



Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 27 May 2020

9.45am

AGENDA

Items to be considered in public meeting

ZOOM

Link : <https://waitematadhb.zoom.us/j/93006653294>

Meeting ID : 930 0665 3294

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.

MEETING OF THE BOARD 27 May 2020

Zoom Link : <https://waitematadhb.zoom.us/j/93006653294>

Meeting ID : 930 0665 3294

Time: 9.45am

<u>WDHB BOARD MEMBERS</u> Judy McGregor - WDHB Board Chair Max Abbott - WDHB Board Member Edward Benson-Cooper - WDHB Board Member John Bottomley - WDHB Board Member Chris Carter - WDHB Board Member Kylie Clegg - WDHB Board Deputy Chair Sandra Coney - WDHB Board Member Warren Flaunty - WDHB Board Member Allison Roe - WDHB Board Member Renata Watene - WDHB Board Member Aren Williams - WDHB Board Member	<u>WDHB MANAGEMENT</u> Dale Bramley - Chief Executive Officer Peta Molloy - Board Secretary Robert Paine - Chief Financial Officer and Head of Corporate Services Andrew Brant - Deputy Chief Executive Officer Dr Jonathan Christiansen - Chief Medical Officer Debbie Holdsworth - Director Funding Jocelyn Peach - Director of Nursing and Midwifery Tamzin Brott - Director of Allied Health Fiona McCarthy - Director Human Resources Mark Shepherd - Director Provider Healthcare Services
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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 (08/04/20)
		Actions arising from previous meetings
	2.2	Minutes of the Special Meeting of the Board (13/05/20)
10.00am	3.	CHAIR'S REPORT
	4.	EXECUTIVE REPORTS
10.05am	4.1	Chief Executive Update (verbal)
10.10am	4.2	Health and Safety Performance Report
	5.	DECISION ITEMS
10.15am	5.1	Privacy Maturity Assessment
10.20am	5.2	Waitematā DHB Board Committee Membership and Disability Support Advisory Committee
	6.	PERFORMANCE REPORT
10.25am	6.1	Financial Performance Report
	7.	INFORMATION PAPERS
10.30am	7.1	Presentation: Well Foundation
11.00am	7.2	Presentation: Consumer Council
11.30am	8.	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)	✓	✓						
Max Abbott	✓	✓						
Edward Benson-Cooper	✓	✓						
John Bottomley	✓	✓						
Chris Carter	✓	✓						
Sandra Coney	✓	✓						
Warren Flaunty	✓	✓						
Allison Roe	✓	✓						
Renata Watene	✓	✓						
Arena Williams	✓	✓						

- ✓ *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
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board member - Rotary National Science and Technology Forum Trust	19/03/14
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

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member – NZAO	17/12/19
Arena Williams	Director – Kōwhiri Elections Services Limited Trustee – Jacqueline Allan Family Trust Beneficiary – Ngāi Tahu and Whai Rawa Savings Limited Beneficiary – Te Aitanga-a-Mahaki Family member is an Associate of Meredith Connell Admitted Barrister and Solicitor of the High Court of New Zealand Member – Te Rūnanga o Wairaka (Unitec)	18/12/19

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 08 April 2020

Recommendation:

That the Minutes of the Board meeting held on 08 April 2020 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Wednesday, 8 April 2020

held via Zoom video conferencing, commencing at 9.52am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Judy McGregor (Board Chair)
Max Abbott
Edward Benson-Cooper
John Bottomley
Chris Carter
Kylie Clegg (Deputy Chair)
Sandra Coney
Warren Flaunty
Allison Roe
Renata Watene
Arena Williams

ALSO PRESENT:

Dale Bramley (Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Andrew Brant (Deputy Chief Executive Officer)
Jonathan Christiansen (Chief Medical Officer) (from 10.05am, item 3)
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:

Dubby Henry, Reporter NZ Herald

KARAKIA

Arena Williams led the Karakia.

WELCOME:

The Board Chair welcomed everyone in the meeting.

APOLOGIES:

Apologies were received and accepted from Tamzin Brott and Jocelyn Peach.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no interests declared that might involve a conflict of interest with an item on the open agenda.

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 26 February 2020 (Agenda pages 8-21)

Resolution (Moved Arena Williams/Seconded Max Abbott)

That the Minutes of the Board meeting held on 26 February 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 22)

Noted.

3 CHAIR'S REPORT (Agenda pages 23-37)

The Board Chair requested the Chief Executive pass on the Board's immense gratitude to all the staff involved in the reparation and response of COVID-19.

The Board Chair summarised the report presented, specifically noting the correspondence referenced and attached.

Matters covered in discussion and response to questions included:

- The DHB's stance of the dual position of vaping and smoking will be addressed in a further report to be presented to the Board following COVID-19.
- Clarifying that the Waitematā DHB's Disability Support Advisory Committee would be held on the same day as the Community and Public Health Advisory Committee meetings.

In response to a question regarding COVID-19, the Chief Executive noted the following:

- There is a rapid increase in cases worldwide.
- New Zealand had 54 new cases reported on Tuesday 7th April, with one death reported from the West Coast.
- There has been a rapid increase of cases in the United States of America, with 26,000 cases reported on Tuesday 7th April and 12,000 deaths. Italy had approximately 17,000 deaths and Spain 12,900 deaths to-date.
- Internationally, there has been a greater number of older adults affected, however, in New Zealand the cases are predominantly younger.
- Nationally there are currently four cases in ICU; there is one case at North Shore Hospital.
- The Waitematā district has the largest population in the country and has up to 160 cases to-date. The Southern district currently has the most cases at 187.
- Communication has been distributed previously on the need for preparedness. The regional incident management team continues to work with the borders

(ports and airports), logistics, community support, finance, the Pacific response, the Māori response, it has convened a welfare team (including looking at support for staff and linking with the Civil Defence response). The local (Waitematā) incident management team has undertaken a lot of work in preparing services within the DHB's hospitals; as noted earlier the DHB has one confirmed patient in ICU at North Shore Hospital, however, the hospitals have been readied should there be a need to take extra admissions. As at today (8th April), there are 333 inpatients and more than 400 beds available should they be needed.

- Two new community based assessment centres (CBACs) have now opened; one Māori specific and one Pacific. Both are based in South Auckland. There are now 14 CBACs across the city. In the Waitematā district, there are centres in Wellsford, Northcross, the AUT North Shore campus, Henderson Specialist Centre and Whanau house. The CBACs will open over Easter weekend providing good coverage, up to three centres may reduce hours on Good Friday.
- The regional Communications team continues to manage a number of queries and keep our communities updated. There is a current focus on our Emergency Departments (EDs) and advising our communities the EDs are fully open and available to receive people.
- Throughout the level 4 lockdown period there has been a tremendous use of technology and a significant uplift in the use of technology for virtual clinic appointments for outpatients.
- As the DHB comes out of the level 4 lockdown period, there will be a focus on elective surgery and what can be done to catch up as well as the bringing back of services once the full impact of COVID-19 and the lockdown period is understood.
- There is very good PPE stock in the northern region, with the warehouse being largely full. There is an ordering system in place for community providers who require PPE (this is a standard ordering system nationwide); contact can be made with the regional incident management team to assist with any issues.

The report was noted.

4 PERFORMANCE REPORT

4.1 Financial Performance Report –February 2020 (agenda pages 38-53)

Robert Paine (Chief Financial Officer and Head of Corporate Services) summarised the report, noting the information provided is to the end of February 2020 and prior to any COVID-19 costs.

The report was received.

GENERAL BUSINESS

There were no items of general business.

5 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 54-57)

Resolution (Moved Arena Williams/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.	Minutes of Meeting of the Board - Public Excluded (26/02/20)	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 (25/03/20)	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.	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 (25/03/20)	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
5.	North Shore Hospital Roof Mitigation	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.	Tōtara Haumaru Procurement 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)] 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.	Waitakere Hospital High Acuity Team	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.	Mason Clinic – Urgent Remediation Project, Main Contractor	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.	Mental Health 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)] 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)]
11.	Heads of Agreement	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)]

Carried

The open meeting concluded at 10.14am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 08 APRIL 2020.

BOARD CHAIR

Waitematā District Health Board, Meeting of the Board 27/05/20

**Actions Arising and Carried Forward from
Previous Board Meetings as at 21 May 2020**

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
10/07/19	4.2	<u>Health and Safety Update</u> A further update to be provided on the review being undertaken on organisational policies and procedures covering lone worker emergency response plans.	Michael Field	To be revisited following COVID-19 lockdown period.	The review has commenced and a further update will be provided when available.
21/08/19	4.2	<u>Health and Safety Update</u> A detailed report on Lost Time injury frequency rate will be provided to the Board.	Michael Field		In progress.
18/12/19	7.1	<u>Vaping Update</u> Paper requested by the Board to provide direction on: <ul style="list-style-type: none"> - 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		Noted for action.
18/12/19	7.2	<u>Suicide Overview</u> That the next paper to the Board on this matter include the role of governance in helping to support the Service.	Manu Foto/ Derek Wright		Noted for action.

2.2 Confirmation of the Minutes of the Special Meeting of the held on 13 May 2020

Recommendation:

That the Minutes of the Special Meeting of the Board held on 13 May 2020 be approved.

Draft Minutes of the Special Meeting of the Waitematā District Health Board

Wednesday, 13th May 2020

Held via Zoom video conferencing, commencing at 11.02am

BOARD MEMBERS PRESENT:

Judy McGregor (Board Chair)
Max Abbott
Edward Benson-Cooper
John Bottomley
Chris Carter
Kylie Clegg (Deputy Chair)
Sandra Coney
Warren Flaunty
Allison Roe
Renata Watene

ALSO PRESENT:

Dale Bramley - Chief Executive Officer
Peta Molloy - Board Secretary
Andrew Brant - Deputy Chief Executive Officer
Dr Jonathan Christiansen - Chief Medical Officer
Mark Shepherd – Director Provider Healthcare Services
Matt Rogers – Director Communications
Penny Andrew – Director Institute for Innovation & Improvements

APOLOGIES:

An apology was received and accepted from Kylie Clegg.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no interests declared that might involve a conflict of interest with an item on the open agenda.

WELCOME:

The Board Chair welcomed everyone in the meeting.

1 RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Renata Watene/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.	Waitakere Hospital Review	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Obligation of Confidence</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>

The open meeting closed at 11.04am

SIGNED AS A CORRECT RECORD OF THE SPECIAL MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 13 MAY 2020.

_____ BOARD CHAIR

3 Chair's Report – April 2020

Recommendation:

That the report be noted.

Prepared by: Judy McGregor (Board Chair)

Board Chair and CEO Covid-19 salaries

Following the State Services Commissioner's advice, the DHB Board Chairs and CEOs decided to take a 20 per cent pay cut (CEO salary and Chair fees) for three months. Please see enclosed the SSC advice and the DHB Chair's press release (Attachments 1 and 2).

Governance development

The DHB Chair's sub group has met throughout COVID-19 and the DHB Chairs have now agreed to a five pronged strategy for professional development for Boards – see Attachment 3. In addition to the elements identified on the slide, evaluation has been added as an additional feature. Board induction programmes were interrupted by COVID-19 but it is hoped that the introductory board member webinar will be available shortly. It is proposed to get moving soon with a Seat at The Table, with two more DHBs, Bay of Plenty and Taranaki also interested in participating along with Waitemata and Counties Manukau. The more sophisticated scenario based one-day training needs to be agreed between Monash University and the MoH. It is proposed that it will have an equity focus and that it will involve prior discussions and work with iwi partners.

Choosing Wisely

Board members often raise questions relating to the alternatives identified for patients by clinicians and doctors with respect to their care. The idea of Choosing Wisely has been around for a while and this is a useful document (Attachment 4) which has been referred to the Consumer Council for discussion as well.

Apologies for an abbreviated Chair's report this month but I hope normal practice resumes soon.

Professor Judy McGregor, Chair



28 April 2020

Chairs of Crown agents and ACEs	Chair, Broadcasting Standards Authority
Chancellors of Universities	Chair, Climate Change Commission
Chair of NZIST	Chair, Commerce Commission
Chairs, Wānānga	Chief Commissioner, Criminal Cases Review Commission
Chair, Drug Free Sport New Zealand	Chief Human Rights Commissioner
Chair, Electricity Authority	Chair, Takeovers Panel
Chair, External Reporting Board	Chair, Transport Accident Investigation Commission
Chair, Financial Markets Authority	

Dear colleagues

Pay restraint in the Public Sector

Following the Prime Minister's announcement of a pay reduction for senior leaders in Government and the Public Service, Cabinet has agreed that visible pay restraint in the public sector is an appropriate response to the COVID-19 context.

We are in an unprecedented time, when many in the private sector are losing their jobs or facing significant pay reductions. Public sector leaders need to consider appropriate actions to take to reflect this context.

The Prime Minister and Ministers are going to take reductions in pay of 20% for six months. Public Service chief executives are voluntarily agreeing to the same reduction, as well as agreeing to forego any remuneration reviews that might usually occur before 30 June 2021. We have been advised that some Crown entity chief executives have agreed with their Boards that they will also be taking pay cuts.

What this means for chief executives

I encourage chief executives to consider taking a similar reduction to their colleagues in the Public Service. As you know, the public sector is made up of a wide variety of organisation types. But the public view us all as the government. New Zealanders will be looking to us all to demonstrate leadership at this time.

If your chief executive is taking a reduction in pay, please advise us. In any case, I think increases to remuneration for Crown entity chief executives are generally undesirable at this time. I am therefore withdrawing all current remuneration guidance that has been provided to Chairs for remuneration reviews that have not been finalised. If you currently

Level 10, RBNZ Building
2 The Terrace
PO Box 329
Wellington 6140
New Zealand
Phone +64 4 495 6600

have such processes underway, I ask that you pause these, and consider, in conjunction with your chief executive, how to proceed.

Regarding upcoming remuneration reviews for chief executives, my guidance will be for a nil remuneration increase for remuneration reviews due from now until 30 June 2021. This guidance is attached.

If you make a proposal for an increase, I will have regard to relevant factors including the context of your entity, the information you provide, the public interest in prudent stewardship of public resources, Government expectations and relevant market information. Given the latter factors, I expect only very special circumstances might result in an increase.

What this means for your workforce

I have provided Public Service chief executives with a set of key principles on how to apply pay restraint for their workforces:

- the voluntary pay reductions agreed by chief executives will not be extended beyond the chief executive level
- the approach to restraint applies through to June 2021
- retaining people in jobs is a priority
- no pay increases for senior leaders and higher paid staff and no or minimal increases below that level
- current employment agreement obligations to be complied with where they require an increase to pay
- any discretionary provisions should be operated to target low paid and frontline roles, and continue to address gender and ethnic pay inequities
- exceptional and urgent recruitment and retention pressures may need to be addressed
- outcomes across individual employment agreements and collective agreements covering the same roles should be equitable.

I ask you to take a similar approach in your agency.

What this means for you and your Board

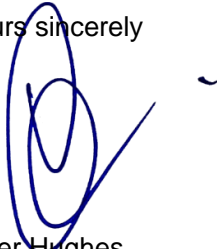
We understand some Chairs and board members have already decided to take a cut and I encourage you to consider this. If you as Chair or your Board wish to take a reduction in fees, please discuss this with your monitoring agency.

If you have specific questions relating to your chief executive, you may wish to contact Kellie Coombes, Deputy Commissioner System and Agency Performance (021 536 146) or Geraldine Needham-Girven, Manager Crown Entity Engagement (021 221 4277).

Dale Farrar, Deputy Commissioner Workforce and Talent Management (021 893 267) or Sarah Borrell, Manager Workforce and Employment Relations (027 244 0729) are available to provide any guidance and advice your HR team may need or answer any questions you may have in relation to your workforce.

I thank you in advance for uniting with New Zealanders as we respond and recover from Covid-19.

Yours sincerely



Peter Hughes
State Services Commissioner

Copy to:

- Chief Executives of Crown agents and ACEs
- Vice Chancellors of Universities
- Chief executive of NZIST
- Tumuaki of Wānānga
- Chief Executives of Independent Crown Entities

PS Chief Executives - Crown entity monitoring departments

State Services Commissioner's guidance for Crown entity and Tertiary Education Institution chief executive remuneration reviews



The State Services Commissioner's guidance for you to consider when reviewing your chief executive's remuneration is for a nil increase. This includes reviews with effective dates up to today that have not been finalised and reviews due from now until 30 June 2021.

Please note we are withdrawing guidance that has been sent for reviews that have not yet been finalised. If you are in doubt, please contact us.

Chief executives are also encouraged to consider taking a similar reduction to their colleagues in the Public Service, which is a pay cut of 20% for six months.

Your chief executive has voluntarily agreed to a pay cut

Please let us know this. If it is to be a reduction in remuneration, please advise us the following:

- the percentage and actual reduction to base salary
- advise the start and end date of the reduced remuneration.

Please remember that a reduction in base salary will have flow on effects to other remuneration components, such as superannuation and performance pay. This information will ensure our records are accurate, allow us to track trends and calculate the figures to disclose.

Board's decision is for no change to the current remuneration at the annual review

At the time of the annual remuneration review for your chief executive, please advise us the following:

- confirm that there is no change to performance-related pay or any other components of the remuneration package, or the proportion of the components relative to each other
- confirm that **all** benefits received by the chief executive are included in the remuneration package
- advise the performance rating awarded for the past year, and
- (if applicable) advise the percentage of any performance component awarded for the past year.

This information will ensure our records are accurate, allow us to track trends and calculate the figure to be disclosed.

Board is proposing an increase to remuneration

If you are considering a proposal for an increase or other change to the components, such as the removal of performance pay, please provide it in writing. We are available to discuss your proposal.

When considering proposals, the State Services Commissioner will have regard to (among any other relevant factors):

- the legal, commercial, and operational context of your entity

- any information provided by you, which might include, for example, your advice about your chief executive's knowledge, skills, experience, and performance
- the public interest in prudent stewardship of public resources
- Government expectations
- relevant market information.

Performance pay (if applicable)

If your chief executive has performance pay as part of their remuneration package, the Commissioner suggests you consider removing this at the first / best opportunity. Any proposed change to performance pay will be managed on an individual basis and needs the Commissioner's concurrence/ consent. We are happy to discuss options.

However, the Commissioner's expectation is that the proportion of performance pay incorporated into base salary should be below both the full *potential* value and the average of *actual* amounts paid. This discount recognises the benefits of certainty and regularity of payment for your chief executive as well as the expectations of the public. The Commissioner recognises your first opportunity to remove performance pay may be the appointment of a new chief executive.

Remuneration disclosure

The State Services Commission (SSC) discloses the remuneration paid to State Sector chief executives (as requested by Cabinet) to provide transparency for the public. Your decisions relating to this review will be reflected in the disclosure.

We are still intending to move to quarterly updates for the disclosure of chief executive remuneration using the tables on SSC's website. This allows the timing of disclosure to align to each entity's remuneration cycle, e.g. for a chief executive whose review year ends on 31 December, the disclosure data will reflect the year to 31 December.

Once you have gained SSC consent to your chief executive's remuneration review and advised the percentage of any performance payment awarded (if applicable), we will confirm the disclosure information with you.

For further information or to discuss options, please call Geraldine Needham-Girven, Manager Crown Entity Engagement (021 221 4277) or your Advisor.

Attachment 2

All District Health Boards

[date] [month] 2020

DHB leaders to take pay cuts

The Chief Executives and Chairs of the country's 20 District Health Boards will be reducing their remuneration in line with the expected pay cuts for all public servants.

Spokesperson for all the DHB Chairs Jenny Black says the cuts recognise that many workers have lost their livelihoods and businesses are struggling as a result of the pandemic response. .

"The DHB Chairs have agreed to a proposal from all the Chief Executives to cut their remuneration by 20 per cent for the next three months, as well as forgoing any pay increases until 2021.

Ms Black says the Chairs of the country's DHBs have also chosen to take a 20 per cent reduction in all fees and payments for their Board work. "We are aware of the financial difficulties that COVID-19 is causing many in our communities."

Ms Black said she also wanted to thank all those working in the health sector for their extra-ordinary response to the pandemic. "Everyone in the health system has worked incredibly hard over very long hours to respond to a situation unlike anything we've faced before.

"Our health teams led by our CEOs continue to respond to daily challenges and there is exceptional effort and commitment behind the scenes both in hospitals, primary care and community settings".

Jenny Black

Chair of Nelson Marlborough DHB

Chair of the DHBs' Chairs' Group

ENDS

[media contact name]

[mobile phone] [email]

National Chairs' Meeting

Governance Development and Support

Subgroup working with Michelle Arrowsmith and team:

- Jenny Black
- Karen Poutasi
- Judy McGregor
- Casandra Crowley

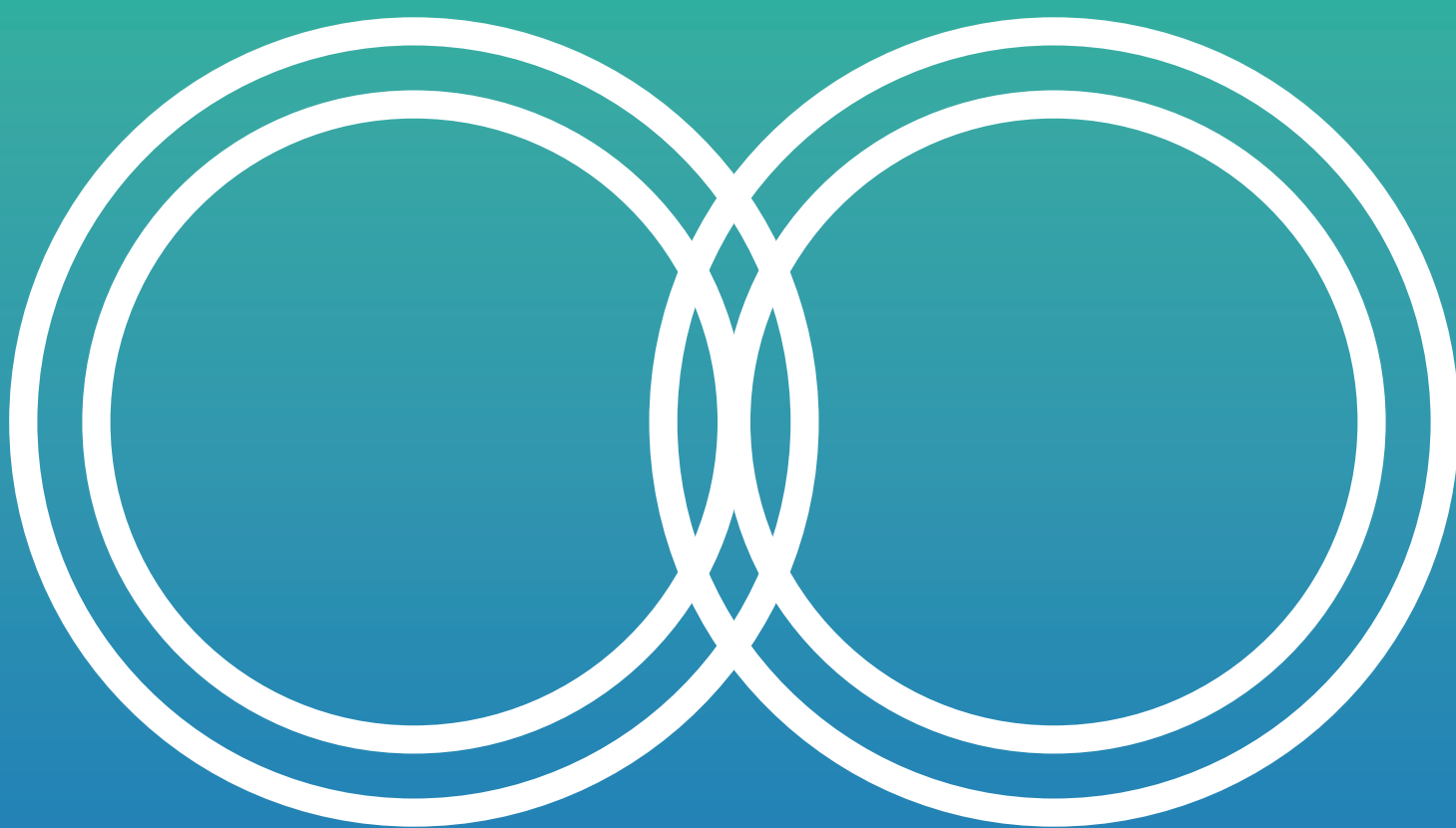
Five areas of activity for Chairs and members to choose from:

- **Governance 101** - bespoke, health focused, 1- 2 hour web-based workshops (2 - 3), for new directors or those keen to revisit core knowledge areas
- **Scenario-based Learning sessions** - facilitated by Monash University, focusing on equity and another 1 - 2 key strategic issues for a board
- **"Seat at the Table"** - bringing diversity and succession to the boardroom via the inclusion of sponsored aspiring directors. To be piloted in two DHBs with a view to wider roll-out
- **Testing management thinking and developing** skills and confidence in good questioning - concept under development
- **Mentoring** - managed locally or regionally, MoH can provide support if necessary and can help with names.

