Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 19 August 2020

9.45am

AGENDA

Items to be considered in public meeting

ZOOM

Link: https://waitematadhb.zoom.us/j/92178690599
Meeting ID: 9217 869 0599

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of Life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

Waitematā District Health Board
Best Care for Everyone

MEETING OF THE BOARD
19 August 2020

Venue: https://waitematadhb.zoom.us/j/92178690599 **Time: 9.45am**

WDHB BOARD MEMBERS	WDHB MANAGEMENT
Judy McGregor - WDHB Board Chair	Dale Bramley - Chief Executive Officer
Edward Benson-Cooper - WDHB Board Member	Peta Molloy - Board Secretary
John Bottomley – WDHB Board Member	Robert Paine - Chief Financial Officer and Head of Corporate Services
Chris Carter – WDHB Board Member	Andrew Brant - Deputy Chief Executive Officer
Kylie Clegg - WDHB Board Deputy Chair	Dr Jonathan Christiansen - Chief Medical Officer
Sandra Coney - WDHB Board Member	Debbie Holdsworth – Director Funding
Warren Flaunty - WDHB Board Member	Jocelyn Peach - Director of Nursing and Midwifery
Allison Roe - WDHB Board Member	Tamzin Brott - Director of Allied Health
Renata Watene - WDHB Board Member	Fiona McCarthy - Director Human Resources
	Mark Shepherd – Director Provider Healthcare Services

APOLOGIES:

REGISTER OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

PART 1 – Items to be considered in public meeting

AGENDA

9.45am	1.	**AGENDA ORDER AND TIMING**
	2.	**BOARD & COMMITTEE MINUTES**
9.50am	2.1	Minutes of the Meeting of the Board (08/07/20)
		Actions arising from previous meetings
	2.2	Minutes of the Meeting of the Hospital Advisory Committee (29/07/20)
	2.3	Minutes of the Meeting of the Community and Public Health Advisory Committee (05/08/20)
	2.4	Minutes of the Meeting of the Disability Support Advisory Committee (05/08/20)
	3	**EXECUTIVE REPORTS**
10.05am	3.1	Chief Executive Update
10.10am	3.2	Health and Safety Performance Report
10.20am	3.3	Communications Report
	4.	**DECISION ITEMS**
10.30am	4.1	Waitemata DHB/University of Auckland Academic Health Alliance
	5.	**PERFORMANCE REPORT**
10.40am	5.1	Financial Performance Report
10.50am	**6.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Board Member Attendance Schedule 2020

NAME	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec
Judy McGregor (Board Chair)	✓	✓	✓					
Kylie Clegg (Deputy Chair)	✓	✓	✓					
Edward Benson-Cooper	✓	✓	✓					
John Bottomley	✓	✓	✓					
Chris Carter	✓	✓	✓					
Sandra Coney	✓	✓	✓					
Warren Flaunty	✓	✓	✓					
Allison Roe	✓	✓	✓					
Renata Watene	✓	✓	✓					

✓ *Present*
× *Apologies given*
* *Attended part of the meeting only*
\# *Absent on Board business*
^ *Leave of Absence*

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Associate Dean Post Graduate - Faculty of Culture and Society, AUT Member - AUT's Academic Board New Zealand Law Foundation Fund Recipient Consultant - Asia Pacific Forum of National Human Rights Institutions Media Commentator - NZ Herald Patron - Auckland Women's Centre Life Member - Hauturu Little Barrier Island Supporters' Trust	11/09/19
Kylie Clegg (Deputy Board Chair)	Trustee - Well Foundation Director - Auckland Transport Director - Sport New Zealand Director - High Performance Sport New Zealand Limited Trustee and Beneficiary - Mickyla Trust Trustee and Beneficiary, M&K Investments Trust (includes shareholdings in a number of listed companies, but less than 1% of shares of these companies, includes shareholdings in MC Capital Limited, HSCP1 Limited, MC Securities Limited, HSCP2 Limited, Next Minute Holdings Limited). Orion Health has commercial contracts with Waitematā District Health Board and healthAlliance.	05/02/20
Edward Benson-Cooper	Chiropractor - Milford, Auckland (with private practice commitments) Edward has three (different) family members who hold the following positions: Family member - FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic Family member - Radiology registrar in Auckland Radiology Regional Training Scheme Family member - FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital	25/03/19
John Bottomley	Consultant Interventional Radiologist – Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust	18/12/19
Warren Flaunty	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Trustee – Hospice West Auckland (past role)	05/02/20
Allison Roe	Chairperson – Matakana Coast Trail Trust Member – Rodney Local Board, Auckland Council Member – Wilson Home Committee of Management (past role)	22/08/18
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member – NZAO	17/12/19

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2.1 Confirmation of Minutes of the Board meeting held on 8 July 2020

Recommendation:

That the Minutes of the Board meeting held on 8 July 2020 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Wednesday, 8 July 2020

held at the Wilson Home, 1 St Leonards Road, Takapuna, commencing at 9.54am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Judy McGregor (Board Chair)
Edward Benson-Cooper
John Bottomley
Chris Carter
Kylie Clegg (Deputy Chair)
Sandra Coney – *by video conference*
Warren Flaunty
Allison Roe
Renata Watene

ALSO PRESENT:

Andrew Brant (Acting Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Mark Shepherd (Director Provider Healthcare Services)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

There were no public or media representatives present.

KARAKIA

Renata Watene led the karakia.

WELCOME:

The Board Chair welcomed everyone to the meeting. She noted a recent story in The Devonport Flagstaff (issue, 3 July 2020) from the editor who wrote about his experience at North Shore Hospital. He noted the 'spick and span' hospitals and that the cleanliness was next level. The Board extended their thanks to the cleaning staff and requested that they be advised.

APOLOGIES:

Apologies were received from Dr Dale Bramley and Debbie Holdsworth.

DISCLOSURE OF INTERESTS

There were no disclosures of interest for items on this agenda.

There were no additions or amendments to the Interests Register.

1 AGENDA ORDER AND TIMING

For the open meeting, items were taken in same order as listed in the agenda.

2 BOARD AND COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Board Meeting held on 27 May 2020 (Agenda pages 7-18)

Resolution (Moved Warren Flaunty/Seconded Chris Carter)

That the Minutes of the Board meeting held on 27 May 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 19)

It was requested that dates for the action items listed now be requested following the COVID-19 lockdown period.

2.2 Confirmation of Minutes of the Special Meeting of the Board held on 17 June 2020 (Agenda pages 20-22)

Resolution (Moved Edward Benson-Cooper /Seconded Chris Carter)

That the Minutes of the Special Meeting of the Board held on 17 June 2020 be approved.

Carried

2.3 Circular Recommendation June 2020 – Disability Support Advisory Committee and Waitemata DHB Board Committee Membership (Agenda pages 23 – 27)

Allison Roe noted that one combined metro-Auckland Disability Support Advisory Committee per year was not sufficient and that at least two were needed.

Resolution (Moved Edward Benson-Cooper /Seconded Chris Carter)

That the Board:

a) **That the Waitematā DHB (WDHB) agrees to separate the Auckland DHB (ADHB), Counties Manukau DHB (CMDHB) and WDHB combined Disability Support Advisory Committee (DiSAC) meetings.**

b) **Approve the scope and powers of the WDHB DiSAC as shown in Terms of Reference.**

c) **That membership of DiSAC including the Committee Chair and Deputy Chair positions, be appointed and confirmed in recommendation f).**

d) **That the WDHB DiSAC meet four times per year, with meetings for the remainder of 2020 scheduled on 05th August and 28th October.**

e) **That the WDHB DiSAC meet with both the Auckland DHB and Counties Manukau DHB Committees annually, the number of combined meetings to be determined.**

f) That the above decisions take effect from 08th July 2020, noting that the Auckland DHB and Counties Manukau DHB Boards will consider the separation of the combined DiSAC at their scheduled Board meetings.

Note: Recommendations a) to e) above have been prepared for the Waitemata DHB Board. The Auckland DHB and Counties Manukau DHB Boards will consider the separation of the combined DiSAC at their scheduled Board meetings.

g) Approve the appointment of Board members as members and Chairs of Committees, Trusts and Foundations as:

Disability Support Advisory Committee

Chair: Edward Benson-Cooper

Deputy Chair: [to be agreed by the Committee following appointment of co-opted members]

Waitematā DHB Committee Members: Judy McGregor, Sandra Coney, Allison Roe, Renata Watene

Co-opted members: to be appointed

Hospital Advisory Committee

Chair: Sandra Coney

Deputy Chair: Edward Benson-Cooper

Committee Members: all Waitematā DHB Board members, with the exception of the Deputy Chair (Kylie Clegg) are members of the Committee

Ex officio: Judy McGregor

Audit and Finance Committee

Independent Committee Chair: Norman Wong (Professor of Accounting and Finance, Head of the Department of Accounting and Finance, University of Auckland)

Deputy Chair: Kylie Clegg

Committee Members: Judy McGregor, Kylie Clegg, Warren Flaunty, Edward Benson-Cooper and Renata Watene

Community and Public Health Advisory Committee (*as agreed at a Special Meeting of the Board held 19th February 2020)*

Chair: Kylie Clegg (Board Deputy Chair)

Deputy Chair: Warren Flaunty

Board Members: Chris Carter, John Bottomley, Allison Roe and Sandra Coney

Ex-officio member: Judy McGregor (Board Chair)

External Appointments: up to three members to be suggested by the Committee and agreed by the Board.

Iwi-DHB Partnership Board (combined meeting with Auckland and Northland DHBs and Iwi partners)

Independent Chair: Gwen Tepania-Palmer

Waitematā DHB member: Judy McGregor

Waitematā DHB attendees: Renata Watene

Other Appointments

Well Foundation:	Kylie Clegg and Chris Carter
Three Harbours Trust:	Warren Flaunty (Chair) and Edward Benson-Cooper
Wilson Home Trust:	all Waitematā DHB Board members

Carried

2.4 Minutes of the Meeting of the Hospital Advisory Committee (17/06/20) (Agenda pages 28-36)

Resolution (Moved Edward Benson-Cooper/Seconded Renata Watene)

That the Minutes of the Hospital Advisory Committee meeting held on 17 June 2020 be received.

Carried

3 CHAIR'S REPORT (verbal)

The Chair noted the update she had given at the commencement of the meeting.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Update (agenda pages 37-51)

Dr Andrew Brant (Acting Chief Executive) summarised this item.

Matters covered in discussion and response to questions included:

- Noting the work underway to stand-up core services following the impact of COVID-19. This work is a key focus for the new financial year.
- Noting the impact on the region following the COVID-19 related matters associated with the border. The regional incident management team has had to stand-up again following recent positive cases via the border. This does include some of Waitematā DHB's staff. The DHB has a new operating model, with a focus around two Wards for possible COVID-19 patients.
- There is a plan for the metro-Auckland DHBs to commence management of health services only in the isolation facilities in a month's time. Work is underway to ensure clarity about the DHBs responsibilities and that of other government organisations.
- There will be a team specifically focussed on any COVID-19 patients received by the DHB. A team of 12 nurses would be required to provide 24/7 care for a low number of patients. Each nurse would be required to stand-down for a two-week period after nursing. Alternative accommodation options will be made available to staff providing care to any COVID-19 patients if requested. The Board is to be advised on testing protocols of staff who may be required to provide care.
- Following Waitakere Hospital review related to COVID-19, an oversight committee was established to implement review recommendations. The work has been separated into three key workstreams, with a lead for each. The Unions are also involved on the committee. There are also user groups working beyond the committee.

- Noting the on-going use of telehealth; patients will also be seen face-to-face when required/requested. This work will be discussed by the Consumer Council group, as requested by the Hospital Advisory Committee.
- The Minister of Health advised criteria for testing for COVID-19 had changed; this has had an impact with the numbers being tested increasing.

The report was noted.

4.2 Health and Safety Performance Report (agenda pages 52-64)

Fiona McCarthy (Director, Human Resources) and Michael Field (Group Manager, Occupational Health and Safety Service) joined by video conference for this item.

Fiona McCarthy introduced the report, she and Michael noted and summarised three key areas of the report: ACC accreditation, the influenza campaign and managed isolation facilities.

Matters covered in discussion and response to questions included:

- Historically, the most common response to why people do not receive a flu vaccination is because they do not get the flu.
- Noting the increase in the number of staff being vaccinated for influenza over the past few years.
- Noting the support from the Communications team in promoting the influenza campaign message.
- Fiona McCarthy noted that a regional response is being prepared for the metro-Auckland DHBs to manage the health component of the isolation facilities. Protocols are being developed for this work and will be shared nationally. There will be two components, an Occupational Health and Safety section and managing patients that need to be admitted into the DHBs for care.
- That there is a specific asbestos register. The North Shore Hospital site is an older build and anything underground must be assumed to contain asbestos. A pipe, that was old infrastructure, was recently uncovered when a trench was being dug. The pipe was deemed to contain asbestos and appropriate care was taken.
- That with regard to the notifiable event at the Mason Clinic site (an Aspec contractor received an electric shock), it was noted that Aspec is committed to improving. The company has been very responsive on site.

The report was received.

4.3 Communications Report (agenda pages 65-72)

Matthew Gray (Deputy Director – Communications) joined by video conference for this item. He introduced the paper.

Matters covered in discussion and response to questions included:

- Noting the work undertaken during COVID-19 and acknowledging in particular the work and support of Matthew Rogers, Director Communications for both the region and his team. There was a lot of media attention during alert levels 4 and 3.
- The Board Chair acknowledged the work undertaken by the Communications team during the COVID-19 alert levels.

- Requesting a copy of the response to OIA request 20090 from Stephan Wood related to ethnic information for the DHB. A copy of the response will be circulated to the Board.
- Noting that an internal review was undertaken on the COVID-19 patients admitted to Waitakere Hospital from an aged residential care facility. An independent report is also open to feedback. Recommendations as a result of the sector feedback will be advised.
- Noting recent media about people boycotting the use of social media, however, the DHB has not seen a decline in social media traffic. Social media is an effective way of communicating with multiple stakeholders.

The report was received.

5 DECISION ITEM

There were no decision items on this agenda.

6 PERFORMANCE REPORT

6.1 Financial Performance Report – April 2020 (agenda pages 73-98)

Robert Paine (Chief Financial Officer and Head of Corporate Services) summarised this report.

Matters covered in discussion and response to questions included:

- Annual leave dropped significantly during the months of April, May and June, but is now starting in increase.
- A savings programme in the Corporate areas is being planned. The finance team has been working on bigger transformational saving areas this year.
- Ensuring there is accountability throughout the organisation for savings programmes.
- Mark Shepherd noted that savings programme targets have been set in the Provider Arm with 41 initiatives, five of which are underway. It is intended to end savings initiatives that do not deliver and bring in a new initiative to replace the gap. The narrative for the savings programme will be reset within the organisation.
- Noting the current status of Three Harbours Trust.
- Noting the reference to Pharmac (page 86 of the agenda) who have advised an increase in the hospital medicines component of their DHB drug rebate allocation; the increase was less than the DHB had anticipated.

Resolution (Moved John Bottomley/Seconded Kylie Clegg)

That the report be received.

Carried

7 INFORMATION PAPER

7.1 2025/26 Emissions-Free Fleet Target

Chris Cardwell (Facilities Service Director) was present for this item and summarised the report. He noted that the DHB had been adhering to a low admissions plan and advised that the DHB is support of this plan, however, at this time the DHB does not have immediate capital/ infrastructure plans to support electric vehicles. It is suggested that the Board endorse applying to the ECCA fund for capital to invest in infrastructure and fleet electrification.

Matters covered in discussion and response to questions included:

- The cost of the car replacement programme for the DHB would be approximately $12million.
- Leasing vehicles spreads the costs and the DHB would pay a higher underlying interest rate.
- Noting that vehicles recently purchased by the DHB was via MBIE All of Government.
- Querying which entity would put the facilities in place for electric vehicles on DHB sites.
- Noting the use of City Hop, which the DHB has in place.

The Board supported the proposed recommendation, but would like to see the benefits of financial and environmental sustainability and a plan to progress this.

Resolution (Moved Warren Flaunty/Seconded Renata Watene)

That the Board:

a) **Notes the Prime Minister's target for an emissions-free fleet, where practicable, by 2025/26.**
b) **Notes the DHB's current position in relation to sustainability, electric vehicle and low emissions vehicle fleet composition and procurement.**
c) **Notes the potential future financial impacts of achieving the emissions-free fleet target.**
d) **Endorses the proposed approach to implementing the Prime Minister's emissions-free fleet target directive including the funding applications to EECA.**

Carried

GENERAL BUSINESS

There were no items of general business.

8 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 104-109)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	**Minutes of Meeting of the Board - Public Excluded (27/05/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2.	**Minutes of the Special Meeting of the Board - Public Excluded (17/06/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
3.	**Minutes of the Audit and Finance Committee – Public Excluded (17/06/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4.	**Minutes of the Hospital Advisory Committee – Public Excluded (17/06/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
5.	**Relocation of West Auckland Breast Screening Clinic**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
6.	**Cardiac Cath Lab Replacement - Economic Analysis of Leasing Arrangements**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
7.	**2020/21 Capital Programme and Leasing Principles**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
8.	**Presentation: Tōtara Haumaru Professional Services Explanatory Session**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
9.	**Tōtara Haumaru Early Contractor Involvement Main Contractor Procurement**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
10.	**E Tū Wairua Hinengaro Project: Professional Services**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
11.	**Update on adverse event investigation panel recommendations**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Legal Professional Privilege** The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
12.	**Legal Services Report**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Legal Professional Privilege** The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
13.	**Provider Activity and Production Update**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	S.9 (2) (ba)]
14.	**Reporting of COVID-19 related costs to the Ministry of Health**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
15.	**National Asset Management Plan**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
16.	**Holidays Act Update**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]
17.	**Informed Consent**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
			Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)]
18.	**Update on Exit of Lease**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
19.	**Service Review**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]

Carried

The open meeting concluded at 11.25am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 8 JULY 2020.

_____BOARD CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 13 August 2020

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
10/07/19	4.2	Health and Safety Update A further update to be provided on the review being undertaken on organisational policies and procedures covering lone worker emergency response plans.	Michael Field		Completed. Action closed.
21/08/19	4.2	Health and Safety Update A detailed report on Lost Time injury frequency rate will be provided to the Board.	Michael Field		Included in update reports. Action closed.
18/12/19	7.1	Vaping Update Paper requested by the Board to provide direction on: - How the Board can support prevention of Vaping - How the DHB can influence and/or support the moving of legislation - How the DHB can support secondary schools to prevent smoking/vaping.	Karen Bartholomew	October 2020	Underway.

2.2 Minutes of the Hospital Advisory Committee meeting held on 29 July 2020

Recommendation:

That the Minutes of the Hospital Advisory Committee meeting held on 29 July 2020 be received and the following recommendation be approved:

That the Board looks into the guidelines issued jointly by the Ministry of Health and the NZ Dental Council and to proceed with the appropriate action for the guidelines to be reviewed and applied within the context of COVID-19 Alert Levels.

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 29 July 2020

held at Waitematā District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.32pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

Sandra Coney (Committee Chair)
Edward Benson-Cooper (Committee Deputy Chair)
Judy McGregor
John Bottomley
Chris Carter – *present by video conference*
Warren Flaunty
Renata Watene

ALSO PRESENT

Andrew Brant (Acting Chief Executive Officer)
Peta Molloy (Board Secretary)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery)
Sharon Russell (Associate Director, Allied Health)
Mark Shepherd (Director, Provider Healthcare Services)
Fiona McCarthy (Director Human Resources)
Lorraine Bailey (IDF Performance Manager)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No public and media representatives were present during the meeting.

WELCOME

The Committee Chair welcomed those present

APOLOGIES

Apologies were received and accepted from Allison Roe and Dr Dale Bramley.

DISCLOSURE OF INTERESTS

There were no additions to the Interest Register.

There were no interests declared that might give conflict with a matter on the open agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 17 June 2020 (agenda pages 6-14)

Resolution (Moved Sandra Coney /Seconded Edward Benson-Cooper)

That the Minutes of the Hospital Advisory Committee meeting held on 17 June 2020 be approved.

Carried

Actions Arising (agenda page 15)

Updates on the matters arising were noted. No issues were raised.

3. PROVIDER ARM PERFORMANCE REPORT

The Chair advised that the Committee will adopt a rotational format for the discussion of the HAC Provider Arm report to allow for a more robust divisional discussion.

Sections 3.1.5, 3.1.8 and 3.1.9 of the report were taken as read.

3.1 Provider Arm Performance Report – May 2020 (agenda pages 16-75)

Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report.

Matters covered in the discussion and response to questions included:

- The month of May has been an operational transition from the COVID-19 lockdown period. Elective work has started and some services have seen increased referrals.
- A new operating theatre schedule has been implemented to address an increase in acute surgical cases.
- Recovery plans are in place to reduce waitlists as a result of COVID-19.
- Outsourcing of CAT scans will increase diagnostic capability.
- There is adaptation into new models of care such as telehealth, which has seen significant increase. Re-designed models of care will continue when possible.

- Noting the COVID-19 impact on P1 and P2 breaches as some patients did not want to come to the hospital.
- The impact of the removal of skin lesions in the 2019/20 planned care services guidelines in the elective volumes will be reviewed in the next report.
- Noting the reduction of complaint response times in the Acute and Emergency Medicine Division as a result of daily complaints management. There is a process to 'close the loop' for complaints and all are acknowledged. A survey of the complaint process was conducted last year and an update on the findings will be provided to the Committee.

This section of the report was received.

Human Resources

Fiona McCarthy (Director Human Resources) summarised this section of the report, highlighting the reduction of turn-over and a slight increase in staff re-commence in taking annual leave.

Matters covered in the discussion and response to questions included:

- Opportunities for staff feedback have been provided through enquiry sessions, sharing of lessons.
- A survey was conducted as part of the COVID-19 response and results of the survey will be provided to the Committee.

This section of the report was received.

Acute and Emergency Medicine Division

Gerard de Jong (Division Head, Acute and Emergency Medicine) and Alex Boersma (General Manager, Acute and Emergency Medicine) were present for this section of the report. The report was taken as read.

Matters covered in the discussion and response to questions included:

- It was confirmed that the trial of the 'rapid access clinic' has commenced.
- Opportunities related to the use of telehealth have been noted, along with potential downsides such as non-verbal cues. Patient preference for telehealth or face-to-face appointments should be considered..

This section of the report was received.

Specialty Medicine and Health of Older People Division

Brian Millen (General Manager) and John Scott (Head of Division, Specialty Medicine and Health of Older People) were present for this section of the report and highlighted the following:

- Community podiatrist training was successful. The programme allowed for the transfer of skills and knowledge to care for people in their communities with complex foot conditions.
- The partnership with Auckland University of Technology was also well-received by student trainees who gained practical experience.

- Vacancies reported in the Ostomy Continence Service have now been filled. The valuable support provided by the District Nursing service was acknowledged.

Matters covered in the discussion and response to questions included:

- There is a Māori podiatrist who works with whānau and AUT provides community podiatry access in their North Shore and West Auckland locations.
- It was noted that vascular examination could also provide opportunity to identify other potential diseases. An update on vascular services was requested by the Committee in a future report.
- The residential aged care programme provides training to manage incontinence of aged residential care (ARC) staff. The gerontology nurse conducts regular visits and provides regular advice and training.
- The COVID-19 response highlighted the vulnerabilities of the ARC facilities. There is a collaborative relationship with the facilities to resolve and address those.

This section of the report was received.

Child Women and Family Division

This section of the report was taken as read and the following items were raised in relation to the report:

- The Committee requested an update on the experiences of women that gave birth during the COVID-19 lockdown period, noting that some chose a home birth.
- The Committee requested additional information be provided at the next meeting on the restrictions implemented during COVID-19 by the Ministry of Health and NZ Dental Council guidelines and the impact experienced in the area of oral health.

The Committee noted that further delays in the oral health service delivery is a public health issue and agreed to recommend that the Board look into the guidelines issued jointly by the MOH and NZ Dental Council and to proceed with the appropriate action for the guidelines to be reviewed and applied within the context of COVID-19 Alert Levels.

Resolution (Moved Sandra Coney/Seconded Edward Benson-Cooper)

That the Hospital Advisory Committee recommends to the Board:

That the Board looks into the guidelines issued jointly by the Ministry of Health and the NZ Dental Council and to proceed with the appropriate action for the guidelines to be reviewed and applied within the context of COVID-19 Alert Levels.

Carried

Specialist Mental Health and Addiction Services

Derek Wright (Director), Pam Lightbrown (General Manager) and Murray Patton (Clinical Director) were present for this section of the report. The following was highlighted and responses to questions included:

- The regional psychiatry training programme previously handled by the Auckland DHB has now transitioned to Waitematā DHB. Preparation for the credentialing of the programme is in progress.
- While there is a cap on the number of trainees, there have been longstanding issues with recruitment. Availability of supervision is also considered.
- The increasing trend of referrals has been noted. COVID-19 is expected to further impact this trend.
- Work is on-going towards increasing capacity and capability of primary mental health services.
- There is a competing demand for mental health nursing workforce and psychological therapy positions, which is being seen in primary care.
- The design of the Integrated Primary Mental Health and Addictions Services will allow for short waiting times for those who access the service as there will be health coaches or health improvement practitioners in the general practices.
- The service provides general practice liaison services where nurses and psychologists provide support via a dedicated phone line.

This section of the report was received.

Surgical and Ambulatory Services/Elective Surgical Centre

Karen Hellesoe (Operations Manager) and Kate Gilmour (Associate Director of Nursing) were present for this item. The following were highlighted and response to questions included:

- The positive impact of the e-outcome form roll-out on patient experience was noted.
- The impact of COVID-19 in production was noted.
- The service has now resumed 100% of its production rate from 1 July 2020.

This section of the report was received.

Diagnostic Services

This section of the report was noted.

Clinical Support Services

This section of the report was noted.

Resolution (Moved Sandra Coney/Seconded Renata Watene)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 76-84)

Jonathan Christiansen (Chief Medical Officer), Jocelyn Peach (Director, Nursing) and Sharon Russell (Associate Director, Allied Health) were present for this item.

The following items were highlighted and response to questions included:

Medical Staff

- There are ongoing discussions with both the Universities and the Medical Council of New Zealand (MCNZ) regarding challenges related to compliance of the Community Based Attachment requirement.
- A formal regional process is in place to assist doctors facing difficulties. Individualised support is provided to meet progression goals.

This section of report was received.

Nursing and Midwifery and Emergency Planning Systems

- Work with the five nursing schools is on-going for the student clinical placement programme. Summer placements are planned to catch-up on lost hours during the COVID-19 response period.
- There is currently a low-turn-over rate, but workforce planning in coordination with key agencies is underway to ensure future supply.
- Emergency system planning continues and a small strategy group is working on key priorities.

Allied Health, Scientific and Technical Professions

- The service is continuing to attract staff who identify as Māori and Pasifika across priority professions.
- Work is progressing on the undergraduate scholarship programme to connect undergraduate students who identify as Māori and Pasifika to cultural and peer support.
- The experiences of patients with teletheraphy were also highlighted.

This section of the report was received.

Resolution (Moved Edward Benson-Cooper/ Seconded Warren Flaunty)

That the report be received.

Carried

4.2 Quality Report – March/April 2020 (agenda pages 85-167)

Jacky Bush (Quality and Risk Manager), David Price (Director Patient Experience) and Penny Andrew (Director, i3 and Clinical Lead) were present for this section of the report.

Matters covered in the discussion and response to questions included:

Patient and Whānau-Centred Care

- There will be changes to the Friends and Family Test (FFT) survey process and the net promoter score (NPS) to further reflect what is important to patients and whānau.
- There is on-going work with the Māori Patient and Whānau Experience Lead focused around engaging with Māori patients and whānau. The Committee requested an update on these initiatives in a future report.
- There is a reduction in the number of volunteers, but work is progressing with student volunteers. The Committee will be updated if previous volunteers continued careers in the health sector.
- An update on the discussion with the Consumer Council around telehealth was provided.

Quality Update

- Noting the pause in data collection by the Health Quality and Safety Commission (HQSC) during COVID-19.
- While some of the HQSC safety markers do not have specific targets set, the DHB is monitoring performance and trends as reflected in the regular reports.
- Pressure injuries recorded mostly relate to nursing assessments and have improved over the past months. Work on training for aged care workers is also on-going.
- There is a reduction of cases of seasonal influenza recorded potentially as a result of social distancing practices and hand hygiene.

This section of the report was received.

I3 update

The trial for the soundproof telehealth 'peacepods' was noted, with plans to run one at a hospital site and one at a community site being finalised.

This section of the report was received.

Resolution (Moved John Bottomley/Second Renata Watene)

That the report be received.

Carried

5. INFORMATION ITEMS

5.1 Winter Plan (agenda pages 168-197)

Katrina Holland (Clinical Nurse Director) was present for this item in the agenda.

No matters were raised and the Committee received the report.

6. GENERAL BUSINESS

There were no items of general business.

