



Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 08 July 2020

9.45am

AGENDA

Items to be considered in public meeting

VENUE

**Wilson Home
1 St Leonards Road
Takapuna**

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.

Venue: Wilson Home Trust, 1 St Leonards Street, Takapuna

Time: 9.45am

<p><u>WDHB BOARD MEMBERS</u> Judy McGregor - WDHB Board Chair 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</p>	<p><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</p>
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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 (27/05/2020) Actions arising from previous meetings
	2.2	Minutes of the Special Meeting of the Board (17/06/2020)
	2.3	Circular Resolution of the Board
	2.4	Minutes of the Meeting of the Hospital Advisory Committee (17/06/2020)
10.00am	3.	CHAIR'S REPORT (verbal)
	4.	EXECUTIVE REPORTS
10.05am	4.1	Chief Executive Update
10.10am	4.2	Health and Safety Performance Report
10.20am	4.3	Communications Report
	5.	DECISION ITEMS
	6.	PERFORMANCE REPORT
10.25am	6.1	Financial Performance Report
	7.	INFORMATION PAPERS
10.30am	7.1	2025/26 Emissions-Free Fleet Target
10.45am	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)	✓	✓	✓					
Edward Benson-Cooper	✓	✓	✓					
John Bottomley	✓	✓	✓					
Chris Carter	✓	✓	✓					
Sandra Coney	✓	✓	✓					
Warren Flaunty	✓	✓	✓					
Allison Roe	✓	✓	✓					
Renata Watene	✓	✓	✓					

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

REGISTER OF INTERESTS

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

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

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

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

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

IMPORTANT

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

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

Note: This sheet provides summary information only.

2.1 Confirmation of Minutes of the Board meeting held on 27 May 2020

Recommendation:

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

DRAFT Minutes of the meeting of the Waitemātā District Health Board

Wednesday, 27 May 2020

held at the Boardroom, Level 1, 15 Shea Tce, Takapuna, commencing at 9.45am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

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

ALSO PRESENT:

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)
Jonathan Christiansen (Chief Medical Officer)
Debbie Holdsworth (Director Funding)
Karen Bartholomew (Director Health Outcomes)
Mark Shepherd (Director Provider Healthcare Services)
Shelley Ashdown (External Communications Advisor)
Jocelyn Peach (Director Nursing/Emergency Planning) (for part of the meeting)
Fiona McCarthy (Director Human Resources) (for part of the meeting)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Insik Kim (Member Consumer Council)
Cheryl Hamilton (Auckland Womens Health Council)
Rowan Quinn (RNZ)
Barry Wilson (District Inspector for Mental Health)
Michael Heta (Chair, Rainbow Crèche)
Sudhvir Singh

KARAKIA

Arena Williams led the Karakia at the Board workshop prior to the Board meeting.

WELCOME:

The Board Chair welcomed everyone in the meeting and opened the meeting with a tribute to the staff at Waitakere Hospital for their commitment, professionalism and the exemplary standard of patient care for the vulnerable residents of St Margaret's

rest home, both at the age care facility itself and within our own hospital wards. History will show COVID-19 to be an unpredictable pandemic with remarkably mobile virus transmission and the facts will also reveal that it was our front line health workers who have had to anticipate and respond to its volatility in extremely difficult and time constrained circumstances. The Board expressed its immense gratitude to all staff at Waitakere Hospital.

The Board Chair also noted that tomorrow [28 May] marks a very special day for Waitematā DHB. It is the thirtieth anniversary of Dame Rangimārie Naida Glavish's involvement with Auckland and Waitematā DHBs. Whaea Naida, as Chief Advisor Tikanga, is the secret force behind many of the improvements for Māori health at Waitematā and throughout New Zealand. She was instrumental in the Iwi-DHB Partnership Board development, challenges eurocentric thinking wherever it expresses itself, provides wise counsel to many of us and is an astonishing force of nature.

APOLOGIES:

An apology was received and accepted from Max Abbott.

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 08 April 2020 (Agenda pages 8-14)

Resolution (Moved Warren Flaunty/Seconded Renata Watene)

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

Carried

Actions arising from previous meetings (Agenda page 15)

There were no issues raised and the updates were noted.

2.2 Confirmation of Minutes of the Special Meeting of the Board held on 13 May 2020 (Agenda pages 16-18)

Kylie Clegg's apologies were noted at the Special Meeting of the Board, however, her name appears as an attendee and is to be removed.

Resolution (Moved Warren Flaunty/Seconded Sandra Coney)

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

Carried

3 CHAIR'S REPORT (Agenda pages 19-62)

The Board Chair summarised the report.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Update

The Chief Executive gave a verbal updated noting:

- Acknowledging all those involved with the COVID-19 work.
- Noting the sad passing of Matua Levao during the Alert 4 lockdown period. The funeral service was live-streamed and the DHB passed on condolences from the Board and executive to the family. A memorial service will be arranged once an appropriate alert level is reached.
- Formally welcoming Mark Shepherd (Director Provider Healthcare Services) was extended.
- The DHB's draft Annual Plan is due to be submitted 22nd June.

The Chief Executive gave a presentation on COVID-19, which included updates on:

- Coronavirus cases worldwide
- New Zealand and northern region cases by date of confirmation
- Waitematā DHB cases by date of confirmation
- International comparison [of cases]
- Age and ethnicity of cases for the northern region
- Testing in the northern region
- Testing comparisons
- Surveillance testing

He also acknowledged the work undertaken by Karen Bartholomew (Director Health Outcomes) in the DHB's community and the region related to COVID-19.

Waitematā DHB has now turned on all but two of its theatres after the Alert level 4 lockdown. A rapid increase in the production of elective services is now being seen. Steps are being taken to increase production further. A full update on the DHB's recovery plan will be presented to the Board.

4.2 Health and Safety Performance Report (agenda pages 63-76)

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

Fiona McCarthy introduced the item, noting the work undertaken over the past nine weeks related to the COVID-19 pandemic response locally, regionally and nationally.

In response to a question, Michael Field noted that a primary emphasis for occupational health and safety during the COVID-19 lockdown period was a focus on staff health risk assessments.

The report was received.

5 DECISION ITEM

5.1 Privacy Maturity Assessment 2019 (pages 77-111)

Amanda Mark (General Counsel) joined by video conference for this item.

The Board Chair acknowledged the work completed.

Matters covered in discussion and response to questions included:

- Noting the completion of privacy training for staff and that the DHB has made improvements. The DHB can look at other education/change management programmes successfully implemented for learnings on increasing uptake.
- That the reference under 'challenges in 2020, bullet point 3' (page 86 of the agenda) to '*an intense demand on a reducing health budget*' was written prior to the COVID-19 situation and will be amended prior to submission.
- Noting the extra use of telehealth which has emerged during COVID-19 and that a fuller privacy impact assessment will need to be undertaken.

Resolution (Moved Sandra Coney/Seconded Warren Flaunty)

That the Board:

- a) Approves the 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.

Carried

5.2 Disability Support Advisory Committee and Waitematā DHB Board Committee Membership (pages 112-118)

The Board Chair summarised this item.

The Board agreed the Terms of Reference for the Disability Support Advisory Committee (DiSAC), however, requested that the matter be considered via circular resolution to allow Board members to consider nominations for the Chair of DiSAC. The following Board members advised they would like to be DiSAC members: Judy McGregor, Renata Watene and Allison Roe.

This item will be circulated via email to the Board for consideration.

6 PERFORMANCE REPORT

6.1 Financial Performance Report – April 2020 (agenda pages 119-140)

Robert Paine (Chief Financial Officer and Head of Corporate Services) summarised this report. He noted the adverse results reported, which are in part due to a significant amount of annual leave cancelled by staff due to COVID-19.

The Board reiterated their acknowledgement of the DHB staff for all their work during COVID-19. The support from Auckland Council staff contacting people over the age of 70 years was also noted, the Board Chair advised that she would write to the Council acknowledging their support and work.

The Board will receive a report work undertaken, learnings and ongoing opportunities taken from COVID-19.

The financial performance report was noted.

7 INFORMATION PAPER

7.1 Presentation: Well Foundation

David Downs (Chair, Well Foundation) and Tim Edmonds (Chief Executive, Well Foundation) joined by video conference for this item.

David and Tim presented to the Board on the work undertaken by the Well Foundation ('the Foundation'). Tim Edmonds noted the support of Andrew Brant for the Foundation. He also highlighted the COVID-19 Action Fund established by the Foundation to support people with long term health conditions in the DHB's communities.

It was noted that given the current and ongoing COVID-19 environment for fundraising, support from Board members and their networks would be well received. The Foundation will provide a brief on projects underway.

The Board Chair acknowledged the work undertaken by David, Tim and the Well Foundation members and team. She thanked David for Chairing the Foundation with enthusiasm and a high profile approach to raising money.

David thanked the Board Chair, noting that as a past patient of North Shore Hospital it is great to give back.

7.2 Presentation: Consumer Council

David Lui (Chair, Waitematā DHB Consumer Council) and David Price (Director Patient Experience) joined by video conference for this item. Insik Kim (Consumer Council member) was also online for this item.

David Lui noted the commitment from the Board Chair and Chief Executive in attending the Consumer Council ('the Council') meetings. The Council has developed an engagement strategy. DHB staff have found the Council to be very productive. David advised that the Council members are solutions focused. He gave a presentation to the Board on work undertaken by the Council to-date.

The Board Chair acknowledged David Lui in his role as Chair of the Council. The Council has a good geographical spread across the district as well as diversity and ethnicity at the table.

Matters covered in discussion and response to questions included:

- Inviting the Council to talk to the Board if there are any concerns they may have.

- The Council is open and would welcome public attendance at its meetings.
- The Council is happy to work with the Communications Team when they review the DHB's website.
- The Board Chair acknowledged David Price for his work supporting the Consumer Council.
- David Price noted that there is often a 'waiting list' of topics to be presented to the Consumer Council. Selecting topics for discussion is undertaken in conjunction with the Council Chair.
- Managing the time commitment for Council members was noted.

It was agreed that the Consumer Council would present to the Board up to three times per year.

The Chair thanked the group for the report.

GENERAL BUSINESS

There were no items of general business raised.

8 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 141-146)

Resolution (Moved Warren Flaunty/Seconded Arena Williams)

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.

	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
3.	Minutes of the Audit and Finance Committee – Public Excluded (06/05/20)	<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>
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>

	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
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>
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 Haumarū – 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>

	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
9.	Tōtara Haumarū - 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>
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>

	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
12.	Assessment of equity in contracts and utilisation costs	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.	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)]
13.	Planning, Funding and Outcomes Contracts Equity Audit	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.	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)]
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.	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)]
15.	Personnel	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)]
16.	Legal Services Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege.

	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
			<p>[Official Information Act 1982 S.9 (2) (h)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
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 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 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>

Carried

The open meeting concluded at 11.30am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 27 MAY 2020.

_____ BOARD CHAIR

**Actions Arising and Carried Forward from
Previous Board Meetings as at 02 July 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: - 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 Minutes of the Special Board meeting held on 17 June 2020

Recommendation:

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

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

Wednesday, 17 June 2020

Held at the Boardroom - Level 1, 15 Shea Tce Takapuna commencing at 12.33pm

BOARD MEMBERS PRESENT:

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

ALSO PRESENT:

Dale Bramley - Chief Executive Officer
Peta Molloy - Board Secretary
Andrew Brant – Deputy Chief Executive
Robert Paine – Chief Finance Office
Debbie Holdsworth – Director Funding
Mark Shepherd – Director Provider Healthcare Services)
Jonathan Christiansen – Chief Medical Officer
(Staff members who attended for a particular item are named at the start of the minute for that item)

APOLOGIES:

An apology was received and accepted from Max Abbott.

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.

Received written resignations from Arena and Max Abbott. Have written to Minister of Health about new appointments post-election.

1 RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Edward Benson-Cooper/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.	Draft 2020/21 Annual 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)]	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)]
2.	Draft 2020/21 Annual Plan Budget	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)]

The open meeting closed at 12.36pm

SIGNED AS A CORRECT RECORD OF THE SPECIAL MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – SPECIAL MEETING OF THE BOARD HELD ON 17 JUNE 2020.

_____ BOARD CHAIR

2.3 Circular Resolution June 2020 – Disability Support Advisory Committee and Waitemata DHB Board Committee Membership

Recommendation circulated 08 June 2020:

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 [Appendix 1 of this report].
- c) That membership of DiSAC including the Committee Chair and Deputy Chair positions, be appointed and confirmed in recommendation f).
- d) That the WDHB DiSAC meet four times per year, with meetings for the remainder of 2020 scheduled on 05th August and 28th October.
- e) That the WDHB DiSAC meet with both the Auckland DHB and Counties Manukau DHB Committees annually, the number of combined meetings to be determined.
- f) That the above decisions take effect from 08th July 2020, noting that the Auckland DHB and Counties Manukau DHB Boards will consider the separation of the combined DiSAC at 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:

Disability Support Advisory Committee

Chair: Edward Benson-Cooper

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

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

Co-opted members: to be appointed

Hospital Advisory Committee

Chair: Sandra Coney

Deputy Chair: Edward Benson-Cooper

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

Ex officio: Judy McGregor

Audit and Finance Committee

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

Deputy Chair: Kylie Clegg

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

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

Chair: Kylie Clegg (Board Deputy Chair)

Deputy Chair: Warren Flaunty

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

Ex-officio member: Judy McGregor (Board Chair)

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

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

Independent Chair: Gwen Tepania-Palmer

Waitematā DHB member: Judy McGregor

Waitematā DHB attendees: Renata Watene

Other Appointments

Well Foundation: Kylie Clegg and Chris Carter

Three Harbours Trust: Warren Flaunty (Chair) and Edward Benson-Cooper

Wilson Home Trust: all Waitematā DHB Board members

Prepared by: Peta Molloy (Board Secretary)

At the Board meeting on 27th May 2020, it was agreed that the paper and recommendation related to the Disability Support Advisory Committee and Waitematā DHB Committee membership would be considered via circular resolution to allow Board members time to consider and discuss with the Board Chair their membership to the Disability Support Advisory Committee (DiSAC).

The proposed recommendation was distributed on 05 June 2020. Following discussion via email and the recent change in Board composition, the Board are now being asked to confirm the recommendation above with revised membership.

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

At least one member 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.

2.4 Minutes of the Hospital Advisory Committee meeting held on 17 June 2020

Recommendation:

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

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 17 June 2020

held at Waitematā District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 2.17pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

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

ALSO PRESENT

Dale Bramley (Chief Executive Officer) (present from 3.04pm)
Andrew Brant (Deputy Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer) (present until 2.35pm)
Jocelyn Peach (Director of Nursing and Midwifery)
Mark Shepherd (Director, Provider Healthcare Services)
Fiona McCarthy (Director Human Resources) (present from 3.10pm)
Lorraine Bailey (IDF, Performance Manager)
Peta Molloy (Board Secretary)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the
minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No public and media representatives were present during the meeting.

WELCOME

The Committee Chair welcomed those present and noted the delay in the start of the
meeting due to a prior meeting running overtime.

APOLOGIES

Apologies were received and accepted from Max Abbott, Debbie Holdsworth,
Tamzin Brott and early departure from Jonathan Christiansen.

DISCLOSURE OF INTERESTS

There were no additions to the Interest Register.

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

1. AGENDA ORDER AND TIMING

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

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 05 February 2020 (Agenda pages 6-14)

Resolution: (Moved Sandra Coney/Seconded Warren Coney)

That the Minutes of the Hospital Advisory Committee meeting held on 05 February 2020 be approved.

Carried

Actions Arising (agenda page 15)

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

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – March 2020 (agenda pages 16-80)

Executive Summary/Overview

Mark Shepherd (Director, Provider Healthcare Services) provided an overview of the Provider section of the report highlighting the following:

- Acknowledging the work of the team in identifying opportunities and change models of care, particularly in the provision of ‘telehealth’ services and as they transition from COVID-19 crisis management to business as usual.
- Meeting targets will remain a challenge following the COVID-19 pandemic lockdown period.

Matters covered in the discussion and response to questions included:

- There is on-going training with the staff during the transition to business as usual.
- Telehealth services will continue to be provided following consumer feedback. Other options are being explored to offer telehealth services including private enclosed spaces called ‘pods’ to conduct appointments.
- Guidelines for telehealth services will balance clinical consideration, patient preference and equity of access as capacity and technological considerations

differ from patient to patient. This will also be reviewed in accordance with the guidelines issued by the Medical Council New Zealand.

- Noting considerations on privacy and the use of social media, the Committee Chair requested the involvement of the DHB's Consumer Council in the development of the guidelines.
- More information on telehealth services will be provided to the Committee at its future meetings including measures to assess its impact and efficiency.

The Board Chair acknowledged the efforts by the staff during the response to the COVID-19 pandemic.

This section of the report was received.

Human Resources

This section of the report was noted.

Acute and Emergency Medicine Division

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

Alex Boersma introduced the report highlighting the recovery process in place post-COVID-19 response; the volume of delayed ECHO is a result of industrial actions further compounded by COVID-19 ; work is in progress to reduce the numbers and 'Rapid-access screening' clinic will start in July.

Gerard de Jong highlighted that ED presentations at Waitakere Hospital went down as response to COVID-19 pandemic. He acknowledged the contribution of the TransforMED initiatives in the operation of the service during the response.

It was noted that learning from the unprecedented event will guide future planning particularly for infrastructure projects.

This section of the report was received.

Specialty Medicine and Health of Older People Division

Brian Millen (General Manager) was present for this section of the report. He acknowledged staff who quickly adopted and managed work adjustments in an unprecedented pace as a result of COVID-19.

He also highlighted the use of technology for virtual assessments and rehabilitation therapies and the assistance of the Well Foundation in providing technological hardware to patients in need.

Matters covered in the discussion and response to questions included:

- Virtual rehabilitation is in the pipeline of innovative projects accelerated during the pandemic response. A review of the this and monitoring services that could continue virtually is in progress.
- Colonoscopy procedures are close to regular production and a catch up plan is in progress. There is on-going discussion around updating the national guidelines that could reduce demand.

This section of the report was received.

Dr Dale Bramley (Chief Executive) joined the meeting at 3.04pm

Child, Women and Family Services

Mei Schmidt-Uili (Head of Division), Emma Farmer (Director Midwifery) and Stephanie Doe (General Manager) were present for this section of the paper.