CHOOSING WISELY AOTEAROA NEW ZEALAND



*Choosing Wisely in Aotearoa New Zealand:
The achievements and the challenges*
DECEMBER 2019



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Wellington 6143
New Zealand

This document is available online at
www.choosingwisely.org.nz

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“Overdiagnosis is turning people into patients by unnecessarily identifying issues that were never going to cause them any harm.”

*Dr John Bonning,
President of the Australasian College
for Emergency Medicine*

Introduction

A big three years



The *Choosing Wisely* campaign was formally launched in New Zealand only three years ago, but progress has been remarkable. At its launch there were 18 lists of recommendations of tests, treatments and procedures that should be questioned, supported by 17 specialty colleges and associations. We now have an impressive 33 lists of recommendations, support from 32 colleges and associations, as well as commitment from 18 district health boards (DHBs) who have been or are involved in over 100 *Choosing Wisely* projects. We have run three consumer media campaigns, supported 12 summer students to undertake *Choosing Wisely* projects, held three national forums, and have relationships across the health sector.

Awareness of *Choosing Wisely* among clinicians has increased from 41 percent to 80 percent, and the number of consumers who said they asked their doctor questions about interventions has grown by 10 percent, to 54 percent.



All this has been achieved on a limited budget, and with only 1.3 full time equivalent staff and a clinical lead. Particular thanks go to *Choosing Wisely* champion John Bonning, facilitator Sue Ineson, our medical advisors Belinda Loring and Graeme Lindsay, and the support from Leanne Shuttleworth, Rachel Gregory and Lizzie Price.

We couldn't have come so far in such a short time without the incredible support and perseverance of groups and individuals in the health sector too numerous to name. I would also like to sincerely thank our supporters and sponsors the Council of Medical Colleges, Southern Cross Health Society, PHARMAC, Consumer NZ, the Health Quality & Safety Commission, the Ministry of Health, and Pacific Radiology (sponsor 2016-2018).

Dr Derek Sherwood
Choosing Wisely Clinical Lead

Kaushiki's story

*I asked my
doctors, 'please
see me as a
whole person'*

The importance of shared decision making

Kaushiki Roy is a singer and writer who works full-time in a busy project and portfolio office in Wellington. She has experienced first-hand the importance of good communication between consumers and health professionals.

“After a planned hysterectomy in 2016, the pain I had would not go away and I had a number of tests. I was finally diagnosed with Cushing’s disease, a rare condition linked to having too much cortisol in your body. Symptoms of Cushing’s disease include weight gain, thinning skin and fatigue.

“Since being diagnosed, I have had two surgeries and have received advice about further surgery I may need to have. More surgery is likely to seriously impact my quality of life, however uncured Cushing’s is not an option. So it is extremely difficult for me to know what to do.

“Cushing’s is a disease that affects multiple systems in the body, so I faced the challenge of aligning the different medical specialties – neurosurgery, endocrinology, ophthalmology and general or internal medicine.

“I asked my doctors, ‘please see me as a whole person’.

“I think hard about each decision I make about my health and wellbeing, and look at all the options. I need to feel reassured that any decision to have surgery or medication is the right one for me, and not just because these treatments are on the prescribed pathway.

“Getting through each day is a challenge – my medication has many unpleasant side effects and I am worried about losing my independence.

“Having medical professionals discuss the pros and cons of tests and treatments with patients and allowing them time to come to their decisions is important, so they can choose wisely.”

Why choose wisely?

Choosing Wisely encourages consumers and health professionals to discuss whether a particular test, treatment or procedure is needed. Tests, treatments and procedures have side-effects and some may even cause harm. For example, CT scans and x-rays expose people to radiation; overuse of antibiotics leads to them becoming less effective; a false positive test may lead to painful and stressful further investigation.

The launch of *Choosing Wisely* New Zealand

Choosing Wisely was launched in New Zealand in December 2016. Three years on, we look back at some of its history, what has been achieved, and where the challenges still lie.

The international *Choosing Wisely* campaign was launched in Washington DC in April 2012 by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports, a consumer rights advocacy organisation. ‘Top five’ lists of recommendations of tests, treatments and procedures health care professionals and patients should question from nine specialty societies were released.

The New Zealand Council of Medical Colleges (CMC) was approached to introduce the campaign to this country, as it was a non-governmental, clinician-led organisation focused on improving quality of care. After seeking stakeholder input in May 2016, CMC decided to facilitate the campaign in New Zealand.

Choosing Wisely clinical lead Dr Derek Sherwood says his first thoughts were that the campaign was a great thing for CMC to be involved with as a way of promoting better care for patients and also improving quality of care.

“I thought it was a very positive thing for colleges to have more direct involvement with patients; to take on a project that was a bit more public facing.”

After consultation within the health sector, the New Zealand campaign and website were formally launched on 7 December 2016 in Wellington by the CMC, with partners the Health Quality & Safety Commission and Consumer NZ. It had support from a number of medical colleges and societies.

The *Choosing Wisely* New Zealand advisory group is responsible for the development, organisation and implementation of the *Choosing Wisely* campaign and to ensure that the principles of *Choosing Wisely* are paramount in any development or work.



Challenges

Derek Sherwood says while there were some early adopter colleges, getting buy-in for *Choosing Wisely* in New Zealand has had its challenges.

“We were lucky Australia had already been involved for about 12 months, so several Australasian colleges and associations shared recommendations that had been developed with input from both sides of the Tasman.

“But that also had some challenges because we wanted New Zealand health professional groups to get excited about doing it and sometimes it was harder to get them engaged.”

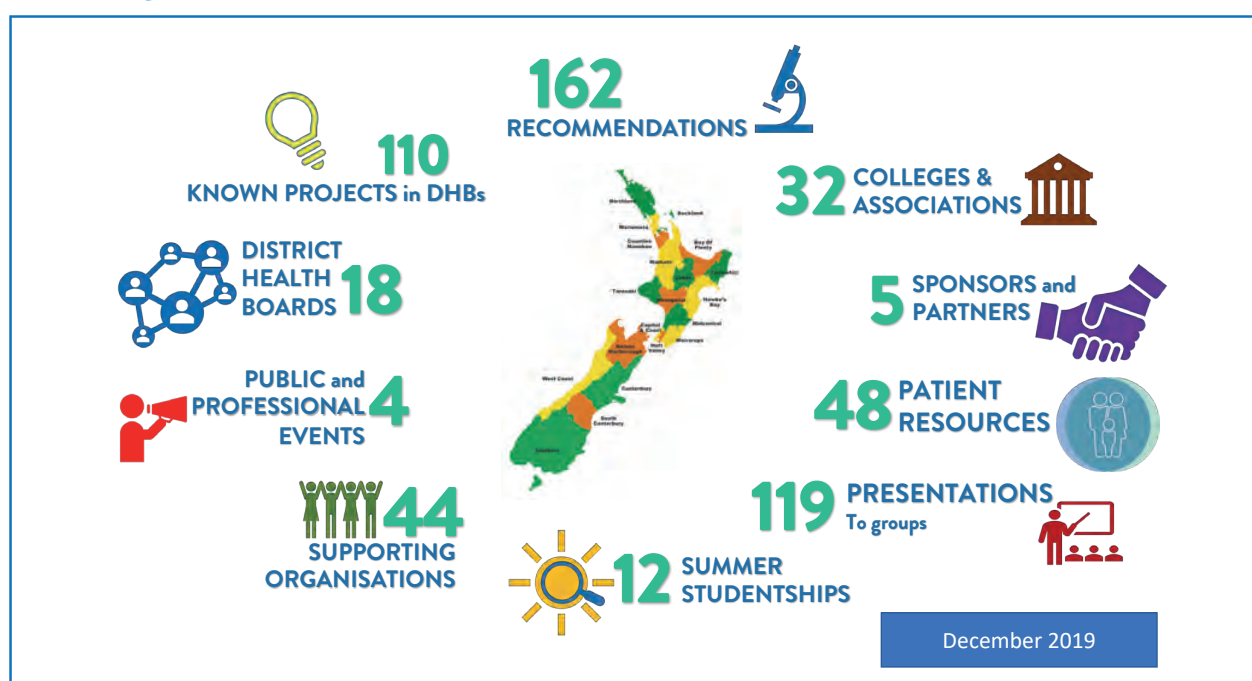
Another challenge has been ensuring there is support across all health professions.

“CMC represents medical colleges, so we don’t always have strong links to some of the non-medical health professional groups.

“But DHBs are getting involved more and more which is helping because most health care is provided by multi health professional teams. Even if an organisation isn’t quite on board, a lot of the individual health practitioners are, which helps spread the message. We are now seeing buy-in from other groups such as midwives, pharmacists, allied health, physiotherapy and nursing.”

Dr Sherwood says some providers, like general practice and primary care organisations, feel they are already having conversations about treatment choices with patients. “And some are. But many are not, or are not doing so consistently.”

Choosing Wisely in 2019



Why does low value care happen?

To change behaviour, we first need to understand why that behaviour is taking place. Research shows reasons low value care can happen include:

- fear of missing a diagnosis
- financial incentives
- the way doctors are taught
- patient expectations
- lack of time for shared decision-making
- avoiding challenging conversations with patients about them not needing interventions
- fear of a complaint.

However, many of these fears are unfounded, or at the very least, manageable. For example, studies have found that no evidence has yet been produced to support the claim that shared decision making takes too much time.¹

Part of an international community

Choosing Wisely is an international campaign, and keeping up with the latest developments around the world is important for the New Zealand campaign. Networking with our international colleagues enables us to share the latest research and ideas about promoting good

treatment choices in care, and take part in global strategic planning.

Over the past three years, New Zealanders have attended international *Choosing Wisely* round tables in Amsterdam (2017), Zurich (2018) and Berlin (2019).



*Choosing Wisely
international
conference in
Amsterdam, 2017*

¹ Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns*. 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.

The future

Choosing Wisely has come a long way in three years, but there are still challenges ahead. Two areas of focus are securing ongoing, sustainable funding, and finding a permanent 'home' for the campaign.

However, clinical lead Derek Sherwood is confident the *Choosing Wisely* kaupapa and the changes it has brought about, will endure.

"With any culture change it can feel like a slow start, but once you plant those

seeds of change – the idea and way of approaching shared decision making for instance – you can get a momentum going and it becomes self-sustaining.

"I'm hopeful that even though we may not have a huge amount of funding, eventually the work will be carried on in health provider organisations, in the universities, in vocational training, and this work will become business as usual in 10 years' time."

Find out more

Choosing Wisely offers speakers for conferences, grand rounds, PHO and GP meetings and meetings of consumer groups.

If you'd like to learn more about *Choosing Wisely* or become part of the campaign, please see **our website** for contact information and to sign up for our eNewsletter.

Enquiries@cmc.org.nz

PO Box 10375
The Terrace
Wellington 6143
New Zealand
www.choosingwisely.org.nz

Working with the health sector

Objective: To work with the health sector so it can identify, based on evidence, unnecessary interventions and implement measures to reduce them.

Choosing Wisely principles

All groups wanting to be part of the *Choosing Wisely* campaign must sign up to the five *Choosing Wisely* principles:

- The campaign must be clinician-led. This is important to build and sustain the trust of clinicians and patients
- The campaign must be consumer-focused and involve efforts to engage consumers and patients in the process, as communication between health professionals and patients is central to *Choosing Wisely*
- The recommendations issued by those in the campaign must be evidence-based, and must be reviewed on an ongoing basis to ensure credibility
- Be multi-professional: where possible the campaign should include doctors, nurses, pharmacists and other health care professionals
- Be transparent: processes used to create the recommendations must be public, and any conflicts of interest must be declared.

Choosing Wisely Principles



Increasing health professional support for *Choosing Wisely*

One of the notable achievements over the past three years is the increasing focus on a *Choosing Wisely* approach by health professionals. From early adopter DHBs like Canterbury – who are now moving away from individual *Choosing Wisely* projects

and focusing on embedding the approach – to Southern DHB which came on board with great enthusiasm in July 2019, DHB staff are increasingly questioning interventions that may not add value.



“If we prioritise patient-centred decision-making we will be choosing to use available time wisely. We can stop and reflect, use the time available and the test of time wherever appropriate.”

*Dr Neil Whittaker,
Nelson GP and medical educator*

Spotlight on district health boards

Think before ordering a scan says Hutt Valley DHB geriatrician

“Think before ordering a scan” is the message from Dr Perminder Kaur, from Hutt Valley DHB. Dr Kaur is a geriatrician and *Choosing Wisely* champion. With Dr Rachel Matthews, she recently completed a project on CT scanning on patients with cognitive impairment. They found that, in many cases, doing a CT scan may not add any value to patient management.

As part of the project, an audit was conducted at the DHB’s Older Persons Rehabilitation Service (OPRS) outpatient clinic, with 60 patients who had been diagnosed with dementia. Concerto clinic letters, referral letters and radiology appointments were reviewed to assess neuroimaging practices and outcomes.

“None of the patients included in this study had evidence of a reversible cause of cognitive impairment,” says Dr Kaur. “Therefore, we have concluded that neuroimaging may not add any value in the treatment plan.”

The DHB’s geriatricians are now questioning whether neuroimaging should be routinely performed for work-up of cognitive impairment and dementia prior to a patient’s review by geriatrics, and whether



the DHB’s current guidelines/dementia pathway are appropriate.

“Despite all international guidelines for dementia diagnosis recommending neuroimaging as a standard investigation, our project peer group does not find a rationale to support this,” says Dr Kaur.

“The group now recommends CT scans of the brain are not undertaken on a mandatory basis. They can be considered for the following: those on anticoagulation, falls, unexplained neurological signs, features consistent with normal pressure hydrocephalus, new seizures, unexplained psychotic features and significant history of previous malignancy. If there are other concerns, staff should talk with a relevant specialist, such as a geriatrician before ordering a scan.”

“In Canada we still have problems with things like unnecessary CT scans, screening mammography and prostate screening. It is about thinking ‘what test do I have to do that will change the management and help this patient?’ If the test doesn’t help, or the drug doesn’t help, don’t use it.”

***Dr Peter Kuling,
Choosing Wisely Canada champion and advocate***

Canterbury DHB focusing on embedding *Choosing Wisely* approach

Canterbury DHB was an early supporter of the *Choosing Wisely* campaign, something service improvement lead Carol Limber puts down to the DHB's history of embracing similar principles.

"The Canterbury health system has long had a focus on things like patient choice and bringing primary and secondary care together. Because of this it wasn't a leap to bring a *Choosing Wisely* lens to some of the projects we were doing."

These projects have been numerous and varied, promoting the *Choosing Wisely* approach to patients and clinicians. They have included the use of radiology for

Canterbury District Health Board Te Poari Hauora ō Waitaha

pre-operative testing, the investigation of pulmonary embolism, and the investigation of sub-arachnoid haemorrhage.

She says the DHB is now moving away from individual *Choosing Wisely* projects and focusing on embedding the approach, particularly through health pathways.

Aligning HealthPathways to *Choosing Wisely*

In 2017, Canterbury DHB reviewed its community and hospital health pathways to check consistency with *Choosing Wisely* recommendations. HealthPathways help primary care teams to manage and refer their patients to community, secondary and tertiary services.

One hundred and twenty-nine pathways of 136 were found to be aligned with *Choosing Wisely*. Revisions to non-compliant pathways were made where possible, and *Choosing Wisely* references added to existing pathways.

Study looks at unnecessary UTI testing in older people at Capital & Coast DHB

A study into nurses' knowledge of urinary tract infection (UTI) testing guidelines, their attitudes towards UTI testing and treatment, and their testing practice found there was near universal belief by nurses that urine tests cannot cause harm.

In fact, testing the urine in patients with no symptoms of urinary infection isn't without risk of harm. It can lead to unnecessary treatment with antibiotics which can in turn lead to antimicrobial resistance, antibiotic-associated colitis or other drug-specific side effects.

The study was carried out by medical student Adam Sangster, and took place under the umbrella of the *Choosing Wisely* campaign, in the Capital & Coast DHB. Over 70 nurses working in long-term care facilities in the Wellington region and at Kenepuru Hospital in Porirua were surveyed. The study took place in December 2017.



Nurses were evenly divided on whether it was safer to request a urine test for a patient, even if there was no current sign of infection, rather than potentially miss a UTI. A key take-away message from the study is that drive towards intervention is very strong.

As a result of these findings, it was recommended further education be provided on the specific guidelines for UTI diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive.

Large increase in health professionals' knowledge of *Choosing Wisely*

Surveys of health professionals' knowledge of *Choosing Wisely* were undertaken in 2016 and 2018² and show a large and very pleasing increase, from 41 percent to 80 percent.

There has also been an increase in the percentage of health professionals advising against a particular test, procedure or treatment and not providing it (77 percent

to 84 percent), and a decrease in the percentage of health professionals advising against a test but providing it anyway (14 percent to 9 percent).

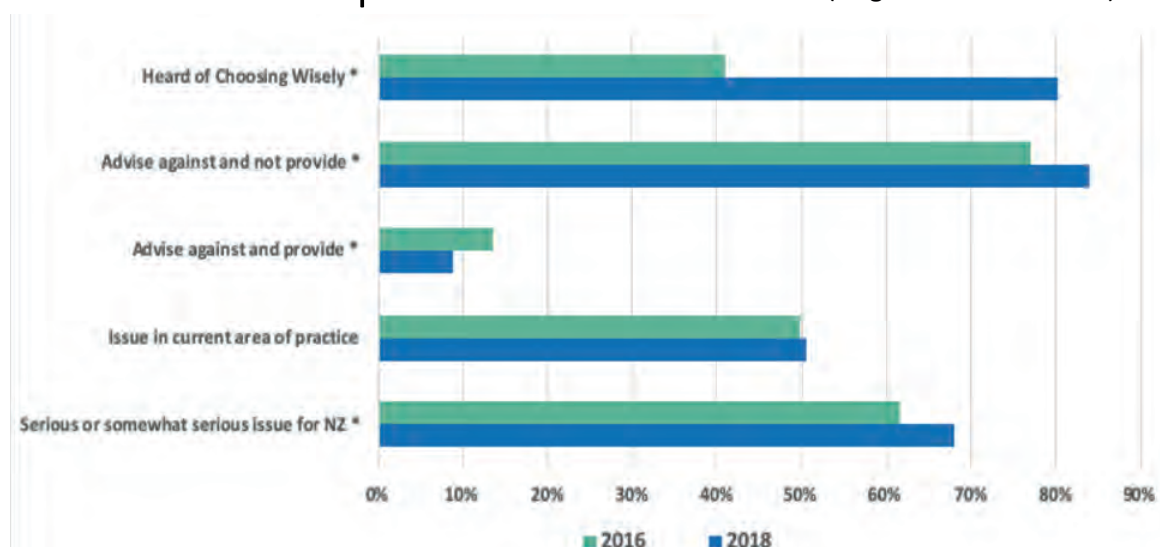
The percentage of health professionals who considered the provision of unnecessary tests, procedures or treatments a somewhat serious or very serious issue for New Zealand rose from 62 to 68 percent.

² The 2018 survey was undertaken by *Choosing Wisely*, working with the Association of Salaried Medical Specialists, the New Zealand Medical Association, and the New Zealand Nurses Organisation.

These results show that, despite its constrained resources and relatively recent introduction, *Choosing Wisely* has had a big impact on the thinking of many health professionals. This is also seen by the number of New Zealand's district health boards that have involvement in the campaign – 18 out of 20.

The survey identified several areas of overuse that were of particular concern for health professionals, including polypharmacy, sleeping pills, antibiotics, tests in palliative care and repeated blood tests.

What health professionals said (*significant difference)



Pharmacy, allied health and primary care

Choosing Wisely is continuing to work with colleges and associations to develop and update lists of recommendations. Colleges and associations are encouraged to consider those areas with the greatest impact on reducing health inequities when selecting topics for recommendations.

Informal groups are currently developing *Choosing Wisely* recommendations in the

areas of pharmacy and allied health. These recommendations will then undergo formal consultation.

Primary care has been a focus for *Choosing Wisely* presentations and connections in 2019, with a number of meetings held with primary health organisations (PHOs) and general practice.

The Royal New Zealand College of General Practitioners regularly features *Choosing Wisely* recommendations that have particular relevance to general practice in its electronic newsletter *ePulse*.

In 2018, the most ‘clicked on’ recommendations by GPs to get more *Choosing Wisely* information were:

1. Infectious diseases: [In a patient with fatigue, avoid performing multiple serological investigations, without a clinical indication or relevant epidemiology](#)
2. Dermatological: [Don’t prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection](#)

3. ENT & head/neck: [Don’t prescribe oral antibiotics for uncomplicated acute discharge from grommets](#)
4. ENT & head/neck: [Don’t prescribe oral antibiotics for uncomplicated acute otitis externa](#)
5. Internal medicine: [Don’t request Holter monitoring, carotid duplex scans, echocardiography, electroencephalograms \(EEGs\) or telemetry in patients with first presentation of uncomplicated syncope and no high risk features.](#)

A [tip for communicating risk](#) was also very popular, with 107 unique clicks to go through to the *Choosing Wisely* resource.

Support from midwives and obstetricians

Do I really need to have this test? That’s one question midwives and obstetricians are encouraging people to ask their maternity health professionals.

The NZ College of Midwives (NZCOM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) launched [Choosing Wisely recommendations](#) in August 2018.

College of Midwives deputy chief executive Alison Eddy (now chief executive) said *Choosing Wisely* was an excellent fit with what midwives already do as health professionals. RANZCOG Chairperson Dr Celia Devenish says that obstetricians also find it a good fit.

“We emphasise that this is about informed consent, knowledgeable consumers, only intervening when needed, and avoiding unnecessary harm. Midwives and obstetricians work together, so midwives understand and promote the natural physiological processes of birth and obstetricians provide back up when intervention is medically required,” Dr Devenish says.

“Both midwives and obstetricians are committed to ensuring the women in their care understand fully and are able to give informed consent when it comes to making decisions in the best interests of themselves and their baby,” says Alison Eddy.




Shared decision-making: Debunking the myths

A 2014 paper by Légaré and Thompson-Leduc³ identified 12 commonly raised barriers to the success of shared decision-making. These barriers were:

1. Shared decision-making is a fad – it will pass
2. In shared decision-making, patients are left to make decisions alone
3. Not everyone wants shared decision-making
4. Not everyone is good at shared decision-making
5. Shared decision-making is not possible because patients are always asking me what I would do
6. Shared decision-making takes too much time
7. We're already doing shared decision-making
8. Shared decision-making is easy! A tool will do
9. Shared decision-making is not compatible with clinical practice guidelines
10. Shared decision-making is only about the doctors and their patients
11. Shared decision-making will cost money
12. Shared decision-making does not account for emotions.

The paper concluded that a review of the literature suggests all 12 of these barriers should be termed myths, as they can be dispelled by evidence. Policy makers and clinicians should not be deterred from undertaking shared decision-making.

³ Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns*. 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.



*"With more information,
more time for discussion
and better, more
detailed risk analysis,
a lot of patients will
choose alternative
treatment options."*

Dr Paul Dalley

Engaging with consumers

Objective: To raise awareness of consumers and patients of *Choosing Wisely* so they understand the risks of unnecessary care and their rights to ask questions of health professionals.

June's story

Eighty-two-year-old June⁴ had been diagnosed with renal pelvis cancer. One of her doctors, Paul Dalley from Capital & Coast DHB, says talking to June about what mattered to her made all the difference in the treatment she chose.

"Before we saw June in the pre-surgery clinic, we went back to the surgeon and talked about the options. The surgeon said the definitive thing to do would be to remove her kidney, but it would be a high-risk operation.

"When we talked with June we found that she thought her only option was to have surgery. What she was most worried about was her future living arrangements. She just wanted her kidney out so she could focus on sorting that out.

"We asked her, was it more important to her to live a long time or to live well? She said she was not really interested in how long she lived, she just wanted to maintain as much quality of life as she could. And she wouldn't accept any treatment that could make her health significantly worse.

"Once we'd had that discussion it was clear that the best thing for her was to have embolisation of her kidney and not to have surgery. The geriatrician also organised a package of community-based care for her, to put in the extra support she needed and to make decisions about their living arrangements.

"We knew we'd done a good job because at the end of it she was crying and she hugged all of us."