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 198-199)

Resolution (Moved Sandra Coney/Seconded Edward Benson-Cooper)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 17/06/20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. Proposed Legalisation and Control Bill	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i))	**Conduct of Public Affairs** **The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from**

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	of the Official Information Act 1982.	**improper pressure or harassment.** **[Official Information Act 1982 S.9 (2) (g)(ii)]**

Carried

The open session of the meeting concluded at 3.34p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 29 JULY 2020.

_____CHAIR

2.3 Minutes of the Community and Public Health Advisory Committee meetings held on 19 February 2020 and 5 August 2020

Recommendation:

That the Minutes of the Community and Public Health Advisory Committee meetings held on 19 February 2020 and 05 August 2020 be received and the following recommendations be approved:

Meeting	Ref.	Item/Recommendation
19/02/20	4.1	**Diabetes Retinal Screening Update** **That the Board write a letter to the MoH to make diabetes retinal screening a national screening programme and /or issue national guidelines to be adopted for retinal screening for consistency of approach.**
05/08/20	4.2	**HPV Self-Testing for Cervical Screening Update** **That the Board write to the Ministry of Health seeking clarification on the implementation timeline for HPV primary screening, noting the urgency for implementation due to:** • **The current low programme coverage and longstanding inequities** • **The further impact of COVID-19 on screening coverage** • **Local DHB research on self-testing** • **The urgency expressed in the Parliamentary review** • **The WHO Call to Action on cervical cancer.**

Draft Minutes of the Meeting of the Waitematā DHB

Community and Public Health Advisory Committees

Wednesday 19 February 2020

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 10.01a.m.

Items considered in Public Meeting

COMMITTEE MEMBERS:

Kylie Clegg – Committee Chair
Warren Flaunty – Committee Deputy Chair
Max Abbott - Board member
John Bottomley - Board member
Chris Carter - Board member
Sandra Coney - Board member
Judy McGregor – Ex-officio as Board Chair
Arena Williams –Board member

ALSO PRESENT:

Karen Bartholomew (Director Health Outcomes)
Tim Wood (Acting Director Funding)
Stuart Jenkins (Clinical Director, Primary Care)
Joy Christison (Project Manager, Primary Care)
Peta Molloy (WDHB Board Secretary)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Simon Maude (New Zealand Doctor)
Tracy McIntyre (Waitakere Health Link)
Kirsty Gover (Comprehensive Care PHO)
Lorraine Symons (Te Whānau o Waipareira)

KARAKIA:

A Karakia was led in an earlier meeting.

WELCOME:

The Committee Chair welcomed those in attendance. As this is the first Community and Public Health Advisory Committee meeting attended by some of the newly elected/appointed members of the Board, an introduction was made by all the members present in the meeting. The Chair also acknowledged the public and media representatives in attendance.

APOLOGIES:

Apologies was received and accepted from Allison Roe.

DISCLOSURE OF INTERESTS:

Warren Flaunty requested that his registered interest as Director for Trust Community Foundation be removed.

There were no further amendments or additions to the current disclosure of interests.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda, except Item 5.1, which was considered before Item 4.1.

2. COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 30 October 2019 (agenda pages 8-12)

In relation to item 5.1, Warren Flaunty noted the discussion on the sustainability of pharmacies as a result of discounting of co-payments for medicines. He also noted a request for information related to the number of pharmacies that have closed.

Tim Wood clarified that the $5 co-payment is set as a cap not a minimum and that the DHB cannot impede competition amongst pharmacies.

A bullet point under Item 5.1 of the Minutes shall be included as follows:

- Sustainability of pharmacies as a result of co-payment discounting by other pharmacies was raised.

Resolution (Moved Max Abbott /Seconded Warren Flaunty)

That the Draft Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 30 October 2019 be appended as follows and approved:

- **Sustainability of pharmacies as a result of discounting of co-payment by other pharmacies was raised.**

Carried

Matters Arising (agenda page 13)
There were no matters arising from previous meeting.

3. DECISION PAPERS

There were no decision papers.

4 INFORMATION ITEMS

4.1 Diabetes Retinal Screening Update (agenda pages 14-35)

This Item was considered after Item 5.1

Dr Carol Barker (Public Health Physician, primary Care) and Joy Christison (Acting Senior Programme Manager, Primary Care) were present for the discussion of this item.

Carol provided a summary of the paper noting the following:

- The programme is a service alliance amongst the metro-Auckland DHBs to provide regular checks for patients to reduce the risk of visual loss.
- Coverage for Waitematā DHB is 64% of the total population. The figure for Pacific has increased to 63% from 58%.
- The data sharing between the DHBs and PHOs is to identify patients who have not had a retinal screen and supporting them to have the screen completed. There is a particular focus on Māori and Pacific people who have lower rates of screening.

Matters covered in the discussion and response to questions included the following:

- New service model is a work in progress. Feedback received from the consultation process highlighted the need for the location/services to be accessible.
- A focus on ensuring consistency and quality of the service model. Work is on-going with the other DHBs to share best practices for service redesign.
- Diabetes retinal screening is not a national screening programme, but is part of the expectations of the MoH related to Quality Standards for diabetes care. Other national screening programmes include bowel screening, breast screening and cervical screening.
- In response to a question pertaining to the programme's ability to capture those who are not enrolled in a General Practice (GP), it was noted that referral pathways (other than GP) are being studied to ensure equity of access. In parallel, the current pathway is being optimised through data matching and ensuring coverage to the programme of those who are enrolled and eligible.

Action Items

- A recommendation from the Committee will be put to the Board to write a letter to the MoH to make diabetes retinal screening a national screening programme and /or issue national guidelines to be adopted for retinal screening for consistency of approach.
- A health needs assessment study was commissioned by Auckland DHB on eye health and will be provided to the Committee.

The Chair thanked work of the group.

The report was received.

4.2 Metro-Auckland Healthy Weight Action Plan for Children: Third Report (agenda pages 36-52)

Caitlin Donaldson (Public Health Dietitian), Natalie Desmond (Senior Programme Manager) and Nelson Wahanui (Programme Manager) were present for this item.

Caitlin provided a summary of the report to the committee highlighting the progress made on the National Healthy Food and Drink policy across the metro-Auckland DHBs.

Matters covered in the discussion and response to questions included:

- More information on the 'Healthy Auckland Together' (HAT) programme particularly the work on healthy food and drink will be provided in the succeeding report.
- Work is on-going on 'Healthy Active Learning' which is aimed at providing education in schools around food and beverage. The MoH has completed its consultation on Healthy Food and Drink Guidance as part of this initiative and it is expected to be released soon.
- The need to align efforts with the work made by the Regional Governance Group and National Chief Executives advocacy on obesity (by Nick Chamberlain, Chief Executive Northland DHB).

The report was received.

5. STANDARD REPORTS

5.1 Planning, Funding and Outcomes Update (agenda pages 53-77)

This item was considered before Item 4.1

Karen Bartholomew (Director Health Outcomes) presented an overview of the equity framework for the Committee, in particular the previous focus of the Committee as well as how equity is addressed using the five-element framework based on Institute for Healthcare Improvement (IHI) Model.

The Committee thanked Karen for the presentation and commended the efforts in achieving equity in the existing programmes. They also noted the need to apply an equity lens to ensure visibility of programmes not yet identified or not yet implemented.

Tim Wood (Acting Director Funding) provided a summary of the report. He highlighted the continuous focus on equity and the collaborative work with community groups.

<u>Primary Care</u>

Tim provided an overview of the work of the primary care group and summarised this section of the report highlighting the following:

- The work alliance between the Waitematā and Auckland DHBs, the PHOs and treaty partners to elevate equity discussions.

- The work around Coronavirus (COVID-19) has focused on communication with the community.
- Other work programmes include community pharmacy, smoking cessation, safety in practice for pharmacy and general practice. The diabetes improvement programme works closely with GPs to ensure responsiveness and engagement with community. A service redesign is in progress for diabetes care delivered through general practice.

Matters covered in the discussion and response to questions included:

- Regular meetings are conducted to support PHOs to meet performance targets. There are also processes and mechanisms in place in the agreement to support this.
- The service is focused on improving the model of primary care by working with GPs.
- The need to be agile and to capitalise on the learning and success of other programmes such as nurse-led clinics and Awhi Ora to better engage with communities.
- The final report of the Health and Disability System Review is due in the next few months. The Committee could be guided by specific issues related to Māori which are expected in the final report.

Child, Women and Youth

Ruth Bijl (Funding and Development Manager Child, Youth and Women's Health), Jesse Solomon (Senior Programme Manager) and Natalie Desmond (Senior Programme Manager) were present for this section of the report.

Ruth gave an overview of the division noting that their collaborative work with the Māori Health Gain team. Other matters covered in the discussion included the following:

- A recap was provided on the benefits of the Healthy Housing initiative Kāinga Ora specifically the positive impact of early intervention on reducing hospitalisation.
- In response to a question, the service is prioritising work to cover all referrals received particularly for pregnant women.
- Work is on-going to identify population not currently captured. This includes looking into statistics, ethnicity data, location and deprivation index as well as decile ratings of schools in the community.
- Increase in the uptake of vaccine as a result of the measles outbreak is yet to be determined.

  Action Item
- The technical advice on the provision of MMR vaccine for children between 6-11 months will be provided to the Committee.

Health of Older People

Karla Powell (Programme Manager) and Katie Daniel (Programme Manager) were present for this section of the report.

An overview of the service was provided by Karla Powell noting that the profile of patients in the service is changing. People presenting are more frail with multiple co-morbidities with a median length of stay at 18 months. The service is focused on continuous improvement through audits and compliance follow-ups. A review of the transition process from the hospital to aged residential care has been completed and further changes and improvements are in progress. Katie Daniel also highlighted the continued funding by the ACC for the Falls prevention programme.

Matters covered in the discussion and response to questions included:

- The DHB will continue to support transparency in premium charging which have already been signalled to the sector.
- The DHB is also supportive of the change towards a case mix model. However, noted this will be a complex transition and work on how this can be completed effectively is being done nationally for all DHBs.
- Providers of home support workers for the DHB are receiving pay rates consistent with the equity payment scheme.

Mental Health and Addictions

This section of the report was taken as read.

Māori Health Gain, Pacific Health Gain and Asian, Migrant and Former Refugee Health Gain

Shayne Wijohn (Manager Māori Health Gain), Leani Sandford (Portfolio Manager, Pacific Health), Samantha Bennett (Manager, Asian, Migrant and Former Refugee Health) and Raj Singh (Project Manager, Asian, Migrant and Former Refugee Health) were present for these sections of the report

Shayne Wijohn summarised the functions of the Māori Health Gain team noting collaborative work across the planning, funding and outcomes team to provide inputs. He also highlighted work around the DHB's two MOU partners (Te Runanga o Ngāti Whātua and Te Whānau o Waiparera) ensuring their inputs and oversight of the planning work by the DHB. He also provided an update on the development of the Iwi-DHB partnership board awaiting ministerial approval and noted that work is needed to support the development of Māori providers particularly to support sustainability.

Samantha Bennett highlighted that a new 'Asian, Migrant, Former Refugee and Current Asylum Seeker Health Plan' is in progress and will be presented to the Committee in May. Focus of the service is on identifying needs and disparities and equity of access to primary care and mental health services.

Leani Sandford noted the focus on updating the Pacific Action Plan and this will be aligned to the MoH's new Action Plan. Once released it will be tailored to the DHB's population.

Matters covered in the discussion and response to questions included:

- Clarifying that the HPV screening project falls outside the broader Māori Health pipeline, however there is a project (High Grade Cervical Screening project) which includes a research sub-study on self-sampling. In response to a query, more information will be provided around the HPV self-testing and the screening

research particularly for Māori, Asian and Pacific people within Waitematā DHB and Auckland DHB's population.

- In relation to the response of the service related to the Covid-19, the team worked with different partner groups to ensure that culturally appropriate responses and resources are made available.

Action Item

- Papers related to the development of the Iwi-DHB partnership board will be made available at the Board Correspondence folder.

The report was received.

6. GENERAL BUSINESS

This was discussed after Item 4.2

The Chair requested Committee members provide suggestions for deep dive topics to contribute to better outcomes. The aim is to develop a work plan for the year, which will include topics for the Auckland DHB and Waitematā DHB combined CPHAC meetings. The following areas were suggested at the meeting:

- Deep dives and focus on Mental Health and Addictions
- Community engagement best practices and effective outreaches, which we could apply to other work around immunisation and nutrition. In relation to this, a suggestion was made for the Consumer Council to put forward their thoughts and recommendations as to what will constitute an effective community engagement and/or outreach programme.

Action item

- Committee to be provided with more information on the work related to violence (towards women, children and workforce) and how more can be done.

The members will be requested additional inputs by email.

The closing karakia was led by Arena Williams.

The meeting concluded at 12.08 p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE HELD ON 19 FEBRUARY 2020.

_____CHAIR

DRAFT Minutes of the meeting of the Waitematā District Health Board

Community and Public Health Advisory Committee

Wednesday, 5 August 2020

held at Waitematā DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 10.00am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Kylie Clegg (Committee Chair)
Warren Flaunty (Committee Deputy Chair)- *present until 11.20am*
Judy McGregor (Ex-officio as Board Chair)
John Bottomley
Allison Roe – *present by video conference*

ALSO PRESENT:

Peta Molloy (Board Secretary)
Debbie Holdsworth (Director Funding)
Karen Bartholomew (Director Health Outcomes)
Tim Wood (Deputy Director Funding)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Kate Moodabe (Total Healthcare PHO)
Kirsty Gover (Comprehensive Care PHO)
Cheryl Hamilton (Auckland Women's Health Council)
David Codyre (Auckland Wellbeing Collaborative)
Daryl Bishop (Ember Korowai Takitini)
Elaine Wogan (Pathways)

WELCOME:

The Board Chair welcomed everyone present.

APOLOGIES:

Apologies were received and accepted from Sandra Coney, Chris Carter, Dr Dale Bramley and early departure from Warren Flaunty.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no interests declared that might give conflict with a matter on the agenda.

1 AGENDA ORDER AND TIMING

Items were taken in same order as listed in the agenda.

2 BOARD AND COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Board Meeting held on 19 February 2020 (Agenda pages 7-14)

Resolution (Moved Warren Flaunty/Seconded John Bottomley)

That the draft Minutes of the Community and Public Health Advisory Committee held on 19 February 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 15)

The updates were noted.

Additional information on Healthy Auckland Together programme will be included on the next Committee agenda.

3 DECISION PAPER

There was no decision item in the agenda.

4 INFORMATION PAPERS

4.1 Integrated Primary Mental Health and Addictions Services (agenda pages 16-20)

David Codyre (Clinical Director, Auckland Wellness Collaborative), Daryl Bishop (CEO, Ember Korowai Takitini), Elaine Wogan (General Manager, Pathways) and Tim Wood (Deputy Director Funding) were present for this item. They provided a summary of the report noting the following:

- The establishment of Auckland Wellbeing Collaborative allowed for development of the Integrated Primary Mental Health and Addictions Services programmes in a collaborative environment involving the metro Auckland DHBs, Treaty partners, Māori and Pacific health organisations, people with lived experience, Primary Health Organisations (PHOs) and Non-government organisations (NGOs).
- The co-designed process of Awhi Ora and Te Tumu Waiora allowed a model that is fit, effective and acceptable to the community. The programmes also allowed access to a range of support services to improve outcomes.
- NGOs have shown their support and commitment to Awhi Ora.
- The Te Tumu Waiora pilot demonstrated that it contributed to improved outcomes and the 'wrap around' service provided a pathway for equity of access.
- The impact as a result of increased number of people who are able to access this service was also highlighted.

- There will be gains in continuing the collaboration. It allows building and strengthening of relationships between health practitioners as well as access to community knowledge and skills.
- 10% of funding is set-aside for kaupapa Māori services.

Matters raised and response to questions included:

- A risk identified in the implementation included workforce training, which was further hindered by COVID-19. Work is on-going to attract workforce within the community.
- Work is also on-going to ensure the mental health component of the service is not 'diluted' as part of provision of general health services.
- The Awhi Ora programme allowed access in the community and could also support enrolment to a general practice.
- Roll-out of the programme is prioritised to communities with highest needs. The impact of COVID-19 will also be considered.
- Some of the current workforce commenced as volunteers, allowing training to be provided. There are some challenges on recruiting Clinicians.
- Funding is until June 2021, but it is anticipated that this will be continued. Evaluation of the programme will include Māori and Pacific outcome data.

The committee thanked the team for the updates received the report.

4.2 HPV Self-Testing for Cervical Screening Update (agenda pages 21- 33)

Karen Bartholomew (Director Health Outcomes), Jane Grant (Nurse Specialist), Georgina McPherson (Lead Colposcopist), Jesse Solomon (Portfolio Manager), Kate Moodabe (GM, Total Healthcare PHO) and Ruth Bijl (Funding and Development Manager) were present for this item. A summary was provided noting the following:

- Work for the project started five years ago with the aim to influence national policy.
- An update to the Committee noted there is intention for self-testing to be part of the national programme in 2021.
- However, implementation is unlikely next year due to the unavailability of supportive infrastructure.
- Positive experiences of women were also highlighted.

A video was presented to the Committee noting the experience of clinicians at Surrey Medical Centre with HPV self-testing.

Matters raised and response to questions included:

- Drop of screening coverage could not be attributed to availability of the HPV vaccine. Issues with coverage are multi-factorial issue. Access has been impacted by the recent measles outbreak and COVID-19. Prior to this coverage has dropped since the change in the primary care performance programme (IPIF) to the System Level Measures (SLM) approach which does not have a cervical screening target. There is also reported contribution of confusion about the initiation of primary HPV testing, where women will only have to screen every 5 years (rather than 3 years).

- The HPV self-testing programme provides a choice for women and will support improved access, equity and coverage.
- The new national screening register is not currently in place. A PHO recommendation includes using an interim database as there is strong sector support.

The Committee agreed to recommend the Board write to the Ministry of Health seeking clarification on the implementation timeline of the programme noting: the urgency of implementing self-testing based on World Health Organisation's global call for action, recommendations from the Parliamentary Review Committee and the results of the local self-testing programme to address the equity issues of the current National Cervical Screening Programme.

Resolution (Moved John Bottomley / Seconded Allison Roe)

That the Community and Public Health Advisory Committee

a) Note:

i) That the equity focused Research Programme on human papilloma virus (HPV) Self-Testing is now complete with results awaiting publication.

ii) The HPV Self-Testing research programme has demonstrated that the approach is acceptable and will improve equity of access, including for those women who are most underserved in the current screening programme. This research aligns well with similar work undertaken by research colleagues in Northland District Health Board.

iii) The Parliamentary Review Committee, in 2018, strongly recommended that HPV Self-Testing alongside primary HPV screening is implemented with urgency in the New Zealand national cervical screening programme.

iv) On the basis of the successful local research and the clear international evidence, there is increasing support in metro -Auckland for local implementation of HPV self-testing, ahead of national programme implementation, to address low coverage and worsening inequities. The volume of deferred screens related to COVID-19 has provided further urgency. It is likely that the national implementation of a primary HPV programme will be further delayed; noting that supportive infrastructure such a new national cervical screening register is not yet in place.

b) Recommends to the Board:

That the Board write to the Ministry of Health seeking clarification on the implementation timeline for HPV primary screening, noting the urgency for implementation due to:

- **The current low programme coverage and longstanding inequities**
- **The further impact of COVID-19 on screening coverage**
- **Local DHB research on self-testing**
- **The urgency expressed in the Parliamentary review**
- **The WHO Call to Action on cervical cancer**

Carried

The committee thanked the team for the update.

5 STANDARD REPORT

5.1 Planning Funding and Outcomes Update (agenda pages 34-51)

Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding & Development Manager Women, Children & Youth), Meenal Duggal (Funding & Development Manager, Mental Health and Addiction Services), Leani Sandford (Portfolio Manager, Pacific Health Gain), Raj Singh(Programme Manager Asian, Migrant and Former Refugee Health Gain), Tim Wood (Deputy Director Funding, Funding and Development Manager) and Shayne Wijohn (Māori Health Gain Manager) were present for this item of the agenda.

The Chair noted that the report will be taken as read and opened the discussion for questions or clarifications.

Matters raised and response to questions included:

- Impact of Data-Sharing Framework and HealthSafe on health outcomes have been demonstrated in the diabetes retinal screening, diabetes and cardiovascular disease (CVD) programmes. Data sharing for retinal screening in particular supported a review of the model of care to identify strengths and improve service delivery.
- The Board will be updated in relation to the planning around COVID-19 which will include a synthesis of the audit conducted for the aged residential care facilities on its response to the pandemic.
- Success of the Pae Ora public health approach during the COVID-19 response and the need for workforce training for future preparedness were highlighted.
- Other learning during the COVID-19 response includes the success of the Kaimanaaki programme. Initial evaluation noted that the non-clinical roles were able to engage with 4,811 households and provided needed support for families. Referrals to primary health care and quit smoking programmes were also provided.
- Community providers have similar roles but there is potential to develop the work of the Kaimanaaki with training.
- Inpatient capacity of the Auckland City Mission is similar to Pitman House. There is an increase in social detoxification capacity.
- Work is continuing on the catch up of immunisation coverage, noting the work with Māori providers, follow-up by the National Immunisation Register and outreach immunisation. Immunisation continues to be encouraged.
- Allison Roe requested additional information related to the use of vaccines for expectant mothers.

The Committee noted the update.

6 GENERAL BUSINESS

No items of general business were raised.

7 RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 52)

Resolution (Moved John Bottomley / Seconded Warren Flaunty)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Termination Services	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]

Carried

The open meeting concluded at 11.23am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE HELD ON 05 AUGUST 2020.

_____COMMITTEE CHAIR

2.4 Minutes of the Disability Support Advisory Committee meeting held on 5 August 2020

Recommendation:

That the Minutes of the Disability Support Advisory Committee meeting held on 05 August 2020 be received.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Disability Support Advisory Committee

Wednesday, 5 August 2020

held at Waitematā DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 1.03pm

BOARD MEMBERS PRESENT:

Edward Benson-Cooper (Committee Chair)
Judy McGregor (Ex-officio as Board Chair)
Sandra Coney
Allison Roe
Renata Watene

ALSO PRESENT:

Andrew Brant (Acting Chief Executive Officer) (for item 3.3 only)
David Price (Director Patient Experience)
Peta Molloy (Board Secretary)
Debbie Holdsworth (Director Funding)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

There were no public or media representatives present.

KARAKIA

WELCOME:

The Committee Chair welcomed everyone in the meeting.

APOLOGIES:

Apologies were received and accepted from Sandra Coney, Dr Dale Bramley and Samantha Dalwood.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no disclosures of interest for items on this agenda.

1 AGENDA ORDER AND TIMING

For the open meeting, items were taken in same order as listed on the agenda, except item 2.2 was discussed before item 2.1.

2 DISCUSSION ITEMS

2.1 Improving the Employment of Disabled People in the Health Sector (Agenda pages 6-10)

This item was considered after item 2.2.

Fiona McCarthy (Director, Human Resources) was present for this item.

Professor Judy McGregor (Board Chair) introduced the report. She noted that the paper to the NZ Health Workforce Advisory Board was framed for District Health Boards to overcome barriers in improving the employment of disabled people in the health sector and having recruitment processes that are inclusive. The question for DHBs is how DHBs can target new FTE in any given year to increase the disability workforce within DHBs.

Fiona McCarthy noted Waitematā DHB's data collection related to disability. The DHB has 0.04% of staff who identify as disabled. The DHB also has a focus on recruitment initiatives to support disability in the workplace with work underway to create specific FTE roles.

In response to a comment, it was noted that defining a disability is based on the census questions, which received favourable feedback. The Committee is to be advised on whether mental health is categorised as a disability.

Information/data related to resolution b) i) and ii) was requested by the Committee.

Resolution (Moved Edward Benson-Cooper /Seconded Allison Roe)

That the Committee:

a) Notes and supports the paper and recommendations considered by the Health Workforce Advisory Board.

b) Notes the following Waitematā DHB's actions in this area:

i) Required action: the Waitematā DHB's Annual Plan for 20/2021 includes:

Building an inclusive culture through reducing barriers in employment and appreciating difference (EOA)

- ***Deliver disability responsiveness and confidence training***
- ***Re-image our online recruitment process***
- ***Explore recruitment initiatives that support disability in the workplace***

ii) In recent years, the Waitematā DHB commenced collecting robust data, and reporting the number of disabled staff in the DHBs Annual Report

Carried

2.2 Verbal Discussion: Co-opted members for the Disability Support Advisory Committee

This item was considered prior to item 2.1.

It was agreed that the Committee would like to appoint up to four co-opted members, with one of those appointed being from the DHB's Consumer Council.

A recruitment process will be undertaken to seek applicants for the co-opted member roles.

3 INFORMATION ITEMS

3.1 Progress Report – Disability Strategy Implementation Plan 2016-2026 (agenda pages 11-25)

Debbie Holdsworth (Director Funding) introduced this item.

Matters covered in discussion and response to questions included:

- Noting the work undertaken at Capital and Coast DHB to capture the disability status of patients coming through our hospital system. Capital and Coast will share the process with Waitematā DHB for implementation. The work is currently with the i3 and IT design Council to prepare a roadmap to enable Waitematā DHB to capture the data. A copy of the form used by Capital and Coast to capture data will be provided to the Committee.
- The DHB is waiting for a response from the Ministry of Health about connecting the DHB's data with NHI numbers. Verbal assurance has been given that this should be possible. It was agreed that Waitematā and the Capital and Coast DHB write to the Ministry together seeking this work/information.
- A presentation on the Health Passport was requested for the Committee.

The update was received and noted.

3.2 Update on the Accessibility Tick Action Plan (agenda pages 26- 38)

Debbie Holdsworth (Director Funding) introduced this item.

Matters covered in discussion and response to questions included:

- The Accessibility Tick is the DHB's commitment to undertaking actions to ensure North Shore Hospital and Waitakere Hospital are accessible. Audits on progress against the Plan are undertaken annually.
- Noting that the Accessibility Tick Steering Committee is chaired by Samantha Dalwood (Disability Advisor) and the Committee looks at all activities in the Plan, progress being made and ensure there are no barriers in achieving targets.

The report was received.

3.3 Services by the Wilson Home Trust for Children with Physical Disabilities (agenda pages 39-42)

Stephanie Doe (General Manager – Child, Women and Family) introduced this report.

Matters covered in discussion and response to questions included:

- Noting there are two distinct services, being the role of the DHB and the role of Wilson Home, which include some natural alignments as well as some significant differences which can present challenges for service users.
- There is a meeting with the Wilson Home Committee of Management scheduled in August to discuss services delivered from the Wilson Home.

- The DHB has reviewed costs associated with the respite care services and do not believe there can be a saving in costs. The children requiring these services have refined complex needs necessitating registered nurse support.
- Noting there is a gap in funding received as it applies to services provided due to there being two bed-day-rates for respite. There is intensive respite care (one-on-one care) and standard respite care. There is also a clear gap in young people who enter the Emergency Department or Child Psychiatric unit; a request from the Ministry of Health was made to the DHB to provide crisis care, but that has been declined.
- There are approximately 17 children that need respite care.
- The Committee requested information on the costs associated with respite care and whether the service being closed on specific days, for example Tuesdays and Thursdays, would impact costs.

The report was received.

3.4 Enhancement of Child Development Services (agenda pages 43-45)

Susan Peters (Head of Division Allied Health – Child, Women and Family) and Stephanie Doe (General Manager – Child, Women and Family) were present for this item.

Susan summarised the item. Matters covered in discussion and response to questions included:

- Noting the three project pathways, including: the 0-3 years of age population; the transitioning young people into adult services and thirdly peer workforce.
- Noting that some children to require specific interventions when coming into health care.
- There has been little investment in this area over a 20-year period. A national review was undertaken to look at consistency of services provided, which has not progressed.

The report was received.

3.5 New Zealand Health and Disability System Review – Disability/Te Huātanga (agenda pages 46-68)

This item was received by the Committee for information.

4 GENERAL BUSINESS

There were no items of general business raised.

The meeting concluded at 2.09pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – DISABILITY SUPPORT ADVISORY COMMITTEE HELD ON 05 AUGUST 2020.

_____COMMITTEE CHAIR

3.1 Chief Executive's Report

Recommendation:

That the Chief Executive's Report be received.

Prepared by: Dr Andrew Brant (Acting Chief Executive Officer)

1. News and events summary

A number of events of significance took place across the DHB over the past six weeks:

CEO Lecture Series

Our first CEO Lecture of the year was held on 4 August where we welcomed Sarah Fitt, Chief Executive of PHARMAC. Hosted by Dr Jonathan Christiansen, the topic of Sarah's presentation was equity and medicines. The Lecture Series was put on hold during lockdown, so it was great to see a good attendance by staff from around the DHB for this event. Work has begun on securing speakers for other Lecture Series events before Christmas.

Sarah Fitt with Dr Jonathan Christiansen at the first CEO Lecture of the year.