Matters covered in the discussion and response to questions included:

- Midwifery services continued during the Covid-19 lockdown restrictions. Noting response received during this period, the service is studying consumer feedback to better understand user experience.
- Noting the experience of women who delivered babies during the lockdown, The Committee requested a 'deep dive' on the experience of women who delivered babies during the lockdown period, with focus on mental health.
- The need to support the Care Capacity Demand Management project to provide support to graduate midwives. A phased approach could be considered.
- The division is prioritising delayed service as a result of the closure of majority of clinics. The service is working with school providers and a national discussion is on-going with the Ministry of Education.
- The service continued to highlight the early intervention and prevention approach with the work conducted at pre-schools.

This section of the report was received.

Specialist Mental Health and Addiction Services

Derek Wright (Director), Pam Lightbrown (General Manager) and Murray Patton (Clinical Director) were present for this item.

Derek Wright highlighted the unprecedented response of the service during the COVID-19 lockdown period. He noted the continuation of face to face and virtual service to the community. He highlighted that the use of technology was dependent on user preference, privacy considerations and their personal situation. The learning from this experience will guide future planning.

In response to a question, it was noted that there is on-going work by the MoH on the 'COVID-19 Psychosocial and Mental Wellbeing Recovery Plan'. The division is looking into how services could be provided at the primary level.

Chris Carter retired from the meeting at 3.38pm.

Surgical and Ambulatory Services/Elective Surgical Centre

Dr Richard Harman (Acting Chief of Surgery), Sam Titchener (General Manager), and, Karen Hellesoe (Operations Manager) were present for this item

Sam noted the regional challenges on the elective surgery waiting list particularly for P3 patients. Work around the surgical short stay improved the flow of patients and will be continued.

Matters covered in the discussion and response to questions included:

- The service is working at full capacity and is also looking into providing services in the weekends to further increase capacity.
- The committee will be updated on planning for elective services during the summer months.

This section of the report was received.

Diagnostic Services

Brad Healey (General Manager and Head of Division) presented this section of the report highlighting the outstanding services of the clinical support staff.

Matters covered in the discussion and response to questions included:

- Noting the impact of COVID-19 and industrial action. The service is looking at a sustainable radiology service and what it looks like in the future.
- Referrals for diagnostic services have also increased at a rate higher than the increase in population. This will be considered in future planning.

This section of the report was received.

Clinical Support Services

Brad Healey presented this section of the report noting that the pandemic has provided an opportunity for improved cooperation with Compass Food Services. Mechanisms to further develop the food service are in progress.

This section of the report was received.

Resolution: (Moved Sandra Coney/Seconded Renata Watene)

That the report be received.

Carried

3.2 Provider Arm Performance Summary Report – April (agenda pages 82-96)

The report was noted by the committee and no issues were raised.

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

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 97-107)

Jocelyn Peach (Director, Nursing and Midwifery) and Sharon Russell (Associate Director of Allied Health) were present for this item of the agenda.

Medical Staff

Noting the update on the pastoral care of Registered Medical Officers (RMOs), a more information was requested by the Committee on how we can provide support the general medical doctors.

This section of report was noted by the Committee.

Nursing and Midwifery and Emergency Planning Systems

Jocelyn Peach took the report as read and highlighted the work on Care Capacity and Demand Management and the acknowledgement of nurses in the 2020 International Nurses Day awards.

In response to a question, it was noted that a pathway is available to support more Māori and Pacific people entering the health workforce. This include bridge programme to nursing roles. There is continued focus on workforce development in general.

This section of the report was received.

Allied Health, Scientific and Technical Professions

Sharon Russell took the report as read acknowledging the work of the Allied Health staff and the services provided during the response to the pandemic.

Implementation of teletherapy was highlighted and a further update will be presented to the Committee at the next meeting.

This section of the report was received.

Resolution: (Moved Sandra Coney/ Seconded Warren Flaunty)

That the report be received.

Carried

Robert Paine retired from the meeting at 4.11pm.

4.2 Quality Report – March/April 2020 (agenda pages 108-152)

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

Quality Update

Jacky Bush summarised the Quality section of the report noting that: there has been an impact on some data in reported due COVID-19 response, there has been a significant reduction on pressure injuries as a result of the continued focus to reduce this, hand hygiene has further increased going over 90% compliance and there is a lower incidence of flu cases compared to the same period last year.

There were no issues raised and this section of the report was received.

i3 update

Penny Andrews took the report as read noting that the work of the i3 over the past weeks was focused on COVID-19 related projects. The service is slowly transitioning back to business as usual.

In response to a question, it was clarified that work on the Digital Academy is in progress and participants could be considered on a national level.

This section of the report was received.

Patient and Whānau Centred Care

This section of the report was received.

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

That the report be received.

Carried

5. GENERAL BUSINESS

No matters of general business were raised.

6. RESOLUTION TO EXCLUDE THE PUBLIC (Agenda page 153)

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

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

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 05/02/20	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 resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons,

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	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)]	including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	<p>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)]</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. [Official Information Act 1982 S.9 (2) (j)]</p>

Carried

The open session of the meeting concluded at 4.15p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 17 JUNE 2020.

_____ CHAIR

4.1 Chief Executive's Report

Recommendation:

That the Chief Executive's Report be received.

Prepared by: Dr Dale Bramley (Chief Executive Officer)

1. News and events summary

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

Milestone for Dame Rangimārie Naida Glavish

June marked Whaea Naida's 30th year of service to the health sector. Whaea Naida (Ngāti Whātua) first became involved in Māori health and education in the early 1980s. She entered the health sector in 1990 as the former Auckland Area Health Board's bicultural manager. Today, she is the Chief Advisor of Tikanga Māori with He Kāmaka Waiora, Māori Health services, for the Waitematā and Auckland District Health Boards. In this role, she leads the management of relationships with mana whenua and iwi Māori from a tikanga perspective. She also helps us uphold our Te Tiriti o Waitangi obligations. Whaea Naida was instrumental in the signing of a Memorandum of Understanding between the Waitematā and Auckland DHBs with Te Runanga o Ngāti Whātua in 2001 and has championed appropriate cultural support for Māori patients by developing bicultural and tikanga best practice policies. Some of these have been implemented by other DHBs and private sector organisations. She has also been influential in addressing inequities and barriers for Māori in the health system, enhancing the diversity of our DHB's workforce and advocating for staff to learn te reo Māori thereby contributing to improved health outcomes for Māori. Whaea Naida's contribution to our communities and to Māori health has been extraordinary. Kia ora Naida and congratulations on 30 years of valued service.



From left to right: Riki Nia Nia, Dale Bramley, Whaea Naida, Professor Judy McGregor and Anthony Thompson celebrating Whaea Naida's 30-year milestone

National Volunteer Week 2020

Some of our wonderful volunteers came together for the annual National Volunteer Week (21-27 June) celebrations at North Shore and Waitakere hospitals. Our volunteer programme was put on hold during lockdown so the lunches were a great way for the volunteers to catch-up over a cup of tea and cake. Waitematā DHB has around 150 volunteers who generously offer their time to support our staff, patients, and whānau. It is fantastic to see the “Green Coats” at our hospitals again.



Volunteers from North Shore Hospital enjoyed lunch at Whenua Pupuke to celebrate National Volunteer Week

Celebrating our wonderful midwives and nurses

International Day of the Midwife, on 5 May, gave us the opportunity to shine a light on our midwives and how they adapted to COVID-19 by using innovative ways to provide care for women and families. Telephone consultations and video calls ensured everyone’s safety and proved to be so popular that many midwives will now continue using them. International Nurses’ Day, a week later, coincided with the 200th birthday of Florence Nightingale – the founder of modern nursing. Much of Florence’s work came to the fore during the Crimean War where her tireless efforts to combat diseases like cholera through basic hygiene saved many lives. Today, Florence’s messages have never been so pertinent. I’d like to pay tribute to all of our midwives and nurses, the healthcare heroes who continually display compassion, resilience and professionalism in their everyday work.



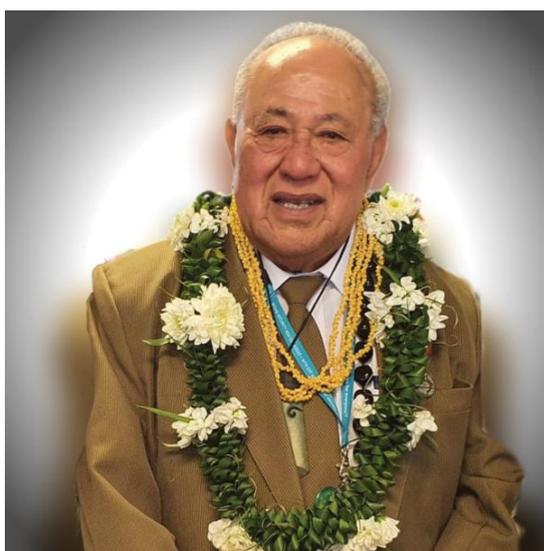
Elective Surgery Centre nurses



Waitakere Hospital midwives

Memorial service for Levaopolo Seupule Mupopo Siaosi Tiava'asu'e

Sadly, Matua Levaopolo Seupule Mupopo Siaosi Tiava'asu'e, a much loved and respected member of our Pacific Health Team, passed away on Easter Sunday. A significant number of people attended a memorial service held for Matua Levao at the Chapel of St Luke on Level 3 of North Shore Hospital on 1st July. Matua Levao was the lead Matua (elder) on our Matua Advisory Council. He was a prominent figure in our Pasifika communities, an advocate for Pasifika people and a supporter of our DHB. Matua Levao undertook many roles in service to the community including being a Justice of the Peace, a tutor of the Samoa PolyFest Group at Kelston Girls College and a lay preacher and elder of the Glen Eden Methodist Church. He was a skilled orator whose cultural knowledge and wisdom was invaluable at multiple levels for both patients and staff alike – playing a key role in our continual drive for equity. Matua Levao was also the Lead Matua for Takanga A Fohe, our Pacific Mental Health and Addictions Services, where his guidance and counsel over the course of many years will be sorely missed.



Levao was awarded a Queen's Service Medal last year for services to health and the Pacific community



Family members pay tribute to Matua Levao



Whaea Naida acknowledges Matua Levao at the memorial service



CEO Dr Dale Bramley reflects on Matua Levao's time at Waitematā DHB

Free blooms for staff

The appreciation shown to our staff by the community, companies and individuals during lockdown was incredible. Every week, there were offers of food and treats, as well as letters of support as expressions of gratitude to our frontline workforce. One such generous gift was the donation of fresh flowers from Blooming Hill Flowers in Auckland. Because of the COVID-19 restrictions, the company was unable to sell flowers. Instead of letting the flowers go to waste, Blooming Hill generously donated approximately 1,000 bunches to staff at Waitakere and North Shore Hospitals. It was a fantastic sight with smiles all round. Thanks again to everyone who made our people feel extra special during this extraordinary time.



Staff at Waitakere and North Shore hospitals picked up bunches of flowers at shift-end

Funding awarded

Congratulations to Dr Janak de Zoysa who has been awarded funding from the Health Research Council (HRC) of New Zealand for a new research trial. Globally, three million patients receive dialysis for end-stage kidney disease. Over 2,700 Kiwis fall into this category and the number is steadily growing. The average survival for dialysis patients is three years and the most common cause of death is from cardiovascular disease. ACHIEVE is a large, randomised, multinational trial that will investigate whether taking spironolactone daily reduces cardiovascular mortality and hospitalisation in dialysis patients. Spironolactone prevents cardiac disease and sudden death in patients that do not require dialysis. In small trials of dialysis patients, spironolactone has been shown to reduce cardiovascular mortality. However, these trials were at high risk of bias, and suggested possible safety concerns. The New Zealand team will enrol local patients into the trial and lead a sub-study of markers of cardiac function to provide unique understanding of the pathophysiology of heart disease to aid in targeting future therapies.

Telehealth after lockdown

Telehealth (video and phone consultations) has been used by many of our services for a number of years. But the lockdown really highlighted the benefits of this technology. An amazing success story was in our diabetes service where more than 90 percent of appointments went ahead remotely during lockdown. We are now working to see how we can continue this momentum and encourage our patients and clinicians alike to use telehealth where it is clinically appropriate and mutually agreeable.

Mason Clinic update

Construction work on the new building, E Tū Tanekaha, has restarted after the COVID-19 lockdown. The 15-bed medium secure unit is scheduled for completion early next year. Design work on a second building, E Tū Wairua Hinengaro, will begin in August. E Tū Wairua Hinengaro and a third building, which is yet-to-be-named, are due for completion in 2025. This work is complex and consultants must consider all aspects of regular building health and safety compliance while addressing the very specific needs of a forensics service. A second block of land at the southern end of the property is also ring-fenced for future development.

Staff flu vaccinations

I am pleased to say that our flu vaccination programme this year was very successful with 71 percent of staff getting vaccinated – a new record for our DHB. The 10-week campaign kicked off on 23 March and included a mixture of roving, static and community clinics across Waitematā DHB sites. Immunisation is a simple and effective way of protecting ourselves – as well as patients. Last year, the vaccination rate was 66 percent while the previous year was 59 percent.

Tōtara Haumarū update

Preparatory work for our new hospital block, Tōtara Haumarū (Shade of the Tree), has resumed. Underground investigation work is underway as part of an upgrade of the water, power and gas lines that will service the new building as well as the existing hospital. The original Pupuke and Taharoto buildings are now under white plastic shrink wrap and deconstruction is well underway. This is expected to be completed by the end of the year when bulk excavation will commence. The preliminary design phase is nearing completion and will move into developed design where the finer details of room fit-out are considered. The facility, which will be connected to the main hospital building by the skybridge, is due for staged completion in 2023.

Well Foundation update

Well Foundation has provided DHB management with a report on the 2019/20 year and a budget proposal for the 2020/21 year. Summary points from the paper include:

2019/20 Report

- Year-end income is projected to reach \$1,648,541 (our second highest annual income in the charity's six-year history), against projected year-end expenses of \$405,000.

Funds have been received for the following projects within the financial year:

Purpose	Amount
Waitākere SCBU	\$1,080,831
Waitematā Breast Service	\$333,170
COVID-19 Action Fund - Remote Patient Monitoring	\$112,356
ICU Transport Ventilator	\$46,445
Whenua Pupuke Landscaping and Sculpture	\$34,626
Muriwai Ward Equipment	\$10,000
Wilson Centre Wheelchair	\$9,973
Paediatric Emergency Medicine Simulators	\$7,500
Asha D'Souza Memorial Scholarship	\$5,300
Cardiology Heart Monitors	\$5,000
Other	\$1,705
Discretionary	\$1,635
Total cash donations	\$1,648,541
Gift in Kind (COVID-19 Business Support)	\$129,457
Total Donations	\$1,777,998

- Several new large-scale funding opportunities have also been developed in recent months with proposals worth close to \$1m submitted. The outcomes of these proposals will be known in the coming months and are included in the plans for 2020/21.
- Over the first six financial years of Well Foundation's operations (2014/15-2019/20), a total of \$10,298,422 has been donated or committed to more than 70 priority projects funded in partnership with the DHB. Waitematā DHB funding provided to Well Foundation over this period has totalled \$2,748,242, providing a 275% return on investment, for a net financial gain to the DHB of \$7,550,180.

Creating a culture of appreciation

Another 24 people have been recognised in our fortnightly CEO Awards, which were launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work. Each staff member whose nomination is considered worthy of acknowledgement receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting are included as **Appendix 1**.

2. Upcoming events

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

- 28 July – World Hepatitis Day
- 17 September – World Patient Safety Day
- Ongoing work on the demolition of Taharoto building as part of preparation works for our new hospital building
- CEO Lecture Series to recommence
- Matariki-related events

3. Board Performance Priorities

The following provides a summary of the work underway to deliver on the DHB's priorities:

Relief of Suffering

Progress: ✓

Patient Experience

Better Outcomes ✓

Progress: On track

National Inpatient Survey

Cemplicity no longer provides the service for the National Inpatient Survey, so there is no current data available. Ispos was formally announced as the new provider by the Health Quality & Safety Commission in late January. A review of the current survey is in progress, with many changes predicted. The new survey will be rolled out from August 2020.

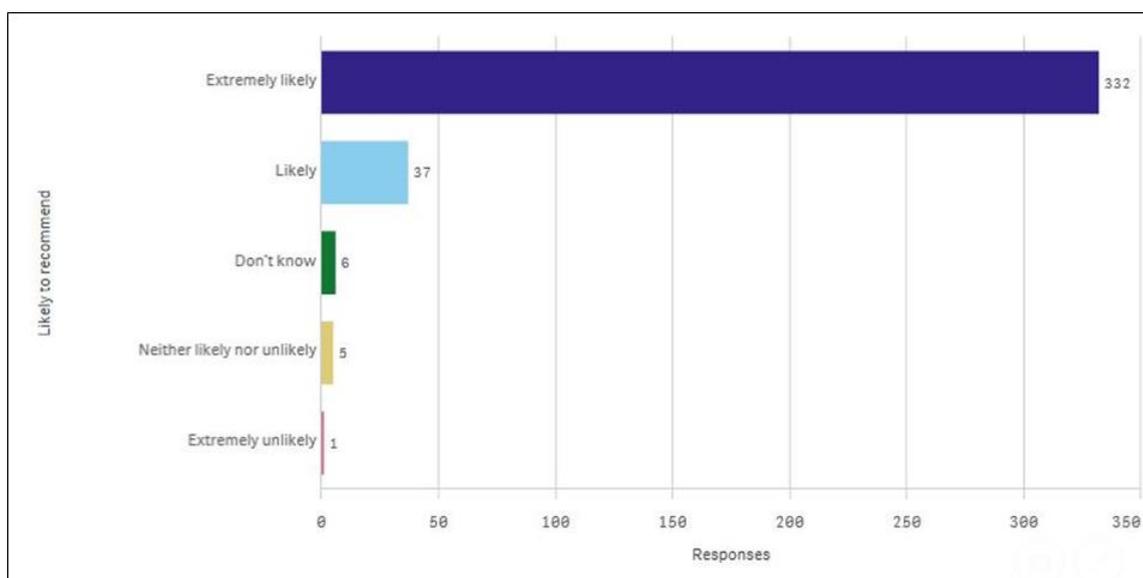
Friends and Family Test

In May, we achieved our highest ever Net Promoter Score (NPS) of 87 since the survey began in 2013. This is up four points from our previous high score of 83 in April 2020. We received feedback from 381 people which is significantly lower than our usual response rate of 900+. The lower response rate is attributed to lower admission rates due to COVID-19 and the closure of wards and specific services.