Dr Dalley says with more information, more time for discussion and better, more detailed risk analysis, a lot of patients will choose alternative treatment options. These options will often be less invasive and less aggressive.

⁴ Not her real name

Consumer resources

Over the past three years, a large number of evidence-based consumer resources have been developed, and are available on the *Choosing Wisely* website www.choosingwisely.org.nz. They focus on tests, treatments and procedures consumers might want to discuss further with their health professional, and include:

- allergies and allergic reactions
- tests before surgery
- back, knee and ankle x-rays
- using antibiotics
- blood tests
- coughs, colds and sore throats
- dementia
- ear infections
- electrocardiograms (ECGs)
- end of life care
- reviewing and using medicines.

Consumers are encouraged to ask their health professional four key questions.

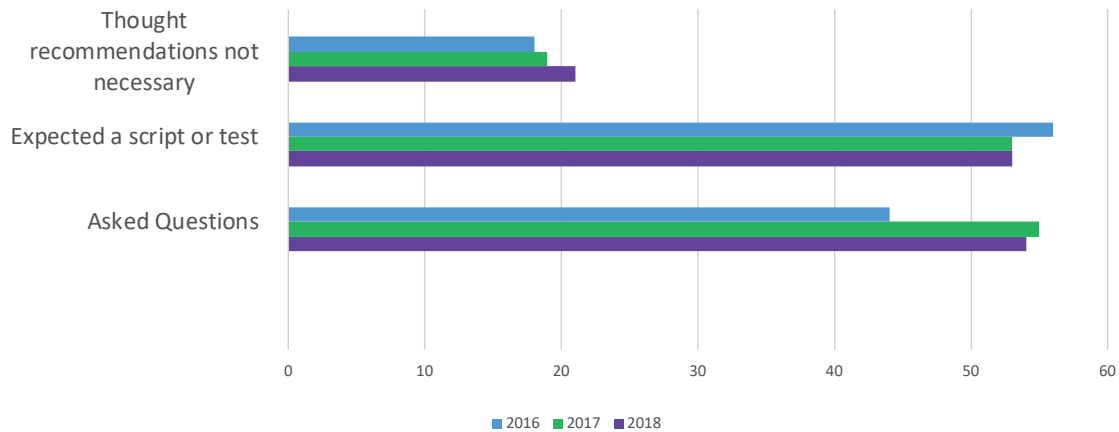


Consumers' understanding of *Choosing Wisely* is increasing

A main focus of the *Choosing Wisely* campaign has always been promoting our messages in a way that reaches consumers and health professionals. Surveys of consumers in 2016, 2017 and 2018 show that the message is getting through.

For example, from 2016 to 2018, the percentage of respondents who thought their doctor had recommended a test or treatment that wasn't necessary grew from 18 to 21 percent, while the percentage who asked their doctor questions rose from 44 to 54 percent.

What consumers said



Consumer campaigns

There have been three *Choosing Wisely* consumer campaigns. The most recent ran from June to September 2018, and included Health TV (where health messages are played in clinic waiting rooms) and advertising on radio, websites and magazines.

The radio, website and magazine placement reached over 420,000 adult New Zealanders. *Choosing Wisely* promotions were run in over 110 clinics across the country, with a particular focus on areas with higher needs populations.





*Incorporating
Choosing Wisely
concepts and
competencies into
medical education
change*

Influencing medical education

Objective: To incorporate *Choosing Wisely* concepts and competencies into medical education change.

Clinicians say one of the reason they do not 'choose wisely' is because of the way they have been taught. *Choosing Wisely* has therefore been working with medical schools and colleges to incorporate the approach within their teaching curriculum,

encouraging summer students to study *Choosing Wisely* topics. It has also worked with the New Zealand Medical Students Association to develop *Choosing Wisely* recommendations and 'WISE' advice for student doctors.

Choosing Wisely recommendations for medical students

In August 2017 the New Zealand Medical Students Association developed *Choosing Wisely* [recommendations](https://choosingwisely.org.nz/professional-resource/nzmsa/)⁵ for medical students and resident medical officers (RMOs) to use. This work follows trends in several countries overseas where student groups have helped foster awareness about *Choosing Wisely* concepts among medical students and in medical education.

The recommendations are:

1. Ensure the test, treatment or procedure is indicated and will make a difference to the course of patient care
2. Provide an opportunity for the patient to discuss the necessity of tests, treatments and procedures
3. Establish discussion regarding tests, treatments or procedures if you question their necessity in a patient's management
4. Ensure you are only suggesting tests, treatments or procedures for the benefit of the patient, rather than to gain further clinical experience
5. Ensure decisions about tests, treatments or procedures are joint decisions with the patient
6. Consider less invasive options and weigh up the risk of harm versus chance of benefit
7. Not ordering a range of non-indicated tests, treatments and procedures just in case the senior clinician might want/expect them.

⁵ <https://choosingwisely.org.nz/professional-resource/nzmsa/>

Making the WISE choice

The New Zealand Medical Students Association also developed 'WISE' to help students remember following principles:

Why? What will this test, treatment or procedure change?

Is there an alternative? Less invasive, less resource intensive?

Seek clarification. Clarify why the doctor ordered this test

Explore/explain. Be the patient's advocate. Explore concerns, take time to explain why a test, treatment or procedure is/isn't necessary.



“The Choosing Wisely message of doing less is counter intuitive and needs investment in public and patient communication to help people to understand it. Typically, we know patients in the community don’t understand, for instance, that imaging and unnecessary testing can cause harm.”

*Prof Kirsten McCaffery,
Sydney School of Public Health, University of Sydney*

Evaluation and measuring change

Objective: To measure change facilitated by CMC and encourage those implementing *Choosing Wisely* to evaluate the success of their programmes.

Change of practice may result from attendance at *Choosing Wisely* forums

An evaluation of the *Choosing Wisely* forum held in Wellington in May 2019 suggests some attendees may change their practice as a result of attending.

Choosing Wisely has run three forums since it was introduced to New Zealand. The first, in March 2017 in Wellington, was for health professionals, consumer advocates and others already involved in *Choosing Wisely*, or those who wanted to know more. Its theme was *Implementing Choosing Wisely in New Zealand*. Keynote speaker was Professor Wendy Levinson, Chair of *Choosing Wisely* Canada.

The second forum, called *Putting the Theory into Practice*, was held in 2018 and focused on implementing *Choosing Wisely* in services, as well as measurement and evaluation. There were consumer commentaries at each session.

A third forum with the theme *Continuing the Conversation*, also in Wellington, was held in May 2019. It provided an opportunity for health professionals to learn more about how to develop and extend their *Choosing Wisely* work, and to hear from consumers. It was attended by about 130 people.

Keynote speakers included Kirsten McCaffery, Director of Research at the Sydney School of Public Health, who talked about shared decision making; Associate Prof Sue Crengle from Otago University's

Department of Preventive and Social Medicine, who discussed *Choosing Wisely* and equity; Prof David Tipene-Leach, chair of Te ORA, who talked about equity and cultural safety; and Asmara Jammali-Blasi who spoke about the implementation of *Choosing Wisely* across Victoria as part of the Safer Care Victoria *Choosing Wisely* Victorian Collaboration.

The evaluation of the 2019 forum found that potential practice changes included:

- further investigating *Choosing Wisely* within a region
- always ensuring the four questions were asked and answered
- initiating a planning group to investigate how to influence *Choosing Wisely* within an organisation
- encouraging nurses and doctors to bring patients' needs and requests to the table
- focusing on communication, equity and evaluation
- consideration of development of guidelines and collaboration.

Those who completed the evaluation said the most valuable things they learned were the importance of:

- shared decision making and equity
- communication with consumers and discussing all options
- evaluation and audits.

Suggestions for improvements for future forums included more interactive group sessions and fewer structured presentations, a bigger focus on *Choosing Wisely*'s application to New Zealand practice, and more focus on primary care.

Choosing Wisely facilitator Sue Ineson says the findings were further evidence that recommendations alone are not enough to make a difference; "You need to implement *Choosing Wisely* in services and change practice".

Strong consumer focus

There was a strong focus on consumer views and input at the forums. Consumers were assisted to attend forums, and their comments sought at the end of each session. A consumer chaired the session on joint decision-making at the 2019 forum.

Findings from summer students' projects

To be sustainable, *Choosing Wisely* needs to be championed by the new generation of health professionals, and introduced to them while they are still training. New graduates will then bring *Choosing Wisely* principles and practices with them as they enter the workforce. Research suggests clinicians may 'choose unwisely' because of the way they are taught, so learning about *Choosing Wisely* early can provide a balance.

In 2017, 2018 and 2019, *Choosing Wisely* funded summer studentships to evaluate *Choosing Wisely* work. The students undertook a range of projects, including:

- Choosing medications wisely for older people with dementia and palliative care needs
- Do posters and guidelines work to reduce unnecessary pre-op chest x-rays?
- Does staff education and removing urine dipsticks from wards reduce unnecessary urine testing and over diagnosis of urinary infections?
- Can CT scans, without lumbar puncture, be used to safely diagnose subarachnoid bleeds?
- What influences clinicians to choose wisely?
- Evaluating the impact of four questions on patient behaviour when they attend the outpatient clinics at the Hutt DHB
- Evaluating the effectiveness of the *Choosing Wisely* programme and the way it is organised at Canterbury and Capital & Coast DHBs.

Findings from the projects, relating to specific DHBs, included:

- There had been a statistically significant decrease of 22 percent in average monthly urine culture requests since the removal of urine testing dipsticks from wards
- Barriers to changing clinician behaviour to minimise unnecessary pre-op testing included lack of communication, mental automation and traditional practices.

Strategies identified to overcome these barriers included evidence-based educational presentations, providing clear and specific protocols and auditing testing decisions

- The need for further education on the specific guidelines for urinary tract infection diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive
- The recommendation of a re-launch of *Choosing Wisely* in a DHB, using email, posters, presentations at ground rounds, presentations to new clinical staff, and regular articles in the DHB newsletter; as well as a review of the structure and function of the DHB's *Choosing Wisely* steering group. The four questions consumers are encouraged to ask should also be reviewed and adapted for Māori and Pacific populations
- A review of patterns of medication use in aged care residents found unnecessarily high rates of preventative medication use at the end of life.

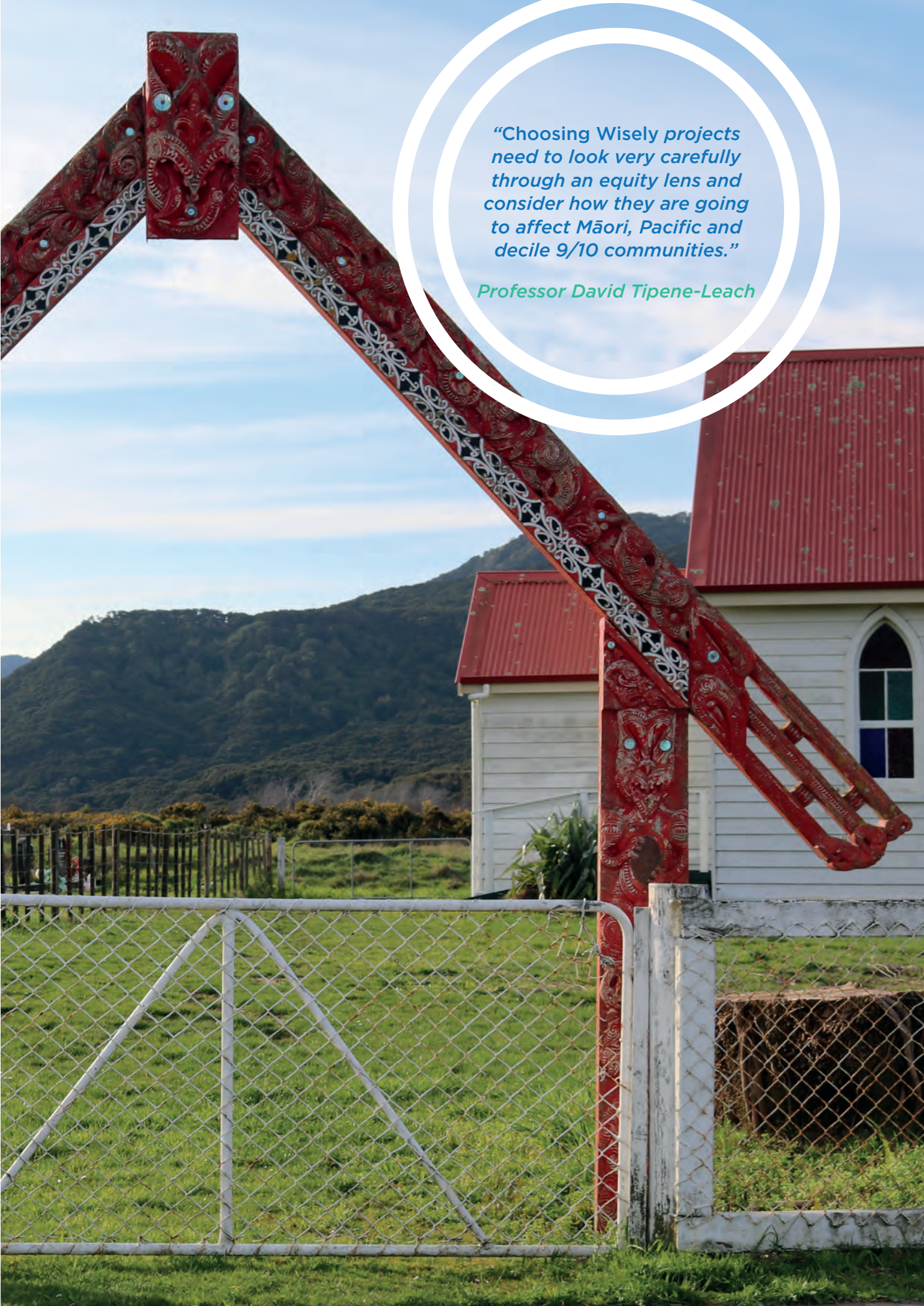
Survey finds *Choosing Wisely* community of practice meetings useful

Choosing Wisely has quarterly community of practice meetings via conference call. These meetings provide a valuable opportunity for clinicians to share information. The meetings are facilitated by the *Choosing Wisely* national team. Over 60 health professionals with an interest in the wise use of interventions are invited to attend.

A survey of participants in August 2019 confirmed they found the meetings useful, and also valued receiving the monthly *Choosing Wisely* newsletter. There were suggestions that general practice and primary health organisations could also be invited to attend the community of practice meetings.

“Choosing Wisely looks at the human factors of health care, such as motivation, stress and resilience, which I can relate to as an occupational therapist. It focuses on better health outcomes and enhanced participation and quality of life for the patient.”

***Harsh Vardhan, President,
Tangata Tiriti Occupational Therapy
New Zealand Whakaora Ngangahau Aotearoa***



“Choosing Wisely projects need to look very carefully through an equity lens and consider how they are going to affect Māori, Pacific and decile 9/10 communities.”

Professor David Tipene-Leach

Choosing Wisely and equity

Choosing Wisely New Zealand is partnering with Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association) on a research project to improve shared decision making between health professionals and Māori consumers and their whānau. The goal of the project is to support more equitable health outcomes for Māori.

The project outputs will include practical and cost-effective strategies to improve shared decision making for use by all health professionals and/or providers.

Choosing Wisely means choosing equitably

Professor David Tipene-Leach, chair of Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association), says *Choosing Wisely* must mean choosing equitably.

“The evidence is clear,” Dr Tipene-Leach says, “in primary care we give Māori patients less appointment time. We do fewer investigations, we make fewer diagnoses, we provide less treatment, we do fewer referrals and when Māori get to hospital we do fewer interventions.”

He says we have moved from talking about cultural sensitivity in the 70s, to cultural

competency with the passage of the Health Practitioners Competence Assurance Act in 2003, and are now moving towards cultural safety.

“Cultural safety, which originally came from Irihapeti Ramsden and the nursing profession, asks people to think about their own biases and their own culture and roles in providing care for Māori patients.

“We are going to get our practitioners to start to think about themselves and their own biases in the way they practise.”

Kaupapa Māori service in Hawke's Bay

Intentionally delivering equitable musculoskeletal care in Hawke's Bay has seen a reduction in pain for the 400 participants, as well as improved mobility, fewer GP and specialist visits and better ability to work.

Dr Andy Phillips was one of a team that worked with the Hawke's Bay community to design the programme to provide Māori and Pacific peoples, and those living in the most deprived areas, with care for musculoskeletal conditions customised to their needs.

The trial, which began last year and finished in February 2019, has been so successful it is likely to receive short term Ministry of Health funding so more in-depth analysis and evaluation can be done to enable Hawke's Bay DHB to fund it long term.

Dr Phillips and the team used the musculoskeletal programme as a way of informing wider system change to address health inequities.

"We wanted to identify the really serious health inequities. And while heart disease and cancer were the main causes of death, the biggest issue impacting on wellbeing of our Māori whānau was osteoarthritis."

Working with the local community, the team codesigned a kaupapa Māori programme to address health inequities and reduce

pain and disability. The programme was a partnership between the DHB, Health Hawke's Bay PHO and Ironmāori. The team worked with a number of agencies, including the Ministry of Social Development, local employers, the Mananui Māori Healthy Lifestyle Collective and local Māori physiotherapists.

An individually tailored programme was provided for up to three months for people with painful joints or muscles, with physiotherapy, an exercise programme that included swimming, and education and support including self-management support. The programme was available for Māori and Pacific peoples and all people who lived in quintile five areas within the region, who had experienced joint pain for more than three months and were not covered by the Accident Compensation Corporation.

Dr Phillips says he is most pleased about the programme's genuinely intentional approach to equity.

"We didn't just start something and then add in equity; the intention right from the start was to put the power into the hands of the community and have an equitable service. That transfer of power was the critical thing. The DHB and PHO were facilitators to make sure communities were able to design and deliver programmes that were important to them."

Assessing equity in *Choosing Wisely*

The *Choosing Wisely* campaign seeks to reduce harm from unnecessary and low-value tests and treatment, but this must not be at the expense of equity. Unless equity is explicitly considered, new health care interventions or campaigns have the tendency to widen inequities, as they are taken up first by those in society with the most resources and the least need.

For example, a *Choosing Wisely* recommendation not to prescribe antibiotics for acute upper respiratory tract infections may sound reasonable given the majority of these infections are viral and antimicrobial resistance is a rising concern. However, for Māori and Pacific children in New Zealand, who experience high rates of rheumatic fever, sore throats should be swabbed and treated with antibiotics presumptively until swab results are available.

Choosing Wisely has been working to ensure the campaign does not increase inequities in health for Māori. We are partnering with Te ORA, conducting

research to improve shared decision-making between health professionals and Māori consumers and their whānau, increasing our advocacy in this area, and reviewing governance statements on the *Choosing Wisely* website in relation to equity.

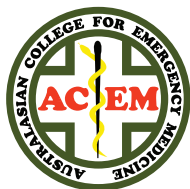
The specific research objectives are to:

- Explore Māori health consumers' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Explore Māori health professionals' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Make recommendations for practical, cost-effective, and evaluable strategies (ie, tools and/or resources and/or approaches) to improve shared decision-making with whānau Māori in health care settings.

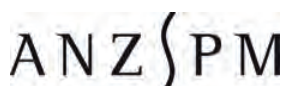
“Ensuring that at least one of the *Choosing Wisely* recommendations made by colleges specifically focuses on reducing a known inequity in an investigation or treatment has the potential to make an important contribution to equity.”

***Associate Professor Sue Crengle,
Otago Medical School***

Sincere thanks to all our supporters



Australasian Faculty of
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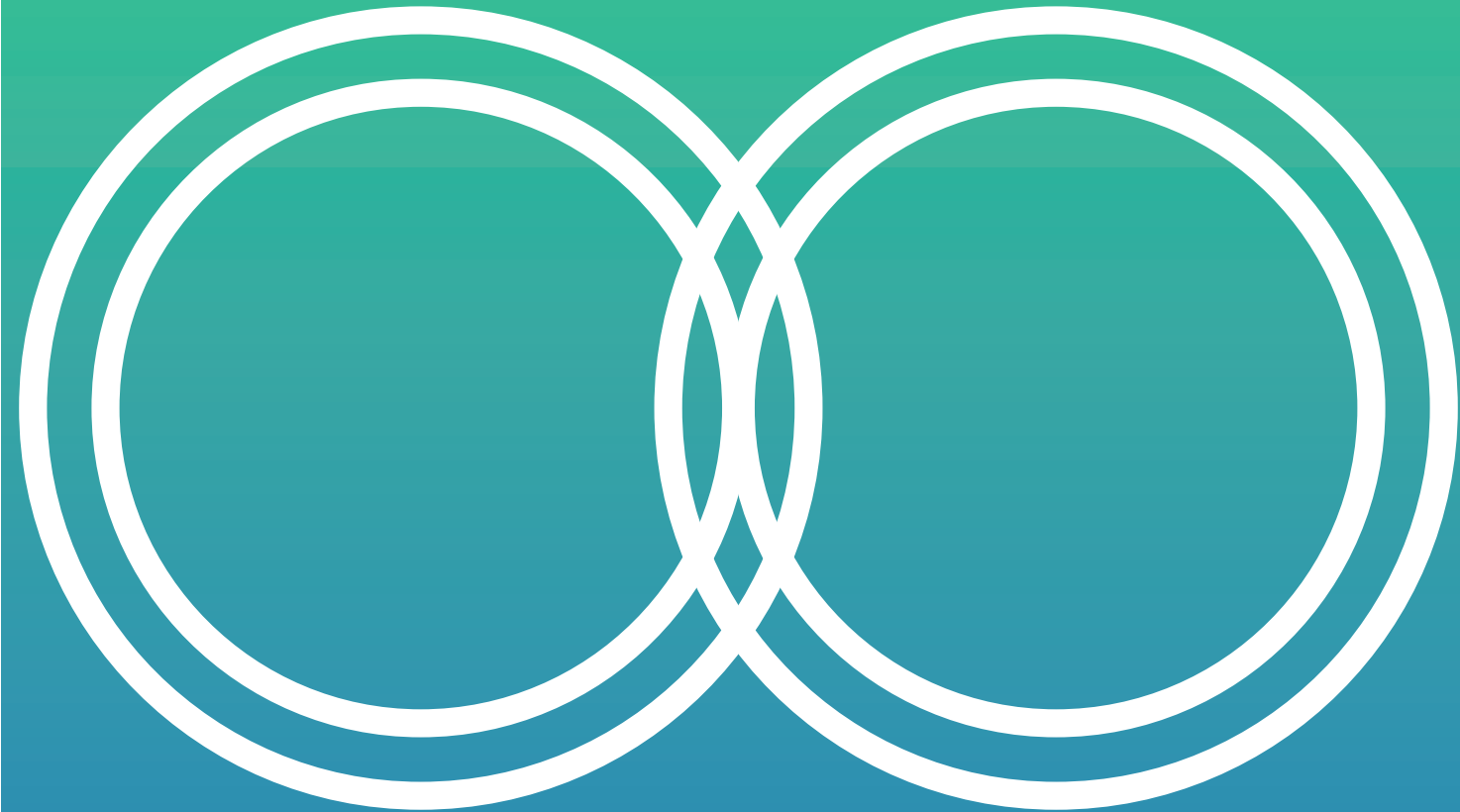
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4.2 Health and Safety Performance Report

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 response

For the period of Alert Levels 4, 3 and 2, the Occupational Health and Safety Service (OHSS) clinical and management team has been fully allocated to the COVID-19 DHB and regional response and

responsible for contact tracing, symptom tracking and carrying out staff health risk assessments. The Health and Safety advisors continue to work (from home) on incidents being reported.

During the period to 13th May, there were 1,026 health risk assessments completed, prior to staff returning to work once Alert Level 2 was announced.

