



Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 17 November 2021

9.45am

AGENDA

Items to be considered in public meeting

Video Conference link:

<https://waitematadhb.zoom.us/j/96302012363>

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of Life

To the ancient realms of the Creator

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

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

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

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

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

Well Being to All.

MEETING OF THE BOARD 17 November 2021

Link: <https://waitematadhb.zoom.us/j/96302012363>

Time: 9.45am

<p><u>WDHB BOARD MEMBERS</u></p> <p>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 Allison Roe - WDHB Board Member Renata Watene - WDHB Board Member</p> <p><u>BOARD OBSERVERS</u></p> <p>Wesley Pigg Amber-Paige Ngatai</p>	<p><u>WDHB MANAGEMENT</u></p> <p>Dale Bramley - Chief Executive Officer Robert Paine – Executive Director, Finance People and Planning Peta Molloy - Board Secretary</p>
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APOLOGIES:

REGISTER OF INTERESTS

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

PART 1 – Items to be considered in public meeting

AGENDA

9.45am	1.	AGENDA ORDER AND TIMING
	2.	BOARD & COMMITTEE MINUTES
9.50am	2.1	Minutes of the Meeting of the Board (06/10/21) Actions arising from previous meetings
	2.2	Minutes of the Meeting of the Hospital Advisory Committee (27/10/21)
	3	EXECUTIVE REPORTS
9.55am	3.1	Chief Executive Update
10.05am	3.2	Health, Safety and Wellbeing Performance Report
	4.	DECISION ITEMS - nil
	5.	PERFORMANCE REPORT
10.15am	5.1	Financial Performance Report - September
	6.	INFORMATION ITEMS - nil
10.20am	7.	RESOLUTION TO EXCLUDE THE PUBLIC

Waitematā District Health Board
Board Member Attendance Schedule 2021

NAME	Feb	Mar	Apr	Jun	Jul	Aug	Oct	Nov	Dec
Judy McGregor (Board Chair)	✓	✓	✓	✓	✓	✓	✓		
Kylie Clegg (Deputy Chair)	✓	✓	✓	✓	✓	✓	✓		
Edward Benson-Cooper	✓	✕	✓	✓	✓	✓	✓		
John Bottomley	✓	✓	✓	✓	✓	✓	✓		
Chris Carter	✓	✓	✓	✓	✓	✓	✓		
Sandra Coney	✓	✓	✓	✓	✓	✓	✓		
Warren Flaunty	✓	✓	✓	✓	✓	✓	✓		
Eru Lyndon	n/a	n/a	✓	✓	✕	✓	✓		
David Lui	n/a	n/a	✓	✓	✓	✓	✓		
Allison Roe	✓	✓	✓	✓	✓	✓	✓		
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	Chiropractor – Milford, Auckland (with private practice commitments) Appointed Member - New Zealand Chiropractic Board (NZCB) Member– New Zealand Chiropractic Board (NZCB) Professional Conduct Committee (PCC) Edward has three (different) family members who hold the following positions: Family member – FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic Family member – Radiology registrar in Auckland Radiology Regional Training Scheme Family member – FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital	11/06/21
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
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	Regional Commissioner (employee) - Ministry of Social Development Board member - Advisory Board, University of Auckland Business School	23/06/21

REGISTER OF INTERESTS

Board Member/Observer	Involvements with other organisations	Last Updated
	Chair - Waitangi Ltd Director - National Hauora Coalition Independent Advisor, Investment Advisory Committee, Sport New Zealand Trustee - The Lyndon Family Trust	
Allison Roe	Acting Chairperson and Deputy Chair Matakana Coast Trail Trust Member, Wilson Home Committee of Management (past role)	07/04/21
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
Amber-Paige Ngatai (Board Observer)	Employee (nurse) – 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 6 October 2021

Recommendation:

That the draft Minutes of the Board meeting held on 6 October 2021 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Wednesday, 6 October 2021

held by video conference
commencing at 9.01am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

Judy McGregor (Board Chair)
Edward Benson-Cooper
John Bottomley
Chris Carter
Kylie Clegg (Deputy Chair)
Sandra Coney
Warren Flaunty
David Lui
Eru Lyndon
Allison Roe
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 members of the public or media representatives present.

KARAKIA

Eru Lyndon opened the meeting with a karakia.

WELCOME:

The Board Chair welcomed everyone in the meeting.

APOLOGIES:

No apologies were received.

DISCLOSURE OF INTERESTS

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

There were no additions or amendments to the Interests Register.

1 AGENDA ORDER AND TIMING

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 25 August 2021 (Agenda pages 8-16)

Resolution (Moved John Bottomley/Seconded Chris Carter)

That the draft Minutes of the Board meeting held on 25 August 2021 be approved.

Carried

Actions arising from previous meetings (Agenda page 17)

There were no issues raised and the updates were noted.

2.2 Minutes of the Meeting of the Hospital Advisory Committee (15/09/21) (Agenda pages 18-23)

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

That the draft Minutes of the Hospital Advisory Committee meeting held on 015 September 2021 be received.

Carried

3 EXECUTIVE REPORTS

3.1 Chief Executive Update (Agenda pages 24-47)

Dr Dale Bramley (Chief Executive) summarised the report. He noted the activity focussed on the COVID-19 outbreak response and provided current vaccination data for the district, region and nationally. Changes to the community vaccination programme were also noted; these included the drive through vaccination areas being closed due to a drop-off in numbers attending and the move to the use of vaccination buses across the city with 11 buses currently active. In addition, 30 vaccination campervans are being commissioned with the ability to rove, including on the DHB sites. Patients can also request vaccinations when in hospital.

Matters covered in discussion and response to questions included:

- To-date, 97% of frontline staff are now vaccinated. Staff that do not have a medical exemption are being encouraged to get vaccinated. Staff that are not vaccinated and work in COVID-19 streams are risk assessed to ensure a safe working environment.
- John Bottomley noted the Milford Tennis club initiative to engage with its members about getting vaccinated; part of this includes an event being led with

Zoom Pharmacy for unvaccinated members. It was suggested that this initiative could be used to connect with the community through local sports clubs.

- David Lui noted the initiatives and work being undertaken with Tuvalu to vaccinate members of the Pacific community. Work is also underway with Henderson High School and another drive through in the LDS Church in both Henderson and Massey.

The Board thanked David for his work in the community to increase vaccination rates.

The Board requested that its thanks be extended to acknowledge the high number of staff who are now vaccinated.

The report was received.

3.2 Health, Safety and Wellbeing Performance Report (Agenda pages 48-66)

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

Fiona McCarthy introduced the report.

In response to a query, it was noted that a more detailed update on i3 and the digital governance group being formed would be presented at a future Board meeting.

Resolution (Moved John Bottomley/Seconded Warren Flaunty)

That the report be received.

Carried

4 DECISION ITEMS - nil

5 PERFORMANCE REPORT

5.1 Financial Performance Report (August) (Agenda pages 67-84)

Robert Paine (Executive Director, Finance People and Planning) summarised this item.

Resolution (Moved Eru Lyndon/Seconded David Lui)

That the report be received.

Carried

6 INFORMATION ITEMS

6.1 Statement of Performance Expectations (SPE) Performance Report: Q4 2020/21 (Agenda pages 85-101)

It was noted that due to the COVID-19 outbreak, the latest results were not currently available.

Resolution (Moved Chris Carter/Seconded John Bottomley)

That the report be received.

Carried

6.2 2022 Board and Committee Schedule

The proposed 2022 Board and Committee Schedule was tabled at the meeting. It was agreed that the proposed schedule would be emailed to the Board for feedback.

GENERAL BUSINESS

There were no items of general business raised.

7 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 102-107)

Resolution (Moved Warren Flaunty/Seconded Kylie Clegg)

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	Minutes of Meeting of the Board - Public Excluded (25/08/21)	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.	Circulated resolution – Wilson Centre Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
3.	Circulated resolution – Mason Clinic T1B Continuation	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.
4.	Minutes of the Audit and Finance Committee – Public Excluded (15/09/21)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
5.	Minutes of the Hospital Advisory Committee – Public Excluded (15/09/21)	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.
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)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
6.	North Shore Hospital Marae	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]</p>
7.	Draft Northern Region Service Plan 2021/22	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Obligation of Confidence 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)]</p>
8.	2020/21 Annual Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>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)]</p>
9.	Tōtara Haumarū Developed Design	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the</p>

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
			greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
10.	Maternity Services - Memorandum of Understanding	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)]
11.	Waitakere Redevelopment Programme Urgent Inpatient Capacity 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)]
12.	Waitakere Hospital Electrical Infrastructure Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
13.	Mason Clinic Tranche 1B 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)]
14.	Facilities - Programme of works	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)]
15.	Staffing	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)]
16.	Automated Endoscope Reprocessors and Storage Cabinets 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	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		(except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	[Official Information Act 1982 S.9 (2) (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)]
17.	Mental Health Services	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
18.	Legal Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	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 9.41am.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 06 OCTOBER 2021.

_____ BOARD CHAIR

**Actions Arising and Carried Forward from
Previous Board Meetings as at 11 November 2021**

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
03/03/21 CPHAC	4.2	<u>Home and Community Support Services</u> Update on transition to the case-mix model for Home and Community Support Services (HCSS) to be presented to the Board		TBA	Transferred from CPHAC. Re-scheduled due to COVID-19 response requirements
14/07/21	3.2	<u>Health, Safety and Wellbeing Performance Report</u> Board workshop with workshop with the Employers and Manufacturers Association will be scheduled	Fiona McCarthy	TBA	Re-scheduled due to COVID-19 response requirements
06/10/21	3.2	<u>Health, Safety and Wellbeing Performance Report</u> Detailed update on i3 and the digital governance to be presented to a future Board meeting	Fiona McCarthy/ Penny Andrews	TBA	TBA due to COVID-19 response requirements

2.2 Minutes of the Hospital Advisory Committee meeting held on 27 October 2021

Recommendation:

That the draft Minutes of the Hospital Advisory Committee meeting held on 27 October be received.

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 27 October 2021

held by video conferencing
commencing at 1.32 pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

Sandra Coney (Committee Chair)
Judy McGregor
Edward Benson-Cooper
John Bottomley
Chris Carter
Warren Flaunty
David Lui
Eru Lyndon - from 1.38pm (item 3.1)
Allison Roe
Renata Watene

ALSO PRESENT

Dale Bramley (Chief Executive) – from 1.38pm (item 3.1)
Robert Paine (Executive Director, Finance, People and Planning) – from 1.38pm
Mark Shepherd (Executive Director, Hospital Services)
Jonathan Christiansen (Chief Medical Officer)
Jocelyn Peach (Director of Nursing) – from 1.48pm (Item 3.1)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No public and media representatives were present during the meeting.

WELCOME

The Committee Chair welcomed those present

APOLOGIES

There were no apologies received.

DISCLOSURE OF INTERESTS

There were no additions to the Interest Register.

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

1. AGENDA ORDER AND TIMING

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

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 15 September 2021 (agenda pages 7-12)

Resolution (Moved Sandra Coney/Seconded John Bottomley)

That the draft Minutes of the Hospital Advisory Committee meeting held on 15 September 2021 be approved.

Carried

Actions Arising (agenda page 13)

Updates on the matters arising were noted and no issues were raised.

3. HOSPITAL SERVICES REPORT

3.1 Hospital Services Performance Report - August (agenda pages 14-32)

Executive Summary/Overview

Mark Shepherd (Executive Director, Hospital Services) summarised this section of the report.

Matters covered in discussion and response to questions included:

- Noting the rapid stand-up of the front of house screening systems at COVID-19 alert level 4 and conversion of Elective Surgery Centre to COVID-19 ready units.
- Noting that acute care and surgery including priority clinical procedures continued during COVID alert level 4 and 3 restrictions; volume of planned care was reduced and impact of this on waitlist was noted.
- Acknowledging the work of the team on the year on year reduction of DNA rates for Māori endoscopy service patients noting the patient focused initiatives to increase engagement and equity of access; model of care will be scaled to replicate to other service areas and further update on the programme will be provided to the Committee.
- Noting that Emergency Department wait times have been impacted by screening systems; service is looking into other measures to improve patient flow.
- Noting that the Financial Sustainability programme has delivered \$1.78m in savings; achievement of targets remain challenging in view of the current environment.

This section of the report was received.

Human Resources

Fiona McCarthy (Director, People and Culture) was present by video conference for this section. She summarised the report highlighting the reduction in annual leaves and staff turn-over.

Matters covered in discussion and response to questions included:

- Noting that regular leave planning continue and most leaves are expected to be taken during the summer holidays; leave cash buy-outs are underway for those staff with leaves exceeding 50 days or more.
- Acknowledging the resilience of staff and maintaining well-being during COVID-19 response activities.

Resolution (Moved Sandra Coney/Seconded John Bottomley)

That the report be received

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 33-37)

Jonathan Christiansen (Chief Medical Officer) and Jocelyn Peach (Director, Nursing) and were present for this item.

Medical Staff

This section of the report was taken as read.

Matters covered in discussion and response to questions included:

- Clarifying the statutory definition of terminal illness and conscientious objection under the End of Life Choice Act.
- Noting that implementation of the act is a national-led process, an advisory group of senior clinicians has been set-up for the DHB's medical officers who may require support during implementation; education sessions and processes are in place to support DHB staff; Dame Naida Glavish is part of the DHB's advisory group to provide support around Tikanga and cultural considerations.
- Noting right to informed consent and the process of accessing assisted dying service.
- Noting that the confidential list of medical practitioners to be maintained by Support and Consultation for End of Life in New Zealand (SCENZ) group include pharmacists who are willing to be involved in the process.

This section of report was received.

Allied Health, Scientific and Technical Professions

This section of the report was received.

Nursing and Midwifery and Emergency Planning Systems

This section of the report was taken as read.

The Committee noted the impact of COVID-19 on activities relating to Workforce Planning and Development.

This section of report was received.

Resolution (Moved Sandra Coney/ Seconded David Lui)

That the report be received.

Carried

4.2 Quality Report – August/September (agenda pages 38-46)

Jacky Bush (Quality and Risk Manager) was present for the report. The report was taken as read.

The Committee noted the performance against the Quality Safety Markers during the reporting period.

Resolution (Moved Warren Flaunty/Seconded Chris Carter)

That the report be received.

Carried

5. GENERAL BUSINESS

No item of general business was discussed.

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 47)

Resolution (Moved Warren Flaunty/Seconded David Lui)

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

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 15/09/21	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 resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The open session of the meeting concluded at 2.31p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 27 OCTOBER 2021.

COMMITTEE CHAIR

3.1 Chief Executive's Report

Recommendation:

That the Chief Executive's Report be received.

Prepared by: Dr Dale Bramley (Chief Executive Officer)

1. News and events summary

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

COVID-19 response:

After the emergence of COVID-19 in the community, New Zealand went into Alert Level 4 at midnight on August 17. Auckland remained at Alert Level 4 until 11.59pm September 21, since then, we have operated at Alert Level 3 and, with the introduction of Government's traffic light system, we expect to remain at Alert Level 3 until all metro Auckland DHBs have reached the 90% fully vaccinated target. Since my last Board Report, our teams have continued to work tirelessly to deliver safe services, as well as contributing immensely to the public vaccination rollout, all under COVID-19 restrictions. Some of this work is highlighted below.

COVID-19 community vaccination clinics:

At the time of this report, latest information from the Ministry of Health shows that the Waitematā DHB catchment is sitting at around 93% for first dose 85% for second dose. Across the Waitematā district, 105 GP practices, pharmacies and private providers are now live and a further 23 primary care providers are at the on-boarding phase.

We are continuing to open pop-ups across the region, as well as our permanent sites at Albany, Birkenhead and Orewa. Since my last update, we have successfully run a number of pop-ups on the Hibiscus Coast; two in Gulf Harbour, one at Stanmore Bay and one at Orewa. We've also run pop-ups at Kaukapakapa and Glorit.



Above: Rt. Hon. Prime Minister Jacinda Ardern and I with The Fono, pictured at the West Auckland clinic we run in partnership with The Fono. The PM visited our region in early November.



Above: Left, staff at one of our Gulf Harbour pop-up clinics, right, staff at our Kaukapakapa pop-up clinic.



Above: Director of Pacific Health Services Dr Josephine Herman with vaccination staff on Super Saturday.

We now also have two vaccination campervans based out of our Orewa vaccination centre. Over the next couple of weeks, we will be receiving four more campervans, two of which will be based at the Albany community vaccination centre and two at Birkenhead. These campervans will support rural communities and local businesses to get easy access to vaccinations. They will also be able to visit major roading worksites to offer vaccinations to staff working on these projects and to places where people may have restricted movement, such as Mason Clinic. Thanks to all our staff for getting these pop-ups across the line, ensuring all our population has access to vaccinations, wherever they are.