Friends & Family Test Overall Results



Waitematā DHB overall NPS

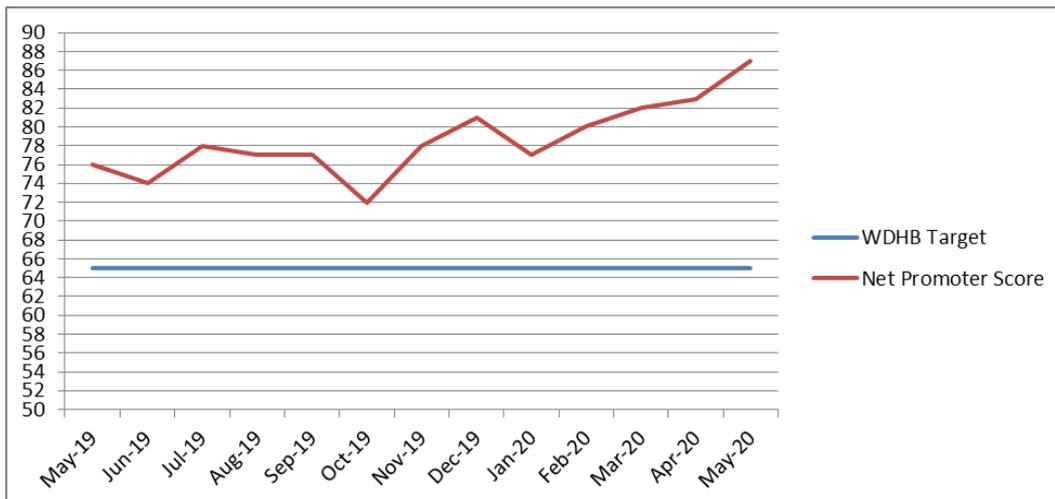


Waitematā DHB overall FFT results

Pt Experience Survey by Period								
Month & Year	Q	Surveys	How likely are you to recommend our ward?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Welcoming and friendly?
Totals		374	87	84	87	92	86	93
May-2020		374	87	84	87	92	86	93

Waitematā DHB FFT results (each question)

The net promoter score has met target for all Friends and Family Test questions. ‘Welcoming and friendly’ and ‘care and respect’ performed well, achieving scores of 93 and 92 respectively. ‘Did we see you promptly’ traditionally scores less well than the other measures, however this month it achieved a respectable score of 84.



Waitemata DHB Net Promoter Score over time

Consumer Council update and highlights

The Consumer Council met in March via Zoom, days before the lockdown announcement occurred. The March agenda continued discussions about the informed consent process. In addition, robust discussions were had about the current complaints process and views about how to improve our approach to end-of-life care were provided. The Consumer Council requested an update of the COVID-19 response and Dr Matthew Rogers (Clinical Director Laboratories and COVID-19 Incident Management Team representative) spoke to members and answered their questions.

The April Consumer Council meeting was cancelled due to COVID-19 and the next meeting was held on 10th of June. The Consumer Council Chair David Lui presented to the Board for the first time in May and will regularly attend future meetings to communicate directly with the Board.

Patient Experience Team Highlights

COVID-19

Members of the Patient Experience team were seconded to the Incident Management Team to support patient, staff and community welfare. Below are some activities the team was involved in to enhance patient and community experience.

- **Zoom access** – as visitors were temporarily restricted from visiting patients, Zoom was installed on all Friends and Family Test iPads at NSH and WTH so that patients could keep in touch with their families and whānau.
- **Birthday cards** – cards were created to celebrate patient birthdays while in hospital. There were two different design concepts:

<p>We Send You Our Art</p> <p>The Well Foundation partnered with The Upstairs Gallery in Titirangi to create <u>We Send You Our Art</u> – an initiative that gives the community the chance to show its support for DHB workers through art.</p>	<p>Staff</p> <p>A personalised greeting using staff to deliver a happy birthday message</p>
 <p>Artist: Lynette Holtriger</p>	 <p>From all of us at Waitematā DHB </p>

- **Thank you cards** – cards to thank our amazing community who supported staff and our organisation during COVID e.g. Countdown (maternity packs), flowers, chocolate, ice-cream, tea/coffee and much more.



- **Meal tray mats** – activities for patients to complete during lockdown and visitor restrictions.



Achieving the priority targets – May 2020

- Planned Care interventions – 98% (target 100%)
- Shorter waits in ED – 97% (target 95%)
- Faster cancer treatment – 86% (target 90%)
- Increased immunisation – 93% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.3% (target 7.4%)

Health Quality and Safety markers

Falls

Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. Overall Acute & Emergency Medicine completed 100 percent of falls risk assessments, Specialist Medicine & Health of Older People completed 100 percent and Surgical & Ambulatory (S&A) completed 100 percent on admission. Of those, Acute & Emergency Medicine completed 89 percent, Specialist Medicine & Health of Older People completed 86* percent and S&A completed 89 percent within eight hours of admission (against a target of 90 percent)

Hand Hygiene

Waitematā DHB's Hand Hygiene Compliance Audit result for May 2020 is 92 percent; this exceeds the national target of 80 percent compliance and the DHB is consistently above the national average of 85 percent.

Healthcare-Associated Infections

The Central Line Associated Bacteraemia (CLAB) insertion bundle was used in ICU on 100 percent of occasions in May 2020. *The insertion bundle compliance exceeds the national target of 90 percent.*

Māori Health

Model of Care Review – He Kamaka Waiora

The Model of Care review of He Kamaka Waiora Services was completed in January this year. The report has been endorsed by both the Chief Advisor Tikanga and GM Māori Health and has been shared with Chief Operating Officers and CEOs at Waitematā and Auckland DHBs. Implementation of the report findings was put on hold due to COVID-19. CEOs have requested that the findings and recommendations are presented at both DHBs. This is the next step toward finalising the report and agreeing the recommendations that will be acted upon.

In the meantime, there are a number of improvement projects under way that are directly related to the review. These projects are primarily in Whānau Accommodation, Human Resources, Policy Development, Performance Reporting and Team Work and need to be progressed regardless.

With the departure of the current General Manager of Māori Health Services (Riki Nia Nia) to Waikato DHB, we have put two interim He Kamaka Waiora service manager roles in place at Auckland and Waitematā DHBs. They are:

1. Elizabeth Campbell, for Waitematā DHB
2. Kerehi Marsh, for Auckland DHB

The Chief Advisor Tikanga will work with the new General Manager of Māori Health Services to appoint permanently to these roles in the future and to progress the Model of Care Review Findings. A comprehensive handover report has been developed by the outgoing General Manager of Māori Health Services.

Pacific Health

COVID-19 Response

The Pacific team has been directly involved in the planning and implementation of strategies and activities for our Pacific people relating to COVID-19. This has been through active participation and engagement with the Pacific NRHCC. The work streams undertaken by the Pacific NRHCC to date includes: Intelligence and Primary Care, Communications and Insight, Pacific Clinical and Technical Advisory work, Wellbeing, Workforce and Operations. Additional funding received via the Pacific section of the MOH is being finalised and will be distributed to the four NRHCC DHBs for Pacific initiatives to cover communications and insights, community engagement, workforce (Inpatient

Navigators), ARPHS Pacific case model, mobile clinics, vaccination and health outreach. Project work has commenced around the setup of a Pacific team within Auckland Regional Public Health and this is a collaboration between ARPHS and Pacific NRHCC. The project sponsors for this work are the GM Auckland Regional Public Health and the ADHB Director Pacific Equity.

Health Science Academies

Since pandemic alert levels dropped to Level 1, we have re-engaged with schools to progress the number of new HSA schools. Six new HSAs will be contracted. All are interested and keen to host HSA. During the EOI process, Kelston Girls College identified potential issues with its small numbers. The school has approached Kelston Boys High to establish a joint initiative. A meeting is planned for 1st July to progress their EOI. A further meeting with Massey High is to be scheduled. We hope to have a contract-signing ceremony for all HSAs in July-Aug.

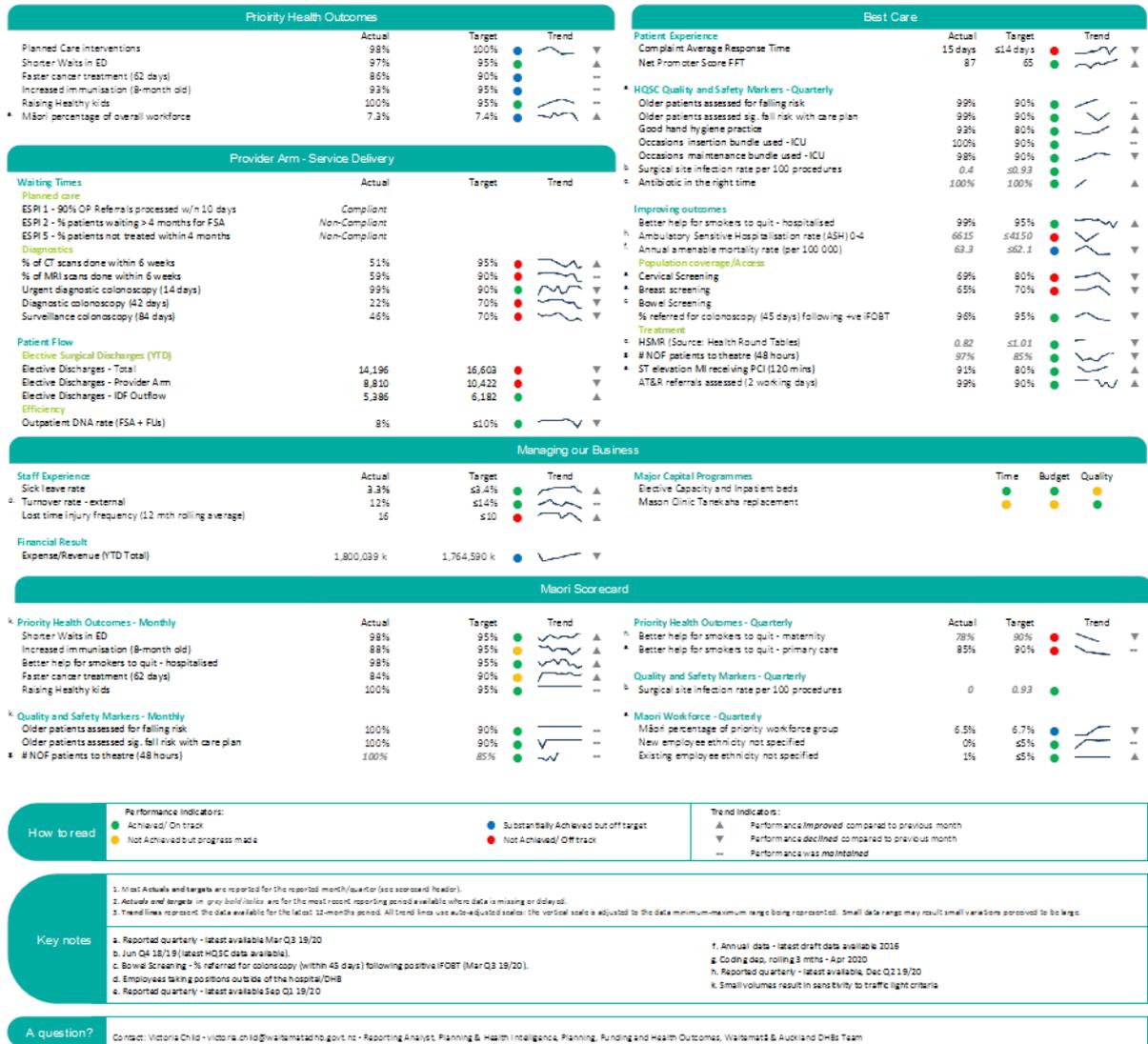
DHB Area	Current schools	Contract 2020
Auckland DHB	AGGS Onehunga High	Mt Albert Grammar
Counties Manukau Health	De La Salle James Cook High Tangaroa College	Aorere College Manurewa High McAuley High
Waitematā DHB	Waitakere College	Kelston Girls & Kelston Boys (Joint) Massey High

FOU: The Future is Open to Us

The Pacific Regional Workforce Programme has been rebranded to FOU (The Future is Open to Us). The website and social media platform for this rebranded programme will be launched at the end of August. The Counties Manukau communications team is pro-active in setting up the website and Waitematā DHB and Auckland DHB comms are in progress. Outlined below is the vision, mission, values and objectives statement of the re-branded FOU programme.

CEO Scorecard

Waitematā DHB Monthly Performance Scorecard
CEO Scorecard
May 2020



APPENDIX 1 CEO RECOGNITION

Andrea Dempsey - Professional & Clinical Leader (OT), Acute Mental Health Team North, Specialist Mental Health & Addiction Services.

Nominated by Mimoza Trenceva.

"For keeping all of us in the community mental health team in the right direction throughout the challenging times of COVID-19."

Andrea Bond - Charge Nurse Manager, NSH Outpatients Department, Surgical & Ambulatory.

Mary McManaway - Operations Manager, Elective Services & Outpatients, Surgical & Ambulatory.

Nominated by Robyn Wiles.

"For their superb team work and leadership, especially at the beginning of the COVID-19 Alert Level 4. Their handling of the huge changes in the organisation and running of the OPD has been inspiring along with demonstrating support and unfailingly positive 'can do' attitudes kept the team working together well. I wish to thank them for their very hard work and exemplary role modelling."

Beverley Robinson - Receptionist, Bureau Clerical, Surgical & Ambulatory.

Nominated by Elizabeth Thatcher & Tania Walker.

"Beverly embodies the DHB values on a daily basis. She is kind and compassionate with all our patients going above and beyond to help them in any way she can. Her organisational skills are second to none and nothing anyone asks of her is too much trouble. She is a true asset to the department and we are very grateful to have her as a member of our team."

Babu Ramalingam - Clinical Nurse Specialist, Renal Ambulatory Non-Dialysis, Specialty Medicine & Health of Older People.

Kirsten Turnbull - Social Worker, Inpatient West Therapies, Allied Health.

Nominated by Joanne O'Riordan.

"One of our patients has cognitive impairment, lives alone and his support people live in Wellington. As he was not contactable by phone, both Babu and Kirsten visited, organised home help, and made sure this elderly gentleman was safe and cared for at a difficult time during COVID-19 lockdown."

Toni Jardine - Administration Officer, Quality & Training, Specialist Mental Health & Addiction Services.

Bobbie Jones - Administration Support, Quality & Training, Specialist Mental Health & Addiction Services.

Nominated by Jason Cabral-Tarry.

"Toni and Bobbie are both fantastic in their roles working behind the scenes to ensure work is completed seamlessly so that the rest of the team are able to do their roles. They are invaluable to the team and stellar examples of being 'better, best, brilliant'."

Mel Taylor - Community Support Worker, Rodney Therapies, Allied Health.

Nominated by Miriam Preece.

"Mel works tirelessly for both Rodney Community Allied Health staff and the District Nursing team, frequently going far beyond the extra mile in all aspects of her role, and the support she provides to assist staff and clients, particularly through the complexities of the COVID-19 response time. Nothing is ever a bother for Mel and she exemplifies 'everyone matters' with her work. Thank you Mel."

Stephanie Ayles - Registered Nurse, Ward 10, Acute & Emergency Medicine.

Nominated by Tracy Wells.

"Stephanie was our acting charge nurse manager during COVID-19 and had to deal with a lot of extra pressure. Stephanie upheld the values of 'better, best and brilliant' to the highest standard. We have felt calm and supported and been provided with all the support and knowledge we need to give our patients the best care due to Stephanie's leadership."

Sam Pobog-Jaworowski - Learning & Development Consultant, Learning & Development, Corporate.
Nominated by Fiona Murray & Sasha Drennan.

"During lockdown our team was required to conduct multiple Zoom meetings with several different groups. Sam has been amazing at providing time to talk and walk us through the different features of Zoom to make the most of these sessions for both host and participants alike. Always with a smile on her face - even in view of those 'stupid' questions. Sam has made an unexpected transition much smoother and enjoyable. Thank you Sam."

Tabitha Parker - Instructional Designer, Learning & Development, Corporate.
Nominated by Fiona Murray & Sasha Drennan.

"During lockdown our team had to suddenly up skill on transferring face to face learning into online/virtual learning. This has been a challenge for some of us less technically inclined. If it weren't for the patience and expertise of Tabitha we would still be trying to keep our heads above water. The Zoom meetings for Zoom learning have been very beneficial. A big thank you to Tabitha for her on-going support and patience."

Janice Kirkpatrick - Operations Manager, Medical Subspecialties, Specialty Medicine & Health of Older People.

Nominated by Maggie Waenga.

"Throughout the COVID-19 period Janice went above and beyond for her teams, making sure everyone was kept well and safe. She is a kind and a caring person and is always trying to lift team spirit."

Wendy Smith - Associate Clinical Charge Nurse, Theatre, Elective Surgery Centre.

Chloe McDonald - Associate Clinical Charge Nurse, Theatre, Elective Surgery Centre.

Wings Chang - Associate Clinical Charge Nurse, Theatre, Elective Surgery Centre.

Lynette Cooper - Registered Nurse, PACU, Elective Surgery Centre.

Ian Carlo Gonzalvo - Registered Nurse, PACU, Elective Surgery Centre.

Benjamin Whitson - Registered Nurse, PACU, Elective Surgery Centre.

William Turua - Health Care Assistant, Theatre, Elective Surgery Centre.

Madhu Naicker - Health Care Assistant, Theatre, Elective Surgery Centre.

Julie Milicich - Registered Nurse, PACU, Elective Surgery Centre.

Nominated by Tracy Purdy.

"This team of dedicated nurses and HCAs worked selflessly over the period of three days, including the weekend, transforming the ESC Theatre and PACU to the normal perioperative environment in order to provide surgical care to patients at the commencement of the new week. The extent of the work was enormous each giving of their time willingly. This example is one of the WDHB values 'best care for everyone' as 'everyone matters'."

Nancy Levuiloa - Cleaner, Clinical Support Services, Hospital Operations.

Ajay Ralh - Cleaner, Clinical Support Services, Hospital Operations.