Matariki celebrations

Staff had the opportunity to learn about the significance of Matariki (13-20 July), which signals the start of the Māori New Year, with a presentation by Rikki Solomon. According to the maramataka - Māori lunar calendar - the reappearance of the Matariki star cluster (Pleiades constellation) brings the previous lunar year to a close and marks the beginning of the next. It is regarded as a time of renewal and celebration in New Zealand. Rikki, who is a researcher, qualified funeral director and embalmer and an expert on maramataka, held a presentation for Waitematā DHB staff explaining the principles of Matariki. The presentation was thoroughly enjoyed by the attendees and we look forward to celebrating Matariki again next year.

From left to right: Rikki Solomon, Chief Advisor Tikanga, Dame Naida Glavish and kaumātua Fraser Toi joined staff at Whenua Pupuke to mark Matariki.

Māori Nurse of the Year Award

Congratulations to registered nurse Chloe Maeva who was announced the winner of Waitematā DHB's Te Kauae Raro Māori Nursing and Midwifery Awards in July. As recognition of this achievement, she was given guardianship of a korowai, a traditional hand-made Māori cloak, for the year. Chloe, who is of Te Rarawa, Ngai Takato and Ngāti Kurī decent, knew from a young age she was destined for a career in community-based healthcare. After initially pursuing physiotherapy, she was given the opportunity to enter Māori Mental Health and has never looked back. Now partway through her Masters of Nursing, Chloe plans to become a Nurse Practitioner to widen the scope of what she can offer and achieve with tangata whai ora (service-users). Learning te reo Māori for the last few years has deepened Chloe's connection to her Māori heritage as well as giving her the confidence to speak te reo daily with her team. We applaud Chloe and her commitment, leadership and dedication to serving the people in our district.

Registered nurse Chloe Maeva (centre) with whānau at the Te Kauae Raro Māori Nursing and Midwifery Award ceremony.

New Interventional Radiology service: A new regional Interventional Radiology (IR) service is up and running and is set to benefit up to 100 patients a month. The initiative reduces the need to travel from North Shore Hospital to Auckland City Hospital (ACH) for treatment during the week. IR was previously available up to two days-a-week at North Shore Hospital with capacity to treat around 30 patients a month. Patients whose needs fell outside of open hours instead travelled to Auckland City Hospital for the high-tech treatment. Both DHBs have now expanded their joint arrangement setting up the new regional service and employing three interventional radiologists.

At the opening was Diagnostic and Clinical Support Services General Manager Brad Healey (left), the new service's regional director, Dr Andrew Holden (centre) and Waitematā DHB Radiology Department Clinical Director Dr Philip Clark.

Senior Māori doctors boost

It is fantastic to see a record number of senior Māori doctors employed within our Specialist Mental Health and Addictions Service. We currently have seven, which is the highest-ever for the organisation. Three of the five doctors work in Whītiki Maurea addictions team, the DHB's Māori Mental Health and Addictions clinical service. Another doctor is based within the Community Alcohol and Drug Services (CADS) and one works in the Child Youth and Family Early Psychosis Intervention team. The appointments represent our ongoing commitment to improve Māori health outcomes and to ensure our staff-mix better represents the community we serve. Between June 2015 and May 2020, the number of reported Māori within our workforce increased by 80%. Dr Kiri Prentice, a psychiatrist at Whītiki Maurea (Ngai Tuhoi, Ngati Awa) was interviewed on Radio Waatea and spoke about the importance of having more Māori doctors working in healthcare. Here is a link to the Waatea News radio interview: https://www.waateanews.com/uma/play_podcast/x_podlink/OTAwNDU=/

New appointment

Congratulations to Dr Rachel Mackie (Ngati Wai, Ngati Hine, Ngati Whatua) who was recently appointed Chair of Te Akoranga a Māui, The Royal New Zealand College of General Practitioners Māori representative group. Dr Mackie, who is a Waitematā DHB clinical project lead, plans to continue the equity focus of the College to ensure tikanga is incorporated into general practices around Aotearoa. Most recently, Dr Mackie advised on the College's Equity module as part of its quality standards for GP practices. The Equity module demonstrates how practices can work to improve health outcomes for Māori and other under-represented populations by being more targeted to individual and cultural needs that can make significant differences to patients' care. Te Akorangi a Māui is the College's Māori representative group made up of Māori GPs, registrars and fellows.

Riki Nia Nia farewell

We bid farewell to Riki Nia Nia last month after resigning from his role as General Manager Māori Health, Waitematā and Auckland DHBs. Riki took up the role in November 2016. While here, Riki was influential in improving Māori health service-delivery in our hospitals, Māori health gains and health outcomes for our districts. He was also committed to increasing the capacity and capability of our Māori health workforce in both DHBs and the wider Auckland healthcare system. Riki also holds a number of chair positions nationally, including Tumu Whakarae, Kia Ora Hauora Māori Health Careers Programme, Waka Hourua Māori & Pacific National Suicide Prevention Program and Mana Tāne Ora o Aotearoa. He is also a member of the Australasian College of Emergency Medicine, Expert Advisory Group in Māori Health Equity. During the COVID-19 lockdown, Riki was seconded to the Northern Region Health Coordination Centre to co-lead the northern regional Māori response team. He also sat on the Ministry of Health's Māori Heath Expert Advisory Group for COVID-19. Riki has accepted a position at Waikato DHB to be closer to whānau. We wish Riki all the very best for his future endeavours.

Rikki has worked at eight of the 20 District Health Boards in New Zealand since 1996.

Honorary member recognition

Congratulations to Deepa Hughes (pictured below) who was recently named an honorary member of the New Zealand Dental Association. Deepa has been involved in a number of dental health initiatives including the set-up a programme that offers free dental care to low-income adults and the development of the National Oral Health Training Programme for Caregivers of Older People. She also played a key role incorporating oral health screening as part of Well Child Tamariki Ora programme and helped train non-oral health professionals to perform screening checks. Deepa is a valued member of our Planning and Funding team and is responsible for Youth Health and Oral Health. We extend our congratulations for this well-deserved recognition.

Deepa has played a key part in setting up a number of dental health initiatives.

World Hepatitis Day 2020

World Hepatitis Day gave us the opportunity to boost awareness about this condition that afflicts millions of people globally. It is estimated that 290 million people worldwide are unaware that they have viral hepatitis. This World Hepatitis Day, on 28 July, focused on finding the "missing millions" to protect against viral hepatitis through awareness, testing and treatment of people who may be at-risk having the condition. A display table was set up at North Shore Hospital encouraging people to learn more about the different types of viral hepatitis that impact thousands in New Zealand and what is being done to help eliminate it.

Waitematā DHB marked World Hepatitis Day with an information desk.

Waitematā Breast Service event

Donors and DHB staff gathered on July 14 for an event at North Shore Hospital to celebrate the start of the construction works for the new Waitematā Breast Service that will be located between entrances 3 and 4. Chair Judy McGregor spoke at the event on behalf of the Board and DHB management. Well Foundation is working hard to raise the additional $644,000 needed and is in the final stages of securing a $300,000 donation towards this goal. Construction of the new facility is expected to be completed in December 2020 with the new service operational early in the New Year.

Breast cancer survivor Niki was a guest speaker at the event.

Invited guests had a tour of the work site.

Professional doctorates

Our Child, Woman and Family team has a lot be proud of with two of their nurses receiving their professional doctorates recently. Dr Hilary McCluskey studied the relationship and collaboration between public health and primary care. She investigated the current pathways and channels that public and primary care use to communicate, alongside the challenges of working together. She's identified areas where there could be improvements and has developed action plans accordingly. Her research findings would ultimately be used to prevent avoidable hospitalisations and improve access to primary care. Dr Georgina McPherson focused her mixed-method research on Pacific women navigating colposcopy services. She was looking into the multi-faceted reasons why there are often delays in assessments following a high-grade smear abnormality. Georgina has been able to use the findings of her research to implement changes into our colposcopy services, making it a more supportive and culturally responsive environment. We applaud their incredible efforts and recognise the value this brings not only to them as healthcare workers but to our DHB.

Dr Hilary McCluskey (left) and Dr Georgina McPherson.

School of Rock

Kristin School students from years seven and eight paid a visit to North Shore Hospital recently to donate 500 hand-painted rocks. These will be incorporated into the beautiful new landscaped area overlooking Lake Pupuke. The area is currently being turned into an inviting outdoor space for patients, visitors and staff to spend time in. Thank you to the Well Foundation for organising the visit from Kristin School and to the students for their hard work and creativity.

The beautifully decorated rocks will add a splash of colour to the lakeside landscaping.

Well Foundation updates

- Fundraising for the new Special Care Baby Unit at Waitakere Hospital is tracking well, with $4.62 million of the $5 million raised or pledged. Work is continuing to reach the target amount with the 12-month build scheduled to commence from October 2020.
- New sleeping chairs will be arriving at North Shore and Waitakere Hospital maternity wards in the coming weeks. These La-Z-Boy-style chairs will mean partners/supporters can stay overnight. Donations from the community have helped fund these chairs.
- Rotary Henderson has generously committed to complete a significant landscaping project at Waitakere Hospital. The area near the existing pond will be transformed into an attractive space for patients and staff to enjoy. Rotary is providing 100% of the volunteer labour and have secured approximately $25,000 from the community. The project will get underway in spring.
- Well Foundation is working with DHB management and the community to scope a social investment model solution for the proposed Primary Birthing Unit close to Waitakere Hospital. This will be completed by the end of August.

Creating a culture of appreciation
Another 32 people have been recognised in our fortnightly CEO Awards, which were launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work. Each staff member whose nomination is considered worthy of acknowledgement receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting are included as ***Appendix One.***

1. Upcoming events

Looking toward the upcoming months, we can expect to see:

- Ongoing work on the demolition of Taharoto building as part of preparation works for our new hospital building.
- Continuation of 2020 CEO Lecture Series.
- 17 September: World Patient Safety Day.
- 19 September: New Zealand General Election.
- 21 – 28 September: Mental Health Awareness Week.

2. Future Focus

National Collections data
The 2019/20 Financial Year DHB Performance Indicators recently released by the Ministry of Health shows Waitematā DHB is the only DHB that has scored Outstanding for the last three quarters for National Collection data quality matching. This indicator looks at the data that has been submitted via coding, non-admitted patient events, electives and national patient flow and checks the accuracy across the different collection streams.

Mobile Phlebotomy
A closed-loop phlebotomy collection is being piloted at Waitakere Hospital where the new soft patient wristbands have been deployed. Mobile phlebotomy collections are designed to support positive patient identification at the bedside. Patient wristbands are first scanned on a smartphone. Once the patient's identity is confirmed, a list of open orders is presented to the phlebotomist. Blood is collected and labels are then printed on a mobile printer and affixed to the blood tube at the point of care. The phone and printer are housed in a 3D printed unit that connects to the Sysmex Éclair system over the hospital wireless network.

Support for design of the Managed Isolation Facility (MIF) solution
With DHBs now having responsibility for managed isolation of travellers, the RIQCC (Regional Isolation and Quarantine Coordination Centre) requires an IT solution which links the national Border Register system to our local IT solutions to optimise clinical workflow and allow timely swabbing, management and release for travellers. Our team members are leading the design of the 'joined-up' system and using the regional data store to provide lab result information, as the DHB-led system is designed. This work is multi-agency, involving primary and secondary care, all regional DHBs as well as Ministry of Health and Defence Force.

Tōtara Haumaru
The new i3 design space is now operational in the portacom outside the i3 office behind North Shore Hospital. This space is being used for mocking up spaces in collaboration with AUT Good Health Design in order to inform the current design phase for Tōtara Haumaru as well as other projects. It will also display AUT student projects for Waitematā DHB and will be used to run staff and community events around design.

Outpatients and telehealth
The numbers of outpatient clinics being conducted by telehealth (phone, video and non-contact) have reduced since the COVID-19 lockdown levels have been relaxed. However, the proportion of telehealth follow-ups is 25% compared with 4% at this time last year. We are continuing to work on bringing on new services and on the administration and systems to make telehealth easier for all. The telehealth website is being expanded, with instructional videos to help people to feel more comfortable with telehealth prior to their appointment. The team is currently reviewing responses to an EOI for online booking solutions.

Clinical photography
The team is planning a trial of a New Zealand solution to assist in wound care. This can be used in hospital and in the community for all uses related to wound care, so that all clinicians can view a longitudinal record of changes in wounds over time. If the trial is successful, this app-based solution is easily scalable across the region.

Artificial Intelligence Lab
i3 fellows are working on various aspects for the establishment of our Artificial Intelligence Lab, including key considerations in partnership arrangements and methods to identify and address bias.

Inflammatory Bowel Disease (IBD) Smart app
i3 is supporting the initiative to enable national roll-out of a mobile phone application for all IBD patients (currently there are about 20,000 IBD patients in NZ) to track their disease activity and test monitoring at home. The initiative is in partnership with the New Zealand Gut Health Network and the University of Otago. Canterbury DHB, NZ Society of Gastroenterology, Southern DHB and Counties Manukau DHB are also supporting this initiative.

3. Board Performance Priorities
The following provides a summary of the work underway to deliver on the DHB's priorities:

Relief of Suffering
Progress: ✔

Patient Experience

Better Outcomes ✔
Progress: On track

National Inpatient Survey
Cemplicity no longer provides the service for the National Inpatient Survey. Therefore, there is no current data available. Ispos was formally announced as the new provider by the Health Quality & Safety Commission. A review of the current survey has been completed and a new survey will be sent out to patients in August 2020.

Friends and Family Test
In June, the Net Promoter Score (NPS) dropped slightly to 84 after a previous high of 87 in May. We received feedback from 612 people, which is still much lower than our usual response rate of over 900 but up from 381 responses last month. The NPS performs consistently above the DHB target of 65.

Friends & Family Test Overall Results

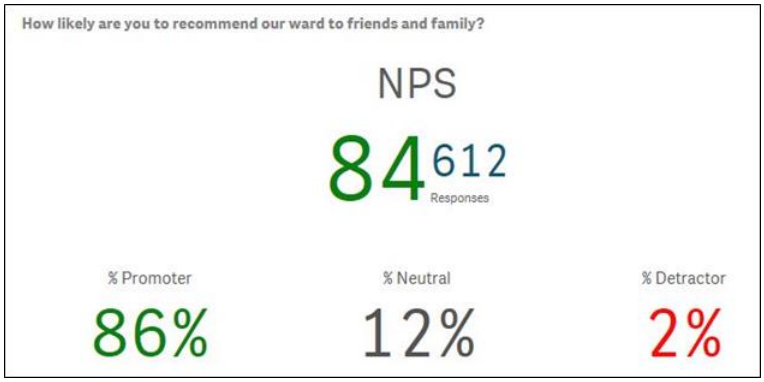
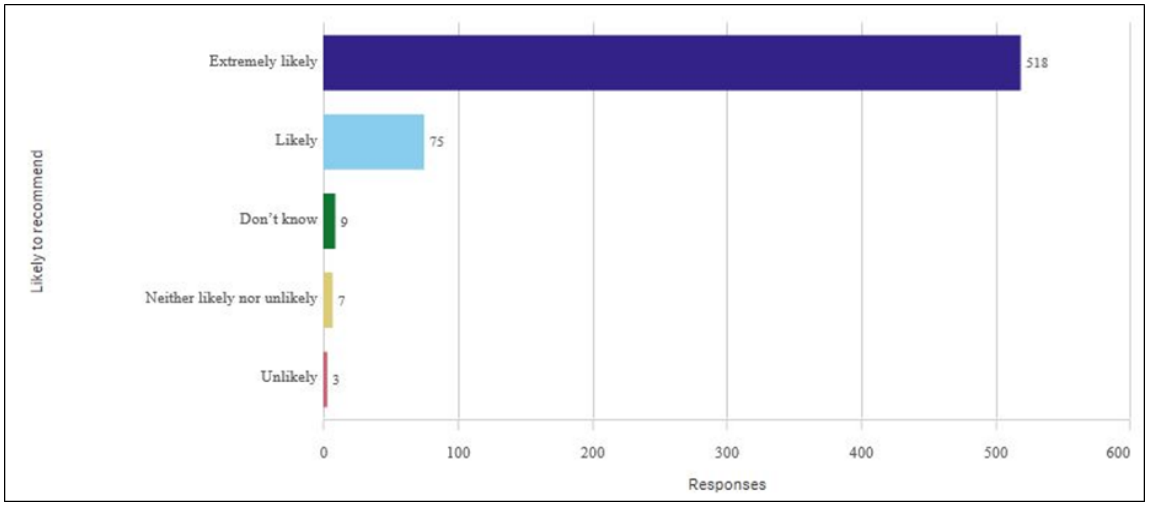


***Figure 1**: Waitematā DHB overall NPS.*



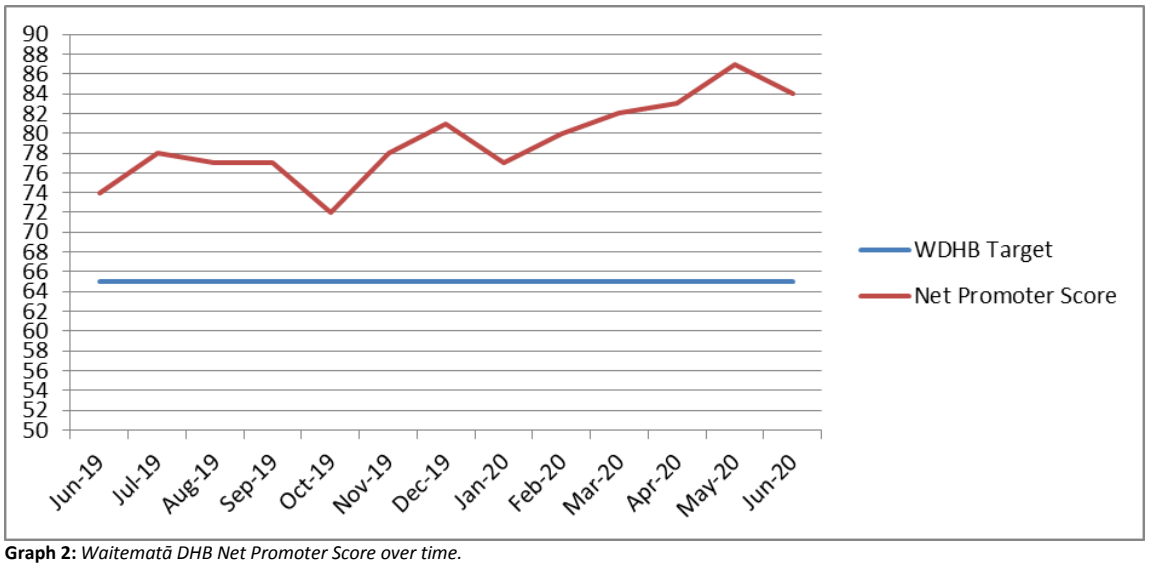
Graph 1: *Waitematā DHB overall FFT results.*

Pt Experience Survey by Period

Month & Year	Surveys	How likely are you to recommend our ward?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Welcoming and friendly?
Totals	598	84	81	87	93	86	92
Jun-2020	598	84	81	87	93	86	92

Table 1*: Waitematā DHB FFT results (each question).*

The net promoter score has met target for all Friends and Family Test questions. 'Care and respect' achieved its highest-ever score of 93 since the survey began in 2013. All other scores remained fairly consistent with the previous month with the exception of 'did we see you promptly', which fell slightly from 84 to 81



Graph 2: *Waitematā DHB Net Promoter Score over time.*

Consumer Council update and highlights
The Consumer Council met in June and July and welcomed new member Ngozi Penson. The following agenda items were discussed:

- Endorsement and review of Consumer Council strategy – post COVD-19.
- Endorsement of resources such as elevator pitch, action tracker and guidelines for Consumer Council engagement.
- Choosing Wisely – Aotearoa.
- Waitematā DHB response to COVID-19.
- Introduction to Māori Patient & Whānau Experience Lead.
- Redesign of Waitematā DHB website.
- Telehealth strategy.

The Consumer Council was established one year ago and has a waiting list of agenda items. In the coming weeks, the process for extending member terms and ongoing nominations will be finalised.

Achieving the priority targets – June 2020

- Planned Care interventions – 98% (target 100%)
- Shorter waits in ED – 96% (target 95%)
- Faster cancer treatment – 85% (target 90%)
- Increased immunisation – 83% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.4% (target 7.4%)

Health Quality and Safety markers
Falls
Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. Overall, Acute & Emergency Medicine completed 100% of falls risk assessments, Specialist Medicine & Health of Older People completed 100% and Surgical & Ambulatory completed 100% on admission. Of those, Acute & Emergency Medicine completed 93%, Specialist Medicine & Health of Older People completed 100%* and S & A completed 87% within eight hours of admission (against a target of 90%).
**Issue with information systems not recognising that AT & R ward patients are "Admitted" following transfer/discharge from an acute ward.*

Hand Hygiene
Waitematā DHB's Hand Hygiene Compliance Audit result for June 2020 is 90%. This exceeds the national target of 80% compliance, with Waitematā DHB consistently above the national average of 85%.

Healthcare-Associated Infections
The Central Line Associated Bacteraemia insertion bundle was used in ICU on 100 percent of occasions in June 2020. The insertion bundle compliance also exceeds the national target of 90%.

Pacific Health
COVID-19 Response
The Pacific team has been directly involved in the planning and implementation of strategies and activities for Pacific people relating to COVID-19. This has been through active participation and engagement with the Pacific Northern Region Health Coordination Centre (NRHCC) team. The work streams undertaken by the Pacific NRHCC to date includes: Intelligence and Primary Care, Communications and Insight, Pacific Clinical and Technical Advisory work, Wellbeing, Workforce and

Operations. Additional funding received via the Pacific section of the Ministry of Health is being finalised and will be distributed to the four Northern Region DHBs for Pacific initiatives to cover: communications and insights, community engagement, workforce (Inpatient Navigators), Auckland Regional Public Health Service (ARPHS) Pacific case model, mobile clinics, vaccination and health outreach. Project work has commenced around the set-up of a Pacific team within Auckland Regional Public Health Service. This is a collaboration between ARPHS and Pacific NRHCC. The Pacific Leads for the team have been appointed and we will be interviewing in July-August for the remainder of the team.

Tautai Fakataha (Pacific Navigational Service)
Our Pacific cultural service has continued business-as-usual through the last quarter. During the changing alert levels, we have continued to work in a reconfigured setting with 1-2 staff per office site (Waitakere Hospital, North Shore Hospital, Starship Hospital, Auckland City Hospital and Greenlane Clinical Centre).

A planning day was held on scheduled for 10 July with the aim of reviewing how we provide services post-COVID-19 and beyond. At this stage, we have agreed to prioritise and conduct face-to-face contacts with Pacific children and older adults admitted to our services and for our Pacific adult inpatients we will continue to see them via referral by the wards.

Pacific Health Science Academy (HSA)
Negotiations for the contracting of six new schools for the HSA in the Auckland region is underway. These contracts will be signed on 21 August. This contract-signing will coincide with the launching of the refreshed 'Futures Are Us' rebranding of the Pacific Health Workforce.

MOH Pacific Health and Wellbeing Action Plan 2020-2025
'Ola Manuia: The Pacific Health and Wellbeing Action Plan 2020–2025' is the Government's new national plan and commitment to improving the health and wellbeing of our vibrant and growing Pacific population living in Aotearoa New Zealand. This plan was informed by the previous Pacific health action plan, 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018' (Ministry of Health 2014). Ola Manuia sets out the priority outcomes and accompanying actions for the health and disability system for our Pacific peoples over the next five years. The Ministry of Health developed Ola Manuia with the guidance and input of Pacific communities, the health sector and relevant government agencies, with a vision that all "Pacific families are thriving in Aotearoa New Zealand." This plan identifies key areas of Pacific health we need to focus on and the specific actions we need to take to improve Pacific health. Ola Manuia is a tool for DHBs and the health sector to use to inform the development of their strategic documents, work programmes, key actions and community initiatives.

Pacific Workforce Annual Plan Priorities
We are continuing to aspire to the increase and development of our Pacific workforce for the period 2020-2021. Our target is to increase Pacific participation in the Waitematā DHB workforce by five per cent.
Our workforce objectives include the following:

- Expand our offerings in the Science Academies in partnership with tertiary education and NGO partners
- Offer scholarships to Pacific students in key workforces

- Growing our Pacific mentoring networks
- Pilot a Pacific leadership cohort through our leadership offerings

Pacific Cultural Training (Kapasa)

Plans are underway (post-Covid-19) to restart some aspects of Pacific Cultural Training. We have started with the Pacific Best Practice training sessions for our nursing and Allied Health orientation programmes.

CEO Scorecard

Waitematā DHB Monthly Performance Scorecard

CEO Scorecard
June 2020

Priority Health Outcomes

	Actual	Target	Trend
Planned Care interventions	98%	100%	--
Shorter Waits in ED	96%	95%	▼
Faster cancer treatment (62 days)	85%	90%	▼
Increased immunisation (8-month old)	92%	95%	▼
Raising Healthy kids	100%	95%	--
Māori percentage of overall workforce	7.4%	7.4%	▲

Provider Arm - Service Delivery

	Actual	Target	Trend
Waiting Times			
Planned care			
ESPI 1 - 90% OP Referrals processed w/n 10 days	*Compliant*		
ESPI 2 - % patients waiting > 4 months for FSA	*Non-Compliant*		
ESPI 5 - % patients not treated within 4 months	*Non-Compliant*		
Diagnostics			
% of CT scans done within 6 weeks	56%	95%	▲
% of MRI scans done within 6 weeks	80%	90%	▲
Urgent diagnostic colonoscopy (14 days)	100%	90%	▲
Diagnostic colonoscopy (42 days)	37%	70%	▲
Surveillance colonoscopy (84 days)	43%	70%	▼
Patient Flow			
Elective Surgical Discharges (YTD)			
Elective Discharges - Total	15,609	18,081	▲
Elective Discharges - Provider Arm	9,606	11,349	▲
Elective Discharges - IDF Outflow	6,003	6,732	▼
Efficiency			
Outpatient DNA rate (FSA + FUs)	10%	≤10%	▼

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	10 days	≤14 days	▲
Net Promoter Score FFT	84	65	▼
HQSC Quality and Safety Markers - Quarterly			
Older patients assessed for falling risk	100%	90%	▲
Older patients assessed sig. fall risk with care plan	100%	90%	▲
Good hand hygiene practice	92%	80%	▼
Occasions insertion bundle used - ICU	100%	90%	--
Occasions maintenance bundle used - ICU	93%	90%	▼
b. Surgical site infection rate per 100 procedures	*0.6*	*≤0.93*	▲
b. Antibiotic in the right time	*100%*	*100%*	▲
Improving outcomes			
Better help for smokers to quit - hospitalised	99%	95%	--
a. Ambulatory Sensitive Hospitalisation rate (ASH) 0-4	*5577*	*≤5502*	
f. Annual amenable mortality rate (per 100 000)	*63.3*	*≤62.1*	▼
Population coverage/Access			
a. Cervical Screening	*69%*	*80%*	▼
a. Breast screening	*65%*	*70%*	▼
c. Bowel Screening			
% referred for colonoscopy (45 days) following +ve iFOBT	*96%*	*95%*	▼
Treatment			
e. HSMR (Source: Health Round Tables)	*0.82*	*≤1.01*	
g. # NOF patients to theatre (48 hours)	*98%*	*85%*	▲
ST elevation MI receiving PCI (120 mins)	80%	80%	▼
AT&R referrals assessed (2 working days)	99%	90%	--

Managing our Business

	Actual	Target	Trend
Staff Experience			
Sick leave rate	3.3%	≤3.4%	--
d. Turnover rate - external	11%	≤14%	▲
Lost time injury frequency rate 12 mth rolling average (work related hazards)	12	≤10	▲
Financial Result			
Expense/Revenue (YTD Total)	2,000,024 k	1,931,824 k	▼

Major Capital Programmes	Time	Budget	Quality
Elective Capacity and Inpatient beds	●	●	●
Mason Clinic Tanekaha replacement	●	●	●

Maori Scorecard

	Actual	Target	Trend
k. **Priority Health Outcomes - Monthly**			
Shorter Waits in ED	96%	95%	▼
Increased immunisation (8-month old)	83%	95%	▼
Better help for smokers to quit - hospitalised	100%	95%	▲
Faster cancer treatment (62 days)	83%	90%	▼
Raising Healthy kids	100%	95%	--
k. **Quality and Safety Markers - Monthly**			
Older patients assessed for falling risk	100%	90%	--
Older patients assessed sig. fall risk with care plan	100%	90%	--
g. # NOF patients to theatre (48 hours)	*100%*	*85%*	--

	Actual	Target	Trend
Priority Health Outomes - Quarterly			
h. Better help for smokers to quit - maternity	*78%*	*90%*	▼
a. Better help for smokers to quit - primary care	*85%*	*90%*	--
Quality and Safety Markers - Quarterly			
b. Surgical site infection rate per 100 procedures	*0*	*0.93*	--
Maori Workforce - Quarterly			
Māori percentage of priority workforce group	6.5%	6.7%	▼
New employee ethnicity not specified	0%	≤5%	--
Existing employee ethnicity not specified	1%	≤5%	▲

How to read

Performance indicators:
- ● Achieved/ On track
- ● Not Achieved but progress made
- ● Substantially Achieved but off target
- ● Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result small variations perceived to be large.

a. Reported quarterly - latest available Mar Q3 19/20
b. Dec Q2 19/20 (latest HQSC data available).
c. Bowel Screening - % referred for colonscopy (within 45 days) following positive iFOBT (Mar Q3 19/20).
d. Employees taking positions outside of the hospital/DHB
e. Reported quarterly - latest available Sep Q1 19/20
f. Annual data - latest draft data available 2016
g. Coding dep, rolling 3 mths - May 2020
h. Reported quarterly - latest available, Dec Q2 19/20
k. Small volumes result in sensitivity to traffic light criteria

A question?