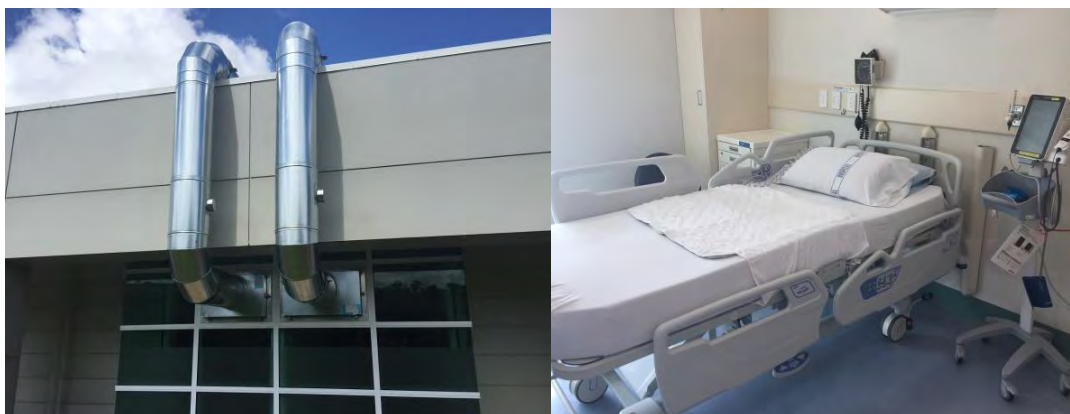
Our staff and sites also took part in Super Saturday, the country's first-ever vax-a-thon. It was great to see the public come out in droves to support the nationwide event - 14,377 doses of the COVID-19 vaccine given across our district.

COVID-19 preparedness:

For many months, hospitals across metro Auckland have been proactively increasing negative pressure capacity and improving ventilation within Emergency Departments (ED), Intensive Care Units (ICU) and a number of wards, while continuing to provide high-quality care for all patients.

Across North Shore and Waitakere Hospitals, we have up to 37 negative pressure beds available in our COVID-ready wards, which includes the recently upgraded Ward 11 at North Shore Hospital and Cullen Ward at our Elective Surgery Centre (ESC).

Additionally, we have negative pressure rooms in our COVID-ready zones for acute COVID-positive cases that present to either North Shore or Waitakere hospitals' emergency departments.



Above: Left, new ventilation systems, right, an upgraded COVID-19 room in Ward 11.

As part of our ongoing facilities upgrades, we have installed high-efficiency particulate absorbing (HEPA) filters in high-traffic and COVID-ready areas - a wing of our He Puna Waiora mental health inpatient facility on the North Shore campus has also been upgraded to cater to COVID-positive patients and is now in-use. As part of our continuous improvements, we are also upgrading rooms in ICU/HDU, parts of our EDs and also our birthing suites to provide enhanced environments for the care of COVID-19 patients.

Safety will remain at the absolute forefront of this as we continue to learn and refine our protocols in this new COVID-19 environment. These include processes related to staff training, the streaming of patients in our hospitals and services, the creation and management of COVID-19-ready units; the provision, where appropriate, of COVID-19 care in people's homes; the impact on community services and our use of technology and data in our efforts to stay a step ahead of the virus.

On the topic of staff training, Waitematā DHB's new COVID-19 learning framework is available to all staff. The framework aims to equip healthcare professionals and those working in a healthcare setting with the basic skills and knowledge needed to work in a COVID-19 environment. At the time this report was published, around 4,500 staff had accessed the framework.

My thanks to all of those involved with this important work. The virus continues to evolve and we must do the same in order to minimise its impact on our population as much as we possibly can.

COVID-19 rapid antigen testing for patients:

Rapid antigen testing trials are underway for blue stream patients coming into our hospitals. Rapid antigen testing is a screening tool to help detect COVID-19 in people who typically have a higher viral load. It involves taking a swab from the front of the nose using a small cotton bud. The test can be done at the bedside and the result displays within 10-15 minutes. While PCR testing that we have been using since COVID-19 began last year remains the most-accurate of the tests we take, it is important that we assess all the tools available to us to ensure we're managing COVID-19 patients in the safest way possible.



COVID-19 saliva testing staff pilot:

During the first week of October, Waitematā DHB launched a saliva testing pilot at North Shore Hospital (NSH). The introduction of saliva testing will assist us greatly with asymptomatic surveillance testing of ‘blue-stream’ staff – namely, those most likely to come into contact with COVID-19 patients - and this pilot will help us refine our use of it in the longer term. The testing is available for all ‘blue-stream’ workers at the NSH asymptomatic staff swabbing clinic. Collectors are also visiting the NSH ED and Assessment Diagnostic Unit to offer the testing directly and there are plans to roll it out at Waitakere Hospital.

Above: Registered anaesthetic technician Renee Heimgartner taking a saliva surveillance test.

A generous act of gratitude:

Rita Fepulea’i, from West Auckland, spent a number of months at North Shore Hospital this year and says the “absolutely fantastic” care she received made everything all-the-more-bearable for her and husband Filitoga.

Inspired by their experience with Waitematā DHB staff, the pair decided to show their appreciation to the wider health sector by making 180 lunches for those working at the three vaccination centres in Henderson and Ranui. The lunches - curry chicken, pork chop suey, rice, crab meat salad, steam pudding and custard - were dropped in to the teams in October as a ‘thank you’ to all community health workers “who selflessly put themselves out there to keep us safe”.

Many of the lucky recipients were, of course, our own people and I know Rita and her husband are equally keen to make sure their thanks and gratitude are felt more widely across our organisation. In turn, I want to thank them for their own generosity and kindness. I’m sure I speak on behalf of everyone in our DHB when I say we are deeply touched.



Above: left, Rita and Filitoga Fepulea’i, right, some of the food they prepared.

Westlake Boys and Girls High Schools win Outstanding Achievement - Team, Volunteer Awards:

I am pleased to share that Waitematā DHB's weekend volunteer team were one of two winners of the Youth Health Service Team Award at the 2021 Minister of Health Volunteer Awards.

The team is made up of around 40 year 11 to year 13 students from Westlake Boys and Westlake Girls High Schools. These students volunteer their weekends, while balancing their school studies, to support North Shore Hospital. The programme began three years ago with a small number of students and has been very popular. Many students who have participated have gone on to study health at university and also take on casual or part-time jobs at the hospital while they study.

Congratulations to the team for their well-deserved recognition.

Aotearoa NZ Speech-Language Therapy (SLT) Awareness Week 2021:

This year's SLT week ran from September 27 – October 3 and was a good opportunity to recognise the manaaki and mahi that each one of the speech-language therapists (SLTs) working within Waitematā DHB demonstrates every day. Our small but dedicated team offer tautoko (support) to infants, children, adolescents and adults with communication and swallowing difficulties and their whānau in a variety of settings. This year's theme was Rangatiratanga. Rangatiratanga is associated with sovereignty, leadership, autonomy to make decisions and self-determination.

SLTs play an important role in assisting our community to exercise rangatiratanga: empowering them and their whānau to lead their own path by generating meaningful goals and working in partnership to achieve steps towards their optimal hauora (wellbeing).

Mental Health Awareness Week 2021:

Mental Health Awareness Week took place October 3 – October 9, with the theme - take time to korero; a little chat can go a long way. The programme, originally planned as a series of face-to-face events, instead took place as online sessions and webinars, due to COVID-19 restrictions. Activities for staff included check-ins, mindfulness sessions, presentations and chats over a cup of tea. This year's efforts were especially appreciated, given the extra stressors of working under COVID-19 restrictions.

Niue Language Week 2021:

From October 17-23, the DHB celebrated Faahi tapu he Vagahau Niue - Niue Language Week. This year's theme was 'Kia Tupuolaola e Moui he Tagata Niue', which means 'may the Tagata Niue thrive'. Kia Tupuolaola e Moui he Tagata Niue reminds us of the importance of our Pacific languages and cultures and how they contribute to spiritual, emotional, physical and social wellness for prosperity and wealth in the home, community and nation. I'd like to extend special greetings to all staff of Niuean heritage and our wider Niuean community, especially those families who have been affected by COVID-19.

Tokelau Language Week 2021:

Following Niue Language Week, from October 24-30, the DHB celebrated Te vaiaho o te Gagana Tokelau - Tokelau Language Week. This year's theme was 'Tokelau! Tapui tau gagana ma tau aganuku, i te manaola ma te lautupuola', which means 'Tokelau! Preserve your language and culture, to enhance spiritual and physical wellbeing'. It reflects the overarching 2021 Pacific Language Weeks' theme of linking the importance of language to overall wellbeing. I'd also like to acknowledge and thank our Tokelauan staff for their service to the Waitematā DHB communities. Ke manuia koe i te Alofa o te Atua.



Above: members of our hard-working cleaning team.

Thank Your Cleaner Day 2021:

Our cleaners play a critical role in the day-to-day operation of our hospitals and facilities. Thank Your Cleaner Day on October 20 was a chance to recognise the work of our cleaning team and express our gratitude for their contribution to our services.

Never has their role been more crucial - our cleaners have been working hard during this pandemic to make sure our hospitals are safe. They have put extra measures in place to keep surfaces sterile and regular touch-points are identified and cleaned more often. Necessary precautions are also in place to keep cleaning staff safe and healthy. Thank you to our cleaners, we're proud of your efforts.

Electrification of our fleet:

The sustainability of our DHB vehicle fleet will achieve a major milestone early in the New Year when we take delivery of 72 new electric cars and vans. This investment in cleaner technology has been made possible through a \$1.866 million investment from the Government's State Sector Decarbonisation Fund, which Waitematā DHB is matching from our own budget.

The new vehicles are expected to reduce our carbon emissions by around 125 tonnes per year. The programme will include significant investment in new on-site charging stations, also on a 50/50 funding basis. Included in the purchase will be 47 Renault Zoe cars and 15 Hyundai Konas, with the petrol vans currently used by our Facilities Maintenance team also to be replaced with 10 electric models.

Waitakere Hospital will be home to 46 of the new electric vehicles with charging facilities, scheduled for delivery in late January (subject to supply). The DHB is also funding construction of additional car parking capacity at Waitakere near Woodford Cottage in the first quarter of 2022. This will, in turn, mean 46 spots currently used by DHB pool cars can be made available for staff parking. I know this will be a welcome development, given the shortage of staff spaces on the Waitakere site.

Discussions are underway with services to determine which ones would benefit the most from having access to the new additions to our fleet. Sixteen vehicles will be based at our Karaka Street campus on the North Shore and will be available for use by seven services at Karaka Street and 44 Tahoroto Road.

Well Foundation updates

COVID-19 staff and patient wellbeing

Well Foundation continue to work with the DHB's Wellbeing and Patient Experience teams to obtain, or manage, gifted product from businesses. Work is in progress to re-stock supplies of staff welfare packs, including food and toiletry items, and to manage the donation of product for vaccination centres. Well Foundation is also working with DHB teams across the region to consider the role that voucher-based incentives could play to support vaccine uptake. Several businesses have indicated their interest in supporting a vaccine incentive initiative.

Niho Kura (formerly ChildSmile) programme

With primary school children not yet back at school under Alert Level 3, the team continues to focus on infection prevention control measures, the creation of interactive health promotion sessions and planning for a full roll-out as Alert Levels allow. A grant of \$20,000 was received from The Trusts in October and the outcome of a further funding application has been deferred until late-November-December.

Specialist Mental Health and Addictions Services (SMHAS) sensory modulation equipment

A grant of \$46,000 has been received from the Lotteries Community Fund to purchase furniture and equipment to upgrade the sensory modulation rooms at He Puna Waiora, Paramount Drive, Taharoto Road and Red Beach. Further funding options are being considered to raise the remaining \$54,000 required to complete the upgrades at these sites and to fit out sensory rooms at North Shore and Waitakere hospitals' EDs.

Capital programmes update

COVID-19

The focus continues to be the DHB's response to COVID-19, particularly the ventilation and segregation changes required to manage the Delta variant. During October, the Ministry of Health-funded project to enable Ward 11 to manage COVID-positive patients was completed, as well as to establish additional portacoms on-site for asymptomatic testing of staff and supply chain storage.

Further investigations and design work is underway to redevelop existing rooms to airborne infection isolation rooms (AIIR) and to confirm separation solutions for a number of our community services. Facility solutions for both North Shore and Waitakere hospital services are also underway.

All works on-site have the relevant COVID-19 Alert Level 4 and 3 contractor plans in place. There has been a high level of compliance evidenced by safety audits and contractor vaccination opportunities provided by the DHB were well-attended. This has supported the transition to everyone on-site being vaccinated.

Waitakere Hospital Special Care Baby Unit (SCBU)

Work on the Waitakere Hospital SCBU has continued. Roof framing has started for the overnight stay extension. Donors and DHB staff continue to be kept up-to-date via Well Foundation project newsletters.

Tōtara Haumarū

All bored piling is now complete on the Tōtara Haumarū site, including the three Tōtara Haumarū link bridge piles outside the ESC building. Demobilisation of the equipment for the bored piling has also been completed. The western side crane has been erected with the second crane to be erected mid-to-late November 2021. Detailed excavation and foundation work has commenced and pipework for underground services and connections is starting to be installed.

Well Foundation is working on a full fundraising communications plan for Tōtara Haumarū, covering the greenspace atrium, centre for minimally invasive surgery (Da Vinci Robot) and the palliative care whānau rooms. Relevant DHB teams will continue to be consulted as plans progress. This work will support the delivery of a fundraising campaign in 2022-23.

E Tū Wairua Hinengaro

Developed design for the integrated Tranche 1A/1B Mason Clinic facility, E Tū Wairua Hinengaro, is now underway and is due for completion in early February 2022.

Waitakere Hospital Redevelopment Programme Business Case

The Waitakere Hospital Redevelopment Programme Business Case is planned for submission to the Capital Investment Committee this month. This business case incorporates the preferred master site plan option, approved by the Board in June 2021.

Central Sterile Supplies Department

Detailed design has re-commenced for the North Shore Central Sterile Supplies Department upgrade project. Main contractor procurement is underway, with registrations of interest received and a shortlist progressing to the request for tender in October/November 2021. Construction is estimated to start in February 2022.

Creating a culture of appreciation

Another 30 people have been recognised in our fortnightly CEO Awards, which were launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work.

Each staff member, whose nomination is considered worthy of acknowledgement, receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting are included as **Appendix one**.

1. Upcoming events

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

- Ongoing work on Waitakere SCBU expansion
- Ongoing work on Whānau Ora accommodation project
- Ongoing work on Tōtara Haumarū
- World Antimicrobial Awareness Week November 18-24
- World AIDS Day December 1

2. Future focus

Leapfrog programme updates:

COVID-19

i3 continues to contribute to regional and national technology systems, as part of the COVID-19 response. Work includes:

- The roll out of eOrdering for swabs to community testing centres and, most recently, some high-throughput general practices
- Ensuring rapid antigen testing is part of the national automatic recording and reporting systems
- Contributing to the national COVID-19 clinical system, including the patient portal component
- Support of the self-isolation and quarantine (SIQ) work flow
- Support for COVID-19 test results being included in the public COVID-19 app.

Additionally, the BlueMirror AI-assisted PPE donning and doffing app trial will finish soon and the evaluation will be made available to other DHBs.

Project Accelerate

The newly launched Project Accelerate brings together a range of clinical and service leaders from across our DHB, to confirm and standardise our ongoing COVID-19 response. Workstreams have been established, including processes associated with staff training, the streaming of patients in our hospitals and services, the creation and management of COVID-19-ready units (such as the newly opened Ward 11), the impact on community services and the data and digital support of these workstreams.

Part of the i3 team is working on developing the ability to provide regular monitoring of COVID-positive people at home, in order to keep people out of hospital, where appropriate. This is aligned with planning across the region for all parts of our health and social systems that will be providing similar services, under the guidance of Northern Region Health Coordination Centre and Auckland Regional Public Health Service (ARPHS). The i3 analyst team has also developed a triage dashboard for ARPHS to assist them in allocating COVID-cases to the appropriate team and area.

ACC eLodgement

ACC eLodgement went live successfully on October 12, removing the need for physicians to complete ACC 45 forms on paper while allowing them to retrieve e-ACC medical certificates and electronically access historical claims. It is fully integrated with the new ED whiteboard, so clinicians can see, at-a-glance, which patients they need to lodge a claim for, launching directly into the new system via a single click. This project is also now live at Counties Manukau Health.

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

Patients who were emailed the most-recent survey were discharged from Waitematā DHB hospitals between July 19 and August 1 - 1064 invitations were sent for 387 responses, a 36.8 % response rate. The national response rate for the same period was 25.8%.

Highest-performing results for Waitematā DHB

The table below shows the highest-performing questions for Waitematā DHB in August 2021.

⚠ Low sample size					
Question	Click on a question to see more detail	Overall	C.I.	n	
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.		Aug 2021	95.1% (92.0%-98.2%)	183	<div></div>
Patient did NOT identify perceived unfair treatment		Aug 2021	93.5% (91.0%-96.0%)	370	<div></div>
Patient definitely treated with respect by doctors.		Aug 2021	92.1% (89.5%-94.7%)	428	<div></div>
Patient definitely treated with respect by other members of health care team.		Aug 2021	91.7% (89.0%-94.4%)	399	<div></div>
Patient definitely felt cultural needs were met.		Aug 2021	91.0% (87.6%-94.4%)	277	<div></div>
Patient definitely treated with respect by nurses.		Aug 2021	90.5% (87.7%-93.3%)	430	<div></div>

Above: highest performing results of the National Patient Survey.