Nominated by Trish Humphreys-Grey.

"Nancy and Ajay went over and beyond in the uncertain time at the beginning of the COVID outbreak and worked right through until the residential facility had been cleared. Both lived by our WDHB values and adapted to the daily changes they had to face. They put St Margaret's rest home staff and residence before themselves and their families."

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

For the period of Alert Level 4, 3 and 2, the Occupational Health and Safety Service (OHSS) clinical, advisory 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. All teams are now back on site in Alert Level 1.

Staff influenza programme

The staff influenza programme has now concluded for the year 2020, with a staff vaccination rate of 71% being achieved (compared with 66% in 2019). While the static and community clinics have concluded, the OH&SS continue to offer flu vaccination, so a slight increase to the vaccination rate may be possible before vaccine stocks are withdrawn.

May 2020 reporting period update

For the May reporting period Waitematā DHB has met the majority of leading and lagging indicators.

The total lost time injury frequency rate (LTIFR) average remains challenging (16 against a target of 10); however, the LTIFR average relating to work place hazards is at 12, indicating that hazards within our control, are very well managed.

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, allowing staff to return to work sooner.

Health and Safety Scorecard

May 2020

Trend data 12 month period

Lagging Indicators

	Actual	Target	Trend
Total number of reported incidents	403	-	
Number of notifiable events	-	-	
Injuries			
Total number of injury claims	35	-	
Number of injury claims (work-related hazard)	33	-	
Total Lost time injury claims	20	-	
Lost Time injury claims (work related hazards)	18	-	
Total Lost time injury frequency rate - rolling 12 month average	16	<10	
Lost time injury frequency rate rolling 12 month average (work related hazards)	12	<10	
Total lost time injury frequency rate for month	19.51	-	
Lost time injury frequency rate for month (work related hazards)	17.55	-	
Total Lost time injury < 7 days - rolling 12 month average	61%	>65%	
Lost time injury < 7 days - rolling 12 month average (work related hazards)	52%	>65%	
Costs of injury claims for month	\$192,392.58	-	
Top Three Incident types			
1 Safety Concern	78	-	
2 Physical Assault	45	-	
3 Exposure to Infections& Other Potential Infection Materials	43	-	

Leading Indicators

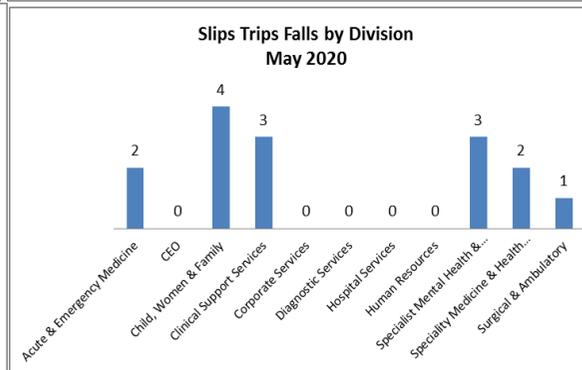
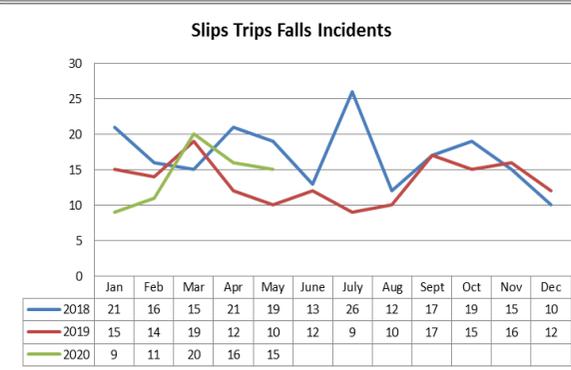
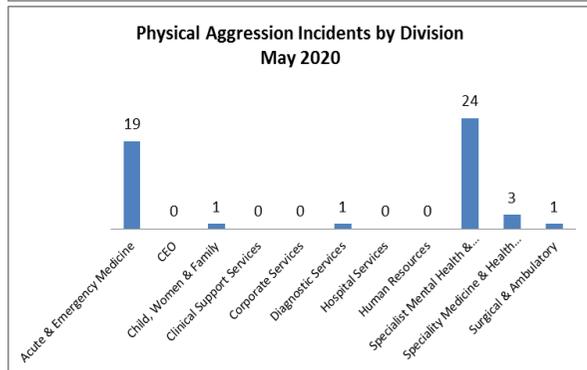
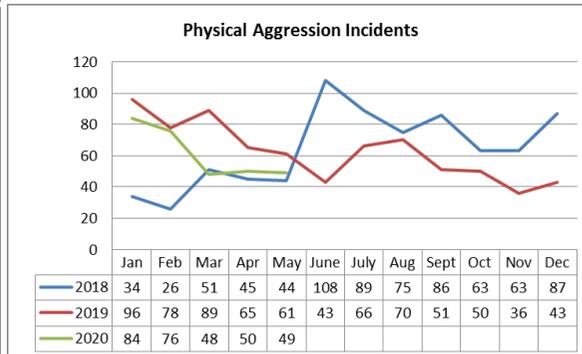
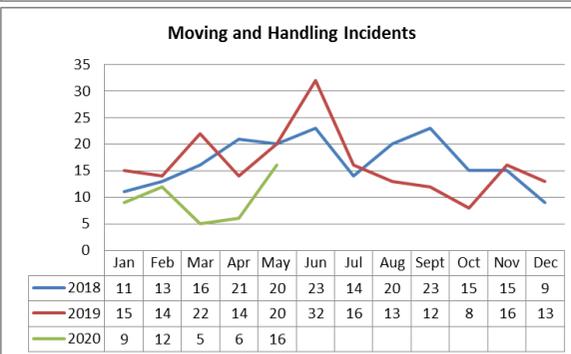
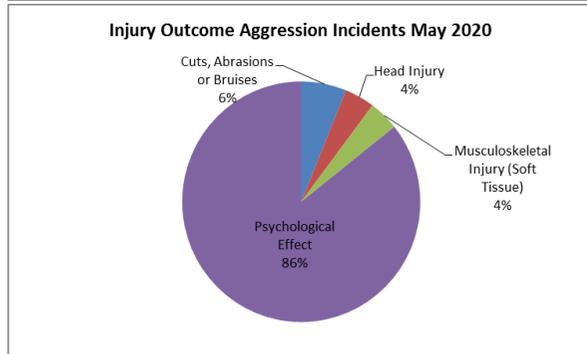
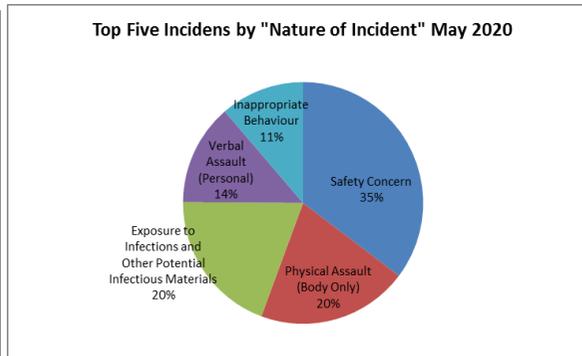
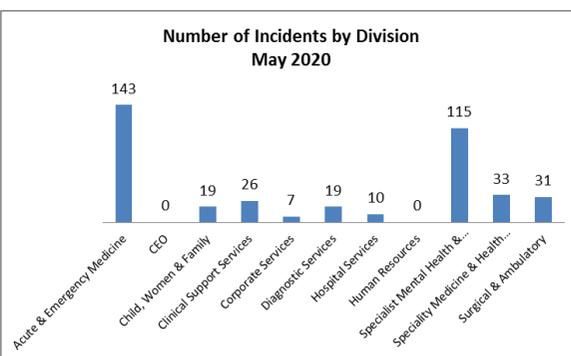
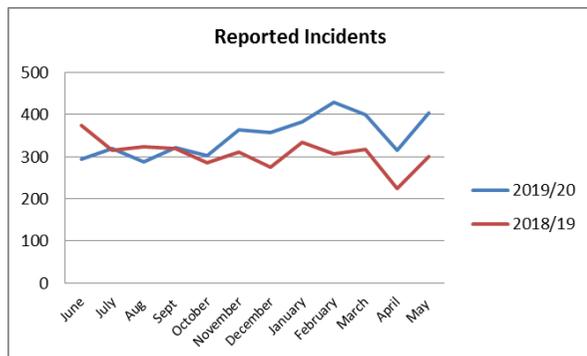
	Actual	Target	Trend
Number of H&S Representatives vacancies	7	<10	
H&S Representative training completed	93%	90%	
Pre-employment screenings pre-commencement	52%	70%	
Significant hazards reviewed by Managers	86%	50%	
Staff hand hygiene	92%	80%	

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

Overall reported incidents have been increasing since February 2020, which coincides with a reminder to encourage staff to report all incidents that occur, so we are able to investigate each and identify appropriate corrective actions. In relation to top accident types:

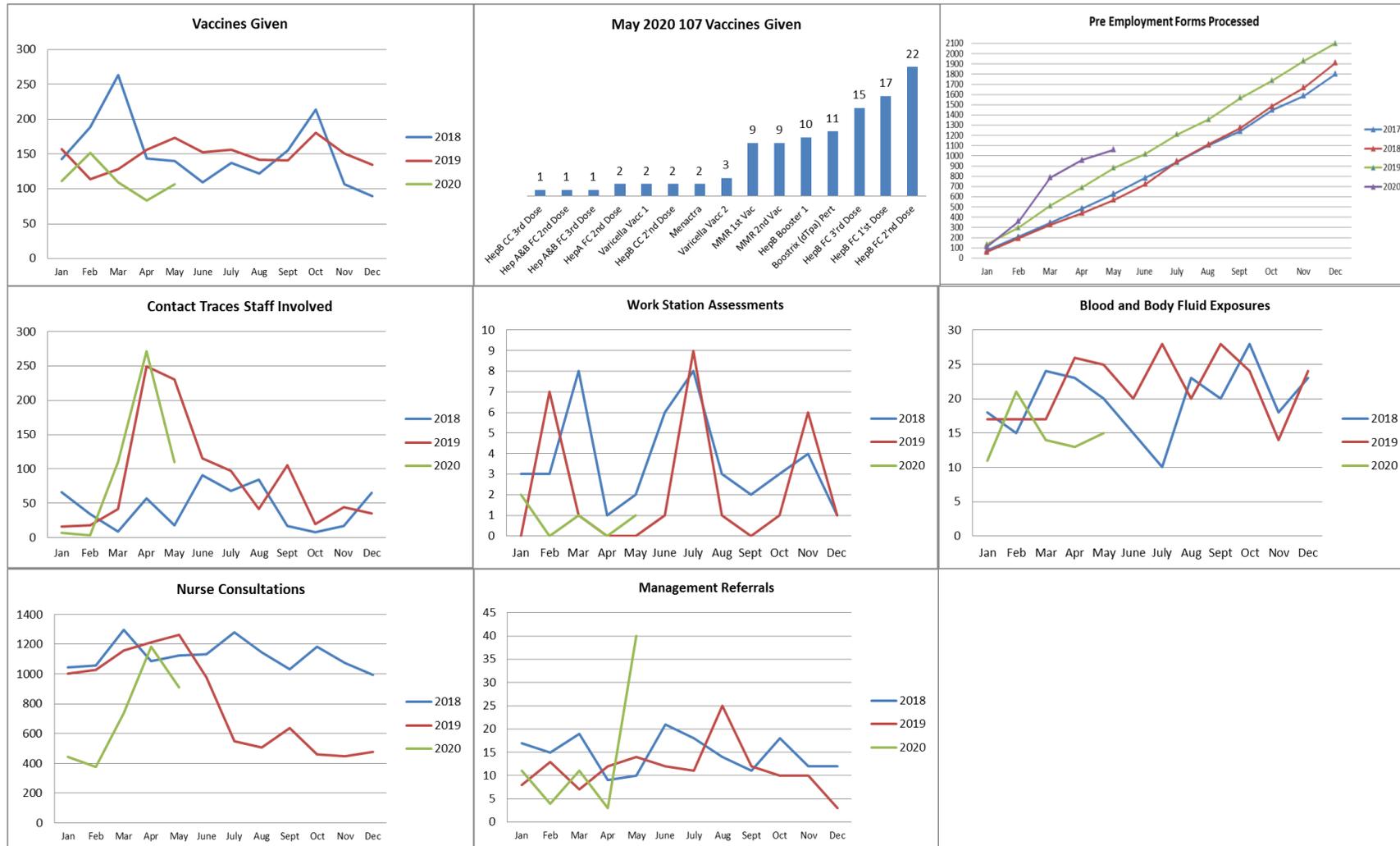
- Slips, trips and falls were recorded at 15 in May. Of these 15 incidents, 10 related to workplace hazards, with the remaining five being unavoidable (such as tripping over own feet).
- There were 16 'moving and handling' of patient incidents recorded in May, which constitutes a spike. The Moving and Handling team are reviewing all incidents to identify what corrective actions are required, including where appropriate moving and handling equipment is not currently available.
- There were 49 physical aggression incidents reported in May, many relating to Mental Health and Addiction Services (MH&AS). Many of these incidents related to specific high acuity service users within MH&AS, with individual service users triggering numerous incidents, often over a short period of time, while they were most unwell. In May, all 49 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 May 2020

Outlined below is our injury claims data for May. Work injury claims data is for all work injuries currently managed by the Waitemata DHB, including injuries that occurred in previous years, up to and including injuries for May 2020. High accident events account for approximately 83% of the claims, as below:

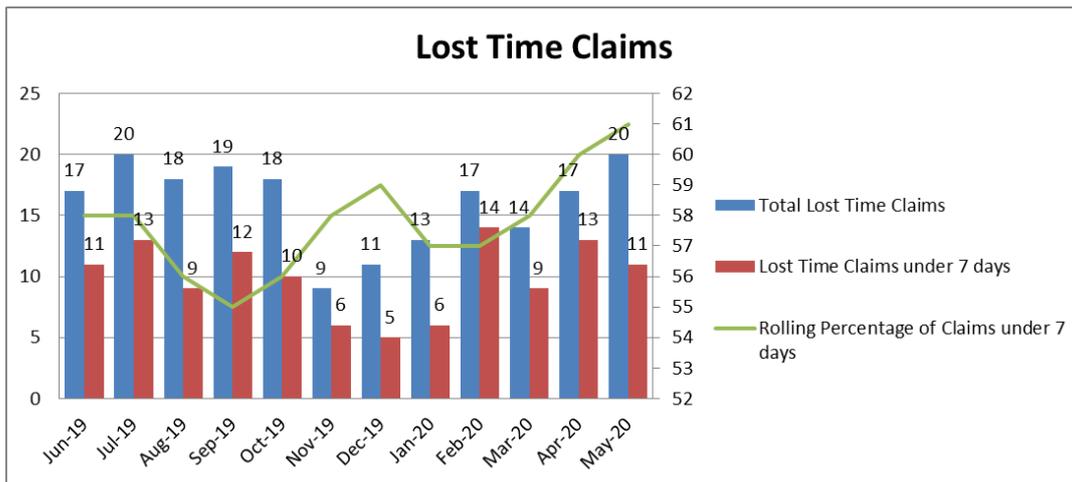
INJURY CLAIM DATA				
Total: Injury Claim Report for May 2020				
Lost days	Treatment cost	Weekly compensation costs (80% of salary)	Staff cover cost	Total
Number of lost days for month	\$ total for month	\$ total for month	\$total cover cost for month	Total \$ cost for month
473.5	\$32,943.99	\$70,866.04	\$88,582.55	\$192,392.58

High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	320	56%	\$107,347.59	↑
Moving and handling	75.5	23%	\$44,080.14	↑
Aggression	0	2%	\$511.91	↓

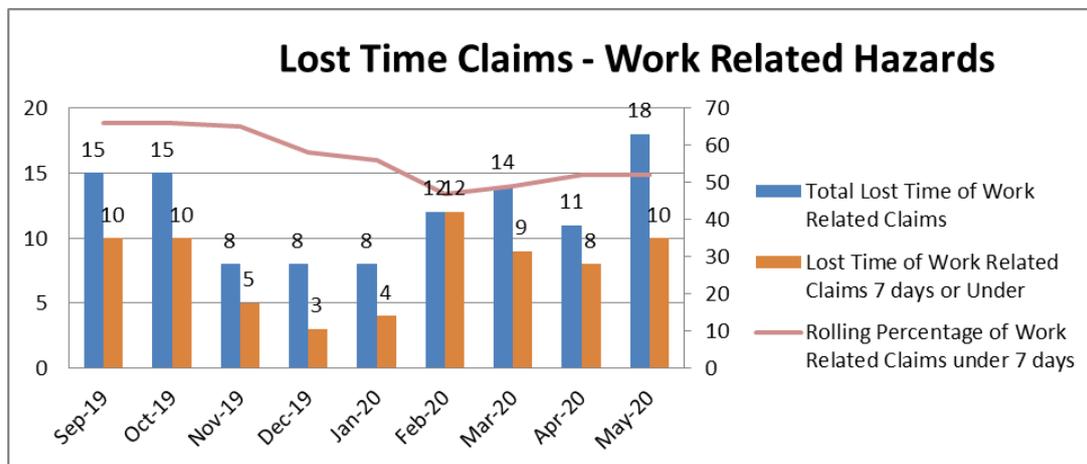
* Actions taken to mitigate high accident types are noted in the Executive Summary.

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

Overview
<p>Of the 33 work injury claims lodged in May, 17 were work related hazard lost time claims:</p> <ul style="list-style-type: none"> • 10 had seven days or less of lost time and have returned to full duties. • Two had over seven days of lost time and have returned to full duties • Three had over seven days of lost time and are now fit for selected work • Two other staff members remain fully unfit.