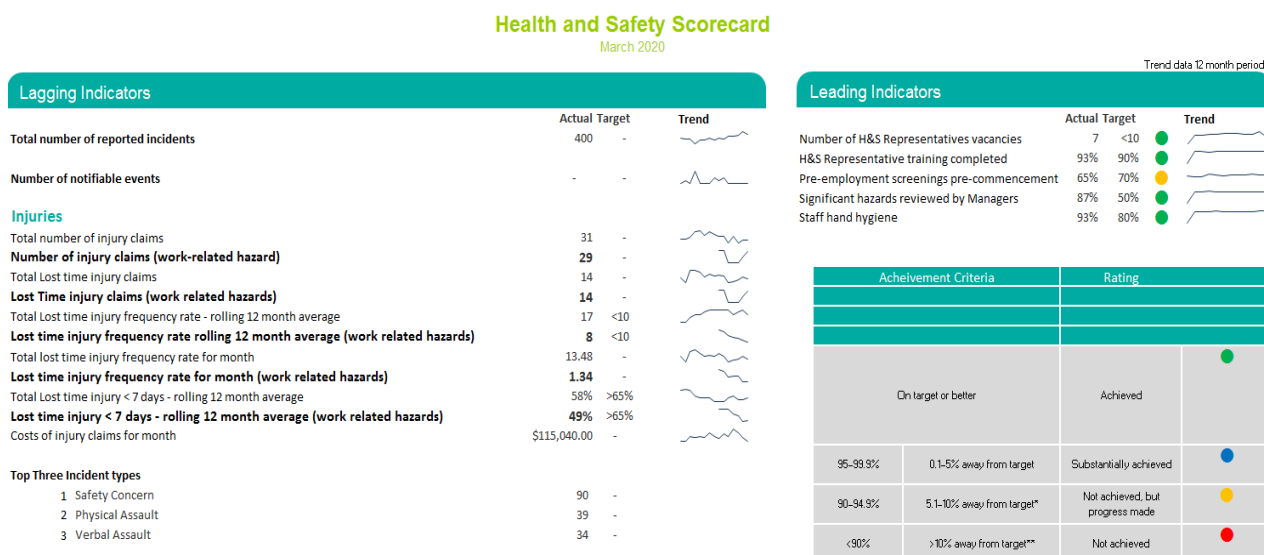
Over 2,500 staff participated in the asymptomatic testing which took place in the beginning of May.

March 2020 reporting period update

For the March reporting period Waitemātā DHB has met the majority of leading and lagging indicators.

The lost time injury frequency rate (LTIFR) remains challenging (17 against a target of 10); however, the LTIFR relating to hazards has dropped to ten, which indicates that those hazards, within our control, are very well managed.

Although the LTIFR remains challenging, the Lost Time Incidents (LTIs) requiring less than seven days off work remains strong. This shows that many of the actions we have undertaken to reduce the consequence of incidents are delivering positive results.



Overall reported incidents have been increasing in the last four months. In relation to top accident types:

1. Slips, trips and falls increased in March to a total of 20, up from eleven in February. Of these 20 incidents, ten related to workplace hazards, with the remaining ten being unavoidable (such as tripping over own feet).
2. There were four 'moving and handling' of patient incidents recorded in March. The Moving and Handling team reviews and follows up on all incidents, including auditing moving and handling equipment in the areas injuries were sustained. In addition, new online manual handling training is being finalised, to ensure the widest access for staff, especially those that do not handle patients, but are involved in lifting/moving equipment, such as orderlies and cleaners.
3. There were 48 physical aggression incidents reported in March. As previously reported, a number of actions are in place to manage the likelihood of aggression incidents occurring and/or to

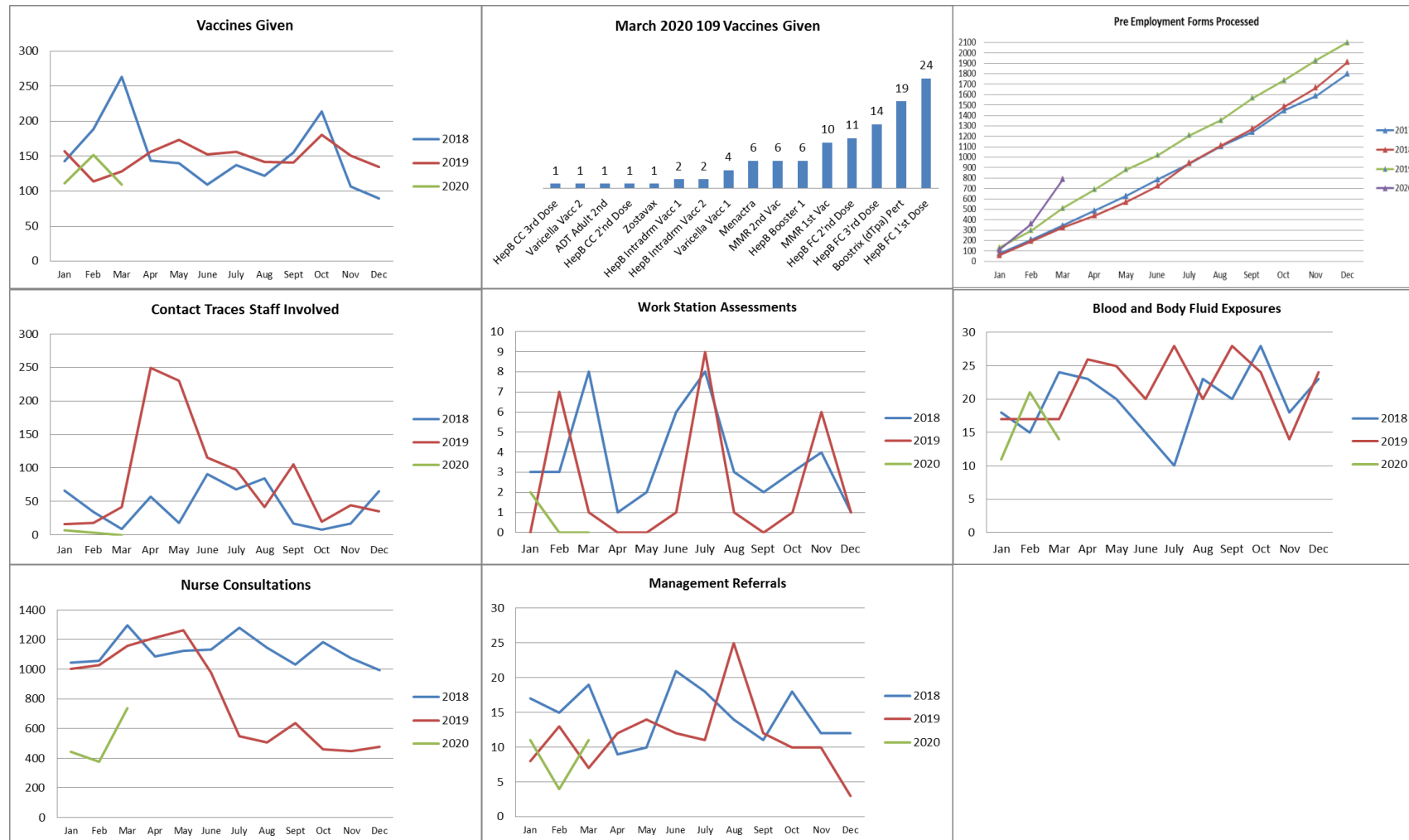
reduce the severity of consequence when incidents occur. These actions include the establishment of two new aggression related committees, one for the general hospitals and one for Mental Health and Addiction Services. In March, all 48 incidents of physical aggression were caused by people who had no intention to cause harm.

4. Performance Dashboard



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 March 2020

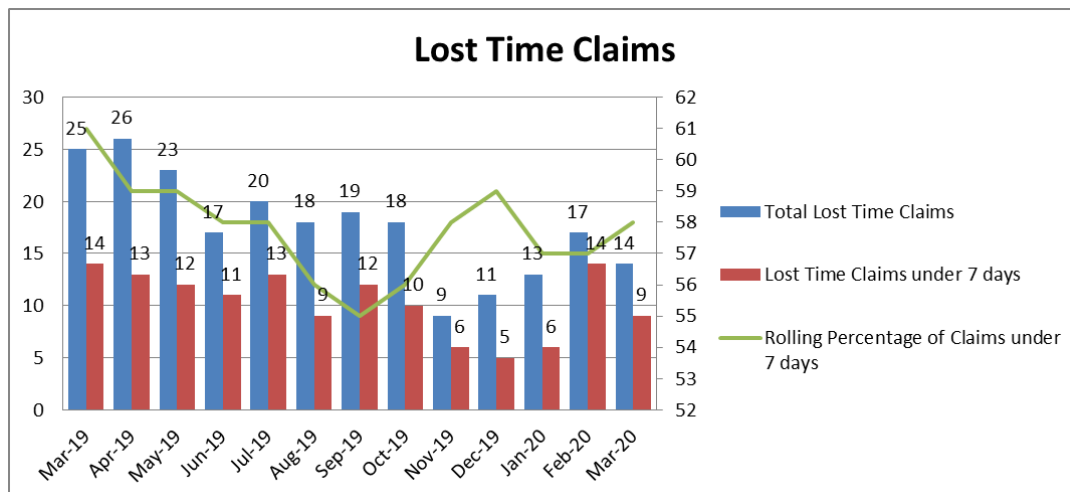
Outlined below is our injury claims data for March. Work injury claims data is for all work injuries currently managed by the Waitematā DHB, including injuries that occurred in previous years, up to and including injuries for March 2020. High accident events account for approximately 61% of the claims,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

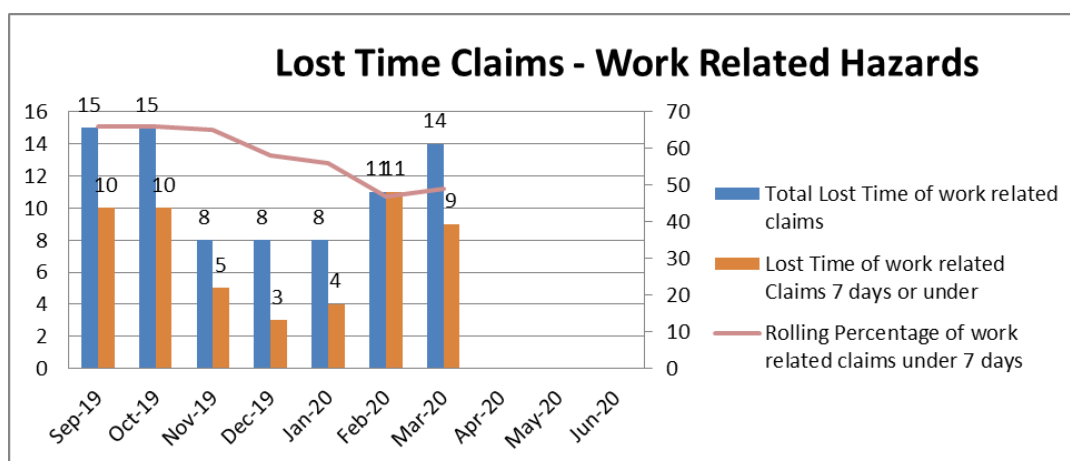
INJURY CLAIM DATA				
Total: Injury Claim Report for March 2020				
Lost days	Treatment cost	Weekly compensation costs (80% of salary)	Staff cover cost	Total
Number of lost days for month	\$ total for month	\$ total for month	\$total cover cost for month	Total \$ cost for month
200	\$21,325.30	\$41,651.10	\$52,063.88	\$115,040.28

High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Moving and handling	51	35%	\$40,768.15	↑
Slips Trips Falls	75	34%	\$39,182.08	↑
Aggression	9.5	8%	\$10,138.95	↓

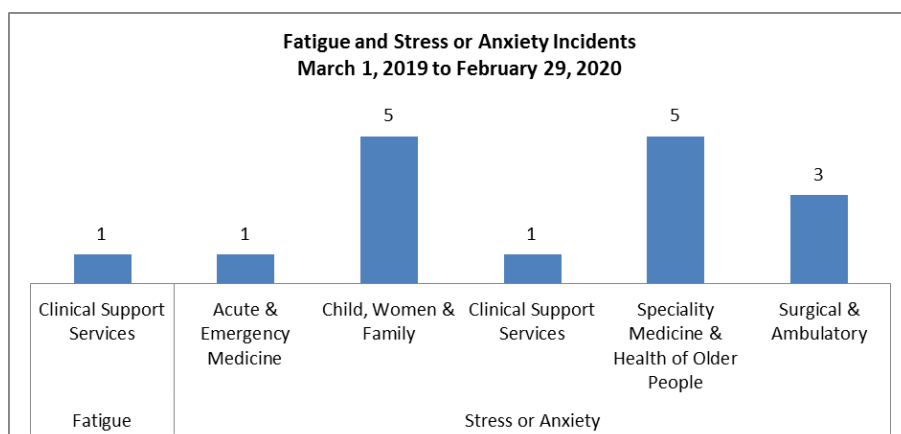
*Actions taken to mitigate high accident types are noted in the Executive Summary.

Overview
Of the 31 work injury claims lodged in March, 14 were lost time claims:
<ul style="list-style-type: none"> Nine had seven days or less of lost time and have returned to full duties. Three had over seven days of lost time and have returned to full duties Two other staff members remain fully unfit.



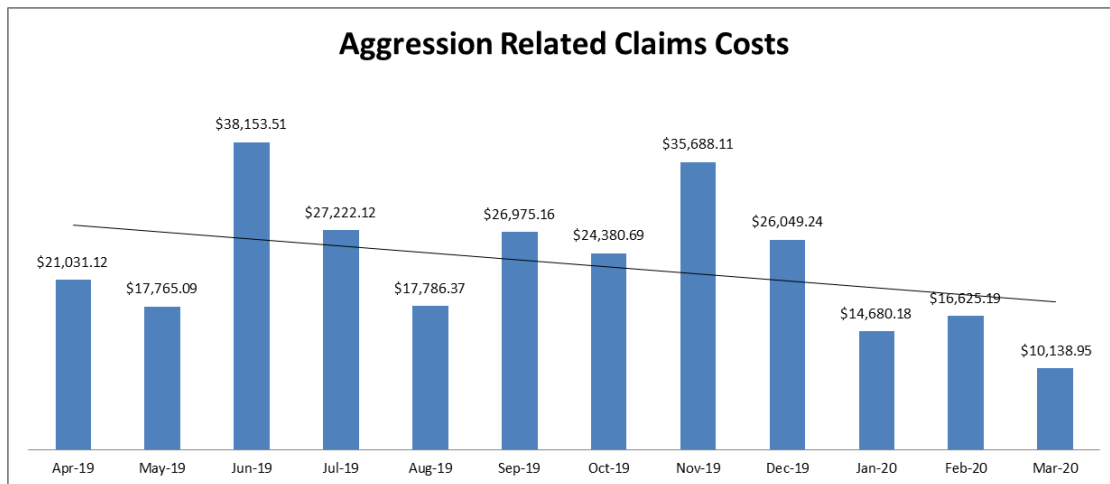


As requested, the below graph provides data specifically relating to incident reports of Fatigue, Stress and Anxiety. As previously mentioned, these incident reports are not common.



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 because injuries can span multiple report periods, sometimes over multiple years, depending on the severity and time required to return to work (RTW).



7. Stakeholder feedback

HEALTH AND SAFETY STATISTICS April 2020	Main- tenance Services	NSH Campus	WTH & Mason Campus	Project Services	Apr Total	YTD 19/20
Incidents & accidents						
<i>Lost time Injuries (LTI)</i>	0	0	0	NA	0	5
<i>Serious harm accidents</i>	0	0	0	NA	0	0
<i>Accidents requiring medical attention</i>	0	0	0	NA	0	4
<i>Accidents requiring first aid</i>	0	0	0	NA	0	0
Near Miss Incidents	0	0	0	NA	0	34
Safety Inspections completed						
<i>This month</i>	100%	100%	NA	NA	-	-
H&S / Toolbox Meetings	100%	100%	NA	NA	-	-
Contractor Site Inductions	NA	0	NA	NA	0	182
Incidents & 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					
H&S / Toolbox meetings	<ul style="list-style-type: none"> 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:









- All Capital works and other construction projects placed on hold through April, due to Covid-19 restrictions
- Emergency repair and maintenance tasks completed to scaffold wrap on the Pupuke/Taharoto Demolition project





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	<p>Audit findings and recommendations were discussed at the October Executive Health, Safety and Wellbeing meeting and approval provided to move to safety cannulas.</p> <p>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.</p>	<p>Oct 2019</p> <p>Dec 2018</p>	<p>Jul 2020</p> <p>May 2020</p>	<p></p> <p></p>	<p>L</p> <p>L</p>
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 mould 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 completed: 58%	Sept 2016	Dec 2020		L
	Hazardous Goods Store for Waitakere Hospital: Case approved to install hazardous goods bunkers by mid-2020 Complete: 20%.	Dec 2016	Sept 2020		L
Ergonomics					
Moving and Handling	On-going actions: Meetings with managers will continue to be held to discuss moving and handling requirements including training, to provide support to services. There are no concerns to date.	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 OH&SS, with any corrective actions tracked to completion. There are no concerns to date.	Ongoing	Ongoing		L/C
Roading	Helipad: The pedestrian crossing to service the helipad, including appropriate lighting, has been scheduled for completion in 2019. Construction works on the raised crossing are now complete. Final piece of work to repaint crossings with red non slip paint is scheduled for 3 months' time. Planning complete: 100% Physical works complete: 100%	Feb 2017	December 2019		L
Buildings	Loading Dock: The scope has changed and changes to enclose the loading dock itself are no longer required, as brakes have been added to all trolleys. Waste bin location, roading area relating to the dock, truck movement, directions and road markings are still in scope and to be considered as part of the project and funding request. To be presented to ELT November for review & consideration. Planning complete: 85%	Feb 2017	May 2020		L

Emergency Management					
Fire	<p>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.</p> <p>An Emergency Management Committee has now been formed.</p>	Ongoing	Ongoing		L/C
Civil emergency	<p>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.</p> <p>An Emergency Management Committee has now been formed.</p> <p>An audit on emergency preparedness is planned for 2020.</p>	Ongoing	Ongoing		C
Bomb threats	<p>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).</p> <p>An Emergency Management Committee has now been formed.</p> <p>Drills are completed annually.</p>	Ongoing	Ongoing		C
Firearms	<p>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.</p> <p>An Emergency Management Committee has now been formed.</p> <p>Drills are completed annually.</p>	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%	Feb 2018	Dec 2021		L/C
	New: Two additional aggression committees have been set up to manage/oversee all related activities.	October 2019	Ongoing		L/C
Bullying and harassment	Toolkit on Speaking up about bullying and harassment on StaffNet. HR Learn session held July 2019.	Ongoing	Ongoing		L/C
Lone workers	Following on from the previous work completed, a new project has commenced to review all organisational policies and procedures covering lone worker emergency response plans. This is to ensure that response plans are available within all areas with lone workers and that they are complete and communicated to staff. Complete: 100%	Jun 2018	Dec 2019		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%	Dec 2018	Dec 2020		L

	<u>Nursing Care Capacity Demand Management (CCDM) and NZNO MECA Accord recruitment:</u> Complete: 58%	Feb 2019	Jun 2021		L
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5.1 Privacy Maturity Assessment 2019

Recommendation:

That the Board:

- a) Approves the attached 2019 Privacy Maturity Assessment Report for submission to the Government Chief Privacy Officer.
- b) Approves the achievements against targets from 2019-20.
- c) Approves the targets which have been set for improving Waitematā DHB's privacy maturity over the next 12 months.

Prepared by: Amanda Mark (General Counsel) and Carol Jansen (Privacy Administrator)

Endorsed by: Privacy and Security Governance Group, Robert Paine (Chief Financial Officer and Head of Corporate Services), Stuart Bloomfield (Chief Information Officer) and Executive Leadership Team

Glossary

DHB	-	District Health Board
ELT	-	Executive Leadership Team
GCPO	-	Government Chief Privacy Officer
PMAF	-	Privacy Maturity Assessment Framework
PSGG	-	Privacy and Security Governance Group (a Waitematā DHB committee)
SMT	-	Senior Management Team







1. Executive Summary

The Government Chief Privacy Officer (GCPO) requires all public sector agencies including DHBs to annually self-assess their privacy maturity annually against a privacy maturity assessment framework (PMAF) and set goals for improving their privacy maturity for the following 12 months.

This Privacy Maturity Assessment for 1 May 2019 to 30 April 2020 is attached as Appendix 1 for the Board's information.

Further progress has been made this year. Generally we have met the goals we set ourselves for improving our privacy maturity in 2019. In most areas the assessment indicates that privacy is embedded into our operations with consistent governance and oversight.

2. Strategic Alignment

	Community, whānau and patient centred model of care	The mandatory privacy maturity assessment aligns with this strategic goal in that it allows us to measure how well our organisation protects patient information while also ensuring clinicians can access clinical information as and when required for safe clinical treatment.
	Emphasis and investment on both treatment and keeping people healthy	As above
	Service integration and/or consolidation	As above
	Intelligence and insight	As above
	Evidence informed decision making and practice	As above
	Outward focus and flexible, service orientation	As above

3. The Privacy Maturity Assessment Framework (PMAF)

The PMAF assesses privacy management across the whole organisation against nine elements and rates maturity on a five tier scale. The nine elements are:

1. Governance, leadership and accountability
2. Culture
3. Assurance
4. Information management
5. Privacy risk assessment
6. Privacy Programme
7. Business processes
8. Implementation of the Information Privacy Principles in the Privacy Act 1993
9. Breach and incident management

The Maturity Assessment rating scale, from lowest to highest, is:

- Ad hoc – an unstructured approach where policies and processes are not sufficiently defined and privacy management is dependent on individual initiative rather than documented processes
- Developing – privacy management is seen as a compliance exercise and overall approach is reactive with limited central oversight and siloed approaches
- Defined – privacy policies and processes are defined and comprehensive, there is a holistic approach to managing privacy and widespread awareness
- Embedded – privacy management is embedded into the design and functionality of business processes and systems and is consistent across the agency with well-defined governance and oversight structures

- Optimised – privacy management is viewed as a strategic initiative with a clear agency culture of continuous improvement. The agency is viewed by stakeholders and the public as a leader in privacy management and introduces innovative initiatives to address privacy issues.

It is important to note that:

- The maturity levels stated in the report are averages, there is an underlying detailed framework which sets out the attributes for each element. At the attribute level part scores are not possible, all components described in the framework must be fully in place before the maturity level can be achieved.
- The assessment is of our maturity as a DHB. This does not include completing a formal assessment of our suppliers (e.g. healthAlliance processes are not included in this assessment). The impact of our providers on our privacy maturity is however captured by some of the attributes which consider our processes for managing third parties and contractors.

4. Outcome of Privacy Maturity Assessment

Our privacy maturity across the nine elements is shown in the following diagrams.

Generally, we fell within the Defined or Embedded levels of maturity. The Defined rating indicates that we have well defined and comprehensive privacy policies, a holistic approach to managing privacy and wide awareness of privacy. The Embedded rating indicates that privacy management is embedded in our business processes and systems consistently across the organisation with well-defined governance and oversight structures.

We have made steady progress this year. Generally we have met the goals we set ourselves for improving our privacy maturity in 2018. This is reflected in an increase in our maturity rating from “defined” (indicating that there is a holistic approach to privacy and widespread awareness of its importance) to “embedded” (indicating that privacy is embedded into the design and functionality of our business processes and systems and is consistent across the DHB with well-defined governance and oversight structures).

Our maturity across the nine elements in last year’s assessment (as at February 2019) is shown in blue in the diagram on the following page (Figure 1) with the expected improvement over the next year shown in black and the five year target state in green.

Figure 1: Overall rating as at February 2019

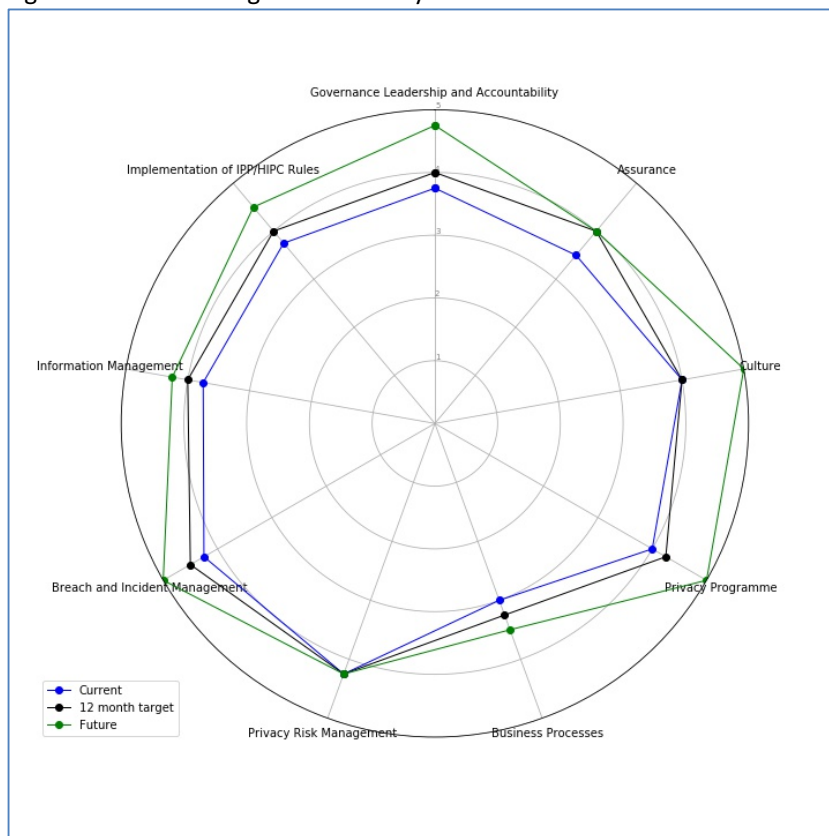


Figure 2 below shows our current maturity (as at March 2020) in blue across the nine elements with the 12 month target shown in black and the 5 year target state in green.

