



Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 30 September 2020

9.45am

AGENDA

Items to be considered in public meeting

VENUE

**Waitakere Conference Room
Ground Floor, Snelgar Building
Waitakere Hospital Campus**

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of Life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

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

Well Being to All.

MEETING OF THE BOARD
30 September 2020

Venue: Waitakere Conference Room, Ground Floor Snelgar Building, Waitakere Hospital Campus

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 Robert Paine - Chief Financial Officer and Head of Corporate Services Peta Molloy - Board Secretary</p>
---	---

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 (19/08/20) Actions arising from previous meetings
	2.2	Minutes of the Meeting of the Hospital Advisory Committee (09/09/20)
	3	EXECUTIVE REPORTS
9.55am	3.1	Chief Executive Update
10.05am	3.2	Health and Safety Performance Report
10.15am	3.3	Communications Report
	4.	DECISION ITEMS
	5.	PERFORMANCE REPORT
10.30am	5.1	Financial Performance Report
10.40am	6.	RESOLUTION TO EXCLUDE THE PUBLIC

Waitematā District Health Board
Board Member Attendance Schedule 2020

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

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

REGISTER OF INTERESTS

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

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

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

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

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

IMPORTANT

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

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

Note: This sheet provides summary information only.

2.1 Confirmation of Minutes of the Board meeting held on 19 August 2020

Recommendation:

That the draft Minutes of the Board meeting held on 19 August 2020 be approved.

DRAFT Minutes of the meeting of the Waitemātā District Health Board

Wednesday, 19 August 2020

held via Zoom video conferencing, commencing at 10.02 am

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

ALSO PRESENT:

Andrew Brant (Acting Chief Executive Officer)
Jonathan Christiansen (Chief Medical Officer)
Debbie Holdsworth (Director Funding)
Mark Shepherd (Director Provider Healthcare Services)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

There were no public or media representatives present at the meeting.

WELCOME:

The Board Chair welcomed everyone in the meeting.

It was agreed to convene the public excluded section of the meeting to consider a specific item before commencing with the open agenda.

The open meeting adjourned at 10.03am and reconvened at 10.20am.

KARAKIA

Renata Watene led the karakia.

APOLOGIES:

There were no apologies received.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

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

1 AGENDA ORDER AND TIMING

For the open meeting, items were taken in same order as listed in the agenda, except item 6 was brought forward to the commencement of the meeting and the public excluded meeting convened from 10.03am to 10.20am.

2 BOARD AND COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Board Meeting held on 8 July 2020 (Agenda pages 7-20)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

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

Carried

Actions arising from previous meetings (Agenda page 21)

There were no issues raised and the updates were noted.

2.2 Minutes of the Meeting of the Hospital Advisory Committee (29/07/20) (Agenda pages 22-31)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

That the draft minutes of the Hospital Advisory Committee meeting held on 17 June 2020 be received and the following recommendation be approved:

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

Carried

2.3 Minutes of the Meeting of the Community and Public Health Advisory Committee (05/08/20) (Agenda pages 32-45)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

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

Ref.	Item/Recommendation
4.1	<u>Diabetes Retinal Screening Update</u> That the Board write a letter to the MoH to make diabetes retinal screening a national screening programme and /or issue national guidelines to be adopted for retinal screening for consistency of approach.

Ref.	Item/Recommendation
4.2	<p><u>HPV Self-Testing for Cervical Screening Update</u></p> <p>That the Board write to the Ministry of Health seeking clarification on the implementation timeline for HPV primary screening, noting the urgency for implementation due to:</p> <ul style="list-style-type: none"> • The current low programme coverage and longstanding inequities • The further impact of COVID-19 on screening coverage • Local DHB research on self-testing • The urgency expressed in the Parliamentary review • The WHO Call to Action on cervical cancer.

Carried

2.4 Minutes of the Meeting of the Disability Support Advisory Committee (05/08/20)
(Agenda pages 46-50)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

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

Carried

3 EXECUTIVE REPORTS

3.1 Chief Executive's Update (agenda pages 51-70)

Dr Dale Bramley (Chief Executive Officer) gave a presentation on the current COVID-19 situation. A copy of the presentation will be provided to Board members.

Dr Bramley acknowledged and congratulated Dr Andrew Brant (Deputy Chief Executive) on his three-month secondment to the role in interim Chief Executive of Canterbury District Health Board. Dr Brant's secondment will commence early October and end 24th December 2020. He also thanked Dr Brant for the work he is currently doing. The remainder of the report was summarised.

The Board Chair acknowledged the work undertaken and that it was fantastic to see the Māori Nurse (Chloe Maeva) of the Year Award.

The update was noted.

3.2 Health and Safety Performance Report (agenda pages 71-82)

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

Fiona McCarthy introduced the report noting that official approval has now been received for ARPHS (Auckland Region Public Health Service) to undertake scoping for

COVID-19 cases. This will allow a faster response with any staff that are potential contacts to enter a stand-down period.

In addition, Fiona advised that ACC had deferred the scheduled September audits. ACC have advised that there will be a delay of two-months. It was noted that the prep work for the audits has been undertaken.

The Board Chair thanked Fiona for the work she was doing for both Waitematā DHB and the Northern Region Health Co-ordination Centre during COVID-19.

The report was received.

3.3 Communications Report (agenda pages 83-91)

Matthew Rogers (Director Communications) was present for this item. He summarised the report noting the team was fully focused on COVID-19. He noted two new steps to interact with staff during COVID-19 being staff webinars and daily hospital 'huddles' both have been well received.

In response to a question, it was noted that the spike in visits to the website were related to information provided on COVID-19.

The Board Chair thanked the Communications team for all their work.

The report was received.

The meeting adjourned from 10.44am to 10.52am for a tea-break.

4 DECISION ITEM

4.1 Waitemata DHB/University of Auckland Academic Health Alliance (agenda pages 92-100)

Jonathan Christiansen (Chief Medical Officer) was present for this item via video conference. He summarised the report noting the tangible benefits.

Matters covered in discussion and response to questions included:

- The DHB has memorandum of understandings with other tertiary providers. The DHB also has a formal relationship with Unitec.
- There are regional ethics guidelines for University and DHB staff undertaking research projects. In addition, the DHB has reformed its Clinical Ethics Advisory Group. Research ethics is consistent across the region.
- The DHB's legal team have supported the clause (9) related to IP.
- The DHB has a conflicts of interest policy that would be deployed for a project.

Resolution (Moved Allison Roe/Seconded Warren Flaunty)

- a) That the Board supports an overarching memorandum between Waitematā DHB and the University of Auckland to enter into the Auckland Academic Health Alliance for the purposes of research and education.**
- b) Authorise the Board Chair to sign a Memorandum between Waitematā DHB and the University of Auckland, as in a) above.**

Carried

5 PERFORMANCE REPORT

5.1 Update to Financial Report for June 2020 (agenda pages 101-123)

Robert Paine (Chief Financial Officer and Head of Corporate Services) was in attendance for this item.

Robert noted the update provided on the June result and that it was consistent with previous forecasts. He also noted the impact of ongoing COVID-19 costs now being seen, these costs are being tracked. Costs associated with the COVID-19 management of isolation facilities are identified separately.

In response to a question related to the update on savings, it was noted that the intent is to shift the culture into being more accountable for a budget and with that providing more permission to act within that budget. A financial sustainability presentation has been scheduled for the Board.

It was noted that a good meeting was held with the Ministry of Health on the DHB's performance monitoring

The report was received.

GENERAL BUSINESS

There were no items of general business.

6 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 124-128)

This item was considered at the commencement of the open meeting.

Resolution (Moved Kylie Clegg/Seconded Edward Benson-Cooper)

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	Minutes of Meeting of the Board - Public Excluded (08/07/20)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

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

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

	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>Negotiations</p> <p>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.	First Draft Northern Region Service Plan (2020/21)	<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</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
9.	Health System Catalogue Business Case	<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</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations</p> <p>The disclosure of information would not be in the public interest because of the greater</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>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.	Northern Region DHB COVID-19	<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</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>
11.	Totara Haumaru Procurement Update	<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</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
12.	Food Services Update	<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</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p>

	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
		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)]
13.	Informed Consent	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)]
14.	Legal Services Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege. [Official Information Act 1982

	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>S.9 (2) (h)]</p> <p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>
15.	Local - COVID-19	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Conduct of Public Affairs</p> <p>The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment.</p> <p>[Official Information Act 1982 S.9 (2) (g)(ii)]</p>

Carried

The open meeting concluded at 11.26am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 19 AUGUST 2020.

_____ BOARD CHAIR

**Actions Arising and Carried Forward from
Previous Board Meetings as at 24 August 2020**

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
18/12/19	7.1	<u>Vaping Update</u> Paper requested by the Board to provide direction on: <ul style="list-style-type: none"> - How the Board can support prevention of Vaping - How the DHB can influence and/or support the moving of legislation - How the DHB can support secondary schools to prevent smoking/vaping. 	Karen Bartholomew	October 2020	

2.2 Minutes of the Hospital Advisory Committee meeting held on 9 September 2020

Recommendation:

That the Draft Minutes of the Hospital Advisory Committee meeting held on 9 September 2020 be received.

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 9 September 2020

held via video conferencing
commencing at 1.31pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

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

ALSO PRESENT

Andrew Brant (Acting Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery) – *present by video conference*
Sharon Russell (Associate Director, Allied Health) – *present by video conference until 2.45pm*
Mark Shepherd (Director, Provider Healthcare Services)
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

There were no public and media representatives present during the meeting.

WELCOME

The Committee Chair welcomed those present.

APOLOGIES

Apologies were received and accepted from Dr Dale Bramley and Tamzin Brott.

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 29 July 2020 (agenda pages 6-15)

Resolution (Moved Sandra /Seconded Warren)

That the Draft Minutes of the Hospital Advisory Committee meeting held on 29 July 2020 be approved.

Carried

Actions Arising (agenda pages 16-18)

The updates on the matters arising were noted. No issues were raised.

3. PROVIDER ARM PERFORMANCE REPORT

In view of the rotational format for the discussion of the HAC Provider Arm report, sections 3.1.3, 3.1.4, 3.1.6 and 3.1.7 of the report were taken as read.

3.1 Provider Arm Performance Report – June 2020 (agenda pages 19-79)

Executive Summary/Overview

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

Matters covered in the discussion and response to questions included:

- The increase in elective work and planned care volumes from 27% to 94% in June. Efforts to reduce cancellation rates and optimise theatre capacity and the redesign of theatre schedule in coordination with the Institute for Innovation and Improvement that allowed achievement of 85% of annual planned care volumes were highlighted.
- Improvement plans were submitted to the Ministry of Health (MOH). Work required to 'catch-up' on deferred volumes is planned in three tranches with uplifts of cases in the production volume schedule. Plans are subject to funding. The MOH does not specify targets for the catch-up but plans were developed with equity based principles. More information on the equity based principles will be provided in the next report.
- Noting the rate of outpatient did-not-attend (DNA) rate for Māori and Pacific as a key issue, the Provider Arm is looking into messaging and communication to reduce DNA rates. Other strategies being considered are

place-based care, co-design of clinic environments with multiple types of care to set-up in locations that would suit priority populations as well as provision of care in a mobile bus setting.

- A prior study on DNA cases provided some recommendations to address a DNA strategy. This was not progressed at the time as it required significant resources. The service will review the strategies to incorporate into planned care with updates on learnings as a result of COVID-19. An update will be provided to the Committee.
- A suggestion for the Community and Public Health Advisory Committee (CPHAC) to look into impact on catch up and immunisation was made.
- Robert Paine (Chief Finance Officer and Head of Corporate Services) noted the overall financial year end results, which was breakeven without COVID-19 related costs.
- The updates on the DHB priorities variance report will be reviewed.
- The drop in the faster cancer treatment performance was during the COVID-19 lockdown period. All 23 patients have a treatment programme in place.

This section of the report was received.

Human Resources

Fiona McCarthy (Director HR) was present for the report.

This section of the report was noted.

Acute and Emergency Medicine Division

This section of the report was noted.

Specialty Medicine and Health of Older People Division

This section of the report was noted.

Child Women and Family (CWF) Division

Stephanie Doe (General Manager, CWF) joined by video conference for this item. She highlighted the change in the model of care to improve access and outcomes, for women with small for gestational age baby or hypertension in pregnancy, and the work with non-government organisations to support child development services in particular, psychological support and therapy.

Matters covered in the discussion and response to questions included:

- The current focus on children with highest need for oral health services. This is being impacted by high non-attendance rates for some schools and the pre-screening requirement. The pre-screening requirement is consistent with broader DHB framework for outpatients. Screening is conducted by phone, a day before the appointment, and epidemiological link will be established through the questionnaires.
- To support attendance, the service has adjusted its service hours and developed Facebook videos to communicate messages to patients and whānau noting that email and text communication is not always an ideal form of communication.
- The impact of the screening requirement was raised with the Dental Council New Zealand and an update will be provided to the Committee in a future report once a response is received.

This section of the report was received.

Specialist Mental Health and Addiction Services

Matters covered in the discussion and response to questions included:

- In recognition of the achievements of the DHB nurses who have received recognition, a congratulatory letter will be sent from the Board.
- Noting the lack of specialist staff as a national issue, the DHB has a number of pipelines to address workforce planning and development. There are vacancies that are currently facing challenges such as social work and psychology roles. In allied health, work is underway to bring occupational therapist roles into mental health.

This section of the report was noted.

Surgical and Ambulatory Services/Elective Surgical Centre

This section of the report was noted.

Diagnostic Services

Brad Healey (General Manager) joined by video conference for this item. Matters he highlighted in the report included:

- The price increase on medicines as a result of global supply chain issues brought about by COVID-19.
- Acknowledging the work of laboratory staff in the COVID-19 testing and noting the space and capacity challenges which was realised during the response. The service will work on these challenges to look into what a 'laboratory of the future' might look like.
- Significant reduction on radiology waiting list which was a result of industrial action.

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

Clinical Support Services

Brad Healey (General Manager) provided an update on the issue related to the thermometers noting that the units in Waitakere Hospital have all been replaced while units at North Shore Hospital are scheduled to be replaced within the next two weeks. Work is focussing on maintenance of high-risk clinical equipment to ensure productivity.

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

Resolution (Moved Sandra Coney/Seconded Chris Carter)

That the report be received.

Carried

3.2 Provider Arm Summary Report – July 2020 (agenda pages 80-94)

Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report, highlighting the improvement of elective volumes and outpatient DNA rates for the month of July. It was noted that faster cancer treatment performance also stabilised during this month.

No issues were raised and the report was received.

Resolution (Moved Sandra Coney/Seconded Warren Flaunty)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 95-102)

Jonathan Christiansen (Chief Medical Officer) was present for the item. Jocelyn Peach (Director, Nursing) and Sharon Russell (Associate Director, Allied Health) joined by video conference.

Allied Health, Scientific and Technical Professions

Sharon Russell took the report as read.

Matters covered in the discussion and response to questions included:

- Work plans are in place to address pipeline specifically for Māori and Pacific workforce.
- The DHB has a good uptake of students in its scholarship programme.

This section of the report was received.

Nursing and Midwifery and Emergency Planning Systems

Jocelyn Peach summarised the report highlighting:

- The DHB has achieved 74% to national target related to Care Capacity Demand Management (CCDM).
- On-going recruitment and retention to support Māori nurses into nursing programmes.
- The provision of pastoral support and link to nurse practitioners roles has been well received and the intake of nurse practitioners has grown.
- The work underway to update the emergency planning systems.
- On-going provision of welfare support for those in managed isolation facilities as part of the COVID-19 response.

This section of report was received.

Medical Staff

Jonathan Christiansen highlighted the shift in the annual training schedule and employment rotation of Registered Medical Officers (RMOs) noting that the DHB is well placed in terms of implementation. There are potential costs to be incurred but the benefits will be substantial.

Matters covered in the discussion and response to questions included:

- It was noted that the DHB is not likely to experience RMO staff shortages although it is unable to recruit from overseas due to COVID-19.
- Noting the work of the 'informed consent steering group' on the electronic dashboard and how this provided visibility on surgical competencies and supervision needs.

This section of report was received.

Resolution (Moved Sandra Coney/Seconded John Bottomley)

That the report be received.

Carried

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

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

Matters covered in the discussion and response to questions included:

- The performance against Quality Safety Markers (QSM) in particular the low Hospital Diagnosis Standardised Mortality Ratio and hand hygiene compliance.
- That there were no fractured neck of femurs and reported confirmed stage 3, 4 or unstageable pressure injuries for the June and July reporting period.
- The timely response to complaints versus the national target.
- Significant reduction of seasonal influenza cases compared to the same period last year.
- Westlake volunteer programme was paused due to COVID-19 alert level restrictions in place.
- The Consumer Council has re-elected David Lui to continue his role as Chair and appointed DJ Adams as Deputy Chair.

Resolution (Moved Sandra Coney / Second Allison Roe)

That the report be received.

Carried

5. **GENERAL BUSINESS**

There were no items of general business.

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

Resolution (Moved Warren Flaunty/Seconded Sandra Coney)

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
<p>1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 29/07/20</p>	<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. [NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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.</p>
<p>2. Quality Report</p>	<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. [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. [Official Information Act 1982 S.9 (2) (a)]</p>
<p>3. Human Resources Report</p>	<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. [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. [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>
<p>4. End of Life Choice Act 2019</p>	<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</p>	<p>Conduct of Public Affairs The disclosure of information would not be in the public interest because of the greater need</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
	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.	to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]

Carried

The open session of the meeting concluded at 2.55p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL
ADVISORY COMMITTEE MEETING OF 9 SEPTEMBER 2020.

_____ CHAIR

3.1 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:

COVID-19 update

Auckland's rapid return to Alert Level 3 meant our services and staff had to reactivate COVID operational plans. Despite the fast-developing situation, staff across our community and hospital-based services did a tremendous job in quickly adapting to the restrictions. I would like to recognise the effort by all staff members over the past few weeks. A huge amount of work across our DHB has gone into planning for a resurgence of the virus. The effort and commitment to patient care has been outstanding. Patient screening procedures have been robust, as has the effective management of COVID-positive inpatients. I'd like to give special recognition to our laboratory team, who have experienced a huge surge in demand and yet continue to work very hard to ensure quick lab turnaround times. This is an amazing feat given the complexity of the work involved. In response to high interest, a COVID testing programme for our symptomatic staff was activated along with a trial for asymptomatic staff. It is pleasing to see high compliance rates of staff wearing face masks at work. The Occupational Health & Safety Service team has done a fantastic job in staff contract tracing for confirmed or probable cases from the community COVID-19 cluster. In order to ensure ongoing access to outpatient appointments we once again saw a significant increase in the use of telehealth. And finally, I'd like to acknowledge our Incident Management Team which has been very effective in making sure our work is co-ordinated and aligned to the regional response. COVID is going to be with us for the foreseeable future and I'm certain our services and staff will continue to deliver an outstanding service and patient care as we learn how to navigate this virus.

Passing of Dr Joseph Williams MBChB, MPH, QSM, QSO

Sadly, Dr Joseph Williams passed away on 4 September after contracting COVID-19. A much-loved and well-respected member of the Pacific community, Dr Joe held many senior roles in the health sector in New Zealand, served on many advisory committees and led the establishment of many organisations including the Cook Islands Health Network. He was well known to many of us. He was a friend to our DHB who helped to forge the close relationship that we have with the Cook Islands health system. Dr Joe served his country, the Cook Islands, his community in New Zealand and his many patients for more than 60 years. He spent 25 years in the Cook Islands and served as Minister of Health and Education in 1974 to 1978, Minister of Health, Tourism, Transport and State-Owned Enterprises from 1994 to 1996 and Prime Minister in 1999. He received the Queen's Service Medal in 1974 and was invested with the Companion Queen's Service Order in 2011 for services to the Cook Islands community. He was recognised by the Pasifika Medical Association for his services to Pacific Health in 2004 and awarded a Life membership. He was appointed as Patron of Pasifika Medical Association in 2015. Dr Williams established the Mt Wellington Integrated Family Health Care Clinic which served over 15,000 patients, many of whom travelled from all over New Zealand to see him. He continued to practice medicine up until his recent short illness. His passing is a great loss to Pacific peoples and the Pasifika communities throughout New Zealand and the Cook Islands. We send our thoughts and prayers out to all who mourn his passing including our many Cook Island staff here at the DHB. Moe mai moe mai e te rangatira Dr Joe, moe mai ra.