Contact: Victoria Child - victoria.child@waitematadhb.govt.nz - Reporting Analyst, Planning & Health Intelligence, Planning, Funding and Health Outcomes, Waitematā & Auckland DHBs Team

CEO Scorecard Variance Report

Faster Cancer Treatment 62 days
This quarterly result (1 April to 30 June) was impacted by the low number of referrals in April and May, resulting in only 18 patients in the June denominator receiving treatment compared to the usual 30-35. There were 12 patients who breached the 62-day timeframe. The prevalent themes were COVID-19-related delays, the ongoing SMO vacancy in Head and Neck causing delays to FSA times and delays to radiology (MRI, Fine Needle Aspiration [FNA]).

Diagnostics
Radiology (CT/MRI)
Radiology moved back to operating at full capacity during June. Business-as-usual outsourcing for MRI and Ultrasound scans continued. The additional outsourcing for CT scans and Plain Film X-rays commenced during the week of 15 June and this will continue into September. There has been a small improvement in the percentage of CT and MRI scans completed within the six-week target. It will be several months before we see a significant improvement in the CT percentage as we work through the significant volume of scans to be outsourced.

Colonoscopy
The endoscopy service did not achieve the MoH target for Normal Diagnostic Colonoscopy (70% patients seen within 42 days) and Surveillance colonoscopy (70% within 84 days) in June 2020. All planned activity has now fully resumed. Outsourced contractors have committed to completing the volumes agreed for 2019/20 and arrangements have been made to maintain service July through to September to allow new contracts to be agreed. A provisional recovery plan has been prepared outlining the activity required to facilitate a return to compliance against the national indicators by July 2021.

Patient Flow
Elective Services Discharges
Elective production for the month of June remained at 85% on the back of COVID-19. Planning during this month has focused on ensuring we can achieve a minimum of 100% from 1 July. Services are striving to balance the requirement of clinical compliance with ESPI compliance and the need to plan additional theatre lists to reduce the backlog of elective patients.

Cervical Screening
Cervical Screening coverage for Waitematā DHB at 30 March 2020 is sitting at 69% overall for three-year coverage, the target is 80% coverage. Māori coverage is 60%, Pacific is 61%, Asian is 68% and other is 71%. National average coverage is 71% for the same period. Māori women's cervical screening coverage in Waitematā is amongst the worst in the country, with metro Auckland DHBs demonstrating the lowest coverage for Māori women.

Coverage across the National Cervical Screening Programme has been declining in the past three years, this trend is also demonstrated in Waitematā. This most recent coverage reporting includes a correction associated with the corrected population projections based on the most recent Statistics New Zealand Census. This has resulted in a small increase in total coverage for Waitematā of 2.3% comprising of improvement in coverage of 3.2% Pacific, Māori, 6.3% other and a reduction in coverage of 5.1% for Asian women. Coverage amongst Asian women in Waitematā remains among the highest in the country.

There are a number of challenges to the programme, the screening component of which is predominantly delivered in primary care. Funding for the screening visit is not provided across the whole programme and a small amount of funding is targeted to Māori and Pacific women in Waitematā DHB. A significant co-payment is charged at many primary care providers.

NCSP consulted the sector on transitioning to HPV primary screening some five years ago, and the shift to the HPV primary screening programme, originally signalled for 2018 is currently indicated to be in 2021. It is unlikely this change will go ahead in this timeframe due to resource constraints, however, the consultation and research in support of the HPV primary screening programme has added to perceived confusion around screening recall and engagement.

Breast Screening
Breast Screening was suspended during the COVID-19 lockdown period as these are non-urgent elective procedures. Assessment clinics continued to clear the backlog of women recalled for assessment prior to lockdown. Breast Screening recommenced screening 13 May and is now working within capacity.

Immunisation Rate
COVID-19 has impacted immunisation coverage with coverage for total and Māori populations below that for the same time last year. The sector reports whānau were reluctant to leave their bubble amidst concerns of social distancing in primary care practices. There was also a temporary pause in outreach whilst access to PPE and safe home visiting protocols were developed, however, the provider reported uptake was slow. We are working with PHOs on supporting practices continue to recall and our NIR team are prioritising Māori and Pacific children due immunisations during lockdown for follow up and prompt referral to OIS where required.

Priority Health Outcomes
Better help for smokers to quit programmes continue to track under target with a recovery plan in development. Recruiting patients and community into these programmes remains a challenge.

APPENDIX ONE – CEO RECOGNITION

Cynthia Wheeler - Consumer Feedback & Quality Team Administrator, Quality & Risk Management, Corporate.
Nominated by Jacky Bush.
"We often talk about the Feedback Team, but in reality this is Cynthia. Every day she demonstrates compassion and dedication to achieve the best for all those she comes in to contact with. It is not unusual to receive positive feedback on Cynthia's professional and compassionate approach when working with consumers who are providing feedback. It is clear that they feel supported and listened to when they are relaying their experiences of our services. She certainly brings our values to life and is a credit to the organisation."
Yvette Lee - Clinical Clerical Worker, Regional Rehabilitation Therapy, Child Women & Family.
Nominated by Kim Coulter.
"Yvette is such an asset to our service and to WDHB – she is always friendly and smiling, always willing to help, and always puts the patients first. Throughout lockdown she remained positive despite all the changes going on, and helped to keep us all in good spirits."
Kathryn Yelavich - Senior Community Occupational Therapist, North Therapies, Allied Health.
Nominated by Amanda Bishop.
"Kathryn has been an integral part of the community occupational therapy team in coordinating service delivery through a very challenging time. She has shown great leadership skills, compassion and support for the team and our patients in the community."
Lyn Wade - Registered Nurse, Ward 15, Specialty Medicine & Health of Older People.
Nominated by Jo Bartlett.
"Ward 15 has been closed for several weeks now and during this time Lynne was deployed to many different areas. Lyn's professionalism and can do attitude were truly valued by us as DNMs at a time when we were struggling to get RNs to come to work. She is truly 'better, best, brilliant'!."
Dr Maggie (Tian) Ma - China Collaboration Fellow, i3, New Initiatives, Corporate.
Nominated by Dr Lifeng Zhou.
"Maggie has been working on collaborative projects with Asian countries diligently since she took the role of China Collaboration Fellow last June. Maggie has just completed a significant paper on use of artificial intelligence (AI). She has shown her passion, diligence, insights in AI, and excellent communication and network building skills in the past year. Well done."
Delroy Daniels - Receptionist, Hospital Reception, Surgical & Ambulatory.
Nominated by Andrea Bond.
"Over the COVID-19 period Delroy has gone above and beyond to support the front of house screening and streaming processes. It has been a pleasure to work alongside him over this period, as he has always been welcoming and helpful, working closely and collaboratively with the nursing teams."
Anna Brown - Charge Nurse Manager, Cancer Services, Cancer Services.
Nominated by Dr Rebecca Storey.
I have, as well as many others, appreciated Anna's support and guidance through the pandemic which has been an incredibly strenuous time for us all in cancer services."
Dr Dilrukshi De Silva - Consultant Psychiatrist, Isa Lei, Pacific Mental Health, Takanga A Fohe.
Nominated by Lucia Vosataki.
"It is such a pleasure working alongside Dr De Silva. She is down to earth, approachable and client focussed. She ensures that the client's needs are met in a timely manner, and delivers the best care for every single patient/client using our service."
Tiina Holton - Clinical Psychologist, Isa Lei, Pacific Mental Health, Takanga A Fohe.
Nominated by Lucia Vosataki.

"Tiina has been a great support and such a blessing to be, working alongside her. She is client focussed, approachable and non-judgemental in her attitude and willingly shares knowledge and skills with the team that has enabled professional growth. Tiina is very down to earth and also a pleasure to work alongside."

Arnia Rupa - Midwife Manager Waitakere, Maternity West, Piha & Te Henga Wards, Child Women & Family.

Nominated by Marie Tuiva.

"Arnia is supportive towards the social workers, midwives, and especially the mother's that we care for on the maternity ward. She is culturally and professionally sensitive to their needs and has provided amazing support and continues to offer great services. Arnia is truly compassionate and delivers and is a performer above brilliance!!!! Nga mihi nui kia koe Arnia Rupa Arohanui. I am proud to work under her management and care."

Paul Colebrook - Clinical Charge Nurse, He Puna Waiora, Specialist Mental Health & Addictions Service.

Nominated by Satindra Kumar.

"Paul has gone the extra mile to help the team in difficult situations. He has shown commitment to make a difference in the lives of the clients."

Ester Bushell - NASC Clinical Team Leader, NASC North, Specialty Medicine & Health of Older People.

Nominated by Elise Penning, Tania Watkins & Kerry Turnpenny.

"Our team was working from home over lockdown and Esther went out of her way to support us. She always makes herself available and is always calm and approachable. She has an extensive knowledge base and experience and is always happy to discuss complex cases and help us find solutions and support us when needed. Esther is fabulous with a capital F! Thanks Esther for all your mahi."

Viliamikapeni 'Anau - Security Coordinator, Security, Traffic & Fleet Services, Hospital Operations.

Nominated by Fa'alingi Vaavale.

"For his long haul of over ten years service in Security. Vili is a great role model to his colleagues and those who were fortunate to cross the same path with him. He is also a great believer of 'everyone matters' through the work he loved just being the person he is. Vili, you will be missed by your team."

Annette Thorn - Enrolled Nurse, Rimu Unit, Forensic Service, Specialist Mental Health & Addictions Service.

Nominated by Madelein Jewell.

"Annette has worked at Rimu Unit for a very long time and her laughter is a blessing to our ward. I see her as a highly professional nurse who runs our unit smoothly. Annette really stepped out and delivered the values of the service to a high standard."

Manoj Shukla - Cleaner, Clinical Support Services, Hospital Operations.

Nominated by Ajay Ralh & Priti Priti.

"Manoj does his job with sincerity and 'with compassion' and every person is important whether they are staff, patients or visitors. He is always trying to stay 'connected' and constantly works towards improving and enhancing his skills and strives for better outcomes. Manoj lives the values of WDHB which is shown through his work everyday".

Matthew Rogers - Communications Director, Communications, Corporate.

Matthew Gray - Deputy Communications Director, Communications, Corporate.

Nominated by Sam Smorenburg.

"Matt Rogers and Matt Gray both worked tirelessly through COVID-19, giving up most of their personal time to meet the demands of the work needed to be done. They sacrificed family time to best support the community and staff by keeping them up to date with the most relevant information. Their attention to detail and management of the situation was in line with our value 'better, best, brilliant'. They are both Silent Heroes who deserve recognition from all of us."

Janine Graham-Jones - Charge Nurse Manager, Hine Ora Ward, Child Women & Family.
Nominated by Ruth Book.
"Janine has an incredibly huge heart and cares so much for all staff, patients and their family members. There are not enough words to describe what a wonderful person, manager, friend, and great leader she is. She goes above and beyond her calling at all times. I believe she deserves recognition."
Carolina De Oliverira Duff - Registered Midwife, North Shore KYM, Child Women & Family.
Nominated by Rebecca Eade.
"Carolina is a caring and experienced midwife who strives to provide excellent care to women and whānau. We recently had feedback from one of the woman who had received care from Carolina that she was 'awesome' and the care was above her expectations. She felt she was in good hands."
Suz Peeperkoorn - Associate Clinical Charge Nurse / Nurse Educator, Emergency Care Centre NSH / Learning & Development, Acute & Emergency Medicine / Corporate.
Nominated by Satindra Kumar.
"I admire Suz's compassionate, caring and non-judgemental attitude towards the mental health patients who present at NSH ED. She is always eager to help the mental health clinicians with her warm manners, even in early hours of the morning. She truly demonstrates the core WDHB values of 'with compassion and 'everyone matters'."
Dr Hamza Gardezi - Registrar, Kingsley Mortimer Unit, Specialist Mental Health & Addiction Service.
Nominated by Satindra Kumar.
"It is a pleasure working with Hamza during on-calls. He offers help even when he is not the registrar working for that team and even if he has to work beyond his rostered duty hours. His care towards his patients is commendable."
Kelly Konsten - Family Therapist / Social Worker, Maternal Mental Health, Specialist Mental Health & Addiction Service.
Nominated by Sharna Linderboom.
"Kelly is a key asset in our team. Kelly has been a great support, she is approachable, reflective, and non-judgemental. It is a blessing to be able to work alongside her. Kelly is always willingly to share knowledge and skills with the team. Kelly is very down to earth; she is professional yet has a light hearted way of relating to her team members which always brings a smile to our faces."
Sheeba Martin - Associate Clinical Charge Nurse, Assessment & Diagnostic Unit, Acute & Emergency Medicine.
Nominated by Kim (Jung Eun) Kim.
"Sheeba is a prime exemplar and role model that highlights our WDHB vision. Sheeba always demonstrates compassion for all patients and always endeavours to provide the best care and outcome for her patients. Thank you Sheeba."
Evan Shih - Cultural Worker, Child Development Services, Child Women & Family.
Nominated by Emily Clay.
"Evan has been involved with one of our complex children and her parents; he has really helped us to work with this family well, going above and beyond to help them and our service!"
Allan Devlin - Registrar, Emergency Medicine, Acute & Emergency Medicine.
Nominated by Joanne Parker.
"For his support of nursing and medical colleagues, and his commitment to achieving the best outcomes for patients. Allan has a great bedside manner and takes the time to explain to patients and families the plans for their care in terms which they can understand. He is a real asset to Waitematā DHB."

Catherine McSweeney - Registered Nurse, Pohutukawa Unit, Specialist Mental Health & Addiction Service.
Nominated by Lesley Turner.
"For her leadership and commitment to service improvement. Catherine is hard working and is always looking for ways to improve processes for staff and improve outcomes for care recipients. Catherine's support in the Reducing Seclusion Project has been invaluable."
Catherine Poasa - Physiotherapist, Inpatient West Therapies, Specialty Medicine & Health of Older People.
Nominated by Lindsay Nenova.
"For her tireless commitment to patients and staff. Catherine has been up skilling her Samoan language skills in her own time and has frequently offered to provide language and cultural support at short notice for staff caring for our Samoan patients. She also has been really supportive to staff in their attempts to improve their Samoan cultural knowledge by providing a quiz and being super approachable for any queries staff have to optimise our care of our Samoan patients and families."
Roberta Blair-Stilwell - Clinical Team Leader - Dental, Dental Management, ARDS, Child Women & Family.
Nominated by Livet Padilla.
"Roberta is our Superhero! She always ensures we have available and sufficient PPE's to be used by the staffs in all our N1 School Dental Clinics. She even delivers it personally to our clinics and making sure we are all safe. I fully appreciate your outstanding support and efforts. "
Scott Abott - Programme Manager, Māori Health, Corporate.
Nominated by Christine Cammell (HealthWest).
"I have met with Scott in many meetings over the years and without fail he is: polite; respectful; allows people to express their every thought and opinion; works collectively for the good of patients; positive; hard working; and always follows through on every action assigned to him. He is a credit to the team, and is a pleasure to work with."
Dr Prashant Satyawan - Medical Officer, ARDS South, Child Women & Family.
Nominated by Anishma Ram.
"Thank you for your immense support during the COVID lockdown period and beyond. You work tirelessly and are always ready to provide support to anyone who may need it. You always put others before self and always ensure that everyone is well looked after. Thank you for going that extra mile and over and above the call of your normal job description to help everyone. You are a living example of 'with compassion' and 'better, best, brilliant' as well as a wonderful role model. It is always a pleasure to work with you."
Suhani Chaudhary - Specialty Nurse, SCBU West, Child Women & Family.
Nominated by Fleur Boxall.
"I witness a Nurse who advocated and used her critical thinking skills for a woman after what was a traumatic experience. Suhani collaborated with the theatre team providing special time and bonding with the mother and new born baby before leaving for SCBU. She did this while making sure that her decision was based on safety, experience, compassion and therefore; 'better, best, brilliant' practice. Thank you."
Andrew Suh - Registered Nurse, ADU, Acute & Emergency Medicine.
Nominated by Jeff Cabamongan & Sonya English.
"Andrew always provides really detailed ISBAR Smartpage referrals that include concise and clear articulation of his patient assessments. This is particularly helpful for critical care outreach nurses and doctors alike, to help in accurately triaging Smartpage referrals and improving patient outcome."

4.2 Health and Safety Performance Report

Recommendation:

That the Board receives the report.

Prepared by: Michael Field (Group Manager, Occupational Health and Safety Service)
Endorsed by: Fiona McCarthy (Director, Human Resources)

1. Purpose of report

The purpose of the Health and Safety Performance Report is to provide quarterly reporting of health, safety and wellbeing performance including compliance, indicators, issues and risks to the Waitematā District Health Board (DHB).

2. Strategic Alignment

Community, whanau and patient centred model of care	This report comments on issues and risks that impact on staff health and safety and therefore, patient care and organisational culture.
Emphasis and investment on both treatment and keeping people healthy	This report comments on organisational health and safety information via incident reports, health monitoring and identified hazards.
Intelligence and insight	This report provides information and insight into staff workplace incidents and what Waitematā DHB is doing to respond to these and other workplace risks.
Evidence informed decision making and practice	The leading and lagging indicator dashboard is based on current best practice indicators and targets. Risk controls are regularly audited to align to an evidence base.
Outward focus and flexible, service orientation	Health, safety and wellbeing risks and programmes are focused on staff, visitors, students and contractors. All strategic and operational work programmes and policy decisions are discussed with relevant Services, such as site visits and approaches to reduce risks.
Operational and financial sustainability	As appropriate, programmes of work will outline how Services will ensure operational sustainability, how measures of success are set and value and return on investment is monitored.

3. Executive Summary

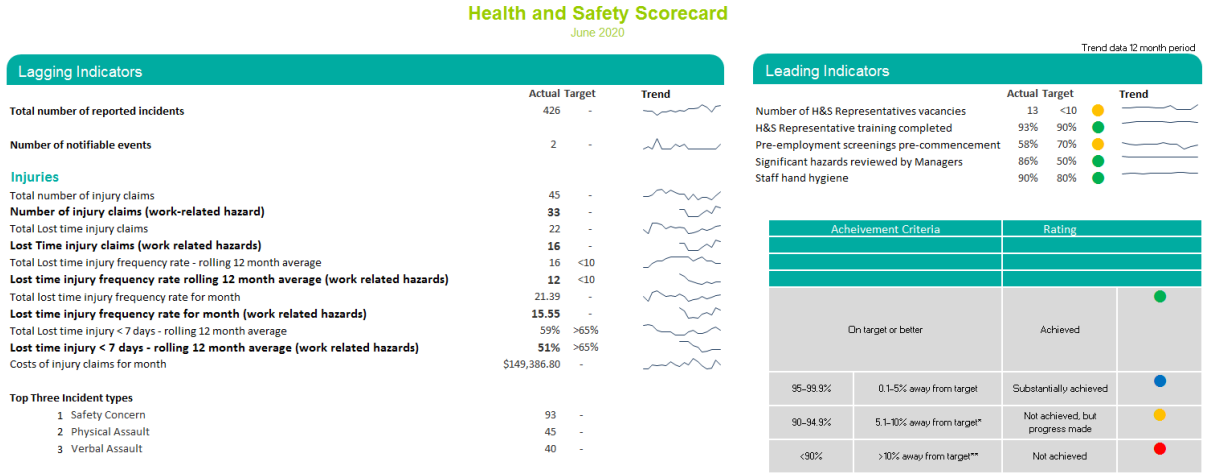
COVID-19
The Occupational Health and Safety Service (OHSS) continues to provide input and support to regional working groups relating to COVID-19, as well as providing advice and support for internal working groups, should community transmission recommence and impact on our hospitals.

Staff influenza programme
The staff influenza programme has now concluded for the year 2020, with a staff vaccination rate of 71.2% being achieved (compared with 66% in 2019). Planning for the 2021 campaign is now underway.

June 2020 reporting period update
For the June reporting period Waitematā DHB has met the majority of leading and lagging indicators.

The total lost time injury frequency rate (LTIFR) average relating to work place hazards is at 12 against a target of 10, indicating that hazards within our control are very well managed.

The Lost Time Incidents (LTIs) requiring less than seven days off work remains strong at 59% against a target of 65% (i.e. 59% of the injury claims required less than 7 days off work). This shows that many of the actions we have undertaken to reduce the consequence of incidents are delivering positive results, allowing staff to return to work sooner.



Health and Safety Scorecard
June 2020

Lagging Indicators

	Actual	Target	Trend
Total number of reported incidents	426	-	
Number of notifiable events	2	-	
Injuries			
Total number of injury claims	45	-	
Number of injury claims (work-related hazard)	**33**	-	
Total Lost time injury claims	22	-	
Lost Time injury claims (work related hazards)	**16**	-	
Total Lost time injury frequency rate - rolling 12 month average	16	<10	
Lost time injury frequency rate rolling 12 month average (work related hazards)	**12**	<10	
Total lost time injury frequency rate for month	21.39	-	
Lost time injury frequency rate for month (work related hazards)	**15.55**	-	
Total Lost time injury < 7 days - rolling 12 month average	59%	>65%	
Lost time injury < 7 days - rolling 12 month average (work related hazards)	**51%**	>65%	
Costs of injury claims for month	$149,386.80	-	
Top Three Incident types			
1 Safety Concern	93	-	
2 Physical Assault	45	-	
3 Verbal Assault	40	-	

Trend data 12 month period

Leading Indicators

	Actual	Target	Trend
Number of H&S Representatives vacancies	13	<10	
H&S Representative training completed	93%	90%	
Pre-employment screenings pre-commencement	58%	70%	
Significant hazards reviewed by Managers	86%	50%	
Staff hand hygiene	90%	80%	

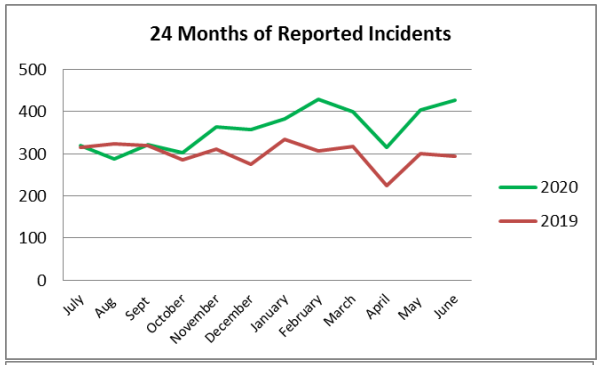
Acheivement Criteria		Rating	
On target or better		Achieved	
95–99.9%	0.1–5% away from target	Substantially achieved	
90–94.9%	5.1–10% away from target*	Not achieved, but progress made	
<90%	>10% away from target**	Not achieved	

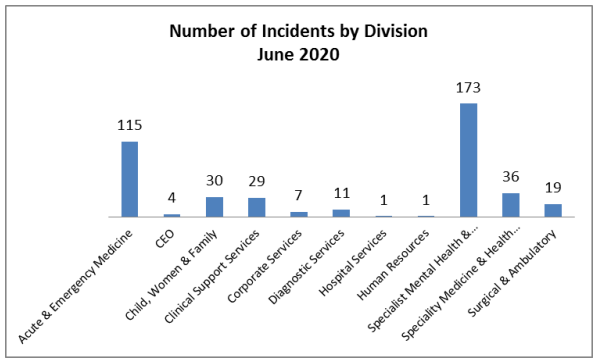
Pre-employment screening prior to commencement is at 58% compared to a target of 70%. This is predominantly due to clinical staff being engaged rapidly during COVID-19 and we expect this KPI to be favourable for the next reported period. Pre-employment health screening rates continue to rise year on year which is positive.

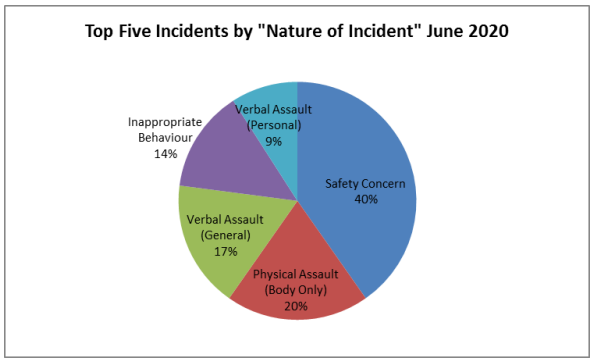
Overall reported incidents have been increasing since February 2020, which coincides with a reminder to encourage staff to report all incidents that occur and our Unions joining with us to collaboratively spread this message. The increase in total reported incidents is also due to the OH&SS identifying additional 'patient' reported event categories that relate to staff as well, and which we are now manually reviewing and capturing. This is critical, as we are then able to investigate each incident and identify appropriate corrective actions.

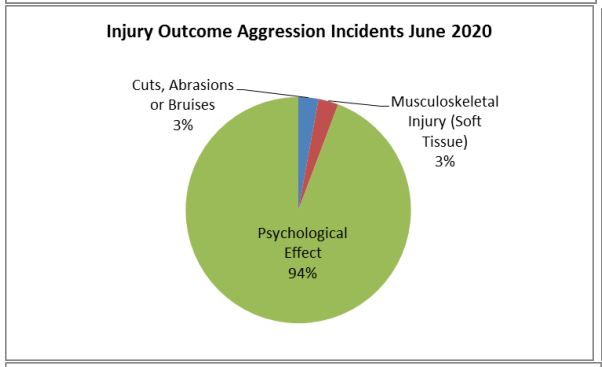
In relation to top accident types:
1. Slips, trips and falls were recorded at 17 in June. Of these 17 incidents, 10 related to workplace hazards, with the remaining seven being unavoidable (such as tripping over own feet).
2. There were six 'moving and handling' patient incidents recorded in June. The Moving and Handling team are reviewing all incidents to identify what corrective actions are required, including where appropriate moving and handling equipment is not currently available.
3. There were 58 physical aggression incidents reported in June, 59% relating to Mental Health and Addiction Services (MHAS). Many of these incidents related to specific high acuity service users within MHAS, with individual service users triggering numerous incidents, often over a short period of time, while they were unwell. In June, all 58 incidents of physical aggression were caused by people who had no intention to cause harm.