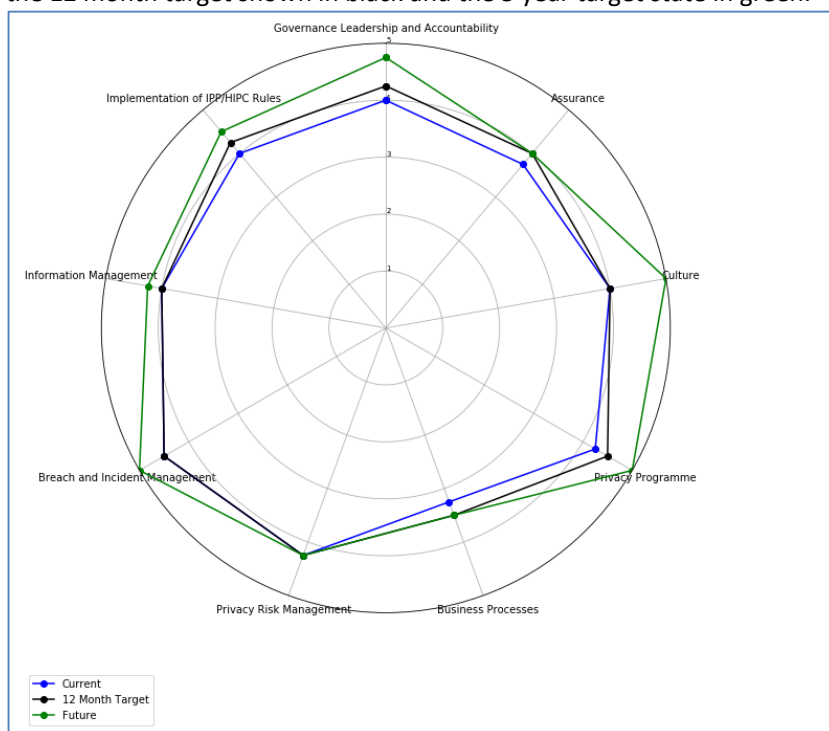


Figure 2: Overall rating as at March 2020

Key achievements in the past year include:

In 2019 we continued to improve in the following areas:

- embedded the privacy breach processes and regularly reported breaches to SMT and ELT,
- embedded privacy risk management processes using privacy breaches to inform the risk management process,
- continued work on improving completion of privacy training. As at January 2020 57% of new employees had completed privacy training within their first six months (up from 50% in January 2019),
- provided regular privacy awareness messaging to staff from leadership, including phishing training, screensavers, newsletters and privacy week activities,
- conducted privacy training for key occupational groups,
- raised awareness of the need for privacy impact assessments throughout the organisation by including privacy assessment in the Daptiv project management process,
- updated Waitemata DHB's health and information policies to ensure they are aligned with current law, technology and processes,
- completed an audit programme by Regional Internal Audit.

Goals for Next Twelve Months

Activities planned for 2020 will realise slight improvements or in some areas will maintain our maturity level. This is because:

- our current maturity is already well developed in a number of areas
- all the attributes specified by PMAF within each area must be fully achieved before the next maturity rating is reached; and
- a state of '4-Embedded' is a high bar as defined in the maturity framework.
- resource and funding will be significantly impacted by COVID-19.

Priorities for 2020 will include:

- seeking assurance of privacy compliance by contractors such as PHOs, NGOs and ensuring that RPGs include privacy in their evaluation criteria,
- improving rates of completion of the privacy elearning module particularly by medical staff,
- improve documentation of the types of personal information held by Waitematā DHB and review controls of access to this information,
- continue work to update MOUs and information sharing agreements with other agencies such as Police, Oranga Tamariki, Corrections and Justice,
- ensure sufficient resource to audit and protect against inappropriate access in an environment where there will be intense demand on a reducing health budget.

Challenges

Protecting patient privacy is a high priority for Waitematā DHB while also providing appropriate and timely access to clinical information. This is an on-going challenge and in this rapidly changing environment, with the additional impact of COVID-19, we are aiming to maintain our maturity level in some areas rather than raise it. Factors which will impact on our ability to enhance our maturity level include:

- the increasing complexity of our electronic information systems and the attractiveness of health information to criminals,
- that Waitematā DHB is breaking new ground in developing and implementing new electronic systems,
- Greater sharing of personal and health information to improve patient care such as
 - (a) voluntary regionalisation of systems,
 - (b) participation in global projects and registers
 - (c) compulsory data sharing in national data collections, for example with MOH and HQSC, and
- increased reliance on third parties e.g. cloud providers to ensure security of our data.

5. Conclusion

The Privacy Maturity Assessment indicates that there has been steady progress in our privacy maturity and we will continue to address those areas with the greatest risk to the organisation.

Appendix 1

Government Chief Privacy Officer

Annual Agency Self-Assessment Report 2020

Waitemata District Health Board

UNCLASSIFIED

[Agency to reclassify completed report and update
protective markings – see content for more guidance]



Te Tari Taiwhenua
Internal Affairs

1 Introduction

In August 2014 the Government Chief Privacy Officer (GCPO) issued core expectations of government agencies that represent good practice for privacy management and governance, as well as the Privacy Maturity Assessment Framework (PMAF) to support agencies to meet the core expectations.

The first year of reporting in March 2016 established the baseline to track future progress and for assessing the success of the framework itself. The GCPO assists agencies to maintain the trust and confidence of the public that the government will manage information well and in the interests of New Zealanders. The appropriate and safe use of personal information is a critical foundation for delivering citizen-centred services.

Purpose

Cabinet requires the GCPO and the Government Chief Digital Officer (GCDO) to report annually to the Minister for Government Digital Services on system-wide capability and maturity in privacy and the effective use of data and information.

Good privacy practice, commensurate with the nature of personal information holdings an agency has, is the accountability of every Chief Executive.

This report will assist Chief Executives to understand how they are progressing in building privacy capability, will help the GCPO to understand what further support agencies need, and will enable the GCPO to report annually on system-wide progress in building capability in privacy.

Agencies who undertake a full PMAF assessment can use the results to assist with completing the self-assessment report.

Content

The self-assessment report comprises:

- Summary report from the Chief Executive.
- Details of personal information held
- Status report on meeting the GCPO's core expectations.
- Status report on capability maturity.
- Feedback to the GCPO so that we can continuously improve the assessment process.

Guidance on completing the self-assessment report can be found on page 18.

How will the information be used?

Agency data will be consolidated into an aggregated summary report on system-wide progress in improving privacy management. Your agency's individual results will not be published separate to the wider public services' aggregated results without written permission and confirmation from your agency.

The GCPO will also use report data to inform engagements with individual agencies and to assist in planning future support for agencies.

Report data may be shared with other agencies responsible for building capability in privacy and security. These agencies include the State Services Commission, the GCDO, and the Protective Security Requirements Team within the NZ Intelligence Community.

Official Information Act requests will be assessed on a case by case basis, in consultation with agencies. The GCPO is likely to transfer requests for completed reports to the agency concerned.

Verifying the information provided

While this is an agency self-assessment, I may require evidence to support the information provided to me.

Returns and Enquiries

Completed self-assessment reports should be approved by Chief Executives and received by **30 April 2020**.

If your agency has a Board, the Board Chair is not required to approve the self-assessment. It remains open to each agency to present the self-assessment to the Board or Board Chair.

Please return completed reports to:

GCPO@dia.govt.nz

Attention: Russell Cooke

Please contact GCPO@dia.govt.nz if you need any assistance in completing the report.

Note: This report is unclassified when unpopulated. Please review this classification once the document has been completed – for guidance, refer to [New Zealand Government Security Classification System](#) and [Handling Requirements for Protectively Marked Information and Equipment](#) (both available through the PSR website: <https://protectivesecurity.govt.nz>).

2 Chief Executive Summary Report

To	Russell Cooke, Government Chief Privacy Officer
From	Dr Dale Bramley, CEO, Waitemata District Health Board
Date	

Attached is my report outlining progress on building privacy capability within my agency, and meeting the core expectations of the government agencies.

- Top three achievements and highlights from the past 12 months:

[Please describe the top three significant milestones in building capability that you have achieved over the last 12 months – for example, you may have implemented new governance arrangements; new training and awareness programmes; or established new policies or processes to improve your management of personal information and privacy practices]

In 2019 we embedded the processes for

- privacy incident reporting, and privacy risk management, and
- continued work on improving completion of privacy training, reviewed and updated policies as required.

- Top three priorities for the next 12 months:

[Please describe the top three priority areas of focus for your organisation for the next 12 months that will enable you to meet your privacy capability maturity targets]

We will:

- ensure that senior management demonstrate a commitment to privacy and endorse a strong privacy culture throughout the DHB.
- continue work to assure privacy compliance by our contractors
- improving documentation of the types of personal information held by the DHB and review access controls

- Top challenges experienced or anticipated for the coming year:

[Please describe any major challenges you have experienced over the past year that have impacted on your ability to meet your previously forecast privacy capability maturity targets, or which you anticipate will significantly impact your ability to make progress over the coming year – for example, a significant

organisational restructure may be in progress or pending, your governing legislation may be facing substantive review, or you may be planning on embarking on major new information sharing initiatives with other agencies]

Challenges in 2020 will be

- improving assurance of privacy compliance by contractors as this is a substantial piece of work due to the volume of contractors and their own workloads
- improving rates of completion of the privacy elearning module particularly by medical staff. We continue to struggle with this.
- ensuring sufficient resource to audit and protect against inappropriate access in an environment where there will be intense demand on a reducing health budget

Please note that we have undertaken to carry out these activities with a view to enhancing our privacy maturity. However in this rapidly changing environment, which will be heavily impacted by COVID19, we are aiming to maintain our maturity level in some areas rather than raise it.

Factors which impact on our ability to enhance our maturity level and our risk exposure include:

- the increasing complexity of our electronic information systems and the attractiveness of health information to criminals
- Waitemata DHB is breaking new ground in developing and implementing new electronic systems
- Greater sharing of personal and health information to improve patient care such as
 - (a) voluntary regionalisation of systems,
 - (b) participation in global projects and registers
 - (c) compulsory data sharing in national data collections, for example with MOH and HQSC
- increased reliance on third parties eg cloud providers to ensure security of our data

Signed: [Chief Executive [and any other statutory title here]]

Name: Dale Bramley

Date:

3 Agency-specific information collection details

What type of information does your agency collect?

Type of information	✓				
Aggregate	✓	Employment	✓	Legally privileged	✓
Biographic	✓	Family/whanau	✓	Offending/criminal	✓
Biometric	✓	Financial	✓	Public Registers	✓
Benefits	✓	Grants	✓	Tax	✓
Children	✓	Health	✓	Unique Identifiers	✓
De-identified	✓	Human Resources	✓	Other	✓
Education	✓	Intelligence & security	✓		

What primary legislation is your agency responsible for/administers that affects the Privacy Act 1993 or has an impact on New Zealander's personal information collected, held and stored by your agency?

Name of relevant Act	How it impacts on New Zealander's privacy/modifies the Privacy Act
Cancer Registry Act 1993	information sharing with Director-General of Health
Contraception, Sterilisation and Abortion Act 1977	Requires disclosure of some information about patients undergoing terminations of pregnancy to the Abortion Supervisory Committee
Coroners Act 2006	Requires reporting of unexpected deaths to Coroner and provision of information to assist Coroner's investigations
Criminal Disclosure Act 2008	Allows defendants in criminal proceedings to seek orders requiring disclosure of information by non-parties e.g. DHBs may be ordered to disclose patient records which are relevant to an alleged offence in some way.
Criminal Investigations (Bodily Samples) Act 1998	Requires provision of bodily samples and test results to Police in certain situations.
Criminal Procedure (Mentally Impaired Persons) Act 2003	Courts can order reports on fitness to plead, sanity/insanity of individuals facing criminal charges
Criminal Records (Clean Slate) Act 2004	Restricts availability of information about individuals' convictions to which clean slate regime applies
Employment Relations Act	Requires collection of personal information about employees
Evidence Act 2006	Provides for patient information to be protected by medical privilege in criminal and civil proceedings in some circumstances. Gives court discretion to protect patient information in certain situations
Family Violence Act	Requires and allows information sharing with specified family welfare agencies and persons.

Health (Infectious and Notifiable Diseases) Regulations 1966	Requires reporting of specified infectious and notifiable diseases to Medical Officer of Health
Health Act 1956	Requires disclosure of information to other health providers who are providing, or are about to provide, health care to a patient except in limited circumstances.
Health and Safety at Work Act 2015	Requires sharing of information about serious injuries to staff, patients and members of the public with WorkSafe.
Health Information Privacy Code	Permits collection and storage of health information, allows access by individuals to their own information, permits use and disclosure of patient information in a range of situations
Health Practitioners Competence Assurance Act	Requires sharing of information with Health Quality Safety Committee information quality assurance activities and adverse events and re concerns about competency and fitness to practice of health practitioners
Health Retention of Health (Information) Regulations	Requires retention of health information for a minimum of 10 years from last contact with a patient.
Human Tissues Act 2008	Allows information sharing with registered tissue banks re potential donors; expressly overrides the Privacy Act
Intellectual Disability (Care and Rehabilitation) Act 2003	Requires reporting of information about care recipients to Ministry of Health and sharing of information with family/whanau/caregivers in some circumstances
Land Transport Safety Act	Requires doctors to share information with Director of Land Transport Safety where a patient's driving is likely to put public in danger.
Medicines Act	Requires information sharing about medicine dependent persons.
Mental Health (Compulsory Assessment and Treatment) Act	Requires sharing of information about patients and proposed patients being assessed and treated compulsorily with whanau/family/caregivers and with District Inspectors of Mental Health and Ministry of Health. Some information about Special and Restricted patients must be shared with the Director General of Mental Health. Allow sharing of information with Police in some situations.
Misuse of Drugs Act 2019	Permits information sharing about drug dependent person
New Zealand Public Health and Disability Act 2000	Requires patient information to be supplied to Health Quality and Safety Commission and Various Mortality Review Committees and Ministry of Health
Official Information Act 1982	Requires disclosure of personal and health information where public interest in making information available outweighs need to protect an individual's privacy.
Oranga Tamariki Act 2018	Permits information sharing with specified child welfare agencies and persons
Protection of Personal and Property Rights Act 1992	Gives Welfare Guardians, Property Managers and Enduring Powers of Attorney rights of access to information relation to the person whose care/property/affairs they are appointed to manage.

Search and Surveillance Act 2012	Gives Police powers of search and surveillance in relation to individuals and to require production of documents and other evidence by agencies
Social Security Act	Requires sharing of information about individuals with Ministry of Social Development in some situations
Substance Abuse (Compulsory Assessment and Treatment) Act	Requires sharing of information about patients and proposed patients being assessed and treated compulsorily with whanau/family/caregivers and with District Inspectors and Ministry of Health. Allow sharing of information with Police in some situations.
Tuberculosis Act 1948	Requires notification to a Medical Officer of Health of information about individuals diagnosed with Tuberculosis
Victims Rights Act 2002	Entitles victims of criminal offending to information about patients (generally only special or restricted patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992)

Validation Statement

Explain in the box below how the Chief Executive has assurance from their agency that the scores and comments for the Core Expectations and the Privacy Capability/Maturity Assessment in the fields below are correct. This may include any internal review of scores and comments, discussion points with the Chief Executive or other executive leaders, and any other method to validate the scores and comments.

I have assurance from my agency that the scores and comments below are correct as:

I receive and review:

- quarterly reports to SMT (Senior Management Team) and ELT (Executive Leadership Team) from the Privacy and Security Governance Group (PSGG)
- audits by Internal Audit and monitoring to ensure recommendations are implemented
- risk registers
- reports from line managers

I conduct monthly ward rounds in our hospitals and am able to observe how patient records are managed on wards during these.

4 GCPO Core Expectations

Expectation		Status
1	Set a privacy strategy that: <ul style="list-style-type: none"> • is aligned with the agency's organisational strategy and the Privacy Act • promotes a privacy culture and "privacy by design" • is owned by a member of the Executive Team. 	Meets
2	Agree a "roadmap" (programme of improvement) to deliver on the privacy strategy.	Meets
3	Put governance arrangements in place to deliver the strategy, aligned with broader organisational governance arrangements and supporting the accountability of the Chief Executive.	Meets
4	Understand the personal information the organisation holds (for example, by identifying and maintaining a list of the types of information held or databases that hold personal information, or conducting an inventory of personal information and maintaining it on an ongoing basis).	Mostly Meets
5	Put risk management processes in place to identify risks to the agency and to individuals, aligned with broader organisational risk management processes.	Mostly meets
6	Put resources in place to deliver the roadmap, matching the size/complexity of the agency's information holdings, taking into consideration: <ul style="list-style-type: none"> • management structures • defined roles and responsibilities (including the Privacy Officer) • FTEs, budget and assets. 	Partially meets
7	Put policies in place aligned to the privacy strategy and roadmap that address the full information life cycle from collection to retention / destruction.	Meets
8	Put processes and procedures in place to support the policies, for example: <ul style="list-style-type: none"> • incident management – aligned with wider incident management procedures • privacy impact assessments • setting expectations or requirements for third parties. 	Meets

Expectation		Status
9	Put in place methods to build privacy awareness throughout the organisation (for example, by implementing a training and awareness programme for all staff).	Meets
10	Ensure that organisational audit and assurance processes include the privacy strategy, roadmap, and incident and risk analysis to measure improved privacy performance.	Meets

Any further comments

[Please provide further comments, if any, that you wish to make on the core expectations. Include details of any core expectations that the Chief Executive has determined are not applicable to your agency, and the reason for this decision.]

We face ongoing and increasing challenges to ensure sufficient resource to manage privacy issues and protect our personal and health data. These challenges will intensify given a reducing health budget and intensification of electronic information systems. This year the challenges will be particularly strong given COVID19.

5 Privacy Capability/Maturity Assessment

Governance, leadership, and accountability		Current	4.00	12-month target	4.25	Future target	4.75
1	<ul style="list-style-type: none">Leadership commitment for comprehensive privacy management is not demonstrated.Non-existent or undocumented privacy officer role, and undefined privacy leadership structure.Limited or no reporting and access to governance board/committee(s)/ executive leadership team.No consideration for privacy strategy by the governance board and/or committee(s), and/or the executive leadership team.Unclear or undocumented accountability for privacy management.						
2	<ul style="list-style-type: none">Leadership considers privacy as issues or breaches arise.Privacy officer / privacy management function and responsibilities are documented and the role is known throughout the agency.Established reporting lines to the governance board / committee(s), and access to the executive leadership team exist, although used mainly in response to specific issues.Privacy strategy is considered and approved at senior leadership level and management programmes are in place, including consideration of the corporate level risk appetite.Privacy management is allocated to specialist individuals who are seen as accountable for privacy management within siloed areas of the agency.						
3	<ul style="list-style-type: none">Leadership is aware of the agency’s privacy management and actively promotes it.Privacy officer / privacy management function oversees a privacy work programme and communicates regularly with other ‘second-line-of-defence’ functions (e.g. records management, security, risk management).Governance board / committee(s) / executive leadership team adopt privacy strategy and receive regular updates on the privacy programme and discuss privacy issues and the effectiveness of the privacy programme.Privacy strategy and management programme are reviewed and revised regularly to confirm their ongoing suitability with the internal and external environments (including regulatory requirements).Accountability of individual employees in relation to privacy management is documented, known, and accepted.						
4	<ul style="list-style-type: none">Leadership takes a proactive and integrated approach to leading privacy management.Privacy officer / privacy management function contributes to business process design and risk assessment and has established ongoing communication and clear alignment (where applicable) with the work programmes of other second-line-of-defence functions.Management proactively reports to the governance board / committee(s) / executive leadership team, to inform them of significant changes to the privacy risk profile.Results of privacy risk assessments are used to inform and update the privacy strategy and plan.All staff and contractors are responsible for ensuring the principles of privacy management are adhered to.						
5	<ul style="list-style-type: none">Leadership works collectively to seek innovative ways to continuously improve privacy management.A formal privacy management structure covering the entire agency is in place. Privacy officer / privacy management function is responsible for the operational and strategic elements of privacy management on an agency-wide basis. It also has the capability, capacity, and authority to introduce and implement privacy management better practices.The governance board / committee(s) / executive leadership team actively informs business performance and improvements on privacy management.Information obtained through risk assessment or review of response to any identified breach is used to inform updates to the privacy strategy.All staff and contractors are responsible for privacy management and consider it normal practice to identify opportunities for improvement.						
Governance, leadership, and accountability progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

As planned during 2019 we have reviewed the privacy strategy and privacy programme and there is ongoing monitoring to ensure tasks are achieved.

The privacy strategy and programme are covered in regular reporting to SMT and ELT along with privacy breaches, inappropriate access, privacy risks, training compliance, release of information and corrections compliance, and review of submitted privacy impact assessments.

We are continuing to embed our process for investigating privacy breaches by requiring managers of services which have had category 3 breaches (e.g. serious breaches) to complete a formal privacy breach assessment and investigation report and meet with PSGG.

PSGG is regularly reviewing privacy risks in the Waitemata DHB risk register, adding new risks when required and monitoring mitigating actions/responses to risks.

Work with contractors is ongoing. Waitemata DHB has a considerable number of contractors and the task of assessing the adequacy of their privacy management is large.

We have more work to do on:

- having ELT members develop a more visible profile in relation to privacy
- fully resourcing a formal privacy management structure

These will be goals for 2020.

Assurance		Current	3.75	12-month target	4.0	Future target	4.0
1	<ul style="list-style-type: none">• Limited ad hoc assurance activities occur in response to breaches.• No formal, planned programme of assurance across the first (business operations), second (oversight functions), and third (independent assurance) lines.• No structured or formal monitoring and reporting lines for privacy assurance.						
2	<ul style="list-style-type: none">• First line: Privacy controls are built into business processes in response to breaches.• Second line: Privacy function's oversight activities are largely in response to specific breaches.• Third line: Internal audit largely provides assurance activities in response to specific breaches.• Performance of the agency's privacy programme is informally monitored. Reporting lines are used as issues arise.						
3	<ul style="list-style-type: none">• First line: Links between operational privacy risks identified in the agency's risk registers and the agency's control activities are documented.• Second line: The privacy function and other second-line functions (e.g. records management, security, risk management) are responsible for providing oversight of the agency's privacy management practices.• Third line: Internal audit (or other equivalent independent assurance function) conducts regular privacy-related assurance activities.• Regular assurance activities, with defined monitoring and reporting requirements, assess the performance of the elements of the privacy framework. Reporting lines are clearly defined.						
4	<ul style="list-style-type: none">• First line: Business processes are designed to mitigate residual privacy risk to within the agency's risk tolerance.• Second line: Privacy function and other second-line functions provide oversight and look for opportunities to continuously improve the agency's privacy management.• Third line: Internal audit uses the privacy risk management output, at a strategic and operational level, in their audit planning.• Outcomes of the assurance programme are used to inform changes to the processes and responsibilities for managing personal information.						
5	<ul style="list-style-type: none">• First line: The business continually identifies risk and business improvement actions and implements effective controls.• Second line: Privacy and risk activities are integrated with the wider system of internal control as part of an efficient, effective assurance framework.• Third line: Internal audit has a systemic and disciplined approach to evaluate and improve the agency's privacy risk management, control, and governance processes.• Outcomes of the assurance programme are used to inform changes to the agency's privacy risk management, control, and governance processes. Reporting is formal and sent to all appropriate levels of the business including senior managers.						
Assurance progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we :

- had Internal Audit undertake an audit based on privacy risk management output at the strategic and operational level and have implemented the recommendations from the audit
- used outcomes from assurance activities to inform changes to processes and responsibilities for managing personal information
- implemented a process to email patient letters to a consented and verified patient email address, thereby reducing the opportunity for mail going to the wrong patients or wrong addresses.
- introduced a new template for investigating breaches to identify privacy gaps in risks
- reviewed serious breaches and implementing email for patient letters we have implemented processes to prevent recurrence of risks/incidents
- updated health information and privacy policies to ensure they are aligned with current law, technology and processes and conducted training for key occupational groups
- considered privacy controls in IS systems and information exchange mechanisms on an ongoing basis as part of approving privacy impact assessments for new IT applications
- sought confirmation from third party organisations with whom we share personal and health data that they have robust privacy protections in place

We also undertook audits in the Clinical Records department to check compliance with statutory timeframes for patient access to records and to ensure documents were filed on the correct patient's records. We are complying with statutory timeframes for patient access in 99% of cases. The audit of accuracy in filing of patient charts showed an average error rate of 0.04%.

