Waitematā
District Health Board

Best Care for Everyone

BOARD MEETING

Wednesday 04 May 2022

10.30am

AGENDA

Items to be considered in public meeting

VENUE

Auckland City Mission HomeGround Building
Level 2
140 Hobson Street
Auckland CBD

Zoom https://waitematadhb.zoom.us/j/98535489613

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of Life

To the ancient realms of the Creator

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

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

Well Being to All.

Waitematā District Health Board
Best Care for Everyone

MEETING OF THE BOARD
04 May 2022

Venue: Level 2, Auckland City Mission HomeGround Building, 140 Hobson Street, Auckland CBD

Zoom: https://waitematadhb.zoom.us/j/98535489613

Time: 10.30am

WDHB BOARD MEMBERS	WDHB MANAGEMENT
Judy McGregor - WDHB Board Chair Edward Benson-Cooper - WDHB Board Member John Bottomley – WDHB Board Member Chris Carter – WDHB Board Member Kylie Clegg - WDHB Board Deputy Chair Sandra Coney - WDHB Board Member Warren Flaunty - WDHB Board Member David Lui - WDHB Board Member Eru Lyndon - WDHB Board Member Renata Watene - WDHB Board Member BOARD OBSERVERS Wesley Pigg	Dale Bramley - Chief Executive Officer Robert Paine – Executive Director, Finance People and Planning Peta Molloy - Board Secretary

APOLOGIES:

REGISTER OF INTERESTS

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

PART 1 – Items to be considered in public meeting

AGENDA

10.30am	1.	**AGENDA ORDER AND TIMING**
	2.	**BOARD & COMMITTEE MINUTES**
10.35am	2.1	Minutes of the Meeting of the Board (30/03/22) Actions arising from previous meetings
	2.2	Minutes of the Special Meeting of the Board (20/04/22)
	3	**EXECUTIVE REPORTS**
10.40am	3.1	Chief Executive Update
10.55am	3.2	Health, Safety and Wellbeing Performance Report - May
	4.	**DECISION ITEMS - NIL**
	5.	**PERFORMANCE REPORT**
11.05am	5.1	Financial Performance Report - March
	6.	**UPDATE REPORTS**
11.15am	6.1	Community Services Update
11.30am	6.2	Hospital Services Update - February 2022 - May 2022
	7.	**INFORMATION ITEMS - NIL**
11.45am	**8.**	**GENERAL BUSINESS**
11.50am	**9.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Board Member Attendance Schedule 2022

NAME	Feb	Mar	May	Jun
Judy McGregor (Board Chair)	✓	✓	✓	✓
Kylie Clegg (Deputy Chair)	✓	✓	✓	✓
Edward Benson-Cooper	✓	✖	✓	✓
John Bottomley	✓	✓	✓	✓
Chris Carter	✓	✓	✓	✓
Sandra Coney	✓	✓	✓	✓
Warren Flaunty	✓	✓	✓	✓
Eru Lyndon	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	Director – Harbourside Chiropractic Ltd with private practice commitments Board Member – New Zealand Chiropractic Board (NZCB) Member – Professional Conduct Committee (PCC) for the NZCB Trustee – Supported Lifestyle Hauraki Trust Member – Three Harbours Health Foundation Edward has numerous (different) family members with positions across the Auckland DHB regions including; Chairman for Intra Limited, Director of Mercy Radiology Group, Director of Mercy Breast Clinic, Intensive Care Specialist at the Department of Critical Care Medicine & Anaesthetist at Mercy Hospital	14/11/21
John Bottomley	Consultant Interventional Radiologist – Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust Member – Cartwright Collective	16/12/20
Warren Flaunty	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Shareholder - Third Aged Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Member – Henderson Rotary Club Trustee – Hospice West Auckland (past role)	25/10/21
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 Chair - Waitangi Ltd Director - National Hauora Coalition	23/06/21

REGISTER OF INTERESTS

Board Member/Observer	Involvements with other organisations	Last Updated
	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 30 March 2022

Recommendation:

That the draft Minutes of the Board meeting held on 30 March 2022 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Wednesday, 30 March 2022

held in the Boardroom, 15 Shea Tce, Takapuna and by video conference commencing at 9.45am

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT:

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

ALSO PRESENT:

Dale Bramley (Chief Executive)
Robert Paine (Executive Director, Finance People and Planning)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Tracy McIntyre, Waitakere Health Link

WELCOME:

The Board Chair welcomed everyone in the meeting.

APOLOGIES:

An apology was received and accepted from Chris Carter.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

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

1 AGENDA ORDER AND TIMING

For the open meeting, items were taken in same order as listed in the agenda.

2 BOARD AND COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Board Meeting held on 16th February 2022

Resolution (Moved Chris Carter/Seconded David Lui)

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

Carried

Actions arising from previous meetings

The responses provided were noted.

3 EXECUTIVE REPORTS

3.1 Chief Executive Update

Dr Dale Bramley (Chief Executive) summarised the report. He noted a recent visit from the Health NZ Chair, Chief Executive and Māori Health Authority Chair to the DHB. The Māori Health Authority Chair would also visit again to view the DHB's Māori pipeline work; it is proposed to package the pipeline work and gift it to the Māori Health Authority.

An update on the Omicron cases across metro-Auckland was provided. It is also planned to reopen the Elective Surgery Centre shortly,

In response to a question related to the Waitakere Hospital proposed development, it was noted that while community support is welcomed to get emphasis on projects, the Waitakere Hospital project will enter the regional prioritisation process and will be presented to the Chairs in June.

