Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 30 March 2022

9.00am

AGENDA

Items to be considered in public meeting

VENUE

Zoom: https://waitematadhb.zoom.us/j/99126365550

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of Life

To the ancient realms of the Creator

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

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

Well Being to All.

Waitematā District Health Board
Best Care for Everyone

MEETING OF THE BOARD
30 March 2022

Zoom: https://waitematadhb.zoom.us/j/99126365550

Time: 9.45am

WDHB BOARD MEMBERS	WDHB MANAGEMENT
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 David Lui - WDHB Board Member Eru Lyndon - WDHB Board Member Renata Watene - WDHB Board Member BOARD OBSERVERS Wesley Pigg	Dale Bramley - Chief Executive Officer Robert Paine – Executive Director, Finance People and Planning Peta Molloy - Board Secretary

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

	1.	**AGENDA ORDER AND TIMING**
	2.	**BOARD & COMMITTEE MINUTES**
9.45am	2.1	Minutes of the Meeting of the Board (16/02/22) Actions arising from previous meetings
	2.2	Minutes of the Special Meeting of the Board (24/03/22)
	3	**EXECUTIVE REPORTS**
9.50am	3.1	Chief Executive Update
10.10am	3.2	Health, Safety and Wellbeing Performance Report
	4.	**DECISION ITEMS - NIL**
	5.	**PERFORMANCE REPORT**
am	5.1	Financial Performance Report
	6.	**UPDATE REPORTS**
am	6.1	Disability Advisory Update 6.1.1 Disability Strategy Progress Report 6.1.2 Accessibility Tick Update
	7.	**INFORMATION ITEMS - Nil**
am	**8.**	**GENERAL BUSINESS**
am	**9.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Board Member Attendance Schedule 2022

NAME	Feb	Mar	May	Jun
Judy McGregor (Board Chair)	✓			
Kylie Clegg (Deputy Chair)	✓			
Edward Benson-Cooper	✓			
John Bottomley	✓			
Chris Carter	✓			
Sandra Coney	✓			
Warren Flaunty	✓			
Eru Lyndon	✓			
David Lui	✓			
Renata Watene	✓			

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

REGISTER OF INTERESTS

Board Member/Observer	Involvements with other organisations	Last Updated
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Chair – Mental Health and Addiction Assurance Group Minor Shareholder – Sky TV 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	25/08/21
Kylie Clegg (Deputy Board Chair)	Contract with Ministry of Health for services relating to Seat at the Table DHB Governance Development Programme Trustee – Well Foundation Director – Auckland Transport 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.	11/08/21
Edward Benson-Cooper	Director – Harbourside Chiropractic Ltd with private practice commitments Board Member – New Zealand Chiropractic Board (NZCB) Member – Professional Conduct Committee (PCC) for the NZCB Trustee – Supported Lifestyle Hauraki Trust Member – Three Harbours Health Foundation Edward has numerous (different) family members with positions across the Auckland DHB regions including; Chairman for Intra Limited, Director of Mercy Radiology Group, Director of Mercy Breast Clinic, Intensive Care Specialist at the Department of Critical Care Medicine & Anaesthetist at Mercy Hospital	14/11/21
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 Member – Cartwright Collective	16/12/20
Warren Flaunty	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Shareholder - Third Aged Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Member – Henderson Rotary Club Trustee – Hospice West Auckland (past role)	25/10/21

REGISTER OF INTERESTS

David Lui	Director – Focus on Pacific Limited Board Member – Walsh Trust (MH provider in West Auckland that has contracts with WDHB) Chairman – Henderson High School BOT Executive Member – Waitakere Health Link (holds a contract with WDHB)	22/05/21
Eru Lyndon	Deputy Chief Executive, Te Tiriti Reconciliation, Pou Rongomau ō Nga Tatau Pounamu Te Arawhiti, The Office for Māori Crown Relations Regional Public Service Commissioner, Te Taitokerau / Northland, Te Kawa Mataaoho, Public Service Commission Board member - Advisory Board, University of Auckland Business School Chair - Waitangi Ltd Director - National Hauora Coalition Independent Advisor, Investment Advisory Committee, Sport New Zealand Trustee - The Lyndon Family Trust Trustee – The Selwyn Foundation	16/02/21
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member - NZAO Member- Te Pae Reretahi (previously Toi Ora Advisory Board) Professional Teaching Fellow, University of Auckland Optometry Department	17/02/21
Wesley Pigg (Board Observer)	Employee (physiotherapist) – Waitematā DHB	14/10/20

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 16 February 2022

Recommendation:

That the draft Minutes of the Board meeting held on 16 February 2022 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Wednesday, 16 February 2022

held in the Boardroom, 15 Shea Tce, Takapuna and by video conference commencing at 9.17am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Judy McGregor (Board Chair)
Edward Benson-Cooper
John Bottomley
Kylie Clegg (Deputy Chair)
Sandra Coney
Warren Flaunty
David Lui
Eru Lyndon
Renata Watene

ALSO PRESENT:

Dale Bramley (Chief Executive)
Robert Paine (Executive Director, Finance People and Planning)
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.

WELCOME:

The Board Chair welcomed everyone in the meeting.

APOLOGIES:

An apology was received and accepted from Chris Carter.

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.

2 BOARD AND COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Board Meeting held on 15th December 2021

Resolution (Moved David Lui/Seconded Sandra Coney)

That the draft Minutes of the Board meeting held on 15th December 2021 be approved.

Carried

Actions arising from previous meetings

The responses provided were noted.

2.2 Confirmation of Minutes of the Special Meeting of the Board 10th November 2021

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

That the draft Minutes of the Special Meeting of the Board held on 10th November 2021 be approved.

Carried

2.3 Confirmation of Minutes of the Special Meeting of the Board 23rd December 2021

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

That the draft Minutes of the Special Meeting of the Board held on 10th November 2021 be approved.

Carried

3 EXECUTIVE REPORTS

3.1 Chief Executive Update

Dr Dale Bramley (Chief Executive) summarised the report. An update on the Omicron outbreak was presented.

Resolution (Moved Renata Watene/Seconded Sandra Coney)

The report was received.

Carried

3.2 Health, Safety and Wellbeing Performance Report

Fiona McCarthy (Director, People and Culture) and Michael Field (Group Manager, Occupational Health and Safety Service) joined by video conference for the item.

Fiona McCarthy took the report as read.

In response to a question regarding the 'Recruit 500' programme and rapid screening, it was noted that screening would commence prior to pre-employment being completed.

The wellbeing update reported was acknowledged.

Resolution (Moved John Bottomley/Seconded Sandra Coney)

The report was received.

Carried

4 DECISION ITEMS - NIL

5 PERFORMANCE REPORT

5.1 Financial Performance Report (November)

Robert Paine (Executive Director, Finance People and Planning) summarised the report. It was noted that the January result was recently finalised and favourable to budget.

The report was received.

6 UPDATE ITEMS

6.1 Community Services Update

Tim Wood (Acting Executive Director Commissioning and Community Services), Dr Debbie Holdsworth (Director Funder) and Dr Karen Bartholomew (Director, Health Outcomes) joined by video conference for this item.

The report was summarised. It was noted that the COVID-19 response continues to dominate with the team deployed to assist with vaccination testing, Whanau HQ, managing outbreaks, primary care pharmacy support. The team is not shifting to Phase 2 of the response.

Discussion and response to questions included:

- Not all vaccination centres can undertake childhood immunisations.
- A slide on 'COVID-expedited study' was presented, summarising a 'lockdown proof-of-concept study (phase 2 of Study 1) was provided. The study focussed on a study in West Auckland offering a telehealth discussion and contactless HPV self-test kit drop off and pickup service.

Resolution (Moved David Lui/Seconded Kylie Clegg)

The report was received.

Carried

6.2 Hospital Services Update

Mark Shepherd (Director Hospital Services) joined the meeting for this item. He summarised the report presented.

Discussion points and response to questions included:

- With regard to DNA rates for Maori and Pacific, a navigator team is working with Maori and Pacific people to schedule clinical appointments at times that suit and assist with meeting and accompanying patients to clinic on site.
- Following receipt of correspondence from the Ministry of Health, an update on planned care uplift was provided.

7 INFORMATION ITEMS

7.1 Recruit 500 Campaign

Fiona McCarthy (Director, People and Culture) joined by video conference for this item.

The paper was summarised, it was noted that there were approximately 800 candidates. The campaign covers all professions. The recruitment process will focus on equity representations. Some of the interview panels already use consumer representation as well.

7.2 Youth Mental Health *(paper presented to the Consumer Council)*

Stephanie Doe, Julia Kranenburg, Sele Griffith, Deepa Hughes and Misrad Begic joined the meeting for this item.

The paper was received. It was noted that the increase in mental health of young people is a global phenomena. There are a number of factors for this, include an impact of the COVID-19 pandemic.

In response to a question, it was noted that access options are considered for young people that may not have equipment (wifi, phone and the like). The Ministry of Education provides laptops to young people that do not have devices.

The Board Chair thanked those in attendance for the work being done.

GENERAL BUSINESS

No matter of general business was raised.

8 RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved John Bottomley/Seconded Renata Watene)

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	Minutes of Meeting of the Board - Public Excluded (15/12/21)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2	**Minutes of the Special Meeting of the Board – Public Excluded (10/11/21)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**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 Special meeting of the board – Public Excluded (23/12/21)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**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 (08/12/21)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the

	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
			greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4.	**Draft Minutes and Recommendations of the Audit and Finance Committee – Public Excluded (02/02/22)**	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)]
5.	Chair's 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)]	**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)]
6.	Draft Budget Submission	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
7.	Infrastructure Services Programme Tranche 1B	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)]
8.	New Build Change Request 02	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
9.	COVID-19 related people costs	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [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)]

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

Carried

The open meeting concluded at 10.35am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 16 FEBRUARY 2021.

_____BOARD CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 15 March 2022

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
14/07/21	3.2	Health, Safety and Wellbeing Performance Report Board workshop with workshop with the Employers and Manufacturers Association will be scheduled	Fiona McCarthy	TBA	Re-scheduled due to COVIID-19 response requirements
06/10/21	3.2	Health, Safety and Wellbeing Performance Report Detailed update on i3 and the digital governance to be presented to a future Board meeting	Fiona McCarthy/ Penny Andrews	TBA	TBA due to COVIID-19 response requirements
15/12/21	6.2	Update on the Health (Fluoridation of Drinking Water) Amendment Bill Contact MoH re the plan for communication to those not on >500 drinking supply re how to protect teeth with introduction of the new Bill.	Karen Bartholomew	16/02/22	An email has been sent to the Office of the Director of Public Health regarding the Boards request for information on whether there are any plans in place for those not served by this legislation ie <500 and private water supplies. A response has not been received to date.

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 eight weeks:

Health NZ visits

Rob Campbell, Board Chair of the interim Health NZ, accompanied me on a visit to the Tōtara Haumaru build site in February and Margie Apa in her capacity as the newly appoint CEO of Health NZ visited Waitematā DHB I3 on 4 March. I3 demonstrated some of their previous and upcoming work, plus we took this opportunity to update Margie on works occurring around WDHB.

Omicron preparedness

Two years have passed since the first case of COVID-19 was reported in New Zealand. The anniversary rolled by on Monday 28 February 2022 and the environment which we work, has changed dramatically and we've experienced a multitude of complexities over this period. We are now seeing the impact of the Omicron surge through a rising number of COVID-19 presentations in the community and in our Emergency Departments. The Prime Minister has said that cases are expected to peak nationally in mid-March, followed by a rapid decline.

We have robust systems and processes in place to guide us from day-to-day throughout this period and a wealth of learned experience from the last two years to draw from. We are taking a proactive approach to Omicron — adjusting our response and preparing for a continued expected surge in hospitalisations.

With this comes an increased chance of possible transmission events at hospitals across the country and at Waitematā DHB. Precautionary measures are in place as part of our standard infection management processes and ongoing testing of patients and staff is well underway. These have been anticipated, given the volume of Omicron in the community and recent events at other DHBs.

Business continuity plans

Services across the organisation started updating their business continuity plans (BCPs) when Omicron first made its presence felt in New Zealand. These BCPs are now operational and we are in the process of publishing them. All BCPs will remain under review throughout this pandemic.

Hospital preparedness

North Shore Hospital

We are now using ESC to provide additional capacity. Our North Shore–based ESC was on track to open for the care of COVID-19 patients on Sunday 27 February. However, we were able to make it available a little earlier – thanks to excellent planning and implementation of works across a number of services. Elective surgeries will continue at North Shore and Waitakere hospitals. We will aim to do this for as long as possible though this will be dependent on a day-by-day assessment of our capacity. We are also endeavouring to maintain as much outpatient care as possible. We will

regularly assess our capacity to continue with elective surgery, noting that high clinical priority elective work is expected to be maintained.

Recruit 500 campaign

We started the New Year with a plan to complete 500 interviews by 16 February. We have exceeded this target by 37 and are now proceeding with next steps. Some of the people we've hired have already started work and we look forward to welcoming more into our DHB in coming weeks. Some of the positions we aim to fill are existing vacancies – others are roles created specifically as part of our response to COVID-19. Safe staffing is a number one priority for our DHB.

Tōtara Haumaru update

I'm pleased to announce that the Government has approved up to $40.8 million to fund the fit-out of Tōtara Haumaru - our new hospital building on the North Shore campus. As well as this, after many months of demolition and excavation work, the Tōtara Haumaru building is starting to come above-ground, with the first of the seismic steel k-bracing structures now being installed. This will help ensure the building can remain operational in the event of a natural disaster, such as an earthquake.

Seismic k-bracing structural steel being installed on-site

The emblem for the new hospital has been confirmed by Dame Rangiemarie Naida Glavish, our Chief Advisor for Tikanga.

TŌTARA HAUMARU

The iho (unifying idea) is *ka mārewa ake te tōtara haumaru i te whenua, he awhi kau noa i te huhua o roto - the tōtara haumaru rises from the land and embraces the many within*.

Grant success - Lung cancer screening

The research team are delighted that their application to the HRC Equitable Cancer Outcomes RFP was successful and the project, "Lung cancer screening: Testing ethnicity prediction in Māori' has been fully funded.

This grant presents a unique opportunity to ensure that lung cancer screening, when introduced in Aotearoa, reduces the very marked inequities in LC mortality experienced by Māori. This study adds to our team's existing LCS research programme and will provide answers to a number of key questions including: how to optimise the risk prediction model for use in Aotearoa; what are the ethnic specific estimates of LCS descriptive epidemiology, standard LCS parameters, screening outcomes, and harms; how best to invite people to LCS; what is the person's/whānau experiences of the LCS pathway; and does LCS remain cost-effective when updated with NZ data.

The research team is excited and honoured to receive this third tranche of HRC funding for the lung cancer screening programme, and are very much looking forward to working on this really important piece of work.

This news adds to the HRC grants already received and is a demonstration of our DHB achieving equitable health care for Māori: Lung cancer screening, Māori and Pacific women's pre-diagnostic experiences of uterine cancer, and Te Matahourua: Charting the course of Rongoa and Medical Collaboration.

Well Foundation updates

Tōtara Haumaru fundraising campaign development

A Courtyard Design Group has been established between the DHB and the Well Foundation to progress the collaborative approach to delivering the internal Courtyard ahead of the planned opening of Tōtara Haumaru 2024. Early-stage conceptual images presented by Jasmax have been endorsed by the group and will now proceed to concept design. It is anticipated that the concept design and cost estimate will be completed by the end of March. An ELT/Board paper will then be developed setting out the proposed funding and fundraising arrangements for the Courtyard. Several potential major donors have already been engaged by Well Foundation and expressed interest in supporting the project.

A similar design working group has been established with i3 for this sub-project and are in the process procuring a specialist interior designer for the 5x end-of-life 'butterfly rooms' (clinical space connected to an overnight whānau space).The interior designer will provide designs and costings at two price-points to allow us to consider options for fundraising. Well Foundation are working with the TH project team to establish the existing project budget for fitting out the spaces. WF will aim to raise the funding needed to close the gap between a 'standard' fit out with existing budget, and a specialist interior that would greatly enhance the experience for families and patients. Concept designs and costings should be completed in March/April.

Capital programmes update

A key focus remains the COVID-19 Response Facility Projects. In addition to DHB engineering team members this programme is supported by four external engineering practices to assist deliver the projects as soon as possible.

Developed Design for the Mason Clinic Tranche 1A/1B facility E Tū Wairua Hinengaro is planned to be completed by 30 March 2022 including peer review. The business case to support funding for Tranche 1B was considered by the Capital Investment Committee at its February 2022 meeting.

The next phase in the Mason Clinic electrical upgrade project, connecting the new main switchboard extension, was successfully implemented on 19 February 2022 between 12:15 and 1:15am. This required a mains power outage while the changeover occurred. Over the following three weeks each of the individual units will be switched over to the new board.

The consultant design team for the Waitakere urgent bed capacity and intensive care unit has been confirmed. The kick-off meeting for the concept design phase for this project is scheduled for the second week in March 2022.

The Waitakere Special Care Baby Unit (SCBU) project is progressing with the first fix completed; installation of GIB and associated stopping and majority of painting to walls to the existing building and extension. Floor screed installation continues with ceiling grids part installed.

Photo: Waitakere Special Care Baby Unit main extension to existing SCBU and link corridor; main internal corridor painted; and internal link bridge lined ready for painting

Creating a culture of appreciation

Another 14 people were recognised in our fortnightly CEO Awards across February. These awards 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:

- Decals going up outside Tōtara Haumaru build site and ongoing site work
- Wellbeing team supporting staff who test positive at home
- Additional individual wellbeing check-ins with Raise our EAP provider
- Recruit 500 campaign - update
- Pride month – pronouns campaign
- WTH SCBU – latest update
- Ongoing development of a new marae at North Shore Hospital
- Continued work on the new whānau accommodation at North Shore Hospital

2. Future focus

Outpatients systems

Online booking is live! The first group of ten patients were sent invitations to book their Cardiology appointments, Thursday 24th February. Seven of these patients had successfully booked within 24 hours, with the first booking being made by a 89 year old gentleman. Feedback from these patients has been collated and the average 'ease of use' rating currently stands at 4.6 out of 5. The project will continue to work with a small set of Cardiology clinics to tune the system before scaling up to additional specialities with a staged roll-out.

Telehealth community pods

The first Pod has been installed at Helensville in collaboration with Helensville District Health Trust (photo to come from Charlie). This will be fitted out with equipment, privacy frosting and data connection over the next week. We continue to work on the placement of two more pods with Coast2Coast Primary Care in Warkworth and with Ngati Whatua (location still to be decided).

Photo: Prototype of Telehealth pod, example only

COVID-19 related work

The team continues to focus on COVID-19 related work including

- Establishing a digital whiteboard for the COVID@Home service to be able to manage their workload in a streamlined and shareable manner

- Purchasing and setting up technology for COVID-19 wards including remote patient monitoring with Mindrays for observations (photos attached) and Zoom on iPads for communication, in ward 2, 11, ESC, Maternity Suite, and the Huia corridor at Waitakere Hospital
- The clinical risk scoring of all positive cases and their household members and separately we have created the clinical risk score for the entire enrolled population of the northern region (1.8m) which will be distributed to PHOs early this week.
- The DHB's COVID work now forms part of a broader Integrated Care Programme as we move to a focus on keeping people out of hospital and collaborating with primary care and other services on care closer to home – a key direction of the health system reforms. COVID@Home and Hospital in the Home (for people with acute needs but without COVID-19 – HiTH) are both rapidly scaling up to assist in addressing the surging demand on our hospitals. An eReferral process has been set up for HiTH. The Remote Patient Monitoring (RPM) trial for people with long-term conditions (initial heart failure and chronic kidney disease) is underway, with a vendor on board to provide the technology platform, and governance including consumer, community and primary care representatives.
- Lara Hopley has continued to support the design and delivery of national developments such as the My COVID Record App – which now supports people to enter the results of their own rapid antigen tests (RATs) regardless of where/when they are performed. GPs are now also able to report RATs – this was turned on incredibly rapidly (less than a week) due to great collaboration with all necessary parties and weekend contributions by all – now live for all GPs with healthlink forms (which is more than 98% of the country)
- The Border Clinical Management System (BCMS) is now the COVID-19 Clinical Care Module and is being used by clinical hubs and GPs via their practice management systems (PMS), with >25,000 hits so far and >15,000 writing directly into the record. It is also now visible to hospital clinicians via our regional clinical portal (RCP).

Photo: Remote patient monitoring with Mindrays

Patient experience reporting system

The new Qualtrics system for patient and staff surveys and for collecting patient reported outcome measures is due to be rolled out in June 2022.

3. Board performance priorities

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

Relief of suffering
Progress: ✔

Patient Experience

Patient Experience Feedback
National Patient Survey

Participation
The sample, who received the most recent survey, is a selection of patients who visited the hospital during the two week period from 31st January to 13th February. Participants have until the 15th March to complete the survey and results will be made available around 15th April 2022.

Performance
Friends & family test overall results – adult Survey
In January 2022 the Net Promoter Score (NPS) was 84 with feedback from 506 people. The NPS is on a par with the previous month and the score remains strong achieving above the target of 65. The number of responses remains lower than usual due to COVID-19 and the summer break.