We did not explore with Northern Regional Alliance with regards to auditing privacy compliance by the third party contractors they manage for the DHB but will make this a goal in 2020.

In 2020 PSGG will

- explore with Northern Regional Alliance auditing privacy compliance by the third party contractors they manage for the DHB
- identify areas of risk for Internal Audit to incorporate in their audit programme
- continue reviewing risks and breaches and adjusting policies where necessary
- update training to reflect emerging risks and issues
- continue assessing and approving privacy impact assessments
- continue to require completion of brief privacy analysis for all projects involving personal and health data

Culture		Current	4.0	12-month target	4.0	Future target	5.0
1	<ul style="list-style-type: none"> Limited or no behavioural modelling by senior management of the agency's privacy values, or no defined values. No active promotion or culture of reporting privacy breaches. Privacy breaches are largely discovered by external parties (e.g. media or inadvertent recipient of personal information). No formal documentation or guidance on why privacy is important and what it means, in practice and principle, to individuals and the agency. 						
2	<ul style="list-style-type: none"> Senior management recognises the need and importance of establishing and maintaining an ethical culture. The principles they aspire to are documented. Staff are encouraged to report privacy breaches relating to inappropriate disclosure of personal information to a third party. Privacy management is viewed as almost exclusively a focus area of specialists. 						
3	<ul style="list-style-type: none"> Senior management actively and visibly demonstrate commitment to promoting good privacy practices for themselves, their peers, and their staff. Staff are encouraged to report privacy breaches and incidents relating to the 12 information privacy principles and Health Information Privacy Code Rules, and are comfortable doing so. A clear articulated privacy vision or privacy policy statement exists of which everyone is aware, senior managers visibly support, and all managers use. 						
4	<ul style="list-style-type: none"> Senior management and governing bodies work together and with their teams to visibly deliver consistent, positive messages on how the agency views, manages, and deals with privacy. Management is confident that all privacy incidents, breaches, and complaints are escalated and reported within required timeframes. Everyone understands the privacy policy statement and privacy is integrated into business processes to improve practices, customer relationship management, and reputation. 						
5	<ul style="list-style-type: none"> Leadership work collectively and visibly to seek innovative ways to continuously improve privacy management. Managers and leaders are committed to making privacy core to the culture through their visible actions, planning, and decision making Central to the agency's culture and approach is everyone taking responsibility and accountability for ensuring personal information is treated appropriately and with respect. 						
Culture progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

We are seeing increased awareness of privacy throughout the organisation, in more accurate assessment of privacy breaches and proactive management of issues that have occurred.

In 2019 we:

- reviewed the reasons for poor rates of completion of mandatory training services including the elearning privacy course. The review has led to some improvement in completion rates but the key group of SMOs are still a difficult nut to crack.
- continued phishing training and are planning to follow up with aberrant clickers but have been hampered by difficulty getting information from the training vendor.
- were unable to provide a purpose-built privacy education session for SMT but will make this a goal for 2020.

2020 will be a year of consolidation in the area of culture. We will:

- ensure senior management actively and visibly demonstrate a commitment to delivering consistent and strong messages about the value the organisation places on having a strong privacy culture
- provide a purpose-built privacy education session for SMT
- continue the ongoing drive to make privacy integral to the DHB culture
- follow up with the phishing training vendor to get information about the effectiveness of our phishing training programme
- enable key staff to complete the International Association of Privacy Professionals training offered by TwoBlackLabs

Privacy programme		Current	4.25	12-month target	4.5	Future target	5.0
1	<ul style="list-style-type: none">• Agency knows it needs to improve its privacy management.• No identifiable privacy management policies and procedures.• Limited or no privacy training, staff awareness of privacy requirements, or privacy management communication processes.						
2	<ul style="list-style-type: none">• Risk and outcomes drive the privacy work programme to varying levels within business units / divisions.• Staff are aware of policies and procedures but these are not consistently followed and may not be comprehensive.• Privacy training is compliance based, staff awareness focused on preventing disclosure to third parties, and communication is primarily one-way (top down).						
3	<ul style="list-style-type: none">• Risk and outcomes drive the privacy work programme across the agency.• Easy-to-understand and relevant policies and procedures are in place, and reviewed to ensure their compliance with applicable laws and regulations, and other environmental requirements or impacts, in response to identified privacy breaches.• All staff/contractors are required to undertake basic privacy training. Staff are aware of policies and privacy management resources, information privacy principles (“IPPs”) and, where applicable, Health Information Privacy Code Rules (“HIPC Rules”). Two-way communication is actively encouraged.						
4	<ul style="list-style-type: none">• Privacy programme results in proactive identification and resolution of potential privacy issues and risks, and strategies for assessing and improving privacy management.• Management proactively reviews changes to privacy legislation, regulations, and emerging risks, and amends their agency’s privacy policies and procedures as required.• Staff training is informed by the Privacy Act, privacy programme, and privacy risks. Staff are aware of their responsibilities under the Privacy Act and receive training before handling sensitive information. Communication is two-way with processes to ensure key messages are received and understood by staff.						
5	<ul style="list-style-type: none">• Privacy is treated as a core competency across strategy, people, process, technology, and controls. The privacy programme is informed through risk assessment or review of response to any identified breach.• The required behaviours and principles of the privacy policies and procedures are consistently demonstrated by employees and management as business-as-usual. An on-going review process ensures that changes to best practice are incorporated into privacy policies/procedures.• Privacy training empowers all staff/contractors to feel confident in their approach to managing personal information. All staff/contractors are active in identifying privacy risks, control gaps, remediation, and improvement opportunities. Clear, frequent communication occurs and learnings are readily shared among business units to ensure best privacy management practices are consistent across the agency.						
Privacy programme progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we:

- reviewed the reasons for poor rates of completion of the elearning privacy course
- expanded reporting to SMT and ELT to include a section focusing on the privacy programme
- began a programme of work which will focus on contractors to ensure privacy compliance, for example including privacy in evaluation criteria for RFPs. We will liaise with key contractors such as PHOs and industry groups eg Aged Care Association

In 2020 we will:

- develop a 2020 programme to implement the goals in this PMA
- ensure that the privacy programme is informed through risk assessment and review of breaches
- review the 2020 programme six monthly to ensure targets are achieved
- ensure that staff training is informed by the Privacy Act, privacy programme, and privacy risks and that staff are aware of their responsibilities under the Privacy Act and receive training before handling sensitive information;
- promote two-way communication with processes to ensure key messages are received and understood by staff
- ensure that privacy is treated as a core competency across strategy, people, process, technology, and controls
- continue the programme of work focusing on contractors to ensure privacy compliance through including privacy in evaluation criteria for RFPs, and by liaising with key contractors and industry groups

Business processes		Current	3.25	12-month target	3.50	Future target	3.50
1	<ul style="list-style-type: none"> No clear strategy for identifying and managing personal information held by the agency. Limited due diligence is undertaken over third parties' privacy policies, practices, and procedures. Limited or no controls are designed or implemented specifically to mitigate privacy risks (e.g. preventative controls to prevent a breach or incident occurring, or detective controls to identify breaches or incidents quickly). No formal process for ensuring privacy risks and issues are considered when designing/reviewing business processes. 						
2	<ul style="list-style-type: none"> Separate parts of the agency are aware of the personal information they hold or have access to and may have made attempts to define, document, or classify this. Third party contracts include a confidentiality clause. Control activities that respond to identified privacy risks exist although not formally documented. Privacy risks and issues are sometimes considered when designing/redesigning key business processes and systems. However, this is not compulsory. 						
3	<ul style="list-style-type: none"> There is an effective, centralised process for identifying, classifying, and documenting personal information collected, used, shared, or accessed by the agency. Where third parties have access to personal information, due diligence is performed and assurance sought over their privacy and security practices and policies. Controls selected for monitoring and the frequency with which they are monitored are based on a risk assessment. There are documented requirements to consider privacy risks and issues in the design phase for all processes and systems. 						
4	<ul style="list-style-type: none"> Personal information is identified, classified, and documented as part of the wider information management system. Contracts are made with third parties only if their level of protecting personal information is comparable to the agency. Third parties are regularly reviewed against the requirements of their contracts. Management is responsible for reviewing privacy controls and their effectiveness, and reports on this review with evidence of improvement. This is seen as part of their formal roles and responsibilities. Business processes are designed specifically to reduce privacy-related risks, with privacy considerations embedded into change-management processes. 						
5	<ul style="list-style-type: none"> All personal information, how it is collected, secured, accessed, corrected, stored, disclosed, used, and classified is recorded and regularly assessed. A privacy risk assessment for third parties is completed before any contract under which personal information is made available is granted. Continuous auditing/monitoring enables the agency to track the implementation and effectiveness of key privacy controls and work closely with central functions and external reviewers to optimise privacy risk management and control. All business processes are designed with 'privacy as the default setting'. 						
Business processes progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we:

- ensured that consideration of privacy is built into design and approval processes for new projects. Consideration of the need for a privacy impact assessment is now built into the Daptive project management process and Legal and the Portfolio Support Office have audited compliance.
- continued to review policies particularly in light of the likelihood of amendments to Privacy Act being passed this year

We have not completed the following planned work but will continue work in 2020 on:

- auditing third party contractors for privacy compliance. We have commenced work on a programme but this is a substantial piece of work and we will continue work during 2020
- the programme of work focusing on contractors to ensure privacy compliance (as noted in earlier sections)

In 2020 we will also:

- review our processes for identifying, classifying, and documenting personal information collected, used, shared, or accessed by Waitemata DHB
- where third parties have access to personal information, work towards performing due diligence and seeking confirmation of their privacy and security practices and policies.

Privacy Risk Management		Current	4.25	12-month target	4.25	Future target	4.25
1	<ul style="list-style-type: none">• No relationship between privacy function and wider risk-management function.• No formal, structured, or consistent process for identifying and assessing privacy risks.• No formal process for monitoring privacy risks.• No formal process for reporting on privacy risks and mitigations.						
2	<ul style="list-style-type: none">• Incomplete or underdeveloped processes for privacy risk identification. Privacy risk management is issues-based.• Regular or occasional risk identification and assessment is performed.• Privacy risks are monitored on a siloed basis in business lines, with little if any cross-functional interaction.• Privacy risk reporting is largely by exception and in response to identified issues.						
3	<ul style="list-style-type: none">• Privacy risk assessment processes generally align with the agency’s risk-management approach.• Privacy risk identification and assessment occur on a regular basis. However, these are often viewed as a compliance-based activity.• Privacy risks are monitored mainly on an operational level, with some information held at a central level regarding external trends and emerging risk areas.• Agency reports on privacy risks proactively.						
4	<ul style="list-style-type: none">• Privacy risks are considered within the agency’s enterprise risk management programme. Privacy risks and issues are owned by the business units.• Proactive identification and assessment of privacy risks before issues occur, which most management and staff perceive as adding value.• Monitoring includes analysing key privacy risks and changing risk levels, controls are applied appropriately, and risk management improvement requirements are being implemented.• Defined risk management reporting requirements in place, integrated with business-as-usual management reporting.						
5	<ul style="list-style-type: none">• Considerations of privacy risk are firmly in place within the agency’s enterprise risk management function. The risk management function considers privacy risk identification as a business-as-usual activity.• Well defined, highly evolved, and efficient risk identification processes are in place, which are integrated into business activities across the agency.• Analysis / monitoring of privacy risk information is conducted to review the trends from historic information and the effectiveness of controls. The privacy function supports the agency in improving controls and implementing best privacy management practice.• Reporting on privacy risks includes the key risk indicators. Risks are linked to the privacy strategy and key performance indicators, so that risk information is integrated into reporting on privacy management performance.						
Privacy risk management progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

We are now confident that we have embedded processes for risk privacy reporting with services by linking risks to breaches and making the most of opportunities to keep privacy risks front of mind for senior management and the Executive Leadership Team. There are solid reporting processes in place and the privacy strategy had its annual review by PSSG and current privacy risks were incorporated.

Considerations of privacy risk are firmly in place within the agency's enterprise risk management function

Privacy risks are managed within the DHB's organisation-wide risk management functions. healthAlliance manages IT services for the Auckland Region DHBs and we have included in our risk register risks identified by healthAlliance in relation to our information systems. We regularly monitor healthAlliance progress and actions to manage these risks.

In the current challenging environment, and with the competing demands of budget and resource constraints, we consider that the planned risk management processes both within Waitemata DHB and by healthAlliance will enable us to maintain our maturity level.

Breach and incident management		Current	4.50	12-month target	4.50	Future target	5.0
1	<ul style="list-style-type: none">• No structured approach to incident management and little documentation or support from privacy specialists.• Undefined reporting requirements for privacy breaches.						
2	<ul style="list-style-type: none">• Staff awareness of the possibility of a privacy breach is limited to inadvertent disclosure to external parties.• Existing informal incident response processes, which are managed within business units with limited central oversight.• Breaches recorded and reported to management relate mainly to inadvertent disclosure of personal information to third parties (and do not focus on the other IPPs, and, where applicable, HIPC Rules).						
3	<ul style="list-style-type: none">• Documented incident response and escalation procedures in place, of which staff are aware.• An approved process for recording and reporting on personal information breaches and near misses relating to all of the IPPs (or HIPC Rules, where applicable) is in place.• Regular reports on breaches, including actions taken to remedy these, are made to executive management.						
4	<ul style="list-style-type: none">• The agency has a comprehensive and consistent approach to incident management, which covers incidents relating to all of the IPPs and, where applicable, HIPC Rules.• Privacy complaints, ‘near-misses’ and breaches are recorded and root-cause analysis is undertaken to inform subsequent changes and improvements to processes.• A hierarchy of ‘trigger points’ for escalation to appropriate levels of management exists.• An approved process for recording and reporting on personal information breaches, near misses, trends, risks, and other relevant information to the appropriate levels of management is in place.						
5	<ul style="list-style-type: none">• Internal and external privacy environments are monitored for issues affecting the appropriate response to a breach. Improvements to processes are made proactively as a result.• Any large-scale incidents are managed in accordance with the agency’s crisis management approach.• All incidents are subject to a post-incident review to assess the incident response. Any resulting improvements to processes are implemented in a timely manner.• Systematic/systemic analysis is used to inform changes to processes/procedures.						
Breach and incident management progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we:

- continued to monitor the risks recorded by services and to encourage reporting by services .
- reviewed the privacy breach register to identify trends by service and by type and included this in the quarterly PSGG report to senior management and ELT
- continued to develop our post incident review processes to ensure responses identify all the relevant issues and provide appropriate mitigation plans, including the use of a severity matrix
- continued work towards implementing a systematic analysis process to inform changes to processes/procedures. All category 3 breaches were investigated and the Operations Manager submitted a formal investigation report to be reviewed by PSGG. We are short on resources to analyse all breaches and have therefore focussed on the most serious breaches.
- completed an audit programme with Regional Internal Audit for 2019
- where inappropriate access by staff is identified, those staff members have been required to complete the privacy elearning module
- identified processes which present privacy risks and escalated to appropriate management to ensure actions are taken to mitigate the risk where possible, e.g. rental mattress ordering system and taxi booking system

In 2020 we will:

- consider whether we can identify a hierarchy of 'trigger points' for escalation within the organisation and incorporate any identified in the relevant health information privacy policy
- agree a new programme for 2020 with Regional Internal Audit
- continue the programme of work focusing on contractors to ensure privacy compliance through including privacy in evaluation criteria for RFPs, by liaising with key contractors and industry groups

We are confident that we have a robust breach management process in place but we only conduct a root cause analysis on serious incidents and ensure that process improvements are made. All incidents, regardless of seriousness, are followed up and improvements made as necessary.

Information management		Current	4.0	12-month target	4.00	Future target	4.25
1	<ul style="list-style-type: none">• No formal documentation or guidance clarifying the principles for managing information.• Existing information management processes do not specifically address privacy risks or management.• Information is shared with other agencies without explicit consideration of privacy implications.						
2	<ul style="list-style-type: none">• Awareness exists at management level, information management strategy has been developed and approved, no implemented programme(s) or resourcing to effectively manage personal information.• Implications of ineffective information management processes are only realised when privacy breaches or other issues occur.• Informal processes for dealing with requests to share personal information with other agencies are in place. These processes consider the privacy risks if information is to be shared with other agencies. In some cases, processes include documented agreements between agencies.						
3	<ul style="list-style-type: none">• Information management principles, strategy and associated policies are in place, regarded as part of business as usual and regularly reviewed.• Personal information and privacy management is part of overall information management processes. Personal information considerations are included in the IT strategy.• Personal information shared with other agencies is subject to documented agreements that comply with relevant legislative requirements, including the Privacy Act 1993. Before information is shared, it is reviewed to ensure privacy implications are considered.						
4	<ul style="list-style-type: none">• Staff and management proactively contribute to the continuous improvement of practices in place to support and complement the information management principles and associated policies. They identify and communicate gaps and opportunities for improvement.• Emerging risks on information management are reviewed by management and changes are made proactively to policies and procedures as required. Training is developed / revised in response to these risks.• Information, including personal information, is managed as an enterprise asset. Well-developed organisation and governance processes and organisational structures exist.						
5	<ul style="list-style-type: none">• A formal information management structure covering the entire agency is in place. This structure is actively supported by all management and staff.• Personal information and privacy management is a strategic initiative. Issues are either prevented or corrected at the source, and best practice architecture is implemented. Information obtained through risk assessment or review of response to any identified breach is used to inform updates to information management business processes and design.• There is a strong focus on continual improvement.						
Information management progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we:

- completed some work towards updating the MOUs and put in place information sharing agreements with Police and Oranga Tamariki e.g. an information sharing agreement with Police for the Family Violence Table
- ascertained that there is privacy training for St John's and other volunteers currently in place
- updated the privacy elearning module to include emerging risks and experience gained from incidents
- continued the rollout of technology to increase security on work and personal devices which are used for clinical work

In 2020 we will:

- undertake work towards updating MOUs with other agencies or in some cases put in place information sharing agreements with Police and Oranga Tamariki
- commence work on MOUs with Corrections and Justice (Courts)
- improve the privacy training for St Johns and other volunteers
- gain an understanding of the Protective Security Requirements (PSR)
- initiate the Workspace Programme to deliver more flexible and more secure ways of working.

Implementation of the Information Privacy Principles / Health Information Privacy Code Rules (HIPC)		Current	4.00	12-month target	4.25	Future target	4.50
1	<ul style="list-style-type: none"> No formal, documented, or consistent processes or controls to ensure that information is only collected as necessary for the purposes identified, and individuals are notified when their personal information is collected. No formal, consistent, privacy-focused controls over systems and physical storage mechanisms containing personal information. Informal, undocumented, and inconsistent processes to ensure an individual has access, and is able to verify and correct their personal information. Informal, undocumented, or inconsistent processes and controls for ensuring the accuracy of personal information. Informal, undocumented, or inconsistent processes and controls on using, disclosing and retaining or destroying personal information. 						
2	<ul style="list-style-type: none"> Some documented procedures are in place for identifying personal information and the agency has basic understanding of what personal information is being (or has been) collected, why it is collected, and where it is kept. Standard security procedures exist, but these are not specific to the control of personal information, and so may not be appropriate. Some documented procedures on how people can access, verify and correct their personal information, but the agency does not monitor application or effectiveness. Some documented procedures to ensure personal information is not used or disclosed without taking reasonable steps to check it is accurate, complete, relevant, up to date, and not misleading. No evidence to show these are applied and effective. Some documented procedures and controls on using, disclosing and retaining or destroying personal information no evidence to show these are applied and effective. 						
3	<ul style="list-style-type: none"> Documented and complete policies and processes in place to adhere to IPPs and, where applicable, HIPC Rules regarding collection of information. Assurance/evidence is either available or planned to be available, to demonstrate compliance with/effectiveness of these policies and processes. Documented and complete processes in place to control access to personal information. Security levels are formally linked to a demonstrated business need to access personal information. Sufficient policies, process and controls are in place to ensure all the personal information held on an individual is able to be accessed, verified and corrected by that individual. Documented and complete processes in place to ensure that personal information is not used or disclosed without taking reasonable steps to check that it is accurate, complete, relevant, up to date, and not misleading. Documented and complete processes in place on the use, redaction, and disclosure of personal information and the appropriate disposal and destruction of personal information. 						
4	<ul style="list-style-type: none"> Documented and complete policies and processes in place and regularly reviewed to adhere to collection principles and rules. Assurance/evidence is available to demonstrate effectiveness of these policies and processes. Processes are in place to detect and monitor inappropriate access to hard-copy files, databases, and other resources containing personal information and obtain assurance/evidence to demonstrate compliance with security principles and rules, and identify exceptions. Processes and assurance are in place to ensure and demonstrate compliance with access, verification and correction principles and rules, and to identify exceptions. Processes and assurance are in place to ensure and demonstrate compliance with and effectiveness of accuracy policies and principles and rules, and to identify exceptions. Policies and procedures for use, disclosure, retention and destruction of personal information are reviewed regularly, and also reviewed in response to new types of personal information identified by the agency. 						
5	<ul style="list-style-type: none"> A proactive approach is used to document, monitor and review policies and processes to ensure adherence to collection principles and rules. Assurance/evidence is available to demonstrate effectiveness of these policies and processes. Automated processes are in place to continuously detect and monitor irregular access of authorised personnel and logical access controls and assessment of security measures over personal information is ongoing. An individual's ability to access, verify and correct personal information is through self-service when possible and appropriate. All complaints and/or concerns relating to access, verification and correction of information are reviewed and improvement opportunities identified and implemented. All complaints and/or concerns relating to accuracy of information are reviewed and improvement opportunities identified and implemented. All complaints and/or concerns relating to use, disclosure, retention and destruction of information are reviewed and improvement opportunities identified and implemented. <p>Assurance/evidence is obtained to demonstrate compliance with and effectiveness of these policies and principles and rules, and to identify exceptions.</p>						
Implementation of the Information Privacy Principles / Health Information Privacy Code Rules (HIPC) progress commentary							

[Please include information about any recently implemented changes for your agency and new initiatives for the 2019/20 year; we are interested in any challenges and successes your agency has had]

In 2019 we:

- updated the elearning module to take account of new risks and incidents
- continued to work with services to improve identification and management of privacy risks, leveraging off the incident reporting process
- updated policies to ensure they adhere to IPP/HIPC rules and in particular, the forthcoming amendments to the Privacy Act 1993
- began work on improving our level of assurance re privacy management by contractors
- considered having our processes for auditing access by staff independently reviewed but instead have begun work to develop algorithms to improve our auditing and address our changing data environment

We are aware that some of our information systems do not allow us to audit compliance with access, verification and correction principles and to identify exceptions. This will change over time as our information systems are modernised.

In 2020 we will continue to:

- update the elearning module to take account of new risks and incidents
- work with services to improve identification and management of privacy risks, leveraging off the incident reporting process
- update policies to ensure they adhere to IPP/HIPC rules and in particular, the forthcoming amendments to the Privacy Act 1993
- improve our level of assurance in relation to privacy management by contractors
- continue work to develop algorithms which will improve our auditing and address our changing data environment

6 Next steps

Please provide comments to assist the GCPO team to provide ongoing support that is relevant and fit for purpose.

Are the tools, advice and support provided from the GCPO helpful and fit-for-purpose? How could they be improved to better meet your agency needs?

The tools are fine although it was disappointing that the online tool was not available in time for this year's returns.

What else can the GCPO do to help?

In some areas, we are at or close to our target score and so the annual PMA will not be so useful for gauging our status. How will our continued adherence to good privacy management be monitored?

Can you help other agencies?

A number of agencies have told us that they find examples of 'best practice' helpful as seeing what works well for other agencies helps them build their own privacy maturity. We encourage agencies to share their experience with their peers, and to proactively publish the policies, guidance documents, and privacy impact assessments they have developed as part of their privacy strategy.

We would be pleased to hear about any material you have developed that you would like to share with other agencies, whether you intend to publish it yourself, or if you think it might provide a useful basis to help us prepare generic guidance or templates agencies across the public sector can adapt to suit their own circumstances to help them build their privacy capability.

Happy to help other DHBs. We have already provided our elearning privacy training module to other DHBs.

7 Guidance for completing the Annual Privacy Self-Assessment Progress Report

Annual Privacy Self-Assessment Progress Reports should be filled out with enough detail to enable the report to be read in a stand-alone manner.

The following guidance will help you complete your report.