The Board acknowledged the effort of all staff during the recent Omicron outbreak, noting the pressure the hospital services have been under.

The report was received.

3.2 Health, Safety and Wellbeing Performance Report

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

Michael Field introduced the report. The DHB has retained the tertiary status in the ACC partnership programme, which is the highest attainable certification level; the ACC rehabilitation team were acknowledged.

That Occupational health Team were thanked for all their work.

The report was received.

4 DECISION ITEMS - NIL

5 PERFORMANCE REPORT

5.1 Financial Performance Report (November)

Robert Paine (Executive Director, Finance People and Planning) summarised the report.

Management were acknowledged, particularly in the COVID-19 environment, to reach the positive financial result.

The report was received.

6 UPDATE ITEMS

6.1 DISABILITY ADVISORY UPDATE

Samantha Dalwood (Disability Advisor) joined the meeting by video conference for this item.

The report was summarised. An update was provided on the employee led staff disability network. The first network meeting has been held and was attended by 18 people; a high-level discussion has held around next steps.

In response to a question about equity in the disability space, it was noted that the intention is to make information available in easy read plain language with more use of pictures. There is a piece of work around training for all staff around culture aspects in the disability area.

The Board thanked Samantha in her role as Disability Advisor at the DHB.

The report was received.

7 INFORMATION ITEMS

There were no information items.

GENERAL BUSINESS

No matter of general business was raised.

8 RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Edward Benson-Cooper/Seconded Warren Flaunty)

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	Minutes of Meeting of the Board - Public Excluded (16/02/22)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2	Recommendations of the Audit and Finance Committee – Public Excluded (02/03/22)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3	Chair's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
4	Warkworth Land Acquisition Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
5	Ward 15 Urgent Remediation for Increased Acute Care Capacity	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
6	Totara Haumaru Contract Amendment #2	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
10	Patient Repatriation	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
11	Audit and Finance Committee: Recommendation to the Board re Radiology Equipment Replacement	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The open meeting concluded at 10.47am.

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

_____BOARD CHAIR

3.1 Chief Executive's Report

Recommendation:

That the 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:

Preparing for Omicron

The number of community COVID-19 case numbers in Auckland is still on an overall downward trajectory – along with COVID-19-related hospital admissions and ED presentations. This is also reflected in the fact that fewer staff are off work with Omicron and this relieves some of the pressure we have felt with staffing in recent weeks. With the number of active COVID-19 cases across our inpatient settings falling below 40 people on a consistent basis. This is a significant improvement on numbers over the last month.

The move to change to the Orange traffic light setting on 13 April reflects this recent improvement in falling cases. However, we are still very much in the midst of a pandemic and vigilance is required to ensure that we don't lose traction. As we move forward over the next few months, we will continue to have regular COVID-19 patient presentations, though at a reduced rate to our previous peaks. All of our services have been tasked with updating their business continuity plans (BCPs) to ensure they maintain an appropriate level of service through the remainder of the COVID-19 pandemic.

As COVID-19 restrictions ease and borders re-open, we can expect that a resurgence of respiratory viruses will follow. Overseas research has shown that COVID-19 and influenza co-infections have resulted in severe disease outcomes, with higher mortality rates, compared to those who only tested positive for COVID-19. Immunisation is the best way to protect our communities from infection and serious illness.

Free staff flu vaccinations are now available at the North Shore and Waitakere hospital cafes there are also scheduled clinics at community sites and in-team vaccinators will be vaccinating staff in their respective areas. It is another step to protect whānau, patients and the community we serve this winter.

Elective surgery resumed at ESC

On 4 April, elective surgery procedures resumed at our Elective Surgery Centre (ESC) on the North Shore campus. This was excellent news for our community as all four ESC theatres resumed operation, enabling many more patients to have the procedures that are so important to improving their quality-of-life.

During the Omicron surge, higher-priority elective surgeries were able to be accommodated at North Shore and Waitakere hospitals – and the re-opening of ESC means a broader range of electives can be performed. This has been made possible due to the reduced number of COVID-19-positive inpatients we need to care for.

Minister's visit to North Shore Hospital

On 8 April, Minister of Health Andrew Little visited North Shore Hospital and I was pleased to be able to update him on some of the innovative work we've undertaken at our DHB since his last visit.

Last year, Waitematā became the first DHB in New Zealand to offer robot-assisted prostate cancer surgery in the public sector when we launched a two-year pilot of the Da Vinci robotic surgical system at North Shore Hospital. We demonstrated the use of the robot 'Toa' for the Minister and outlined our robot-assisted surgical programme, which will potentially pave the way for our hospitals to form a centre of excellence for minimally-invasive surgery.

The Minister also made a visit to the Emergency Department to acknowledge the work of our ED teams throughout the COVID-19 pandemic.

When the Minister was last on-site for the Tōtara Haumaru sod-turning, he undertook to gift the DHB a tōtara tree to feature in the landscape design surrounding the new building. Two juvenile tōtara trees were presented by the Minister to Board Chair Dr Judy McGregor and Chief Advisor Tikanga Dame Rangimārie Naida Glavish. The trees will be nurtured safely in storage until they can take pride-of-place as a focal point in the landscaping of our new building.