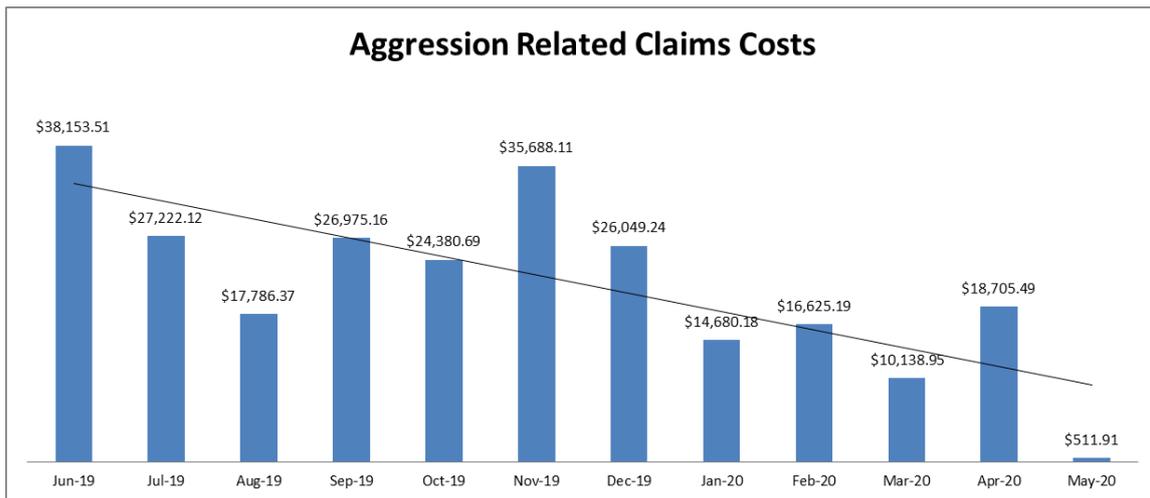


The minor peak we are seeing in our lost time claims relates predominately to slips, trips and falls which have increased slightly on last year's claims.



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

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



7. Stakeholder feedback

HEALTH AND SAFETY STATISTICS May 2020	Maintenance Services	North Shore Campus	Waitakere and Mason Campus	Project Services	May 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	1 ¹	NA	1	5
<i>Accidents requiring first aid</i>	0	0	0	NA	0	0
Near Miss Incidents	0	1 ²	0	NA	1	35
Safety Inspections completed						
<i>This month</i>	100%	100%	100%	NA	-	-
H&S / Toolbox Meetings	100%	100%	100%	NA	-	-
Contractor Site Inductions	NA	24	40	NA	64	246

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:

- One (1) accident requiring medical attention occurred on the Mason Clinic project being managed by Aspec Construction. A worker received a minor electric shock while connecting construction equipment to a power supply in damp conditions. The worker did not receive any injuries but was taken to a doctor as a precautionary measure. An investigation was completed with all opportunities for improvement implemented directly. The incident was reported to Worksafe by the contractor.
- One (1) near miss incident occurred on the North Shore Hospital Infrastructure Enhancement Project being managed by Stockman General. The worker involved tripped in a low trench on

site. The worker did not receive any injuries as a result of this incident. An investigation was completed and identified opportunities for improvement that were actioned immediately.

8. Health and Safety Risks

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

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

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

Substances hazardous to health					
Asbestos Register	Refurbishment surveys are carried out prior to invasive works. Current projects underway are: Taharoto building demolition Various other refurbishment surveys have also been completed for smaller projects managed by Facilities, in line with Safe Systems Of Work (SSOW) process. No concerns to date.	Ongoing	Ongoing		L
Mould	OHSS continue to review all air testing reports relating to 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 September 2020 Complete: 20%.	Dec 2016	Sept 2020		L
Ergonomics					
Moving and Handling	A discussion on facility design principles in relation to patient moving and handling is planned. 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	No works planned	Feb 2017	December 2019		L
Buildings	Loading Dock: Funding has been approved, design complete and now ready to issue to Council for building consent. Planning complete: 85%	Feb 2017	May 2020		L
Emergency Management					
Fire	Fire evacuation drills are conducted regularly by the Fire Safety Officer and fire safety equipment, such as sprinklers and smoke alarms, are regularly audited for compliance, overseen by Facilities. An Emergency Management Committee has now been formed.	Ongoing	Ongoing		L/C

Civil emergency	<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	<p>The new Managing Aggression and Potential Aggression (MAPA) training has started being implemented across Waitemata 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.</p> <p>Stage 1 Complete: 90%</p>	Feb 2018	Dec 2021		L/C
	<p>New: Two additional aggression committees have been set up to manage/oversee all related activities.</p>	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	A review of progress to implement a lone worker alarm system is currently underway. Complete: 0%	Jun 2020	Aug 2020		C
Stress/Distress/Fatigue	Employee Assistance Program (EAP) services in place and both staff usage and feedback is very positive. No issues to date.	Ongoing	Ongoing		L/C
Safe staffing	<u>RMO rosters:</u> House Officers rosters developed, consulted and implemented: 100% Registrar rosters: rosters developed and consulted: 100% Consultation complete but not yet implemented. Rosters will be implemented once recruitment for specific rosters is complete - this is occurring with all urgency. Complete: 75%	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

4.3 Communications Report

Recommendation:

That the report be received.

Prepared by: Matthew Rogers (Director, Communications)

Communications support

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

- Ongoing COVID-19 communications support and issues management
- North Shore Hospital campus capital works
- Woodford House closure preparations
- 65-plus flu immunisation campaign
- Bowel screening campaign support
- Oranga Tamariki liaison
- Naida Glavish 30 years in healthcare celebrations
- Resumption of hospital markets
- MMR immunisation campaign
- Yearbook planning underway
- Update on Mason Clinic developments
- Māori Senior Medical Officers' profile
- Volunteers' Week recognition
- Planning for resumption of 2020 CEO Lecture Series
- Ongoing implementation of Board decision re incorporation of macron
- Identification, scheduling and production of social media content and issues management
- Ongoing publication of messages via the Medinz primary care communications platform
- Health Heroes awards coordination
- Coordination of responses to 'Dear Dale' emails to the CEO from DHB staff
- Review of content for submission to health sector publications
- Ongoing weekly internal communication via StaffNet home page and Waitemata Weekly
- Ongoing management of Official Information Act process
- Liaison with Well Foundation Marketing and Communications
- Ongoing liaison with Metro Auckland DHB communications leads
- Ongoing after-hours and weekend media line cover and senior management support
- Proof-read leaflets, booklets and brochures for various departments
- Ongoing compilation and distribution of proactive media material
- Event photography and video
- Drafting of correspondence from the corporate office
- CEO Board Report
- Review of copy for DHB website
- Management of organisation-wide screensaver content
- Approval of all-user staff emails
- Weekly Board briefing
- Fortnightly *A Note From the CEO* email to all staff
- Weekly health targets and clinically-led metrics updated and communicated

Waitemata District Health Board, Meeting of the Board 08/07/20

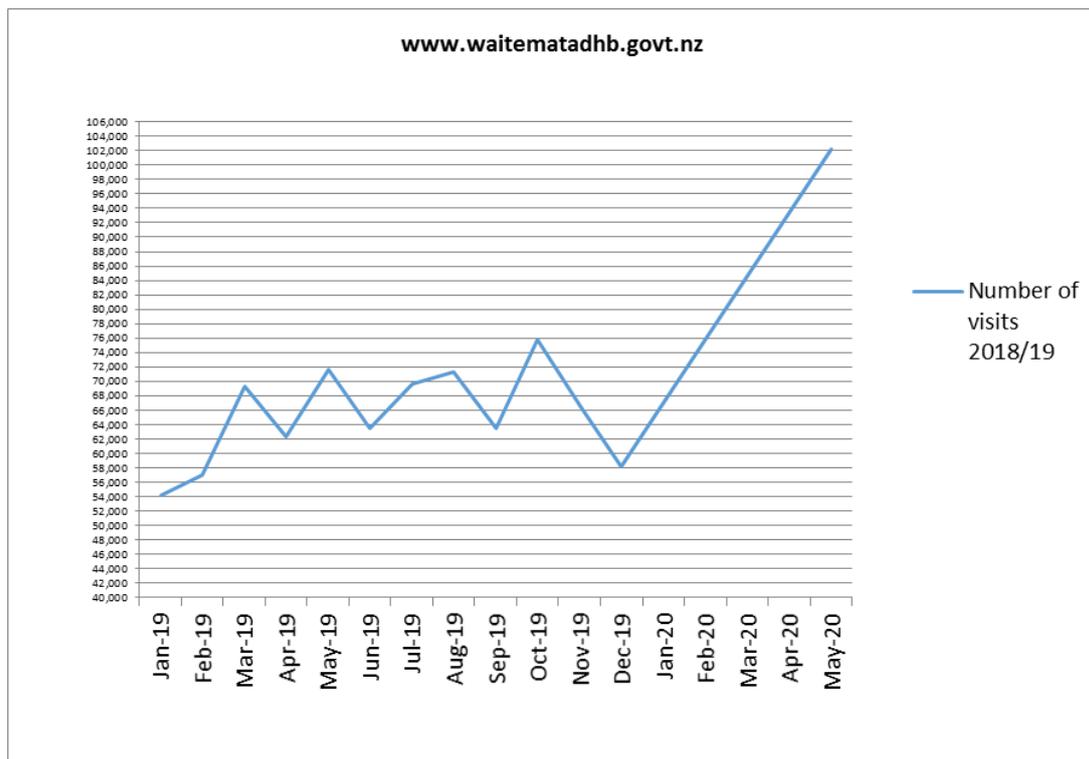
Waitematā DHB website – Google Analytics Statistics

Waitematā DHB website

Number of visits	May 2019	May 2020
Total visits to this site	71,559	102,152 (+42.7%)
New Zealand	32,352	39,334
Australia	1,080	1,589
USA	774	2,727
United Kingdom	231	1,752

Top areas	May 2019	May 2020
Waitematā DHB staff page	37,665	57,940
Home page	13,849	19,447
COVID-19 page	NA	11,840
North Shore Hospital	4,568	3,575
Waitakere Hospital	3,334	3,230

Traffic sources	May 2019	May 2020
Search traffic	73%	60%
Direct traffic	24%	38%
Referral traffic	3%	2%



Social media

Facebook

Waitematā DHB Facebook page likes have increased by 66% since May 2019, with 12,336* current likes (7,437 likes – May 2019).

Total audience reach between 1 May, 2020 and 31 May, 2020 was 68,118 views.

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

1. Support healthcare staff (Audience reach: 13,633, including 1,249 engagements)

Waitematā District Health Board
Published by Ruth Dryfhout [?] · 22 May · 🌐

#SupportHealthcareStaff

Today we acknowledge and thank our wonderful orderlies!

Necessary precautions have been in place to keep our clinical services staff safe and healthy during the COVID-19 outbreak - and despite the face-to-face nature of their work, we've seen nothing but kindness and compassion for patients from our orderlies. ❤️ ... See more

The image shows a collage of healthcare staff in blue scrubs. The top row consists of six individual portraits of staff members. The bottom row shows two staff members in a hospital setting, one standing by a gurney and another standing next to it.

2. Outpatient update (Audience reach: 13,032, including 2,457 engagements)



Waitematā District Health Board



Published by Ruth Dryfhout [?] - 15 May · 🌐

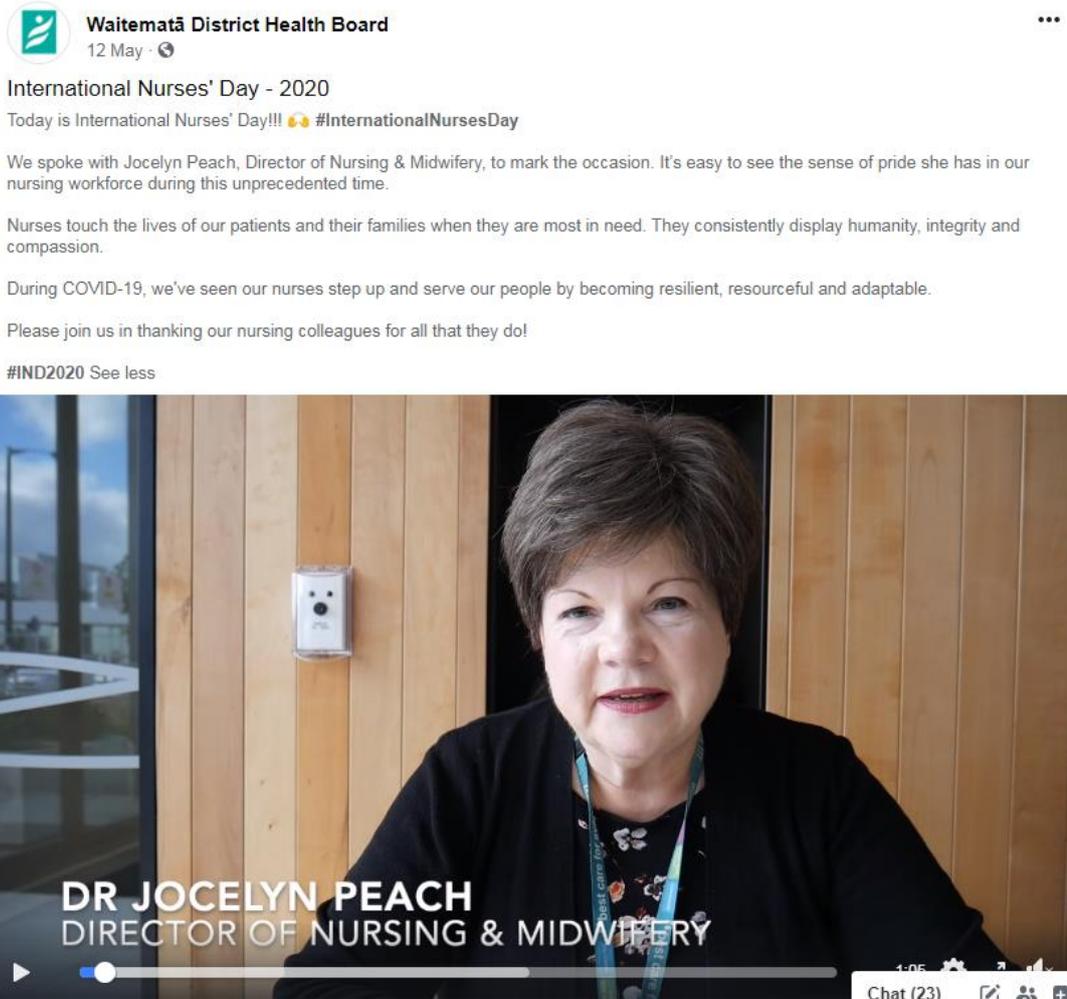
UPDATE: Our outpatient and radiology appointments are still running. Our hospitals are safe, and we're encouraging the public to attend their appointments without fear of COVID-19.

At Alert Level 2 North Shore Hospital and Waitakere Hospital will be offering more outpatient clinics and radiology services.

From Tuesday, 19 May additional measures will be in place to ensure the safety of our staff, patients and their friends and whānau:... See more



3. International Nurses' Day (Audience reach: 12,181, including 758 engagements)



*As at 22 June, 2020.

Twitter

Waitemata DHB Twitter followers have grown by 15.1% since May 2019, with 2,831* current followers* (2,458 followers as at May, 2019).

Total audience reach between 1 May, 2020 and 31 May, 2020 was 39,100.

Top tweet between 1 May, 2020 and 31 May, 2020 was

1. Baby packs over Covid-19 – (3,339 reach)



832 babies were born at North Shore and Waitakere hospitals during Alert Levels 4 and 3!! 😬

With help from the [@WellFoundation_](#) the wonderful teams at Countdown Supermarkets donated items that our new mums needed the most - nappies, baby wipes, breast pads and maternity pads.



*As at 22 June, 2020.

OIAs received

A total of 23 new Official Information Act requests were received between 13 May and 23 June 2020:

- K. Hutt (Stuff) - Number of births and homebirths during COVID-19 lockdown from 25 March to 27 April.
- J. Gillespie - St Margaret's patients' use of surgical masks as recommended by WHO guidelines.
- J. Martin - Percentage of COVID-19 deaths that had 'do not resuscitate' orders.
- M. Morrah (Mediaworks) - Information regarding the transfer of patients from St Margaret's Hospital and Rest Home.
- N. Jones (NZ Herald) - Correspondence between NZNO and the DHB regarding aged care facilities.
- B. Lupton (Insight Legal) - Policy and procedures regarding Enduring Power of Attorney.
- N. Gray (FYI website) - Number of Electroconvulsive devices.
- M. Morrah (Mediaworks) – Any instances of staff allegations of bullying and harassment.
- C. Sebastian (BCI NZ) - Contract information regarding Utilities Enhancement project.
- B. Botting (Botting Legal) - Copy of guidelines regarding referrals for 1st, 2nd and 3rd trimester abortions.
- N. Jones (NZ Herald) - St Margaret's rest home situation reports from April 17 and April 18.
- J. Chilton-Towle (Pharmacy Today) - Number of new Community Pharmacy Anticoagulation Monitoring Service (CPAMS) contracts since 2015.
- K. Thom - Cost of running paging systems in hospitals.
- H. Martin (Stuff) - COVID-19 hospitalisation costs and number of patient admissions.
- Private individual - Publication of all DHB policies, protocols and best practice documents.
- A. Rose (Multiple Sclerosis NZ) - Information regarding neurology services for patients with MS.
- L. Apiolaza - Number of people working in COVID-19 contact-tracing for each day from 1 December 2019 to 31 May 2020.
- L. Jack - Assessment criteria for patients with hemochromatosis.
- Private individual - Instances of impersonation and unauthorised access.
- Private individual - Information regarding individual patient diagnosis.
- M. Smith - Reports relating to directive/s to block Oranga Tamariki uplifts from the DHB's properties.
- R. Scott (Barrister) - Briefing information that was provided to external reviewer regarding his informed consent report.
- S. Wood - Information regarding ethnicity and earnings of employees.