Dr Joe was a well-regarded member of health services in New Zealand the Cook Islands

Telehealth pod trial

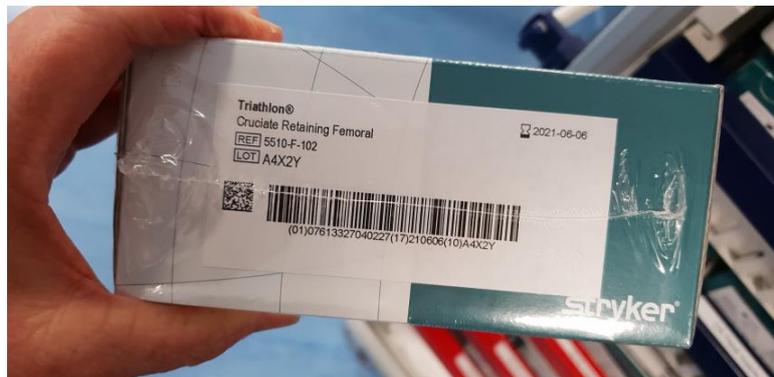
A new soundproof pod equipped with digital technology is being trialled in the Outpatients Department at North Shore Hospital for telehealth appointments. Telehealth appointments are being embraced by our clinicians and patients alike with just over 10,000 conducted in one week during August. Mental health and allied health professionals, in particular, have enthusiastically adopted telehealth. The pod has a computer, phone and online toolkit so doctors can video call or phone patients at their home or workplace. It also frees up a clinical room for essential face-to-face appointments to continue. Face-to-face consultations are still required for many patients for clinical reasons but if high-quality care can be provided via telehealth, patients are offered this as an option. Patient feedback on telehealth appointments has been positive and now i3 is planning to set up a second telehealth pod in the community for patient use. eHealthNews ran a story on Waitemata DHB's telehealth appointments. Read the story here: <https://bit.ly/3iisjXm>



Dr Jonathan Christiansen in the new telehealth pod at North Shore Hospital's Outpatients Department

Low-cost surgical tracking system

The low-cost electronic surgical tracking system developed by i3 made the news headlines with a story on Newshub. The simple system used to record and store the bar codes of implants used by surgeons means patients can be quickly identified if there is a product recall. Previously, the process for tracking implants was paper-based, making it costly and time-consuming. A bar code on the implant packaging is scanned before an operation, removing the need for manual entry of the product details. Details identifying the make, manufacture date and lot number of the implant are automatically entered into the system and the information is stored in the patient's electronic health record. The new surgical implant tracking system is in use at North Shore Hospital and the Elective Surgery Centre. Watch the Newshub here which aired on 7 August: <https://bit.ly/2FmxDKX>



The system developed by i3 is a low-cost solution to quickly notify patients who have received recalled surgical implants or to monitor any safety issues.

World Physiotherapy Day 2020

Alert Level 2 meant World Physiotherapy Day (8 September) celebrations had to adjust to fit the restrictions. This year's theme was COVID-19 and rehabilitation, highlighting the vital role of physiotherapists in rehabilitating patients affected by COVID-19. Our physiotherapy teams have been going over and above for our patients in this current COVID climate within the hospital, out in the community and outpatient clinics. This year's celebration involved a food drive in which North Shore Hospital staff brought in non-perishable grocery items in exchange for delicious homemade baking. A big thank you to our wonderful team of physiotherapists and the Well Foundation for helping to facilitate the food drive.



Waitematā DHB currently has over 100 physiotherapists working in mental health,

adult physical and child, women and family.

Wise words

Our volunteers are an important part of Waitematā DHB whānau and World Citizen’s Day (21 August) was the perfect opportunity to shine a light on our ‘Green Coats’. To mark the day, we filmed a video featuring six of our volunteers with the theme “advice you’d give to the younger generation.” The video was posted on the Waitematā DHB Facebook page and was one of the most popular videos for the week. View the Facebook video here: <https://bit.ly/35AN1aJ>



The Facebook video featuring Maureen and other volunteers reached over 5,000 people.

Celebrating milestones during lockdown

COVID-19 has reached into every corner of our daily lives, including how we celebrate special occasions. Many patients have been unable to mark birthdays, anniversaries and other significant milestones due to lockdown restrictions. But this has not stopped our staff doing bedside celebrations for patients. Staff at Waitakere Hospital's Muriwai Ward did just that for Patricia Coyle who had her birthday in hospital. She received fresh freesias, a big bunch of balloons and the staff gathered to sing her happy birthday – at a safe social distance! This is another example of staff going the extra mile for our patients.



Smiles all round from Patricia celebrating her birthday at Waitakere Hospital

Well Foundation updates

Waitematā Breast Service Fundraising Progress

Well Foundation has made significant progress towards its \$2 million fundraising target for the Waitematā Breast Service project, receiving a fresh batch of donations totalling \$460,000. A grant of \$300,000 will go towards the new 3D mammography machine and \$160,000 has been donated towards the construction costs. Total funds raised to date is \$1,813,000 with \$187,000 to go. All of the donated funds associated with the construction costs have been raised, allowing the focus to be on raising funds for the fixtures, fittings and equipment. Discussions with donors are underway and more will be known in the coming months.

Waitakere Hospital Special Care Baby Unit (SCBU)

Just under \$400,000 is needed to reach the \$5 million target for the new SCBU at Waitakere Hospital. A potential funder has been approached for the remaining \$386,000 with a decision expected by the end of October. An event to celebrate the start of construction is being planned for mid-October but will depend on the Alert Level at the time.

Whenua Pupuke Landscaping Project

The Whenua Pupuke Landscaping project is being funded largely through gift-in-kind time by contractors and donations through Well Foundation. Mr John Cullen is overseeing the project on behalf of Well Foundation and the DHB. The project will make the lakefront more accessible and create an attractive outdoor space for staff, patients and visitors to Whenua Pupuke to enjoy. The structural components of the landscaping are very close to being completed, including the installation of a sculpture gifted to the project. Planting will commence in the coming weeks and will be completed in stages over time. An opening event to thank all donors is being planned for December.



The handmade corten steel sculpture was crafted by west Auckland-based artist, Julie Moselen.

Maternity ward overnight chairs

Since 2016, women who give birth at our hospitals are allowed one support person to stay overnight on the maternity ward. Well Foundation is raising the \$100,000 needed to provide 62 reclining chairs for the support person overnight stays for the maternity wards at North Shore and Waitakere Hospitals. Funding for 12 reclining chairs has been secured so far.

Waitakere Hospital Pond Beautification Project

Henderson Rotary Club is generously volunteering their time and providing all the materials, resources and expertise needed to beautify the pond area close to the main staff car park at

Waitakere Hospital. Resource consent has been granted and plans are in place for work to start in October.



Photos indicating (1) the location of the pond (2) the current state of the landscape, and (3) an indicative sketch of the improvements to be made

Creating a culture of appreciation

Another 21 people have been recognised in our fortnightly CEO Awards, which were launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work. Each staff member whose nomination is considered worthy of acknowledgement receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting are included as **Appendix One**.

1. Upcoming events

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

- Ongoing work on the demolition of Taharoto building as part of preparation works for our new hospital building.
- Construction of the 15-bed medium secure unit, E Tū Tanekaha, at Mason Clinic is scheduled for completion in early 2021.
- An event to mark the start of demolition of the Pupuke building, our former maternity ward.
- Opening of the new lakefront garden area at North Shore Hospital scheduled for later this year.
- Waitematā Breast Service - Kia Ū Ōra at North Shore Hospital is due to be operational in 2021.
- Whānau accommodation: Demolition of Raeburn house to expected to commence November/December with construction expected to be completed June 2021.
- Continuation of 2020 CEO Lecture Series.
- Proposed visit by the Minister of Health.

2. Future Focus

The paperless clinic work programme continues with the scaling up of eOutcomes forms, the emailer tool, testing the surgical waitlist and developing the ACC form. An email address campaign is underway to increase collection of patient-validated email addresses. This has identified that approximately 20% of current patients do not have email access. A rapid cardiology screening clinic is being tested.

The 2020 Clinical Digital Academy is planned for the first week in November for approximately 15 participants – applications are now open. We are in a closed RFP process for an online booking tool, with other regional DHBs participating as observers.

Members of the team have been participating in the regional response to the cyber security threat, the regional datastore and dashboards and on the design of a Northern Region/now National end-to-end health information system for the Managed Isolation & Quarantine Facilities.

Mock-ups have commenced in the Design Space outside i3, including a birthing suite for maternity services, and anaesthetic bay, therapy space, clean and dirty utility rooms for Tōtara Haumarū. The team is working on a schedule for mock ups and for staff communication on this.

A trial of a solution for clinical photography for wound care commences with training mid-September and will be trialled by 14 staff during October. The development of a Mental Health Snapshot is also underway, with publication planned by the end of September.

The redevelopment of the ED whiteboard with new features, including task lists, is progressing well with testing planned to commence in October.

Our patient management system iPM was successfully upgraded on 28 August. This piece of work is incredibly complex as it is the source of truth for many critical applications like Medchart, Trendcare, eVitals and Concerto. That required a huge effort on the back of months of planning and testing with healthAlliance, the vendor and DHB staff.

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

Ipsos New Zealand now provides its data collection services to Waitemātā DHB for inpatient and primary care surveys. A review of the former Inpatient Patient Experience Survey has been completed. The survey was sent electronically to a sample of patients who were cared for between 27 July - 9 August. Further information is expected to be sent out from the Health Quality & Safety Commission and a series of webinars will be set up for survey-users across each of the DHBs. At the time of preparing this report, results for the August survey were expected in late September.

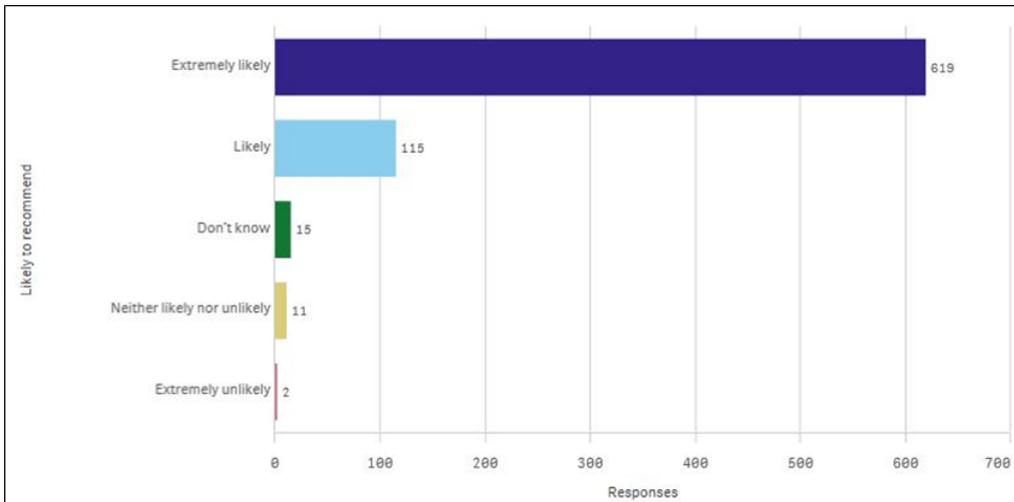
Friends and Family Test

In August, the Net Promoter Score (NPS) dropped slightly from 82 in July to 81. Feedback was received from 762 people, which is lower than the usual response rate of over 900. However, this is most likely due to the second COVID-19 lockdown. The NPS performs consistently above the DHB target of 65.

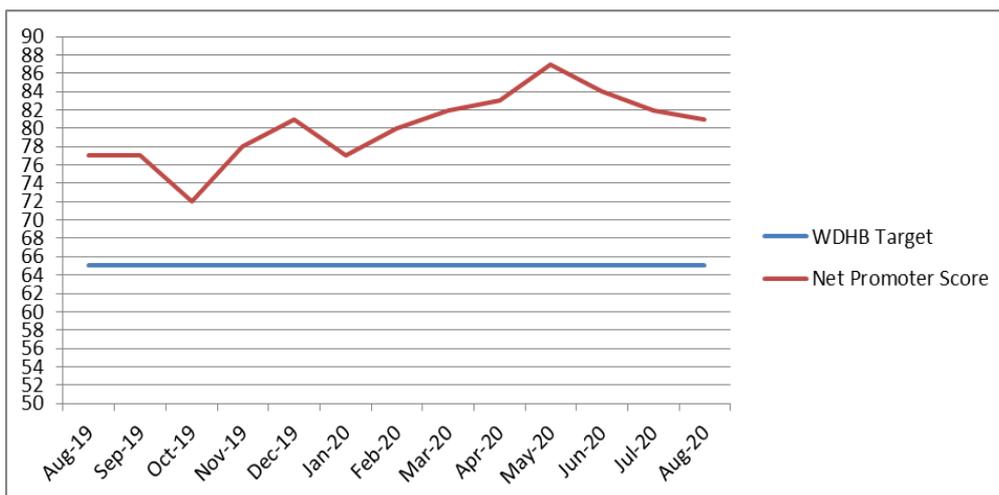
Friends & Family Test Overall Results



Figure 1: Waitematā DHB overall NPS.



Graph 1: Waitematā DHB overall FFT results.



Graph 2: Waitemata DHB Net Promoter Score over time.

Consumer Council update and highlights

The Consumer Council celebrated its one-year anniversary in July. Items on the agenda from their last meeting included telehealth, Māori Patient and Whānau Experience and the redesign of the Waitemata DHB website. Members have reappointed David Lui as Chair for the next 12 months and newly-appointed DJ Adams as Deputy Chair. The Council is also consulting with other DHBs to determine the best way to progress the selection and nomination process in line with the TOR – after two years, a third of the Council members terms would end and a selection or election process to take place.

Achieving the priority targets – July 2020

- Planned Care interventions – 113% (target 100%)
- Shorter waits in ED – 94% (target 95%)
- Faster cancer treatment – 85% (target 90%)
- Increased immunisation – 92% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.4% (target 7.4%)

Health Quality and Safety markers

Falls

Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. Overall, Acute & Emergency Medicine completed 100% of falls risk assessments, Specialist Medicine & Health of Older People completed 100% and Surgical & Ambulatory completed 100% on admission. Of those, Acute & Emergency Medicine completed 88%, Specialist Medicine & Health of Older People completed 63% and Surgical & Ambulatory completed 81% within eight hours of admission (against a target of 90%).

Hand Hygiene

Waitemata DHB's Hand Hygiene Compliance Audit result for August 2020 is 90%, exceeding the national target of 80% compliance. The DHB is consistently above the national average of 85%.

Healthcare-Associated Infections

The Central Line Associated Bacteraemia insertion bundle was used in ICU on 97% of occasions in August 2020. The insertion bundle compliance exceeds the national target of 90%.

Pacific Health

COVID-19 Response

The Pacific team has been directly involved in the planning and implementation of strategies and activities for Pacific people relating to COVID-19. This has been through active participation and engagement with the Pacific Northern Region Health Coordination Centre (NRHCC) team. The work streams undertaken by the Pacific NRHCC to date includes: intelligence and primary care, communications and insight, Pacific clinical and technical advisory work, wellbeing, workforce and operations. Additional funding received via the Ministry of Health has been finalised and this 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 set-up of a Pacific team within Auckland Regional Public Health, a collaboration between ARPHS and Pacific NRHCC. In the meantime, whilst this team is being set-up, the regional DHBs have deployed Pacific staff (mainly nurses) to support the contact tracing work at ARPHS.

Tautai Fakataha (Pacific Navigational Service)

During the changing alert levels the service has continued to provide support and work in a reconfigured setting with 1-2 staff at Waitakere Hospital and North Shore Hospital. As part of the Service's current support work, all new admissions (older Adult Pacific and Children) continue to be seen as well as Pacific adult admissions via referrals from the various directorates. The Service will continue to work in a reconfigured setting with two staff per office site throughout the changing COVID-19 Alert Levels, this will be reviewed periodically to comply with health and safety requirements and also with promoting the health and wellness of our staff.

Pacific Health Science Academy

Negotiations for the contracting of four of the six new schools in the Auckland region have been completed. The signing of these contracts was scheduled for 21 August 2020. This was to coincide with the launching of the refreshed Futures Are Us rebranding of the Pacific Health Workforce and the 10-year anniversary Health Science Academy (HSA) celebrations. Waitakere College joined HAS in 2015 and this year, a new HSA joint initiative was agreed between Kelston Girls College and Kelston Boys High. However, due to COVID-19 Alert Level 3 restrictions, signing has been postponed and the 10-year celebrations cancelled. In its place a soft launch of the Future is Open to Us rebrand (FOU) was held in late September.

AAA Pacific Staff Screening Project

The AAA screening programme has been postponed due to COVID-19 restrictions impacting community clinic testing.

MOH Pacific Health and Wellbeing Action Plan 2020-2025

Ola Manuia: The Pacific Health and Wellbeing Action Plan 2020–2025 is the Government's new national plan and commitment to improving the health and wellbeing of our vibrant and growing Pacific population living in Aotearoa New Zealand. This plan was informed by the previous Pacific Health Action Plan, 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018' (Ministry of Health 2014). Ola Manuia sets out the priority outcomes and accompanying actions for the health and disability system for our Pacific peoples over the next five years. The Ministry of Health developed Ola Manuia with the guidance and input of Pacific communities, the health sector, and relevant government agencies, with a vision that all 'Pacific families are thriving in Aotearoa New Zealand.' This plan identifies key areas of Pacific health to focus on and specific actions needed to improve Pacific health. Ola Manuia is a tool for DHBs and the health sector to use to inform the development of their strategic documents, work programmes, key actions and community initiatives. The 2020/2021 Pacific Health and Work Plan will be aligned to these key areas.