Friends & family test overall results

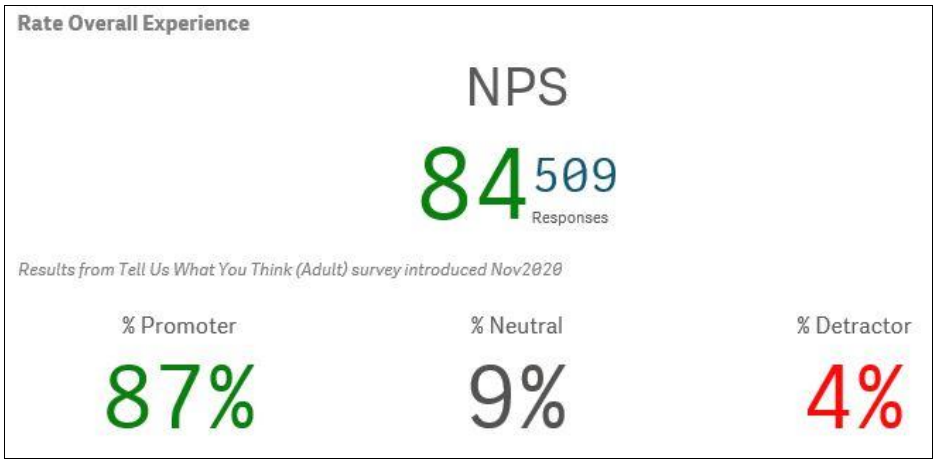
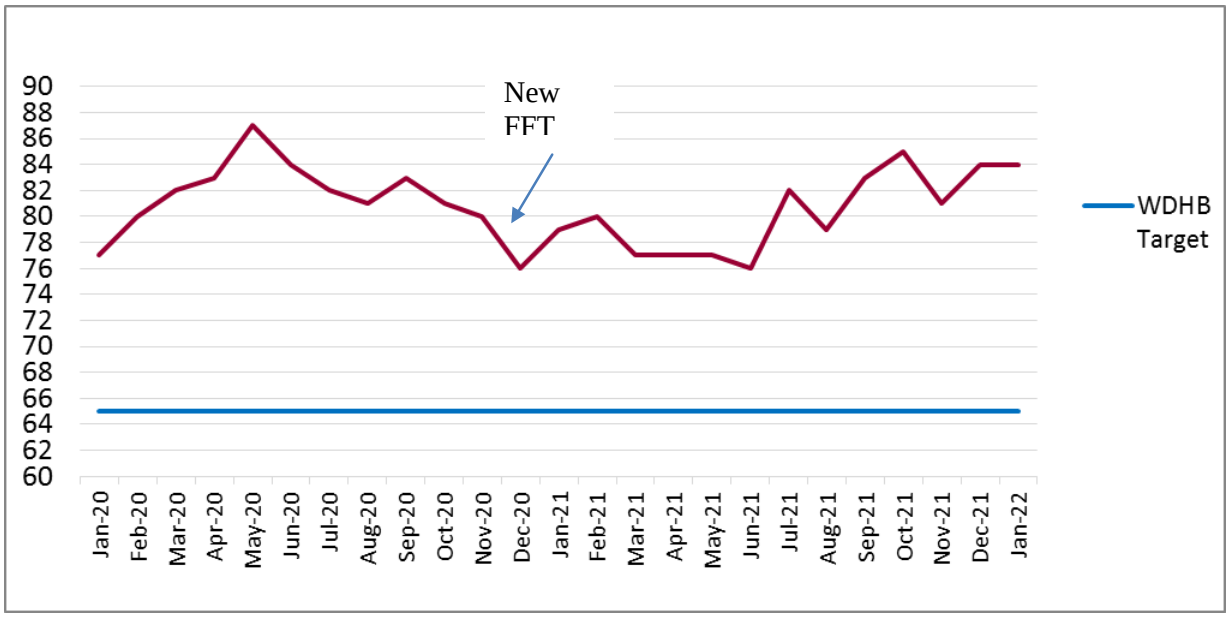


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)

Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood
Totals	**509**	**84**	**90**	**85**	**89**	**79**	**83**
Jan-2022	509	84	90	85	89	79	83

Table 1: Waitematā DHB overall FFT results



Graph 1: Waitemata DHB Net Promoter Score over time

The above chart shows the net promoter score over the last 2 years. A new Friends and Family Test was introduced in November 2020 changing the question from 'based on your experience would you recommend' to a general question asking about their overall experience. The scale was also changed from a five point scale to a more sensitive 11 point scale.

Total responses and NPS to friends and family test by ethnicity

January 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	293	36	60	27*	93
NPS	83	81	97	85	80

*Low base size, interpret with care

Table 2: NPS by ethnicity

In January, all ethnicities met the Waitemata DHB NPS target and scored above 65. Asian achieved its highest score to date since the survey question changed in November 2020.

January 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	90	91	97	96	86
I was listened to	84	83	93	74	86
I was treated with compassion	90	83	97	78	86
I was involved in decision making	75	86	95	74	80
My condition/treatment was explained in a way that I understood	80	86	95	89	83

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. Asian recorded their highest score to date for 'welcoming and friendly' and Māori achieved their highest score for 'involved in decision making'.

Patient experience highlights

- **Comfort care packs**

Comfort care packs for whānau who are supporting loved ones at end of life and victims of domestic violence. 40 packs have been prepared in partnership with the Hospital Auxiliary volunteers and delivered to Ward 3, Ward 10 and the social work team at North Shore Hospital.

- **Patient feedback**

Feedback this month has again been positive with patients and whānau citing amazing staff (friendly, supportive, cheerful and compassionate), great care and good communication as some of the main reasons for an exceptional experience.

Volunteers

- **Volunteer recruitment statistics**

Volunteers are down by one on the previous month.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
50	134	11	195

Table 4: Volunteers

Recruitment

The Patient Experience team continues to process applications through our online process and word-of-mouth referrals. Four new bilingual volunteers who were recruited to support Asian Health Services started their voluntary services. Unfortunately, we have lost three interested candidates due to a change in their circumstances.

Volunteer highlights

- **Hospital auxiliary**

Hospital Auxiliary volunteers have delivered 80 Palliative Care packs in January (40 toiletry packs and 40 food packs). This is an excited new endeavour they said. The items for the packs have been sponsored by the Patient Experience team.

Hospital Auxiliary volunteers have also increased the number of Moses Baskets they make. Thanks to Place makers and the Men's Shed, they have now wooden bases for the larger Moses baskets.

- **Maternity sleep safe team**

In January, our safe sleep volunteer spent almost 7 hours to complete 14 more bassinets for the maternity team.

- **Asian health services**

New volunteers have started to support the Asian Health Line 0800 88 88 30 as call volumes have increased due to COVID-19 pandemic.

Their support has provided much needed relief for the team as well as enhanced experience for our Asian community.

Consumer council update

The Consumer Council met on 9 February 2022. They discussed the following agenda items at their most recent meeting:

- **Welcome Rob Campbell, CNZM (Health NZ Chair) –** David Lui introduced the Consumer Council and talked about the support for the Council from Dale Bramley, CEO, and Judy McGregor, DHB Chair and how this enables the Council to make a real contribution to the DHB. He commented on the diversity of the Council members and the knowledge and experience that they bring. Rob thanked David and talked about his intention that Consumer Councils will continue in the new health system. He thanked the Council members for the work that they do.
- **End of Life Choice Act** – Presentation and update from Dr Jonathan Christiansen (Chief Medical Officer). Jonathan gave an overview of the Act and how the DHB is implementing it. He gave reassurance that there is a robust and thorough process to any applications through the Act.
- **Youth Mental Health –** Overview of the current continuum of Children and Young People's Mental Health services - Stephanie Doe, Selena Griffiths, Petronella Musekiwa and Julia Kranenburg answered questions about their paper. The Council asked questions about workforce issues, services for people with disabilities, e.g. Autism (dual diagnosis), cultural support and people with eating disorders.
- **COVID-19 update –** Omicron update from Dale Bramley, CEO. Although numbers were rising more slowly than initial modelling had suggested, they are starting to rise. Dale emphasised the need for people to get boosted and told the Council that the boosters are doing their work to protect people. He asked that people encourage their communities to get the booster as soon as they can. Under 18s are not yet able to have the booster until this is approved by Medsafe.
- **Discussion on NZREX** - Overseas training doctors wanting to work in NZ – discussion led by Ngozi Penson, Deputy Chair, Consumer Council. Jonathan Christensen responded to the points that Ngozi raised and explained that this is a national issue, in part due to lack of places for doctor to train. Judy McGregor, as Chair of the NZ Health Workforce Advisory Board, said that she will take this issue forward to the Advisory Board for discussion.

Achieving the priority targets – January 2021 (not received)

Better outcomes

Progress: impacted by COVID-19

- Planned Care interventions – 85% (target 100%)
- Shorter waits in ED – 82% (target 95%)
- Faster cancer treatment – 88% (target 90%)
- Increased immunisation – 87% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.8% (target 7.5%)

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 **98 percent** of falls risk assessments, Specialist Medicine & Health of Older People completed **100 percent** and S & A completed **96 percent** on admission. Of those, Acute & Emergency Medicine completed **76 percent**, Specialist Medicine & Health of Older People completed **77 percent** and S & A completed **68 percent** within eight hours of admission (against a target of 90%)

Hand Hygiene
Waitemata DHB's Hand Hygiene Compliance Audit result for **January 2022** is **90 percent;** *this exceeds national target of 80 percent compliance and the DHB is consistently above the National average of 85%.*

Healthcare-Associated Infections
The CLAB insertion bundle was used in ICU on **100 percent** of occasions in **January 2022**. *The insertion bundle compliance exceeds the national target of 90%.*

Pacific Health

Service Overview
The Waitematā District Health Board (WDHB) to partner with Pasifika staff, patients, their families and communities in realising their goals and aspirations for their holistic health.

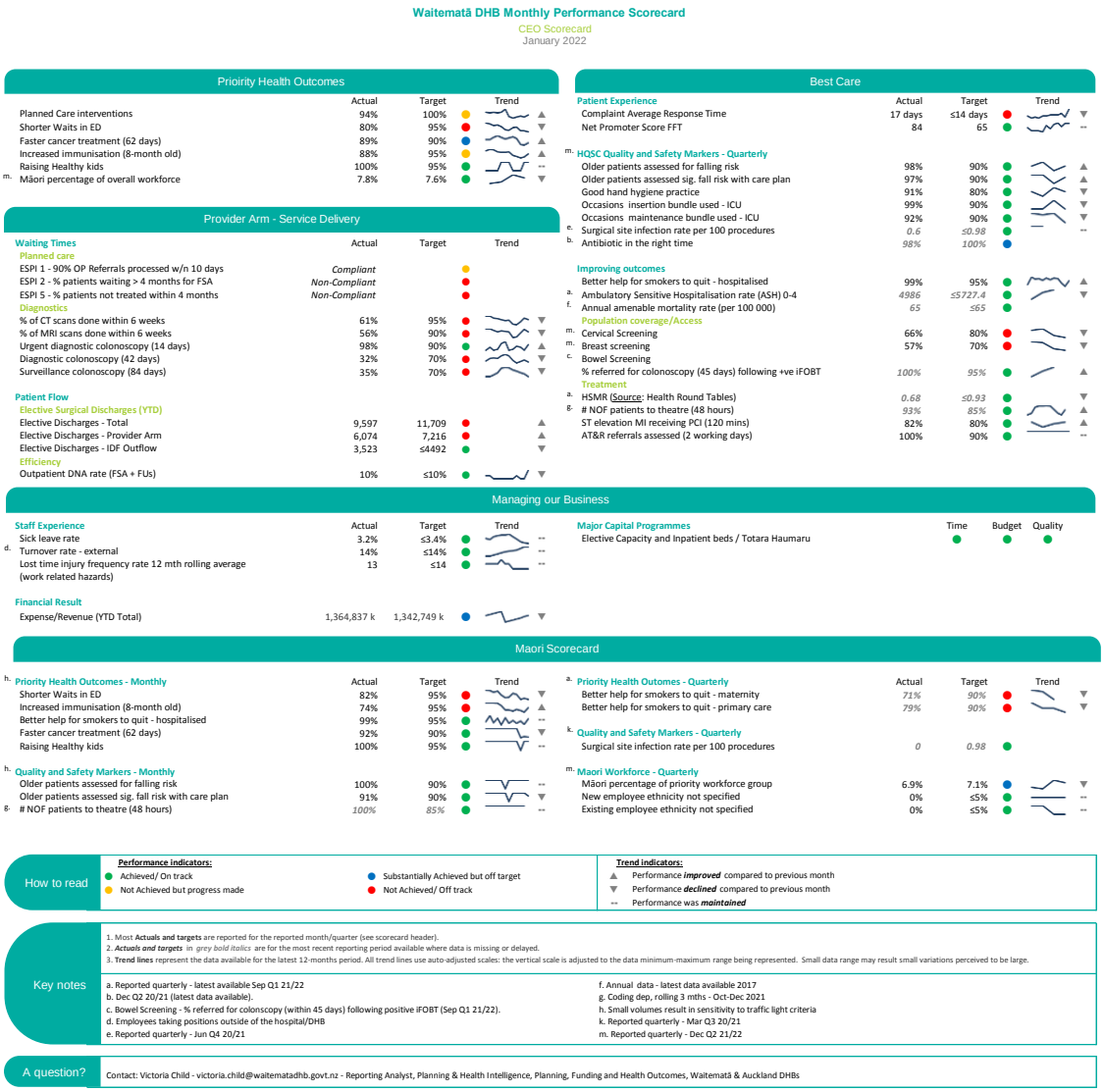
Director:	Dr Josephine Aumea Herman
Clinical Nurse Director:	1 FTE (started 28 Feb 2022)
Cultural Support Workers:	3 FTE
Project manager COVID-19:	1 FTE (starts 07 March 2022)
Pastoral Support COVID-19 :	Casuals to support Pacific COVID-19 response (Active)

Directorate Priorities for 2020/21
Vision: Equitable Pacific population health outcomes.
Aim: Support WDHB provide quality and equitable health services
Objectives:
1. Provide and embed Pacific Health Leadership and Governance
2. Identify and address inequitable health services/outcomes for Pacific peoples
3. Strengthen Pacific community engagement and mobilisation
4. Promote Pacific human resources recruitment, retention and professional development

Highlights of the month
Pacific COVID-19 Outbreak Response and Vaccination
The Pacific Health team has focussed on strengthening hospital systems in preparation for the omicron outbreak. This has included:
1. Establishment of clear lines of engagement for the Pacific health team across the DHB for patients in hospital and at home under the care of the CovidCare@Home (CC@H) programme;
2. Regular Pacific clinical and welfare presence at key COVID-19 operations meetings; and
3. The recruitment of two key staff to the Clinical Nurse Director and Project Manager COVID-19 roles.

The Pacific Health team holds check-in meetings three times a week to check on staff and update on any developments. For the past week, Pacific ethnic-specific pastoral leaders have joined this meeting which specifically focusses on COVID-19 cases in hospital and CC@H and other related matters such as access to RATs.
The Waitematā DHB Pacific Community Leaders Forum meeting continues to meet weekly on Tuesdays for a half to one hour. This meeting continues to be an important opportunity to share information regarding COVID-19 activities including vaccination drives. This year the Samoan and Tongan communities have run ethnic-specific vaccination days in collaboration with the Fono. Pan-Pacific events have not been supported as The Fono now operates drive-throughs at Westgate.

CEO Scorecard



Please note that some of the percentages in the above January Scorecard differ from those in the commentary below and noting that the commentary value is correct, as the Scorecard was unable to be amended at the time of publication.

CEO Scorecard Variance Report

PRIORITY HEALTH OUTCOMES

Planned care interventions *15,754 discharges compared to a target of 18,575 (84.8%)*

Planned care interventions include both the discharges from Waitematā DHB hospitals, as well as any surgical discharges relating to our community completed by other DHBs (about 38% of the annual volume) – predominantly ADHB. The resurgence of the COVID-19 Delta variant in the community in August 2021 and the ensuing lockdown, and the reduction of elective surgery had an immediate and ongoing impact on the planned care discharge volumes. This included the closure of surgery at our Elective Surgery Centre for 20 weeks since August, to make way for a COVID-19 ward.

PROVIDER ARM - SERVICE DELIVERY

Shorter Waits in ED – 82% against a target of 95%

The last four months have been challenging for North Shore ED despite a drop in presentations. Initially due to the COVID-19 outbreak, the processing of Blue patients is more time-consuming than that of non COVID-19 patients. Some of the delays include time to swab results, time to diagnostics, appropriate bed availability in ADU and Wards.

The vacancy rate across the Emergency Departments has been higher than usual, partly due to the need to recruit to the additional approved positions for the COVID-19 capacity. Medical staffing has been particularly challenging, with an increase in unplanned leave. Recruitment continues at pace and medical staffing should improve by the beginning of March 2022. Nursing recruitment continues at pace and we are also looking at utilizing alternative workforces.

Waiting times, ESPI2 and ESPI5 non-compliance

ESPI2 and 5 position – January 2021 position

Waiting times have increased due to the Delta and Omicron outbreaks. As much volume as possible, is being undertaken. Recovery plans are being developed.

% CT scans done in 6 weeks – 61% against a target of 95%

Slight reduction in 6 week wait times for routine elective CT scans, due to COVID related impacts.

% MRI scans done in 6 weeks – 56% against a target of 95%

There has been a reduction in our performance of the wait time target for MRI in January. This has been due to COVID related impacts.

Diagnostic colonoscopy within 42 days – 33% against a target of 70% and surveillance colonoscopy within 84 days 37% against a target of 70%.

The gastroenterology service is compliant against the P1 (urgent diagnostic) indicator but not the P2 (normal diagnostic) or P3 (surveillance) indicators. The results for endoscopy were negatively impacted by the COVID-19 alert level restrictions. Recover plans are being developed for once the Omicron surge is over.

Planned care discharges (elective and acute arranged) - provider arm: Inpatients: 6,074 against a target of 7,216 (84.2%)
Minor operations – provider arm: 2,826 cf 2,491 (113.4%)
Total – provider arm: 8,900 against a target of 9,707 (91.7%)

Caseweights planned care: - *provider arm: 81.9% against a target of 100% YTD December (3,842 WIES cf 4,690)*

Discharges (elective surgical health target): 77.7% against a target of 100% YTD January (5,027 cf 6,474)

As mentioned, the closure of our Elective Surgery Centre for 20 weeks to become a COVID-19 ward has reduced our output considerably. Recovery plans are being developed.

MANAGING OUR BUSINESS

January figures are
Sick leave rate – 2.5% against a target of 3.4%
Target achieved.

BEST CARE

Cervical screening – 66% against a target of 80%
Breast screening – 57% against a target of 70%
Complaint average response time actual – 17 days, target >14 days

Screening services continue to be impacted by COVID-19 with GP capacity reduced and patients deciding to not attend screening clinics due to the risk of being exposed to Omicron. Performance against these targets will take time to recover once the Omicron surge is over.

APPENDIX ONE – CEO RECOGNITION

CEO recognition

If you believe someone you work with deserves recognition for their efforts and for bringing our values to life, please send your nominations to CEOrecognition@waitematadhb.govt.nz.

Carolyn Davies - Clinical Leader Physio 1 and 3, Inpatients West/Inpatients Rehab North, Allied Health.
Nominated by Lindsay Nenova.
"How can we summarise what an amazing clinical leader Carolyn Davies is? She is one of those people who brightens your day. She is empathetic, caring, knowledgeable and an awesome all-rounder. She is moving to a new role as Ttam leader at the Wilson Centre and here in the Waitakere Acutes Allied Health team we will miss her immensely. She has gone above and beyond for each of us over the years, has helped champion our frontline ideas and developed new processes and ways of working with the DHB values at the forefront. She has been amazing at bringing new talent into the team and the DHB organisation as a whole. It is so hard to summarise what an absolute gem she is, but she sure is a diamond of a gem."

Nick Parker - Information Systems Specialist, Information Systems, Health Information Group.
Nominated by Melissa Boyd and Kritika Lal.
"Nick brings Waitematā DHBs 'better, best, brilliant' value to life. He is patient, calm and will always go above and beyond to help. Thank you for the work that you do Nick!"

Grant Dolan - Clinical Support Coordinator, Clinical Support Services, Hospital Operations.
Nominated by Liz Pitney.
"As a result of the fire on level one earlier this week, ADU experienced a deluge of water coming through multiple parts of the ceiling in our diagnostic wing. Grant was very fast to respond to us. He organised his orderly and cleaning teams to provide urgent assistance. They were all truly fantastic, extremely helpful and creative. The cleaners who were tasked to complete a level one clean of our entire diagnostic wing completed this enormous task quickly and without complaint. We were able to get ADU back to full function within a few hours. I can't thank Grant enough - he demonstrated the values of Waitematā DHB."

Kathy Briant - Executive Assistant, Hospital Services, Surgical & Ambulatory Services.
Naseema Bhamji - Personal Assistant, Hospital Operations, Hospital Operations.
Nominated by Ravina Patel.
"Kathy and Naseema always make themselves available to help no matter how busy they are. I really want to thank them both for their support, kindness and consistently going above and beyond. You truly live our DHB values and we are incredibly lucky to have you."

Peter Groom - Nurse Unit Manager, Surgical & Ambulatory, Surgical & Ambulatory Services.
Nominated by Hina Karim.
"Peter is a great manager, always smiling and welcoming. He is a soft-hearted person with great leadership qualities. He believes in team work and always encourages others as well. He is organised, efficient and a hard worker. It is my immense pleasure to work with him."

Michele Peck - Educator Anaesthetic Tech, Anaesthesia, Surgical & Ambulatory Services.
Nominated by David Resoli.
"Most colleagues will be aware that on 1 February, a fire was discovered in the North Shore Hospital theatre complex. Michele was the first person on scene and led the initial response. Her quick-thinking alerted colleagues to the danger and she started the evacuation of the theatre management suite and nearby areas. Displaying calm-headed leadership, she supported others in the department

to coordinate patient evacuations. After the initial response to the fire, Michele was straight back at it - representing our DHB value of 'connected'. Michelle helped coordinate the clean up, come up with ways to bring acute services in the Tower back online, and work out a plan for elective patients. She showed her outstanding dedication to our patients. Michele - thank you very much for your actions on 1 February and for the ongoing support you provide to all of the teams across the theatre complex."

Assunta Rodrigues - Associate Clinical Charge Nurse, North Shore Hospital Theatres, Surgical & Ambulatory Services.
Nominated by David Resoli.
"A fire in a hospital facility at any time can be a challenging experience. A fire in a theatre complex, where patients are mid-procedure, asleep and wholly entrusted to our care - can best be described as nothing less than frightening. Assunta was our fantastic theatre coordinator on 1 February (during the fire incident in theatres). Assunta was fantabulous - representing our DHB value of 'everyone matters', she worked with clarity of thought and a true sense of aplomb to ensure all patients were evacuated from theatres. Assunta - I will never forget seeing you in the theatre hub on that Tuesday. What can only be described as truly in your element, with smoke in the corridor and ash falling from the air vent, it was your calm voice confidently confirming all patients were successfully evacuated, which provided comfort and reassurance to many others. Assunta - on behalf of the many, thank you very much, we were fortunate you were our coordinator on that day."

Leigh Edwards - Team Leader Resuscitation, Learning & Development NSH, Corporate.
Karen Alden - Resuscitation Educator, Emergency Planning, Corporate.
Rachael Boyd-Wilson - Resuscitation Educator, Emergency Planning, Corporate.
Suzanne Peeperkoorn - Resuscitation Educator, Learning & Development NSH, Corporate.
Tracey Race - Resuscitation Educator, Learning & Development NSH, Corporate.
Angela Raethel - Resuscitation Educator, Learning & Development NSH, Corporate.
Nominated by Leighann Forrest and Victoria MacKay.
"Leigh and the resus team have been responsive to the needs of our newly-graduated nurses ensuring they have the necessary skills to provide safe care. Leigh and her team have been creative in the way they delivered essential learning in this ever-changing COVID-19 environment. The knowledge and skills they have shared with our new nurses during their CPR training supports them to provide the best care to our patients. Leigh and her team have clearly demonstrated the value of 'better, best, brilliant' through running an incredibly efficient and well organised CPR training in a different way while continuing to support safe practice."

