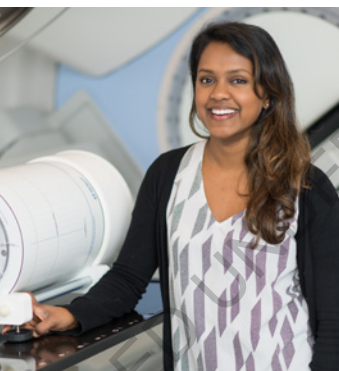


Next Steps...

- Communicate outcomes & next steps to the business.
- Incorporate results into the *Connected Leadership* and *Leadership Essentials* Programmes.
- Scope work to improve survey participation for next pulse.

Doing the Right Thing

Our Code of Conduct



Canterbury

District Health Board

Te Poari Hauora ō Waitaha

Kaihautū - Navigator

The design captures the narrative of Te Waka o Aoraki, a central narrative for local iwi Ngāi Tahu, the idea of the waka is the organisation as the waka and the role of navigator is to ensure the wellbeing of the crew, vision and guidance towards their destination. The design also has elements of puna (spring of water), the design is reflected to show balance and stability.

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Introduction to our Code of Conduct

At Canterbury DHB, we're focused on creating healthy communities, communities where people know how to care for themselves and their whānau and receive timely healthcare and disability support when they need it.

Te Tiriti o Waitangi is the foundation of the partnership between the Crown and Māori and is at the centre of all our work in health and wellbeing. At Canterbury DHB, we recognise our obligations as a Treaty partner and acknowledge our ongoing challenge to enact the intent of the Treaty.

The ability to deliver the highest quality of care starts here: with you and your experience at work.

What is Doing the Right Thing – Our Code of Conduct?

Our Code sets out what's expected from everyone working in our health system. It confirms our commitments to you, our stakeholders, our patients and service users in creating a culture in which everyone can thrive.

How do you use the Code of Conduct?

Our Code provides information, guidance and examples to enable us all to be clear about expectations of behaviour and to hold ourselves and each other to account for our behaviour.

While our Code provides core principles and guidance on the standards expected of all of us, it doesn't attempt to address every situation you might experience. Our Code will help you head in the right direction on what's expected and valued, and the key principles to guide your behaviour and decision making.

Everyone makes mistakes and we know that we don't always show up as our best selves. It's important for all of us to reflect on our own behaviour and support each other to grow and learn from our experiences. We're all responsible for the culture in our team and at our DHB.

Our Code applies to all of us

Our Code applies to everyone working within, or contracted to, Canterbury DHB including all employees, board members, contractors, volunteers, visiting health professionals and students.

It's also expected that our suppliers, service providers and business partners work in the same way.



Our Values

Our values are what's expected of us and our attitude towards our work and relationships with our colleagues, patients and external partners.

They are:

Care and respect for others

Manaaki me te kotua i ētahi

Integrity in all we do

Hāpai i ā mātou mahi katoa i ruka i te pono

Responsibility for outcomes

Kaiwhakarite i kā hua

Bringing our values to life

Thousands of people in our Health System were asked what these values look like to them in action and three behaviours emerged.



Doing the Right Thing – He tika te tika

These are the standards of behaviour and performance expected of all of us. Some examples of what this looks like are: Acting professionally and with integrity, being truthful and transparent, honouring your commitments, voicing concerns in a constructive way, being responsible for outcomes and mistakes, and using our initiative to get things done.



Being and Staying Well – Oranga tonutanga

It's important that we look after our wellbeing, health and safety, so we can be our best at work and provide the most effective care for our patients and service users. Some examples of what this looks like are: Keeping yourself and others safe and well, checking in with your colleagues in times of pressure, voicing your concerns about the wellbeing, health or safety of yourself or others, taking leave in a consistent and planned way and encouraging others to do the same.



Valuing Everyone – Mana tāngata

This is about creating a positive workplace where people are valued for their contribution and for who they are, and accepting and respecting everyone's diverse backgrounds, experience, perspective and skills to innovate and deliver even better care. Some examples of what this looks like: Acknowledging those you work with when they do something well, accepting and embracing diversity, valuing the opinion of others, genuinely listening to what others have to say, being considerate of others and being respectful.

These behaviours will guide us toward making work, work better for everyone.