Dr Misch Neill, Dr Eva Fong, Executive Director Hospital Services Mark Shepherd, Minister of Health Andrew Little

Chief Advisor Tikanga Dame Rangimārie Naida Glavish, Minister of Health Andrew Little, Board Chair Dr Judy McGregor

Daily COVID-19 Vaccine and Immunisation Programme Report
For the Waitematā district:
12+ - 96.5% partially, 95.6 fully Booster (18+) – 72.2%, 5-11 – 60.4 partially, 25.1% fully vaccinated (5th highest in country).

COVID-19 lockdown survey - study published
Last year, Lakeview Cardiology conducted a survey to address cardiac patients' experiences during Level 4 lockdown. The study explores New Zealand's strategies to combat the spread of COVID-19 and focuses on the catchment of Waitematā DHB. A cross-sectional survey was used in the form of an anonymous questionnaire given to all patients admitted during the Level 4 lockdown period between 17 August - 21 September 2021. Participation was high, with 91 out of 95 patients

participated in the survey. The conclusion was that a proportion of cardiology inpatients expressed apprehension about seeking medical attention or hospitalisation in the setting of COVID-19 pandemic. Below link, is the published study:

Hospitalisation during lockdown–patients' beds-eye views | OPEN ACCESS

COVID-19 community vaccination
Karakia to close North Shore Eventfinda Stadium and Orewa Vaccination Centre
On 27 March, the North Shore Eventfinda Stadium Vaccination Centre officially closed. A whakawātea karakia was performed to mark the occasion. The Eventfinda site alone administered a total of 13,779 vaccine doses and, on the busiest day, vaccinated 663 people. The site also distributed 312,570 Rapid Antigen Tests (RAT) with 28,420 distributed on the busiest day – large volumes that made a significant difference in our efforts to protect our community against COVID-19.

On 8 April, another closing karakia was performed in Orewa to formally close and acknowledge once again, the incredible work of our teams responsible for the Orewa Vaccination Centre, the North Shore Airport drive-through site and multiple pop-up vaccination sites across the Rodney and West districts via the outreach team.

It was planned that the Orewa centre would wind-down once the initial spike in community demand cooled. However, weather damage in late March brought the closure slightly earlier than planned.

The Orewa Vaccination Centre also became a Rapid Antigen Test (RAT) collection centre in March distributing 190,000 RATS with 120,000 of those handed out in the first week. The efforts of both site teams made a significant difference to the protection of our communities against COVID-19. Thank you to all involved.


Kaumatua Fraser Toi leads the Orewa Vaccination Centre team


Whakawātea carried out by Kaumatua Tame Hauraki and the Eventfinda Vaccination Centre team

Vaccinations are still available throughout the Waitematā district:

- Albany Vaccination and RATS Collection Centre, End of Oaklands Road, Albany
- Henderson Vaccination Drive-Through – Operated by Te Whānau o Waipareira, corner Edsel Street and Catherine Street, Henderson
- Westgate Drive-Through Vaccination Centre, Operated by The Fono, 7-9 Westgate Drive, Westgate
- Otherwise the community can book a vaccine or booster through primary health via https://nrhcc.health.nz/ or through 'book my vaccine' online.

Recruit 500 campaign

Our campaign to recruit an additional 500 staff continues to gather pace, with 245 people as at 13 April hired. Sixty-two of these people started work with us in February, 177 are starting this month and the balance will be coming over the months ahead.

We have completed more than 850 interviews and almost 300 more are currently scheduled. This has been a huge effort to bolster our workforce and relieve pressure on people in areas where staffing gaps are creating real pressure.

Of the 245 people hired so far, 42% identify as Asian, 6% Maori, 31% NZ /European and 10% Pasifika.

Tōtara Haumaru makes fast progress

Considerable progress has been made since the beginning of the year on our new, four-level hospital building Tōtara Haumaru.

The steel frame has now been erected to the highest point of the building roofline. The metal suspended flooring slabs are being installed on the first level of the building and the first vertical concrete floor slab was poured in the first week of April. The precast concrete panels that will provide the exterior façade of the building are being manufactured off-site and are expected to start arriving on-site from July.

I'm sure you'll agree it's heartening to see the outline of the building take shape above ground. The new state-of-the-art facility will provide up to eight extra operating theatres, up to 150 beds and four new endoscopy suites on the North Shore Hospital campus. The building itself is due for completion in December 2023 and is due to open by mid-2024.

Tōtara Haumaru steel super-structure taking shape

Waitakere SCBU build nearing final stages

Waitakere Hospital's new dedicated Special Care Baby Unit (SCBU) is undergoing the final stages of construction, including laying vinyl, painting, joinery, wall reinforcement and electrical installations. Furniture installation will follow shortly and then the commissioning process will commence.

Once complete, the unit will provide a total of 15 cots with capacity to flex to 18 to meet regional demand. Overall, it will provide a significantly more supportive and comfortable environment for families with babies needing special care. The unit includes a dedicated mothers' lounge, a separate parent kitchen and dining area, six cot bays with parent sleep spaces and three dedicated rooms for overnight stays.

The Waitakere SCBU project has been made possible through the Well Foundation's considerable fundraising efforts, with $5 million generously donated by our community.

Waitakere SCBU interior installations

Falls Week 4-8 April

Falls Week was 4-8 April, with the theme "Get up, Get dressed, Get moving". We focussed on what staff and whānau could do to support patients to keep active such as assisting them to get dressed for the day, eat meals sitting up and walk around the ward, if able.