3.2 Health, Safety and Wellbeing Performance Report

Recommendation:

That the report be received.

Prepared by: Michael Field (Group Manager, Occupational Health and Safety Service),
Information provided by: Ian Gotty (Principal Advisor, Health and Safety, Facilities Services Group) and Naomi Heap (Wellbeing Strategy and Programme Lead)
Endorsed by: Fiona McCarthy (Director, People and Culture)

1. Purpose of report

The purpose of the Health, Safety and Wellbeing 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, as well as activities that support staff wellbeing in the delivery of patient centred care.
Emphasis and investment on both treatment and keeping people healthy	This report comments on organisational health, safety and wellbeing information via incident reports, health monitoring and identified hazards. It also outlines investment and actions that support keeping our people healthy and well.
Intelligence and insight	This report provides information and insight into staff welfare, 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. Wellbeing activities in this report are informed by feedback from staff and wellbeing best practise.
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. Wellbeing activities are aimed at what staff can practically engage with and respond to the needs of our people.
Operational and financial sustainability	As appropriate, programmes of work will outline how services will ensure operational sustainability, how measures of success are set and value and return on investment is monitored.

3. Executive Summary

COVID-19 response

During COVID-19 Protection Framework Red and Orange, the Occupational Health and Safety Service (OH&SS) are heavily focussed on COVID-19 related Occupational Health work, while ensuring that the day-to-day health and safety work is maintained (incident follow-up and investigation etc.).

Current OH&SS focus is on the following:

Incident Management Team (IMT): Three members of the OH&SS are members of the IMT, attending all meetings and providing information and support to all IMT work streams.

Contact Tracing: Staff contact tracing is critical to reduce the risk of onward transmission when exposure events occur. This is time-critical and the Staff Contact Tracing (SCT) team are working 0800 to 2000 seven days a week to support managers and positive staff.

Worker Policies and Procedures: Updating policy on COVID-19 exposure events (when staff can return to work) and updated guidance for staff and managers as national requirements change. This includes a one hour zoom briefing session for all managers three times per week, to update them on changes and answer any questions they may have. The managers' staff exposure guide document has been requested by other DHB's nationally and regularly updated versions are provided to them.

Changes to Pre-Employment Screening requirements: We have updated all COVID-19 vaccination health screening questions, including boosters, following the public health order announcement, to ensure that all potential new staff are fully compliant with the Order prior to commencement of employment. Any potential new staff member who has not had, or not planned a vaccination/booster, is now unable to commence employment.

We are also providing risk assessments on how to best protect staff at work who have obtained a medical exemption.

Psychosocial risk factors: We have added a series of psychosocial impact statements to our incident forms to help us identify psychosocial factors that are impacting our staff. Understanding these factors will help us proactively develop initiatives to support staff when an incident occurs, for example where psychological harm may have occurred.

Mask Fit Testing: The purpose of mask fit testing is to ensure relevant staff are fitted for a respirator that is to be worn for any aerosol generating procedure, for staff working in our COVID-19 patient pathways or dealing with any other patient that poses respiratory risk (e.g. Tuberculosis). We currently have 100% of our staff in COVID-19 patient pathways fit tested and 73% of other staff fit tested where they are wearing an N-95 respirator sessionally for other patient care interactions. Current focus is on testing staff for all available masks.

Vulnerable Worker Risk Assessments: This work is a national requirement, and designed to assess the suitability of staff with underlying health conditions (comorbidity) to work in different areas of the DHB during community spread of COVID-19. This ensures that any staff with higher risk factors are appropriately deployed to minimise risk to them. As national assessment criteria change, staff are cleared for new areas, based on this criteria. Our current focus is on reassessing areas, as new COVID-19 patient pathways/areas/wards are introduced, to ensure only suitably cleared staff are working there.

Other work includes:

- Responding to staff queries via the OH&SS COVID-19 email address.
- Union engagement and provision of information.

January 2022 reporting period update

For the January reporting period, Waitematā District Health Board has met the majority of leading and lagging indicators.

The Lost Time Incidents (LTIs) requiring less than seven days off work is 45% against a target of 65%. (i.e. 37% of the injury claims required less than seven days off work). While this represents a negative trend, the nature of incidents has been reviewed and there are no areas for concern, it is simply that the same events this month have led to a higher number of days off work. This can relate to a number of contributing factors, which can either increase the severity of harm or the time required for recovery, such as age.

Pre-employment screening (PES) prior to commencement is at 63% against a target of 70%. This is a significant improvement over previous report periods, especially with very high level of staff recruitment occurring, higher than ever before, much of which relates to COVID-19 specific roles across the organisation.

In relation to top accident types:

1. Ten Slips, trips and falls were recorded in January. Most of these incidents related to workplace hazards (tripped on uneven surfaces, slipped on liquid spills, slipped on stairs, tripped over equipment). We have implemented numerous control measures for slips, trips and falls, including signage, posters, wet floor processes, environmental audits and regular communications to health and safety representatives and managers.

2. There were eight moving and handling patient incidents recorded in January.
   The Moving and Handling team review all incidents to identify what corrective actions are required, including, where appropriate, moving and handling equipment, if not currently available.

3. There were 31 physical aggression incidents reported in January. Many of these incidents related to specific patients, with individual service users triggering numerous incidents, often over a short period of time while they were most unwell. In January, all but two of the 31 incidents of physical aggression were caused by people who had no intention to cause harm (were not cognitively aware of their actions and therefore the consequence of their actions).

   Some of the actions to mitigate the impact of physical aggression include:

   - De-escalation and aggression management training.
   - Clinical care arrangements including low sensory environments and pre visit checks.
   - Duress alarms.
   - On body cameras (security team).
   - Appropriate staffing and skill mix.
   - Clinical pathways for care from the Emergency Department to ward to respite care.
   - Safe reception areas.
   - Escalation response procedures.

Health and Safety Scorecard

January 2022

Trend data 12 month period

Lagging Indicators

	Actual	Target	Trend
Total number of reported incidents	383	-	
Number of notifiable events	-	-	
Injuries			
Total number of injury claims	24	-	
Number of injury claims (work-related hazard)	**24**	-	
Total Lost time injury claims	16	-	
Lost Time injury claims (work related hazards)	**16**	-	
Total Lost time injury frequency rate - rolling 12 month average	15	<14	
Lost time injury frequency rate rolling 12 month average (work related hazards)	13	<14	
Total lost time injury frequency rate for month	**17.88**	-	
Lost time injury frequency rate for month (work related hazards)	**17.88**	-	
Total Lost time injury <7 days - rolling 12 month average	**45%**	>65%	
Lost time injury <7 days - rolling 12 month average (work related hazards)	**45%**	>65%	
Costs of injury claims for month	$142,952.90	-	

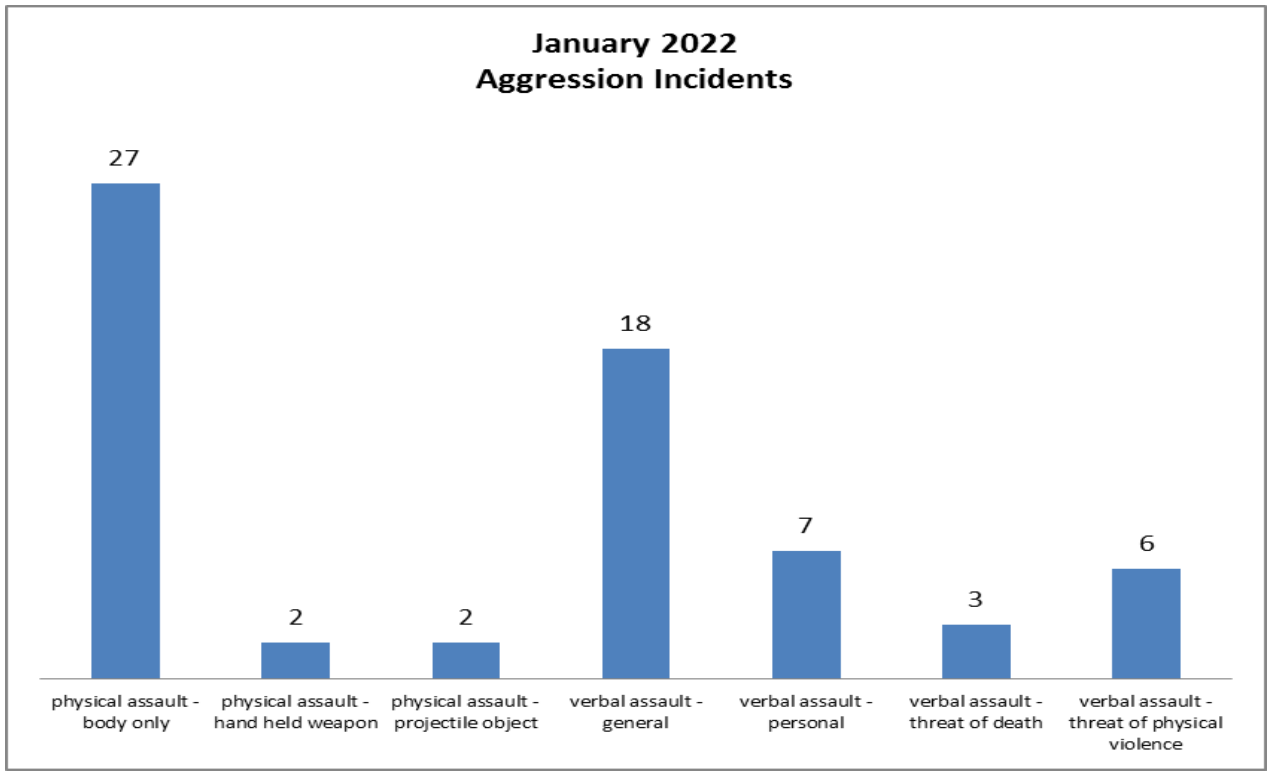
Top Three Incident types

1	Safety Concern	103	-
2	Staff Shortage	89	-
3	Physical Assault	27	-

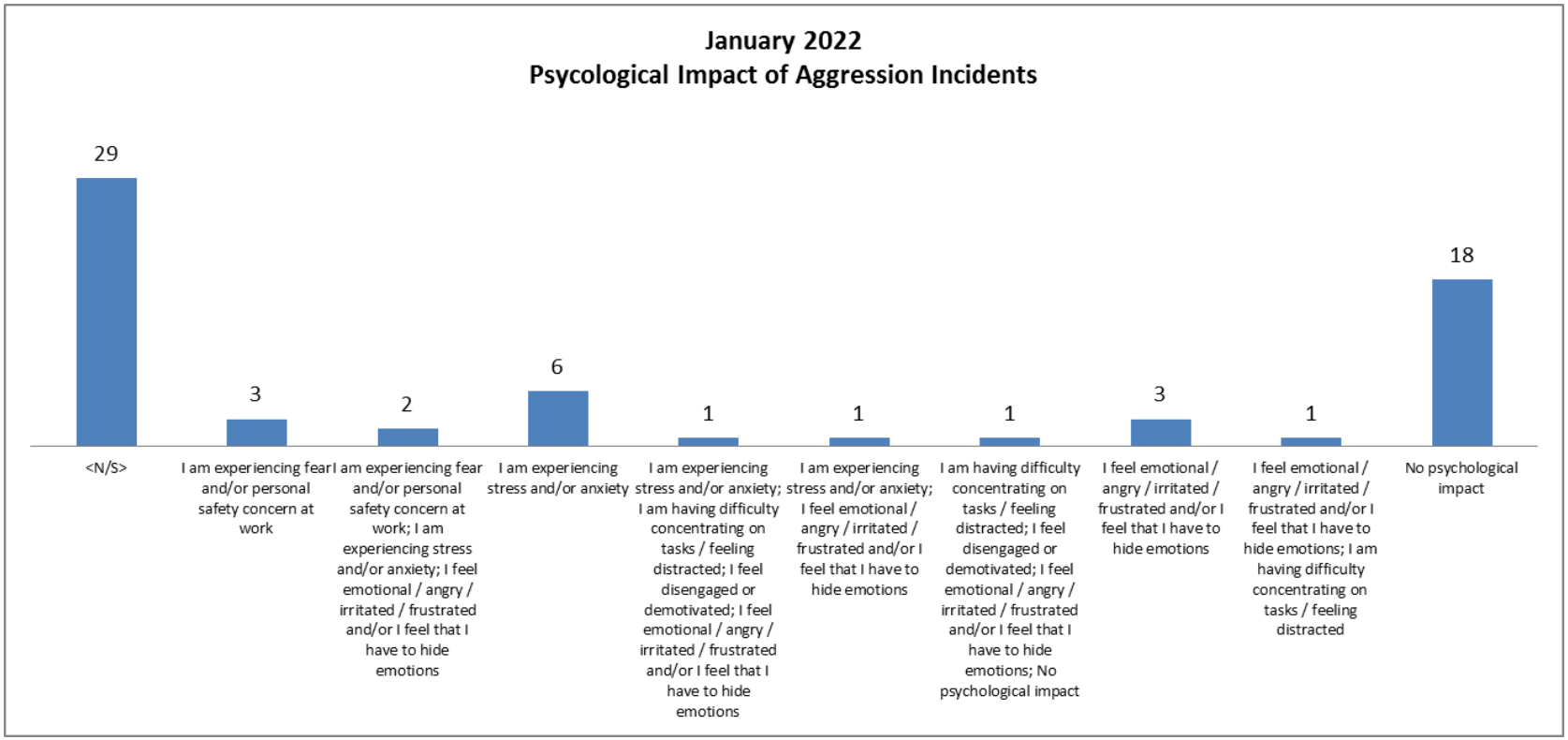
Leading Indicators

	Actual	Target		Trend
Number of H&S Representatives vacancies	9	<10	🟢	
H&S Representative training completed	92%	90%	🟢	
Pre-employment screenings pre-commencen	63%	70%	🔴	
Significant hazards reviewed by Managers	84%	80%	🟢	
Significant hazards reviewed by OH&SS	93%	95%	🟢	
Staff hand hygiene	91%	80%	🟢	

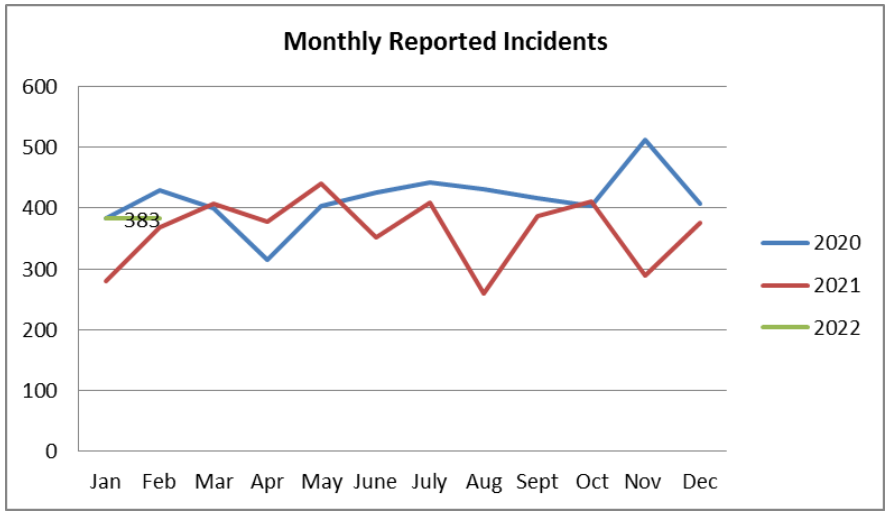
Acheivement Criteria		Rating	
On target or better		Achieved	🟢
95-99.9%	0.1-5% away from target	Substantially achieved	🔵
90-94.9%	5.1-10% away from target*	Not achieved, but progress made	🟡
<90%	>10% away from target**	Not achieved	🔴

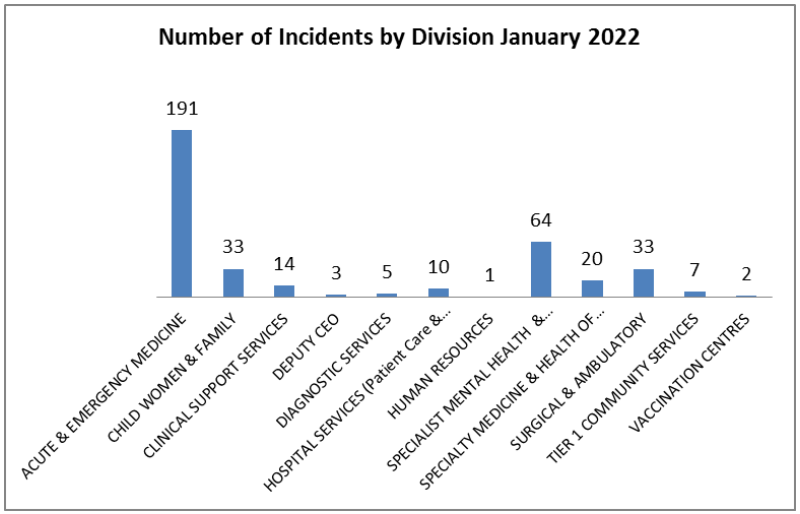

January 2022
Aggression Incidents
27
2
2
18
7
3
6
physical assault - body only
physical assault - hand held weapon
physical assault - projectile object
verbal assault - general
verbal assault - personal
verbal assault - threat of death
verbal assault - threat of physical violence

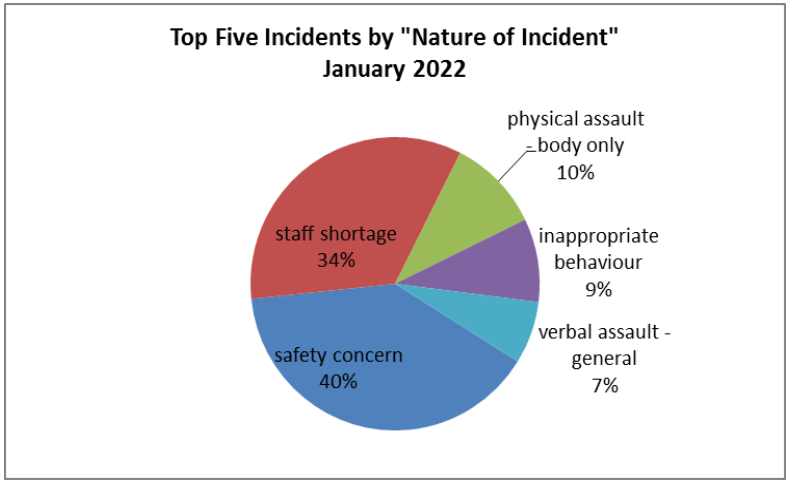
*The following table provides information on the psychological impacts staff have chosen, relating to aggression incidents. Please note, there is no restriction on how many can be chosen per incident, as staff may experience a number of them, so the total number of incidents and the total number of psychological impacts self-identified will rarely match.

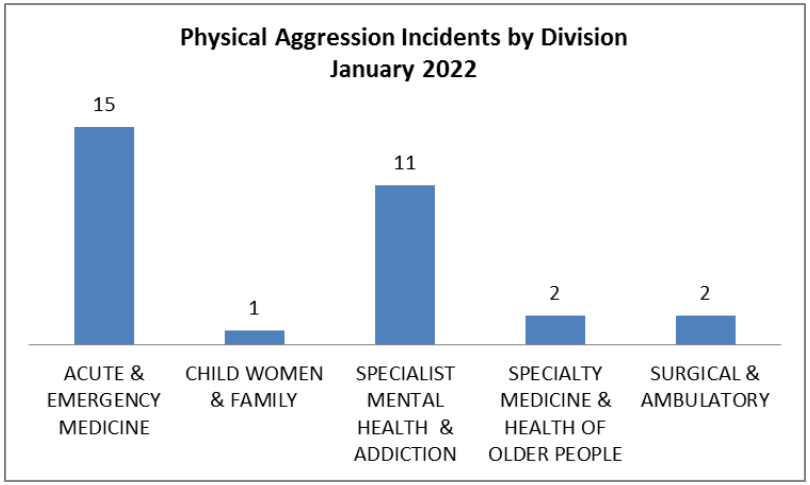


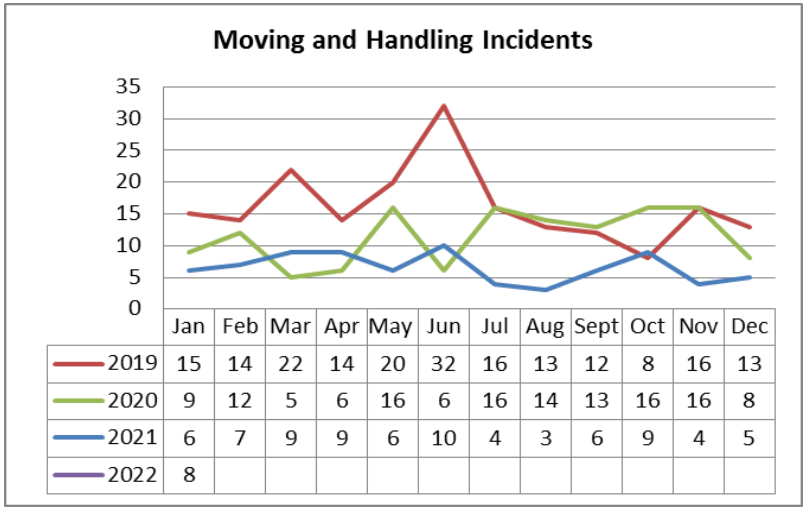
4. Performance Dashboard



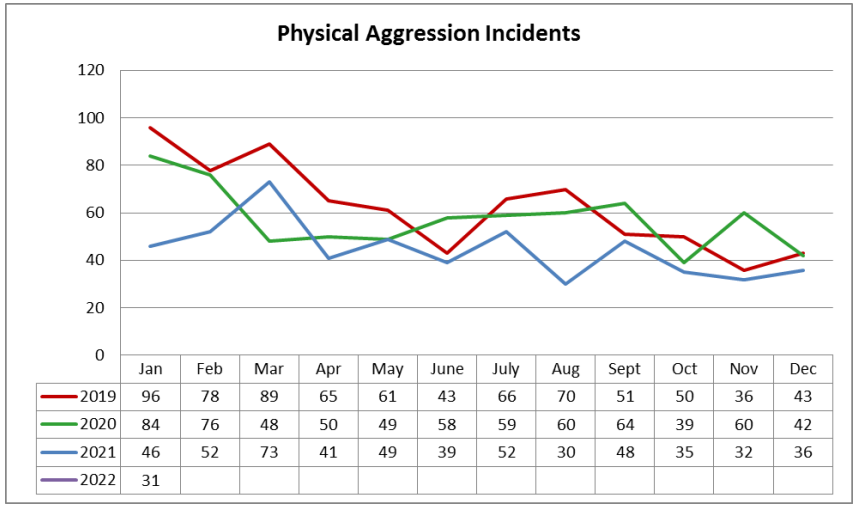




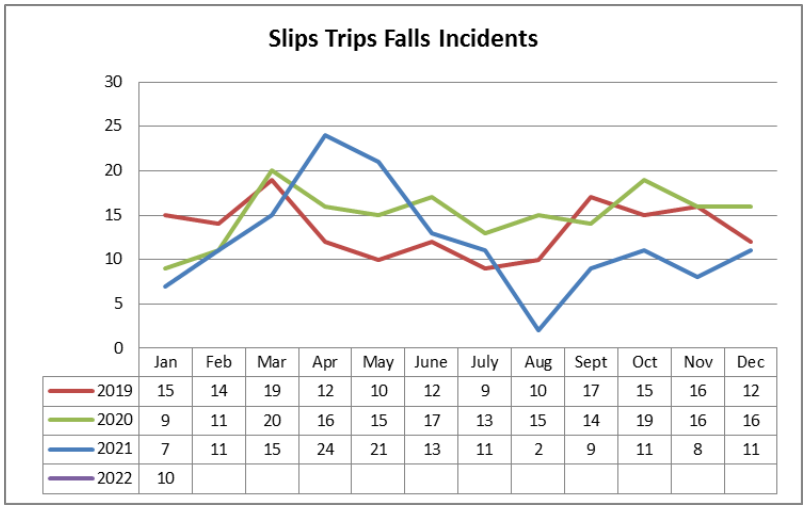




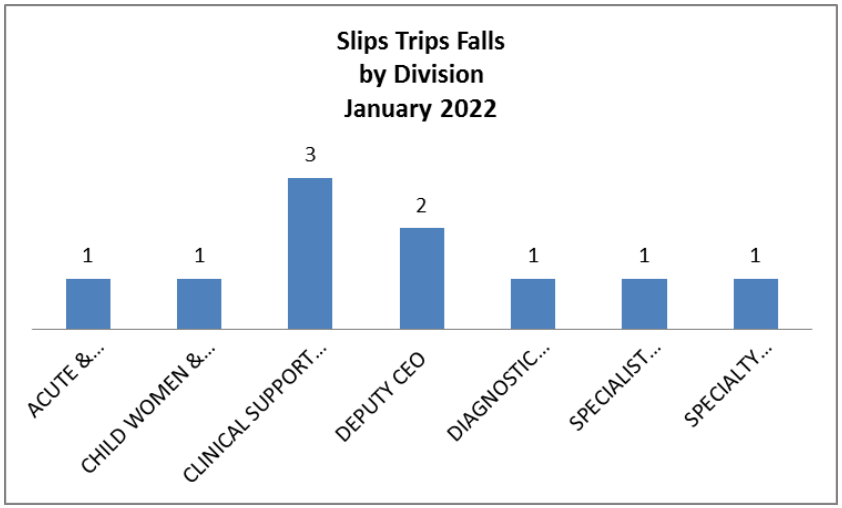
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2019	15	14	22	14	20	32	16	13	12	8	16	13
2020	9	12	5	6	16	6	16	14	13	16	16	8
2021	6	7	9	9	6	10	4	3	6	9	4	5
2022	8											