Reference: <https://www.health.govt.nz/our-work/populations/pacific-health/strategic-frameworks>

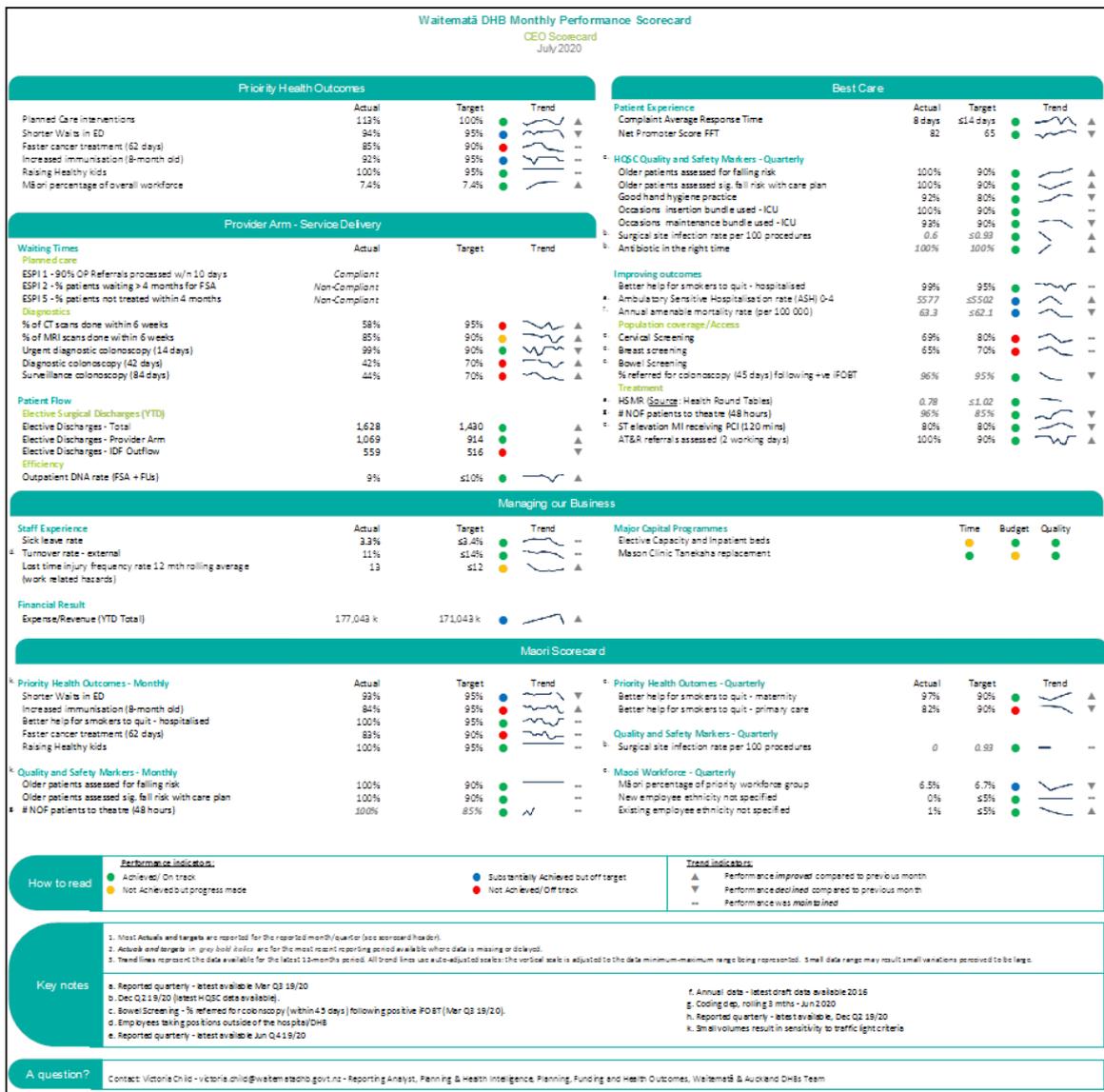
Pacific Workforce Annual Plan Priorities

Work to increase and develop the Pacific workforce for the period 2020-2021 is ongoing. The target is to increase Pacific participation in the Waitematā DHB workforce by five per cent. Workforce objectives include the expansion of the Science Academies in partnership with tertiary education and NGO partners; scholarships to Pacific students in key workforces; developing Pacific mentoring networks and pilot a Pacific leadership cohort through our leadership offerings.

Pacific Cultural Training (Kapasa)

Some aspects of Pacific cultural training at Waitematā DHB have restarted, including the Pacific Best Practice training sessions for nursing and allied health orientation programmes. The Malo App (Cultural Intelligence Application) will also complement the Pacific cultural competency training programme.

CEO Scorecard



CEO Scorecard Variance Report

ESPI 2 and 5 Non-compliance

While the COVID-19 lockdown period impacted on our ability to provide timely access to care which is indicated in ESPI 2 assessment and 5 treatment, particularly in surgery. The DHB showed considerable improvement towards compliance and a meaningful reduction in the number of patients seen outside of recommended assessment and treatment times. All medical specialties are now compliant and all surgical specialties have less patients being assessed (ESPI 2) outside clinically appropriate time frames than in the period prior to COVID-19. ESPI 5 treatment times are continuing to improve. The DHB has detailed improvement plans to ensure all specialties to be compliant over the next 12 months.

Faster Cancer Treatment (62 days) – 85% against target of 90%

This covers the six months from 1 January to 30 June. The cause of the non-achievement was a cluster of breaches in February and March (average of nine per month compared to a usual average of four) with the reasons being delays at Auckland DHB (radiation oncology, bone scan and ORL FSAs). These have been resolved since April. There was also an impact by COVID-19 in the May data. It is anticipated to reach 88% against target for the six months ending 30 September.

Diagnostics***% of CT scans done within six weeks – 58% against a target of 95%***

Outsourcing of 1450 CT scans commenced in mid-June as planned. It is expected to take several months until any uplift in performance against the MoH target is seen due to these scans being overdue before the outsourcing started.

% of MR scans done within six weeks – 85% against a target of 90%

Performance against the target has improved from 80% in June to 85% in July. This is due to MRI being back to normal production level plus additional sessions being undertaken.

Diagnostic Colonoscopy (42 days)/ Surveillance Colonoscopy (84 days)

As a result of the reduction in services due to COVID-19, just 42% of symptomatic colonoscopy patients and 44% of surveillance patients were compliant against the respective indicators in July. All planned internal activity has resumed and the outsourced providers contracted in FY2019/20 have now completed the procedures delayed by COVID-19. A provisional recovery plan has been prepared outlining the activity required to facilitate a return to compliance against the national indicators by mid-to-late 2021. The plan includes adopting revised national colonoscopy surveillance guidelines to reduce patient demand, strategies to increase internal production and continued outsourcing with contracted private providers to reduce our waiting lists.

BreastScreen – 65.4% (50 – 69 years) against a target of 70%

Screening was suspended during COVID-19 Alert Level 4 on 26 March 2020. Screening resumed on 13 May 2020 and continued 12 August across Alert Levels 3 to 2.5, but at reduced throughput in line with the MoH's Screening Guidelines. As at 30 July 2020, Waitematā DHB Total BreastScreen Aotearoa coverage was 65.4%; Māori coverage was 67% and Pacific coverage was 70.8%.

Māori Scorecard - Faster Cancer Treatment (62 days) - 83% against a target of 90%

This is primarily related to low numbers in the cohort. There were 15 compliant patients out of 18 patients in this six-month period with three breaches. Each breach of a Māori patient is fully analysed by the Faster Cancer Treatment Facilitator in conjunction with the Māori Cancer Nurse Coordinator to identify barriers. The tumour streams for these breaches were Head and Neck (1) and Urology (2).

Patient Flow

IDF outflow is reduced in July due to the COVID-19 response. At this stage, planned care discharge volumes remain on track.

Cervical Screening

Cervical Screening coverage remains significantly below the coverage target 80%. The coverage rate is more concerning amongst Māori for whom coverage is 59%. Cervical Screening coverage has been declining over the past three years nationally and locally. The recent COVID restrictions had a significant impact on completion of cervical screens, which are largely provided in primary care. Of greatest concern, however, are the women who have never been screened or have not been screened for five years or more. The National Screening Unit are moving toward implementation of the HPV Primary Screening Programme, which offers some significant advantages for improving

equity and coverage. One of these is the implementation of HPV self-testing, which NSU have recently confirmed will be included in the HPV Primary Screening Programme. An implementation timeline remains unclear, however, it is now assumed that the previously published 2021 implementation date is not achievable.

Immunisation Rate

There has been a significant primary healthcare disruption due to COVID-19, which will affect immunisation coverage, with the sector reporting whānau as reluctant to access primary care or the Outreach Immunisation Service during the COVID-19 level 3 and 4 lockdowns. The DHB, PHOs and Immunisation Advisory Centre continue to support primary care continue to recall children for immunisations and to refer to the Outreach Immunisation Service

Priority Health Outcomes – Quarterly

Better help for smokers to quit – primary care

As part of the COVID-19 response, some PHO and general practice staff were redeployed away from usual activities such as providing brief advice to smokers.

APPENDIX ONE – CEO RECOGNITION

Anaru Moon - Registered Nurse, Prison Liaison, Specialist Mental Health & Addiction Service.

Nominated by Sharon Price.

"Anaru is based remotely with our community mental health colleagues in Kamo and travels to NRCF in Ngwha every day to assess and provide mental health input to a caseload of remand and sentenced prisoners. He is invaluable working in this remote and challenging environment due to his skills, not only as a registered nurse, but with his ability to 'connect' on a cultural level with men in his care. For several weeks, he has worked alone due to vacancies and he is to be commended for his ability to continue to manage the FPT caseload demonstrating skills in communication and organisation."

Chitra Kalaru - Child Health Administrator, Child Health Service, Child Women & Family.

Nominated by Petra Fowler.

"I wanted to thank Chitra officially for going above and beyond her role in assisting the Vulnerable Adults Response service with her highly efficient skills of administration and intranet design, and making referrals for so many of our staff easier. Her actions showed that 'everyone matters'!"

Lynley Searle - Registered Nurse, Ward 8, Surgical & Ambulatory.

Nominated by Claire Stanaway.

"I would like to nominate Lynley for always going above and beyond for the patients of Ward 8. Her vast knowledge base enables her to escalate patients who are deteriorating/unwell. She always shows professionalism and compassion to her patients."

Jo Denholm - Smokefree Services Practitioner, Smokefree Services, Specialty Medicine & Health of Older People.

Nominated by Jane Galea-Singer.

"Working in mental health and addictions, I often come across service-users who have received smokefree support during hospital stays. Jo's name comes up time and time again as being supportive, understanding and good. Many ask if Jo could provide further support. Thanks Jo for being 'better, best and brilliant' in the job you do."

Vince Hall - Mental Health Psychiatric Assistant, Tane Whakapiripiri, Kaupapa Māori Stream, Specialist Mental Health & Addiction Service.

Nominated by Trudie Field.

"Over the last six months, Vince has exceeded his role, and has taken responsibility for ordering stores, and as we are a self-catering service, he has taken this role on as well. Vince has strong affiliations to his tikanga, and 'everyone matters'. Vince is well respected in his team, and works well with our complex tangata whai i te ora. Vince currently wears many hats on the unit, and is a strong role model for our Māori Tane Tangata Whai I te ora."

Siobhan Tate - Mental Health Psychiatric Assistant, Rata Unit, Mason Clinic, Specialist Mental Health & Addiction Service.

Nominated by Trudie Field.

"Siobhan shows great compassion and empathy to those she cares for, especially the more complex Tangata Whai I te Ora in our care. Siobhan has a strong connection with her team and is well respected by those she works with and those she cares for. Her kind nature and soft spoken voice is reflective of her practice. Well done Siobhan."

Litia Lockington - Health Care Assistant, Te Aka Unit, Kaupapa Māori Stream, Mason Clinic, Specialist Mental Health & Addiction Service.

Nominated by Trudie Field.

"Litia works tirelessly behind the scenes and her commitment to her mahi is awesome. Litia has a strong connection to the values of Waitematā DHB, and is person-centred. She has taken on the role of managing the medical supplies in Mason Clinic, as well as her own demanding mahi, and is very articulate in her mahi. Litia is valued within our stream and within Mason Clinic and she is kind and caring and deserves to be acknowledge for the mahi she does."

Nikola Ncube - Clinical Nurse Specialist, Respiratory Services, Specialty Medicine & Health of Older People.

Nominated by Fiona Fowler.

"Nikola went out of her way to help me in a personal situation with my mother who was a recent inpatient. Her kindness and compassion went over and beyond and she went out of her way to help us with Mum. Thank you."

Rosemary Kumu - Cardiology Administrator, Cardiology Procedures, Acute & Emergency Medicine.

Nominated by Eman Marcus.

"For her kindness and 'compassion' towards our patients. Rose has a great telephone manner and goes the extra mile to provide quality service to the Cardiology Procedures patients."

Betty Ling - Data Administrator, NSH Gastroenterology, Specialty Medicine & Health of Older People.

Nominated by Robyn Moreton.

"Our lovely Bling Bling just has the wow factor! She is always willing to help, to step up and cover for any staff vacancies at the drop of a hat. She does this with a smile on her face and a calm business attitude in the face of what can be a very busy department. I am always in awe of her commitment to being professional and supportive to her team. She is one in a million and we are so lucky to have her."

Carol Boag - Clinical Team Support Administrator, CADS West, Specialist Mental Health & Addiction Service.

Nominated by Yasmin Scott.

"Carol has a calm, unflappable nature on the front desk which makes it easier for our clients to come in to a very busy walk-in clinic. Carol is always available to support staff and clients and seamlessly carries out her role. Her experience is greatly valued. Thanks for being awesome."

Ammu Mathews - Clinical Team Support Administrator, CADS West, Specialist Mental Health & Addiction Service.

Nominated by Yasmin Scott.

Ammu and her bright smile on the front desk at CADS West is a joy during our busy moments throughout the day. Ammu maintains great relationships with her colleagues and happily engages in welcoming conversations with our clients. This goes a long way when they are feeling nervous. Thanks for being kind Ammu."

Lisa Sparks - Team Leader/Clinical Nurse Specialist, Diabetes Service, Specialty Medicine & Health of Older People.

Nominated by Jenne Pomfret.

"Lisa is a key asset to the diabetes service. She offers great support to all in our very diverse multidisciplinary team, is very approachable, non-judgemental and very down to earth. Lisa is very professional and at the same time relates to all in our team always with good humour and a smile on her face."

Delroy Daniels - Receptionist, NSH Main Receptionist, Surgical & Ambulatory.

Nominated by Angela Nicholson.

"Delroy, or Del, as he refers to himself, goes over and above for the patients, often wheeling chairs down to the physiotherapy department or phoning in desperation when trying his best to help a patient find their way to their appointment. Del is a quiet, polite, well-mannered young man and I feel we are lucky to have him."

Hamish Leubbers - Information Analyst, Information Systems, Decision Support Service.

Nominated by Mustafa Shaabany.

"Hamish was helpful, supportive and shared his long years of iPM system knowledge patiently. He offered his help at all times even when he was on holiday. He helped design the solution and without his input we wouldn't have achieved these results. It was a privilege working with him."

Christina Knight – Senior Bookings Coordinator, Radiology Services, Hospital Operations.

Carolyn Williams - Radiology Booking Clerk, Radiology Services, Hospital Operations.

Sharyn Moke - Radiology Booking Clerk, Radiology Services, Hospital Operations.

Nicole Atkinson - Radiology Booking Clerk, Radiology Services, Hospital Operations.

Lynne Van Niekerk - Radiology Booking Clerk, Radiology Services, Hospital Operations.

Nominated by Gwyneth Capes.

"They all work tirelessly, with often limited resources, ensuring patients, particularly those on the Faster Cancer Pathway, get the timely imaging they need. Even during the lockdown they did an exemplary job under extremely difficult circumstances and I know patients are extremely grateful. They are always approachable and respond to my numerous requests promptly and professionally. They go above and beyond and certainly demonstrate the core values ensuring 'best care for everyone'. Thank you for all you do. It is very much appreciated."

Nerupi Fernando - Quality & Safety Patient Lead, Quality & Risk Team, Corporate.

Nominated by David Resoli & Tamzin Brott.

"For Nerupi's continued hard work on pulling together documentation relating to the DHB's Covid-19 response; including leading the collation of the DHB Lessons Learned exercise. Thank you Nerupi for all of your effort, and persistence."

3.2 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 (Waitematā 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

Future Health and Safety Direction

As discussed at a previous Board meeting, the Waitematā DHB is moving forward with integrating the high level structures of the international standard (ISO 45001) for Occupational Health and Safety into our safe way of working health and safety management system.

The ISO 45001 adopts a risk based approach to ensure continual improvement based on international health and safety best practise. We are not intending to gain ISO certification, but to use the tool to continually improve our DHB's excellence in health and safety practise.

The Waitematā DHB will outline our three-year plan including the next steps and expected outcomes at our November Board meeting for approval.

A copy of this plan will be provided to WorkSafe as requested by them from all District Health Boards, so they may better understand our commitment to health and safety.

COVID-19 response

The Occupational Health and Safety Service (OHSS) continues to provide input and support to Waitematā DHB contact trace, vulnerable staff and regional health and safety working groups relating to COVID-19. This support increases substantially when Auckland enters higher alert levels, i.e. alert level 3 or 4.

Staff influenza programme 2021

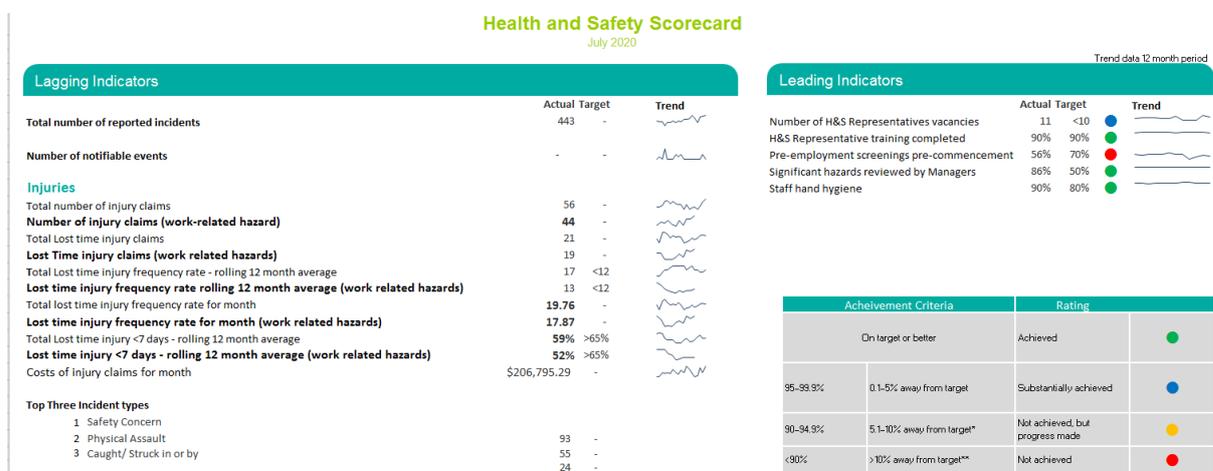
Planning for the 2021 campaign is now underway and a paper is being finalised for the Executive Leadership Team to approve resource requirements.

July 2020 reporting period update

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

The total average lost time injury frequency rate (LTIFR), relating to workplace hazards, is at 13 against a target of 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 at 59% against a target of aspirational target of 65% (i.e. 59% of the injury claims required less than seven days off work). This shows that many of the actions we have undertaken to reduce the consequence of incidents are delivering positive results, allowing staff to return to work sooner.



Pre-employment screening prior to commencement is at 56% compared to a target of 70%. This is predominantly due to clinical staff being engaged rapidly, relating to COVID-19, and we expect this KPI to rise over the next reported periods.