Friends & Family Test overall results - adult survey

In September, the Net Promoter Score (NPS) was 83 with feedback from 378 people. This is our highest score since the survey questions changed in November 2020 (previous high NPS was 82). The number of responses is down significantly due to COVID-19. However, despite visitor restrictions, three measures achieved their highest scores to-date, 'welcoming and friendly', 'listened to' and 'treated with compassion', achieving scores of 92, 84 and 91 respectively.

Pt Experience by Service							
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	378	83	92	84	91	78	85
Sep-2021	378	83	92	84	91	78	85

Table 1: Waitematā DHB overall FFT results.



Figure 1: Waitematā DHB overall NPS.

Friends & Family Test - total responses and NPS by ethnicity

September 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	245	19	36	24	54
NPS	81	89	81	92	89

Table 2: NPS by ethnicity.

In September, all ethnicities met Waitematā DHB's NPS target score of 65 and above.

September 2021	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	91	89	94	88	96
I was listened to	84	74	94	71	88
I was treated with compassion	89	89	94	88	95
I was involved in decision making	75	84	81	88	84
My condition/treatment was explained in a way that I understood	84	84	86	88	91

Table 3: NPS for all questions by ethnicity.

Throughout September, all measures scored at or above the DHB target. Other/European achieved their highest scores for all measures since the new survey began. Asian achieved their highest scores

to-date for 'welcoming and friendly', 'listened to', and 'treated with compassion'. Māori achieved their highest score to-date for 'involved in decision-making' and NZ European also enjoyed their highest scores to-date for 'welcoming and friendly', 'treated with compassion' and 'explaining things in a way that was understood'.

COVID-19 response

Patient Experience continues to support the COVID-19 response by leading patient welfare and supporting initiatives, such as; patient and whānau welfare support, staff check-ins, emergency food parcels for patients, staff welfare packs, patient birthdays, welfare travel letters and endemic response planning.

Volunteers

Recruitment statistics

Despite COVID-19 disruptions, the patient experience team continues to receive and process applications steadily through our online process and word-of-mouth. Volunteer numbers have increased by four compared to the previous month. Newly recruited volunteers will start their on-boarding/induction when Auckland moves into Alert Level 2.

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	135	12	197

Table 4: volunteer recruitment.

Consumer Council update

Consumer Council update and highlights

The Consumer Council met on October 20 and discussed the following agenda items:

- Support for rehabilitation and self-management after COVID-19-related illness
- Community vaccination and complaints overview
- The Waitematā DHB Consumer Council welcomed the Northland DHB Consumer Council Chair Lynne Tucker to observe the meeting. The Chair of Waitematā DHB Consumer Council will attend the next Northland DHB Consumer Council meeting.

Achieving the priority targets – July 2021

Better outcomes

- Planned Care interventions – 86% (target 100%)
- Shorter waits in ED – 83% (target 95%)
- Faster cancer treatment – 90% (target 90%)
- Increased immunisation – 89% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.4% (target 7.4%)

Health quality and safety markers

Falls

Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. For September, overall, Acute and Emergency Medicine completed 100% of

falls risk assessments, Specialist Medicine and Health of Older People completed 100% and Surgical and Ambulatory completed 100% on admission. Of those, Acute and Emergency Medicine completed 95%, Specialist Medicine and Health of Older People completed 100% and Surgical and Ambulatory completed 88% within eight hours of admission (against a target of 90%).

Hand hygiene

Waitematā DHB's Hand Hygiene Compliance Audit result for September was 91%. This exceeds the national target of 80% compliance and puts Waitematā DHB consistently above the national average of 85%.

Healthcare-associated infections

The Central Line Associated Bacteraemia insertion bundle was used in ICU on 100% of occasions in September. The insertion bundle compliance also exceeds the national target of 90%.

Pacific Health

Highlights of the month

Pacific COVID-19 Outbreak Response and Vaccination

The Pacific team continues to be involved in the implementation of the Northern region's COVID-19 outbreak response and vaccination programme via the:

- Auckland Regional Public Health Service for COVID-19 outbreak response.
- Pacific Providers Collective as part of the NRHCC vaccination programme.
- The Waitematā DHB Pacific Community Leaders Forum (established 10 August 2021) is an important platform to share information regarding the COVID-19 outbreak and progress on vaccination coverage, which informs strategies to support vaccination uptake.
- Support to The Fono to deliver vaccination services in Waitematā DHB throughout September and October as follows:
 - Tokelau, Tuvalu and Kiribati combined vaccination drive-through event.
 - Henderson High School vaccination drive-through event.
 - Samoa and Tonga North Shore Super Saturday vaccination event.
 - Cook Islands vaccination event at Westgate Vaccination Centre.
 - Kiribati vaccination event Warkworth.

Below: left, the Henderson High School vaccination event. Right the Tuvalu, Tokelau and Kiribati vaccination event at Te Atatū South.





Above: pictured from left-right at the Cook Island's vaccination event at Westgate in October; The FONO Chief Executive Tevita Funaki, Waitematā DHB Director Pacific Health Dr Herman, The FONO Westgate Site Lead Hira Harema, Waitematā DHB Anaesthetist Dr Ted Hughes (Cook Islands).

A thank you must also go to Waitematā DHB Board Member David Lui, for his continued efforts both in the Pacific vaccination space and as part of the Pacific Community Leaders Forum, set up by Dr Herman.

Waitematā DHB COVID-19 Pacific Cultural and Pastoral Support

A pool of Pacific community members is being established to provide pastoral and cultural support to COVID-positive patients admitted to North Shore Hospital and Waitakere Hospital. This early access to established community leaders from patients' own Pacific ethnic-specific groups, will help support them either in language translation, comforting patients and their families, or directing them to welfare support.

CEO Scorecard
August 2021

and Pacific tamariki. The DHB has developed a recovery action plan in consultation with Primary Health Organisations (PHOs), Māori and Pacific Health Gains teams to improve immunisation rates. The Ministry of Health granted provisional approval in August and we are now implementing this plan. A team is being established under Māori Health Gain Team leadership, with a focus on prevention of pertussis and measles outbreaks. An urgent hui was held with Māori WCTO providers to plan a child MMR Rapid Response project, with the aim of delivering at least one dose of MMR to children under five years of age. Funding was approved for 0.6 FTE WDHB Antenatal Vaccinator.

Shorter waits in ED – 83% against a target of 95%

August has been a very challenging month for North Shore Hospital ED due to the impact of COVID-19. There were 5,407 presentations in August, down from 6,444 in July, a reduction of 16%. Unfortunately, a number of staff were stood down after an exposure event as a precaution which affected staffing for the fortnight following the event. These staff members were able to return to work following testing.

The processing of high-risk COVID-19 (Blue) patients in the department has now improved. To accommodate for the change in practice due to COVID-19 (Screening and Streaming of patients), the North Shore Hospital Emergency Department has transformed the four-bed Paediatric area into an 11-bed Blue corridor by converting treatment rooms and office space into additional capacity (five rooms) and allocating the two negative pressure rooms to this zone. The staffing model for this area depends on nurses from other areas of the department being redeployed to this area, including key roles which can impact wait times. The ED observation beds have been used intermittently for those patients downgraded to different streams from the Blue corridor to enable us to stream and safely separate our patients and staff. The impact of this is that these beds were not always available for ED observation patients.

Waitakere Hospital ED has also made significant changes to the department in order to cope with the streaming of Blue patients and to ensure the safety of staff and patients. Similar to North Shore, there has been a reduction in presentations from 5,069 in July to 4,588 in August, a reduction of approximately 10%. We have seen a reduction in the number of patients presenting to the ED. However, balancing against this has been the number of staff that have been stood down and the inability to recruit during this time period. With changes in Alert Levels, we expect to see an increase in the number of presentations to both Emergency Departments. However, we anticipate that exposure events will no longer result in staff needing to stand down and, as a consequence, we expect our performance with regards to the SSED target to improve. Performance has improved considerably over the last four weeks.

PROVIDER ARM -SERVICE DELIVERY

Waiting times ESP2 and ESP5

While surgical services were slowly reducing their planned care non-compliant volumes across both ESPI 2 and 5 as we came into August, with the return to Level 4 lockdown, some of these gains have been lost. Where clinically appropriate, services have moved to telehealth to reduce the impact on non-compliant volumes. Services will be reviewing the impact of lockdown and reformulating recovery strategies and plans. Mitigation strategies in most instances are unable to be instigated while we remain in lockdown, due to the associated constraints this imposes. Medical services have transferred to telehealth and although they have seen a slight rise in non-complaint volumes, most services remain on-track with ESPI compliance.

% of CT scans done within six weeks – 60% against a target of 95%

Performance reflects increase in demand combined with an increasing number of medical imaging technologist/radiographer vacancies. Focus internally is on providing an uninterrupted acute service, particularly at North Shore Hospital, which is impacting on planned care capacity available.

Outsourcing was planned to be higher for the next month or so. However, due to the Level 4 lockdown, outsourcing was stopped for the second half of August. This will likely be reflected in September's performance. During Level 4 lockdown, all planned care other than urgent referrals was deferred and internal capacity for urgent planned care imaging was impacted by staff being stood down, childcare and roster changes needed to support out-of-hours acute work.

% of MRI scans done within six weeks – 57% against a target of 90%

Acute and planned care demand for MRI continues to be high and this is having a negative impact on our ability to deliver planned care volumes and get through the backlog of patients waiting.

Outsourcing was planned to be higher for the next month or so. However, due to the Level 4 lockdown, outsourcing was stopped for the second half of August. This will likely be reflected in September's performance. During Level 4 lockdown, all planned care other than urgent referrals was deferred. Capacity for planned care urgent referrals (Within two weeks and non-deferrable studies) was able to be maintained throughout August.

Diagnostic colonoscopy (42 days) – 52% against a target of 70%

The number of colonoscopy procedures completed in August was severely impacted by the COVID-19 lockdown. Internal production was limited to provision of acute hospital inpatient and urgent outpatient colonoscopy. All outsourced production was halted under Level 4. Internal and outsourced production capacity will increase under Alert Levels 3 and 2. At the currently resourced level of activity, the production lost over the lockdown period is forecast to see us with 310 patients remaining overdue by July 2022. Recovery planning is in progress to provide options to improve on that.

Elective Discharges – Total - 2,674 against a target of 4,892

The COVID-19 Level 4 lockdown, implemented on August 17 led to an immediate suspension of non-urgent elective surgery/planned care – as per Government guidelines. The ESC stopped operations at this point, which led to a material shortfall of planned care elective discharges against target for the provider during the remaining weeks of August.

Elective Discharges - Provider Arm - 1,723 against 3,126

Please see Elective Discharges – Total explanation.

MANAGING OUR BUSINESS

Sick leave rate - 3.6% against a target of 3.4%

Sick leave has increased over the winter months, with staff responding to calls to stay home if unwell as part of COVID-19 precautions. Contributing to these results was a nation-wide spike in respiratory illness. Sick leave reduces in September as we head into COVID-19 Alert Levels 4 and 3.

MĀORI

Increased immunisation (eight-month-old) – 72% against a target of 95%

Please see Priority Health Outcomes explanation.

Shorter waits in ED – 84% against a target of 95%

Please see Priority Health Outcomes explanation.

Older patients assessed sig. fall risk with care plan – 75% against a target of 90%

Incorrect data compiled – score for August was compliant.

Better help for smokers to quit – primary care - 80% against a target of 90%

Primary care resources have continued to be stretched due to the COVID-19 response as staff were redeployed to respond to outbreaks in 2020 and 2021, with less focus going on other conditions, such as smoking.

BEST CARE

Cervical screening – 70% against a target of 80%

A national trend of reduction in coverage has been noted over several years and COVID-19 has contributed to this in the past 18 months. The current COVID-19 Alert levels in Auckland will further contribute to this. Work continues to address inequities in cervical screening, including additional equity gap as a consequence of COVID-19.

Breast screening – 64% against a target of 70%

Coverage recovery was adversely affected by the COVID-19 Level 4 Alerts in Auckland when there is no screening and subsequently COVID-19 Level 3 Alerts where capacity is reduced by at least a third to accommodate IPC precautions.

APPENDIX ONE – CEO RECOGNITION

Nikita McGruer - Physiotherapist, Inpatient West, Allied Health.

Nominated by Lindsay Nenova.

"Nikita - for her outstanding promotion of Māori language in Te wiki o te reo Māori. She gave us the confidence to give it a go and had us looking forward to our 'Word of the Day'."

Sharon Russell - Associate Director - Allied Health, Allied Health.

Nominated by Caryne McKeand, Sarah Butler, Janka Ritchie, Joanna Stewart and Rachel Lawrence.

"Sharon has been absolutely amazing for the Clinical Centre Leaders during the whole COVID situation. She has kept us in the loop, made sure we are ok, got back to us quickly when we have asked questions, and generally gone above and beyond to be supportive. We think she has provided exceptional leadership and dealt with some difficult situations on our behalf."

Beryl Linton - Clinical Team Leader/Dental Therapist, Dental Central 3, ARDS, Child, Women and Family.

Nominated by Yumna Van Niekerk.

"A special thank you to our own 'Helen Clark'. You have helped keep us safe both physically and mentally from the start of 2020 during the COVID Pandemic. Your hard work and commitment to coordinate and action the 'best care' for your team is priceless. We are so fortunate to have you as our Team Leader aka 'Work mum'! You're a true leader and to work alongside you is a privilege. Thank you again for making things go well under the most difficult situation, we appreciate you."

Bede Saldanha - Receptionist/Clerk, Theatres, Waitakere Hospital, Surgical & Ambulatory Services.

Nominated by Mohit Vinayak.

"For going out of his way to help with assisting me in the inventory/counting process at the Surgical Unit, WTH. Bede has been innovative and flexible and I recognise the extra time he has taken out of his busy day to help me out. Being the face of our Surgical Unit (Receptionist), Bede is the only admin person directly responsible for all the clerical work within the unit.

He has stuck strong to the Surgical Unit during this time of Level 4 lockdown. He is really approachable and understands every staff member. I am very proud to work alongside him."

Janine Graham-Jones - Charge Nurse Manager, Hine Ora Ward, Surgical & Ambulatory Services.

Nominated by Chrissy Howley.

"Janine stepped in to help during the absence of our manager at ESC during level 4. She was the calm presence we needed during a time when staff were anxious and nervous. She came in from home to assist with the first COVID-19 admission here at ESC and I am so grateful to her. Janine eased a lot of anxiety and helped the COVID ward get up and running smoothly. Thank you so much Janine."

Alison Whyte - Administration Officer, He Puna Waiora, Specialist Mental Health & Addiction Service.

Kathleen Crossan - Administration Officer, He Puna Waiora, Specialist Mental Health & Addiction Service.

Steve Milburn - Administration Officer, He Puna Waiora, Specialist Mental Health & Addiction Service.

Jude Hollins - Administration Officer, He Puna Waiora, Specialist Mental Health & Addiction Service.

Nominated by Lisa Narayan.

"Alison, Kathleen, Steve and Jude have been doing an incredible job and always 'with compassion'. Despite an increase in workload they are always willing to support and assist staff and whaiora. They always have a smile on their faces. Keep up the awesome work, team."

Julie Bromley - Charge Anaesthetic Technician, Anaesthetic Service, Surgical & Ambulatory Services.

Nominated by Michele Peck.

"Julie is an amazing leader and role model for the anaesthetic technicians. Not only for the core role of the anaesthetic technicians within the operating theatre department, but also her willingness to jump in and help in any situation within the hospital to ensure that patients have better outcomes - 'better, best, brilliant"! Her main focus is that 'everyone matters' not just the patients coming through the operating department. Julie has had to accommodate many challenges over the last few weeks, however, she has maintained her business as usual attitude."

Craig Heta - Kaiwhakahaere Hautu o Whītiki Maurea/Service Manager, Whītiki Maurea/Māori Community Mental Health and Addictions Service, Specialist Mental Health & Addiction Service.
Nominated by Carol Seymour.

"In acknowledgement and recognition of his strong and clear leadership of the service. Craig is an excellent and constructive listener, he is open and encourages strategic thinking, innovation, reflection and healthy debate to achieve positive outcomes for challenging issues. Craig focuses on the big picture and on developing others. He consults widely, works collaboratively and makes transparent and informed decisions. I think he exercises all the DHB values equally."

Suzanne Huskinson - Charge Nurse Manager, Ward 9, North Shore Hospital, Surgical & Ambulatory Services.

Nominated by Katrina Lodge.

"Sue performs this role diligently and displaying all Waitematā DHB values. She is kind, caring and passionate about ensuring staff are well supported, she is approachable and welcoming and puts everyone at ease. I have watched her go the extra mile again and again, stepping in to provide hands-on patient care and assist staff with challenging patients; providing encouragement and education to new and senior staff alike. Even when her own situation has been challenging she continued to nurture her team. I would love to see her outstanding management be acknowledged."

Samantha (Sammy) Farrell - Respiratory Physiotherapist, Physiotherapy Outpatient Service, Waitakere, Allied Health.

Nominated by Gloria Paterson.