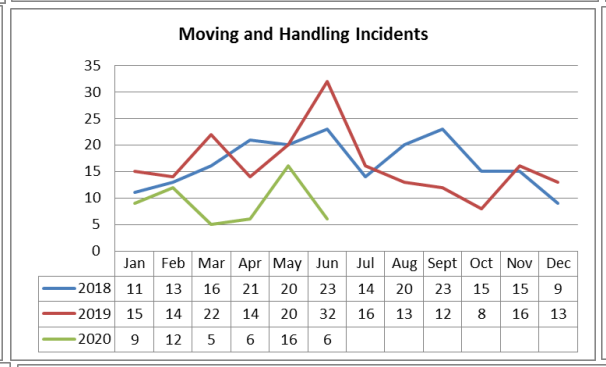
4. Performance Dashboard



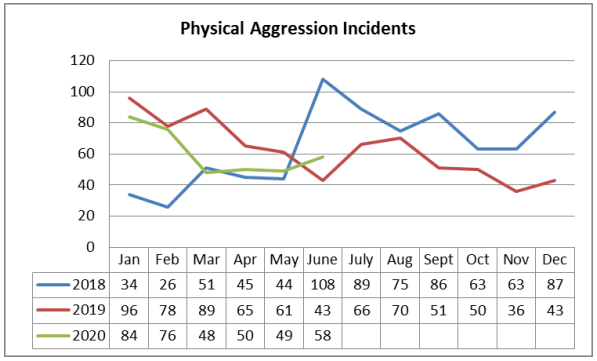




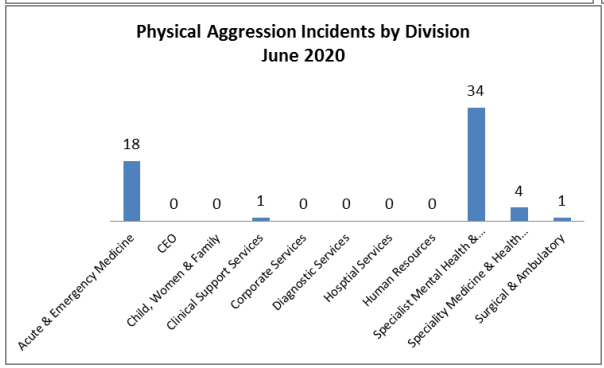


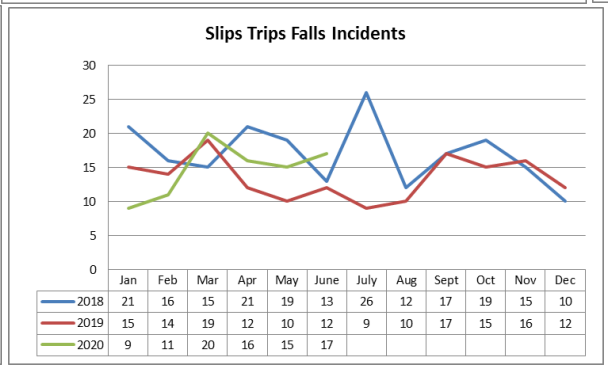


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2018	11	13	16	21	20	23	14	20	23	15	15	9
2019	15	14	22	14	20	32	16	13	12	8	16	13
2020	9	12	5	6	16	6						

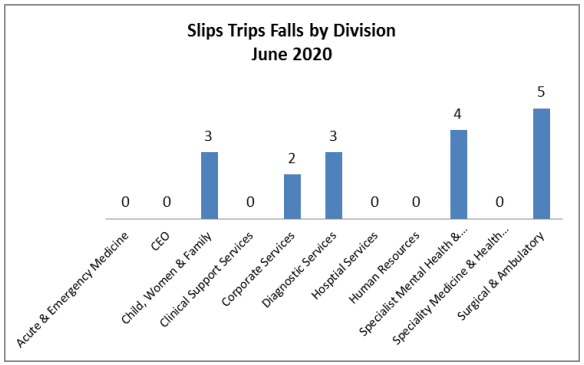


	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2018	34	26	51	45	44	108	89	75	86	63	63	87
2019	96	78	89	65	61	43	66	70	51	50	36	43
2020	84	76	48	50	49	58						



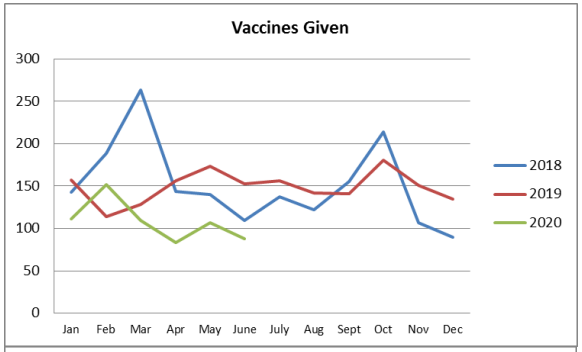


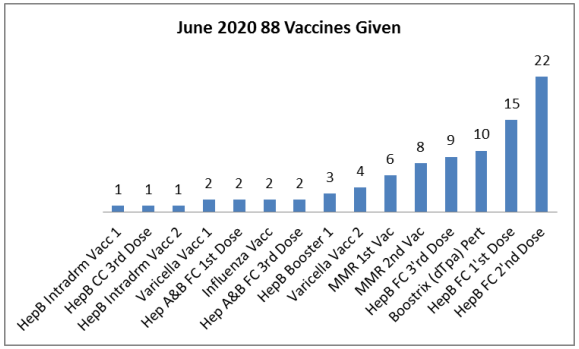
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2018	21	16	15	21	19	13	26	12	17	19	15	10
2019	15	14	19	12	10	12	9	10	17	15	16	12
2020	9	11	20	16	15	17						

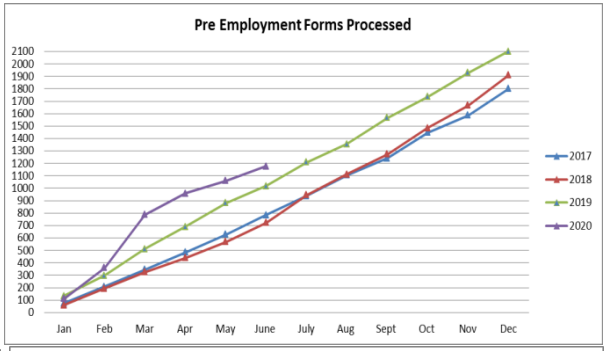


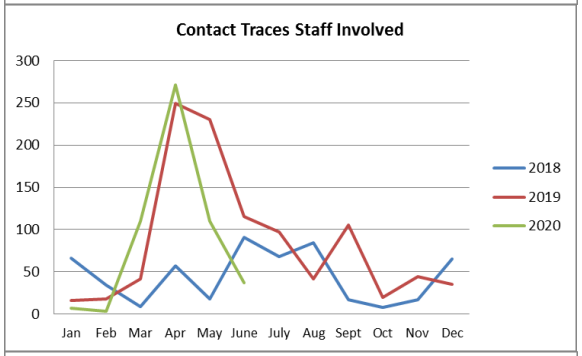
5. Occupational Health Activity

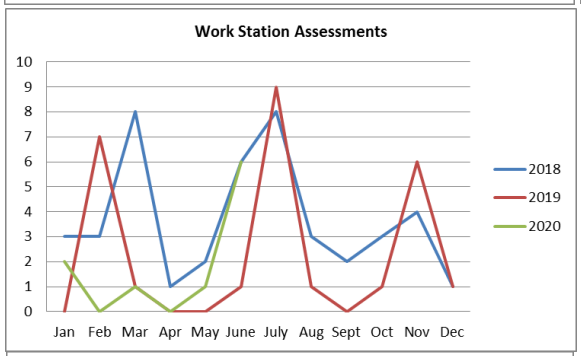
Outlined below is a summary of occupational health activity undertaken in the Waitematā DHB.

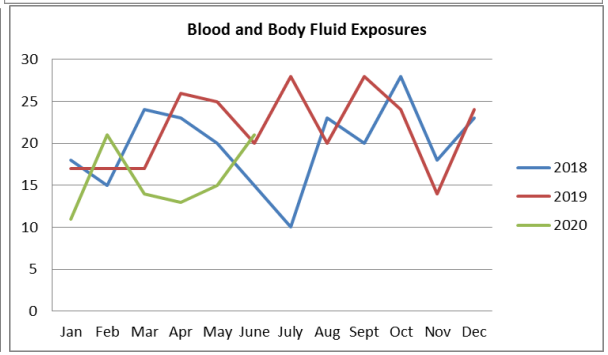


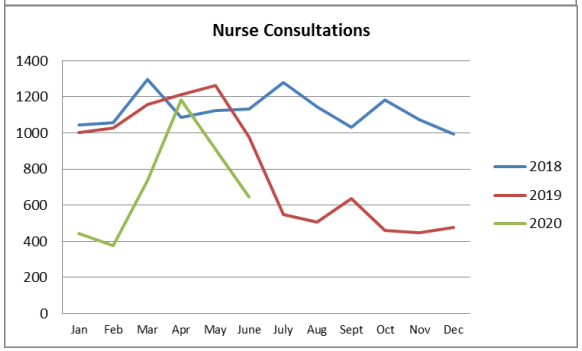


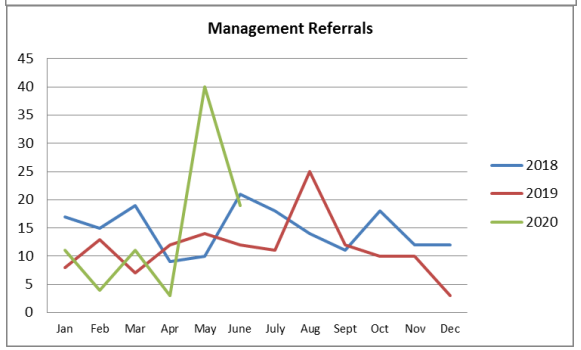












6. Work related injury Claim Data for June 2020

Outlined below is our injury claims data for June. Work injury claims data is for all work injuries currently managed by the Waitematā DHB, including injuries that occurred in previous years, up to and including injuries for June 2020. High accident events account for approximately 61% of the cost of claims, as below:

INJURY CLAIM DATA

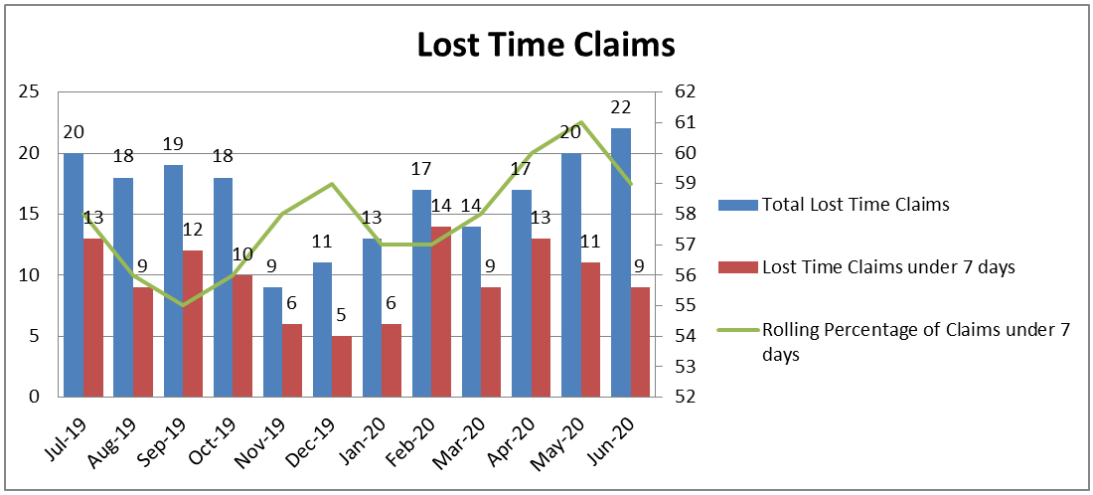
Total: Injury Claim Report for June 2020				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	$ total for month	$ total for month	$total cover cost for month	Total $ cost for month
296.5	$27,692.31	$54,086.44	$67,608.05	$149,386.80

High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	87	24%	$36,529.29	↑
Moving and handling	92	33%	$49,822.21	↑
Aggression	16	3%	$ 5,050.08	↓

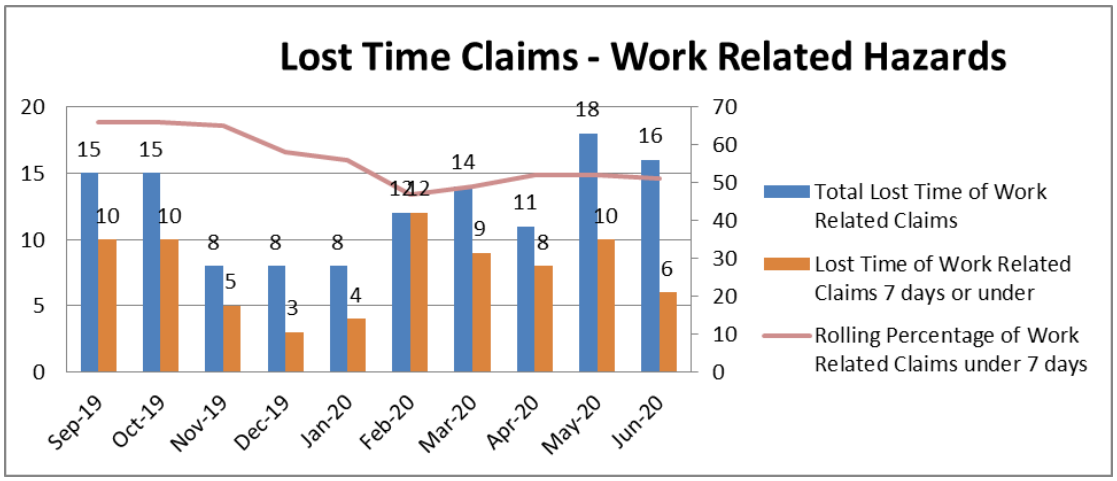
* Actions taken to mitigate high accident types are noted in the Executive Summary.

** Total cost by month is inherently inaccurate, as we are only able to report cost as we are invoiced for it, which can often occur months after the cost was incurred.

Overview
Of the 22 lost time claims lodged in June 2020: • 9 had 7 days or less of lost time and have returned to full duties • 4 had over 7 days of lost time and have returned to full duties • 4 had over 7 days of lost time and are now fit for selected duties • 5 other staff members remain fully unfit for any duties
Out of the 22 lost time injury claims 16 involved work related hazards • 6 had 7 days or less of lost time and have returned to full duties • 4 had over 7 days of lost time and have returned to full duties • 2 had over 7 days of lost time and are now fit for selected duties • 4 other staff members remain fully unfit for any duties

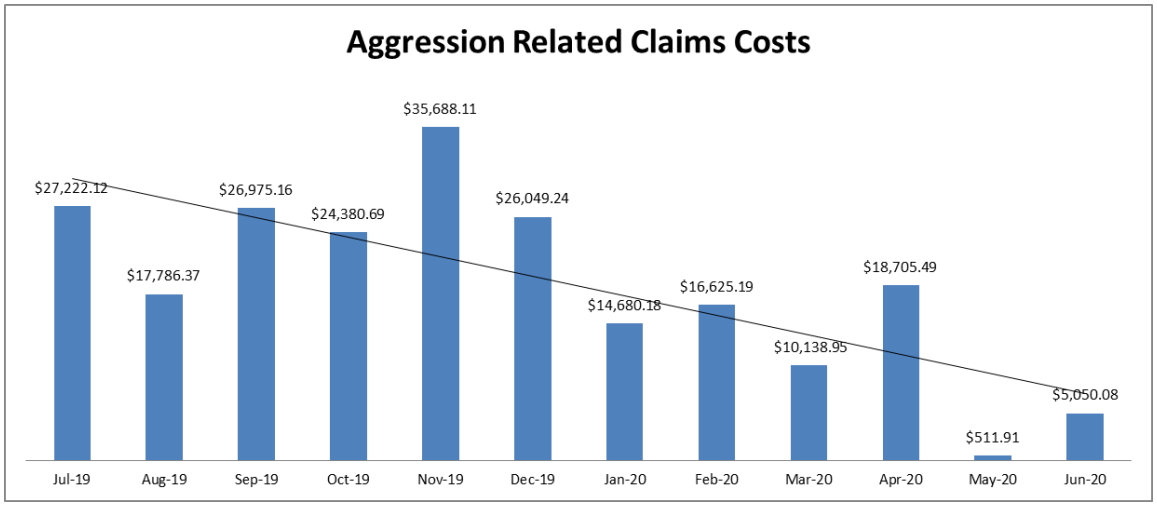


The minor peak we are seeing in our lost time claims relates predominately to slips, trips and falls which have increased slightly on last year's claims.



The following table has been included to provide information on the total cost of aggression related injury claims only (13 month rolling table).

Although there are the expected peaks and troughs, the overall trend is favourable. It should be noted that these costs are those expensed by Waitematā DHB during the reported periods, and do not reflect incidents that occurred within that same reported period. This is because there is a lag between an incident occurring and costs being expensed and also because injuries can span multiple report periods, sometimes over multiple years, depending on the severity and time required for the staff member to fully return to work (RTW).



7. Stakeholder feedback

Facilities

HEALTH AND SAFETY STATISTICS June 2020	Maintenance Services	NSH Campus	WTH and Mason Campus	Project Services	June Total	YTD 19/20
Incidents and accidents *Lost time Injuries (LTI)*	0	0	0	NA	**0**	**5**
Serious harm accidents	0	0	0	NA	**0**	**0**
Accidents requiring medical attention	0	0	0	NA	**0**	**5**
Accidents requiring first aid	0	1_1	0	NA	**0**	**1**
Near Miss Incidents	0	12_2	0	NA	**12**	**47**
Safety Inspections completed	100%	100%	100%	NA	-	-
Health and Safety / Toolbox Meetings	100%	100%	100%	NA	-	-
Contractor Site Inductions	NA	130	34	NA	**164**	**410**

Incidents and Accidents	Incidents and accidents are monitored across all DHB sites and include data for staff and contractors.
Near Miss Incidents	Near Miss and Incidents are monitored across all DHB sites and include data for staff and contractors.
Safety inspections	Safety Inspections are expected to be completed weekly during the construction period for all projects, and by all Maintenance Service trades.
Health and Safety/Toolbox meetings	• All contractors and staff are expected to attend one health and safety / toolbox meeting per construction week for projects. • Facilities maintenance staff are expected to attend fortnightly health and safety / toolbox meetings.
Contractor site inductions	This is an indication of the number of new contractor staff on site and will vary significantly with construction project work load.

NOTES:

- One minor accident requiring first aid occurred on the NSH Roof Mitigation Project (Wards 12, 14, 15 and Building 6). The project is being managed by Amstar Construction. A worker received a minor cut to the finger from a rosebush while erecting scaffolding.
- Twelve near miss incidents occurred across various projects during June. All incidents were added to the Waitematā DHB incident reporting system. Incident investigations were completed, with evidence provided of the implementation of all opportunities for improvement identified within the reports.

8. Health and Safety Risks

The table below outlines our key health and safety risk categories, commentary on the current projects related to that risk, and whether those projects impact the likelihood or consequence/outcomes of that risk. Traffic lights indicate progress of each project.

Key	
Progress Indicator	
Red	Major delays
Amber	Minor delays
Green	On track
Risk Measure Addressed	
L	Likelihood
C	Consequence

Risk	Update	Start Date	Est. Date to Complete	Progress Indicator	Risk Measure Addressed
Biological Risks	**Blood and Body Fluid Exposures (BBFE)**				
Needle stick injuries	Audit findings and recommendations were discussed at the October Executive Health, Safety and Wellbeing meeting and approval provided to move to safety cannulas.	Oct 2019	Jul 2020		L
	New: As approval has been received, a project is being set up to review the use of cannulas across both hospital sites, to firstly reduce their usage where unnecessary (Phase 1) and then to move to safety cannulas (Phase 2). First phase: due May 2020 Second phase: due date to be set.	Dec 2018	May 2020		L
Splashes	Incorporated within all BBFE related projects, including Personal Protective Equipment (PPE).	Ongoing	Ongoing		L/C

Substances hazardous to health					
Asbestos Register	Refurbishment surveys are carried out prior to invasive works. Current projects underway are: Taharoto building demolition Various other refurbishment surveys have also been completed for smaller projects managed by Facilities, in line with Safe Systems Of Work (SSOW) process. No concerns to date.	Ongoing	Ongoing		L
Mould	OHSS continue to review all air testing reports relating to mound and provide advice to the relevant Service managers and Facilities. No concerns to date.	Ongoing	Ongoing		L/C
Chemicals	Hazardous Substances and New Organisms (HSNO) Audits: Review of new Act has been completed and audits of 33 high risk areas (67 physical locations) have recommenced. Audits on hold, see update below. Audits completed: 58%	Sept 2016	Dec 2020		L
	Update: There is a proposal (highly likely to go ahead) to update the current classification framework for hazardous substances (the current HSNO classification system) to the Globally Harmonised System (GHS) of Classification and Labelling of Chemicals, Revision 7 (2017). This will require us to reclassify all 530 chemicals we currently hold on our HSNO database and update all labelling requirements. If this change is made we will place the entire audit programme on hold while we update the classification of currently identified chemicals, however during this time we will continue to work with high risk areas to continue with their inventory management.	Dec 2016	Sept 2020		L
	Hazardous Goods Store for Waitakere Hospital: Case approved to install hazardous goods bunkers Complete: 20%.	Mar 2017	Sept 2020		

Ergonomics					
Moving and Handling	A discussion on facility design principles in relation to patient moving and handling is planned. Patient moving and handling rails have been removed from Totara Haumaru and that has been raised for discussion with the Programme Director.	Ongoing	Ongoing		L/C
Posture	There is online self-assessment guidance available for all staff to access. Workstation assessments are ongoing, as staff requests them.	Ongoing	Ongoing		L
Physical					
Machinery	A schedule has been set up for Facilities Maintenance staff to check/review and service all machinery. There are no concerns to date.	Ongoing	Ongoing		L
Equipment	Clinical Engineering hold a master file of all clinical equipment across WDHB and this equipment is serviced on a recurring schedule. There are no concerns to date.	Ongoing	Ongoing		L
Electrical safety	A project to identify all electrical equipment has been completed, with all external contract maintenance providers having been contacted and the standards that equipment is serviced to have been reviewed for compliance. Clinical Engineering holds all records, including service maintenance schedules. Clinical Engineering following up with all non-compliant suppliers.	Ongoing	Ongoing		L/C
Uneven surfaces	On-going actions: Communications continue to be developed and released regarding Slips, Trips and Falls hazards, focussed heavily on staff rushing to complete tasks. Each incident of this type is followed up by OHSS, with any corrective actions tracked to completion. There are no concerns to date.	Ongoing	Ongoing		L/C
Roading	No works planned				L
Buildings	Loading Dock: Funding has been approved, design complete and now issued to Council for building consent. Planning complete: 90%	Feb 2017	May 2020		L

Emergency Management					
Fire	Fire evacuation drills are conducted regularly by the Fire Safety Officer and fire safety equipment, such as sprinklers and smoke alarms, are regularly audited for compliance, overseen by Facilities. An Emergency Management Committee has now been formed.	Ongoing	Ongoing		L/C
Civil emergency	WDHB conduct desk-top emergency drills on an ongoing basis. Emergency response team personnel have been identified and trained. This includes contact points with Civil Defence. An Emergency Management Committee has now been formed. An audit on emergency preparedness is planned for 2020.	Ongoing	Ongoing		C
Bomb threats	WDHB conduct desk-top emergency drills on an ongoing basis. Emergency response team personnel have been identified and trained. This includes evacuation and contact points with Emergency Services (Police and Fire). An Emergency Management Committee has now been formed. Drills are completed annually.	Ongoing	Ongoing		C
Firearms	WDHB conduct desk-top emergency drills on an ongoing basis. Emergency response team personnel have been identified and trained. This includes evacuation and contact points with the NZ Police. An Emergency Management Committee has now been formed. Drills are completed annually.	Ongoing	Ongoing		C

Psychological					
Aggression	The new Managing Aggression and Potential Aggression (MAPA) training has started being implemented across Waitematā DHB, managed by Learning and Development. MAPA Foundation has been delivered to a large number of staff across the Emergency Department and the first MAPA Advanced workshops have taken place for our Security Service and Code Orange response teams. Stage 1 Complete: 90% Two additional aggression committees have been set up to manage/oversee all related activities. New: a workshop on aggression training is due in August to discuss and evaluate SPEC and MAPA training	Feb 2018 October 2019 July 2020	Dec 2021 Ongoing Aug 2020	 	L/C L/C C
Bullying and harassment	Toolkit on Speaking up about bullying and harassment on StaffNet.	Ongoing	Ongoing		L/C
Lone workers	A paper is being drafted to seek approval to implement a lone worker personal alarm system. Complete: 0%	Jun 2020	Aug 2020		C
Stress/Distress/ Fatigue	Employee Assistance Program (EAP) services in place and both staff usage and feedback is very positive. No issues to date.	Ongoing	Ongoing		L/C
Safe staffing	<u>RMO rosters:</u> House Officers rosters developed, consulted and implemented: 100% Registrar rosters: rosters developed and consulted: 100% Consultation complete but not yet implemented. Rosters will be implemented once recruitment for specific rosters is complete- this is occurring with all urgency. Complete: 75% <u>Nursing Care Capacity Demand Management (CCDM) and NZNO MECA Accord recruitment:</u> Complete: 58%	Dec 2018 Feb 2019	Dec 2020 Jun 2021	 	L L

4.3 Communications Report

Recommendation:

That the report be received.

Prepared by: Matthew Rogers (Director, Communications)

Communications support

The communications team provided advice and support to the following projects/campaigns/issues/ events over the last six weeks:

- COVID-19 investigation report response
- Winter flu immunisation campaign
- MMR immunisation campaign
- NSH staff off-site parking option promotion
- Māori Nurse of the Year Award
- CEO Lecture Series address by PHARMAC CEO
- Korero Mai programme promotion
- Internventional radiology service expansion
- Mason Clinic development and expansion
- Working with i3 and Consumer Council on new DHB website
- Hospital Huddle daily briefing
- Ongoing Tōtara Haumaru project communications
- 2020 Yearbook planning and early production
- Emergency Planning working group
- Medinz primary care stakeholder evaluation
- Video captions to enhance accessibility
- Proactive tracking of surgical implants news story
- Ongoing implementation of Board decision re incorporation of macron
- Identification, scheduling and production of social media content and issues management
- Ongoing publication of messages via the Medinz primary care communications platform
- Health Heroes awards coordination
- Coordination of responses to 'Dear Dale' emails to the CEO from DHB staff
- Review of content for submission to health sector publications
- Ongoing weekly internal communication via StaffNet home page and Waitematā Weekly
- Ongoing management of Official Information Act process
- Liaison with Well Foundation Marketing and Communications
- Ongoing liaison with Metro Auckland DHB communications leads
- Ongoing after-hours and weekend media line cover and senior management support
- Proof-read leaflets, booklets and brochures for various departments
- Ongoing compilation and distribution of proactive media material
- Event photography and video
- Drafting of correspondence from the corporate office
- CEO Board Report
- Review of copy for DHB website
- Management of organisation-wide screensaver content
- Approval of all-user staff emails

- Weekly Board briefing
- Fortnightly *A Note From the CEO* email to all staff
- Weekly health targets and clinically-led metrics updated and communicated

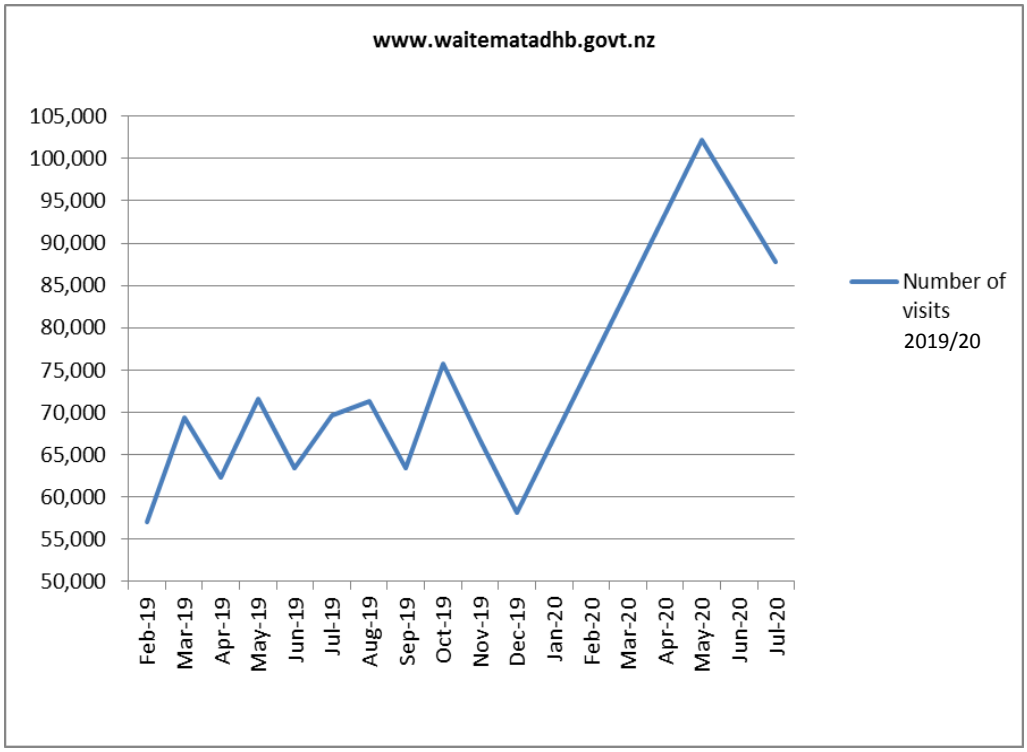
Waitematā DHB website – Google Analytics Statistics

Waitematā DHB website

Number of visits	**July 2019**	**July 2020**
Total visits to this site	71,559	87,849 (+22.8%)
New Zealand	32,352	35,007
Australia	1,080	1,718
USA	774	6,836
United Kingdom	231	1,410

Top areas	**July 2019**	**July 2020**
Waitematā DHB staff page	36,377	43,941
Home page	13,238	15,212
COVID-19 page	NA	4,935
North Shore Hospital	4,245	2,860
Waitakere Hospital	3,135	3,224

Traffic sources	**July 2019**	**July 2020**
Search traffic	73%	58%
Direct traffic	23%	40%
Referral traffic	4%	2%



Social media

Facebook

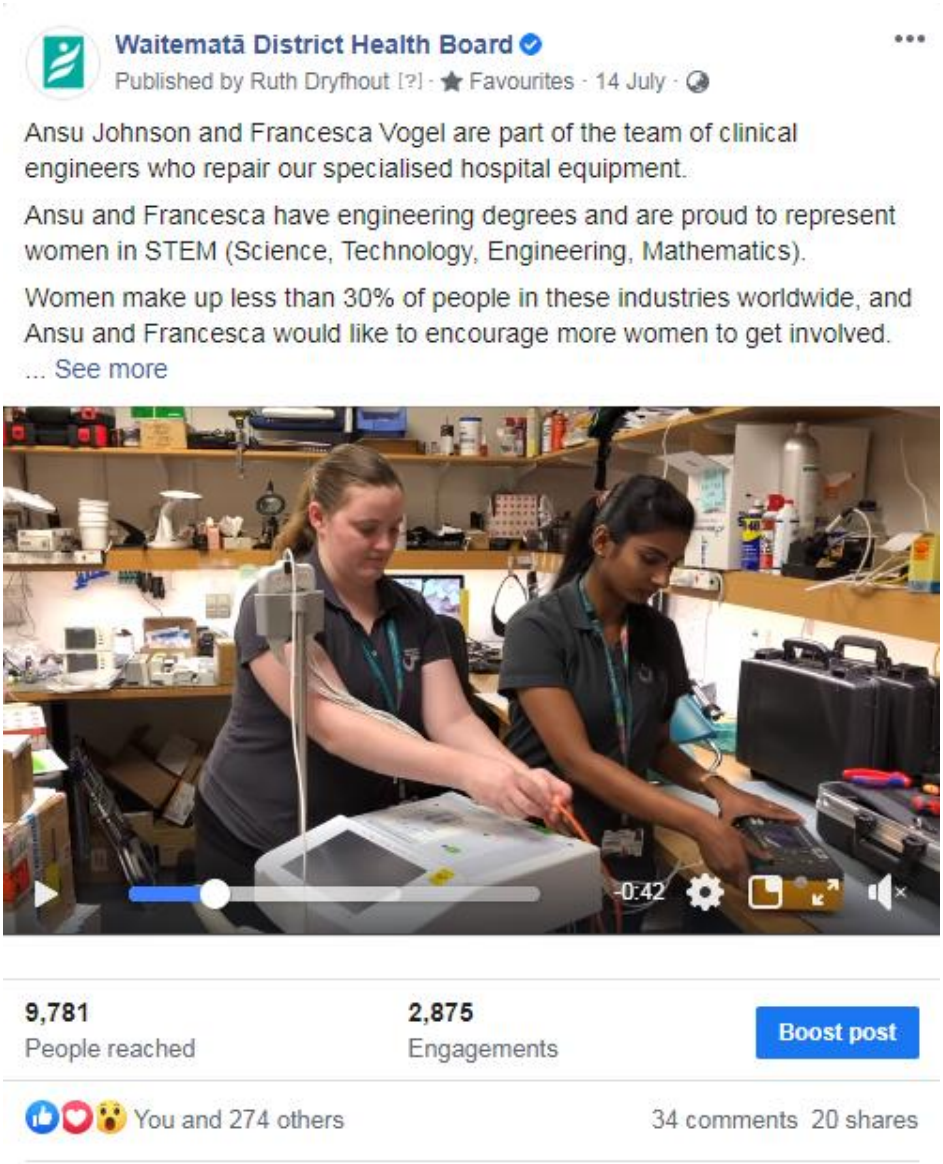
Waitematā DHB Facebook page likes have increased by 64% since July 2019, with 12,546* current likes (7,651 likes – July 2019).