Well Foundation updates

Tōtara Haumaru fundraising campaign development

The Courtyard Design Group consisting of members from Well Foundation and the DHB project team has been meeting regularly and a draft concept design has now been completed and endorsed. A paper is being developed for the next Board meeting which will include the cost estimate (not available at the time of writing) and the proposed collaborative arrangements between Well Foundation and the DHB/Health NZ that will make the completion of the courtyard possible.

Interior design work is also progressing on the five overnight whānau rooms that are connected to critical / end-of-life care patient rooms within the facility. Dame Naida Glavish has gifted the name 'Nohoanga Haumaru' for these spaces; a safe place for caring, where caring is shared by the whānau and the clinical team. Once concept design and cost estimates are available, Well Foundation will begin fundraising with the aim of raising the funding needed to close the gap between a 'standard' fit out with the existing TH budget and a specialist interior design and fit-out that would greatly enhance the experience for families and patients.

Well Foundation is planned to hold the postponed major donor event for the new model Da Vinci surgical robot in June/July. The event will provide an opportunity for potential donors to see the existing Da Vinci robot, and hear from surgeons about the pilot programme and the plans for potentially establishing a centre of excellence for minimally invasive surgery at NSH.

DBT STEPS-A in Schools

Well Foundation is now actively seeking donor support to roll out the DBT STEPS-A social-emotional wellbeing programme in intermediate schools starting in term three this year. The goal is to fund the programme in 18 schools across North and West Auckland, over the next two years. School staff will train under an apprenticeship model with clinicians from Marinoto during the delivery of the evidence-based programme with students. The cost to roll out to 18 schools is estimated at $388k.

Facilities Services Group (FSG) Capital Programmes

A key focus remains the COVID-19 response facility projects. Recent project delivery highlights this period include:

- Commissioning Ward 2 (23 beds) for COVID patient use with new HVAC system and environmental modifications to enable COVID and non-COVID patient management
- Two new High Dependency unit isolation rooms at North Shore (new HVAC systems and fit out)
- Two new birthing suites to isolation room standard at North Shore (new HVAC systems and fit out).

Developed Design for the Mason Clinic Tranche 1A/1B facility E Tū Wairua Hinengaro was completed on 30 March 2022. Detailed design is progressing while the DHB awaits confirmation of project funding for Tranche 1B.

Creating a culture of appreciation

Another 45 people were recognised in our fortnightly CEO Awards across December and January. These awards were launched in mid-2014 to celebrate those staff, nominated by their colleagues and patients, who demonstrate our organisational values through their work.
Each staff member, whose nomination is considered worthy of acknowledgement, receives a personalised letter of thanks, a certificate of appreciation and a small gift. Staff acknowledged with a CEO Award since the last Board meeting are included as ***Appendix one.***

1. Upcoming events

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

- The opening of our new upgraded Waitakere Hospital SCBU in June
- Ongoing work at the Tōtara Haumaru site
- Continued work on the new whānau accommodation at North Shore Hospital
- Ongoing development of a new marae at North Shore Hospital
- Transition on July 1 to new health system

2. Future focus

Ministers Visit and the Integrated Care Programme

Minister Andrew Little visited i3 on 8 April and was given an overview of the DHB's Integrated Care Programme, including the Hospital in the Home service to support early discharge and the Frailty Acute Care service providing comprehensive geriatric assessment in ED and phone support for GP/Aged Residential Care facilities to prevent admission. The common Integrated Care Programme Hub, that was initially started to support CovidCare@Home, is intended to expand to include new models supporting remote patient monitoring for long-term conditions and a multidisciplinary telehealth Long COVID clinic.
The i3 team developing the Integrated Care Programme published a Public Health Expert paper on Long COVID Services internationally and what the key components of services in Aotearoa NZ should be https://blogs.otago.ac.nz/pubhealthexpert/establishing-long-covid-services-in-aotearoa-nz-what-can-we-learn-from-overseas/ - and presented these findings at a GoodFellow Unit webinar for GPs on the 7 April.

Outpatient Flow Tools

We are slowly ramping up our new online booking service for outpatients. To date, 50 patients have been sent an offer to book their Cardiology appointment online and 69% have successfully booked. This initiative will reduce workload for our booking staff and is expected to improve attendance rates, as patients will be able to fit their appointments in with work, holiday and caring commitments. The staged roll out to other specialties will be completed by December 2022. Stories on the launch of this service were highlighted by HINZ and PulseIT.

Waitematā patients book outpatient appointments online - Health Informatics New Zealand (hinz.org.nz)

We have engaged with Te Rūnanga o Ngāti Whātua to review Reo Māori translations of information for the new patient online booking system. This will provide patients with the option of an English or Te Reo version of information to complete their online booking. It will include emails in Reo Maori with an offer to book; a booking confirmation; a booking cancellation; a rescheduled booking confirmation; and a booking reminder. The translation review services will be conducted for and on behalf of Te Rūnanga o Ngāti Whātua to enhance and to accentuate the standards of quality reo Māori across the Ngāti Whātua tribal region, and promote the enhancement of the Taitokerau dialects. This service will also involve the application of the orthographic conventions promoted by the Māori Language Commission. Once this review has been completed, we will be able to immediately launch and offer this option to patients. Translation in other languages will be undertaken as part of the ongoing development of the tool.