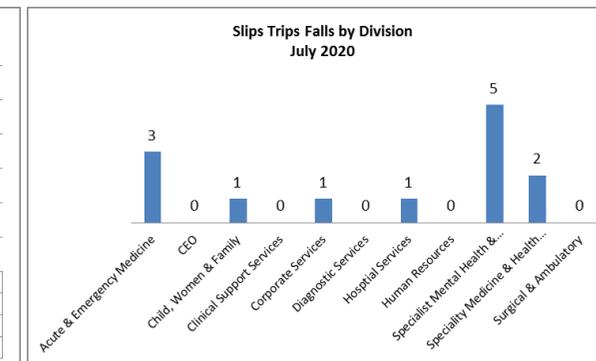
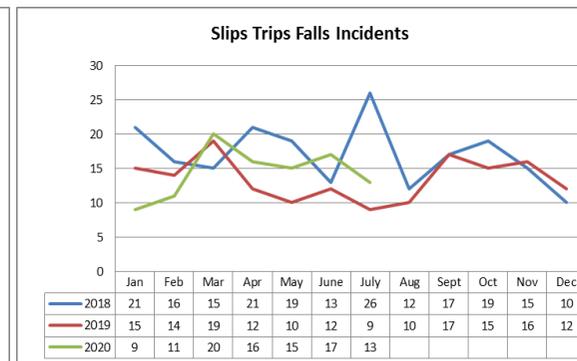
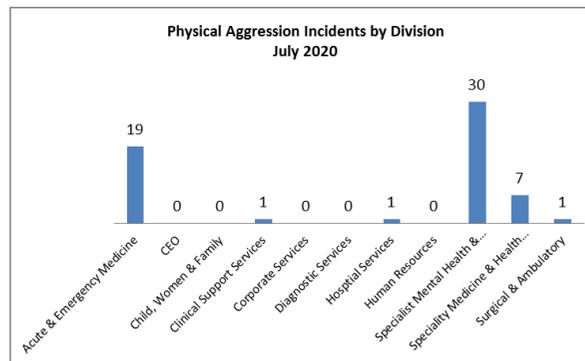
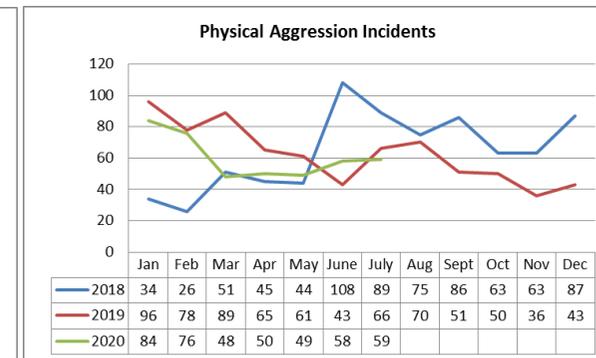
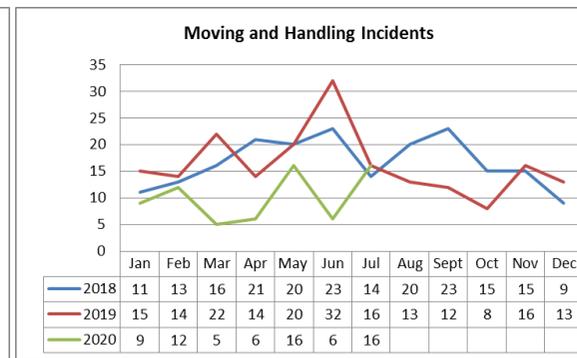
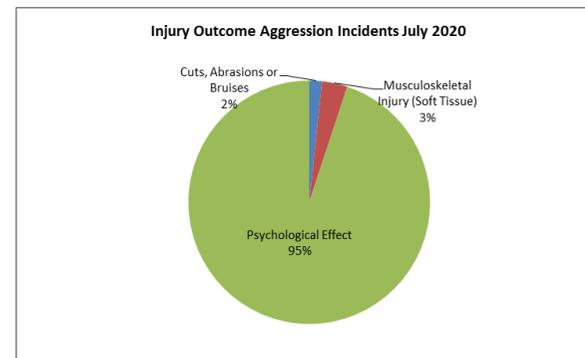
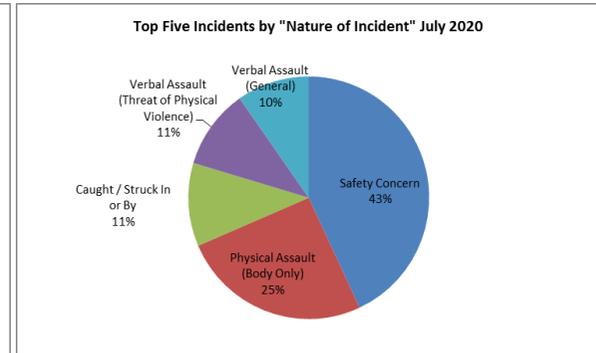
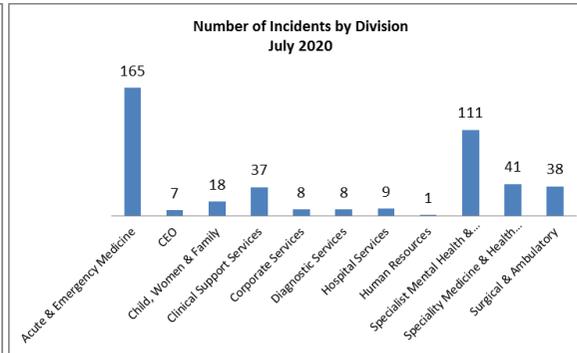
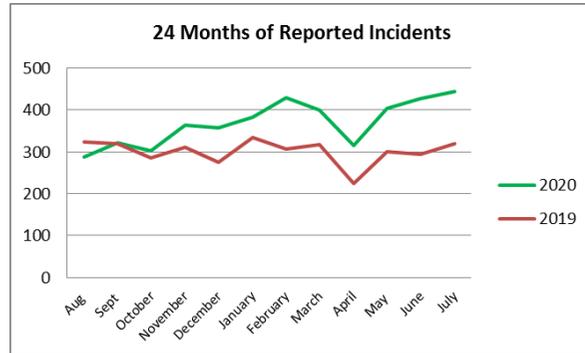
Overall reported incidents have been increasing since February 2020, which coincides with a reminder to encourage staff to report all incidents that occur and our Unions joining with us to collaboratively spread this message.

The increase in total reported incidents is also partly due to the OHSS identifying additional 'patient' reported event categories that relate to staff as well, and which we are now manually reviewing and capturing. This is critical, as we are then able to investigate each incident and identify appropriate corrective actions.

In relation to top accident types:

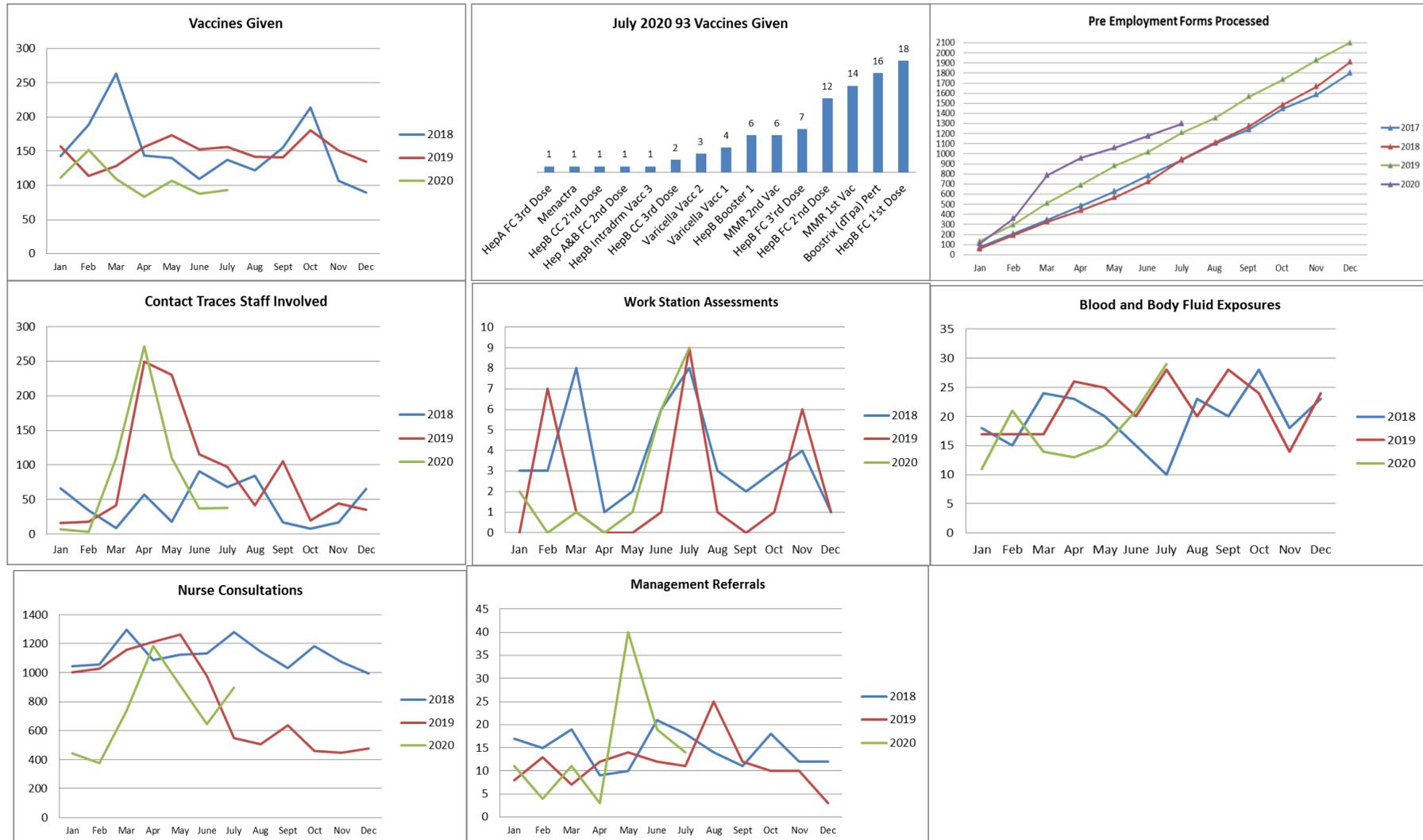
1. Slips, trips and falls were recorded at 13 in July. Of these 13 incidents, only five related to workplace hazards, with the remaining eight being unavoidable (such as tripping over own feet).
2. There were 16 'moving and handling' patient incidents recorded in July. The Moving and Handling team are reviewing all incidents to identify what corrective actions are required, including where appropriate moving and handling equipment is not currently available.
3. There were 59 physical aggression incidents reported in July, 51% (30 incidents) were within the Adult Mental Health and Addiction Service (AMHAS). Many of these incidents related to specific high acuity service users, with individual service users triggering numerous incidents, often over a short period of time, while they were most unwell. In July, all 59 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 July 2020

Outlined below is our injury claims data for July. 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 July 2020. High accident events account for approximately 70% of the cost of claims, as below:

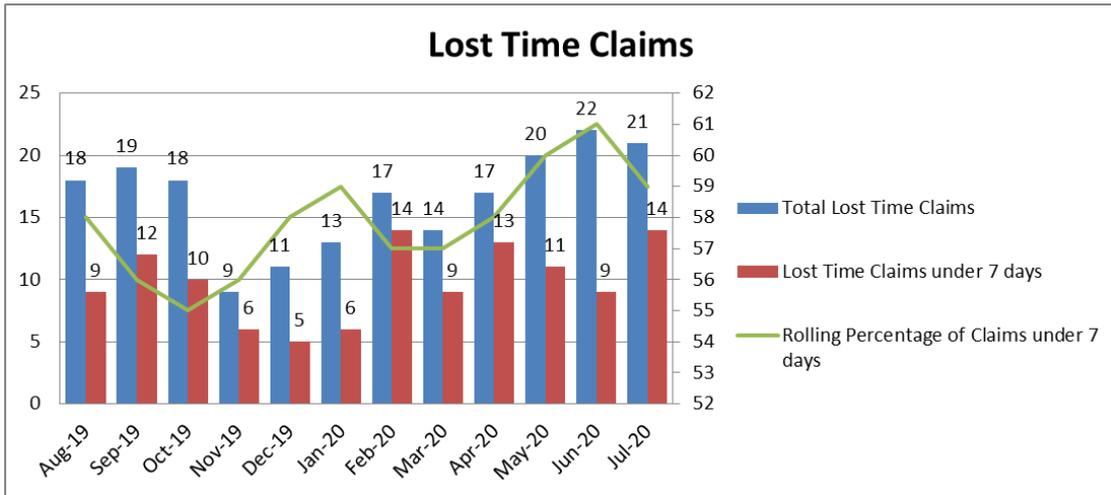
INJURY CLAIM DATA				
Total: Injury Claim Report for July 2020				
Lost days	Treatment cost	Weekly compensation costs (80% of salary)	Staff cover cost	Total
Number of lost days for month	\$ total for month	\$ total for month	\$total cover cost for month	Total \$ cost for month
386.5	\$35,175.50	\$76,275.46	\$95,344.33	\$206,795.29

High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	78.5	23%	\$47,762.42	↑
Moving and handling	146	32%	\$66,908.78	↑
Aggression	62	15%	\$30,725.34	↓

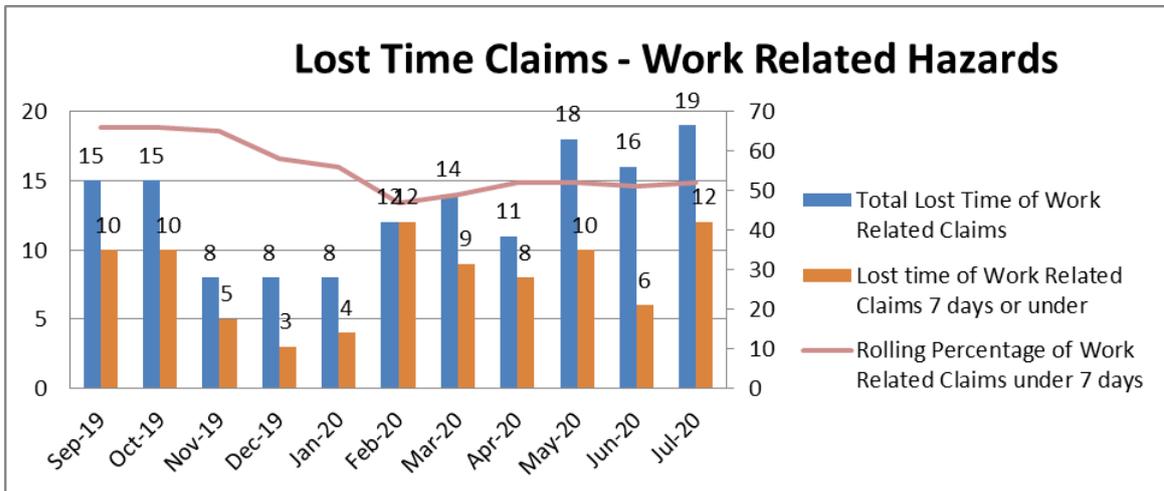
* Actions taken to mitigate high accident types are noted in the Executive Summary.

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

Overview
Of the 21 lost time claims lodged in July 2020: <ul style="list-style-type: none"> • 14 had seven days or less of lost time and have returned to full duties. • Three had over seven days of lost time and have returned to full duties • Two had over seven days of lost time and are now fit for selected work • Two other staff members remain fully unfit.
Out of the 21 lost time injury claims 19 involved work related hazards <ul style="list-style-type: none"> • 12 had seven days or less of lost time and have returned to full duties. • Three had over seven days of lost time and have returned to full duties • Two had over seven days of lost time and are now fit for selected work • Two other staff members remain fully unfit.

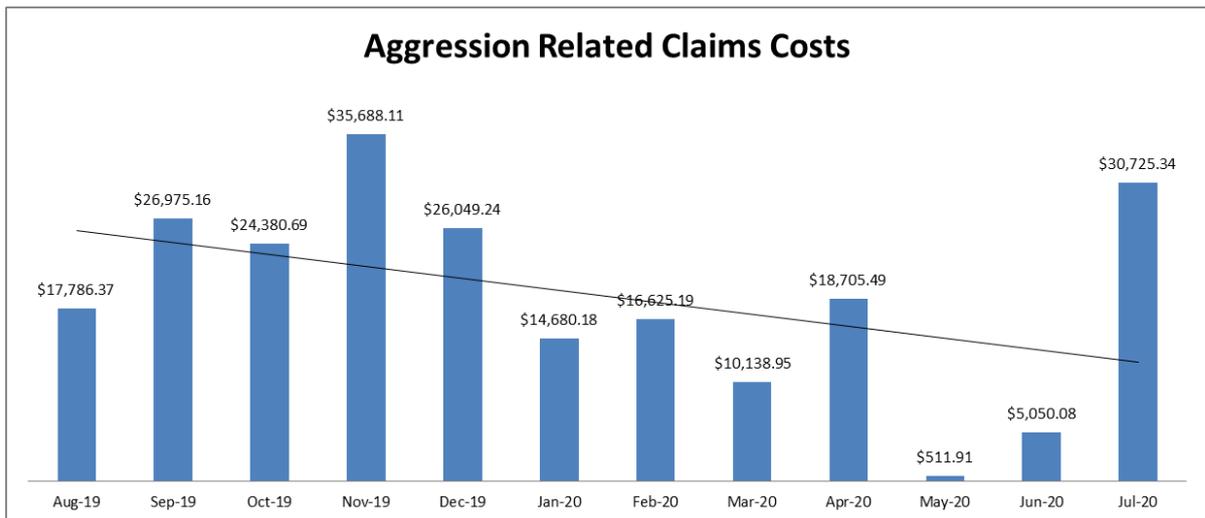


The minor peak we are seeing in our lost time claims relates predominately to slips, trips and falls, which have increased slightly on last year's claims and predominantly relate to wet weather.



The following table has been included to provide information on the total cost of aggression related injury claims specifically (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 fully return to work (RTW).



7. Stakeholder feedback

Facilities

HEALTH AND SAFETY STATISTICS July 2020	Maintenance Services	North Shore Hospital Campus	Waitakere Hospital and Mason Campus	Project Services	June Total	YTD 19/20
Incidents and accidents						
<i>Lost time Injuries (LTI)</i>	0	0	0	NA	0	5
<i>Serious harm accidents</i>	0	0	0	NA	0	0
<i>Accidents requiring medical attention</i>	0	0	0	NA	0	5
<i>Accidents requiring first aid</i>	0	1	0	NA	0	1
Near Miss Incidents	0	12	0	NA	12	47
Safety Inspections completed						
<i>This month</i>	100%	100%	100%	NA	-	-
Health and Safety / Toolbox Meetings	100%	100%	100%	NA	-	-
Contractor Site Inductions	NA	130	34	NA	164	410

Incidents and Accidents	Incidents and accidents are monitored across all Waitematā DHB sites and include data for staff and contractors.
Near Miss Incidents	Near Miss and Incidents are monitored across all Waitematā DHB sites and include data for staff and contractors
Safety inspections	Safety Inspections are expected to be completed weekly during the construction period for all projects, and by all Maintenance Service trades
Health and Safety / Toolbox meetings	<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 minor accident requiring first aid occurred on the North Shore Hospital Roof Mitigation Project (Wards 12, 14, 15 and Building 6). The project is being managed by Amstar Construction. A worker received a minor cut to the finger from a rosebush while erecting scaffolding.

- 12 near miss incidents occurred across various projects during June. All incidents were added to the Waitematā DHB RiskPro system. Incident investigations were completed. Evidence of the implementation of all opportunities for improvement identified within the reports has been captured.
- In August asbestos flooring removed as part of the Totara Haumaru demolition project was put into a general waste bin. The flooring was recovered quite quickly and appropriately disposed of. The incident was reported to Worksafe by the contractor. We are awaiting the investigation report.