"Sammy has recently led in-depth telehealth reviews of several patients referred to the outpatient respiratory physiotherapy service with complex and multi-factorial bio-psychosocial needs. She has engaged with these patients with the utmost respect and compassion and has gone above and beyond to make sure they are able to be linked in with multiple services to access the services they need to support their complete wellbeing. Ka pai Sammy! We are so fortunate to have you working with our patients."

Jamie Young - Registered Nurse, Acute Mental Health Rodney Team, Specialist Mental Health & Addiction Service.

Nominated by Sarah-Jane Reweti.

"Jamie has embraced the changing pace of working in health care during the COVID-19 lockdown, which has included relocating to working in a mental health urgent care centre. He has worked tirelessly to ensure that our tangata whai i te ora's needs are met even when he has been the only member of staff available. Jamie has stepped up on a number of occasions to support not only his immediate team members, but the wider Specialist Mental Health & Addiction Service team without any hesitation. He does all of this with a smile on his face and the offer to make you a cup of tea when he can see you're busy."

Cathy Wilde – Clinical Coordinator, Community Mental Health Rodney Team, Specialist Mental Health & Addiction Service.

Nominated by Sarah-Jane Reweti.

"Since relocating to the Mental Health Urgent Care Centre, Cathy has gone above and beyond. She has ensured that services work as part of a team in order to meet the needs of our tangata whai i te

ora. She has a lovely way of making you feel valued and supported, nothing is too much and she happily accommodates requests despite her own workload. Her core values as a mental health nurse shine through in all that she does."

Cherelle Fruean - Employment Consultant, Isa Lei, Takanga A Fohe, Specialist Mental Health & Addiction Service.

Nominated by Dilrukshi Champika de Silva.

"For her outstanding contribution in finding employment for patients who are under Takanga A Fohe and who have been extremely difficult to engage."

Taren Khosa - Clinical Team Support, Mental Health North, Specialist Mental Health & Addiction Service.

Nominated by Melanie Shields.

"Taren works away very quietly. You never hear her complain about anything and nothing is ever too much trouble for her. Taren assists with any requests within seconds and seems to know how to do virtually everything – such a great support and so pleasant to approach."

Selina Cummings - Clinical/Clerical Support, Child Rehabilitation Service (CRS) - Wilson Centre, Child, Women & Family.

Nominated by Kim Coulter.

"Selina is an extremely valued member of the NCRS team. She works tirelessly in the background to keep our service running and does everything with professionalism and compassion. She is our 'go-to' person for those tricky questions and will always give her time to help (even when she is already busy with her own work!). Selina has been a huge help with all the staffing changes during this year. Thanks for all your work Selina."

Helen Olsen - Operations Manager, General Surgery, Surgical & Ambulatory Services.

Nominated by Milrose Delos Reyes-Cadelina.

"With the never-ending changes with elective surgeries and clinic appointments, Helen has been superb in managing the general surgery team. She established the drive prioritising our long-waiters and cancer patients to make sure they will have their surgeries in a timely manner. She has an excellent approach. I have the best operations manager and appreciate her hard work."

Sarah-Jane Reweti - Forensic Liaison Clinical Nurse Specialist, Mental Health Services, Specialist Mental Health & Addiction Service.

Nominated by Sarah Wallbank.

"Sarah-Jane has been seconded into the role of Clinical Nurse Lead for Adult Mental Health Services just as COVID-19 hit. She has demonstrated every DHB value through her hard work, thoughtfulness, clarity of communication and care for our staff and whai ora. Sarah-Jane personifies mental health nursing and leadership when times are hard, by doing things like coming in and moving furniture, developing streamlined systems to make processes easier and anything else she can do to help. I really appreciate her."

Nadine Taupo - Administration Clerk, Breast Screening, Surgical & Ambulatory Services.

Nominated by Moira McLeod.

"Nadine has willingly shared her time, knowledge (and sometimes even supplies when we have run short!) when we were setting up the new BreastScreen Auckland Central (BSAC) service. Nothing was ever too much trouble for Nadine – she is always cheerful and responsive and has helped me with all manner of queries from where to order various items for the new service, assisting with recruitment processes and being a point of delivery for the couriers. Nadine has truly made a difference to setting up our new BSAC service."

Kim Smith - Registered Nurse [Crisis], Community Mental Health West, Specialist Mental Health & Addiction Service.

Nominated by Helen Giacon.

"Kim was Acting Clinical Coordinator prior to our new clinical coordinator starting. When Level 4 lockdown occurred and our new coordinator had only just started, Kim continued as a support in organising our outpatients clinic to become a mental health urgent care centre to provide a safe environment for both clients and staff. Kim worked tirelessly to ensure the urgent care centre was set up and roster work-bubbles in place, so our acute team could work safely and provide care in crisis situations. Like most other services, our work-load has been high during this COVID-19 lockdown. Kim has been available (even after work-hours at times) to discuss any issues and make fast changes when needed. She also offered support on a personal level staying to talk to each bubble at times and one-on-one where needed. I have appreciated Kim's effort to provide 'best care for everyone' both clients and clinicians. Thank you heaps Kim - I really appreciate all you have done."

Krishna Harikumar - Registered Nurse, North Shore Facility (Maternity Services), Child, Women & Family.

Enelie Lustado - Registered Nurse, North Shore Facility (Maternity Services), Child, Women & Family.

Blessed Delgado - Registered Nurse, North Shore Facility (Maternity Services), Child, Women & Family.

Bridget Smith - Registered Nurse, SCBU North, Child, Women & Family.

Nixy Paulson - Registered Nurse, SCBU West, Child, Women & Family.

Garland Uy - Registered Nurse, SCBU North, Child, Women & Family.

Nominated by Stephanie Williams.

"Last year our maternity and SCBU midwives and nurses completed over 11,000 neonatal samples on the iSTAT Analysers. I would like to acknowledge our top three super users from each service. These staff have completed over 100 samples each with minimal or no errors in order to care for our tiniest of patients. They are simply 'better, best and brilliant'."

Simranjit Kaur - Registered Nurse, Detox Centre, CADS, Specialist Mental Health & Addiction Service. Nominated by Renae Johnston.

"Simi has been exceptional throughout this current COVID-19 outbreak. Simi is the PPE champion of the Detox Unit and helped us to avoid a near-miss with a COVID-19-positive admission. Simi has taken on the role of the 'routine staff surveillance swabber' for the majority of our staff here. Simi works tirelessly – is always willing to help, takes on extra shifts and does it all with a smile."

Michelle Dawson - Clinical Nurse Director, New Graduate Nursing, Specialist Mental Health & Addiction Service.

Nominated by Louise Jamieson.

"Michelle, although little, stands up for all and here at He Puna, she's been on the ball. Providing amazing support to our team, encouraging and supportive to the extreme. Michelle has given guidance and has been our voice, especially in times we felt we've had little choice. So thank you for doing it always with a smile and for always going the extra mile."

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), 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).

This iteration of report also includes workplace wellbeing activity that has been underway during Winter and in response to the latest COVID-19 alert levels 4 and 3.

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 Alert Levels 4 and 3, the Occupational Health and Safety Services (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:

Supporting Aligning of Persons in Charge of Businesses (PCBUs) in our Region:

Many aligned PCBUs do not have their own Occupational Health and Safety teams, so have requested support from us. This has included:

- New Zealand Police: Provision of advice regarding Personal Protective Equipment and mask fit testing, including an offer to train their light duty staff as mask fit testers.
- Externally managed vaccination Trusts: Managing Blood and Body Fluid Exposure (BBFE) events for their workers.
- Compass Medirest: Provision of Pre-Employment Screening, including COVID-19 vaccination requirements and screening.
- Auckland University of Technology and Unitec: Provision of recommendations for mask fit testing for students and undertaking mask fit tester training for selected staff.

Mask Fit Testing: The purpose of mask fit testing is to ensure relevant staff are fitted for a mask that is to be worn for any aerosol generating procedure, and for staff working in our COVID-19 patient pathways. We currently have 100% of our staff in COVID-19 patient pathways fit tested and 62% of other staff fit tested where they are required to wear an N-95 mask for other patient care interactions.

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.

Worker Policies and Procedures (for COVID-19 Patient Pathways): The development of the policy and guidance document is to minimise risk to unvaccinated staff who are currently working in COVID-19 patient pathways, and includes a set of mandatory control measures that must be adhered to.

Overseeing staff swabbing: Staff swabbing during community spread of COVID-19 plays an important role in ensuring that we gain early notification of infection, especially for those staff working in COVID-19 patient pathways. While currently voluntary, staff uptake has been high, which also indicates its benefit in ensuring staff welfare.

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

Other work includes:

- Contact Tracing
- COVID-19 guidance for staff and managers, (e.g. when staff can return to work, following notification of having attended a place of interest)
- Responding to staff queries via the OH&SS COVID-19 email address
- COVID-19 Patient Pathway PPE Breach Notification Processes
- Union engagement and provision of information.

September 2021 reporting period update

For the September 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 48% against a target of 65%. (i.e. 48% 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 43% against a target of 70%. We have seen a very high level of staff recruitment occurring, much of which relates to COVID-19 specific roles across the organisation, which has outstripped our ability to keep up. Recruitment for additional resource to address this is almost complete.

In relation to top accident types:

1. Nine Slips, trips and falls were recorded in September. Most of these incidents, related to workplace hazards (tripped on uneven surfaces, slipped on liquid spills, tripping on stairs, and chairs sliding out from under people). 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 six moving and handling patient incidents recorded in September.
 - One was due to preventing a patient from falling.
 - The remainder of the incidents were bedridden patients adjusting them from a lying to a sitting position or adjusting them while in bed.

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 48 physical aggression incidents reported in September, of which 50%, (24 incidents) were within the Adult Mental Health and Addiction Service. Many of these incidents related to specific high acuity service users, with individual service users triggering numerous incidents, often over a short period of time while they were most unwell. In September, all of the 48 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







September 2021





Trend data 12 month period

Lagging Indicators

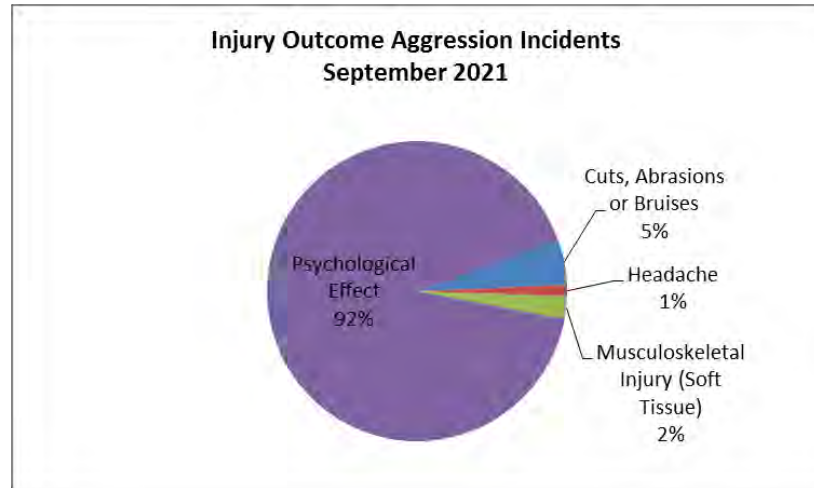
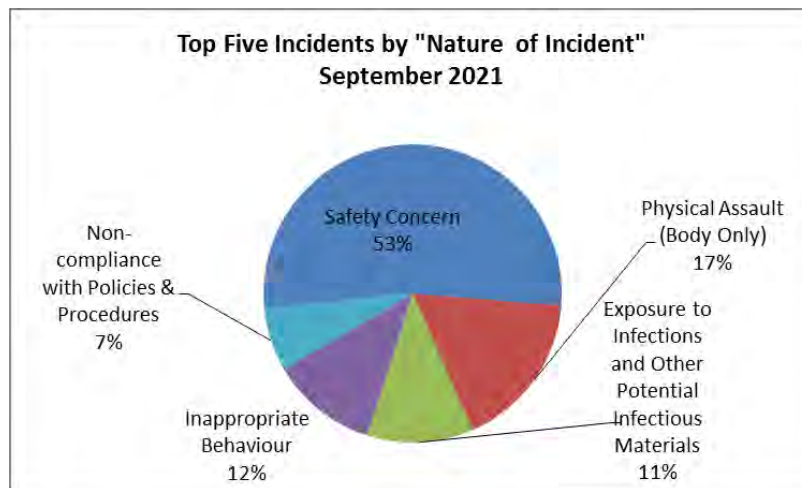
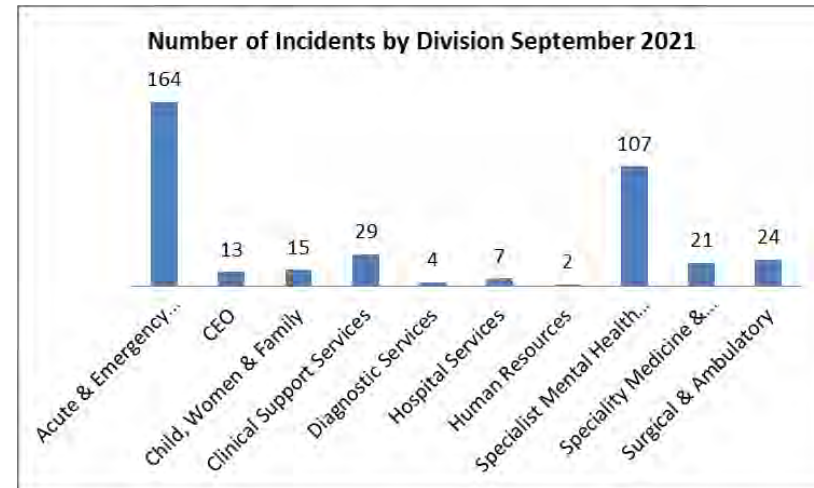
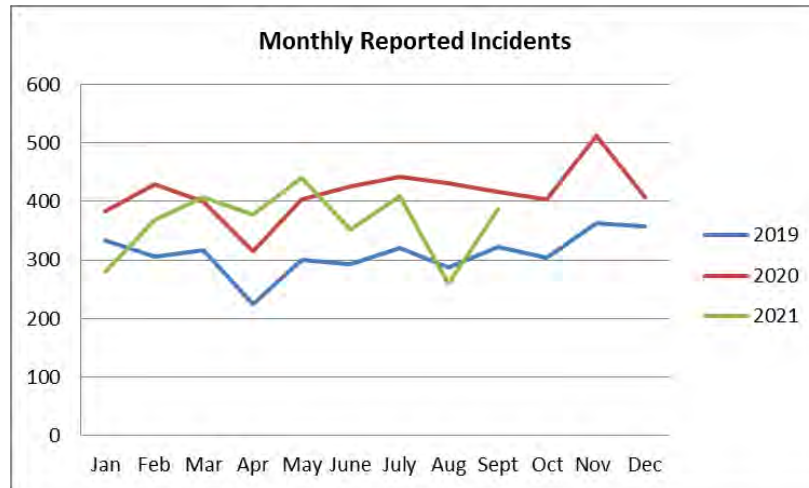
	Actual	Target	Trend
Total number of reported incidents	386	-	
Number of notifiable events	-	-	
Injuries			
Total number of injury claims	33	-	
Number of injury claims (work-related hazard)	31	-	
Total Lost time injury claims	17	-	
Lost Time injury claims (work related hazards)	16	-	
Total Lost time injury frequency rate - rolling 12 month average	0	<14	
Lost time injury frequency rate rolling 12 month average (work related hazards)	13	<14	
Total lost time injury frequency rate for month	15.29	-	
Lost time injury frequency rate for month (work related hazards)	14.39	-	
Total Lost time injury <7 days - rolling 12 month average	48%	>65%	
Lost time injury <7 days - rolling 12 month average (work related hazards)	47%	>65%	
Costs of injury claims for month	\$153,845.27	-	
Top Three Incident types			
1 Safety Concern	124	-	
2 Physical Assault	40	-	
3 Exposure to Infections	27	-	