Regional COVID Response Support by i3
The regional COVID data store and dashboard has been further-enhanced to flag new COVID cases which potentially meet the Ministry/PHARMAC eligibility criteria for Paxlovid. The flag narrows the 1500-2000 cases per day down to between 120-160 cases (around 8%) using long-term conditions, age, ethnicity and vaccination status data. The dashboard flag was used by the clinical director of Whānau HQ at the weekend for prescribing Paxlovid, who said: “This has taken me all day but was much speedier once we had the Qlik lists. Otherwise needle in a haystack!!!”

New patient experience reporting system (PERSy).
We are in a rapid phase development of a new patient and staff experience reporting system, Qualtrics. This will replace our existing reporting system; the new system offers some exciting new features that will allow us to scale and enhance our patient reported outcome measures (PROMs) programme. For example, new features will allow us to track how frequently and when each patient is being asked to complete a survey, which will help ensure patients are not ‘over surveyed’; we will also be able to link surveys more easily so that we avoid asking patients the same questions via different survey instruments (questionnaires). We have joined Counties Manakau DHB to procure and implement this system, which is currently being used by Auckland DHB. We anticipate there will be significant benefits across the region with the three Auckland DHBs using the same system, enabling us to share expertise in the development of a surveying and reporting system and how to use it most effectively to improve patient and staff experience. The new system will go live before 30 June.

eOrders Phase 2
We have formed a project group to roll out a new bedside blood test collection system in the ED and ADU at NSH. The system enables phlebotomists to take blood samples using a 2D barcode with the patient’s NHI on a soft wrist and a Phinter (phone printer) device. The Phinter creates a specimen label, including a barcode, for the for the laboratory information system and makes it easy to identify the blood tubes required. Currently we use a hard plastic wrist band to which we attach a sticky label printed from the patient management system, i.PM. The plastic bands are rigid/inflexible, making them unsuitable for newborns and older adult patients and current practice is to reprint a patient label whenever a patient is transferred between wards.

The new system will remove a lot of the need for a paper lab testing form. The expected additional benefits of this process include: reducing patient misidentification incidents; preventing incorrect samples taken for a patient (wrong tube); reducing the number of blood tests ordered without an associated responsible clinician (by electronically identifying the ordering clinician); reducing excess

labels printed that can be misused; and reducing double-ups of orders. The system was rolled out at WTH in most areas in 2019. However, use of the soft wristbands has been inconsistent, which has limited use by phlebotomists. An evaluation was undertaken by the i3 team in 2020 to understand the issues behind the inconsistent uptake. The project team is updating this evaluation to identify what needs to be done to improve and sustain uptake and this information will be used for the roll out at NSH and improve- advance the system.

Techweek panel discussion on artificial intelligence (AI) in healthcare. Techweek is coming up (16-22 May) - a nationwide series of events to showcase and celebrate New Zealand's technology and innovation sectors. A team from i3 will be part of a panel exploring clinicians' perspectives on healthcare AI, on Monday 16 May at 2pm: https://techweek.co.nz/whats-on/programme/view/healthcare-ai-what-medics-really-think-144/

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 feedback

National Inpatient Survey
The Q1 2022 survey was sent out on 22nd February and was live for 3 weeks until 15th March 2022. The sample who received the survey is a selection of patients who visited the hospital during the two-week period from 31st January to 13th February. Results will be made available around 15th April 2022.

FRIENDS AND FAMILY TEST

Friends & Family Test Overall Results – Adult Survey
In March, the Net Promoter Score (NPS) was 82 with feedback from 634 people. The NPS target has been revised and increased to 70. This month, the NPS is up one point on the previous month and continues to score above the new target of 70. The number of responses is also up on the previous month but remains lower than usual, due to the Omicron Covid-19 outbreak.

Friends & Family Test Overall Results

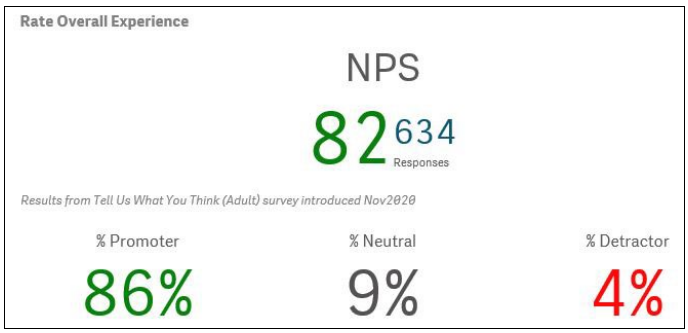


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)

Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood
Totals	634	82	89	87	88	79	87
Mar-2022	634	82	89	87	88	79	87

Table 1: Waitematā DHB overall FFT results

Total Responses and NPS to Friends and Family Test by ethnicity

March 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	343	53	74	48	116
NPS	86	77	69	85	80

*Low base size, interpret with care

Table 2: NPS by ethnicity

In March, all ethnicities with the exception of Asian met the Waitemata DHB NPS target and scored above 70.

March 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	91	85	79	96	89
I was listened to	88	82	80	98	85
I was treated with compassion	91	84	77	96	86
I was involved in decision making	83	72	69	85	76
My condition/treatment was explained in a way that I understood	90	82	86	93	80

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. NZ European recorded their highest score to date for 'treated with compassion', 'involved in decision making' and 'explained in a way that was understood'.

Patient Experience Highlights

- **Migration from InMoment to Qualtrics**

Waitematā DHB has begun the process of migrating our patient experience reporting system used for surveying and reporting patient experience, patient reported outcome measures (PROMs) and staff experience from our current provider 'InMoment' to 'Qualtrics'. The Qualtrics tool has increased functionality and provides a person-centric view of completed surveys and workflow management functions which will reduce the effort required to schedule and manage surveys. Key user groups, including Patient Experience, is undergoing intensive training prior to the go live date in June 2022.