Core expectations

You can choose from the following:

Meets	The expectation is being met and there are processes in place to sustain it.
Mostly meets	The expectation is being met or very close to being met, however process is not in place to sustain it.
Partially meets	Work has started on meeting the expectation; it is on track and progressing well. Work is planned and adequately resourced.
Progress planned	Work is planned to meet the expectation with dedicated resources.
Does not meet	Either: <ul style="list-style-type: none"> • Meeting the expectation has not been prioritised or allocated resources; or • Some development work to meet the expectation is underway, but the work is not yet fully planned with dedicated resources.
Not Applicable	The Chief Executive has determined that the requirement is not applicable to the agency. Please provide the reason for this in the comments section.

Capability/Maturity assessment

To achieve a capability/maturity level of 3 or above, all of the criteria within that capability/maturity level must be met. If your agency does not meet all of the criteria, a lower capability/maturity applies.

If you meet all of one level of criteria, and some of the next level of criteria, you can indicate this by using decimals (e.g. 3.25, 3.5 or 3.75).

Capability/Maturity assessment commentary

Please only include any changes from the previous report and briefly outline any new initiatives planned for 2019/2020. We are interested in any challenges your agency faced in the past year and any successes you wish to highlight.

5.2 Disability Support Advisory Committee and Waitematā DHB Board Committee Membership

Recommendation:

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 in Appendix 1 [of this report].
- c) That membership of DiSAC including the Committee Chair and Deputy Chair positions, be appointed and confirmed in recommendation g).
- d) That the WDHB DiSAC meet four times per year and the proposed schedule in Appendix 2 be adopted.
- e) That the above decisions take effect from 27th May 2020, noting that the Auckland DHB and Counties Manukau DHB Boards will consider the separation of the combined DiSAC at its 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.

- f) Approve the appointment of Board members as members and Chairs of Committees, Trusts and Foundations as set out in Section 3 of this report (full membership list to be shown in the resolution following the Board's discussion of this item).

Prepared by: Professor Judy McGregor (Board Chair)

1. Purpose

The purpose of this paper is for the Board to confirm membership of its Committees.

2. Background

At the first meeting of the new Board in December 2019, interim Committee membership arrangements were agreed by the Board. With the exception of the Disability Support Advisory Committee (see section 3 of this report), it is not proposed to change the membership.

The interim membership was suggested to spread the skills and experience of members across committees and to balance the workload of individual members. The Board are now being asked to confirm Committee membership detailed in section 4 of this report.

3. Disability Support Advisory Committee Meeting

The Waitematā DHB (WDHB) and Auckland DHB (ADHB) Board Chairs and Chief Executives met recently to discuss the combined Committee meetings. The Waitematā DHB Board members also

Waitematā District Health Board, Meeting of the Board 27/05/20

provided feedback as part of its most recent annual Board review and supported a standalone Waitematā DHB DiSAC meeting.

It is therefore proposed that the standalone Waitematā DHB DiSAC be established. A draft Terms of Reference is attached for the Board's consideration and at the first meeting of the Committee, the format of its future meetings, including presentations from community groups, NGOs and others will be discussed.

Proposed Committee Membership

Disability Support Advisory Committee

Chair: [To be discussed at the Board meeting]

Deputy Chair: [To be discussed at the Board meeting]

Waitematā DHB Committee Members: [To be discussed at the Board meeting]

Ex officio:

Frequency of Meetings

It is proposed that the standalone Waitematā DHB DiSAC meet four times annually. Dates for these meetings are included in Appendix 2.

4. Committee Membership

Committee membership for the Waitematā DHB Board Committees and Trusts/Foundations is as follows.

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, Max Abbott, Edward Benson-Cooper and Arena Williams

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, Arena Williams, Allison Roe, Sandra Coney and Max Abbott

Ex-officio member: Judy McGregor (Board Chair)

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

Disability Support Advisory Committee

Chair: [To be discussed at the Board meeting]

Deputy Chair: [To be discussed at the Board meeting]

Waitematā DHB Committee Members: [To be discussed at the Board meeting]

Ex officio: Judy McGregor

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 and Arena Williams

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

Waitematā District Health Board

Disability Support Advisory Committee (DiSAC)

Terms of Reference

Last issued March 2018, Revised May 2020

Establishment

Section 35 of the New Zealand Public Health and Disability Act 2000 (the Act) requires the Board of a DHB to have a committee to advise on disability issues called the disability support advisory committee. The committee must provide for Māori representation. The Board may amend the terms of reference for the Committee from time to time.

Purpose

As provided by section 35 of the Act, DiSAC's purpose is to advise the Board on disability issues.

Functions

As provided by clause 3 of Schedule 4 of the Act, DiSAC's functions are as follows:

- (1) To provide advice on:
 - (a) the disability support needs of the resident population of the Waitematā district; and
 - (b) priorities for use of the disability support funding provided.
- (2) To ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHB's resident population:
 - (a) the kinds of disability support services the Waitematā DHB has provided or funded or could provide or fund for those people:
 - (b) all policies the DHB has adopted or could adopt for those people.
- (3) To ensure that its advice this is not inconsistent with the New Zealand disability strategy.

Responsibilities

To carry out its functions, DiSAC will develop and operate under an explicit philosophy that values diversity and self-determination for people with disabilities.

In particular, DiSAC will provide advice on:

1. The overall performance of disability support services delivered by, or through, the metro Auckland DHBs.
2. The development of strategies and policies related to disability support services, disability issues and health service provision for people with disabilities in the district, having regard to, as appropriate:
 - a. the United National Convention on the Rights of Persons with Disabilities.
 - b. The New Zealand Disability Strategy.
 - c. the Health of Older People Strategy and the New Zealand Positive Ageing Strategy.
 - d. the strategic planning processes of the DHB, including the Northern Region's Long-Term Investment Plan (LTIP), Information Systems Strategic Plan (ISSP) and Health Plan, and related consultation processes.
3. The performance of disability support services against expectations as set out in Annual Plan and other relevant accountability documents, documented standards and legislation.
4. The delivery of mainstream health services by disabled people.
5. Contributions that can be made by the DHB to the development and implementation of regional and national policies related to disability issues.
6. The development and maintenance of relationships with disability stakeholders to support regional collaboration and co-ordination.
7. The extent to which the Annual Plan demonstrates how disabled people will access health services and how the DHB will ensure that the disability support services they provide are coordinated across the DHB and with services of other providers to meet the needs of disabled people.
8. How the DHB can meet its responsibilities to deliver the Government's vision and strategies for people with disabilities
9. How to build capacity for Māori and Pasifika to participate in the health and disability sector and for the sector to meet the needs of Māori and Pasifika.
10. The criteria, priorities and systems to be used in providing, auditing and monitoring disability support services.
11. The management of risks relevant to the provision of disability support services.
12. The implications of strategic planning, prioritisation and funding decisions.

Accountabilities

DiSAC is accountable to the Waitematā DHB Board.

While DiSAC's role is advisory only, the Board may delegate to DiSAC the authority to make decisions and take actions on its behalf in relation to certain matters. In this event, the Board may need to amend its delegation policies and seek the approval of the Minister of Health pursuant to clause 39 of Schedule 3 of the Act.

Any recommendations or decisions of DiSAC must be ratified by the Board (unless authority has already been delegated to DiSAC).

DiSAC may only give advice or release information to other parties under authority from the Boards.

DiSAC must comply with all relevant provisions of the Act, including requirements relating to committee meetings.

Members of DiSAC must comply with processes and requirements of the Boards, whether or not they are Board members or external appointees.

Membership

DiSAC shall comprise:

- Up to xxxx Board members
- Appointed members as may be required to complement the skills and experience of Board members.

At least three members of DiSAC shall be Māori.

Quorum

A majority of DiSAC's members must be present before a meeting can be convened.

DiSAC decisions can be reached by a simple majority of members present (whether Board members or external appointees).

Conduct and frequency of meetings

It is envisaged that DiSAC will meet quarterly, although the frequency of meetings will be a matter for the chairperson to decide. The chairperson will also decide the venue for meetings.

Conflicts of interest

As required by clause 6(3) of Schedule 3 of the Act, prospective appointees to committees are required to disclose existing and potential conflicts before they are appointed. Any subsequent conflicts must also be declared, especially when funding matters are being considered.

Review

These terms of reference will be reviewed by DiSAC and the Board after one year of operation and subsequently at least every three years.



2020 Waitematā DHB Meeting Schedule

COMMITTEE	TIME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Board Open Meeting Board Only Time Board meeting open following by confidential <i>Venue: Waitematā DHB</i>	9.00am 9.45am		26/02		08/04	27/05		08/07	19/08	30/09		11/11	16/12
Audit and Finance Committee <i>Venue: Waitematā DHB</i>	9.00am		05/02	25/03		06/05	17/06	29/07		09/09	21/10		02/12
Hospital Advisory Committee (HAC) <i>Venue: Waitematā DHB</i>	1.30pm												
Community and Public Health Advisory Committee (CPHAC) <i>Venue: Waitematā DHB</i>	10.00am		19/02				17/16		05/08		28/10		
Disability Support Advisory Committee (DSAC) <i>Venue: Waitematā DHB</i>	1.00pm						17/06		05/08		28/10		
Iwi – DHB Partnership Board							tba			01/09			03/12
Wilson Home Trust - Trustee Meeting								08/07 CoM to attend		30/09			16/12 CoM to attend

6.1 Financial Report for April 2020

Recommendation:

That the report be received.

Prepared by: David Dodds (Financial Planning 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
SLA	- Service Level Agreement
WDHB	- Waitematā District Health Board

Background

The report summarises the financial performance of the Waitematā District Health Board for the 10 months ended April 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 April 2020 was a deficit of \$11.304m against a budgeted deficit of \$6.893m, and therefore unfavourable to budget by \$4.411m.

All of the adverse variance to budget in the month has been as a result of Covid-19. The significant components of this variance has been \$2.6m of annual leave budgeted to be taken during the Easter holiday period was not taken. Carparking and ACC revenue were adverse in total by \$1m since free parking was available during the Level 4 lockdown period and elective procedures for ACC were cancelled.

The Waitematā DHB result YTD April 2020 was a deficit of \$29.487m against a budgeted deficit of \$12.369m, and therefore unfavourable to budget by \$17.118m.

The budgeted result for Waitematā DHB for the year ended 30 June 2020 is a break even position.

The forecast as at February was indicating the DHB was on track to achieve this break even position, noting however several key areas of risk: potential increases in annual leave costs in the order of \$10m associated with compliance to the Holiday Pay act, the potential deferral of one off benefits such as the proceeds from the sale of a property \$10.1m, and negative actuarial revaluations should interest rates drop due to Covid-19.

The DHB is behind in its savings plans by \$15.6m year to date due to delays in implementation. The majority of tactical initiatives are in execution stage. Operational initiatives have focussed on the reviews of Orthopaedic and General Surgery, and despite planning for Covid-19 having been a significant distraction, a detailed plan has been completed. With the new COO joining in late April, and the DHB's response to Covid-19 bringing rapid changes to models of care (for example the implementation of non-face to face outpatient appointments) the DHB will have a number of significant opportunities post Covid-19 to operate more efficiently.

The year-end operating forecast remains at breakeven to budget.

However, a number of significant extra-ordinary issues will cause the DHB to report a deficit in its Annual Report.

These issues include; the postponement of recognition of a surplus of a property sale due to the extended settlement date in an increasingly risky economic environment; other operating costs caused by Covid, including the non-take up of annual leave; and additional provisioning for the Holiday Pay Act.

1.1 Highlights

Year to date operating deficit of \$29.5m, unfavourable by \$17.1m against a budgeted deficit of \$12.4m.

Funder \$14.71m 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 well as to current year new initiatives budgets not yet contracted.
- The favourable impact of out of cycle pharmaceutical funding – WDHB share of \$20M.

- The favourable impact due to the increase in drugs rebates receivable from PHARMAC as advised in their DHB expenditure forecasts.
- The favourable impact of demand based utilisation 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 direct and indirect impact of Covid-19 on Funder expenditure

Governance \$1.30m 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 \$33.1m unfavourable year to date - key financial performance factors

- Delays in the realisation of savings under the financial sustainability programme, \$15.6m
- Covid-19 deferral of property sale, \$10.1m
- Covid-19 staff impacts due to planning, cover and leave, \$2.6m
- Covid-19 investment revaluations (Three Harbours), \$1.4m
- Covid-19 revenue reduction, \$1.0m
- Under delivery of Electives resulting in lower revenue from the MOH, \$2.0m
- Radiology outsourcing due to industrial action, \$1.1m

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

- Covid-19 direct costs due to lower patient numbers, (\$2.3m)
- Additional ACC revenue, (\$1.0m)

1.2 Financial Indicators

Table: Financial Indicators for April 2020

FINANCIAL PERFORMANCE						
\$ millions	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Funder Arm	-0.8	0.0	-0.8	14.7	0.0	14.7
Provider Arm	-10.6	-6.9	-3.7	-45.5	-12.4	-33.1
Governance Arm	0.1	0.0	0.1	1.3	0.0	1.3
DHB Result : Surplus / (Deficit)	-11.3	-6.9	-4.4	-29.5	-12.4	-17.1

FINANCIAL POSITION						
\$ millions	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Crown Equity (net worth)	474.1	610.5	-136.4	474.1	610.5	-136.4
Capital Expenditure	5.3	6.0	0.7	43.4	65.0	21.6
Cash Flow Balance	50.2	39.7	10.5	50.2	39.7	10.5

CLINICAL ACTIVITY						
	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
ED Attendances	6,098	9,158	3,060	91,227	93,891	2,664
Acute Volumes (WIES)	4,062	5,518	1,456	54,223	56,097	1,874
Elective Volumes (WIES)	406	1,433	-1,027	13,493	15,220	-1,727

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 Waitemata DHB financial performance.
- 4.0 Funder Arm financial performance.
- 5.0 Provider Arm financial performance.
- 6.0 Waitemata DHB financial position.
- 7.0 Statement of capital expenditure.

2. Clinical Activity

2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for April

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	6,098	9,158	3,060	91,227	93,891	2,664	110,299	113,299	3,000
Acute Volumes (WIES)	4,062	5,518	1,456	54,223	56,097	1,874	65,317	67,317	2,000
Elective Volumes (WIES)	406	1,433	-1,027	13,493	15,220	-1,727	16,348	18,348	-2,000

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

The forecast figures are our best estimate, based on April result, but it is difficult to forecast May and June numbers. The duration of lock down, and Covid-19 presentation rates will have a significant impact. However at this stage it seems likely that elective will continue to track below plan, and acute volumes have dropped and now seem likely to come in below plan. ED attendances which were tracking well above plan now also seem likely to be well below plan by the end of the year.

2.2 Clinical Activity Commentary

- ED Attendances YTD 2,664 below plan, noting the significant drop in attendances in April. A year end forecast may see ED attendances coming in below plan if this trend continues.
- Acute Volumes YTD are now 1,874 WIES below plan, noting a significant drop in April.

At a service level there are significant offsetting variances to plan:

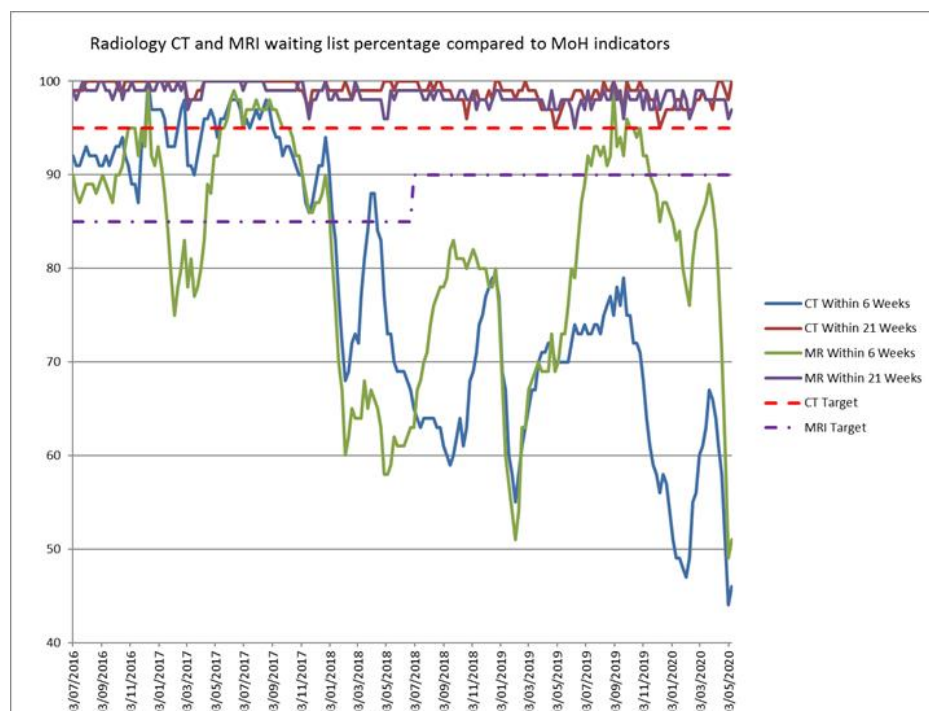
- Acute Medical Inpatient services (1,776 WIES) below plan notably in Cardiology (570 WIES) and General and Emergency Medicine (1,206 WIES).
Of note YTD Cardiology *patient* activity is similar to this time last year. The WIES differential in acute Cardiology is due to the drop in caseweight of some of the main procedures undertaken. This creates a situation where activity remains the same, but the WIES generated is over 10% less (example: DRG F10B - Interventional Coronary Procedures W AMI W/O Catastrophic CC, caseweight drop of 10.7% year on year).
- Child Women & Family Neonatal services 93% (147 CWD) below plan driven by highly variable YTD regional demand. The WIES funding position for Neonates is variable due to the long length of stay. The April demand however is both volume and acuity related. The service has met with the coding team and identified opportunities to improve note taking and CWD benefits. A 5 year CWD trend analysis has also been completed and provides some insight into changes in activity. Maternity acute activity tracks at 103% (195 CWD ahead of plan) driven by the high Caesarean rate and Antenatal Assessment activity, this is the main driver of the overall acute CWD position.

Surgical Services (214 WIES) above plan April YTD in Acute delivery notably in Orthopaedics (207 WIES), which is sharply down from the March YTD position, with

Ortho acute volumes dropping significantly due to the Covid-19 lockdown (with no sporting activities and fewer road accidents suspected to have driven the drop).

- Elective Volumes YTD are 1,874 WIES below plan :
 - Elective Medical Inpatients (44 WIES) below plan notably in Cardiology (140 WIES).
 - Surgical Services (1,588 WIES) below plan notably in Orthopaedics (1,141 WIES), ORL (240 WIES), and General Surgery (211 WIES) below plan. Surgical Services have several key challenges in elective delivery which include:
 - Cancelled lists arising from nursing shortages (Jul-Oct).
 - Acute volumes (8% over budget) on elective lists including Counties Manukau NOF patients in December and April in order to release capacity for White Island patients.
 - Radiology strikes in Q2 which resulted in the need to put through simpler cases with a lower WIES.
 - January also saw the use of Fellows to backfill SMO annual leave which resulted in the scheduling of fewer less complex cases.
 - ORL (240 WIES) below plan due to on-going SMO vacancies and difficulties securing locum cover to backfill.
 - Radiology:

The radiology service showed a minor positive financial variance during April due to reduced activity due to lockdown. However, this has had a material impact on the waiting list, with now over half the radiology patients awaiting MRI or CT being non-compliant compared to the MoH indicator of a maximum of 6 weeks waiting for a scan.



- Clinical and patient pathways and risk:
 - In April, due to the impact of the Covid-19 model of care, only 34% of planned surgical services elective lists took place (171 of 499), with lower than normal productivity, meaning only 30% of planned elective discharges occurred (331 of 1,102).
 - This in turn has only produced case-weight WIES of around 268, instead of the contracted 1,219.
 - Acute surgery volumes were also down 17%, about 220 WIES (\$1.14m) less than contract. The majority of this was in Orthopaedic, where the reduction in the incidence of sporting and traffic accidents under lockdown appeared to be a factor.
 - The shortfall in elective surgical delivery has a direct impact on waiting lists, and the ability to maintain compliance with Ministry of Health indicators which require patients to wait no longer than 4 months for surgery. As at the end of April, there were 1,400 patients non-compliant, with the majority in Orthopaedics (675), and over 150 in each of Gynaecology, General Surgery, ORL and Urology. Similarly, there are now 1,366 non-compliant awaiting an outpatient clinic visit.
 - Parallel to normal MoH expectations regarding waiting times, the shortfall to target for elective surgical health target (planned care) volumes grew by 679 in April (from 500 to 1172).
 - This reduction in surgery had a correlative impact on clinical supplies used in April (about \$880k less than budget), but no significant reduction in personnel costs with all staff either redeployed or funded at home.

3. Waitematā DHB Consolidated Financial Performance

3.1 Financial Result

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

CONSOLIDATED FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	163,568	157,715	5,853	1,582,628	1,577,656	4,972	1,893,107
Other	1,426	2,052	-626	19,063	30,922	-11,859	40,239
Total Revenue	164,994	159,766	5,227	1,601,691	1,608,578	-6,887	1,933,346
EXPENDITURE							
Personnel	69,610	66,079	-3,530	613,715	606,551	-7,164	719,455
Outsourced Personnel	1,553	1,347	-205	20,051	14,629	-5,423	17,500
Outsourced Services	5,483	5,731	248	56,199	57,078	880	68,580
Clinical Supplies	8,672	10,420	1,748	105,536	110,983	5,448	133,552
Infrastructure & Non-Clinical Supplies	9,064	7,406	-1,658	92,064	74,952	-17,113	86,152
Funder Provider Payments	81,916	75,675	-6,241	743,613	756,755	13,142	908,105
Total Expense	176,297	166,659	-9,638	1,631,178	1,620,947	-10,231	1,933,346
DHB Result : Surplus / (Deficit)							
	-11,304	-6,893	-4,411	-29,487	-12,369	-17,118	0

3.2 Financial Performance April 2020

Revenue: \$5.227m favourable to budget

The favourable variance in revenue includes:

- Positive result in NGO personal health, \$5.6m (refer section 4 for commentary)
- ACC revenues have dropped due to reduced patient numbers in rehabilitation wards, (\$0.4m)

Expenditure: \$9.638m unfavourable to budget

The unfavourable variance in expenditure includes:

- Additional personnel costs have been realised in the month \$3.5m. Refer to section for service commentaries on Covid-19 impacts, including significantly increased leave costs and additional hours 'on the floor' with most services preparing for Covid-19.
- Clinical supplies costs are \$1.7m lower than plan notably in inpatient pharmacy and surgical supply costs due to service impacts attributed to Covid-19.
- The unfavourable result in infrastructure costs includes the shortfall on financial savings obligations (\$1.4m) details of which are provided to Audit & Finance in a monthly report.

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: April 2020

The Funder consolidated core result variance is \$773k adverse for the month and \$14.71m favourable for the year to date. 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 \$14.71m favourable position for the year to date consists of a favourable Funder NGO variance of \$17.51m, an adverse Funder Own Provider variance of \$121k, an adverse Funder IDF variance of \$2.67m 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

FUNDER ARM FINANCIAL PERFORMANCE

\$'000	Month Apr-20			YTD Apr-20			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Funder NGO	53,833	48,194	5,639	487,392	481,940	5,452	578,328
Funder Own Provider	76,125	75,930	195	756,980	759,299	(2,319)	911,159
Funder IDF	27,426	27,481	(56)	271,055	274,814	(3,760)	329,777
Funder Governance	1,351	1,342	9	13,508	13,419	89	16,103
Total Funder Revenue	158,735	152,947	5,787	1,528,935	1,529,473	(537)	1,835,367
EXPENDITURE							
Funder NGO	54,171	48,194	(5,977)	469,885	481,940	12,055	578,328
Funder Own Provider	76,241	75,930	(311)	757,101	759,299	2,198	911,159
Funder IDF Outflows	27,745	27,481	(264)	273,727	274,814	1,087	329,777
Funder Governance	1,351	1,342	(9)	13,508	13,419	(89)	16,103
Total Funder Expenditure	159,508	152,947	(6,561)	1,514,222	1,529,473	15,251	1,835,367
CORE RESULT							
Funder NGO	(338)	0	(338)	17,507	0	17,507	0
Funder Own Provider	(116)	0	(116)	(121)	0	(121)	0
Funder IDF	(320)	0	(320)	(2,673)	0	(2,673)	0
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	(773)	0	(773)	14,714	0	14,714	0

FUNDER TOTAL REVENUE

The Funder consolidated revenue variance is \$5.79m favourable for the month and \$537k adverse for the year to date. 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 \$5.64m favourable for the month and \$5.45m favourable for the year to date. A significant component of the month and year to date variance is the Covid-19 revenue resulting in a \$5.92m favourable impact for the month and \$7.20m favourable impact for the year to date. This is offset by related expenditure (resulting in an adverse net impact of \$476k for the month and year to date). Another significant component of the year to date 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 \$3.80m for the year to date. PHARMAC also advised an increase in the Hospital Medicines component of their DHB Drug Rebate allocation resulting in an adverse impact of \$106k for the month and \$1.06m for the year to date. 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 \$1.90m year to date. 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 to date. Additional revenue received to compensate for the impact of minimum wage on In-Between Travel resulted in a favourable impact of \$415k for the year to date. Other year to date adverse variances of \$541k are from funded initiatives, the most significant being pay equity, which have an equivalent expenditure variance, and has a nil impact on the core result.