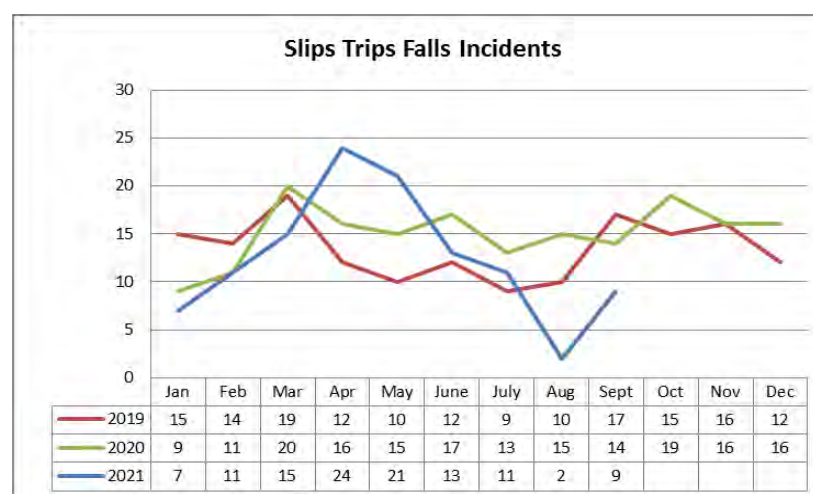
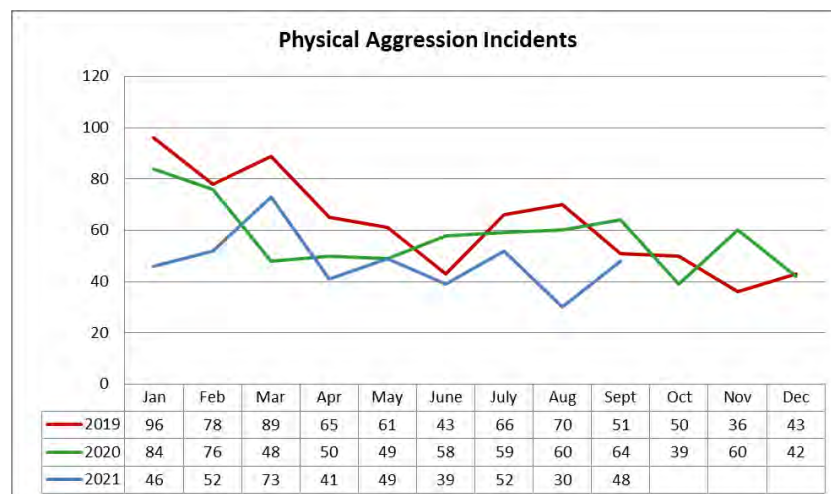
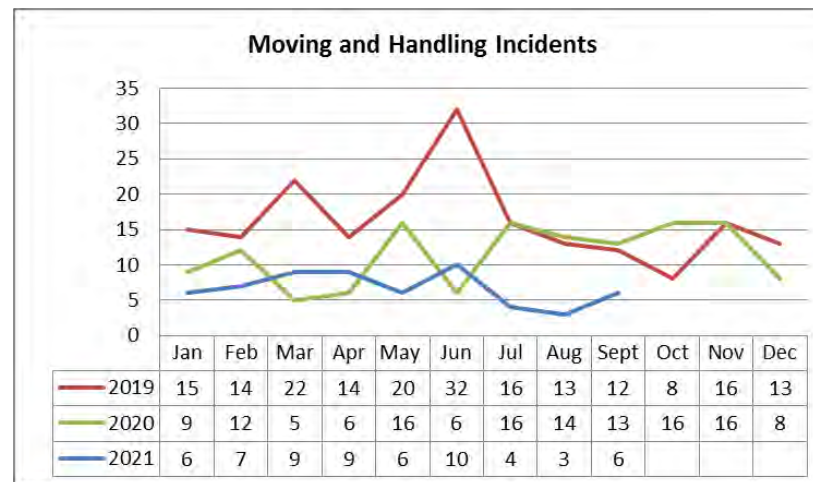
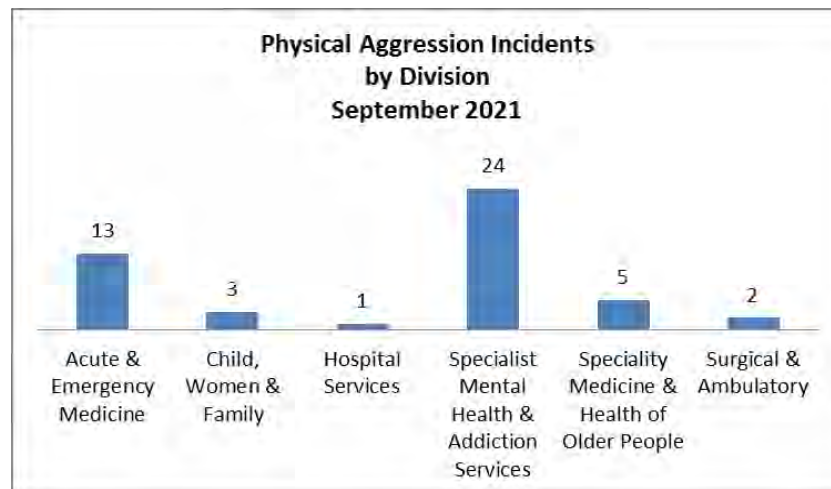
Leading Indicators

	Actual	Target	Trend
Number of H&S Representatives vacancies	9	<10	
H&S Representative training completed	91%	90%	
Pre-employment screenings pre-commencement	43%	70%	
Significant hazards reviewed by Managers	89%	80%	
Significant hazards reviewed by OH&SS	93%	95%	
Staff hand hygiene	91%	80%	

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

4. Performance Dashboard

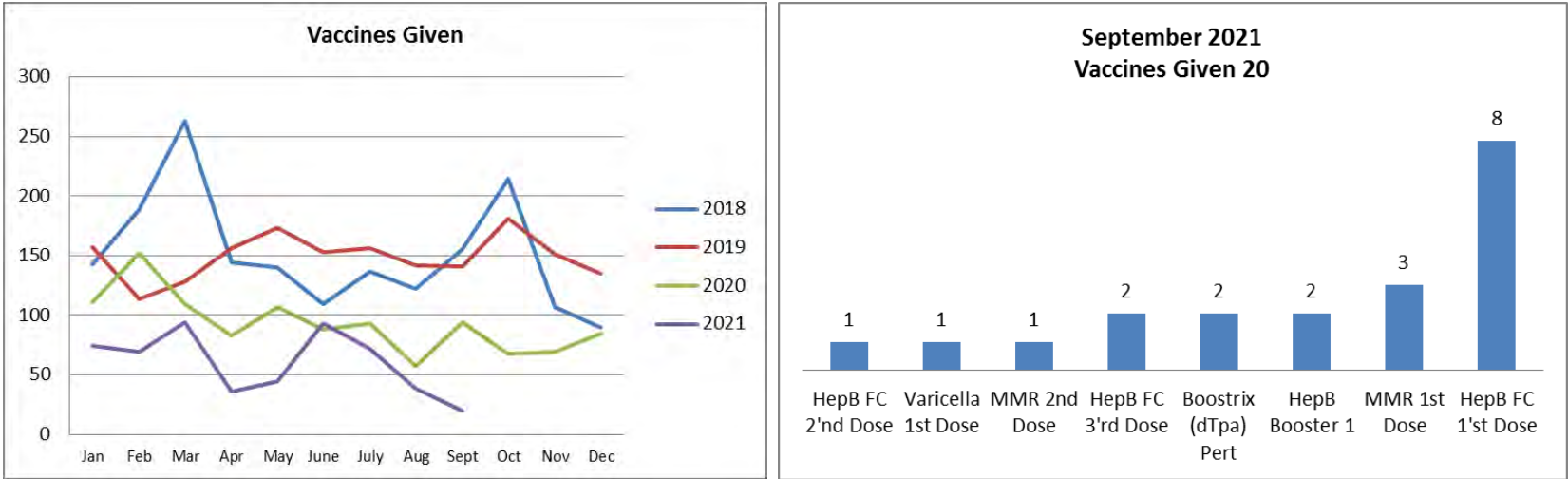


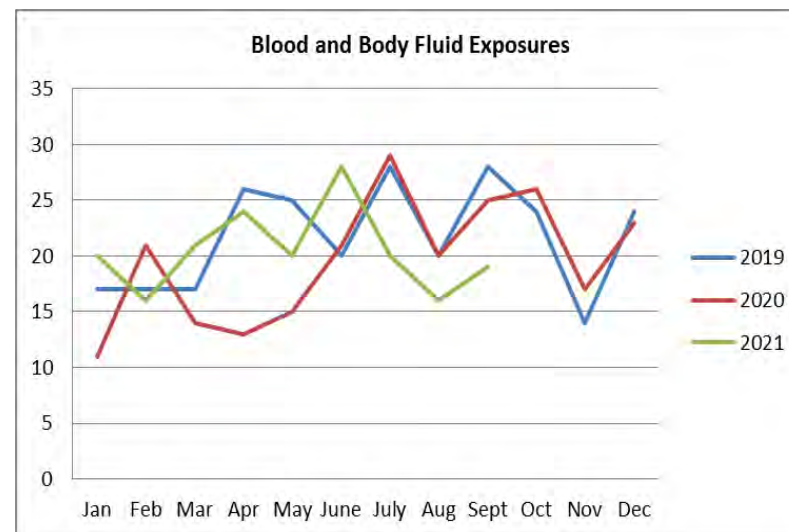
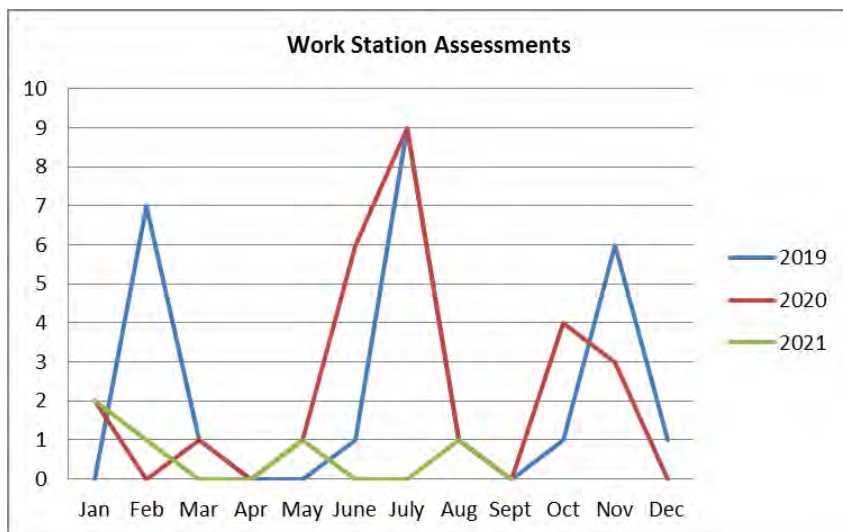
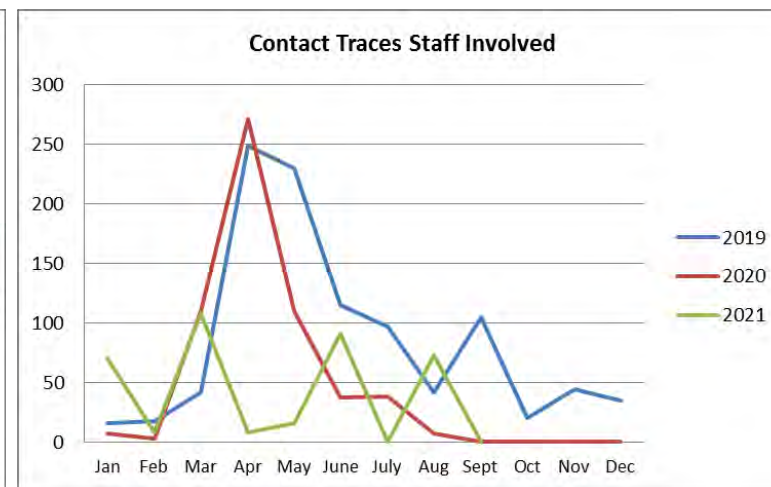
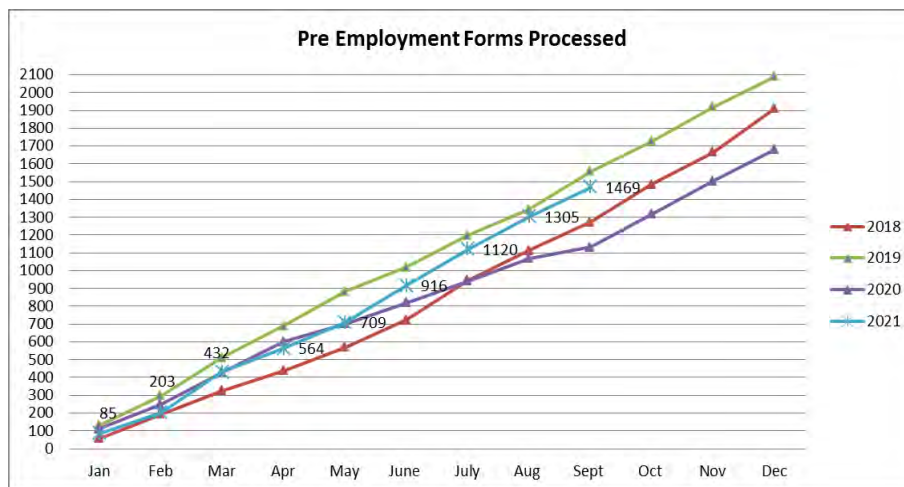


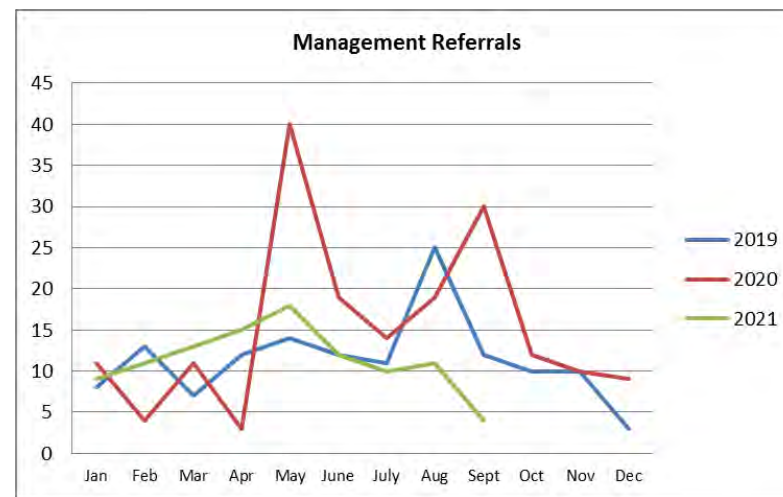
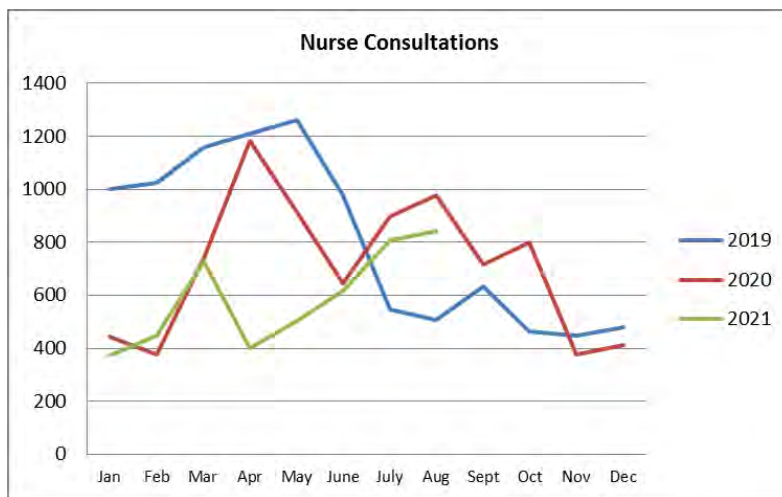


Occupational Health Activity

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







5. Work related injury Claim Data for September 2021

Outlined below is our injury claims data for September. 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 August 2021. High accident events account for approximately 70% of the cost of claims, as below:

INJURY CLAIM DATA				
Total: Injury Claim Report for September 2021				
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
299	\$28,531.88	\$55,694.84	\$69,618.55	\$153,845.27

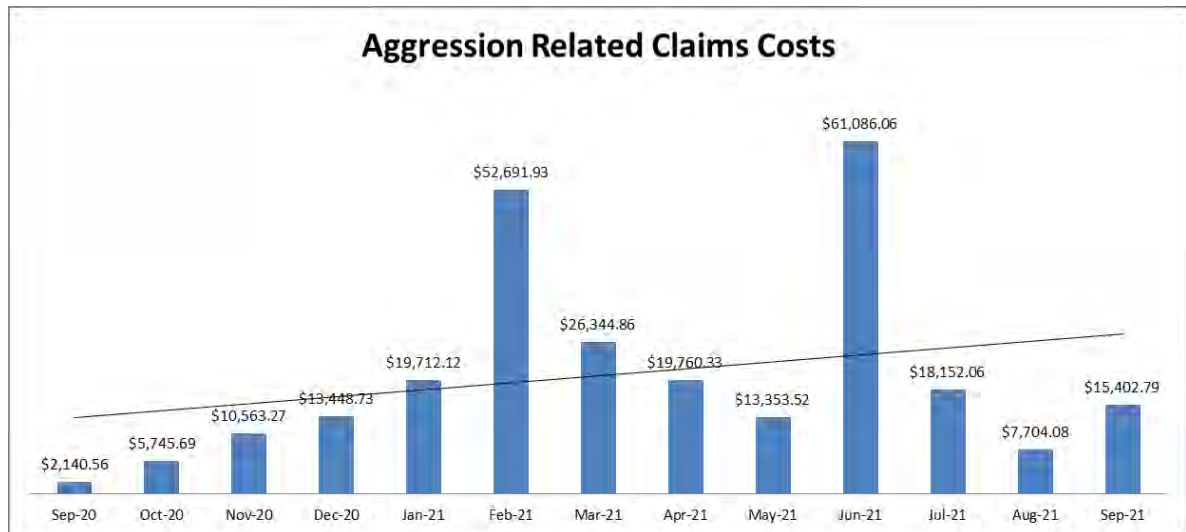
High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	79	34%	\$52,029.60	↓
Moving and handling	86	26%	\$39,334.65	↓
Aggression	30	10%	\$15,402.79	↑

* 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 17 lost time claims lodged in September 2021: <ul style="list-style-type: none"> 10 had 7 days or less of lost time and have returned to full duties. 4 had over 7 days of lost time and have returned to full duties 0 had over 7 days of lost time and are now fit for selected work 3 other staff members remain fully unfit.
Out of the 17 lost time injury claims 16 involved work related hazards <ul style="list-style-type: none"> 10 had 7 days or less of lost time and have returned to full duties. 4 had over 7 days of lost time and have returned to full duties 0 had over 7 days of lost time and are now fit for selected work 2 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). Members will see the 12-month trend is still elevated caused by several months' worth of claims arriving in June – therefore do not see this trend as a concern.