Total audience reach between 1 July, 2020 and 31 July, 2020 was 68,498 views.

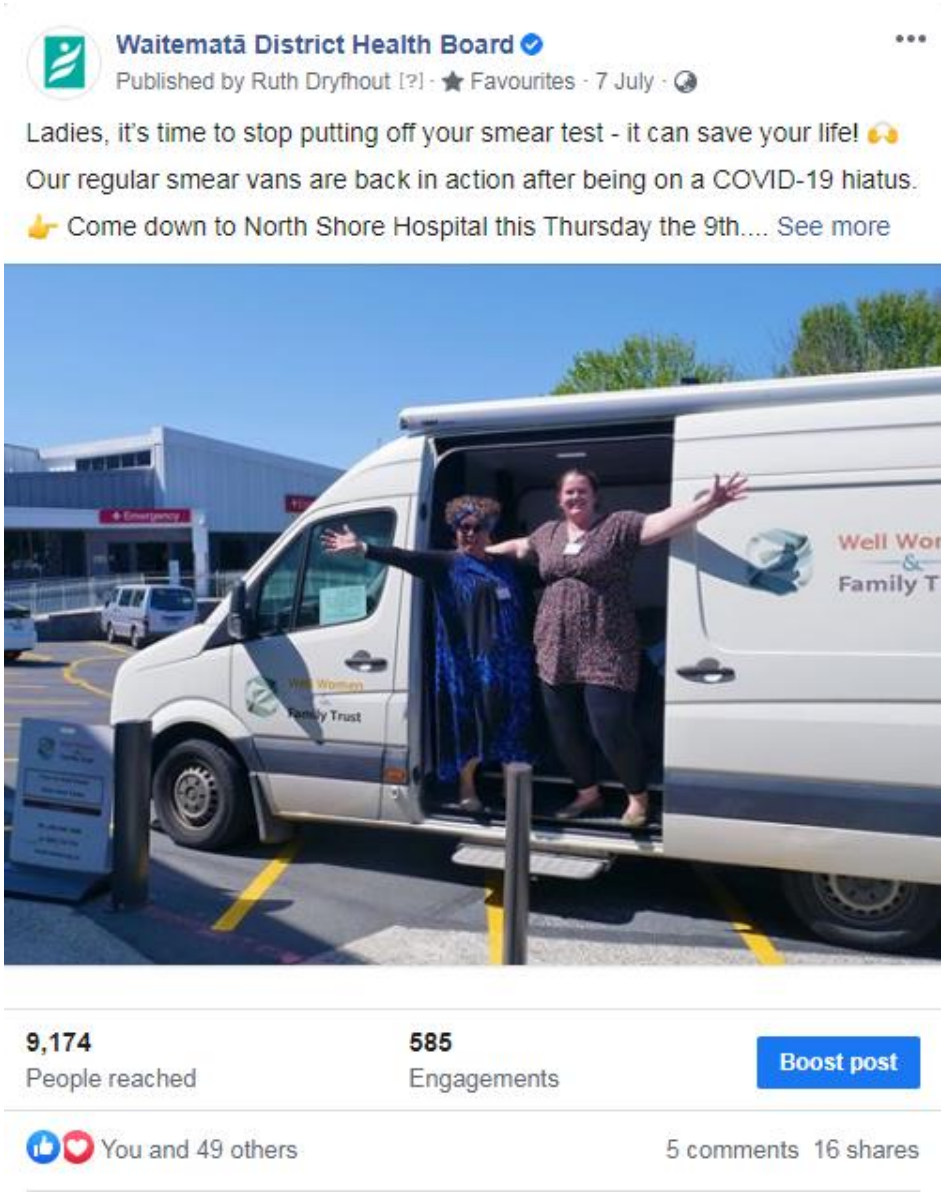
Top three posts between 1 July, 2020 and 31 July, 2020:

1. **Throwback Thursday (Audience reach: 10,489, including 1,085 engagements)**

2. Clinical engineers spotlight (Audience reach: 9,781, including 2,875 engagements)



3. **Smear van reminder (Audience reach: 9,174, including 585 engagements)**



*As at 4 Aug, 2020.

Twitter

Waitematā DHB Twitter followers have grown by 14% since July 2019, with 2850* current followers* (2499 followers as at July, 2019).

Total audience reach between 1 July, 2020 and 31 July, 2020 was 31,900.

Top tweet between 1 July, 2020 and 31 July, 2020:

1. Thank-you letters from children to our cleaners – (4,145 reach)

Waitematā DHB
@WaitemataDHB

Waitakere Hospital's Clinical Services team received a lovely package in the mail recently. It was a collection of handwritten letters from the kids at Holy Cross Catholic School in Henderson thanking them for their hard work over lockdown. A massive thank you to our cleaners!

*As at 4 Aug, 2020.

OIAs received

A total of 28 new Official Information Act requests were received between 23 June and 4 August 2020:

- Name withheld to protect patient privacy - DHB policy regarding reporting of unsafe or criminal behaviour
- N. Swain-Williams - Policy documents regarding managing isolation associated with radioactive isotopes treatment
- A. Campbell - DHB protocol regarding access for patients' support person during level 1 and 2 of COVID-19 response
- S. Nahu (Cancer Society) - Survey regarding oral health treatment for patients experiencing cancer
- A. Trewavas (APEX) - Temporary penal rates for laboratory workers who are PSA members.
- D. Powell (APEX) - Anaesthetic technicians - information on FTEs, budgets and ethnicity data
- S. Austen-Smith - Information regarding breast reconstruction wait times and criteria
- J. Lines-MacKenzie (Stuff) - Various questions regarding kidney transplants
- M. Smith (RNZ) - Copies of documents sent or received by staff on 12 June related to Oranga Tamariki
- L. Wilson (Stuff) - COVID-19 border control impact on clinical workforce
- D. Powell (NZRDA) - Amount paid to each medical college on behalf of medical practitioners
- K. McCallum (Mediaworks) - Details regarding assaults on health workers in mental health, ED and maternity within the last three years
- J. Leavesley (RNZ) - Numbers of children overdue for scheduled oral examinations due to COVID-19
- A. Dow (FYI website) - CADS policies and guidelines regarding body searches
- W. McGuinness (McGuinness Institute) - Inventory of medical items including PPE
- S. Wood - Ethnicity/gender information regarding employee earnings
- D.Tairua (APEX) - Information about pharmacists, pharmacy technicians, trainees and interns
- K. Hunt (Stuff) - Perinatal depression - wait times and referrals post-COVID lockdown
- D. Tairua (APEX) - Dietitians - number of staff, budgets, spend on training and professional development
- Name withheld to protect patient privacy - Information regarding gender dysphoria numbers, diagnosis and prescribed medications
- D. Powell (NZRDA) - Total number of annual leave days taken by RMOs between Dec 19 - Jan 20
- D. Powell (NZRDA) - Correspondence regarding movement of the RMO medical year on a permanent basis
- J. Theron - Number of times CPR performed in last two years, age and ethnicity
- D Powell (NZRDA) - Total number of annual leave days taken by all SMOs from Dec 18 - Jan 20
- J. Luke (FYI website) - Information regarding Consumer Council - process, nominations and minutes
- A. Gaudin (Pharmacy Guild) - Criteria for critical pharmacy support package
- S. Strongman (RNZ) - Number of mental health facilities, bed numbers, inpatients and those who identify as transgender
- N. Miller (NZ Taxpayers' Union) - Policy documents regarding prioritising Māori and/or Pasifika patients on elective surgery wait lists

Media Clippings – 23 June – 3 August 2020

Positive	**+**
Neutral	**0**
Negative	**-**

Page no.	**Devonport Flagstaff**	
12	The North Shore Patient: one man's experience	+
46	Pedestrian seriously injured on road	0

Page no.	**Dominion Post**	
17	Huge bill to treat volcano's victims	0
32	'I have everything to live for'	0

Page no.	**Mahurangi Matters**	
2	Sweet appreciation with Chocolate Brown	0

Page no.	**Nor West News**	
19	Headaches were cancer	0

Page no.	**North Harbour News**	
23	Ex-spy's intimidation charge dropped	0

Page no.	**North Shore Times**	
9	NZDF in court over dive death	0
25	Homeless man moved on after 22 years	0
28	NZDF admits fault over dive death	0

Page no.	**NZ Doctor**	
3	The busy person's guide to the Simpson report	0
22	The village people: Nurse practitioner academic tackles stigma of loneliness among the elderly	0
41	COVID report reveals standards of conduct do not reflect current workplace realities	-

Page no.	**NZ Herald / Weekend Herald**	
10	Firefighters 'kept injured girl alive'	0
21	Doctor's solution to fix staff roster woes wins investor support	0
29	Moonlighting nurses warned	0
44	Screaming as pursued car crashes	0

Page no.	**Pharmacy Today**	

1	Hard work pays off for pharmacies in patient safety programme	+

Page no.	**Rodney Times**	
26	Man moved on after 22 years	0

Page no.	**The Press, Christchurch**	
18	Huge bill to treat volcano's victims	0
35	'I have everything to live for'	0

Page no.	**Waikato Times**	
14	5000 babies born during lockdown	0
15	Eruption's health bill runs into millions	0
38	'I have everything to live for'	0

5.1 Waitemata DHB/University of Auckland Academic Health Alliance

Recommendation:

That the Board supports an overarching memorandum between Waitematā DHB and the University of Auckland to enter into the Auckland Academic Health Alliance for the purposes of research and education.

Prepared by: Jonathan Christiansen (Chief Medical Officer), Martin Connolly (Professor Geriatric Medicine) and Lorraine Neave (Manager, Research Knowledge Centre)
Endorsed by: Executive Leadership Team 10/02/20

Executive Summary

Waitematā DHB and the Faculty of Medical and Health Sciences (FMHS), University of Auckland have enjoyed a close working relationship for many years. There are opportunities for both organisations to further develop the relationship along the lines of a formal academic health alliance with a focus on research and research education. A formal alliance would represent a long-term commitment to the strategic development of research and research education capacity and capability, strengthening the workforces and supporting healthcare excellence in both organisations. The proposed alliance, which is already strongly supported by the FMHS, could expand in the future to include other university faculties, which is why the proposed agreement underpinning the Academic Health Alliance is at the University level.

Background

What is an Academic Health Alliance?
Internationally, an academic health alliance between a university and a hospital involves the coming together of education and healthcare, even where each organisation is a separate entity with its own rules, perceptions and values. Such alliances have a variety of titles, for example, in Australia, they are referred to as Advanced Health Research & Translation Centres, in Canada, they are called Academic Healthcare Organizations, and in England they are titled Academic Health Science Centres. While the terminology and governance arrangements may vary, an alliance typically shares three components; an academy that educates the learners; a clinical arm in an affiliated teaching hospital that provides practice experience; and collaboration across the entities to integrate research with patient care and education to advance new knowledge and support evidence based practice. Such collaborations require strong relationships rather than bricks and mortar; hence the use of the term alliance that better depicts the arrangement. The benefits of an academic health alliance can extend beyond the hospital and university setting into the full continuum of healthcare delivery.

In the Auckland context, there are existing alliances between the University of Auckland and the other Auckland region DHB's (Auckland DHB and Counties Manukau DHB). Already named the Auckland Academic Health Alliance, its name allows for regional inclusiveness and the broad inclusion of science, management, engineering and legal research where it intersects with health.

In respect of Waitematā DHB and University of Auckland there are already existing formal and informal relationships. For example, the Waitematā Clinical Campus located at North Shore Hospital. As well, there a number of ad hoc joint research projects involving a range of university and DHB

staff with formal and informal academic/clinical appointments. Therefore, formalising an overarching academic health alliance will allow incorporation of aspects of existing arrangements as well as providing a framework with which to move forward.

The key components of a formalised academic health alliance will allow for;
(1) Expansion of research networks
(2) Joint (clinical/academic) programmes/pathways of research
(3) Symbiotic support and mentorship from experts (clinical and academic)
(4) Integration of a competitive research funding model (see potential work plan attached[1])
(5) Opportunity for sharing of commercial expertise to enable translation of research findings into clinical practice
(6) Increased visibility of the relationship between Waitematā DHB and University of Auckland with the likely result of attraction and retention of high quality staff to Waitematā DHB with a resulting increase in joint academic/clinical positions.

Alignment with the New Zealand Health Research Strategy 2017-2027
An academic health alliance can support Waitematā DHB and the University of Auckland to better align with the directions of the NZ Health Research Strategy 2017 – 2027 (NZHRS). The NZHRS recognises DHBs and universities have key roles in setting the research agenda and involving health professionals in research, evaluation, and improvement, and in the translation of the research findings. Importantly the NZHRS sees DHB engagement with the tertiary education sector as essential for developing a skilled clinical and research workforce[2].

Alignment with Waitematā DHB Annual Plan
A key strategic theme in Waitematā DHB's Annual Plan 2018/2019 is for consistent evidence-informed decision making practice with evidence from research, clinical expertise, patients and whanau[3]. A strong research ecosystem is integral to this. An academic health alliance can support this theme by enabling robust innovative and novel research across the methodological and professional continuums. Between Waitematā DHB and the University of Auckland there is recognised expertise in population health research, clinical and biomedical sciences research, and management and leadership research to be collaboratively drawn upon. In strengthening the relationship between Waitematā DHB and the University of Auckland, initially through the Faculty of Medical and Health Sciences both organisations can work towards increasing research outputs, strengthening research quality and complementing this with similar activities in respect of research teaching and training.

How this might work?
An academic health alliance will focus on the means of enhancing and leveraging collaborations between Waitematā DHB and the University of Auckland that meet their statutory goals and enhance their missions. It will have non-exclusive shared governance of collaborative research activity including reviews and approvals, grant applications, dissemination, and the promotion and translation of research findings. Research activities could potentially encompass new drug development, interventional clinical trials, observational research, policy research, population health surveys and health system improvements. In concert with this, there can be shared approaches to research education and training of students and clinicians, all with a commitment to improve clinical and population health outcomes.

To this end, an overarching Memorandum of Understanding (MOU) will set out the agreed purpose, principles, terms and conditions (attached). A relationship manager for each organisation will be

[1] Potential Auckland Academic Health Alliance Annual Work Plan (WDHB /UoA)
[2] New Zealand Health Research Strategy 2017- 2027, p16
https://www.health.govt.nz/publication/new-zealand-health-research-strategy-2017-2027
[3] Waitematā DHB Annual Plan 2018/2019, p4
http://www.waitematadhb.govt.nz/assets/Documents/annual-plan/Waitemata-DHB-Annual-Plan-2018-2019.pdf

identified and instructed to begin the work of developing working alliances that enable joint promotion and support of research activities, and shared transmission of results with translation into clinical practice or commercialization as appropriate.

There are many service groups in Waitematā DHB that could rightly claim excellence in research and innovative service delivery. Breaking down professional silos to develop a sustainable and enduring multi professional academic health alliance model may take time and will be best introduced in phased fashion. To this end, key stakeholders will be identified and consulted, and a joint annual work plan (The Plan) of activity developed in partnership with a core advisory group with membership from both institutions will need to be agreed. Oversight of The Plan will be via a joint Auckland Academic Health Alliance steering committee, which will report on performance KPIs for Waitematā DHB via the Executive Leadership Team to the Board, and via FMHS to the University of Auckland.

Benefits

A flourishing culture of enquiry and research will enable innovative practice, which may translate to clinical improvements and health system efficiency. Both organisations will benefit from cooperative clinical and academic teaching that supports research capacity and capability and enhances workforce satisfaction. The dissemination and publication of research outcomes and other academic outputs will also add value in terms of organisational reputation, and aid in staff retention and recruitment. Ultimately the community and society will benefit from the knowledge gained through best care and improved patient outcomes and population health status.

Recommendation

It is recommended that the Board support an overarching memorandum between Waitematā DHB and the University of Auckland to enter into the Auckland Academic Health Alliance for the purposes of research and education.

MEMORANDUM OF UNDERSTANDING
AUCKLAND ACADEMIC HEALTH ALLIANCE

A collaborative initiative between the University of Auckland and Waitematā District Health Board

MADE this day of 2020

BETWEEN Waitematā District Health Board, an organisation established under section 19 of the New Zealand Health and Disability Act 2000 ("**DHB**")

AND **THE UNIVERSITY OF AUCKLAND**, a body corporate established by section 3 of The University of Auckland Act 1961("**University**").

Collectively the "**Parties**" to this Memorandum of Understanding

WHEREAS

A. Both Parties have mutual and complementary interests in the fields of patient care, teaching and research and desire to enhance the collaborative working relationship between the institutions under the umbrella of the "Auckland Academic Health Alliance".

B. By virtue of this memorandum both parties wish to record their understanding of the terms and conditions applicable to a combination of such capabilities and expertise and to explore areas of common interest for further activities

C. In this regard the Alliance will be a virtual entity in name only and not have a legal identity separate from both parties.

Definitions

In this Memorandum of Understanding, unless the context requires otherwise:

"**AAHA**" means the Auckland Academic Health Alliance
"DHB" means Waitemata District Health Board
"**IP**" means Intellectual Property
"**MOU**" means this Memorandum of Understanding
"**University**" means the University of Auckland
"**Party**" refers to the University of Auckland or Waitematā District Health Board
"**Plan**" means the annual plan for the AAHA

WHEREBY

1. Purpose

1.1. Both Parties will work in good faith, collaboratively and co-operatively guided by the principles of the AAHA as agreed in this document, and the Plan and to affect any agreed plans or projects.
1.2. The AAHA will focus on means of enhancing and leveraging collaborations between the Parties that meet their statutory goals, enhance their missions and contribute to improved health outcomes for New Zealanders through

research, education and /or patient care. This relationship is non-exclusive and may include:

- a set of shared principles or values between the Parties
- unified leadership dedicated to strategic alignment
- processes designed to formulate a shared vision, mission, and strategic plan which remain transparent and operate irrespective of governance structure or organisational relationship between the Parties

2. Principles

Both Parties agree to:

2.1 A tangible commitment to a partnership with the communities they serve that demonstrably improves health and well-being for both individuals and populations

2.2 Actively explore opportunities to collaborate on mutually beneficial projects that reduce duplication and inefficiency

2.3 Act collaboratively for the benefit of the AAHA in enhancing educational activities, growing and developing the workforce, attracting research revenues, growing research activity, consequently enhancing the national and international standing of the AAHA and its constituent parties.

2.4 Explore opportunities to align functions related to research, teaching and patient care to create further mutual benefits.

2.5 Review annually the activities related to the AAHA to determine areas for further developments that will enhance the standing of the AAHA.

3. Term

3.1 This MOU will come into effect on signing by both parties and will continue in effect until terminated in accordance with this Memorandum.

4. Steering Committee

4.1 The Parties will establish a Steering Committee which will have delegated responsibility for oversight of the AAHA.

4.2 Both Parties will agree on membership of and Terms of Reference for, the Steering Committee. The steering committee will have equal representation from each party (3-5 for each party), with the chair rotating annually between parties. A meeting must have at least one member from each party to be quorate.

4.3 The Steering Committee may establish other arrangements to reflect the interests of stakeholders not represented on the Steering Committee.

4.4 The Steering Committee will make recommendations to both Parties with respect to changes in the governance arrangements.

4.5 The Steering Committee will develop a charter defining the operating principles of the AAHA and how the Parties will work together to operationalise this MOU.

4.6 On commencement of this MOU, and annually thereafter, the Parties will develop a work plan setting out activities of interest for the upcoming year.

4.7 If the steering committee recommends a new activity that carries with it financial or other resource implications, a letter of agreement between both

parties will be drawn up detailing this activity. No such agreement will be final unless and until it is in writing and signed by the authorised signatories of the Parties.

5. Communications

5.1 Both Parties will jointly develop and maintain a communications strategy and protocol for the AAHA

5.2 Both Parties will take reasonable steps ensure that each is kept fully informed of all significant developments and events that may impact on the AAHA

6. Relationship Management

The Parties each have a vested interest in the effectiveness of this MOU. Accordingly, each Party will nominate in writing to the other a Relationship Manager to act for that Party in affecting this MOU and to be the point of contact in respect to related processes and matters related to the AAHA.

Each Party will ensure that their employees involved with the AAHA at all times:

- act honestly and in good faith;
- provide their services in a timely, competent and professional manner; and
- where appropriate, actively support the interests of AAHA.

7. Collaborative Activities

7.1 Joint applications for clinical research or similar to funders and potential co-funders. Or, where the funding agency requires proposals to be submitted by a single legal entity, making applications for funding by one party acting on behalf of both parties.

a. The Parties will make sufficient resources available to support any agreed applications and will formalise arrangements for the related administration and subsequent research contracts. All agreements and research contracts that may be entered into pursuant to this MOU will be consistent with the Parties' internal policies and the Purpose of this MOU.

b. The Parties will agree which party may submit a proposal on the AAHA's behalf and agree the proposal prior to submission.

7.2 Joint communication on matters pertaining to the AAHA.

a. All such communications will be mutually agreed and both Parties will be copied in on all such communications.

b. Reporting and sharing information with each other on the options for and progress with agreed activities, or initiatives in the Plan such that both Parties are sufficiently informed to be able to assess the performance of the AAHA.

7.3 The Parties shall account for and record AAHA activities separately.

8 Other Interests

8.1 The Parties acknowledge that each party may have interests in research outside the proposals and contracts covered in this MOU; for example the University via UniServices and the DHB via its Research and Knowledge Centre, Institute of Innovation and Improvement (i3) and other disciplinary research groups

8.2 The Parties agree that they may carry out their usual and commercial business in areas of research outside the proposals and contracts arising from or agreed under this MOU with funders in their own interests and without regard to the other Party. Neither are they obliged to inform the other Party of such interests or activities.

9 Intellectual Property

9.1 Ownership of all rights (including all Intellectual Property) in any materials, documents, data, information, inventions, confidential information, research and methodology belonging to either party and used in the conduct of any joint research under any proposals arising from this MOU or acquired or created independently of these activities ("Background IP") will remain vested in that Party

9.2 In the absence of written agreement, Ownership of all new Intellectual Property that is developed, commissioned or created under or in connection with this MOU will be jointly owned by the parties as tenants in common in the proportion to the inventive contribution of each contributing party.

9.3 The Parties shall each have the right to use all IP created under this MOU for research and teaching purposes and for any purpose connected with the performance of this MOU

9.4 Any separate Collaborative Research Agreement between the parties arising from this MOU shall include clauses dealing with IP that are consistent with clause 9 of this MOU

10 Effect of the Memorandum

10.1 The Parties do not intend to be bound by this Memorandum, with the exception that the Parties agree that clauses 9 and 12 have binding effect.

11 Disputes

11.1 In the first instance all disputes will be brought to the attention of the Relationship Managers for resolution. The Relationship Managers will endeavour to resolve the dispute applying the principle of good faith.

12 Confidentiality

12.1 The Parties agree to treat as confidential and privileged, the contents of this MOU, and any proposals or contracts arising from this MOU together with any information pertaining to them except as needed for engaging Co-funders, other collaborators and for submission of proposals and contracts to funders, and further agree not to use any information obtained under this MOU to the detriment of the other in any way.

12.2 Neither Party will publish information relating to the Collaboration and objectives of each party without prior written approval of the other Party.

12.3 Where there is a need for an exchange of any confidential information belonging to either Party, the Parties shall execute a confidentiality agreement to protect such confidential information.

13 Termination

Either party may terminate the MOU by giving 90 days' notice in writing to the other party. Should the MOU be terminated, both parties agree that any collaborative activity being undertaken will continue unless both parties agree otherwise.

14 Amendments

Any variation to this MOU shall be in writing and be signed by both parties.

15 Nature of Relationship

15.1 This MOU does not constitute and shall not be deemed to constitute a joint venture, partnership, agency or other formal business relationship between the Parties. Neither Party shall have authority to bind the other Party, make any commitment, or incur any cost or expenses for or on behalf of the other Party.

16 Non-Exclusivity

16.1 The Parties acknowledge that this arrangement is not exclusive and either Party may enter into similar or identical arrangements with third parties.

EXECUTION

SIGNED on behalf of

THE UNIVERSITY OF AUCKLAND

by:

Vice Chancellor, University of Auckland

SIGNED on behalf of

Waitemata District Health Board

by:

_____

Chair, Board, Waitemata District Health Board

5.1 Update to Financial Report for June 2020

Recommendation:

That the updated financial report be received.

Prepared by: Lorraine Ridgwell (Corporate Finance Manager)
Endorsed by: Robert Paine (Chief Financial Officer and Head of Corporate Services)

Background

The attached draft financial report submitted to the Audit and Finance Committee meeting on 29 July 2020 detailed the provisional unaudited financial performance of the Waitematā District Health Board for the year ended 30 June 2020 for all operating units of the Waitematā DHB, being the Funder Arm, Provider Arm and Governance.

The provisional result presented to Audit & Finance Committee for the month of June 2020 showed a deficit of $27.961m against a budgeted surplus of $15.778m, and was therefore unfavourable to budget by $43.789m. This being primarily due to the extraordinary costs of Covid-19 and further provisions required in relation to the Holidays Act for the 2019/20 year ($23.0m) and an increase to the prior year provision of ($18.8m).

The Waitematā DHB provisional result YTD June 2020 was a deficit of $63.409m against a forecast deficit of $64.400m and therefore favourable to forecast by $0.991m, due to additional revenue and savings on pharmaceuticals, meals and other operating costs.

Updated financial report
Following final reviews of the balance sheet and adjustments, the updated result that was submitted to MoH and Audit New Zealand as part of the Crown Financial Information (CFIS) requirements on 10 August 2020 was a deficit of $68.200m. Approval for this submission and details of the result were provided to the Board as part of a circular resolution in early August.