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. 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 August 2020 Second phase: due date to be set.	October 2019	July 2020		L
		December 2018	August 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. Third party has notified an uncontrolled disposal of asbestos flooring to Worksafe.	Ongoing	Ongoing		L
Mould	The 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 on hold, see update below. Audits completed: 58%	September 2016	December 2020		L
	Update: There is a proposal (highly likely to go ahead) to update the current classification framework for hazardous substances (the current HSNO classification system) to the Globally Harmonised System (GHS) of Classification and Labelling of Chemicals, Revision 7 (2017). In preparation for this, we have begun work to reclassify all 530 chemicals we currently hold on our HSNO database and update all labelling requirements. We are continuing to work with high risk areas to assist with their inventory management.				L
	Hazardous Goods Store for Waitakere Hospital: Case approved to install hazardous goods bunkers Complete: 20%.	March 2017	September 2020		
Ergonomics					
Moving and Handling	A discussion on facility design principles in relation to patient moving and handling is planned. Patient moving and handling rails have been removed from Totara Haumaru and that has been raised for discussion with the Programme Director.	Ongoing	Ongoing		L/C

Posture	There is online self-assessment guidance available for all staff to access. Workstation assessments are ongoing, as staff requests them.	Ongoing	Ongoing		L
Physical					
Machinery	A schedule has been set up for Facilities Maintenance staff to check/review and service all machinery. There are no concerns to date.	Ongoing	Ongoing		L
Equipment	Clinical Engineering hold a master file of all clinical equipment across WDHB and this equipment is serviced on a recurring schedule. There are no concerns to date.	Ongoing	Ongoing		L
Electrical safety	A project to identify all electrical equipment has been completed, with all external contract maintenance providers having been contacted and the standards that equipment is serviced to have been reviewed for compliance. Clinical Engineering holds all records, including service maintenance schedules. Clinical Engineering following up with all non-compliant suppliers.	Ongoing	Ongoing		L/C
Uneven surfaces	On-going actions: Communications continue to be developed and released regarding Slips, Trips and Falls hazards, focussed heavily on staff rushing to complete tasks. Each incident of this type is followed up by OHSS, with any corrective actions tracked to completion. There are no concerns to date.	Ongoing	Ongoing		L/C
Roading	No works planned				
Buildings	Loading Dock: Funding has been approved, however the works around the storage area and sprinkler extension works in the undercroft is being deferred by the service, as they are working with the project team from CSSD. Line marking will be completed at the back of the loading dock in the next four weeks. Programme has been impacted by COVID-19. Planning complete: 70%	February 2017	November 2020		L

Emergency Management					
Fire	<p>Fire evacuation drills are conducted regularly by the Fire Safety Officer and fire safety equipment, such as sprinklers and smoke alarms, are regularly audited for compliance, overseen by Facilities.</p> <p>An Emergency Management Committee has now been formed.</p>	Ongoing	Ongoing		L/C
Civil emergency	<p>Waitematā DHB 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. An audit on emergency preparedness is planned for 2020.</p>	Ongoing	Ongoing		C
Bomb threats	<p>Waitematā DHB 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. Drills are completed annually.</p>	Ongoing	Ongoing		C
Firearms	<p>Waitematā DHB 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. Drills are completed annually.</p>	Ongoing	Ongoing		C

Psychological					
Aggression	The new Managing Aggression and Potential Aggression (MAPA) training has started being implemented across Waitematā DHB, managed by Learning and Development. MAPA Foundation has been delivered to a large number of staff across the Emergency Department and the first MAPA Advanced workshops have taken place for our Security Service and Code Orange response teams. Stage 1 Complete: 90%	February 2018	December 2021		L/C
	Two additional aggression committees have been set up to manage/oversee all related activities.	October 2019	Ongoing		L/C
	New: a workshop on aggression training has been held to discuss and evaluate SPEC and MAPA training. The outcome of this workshop is that an additional module, covering pressure holds, needs to be developed and the Security Service is currently outlining these holds for consideration.	July 2020	August 2020		C
Bullying and harassment	Toolkit on speaking up about bullying and harassment on StaffNet.	Ongoing	Ongoing		L/C
Lone workers	A paper is being drafted to seek approval to implement a lone worker personal alarm system. Complete: 0%	June 2020	August 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%	December 2018	December 2020		L
	<u>Nursing Care Capacity Demand Management (CCDM) and NZNO MECA Accord recruitment:</u> Complete: 58%	February 2019	June 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:

- COVID-19 Alert Level 3 and 2 communications, including staff webinars
- Staff COVID-19 communications survey (**See Appendix 1**)
- Increased use of telehealth proactive news story
- Paramedics in ED proactive news story
- Community podiatrists gaining in-hospital skills proactive news story
- Māori Language Week
- Mental Health Awareness Week
- Off-site parking promotion for NSH staff
- Measles national campaign involvement
- Chaplaincy service promotion
- Reducing seclusion in forensics work with HQSC
- Regional Dental Service communications assistance
- Hospital Huddle daily briefing
- Ongoing Tōtara Haumarū project communications
- NSH roadworks and disruption notifications
- 2020 Yearbook planning and early production
- Emergency Planning working group
- Medinz primary care stakeholder evaluation
- Video captions to enhance accessibility
- Proactive tracking of surgical implants news story
- Ongoing implementation of Board decision re incorporation of macron
- Identification, scheduling and production of social media content and issues management
- Ongoing publication of messages via the Medinz primary care communications platform
- Health Heroes awards coordination
- Coordination of responses to 'Dear Dale' emails to the CEO from DHB staff
- Review of content for submission to health sector publications
- Ongoing weekly internal communication via StaffNet home page and Waitematā Weekly
- Ongoing management of Official Information Act process
- Liaison with Well Foundation marketing and communications
- Ongoing liaison with Metro Auckland DHB communications leads
- Ongoing after-hours and weekend media line cover and senior management support
- Proof-read leaflets, booklets and brochures for various departments
- Ongoing compilation and distribution of proactive media material
- Event photography and video
- Drafting of correspondence from the corporate office
- CEO Board Report

Waitematā District Health Board, Meeting of the Board 30/09/20

- Review of copy for DHB website
- Management of organisation-wide screensaver content
- Approval of all-user staff emails
- Weekly Board briefing
- Fortnightly *A Note From the CEO* email to all staff
- Weekly health targets and clinically-led metrics updated and communicated

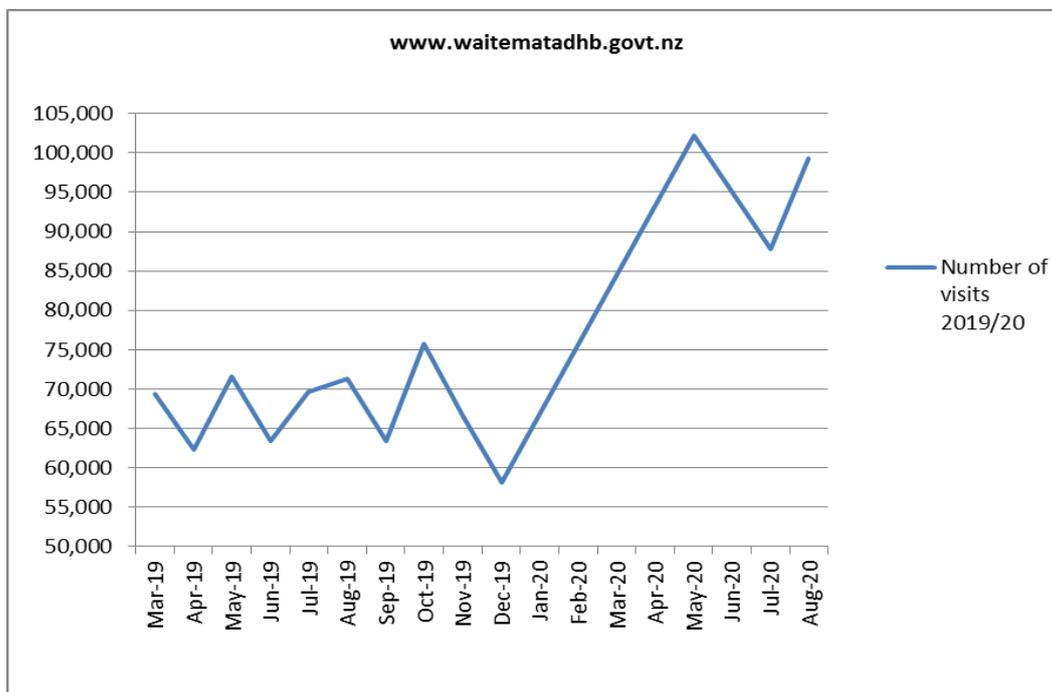
Waitematā DHB website – Google Analytics Statistics

Waitematā DHB website

Number of visits	August 2019	August 2020
Total visits to this site	71,249	99,322 (+39.4%)
New Zealand	32,550	40,924
Australia	1,059	2,202
USA	663	5,490
United Kingdom	313	301

Top areas	August 2019	August 2020
Waitematā DHB staff page	37,736	52,821
Home page	13,219	17,980
COVID-19 page	NA	7,390
North Shore Hospital	4,258	4,347
Waitakere Hospital	3,160	3,212

Traffic sources	August 2019	August 2020
Search traffic	73%	62%
Direct traffic	23%	34%
Referral traffic	4%	4%



Social media

Facebook

Waitematā DHB Facebook page likes have increased by 48% since August 2019, with 12,851* current likes (8,691 likes – August 2019).

Total audience reach between 1 August, 2020 and 31 August, 2020 was 67,810 views.

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

1. Visitor policy (Audience reach: 18,649, including 2,429 engagements)

Kia ora whānau,

To ensure that we can continue to deliver the best health services at our hospitals and in the community, we need your help and support. The Auckland region has now moved to Alert Level 3 so a new temporary visitor policy has come into effect.

To keep patients, whānau and staff safe, members of the public are unable to visit patients in our hospitals, clinics, or other community facilities.

We know how important the support of whānau and friends is to our pati... See more



2. Visitor policy (Audience reach: 16,384, including 2,984 engagements)



Waitemata District Health Board ✓

13 August · 🌐



Kia ora whānau

During Alert Level 3 there is no visiting in our hospitals, however we have special arrangements in place for women giving birth.

If you are being induced, or in labour, you can have one support person with you. If you are having a caesarean section, you can also have one support person with you.

After you have had your baby, and you are transferred to the postnatal ward, your support person will be asked to go home. If there are some special circumstances that... [See more](#)



3. Alert level change (Audience reach: 13,957, including 1,556 engagements)



Waitematā District Health Board ✓

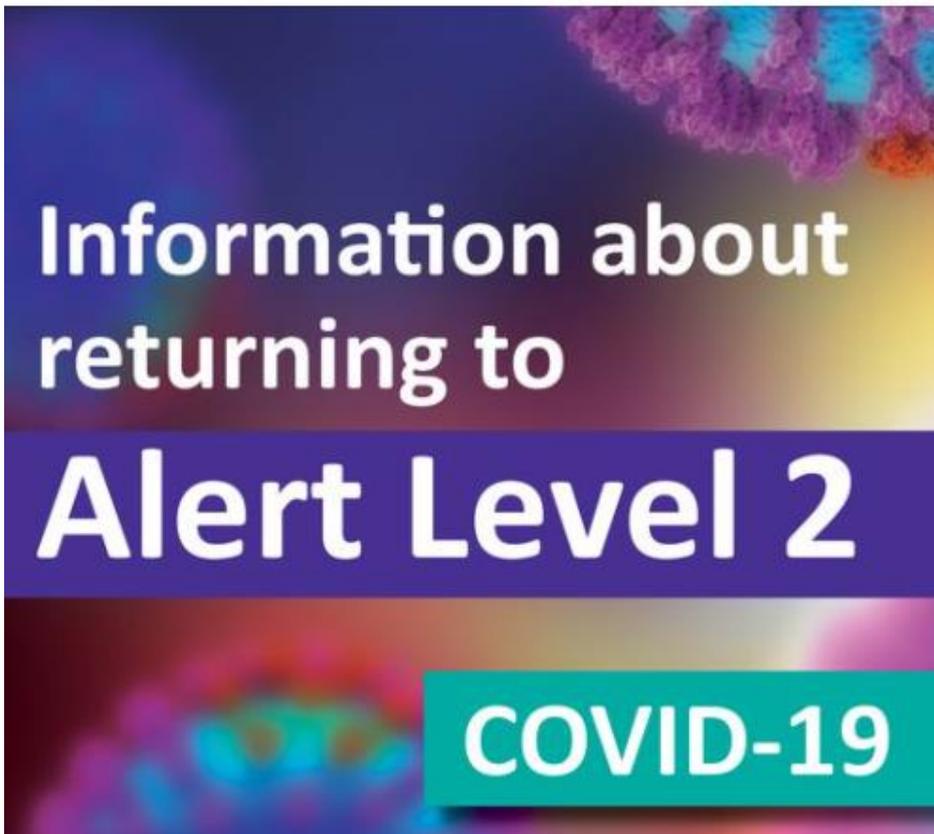
30 August at 16:00 · 🌐



At 11.59pm tonight the country moves into Alert Level 2 🙌

—
This means we can let more visitors back into our North Shore and Waitakere hospitals. From Monday, 31 August the following new visitor rules will be in place until further notice:

-
- Patients in the majority of inpatient areas of the hospital will be allowed two nominated visitors. They must be the same two people for the length of the patient's stay and over the age of 15. Only one can visit at a time (and not on ... See more



*As at 15 Sep, 2020.

Twitter

Waitematā DHB Twitter followers have grown by 13.5% since August 2019, with 2863* current followers* (2524 followers as at August, 2019).

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

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

1. NSH Volunteers advice – (7,789 reach)



Waitematā DHB
@WaitemataDHB



Due to Alert Level 3, our wonderful volunteers at North Shore and Waitakere Hospitals, many of whom are retirees, are currently at home. Before we moved into lockdown, we asked some of our volunteers what advice they have for the younger generation. Here's what they said:



9:37 AM · Aug 24, 2020 · Twitter Web App

*As at 15 Sep, 2020.

OIAs received

A total of 16 new Official Information Act requests were received between 5 August and 15 September 2020:

- E. O'Rafferty - Number of patients who have had surgery for Crohn's and Colitis-related illnesses over last five years.
- T. Hill (APEX) - Māori patients and clinicians in adult mental health services.
- M. Smith (RNZ) - Copy of any directives to midwives regarding Oranga Tamariki removal of children.
- M. Ninces - Information regarding pain management services for Cerebral Palsy.
- Z. Fleming (Mediaworks) - Number of prefabricated buildings currently in-use at hospitals.
- K. Nicol-Williams (TVNZ) - Number of domestic violence presentations during different alert levels.
- P. Davies - Smoking status and ethnicity of inpatients for general, mental health and elderly admissions from 2009-2020.
- N. Jones (NZ Herald) - Copy of internal review of the COVID-19 patients admitted to Waitakere Hospital (mentioned in Board Meeting agenda on 19 August).
- A. S Van Wey Lovatt (FYI website) - Policy regarding building facilities for the long-term storage of human tissue.
- R. Chalakkal - Questions regarding ophthalmology referrals from GPs and primary health care providers.
- L. Steyl (Stuff) - Colonoscopy wait times from August 2018 to August 2020.
- N. Jones (NZ Herald) - Number of ED presentations, hospital capacity and number of referrals Sept 2019 - Aug 2020.
- J. Winterburn - Information about transgender services.
- J. Williams (Taxpayers' Union) - Number of HDU/ICU beds and negative pressure rooms.
- S. Ockhuysen (Stuff) - Staffing levels during COVID-19.
- M. Hassan - Number of endoscopy consents and procedures by nurse/doctor.

Media Clippings – 4 August 2020 – 15 September 2020

Positive +
Neutral 0
Negative -

Page no.	Dominion Post	
27	\$40k fundraiser for cancer mum	0
31	Three new Covid cases	0
34	7 new cases	0
41	Inequity of thresholds leads to pain	0
45	Mental health units breach UN rights rules	-
52	Five new cases in community	0
59	Five new cases	0
67	4 new cases	0
70	One new case	0

Page no.	North Harbour News	
10	Long queues for coronavirus testing	0

Page no.	North Shore Times	
49	Mystery over critical Covid-19 case	0

Page no.	NZ Doctor	
4	College's new Māori leaders	+
5	COVID-19: Mandatory masks mulled, testing centres changed, payment audits	0
7	Physician assistant role merits closer look for general practice – workforce board chair	+
62	Impact of COVID-19 and fixing botched holiday pay plunge country's DHBs deeper into debt	0
64	Mental health units deemed in breach	-
65	'True to our word' on diversity: DHB finds many channels for COVID messages	+

Page no.	NZ Herald / Weekend Herald	
13	Testing times for DHBs	0
17	What we know about fresh cases to emerge	0
20	'Patients will die' over test delays	-
25	Nurses a 'ticking time bomb'	-
37	Call for action on 'cruel' care	-
38	Govt set to get tough on testing	0
46	Five Covid cases linked to church	0
55	'Sad and stark': Two die in 12 hours	0
61	Tributes flow for coolstore worker who died from Covid	0

Page no.	Otago Daily Times	
24	Worries intensify over state of CDHB	0
40	Govt wants 70,000 tests in 7 days	0

Page no.	Pharmacy Today	
1	CPAMS success fails to translate into higher uptake	0
2	Kaumātua able and willing to control their medicines journey – research	+

Page no.	Rodney Times	
50	Mystery over critical Covid-19 case	0

Page no.	Sunday News	
73	Two health staff positive for Covid-19	0

Page no.	Sunday Star Times	
76	Two staff at Waitematā DHB test positive	0

Page no.	The Press, Christchurch	
14	DHB loses fifth top executive in weeks	0
23	11 new cases	0
29	\$40k fundraiser for cancer mum	0
33	Three new Covid cases	0
36	7 new cases	0
43	Mental health units breach UN human rights rules	-
54	'Yellow flag' case holding up Auckland	0
60	Five new cases	0
68	4 new cases	0
71	One new case	0

Page no.	Waikato Times	
3	Doctor gets new role	+
12	14 new cases	0
22	11 new cases of Covid-19	0
32	Three new Covid cases	0
35	7 new cases (26 August)	0
44	Mental health units breach UN human rights rules	-
51	7 new cases (28 August)	0
53	Five new cases in community	0
58	Five new cases	0
69	4 new cases	0
72	One new case	0

Page no.	Western Leader	
48	'Little yellow flag' in Covid outbreak	0

Staff communications survey

Immediately following the move back down to Alert Level 2, the Communications Team invited staff to participate in a Survey Monkey poll rating the quality, timeliness and usefulness of information made available to colleagues during the lockdown period.

A communications plan based on lessons learned during the previous lockdown and the recommendations of the Waitakere Hospital COVID report was implemented under the return to Alert Level 3.

This included using existing channels such as the dedicated StaffNet COVID pages, daily Champion Updates and the use of social media along with new staff communication channels, such as the daily Hospital Huddle and staff Zoom webinar series.

A total of 254 staff participated in the survey. Overall, they rated the communication under Alert Level 3 at 3.9/5. A majority of respondents felt information was timely, clear and consistent and that the volume of information was appropriate. Most also found the information to be useful, with the Zoom webinars and regular CEO updates particularly well-rated.

Responses to free text questions on whether any additional communications channels would be of assistance, or any other feedback, identified three themes:

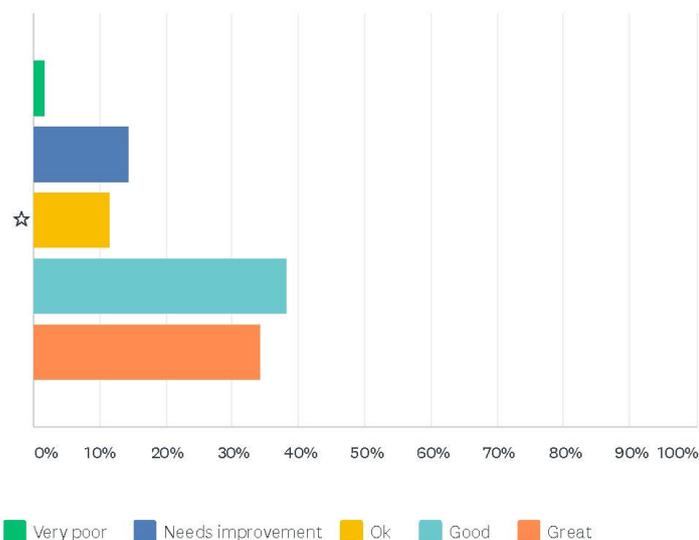
- A physical presence by leaders in clinical areas is valued.
- More two-way communication channels, potentially such as a staff blog, allowing staff to speak up and be listened to would be well-received.
- Localised, area-specific communications would be preferable to general information for all staff.

Additional resource will allow the Communications Team to create and manage new staff channels as part of our ongoing COVID response. Survey results are provided below.

Appendix 1

Q1 How would you rate the COVID-19 information made available to staff during community Alert Level 3?

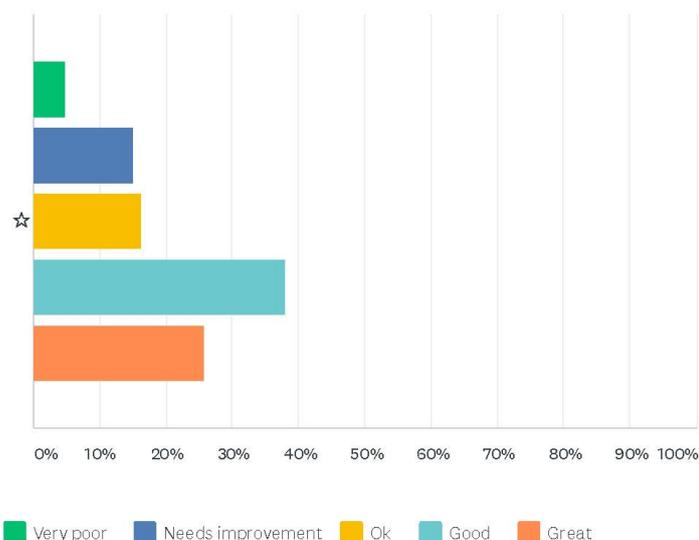
Answered: 251 Skipped: 3



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	1.59% 4	14.34% 36	11.55% 29	38.25% 96	34.26% 86	251	3.89

Q2 Was information contained within staff communications timely, clear and consistent?