7. Facilities Services Group – Health and Safety Update (August 2021)

Health and Safety key performance indicators

HEALTH AND SAFETY STATISTICS Aug 2021	Maintenance Services	NSH Campus	WTH and Mason Campus	Project Services	Aug Total	YTD 20/21
Incidents & accidents						
<i>Lost time Injuries</i>	0	0	0	NA	0	1
<i>Serious harm accidents</i>	0	0	0	NA	0	1
<i>Accidents requiring medical attention</i>	0	0	0	NA	0	4
<i>Accidents requiring first aid</i>	0	0	0	NA	0	3
Near Miss / Incidents <i>This month</i>	0	1 ^{Lag1}	0	NA	1	53
Safety Inspections completed <i>This month</i>	100%	100%	100%	NA	-	-
H&S / Toolbox Meetings <i>This month</i>	100%	100%	100%	NA	-	-
Contractor Site Inductions <i>This month</i>	0	13	14	NA	27	1267

Incidents and Accidents	Incidents and accidents are monitored across all DHB sites and include data for staff and contractors.
Near Miss Incidents	Near Miss and Incidents are monitored across all DHB sites and include data for staff and contractors
Safety inspections	Safety Inspections are expected to be completed weekly during the construction period for all projects, and by all Maintenance Service trades
Health and Safety / Toolbox meetings	<ul style="list-style-type: none"> All contractors and staff are expected to attend one health and safety / toolbox meeting per construction week for projects. Facilities maintenance staff are expected to attend fortnightly health and safety / toolbox meetings.
Contractor site inductions	This is an indication of the number of new contractor staff on site and will vary significantly with construction project work load.

NOTE: Auckland's transition to Alert Level 4 (AL4) on Tuesday, 17th August resulted in most projects and group health and safety meetings being suspended. A small number of projects received dispensation from the Ministry of Health to continue operating at Alert Level 4. As a result the statistics captured in this report reflect normal operation activities leading up to 17.08.21, and include data collected from the select projects authorised to continue operating through August.

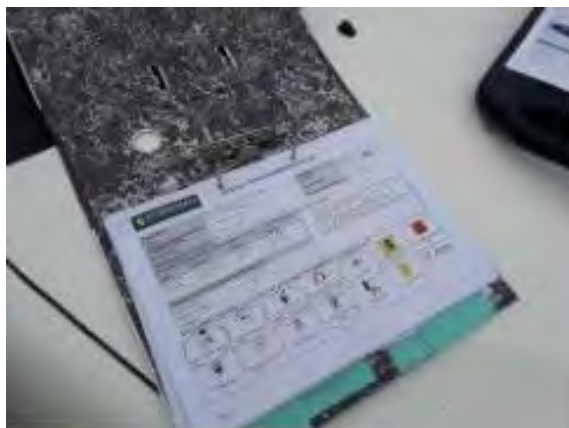
Lead Indicators:

- The Oxygen upgrade project was provided dispensation to continue operating at Alert Level 4. All contractors involved supplied COVID-19 Safety Plans detailing the protocols and procedures they would implement to manage their activities.
- All contractors' safety plans are formally reviewed utilising the Facilities Governance Group COVID-19 Safety Plan review process, including detailed review conducted by the Facilities Services Group representative FSG Rep managing the work (i.e. Project Manager) and the Facilities Services Group Principle Advisor Health and Safety. Final endorsement is provided by the appropriate FSG Leader and the Head of Facilities.
- A COVID-19 tracker is maintained to record all contractors currently endorsed to operate under the different alert levels.

COMPANY	L4 Verified (25.3.20)	Level 1 Verified (8.6.20)	L3 Verified (12.8.20)	L2.5 Verified (31.8.20)	L3 Verified (15.2.21)	L2 Verified (18.2.21)	L1 Verified (22.2.21)	L3 Verified (28.2.21)	L2 Verified (7.3.21)	L1 Verified (12.3.21)	L4 Verified (17.08.21)	L3 Verified 22.09.21 (* operating to L4 Safety Plan)
ABC Pipefitters/Medical		3.11.20									19.08.21	
Accurate Consulting	22.05.20		14.08.20		15.2.21			1.3.21	10.3.21			20.09.21
Accurate Locksmiths											30.08.21	
ADM		13.10.20					23.02.21	1.3.21	8.3.21			
Airlab											26.08.21	
AHI Carrier											24.08.21	
Allendale Electrical & Communications	15.5.20		31.08.20	31.08.20							24.08.21	
Allied Business Relocations		22.11.20	22.08.20				25.2.21	2.3.21		16.3.21		
Allsafe Security												
Atlas Copco											20.09.21	
Amstar	15.5.20		13.08.20									
APS			21.5.20									
ARA Group			28.5.20	28.5.20								
Argon Construction				29.9.20	16.2.21	18.2.21	25.02.21	1.3.21	8.3.21	05.07.21	30.08.21	21.09.21
Aspec Construction Ltd	28.04.20		13.08.20	7.10.20	15.2.21	18.2.21	24.02.21	1.3.21	8.3.21			
Auscon NZ Ltd		19.6.20									14.08.21	

Snapshot of COVID Contractor tracker providing visibility of Contractors status and endorsement at various alert levels

- COVID-19 specific safety inspections are completed to record and demonstrate the contractor has established their safety protocols and procedures on site.



8. Wellbeing Update

COVID-19 response

Welfare and wellbeing work continues throughout Alert Level 3. As noted last month work below continues:

- Prioritised staff and family vaccination -including support for needle phobias.
- Prioritised COVID-19 testing.
- Wellbeing calls to staff who are part of contact tracing – including support staff with care packs and food supplies for those who had been stood down as a result of exposure events.
- Increased access to Raise (Employee Assistance Programme) sessions for staff.
- Additional food and meals were provided for staff at Mason Clinic, particularly during Alert Level 4 when there were no cafés or shops open near the community sites.
- Staff wellbeing check-ins and huddles.

Data and analytics

Work continues on our review and development of initiatives to respond to psychosocial impacts on wellbeing in the workplace. Our first piece of work is to incorporate psychological impact questions in our incident reporting which will help us identify staff who we can provide specific supports as well as development organisational responses in similar situations.

Staff wellbeing

The Waitematā DHB has other additional wellbeing work in progress:

- Our Financial wellbeing programme continues as a webinar with sessions running throughout the year.
- Mental Health Awareness week in September included webinars on purpose, gratitude, appreciation, coping with grief and loss, suicide prevention, COVID-19 and mental health, and also a session from Julia Grace. All sessions were recorded and are available on StaffNet.
- Planning for Christmas is underway including our famous and much looked forward to Christmas Decoration Competition, a staff Christmas celebration and a special Christmas Day staff meal.

Our website <https://waitematadhb.hnz.health.nz/Pages/Wellbeing/Wellbeing.aspx> has been updated and contains additional wellbeing information and education.

5.1 Financial Report - September 2021

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
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 30 September 2021. The report covers all operating units of the Waitematā DHB, being the Funder Arm, Provider Arm and Governance.

1. Executive Summary

The Waitematā DHB business as usual (BAU) operating result prior to the impacts of COVID-19 for the month of September 2021 was favourable to budget by \$0.607m, with an actual deficit of \$0.832m against a budgeted deficit of \$1.439m.

The operating result is impacted upon by a net \$2.185m of additional cost for COVID-19 in the month and \$2.535m for the YTD.

The Waitematā DHB BAU operating result for the year to date 30 September 2021, prior to impacts of COVID-19, was favourable to budget by \$1.965m, with an actual deficit of \$6.466m against a budgeted deficit of \$8.431m which is an excellent result given the challenges being faced in the current operating environment.

Table: Financial Indicators for September 2021

FINANCIAL PERFORMANCE									
\$ millions	Month			YTD			Full Year at 30 Jun 21		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	-0.909	0.100	-1.009	0.600	0.300	0.300	2.40	1.20	1.20
Provider Arm	-0.104	-1.539	1.436	-7.644	-8.731	1.087	-19.10	-20.70	1.60
Governance Arm	0.181	0.000	0.181	0.578	0.000	0.578	1.15	0.00	1.15
DHB Operating Result: Surplus/(Deficit)	-0.832	-1.439	0.607	-6.466	-8.431	1.965	-15.55	-19.50	3.95

Extraordinary costs

Covid-19 Revenue / (Expense)	-2.185	0.023	-2.208	-2.535	0.011	-2.546	0.00	0.00	0.00
Holidays Act	-1.667	-1.667	0.000	-5.000	-5.000	0.000	-20.00	-20.00	0.00
DHB Result : Surplus / (Deficit)	-4.684	-3.083	-1.601	-14.001	-13.420	-0.581	-35.55	-39.50	3.95

The impact of the Holidays Act is included in this year's plan at \$20.0m for the full year and accrued to budget at \$5.0m for year to date and therefore does not impact on the overall result.

The BAU operating result prior to the impacts of COVID-19 for the year to date reflects a favourable performance in all arms; Funder Arm \$0.300m, Governance Arm \$0.578m and \$1.087m in the Provider Arm.

1.1 Highlights

The DHBs BAU operating result for the year to date at 30 September 2021, prior to the impacts of COVID-19, was favourable to budget by \$1.965m noting the key factors below:

Funder \$0.300m favourable for the year to date (excluding COVID-19 impact) - key financial performance factors:

- \$2.1m 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.

Provider \$1.087m favourable year to date (excluding COVID-19 impacts) - key financial performance factors:

- Additional revenue from court reporting \$427k and insurance risk share recovery of \$400k and Breast Screening Auckland YTD underspend.
- Favourable personnel costs due to vacancies
- Favourable outsourced Clinical Services, due to low volumes in particular for radiology services
- Unfavourable outsourced staff costs, primarily medical staff in Mental Health and administration staff in Clinical Records and Clinical typing.
- Favourable clinical supply costs, due to savings and provisional initiatives yet to commence.

Revenue of \$7.323m has been accrued 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 the delivery of the vaccination programme.

Governance \$0.578m favourable for the year to date - key financial performance factors:

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

Extraordinary costs year to date are:

- Holidays Act provision for 2021/22 are \$5.0m as planned
- Net COVID-19 expense of \$2.535m after offsetting revenue (\$2.546m variance 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

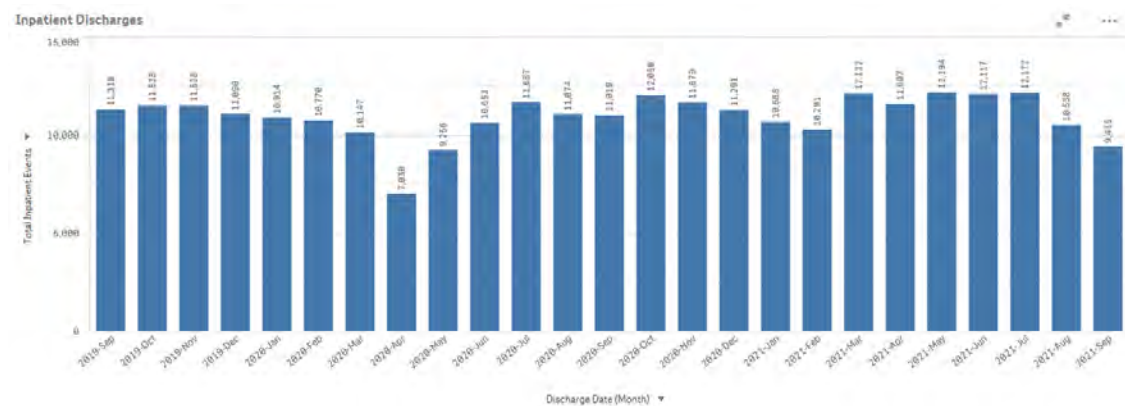
2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for September 2021

CLINICAL ACTIVITY									
	Month			YTD			Full year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED attendances	7,975	9,318	1,343	26,885	28,951	2,066	107,877	113,095	5,218
Acute Volume (WIES)	5,343	5,731	387	17,378	17,549	171	68,182	69,488	1,305
Elective Volume (WIES)	884	1,560	-676	3,730	4,666	-936	19,216	18,014	-1,202
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									

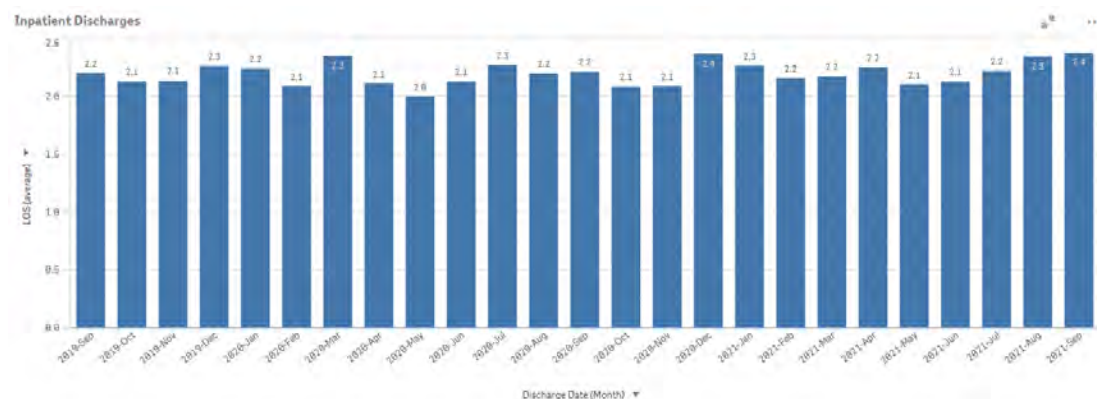
Clinical volume commentary for YTD September 2021

Total inpatient discharges in September 2021 were 9,435. Due to impact of COVID-19, this was lower than figures of September 2020 as shown in the graph below:



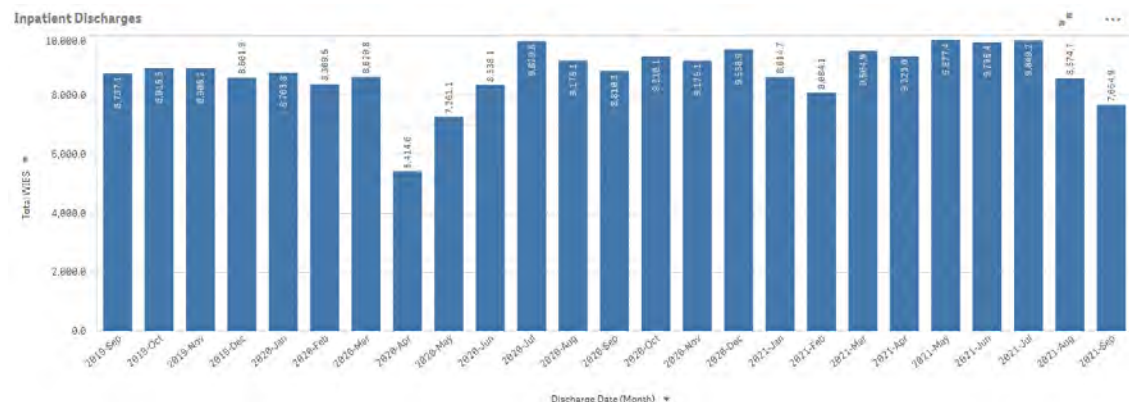
From 18 August 2021, reduced operating levels at ESC were in effect and by 24 August 2021 the ESC theatre suite was fully closed, resulting in the loss of four theatres. Having been operational at reduced volumes during October, the ESC theatre has since closed as of 01 November 2021 to provide additional COVID-19 ward capacity within the DHB for the expected growth in COVID-19 related hospitalisations.

Inpatient average Length of Stay (LoS) in the combined NSH/ESC campus and WTH hospitals in September 2021 was 2.4 days, which is reasonably consistent with the 25-month average of 2.19. Noting that Mental Health facilities are excluded, as they can have a significant impact, due to long stay inpatients.