FINANCIAL PERFORMANCE									
$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	5.8	-0.0	5.8	19.3	0.0	19.3	20.0	0.0	20.0
Provider Arm	-39.5	15.8	-55.2	-89.9	0.0	-89.9	-86.2	0.0	-86.2
Governance Arm	0.9	-0.0	0.9	2.4	0.0	2.4	1.8	0.0	1.8
DHB Result : Surplus / (Deficit)	-32.8	15.8	-48.5	-68.2	0.0	-68.2	-64.4	0.0	-64.4

The difference between the provisional result of $63.409m and our reported result of $68.2m above is due to the reassessment of some operating costs as being extraordinary costs of Covid-19, with the addition of some final year-end adjustments. Key components of the adjustments included; $2.163m provision relating to a potential claim for flood damaged consignment stock and a reassessment of risk around payroll provisions for back-dated overtime claims of $1.00m and SMO job-sizing of $1.00m

These accounts are still subject to audit; we understand that due to Covid-19 a change in legislation is in progress to extend the timeframe for completion of annual Report Annual until mid-December.

Financial Report for June 2020

Recommendation:

That the financial report be received.

Prepared by: Lorraine Ridgwell (Corporate Finance Manager) and Cliff La Grange (Deputy Chief Financial Officer - Funder)
Endorsed by: Robert Paine (Chief Financial Officer and Head of Corporate Services)

Glossary

ACC	-	Accident Compensation Commission
ADU	-	Acute Diagnostics Unit
AIR	-	Advanced Interventional Radiology
CWD	-	Case Weighted Discharges
DHB	-	District Health Board
ED	-	Emergency Department
FPIM	-	Financial and Procurement Information Management System
FTE	-	Full Time Equivalents
IDF	-	Inter District Flow
MECA	-	Multi-Employer Collective Contract
MH&AS	-	Mental Health and Addiction Services
MHSOA	-	Mental Health Services Older Adults
MoH	-	Ministry of Health
MRI	-	Magnetic Resonance Imaging
NGO	-	Non-Government Organisation
NZNO	-	New Zealand Nurses Organisation
ORL	-	Otorhinolaryngology
PBFF	-	Population Based Funding Formula
PHO	-	Primary Health Organisation
RMO	-	Resident Medical Officer
SMO	-	Senior Medical Officer
SLA		Service Level Agreement
Waitematā DHB	-	Waitematā District Health Board

Background

The report summarises the unaudited financial performance of the Waitematā District Health Board for the year ended 30 June 2020. The report covers all operating units of the Waitematā DHB, being the Funder Arm, Provider Arm and Governance.

1. Executive Summary

The Waitematā DHB result for the month of June 2020 was a deficit of $27.961m against a budgeted surplus of $15.778m, and therefore unfavourable to budget by $43.789m. This is due to the extraordinary costs of Covid-19 and further provisions required in relation to the Holidays Act for the 2019/20 year ($23.0m) and an increase to the prior year 2018/19 provision of ($18.8m).

The Waitematā DHB result YTD June 2020 was a deficit of $63.409m against a forecast deficit of $64.400m and therefore favourable to forecast by $0.991m, due to additional revenue and savings on pharmaceuticals, meals and other operating costs.

Extraordinary costs of COVID-19, including the deferral of recognition of the surplus of the sale of 44 Taharoto Road, amounted to $24.174m year to date, including additional Covid-19 Community Public Health response costs in the Funder of $3.72m, Annual leave budgeted to be taken YTD which was not taken, reduced revenue from car parking and other operating costs including additional security and cleaning.

1. COVID-19 net costs reduced, principally because of additional revenue received from MoH and the annual leave effect has not been as severe as initially forecast. There was also a full recovery of the previously reported decrease in value of investments for Three Harbours.
2. Planned Care revenue losses were removed, following assurances from Ministry of Health officials to CEs.
3. The Holiday Pay provision has been booked at total of $41.8m in the June result, providing an additional $23m for 2019/20 year and further $18.8m for prior years, as per Ernst & Young valuation and forecast.

1.1 Highlights

The Year to date operating result was a deficit of $63.409m against a breakeven budget and was $0.992m favourable to the May 20 forecasted deficit of $64.400m.

Funder $19.193m favourable year to date - key financial performance factors:

- The favourable impact resulting from the review and reassessment of accruals relating to prior period contractual liabilities as per external audit recommendation.
- The favourable impact of current year new initiatives budgets not yet/fully contracted.
- The favourable impact of out of cycle pharmaceutical funding from PHARMAC.
- The favourable impact due to the increase in drug rebates receivable from PHARMAC as advised by PHARMAC in their DHB expenditure forecasts.
- The favourable impact of demand based expenditure within Community Pharmacy, General Practice, Age Related Residential Care, and PHO Capitation.
- The adverse impact resulting from the reduced Hospital Medicines funding receivable from PHARMAC and from the additional expenditure for Haemophilia as advised by the National Haemophilia Management Group Chair
- The adverse impact of the unfunded component of COVID-19 Funder expenditure
- The adverse impact of centralised risk/contingency funding transferred to Provider

Governance $2.387m favourable year to date - key financial performance factors:

- HR Employee: underspend within Planning and Funding resulting mostly from budgeted vacancies not yet recruited to.

Provider $84.989m unfavourable year to date - key financial performance factors:

- Holidays Act impact for 2019/20, $23.0m and revaluation of prior year 2018/19 $18.8m
- Delays in the realisation of savings under the financial sustainability programme, $18.334m
- COVID-19 deferral of property sale, $10.10m
- COVID-19 staff impacts due to leave not being taken, $2.433m
- COVID-19 revenue reduction (ACC and Parking), $1.927m
- Under delivery of Electives resulting in lower revenue from the MOH, $3.9m
- Radiology outsourcing due to industrial action, $1.1m

The financial YTD impacts noted above were partially offset by savings due to:

- Reduced clinical supply costs due to lower patient numbers during theCOVID-19 lockdown period March to May 2020, ($2.3m)
- Additional funding from Pharmac for Covid-19 related costs ($551k)
- Additional ACC revenue in the period until the end of February 2020, ($1.47m)
- The favourable impact of centralised risk/contingency funding held in Funder

1.2 Financial Indicators

Table: Financial Indicators for June 2020

FINANCIAL PERFORMANCE									
$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	5.7	-0.0	5.7	19.2	0.0	19.2	20.0	0.0	20.0
Provider Arm	-34.6	15.8	-50.4	-85.0	0.0	-85.0	-86.2	0.0	-86.2
Governance Arm	0.9	-0.0	0.9	2.4	0.0	2.4	1.8	0.0	1.8
DHB Result : Surplus / (Deficit)	-28.0	15.8	-43.7	-63.4	0.0	-63.4	-64.4	0.0	-64.4

FINANCIAL POSITION									
$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Crown Equity (net worth)	448.9	631.7	-182.7	448.9	631.7	-182.7	567.3	631.7	-64.4
Capital Expenditure	3.9	11.0	7.1	49.6	81.4	31.8	54.1	81.4	27.3
Cash Flow Balance	52.4	30.5	21.9	52.4	30.5	21.9	50.4	30.5	19.9

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	8,739	9,632	893	107,453	113,299	5,846	107,453	113,299	5,846
Acute Volumes (WIES)	5,372	5,518	146	64,687	67,317	2,630	64,687	67,317	2,630
Elective Volumes (WIES)	1,189	1,538	-349	15,620	18,348	-2,728	15,620	18,348	-2,728

A negative variance in ED Attendances reflects higher than planned presentations

A negative variance in Acute Volumes (WIES) reflects a higher than planned acute demand

A negative variance in Elective Volumes (WIES) reflects under delivery

For commentary refer to section:

- 2.0 Clinical activity (including a service breakdown of acute and elective performance).
- 3.0 Waitematā DHB financial performance.
- 4.0 Funder Arm financial performance.
- 5.0 Provider Arm financial performance.
- 6.0 Waitematā DHB financial position.
- 7.0 Statement of capital expenditure.

2. Clinical Activity

2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for June

CLINICAL ACTIVITY	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	8,739	9,632	893	107,453	113,299	5,846	107,453	113,299	5,846
Acute Volumes (WIES)	5,372	5,518	146	64,687	67,317	2,630	64,687	67,317	2,630
Elective Volumes (WIES)	1,189	1,538	-349	15,620	18,348	-2,728	15,620	18,348	-2,728

A negative variance in ED Attendances reflects higher than planned presentations

A negative variance in Acute Volumes (WIES) reflects a higher than planned acute demand

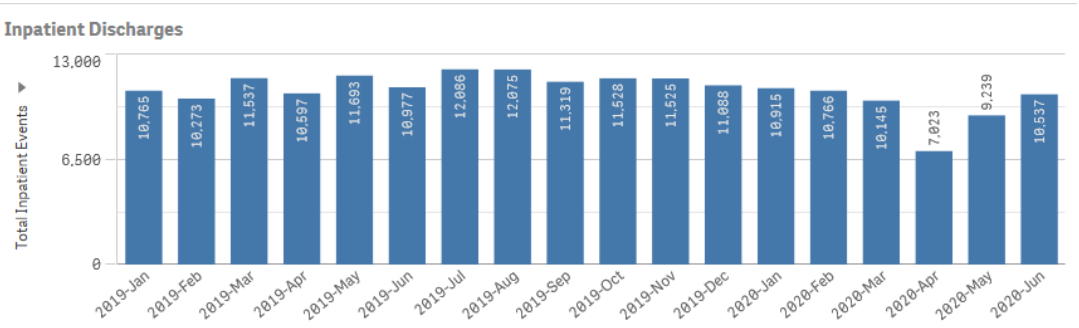
A negative variance in Elective Volumes (WIES) reflects under delivery

New Zealand returned to Covid-19 Alert Level 1 in early June and clinical activity volumes for the month of June have started to return to more normal levels, through some services. Orthopaedic elective surgery is expected to return to normal capacity levels in July 2020, with the focus of catching up on the waitlist, relating to priority patients with higher clinical risk in the first instance; noting that ESC was converted into an ICU for Covid-19, which has taken time to unwind.

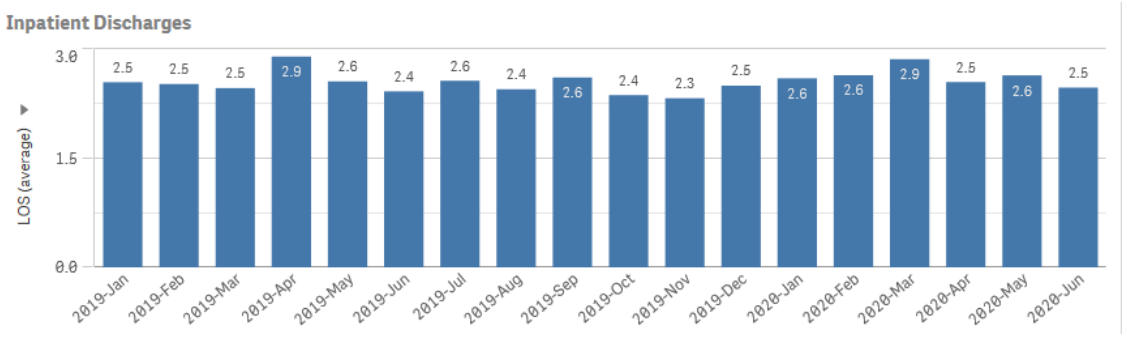
Due to the unique impact of the Covid-19 pandemic and the Alert Level 4 lockdown, a summary of monthly volumes and trends of the main clinical drivers follows to help visually reflect the month to month impact, especially in April and May 2020 and to show where recovery has occurred in June.

Clinical volume commentary for June 2020:

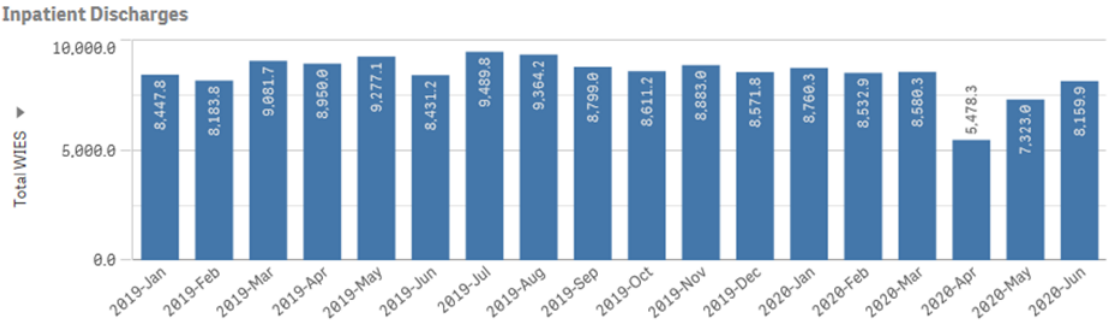
Total inpatient discharges in June were 10,537 – up from the low of 7,014 in April due to level 4 lock-down, but still 613 (5.5%) down from the 11,150 normal monthly average;



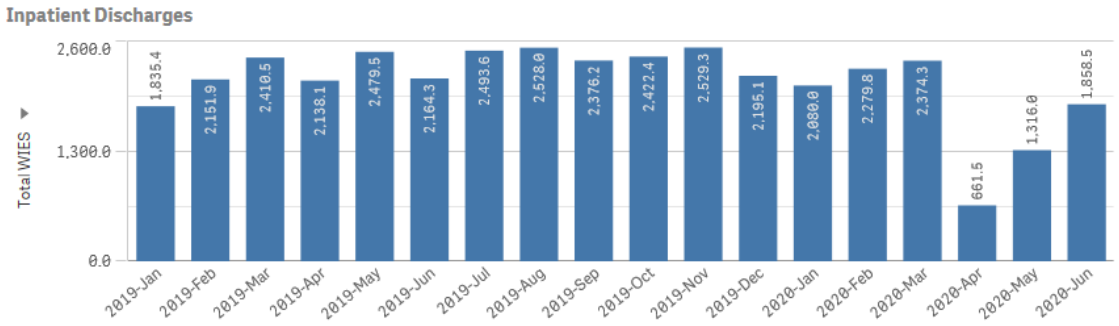
Inpatient average Length of Stay (LoS) in June returned to the norm of 2.6.



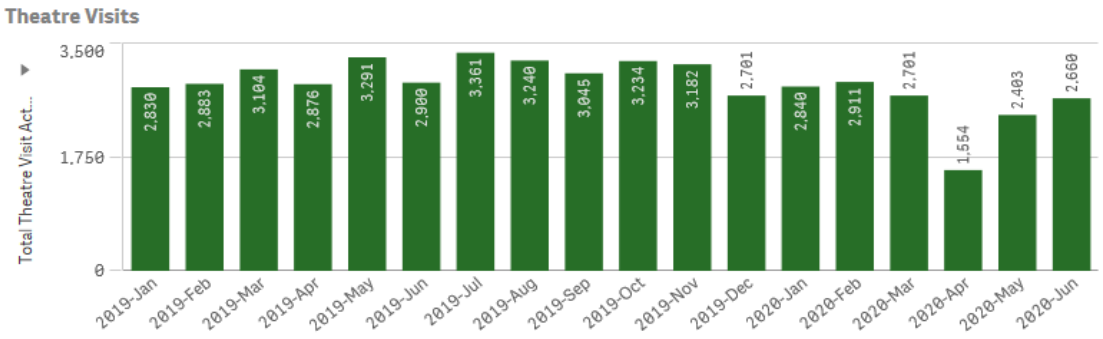
Total WIES showed slightly lower than normal inpatient volumes, with June's total of 8,160 being approximately 3% lower than June last year:



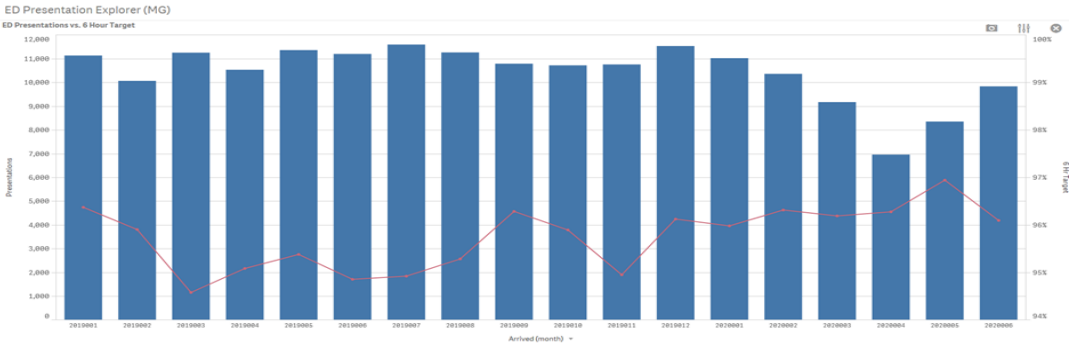
Elective discharges showed positive growth compared to April lockdown, but at 2,435 were only 2.3% down on June of last year:



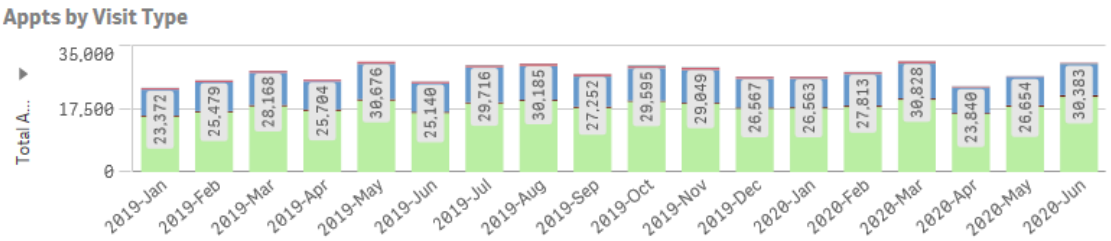
Acute and elective theatre visits in June also reflected overall inpatient trends, with the 2,660 procedures performed being 240 fewer than June last year, approximately 8% lower:



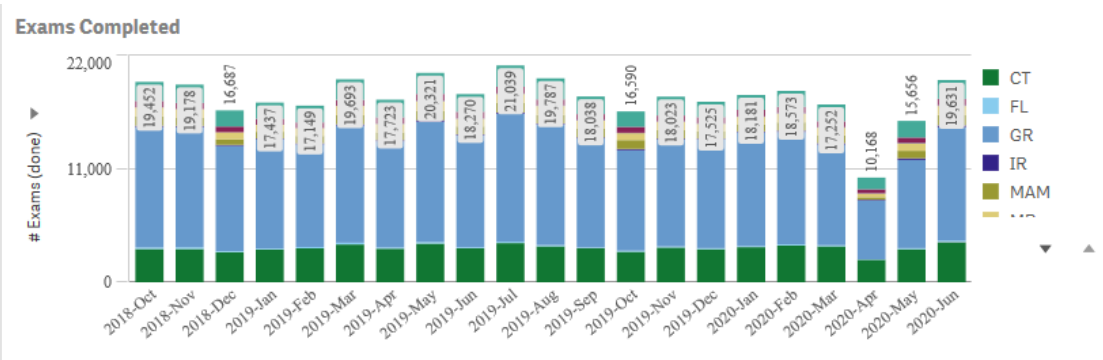
ED presentations have increased from their April low of 6,953, with 9,824 people presenting across the two hospitals in June (compared to 11,188 in June 2019 – or about 12% down):



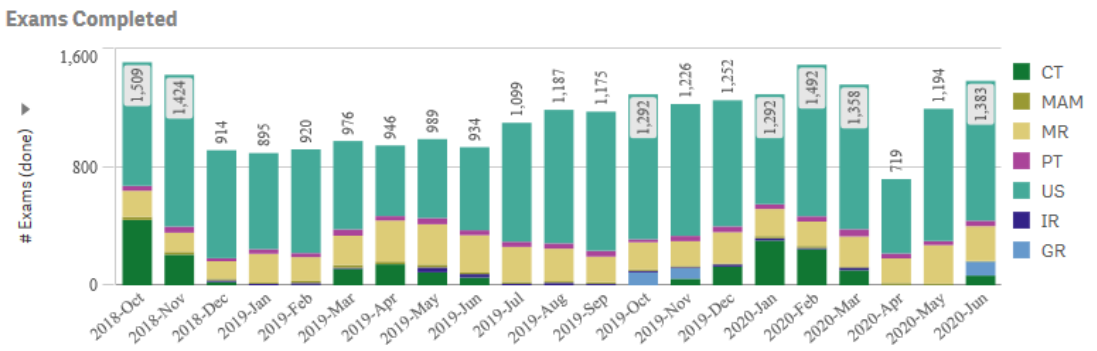
Outpatient appointments totalled 30,383 in June, higher than normal monthly averages, as we catch up on the waitlist; this is a 21% increase on the June 2019 total of 25,140 patients:



Radiology volumes completed in-house showed a strong improvement from the April low, with 19,631 procedures taking place in June 2020; compared with 18,270 completed in June 2019.



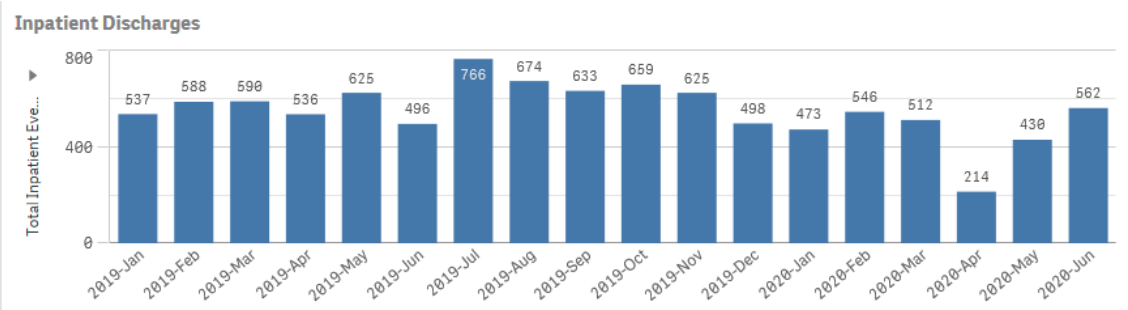
Outsourced Radiology Providers also returned to normal levels in June:



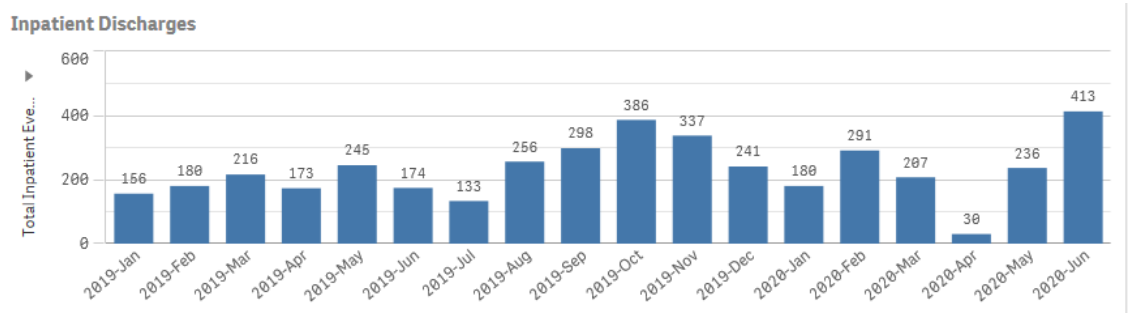
Beds used in June (midnight census) totalled 22,555, approximately 9% lower than June of last year; this difference represents the equivalent of about 74 fewer beds.

		2019							2020					
Hospital	Ward	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
North Shore	Total	17,239	18,302	17,994	17,245	17,093	17,455	16,168	16,900	15,950	14,642	10,888	13,990	15,861
Waitakere	Total	6,913	7,196	6,907	6,360	6,106	5,930	6,003	6,505	6,301	5,571	4,262	4,585	6,169
Wilson Centre	Total	625	621	608	612	594	633	536	681	568	514	261	394	525
Total		**24,777**	**26,119**	**25,509**	**24,217**	**23,793**	**24,018**	**22,707**	**24,086**	**22,819**	**20,727**	**15,411**	**18,969**	**22,555**

Elective endoscopy procedures performed in house – including colonoscopies and gastroscopies. The 562 performed in June were up on the volume completed in June 2019:



The number of outsourced endoscopies performed by private providers recovered well in the month of June and volumes were the higher than any month in the past two years:



3. Waitematā DHB Consolidated Financial Performance

The operating result for the month of June 2020, before the extraordinary costs of Holiday Pay and COVID-19 was an unfavourable variance to budget of $0.446m, and year end to date the DHB is $2.565m favourable to budget on the same basis. Extraordinary costs of the Holidays Act and COVID-19 amounted to $46.574m in the month of June and $65.974m year to date, including the deferral of recognition of the surplus of the sale of 44 Taharoto Road.

3.1 Financial Result

Table: Waitematā DHB Consolidated Financial Result for the month ended June 2020

CONSOLIDATED FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	165,605	157,715	7,890	1,908,884	1,893,107	15,777	1,893,107
Other	2,423	7,231	-4,809	23,734	40,239	-16,505	40,239
Total Revenue	168,027	164,946	3,081	1,932,618	1,933,346	-728	1,933,346
EXPENDITURE							
Personnel	111,237	51,681	-59,556	788,027	719,455	-68,572	719,455
Outsourced Personnel	1,885	1,430	-455	23,355	17,500	-5,854	17,500
Outsourced Services	5,666	5,740	73	67,159	68,580	1,422	68,580
Clinical Supplies	11,291	11,191	-100	126,453	133,552	7,099	133,552
Infrastructure & Non-Clinical Suppli	8,455	3,451	-5,004	110,563	86,152	-24,411	86,152
Funder Provider Payments	57,454	75,675	18,222	880,470	908,105	27,635	908,105
Total Expense	195,988	149,168	-46,820	1,996,027	1,933,346	-62,681	1,933,346
DHB Result : Surplus / (Deficit)	-27,961	15,778	-43,739	-63,409	0	-63,409	0

3.2 Financial Performance June 2020

Revenue: $3.081m favourable to budget including:

- Positive result in NGO personal health, $5.22m (refer section 4 for commentary)
- Favourable result Funder IDF Revenue $3.218m (refer section 4 for commentary)
- Deferred Donation revenue for SCBU and Diagnostic Breast $5.200m
- ACC revenues have dropped due to reduced patient numbers in rehabilitation wards, ($0.247m)

Expenditure: $46.820m unfavourable to budget including:

- Personnel costs $59.556m including the provisions for Holidays Act for year ended June 2020 ($23.0m) and prior year revaluation ($18.8m) and other year end actuarial provisions for Retirement Gratuities, Long Service Leave and other employee benefits, including CME and Sabbatical leave.
- Clinical supplies costs were close to plan and include approximately $0.300m of upside from year end Stock count adjustments.
- The unfavourable result in infrastructure and non-clinical supplies costs includes the shortfall on financial savings obligations $1.089m.

Refer to section 4.0 for commentary on Funder Arm financial performance.
Refer to section 5.0 for commentary on Provider Arm financial performance.

4.0 Funder Arm Financial Performance: June 2020

The Funder consolidated core result variance is $5.68m favourable for the month and $19.19m favourable for the year. This is the net position across all four of the Funder divisions. The four Funder divisions are: Funder NGO, Funder Own Provider, Funder IDF and Funder Governance.

The Funder NGO division is the main focus of Funder performance and refers to contracted health services delivered by third party providers. These consist mostly of community services providers with approximately 80% of the services being demand based. They are mostly delivered by means of national agreements with little or no opportunity for DHBs to directly influence either the number of service providers or the number of patient/client presentations.

The Funder's $19.19m favourable position for the year consists of a favourable Funder NGO variance of $38.02m, an adverse Funder Own Provider variance of $21.15m, a favourable Funder IDF variance of $2.32m and a nil variance within Funder Governance

The table below summarises the key components of the Funder core result in terms of revenue and expenditure and across the four Funder divisions.

FUNDER ARM FINANCIAL PERFORMANCE

$'000	Month Jun-20			YTD Jun-20			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Funder NGO	53,409	48,194	5,215	591,632	578,328	13,304	578,328
Funder Own Provider	75,591	75,930	(339)	908,880	911,159	(2,279)	911,159
Funder IDF	30,700	27,481	3,219	329,181	329,777	(597)	329,777
Funder Governance	1,370	1,342	28	16,222	16,103	120	16,103
Total Funder Revenue	**161,071**	**152,947**	**8,124**	**1,845,915**	**1,835,367**	**10,548**	**1,835,367**
EXPENDITURE							
Funder NGO	31,494	48,194	16,700	553,612	578,328	24,716	578,328
Funder Own Provider	96,564	75,930	(20,634)	930,030	911,159	(18,871)	911,159
Funder IDF Outflows	25,960	27,481	1,522	326,858	329,777	2,919	329,777
Funder Governance	1,370	1,342	(28)	16,222	16,103	(120)	16,103
Total Funder Expenditure	**155,388**	**152,947**	**(2,440)**	**1,826,723**	**1,835,367**	**8,644**	**1,835,367**
CORE RESULT							
Funder NGO	21,915	0	21,915	38,020	0	38,020	0
Funder Own Provider	(20,973)	0	(20,973)	(21,150)	0	(21,150)	0
Funder IDF	4,741	0	4,741	2,323	0	2,323	0
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	**5,683**	**0**	**5,683**	**19,193**	**0**	**19,193**	**0**

FUNDER TOTAL REVENUE

The Funder consolidated revenue variance is $8.12m favourable for the month and $10.57m favourable for the year. Most of this variance is the net consequence of changes to and within Ministry funded initiatives introduced after budgets had been set and have equivalent expenditure variances that offset. The key variance drivers are summarised by division in the commentary below.