Living the Code – Our Responsibilities

We're all expected to live out these values and 'do the right thing' in our daily work and actions. We're all responsible for:

- ▲ Meeting minimum standards of behaviour set out in our Code and all applicable laws, regulations, policies, processes and guidelines.
 - ▲ Assisting others to meet minimum standards of behaviour set out in our Code and all applicable laws, regulations, policies, processes and guidelines.
 - ▲ Speaking up if you're concerned that minimum standards of behaviour set out in our Code and all applicable laws, regulations, policies, processes and guidelines are not being met.
-

Our leaders have additional responsibilities under the Code.

Leaders are responsible for:

- ▲ Championing and role modelling desired workplace behaviours.
- ▲ Holding their people to account for demonstrating the minimum standards of behaviour expected of them in their employment.
- ▲ Supporting people to meet these minimum standards of behaviour.
- ▲ Acting fairly, reasonably and consistently when dealing with breaches or potential breaches of minimum standards of behaviour.
- ▲ Encouraging team members to ask questions and raise any concerns by:
 - Creating a culture where everyone feels safe to raise concerns, give feedback and support each another.
 - Dealing with conflict, issues and poor behaviour in a timely and appropriate way.
 - Developing the skills needed to support positive workplace culture and help teams to reach their potential.
 - Taking all reasonable steps to ensure anyone who voices a concern is treated fairly and without retribution.





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Having a Voice

We all have a part to play in making this a great place to work. An important part of this is recognising when we do things well, being honest about our mistakes and voicing our concerns when something isn't right.

It is important to make every effort to voice concerns and bring them to the attention of our organisation as soon as possible so there's an opportunity to resolve them.

You can get independent support or advice from organisations and people such as, but not limited to:

- EAP (Employee Assistance Programme)
 - Your union
 - A trusted colleague
 - Family/whānau
-

Voicing concerns and challenging inappropriate behaviour takes courage and is not always an easy thing to do. The Canterbury DHB is committed to creating a safe environment where people can confidently voice their concerns knowing they will be treated respectfully and fairly.

How to Voice a Concern:

It's not always easy to voice your concerns, especially to those involved. However, open and honest communication is valued and addressing concerns quickly creates a better workplace culture for everyone.

There are three ways that concerns can be raised:

1. Provide feedback directly

Have a chat to those involved in a constructive way, calmly and with compassion. Although this is often the hardest action to take, it's often the one that leads to the best outcome for everyone – and an actual change in behaviour! If you need some guidance on how to have the conversation, have a look at our Having Harder Conversations online module or join us on the next Courageous Conversations Workshop.

2. Raise it with your manager

If you can't provide feedback directly, you should discuss any issues or potential issues with your manager. You can also raise it with your manager's manager if it's not appropriate to raise the concern with your own manager.

3. Raise it with the People and Capability team

If you don't feel you can discuss the concern with your manager or their manager, you should raise it with your People and Capability team by using Send a Question on max. If there is a risk to patients, whānau, or staff, please ensure feedback is provided directly, as soon as possible.

If you're faced with a concern, ask yourself:

- ▲ Is it consistent with our values and principles?
- ▲ Is it legal and professional?
- ▲ Can I explain it comfortably to family, friends or colleagues?
- ▲ Will I be comfortable if it appears in the media?
- ▲ And perhaps the most important question of all... **does it feel right?**

If the answer is “No” or “Not sure” to any of these questions, you should always voice your concern.

Helpful links:

- ▲ [Having Harder Conversations online module](#)
- ▲ [Courageous Conversations Workshop](#)
- ▲ [Active Bystander online module](#)
- ▲ [Maintaining a Bullying, Harassment and Discrimination Free Workplace Policy](#)

Diversity and Inclusion

Our organisation and community are diverse. It's important for all of us to value the diversity of everyone and recognise the importance of reflecting our communities to deliver the best care to them.

We're expected to embrace and support our colleagues - regardless of who they are, and where they are from.

What does "Doing the Right Thing" look like?