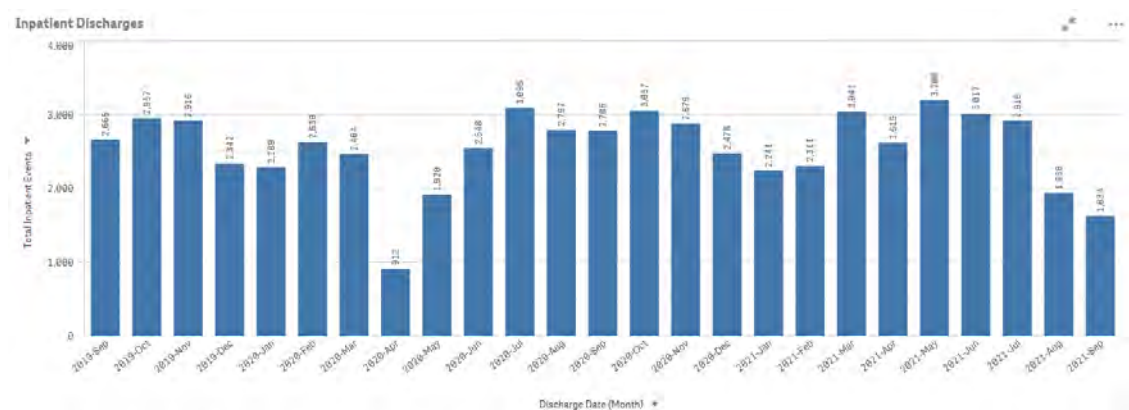


The total combined acute and elective WIES across all services is 26,089 for the year to date. This figure may increase once all clinical coding is complete; this is significantly fewer than September 2020 due to the COVID-19 lockdown.

This is 1,729 WIES lower for the year to date compared with FY20, or approximately \$9.6 million; the WIES volume for September 2021 reflects approximately \$42.5m of case-weight revenue:



Elective discharges in the month of September 2021 at 1,634 are significantly lower than the comparable month in the previous two years; noting that electives were significantly affected by COVID-19.



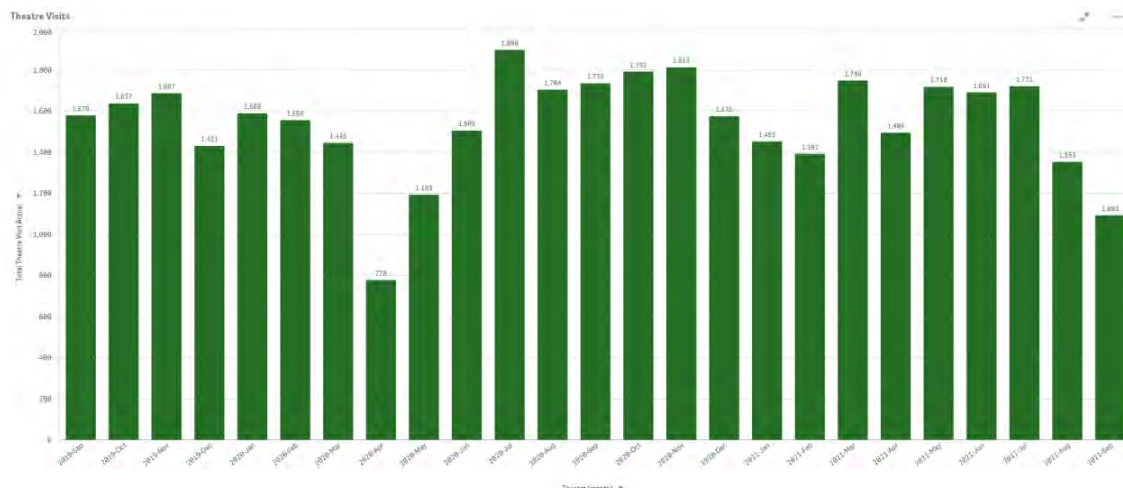
The cumulative volumes of Surgical Services (GenSurg., Ortho, Gynae, ORL and Urology) elective discharges for September YTD significantly down, compared to the previous three years, as a result of the closure of ESC and impacts of COVID-19 lockdown.

These numbers exclude minor skin procedures carried out at GPs and outsourced procedures.

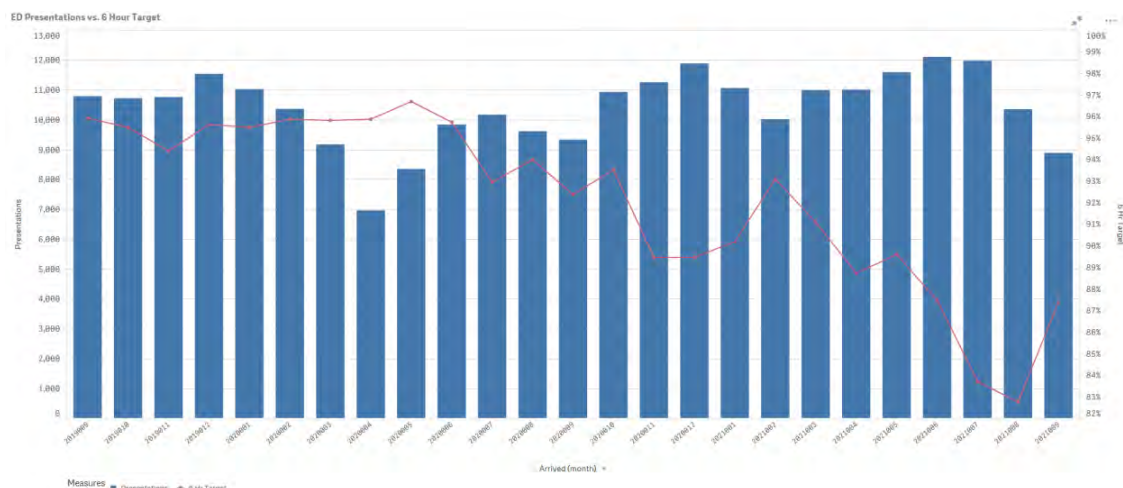
	2018/19	2019/20	2020/21	2021/22
July	1,039	1,038	1,188	1,148
August	2,123	2,134	2,306	1,893
September	3,095	3,109	3,421	2,467
October	4,133	4,140	4,590	
November	5,249	5,239	5,715	
December	6,069	6,053	6,699	
January	6,958	6,960	7,524	
February	7,925	7,917	8,377	
March	9,005	8,819	9,386	

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 September YTD compared to previous years with 4,167 theatre events for the year compared to 5,337 last year (1,170 events or 21.9% fewer).

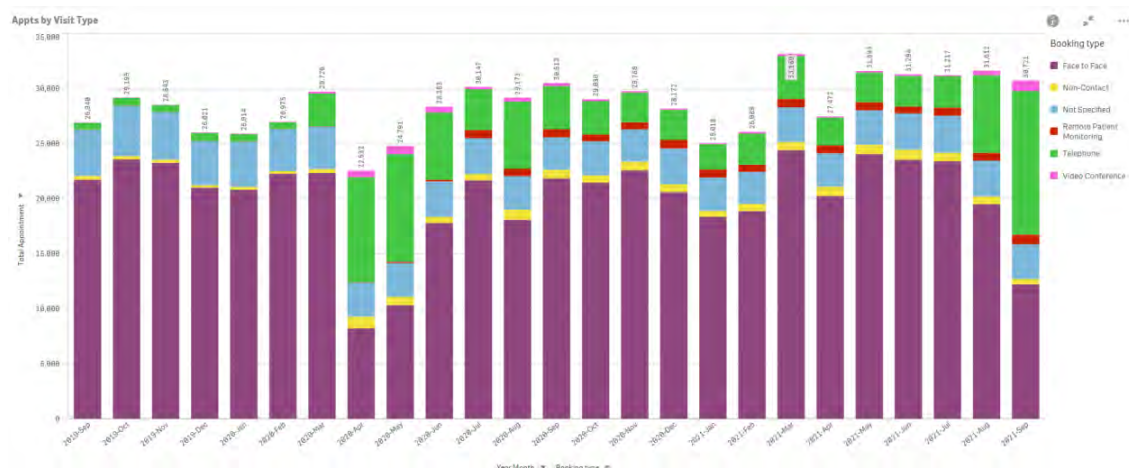


ED presentations during September 2021 at 8,879 were 4.8% lower than September 2020, which was similarly impacted by COVID-19 but 17.6% lower than business as usual volumes in the prior year September 2019. The 6-hour target for the month at 87% is an improvement on August 2021 which was the lowest it has been in the last 25 months and is well below the usual average of 92%. (Noting that the 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).

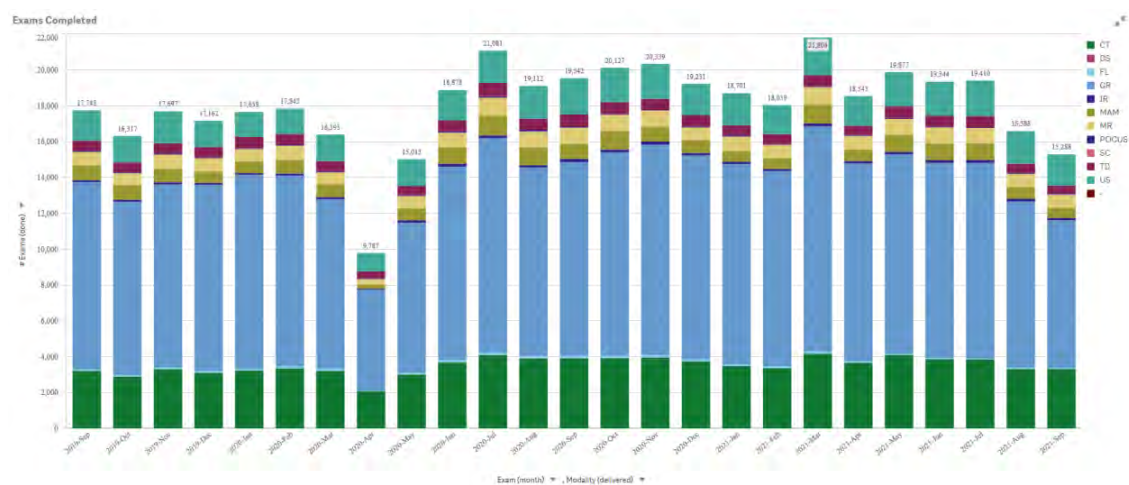


Outpatient appointments totalled 30,721 in the month of September 2021; amounting to 93,550 for this year compared to 89,833 last year (4.1% increase). Despite both financial years having COVID-19 impacts, this illustrates how the organisation has adapted to provide more non face-to-face appointments over the last 12 months. Telephone contact, video conferencing, remote monitoring and non-contact appointments have increased by 15.8% over the last rolling 12 months compared the previous rolling 12 months to September 2020.

Total non-contact appointments for September 2021 were 15,353, making up 50% of all outpatient appointments (compared to 18.6% in September 2020 and 3.4% in September 2019).



Radiology volumes completed in-house have continued to decrease, with 15,288 procedures taking place in September 2021, compared with 19,542 and 17,743 completed in September 2019 and 2020 respectively, noting that both 2020 and 2021 were impacted by COVID-19.



Of note, year-on-year there were:

- 4,841 fewer GR scans completed in-house for the year to date (14.5% decrease)
- 791 fewer Mammogram scans completed in-house for the year to date (27.1% decrease)
- 1,396 fewer CT scans completed in-house for the year to date (11.7% decrease)

Bed days in September 2021 (midnight census) totalled 20,809.

Midnight Occupancy / Census

	2020			2021								
Hospital	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
North Shore Hospital	17,510	17,457	16,635	51,602	17,341	15,468	17,346	17,627	17,121	17,906	16,262	14,805
Waitakere Hospital	6,460	6,582	6,665	19,707	6,699	6,148	6,739	6,870	6,903	7,313	6,482	5,702
Wilson Centre	646	684	571	1,901	753	558	722	677	585	603	504	302
Total	24,616	24,723	23,871	73,210	24,793	22,174	24,807	25,174	24,609	25,822	23,248	20,809

3. Waitematā DHB Consolidated Financial Performance

The business as usual operating result for the month of September 2021, prior to the extraordinary costs of COVID-19 was favourable to budget by \$0.607m and for the year to date the DHB is \$1.965m 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 \$2.208m in the month of September 2021 and \$2.546m for the year to date. This assumes \$24.748m of revenue will be provided to offset the reimbursable costs recorded on the DHBs 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 full year and is being accrued at \$1.667m per month; therefore \$5.000m 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 September 2021

CONSOLIDATED FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	174,370	174,938	-568	527,626	524,820	2,806	2,104,622
Other	2,131	2,048	83	3,715	6,300	-2,585	32,437
Total Revenue	176,502	176,986	-485	531,340	531,120	221	2,137,059
EXPENDITURE							
Personnel	64,655	66,257	1,602	198,821	201,377	2,556	821,481
Outsourced Personnel	1,928	1,555	-372	6,211	4,746	-1,464	18,234
Outsourced Services	6,464	7,241	777	20,064	21,673	1,609	86,668
Clinical Supplies	11,279	12,116	836	35,331	37,544	2,213	148,881
Infrastructure & Non-Clinical Supplies	8,271	7,300	-971	26,519	22,340	-4,179	73,624
Funder Provider Payments	84,737	83,957	-780	250,861	251,870	1,010	1,007,481
Total Expense	177,334	178,426	1,092	537,806	539,550	1,744	2,156,370
Operating Result : Surplus/(Deficit)	-832	-1,439	607	-6,466	-8,431	1,965	-19,311
Extraordinary cost							
Net Covid-19 (Revenue)/ Expense	2,185	-23	-2,208	2,535	-11	-2,546	189
Holidays Act	1,667	1,667	0	5,000	5,000	0	20,000
DHB: Surplus / (Deficit)	-4,684	-3,083	-1,601	-14,001	-13,420	-581	-39,500

4.0 Funder Arm Financial Performance: September 2021

The Funder consolidated core result variance is \$1.0m adverse for the month and \$0.3m 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 Sep-21			YTD Sep-21			Full Year Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
REVENUE (excluding Covid-19)							
Funder NGO	52,730	53,034	(304)	158,366	159,103	(737)	636,411
Funder Own Provider	79,893	83,180	(3,287)	244,497	249,540	(5,042)	998,159
Funder IDF	31,049	31,023	26	93,054	93,068	(14)	372,270
Funder Governance	1,098	1,098	0	3,294	3,293	1	13,171
Total Funder Revenue	164,769	168,334	(3,565)	499,211	505,003	(5,792)	2,020,012
EXPENDITURE (excluding Covid-19)							
Funder NGO	52,592	52,234	(357)	155,429	156,703	1,274	626,811
Funder Own Provider	79,844	83,180	3,336	244,457	249,540	5,083	998,159
Funder IDF Outflows	32,146	31,723	(423)	95,432	95,168	(264)	380,670
Funder Governance	1,098	1,098	0	3,294	3,293	(1)	13,171
Total Funder Expenditure	165,679	168,234	2,556	498,611	504,703	6,092	2,018,812
CORE RESULT (excluding Covid-19)							
Funder NGO	138	800	(662)	2,937	2,400	537	9,600
Funder Own Provider	49	0	49	40	0	40	0
Funder IDF	(1,097)	(700)	(397)	(2,378)	(2,100)	(278)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	(909)	100	(1,009)	600	300	300	1,200
COVID-19 Only							
Revenue	14,546	6,833	7,713	22,859	20,500	2,359	82,000
Expenditure	14,546	6,833	(7,713)	22,859	20,500	(2,359)	82,000
Net Funder Impact Covid-19	0	0	0	0	0	0	0
CORE RESULT (including Covid-19)							
Funder NGO	138	800	(662)	2,937	2,400	537	9,600
Funder Own Provider	49	0	49	40	0	40	0
Funder IDF	(1,097)	(700)	(397)	(2,378)	(2,100)	(278)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	(909)	100	(1,009)	600	300	300	1,200

FUNDER REVENUE

The Funder consolidated revenue variance excluding COVID-19 is \$3.6m adverse for the month and \$5.8m adverse for the year to date.

The drivers of the year to date variance include:

\$2.1m adverse impact resulting from removal of funding related to the Combined Pharmaceutical Budget (\$76m for the National Funding Pool – Waitematā DHB share \$8.4m).

\$5.4m 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.

\$2.7m favourable impact resulting from a 2020/21 adjustment relating to Ministry Funding of the Combined Pharmaceutical Budget with related expenditure that offsets (as directed by the Ministry).

\$1.0m adverse 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.

FUNDER EXPENDITURE

The Funder consolidated expenditure variance excluding Covid-19 was \$2.6m favourable for the month and \$6.1m favourable for the year to date.

The drivers of the year to date variance includes:

\$1.0m favourable 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.

\$5.4m favourable impact of Planned Care Revenue Wash-up risk provision recovered from the equivalent Provider Arm expenditure allocation

Other factors relating to monthly variances include the normally expected 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.