Media Clippings – 13 May – 22 June 2020

Positive	+
Neutral	0
Negative	-

Page no.	Devonport Flagstaff	
35	Hospital appointments picking up	+
51	Group's woolly thinking delivers for the needy	0

Page no.	Dominion Post	
3	Capital joins list of COVID-free regions	0
44	Human barricade to stop baby uplifts	0

Page no.	NZ Doctor	
13	Teamwork helps South punch above its weight against country's first COVID-19 onslaught	0
32	New digital health service aims to bring GPs alongside, not alienate, says co-founder	0
34	'Self-service' scenario platform set to aid COVID-19 fight	0
50	Don't look back	0

Page no.	NZ Herald / Weekend Herald	
1	MP in legal action	0
4	Funeral zigzag – 100 to 10 to 50	-
5	Hospital probe shows PPE issues	-
6	Resting uneasy	0
10	Vital warning signs ignored and son died: Family	-
12	Kiwi unable to see dying dad until it was too late	0
16	NZ v Australia - How did the lockdown performance compare?	-
18	Family claim mum died of coronavirus	0
21	Testing gaps at rest home risked 'catastrophe'	0
23	Mums die in lockdown	0
25	Candidate selected	0
26	Bowel cancer hits young	0
36	Bridging the gap	+
43	Human barricade stops uplift of babies	0
52	Emails: Nurses highly anxious about safety	-
54	Fourth shooting	0

Page no.	Otago Daily Times	
2	MP Wall takes on party	0
20	No cases now in South Island	0
22	WorkSafe decision disputed	0
28	Young sufferer aims to put bowel cancer in front seat	0
31	13-month wait to talk to psychologist	0

Page no.	The Press, Christchurch	
46	Human barricade to stop baby uplifts	0

Page no.	Waikato Times	
48	Human barricade to stop baby uplifts	0

Page no.	Western Leader	
15	Teen dies after rip rescue	0

6.1 Financial Report for May 2020

Recommendation:

That the report be received.

Prepared by: Lorraine Ridgwell (Corporate Finance Manager) and Cliff La Grange (Deputy Chief Financial Officer - Funder)

Endorsed by: Robert Paine (Chief Financial Officer and Head of Corporate Services)

Glossary

ACC	- Accident Compensation Commission
ADU	- Acute Diagnostics Unit
AIR	- Advanced Interventional Radiology
CWD	- Case Weighted Discharges
DHB	- District Health Board
ED	- Emergency Department
FPIM	- Financial and Procurement Information Management System
FTE	- Full Time Equivalents
IDF	- Inter District Flow
MECA	- Multi-Employer Collective Contract
MH&AS	- Mental Health and Addiction Services
MHSA	- 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

Background

The report summarises the financial performance of the Waitematā District Health Board for the 11 months ended May 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 May 2020 was a deficit of \$5.961m against a budgeted deficit of \$3.409m, and therefore unfavourable to budget by \$2.552m. This was a very unusual month, being in Level 4 lockdown; with very low bed occupancy, outpatients and ED attendances.

The operating result for the month of May 2020, before the extraordinary costs of COVID-19, was a favourable variance to budget of \$0.1m, due to savings on pharmaceuticals, meals and other operating costs. Year end to date the DHB is \$0.4m favourable to budget on the same basis. Extraordinary costs

of COVID-19, including the deferral of recognition of the surplus of the sale of 44 Taharoto Road, amounted to \$2.6m in the month of May, and \$19.6m year to date.

The adverse impact of COVID-19 was \$3.196m, which was made up primarily of additional Public Health cost in Funder (\$1.2m), Annual leave (\$0.6m) budgeted to be taken during the month which was not taken, reduced revenue from car parking and ACC (\$0.57m), and other operating costs including additional security and cleaning.

The Waitematā DHB result YTD May 2020 was a deficit of \$35.448m against a budgeted deficit of \$15.778m, and therefore unfavourable to budget by \$19.670m.

Forecast

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

Waitematā DHB Year End Forecast				Extra Ordinary Costs					Reported/Forecast Result		
\$m	Business As Usual			Covid					Budget	Actual	Variance
	Budget	Actual	Variance	Direct Costs (incl Annual Leave)	44 TR	Planned Care	Holiday Pay	Total Extra Ordinary Costs			
8 months to Feb 20	-15.0	-14.7	0.3					0.0	-15.0	-14.7	0.3
March Actual	9.5	9.5	0.0	-2.9	-10.1			-13.0	9.5	-3.5	-13.0
April Actual	-6.9	-6.9	0.0	-4.4				-4.4	-6.9	-11.3	-4.4
May Forecast (in May)	-3.4	-3.4	0.0	-4.1				-4.1	-3.4	-7.5	-4.1
May Actual	-3.4	-3.3	0.1	-2.6				-2.6	-3.4	-5.9	-2.5
June Forecast (in May)	15.8	15.8	0.0	-4.0		-12.8	-41.0	-57.8	15.8	-42.0	-57.8
June Forecast (revised)	15.8	15.8	0.0	-2.0		0.0	-41.0	-43.0	15.8	-27.2	-43.0
Forecast Year End (in May)	0.0	0.3	0.3	-15.4	-10.1	-12.8	-41.0	-79.3	0.0	-79.0	-79.0
Forecast Year End (revised)	0.0	0.4	0.4	-11.9	-10.1	0.0	-41.0	-63.0	0.0	-62.6	-62.6

After adjustment for COVID-19 and Holiday Pay impacts, the year-end operating forecast remains on track to breakeven to budget.

The year-end forecast deficit for the DHB has been revised downwards from a deficit of \$79m forecast last month, to a deficit of \$62.6m.

Note that in the above table, last month's forecasts for the months of May and June, and the resulting year end forecast, are shaded in blue.

The forecast still shows that the DHB will be at break even on a business as usual basis, but the forecast of extra-ordinary costs has improved as follows:

1. COVID-19 costs have reduced, principally because the annual leave effect has not been as severe as forecast, and there has been some recovery of the value of investments in Three Harbours.
2. Planned Care revenue losses have been removed, following assurances from Ministry of Health officials to CEs.
3. The Holiday Pay forecast remains unchanged.

1.1 Highlights

Year to date operating deficit of \$35.4m, unfavourable by \$19.7m against a budgeted deficit of \$15.8m.

Funder \$13.5m 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 – Waitematā DHB share of \$20M.
- The favourable impact due to the increase in drugs rebates receivable from PHARMAC as advised by PHARMAC 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 adverse impact of the unfunded component of COVID-19 Funder expenditure

Governance \$1.5m 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 \$34.6m unfavourable year to date - key financial performance factors

- Delays in the realisation of savings under the financial sustainability programme, \$16.3m
- COVID-19 deferral of property sale, \$10.1m
- COVID-19 staff impacts due to planning, cover and leave, \$2.0m
- COVID-19 investment revaluations (Three Harbours), \$0.9m
- COVID-19 revenue reduction (ACC and Parking), \$1.526m
- 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 in prior months, (\$1.47m)

1.2 Financial Indicators

Table: Financial Indicators for May 2020

FINANCIAL PERFORMANCE									
\$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	-1.2	0.0	-1.2	13.5	0.0	13.5	24.0	0.0	24.0
Provider Arm	-4.9	-3.4	-1.5	-50.4	-15.8	-34.6	-50.4	0.0	-50.4
Governance Arm	0.2	0.0	0.2	1.5	0.0	1.5	1.8	0.0	1.8
DHB Result : Surplus / (Deficit)	-6.0	-3.4	-2.6	-35.4	-15.8	-19.7	-24.6	0.0	-24.6

FINANCIAL POSITION									
\$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Crown Equity (net worth)	468.2	607.1	-138.9	468.2	607.1	-138.9	639.8	639.8	0.0
Capital Expenditure	2.4	5.5	3.1	45.7	70.5	24.7	81.4	81.4	0.0
Cash Flow Balance	45.2	36.7	8.5	45.2	36.7	8.5	0.0	34.6	-34.6

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	7,493	9,777	2,284	98,715	103,668	4,953	108,346	113,299	4,953
Acute Volumes (WIES)	4,749	5,702	953	59,140	61,799	2,659	64,658	67,317	2,659
Elective Volumes (WIES)	829	1,591	-762	14,370	16,811	-2,441	15,907	18,348	-2,441

A negative variance in ED Attendances reflects higher than planned presentations

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

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

For commentary refer to section:

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

2. Clinical Activity

2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for May

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	7,493	9,777	2,284	98,715	103,668	4,953	108,346	113,299	4,953
Acute Volumes (WIES)	4,749	5,702	953	59,140	61,799	2,659	64,658	67,317	2,659
Elective Volumes (WIES)	829	1,591	-762	14,370	16,811	-2,441	15,907	18,348	-2,441

A negative variance in ED Attendances reflects higher than planned presentations

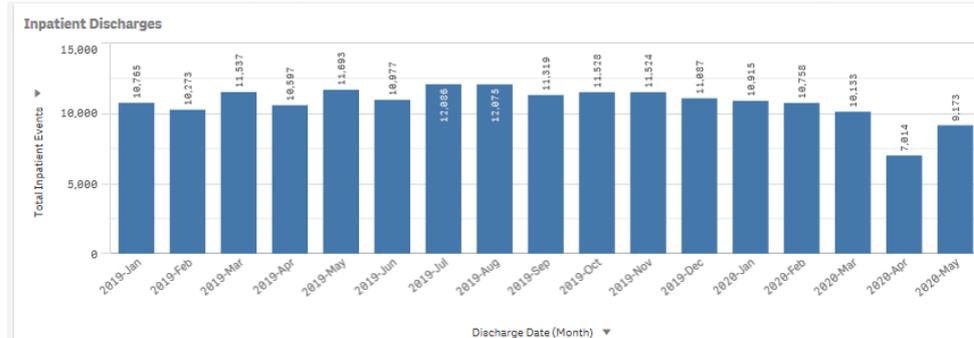
A negative variance in Acute Volumes (WIES) reflects a higher than planned acute demand

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

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

Clinical volume commentary for May 2020:

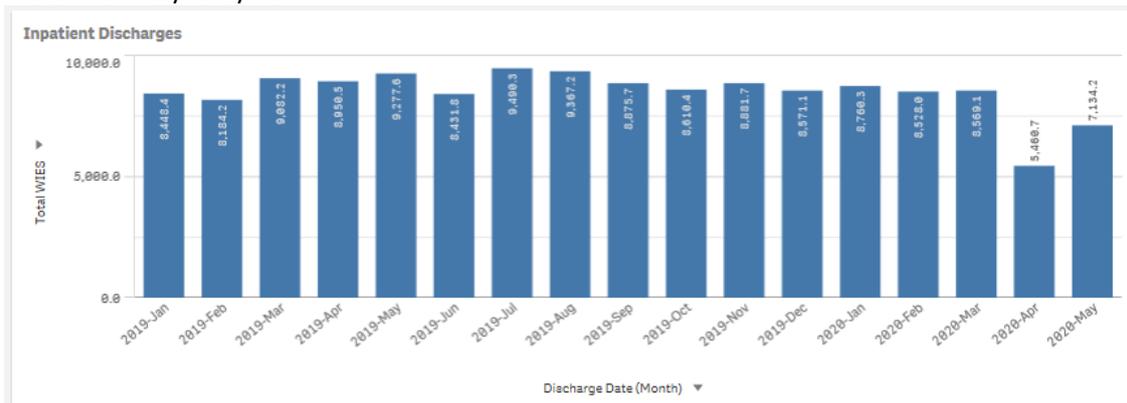
Total inpatient discharges in May were 9,173 – up from the low of 7,014 in April due to level 4 lockdown, but still 1,977 (18%) down from the 11,150 normal monthly average:



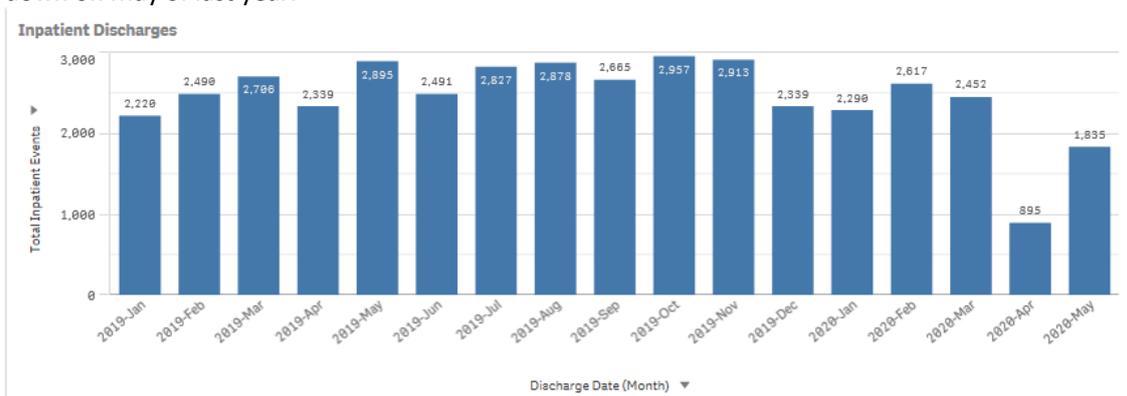
Inpatient average Length of Stay (LoS) in May was only slightly above the norm of 2.6. This could have been expected due to the fact that one would anticipate the average acuity of inpatients might have been higher during COVID lockdown, though this wasn't obvious in April which coincided with Alert Level 4:



Not surprisingly, total WIES mimicked inpatient volumes, with May's total of 7,134 being about 23% lower than May last year:



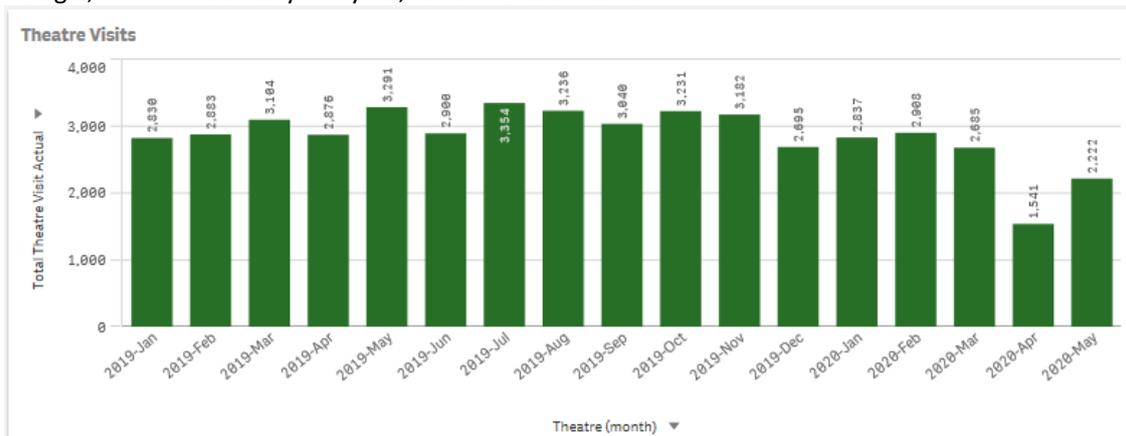
Elective discharges showed positive growth compared to April lockdown, but at 1,835 were still 37% down on May of last year:



This trend is also reflected in elective WIES at 1,282 for May, down from an average 2,330 about \$5.47m less, or 1,198 less than last May (\$6.24m):



Theatre visits in May also reflected overall inpatient trends, with the 2,222 procedures performed being 1,069 less than May last year, or about 32% lower:

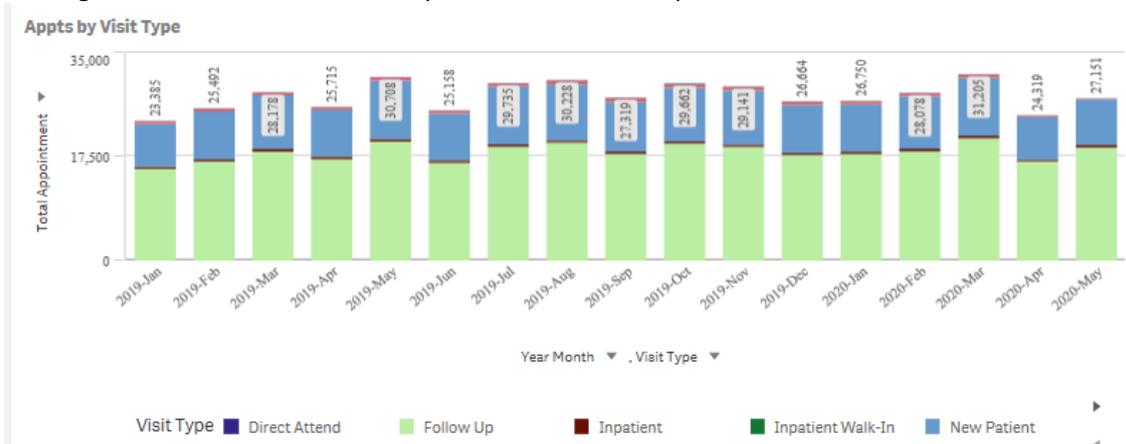


ED presentations are increasing from their April low of 6,953, with 8,344 people presenting across the two hospitals in May (compared to 11,352 in May 2019):

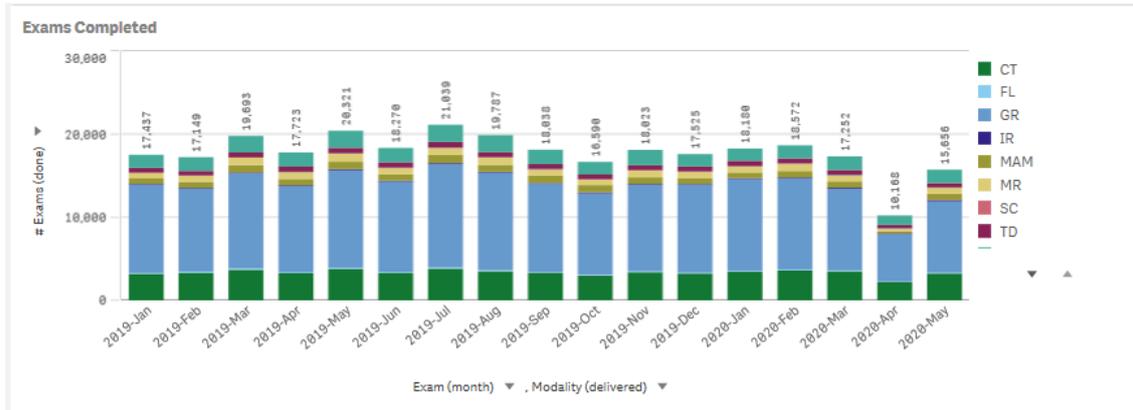
ED Presentations vs. 6 Hour Target



Outpatient appointments totalled 27,151 in May, not significantly different to monthly averages although about 11% down on the May 2019 total of 30,708 patients:



Radiology volumes performed in-house showed improvement on the April low with 15,656 procedures taking place in May, although this was 4,665 (23%) less than May last year.