- ▲ Always acting in a way that values everyone in line with our Diversity and Inclusion policy.
- ▲ Committing to providing equitable outcomes for everyone including our patients and service users - take all reasonable steps to eliminate bias in your actions.
- ▲ When making decisions, considering - and seeking - a diverse range of viewpoints. Ensure you include those affected in designing changes and new initiatives, especially representatives from minority groups. Remember: "nothing about us, without us".
- ▲ Always respecting and valuing everyone's differences.
- ▲ If you overhear comments that isolate or marginalise, bringing it to the attention of the person saying them and reminding them that's "not how we do things around here".

Helpful links:

- ▲ [Diversity and Inclusion Policy](#)
- ▲ [Why Diversity Matters online module](#)
- ▲ [Health Equity Online module](#)
- ▲ [Active Bystander online module](#)

*We're expected to embrace and support
our colleagues - regardless of who they
are, and where they are from.*



Recruitment, Development and Progression

Having a workforce with the right skills and experience that represents our communities, will deliver the best possible outcomes for the people we care for.

We're committed to supporting you to become successful in your role by investing in your success, development and progression. We encourage you to have regular feedback conversations with your manager to develop and work to your strengths.

.....

What does “Doing the Right Thing” look like?

- ▲ Participating fully in success and development conversations.
 - ▲ Being prepared for these conversations by looking at what you need to be successful, what goals you want to achieve, and what progression opportunities you'd like to work towards.
 - ▲ Seeking support or professional development that enables you to be successful in your role.
-

What this looks like for those involved in recruiting, leading or developing our people:

- ▲ Considering all candidates in a way that's free from bias and prejudice.
- ▲ Making decisions in accordance with the principles of fairness, equity, equal employment opportunities, and in alignment with our organisational vision and values.
- ▲ Having an understanding and appreciation of cultural differences.
- ▲ Having regular success and development conversations with your team members and checking in regularly about their progress.
- ▲ Making sure everyone in your team can seek, access, and apply for development and progression opportunities.



We're committed to supporting you to become successful in your role by investing in your success, development and progression.

We encourage you to have regular feedback conversations with your manager to develop and work to your strengths.



Helpful links

- ▲ [Recruitment and Selection Policy](#)
- ▲ [How we Hire Around Here online module](#)
- ▲ [How We Hire Around Here Workshop](#)
- ▲ [Leading Success and Development Conversations online module](#)
- ▲ [Success and Development](#)

Maintaining a Workplace free from Bullying, Harassment and Discrimination

A positive workplace culture can significantly improve care outcomes for patients. Everyone has the right to work in an environment free from bullying, harassment and discrimination and any behaviour that undermines respect and dignity at work and won't be tolerated.



What does “Doing the right thing” look like?

- ▲ Building and maintaining good working relationships with others.
- ▲ Addressing issues with colleagues directly where you feel safe to do so and avoid talking negatively about people.
- ▲ Recognising the value of everyone’s contributions by acknowledging your colleagues when they do something well.
- ▲ Always making decisions and/or act in a way which prevents any harm, isolation, exclusion or disadvantage to others.
- ▲ Reflecting on your behaviour to ensure you are polite and respectful in the way you interact with or speak about others.
- ▲ Considering how others may interpret your behaviour and seek to avoid behaviour that may be unwanted, intimidating or offensive, including but not limited to, inappropriate jokes, behaviours of a sexual or racial nature, abusive or derogatory.
- ▲ Always treating everyone equally and with respect, regardless of a person’s sex, marital status, religious belief, ethical belief, race, ethnic or national origins, disability, age, political opinion, employment status, family status or sexual orientations.
- ▲ Never retaliating against anyone who speaks up about bullying, harassment or discriminatory behaviours or who co-operates in an investigation of a complaint.

Helpful links:

- ▲ [Having Harder Conversations online module](#)
- ▲ [Courageous Conversations Workshop](#)
- ▲ [Active Bystander online module](#)
- ▲ [Maintaining a Bullying, Harassment and Discrimination Free Workplace Policy](#)

Professional Standards and Obligations

It's important for us to always act professionally, in the best interests of our community and to comply with legal, professional, ethical and other relevant standards. It's our individual responsibility to maintain our ability to practice in accordance with our professional body if we're affiliated with or regulated by one.

.....

What does “Doing the Right Thing” look like?