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2019	96	78	89	65	61	43	66	70	51	50	36	43
2020	84	76	48	50	49	58	59	60	64	39	60	42
2021	46	52	73	41	49	39	52	30	48	35	32	36
2022	31											

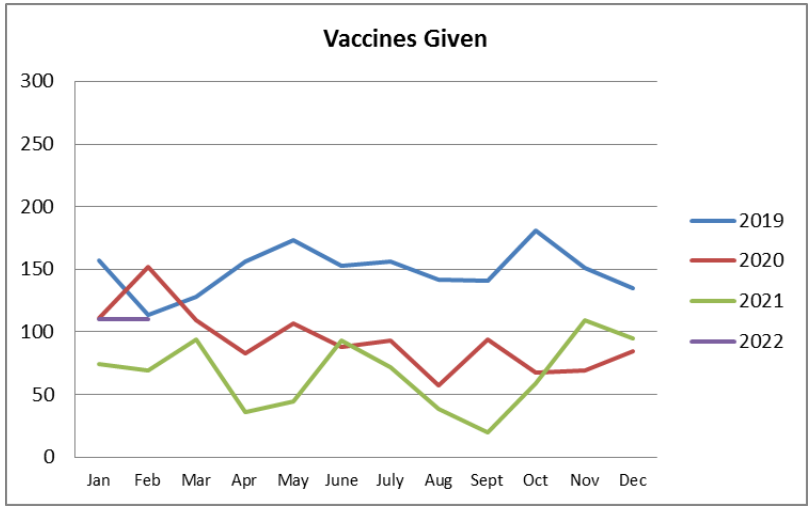


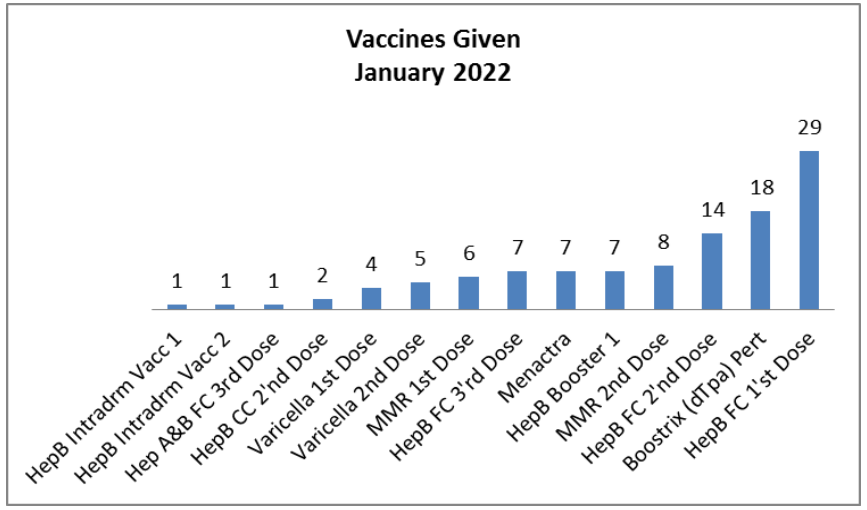
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2019	15	14	19	12	10	12	9	10	17	15	16	12
2020	9	11	20	16	15	17	13	15	14	19	16	16
2021	7	11	15	24	21	13	11	2	9	11	8	11
2022	10											

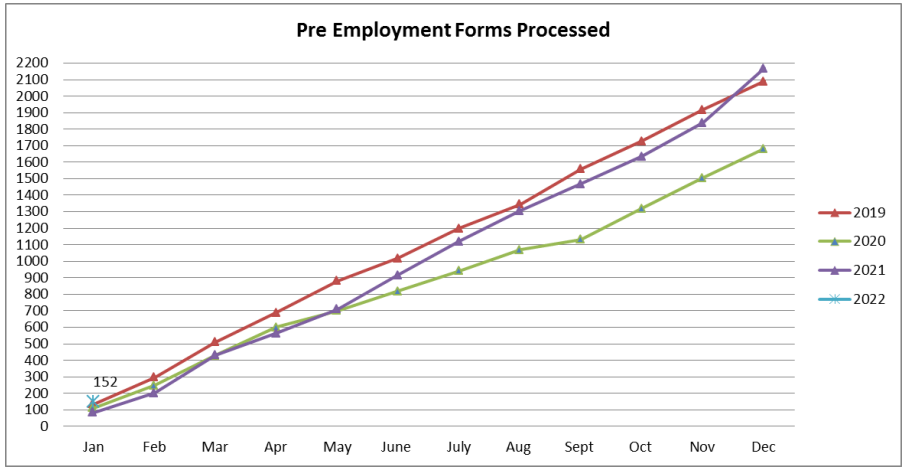


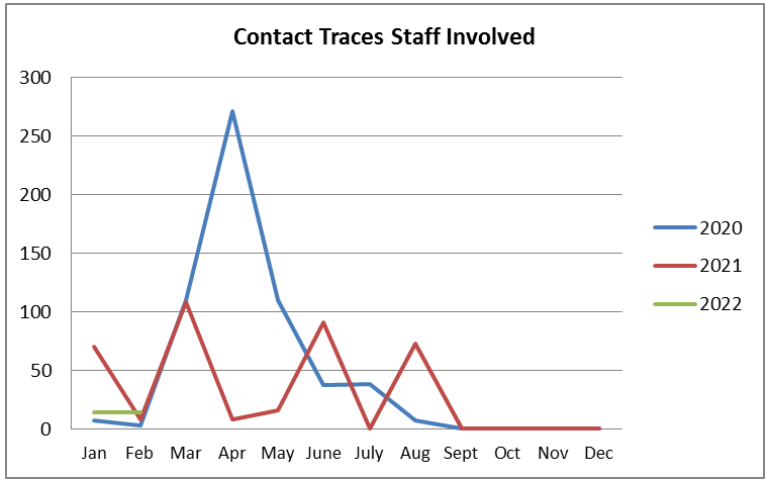
Occupational Health Activity

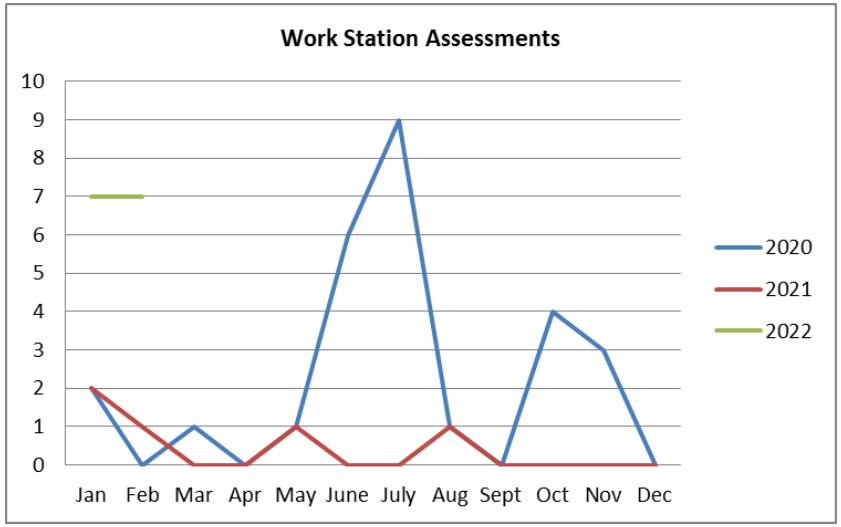
Outlined below is a summary of occupational health activity undertaken in the Waitematā DHB.

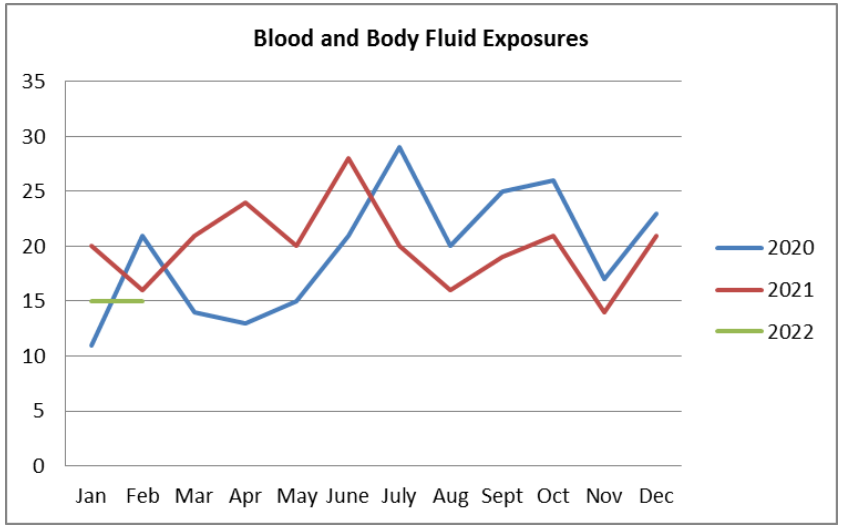


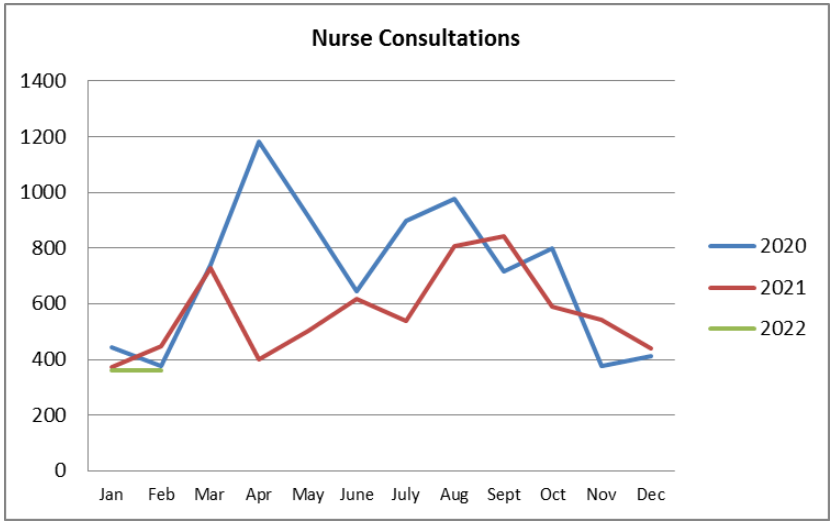


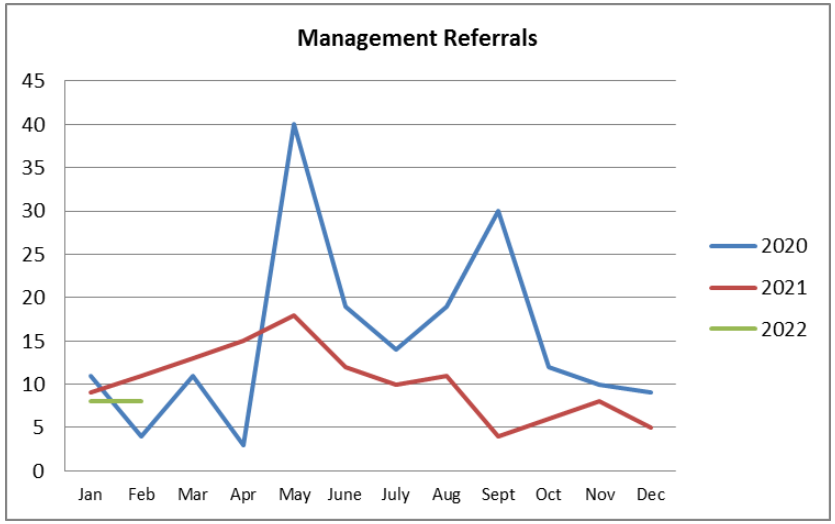





Work Station Assessments
10
9
8
7
6
5
4
3
2
1
0
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2020
2021
2022


Blood and Body Fluid Exposures
35
30
25
20
15
10
5
0
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2020
2021
2022


Nurse Consultations
1400
1200
1000
800
600
400
200
0
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2020
2021
2022


Management Referrals
45
40
35
30
25
20
15
10
5
0
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2020
2021
2022

5. Work related injury Claim Data for January 2022

Outlined below is our injury claims data for January. Work injury claims data is for all work injuries currently managed by the Waitematā DHB, including injuries that occurred in previous years, up to and including injuries for December 2021. High accident events account for approximately 64% of the cost of claims, as below:

INJURY CLAIM DATA

Total: Injury Claim Report for January 2022				
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
288	$35,926.20	$47,567.42	$59,459.28	$142,952.90

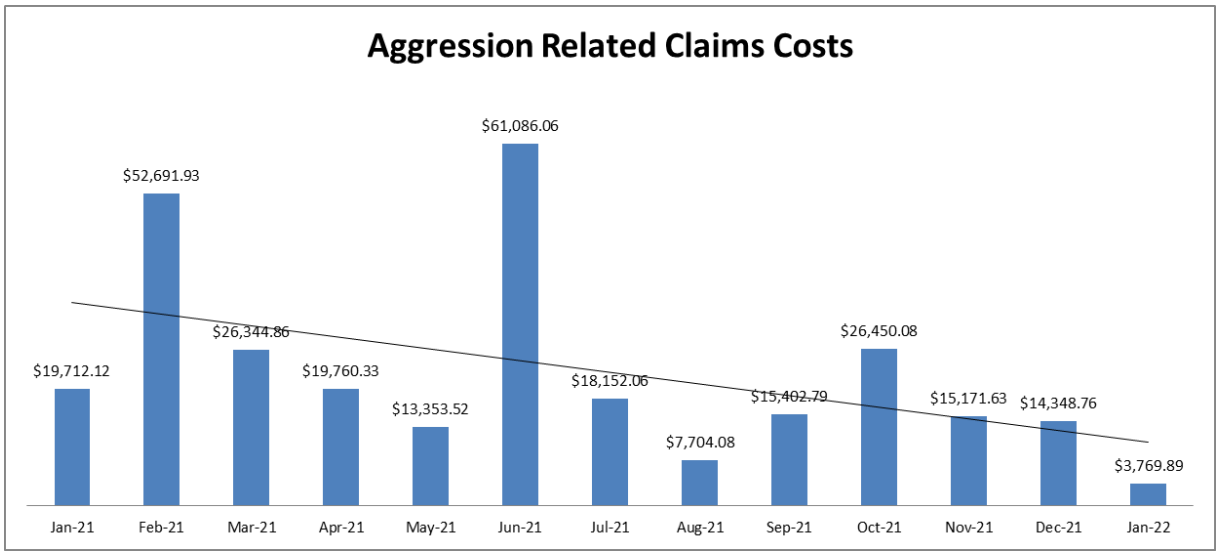
High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	84	44%	$63,599.35	↓
Moving and handling	64	17%	$24,946.56	↓
Aggression	1	2%	$3,769.89	↓

* 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 16 lost time claims lodged in January 2022: • Six had 7 days or less of lost time and have returned to full duties. • Six had over 7 days of lost time and have returned to full duties • Zero had over 7 days of lost time and are now fit for selected work • Four other staff members remain fully unfit.
Out of the 16 lost time injury claims 16 involved work related hazards: • Six had 7 days or less of lost time and have returned to full duties. • Six had over 7 days of lost time and have returned to full duties • Zero had over 7 days of lost time and are now fit for selected work • Four other staff members remain fully unfit.

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



7. Facilities Services Group – Health and Safety Update

Health and Safety key performance indicators (covering December 2021 period)

HEALTH AND SAFETY STATISTICS Dec 2021	Maintenance Services	NSH Campus	WTH and Mason Campus	Project Services	Dec Total	YTD 20/21
Incidents & accidents						
Lost time Injuries	0	0	0	NA	**0**	**1**
Serious harm accidents	0	0	0	NA	**0**	**1**
Accidents requiring medical attention	0	0	0	NA	**0**	**4**
Accidents requiring first aid	0	0	0	NA	**0**	**4**
Near Miss / Incidents	0	0	0	NA		**56**
Safety Inspections completed	100%[Lag 1]	100%	100%	NA	-	-
H&S / Toolbox Meetings	0[Lag2]	100%	100%	NA	-	-
Contractor Site Inductions	0	27	0	NA	**27**	**1423**

Incidents & Accidents	Incidents and accidents are monitored across all DHB sites and include data for staff and contractors.
Near Miss Incidents	Near Miss and Incidents are monitored across all DHB sites and include data for staff and contractors
Safety inspections	Safety Inspections are expected to be completed weekly during the construction period for all projects, and by all Maintenance Service trades
H&S / Toolbox meetings	• 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.

In December the Facilities team developed and communicated COVID -19 guidance material with all actively engaged contractors, confirming the countries shift to the New Zealand's COVID-19 Protection Framework (Traffic Light) on the 3rd Dec, and requesting organisations safety plans to address this framework are submitted for review – a snapshot of Page 1 (of 5 page) Guidance Document, to guide contractors through the Protection Framework review and Endorsement process is attached as Appendix 1.

8. Wellbeing Update

<table>
<tr><th colspan="3">Wellbeing actvities and outputs – Jan 2022 for Nov / Dec 2021</th></tr>
<tr><td> 
</td><td> 
</td><td> 
</td></tr>
<tr><td>• Connected with the 20 DHBs Wellbeing Leads.
• Sub group set up to focus on strategic approach.
• Recruitment – 2.0FTE 12 month fixed term wellbeing roles were approved by ELT. These roles have been appointed and the staff will commence work in late March.</td><td>• Psychological impact statements in the RL6 Incident Management System – the first iteration of these questions produced skewed data, this was reviewed and changes were made to the data collection method. Further report will be provided when there is sufficient data to show trends.
• Raise (EAP) data report below</td><td>• BNZ financial wellbeing programme has been postponed due to COVID and low capacity to attend
• Thank you Subway lunches delivered to clinical service teams at NSH and WTH.
• 2 Weeks of morning tea snacks for Mason Clinic staff being delivered.

Delayed due to COVID 19
• Mass lunches at NSH and WTK
• 'Thank you' lunches for AHS&T</td></tr>
</table>

IMT welfare stream:

- Frozen and fresh meals, snacks and care packages for ward teams.
- Telephone check-ins with charge nurse managers.
- Care packages to some individuals
- Check-ins run virtually over COVID times
- Through the "You're awesome Auckland" campaign the Well Foundation distributed $20 vouchers to all cleaners, orderlies and security across our three main sites.
- Cupcakes for North Shore Hospital and Waitakere Emergency Departments for International Women's Day
- Emergency food parcels and other support (incl. collection of scripts and medications etc.) for staff isolating with COVID and needing support, Managed Isolation transfers when needed, nappies, baby formula, pet food etc.

Raise (EAP) Jan & Feb 2022:

- Increased staff access to Raise (EAP) services from 3 to 6 funded sessions - approved until July 2022.
    - Additional sessions used by staff – **5 total additional sessions in Jan and Feb**
    - Total hours Jan 153 and total hours Feb 132

Demographics:

- 54.1% referrals work related 45.9% personal issues
- 73.02% female 15.08% Male 11.9% not specified
- 38.1% European, 46.03% not specified, 7.14% Asian, 0.79% Māori, 2.83% Pacific, 2.38% Middle Eastern, other 3.17%

Top reasons for referrals:

- 27.87% Pressure and stress
- 12.3% anxiety
- 10.6% relationships
- 9.2% emotional general
- 5.74% family
- 0.87% COVID-19 related

Appendix 1

Waitematā District Health Board
Best Care for Everyone

Facilities Services Group (FSG)
Transition to New Zealand's COVID-19 Protection Framework

Content:
PG 1 - 3: - COVID 19 Health and Safety Management Plan - Reference and Guidance
PG 4 - 5: - Approval process & Approval to Proceed Declaration

- The New Zealand's COVID-19 Protection Framework specifies public health and social measures to be taken against COVID-19. We recognise that we must work together with our contractors, suppliers, consultants, etc. and ensure Covid safety plans/protocols/procedures are documented and implemented in the workplace to minimise risk to workers.