Funder Own Provider Revenue

The Funder Own Provider revenue variance was \$195k favourable for the month and \$2.32m adverse for the year to date. The most significant driver of this year to date variance is the under delivery of the Provider Arm component of the Planned Care Initiative for the July to December period. This resulted in an adverse impact of \$2.03m for the year to date. 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 \$106k for the month and \$1.06m year to date (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. Other year to date favourable variances of \$723k 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 \$56k adverse for the month and \$3.76m adverse for the year to date. The most significant driver of this variance is the IDF component of the Planned Care Initiative under delivery for the half year to December 2019 which resulted in an adverse impact of \$3.01m for the year to date. A post budget service change for Auckland Regional Dental Services resulted in an adverse year to date impact of \$1.02m. PHO Capitation wash up has a favourable year

to date variance of \$469k, offset by an adverse year to date variance of \$199k for budgeted PHO growth which has not been accounted.

Funder Governance Revenue

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

FUNDER TOTAL EXPENDITURE

The Funder consolidated expenditure variance was \$6.56m adverse for the month and \$15.25m favourable for the year to date. The consolidated year to date expenditure variance consists of a \$12.06m favourable variance in Funder NGO expenditure, a \$2.20m favourable variance in Funder Own Provider expenditure, a \$1.09m favourable variance in Funder IDF outflow expenditure and a \$89k 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 \$5.98m adverse for the month and \$12.06m favourable for the year to date with this being the net position across all Funder NGO community services.

A substantive component of the year to date favourable variances is as a result of an ongoing process of review, assessment and release of accruals for prior periods as well as accruals relating to indicative initiatives budgets not yet contracted/committed in the current period. The favourable impact of this process was \$12.28m for the year to date. A significant component of the month and year to date variance is the expenditure related to Covid-19 which resulted in an adverse impact of \$6.40m for the month and \$7.68m for the year to date. This is mostly offset by revenue (resulting in a net adverse impact of \$476k for the month and year to date). A potential indirect impact of Covid-19 on Funder NGO expenditure is an increase in demand for Pharmaceuticals and Immunisation. This was partly offset by a one off favourable accounting adjustment within Home Based Support Services which was also indirectly attributable to Covid-19. Together the net indirect impact of Covid-19 across these three services was \$600k adverse for the month and year to date. Another significant factor impacting on the result relates to PHARMAC and their October-19 DHB forecast advice which resulted in a \$3.88m upside of which \$2.90m pertains to drug rebates. The PHO Capitation Agency adjustment resulted in an adverse impact of \$194k for the month and \$1.51m for the year to date 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 \$1.39m year to date.

Other factors relating to year to date 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 \$311k adverse for the month and \$2.20m favourable for the year to date. A key driver of this variance relates to the under delivery of the Planned Care Initiative for WDHB by the WDHB Provider Arm for the July – December period. The resulting clawback creates a favourable variance of \$2.03m for the year to date 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 favourable adjustment for the Wilson Centre which is now accounted for directly within the Provider Arm. Adverse drivers partly offsetting the above include adjustments relating to the PSA Clerical MECA settlements, MERAS Settlements, additional Funding for Forensic Mental Health – Prison In-Reach Services and additional Hospital Medicines rebates based on PHARMAC's latest DHB forecasts being \$106k for the month and \$1.06m for the year to date.

Funder IDF Expenditure

The Funder IDF expenditure variance is \$264k adverse for the month and \$1.09m favourable for the year to date. The key driver of the year to date variance relates to the under delivery of the Planned Care Initiative for WDHB at other DHBs. The resulting clawback creates a favourable variance in the year to date of \$2.91m which is mostly offset by an equivalent revenue reduction as received from the Ministry. There is an adverse variance of \$286k for the month and \$2.03m for the year to date as a result of PHO Capitation wash up offset by a favourable variance for the month of \$194k and year to date of \$1.51m due to an additional agency adjustment between IDF Outflows and PHO Capitation expenditure in Funder NGO. There is also an adverse variance of \$172k for the month and \$1.38m year to date for a budgeted reduction in IDF Outflows for inpatient services which have not been accounted for in the national budgets.

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 YTD April 2020

PROVIDER ARM FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	81,117	80,697	420	811,195	807,483	3,712	968,899
Other	1,406	2,049	-644	18,596	30,897	-12,301	40,209
Total Revenue	82,523	82,747	-223	829,790	838,379	-8,589	1,009,108
EXPENDITURE							
Personnel	68,425	64,874	-3,551	603,918	594,499	-9,419	704,993
Outsourced Personnel	1,364	1,104	-260	17,665	12,200	-5,466	14,586
Outsourced Services	4,966	5,227	261	51,021	52,037	1,016	62,530
Clinical Supplies	8,672	10,420	1,748	105,530	110,980	5,450	133,548
Infrastructure & Non-Clinical Supplies	9,681	8,015	-1,666	97,159	81,033	-16,126	93,450
Total Expense	93,107	89,639	-3,468	875,294	850,748	-24,545	1,009,108
Provider Result : Surplus / (Deficit)	-10,584	-6,893	-3,691	-45,503	-12,369	-33,134	0

The Provider Arm result YTD April 2020 was a deficit of \$45.503m against a budgeted deficit of \$12.369m, and therefore unfavourable to budget by \$33.134m.

5.2 Service Commentary on YTD result

Table: Provider Arm Financial Performance by Service for YTD April 2020

\$000's	Direct Revenue YTD			Direct Expenditure YTD			Total
	Actual	Budget	Variance	Actual	Budget	Variance	Variance
PROVIDER ARM FINANCIAL PERFORMANCE YTD							
Surgical & Ambulatory	8,671	8,147	523	127,470	123,396	-4,075	-3,551
Acute & Emergency Medicine	3,155	2,889	266	132,959	130,126	-2,833	-2,566
Specialty Medicine and HOPS	7,788	7,273	515	85,325	83,902	-1,423	-909
Child, Women & Family	6,966	7,699	-733	81,548	81,033	-515	-1,248
Specialist Mental Health & Addiction	13,588	12,204	1,384	124,041	123,012	-1,029	355
Elective Surgery Centre	0	0	0	21,365	23,303	1,937	1,937
Clinical Support	233	158	74	28,048	26,682	-1,366	-1,291
Diagnostics	4,796	3,487	1,309	87,680	88,722	1,042	2,351
Corporate and Provider Support	784,593	796,521	-11,928	186,857	170,573	-16,284	-28,212
Total Provider	829,790	838,379	-8,589	875,294	850,748	-24,545	-33,134

The following service commentaries reference 'business as usual' financial pressures in the first 8 months from July to February and Covid-19 impacts over March and April.

Surgical and Ambulatory Services (YTD \$3.551m unfavourable to budget)

The unfavourable variance prior to Covid-19 impacts was driven by:

- Locum costs in Anaesthesia and ORL due to SMO vacancies, the latter resulting in ORL production volumes below plan.
- Theatre nurse bureau costs in the first 4 months of the financial year 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 an outcome there are around 1,400 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.

Covid-19 impacts:

- Three elective operating theatres were converted into Covid-19 ready theatres at the end of March. A fourth theatre was converted into an additional acute theatre to provide capacity to reduce the inpatient length of stay, and therefore Covid-19 transmission risk, for acute patients. In mid/late April two ESC theatres were used to provide limited elective lists.
- Cancellation of a significant portion of elective lists for NSH/ WTH resulting in a WIES shortfall of 447 WIES in April. All Ortho electives, which attract the highest WIES case weight, were cancelled in April as the DHB concentrated in P1 risk elective patients. The other services ran selective elective lists from mid/late April but this provided at approximately 30% utilisation.
- Acute volumes were only at 76% of budget due to lockdown, which created a larger impact on Ortho where acute presentations were at 66%.
- High allowances 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.
- 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.
- Cancellation of ESC lists reducing internal recharges, approx. \$300k
The lower volumes had a direct impact on clinical supplies which are approximately \$500k lower than planned despite significant spend on PPE within S&A. For example there were no knee operations in April resulting in a \$135k saving on prostheses.

Acute and Emergency Medicine Services (YTD \$2.566 unfavourable to budget)

The unfavourable variance is driven by:

- Emergency departments were seeing high attendance rates prior to any consideration of Covid-19, anticipating around 2000 attendances above plan by financial year end. 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. Noting the anticipated impact of Covid-19 may result in earlier consideration of this uplift.

- 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 flex 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 this time last year, with 56 pacemaker / ICD implants YTD. The WIES differential in Cardiology has increased by 58 due to the Covid-19 lockdown, but is also influenced by the drop in National Price

Covid-19 impacts: ED presentations - tracking well above plan in Feb - were 3,060 less than plan in April, bringing the year to date presentations to 2,664 below plan. Inpatient numbers have also significantly reduced since mid-March 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. Staff coming from overseas will also be placed in self-isolation - this imposes a big challenge for recruitment. Clinical supplies for face masks, protective clothing and related products will increase in coming months.

Specialty Medicine and Health of Older Persons Services (YTD \$0.909m unfavourable to budget)

The unfavourable variance is driven by unbudgeted RMO over-allocations and cross cover, and 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 the Covid-19 were tracking to plan.

Gastro outsourced volumes were behind due to a late start of an external supplier contract and forecast to be overspent by \$150k by year end (pre-Covid-19 impact). This has been taken into consideration in the budget submissions for FY 2021.

Revenue is favourable due to an increase in volumes for the non-acute rehab ACC contract. 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 1000 bed nights per month. Historically this is unusual and not forecasted to continue.

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 in additional staff costs in the months March and April due to less leave being taken, whilst additional cover was required in some areas for special leave, estimated to be worth \$340k. The service covered a full complement on Good Friday & Easter Monday, and this year management instructed full staffing complement to deal with 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 in March & April, and this is anticipated to continue, to a lesser extent, in May & June. For March & April, the reduction in revenue equates to \$460k, with a further \$400k forecasted across May & June due reduced patient numbers in rehabilitation wards.

NASC Respite was reduced during lock down saving \$60k in April. Gastroenterology has reduced their outsourced volumes in March and April over level 4, saving \$500k (noting this financial benefit is considered short term, with catch-up costs anticipated in the new financial year). Nursing personnel saved \$150k on the AT&R wards as staff & associated costs were redeployed to other parts of the hospital. There was savings in watches due to reduced bed occupancy from the closure of the AT&R wards during April, of \$150k. Finally there were savings in the outsourced bureau requirements in MHSOA over April due to reduced occupancy.

The net Covid-19 impact on full year forecast is a deficit of \$400k.

Child, Women and Family Services (YTD \$1.248m unfavourable to budget)

The unfavourable variance is driven by:

- Previously high / now fluctuating admission rates across both Neonatal units. Neonatal units are tracking at 93% of CWD YTD (up 2% on last month). This measure can at times not fully represent the actual demand of the units due to the lengthy occupancy and timing of discharge.
- Maternity services 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. The retention payment initiative that seeks to reduce high overtime costs by encouraging core staff to increase their base FTE commenced in Feb 20 continues to show an improvement in the overtime trend. The recruitment of 11 new graduate midwives in April 2020 will also ease some of the financial burden on this service once orientated. Financial pressures are evident in the outsourcing of postnatal services due to bed capacity and safe staffing levels. Maternity demand is currently driving favourable WIES funding of \$809k to date.
- Obstetrics & Gynaecology medical costs track well above budget to date with significant demand for acute gynaecology (100% of contract) and elective gynaecology (113% of contract).
- ARDS \$1.09m 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.

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 ADHB and changes in the provision of clinical supplies to families accessing Community Child Nursing services.

Covid-19 impacts have resulted in the following service closures:

- Regional Dental – no routine appointments, except for relief of pain (6 clinics)
- Colposcopy – as per national agreement, except for urgent cancer cases
- Vasectomy – sending referrals to other providers
- Gynaecology – all P3s and most P2s, except for cancer cases
- New born hearing screening outpatients, except for inpatients (as per NSU recommendations)
- Pregnancy and Parenting classes – moving online
- Breastfeeding clinics – virtual only
- Children's respite services
- School based immunisations services (on MoH advice)
- B4 School Check (on MoH advice)
- Children's food challenge service
- Family violence multidisciplinary Safety Assessment Meeting (SAM) table participation

The full impact of these closures will be evident in April. In the meantime the service is tracking public health nursing costs to Auckland airport and support for the Auckland Regional Public Health Service, reduced respite bed day funding, and clinical supplies across Maternity and Neonatal services.

The Colposcopy is receiving funding support from the National Screening Unit during the Covid-19 response period. This has eliminated any financial risk through the loss of fee for service billing.

Specialist Mental Health and Addiction Services (YTD \$355k favourable to budget)

The favourable variance is driven by:

- Additional revenue for Intellectual Disabilities (currently 3 supernumerary service users) \$739k, and Court reporting \$238k. Court reporting revenue has reduced significantly with the Ministry of Justice now agreeing an online format for some Psychiatric evaluations of persons in the courts system.
- Staffing costs are slightly below budget, this being attributed to vacancies: medical (14 fte) noting six positions will be filled by June, nursing (91 fte) and allied (7 fte). However locum costs and overtime remain significant until we can return all staff into the service.

Whilst SMHAS remains in a favourable position, the service had an unfavourable result for the month of \$582k, driven by both Covid-19 and acuity.

Covid-19 impacts: Our top priority has been to open two Urgent Care Centres at 33 Paramount Drive and 44 Taharoto Road with the mission of supporting the Emergency Department in the event of high demand for services. These Centres are planned to cease after 8 weeks of operation. Our inpatient units (IPUs) have had to instigate a system of segregated “bubbles” within each facility to ensure a Covid-19 safe operating environment but at the cost of efficient staffing and shared resources. The service has taken the decision to provide uniforms to staff in direct contact with service users in our IPUs and ED as Covid-19 risk mitigation.

Most services have been moved online from face to face where possible with the teams touching base with as many service users to ensure treatment is available where needed. Phone contacts have increased by over 50% and video conferences (Zoom) has enabled over 1300 remote clinical sessions. The positive feedback we have received will enable this operating model, when appropriate, to be rolled into our business as usual offering. CADS have closed the Detox unit and redeployed additional resource into the community. The team has undertaken an incredible 41 medical detox’s “In-home” in April (Pitman House usually processes around 50 service users per month). Unfortunately we are seeing demand for CADS services ramp up with a month’s worth of referrals landing in the last week.

Other than Covid-19 staffing impacts, Mason Clinic has continued BAU as far as possible. Acuity has impacted overtime costs – for example a service user with a broken ankle treated at NSH required 3:1 observations 24-7 due to MOH rules around staffing levels given the service users status.

Elective Surgery Centre (YTD \$1.937m favourable to budget)

In previous months the service was tracking unfavourably due to:

- 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.

Covid-19 impacts:

The cancellation of all elective lists at ESC from 26th March (a loss of around 587 WIES) has resulted in a significant reduction in costs in the month, including:

- Reduced nursing costs, as nurses were redeployed to NSH/WTH and retrained as ICU back-up nurses, \$478k.
- Reduced recharges and package of care fees for service, \$768k
- Reduced clinical supply costs, approx. \$700k
- Note that the ESC was originally closed completely for elective surgery as of 23rd March, and was converted to an overflow stand-alone Covid-19 ICU unit and ward facility. However, with the well managed national Covid-19 approach, the surge in demand has not eventuated and theatres are being re-commissioned. Two of the four were being used in the last week of April, albeit the patients being classified as NSH Tower discharges as opposed to ESC, with surgeons not operating under the normal ESC model of care.

Clinical Support Services (YTD \$1,291m unfavourable to budget)

The unfavourable variance is driven by:

- Increased equipment and bed repairs in Clinical Engineering, (\$503k).
- 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, (\$530k).

Diagnostics Services (YTD \$2.351m favourable to budget)

The favourable variance is driven by:

- Lower inpatient drug costs \$688k, and the receipt of additional rebates, \$669k
- Outpatient pharmacy \$210k favourable YTD.
- Laboratories \$ 777k favourable due to the write-off of a prior year accrual and personnel cost savings.

Corporate and Provider Arm Support Services (YTD \$28.212m unfavourable to budget)

The unfavourable variance is driven by:

- Delayed realisation of financial savings obligations, (\$12.9m).
- Deferred sale of 44 Taharoto Road, (\$10.1m).
- Adjustment to planned care revenue based on current under delivery of YTD volumes, (\$2.0m).
- Three Harbours investment revaluations, (\$1.4m)

Covid-19 impacts

- Revenue including interest and car parking (\$610k)
- Additional security and cleaning (\$307)
- Redeployment and backfill of staff for Occupational Health and Emergency Planning (\$522k)

Offsets to the shortfall in savings obligations include:

- Release of residual provisions for settled MECA, \$1.0m.
- Various, including savings due to current vacancies.

6. Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at April 2020

\$'000's	30-Apr-20			Mar-20	Variance to	Jun-19
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	474,134	610,498	-136,364	485,437	-11,304	486,268
Represented by:						
Cash & Bank Balances	50,217	39,697	10,520	74,116	-23,899	36,685
Other Current Assets	81,177	61,659	19,518	75,523	5,655	86,472
Current Liabilities	-411,651	-267,624	-144,027	-417,253	5,602	-364,569
Net Working Capital	-280,256	-166,268	-113,988	-267,614	-12,642	-241,412
Fixed Assets	753,499	775,152	-21,653	751,706	1,793	726,180
Long Term Investments in Associates	42,614	42,959	-345	42,908	-295	42,940
Term Liabilities	-41,723	-41,345	-378	-41,563	-160	-41,440
Total Employment of Capital	474,134	610,498	-136,364	485,437	-11,304	486,268

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of \$280.3m at 30th April 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' of \$50.2m at 30th April 2020.

The 'Other Current Assets' balance includes outstanding payments from non-residents totalling \$3.6m. The DHB has billed \$4.1m (net of credits) in non-resident income as of year to date, and anticipates a net total of \$4.5m in non-resident income by year end. Where patients are deemed unable to cover outstanding payments due to personal circumstances, a negotiated settlement may result in a partial or full bad debt write off. Year to date the DHB has written off \$2.0m in bad debts.

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.

The revised cash forecast at 30 June 2020 is \$20.1m as the finalization and settlement on the sale of a property are expected to be realised during following financial year. This forecast will be further informed by revised plans for capital expenditure (refer section 6 below).

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at April 2020

\$'000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	151,960	153,701	-1,741	1,590,045	1,574,313	15,732
Interest Received	150	162	-12	1,514	1,808	-294
Other Revenue	1,268	1,890	-622	18,843	20,801	-1,958
Outflows						
Staff	69,596	78,056	8,460	605,187	610,061	4,874
Suppliers	28,308	18,204	-10,104	216,808	197,479	-19,329
Other Providers	81,915	76,210	-5,705	743,612	756,736	13,124
Capital Charge	0	0	0	14,507	17,994	3,487
GST (net)	-7,561	1,436	8,997	-8,928	1,700	10,628
Net cash from Operations	-18,880	-18,153	-727	39,216	12,952	26,264
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	31,250	-31,250
Associates	294	0	294	326	0	326
Outflows						
Capital Expenditure	5,313	5,996	683	43,360	64,988	21,628
Investments	0	0	0	0	0	0
Net cash from Investing	-5,019	-5,996	977	-43,034	-33,738	-9,296
Cash flows from financing activities:						
Inflows						
Equity Injections	0	0	0	17,350	23,798	-6,448
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	0	0	0	17,350	23,798	-6,448
Opening cash	74,116	63,846	10,270	36,685	36,685	0
Net increase / (decrease)	-23,899	-24,149	250	13,532	3,012	10,520
Closing cash	50,217	39,697	10,520	50,217	39,697	10,520
Closing Cash Balance in HZHPL Sweep ac	50,217	39,697	10,520	50,217	39,697	10,520

6.4 Cash Flow Forecast

The Waitemata DHB cash position remains strong, ending April with a balance of \$50.2m against a budget of \$39.7m. The budget for March 2020 included the anticipated proceeds from the sale of a building (settlement now expected in December 2020).

The forecast year end cash position is now \$20.1m. Compared to a pre-Covid-19 February forecast of \$47.6m, this represents a \$27.5m downward movement.

The biggest movement from February to April is in operating costs \$21.5m partially offset by the increase in operating income \$15.8m.

Capital expenditure and equity drawdown account for \$17.1m of the downward movement. This is due to Covid-19 as well as changes to initial phasing assumptions.

Direct Covid-19 impacts account for \$4.2m of the downward movement.

Though the cash balance remains high against the baseline, operational and capital expenditure activities are expected to pick up in May and June as Covid-19 lockdown levels are relaxed.

Table: Movement analysis in the cash forecast since Feb-2020.

	\$m
Prior year-end forecast	47.6
	Movement from Feb - Apr
Cash Inflow	
Operating income	15.8
Equity drawdown	-8.4
Covid impact	-2.7
Interest	-0.3
	4.5
Cash Outflow	
Operating costs	-21.5
Capex	-8.7
Covid impact	-1.5
Cost of capital	-0.3
	-32.0
Current forecast year-end cash position	20.1

7. Statement of Capital Expenditure

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

Signals from the Centre are that Crown funding may be lower than requested and clarification is still awaited on the funding of Covid-19 related capital implications i.e. delays to in-flight projects, expenditure on un-budgeted capital items. etc. A conservative budget scenario has therefore been submitted to the Board for the 2020/21 capital budget

PIC is continuing to consider a number of investment scenarios to ensure priority projects can proceed.

The year to date underspend has been somewhat reduced by \$6m capital approvals for Covid-19 related purchases. Approximately \$4m of this \$6m is proactive replacement of existing equipment and as such was technically use of depreciation however many of these items were non-critical and therefore were not budgeted use of the depreciation. Accordingly this has increased our risk profile as we have deferred the replacement of some critical items.

We are in discussions with MoH as to whether this \$6m constitutes WDHB depreciation funding or Covid-19 related costs.

The year to date capital expenditure of \$16.3m for land relates to the purchase of the Mason Clinic land at Carrington Road in Dec-19.

Year to date underspend of buildings and plant is largely attributed to revised project timelines in the ECIB and Infrastructure programmes which includes: Pupuke demolition, ECIB and Tanekaha remediation.

Table: Summary of Capital Expenditure as at April 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	2,589	5,057	2,468	16,137	32,861	16,724	47,333
Clinical Equipment	494	805	311	5,394	12,789	7,395	14,488
Other Equipment	58	9	-49	1,453	262	-1,191	283
Information Technology	1,337	107	-1,230	3,150	1,822	-1,328	2,048
Motor Vehicles	835	18	-817	853	254	-599	292
Total Capital Expenditure	5,313	5,996	683	43,360	64,988	21,628	81,444

8. 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 (08/04/20)	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 (13/05/20)	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.
3.	Minutes of the Audit and Finance Committee – Public Excluded (06/05/20)	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)]	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.	Cardiac Cath Lab Replacement	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
5.	Radiology Outsourcing post COVID-19 Lockdown	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
6.	Waitakere Redevelopment Programme	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>

	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
7.	Mason Clinic Unitary Plan Change	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
8.	Tōtara Haumaru – Concept Design Refresh	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
9.	Tōtara Haumaru - Change Requests	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>

	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.	Tōtara Haumarū – structural steel and vertical lift procurement	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
11.	Exit of Lease	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
12.	Assessment of equity in contracts and utilisation costs	<p>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.</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>
13.	Planning, Funding and Outcomes Contracts Equity Audit	<p>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.</p>	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>

	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
14.	Equity Planned Care	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.	<p>Commercial Activities</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>
15.	Personnel	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Privacy</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p>Obligation of Confidence</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
16.	Legal Services Report	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Privacy</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p>Legal Professional Privilege</p> <p>The withholding of the information is necessary to maintain legal professional privilege.</p> <p>[Official Information Act 1982 S.9 (2) (h)]</p> <p>Obligation of Confidence</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>

	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
17.	Holidays Act	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Conduct of Public Affairs</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (g)(ii)]</p>
18.	Incident Management Team	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Conduct of Public Affairs</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (g)(ii)]</p>