The Funder NGO Revenue

Funder NGO revenue variance was $5.22m favourable for the month and $13.30m favourable for the year. A significant component of the month and annual variance is the Covid-19 revenue resulting in a $2.30m favourable impact for the month and $13.12m favourable impact for the year. This is mostly offset by related expenditure (there is a net adverse impact of $2.03m for the month and $3.72m for year). Another significant component of the year's variance results from PHARMAC reducing their forecast national revenue allocation to DHBs for Hospital Medicines. The adverse impact for WDHB was $380k for the month and $4.56m for the year. PHARMAC also advised a change in the Hospital Medicines component of their DHB Drug Rebate allocation resulting in an adverse impact of $874k for the month and $2.05m for the year. Additional to this Waitemata DHB received a share of the new pharmaceutical funding of $20m which resulted in a favourable impact of $190k for the month and $2.28m for the year. The other significant revenue factor relates to the Ministry In-Between Travel wash-up for 2018-19 (only advised to us in December) which resulted in a favourable impact of $1.34m for the year. Additional revenue received to compensate for the impact of minimum wage on In-Between Travel resulted in a favourable impact of $498k for the year. Safe Nursing revenue from 2018-19 was released in June resulting in a favourable $1.00m for the month and year. Other annual favourable variances of $1.67m are from funded initiatives which have an equivalent expenditure variance and a nil impact on the core result.

Funder Own Provider Revenue

The Funder Own Provider revenue variance was $339k adverse for the month and $2.28m adverse for the year. The most significant driver of this annual variance is the under delivery of the Provider Arm component of the Planned Care Initiative. This resulted in an adverse impact of $4.00m for the year. Another factor is an adjustment made for the Hospital Medicines component of Drug Rebates as advised by PHARMAC in their latest DHB forecasts which resulted in a favourable impact of $874k for the month and $2.05m for the year (was reassigned from the Funder revenue as mentioned above). A prior year adverse adjustment of $2.07m resulting from a change in accounting for the Wilson Centre is a key driver in the year to date variance. The Covid-19 increase in Drug costs resulted in a favourable variance of $552k for the month and year, which is offset by equivalent revenue. Other year to date favourable variances of $1.20m are from funded initiatives, the most significant being PSA Clerical MECA Settlement/MERAS Settlement and Forensic Mental Health for Prison In-Reach services which have an equivalent expenditure variance and have a nil impact on the core result.

Funder IDF Revenue

The Funder IDF revenue variance was $3.22m favourable for the month and $597k adverse for the year. The most significant driver of this variance is the IDF component of the Planned Care Initiative, where the wash-up reallocation of revenue between Funder Own Provider and IDF resulted in a favourable position of $4.32m for the month and $1.32m for the year. A post budget service change for Auckland Regional Dental Services resulted in an adverse annual impact of $1.23m. PHO Capitation wash up has a favourable annual variance of $177k, IDF Inflow wash ups as advised by the Ministry resulted in an adverse variance of $621k for the year, and an adverse annual variance of $238k for PHO growth.

Funder Governance Revenue

No variances of note for the month and year.

FUNDER TOTAL EXPENDITURE

The Funder consolidated expenditure variance was $2.44m adverse for the month and $8.64m favourable for the year. The consolidated annual expenditure variance consists of a $24.72m favourable variance in Funder NGO expenditure, an $18.87m adverse variance in Funder Own Provider expenditure, a $2.92m favourable variance in Funder IDF outflow expenditure and a $120k adverse variance in Funder Governance expenditure.

It is typical for variance drivers within Funder to have equivalent offsets between Funder divisions and/or between Funder revenue and Funder expenditure. Within Funder expenditure it is also typical for monthly expenditure to vary between months and for associated variances to mostly offset between months and/or between services. This is usually related to variations in utilisation and claiming patterns across Funder demand services. The key variance drivers are summarised by division in the commentary below.

Funder NGO Expenditure

The Funder NGO expenditure variance was $16.70m favourable for the month and $24.72m favourable for the year with this being the net position across all Funder NGO community services.

A substantive component of the year's favourable variance is as a result of an ongoing process of review, assessment and release of accruals for prior periods as recommended by our external auditors. It also includes accruals relating to indicative initiatives budgets not yet contracted/committed in the current period and for organisational risk/contingencies held in Funder under the mandate of the CFO. The favourable impact of this process net of the upside risk/contingency component transferred to the Provider was $11.75m for the year. A significant element of the month and annual variance is the expenditure related to Covid-19 which resulted in an adverse impact of $4.33m for the month and $16.84m for the year. This is mostly offset by revenue (resulting in a net adverse impact of $2.03m for the month and $3.72m for year). Another significant factor impacting on the result relates to PHARMAC and their June 20 advice which resulted in a $12.61m upside of which $10.27m pertains to drug rebates. The PHO Capitation Agency adjustment resulted in an adverse impact of $2.60m for the month and $4.30m for the year which is offset in the IDF Outflows and has a nil impact on the core result. Additional expenditure for Haemophilia as advised by National Haemophilia Management Group Chair resulted in an adverse impact of $139k for the month and $1.67m for the year.

Other factors relating to the year's variances include the normally expected variations across Funder services as previously explained. These variances apply particularly within Funder NGO services and typically arise out of variations in demand/utilisation within Community Pharmacy, General Practice, Age Related Residential Care, Home Support Services and PHO Capitation Services. Additional to this are the usual variances related to Ministry Funded Initiatives implemented and/or changed after budgets had been set. Funded Initiatives variances mostly have a nil net impact on the core result and include the Ministries Pay Equity initiative.

Funder Own Provider Expenditure

The Funder Own Provider Expenditure variance is $20.63m adverse for the month and $18.87m adverse for the year. A key driver of this adverse variance is a transfer to the Provider of $20m of organisational risk/contingency upside held in Funder under the mandate of the CFO. Another key driver of this variance relates to the under delivery of the Planned Care Initiative for WDHB by the WDHB Provider Arm. The resulting clawback creates a favourable variance of $4.00m for the year which is offset by an equivalent reduction in revenue received/expected from the Ministry. Another key driver of the variance relates to a $2.07m adjustment for the Wilson Centre which is now

accounted for directly within the Provider Arm. WDHB's share of Uri Ririki within the Provider Arm resulted in an adverse variance of $486k for the year, the transfer of Covid-19 increases in Drug cost resulted in an adverse variance of $552k for the year. Further drivers of the variance include adjustments relating to the PSA Clerical MECA settlements, MERAS Settlements, additional Funding for Forensic Mental Health – Prison In-Reach Services, additional Fellow positions in Provider Arm and additional Hospital Medicines rebates based on PHARMAC's latest DHB forecasts being $874k for the month and $2.04m for the year.

Funder IDF Expenditure

The Funder IDF expenditure variance is $1.52m favourable for the month and $2.92m favourable for the year. There is an adverse variance of $2.11m for the month and $4.42m for the year as a result of PHO Capitation wash up offset by a favourable variance for the month of $2.60 and $4.30m for the year due to an additional agency adjustment between IDF Outflows and PHO Capitation expenditure in Funder NGO. There is also an adverse variance of $516k for the month and $2.06m for the year for a budgeted reduction in IDF Outflows for inpatient services which has not been accounted for in the national budgets. The 2019-20 IDF outflows wash ups as advised by the Ministry resulted in a favourable variance of $1.74m for the month and year. The reduction in un-discharged patients at Auckland DHB resulted in an upside of $1.67m for the month and year. Budgeted Service changes which have not materialised resulted in an upside of $991k for the month and year. Other service changes resulted in an upside of $622k for the year.

Funder Governance Expenditure

No variances of note for the month and year to date.

5.0 Provider Arm Commentary on Financial Performance

5.1 Financial Statement

Table: Summary of Provider Arm Financial Performance for the year ended June 2020

PROVIDER ARM FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	101,161	80,697	20,463	993,498	968,899	24,599	968,899
Other	2,143	7,229	-5,086	22,896	40,209	-17,313	40,209
Total Revenue	103,303	87,926	15,377	1,016,394	1,009,108	7,286	1,009,108
EXPENDITURE							
Personnel	110,127	50,476	-59,651	775,801	704,993	-70,808	704,993
Outsourced Personnel	1,613	1,187	-426	20,526	14,586	-5,941	14,586
Outsourced Services	5,902	5,235	-667	61,809	62,530	722	62,530
Clinical Supplies	11,289	11,191	-98	126,446	133,548	7,103	133,548
Infrastructure & Non-Clinical Suppli	8,949	4,059	-4,890	116,801	93,450	-23,351	93,450
Total Expense	137,880	72,148	-65,732	1,101,382	1,009,108	-92,275	1,009,108
Provider Result : Surplus / (Deficit)	-34,576	15,778	-50,355	-84,989	0	-84,989	0

The Provider Arm result YTD June 2020 was a deficit of $84.989m against a breakeven budget; $1.211m better than May 2020 forecast of $86.200m.

5.2 Service Commentary on YTD result

Table: Provider Arm Financial Performance by Service for the year ended June 2020

$000's	Direct Revenue YTD			Direct Expenditure YTD			Total
	Actual	Budget	Variance	Actual	Budget	Variance	Variance
PROVIDER ARM FINANCIAL PERFORMANCE YTD							
Surgical & Ambulatory	10,440	9,874	565	156,146	149,698	-6,448	-5,883
Acute & Emergency Medicine	3,642	3,432	210	162,275	158,482	-3,793	-3,583
Specialty Medicine and HOPS	8,865	8,733	131	103,020	101,927	-1,093	-962
Child, Women & Family	8,732	9,516	-785	98,027	98,180	154	-631
Specialist Mental Health & Addictio	16,329	14,572	1,757	151,328	148,997	-2,331	-574
Elective Surgery Centre	0	0	0	23,277	28,262	4,986	4,986
Clinical Support	339	190	149	33,701	32,082	-1,619	-1,470
Diagnostics	7,668	4,214	3,454	105,258	106,687	1,430	4,884
Corporate and Provider Support	960,380	958,576	1,804	268,351	184,791	-83,560	-81,756
Total Provider	1,016,394	1,009,108	7,286	1,101,382	1,009,108	-92,275	-84,989

The following service commentaries reference ‘business as usual’ financial pressures in the first eight months from July to February and COVID-19 impacts from March to June 2020.

Surgical Services and ESC (YTD $897k unfavourable to budget)
Since late March the Elective Surgery Centre (ESC) has not been open for ESC model of care patients. After several weeks of closure, the ESC re-opened in late April to provide additional theatre space for NSH, as theatres there had been re-assigned for COVID-19 preparedness. Consequently, all volumes and all of the costs in the last quarter of the year relate to NSH patients.

The following update has therefore consolidated the Surgical & Ambulatory Service and ESC Covid-19 impact reports, as a commentary on overall surgical services.

The unfavourable variance prior to Covid-19 impacts ($2.37m) was driven by:

- Locum costs in Anaesthesia ($400k) and ORL ($380k) due to SMO vacancies, the latter resulting in ORL production volumes below plan.
- Theatre nurse bureau costs in the first 5 months of the financial year ($145k) arising from high unplanned leave which had an impact on Orthopaedic production in that period.
- Over-allocation and skill mix of registrars and house officers in the period has contributed $1.3m to the unfavourable variance.
- YTD acute over-delivery (partly attributed to the White Island incident) offsets savings realised due to under-delivery of electives.
- The shortfall in elective surgical delivery has a direct impact on waiting lists, and as a consequence, there are approximately 2,400 patients that are deemed to be non-compliant (have been waiting over 4 months for surgery). This, coupled with the risk of the MoH potentially withholding the normal 'additional' elective funding paid for planned care, had generated urgent and focused plans to mitigate and address the situation. This was the absolute priority for the division until the Covid-19 pandemic which has caused a reassessment. Refer to section 2 commentary on clinical activity.

The favourable variance in ESC prior to Covid-19 impacts ($260k) was driven by:

- Higher than planned numbers of day cases impacting on nursing costs.
- Changes in case mix resulting in higher than budgeted laparoscopic consumables partially offset by lower treatment disposables and prostheses costs.
- Prior-year package of care costs.

<u>Covid-19 impacts</u>:
The key elements driving the positive variance ($1.213m) during the Covid period of late March to end of June, across the three surgical venues are:

- Two NSH and one WTH elective operating theatres were converted into Covid-19 ready theatres at the end of March and were returned to operation in late May/early June. The additional acute theatre at NSH was returned to elective in late May. The final two ESC theatres were re-opened for NSH elective lists during May. Theatre utilisation has improved throughout the period, as Covid-19 preparedness and the reduced number of possible cases resulted in faster theatre turnaround times.
- Cancellation of a significant portion of elective lists for NSH and all of ESC lists resulted in a WIES shortfall of 1,854. Orthopaedic electives, which attract the highest WIES case weight was at 55% of budget in which was an increase from 20% in May, the main elective shortfall was in knees. Other services ran selective elective lists from mid/late April and by June had reached approximately 90% of June's elective WIES budget. Overall June WIES was only 82% of the average monthly elective volume. The overall Elective shortfall in the last quarter of 1,854 WIES had a $ impact of $9.6mn
- Acute volumes were only 1% below budget for June across the services. The overall Acute shortfall in the last quarter of 271.4 WIES had an impact of $1.4m.

- High allowances, approximately $200k greater than budget, for the Covid rosters for Medical staff in ICU and Anaesthesia who had to remain available, as a contingency should there have been a significant increase in Covid-19 suspected patients presenting through ED. There was a continued impact of over-allocations of Registrars and House Officers.
- Despite the reduction in volumes, the restrictions on nursing and allied health staffing in conjunction with the need to backfill staff who were on various Covid-19 related leave meant that there was no savings in personnel. Although there were theatres unused rosters were required to staff them in the event of Covid-19 surgical presentations.
- There was a significant drop (approx. $1.2m) in outsourced Medical personnel costs during the period as medical staff who worked at ESC became available to cover leave, so services did not need to rely on locum staff.
- Lower volumes had a direct impact on clinical supplies ($1.6m). Implants and prostheses costs, which are driven by Orthopaedic volumes were $1m lower in the final quarter.

Acute and Emergency Medicine Services (YTD $3.583m unfavourable to budget)
The unfavourable variance is driven by:

- Emergency Departments (ED) where we were seeing high attendance rates prior to any consideration of Covid-19. ED had realised the financial benefit of six medical officers coming on board to complement senior medical staffing. Financial pressures were most evident in nursing with ongoing demand for additional 'hours on the floor'. In response the service completed a review of cover model requirements for ED and ADU in support of prioritised budget submissions (an additional 15 FTE) in FY20/21.
- Inpatient wards were tracking close to plan both in terms of bed days and WIES. The service had contained costs successfully, with active control of staffing around flexed bed management. Nursing costs were higher for patient watches and the service is reviewing this. Medical costs were anticipated to increase in the remaining months with recruitment now underway for the home based wards initiative.
- Cardiology services slightly lower than last year, with 62 pacemaker / ICD implants YTD. The WIES differential in Cardiology has increased due to the COVID-19 lockdown, but is also influenced by the drop in National Price

<u>COVID-19 impacts</u>:
ED presentations were tracking well above plan until February but the total numbers at the end of June are 5,858 fewer than last year mainly due to the slow recovery at WTH ED, while NSH ED had similar presentations as last year. Inpatient numbers significantly reduced from March to May with the service opening up as much capacity as possible, bracing for the impact of Covid-19. Additional budget has been endorsed by the executive and recruitment is being fast tracked to increase capacity in Ward 11. In early March 54 employees were asked to self-isolate on paid leave. New staff coming from overseas will require fourteen days isolation which imposes a big challenge for recruitment. Clinical supplies for face masks, protective clothing and related products will remain high in the coming months.

Specialty Medicine and Health of Older Persons Services (YTD $0.962m unfavourable to budget)
The unfavourable variance is driven by unbudgeted RMO over-allocations and cross cover, as well as increased clinical supply costs for medical aids and MHSOA respite. Additional sessions are being incurred to help cover MHSOA in-line with their current service size, against which budget submissions have been raised. Service volumes prior to COVID-19 were tracking to plan, aside from gastro outsourced volumes which were behind due to a late start of an external supplier contract with further delay in part due to COVID-19.

Revenue was favourable pre COVID-19 due to an increase in volumes for the non-acute rehab ACC contract, with the volumes of bed nights qualifying for reimbursement from ACC under the Non-

Acute Rehab contract were particularly high from July to September, and again in January, at over 1,000 bed nights per month. Due to COVID-19, the year end position was unfavourable to budget for this revenue stream.

The service has a number of savings initiatives including a review of ACC events, a review of MHSOA Respite usage, and enhanced services for mobility aids management.

COVID-19 impacts:
The service has realised additional staff costs from March to June 2020, due to less leave having been taken, whilst additional cover was required in some areas for special leave, estimated at $340k. The service covered a full complement on Good Friday and Easter Monday, and this year management instructed full staffing in case of potential COVID-19 demand. The additional cost of staffing these two days was an increase of $80k on last year.

There has been an unfavourable impact on ACC revenue between March and June. The reduction in revenue equates to $1.03m due to reduced patient numbers in rehabilitation wards.

Gastroenterology reduced their outsourced volumes from March to May during the level 4 lockdown, resulting in cost reductions of $600k (noting this financial 'benefit' is considered short term, with catch-up costs anticipated in the new financial year). Nursing personnel saved $670k on the AT&R wards as staff were redeployed to other parts of the hospital. There was savings of $225k in watches due to reduced bed occupancy from the closure of the AT&R wards from April to June 20. There were also some savings in the outsourced bureau requirements in MHSOA in April, due to reduced occupancy.

Child, Women and Family Services (YTD $631k unfavourable to budget)
The unfavourable variance is driven by:

- Previously high and now fluctuating admission rates across both Neonatal units. Neonatal units are tracking at 92% of CWD YTD (up 2% on last month). This measure may, at times, not fully represent the actual demand of the units due to the lengthy occupancy and timing of discharge ($632k unfavourable).
- Maternity services ($935k unfavourable) continue to be impacted by high demand for antenatal assessment and caesarean section services, necessitating the interim reliance on high cost overtime from existing staff in order to cover maternity roster gaps. This has however been partially mitigated via the retention payment initiative that was introduced in February 20 and the recent recruitment of 11 new graduate Midwives.
- Obstetrics & Gynaecology medical costs track well above budget to date with significant demand for acute gynaecology (101% of contact) and elective gynaecology (106% of contract) along with the need to provide a safe staffing after hours roster.
- ARDS $1.83m favourable to date. Staff vacancies are the dominant driver as the service works to develop its workforce recruitment and retention strategies as part of an overarching ARDS Improvement Plan. A recent annual recruitment drive for dental therapists has been successful with 24 new graduate therapists employed in late January 2020. COVID-19 has had a significant and on-going impact on ARDS ability to deliver routine oral health across metropolitan Auckland. Clinic closures and pre-screening of children prior to appointment along with new NZ Dental Council measures around infection prevention and control have impacted productivity across the service. A reduction in children being seen is evident in reduced spending in clinical supplies and infrastructure costs.

The service continues to make good progress with its tactical savings initiatives with benefits being realised across the following: Obstetric and Anaesthetic on call accommodation, transitioning to digital post (ARDS), changes in Child Rehabilitation contract costs with Auckland DHB and changes in the provision of clinical supplies to families accessing Community Child Nursing services. Opportunities for further savings are being explored at present.

Specialist Mental Health and Addiction Services (YTD $574k unfavourable to budget)
The unfavourable variance is driven by:

- Staffing costs are slightly over budget in nursing and allied health, with premium cost of overtime offsetting vacancies: medical (13 FTE), nursing (67 FTE) and allied (41 FTE). Overtime, casuals and substitution continue to fill roster vacancies.
- Re-pricing of casual hours as per agreement with PSA
- Additional revenue for Intellectual Disabilities (currently 2 supernumerary service users) $941k, and Court reporting $252k. Court reporting revenue has caught up significantly following the COVID pause but this surge in revenue has incurred additional third party outsourced costs ($109k) in June

Overtime has been significant in the month due to an assault at Waiatarau, which has resulted in time off for a nurse. Increased threats and verbal abuse at the Kauri unit at Mason Clinic has required multiple service users (transfers from prison and HPW) to be placed on 6:1 and 5:1 ratios due to violence and aggression directed at staff, as they try to manage service users out of seclusion.

Most services have continued some level of online Zoom consultations but at a significantly reduced level from COVID-19. A key factor is the lack of physical space to conduct sessions in a clinically appropriate manner.

Clinical Support Services (YTD $1.470m unfavourable to budget)
The unfavourable variance is driven by:

- Increased equipment and bed repairs in Clinical Engineering, ($560k).
- Security and Traffic management costs are higher than plan due to delays in the implementation of an integrated roster pending union consultation, and recent changes in available spaces and shuttles from the North Shore Event Centre, ($658k).

Diagnostics Services (YTD $4.884m favourable to budget)
The favourable variance is driven by:

- Lower inpatient drug costs $1.391m, and the receipt of additional rebates, $2.202m
- Outpatient pharmacy $313k favourable YTD.
- Laboratories $872k favourable due to the reversal of a prior year accrual and personnel cost savings.

Corporate and Provider Arm Support Services (YTD $81.756m unfavourable to budget)
The unfavourable variance is driven by:

- Provisions for Holidays Act ($23.0m) for year to June 20 and prior year revaluation ($18.8m) in line with forecast and valuations provided by Ernst & Young
- Deferred donation revenue ($6.200m)
- Delayed realisation of financial savings obligations, ($18.334m).
- Deferred sale of 44 Taharoto Road, ($10.1m).
- Adjustment to planned care revenue based on current under delivery of YTD volumes, ($3.9m).

COVID-19 impacts

- Revenue including interest and car parking ($1.092m)
- Additional PPE and Clinical Supplies ($720k)
- Additional infrastructure, security, cleaning and maintenance costs ($1.644m)
- Redeployment and backfill of staff for Occupational Health and Emergency Planning ($1.880m)

Offsets to the shortfall in savings obligations include:

- Release of residual provisions for settled MECA, $1.0m.

6. Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at June 2020

$000's	30-Jun-20			May-20	Variance to	Jun-19
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	**448,912**	**631,650**	**-182,738**	**468,172**	**-19,261**	**486,268**
Represented by:						
Cash & Bank Balances	52,372	30,511	21,861	45,249	7,123	36,685
Other Current Assets	88,002	65,014	22,988	82,308	5,694	86,472
Current Liabilities	-442,656	-245,237	-197,419	-414,172	-28,484	-364,569
Net Working Capital	**-302,281**	**-149,712**	**-152,569**	**-286,615**	**-15,666**	**-241,412**
Fixed Assets	747,509	780,001	-32,492	753,386	-5,877	726,180
Long Term Investments in Associates	50,131	43,246	6,885	43,272	6,859	42,940
Term Liabilities	-46,447	-41,885	-4,562	-41,871	-4,576	-41,440
Total Employment of Capital	**448,912**	**631,650**	**-182,738**	**468,172**	**-19,261**	**486,268**

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of $302.281m at 30 June 2020 is expected, due to the nature of current liabilities including annual leave provisions and the current portion of other staff entitlements, such as continuing medical entitlements (CME). While these liabilities are considered current, any significant draw down is unlikely as accrued entitlements tend to offset leave claims over time.

The 'Cash and Bank Balance' is $52.372m at 30 June 2020.

The 'Other Current Assets' balance includes outstanding payments from non-residents totalling $3.7m. The DHB has billed $4.9m (net of credits) in non-resident income as at year end, 30 June 2020.

The Jun-19 opening balance of Current Liabilities has been adjusted to account for the increased provision of $112.8m for the potential under-payment of Holiday Pay; along with a further $41.800m provided at June 2020 based on latest workings provided by Ernst & Young.

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at May 2020

$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	161,369	165,191	-3,822	1,912,023	1,892,951	19,072
Interest Received	27	169	-142	1,596	2,149	-553
Other Revenue	1,980	7,059	-5,079	22,034	29,774	-7,740
Outflows						
Staff	55,820	49,456	-6,364	721,025	716,642	-4,383
Suppliers	27,511	30,120	2,609	259,290	247,132	-12,158
Other Providers	57,454	78,285	20,831	880,470	911,231	30,761
Capital Charge	14,327	18,392	4,065	28,834	36,386	7,552
GST (net)	-905	187	1,092	-417	2,043	2,460
Net cash from Operations	**9,169**	**-4,021**	**13,190**	**46,451**	**11,440**	**35,011**
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	31,250	-31,250
Associates	0	0	0	41	0	41
Outflows						
Capital Expenditure	3,887	10,978	7,091	49,623	81,444	31,821
Investments	6,859	0	-6,859	7,232	0	-7,232
Net cash from Investing	**-10,746**	**-10,978**	**232**	**-56,814**	**-50,194**	**-6,620**
Cash flows from financing activities:						
Inflows						
Equity Injections	8,700	8,782	-82	26,050	32,580	-6,530
New Debt	0	0	0	0	0	0
Deposits Recovered	0	0	0	0	0	0
Outflows						
Interest Paid	0	0	0	0	0	0
Funds to Deposit	0	0	0	0	0	0
Net cash from Financing	**8,700**	**8,782**	**-82**	**26,050**	**32,580**	**-6,530**
Opening cash	**45,249**	**36,728**	**8,521**	**36,685**	**36,685**	**0**
Net increase / (decrease)	**7,123**	**-6,217**	**13,340**	**15,687**	**-6,174**	**21,861**
Closing cash	**52,372**	**30,511**	**21,861**	**52,372**	**30,511**	**21,861**
Closing Cash Balance in HZHPL Sweep a	**52,372**	**30,511**	**21,861**	**52,372**	**30,511**	**21,861**

6.4 Cash Position

The Waitematā DHB ended the year off strongly with a cash balance of $52.372m against a budget of $30.5m and forecast of $29.7m.

The biggest driver for the variance to the forecast is the cash flows from operating activities which was $35.5m favourable, primarily in other Provider payments and Capital Charge.

Capital expenditure accounts for $31.821m of the upward movement and is offset by delayed sale of 44 Taharoto Road $31.250m; due in part to delays caused by Covid-19. as well as changes to initial phasing assumptions.

	$m
Year-end forecast as at 31 May 20	**29.7**
	June variance to forecast
Cash Inflow	
Operating income	8.2
Equity drawdown	-
Covid impact	1.3
Interest	-0.1
	9.4
Cash Outflow	
Operating costs	9.3
Capex	2.7
Covid impact	0.7
Cost of capital	0.5
	13.3
Year-end cash position	**52.4**

7. Statement of Capital Expenditure

The capital forecast for year end is favourable to budget predominantly due to delays in Crown approvals and delays from COVID-19. We are still awaiting guidance from MoH as to the funding treatment for COVID-19 related costs.

We have recently been advised by the Ministry of Health that that some of the projects in the Infrastructure Service Programme will not be eligible for Crown funding. The impact of these is a greater demand on capital in 2020/21. Accordingly, the 2020/21 capital budget provided in June 2020 has been redeveloped and has been resubmitted for approval in June 2020.

The Portfolio Investment Committee (PIC) continues to robustly prioritise all investment requests to ensure best value is achieved from the available capital budget.

Table: Summary of Capital Expenditure as at June 2020

$000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Capital Expenditure							
Land	0	0	0	16,373	17,000	627	17,000
Buildings & Plant	2,660	9,901	7,241	20,672	47,333	26,661	47,333
Clinical Equipment	1,084	922	-162	6,854	14,488	7,634	14,488
Other Equipment	26	12	-14	1,499	283	-1,216	283
Information Technology	90	122	32	3,345	2,048	-1,297	2,048
Motor Vehicles	27	21	-6	880	292	-588	292
Total Capital Expenditure	3,887	10,978	7,091	49,623	81,444	31,821	81,444

6. Resolution to Exclude the Public

Resolution:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	**Minutes of Meeting of the Board - Public Excluded (08/07/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2.	**Circular Resolutions of the Board – Public Excluded**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
3.	**Minutes of the Audit and Finance Committee – Public Excluded (29/07/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
4.	**Minutes of the Hospital Advisory Committee – Public Excluded (29/07/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
5.	**Minutes of the Community and Public Health Advisory Committee – Public Excluded (05/08/20)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
6.	**Termination Services**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]
7.	**Update on Exit of Lease**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
			in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
8.	**First Draft Northern Region Service Plan (2020/21)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
9.	**Health System Catalogue Business Case**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
10.	**Northern Region DHB COVID-19**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
11.	**Totara Haumaru Procurement Update**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
12.	**Food Services Update**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
13.	**Informed Consent**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		(except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	[Official Information Act 1982 S.9 (2) (a)] **Legal Professional Privilege** The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)]
14.	**Legal Services Report**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Legal Professional Privilege** The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
15.	**Local - COVID-19**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]