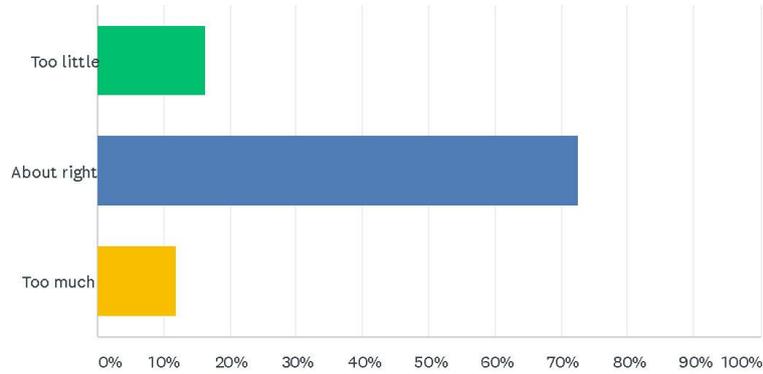
Answered: 252 Skipped: 2



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	4.76% 12	15.08% 38	16.27% 41	38.10% 96	25.79% 65	252	3.65

Q3 Was the overall volume of information shared with staff ...

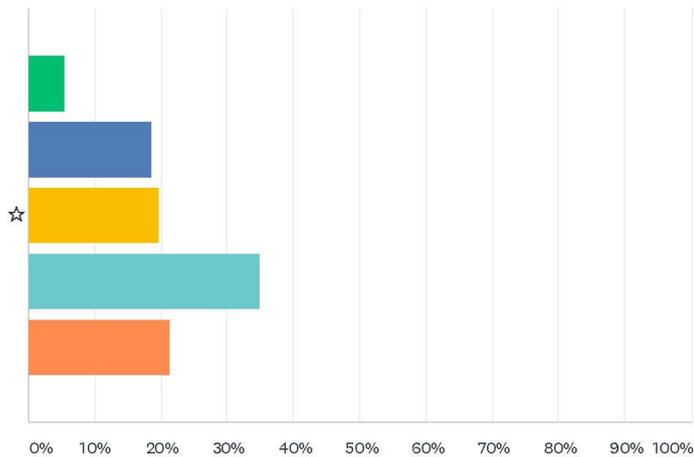
Answered: 252 Skipped: 2



ANSWER CHOICES	RESPONSES
Too little	16.27% 41
About right	72.62% 183
Too much	11.90% 30
Total Respondents: 252	

Q4 How accessible was the information that was relevant to your area of work?

Answered: 243 Skipped: 11

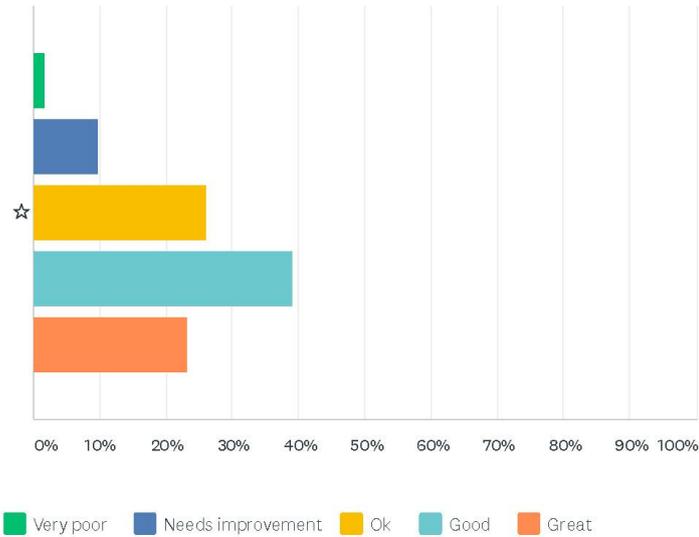


Very poor Needs improvement Ok Good Great

	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	5.35% 13	18.52% 45	19.75% 48	34.98% 85	21.40% 52	243	3.49

Q5 How useful is the information on the COVID-19 StaffNet site?

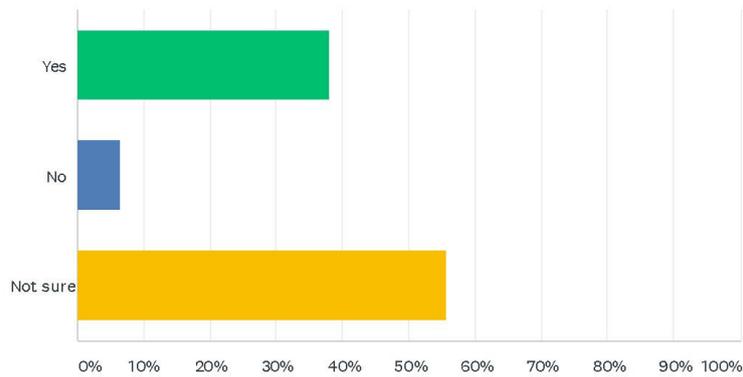
Answered: 245 Skipped: 9



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	1.63%	9.80%	26.12%	39.18%	23.27%	245	3.73
	4	24	64	96	57		

Q6 Was the ability to access the StaffNet COVID-19 pages when working off-site and without Citrix of benefit?

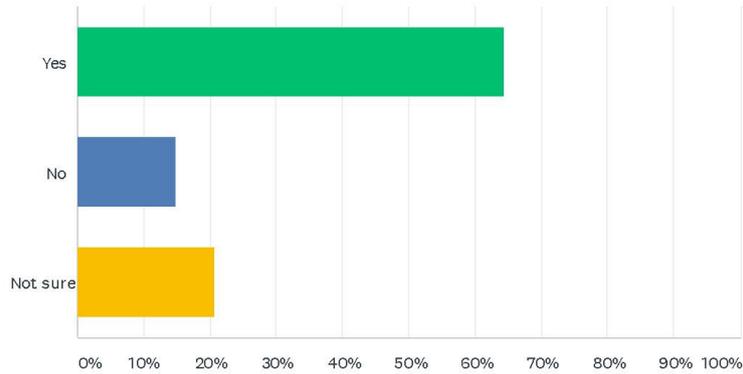
Answered: 250 Skipped: 4



ANSWER CHOICES	RESPONSES	Count
Yes	38.00%	95
No	6.40%	16
Not sure	55.60%	139
TOTAL		250

Q7 Was the information in the daily COVID-19 Champions update passed on by the 'champion' in your team?

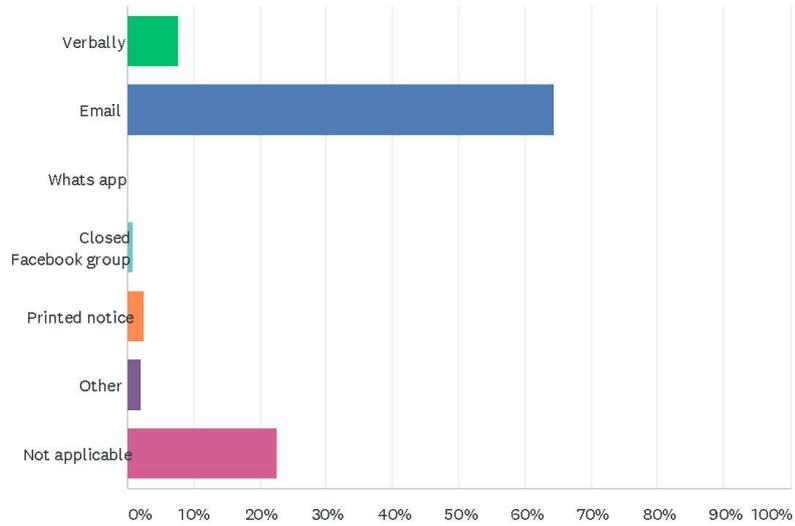
Answered: 250 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	64.40%	161
No	14.80%	37
Not sure	20.80%	52
TOTAL		250

Q8 If so, which format was this passed on in:

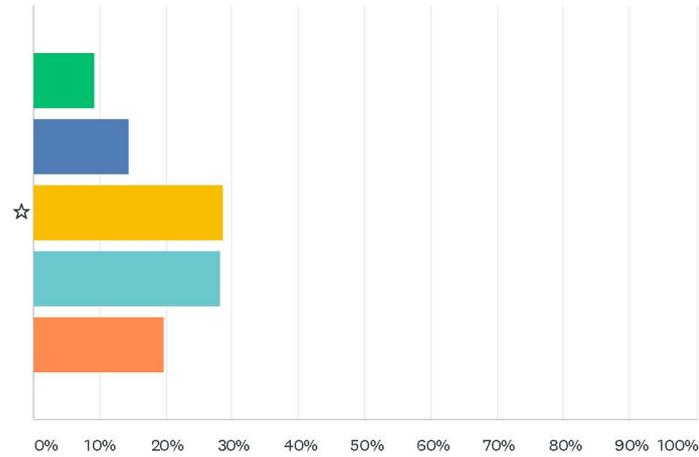
Answered: 248 Skipped: 6



ANSWER CHOICES	RESPONSES	
Verbally	7.66%	19
Email	64.52%	160
Whats app	0.00%	0
Closed Facebook group	0.81%	2
Printed notice	2.42%	6
Other	2.02%	5
Not applicable	22.58%	56
TOTAL		248

Q9 How useful was the Champions update?

Answered: 230 Skipped: 24

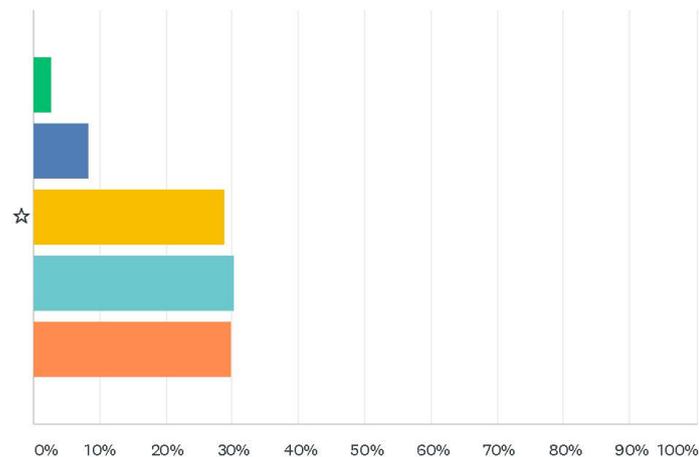


Very poor Needs improvement Ok Good Great

	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	9.13% 21	14.35% 33	28.70% 66	28.26% 65	19.57% 45	230	3.35

Q10 What was your impression of the staff Zoom webinar series?

Answered: 228 Skipped: 26

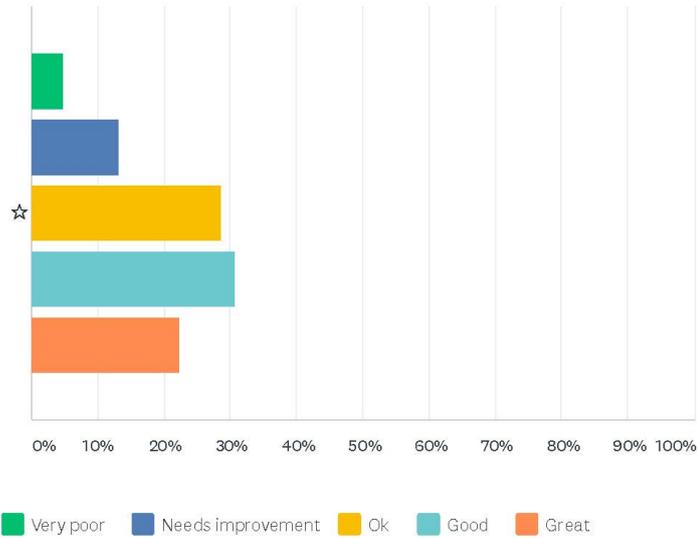


Very poor Needs improvement Ok Good Great

	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	2.63% 6	8.33% 19	28.95% 66	30.26% 69	29.82% 68	228	3.76

Q11 Were the Zoom sessions effective in addressing any areas of uncertainty that you had?

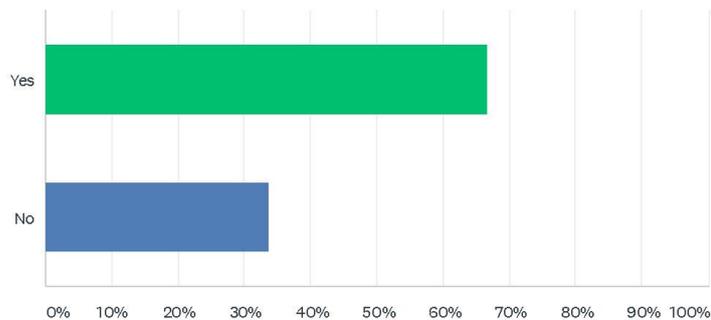
Answered: 227 Skipped: 27



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	4.85%	13.22%	28.63%	30.84%	22.47%	227	3.53
	11	30	65	70	51		

Q12 Did the timing of these sessions at 12.30 pm work for you?

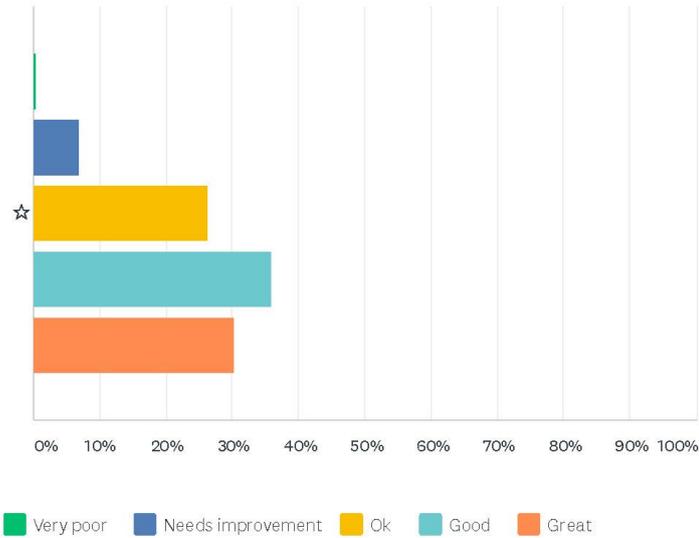
Answered: 237 Skipped: 17



ANSWER CHOICES	RESPONSES
Yes	66.67% 158
No	33.76% 80
Total Respondents: 237	

Q13 Did the regular CEO updates via email assist your understanding of the changes taking place?

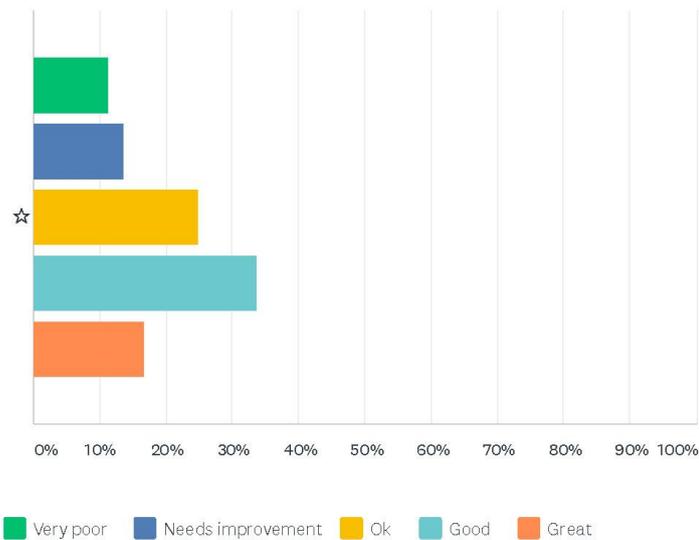
Answered: 247 Skipped: 7



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.40% 1	6.88% 17	26.32% 65	36.03% 89	30.36% 75	247	3.89

Q14 Overall, did you feel listened to and that you had adequate opportunity to give feedback on your experience?

Answered: 250 Skipped: 4



	VERY POOR	NEEDS IMPROVEMENT	OK	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	11.20% 28	13.60% 34	24.80% 62	33.60% 84	16.80% 42	250	3.31

5.1 Financial Report for August 2020

Recommendation:

That the financial report be received.

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

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

Glossary

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

Background

The report summarises the financial performance of the Waitematā District Health Board for the month and year to date ended 31 August 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 business as usual operating result, prior to the impacts of Holidays Act and Covid-19, for the month of August 2020 was a \$46k favourable to budget; being a deficit of \$3.892m against a budgeted deficit of \$3.938m. The extraordinary costs of Covid-19 was \$1.655m and further

provisions required in relation to the Holidays Act, forecast at \$24.0 for the 2020/21 year and being charged at \$2.0m per month, have however deteriorated this result to show \$3.609m variance plan for the month.

The Waitematā DHB business as usual result for YTD August 2020 was favourable by \$56k against a budgeted deficit of \$7.993m, due in part to additional revenue and savings on pharmaceuticals, meals and other operating costs.

New Zealand returned to Covid-19 Alert Level 3 in mid-August and extraordinary costs of Covid-19, amount to a net amount of \$1.610m for the year to date, including additional Covid-19 Community Public Health response costs in the Funder, annual leave budgeted to be taken YTD which was not taken, reduced revenue from car parking and other operating costs including additional security and cleaning.

Based on advice from the MoH the Holidays Act provision is being booked on a monthly basis in 2020/21 and forecast to be \$24.0m by year end, leading to a forecast deficit of \$60.0m against a planned deficit of \$36.0m at 30 June 2021.

1.1 Highlights

The year to date operating result excluding costs of Covid-19 and Holidays Act was favourable by \$56k against a \$7.993m budgeted deficit.

Funder \$387k favourable year to date excluding Covid-19 impact - key financial performance factors:

- Net favourable variances against budget in demand based services including Community Pharmacy, General Practice, Immunisation, Oral health, Home Based Support Services, Age Related Residential Care, and PHO Capitation.

Net adverse impact of extraordinary costs of \$174k for Covid-19 Community expenditure in excess of related Covid-19 funding.

Governance \$254k favourable year to date - key financial performance factors:

- Favourable to budget resulting mostly from budgeted vacancies not yet recruited

Nil net impact of extraordinary costs

Provider \$585k unfavourable year to date excluding Covid-19 and Holidays Act impacts - key financial performance factors:

- Outsourced costs greater than budget YTD, primarily in Mental Health due to staff sickness and in Surgical and Ambulatory services due to additional throughput of cases in Orthopaedics and Gynaecology
- Delays in the realisation of savings under the financial sustainability programme, \$1.114m
- The financial YTD impacts noted above were partially offset by staff vacancies and releases of prior year MECA and ACC provisions, \$585k

Net adverse impact of Covid-19 was \$1.436m; primarily in Personnel cost due to annual leave not being taken (\$1.227m) and reductions in ACC and car parking revenue which were offset by \$501k of MoH funding relating to prior year.