- ▲ Acting in the best interests of our patients and service users.
- ▲ Maintaining necessary qualifications (i.e. registration, annual practising certificates etc.) to enable you to legally and competently perform your role.
- ▲ Making sure your most up to date annual practising certificate is uploaded to max.
- ▲ Letting your manager know immediately if any necessary qualifications are no longer valid or if there are any notified changes to your scope of practice.
- ▲ Always complying with legal, professional, ethical and other relevant standards set out by our organisation and/or professional bodies.
- ▲ Speaking to your manager immediately if you need further development and/or support to meet the requirements of your role.



*It's our individual
responsibility
to maintain our
ability to practice in
accordance with our
professional body.*







Representing our DHB

Our actions can harm our organisation's reputation or put colleagues and those we provide a service to at risk. It's important that we're mindful of how we act in and outside of work; especially when we're identifiable as a Canterbury DHB employee.

Social Media

Social media is a great tool for appropriate communications. However, we should be mindful of what we post online as it could have unintended consequences such as potentially damaging your own or the organisation's reputation.



What does “Doing the Right Thing” look like?

- ▲ Never discussing confidential information in a public setting.
- ▲ Seeking and gaining approval before sharing information on behalf of our DHB and/or engaging in any requests to share internal information.
- ▲ Modelling the behaviour expected of you in your role and as one of our people.
- ▲ Always declaring any changes in circumstances that could put trust and confidence in you at risk. For example: any charges or criminal convictions that occur during your employment with us.
- ▲ Remembering that what you share may be public for an indefinite period and will be associated to you and, possibly, the organisation.
- ▲ Never posting material considered to be illegal, abusive, discriminatory, defamatory or harmful.
- ▲ Always maintaining confidentiality and privacy by not discussing personal health information on social media (unless it's your own).
- ▲ Being mindful of when you are identifiable as a Canterbury DHB employee. It's best to cover or put away any items that would identify you as one of our people outside of work. For example; your lanyard, ID badge, uniform.
- ▲ Remembering that if you have issues or concerns regarding the workplace or your colleagues you should raise them through the appropriate channels rather than on social media.

Helpful links

- ▲ [External Communications Policy](#)
- ▲ [Canterbury DHB Communications Guide](#)

Conflict of Interest

As a large organisation with a people focus, our integrity is important. It creates trust between our staff and the community. Conflicts of interest are where personal, social, financial or political activities can interfere with work-related decisions and should always be disclosed immediately.

.....

What does “Doing the Right Thing” look like?

- ▲ Ask yourself the following question from the Conflict of Interest and Disclosure Policy:

Do I, or someone I’m related to stand to gain/lose financially or in any other way, from the Canterbury DHB’s decision or action on this matter?

Have I received a benefit or hospitality from someone who stands to lose or gain from the Canterbury DHB’s decision/action?

Might I be perceived as favouring an external third part because of a long-standing association?

- ▲ If you’re unsure if something is a conflict, refer to the Conflict of Interest and Disclosure Policy, speak to your manager or use [Send a Question on max.](#)

Helpful links:

- ▲ [Conflict of Interest and Disclosure Policy](#)

Technology Use

Any devices, tools or systems should be used safely, professionally and appropriately for the work you need to do. There may be times when we need to respond to a personal call, message, or email during work time – but personal use of technology should be occasional and limited.

.....

What does “Doing the Right Thing” look like?

- ▲ Always keeping your password confidential, changing it when prompted or if you suspect it's known by anyone else, and complying with the organisation's Password Acceptable Use Practice.
- ▲ Ensuring that devices are properly used, cared for, and safely stored when unattended in a physically secure area, preferably out of sight.
- ▲ Never letting your family members or friends use Canterbury DHB devices or equipment.

Helpful links:

- ▲ [Information Security Management Policy](#)

Privacy and Confidential Information

Many people in our organisation are responsible for collecting and protecting Personal Information and/or Personal Health Information confidentially.

- ▲ Personal Information is information which can be used to identify a person. This includes our employee information.
- ▲ Personal Health Information, relating to a person's health, disability or treatment, requires the greatest level of confidentiality.



What does “Doing the Right Thing” look like?