- Transition to New Zealand's COVID-19 Protection Framework (Traffic Light) commences on the 3rd December 2021

- Waitematā DHB (WDHB), together with its suppliers, contractors and consultants are subject to the provisions of a New Zealand Government Health Order, which may be referred to at the following link
  https://www.legislation.govt.nz/regulation/public/2021/0094/latest/LMS487853.html

We strongly recommend contractors, suppliers, consultants, etc. familiarise themselves with the New Zealand COVID-19 Construction Protocols guidance document created by CHASNZ. This document provides practical and detailed guidance to ensure PCBU's have a clear understanding of the controls that are required to be captured in their safety documentation/plan, and the effective controls to be implemented on site and/or where tasks and works are being conducted on behalf of the WDHB.

**The following links provide additional guidance material to support you in the development of your COVID-19 Protection Framework provisions:*

- → CHASNZ - New Zealand COVID-19 Construction Protocols *Emphasis at Red – not to bring everyone to site*
- → COVID 19 Government Site
- → MOH Website
- → COVID 19 WorkSafe NZ
- → COVID-19 Public Health Response (Vaccinations) Order

Page 1 of 5

5.1 Financial Report - January 2022

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 (Executive Director Finance, People and Planning)

Glossary

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

Background

The report summarises the unaudited financial performance of the Waitematā District Health Board for the month and year to date ended 31 January 2022. The report covers all operating units of the Waitematā DHB, being the Funder Arm, Provider Arm and Governance.

1. Executive Summary

The Waitematā DHB BAU operating result prior to the impacts of COVID-19 for the month of January 2022 was favourable to budget by $2.328m, with an actual deficit of $1.207m against a budgeted deficit of $3.535m.

This operating result is impacted by a net $0.846m of additional costs, after offsetting all COVID-19 related revenue and costs in the month, including impacts in planned care and additional revenue from laboratories for testing. The overall result is therefore $1.214m favourable for the month.

The Waitematā DHB BAU operating result for the year to date 31 January, prior to impacts of COVID-19 was favourable to budget by $9.257m, with an actual deficit of $17.777m against a budgeted deficit of $27.034m. The YTD operating result is impacted by a net $7.355m of additional revenue for COVID-19 (after offsetting all costs) and therefore the overall result for the YTD is $16.073m favourable.

Based on the YTD performance, the DHB is forecasting a breakeven BAU operating position by 30 June 22; this being $19.5m favourable to plan, prior to the impact of the Holidays Act of $20m. This is an outstanding performance, given the additional challenges being faced in the current operating environment.

Table: Financial Indicators for January 2022

FINANCIAL PERFORMANCE									
$ millions	Month			YTD			Full Year at 30 Jun 22		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	2.329	0.100	2.229	5.200	0.700	4.500	11.00	1.20	9.80
Provider Arm	-3.946	-3.635	-0.311	-24.593	-27.734	3.141	-14.74	-20.70	5.96
Governance Arm	0.410	0.000	0.410	1.616	0.000	1.616	3.74	0.00	3.74
DHB Operating Result: Surplus/(Deficit)	-1.207	-3.535	2.328	-17.777	-27.034	9.257	0.00	-19.50	19.50
Extraordinary costs									
Covid-19 Revenue / (Expense)	-0.846	0.267	-1.114	7.355	0.539	6.815	0.00	0.00	0.00
Holidays Act	-1.667	-1.667	0.000	-11.667	-11.667	0.000	-20.00	-20.00	0.00
DHB Result : Surplus / (Deficit)	-3.720	-4.934	1.214	-22.089	-38.161	16.073	-20.00	-39.50	19.50

The impact of the Holidays Act is included in this year's plan at $20.0m for the year and is accrued to budget at $11.667m for year to date and therefore does not impact on the overall planned result.

The BAU operating result, prior to the impacts of COVID-19 for the year to date, reflects a favourable variance across all arms of the DHB; Funder Arm $4.5m, Governance Arm $1.616m and $3.141m in the Provider Arm.

1.1 Highlights

The DHBs BAU operating result for the year to date at 31 January 2022, prior to the impacts of COVID-19, was favourable to budget by $9.257m noting the key factors below:

Funder $4.5m favourable for the year to date (excluding COVID-19 impact) - key financial performance factors:

- $4.9m adverse impact resulting from the Ministry clawing back 2021/22 Funding Envelope revenue relating to Pharmaceuticals (Waitematā DHB share $8.4m of $76.0m for the year).
- $2.7m favourable impact of 2020/21 Pharmaceutical funding which the Ministry had directed DHBs to hold in balance sheet for utilisation in 2021/22.
- $13.0m favourable impact as a result of an ongoing process of review, assessment and release of accruals for prior periods as well as accruals relating to indicative initiatives budgets not yet contracted/committed in the current period
- $3.4m adverse impact due to the normally expected utilisation variations across Funder services.

Provider $3.141m favourable year to date (excluding COVID-19 impacts) - key financial performance factors:

- Additional revenue from court reporting and insurance risk share arrangement
- Favourable personnel costs due to vacancies
- Favourable outsourced Clinical Services, due to low volumes
- Unfavourable outsourced staff costs, primarily medical staff in Mental Health and cover for vacancies in administration staff for Clinical Records and Clinical typing.
- Savings on Outsourced Corporate Services
- Favourable clinical supplies and outsourced Corporate service costs, due to savings and provisional initiatives yet to commence.

Revenue of $6.27m has been accrued to cover the unbilled portion of net claimable direct costs in relation to the DHB's COVID-19 response, this includes the cost of redeployment and backfill of staff and regional costs via NRHCC for the management and delivery of the vaccination programme.

Governance $1.616m favourable for the year to date - key financial performance factors:

- Favourable to budget resulting mostly from vacancies for budgeted roles not recruited to.

Extraordinary revenue and expenses year to date are:

- Holidays Act: Expense of $11.667m, as planned
- COVID-19: Net cost of $7.355m, after offsetting expenses ($6.815m favourable to plan).

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

2. Clinical Activity

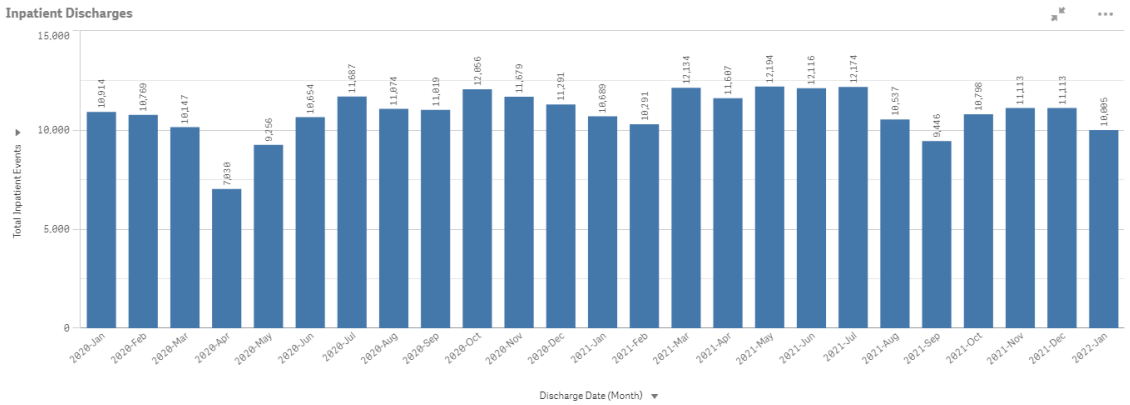
2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for January 2022

CLINICAL ACTIVITY									
	Month			YTD			Full year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED attendances	8,766	9,366	600	61,575	66,367	4,792	107,739	113,095	5,356
Acute Volume (WIES)	5,640	5,839	199	40,321	40,896	575	68,779	69,488	709
Elective Volume (WIES)	877	1,208	-331	8,523	10,364	-1,841	19,855	18,014	-1,841
A negative variance in ED attendances reflects higher than planned presentations									
A negative variance in Acute volumes (WIES) reflects higher than planned acute demand									
A negative variance in Elective volumes (WIES) reflects under delivery of planned contract									

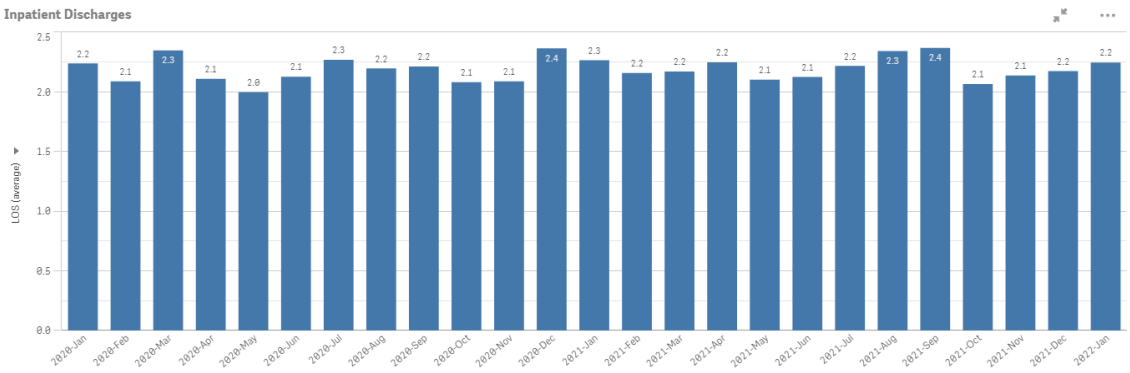
Clinical volume commentary for YTD January 2022

Total inpatient discharges in January 22 were 10,005, which is lower than most months over the past year, as shown in the graph below:



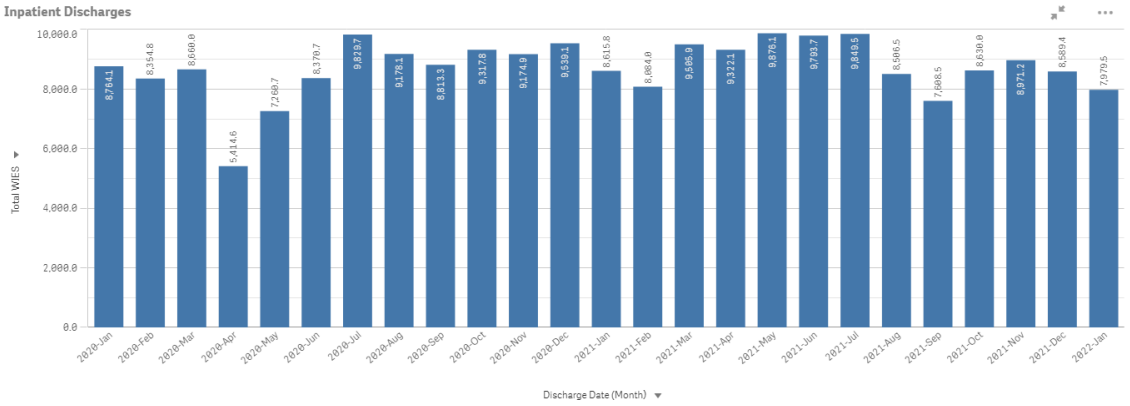
From 18 August 2021, reduced operating levels at ESC were in effect and by 24 August 2021 the ESC theatre suite was fully closed, resulting in the loss of four theatres. After having been operational at reduced volumes during October, the ESC theatres closed again on 1 November to provide additional COVID ward capacity for the expected growth in COVID related hospitalisations. ESC has remained closed through January.

Inpatient average Length of Stay (LoS) in the combined NSH/ESC campus and WTH hospitals in January 2022 was 2.2 days, which is consistent with the 25-month average of 2.2. Noting that Mental Health facilities are excluded, as they can have a significant impact, due to long stay inpatients.

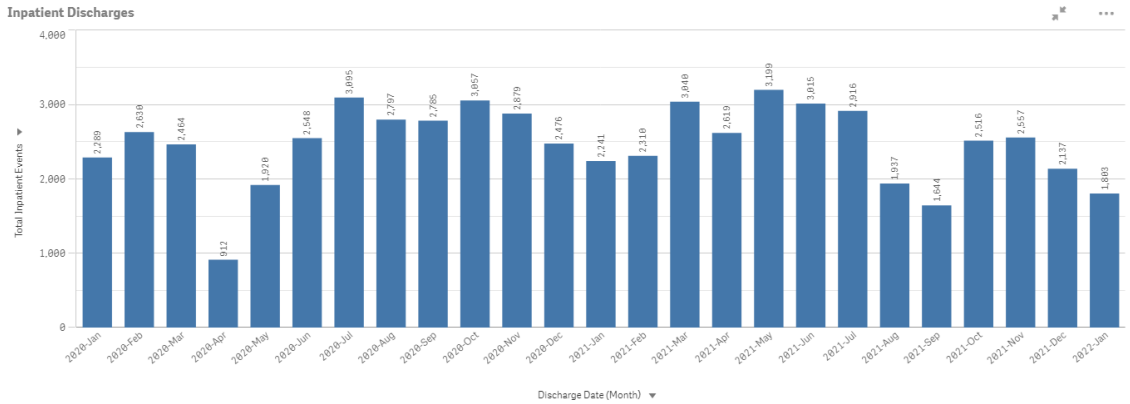


The total combined acute and elective WIES across all services is 60,135 for the year to date. This figure may increase once all clinical coding is completed; this is significantly fewer than January 2021 due to COVID-19 impacting on the services, especially with the closure of ESC.

This is a reduction of 2,926 WIES for the 2022 year to date compared with FY21, or approximately $26.4 million; the WIES volume for January 2022 reflects approximately $48.7m of case-weight revenue:



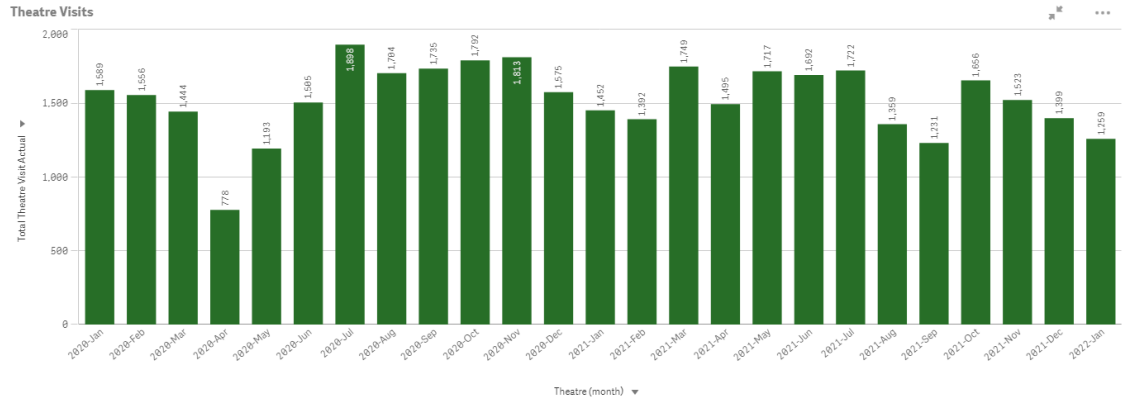
Elective discharges in the month of January 2022 at 1,803 are significantly lower than the comparable month in the previous two years; with the closure of ESC impacting on planned care.



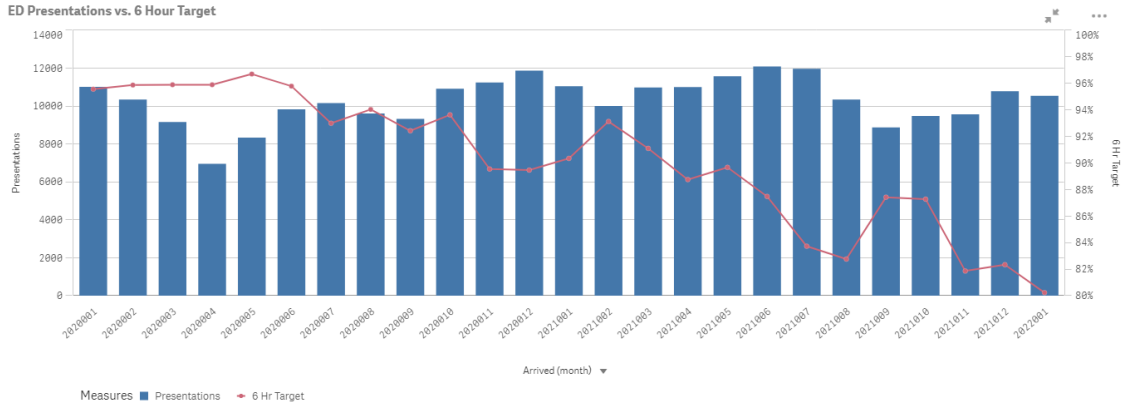
The cumulative volumes of Surgical Services (GenSurg., Ortho, Gynae, ORL and Urology) elective discharges for January YTD are significantly down, compared to the previous three years, as a result of the closure of ESC and impacts of the COVID-19 lockdown. These numbers exclude minor skin procedures carried out at GPs and outsourced procedures.

	2018/19	2019/20	2020/21	2021/22
July	1,039	1,038	1,188	1,148
August	2,123	2,134	2,306	1,893
September	3,095	3,109	3,421	2,467
October	4,133	4,140	4,590	3,489
November	5,249	5,239	5,715	4,359
December	6,069	6,053	6,699	5,055
January	6,958	6,960	7,524	5,642
February	7,925	7,917	8,377	
March	9,005	8,819	9,386	
April	9,937	9,077	10,267	
May	11,004	9,678	11,354	
June	**11,982**	**10,551**	**12,389**	

Acute and elective theatre visits for Surgical Services (GenSurg, Ortho, Gynae, ORL and Urology) are significantly down for January YTD compared to previous years with 10,149 theatre events for the year compared to 11,969 last year (1,820 events or 15.2% fewer).

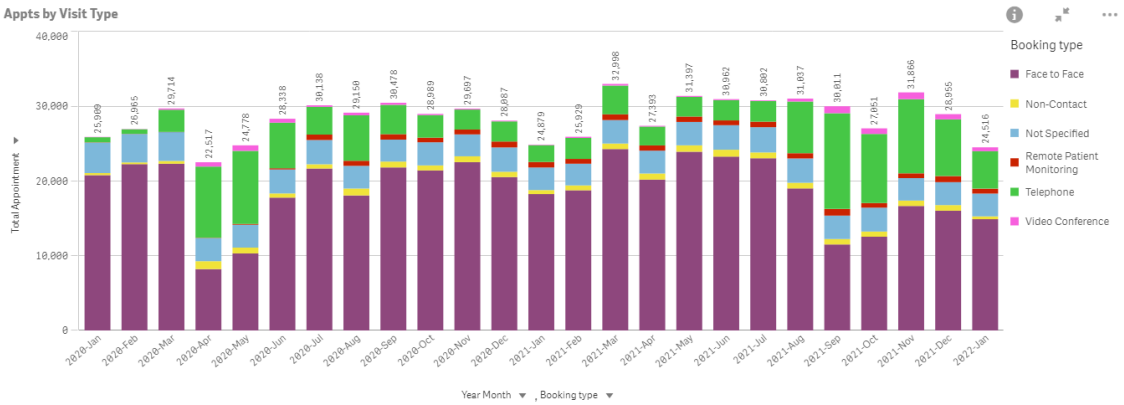


ED presentations during January 2022 at 10,545 were 4.6% lower than January 2021. The 6-hour target for the month at 80% is below the usual average of 91% over the previous 25 months (note that this presentation number differs from the ED attendance number reported in the clinical activity scorecard above, as attendances exclude presentations of patients that stay less than 3 hours).

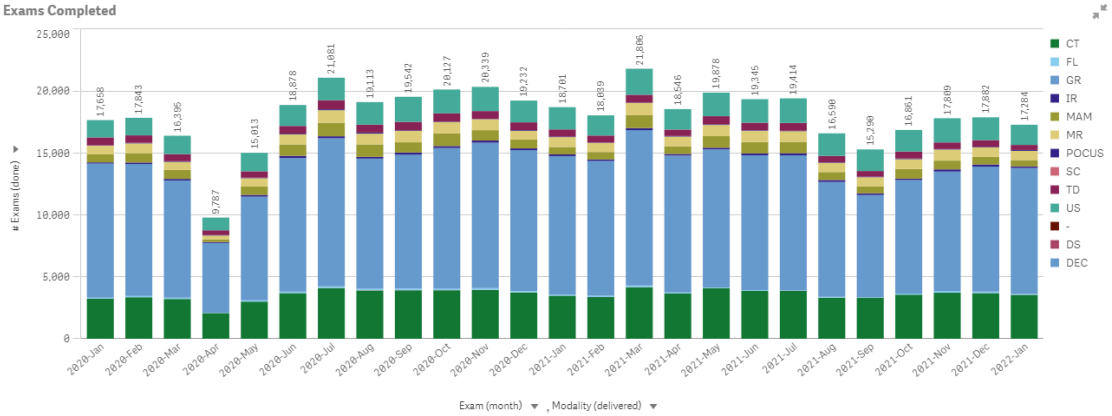


Outpatient appointments totalled 24,516 in the month of January 2022; amounting to 204,238 for this year compared to 201,418 last year (1.4% increase). Despite both financial years having COVID-19 impacts, this illustrates how the organisation has adapted to provide more non face-to-face appointments over the last 12 months. Telephone contact, video conferencing, remote monitoring and non-contact appointments have increased by 30.3% over the last rolling 12 months compared the previous rolling 12 months to January 2021.

Total non-contact appointments for January 2022 were 6,569, making up 26.8% of all outpatient appointments (compared to14.7% in January 2021 and 4.2% in January 2020).



Radiology volumes completed in-house remain lower than usual for the YTD but are consistent with recent months, with 17,284 procedures taking place in January 2022:



Of note, year-on-year there were:

- 11,393 fewer GR scans completed in-house for the year to date (14.4% decrease)
- 1,362 fewer Mammogram scans completed in-house for the year to date (22.3% decrease)
- 1,986 fewer CT scans completed in-house for the year to date (7.4% decrease)

Bed days in January 2022 (midnight census) totalled 22,994.