- **Return of volunteers**

From Tuesday 19 April, our hospital volunteers will return to resume their roles. The introduction will be gradual with the focus initially on volunteers returning to non-blue stream areas such as Front-of-House and non-COVID wards. Once these volunteers are settled into their roles, Patient Experience will work with Occupational Health and Safety to complete Vulnerable Worker Risk Assessments for any volunteers who wish to return to blue-stream COVID areas.

Nearly half of our volunteers have expressed that they are ready to return and excited to support the organisation once again. Their absence has been felt greatly and staff are excited to see the volunteers return.

The Patient Experience team continues to engage regionally with other hospital volunteer leaders to align our approach to bringing back volunteers.

Consumer Council update
The Consumer Council met on 23 March. They discussed the following agenda items:

QSM Consumer Council paper approval – Samantha Dalwood and Ravina Patel presented the consumer engagement quality and safety marker (QSM). This is measured by all district health boards biannually and needs to be endorsed by the Consumer Council members. The Consumer Council endorsed the scores and that these are submitted to the Health Quality and Safety Commission (HQSC).

- **ED Video Storyboard presentation**– Cassie Khoo, Design Fellow, and Johanne Egan, Clinical Lead, People & Culture, presented the storyboard for the Emergency Department information video. After creating the ED journey map in 2021, a recommendation was made for a video to be made to accompany the wall map. The Consumer Council members gave feedback on the video storyboard. Cassie and her team we invited to come back to the Council with the next iteration of the video.

- **HQSC Code of Expectations submission** – update from Lorelle George, Consumer Council Chair. Lorelle updated the meeting on the submission that has been made to the HQSC about the role of Consumer Councils in Health NZ and the Māori Health Authority. This work was led by CMDHB, with input from the three Auckland DHB Consumer Council Chairs.

Achieving the priority targets – February 2022
Better outcomes
Progress: impacted by COVID-19

- Planned Care interventions – 101% (target 100%)
- Shorter waits in ED – 78% (target 95%)
- Faster cancer treatment – 86% (target 90%)
- Increased immunisation – 88% (target 95%)
- Raising healthy kids – 100% (target 95%)
- Māori percentage of overall workforce – 7.8% (target 7.5%)

Health quality and safety markers
Falls
Falls risk assessment audits that inform the Health Quality and Safety Commission data continue and are conducted monthly. Overall Acute & Emergency Medicine completed 95 percent of falls risk assessments, Specialist Medicine & Health of Older People completed 100 percent and S & A completed 97 percent on admission. Of those, Acute & Emergency Medicine completed 75 percent, Specialist Medicine & Health of Older People completed 100 percent and S & A completed 74 percent within eight hours of admission (against a target of 90%).

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

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

Pacific Health

Pacific COVID-19 Omicron Outbreak Response and Vaccination

The Pacific Health team contributed to the DHB-wide omicron surge which occurred over the months of February 2022 to March 2022. Preparatory work prior to the arrival of Omicron ensured the Pacific Health workforce was familiar with the DHB response plans.

Pacific peoples were overrepresented in hospital admissions and those discharged from the Emergency Department and/or at home under the care of the CovidCare@Home (CC@H) programme.
Key workstreams included the following:

i. Pacific Health team operations: secondments of an anaesthetist and health promoter, as well as a collaborative working relationship with a Samoan Nurse Coordinator CC@H. The DHB Pacific cultural support staff provided daily assessments of all Pacific COVID-19 patients in hospital as well as their families. This service extended to Pacific COVID-19 patients enrolled with the CC@H service.

ii. Pacific Pastoral support: The Pacific Health team followed up on Pacific COVID-19 cases (who had engaged with the hospital system) and sought to identify pastoral needs. High needs were identified for elderly Samoan, Tuvaluan, and Tongan patients to translate care plans, for prayer and/or for referral to welfare/food support. They were subsequently referred to our Waitematā DHB Pacific community pastoral support team, where the respective pastor or community leader would speak/call the patient and/or family.

iii. Mental health support: Pacific patients requiring mental health services were supported by the DHB Pacific Mental Health service Takanga a Fohe.

iv. RATs tests deliveries: With increasing demand for RATs kits, Pacific community leaders assisted the Fono to distribute/deliver RATs to their respective ethnic-specific Pacific families.