FUNDER CORE RESULT

The Funder consolidated core result variance was \$1.0m adverse for the month and \$0.3m 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 September 2021

PROVIDER ARM FINANCIAL PERFORMANCE							
\$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	89,445	89,784	-339	272,872	269,357	3,516	1,082,770
Other	2,117	2,043	73	3,703	6,285	-2,582	32,377
Total Revenue	91,562	91,827	-265	276,576	275,641	934	1,115,146
EXPENDITURE							
Personnel	63,753	65,101	1,348	196,194	197,908	1,715	807,608
Outsourced Personnel	1,696	1,331	-365	5,594	4,075	-1,519	15,548
Outsourced Services	6,137	6,913	777	19,083	20,691	1,608	82,738
Clinical Supplies	11,279	12,114	836	35,329	37,540	2,211	148,868
Infrastructure & Non-Clinical Supplies	8,801	7,906	-895	28,020	24,158	-3,862	80,896
Total Expense	91,665	93,366	1,701	284,220	284,372	153	1,135,658
Provider Operating: Surplus/(Deficit)	-104	-1,539	1,436	-7,644	-8,731	1,087	-20,511
Extraordinary cost							
Covid-19	2,185	-23	2,208	2,535	-11	2,546	189
Holidays Act	1,667	1,667	0	5,000	5,000	0	20,000
Provider: Surplus / (Deficit)	-3,955	-3,183	-772	-15,179	-13,720	-1,459	-40,700

The BAU Provider Arm operating result for the year to date 30 September 2021, prior to the extraordinary impacts of COVID-19, was a deficit of \$7.644m against a planned deficit of \$8.731m and therefore favourable by \$1.087m.

The overall result however shows an unfavourable variance of \$1.459m after the non-reimbursable net impacts of COVID-19 \$2.535m; this being \$9.799m of costs offset with revenue of \$7.264m. During September 2021 all COVID-19 related impacts have been washed-up into Corporate and Provider Support to avoid distortion of the financial results for Provider Services.

Service Commentary on YTD result

Table: Provider Arm Financial Performance by Service for the year to date September 2021

\$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	2,480	2,179	301	48,597	47,862	-735	-434	0	-434
Acute & Emergency Medicine	833	800	33	39,219	40,046	827	860	0	860
Specialty Medicine and HOPS	2,791	2,263	528	25,158	25,234	77	605	0	605
Child, Women & Family	2,590	2,401	189	19,064	18,925	-139	51	0	51
Clinical & Diagnostic Support	1,865	1,474	392	38,971	39,156	184	576	0	576
Sub-total Provider services	10,559	9,116	1,443	171,008	171,223	215	1,658	0	1,658
Specialist Mental Health & Addiction	4,692	3,998	694	40,298	39,402	-896	-202	0	-202
Regional Dental	21	131	-110	7,123	7,457	333	223	0	223
Commissioning & Community Health	4,984	5,189	-205	5,531	5,721	190	-15	0	-15
Corporate and Provider Support	256,320	257,207	-888	60,259	60,570	311	-576	-2,546	-3,122
Total Provider operating result	276,576	275,641	934	284,220	284,372	153	1,087	-2,546	-1,459

Provider Services

Surgical Services and ESC (YTD combined \$0.434m 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-19, YTD Revenue was \$301k ahead of budget. Revenue from ACC, part of the Financial Sustainability programme showed a \$192k benefit against budget and was \$444k more than YTD last year. Auckland DHB revenue was \$49k higher than budgeted and there was a one-off benefit of backdated revenue for a LINK organ nurse in ICU, which realised a \$67k benefit.
- Medical costs were approximately \$336k above budget prior to COVID-19. 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 was also some long term sick leave within medical that created higher than planned costs.
- While Nursing costs were on budget, the Allied Health costs were \$197k over budget. Allied Health costs were driven by need to backfill roster gaps for Anaesthetic Technicians as well as costs related to the Saturday lists for theatres and endoscopy.
- Outsourced costs overspend was as a result of the need to rely on external agency nursing in theatres (\$179k) to backfill vacancies.
- Clinical Supplies were below budget prior to COVID-19 due to lower Orthopaedic costs driven by acute demand displacing elective surgeries, particularly knees.
- The service had a financial sustainability target of \$932k YTD which has partly been met by the increased revenue described above. Other benefits are difficult to extract as they rely on a full year picture to identify the financial benefit.

COVID-19 impacts \$1.71m favourable:

Surgical Services recognised a COVID-19 benefit arising from the closing of the ESC and the reduction in theatre activity at NSH from mid August through to the end of September. The main benefits were in the reduction in spend on clinical supplies (\$1.64mn) as all but P1 planned care and acute surgeries stopped. The closure of ESC also reduced the package of care costs (\$780k). ESC staff was redeployed within SAS during the period.

Personnel costs saw a \$525k negative impact which was due to the need to backfill for staff who went on COVID-19 related leave at the start of the lockdown (\$151k Medical, \$372k Nursing) and also a reduction in annual leave taken. Certain revenue streams were severely impacted in August and September. Auckland DHB cancelled their theatre lists at Waitakere Hospital and ACC revenue dropped significantly.

Acute and Emergency Medicine Services (YTD \$0.860m favourable to budget)

The favourable variance is driven by:

- Emergency Department (ED) had lower patients presentations in the month compared with the same period last year. For the YTD, North Shore dropped 2% and Waitakere up by 17%.
- Medical costs are higher in the month mainly due to a higher number of registrars allocated and high costs in cardiology services, EDs medical cost started to increase since the August COVID-19 outbreak.
- Inpatient wards have had lower bed utilisation due to COVID-19 impact and Ward 11 was closed for refurbishment, to meet COVID-19 ward requirements. However, nursing staff shortages have added pressure to existing staff and overtime has been used to cover shifts.

- Cardiology services have completed 24% more pacemaker and 37% more ICD cases YTD than the same period last year. The increased production has led to an increase in costs for Clinical Supplies consumables and Medical staff.

COVID-19 impacts \$0.878m favourable:

There have been a number of staff stood down or on paid special leave in relation to COVID-19, the cover cost is estimated at \$286k. Additional registered nurses and health care assistants were deployed at both EDs since the 18th of August thus incurring extra staff costs of \$323k by the end of the month. However, the saving from outsourced personnel cost is offsetting some of these costs and annual leave taken has also been catching up with previous years level.

Specialty Medicine and Health of Older Persons Services (YTD \$0.605m favourable to budget)

The favourable variance is driven by:

- Revenue is \$0.528m favourable, driven by higher than anticipated ACC revenue \$0.255m, predominantly NAR revenue \$0.233m from an increase in Neck of Femur referrals and patients requiring longer term hospital stay and research revenue of \$0.226m which offsets the overspend on research personnel, drugs and other research related consumables.
- Medical staff costs are favourable by \$0.054m, mainly driven by vacancies (RMO under-allocations) and one off reversals of overpayments paid to SMOs.
- Other personnel groups have combined favourability of \$0.305m, mainly driven by vacancies.
- Clinical supplies unfavourable \$0.116m, due to overspend in Renal blood tests, the service reports an increase of approximately twenty patients on the active transplant list since March 2021, and eight successful transplants completed in September.
- Infrastructure and non clinical supplies spend is unfavourable by \$0.564m. This encompasses the financial Sustainability savings target amounting to \$0.481m to date and miscellaneous research consumables overspend \$0.116m fully offset by research revenue.

COVID-19 impacts \$0.725m unfavourable:

- All services have experienced additional staff costs (\$0.312m) compared to prior year trends, which is attributed primarily to staff not taking annual leave.
- Outsourced services are favourable \$0.413m, mainly driven by reduced Gastro outsourcing due to COVID-19 lockdown, this is a timing impact, and we anticipate that this favourability will be reversed later on in the year from COVID-19 recovery catch up.

Child, Women and Family (YTD \$51k favourable to budget)

The favourable variance is driven by:

- Current vacancies across Maternity inpatient services have resulted in underspending of \$260k to date. The service is working to fill as many vacancies as possible to avoid more costly use of overtime and casuals to cover roster gaps. A new initiative is underway to substitute several midwifery vacancies for a midwife specialist and maternity care assistants to help maintain continuity of care. Maternity Inpatient activity is tracking at 81 WIES or 5% ahead of target to date.
- Women's Health Colposcopy service funding is tracking \$68k 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 2021 \$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 (\$219k). Gynaecology Elective and Acute activity tracks at 108% and 107% of target to date.

- Embedded Financial Sustainability savings target amount to \$325k to date with benefits being realised in increased funding associated with the expense reimbursement from Lab Plus Auckland and increased Colposcopy and Residential Respite funding aligned with recent unit price increases.

COVID-19 impacts \$0.249m unfavourable:

- The most significant COVID-19 impact 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 \$154k impact relates predominately to September.
- Annual leave creep remains a driver of increased COVID-19 costs; staff are being encouraged to take their leave where possible.
- Child Services Public Health Nurses, Vision Hearing Testers, Health Care Assistants and Admin staff have been redeployed to the Auckland Regional Public Health Service, vaccination centres, front of house, asymptomatic swabbing and contract tracing locations over the past six weeks.

Clinical and Diagnostic Support Services (YTD \$0.576m favourable to budget)

The favourable variance was driven by:

- Inpatient Pharmaceuticals are \$339k favourable YTD due to lower inpatient activity and Pharmac negotiated price reductions.
- Patient meals are also favourable due to lower volumes YTD by \$177k.
- Radiology outsourced volumes are lower than plan and are \$646k favourable YTD.
- The Financial Sustainability Programme allocated savings target for Clinical & Diagnostic Support Services is \$670k unfavourable YTD; this has been partially met by new supply contracts in Pharmacy and Laboratories.

COVID-19 impacts \$3.403m favourable:

- Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing is \$5.68m YTD offset by additional direct related costs in personnel and supplies of \$2.28m YTD

Commissioning and Community Health Services

Specialist Mental Health and Addiction Services (YTD \$0.202m unfavourable to budget)

The unfavourable variance was driven by:

- Revenue is \$0.694m favourable to budget, made up of extra revenue for one ID patient and additional court reporting revenue funds for new MoH contracts for Tobacco control \$24k, Infant and perinatal Mental Health \$155k and crisis support.
- This increase in revenue is offset by a reduction in court reporting revenue. Overall court reports requested are down 80% from the average due to COVID-19, in part due to less court activity and also a request from the service to stop, due to the bubble matrix operating which makes it challenging to complete the reports whilst in alert levels 4 and 3.
- Medical staff costs are \$0.449m favourable, driven by SMO vacancies but partially offset by use of outsourced locums to cover sick leave, maternity leave and vacancies.
- Nursing costs are \$0.899m unfavourable due to high overtime in Adult Inpatient Units (IPUs) which has had unprecedented numbers of extremely high acuity presentations. Forensic overtime continues to be high to allow for the COVID-19 bubble matrix and whai ora requiring 2:1 observations due to complex needs.
- Allied Health staff costs are \$0.478m favourable due to high vacancies as recruitment of social workers continues to be difficult.
- Other direct costs \$0.601m unfavourable to budget as a result of unmet savings Financial Sustainability Programme \$0.501m and outsourced court reports costs.

COVID-19 impacts (\$0.733m unfavourable):

The unfavourable variance is for nursing personnel and is largely staff having to isolate and a small percentage relating to high risk staff.

Regional Dental Service (YTD \$0.223m favourable to budget)

The favourable variance is driven by:

- Staff vacancies impact if \$272K remains the dominant driver of the favourable result.
- YTD Revenue is unfavourable by \$110K due to lower volume in Maternal Oral Health project
- Favourable YTD variance in Other Direct costs exceeds the financial sustainability programme target. This is primarily due to reduced dental consumable and clinical equipment repairs and maintenance under alert levels 4 and 3 restrictions.
- Work continues to find savings to meet 2021/22 financial sustainability savings programme, however will be challenging while simultaneously trying to apply efficiency gains to reduce arrears volumes.

COVID-19 impacts:

- ARDS are operating at below 5% of in clinic capacity during COVID-19 alert levels 4 and 3 restrictions. Current focus is on treating patients with pain and high clinical need. Dental Therapists are engaged in proactive telehealth advice for parents of preschool children. During September the service had 1,596 appointments attended. Prior to COVID-19, ARDS would have in excess of 25,000 attended appointments during September.
- As lockdowns continue, savings will occur from reduced costs of clinical supplies, cleaning and relocation of TDUs.
- Dental vans have been redeployed to vaccination and swabbing centres for use as mobile staff offices.
- Several staff are filling roles with vaccination and swabbing centres.

Corporate and Provider Arm Support Services (YTD \$0.576m unfavourable to budget)

The unfavourable variance is driven primarily by:

- Additional revenue, including \$400k recovered from the insurance risk sharing arrangement for the flood that occurred at North Shore Hospital in February 2019.
- An upside of \$372k in Personnel costs due to staff vacancies offset by unfavourable variances in Corporate offset by overspends in Facilities maintenance (\$447k).
- Financial sustainability budget held centrally.

COVID -19 and other extraordinary impacts \$2.546m unfavourable:

Consolidation of all of the above mentioned COVID-19 financial impacts from services, including:

- Annual Leave movements and Provisions for under delivery of planned care (\$5.4m), offset by savings in related cost of Personnel and Clinical Supplies.
- Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing is \$5.68m YTD offset by additional direct related costs in personnel and supplies of \$2.28m YTD
- Revenue of \$7.264m has been accrued to cover all claimable direct costs in relation to the COVID-19 response, including redeployment and backfill of staff, regional costs via NRHCC for delivery of the vaccination programme.
- Shortfall of Car parking revenue (\$607k) affected by reduced numbers of patients, staff and visitors on site during the COVID-19 Level 4 restrictions.
- Provision for deferred CME costs (\$500k) due to current travel restrictions.

6.0 Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at September 2021

\$'000's	30-Sep-21			Aug-21	Variance to	Jun-21
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	539,378	400,097	139,281	544,061	-4,683	403,955
Represented by:						
Cash & Bank Balances	25,567	53,615	-28,048	67,209	-41,642	77,468
Other Current Assets	136,719	77,029	59,690	110,151	26,568	85,652
Current Liabilities	-565,893	-538,227	-27,666	-572,429	6,536	-536,950
Net Working Capital	-403,607	-407,583	3,976	-395,069	-8,538	-373,830
Fixed Assets	948,675	805,248	143,427	944,461	4,214	793,561
Long Term Investments in Associates	51,400	50,032	1,368	51,400	0	51,200
Term Liabilities	-57,090	-47,600	-9,490	-56,731	-359	-66,976
Total Employment of Capital	539,378	400,097	139,281	544,061	-4,683	403,955

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of \$403.607m at 30 September 2021 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 and will increased by a further \$1.667m per month for this year as per plan of \$20.000m

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 plan for 2021/22.

The 'Cash and Bank Balance' of \$25.567m at 30 September 2021 is unfavourable to plan by \$28.048m, primarily due to timing of receipts and payment to suppliers and other providers. Operating cash will also be impacted by the retrospective billing for the additional unplanned costs of COVID-19. i.e. claims for reimbursement from Counties Manukau DHB lag by approximately two months after the expense has been incurred.

The 'Other Current Assets' balance includes outstanding payments from non-residents totalling \$3.410m.

6.3 Detailed Statement of Cash Flow

Table: Detailed Statement of Cash Flow as at September 2021

\$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	164,605	182,884	-18,279	508,538	548,652	-40,114
Interest Received	58	29	29	329	87	242
Other Revenue	1,252	1,634	-382	9,011	4,902	4,109
Outflows						
Staff	72,630	79,130	6,500	199,735	207,361	7,626
Suppliers	29,281	22,402	-6,879	76,193	74,403	-1,790
Other Providers	99,284	90,790	-8,494	273,771	272,370	-1,401
Capital Charge	0	0	0	0	0	0
GST (net)	63	0	-63	525	0	-525
Net cash from Operations	-35,343	-7,775	-27,568	-32,346	-493	-31,853
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	0	0
Associates	0	0	0	0	0	0
Outflows						
Capital Expenditure	6,299	5,310	-989	19,555	18,567	-988
Investments	0	0	0	0	0	0
Net cash from Investing	-6,299	-5,310	-989	-19,555	-18,567	-988
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	67,209	66,700	509	77,468	72,675	4,793
Net increase / (decrease)	-41,642	-13,085	-28,557	-51,901	-19,060	-32,841
Closing cash	25,567	53,615	-28,048	25,567	53,615	-28,048
Closing Cash Balance in HZHPL Sweep	25,567	53,615	-28,048	25,567	53,615	-28,048

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 suppliers and other provider payments.

Capital expenditure was close to plan at the end of September 2021, but the resurgence of COVID-19 and continued COVID-19 alert Level restrictions is likely to cause some delays to projects and the procurement process.

Operating cash flow is being impacted by the retrospective billing for both the planned and the additional unplanned costs of COVID-19, as the claims and wash-up process takes approximately two to three months, after the actual expense has been incurred by Waitematā DHB.

7. Resolution to Exclude the Public

Resolution:

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	Minutes of Meeting of the Board - Public Excluded (06/10/21)	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 Audit and Finance Committee – Public Excluded (27/10/21)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3.	Minutes of the Hospital Advisory Committee – Public Excluded (27/10/21)	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.

	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.	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)]
5.	COVID 19 Staffing Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	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.	Digital Workspace Programme	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)] 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)]
7.	Infrastructure Services Programme T1A Additional Infrastructure Enhancements Works	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

	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
			on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
8.	Mason Clinic Interior Remediation	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.	Mental Health Services	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]
10.	Legal Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] Legal Professional Privilege The withholding of the information is necessary to maintain legal professional privilege.

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
			<p>[Official Information Act 1982 S.9 (2) (h)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>