Midnight Occupancy / Census

	2021											2022
Hospital	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
North Shore Hospital	15,468	17,611	17,346	17,629	17,121	17,906	16,262	14,975	16,119	15,847	16,030	15,862
Waitakere Hospital	6,148	6,841	6,739	6,870	6,903	7,313	6,482	5,778	6,238	6,602	6,298	6,595
Wilson Centre	558	592	722	677	585	603	504	302	369	364	456	537
Total	22,174	25,044	24,807	25,176	24,609	25,822	23,248	21,055	22,726	22,813	22,784	22,994

3. Waitematā DHB Consolidated Financial Performance

The business as usual operating result for the month of January 2022, prior to the extraordinary costs of COVID-19 was favourable to budget by $2.328m and the year to date result for the DHB is $9.257m favourable to budget on the same basis. This is an excellent performance given the additional challenges being faced in the current operating environment.

The net impact of COVID-19 (net of revenue and expenses) amounted to an unfavourable variance of $1.114m in the month of January 22 and $6.815m favourable for the year to date. This assumes revenue will be provided by the Ministry of Health to offset the reimbursable costs recorded on the DHB's COVID-19 tracker to date; noting that the budget includes $90m of COVID-19 revenue and expenses for the full year.

The cost in relation to the Holidays Act is embedded in the plan for 2021/22 at $20.0m for the year and is being accrued at $1.667m per month; therefore $11.667m has been accrued year to date in accordance with the plan.

3.1 Financial Result

Table: Waitematā DHB Consolidated Financial Result for the month ended January 2022

CONSOLIDATED FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	176,184	173,572	2,612	1,240,161	1,219,902	20,259	2,104,622
Other	1,690	1,889	-199	15,689	14,201	1,488	32,437
Total Revenue	**177,874**	**175,461**	**2,413**	**1,255,850**	**1,234,102**	**21,747**	**2,137,059**
EXPENDITURE							
Personnel	67,639	66,757	-882	481,898	472,666	-9,232	821,482
Outsourced Personnel	1,571	1,449	-122	13,798	10,675	-3,123	18,234
Outsourced Services	7,136	7,089	-47	47,748	50,676	2,928	86,668
Clinical Supplies	10,759	12,254	1,495	81,584	87,363	5,779	148,881
Infrastructure & Non-Clinical Supplies	10,218	7,491	-2,728	68,470	52,058	-16,412	73,621
Funder Provider Payments	81,758	83,957	2,199	580,128	587,698	7,569	1,007,482
Total Expense	**179,081**	**178,996**	**-85**	**1,273,626**	**1,261,136**	**-12,490**	**2,156,369**
Operating Result : Surplus/(Deficit)	**-1,207**	**-3,535**	**2,328**	**-17,777**	**-27,034**	**9,257**	**-19,311**
Extraordinary cost							
Net Covid-19 (Revenue)/ Expense	846	-267	-1,114	-7,355	-539	6,815	189
Holidays Act	1,667	1,667	0	11,667	11,667	0	20,000
DHB: Surplus / (Deficit)	**-3,720**	**-4,934**	**1,214**	**-22,089**	**-38,161**	**16,073**	**-39,500**

4.0 Funder Arm Financial Performance: January 2022

The Funder consolidated core result variance is $2.2m favourable for the month and $4.5m 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 66% 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 core result across the four Funder divisions.

FUNDER ARM FINANCIAL PERFORMANCE

$'000	Month Jan-22			YTD Jan-22			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE (excluding Covid-19)							
Funder NGO	53,064	53,034	29	368,631	371,240	(2,608)	636,411
Funder Own Provider	83,038	83,180	(142)	613,070	582,260	30,811	998,159
Funder IDF	31,056	31,023	33	218,718	217,158	1,560	372,270
Funder Governance	1,098	1,098	0	7,714	7,683	31	13,171
Total Funder Revenue	**168,255**	**168,334**	**(79)**	**1,208,134**	**1,178,340**	**29,794**	**2,020,012**
EXPENDITURE (excluding Covid-19)							
Funder NGO	50,083	52,234	2,151	355,055	365,640	10,584	626,811
Funder Own Provider	83,070	83,180	110	614,493	582,260	(32,233)	998,159
Funder IDF Outflows	31,675	31,723	47	225,671	222,058	(3,613)	380,670
Funder Governance	1,098	1,098	0	7,714	7,683	(31)	13,171
Total Funder Expenditure	**165,926**	**168,234**	**2,308**	**1,202,934**	**1,177,640**	**(25,293)**	**2,018,812**
CORE RESULT (excluding Covid-19)							
Funder NGO	2,981	800	2,181	13,576	5,600	7,976	9,600
Funder Own Provider	(32)	0	(32)	(1,423)	0	(1,423)	0
Funder IDF	(620)	(700)	80	(6,953)	(4,900)	(2,053)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	**2,329**	**100**	**2,229**	**5,200**	**700**	**4,500**	**1,200**
COVID-19 Only							
Revenue	3,541	6,833	(3,293)	42,707	47,833	(5,126)	82,000
Expenditure	3,541	6,833	3,293	42,707	47,833	5,126	82,000
Net Funder Impact Covid-19	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CORE RESULT (including Covid-19)							
Funder NGO	2,981	800	2,181	13,576	5,600	7,976	9,600
Funder Own Provider	(32)	0	(32)	(1,423)	0	(1,423)	0
Funder IDF	(620)	(700)	80	(6,953)	(4,900)	(2,053)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	**2,329**	**100**	**2,229**	**5,199**	**700**	**4,500**	**1,200**

FUNDER REVENUE

The Funder consolidated revenue variance (excluding Covid-19) is $79k adverse for the month and $29.8m favourable for the year to date.

The drivers of the year to date variance include:

- $4.9m adverse impact resulting from Ministry advice removing budgeted funding related to the Combined Pharmaceutical Budget ($76m for the National Funding Pool – WDHB share $8.4m).
- $2.7m favourable impact resulting from Ministry advice to release a 2020/21 revenue accrual relating to Ministry funding of the Combined Pharmaceutical Budget in that year.
- $4.4m favourable impact resulting from Planned Care Improvement Action Plan revenue for 2020-21 received in 2021-22

- $3.0m adverse impact resulting from the creation of a Planned Care Revenue risk provision. This is offset by an equivalent expenditure variance resulting in nil impact on the Funder net result
- $1.6m favourable impact resulting from 2020-21 IDF wash up as advised by the Ministry
- $0.1m favourable impact from Pharmaceutical revenue adjustment, PHO Capitation wash up and unbudgeted revenue relating to PHO Capitation services
- $28.9m favourable impact resulting from net changes to and within Ministry funded initiatives introduced after budgets had been set and have equivalent expenditure variances that mostly offset. This includes $27.7m for the year to date relating to Nurses & Midwives pay equity which has an equivalent expenditure and has a nil impact on net result.

FUNDER EXPENDITURE
The Funder consolidated expenditure variance (excluding Covid-19) was $2.3m favourable for the month and $25.3m adverse for the year to date.

The drivers of the year to date variance includes:
- $6.0m adverse impact of Planned Care Improvement Action Plan transferred to Provider Arm for 2020-21 noting $4.4m of this was funded.
- $3.0m favourable impact of Planned Care Revenue wash up risk provision recovered from the equivalent Provider Arm expenditure allocation
- $3.1m adverse impact of the 2020-21 IDF wash up as advised by the Ministry
- $13.0m favourable impact as a result of an ongoing process of review, assessment and release of accruals for prior periods, as well as accruals relating to indicative initiatives budgets not yet contracted/committed in the current period. This is consistent with ongoing Audit New Zealand recommendations in this regard.
- $3.4m adverse impact due to the normally expected utilisation variations across Funder services. These variances apply particularly within Funder NGO services and typically offset over time and arise out of seasonal/demand/utilisation variations within Community Pharmacy, General Practice, Age Related Residential Care, Home Support Services and PHO Capitation Services
- $28.8m adverse impact resulting from changes to and within Ministry funded initiatives introduced and expensed after budgets had been set and which have equivalent revenue variances that offset. This includes $27.7m for the year to date relating to Nurses & Midwives pay equity which has an equivalent expenditure and has a nil impact on net result.

FUNDER CORE RESULT
The Funder consolidated core result variance was $2.2m favourable for the month and $4.5m favourable for the year to date, as designated in the Funder Financial Performance table above.

5.0 Provider Arm Commentary on Financial Performance

5.1 Financial Statement

Table: Summary of Provider Arm Financial Performance for the year ended January 2022

PROVIDER ARM FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	91,000	88,418	2,582	647,150	623,821	23,329	1,082,770
Other	1,657	1,884	-226	15,519	14,166	1,353	32,377
Total Revenue	92,657	90,302	2,355	662,668	637,987	24,681	1,115,146
EXPENDITURE							
Personnel	66,958	65,601	-1,357	475,962	464,573	-11,388	807,609
Outsourced Personnel	1,339	1,225	-114	12,106	9,089	-3,016	15,548
Outsourced Services	6,928	6,761	-167	45,577	48,384	2,807	82,738
Clinical Supplies	10,759	12,253	1,494	81,582	87,355	5,774	148,868
Infrastructure & Non-Clinical Supplies	10,619	8,097	-2,523	72,035	56,319	-15,716	80,895
Total Expense	96,602	93,937	-2,666	687,261	665,721	-21,540	1,135,657
Provider Operating: Surplus/(Deficit)	-3,946	-3,635	-311	-24,593	-27,734	3,141	-20,511
Extraordinary Revenue/(Expense)							
Covid-19	-846	267	-1,114	7,355	539	6,815	-189
Holidays Act	-1,667	-1,667	-0	-11,667	-11,667	-0	-20,000
Provider: Surplus / (Deficit)	-6,459	-5,034	-1,424	-28,905	-38,861	9,957	-40,700

The BAU Provider Arm operating result for the year to date 31 January 22, prior to the extraordinary impacts of COVID-19, was a deficit of $24.593m against a planned deficit of $27.734m and therefore favourable by $3.141m.

The overall positive variance is further improved by additional net revenue variance of $6.815m relating to COVID-19, after offsetting the reimbursable and non-reimbursable cost impacts. This being costs of $36.84m offset by $44.19m of revenue, of which $27.3m is from Laboratories for COVID-19 testing.

All COVID-19 related impacts have been washed-up into Corporate and Provider Support to avoid distortion of the financial results for Provider Services.

Provider Arm Services

Table: Provider Arm Financial Performance by Service for the year to date January 2022

$000's	Direct Revenue YTD			Direct Expenditure YTD			Variance	Covid-19 & Holiday Pay Impacts *	Total Variance
	Actual	Budget	Variance	Actual	Budget	Variance			
PROVIDER ARM FINANCIAL PERFORMANCE YTD									
Surgical Services Incl. ESC	6,222	5,086	1,135	117,970	115,552	-2,419	-1,283	0	-1,283
Acute & Emergency Medicine	1,970	1,849	122	98,520	99,369	849	971	0	971
Specialty Medicine and HOPS	6,666	5,431	1,235	60,605	61,181	576	1,812	0	1,812
Child, Women & Family	7,911	7,574	337	47,421	48,143	722	1,059	0	1,059
Clinical & Diagnostic Support	4,299	3,438	861	91,869	93,165	1,296	2,157	0	2,157
Sub-total Provider services	**27,069**	**23,378**	**3,691**	**416,385**	**417,409**	**1,024**	**4,715**	**0**	**4,715**
Specialist Mental Health & Addiction	11,123	9,497	1,626	102,873	102,280	-593	1,032	0	1,032
Regional Dental	75	306	-231	15,597	17,337	1,740	1,508	0	1,508
Commissioning & Community Health	10,782	12,560	-1,777	12,276	13,823	1,547	-231	0	-231
Corporate and Provider Support	613,619	592,246	21,374	140,130	114,873	-25,257	-3,883	6,815	2,932
Total Provider operating result	**662,668**	**637,987**	**24,681**	**687,262**	**665,723**	**-21,539**	**3,142**	**6,815**	**9,957**

Provider Services Commentary on YTD result

Surgical Services and ESC (YTD combined $1.283m unfavourable to budget)
The following updates are the consolidated position for both the Surgical and Ambulatory Service (SAS) and Elective Surgery Centre (ESC):

The unfavourable variance is driven by:

- Despite the impact of COVID, YTD Revenue was $1.135m ahead of budget. Revenue from ACC, part of the Financial Sustainability program showed a $227k benefit against budget and was $500k more than YTD last year. ADHB sourced revenue was $395k higher than budgeted. November saw a one-off payment ($492k) from MoH to cover cost of additional weekend theatre sessions as part of the planned care catch up programme. There was also a one-off benefit of backdated revenue for a LINK organ nurse in ICU, which realised a $67k benefit.
- Medical costs were approximately $0.604m greater than budget; a significant reason for the additional costs relate to the increased additional clinics and costs related to Saturday lists which were being run to meet surgical health targets and ESPI compliance. There has also been significant use of Fellows over the summer period to backfill annual leave of SMOs and also some long term sick leave within medical staff that has led to higher than planned costs.
- Nursing costs were $621k over budget which was mainly due to the need to use HCAs to provide watches on wards and due to additional open beds in the Surgical Assessment and Short Stay Unit.
- Allied Health costs were $155k over budget, driven by a need to backfill roster gaps for Anaesthetic Technicians, as well as costs related to the Saturday lists for theatres and endoscopy.
- Outsourced costs were overspent in the early part of the year but have reduced to $166k below budget due to reduced levels of skin lesion activity over the holiday period, as well as savings related to delayed start of the wet-lease arrangements for hand operations.
- Clinical Supplies were below budget prior to COVID due to lower Orthopaedic costs driven by acute demand displacing elective surgeries, particularly knees. As a variable cost, clinical supplies have been materially impacted by COVID, particularly Orthopaedic spend.
- The service had a financial sustainability target of $2.163m YTD which has partly been met by the increased revenue described above.

<u>COVID-19 impacts $5.57m favourable:</u>

Surgical Services have recognised a financial benefit arising from the closing of the ESC (scheduled to re-open in February) and the reduction in theatre activity at NSH from mid-August to November. The main benefits were in the reduction in spend on clinical supplies ($4.0m) as all but P1 planned care and acute surgeries stopped during Level 4 with a careful re-opening of planned care operations from Level 3 onwards. The reduction in surgeries were particularly severe in Orthopaedics which had few P1 elective surgeries, which as a consequence, created a significant saving in implants.

Personnel costs saw a $0.83m negative impact on the YTD January 2022 result, due to a reduction in annual leave taken and the need to backfill for staff that were on COVID related leave.
Certain revenue streams were severely impacted by COVID ($0.280m); Auckland DHB cancelled their theatre lists at Waitakere hospital in the first six weeks of the lockdown period and ACC revenue dropped considerably during August and September 2021.

Acute and Emergency Medicine Services (YTD $0.971m favourable to budget)
The favourable variance is driven by:

- Emergency Department (ED) had lower patient presentations in the month compared with the same period last year. For this YTD, North Shore presentations have dropped by 13% and Waitakere is down by 5%.
- Medical staff costs are higher than planned in the month, mainly due to a high number of registrars allocated and higher costs in cardiology services. Medical staff costs in ED have increased since the August 2021 Covid outbreak.
- Inpatient wards have had lower bed utilisation, due to COVID-19 impacts and Ward 11 being closed until mid-October for refurbishment to meet Covid ward requirements. However, nursing staff shortages have added pressure on existing staff and overtime has been used to cover shifts.
- Cardiology services have completed 43% more pacemakers and 16% fewer ICD cases YTD than the same period last year. The over cost of increased production has been offset by a price reduction in other consumables.
- The Division has contributed $0.690m YTD to the Financial Sustainability Programme (FSP).

<u>COVID-19 impacts $2.742m favourable</u>:
There have been a number of staff stood down or on paid special leave in relation to COVID-19; the cost of cover is estimated at $1.241m for Nursing YTD. Additional registered nurses and health care assistants were deployed at both EDs since the 18th of August, thus incurring extra staff costs of $1.005m by the end of the month. However, some savings from outsourced personnel cost are offsetting some of the additional costs and annual leave taken is close to prior year levels.

Specialty Medicine and Health of Older Persons Services (YTD $1.335m favourable to budget)
The favourable variance is driven by:

- Revenue is $1.235m favourable, driven by higher than anticipated ACC revenue $0.286m from an increase in the ACC bed day rate, despite an overall decrease in NAR bed days from October due to a change in the case mix of patients. Research revenue of $0.544m (fully offsets the over spend on research personnel, drugs and other research related consumables) and $0.134m of unbudgeted revenue mainly from short term secondments (offset by cost of cover in personnel lines). Release of $0.311m deferred PVS revenue to fund increase in Gastro internal production.
- Medical staff costs are favourable by $0.646m, mainly driven by vacancies (RMO under-allocations) and one off reversals of overpayments paid to SMOs and high annual leave taken during December and January.
- Other personnel groups have a combined favourability of $0.325m, mainly driven by vacancies and closure of Ward 15.
- Clinical supplies are unfavourable $0.109m, mostly due to an overspend in Renal blood tests, due to an increase in the number of patients being managed on the transplant list. Costs of

$0.190m are associated with research, which is offset by the favourable research revenue and offset by $0.298m of savings in MHSOA respite service, due to the implementation of financial sustainability initiatives.

- Infrastructure and non clinical supplies are unfavourable by $1.382m, including the financial Sustainability savings target amounting to $1.094m to date and miscellaneous research consumables of $0.477m which is fully offset by research revenue.

COVID-19 impacts $0.477m unfavourable:
All services have experienced additional staff costs ($0.477m) compared to prior year trends, which is attributed primarily to staff not taking annual leave.

Child, Women and Family (YTD $1.059m favourable to budget)
The favourable variance is driven by:

- Current vacancies across Maternity inpatient services have resulted in an underspend of $467k to date. The service is experiencing difficulties in recruiting to vacancies and the more costly use of overtime and casuals is required to cover roster gaps. A recent initiative is underway to substitute several midwife vacancies for a midwife specialist and maternity care assistants to help maintain continuity of care. Maternity Inpatient activity is tracking at 315 WIES (7% ahead of target to date).
- Child Residential Respite and Rehabilitation service spending is $383k favourable to date due to staff vacancies and staff redeployment. A quieter Respite facility means that where appropriate staff can be redirected to other wards to support high demand or Covid-19 related activity.
- Current patient demand and associated cost pressures across the neonatal units is being mitigated by a quiet Paediatric Inpatient ward. The net impact is a $240k favourable position.
- Women's Health Colposcopy service funding is tracking $66k favourable to budget YTD. The 2021/22 National Cervical Screening Programme funding reflects a significant price increase for FSA and procedure activity.
- A one off reimbursement of over charged Colposcopy lab tests from Lab Plus Auckland was received in July 21 of $140k.
- Obstetric and Gynaecology medical staffing cost pressures associated with using additional sessions and external locums to cover multiple vacancies, unbudgeted registrar staff, sickness and high service demand ($463k). Gynaecology Elective and Acute activity tracks at 122% and 98% of target to date.
- Paediatric medical staffing cost pressures linked to long term sick leave cover, impact of specialist neonatal nurse shortages, vacancy cover and unbudgeted registrar resource ($621k).
- Embedded Financial Sustainability savings target amount to ($758k) to date with benefits being realised in increased funding associated with the expense reimbursement from Lab Plus Auckland and increased Colposcopy funding aligned with recent unit price increases.

COVID-19 impacts $1.426m unfavourable:

- One of the most significant Covid impacts to date is related to a reduction in Residential Respite inpatient numbers and therefore a shortfall in inpatient bed day billing to the MoH. The $469k impact relates predominately to the months of September through to November.
- Special Covid leave accounts for $390k of the balance to date with annual leave not taken a further $364k. The latter is showing signs of reducing, as vaccinated staff now have the ability to travel outside of Auckland.
- Child Services Public Health Nurses, Vision Hearing Testers, Health Care Assistants and Admin staff were redeployed to the Auckland Regional Public Health Service, vaccination centres, front of house, asymptomatic swabbing and contract tracing locations earlier in the financial year. This has meant that normal child health vaccination programmes have had to be delayed. Planning is underway to catch up on this delayed activity.

Clinical and Diagnostic Support Services (YTD $2.157m favourable to budget)
The favourable variance was driven by:

- Inpatient Pharmaceuticals are $373k favourable YTD due to lower inpatient activity and Pharmac negotiated price reductions. Patient meals are also favourable due to lower volumes YTD $320k.
- Radiology outsourced volumes are lower than plan and are $0.446m favourable YTD.

COVID-19 impacts $19.361m favourable:
Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing is $27.3m YTD and offset by additional direct related costs in personnel and supplies of $7.9m YTD. The favourable impact has been washed up in Corporate to offset other unfunded and indirect Covid-19 expenditure.

Commissioning and Community Health Services

Specialist Mental Health and Addiction Services (YTD $1.032m favourable to budget)
The favourable variance was driven by:

- Revenue is $1.626m favourable to budget, made up of extra revenue for one ID patient and additional funds for new MoH contracts for Tobacco control, Infant and perinatal Mental Health and crisis support.
- This increase in revenue is offset by a reduction in court reporting revenue. Court reports requested continue to be below the pre-Covid level, in part due to lower court activity and also a request from the service to stop, due to the bubble matrix operating which makes it difficult to complete the reports whilst in levels 3 and 4.
- Medical staff costs are $1.243m favourable, driven by SMO vacancies but partially offset by use of outsourced locums to cover sick leave, maternity leave and vacancies.
- Nursing costs are $1.866m unfavourable due to high overtime across all Inpatient Units (IPUs). This overtime is due to sick leave and whai ora requiring 2:1 observations due to complex needs and Covid-19 bubble requirements.
- Allied Health staff costs are $1.731m favourable due to high vacancies (89.4 FTE), as the recruitment of social workers, psychologists and occupational therapists continues to be difficult.
- Other direct costs $1.783m unfavourable to budget as a result of unmet savings Financial Sustainability Programme. To date $0.181m has been met from reduced locum spend year on year within the Child and Youth service. Work is ongoing to find further savings to meet the $2.0m target which will be challenging as Covid-19 has impacted some planned sustainability initiatives.

COVID-19 impacts ($2.604m unfavourable):
The service has suffered a loss on court reporting revenue ($0.883m) and made savings on associated outsourced costs ($0.428m) for this work, as it cannot be undertaken under current alert levels. The remainder is primarily for nursing personnel having to isolate; a small percentage of which are high risk staff due to age and underlying health conditions.

Auckland Regional Dental Service (YTD $1.508m favourable to budget)
The favourable variance is driven by:

- Staff vacancies $1.728m across ARDS remain the dominant driver of the favourable result.
- Revenue YTD is unfavourable by $0.231m due to lower volumes in Maternal Oral Health project
- Favourable YTD variance in Other Direct costs exceeds the financial sustainability programme target by $0.011m; these savings were achieved from reduced vehicle costs and staff mileage reimbursements.