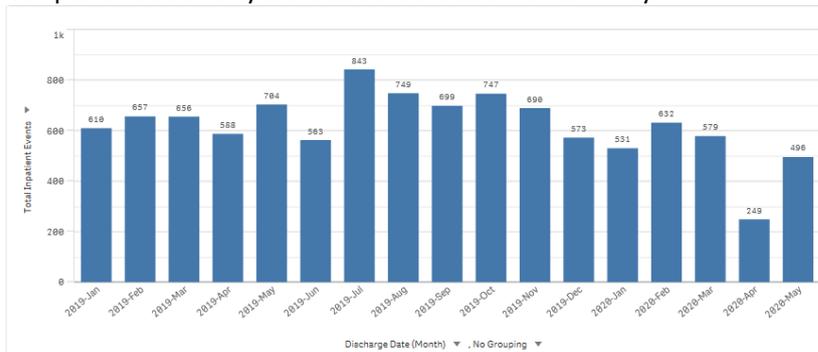
Outsourced Radiology Providers also started getting back up to speed in May:



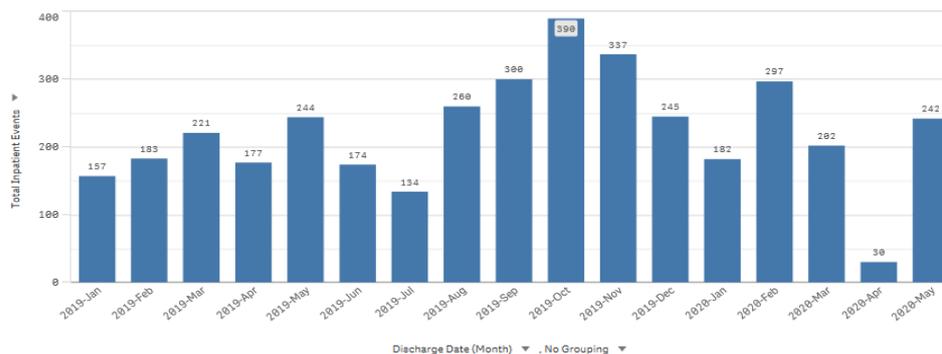
Beds used in May (midnight census) totalled 18,832, still significantly lower than May of last year (about 23% less). This represents the equivalent of about 190 beds less.

	Hospital	2019										2020				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Total	North Shore Hospital	16,563	16,995	17,239	18,302	17,994	17,243	17,093	17,455	16,168	16,900	15,950	14,642	10,888	13,895	
Total	Waitakere Hospital	6,100	6,834	6,913	7,196	6,907	6,360	6,106	5,930	6,003	6,505	6,301	5,571	4,262	4,544	
Total	Wilson Centre	600	711	625	621	608	612	594	633	536	681	568	514	261	393	
Total	All sites	23,263	24,540	24,777	26,119	25,509	24,215	23,793	24,018	22,707	24,086	22,819	20,727	15,411	18,832	

Elective endoscopy procedures performed in house – including colonoscopies and gastroscopies. The 496 performed in May were about 30% down on last May:



The number of outsourced endoscopies performed by private providers recovered well in May:



After being able to reflect on these trends and acknowledging that New Zealand returned to Alert Level 1 in early June, the volumes for the month of June may start returning to more normal levels, though some areas, (notably orthopaedic elective surgery), will not reach historic/normal capacity levels until July 2020, due to the MoH directive that elective surgery must focus on catching up on the waitlist relating to 'priority patients', (higher clinical risk) in the first instance.

Observances of volumes from the Services:

- ED Attendances YTD 5,135 below plan, noting the significant drop in attendances in April and early May. A year end forecast may see ED attendances coming in below the plan.
- Acute Volumes YTD are now 2,488 WIES below plan, noting a significant drop in April and May.

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

- Acute Medical Inpatient services (435 WIES) below plan notably in Cardiology (830 WIES) and General and Emergency Medicine (1,223 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 90% (234 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 and the timing of coding. The service has met with the coding team and identified opportunities to improve note taking and CWD benefits. Elective Gynaecology has been heavily influenced by COVID-19 related theatre cancellations. YTD volume stands at 108% of contract. Prior to COVID-19 the service was significantly over delivering to contract. Maternity acute activity tracks at 102% (101 CWD ahead of plan) driven by the high Caesarean rate and Antenatal Assessment activity.
- Surgical Services (75 WIES) above plan May YTD in Acute which is sharply down from the 214 April WIES YTD position, with Ortho acute volumes continuing to be significantly below normal levels in May 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 (2,205 WIES) below plan notably in Orthopaedics (1,526 WIES), ORL (273 WIES), and General Surgery (310 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) impacting 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.
 - COVID-19 related closure of elective theatres resulted in a 1,583 WIES shortfall in April and May.
- Radiology:
The radiology service showed a positive financial variance during May due to reduced activity due to lockdown. However, this has had a material impact on the waiting list, with almost 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.

3. Waitematā DHB Consolidated Financial Performance

The operating result for the month of May 2020, before the extraordinary costs of COVID-19, was a favourable variance to budget of \$0.1m, and year end to date the DHB is \$0.4m favourable to budget on the same basis. Extraordinary costs of COVID-19, including the deferral of recognition of the surplus of the sale of 44 Taharoto Road, amounted to \$2.6m in the month of May, and \$19.6m year to date.

3.1 Financial Result

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

CONSOLIDATED FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	160,651	157,736	2,914	1,743,279	1,735,392	7,886	1,893,107
Other	2,249	2,086	163	21,311	33,007	-11,696	40,239
Total Revenue	162,900	159,822	3,077	1,764,590	1,768,400	-3,809	1,933,346
EXPENDITURE							
Personnel	63,075	61,224	-1,851	676,790	667,775	-9,015	719,455
Outsourced Personnel	1,418	1,442	24	21,470	16,071	-5,399	17,500
Outsourced Services	5,294	5,763	469	61,493	62,841	1,348	68,580
Clinical Supplies	9,626	11,377	1,751	115,162	122,360	7,199	133,552
Infrastructure & Non-Clinical Suppli	10,044	7,750	-2,295	102,109	82,701	-19,407	86,152
Funder Provider Payments	79,404	75,675	-3,728	823,016	832,430	9,414	908,105
Total Expense	168,861	163,231	-5,630	1,800,039	1,784,178	-15,861	1,933,346
DHB Result : Surplus / (Deficit)	-5,961	-3,409	-2,552	-35,448	-15,778	-19,670	0

3.2 Financial Performance May 2020

Revenue: \$3.077m favourable to budget

The favourable variance in revenue includes:

- Positive result in NGO personal health, \$2.65m (refer section 4 for commentary)
- ACC revenues have dropped due to reduced patient numbers in rehabilitation wards, (\$0.32m) which is offset by revaluation of investment income (\$0.52m)

Expenditure: \$5.630m unfavourable to budget

The unfavourable variance in expenditure includes:

- Additional personnel costs have been realised in the month \$1.85m. 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 \$1.75m 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 (\$0.73m).

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: May 2020

The Funder consolidated core result variance is \$1.20m adverse for the month and \$13.51m 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 demand either by the number of service providers or by the number of patient/client presentations.

The Funder's \$13.51m favourable position for the year to date consists of a favourable Funder NGO variance of \$16.10m, an adverse Funder Own Provider variance of \$177k, an adverse Funder IDF variance of \$2.42m and a nil variance within Funder Governance

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

FUNDER ARM FINANCIAL PERFORMANCE

\$'000	Month May-20			YTD May-20			Full Year Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
REVENUE							
Funder NGO	50,830	48,194	2,636	538,222	530,134	8,088	578,328
Funder Own Provider	76,309	75,930	379	833,289	835,229	(1,940)	911,159
Funder IDF	27,426	27,481	(56)	298,480	302,296	(3,816)	329,777
Funder Governance	1,344	1,342	2	14,852	14,761	91	16,103
Total Funder Revenue	155,909	152,947	2,961	1,684,844	1,682,420	2,424	1,835,367
EXPENDITURE							
Funder NGO	52,233	48,194	(4,039)	522,118	530,134	8,016	578,328
Funder Own Provider	76,365	75,930	(436)	833,466	835,229	1,763	911,159
Funder IDF Outflows	27,171	27,481	311	300,898	302,296	1,398	329,777
Funder Governance	1,344	1,342	(2)	14,852	14,761	(91)	16,103
Total Funder Expenditure	157,113	152,947	(4,166)	1,671,335	1,682,420	11,086	1,835,367
CORE RESULT							
Funder NGO	(1,403)	0	(1,403)	16,104	0	16,104	0
Funder Own Provider	(56)	0	(56)	(177)	0	(177)	0
Funder IDF	255	0	255	(2,418)	0	(2,418)	0
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	(1,204)	0	(1,204)	13,509	0	13,509	0

FUNDER TOTAL REVENUE

The Funder consolidated revenue variance is \$2.96m favourable for the month and \$2.42m favourable 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 \$2.64m favourable for the month and \$8.09m 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 \$3.62m favourable impact for the month and \$10.82m favourable impact for the year to date. This is offset by related expenditure (resulting in an adverse net impact of \$1.21m for the month and \$1.69m for 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 Waitematā DHB was \$380k for the month and \$4.18m 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 \$1.17m for the year to date. Additional to this Waitematā DHB received a share of the new pharmaceutical funding of \$20m which resulted in a favourable impact of \$190k for the month and \$2.09m 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 2019) 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 \$457k for the year to date. Other year to date adverse variances of \$1.27m 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 \$379k favourable for the month and \$1.94m 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 \$1.17m 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 \$996k 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 \$3.82m 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 \$1.13m. PHO Capitation wash up has a favourable year to date variance of \$536k, offset by an adverse year to date variance of \$219k 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 \$4.17m adverse for the month and \$11.09m favourable for the year to date. The consolidated year to date expenditure variance consists of a \$8.02m favourable variance in Funder NGO expenditure, a \$1.76m favourable variance in Funder Own Provider expenditure, a \$1.40m favourable variance in Funder IDF outflow expenditure and a \$91k 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 \$4.04m adverse for the month and \$8.02m 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 \$4.83m for the month and \$12.51m for the year to date. This is mostly offset by revenue resulting in a net adverse impact of \$1.21m for the month and \$1.69m for year to date. Another significant factor impacting on the result relates to PHARMAC and their October-19 DHB forecast advice which resulted in a \$3.50m upside of which \$3.18m pertains to drug rebates. The PHO Capitation Agency adjustment resulted in an adverse impact of \$194k for the month and \$1.70m 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 \$1.53m 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 \$436k adverse for the month and \$1.76m favourable for the year to date. A key driver of this variance relates to the under delivery of the Planned Care Initiative for Waitematā DHB by the Waitematā DHB 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 adjustment for the Wilson Centre which is now accounted for directly within the Provider Arm. Further minor drivers of the variance include adjustments relating to the PSA Clerical MECA settlements, MERAS Settlements, additional Funding for Forensic Mental Health – Prison In-Reach Services and additional Hospital Medicines rebates based on PHARMAC’s latest DHB forecasts being \$106k for the month and \$1.17m for the year to date.

Funder IDF Expenditure

The Funder IDF expenditure variance is \$310k favourable for the month and \$1.40m 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 Waitematā DHB 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 \$2.32m 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 \$1.70m 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 \$1.55m 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 May 2020

PROVIDER ARM FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	81,142	80,719	423	892,337	888,202	4,135	968,899
Other	2,158	2,083	74	20,753	32,980	-12,227	40,209
Total Revenue	83,300	82,802	498	913,090	921,182	-8,091	1,009,108
EXPENDITURE							
Personnel	61,757	60,019	-1,738	665,674	654,518	-11,157	704,993
Outsourced Personnel	1,248	1,199	-49	18,913	13,399	-5,514	14,586
Outsourced Services	4,886	5,258	372	55,907	57,295	1,388	62,530
Clinical Supplies	9,626	11,377	1,751	115,156	122,357	7,201	133,548
Infrastructure & Non-Clinical Suppli	10,693	8,358	-2,335	107,852	89,391	-18,461	93,450
Total Expense	88,209	86,211	-1,998	963,503	936,960	-26,543	1,009,108
Provider Result : Surplus / (Deficit)	-4,909	-3,409	-1,500	-50,413	-15,778	-34,634	0

The Provider Arm result YTD May 2020 was a deficit of \$50.413m against a budgeted deficit of \$15.778m, and therefore unfavourable to budget by \$34.634m.

5.2 Service Commentary on YTD result

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

\$000's	Direct Revenue YTD			Direct Expenditure YTD			Total
	Actual	Budget	Variance	Actual	Budget	Variance	Variance
PROVIDER ARM FINANCIAL PERFORMANCE YTD							
Surgical & Ambulatory	9,400	9,011	389	142,228	137,636	-4,592	-4,203
Acute & Emergency Medicine	3,403	3,160	242	149,111	145,876	-3,235	-2,993
Specialty Medicine and HOPS	8,308	8,003	305	94,759	93,678	-1,081	-776
Child, Women & Family	7,875	8,608	-733	90,381	90,281	-100	-833
Specialist Mental Health & Addictio	14,851	13,402	1,449	138,667	137,197	-1,470	-21
Elective Surgery Centre	0	0	0	22,266	25,907	3,641	3,641
Clinical Support	301	174	126	30,835	29,418	-1,417	-1,291
Diagnostics	5,404	3,851	1,554	96,048	97,850	1,802	3,356
Corporate and Provider Support	863,549	874,972	-11,424	199,209	179,117	-20,092	-31,516
Total Provider	913,090	921,182	-8,091	963,503	936,960	-26,543	-34,634

The following service commentaries reference 'business as usual' financial pressures in the first 8 months from July to February and COVID-19 impacts from March to May 2020.

Surgical Services (YTD \$561k unfavourable to budget)

Since late March the Elective Surgery Centre (ESC) has not been open for ESC model of care patients. After several weeks of closure, the ESC re-opened in late April to provide additional theatre space for NSH, as theatres there had been re-assigned for COVID preparedness. Consequently, all volumes and approximately 90% of ESC costs in April and May relate to NSH patients.

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

The unfavourable variance prior to COVID-19 impacts (\$2.37mn) was driven by:

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

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

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

COVID-19 impacts:

The key elements driving the positive variance (\$1.549m) during the COVID-19 period of late March to end of May, across the three surgical venues are:

- Two NSH and one WTH elective operating theatres were converted into COVID-19 ready theatres at the end of March and were returned to operation in late May/early June. The additional acute theatre at NSH was returned to elective in late May. The final two ESC theatres were re-opened for NSH elective lists during May.
- Theatre utilisation has improved throughout May, as COVID-19 preparedness and the reduced number of possible cases resulted in faster theatre turnaround times.
- Cancellation of a significant portion of elective lists for NSH and all of ESC lists resulted in a WIES shortfall of 662 WIES in May, following the shortfall of 920 in April. Orthopaedic electives, which attract the highest WIES case weight was at 20% of budget in May as the DHB continued to concentrate on P1 risk elective patients. Other services ran selective elective lists from mid/late April and by the end of May had reached approximately 65% of list completion. Overall May WIES was only 45% of the average monthly elective volume. The overall Elective shortfall in April and May of 1,582 WIES had a \$ impact of \$8.3mn
- Acute volumes were at 88% of budget in May, but there was a larger impact on Orthopaedics where acute presentations were at 78%. The latter is directly impacted by

reduced mobility of the population as result of lockdown. The overall Acute shortfall in April and May of 344 WIES had a \$ impact of \$1.8mn.

- High allowances, approximately \$200k over budget, for new COVID-19 rosters for medical staff in ICU and Anaesthesia who had to remain available, as a contingency should there have been a significant increase in COVID-19 suspected patients presenting through ED.
- 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 not substantial savings in personnel. Although there were theatres unused rosters were required to staff them in the event of COVID-19 surgical presentations.
- There was a significant drop (approx. \$700k) in outsourced medical personnel costs during the period as medical staff who worked at ESC became available to cover leave so services did not need to rely on locum staff.
- The lower volumes in April/ May had a direct impact on clinical supplies which were approximately \$680k lower than planned despite significant spend on PPE within S&A and \$1.25m at ESC. For example Implants and prostheses costs, which are driven by Orthopaedic volumes were \$1.1m lower in April/May.

Acute and Emergency Medicine Services (YTD \$2.993 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 2,000 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 \$0.775m 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 1,000 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 additional staff costs in the months of March to May, 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 and 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 - May, and this is anticipated to continue, to a lesser extent in June. For March - May, the reduction in revenue equates to \$775k, with a further \$150k forecasted June due reduced patient numbers in rehabilitation wards.

Gastroenterology reduced their outsourced volumes during March to May over level 4 lockdown, saving \$580k (noting this financial benefit is considered short term, with catch-up costs anticipated in the new financial year). Nursing personnel saved \$450k on the AT&R wards as staff and 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-May, of \$290k. Finally there were savings in the outsourced bureau requirements in MHSOA in April, due to reduced occupancy.

Child, Women and Family Services (YTD \$833k unfavourable to budget)

The unfavourable variance is driven by:

- Previously high / now fluctuating admission rates across both Neonatal units. Neonatal units are tracking at 90% of CWD YTD (down 3% on last month). This measure may, at times, not fully represent the actual demand of the units due to the lengthy occupancy and timing of discharge.
- 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. This has been somewhat mitigated with the retention payment initiative that was introduced in February 20, which 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 following the completion of orientation (June 20).
- Obstetrics & Gynaecology medical costs track well above budget to date with significant demand for acute gynaecology (100% of contract) and elective gynaecology (108% of contract)
- ARDS \$1.37m 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 impact of clinic closures during the COVID-19 period has meant significant clinical supplies and infrastructure cost benefits.

The service continues to make good progress with its tactical savings initiatives with benefits being

realised across the following - Obstetric and Anaesthetic on call accommodation, transitioning to digital post (ARDS), changes in Child Rehabilitation contract costs with Auckland DHB and changes in the provision of clinical supplies to families accessing Community Child Nursing services. Opportunities for further savings are being explored at present.

COVID-19 impacts: Regional Dental has started opening more clinics with a focus on the seeing children with high priority need. There are 16 clinics operating at this stage.

MoH funding support for Colposcopy and Respite service continues.

Public Health Nurses continue to provide COVID-19 screening support at the Auckland airport and for the Auckland Regional Public Health Service.

Specialist Mental Health and Addiction Services (YTD \$20k unfavourable to budget)

The unfavourable variance is driven by:

- Additional revenue for Intellectual Disabilities (currently 3 supernumerary service users) \$814k, and Court reporting \$114k. 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 over budget, with premium cost of overtime offsetting vacancies: medical (14 FTE) noting 2 positions have been filled with applicants overseas, nursing (89 FTE) and allied (49 FTE). Overtime has been significant while we were unable to return all staff to the service.