1.2 Financial Indicators

Table: Financial Indicators for August 2020

FINANCIAL PERFORMANCE									
\$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	0.388	0.000	0.388	0.387	0.000	0.387	0.00	0.00	0.00
Provider Arm	-4.437	-4.004	-0.433	-8.712	-8.127	-0.585	-36.80	-36.80	0.00
Governance Arm	0.158	0.067	0.091	0.388	0.133	0.254	0.80	0.80	0.00
DHB Operating Result: Surplus/(Deficit)	-3.892	-3.938	0.046	-7.937	-7.993	0.056	-36.00	-36.00	0.00

Extraordinary costs

Covid-19 Revenue / (Expense)	-1.655	0.000	-1.655	-1.610	0.000	-1.610	0.00	0.00	0.00
Holidays Act	-2.000	0.000	-2.000	-4.000	0.000	-4.000	-24.00	0.00	-24.00
DHB Result : Surplus / (Deficit)	-7.547	-3.938	-3.609	-13.547	-7.993	-5.554	-60.00	-36.00	-24.00

FINANCIAL POSITION									
\$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Crown Equity (net worth)	429.6	435.1	-5.6	429.6	435.1	-5.6	439.7	463.7	-24.0
Capital Expenditure	5.0	8.7	3.7	11.0	16.9	5.8	114.8	114.9	0.0
Cash Balance	44.3	37.4	6.9	44.3	37.4	6.9	16.0	16.0	0.0

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	8,652	9,945	1,293	17,698	19,754	2,056	113,720	113,720	0
Acute Volumes (WIES)	5,532	5,818	286	11,533	11,636	103	68,502	68,502	0
Elective Volumes (WIES)	1,576	1,643	-67	3,183	3,412	-229	18,945	18,945	0

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 August 2020

CLINICAL ACTIVITY									
	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED Attendances	8,652	9,945	1,293	17,698	19,754	2,056	113,720	113,720	0
Acute Volumes (WIES)	5,532	5,818	286	11,533	11,636	103	68,502	68,502	0
Elective Volumes (WIES)	1,576	1,643	-67	3,183	3,412	-229	18,945	18,945	0

A negative variance in ED Attendances reflects higher than planned presentations

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

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

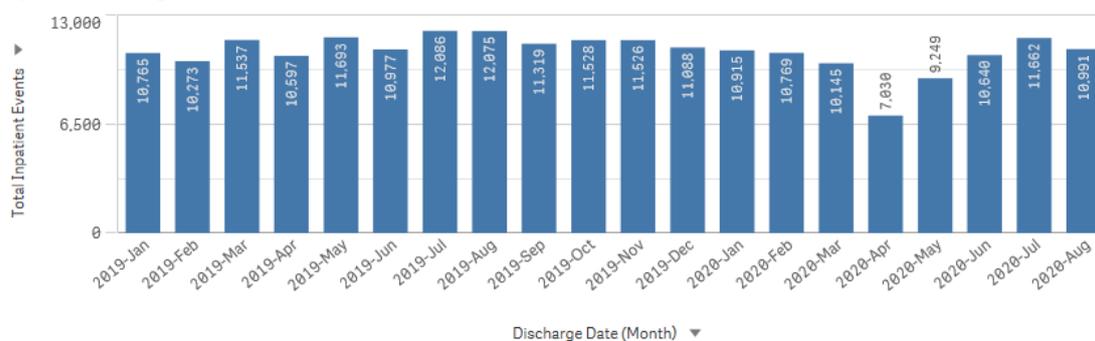
New Zealand returned to Covid-19 Alert Level 3 in mid-August, but a decision was made by the Waitematā DHB Provider Arm to continue running as close to possible as usual without exposing staff and patients to unacceptable clinical risk as relates to Provider services including elective surgery, endoscopy and radiology, as well as all acute areas. This resulted in a better than anticipated output for a Covid-19 impacted August, with elective surgery discharge volumes close to plan. This is not reflected in the case-weights (WIES) shown in the table above as the clinical coding in July and August has always lagged noticeably, and only begins to reflect a robust comparison after September.

The following graphs reflect this ability to maintain procedure and discharge volumes in August.

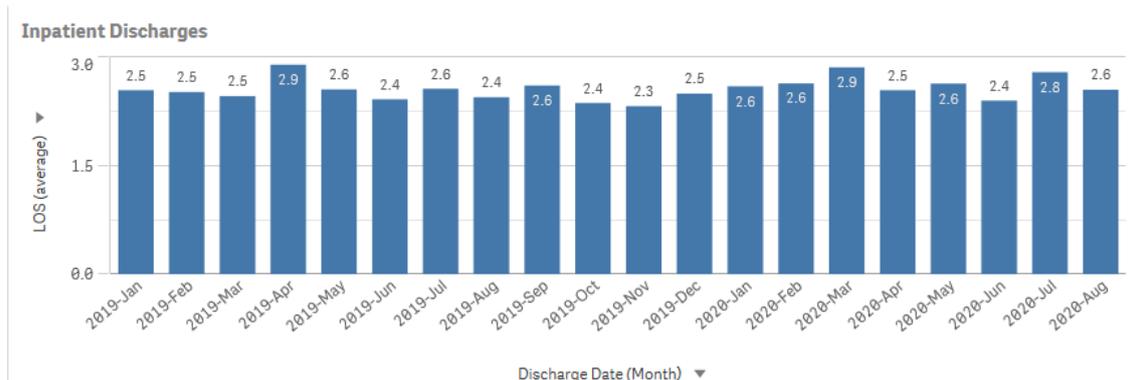
Clinical volume commentary for August 2020:

Total inpatient discharges in August 2020 were 10,991 – up from the low of 7,030 in April due to level 4 lock-down but still lower than the 11,150 normal monthly average; noting level 3 lockdown was introduced in Auckland mid-August.

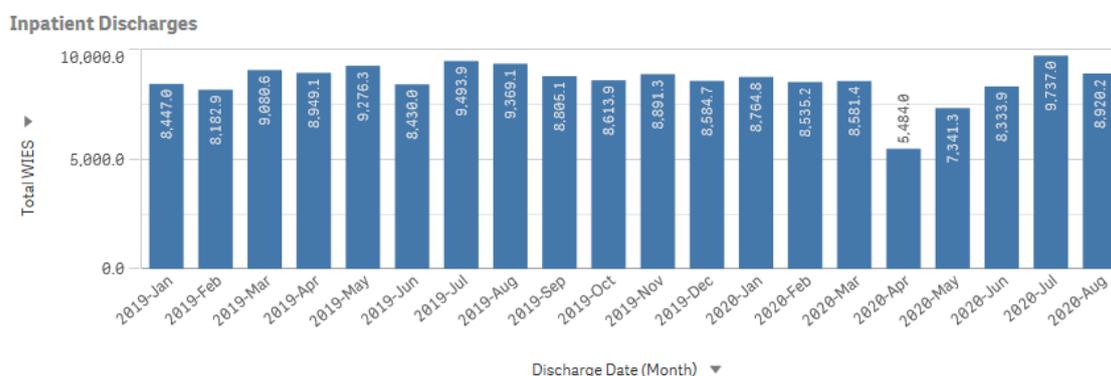
Inpatient Discharges



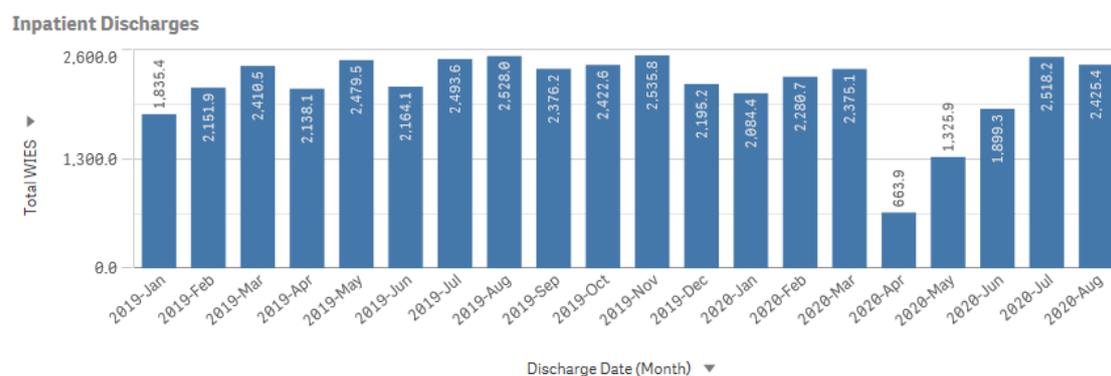
Inpatient average Length of Stay (LoS) in August 2020 returned to the norm of 2.6.



Total WIES were slightly lower than normal inpatient volumes due to the lockdown, with August's total of 8,920 being approximately 4.7% lower than August last year, though noting clinical coding will be lagging behind ultimate actuals:



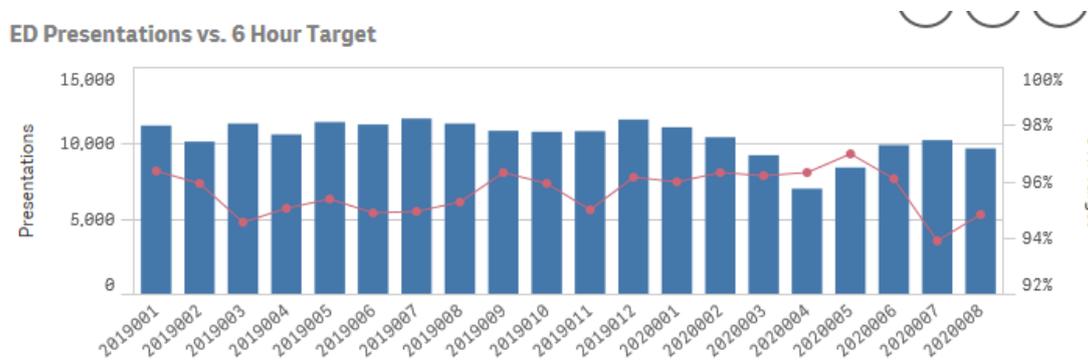
Elective discharges showed continued positive growth compared to April lockdown, but at 2,425 were 4.0% down on August of last year; though again noting clinical coding will be lagging behind ultimate actuals:



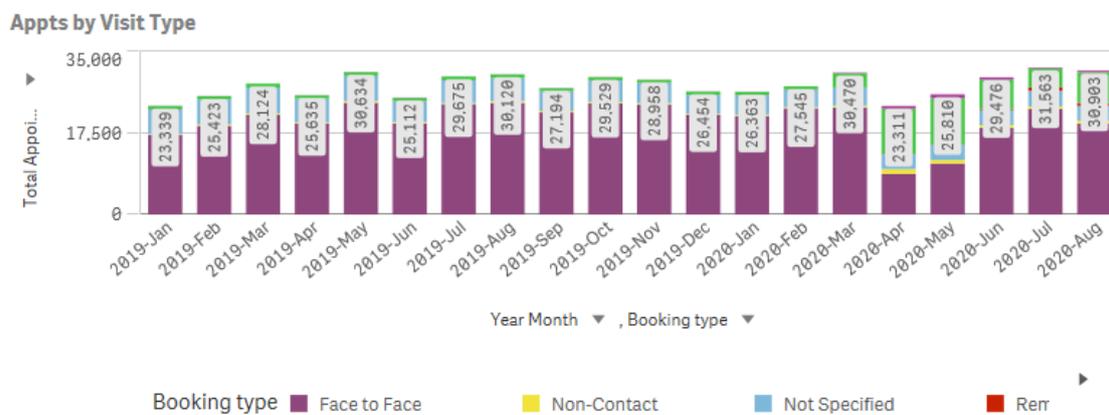
Acute and elective theatre visits in August also reflected overall improving inpatient trends, with the 2,926 procedures performed being 321 fewer than August last year or approximately 9.9% lower:



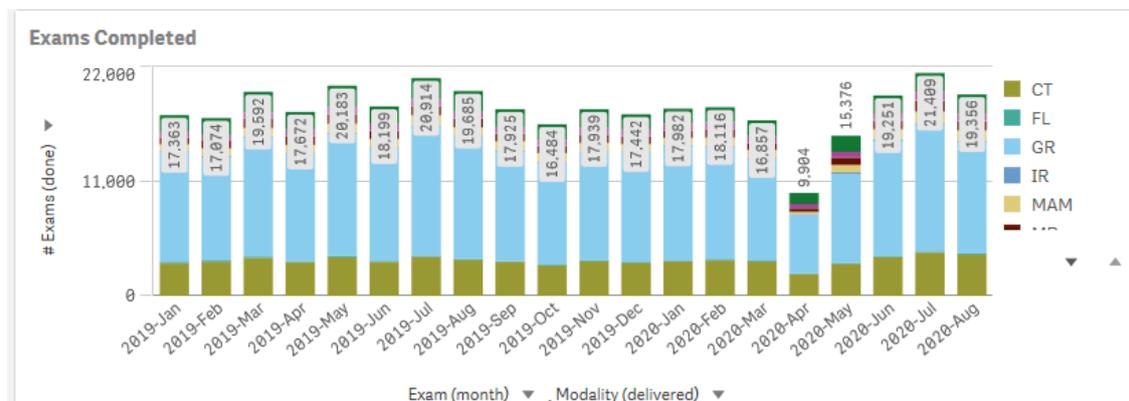
ED presentations have increased from their April low of 6,953, with 9,606 people presenting across the two hospitals in August; although noting the Alert Level 3 situation (compared to 11,254 in August 2019 this is approximately 15% down):



Outpatient appointments totalled 30,903 in August, higher than normal monthly averages, as we still catch up on the waitlists; this is a 2.6% increase on the August 2019 total of 30,120 patients:



Radiology volumes completed in-house are improving despite Alert level 3 with 19,356 procedures taking place in August 2020; compared with 19,685 completed in August 2019.



Outsourced Radiology Providers have been assisting in the waiting list catch-up, funded by specific additional MoH contributory revenue for radiology of \$338k and a Board approved injection (May 2020 to be utilised in the June to August period). Of note, General X-ray (GR) featured predominantly, which is not normally required to be outsourced:

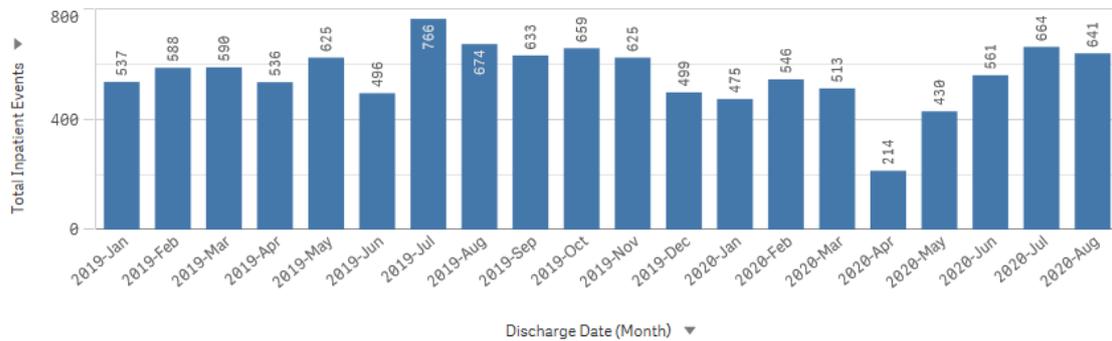


Beds used in August (midnight census) totalled 23,691, approximately 9.3% lower than August of last year; this difference represents the equivalent of about 79 fewer beds.

Hospital		2019						2020							
		Aug	Sep	Oct	Nov	Dec	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
North Shore Hospital	Total	17,994	17,245	17,093	17,455	16,168	67,961	16,900	15,950	14,642	10,888	13,989	16,063	18,060	16,462
Waitakere Hospital	Total	6,907	6,360	6,106	5,930	6,003	24,399	6,505	6,301	5,571	4,262	4,585	6,256	6,888	6,371
Wilson Centre	Total	608	612	594	633	536	2,375	681	568	514	261	394	526	600	429
	Total	26,121	24,829	24,387	24,651	23,243	97,110	24,767	23,387	21,241	15,672	19,362	23,371	26,148	23,691

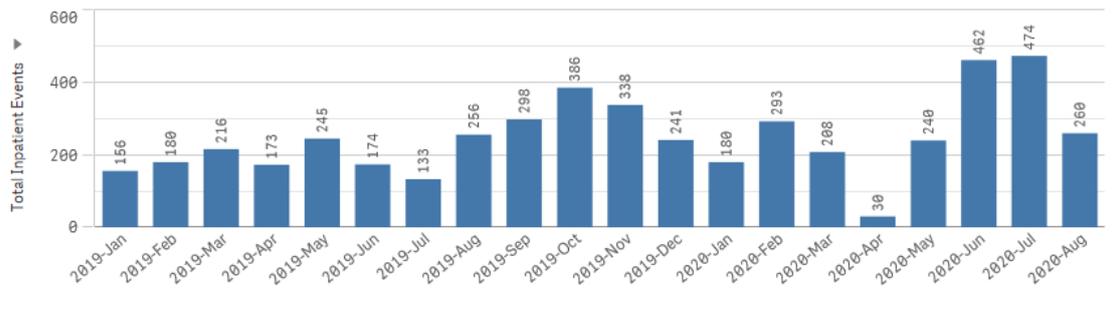
Elective endoscopy procedures performed in-house, including colonoscopies and gastroscopies. The 641 performed in August were close to previous averages and seen as a positive achievement in an Alert Level 3 lockdown.

Inpatient Discharges



The number of outsourced endoscopies performed by private providers was lower than normal, not so much because of Alert Level 3 but due to the fact that approved funding and the contracts with outsourced providers have not been formalised:

Inpatient Discharges



3. Waitematā DHB Consolidated Financial Performance

The business as usual operating result for the month of August 2020, before the extraordinary costs of the Holidays Act and Covid-19 was a favourable variance to budget of \$46k, and year end to date the DHB is \$56k favourable to budget on the same basis.

Extraordinary costs of the Holidays Act and Covid-19 amounted to \$3.655m in the month of August and \$5.610m year to date.

3.1 Financial Result

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

CONSOLIDATED FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	164,516	165,873	-1,357	330,071	331,699	-1,627	1,985,876
Other	2,668	2,246	422	5,141	3,932	1,209	41,885
Total Revenue	167,184	168,119	-936	335,212	335,630	-418	2,027,760
EXPENDITURE							
Personnel	62,866	64,554	1,688	126,325	128,034	1,709	782,330
Outsourced Personnel	2,286	1,710	-576	4,333	2,939	-1,394	18,418
Outsourced Services	6,482	6,049	-433	13,015	12,314	-702	72,445
Clinical Supplies	11,294	11,657	363	23,002	24,140	1,139	138,625
Infrastructure & Non-Clinical Supplies	9,058	8,001	-1,057	17,953	16,024	-1,929	90,906
Funder Provider Payments	79,089	80,086	997	158,522	160,173	1,651	961,036
Total Expense	171,076	172,057	981	343,149	343,623	474	2,063,760
Operating Result : Surplus/(Deficit)	-3,892	-3,938	46	-7,937	-7,993	56	-36,000
Extraordinary cost							
Covid-19	1,655	0	-1,655	1,610	0	-1,610	0
Holidays Act	2,000	0	-2,000	4,000	0	-4,000	0
DHB: Surplus / (Deficit)	-7,547	-3,938	-3,609	-13,547	-7,993	-5,554	-36,000

3.2 Financial Performance August 2020

Revenue: \$0.418m unfavourable to budget YTD including:

- Unfavourable variance in Funder of \$1.23m excluding Covid-19 revenue (refer section 4 for commentary)
- ACC revenues have decreased due to reduced patient numbers in rehabilitation wards, (\$0.407m)
- Other revenue lines are favourable, including from research and drug trials, offset by reduced car parking which is impacted by reduced visitor numbers and staff working from home during lockdown.

Expenditure: \$474k favourable to budget including:

- Personnel costs \$1.709m favourable, due primarily to staff vacancies and including release of provisions for MECA and ACC (\$585k)
- Clinical supplies costs are \$1.139m favourable due to savings and delayed start of new initiatives
- The unfavourable result in infrastructure and non-clinical supplies costs includes the shortfall on financial savings obligations of \$1.114m.

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. Funder Arm Financial Performance: August 2020

The Funder consolidated operating result prior to extraordinary costs was \$388k favourable for the month and year to date. This is before accounting for the net impact of Covid-19 which is considered an extraordinary cost.

After accounting for the net impact of Covid-19 the Funder consolidated core result variance is \$289k favourable for the month and \$213k 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 of mainly community services providers with approximately 75% of the services being demand based. These services are mostly delivered by means of national agreements with little or no opportunity for DHBs to directly influence either the number of service providers or the number of patient/client presentations.