- ▲ Always complying with your legal obligations under the Privacy Act 2020 and Health Information Privacy Code 1994 when dealing with personal information and personal health information.
- ▲ Always protecting information assets, patient records and other confidential and sensitive information, from accidental or intentional disclosure, damage, modification, denial of use, or total or partial loss.
- ▲ Only accessing personal information and/or personal health information for yourself or others when it's work related.
- ▲ Always returning confidential personal information and/or personal health information that wasn't meant for you, to the sender or ensure it's deleted. If it's sent by email this means deleting it out of your deleted items folder.
- ▲ Always discussing or sharing personal information and/or personal health information in a private place.
- ▲ Reporting any breaches of privacy and/or confidential information to your manager.
- ▲ Being objective when making written comments about people, as all personal information may be disclosed. Personal information, including your opinions, should be relevant, appropriate, accurate and justifiable.
- ▲ Where possible, all computers should be placed so that PC screens can't be read except by people who should see the information. Screen savers should be used.
- ▲ Making sure you lock any computer you're working on when you're away from it.

Helpful links:

- ▲ [Privacy Policy](#)
- ▲ [Health Privacy module](#)

Working Safely, Responsibly and Reliably

Safety plays an important part in making sure we're able to deliver a safe and high-quality patient experience. Our wellbeing, health and safety, and the safety of our patients is important in everything we do. It's not just our physical safety that's important, but our psychological and emotional safety, too.

We're all responsible for keeping ourselves and others safe, and should speak up when something, physical or otherwise, is posing a risk.

.....

What does “Doing the Right Thing” look like?

- ▲ Striving to always be fit to work, sufficiently rested and alert enough to carry out your role.
- ▲ Ensuring you comply with all safety laws and procedures and know the requirements specific to your area or role.
- ▲ Never compromising on safety or knowingly create situations where the safety and wellbeing of any person is put at risk.
- ▲ Always acting with the intention of keeping each other and those we provide a service to safe and well.
- ▲ Voicing your concern if there's something that's putting our people or anyone at risk; including when your wellbeing is at risk. Prevention is critical - identify and report any hazards.
- ▲ Immediately reporting events where safety and wellbeing have been compromised, including any incident, injury, illness, unsafe or unhealthy condition.

Helpful links:

- ▲ [Health and Safety at Work Policy](#)
- ▲ [Wellbeing, Health and Safety Induction](#)

Alcohol and Drugs

Our organisation is a drug and alcohol-free environment. Being impaired by the effects of alcohol or drugs at work can;

- ▲ Pose a safety risk to our people, patients and/or visitors to our DHBs
 - ▲ Impair judgement, concentration, performance or behaviour
-

What does “Doing the Right Thing” look like?

- ▲ Remaining free of the influence of alcohol and drugs at all times while at work, including when you arrive at work or when you’re on call and could be required to work.
- ▲ Telling your manager if you’ve taken any drugs (prescription or otherwise) that could impair your judgement, performance, behaviour or ability to operate equipment (including driving if that’s part of your role).
- ▲ If you’re concerned about a colleague’s drinking or drug use, letting your manager know so that they can take the appropriate steps as set out in our Alcohol and Drug Policy. Never use your authority to access or prescribe drugs for personal use and/or for unauthorised purposes.
- ▲ Always appropriately returning, storing and discarding drugs (prescribed or otherwise) in line with policy, processes, legislation and relevant regulation.
- ▲ Never using, selling, distributing or being in possession of alcohol or other drugs while at work or working.
- ▲ Where there’s reasonable cause and/or if you’re returning to work following a breach of our Alcohol and Drug Policy, you’ll be required to undergo alcohol and/or other drug testing.

Helpful links:

- ▲ Alcohol and Drug Policy





Breaking the Code

If your behaviour or performance falls short of the minimum standards set out in this Code, this could lead to disciplinary action in line with our Disciplinary Policy.

How is a breach of our Code and the seriousness of the breach determined?

When considering if a behaviour is a breach of our Code and how serious it is, the factors that may be considered are:

- ▲ The nature and circumstances
- ▲ Intent – did you knowingly decide or act out of line with our Code or related policies and procedures?
- ▲ Your position, duties and responsibilities
- ▲ Your ability to fulfil your duties and responsibilities
- ▲ The impact on the organisation, its relationships and reputation
- ▲ The impact on the trust and confidence the organisation has in you

Helpful links:

- ▲ [Disciplinary Policy](#)