The service had an unfavourable result for the month of \$375k, driven by both COVID-19 and acuity.

COVID-19 impacts: Our 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, have now ceased after eight weeks of operation. Unbudgeted security staff (3 at each site) have been necessary to ensure safety.

Our inpatient units (IPUs) have now returned to BAU following a system of segregated “bubbles” within each facility to ensure a COVID-19 safe operating environment; this resulted in additional staffing and resources. The service completed deployment of uniforms to staff in direct contact with service users in our IPUs and ED as COVID-19 risk mitigation.

Most services have continued online consultations where possible; phone contacts have continued at 50% above BAU and remote clinical sessions via video conferences (Zoom) have grown to 1,800 (1,300 during Level 4 lockdown).

Other than COVID-19 staffing impacts, Mason Clinic has continued BAU as far as possible. Acuity continues to impact overtime costs.

Clinical Support Services (YTD \$1.291m unfavourable to budget)

The unfavourable variance is driven by:

- Increased equipment and bed repairs in Clinical Engineering, (\$587k).
- 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, (\$582k).

Diagnostics Services (YTD \$3.356m favourable to budget)

The favourable variance is driven by:

- Lower inpatient drug costs \$1.215m, and the receipt of additional rebates, \$775k
- Outpatient pharmacy \$236k favourable YTD.
- Laboratories \$836k favourable due to the reversal of a prior year accrual and personnel cost savings.

Corporate and Provider Arm Support Services (YTD \$31.517m unfavourable to budget)

The unfavourable variance is driven by:

- Delayed realisation of financial savings obligations, (\$16.3m).
- Deferred sale of 44 Taharoto Road, (\$10.1m).
- Adjustment to planned care revenue based on current under delivery of YTD volumes, (\$2.0m).

COVID-19 impacts

- Revenue including interest and car parking (\$988k)
- Additional PPE and Clinical Supplies (\$388k)
- Additional infrastructure, security, cleaning and maintenance costs (\$1.644m)
- Redeployment and backfill of staff for Occupational Health and Emergency Planning (\$991k)
- Three Harbours investment revaluation (\$0.9m)

Offsets to the shortfall in savings obligations include:

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

6. Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at May 2020

\$000's	31-May-20			May-20	Variance to	Jun-19
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	468,172	607,088	-138,916	474,134	-5,963	486,268
Represented by:						
Cash & Bank Balances	45,249	36,728	8,521	50,217	-4,968	36,685
Other Current Assets	82,308	65,409	16,899	81,177	1,131	86,472
Current Liabilities	-414,172	-267,864	-146,308	-411,651	-2,521	-364,569
Net Working Capital	-286,615	-165,727	-120,888	-280,256	-6,358	-241,412
Fixed Assets	753,386	771,201	-17,815	753,499	-113	726,180
Long Term Investments in Associates	43,272	42,959	313	42,614	658	42,940
Term Liabilities	-41,871	-41,345	-526	-41,723	-148	-41,440
Total Employment of Capital	468,172	607,088	-138,916	474,134	-5,961	486,268

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of \$286.6m at 31 May 2020 is expected, due to the nature of current liabilities including annual leave provisions and the current portion of other staff entitlements, such as continuing medical entitlements (CME). While these liabilities are considered current, any significant draw down is unlikely as accrued entitlements tend to offset leave claims over time.

The 'Cash and Bank Balance' is \$45.2m at 31 May 2020.

The 'Other Current Assets' balance includes outstanding payments from non-residents totalling \$3.5m. The DHB has billed \$4.5m (net of credits) in non-resident income as of year to date, and anticipates a net total of \$4.9m in non-resident income by year end.

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 \$29.7m.

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at May 2020

\$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	160,608	153,447	7,161	1,750,654	1,727,760	22,894
Interest Received	55	172	-117	1,569	1,980	-411
Other Revenue	1,211	1,914	-703	20,054	22,715	-2,661
Outflows						
Staff	60,018	57,125	-2,893	665,205	667,186	1,981
Suppliers	14,971	19,533	4,562	231,779	217,012	-14,767
Other Providers	79,404	76,210	-3,194	823,016	832,946	9,930
Capital Charge	0	0	0	14,507	17,994	3,487
GST (net)	9,416	156	-9,260	488	1,856	1,368
Net cash from Operations	-1,935	2,509	-4,444	37,282	15,461	21,821
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	31,250	-31,250
Associates	0	0	0	41	0	41
Outflows						
Capital Expenditure	2,376	5,478	3,102	45,736	70,466	24,730
Investments	658	0	-658	373	0	-373
Net cash from Investing	-3,034	-5,478	2,444	-46,068	-39,216	-6,852
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	50,218	39,697	10,521	36,685	36,685	0
Net increase / (decrease)	-4,969	-2,969	-2,000	8,564	43	8,521
Closing cash	45,249	36,728	8,521	45,249	36,728	8,521
Closing Cash Balance in HZHPL Sweep	45,249	36,728	8,521	45,249	36,728	8,521

6.4 Cash Flow Forecast

The Waitematā DHB cash position remains strong, ending May with a balance of \$45.2m against a budget of \$36.7m. 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 \$29.7m. Compared to a pre-COVID-19 February forecast of \$47.6m, this represents a \$17.9m downward movement.

The biggest movement from February to May is in operating costs \$23.7m partially offset by the increase in operating income \$19.9m.

Capital expenditure and equity drawdown account for \$11.4m of the downward movement. This is due to COVID-19 as well as changes to initial phasing assumptions.

Direct COVID-19 impacts account for \$2.1m of the downward movement.

Although the cash balance remains high against the baseline, operational and capital expenditure activities picked up in May and will continue past June as COVID-19 lockdown levels are relaxed.

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

	\$m
Year-end forecast as at Feb-20	47.6
	Movement from Feb - May
Cash Inflow	
Operating income	19.9
Equity drawdown	-6.7
Covid impact	-1.3
Interest	-0.3
	11.6
Cash outflow	
Operating costs	-23.7
Capex	-4.7
Covid impact	-0.7
Cost of capital	-0.3
	-29.5
Current forecast year-end cash position	29.7

7. Statement of Capital Expenditure

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

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

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

Table: Summary of Capital Expenditure as at May 2020

\$000's	Month			YTD			Full Year Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
Capital Expenditure							
Land	0	0	0	16,373	17,000	627	17,000
Buildings & Plant	1,874	4,571	2,697	18,011	37,432	19,421	47,333
Clinical Equipment	377	777	400	5,770	13,566	7,796	14,488
Other Equipment	20	9	-11	1,473	271	-1,202	283
Information Technology	105	104	-1	3,256	1,926	-1,330	2,048
Motor Vehicles	0	17	17	853	271	-582	292
Total Capital Expenditure	2,376	5,478	3,102	45,736	70,466	24,730	81,444

7.1 2025/26 Emissions-Free Fleet Target

Recommendation:

That the Board:

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

Prepared by: Chris Cardwell (Facilities Services Director) and Brad Healey (Acting GM Clinical Support Services)
Endorsed by: Dr Andrew Brant (Deputy CEO)

Glossary

DHB	-	District Health Board
EV		Electric vehicle
ICE	-	Internal combustion engine
GHG	-	Greenhouse gas
EECA	-	Energy Efficiency Conservation Authority

Executive Summary

The Prime Minister has set clear expectations regarding Government fleet procurement, with a target of all light vehicles in the Government fleet being emissions-free, where practicable, by 2025/26. This paper seeks endorsement of the proposed approach to implementing the Prime Minister's emissions-free fleet target directive including the funding applications to EECA.

It also considers the implications for the DHB in achieving this target including an update on the DHB's current fleet, how we align with Government expectations, and what would be required to fully achieve the target. It notes our progress to date and the potential future cost impacts to align with Government expectations.

1. Background

Recently the Prime Minister's office wrote to all DHBs setting out strong expectations in relation to fleet procurement (refer Attachment 1). In summary:

- The Government has set a target of having all light vehicles in the Government fleet emissions free, where practicable, by 2025/26
- There is an expectation that our fleet replacements will be battery electric vehicles
- If battery electric vehicles are not practicable, then it is expected we purchase low emissions alternatives

- There is recognition that there will be challenges, in particular relating to infrastructure, electrical supply and the cost of electric vehicles
- There is an expectation that we should consider retiring vehicles without replacement and investigate alternative transport services.

2. Waitematā DHB Fleet

The DHB's fleet is internally managed, with vehicles owned rather than leased. The fleet comprises a mix of over 450 vehicles tailored to operational needs and specialist uses (e.g. shuttle buses and maintenance vans) and is operated as a single asset pool. The DHB currently operates three electric vehicles (EV).

Fleet composition is set out in the following table:

Type	Number
SUV/4WD/AWD	10
Hatchback	284
Sedan	17
Station Wagon	82
Minibus	9
Trailer	8
Commercial trailer	1
Truck	1
Ute	3
Van	37
Total vehicles	452

The Fleet aging profile is set out below:

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
54	19	14	6	1	2	40	42	27	44	36	25	35	48	393

The DHB has a fleet replacement programme which responds to changing operational requirements, end of life assets and capital and operational budget constraints. Whole of life cost benefit analysis coupled with operational performance criteria and infrastructure constraints has, to date, lead to a bias toward procurement of internal combustion engine (ICE) vehicles (including low emission vehicles) compared to electric vehicles.

In FY20/21 48 vehicles were purchased to replace end of life or high maintenance cost vehicles. These were all ICE vehicles. No electric vehicles were purchased in this round of procurement.

Next year it is anticipated 205 vehicles (pre 2016) will require replacement with acquisition priorities yet to be finalised.

Infrastructure requirements

Electric vehicle charging infrastructure is a precursor to increasing electric vehicles as a proportion of the fleet. To date this capital and operational investment has yet to be prioritised in our campus plans.

In addition to the cost to establish the electric vehicle charging infrastructure, there are additional operational costs. In particular, due to the increased complexity in fleet utilisation management and fleet inflexibility.

Comparison of EV and ICE fleet replacement programmes

To better understand the impact of increasing the proportion of electric vehicles in the DHB's fleet a comparison of EV and ICE fleet replacement programmes is provided in the table below.

As identified below a potential fleet replacement programme over five years to accelerate the proportion of electric vehicles represents a significant capital investment (approximately \$18.83m compared with \$6.8m). To implement this programme would require potential de-prioritisation of other investment priorities in the DHB's capital plan.

Financial year	Number of vehicles	Cost for EV (\$ms)	Cost for ICE (\$ms)
2020/21	100	4.78	1.73
2021/22	100	4.78	1.73
2022/23	85	4.11	1.47
2023/24	60	2.87	1.04
2024/25	48	2.29	0.83
Total	393	18.83	6.80

The following assumptions have been used to develop the replacement programme comparison:

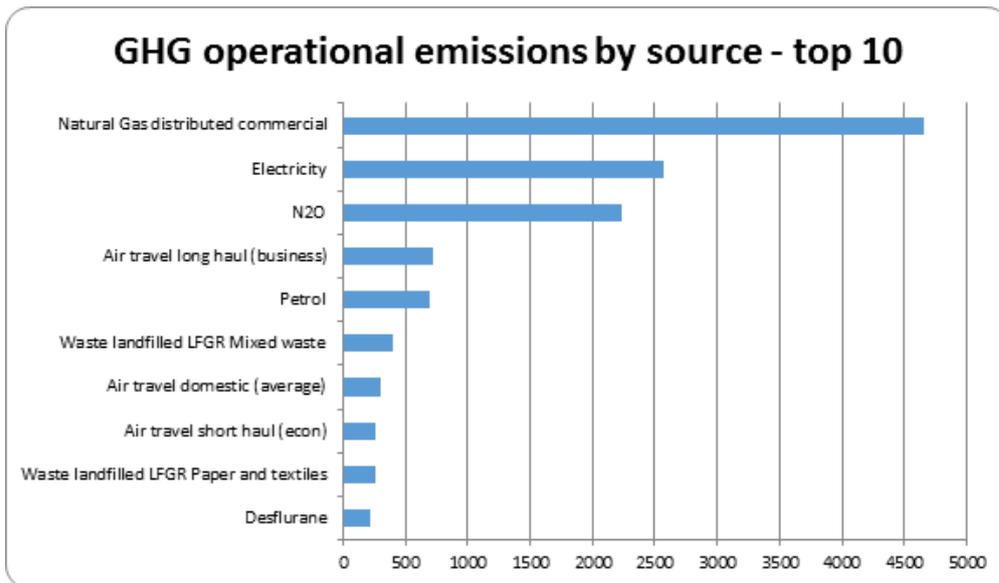
- The maximum age of an EV fleet vehicle will be 5 years
- All DHB sites have capacity for charging stations to be installed in sufficient numbers that all vehicles can be fully charged overnight. Note this has not been included in the costs
- Electric vehicle development provides availability of all types of vehicles (currently there are no EV station wagons, mini buses or commercial vehicles available in New Zealand)
- Price comparison between Nissan Leaf (electric vehicle) currently quoted in the All of Government new vehicle guide at \$47,867 and Hyundai Accent (internal combustion engine) recently purchased at \$17,386.

3. Sustainability Context

The June 2017 Waitematā DHB Sustainability Policy sets out focus areas including: sustainable procurement, energy and carbon management, waste management, water management, and built environment design. With reference to fleet, the policy notes:

- vehicle fleet will be managed to maximise efficiency and minimise fuel consumption
- fleet upgrades will consider fuel efficiency and emissions ratings
- fleet use and fuel consumption will be monitored and reviewed regularly to identify efficiencies.

The vehicle fleet has a significant impact on Waitematā DHB's carbon footprint. Fleet represents 6.8% of our overall carbon footprint (following chart refers). The DHB has committed to reduce this over time.



Source: 2019 CEMARS report on Green House Gas (GHG) emissions

4. Proposed implementation of directive including potential funding opportunity

Among a range of decarbonisation plans and initiatives underway are applications to the new Energy Efficiency Conservation Authority (EECA) administered decarbonisation fund. The State Sector Decarbonisation Fund supports State Sector agencies to accelerate decarbonisation by funding projects that bring forward in time investments that reduce emissions.

We plan to seek EECA/Government investment in carbon reducing initiatives including fleet investment comprising electric vehicles and vehicle charging infrastructure. Applications are due in December 2020.

We will also discuss with the other northern region DHBs opportunities for regional infrastructure solutions relating to the electrical vehicle charging stations as this may be best done regionally.

5. Conclusion

Investment in electric vehicles aligns with Government policy, our own DHB sustainability policy and decarbonisation goals, and improves our contribution to improved health and social outcomes.

While we have made limited investment in electric vehicles and electric vehicle infrastructure, we do when practicable target low emissions vehicle procurement.

To accelerate the move to a higher proportion of electric vehicles, and therefore procure additional fleet utilising criteria beyond the lowest cost, introduces a financial premium above historical levels of investment. Both direct procurement costs and the indirect costs relating to infrastructure establishment and operation.

Board endorsement of the proposed approach to implementing the Prime Minister’s emissions-free fleet target directive is sought. Seeking third party investment via the EECA administered capital fund to accelerate electric vehicle infrastructure investment and electric vehicle procurement is a new pathway to assist us to achieve sustainability goals and support Government expectations.



MP for Mt Albert

Minister for Arts, Culture & Heritage

Minister for Child Poverty Reduction

Minister for National Security & Intelligence

Dale Bramley
Chief Executive Officer
Waitemata District Health Board
dale.bramley@waitematadhb.govt.nz

10 JUN 2020

Dear Dale Bramley

We want our country to tackle the major challenges facing New Zealand and the next generation. To support this ambition, and to lead New Zealand's reduction in greenhouse gasses, we have set a target of having all light vehicles in the government fleet emissions-free, where practicable, by 2025/26.

To achieve this target, I want to set my clear expectations around replacing your agency's light vehicle fleet with battery electric vehicles when they are next due for replacement. It is only by routinely buying battery electric vehicles in place of fuel-powered vehicles that we will have an emissions-free fleet.

I'm aware there are some challenges to achieving an emissions-free government light vehicle fleet. That's why I've asked responsible ministers to work with relevant agencies on a range of initiatives including improving relevant infrastructure, increasing electric vehicle supply options and reducing the relative cost of electric vehicles compared to alternatives.

As an agency, you should have a vehicle replacement plan in place. The Government expects agencies to purchase battery electric vehicles. If it is not practicable then we expect you to purchase the lowest emissions alternative.

You should also consider whether you can retire vehicles without replacement, and investigate options to use alternative transport services. For support in achieving an emissions-free fleet, your agency can seek guidance from New Zealand Government Procurement via vehicles.coe@mbie.govt.nz.

All Ministers are expected to hold their Chief Executives accountable for individual agency transition to an emissions-free fleet. Agencies must lead by example to deliver an emissions-free fleet and the benefits this will provide.

It's the right thing to do as we strive towards a better New Zealand for this generation and the next.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Jacinda'.

Rt Hon Jacinda Ardern
Prime Minister

Cc Hon David Clark, Hon Peeni Henare, Hon Julie Anne Genter
State Services Commissioner

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
4.	Minutes of the Hospital Advisory Committee – Public Excluded (17/06/20)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
5.	Relocation of West Auckland Breast Screening Clinic	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
6.	Cardiac Cath Lab Replacement - Economic Analysis of Leasing Arrangements	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
7.	2020/21 Capital Programme and Leasing Principles	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the	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.

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

	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
		<p>Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</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.	Update on adverse event investigation panel recommendations	<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 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 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 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>
12.	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 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 The withholding of the information is necessary to maintain legal professional privilege.</p> <p>[Official Information Act 1982 S.9 (2) (h)]</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
			<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
13.	Provider Activity and Production Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
14.	Reporting of COVID-19 related costs to the Ministry of Health	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
15.	National Asset Management Plan	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	<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>
16.	Holidays Act Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	<p>Conduct of Public Affairs The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment.</p> <p>[Official Information Act 1982 S.9 (2) (g)(ii)]</p>
17.	Informed Consent	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</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
		Schedule 3, S.32 (a)]	<p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p> <p>Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege.</p> <p>[Official Information Act 1982 S.9 (2) (h)]</p>
18.	Update on 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>
19.	Service 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>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>