The 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 Aug-20			YTD Aug-20			Full Year Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
REVENUE (excluding Covid-19)							
Funder NGO	49,963	50,569	(606)	99,881	101,138	(1,257)	606,829
Funder Own Provider	78,677	78,665	13	157,355	157,329	25	943,975
Funder IDF	29,517	29,517	0	59,035	59,035	0	354,207
Funder Governance	1,403	1,400	3	2,803	2,800	3	16,802
Total Funder Revenue	159,561	160,151	(590)	319,073	320,302	(1,229)	1,921,813
EXPENDITURE (excluding Covid-19)							
Funder NGO	49,562	50,569	1,007	99,468	101,138	1,670	606,829
Funder Own Provider	78,680	78,665	(16)	157,361	157,329	(32)	943,975
Funder IDF Outflows	29,527	29,517	(10)	59,054	59,035	(19)	354,207
Funder Governance	1,403	1,400	(3)	2,803	2,800	(3)	16,802
Total Funder Expenditure	159,173	160,151	978	318,686	320,302	1,616	1,921,813
CORE RESULT (excluding Covid-19)							
Funder NGO	401	0	401	413	0	413	0
Funder Own Provider	(3)	0	(3)	(6)	0	(6)	0
Funder IDF	(10)	0	(10)	(19)	0	(19)	0
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	388	0	388	388	0	388	0
COVID-19 Only							
Revenue	454	0	454	2,968	0	2,968	0
Expenditure	553	0	(553)	3,142	0	(3,142)	0
Net Funder Impact Covid-19	(99)	0	(99)	(174)	0	(174)	0
CORE RESULT (including covid-19)							
Funder NGO	302	0	302	239	0	239	0
Funder Own Provider	(3)	0	(3)	(6)	0	(6)	0
Funder IDF	(10)	0	(10)	(19)	0	(19)	0
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	289	0	289	213	0	213	0

FUNDER REVENUE

The Funder consolidated revenue variance is \$590k adverse for the month and \$1.23m adverse for year to date exclusive of Covid-19 funding, as designated in the Funder Financial Performance table above. 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 Funder year to date revenue variance drivers are within Funder NGO and include the \$2.97m favourable impact of Covid-19 revenue. This is marginally less than the equivalent adverse Covid-19 offset in Funder expenditure.

FUNDER EXPENDITURE

The Funder consolidated expenditure variance was \$978k favourable for the month and \$1.62m favourable for the year to date exclusive of Covid-19 expenditure as designated in the Funder Financial Performance table above. Of this variance there is a favourable impact of \$1.23m as a

consequence of changes to and within Ministry funded initiatives introduced and expensed after budgets had been set and have equivalent revenue variances that offset. Other factors relating to year to date variances include the normally expected variations across Funder services. 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

The key Funder expenditure year to date variance drivers are within Funder NGO and includes the adverse impact of \$3.14m for Covid-19 expenditure and which is mostly offset in Funder revenue.

FUNDER CORE RESULT

The Funder consolidated core result was \$388k favourable for the month and \$388k favourable for the year to date excluding the impact of Covid-19.

The Funder core result was \$289k favourable for the month and \$213k favourable for the year to date after accounting for the impact of Covid-19 (as designated in the Funder Financial Performance table above).

The key Funder core result variance drivers are within Funder NGO noting that the net impact of Covid-19 was \$99k adverse for the month and \$174k adverse for the year to date.

5. Provider Arm Commentary on Financial Performance

5.1 Financial Statement

Table: Summary of Provider Arm Financial Performance for the year to date August 2020

PROVIDER ARM FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	83,661	84,387	-726	168,385	168,726	-341	1,008,037
Other	2,641	2,241	400	5,058	3,922	1,137	41,825
Total Revenue	86,302	86,628	-326	173,443	172,647	796	1,049,862
EXPENDITURE							
Personnel	61,808	63,325	1,517	124,272	125,577	1,304	767,584
Outsourced Personnel	2,117	1,468	-650	3,930	2,453	-1,476	15,503
Outsourced Services	5,924	5,531	-392	11,957	11,278	-679	66,234
Clinical Supplies	11,289	11,657	367	22,996	24,140	1,143	138,622
Infrastructure & Non-Clinical Supplies	9,602	8,652	-950	19,000	17,326	-1,674	98,719
Total Expense	90,740	90,632	-108	182,155	180,774	-1,382	1,086,662
Provider Operating: Surplus/(Deficit)	-4,438	-4,004	-433	-8,712	-8,127	-586	-36,800
Extraordinary cost							
Covid-19	1,556	0	1,556	1,436	0	1,436	0
Holidays Act	2,000	0	2,000	4,000	0	4,000	0
Provider: Surplus / (Deficit)	-7,994	-4,004	-3,989	-14,148	-8,127	-6,022	-36,800

The Provider Arm BAU result for YTD August 2020 was a deficit of \$8.712m against a budget of \$8.127m and therefore \$0.586m unfavourable.

The extraordinary costs of Covid-19 was \$1.436m and further provisions required in relation to the Holidays Act for the 2019/20 year to date (\$4.0m) have however deteriorated this result to show \$6.022m variance to plan.

5.2 Service Commentary on YTD result

Table: Provider Arm Financial Performance by Service for the year to date August 2020

\$000's	Direct Revenue YTD			Direct Expenditure YTD			Total
	Actual	Budget	Variance	Actual	Budget	Variance	Variance
PROVIDER ARM FINANCIAL PERFORMANCE YTD							
Surgical & Ambulatory	1,802	1,878	-76	27,870	26,659	-1,211	-1,287
Acute & Emergency Medicine	620	545	74	27,046	26,799	-248	-173
Specialty Medicine and HOPS	1,996	1,607	389	18,308	17,973	-335	54
Child, Women & Family	1,887	1,889	-3	17,328	17,819	491	488
Specialist Mental Health & Addiction	2,784	2,543	241	27,077	25,777	-1,300	-1,059
Elective Surgery Centre	0	0	0	4,955	4,883	-73	-73
Clinical Support	52	32	20	6,186	5,956	-231	-210
Diagnostics	1,073	745	329	19,697	19,097	-600	-271
Corporate and Provider Support	163,230	163,409	-179	33,687	35,812	2,126	1,946
Total Provider operating result	173,443	172,647	796	182,154	180,774	-1,381	-585

Extraordinary cost

Covid-19	142	0	142	1,579	0	-1,579	-1,437
Holidays Act	0	0	0	4,000	0	-4,000	-4,000
Provider: Surplus / (Deficit)	173,585	172,647	938	187,733	180,774	-6,960	-6,022

The following service commentaries reference business as usual, as well as Covid-19 financial pressures in the months of July and August 2020.

Surgical Services and ESC (YTD \$1.360m unfavourable to budget)

The following update has consolidated the Surgical & Ambulatory Service and ESC.

The unfavourable variance was driven by:

- The NSH short stay unit has been repurposed as a Surgical ADU since the onset of Covid-19 in April, releasing space in the main ADU area. As a result, the new model of care has resulted in a current overspend against budget of \$118k. ELT has recently approved a budget transfer from main ADU to finance the future spend of the new Surgical ADU. The key costs are in Nursing (\$45k) and Internal Bureau nursing (\$40k).
- Weekend acute theatres in July and extended elective lists in August have increased the nursing costs in NSH theatre and PACU. NSH PACU has also required additional staff due to increased volumes of ECT and Interventional Radiology, the latter arising from the recently agreed SLA with ADHB. Overall Nursing costs are \$115k over budget for NSH theatres service.
- ESC PACU is over budget \$32k due to unbudgeted cost commitment for 1.5 FTEs in addition to additional costs arising from the number of day cases taking place at ESC.
- Internal bureau (\$54k) to cover watches and unplanned leave. External bureau nursing (\$28k) in theatres has been used to ensure that theatre utilisation is not compromised by staff shortages.
- Skin Lesions continue to be outsourced above the budgeted value (\$134k) to meet the production plan.
- Clinical supply costs are \$380k greater than budget YTD due to additional throughput of cases, particularly in Orthopaedics and Gynaecology. Hips and knees for the last two months have been at the highest level of the previous eighteen months and non-joints are significantly

greater than the production plan and surgical health target and therefore impacting on Disposable instruments costs (\$68k) YTD.

Covid-19 impacts:

- Since July theatres have been booked to over-run to allow for additional elective cases, this has resulted in approximately \$30k of additional costs at ordinary rate.
- The August lockdown had no significant effect on the operations of SAS or ESC throughout the period, as theatres remained open as planned with limited cancellations.

Acute and Emergency Medicine Services (YTD \$0.173m unfavourable to budget)

The unfavourable variance is driven by:

- Emergency Departments (ED) continued to experience high volume at North Shore Hospital in August which is 4% higher in patient presentation numbers than for the same period last year. High ED medical costs are also partially driven by cover for long term sick leave.
- Inpatient wards were tracking close to plan both in terms of bed days and WIES. The service has contained costs successfully, with active control of staffing around flex bed management.
- Nursing costs were higher for patient watches, however the service has realised some cost savings in the month due to implementation of new policy. Medical costs were anticipated to increase in the remaining months with recruitment now underway for the home based wards initiative.
- Cardiology services has had a busy month with high number of cases for both pacemaker and ICD in the month, extra resources were deployed in order to reduce outpatient follow up appointments. This high level of productivity resulted in higher clinical consumable costs and higher medical cost for the month.

Covid-19 impacts:

- A number of staff were stood down and placed on paid special leave; the cost of cover is estimated at \$80k. Additional registered nurses and health care assistants were deployed at North Shore ED and ADU since the 11 August Level, 3 Lockdown, which incurred a further cost of \$108k in the month.
- The Cardiology waitlist has been lengthened due to Covid-19 and there is some potential financial risk in not meeting planned volumes and reducing the waiting list in compliance with KPIs.

Specialty Medicine and Health of Older Persons Services (YTD \$54k favourable to budget)

The service has received additional revenue of \$110k which is offset by unfavourable variance driven by FTE pressure in Allied Health staff.

Covid-19 impacts:

The service has suffered from the loss of Non-Acute ACC revenue relating to the final pathway of the Interim Care Service and AT&R rehabilitation, created in part by the Covid-19 initial lockdown but now being considered as the normal model of care going forward. As well as this, the service has experienced additional staff costs compared to past trends due to staff not taking annual leave \$130k.

The YTD position includes a \$106k favourable amount due to reduced endoscopy outsourcing, caused by the delay in finalising outsourced provider contracts and approved funding; this is a timing difference that will be reversed later in the year.

Child, Women and Family Services (YTD \$488k favourable to budget)

The favourable variance is driven by:

- Previously high and now fluctuating admission rates across both Neonatal units with notable increases in the level of patient acuity. The Neonatal units are tracking at 108% of CWD YTD (up 13% on last month). Year to date spending is \$134k over budget as a result of demand and a recent staff reconfiguration to include a more senior nurse and registrar mix rather than the previous credentialed nurse structure.
- Obstetrics & Gynaecology medical costs are tracking \$90k above budget to date with demand for acute gynaecology (98% of contract) and elective gynaecology (109% of contract) along with reduced annual leave being taken, higher sick leave and the timing of professional membership payments being key drivers of the result.
- ARDS \$492k 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. Staffing levels have remained steady over the past 6 months. Covid-19 related clinic closures and pre-screening of children prior to appointment along with new NZ Dental Council measures around infection prevention and control have impacted productivity across the service. A reduction in children being seen is evident in reduced spending in clinical supplies and infrastructure costs.

Covid-19 impacts:

- The onset of Covid-19 has had significant on-going impacts on the Paediatric Ward and on ARDS. Paediatric inpatient admissions have been far less than what the service would expect during a busy winter period. Ward staff are either being redeployed to other wards at Waitakere Hospital or are encouraged to take annual leave. Costs are tracking \$93k under budget to date.
- ARDS is currently running at significantly reduced capacity with the focus being on treating patients with pain and high clinical need. Staffing vacancies are at normal levels with dental consumables use being low. Clinical Supplies spending is \$125k under budget to date.
- Child Services Public Health Nurses have been redeployed to the Auckland Regional Public Health Service to support the Covid-19 screening programmes.
- The service continues to make positive progress with its 2020/21 financial sustainability savings programme with benefits being realised across the following: Paediatric Inpatient staffing and supplies due to reduced demand, ARDS clinical supplies due to reduced service output, Maternity service overtime has reduced with improved staffing levels and there has been less reliance on external postnatal transfers to Birthcare Auckland.

Specialist Mental Health and Addiction Services (YTD \$1.059m unfavourable to budget)

The unfavourable variance was driven by:

- Revenue is \$241k favourable to budget and driven by uplift in ID unit revenue in Pohutakawa (\$56k) and court reporting (\$13k).
- Medical cost is \$271k favourable, however is offset by Outsourced costs required to cover additional sessions, maternity and high sick leave
- Nursing is \$479k unfavourable with overtime being used to provide cover to for vacancies (70 FTE) although we are seeing overtime slightly down on run rate; the service is seeing high sick leave and acuity for the two months to date
- Allied Health is \$436k unfavourable and also being used to provide cover for Nursing vacancies

- Outsourced services are \$582k unfavourable and mainly driven by increased reliance on Medical locums (\$575k), as noted above with equivalent to 10.9 FTE required to cover sick leave, maternity leave and vacancies
- Infrastructure & Non-Clinical Supplies is \$125k unfavourable, mainly driven by rent and IT support charges

Covid-19 impacts:

- Staff sick leave is twice as high as in the same period for the prior year and impacting on Medical staff costs where additional sessions and locums are required to cover rosters.

Clinical Support Services (YTD \$0.210m unfavourable to budget)

The unfavourable variance is driven by:

- The Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostics is \$444k unfavourable YTD; a number of initiatives are being progressed that will realise benefits in future periods.

Covid-19 impacts:

- Covid-19 related costs for additional Security services and ventilation equipment amount to \$61k YTD.
- Patient Meal costs are favourable \$148k YTD with lower than anticipated inpatient volumes.

Diagnostics Services (YTD \$0.271m unfavourable to budget)

The unfavourable variance is driven by:

- Outpatient Pharmacy \$482k unfavourable YTD due to not being fully reimbursed for claims under Community Pharmacy Programme.
- Covid-19 related costs in Laboratory for testing is also unfavourable by \$161k YTD
- Radiology is \$519k unfavourable due to the cost of catch up both through additional sessions resulting in additional personnel costs, overtime and through outsourcing.
- MITs are currently over-recruited leading to a higher than planned personnel cost. Normally it is prudent to over recruit at the time of graduation (January) to absorb turnover as MITs leave the DHB in the course of the year. However due to Covid-19, staff retention has increased so the budgeted vacancy cost has not been realised.
- an additional Allied Health sleep day allowance which is currently unbudgeted
- implementation of a new Tier A interventional radiology allowance for weekend cover, which allows for radiology interventions on call-back to prevent the need to admit a patient on the weekend for a possible acute surgical procedure at a higher cost to the DHB
- The new ADHB SLA for Advanced Interventional Radiology requires additional higher cost consumables. Work is being done to identify the likely additional consumable costs relating to the expected cases that will present.
- The service has had to outsource X-Rays (\$100k) due to the backlog that arose from the strikes at the start of 2020 and which could not be cleared in the interim due to Covid-19.

Covid-19 impacts:

- Additional sessions for CT as part of the Covid-19 catch up plan, cost approximately \$50k
- CT outsourcing as part of the Covid-19 catch up plan (\$420k)

Corporate and Provider Arm Support Services (YTD \$1.946m favourable to budget)

The favourable variance is driven by:

- Savings from staff vacancies \$290k and other general underspends
- Provisions for Holidays Act (\$4.0m) for year to date August 20, offset by release of prior year residual MECA and ACC provisions, \$585k.

Covid-19 impacts:

- MoH Funding received for prior year laboratory testing (\$501k)
- Car park revenue reduced by (\$80k)
- Additional PPE and Clinical Supply costs (\$47k)
- Additional infrastructure, security, cleaning and maintenance costs (\$135k)
- Redeployment and backfill of staff for Occupational Health and Emergency Planning (\$159k)

6. Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at August 2020

\$000's	31-Aug-20			Jul-20	Variance to	Jun-20
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	429,576	435,130	-5,554	437,123	-7,547	443,123
Represented by:						
Cash & Bank Balances	44,346	37,419	6,927	38,539	5,807	52,372
Other Current Assets	98,397	95,136	3,261	93,521	4,876	86,663
Current Liabilities	-472,794	-461,708	-11,086	-450,933	-21,860	-447,946
Net Working Capital	-330,051	-329,153	-898	-318,873	-11,178	-308,911
Fixed Assets	755,224	759,820	-4,596	751,308	3,916	747,160
Long Term Investments in Associates	50,084	50,084	0	50,084	0	50,084
Term Liabilities	-45,681	-45,621	-60	-45,396	-285	-45,210
Total Employment of Capital	429,576	435,130	-5,554	437,123	-7,547	443,123

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of \$330.051m at 31 August 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 \$44.346m at 31 August 2020.

The 'Other Current Assets' balance includes outstanding payments from non-residents totalling \$3.60m. The DHB has billed \$817k (net of credits) in non-resident income as at YTD, 31 August 2020.

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at August 2020

\$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	160,602	158,455	2,147	323,605	324,279	-674
Interest Received	40	60	-20	106	89	17
Other Revenue	2,077	3,130	-1,053	4,859	4,786	73
Outflows						
Staff	57,473	63,500	6,027	126,365	126,979	614
Suppliers	22,277	21,000	-1,277	43,186	44,247	1,061
Other Providers	73,873	75,820	1,947	155,894	155,906	12
Capital Charge	0	0	0	0	0	0
GST (net)	-1,699	118	1,817	118	118	0
Net cash from Operations	10,795	1,207	9,588	3,007	1,904	1,103
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	0	0
Associates	0	0	0	0	0	0
Outflows						
Capital Expenditure	4,988	8,693	3,705	11,033	16,857	5,824
Investments	0	0	0	0	0	0
Net cash from Investing	-4,988	-8,693	3,705	-11,033	-16,857	5,824
Cash flows from financing activities:						
Inflows						
Equity Injections	0	0	0	0	0	0
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	0	0	0
Opening cash	38,539	44,905	-6,366	52,372	52,372	0
Net increase / (decrease)	5,807	-7,486	13,293	-8,026	-14,953	6,927
Closing cash	44,346	37,419	6,927	44,346	37,419	6,927
Closing Cash Balance in HZHPL Sweep	44,346	37,419	6,927	44,346	37,419	6,927

6.4 Cash Position

The Waitematā DHB ended the period with a cash balance of \$44.346m against a budget of \$37.419m

The YTD underspend in capital of \$5.8m is the main contributing factor and is primarily due to slower than planned progress by contractors on building projects. It is expected that these projects will eventually catch up but not until the second half of the year and there is therefore an increasing likelihood that this underspend will continue in the next quarter.

7. Statement of Capital Expenditure

Table: Summary of Capital Expenditure as at August 20

\$000's	Month			YTD			Full Year Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
Capital Expenditure							
Land	0	0	0	0	0	0	0
Buildings & Plant	4,603	6,379	1,776	8,011	13,378	5,367	100,893
Clinical Equipment	166	1,720	1,554	2,679	2,198	-481	5,848
Other Equipment	36	212	176	68	425	357	2,555
Information Technology	105	283	178	197	626	429	4,055
Motor Vehicles	78	99	21	78	230	152	1,510
Total Capital Expenditure	4,988	8,693	3,705	11,033	16,857	5,824	114,861

Capital expenditure is \$5.82m favourable to budget YTD.

A number of factors have contributed to this as follows, but not limited to:

- Slower than planned progress during build phase
- Variations encountered adding time to construction
- Lengthier than assumed procurement process
- Covid-19

Guidance from MoH has been sought with regards to the funding treatment for Covid-19 related costs.

In light of the materially higher demand than available funding, the FY 2020/21 capital budget provided in June 2020 and finalised in July 2020 is being revisited in September 2020. The purpose of this exercise will be to prioritise the allocation of Waitematā DHB's internal funds to projects that will deliver best value for money within the available capital budget.

There is an extensive amount of activity taking place in the Crown funded projects across design and build phases including procurement, change requests considerations, variations assessment and forecasting costs at completion.

7. 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 (19/08/20)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2.	Minutes of the Audit and Finance Committee – Public Excluded (09/09/20)	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)]
3.	Minutes of the Hospital Advisory Committee – Public Excluded (09/09/20)	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
4.	Outsourcing 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)]
5.	Food Services Agreement	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	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.	Patient Transportation and Staff and Urgent Items Transportation	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
7.	NSH Master Site Planning	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)]
8.	Sewer Stack Replacement Change Request	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)]
9.	Tōtara Haumarū – 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.	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. [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)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
11.	Mental Health	<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>
12.	COVID-19 update	<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>
13.	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> <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>

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
14.	Informed Consent Update	<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>
17.	Local - COVID-19	<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>