- The service continues to work on finding initiatives to meet FSP targets for the second half of the financial year; this will be challenging while simultaneously trying to apply efficiency gains to reduce arrears volumes.

COVID-19 impacts (YTD $ 0.390m favourable)
- Regional Dental has 57,593 attended appointments YTD compared with 165,121 for an equivalent period prior to Covid-19. Revenue received is not affected by this reduced volume.
- Covid-19 has seen an increase in leave accruals of $0.244m
- Regional Dental has recorded $0.634m of savings from reduced clinical supplies, cleaning, repairs and maintenance since Level 4 lockdown began in August 2021.
- Some dental vans which were redeployed to vaccination and swabbing centres for use as mobile staff offices are returning to ARDS usage in 2022.

Commissioning and Community Health (YTD $0.378m favourable to budget)
The following updates are the consolidated position for Bowel Screening and Needs Assessment Service Coordination (NASC), as well as Breast Screening Waitematā Northland (BSWN).

The favourable variance is driven by:
- Staff vacancies $0.453m remain the dominant driver of the favourable result.
- Other Direct costs are $0.200m favourable: achieved in health promotion, equipment lease and maintenance costs.
- Sub-contract costs at Northland DHB for BSWN exceed budget by $0.183m

COVID-19 impacts (YTD $0.544m favourable)
- Reduced YTD volumes in Breast screening during level 3 and 4 alerts resulted in $0.530m of lost revenue
- Current YTD volumes are 19,654 screens, compared with prior year volumes of 26,027
- Volumes in December 2021 and January 2022 were in line with the previous year.

Corporate and Provider Arm Support Services (YTD $3.883m unfavourable to budget)
The unfavourable variance is driven primarily by:
- Centralised budget for financial sustainability and phasing of risk pool provisions
- Overspends in Facilities maintenance ($0.870m), including price increase for new gas contract ($432k)

Offset by additional revenue and cost savings, including:
- An upside of $2.167m in Personnel costs, mostly due to staff vacancies in Corporate
- $400k recovered from the insurance risk sharing arrangement for the flood that occurred at North Shore Hospital in February 2019.
- Favourable Clinical Supplies and Outsourced Corporate service costs, due to savings and provisional initiatives yet to commence.

COVID -19 and other extraordinary impacts $6.815m favourable:
Consolidation of all of the above mentioned COVID-19 financial impacts from services, including:
- Provision for under delivery of planned care ($3.0m), pending advice from MoH as previously paid as per budget for the first quarter ended 30 September
- Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing $27.354m, offset by additional direct related costs for personnel and clinical supplies of $8.749m for the YTD

- Accrued revenue to cover all claimable direct costs in relation to the COVID-19 response, including redeployment and backfill of staff, and regional costs via NRHCC for management and delivery of the vaccination programme
- Shortfall of Car parking revenue ($2.484m) impacted by reduced numbers of patients, staff and visitors on site during the COVID-19 level 3 and 4 restrictions
- Provision for deferred CME costs ($950k), due to current travel restrictions.

6.0 Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at January 2022

$000's	31-Jan-22			Dec-21	Variance to	Jun-21
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	**533,812**	**375,353**	**158,459**	**537,532**	**-3,720**	**403,955**
Represented by:						
Cash & Bank Balances	39,558	32,897	6,661	219,820	-180,262	77,468
Other Current Assets	126,512	77,149	49,363	147,040	-20,528	85,652
Current Liabilities	-595,516	-535,823	-59,693	-790,763	195,247	-536,950
Net Working Capital	**-429,446**	**-425,777**	**-3,669**	**-423,903**	**-5,543**	**-373,830**
Fixed Assets	969,823	798,698	171,125	967,670	2,153	793,561
Long Term Investments in Associates	51,500	50,032	1,468	51,500	0	51,200
Term Liabilities	-58,065	-47,600	-10,465	-57,735	-330	-66,976
Total Employment of Capital	**533,812**	**375,353**	**158,459**	**537,532**	**-3,720**	**403,955**

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of $429.446m at 31 January 2022 is expected, due to the nature of current liabilities, including the increasing 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 opening balance for Current Liabilities includes the brought forward provision of $191m for the potential under-payment of Holiday Pay based on the workings provided by Ernst & Young in 2019/20. The Holidays Act Provision will be increased by a further $1.667m per month for the remainder this year, as per plan of $20.0m for the year.

The gain on revaluation of land and buildings $149.4m effective at 30 June 2021 and processed in July 2021 was not incorporated into the budget for 2021/22.

The 'Cash and Bank Balance' of $39.558m at 31 January 2022 was $6.661m better than plan, primarily due to timing of Capital Expenditure, as well as other variances in timing of receipts and payment to suppliers and other providers. The primary cause of variance in Revenue and Personnel costs is due to payment of MECA and Pay Equity settlements, which have been funded by MoH.

The 'Other Current Assets' balance includes accrued revenue for reimbursement of COVID-19 related expenses, as well as outstanding payments from non-residents totalling $2.910m.

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at 31 January 2022

$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	50,970	21,551	29,419	1,318,724	1,280,188	38,536
Interest Received	79	29	50	635	203	432
Other Revenue	1,291	1,636	-345	7,617	11,443	-3,826
Outflows						
Staff	65,178	61,945	-3,233	501,345	466,614	-34,731
Suppliers	26,417	22,403	-4,014	181,221	164,014	-17,207
Other Providers	85,298	90,790	5,492	622,835	635,530	12,695
Capital Charge	13,758	0	-13,758	13,758	10,002	-3,756
GST (net)	36,344	30,000	-6,344	-2,389	0	2,389
Net cash from Operations	**-174,655**	**-181,922**	**7,267**	**10,206**	**15,674**	**-5,468**
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	0	0
Associates	0	0	0	-100	0	-100
Outflows						
Capital Expenditure	5,607	10,367	4,760	48,016	55,452	7,436
Investments	0	0	0	0	0	0
Net cash from Investing	**-5,607**	**-10,367**	**4,760**	**-48,116**	**-55,452**	**7,336**
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	**219,820**	**225,186**	**-5,366**	**77,468**	**72,675**	**4,793**
Net increase / (decrease)	**-180,262**	**-192,289**	**12,027**	**-37,910**	**-39,778**	**1,868**
Closing cash	**39,558**	**32,897**	**6,661**	**39,558**	**32,897**	**6,661**
Closing Cash Balance in HZHPL Sweep ac	**39,558**	**32,897**	**6,661**	**39,558**	**32,897**	**6,661**

6.4 Cash Position

The key drivers for the variance to budgeted cash flows from operating activities is due to timing of revenue received and payments to personnel, suppliers and other provider payments. In particular for this year, the large variances in Revenue and Personnel costs are due to unplanned MECA and Pay Equity settlements, mostly paid out in November and December 2021, for which revenue was provided by MoH in addition to the planned funding envelope.

Operating cash flow is also being impacted by additional cost and the retrospective claims process for both the planned and the additional unplanned costs of COVID-19.

Capital expenditure is $7.436m below plan for the year to date 31 January 2022. The resurgence of COVID-19 and continued COVID-19 alert level restrictions has led to additional focus on unplanned COVID-19 preparedness and resilience projects, which has caused some delays to other planned projects.

Update: NZ Disability Strategy Implementation Plan 2016-2026

Recommendation

That the Board Committee:

1. **Receives the report.**

Prepared by: Samantha Dalwood (Disability Advisor)

The following report provides an update or informs of new work at Waitematā DHB against the New Zealand Disability Strategy Implementation Plan 2016-2026.

Please note the following items –

Focus on working as a Northern Region
As part of planning for working under Health NZ and the Māori Health Authority, the four northern region DHBs are working closely together in their focus on disability. The metro-Auckland DHB staff have developed strong relationships and share information and resources. Recently, Northland DHB has been included in areas of work, particularly the focus on employing more disabled people. Waitematā DHB has also led two national DHB meetings discussing work being done across the country to improve the experience of staff with disability, impairment and long-term conditions, and increase the number of disabled people employed.

Accessibility Tick
Waitematā DHB completed our second year as members of the Accessibility Tick programme. At the annual assessment at the end of 2021, the Accessibility Tick Programme Director was pleased with the progress that our DHB is making in the nine outcome areas of the Tick. We have developed the 2022 Action Plan and have completed the first quarterly review for 2022. The four northern region DHBs are all members of the Accessibility Tick programme and are already working together, which bodes well for on-going work under Health NZ and the Māori Health Authority.

Toolkit for the Employment of Disabled people
The Toolkit aims to support Recruiters and Hiring Managers to ensure an inclusive recruitment process for disabled people. This work includes a commitment from the DHB to automatically shortlist all disabled candidates who meet the minimum criteria for the role they are applying for. We are currently developing an e-Learning module to support the Toolkit. This is being developed by, and will be used across, the three metro-Auckland DHBs, with a view that it could be also be a national e-Learning tool.

Employee Led Disability Network
In August 2021, we designed a survey and asked staff if they would be interested in an Employee Led Disability Network. There was a positive response and the network was launched on 3 December, International Day of Disabled People. 18 people attended this meeting to discuss the possibilities of the network. There was a focus on three areas: Think Big, what could the network

influence and achieve; Think Priority, what is the most important and what should be done first; and Think Practical, who can do what and when. The Rainbow Employee-Led Network presented at the meeting to talk about the work that they do and how Rainbow staff voices are included. The next step is to meet again and make more detailed plans, including gathering stories of the experiences of disabled people working at our DHB and some lunchtime presentations from external disability leaders.

Kaupapa Māori disability staff training

To enable the provision of care that is culturally safe and improve the experience of whānau hauā/tāngata whaikaha (Māori disabled people) we are building our staff capability through the development of a disability responsiveness training module that focuses on kaupapa Māori. It includes mātauranga Māori content so that staff are well equipment with information to guide their practice.

The three metro-Auckland DHBs are currently engaging with Te Roopu Waiora, a kaupapa Māori disability organisation, to develop the training content.

We are planning to have two parts to the training. There will be foundational level training, which will be an e-Learning module to be hosted on the Ko Awatea Learn platform. This will provide basic knowledge that includes mātauranga Māori and kaupaua Māori consideration when caring for whānau hauā, including cultural perspectives and perception of disability within Te Ao Māori. The key learning will be concepts to consider as a clinician/health care provider when working with whānau hauā.

This will be followed by a one hour kanohi to kanohi or virtual webinar that takes the foundational learning and builds in practical experience. This will include whānau hauā talking abut their health service experiences, how these could be improved and provides some practical tips.

Waitematā
District Health Board

Best Care for Everyone

Waitematā District Health Board
Disability Strategy Implementation Plan 2016-2026

Waitematā District Health Board has a vision of being fully inclusive.

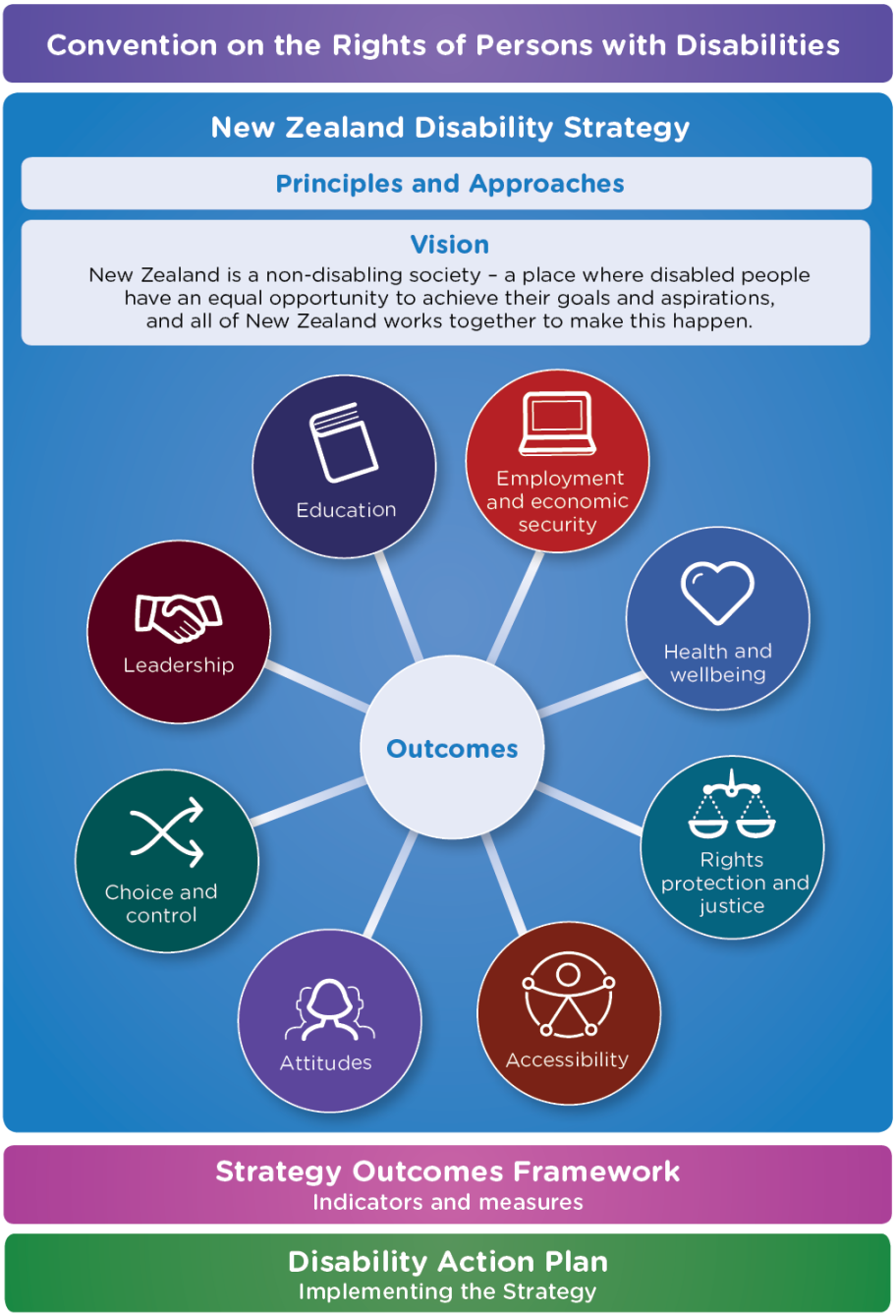
Being fully inclusive means ensuring the rights of disabled people, eliminating barriers so that people can get to, into and around our physical spaces; and everyone can access information and services that they need.

The New Zealand Disability Strategy 2016-2026 provides a framework for organisations to focus on enabling the full participation of disabled people. It has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The Vision, principles and approach of the NZ Disability Strategy 2016-2026, with input from the disability sector and disability community, have shaped our District Health Board (DHB) ***Disability Strategy Implementation Plan 2016-2026*.**

Our ten year implementation plan aligns with the timeline of the NZ Disability Strategy 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Figure 1 | Disability Strategy Framework



The Disability Strategy identifies eight outcome areas -

The outcome areas that will contribute to achieving the vision of the Strategy are:

Outcome 1 – Education
We get an excellent education and achieve our potential throughout our lives

Outcome 2 – Employment and economic security
We have security in our economic situation and can achieve our full potential

Outcome 3 – Health and wellbeing
We have the highest attainable standards of health and wellbeing

Outcome 4 – Rights protection and justice
Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

Outcome 5 – Accessibility
We access all places, services and information with ease and dignity

Outcome 6 – Attitudes
We are treated with dignity and respect

Outcome 7 – Choice and control
We have choice and control over our lives

Outcome 8 – Leadership
We have great opportunities to demonstrate our leadership

All eight outcomes are relevant to the work of the District Health Boards and will drive our core work over the next ten years. Our work will have a particular focus on five outcomes – Employment & economic security, Health & wellbeing, Accessibility, Attitudes and Choice & control.

Influences

There are a number of other principles, disability strategies and action plans that influence the DHB's Implementation Plan. These include:

- Te Tiriti o Waitangi / The Treaty of Waitangi
- Disability Action Plan 2019-2023
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Whāia Te Ao Mārama: The Māori Disability Action Plan 2017-2022
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Waitematā DHB Annual Plan

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) sets the expectations for the relationship between Te Tiriti partners, in particular Crown or Government entities and Māori. Despite Te Tiriti principles, Māori continue to experience marked inequities in access to services, health outcomes and satisfaction.

We will frame our work to uphold the four articles of Te Tiriti :

- Kāwanatanga - active partnerships with Māori at a decision making level. Providing mechanisms to enable Māori to contribute to decision making on and participate in the delivery of health and disability services
- Tino Rangatiratanga - Māori sovereignty and self-determination. Ensuring opportunities for Māori leadership, engagement and participation at every level of governance and operations
- Ōritetanga – our commitment to Māori as tāngata whenua (people of the land) to achieve health equity with priorities directly linked to reducing systematic inequity in health determinants, health outcomes and health service utilisation.
- Te Ritenga – guarantees Māori the right to practice their own spiritual beliefs, rites and Tikanga, honouring the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Disability in Māori

Māori experience more disability than other population groups in New Zealand; the age-adjusted disability rate for Māori is 32% compared to 24% for non-Māori. Almost one in four Māori with a disability have high support needs (23% compared to 14% for non-Māori), but only 16% accessed MoH funded disability support.

A Māori lens incorporated in the planning and provision of disability supports and services requires centring on Mātauranga Māori (Māori knowledge systems) and tikanga Māori (Māori practices and customs), rather than trying to adapt non-Māori models. Central to this is recognising the importance of and incorporating holistic models of hauora and oranga (health/wellbeing), rongoā (medicines), karakia (prayers/ incantations), and community input in care planning and provision.

Disability in Pasifika

The issues for Pasifika peoples' cultural values and ensuring partnership, participation, choices and equity in health and disability provision are very similar to those experienced by disabled Māori. It should be noted that while Pasifika cultures share some similarities in principles and concepts, each has specific and independent world views.

The family (āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili) is the centre of the community and provides identity, resilience, care and support. Care for family members with disabilities is often informally provided within the family.

Pasifika people account for 6% of recipients of Ministry-funded disability support services. Pasifika with disabilities are a relatively young population, with 42% being aged 19 years or below. In adults, chronic diseases such as stroke, diabetes and ischaemic heart disease contributed significantly more to disability, and at a younger age, than in other ethnic groups. The Auckland Region accounted for nearly three-fourths of all recorded Pasifika disabled people.

Improving the experience of Māori

In order to provide disability services that are responsive to cultural perspectives of Indigenous people and meet Te Tiriti obligations, the key actions for DHBs include:

Uphold the principles of Te Tiriti o Waitangi, centre Māori in governance and decision-making, involve community and kaupapa Māori providers, and develop strategies with Māori with disability that reflects their needs and aspirations.
Acknowledge and incorporate mātauranga Māori (Māori knowledge systems), tikanga Māori (Māori practices and customs) and Māori health models in planning and delivering disability services.
Invest in regular collection, sharing and analysis of data to allow meaningful insight into equity and choice for Māori with disability.
Provide access to culturally appropriate information, tools and resources that are tailored to different access needs and relevant for Māori living with disabilities and their whānau.
Develop supportive and inclusive processes for needs assessment, navigation and service coordination, to enable tino-rangatiratanga of Māori with disability to actively participate in healthcare choices and decision-making.
Support advocacy and whānau decision-making, if desired, in planning disability support and services at the individual client level.
Promote cultural safety, patient-centred care, and equity by increasing recruitment of Māori staff at all levels to plan/ deliver disability services and support kaupapa Māori providers of disability services.
Provide staff training to enable staff to support te ao Māori (Māori world view), tikanga Māori (customary practices) and to understand disability in a Māori cultural context.
Record disability information for workforce, categorised by disability and ethnicity to ensure equal employment opportunities for Māori with disability.

Improving the experience of Pasifika

In order to provide disability services that are responsive to cultural perspectives of Pasifika people, the key actions for DHBs include:

Invest in regular collection, sharing and analysis of data to allow meaningful insight into equity and choice for Pacific disabled people.
Provide access to culturally appropriate information, tools and resources that are tailored to different access needs and relevant for Pacific disabled people, their family members and aiga
Develop supportive and inclusive processes for needs assessment, navigation and service coordination, to enable Pacific disabled people to actively participate in healthcare choices and decision-making.
Support advocacy and aiga decision-making, if desired, in planning disability support and services at the individual client level.
Promote cultural safety, patient-centred care, and equity by increasing recruitment of Pacific staff at all levels to plan/ deliver disability services and support Pasifika providers of disability services.
Provide staff training to enable staff to support Pacific disabled people, their family members and aiga and to understand disability in a Pacific cultural context. Support staff to access Le Va's Engaging Pasifika disability training.
Record disability information for workforce, categorised by disability and ethnicity to ensure equal employment opportunities for Pacific disabled people.

Many of these principles are equally applicable to people with disabilities from other ethnic groups in whom the western models of disability are at divergence with their world view, cultural beliefs and values.

We encourage all staff to complete the CALD (Culturally and Linguistically Diverse) Module 8: Working with CALD Families - Disability Awareness.

Enabling Good Lives

https://www.enablinggoodlives.co.nz

The system for support for disabled people is undergoing change. Enabling Good Lives (EGL) is a new approach to supporting disabled people that offers greater choice and control over the supports they receive, so that they can plan for the lives they want. We will use the eight principles of Enabling Good Lives to help guide our work.

The principles are -

Self-determination
Disabled people are in control of their lives.

Beginning early
Invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available.

Person-centred
Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.

Ordinary life outcomes
Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.

Mainstream first
Disabled people are supported to access mainstream services before specialist disability services.

Mana enhancing
The abilities and contributions of disabled people and their families are recognised and respected.

Easy to use
Disabled people have supports that are simple to use and flexible.

Relationship building
Supports build and strengthen relationships between disabled people, their whānau and community.

Disability Action Plan 2019-2023

The Disability Action Plan 2019–2023 (Action Plan) aims to deliver the eight outcomes in the New Zealand Disability Strategy 2016–2026.

The Action Plan responds to the main issues identified by disabled people, the Disabled People's Organisation (DPO) Coalition and government agencies working together. The work programmes are either directly related to improving government funding and services for disabled people or bring a significant disability focus to broader policy or work programmes. As a result, 25 work programmes have been included in the Action Plan, which will be delivered by 14 government agencies and their partners.

In addition to the 25 work programmes in the Action Plan, government agencies have been asked to commit to two cross-cutting issues: collecting better data about disabled people, and greater involvement of disabled people in policy and service development. This builds on the commitments of government agencies in the previous Action Plan to making public information accessible and improving employment opportunities for disabled people in the public service.