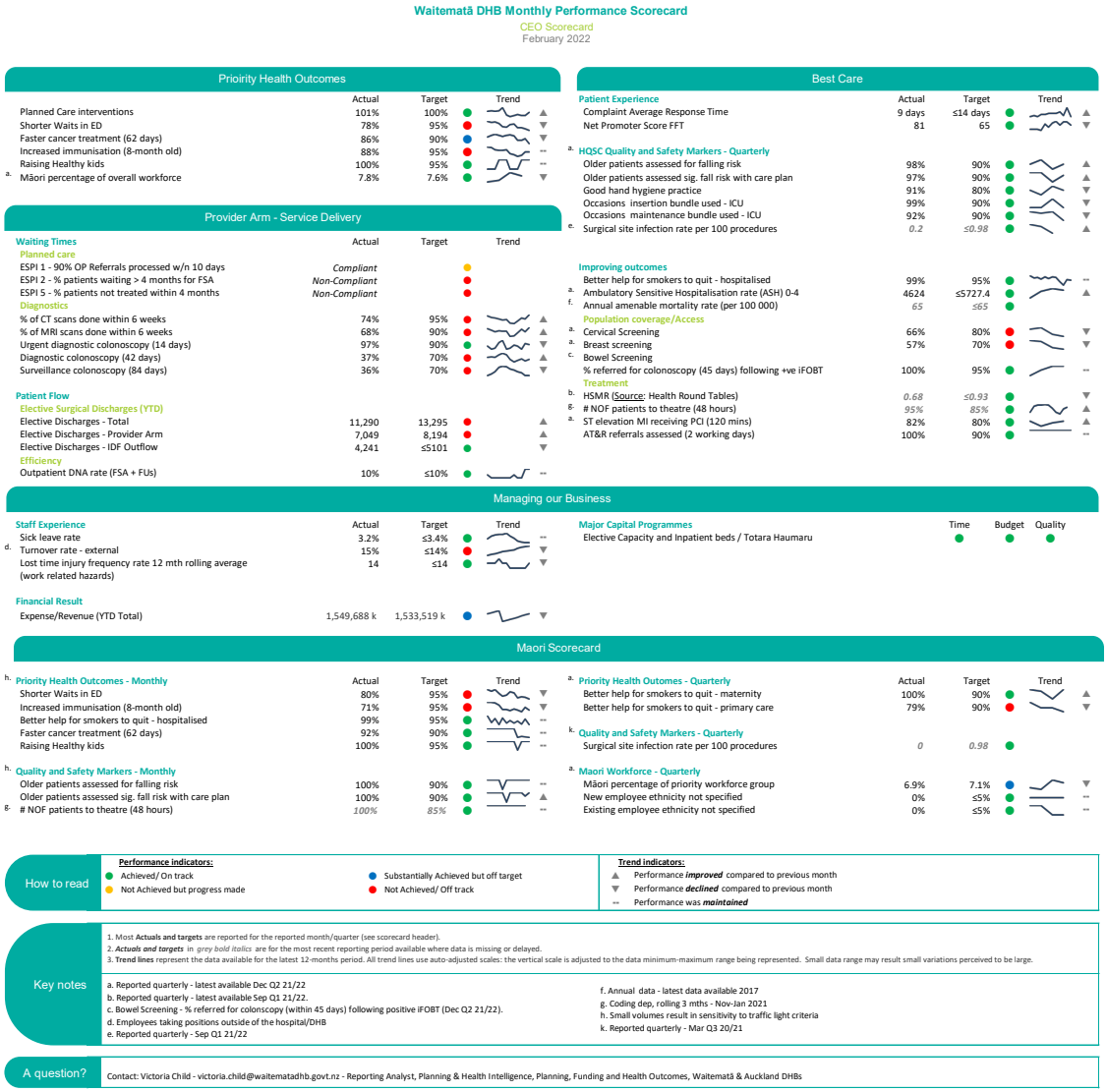
v. Welfare support: A key need identified by Pacific patients and their families was access to welfare/food packs so that they could complete their isolation period. Many Pacific families experienced long delays in receiving food packs.

The Pacific Health team continues to hold check-in meetings (reduced to twice-a-week) to check on staff and provide updates. Pacific ethnic-specific pastoral leaders have joined this meeting, which specifically focuses on COVID-19 cases in hospital and CC@H and other related matters, such as access to/delivery of RATs to Pacific families.

The Waitematā DHB Pacific Community Leaders Forum meeting continues to meet weekly on Tuesdays. This meeting is supplemented by the Waitematā DHB Pacific ethnic-specific group meetings, which seek to engage more deeply with Pacific ethnic-specific communities, in particular; Samoa, Tonga, Cook Islands, Niue, Tokelau, Tuvalu, Kiribati/Banaba and Fiji/Rotuma. Such meetings have helped identify community leaders of the various Pacific countries, their respective leadership structures and mechanisms to activate and mobilise their families. This is important for the future acknowledging the risk of further COVID-19 variants arriving in NZ.

In addition to supporting Samoan and Tongan community vaccination drives in the Waitematā DHB area, planning for a pan-Pacific event in April/May is underway. Planning is difficult as many Pacific peoples who have caught COVID-19 in February/March have a three-month stand down period before they can receive their booster.

CEO Scorecard



CEO Scorecard Variance Report

PRIORITY HEALTH OUTCOMES

Planned care interventions *21,462 discharges compared to a target of 21,243 (101.0%); 17,185 CWD compared to target of 19,085 CWD (90%)*

Planned care interventions include both the discharges from Waitematā DHB hospitals, as well as any surgical discharges relating to our community completed by other DHBs (38%) – predominantly ADHB. The resurgence of the COVID-19 Delta variant in the community in August 2021, the ensuing lockdown and the reduction of elective surgery, had an immediate impact on the planned care inpatient discharge volumes. This included the closure of surgery at our Elective Surgery Centre for 16 weeks to make way for a COVID-19 ward. While the total discharge number appears to be on-target, it is significantly influenced by ADHB delivering 5,438 Avastin intraocular injections against a planned volume of 3,229 YTD, and masks the 1,995 inpatient discharge shortfall, which creates a 1,900 CWD gap (411.59m).