The Disability Action Plan 2019-2013 can be found at the Office for Disability Issues website - https://www.odi.govt.nz/disability-action-plan-2/

Values

The Values of Waitematā DHB reflect a vision for equity and inclusion of disabled people in their care and in the design of patient facilities and services.

Monitoring and Reporting

Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

Waitematā DHB's New Zealand Disability Strategy Implementation Plan 2016-2026 will be monitored internally and progress of actions will be reported to the Disability Support Advisory Committee (DiSAC) on a quarterly basis.

We will ensure that the DHB Disability Strategy Implementation Plan continues to align with the NZ Disability Strategy, as well as other government strategies and action plans.

There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Current Priorities

Waitematā DHBs are committed to the vision of being fully inclusive and non-disabling. Current work that will continue across the DHBs as part of the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

<u>Health Literacy</u>
Waitematā District Health Board has made a commitment to improve health literacy across the organisation. Health Literacy means that "*people can **obtain, understand** and **use the health information and services** they need to enable them to make the **best decisions** about their own health or the health of a dependant family member/friend"*

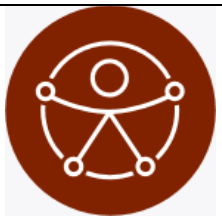
This work focusses on two areas:

- improving health literacy of the organisation and its staff
- enabling communities to become more health literate

<u>Patient Experience</u>
There is a focus on Patient Experience and Community Engagement across the DHB. This has led to greater inclusion of disabled people in design and planning of both facilities and services. An example of this is the Waitematā DHB commitment to universal design as a core design principle.

Outcomes

Of the eight outcome areas of the New Zealand Disability Strategy 2016-2026, there are five key outcome areas that align with the work of District Health Boards.

				
Outcome 2: employment & economic security	**Outcome 3: health & wellbeing**	**Outcome 5: accessibility**	**Outcome 6: attitudes**	**Outcome 7: choice & control**
We have security in our economic situation and can achieve our potential	*We have the highest attainable standards of health and wellbeing.*	*We access all places, services and information with ease and dignity.*	*We are treated with dignity and respect.*	*We have choice and control over our lives.*

Outcome 2: employment & economic security

We have security in our economic situation and can achieve our potential

1. Increase the number of disabled people into paid employment.
2. Increase the confidence of Hiring Managers to recruit disabled people.
3. Record the number of staff with impairments working for the DHB.
4. Ensure Diversity & Equality work includes disabled people.

Outcome 3: health & wellbeing

We have the highest attainable standards of health and wellbeing.

5. Improve the health outcomes of disabled people.
6. Robust data and evidence to inform decision making.
7. Barrier free and inclusive access to health services.
8. Increased understanding of the support needs of people with learning disabilities.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.
10. Better support for young people moving from child to adult health.

Outcome 5: accessibility

We access all places, services and information with ease and dignity.

11. Barrier free and inclusive access to health services.
12. The principles of universal design and the needs of disabled people are understood and taken into account.
13. Improve & increase accessible information across the DHB.
14. Information available in different formats, eg. Easy Read
15. Ensure physical access to DHB buildings and services, including signage and way finding.

Outcome 6: attitudes

We are treated with dignity and respect.

16. All health and well-being professionals treat disabled people with dignity and respect.
17. Disabled people and their families respected as the experts in themselves.
18. Provide a range of disability responsiveness training.
19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.
20. Ensure disabled people are able to access supports that they need in hospital.
21. Increase cultural awareness of disability.

Outcome 7: choice & control

We have choice and control over our lives.

22. Engage regularly with the disability sector and community.
23. Ensure a diverse range of disabled people are identified as stake-holders.
24. Ensure the voice of disabled people from the community is included.
25. Enable supported decision making and informed consent.
26. Ensure services are responsive to disabled people and provide choice and flexibility.
27. Improve access to screening services for disabled people.
28. Continue the implementation of the Health Passport across both DHBs.

Waitematā District Health Board
Best Care for Everyone

Please note: This document is updated for each DiSAC meeting to report updates or new work since the previous meeting.

Waitematā District Health Board

Implementation of the New Zealand Disability Strategy 2016-2026

Current Status at 7 March 2022

Outcome 2: employment & economic security	**Outcome 3: health & wellbeing**	**Outcome 5: accessibility**	**Outcome 6: attitudes**	**Outcome 7: choice & control**
We have security in our economic situation and can achieve our potential	*We have the highest attainable standards of health and wellbeing.*	*We access all places, services and information with ease and dignity.*	*We are treated with dignity and respect.*	*We have choice and control over our lives.*

Outcome 2: Employment & Economic Security

We have security in our economic situation and can achieve our potential

Current Status at 7 March 2022

What we will do… actions	**Where** we are now…current status
1. Increase the number of disabled people into paid employment.	**March 2022** – Ongoing work as part of the Accessibility Tick Action Plan. Toolkit for the Recruitment of Disabled People has been completed (see point 2 below). The Toolkit has clear information on making job advertisements attractive to disabled people and clearly stating the DHBs active intent to employ more disabled people. The recruitment website will be updated with our inclusion statement on all advertisements and the website home page.
2. Increase the confidence of Hiring Managers to recruit disabled people.	**March 2022 –** Toolkit for the Recruitment of Disabled People has been completed. An e-Learning module is being developed to support the toolkit and support Hiring Managers and Recruitment Team. This includes a commitment to interview all disabled candidates that meet the minimum requirements for the role that they are applying for. The e-Learning is being developed for use by the four northern region DHBs.
3. Record the number of staff with impairments working for the DHB.	**March 2022 –** Following the August 2021 staff survey to capture data about disabled staff, more work needs to be done to support staff to feel comfortable to disclose they have a disability, impairment or long-term condition. One part of this work is the launch of the Employee Led Disability Network. This was launched on 3 December, International Day of Disabled People, with 18 people attending.
4. Ensure DHB Diversity & Equality work includes disabled people.	**March 2022** – The DHB have a number of initiatives looking at Equity. The Disability Advisor is working to ensure that disability is included across this work. There is a focus on equity for Māori and this work must include tāngata whaikaha/whānau hauā (Māori with disability).
5. Awarded the Accessibility Tick.	**March 2022 –** After successfully completing our annual Accessibility Tick audit at the end of September 2021, we have developed our 2022 Action Plan. We have reported back to the Accessibility Tick Steering Group on our progress to date at 1 March 2022. We have also completed our March 2022 quarterly audit with the Accessibility Tick Programme Directors.

Outcome 3: Health & Wellbeing

We have the highest attainable standards of health and wellbeing

Current Status at 7 March 2022

What we will do… actions	**Where** we are now…current status
6. Improve the health outcomes of disabled people.	**Ongoing** – The inclusion of disability in equity work across the health system recognises the need to address the health gap for disabled people. This is starting to be reflected in the equity work that the DHB are currently doing.
7. Robust data and evidence to inform decision making.	**March 2022** - Wesley Pigg, Care Redesign Fellow at i3, has scoped a disability data collection project. The aim of the project is to investigate methods to start collecting the disability 'status' of patients in a consistent and useable way. This can then be used to improve services. The Health Outcomes Team from Planning, Funding & Outcomes as are scoping the possibly of a Health Needs Assessment for disabled people. This is proving challenging due to the inconsistency of available disability data.
8. Barrier free and inclusive access to health services.	**March 2022** – The Disability Advisor has been working closely with NRHCC to ensure information about the COVID-19 vaccinations and omicron information is fully accessible.
9. Increased understanding of the support needs of people with learning disabilities.	**March 2022** –The palliative medicine team are working with IHC to support DHB staff working with people with learning/intellectual disabilities and ensure that they have the best end of life care possible.
10. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.	**March 2022** – We have delivered two face-to-face training sessions of Deaf Culture and basic NZSL training. These were really well received and had a real impact on the staff that attended. We are planning another two sessions later in the year. We will also hold a number of 'taster sessions' during NZSL week in May. These are usually about one hour long. We held four sessions in 2021, which were great fun, as well as very educational.
11. Better support for young people moving from child to adult health.	August 2021 – The Transition Project has been completed. Transition guideline and service level agreement has been completed. The guideline ensures there is an agreed process and established lines of communication for a coordinated, across service approach for young people requiring on-going disability and/or health care provision for their adult lives.

Outcome 5: Accessibility

We access all places, services and information with ease and dignity

Current Status at 7 March 2022

What we will do… actions	**Where** we are now…current status
12. Barrier free and inclusive access to health services.	**March 2022** - Disability Advisor has been working closely with NRHCC to ensure information about the COVID-19 vaccinations and omicron information is fully accessible.
13. The principles of universal design and the needs of disabled people are understood and taken into account.	**March 2022** – Facilities Team senior managers are supportive of annual training on universal design being delivered to Project Managers and members of the Facilities Team. This work will include developing DHB accessibility standards that need to be included at the start of project planning.
14. Improve & increase accessible information across the DHB.	**March 2022** – A 'Making Information Accessible' e-Learning module has been developed and is available to staff on the Ko Awatea learning platform.
15. Information available in different formats, eg. Easy Read	**March 2022** – Creating Accessible Documents, a new e-Learning module is available for staff on Ko Awatea. This explains what makes a document accessible and explains different formats that are useful to meet different access needs.
16. Ensure physical access to DHB buildings and services, including signage and way finding.	**March 2022** – The 2022 Accessibility Tick Action Plan includes a commitment to considering accessibility before leasing or purchasing future premises, and during internal and external changes to new and current buildings. This work will include developing DHB accessibility standards that need to be included at the start of project planning. Review of the mandatory staff Fire e-Learning module will include access considerations for disabled patients, visitors and staff.

Outcome 6: Attitudes

We are treated with dignity and respect.

Current Status at 7 March 2022

What we will do… actions	**Where** we are now…current status
17. All health and well-being professionals treat disabled people with dignity and respect.	**March 2022** – The Disability Advisor delivered Disability Responsiveness training to the i3 Fellows and Project Managers.
18. Disabled people and their families respected as the experts in themselves.	**March 2022** – Promotion of the Health Passport supports this as it supports people to have a voice. The mandatory Disability Equity e-Learning has a clear message of listening to the person and their family/support worker.
19. Provide a range of disability responsiveness training.	**March 2022** – In February we delivered two face-to-face training sessions of Deaf Culture and basic NZSL training. We are planning another two sessions later in the year. We will also hold a number of 'taster sessions' during NZSL week in May. The Disability Advisor delivered Disability Responsiveness training to the i3 Fellows and Project Managers.
20. Promote the Disability Equity e-Learning module to all staff across the DHBs.	**March 2022** – In the last three months 456 people have completed the mandatory Disability Equity course.
21. Ensure disabled people are able to access supports that they need in hospital.	November 2021 –The Disability Advisor has advocated for the Visitor policy to be updated to say – "Patients may be accompanied where appropriate and necessary to assist with the patient's communication and/or to meet the patient's health or social care needs. People who are in attendance to support the needs of the patient, for example; a familiar carer/supporter/personal assistant, are not counted as a visitor." Please note that there are some visitor restrictions during COVID alert levels.
22. Increase cultural awareness of disability.	**March 2022** – Tāngata Whaikaha/Whānau Hauā - Māori Disability Responsiveness training being developed with Waitematā, Auckland and Counties Manukau DHB's. The content is being developed by Te Roopu Waiora, a kaupapa Māori disability organisation.

Outcome 7: Choice & Control

We have choice and control over our lives.

Current Status at 7 March 2022

What we will do… actions	**Where** we are now…current status
23. Engage regularly with the disability sector and community.	**Ongoing -** Reduction in community meetings and engagements due to COVID restrictions. Online meetings have continued and include the NZ Disability Support Network meeting and the DHB led Health & Wellness meeting.
24. Ensure a diverse range of disabled people are identified as stake-holders.	**March 2022** – Waitakare Health Link have held consumer feedback sessions, including one for the NRA's Transforming Diagnostic Imaging Programme of work. A number of Waitakere Health Link members identify as disabled people.
25. Ensure the voice of disabled people from the community is included.	November 2021 – Health & Wellness meeting held with CCS Disability Action is held quarterly. This includes representatives from disability organisations and the Deaf and disabled community.
26. Enable supported decision making and informed consent.	**March 2022** – Working with the palliative medicine team and IHC to support staff working with people with learning/intellectual disabilities and ensure that they have the best end of life care possible. The mandatory Disability Equity e-Learning has a clear message of listening to the person and their family/support worker and providing information that is accessible.
27. Ensure services are responsive to disabled people and provide choice and flexibility.	**March 2022** – The need for services to be flexible during COVID-19, has increased opportunities to offer a more individualised response and to consider access needs of patients. This includes, for example, using video appointments, rather people having to come into the hospital every time.
28. Improve access to screening services for disabled people.	August 2021 – the Donald Beasley and AUT research on disabled people accessing screening services sent to new breast screen service and DHB Programme Manager to ensure disabled people are considered and included.
29. Continue the implementation of the Health Passport across both DHBs.	**March 2022** – The Health Passport continues to be promoted by HDC and some DHBs. It is well placed to be used as a national tool. The promotion in the DHB is ongoing work.

Progress Report: Accessibility Tick Action Plan

Recommendation

That the Board Committee:

1. **Receives the report.**

Prepared by: Samantha Dalwood (Disability Advisor)

The following report provides a progress update against the Accessibility Tick Action Plan.

Waitematā District Health Board
Best Care for Everyone

Accessibility Tick
Committed to Accessibility

Accessibility Tick: Action Plan 2022

Contents

Our Action Plan

"We believe being a diverse and inclusive workplace brings out the best in our workforce and helps us provide better services to the community we serve."

Dr Dale Bramley, CEO

Actions underway

In the two years since Waitematā DHB was awarded the Accessibility Tick, we have worked hard to be more inclusive and meet the accessibility needs of our patients, our visitors and our employees.

At Waitematā DHB we provide healthcare services and support for a diverse community. We know that for our patients, having a workforce that reflects the diversity of our community is a good thing.

We are also striving to provide an inclusive workforce where everyone is accepted for who they are and are supported to do their best work.

More to come

Our Accessibility Tick Action Plan is a big part of our inclusive 'Everyone Matters – Orā Ki Te Katoa' cultural values and our vision to improve accessibility for our people and our patients. We want to make it easy for people with access needs to work here.

To do this we are focusing on:

- Driving inclusion by actively recruiting and retaining disabled people.
- Creating a more diverse workforce through developing a fully accessible recruitment process.
- Educating our people about accessibility to reduce the likelihood of disability discrimination and unconscious bias in hiring.
- Improving the experience of disabled staff working at our DHB, including improving the physical environment.
- Demonstrating our commitment to all areas of accessibility and inclusion.

Governance

Actions within this Action Plan are reported to the Accessibility Tick Steering Committee.

Our Patients

"We strive to make it easy for our patients and visitors to interact with us. To do this we want to lead the way with digital accessibility and ensure our products, services, facilities and buildings are inclusive of people with a disability."

Ravina Patel, Patient Experience Manager

Our Five Year Objective (By 2023)

Our services and buildings will be accessible for our patients, staff and the wider community.

Actions 2021	When
A commitment to create alternative formats of marketing and communications material, including electronic, Easy Read and NZ Sign Language.	2022
Complete bi-annual Accessibility Audits of the physical environments, as well as after any changes to the environment.	2023
Accessibility is considered before leasing or purchasing future premises, and during internal and external changes to new and current buildings	2023
Clear signage across the DHB sites. Signage includes directory boards and site maps.	2023
Deliver Universal Design and Accessibility training to Facilities & Development Staff	2022

Our People

"At Waitematā DHB, we're always working towards an inclusive culture, so that our people thrive and differences are celebrated. We are committed to the wellbeing of our people, and supporting them by considering accessibility needs in everything we do."

Fiona McCarthy, Director – People and Culture

Our Five Year Objective (By 2023)

Build an inclusive culture through an appreciation of difference.

Actions 2021	When
Toolkit for the Recruitment of Disabled People used across the DHB	2022
Ensure job advertisements encourage people with accessibility needs, including mental health needs, to apply.	2022
Work with supported employment agencies to actively employ disabled people and get candidates job ready.	2022
Offer flexibility during the recruitment process to allow candidates to demonstrate their suitability for job roles – eg. Work simulations.	2022
Support the work of the Employee Led Disability Network.	2022
Update and amend relevant Recruitment and Facilities policies to increase awareness of accessibility and inclusion.	2022
Broaden the reach and awareness of the DHB's commitment to accessibility and the inclusion of disabled people.	2022
Ensure that access needs are included in the DHB's Emergency Plans and evacuation instructions are clearly marked and accessible.	2022

Our Community

Advocating for those with accessibility needs extends beyond our employees and patients. We want to have an impact in the communities we support and are committed to sharing our expertise so that others can learn and benefit.

Our Five Year Objective (By 2023)

Contribute to creating inclusive communities through accessibility.

Actions 2022	When
Improve understanding of accessibility with Waitematā DHB partners and suppliers.	2023
Actively seek information on the accessibility and inclusion practices of suppliers.	2023

Feedback

If you have feedback or suggestions about this plan, please email **samantha.dalwood@waitematadhb.govt.nz**

Other Formats

Our Accessibility Tick Action Plan 2022 is available on our website: **http://www.waitematadhb.govt.nz/**

If you would like to be provided with the plan in an alternative format, please email Samantha Dalwood, Disability Advisor **samantha.dalwood@waitematadhb.govt.nz**


Waitematā
District Health Board
Best Care for Everyone

Waitematā District Health Board
Best Care for Everyone

Accessibility Tick
Committed to Accessibility

Accessibility Tick: Action Plan

2022

Progress Update – March 2022

Our Patients

"We strive to make it easy for our patients and visitors to interact with us. To do this we want to lead the way with digital accessibility and ensure our products, services, facilities and buildings are inclusive of people with a disability."

Ravina Patel, Patient Experience Manager

Our Five Year Objective (By 2023)

Our services and buildings will be accessible for our patients, staff and the wider community.

Actions 2022	When	Progress Update
A commitment to create alternative formats of marketing and communications material, including electronic, Easy Read and NZ Sign Language.	2022	Disability Advisor has been working closely with NRHCC to ensure information about the COVID-19 vaccinations and omicron is fully accessible.
Complete bi-annual Accessibility Audits of the physical environments, as well as after any changes to the environment.	2023	Disability Advisor met with the Facilities Team senior managers to discuss this expectation.
Accessibility is considered before leasing or purchasing future premises, and during internal and external changes to new and current buildings	2023	Disability Advisor met with the Facilities Team senior managers to discuss this expectation and the opportunity to create a checklist that ensures accessibility standards are met.
Clear signage across the DHB sites. Signage includes directory boards and site maps.	2023	Signage for Tōtara Haumaru is an opportunity to improve the patient experience and make it easier to navigate the hospital site. Disability Advisor is working with the architect to ensure accessibility.
Deliver Universal Design and Accessibility training to Facilities & Development Staff	2022	Facilities Team senior managers are supportive of annual training being developed to Project Managers and members of the Facilities Team.

Our People

"At Waitematā DHB, we're always working towards an inclusive culture, so that our people thrive and differences are celebrated. We are committed to the wellbeing of our people, and supporting them by considering accessibility needs in everything we do."

Fiona McCarthy, Director - People and Culture

Our Five Year Objective (By 2023)

Build an inclusive culture through an appreciation of difference.

Actions 2022	When	Progress Update
Toolkit for the Recruitment of Disabled People used across the DHB	2022	The Toolkit document has been completed. It has been presented at ELT and members gave their support of the DHB commitment to interview all disabled people that apply and meet the minimum job criteria. The toolkit is being supported with an e-Learning module.
Ensure job advertisements encourage people with accessibility needs, including mental health needs, to apply.	2022	The Toolkit has clear information on making job advertisements attractive to disabled people and stating the DHBs active intent to employ more disabled people. The recruitment website will be updated with our inclusion statement on all advertisements and the website home page.
Work with supported employment agencies to actively employ disabled people and get candidates job ready.	2022	The Recruitment Team Disability Lead left at the end of 2021. The new Disability Lead is developing relationships with supported employment agencies.
Offer flexibility during the recruitment process to allow candidates to demonstrate their suitability for job roles – eg. Work simulations.	2022	Currently updating the recruitment process to offer a more individual approach. Support and suggestions are included in the Toolkit.

Support the work of the Employee Led Disability Network.	2022	The first Employee Led Disability Network meeting took place on 3 December 2021, International Day of Disabled People. 18 people attended the Zoom meeting. The meeting focused on three areas: Think Big, Think Practical & Think Priority. Plans for the next steps are underway.
Update and amend relevant Recruitment and Facilities policies to increase awareness of accessibility and inclusion.	2022	Disability Advisor met with Facilities and HR Executive Leadership Team members and discussed the need for policies to include an accessibility lens.
Broaden the reach and awareness of the DHB's commitment to accessibility and the inclusion of disabled people.	2022	Disability Advisor met with Facilities and HR Executive Leadership Team members to outline the 2022 Action Plan outcomes and get their support.
Ensure that access needs are included in the DHB's Emergency Plans and evacuation instructions are clearly marked and accessible.	2022	The DHB Mandatory Fire Training e-Learning is being updated. This is an opportunity to ensure that access needs are considered.

Our Community

Advocating for those with accessibility needs extends beyond our employees and patients. We want to have an impact in the communities we support and are committed to sharing our expertise so that others can learn and benefit.

Our Five Year Objective (By 2023)

Contribute to creating inclusive communities through accessibility.

Actions 2022	When	Progress Update
Improve understanding of accessibility with Waitematā DHB partners and suppliers.	2023	Procurement Manager having conversations with Healthsource about incorporating the objectives of the Accessibility Tick 2022 Action Plan into their contract. Also talking to facilities team and funding teams on their contracting and procurement work.
Actively seek information on the accessibility and inclusion practices of suppliers.	2023	Procurement Manager having conversations with Healthsource about incorporating the objectives of the Accessibility Tick 2022 Action Plan into their contract. Also talking to facilities team and funding teams on their contracting and procurement work.

9. 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 (16/02/22)**	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	**Recommendations of the Audit and Finance Committee – Public Excluded (02/03/22)**	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	**Chair's 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)]	**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
4	Warkworth Land Acquisition Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
5	Ward 15 Urgent Remediation for Increased Acute Care Capacity	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	Totara Haumaru Contract Amendment #2	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

	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
			7S.9 (2) (j)]
7	North Shore Hospital Central Sterile Supplies Department Upgrade Project	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)]
8	Lease of Tenancy	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
9.	**Procurement Child Trauma Abuse Counselling Service for the Northern Region**	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)]	**Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
10	**Patient Repatriation**	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)]
11	**Audit and Finance Committee: Recommendation to the Board re Radiology Equipment Replacement**	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)]