Shorter Waits in ED 78% against target of 95%

Although there has been lower presentations to the ED over the past month, 4579 presentations, performance against the shorter waits target has declined. There are several factors influencing this result, including:

- The COVID-19 Omicron surge, which has resulted in ED streaming protocols including the need to RAT test all patients prior to assessment
- Unwell COVID-19 patients are routinely diverted from Waitakere to North Shore Hospital as part of a regional escalation diverts by St John Ambulance
- High levels of staff sickness across the wards resulting in some access block
- High levels of staff sickness and vacancies in both emergency departments for both nursing and medical staff
- To mitigate staffing challenges, Nurse Practitioner/Clinical Nurse Specialists moved from their clinician roles into nursing positions reducing clinician-seen by capability, therefore increasing to-be seen times for lower acuity patients.

Areas targeted for improvement:

- As the result of a successful recruitment strategy, there will be minimal vacancies moving forward, with a number of staff orientating in March, stabilising workforce and thereby increasing efficiency in the department
- Acute care of the elderly in ED – a rapid response service (interdisciplinary team) is being trialled targeting a cohort of elderly patients that would previously be admitted from ED to the ward. Over the past four months, 55 patients have been discharged from ED and seen within 24 hours in the community
- Non-admitted stream – we are working to identify strategies to improve service-delivery, including a focused assessment process
- Reviewing model of care – the most-common presentations are abdominal pain and chest pain. A review is currently underway to further streamline the chest pain pathway
- Acute care practitioner – this is a new clinical role utilising an alternative workforce (paramedic or dual-qualified nurse/paramedics), with new staff starting in March.

PROVIDER ARM - SERVICE DELIVERY

Waiting times, ESPI2 and ESPI5 non-compliance

ESPI2 and 5 position– February 2022 position

Waiting times have increased due to the Delta and Omicron outbreaks. As much volume as possible is being undertaken and recovery plans are being developed. As at the end of February there were 3,663 non-compliant ESPI 2 patients – those waiting longer than four months for their first specialist assessment (FSA); and 2,420 non-compliant ESPI 5 patients - those given a commitment to treatment but not treated within four months.

% CT scans done in six weeks – 72% against a target of 95%

Continued improvement in the six-week wait times for routine elective CT scans as we have been able to schedule more patients now we have moved out of lockdown Alert Level 3. MIT staffing remains a concern in CT at North Shore but with outsourcing, we expect to continue to make improvements in the wait time through March and April. Acute demand remained steady throughout December January and February 2022.

% MRI scans done in six weeks – 65% against a target of 90%
With the recommencement of outsourcing, as well as volunteer weekend sessions, continued improvement has been made in the six-week wait time for routine elective MRI referrals. Outsourcing and volunteer weekend sessions will continue through April, and we expect to continue to see improvements in the wait time to around 80% by mid-April.

Diagnostic Colonoscopy within 42 days – 37% against a target of 70%
Surveillance Colonoscopy within 84 days – 36% against a target of 70%
The gastroenterology service is compliant against the P1 (urgent diagnostic) indicator but not the P2 (normal diagnostic) at 37% and P3 (surveillance) indicators at 36%. The results for endoscopy were negatively impacted by a reduction in internal capacity with one theatre in Waitakere being utilised by Surgical Services as the Elective Surgical Centre was used as a COVID-19 admission unit. Outsourcing production was also severely reduced in February due to the onset of Omicron.

Internal production and outsourced procedures will continue to be depressed in March 2022 with continual use of Waitakere theatre by Surgical Services and outsourcing being significantly reduced to the Omicron outbreak. We anticipate an improvement from late April 2022 as endoscopy resumes full operations at Waitakere Hospital and normal production with our outsourcing providers. The service continues to prioritise P1, P2 urgent, Māori and Pacific patients in line with the Northern Region planned care recovery.

Elective discharges - provider arm – Inpatients: 5,852 against a target of 7,352 (79.6%)
Minor operations: 2,933 cf 2,887 (105.2%)
Total: 8,785 against a target of 10,239 (85.8%)

Discharges (elective): 79.6% against a target of 100% YTD February (5,852 cf 7,352)

Caseweights (planned care): 85.3% against a target of 100% YTD February

As mentioned, the closure of our Elective Surgery Centre for 16 weeks to become a COVID-19 ward has reduced our output considerably. Recovery plans are being developed.

Increased immunisation (eight-month old) – 88% (target 95%)
Overall the three month rolling average coverage rates are stablising. However, remain they impacted by COVID-19. We continue to implement the recovery plan actions and have increased our outreach immunisation service capacity. Learning from COVID-19, with pharmacy seen as an access point for Māori and Pacific, the MOH are progressing with the regulatory change required to allow pharmacists to administer childhood immunisations.

Best Care
Pressure injuries grade 3&4 - 2 against a target of 0
During February 2022 there were two Stage 3/4/unstageable hospital acquired pressure injuries (HAPI) reported within the A&EM Division:

Overall, the rate of HAPIs per 1000 Occupied Bed Days (OBD) for A&EM for February 2022 (0.83 per 1000 OBD) was a decrease on the previous month (1.27 per 1000 OBD) and continues the overall decrease in the rate since February 2018.

It is also significantly less than the historic high rate (3.45 per 1000 OBD) reported in August 2018. This serious issue remains our focus with a pressure injury prevention action plan being actioned across the Division's wards. This action plan aligns to the Waitematā DHB pressure injury management workgroups action plan. All pressure injury (Stage3/4/Unstageable) incidents are

discussed at the divisional quality meeting and investigations are presented to the Adverse Events Committee.

HR/Staff Experience

Turnover Rates – External -16.9% against a target of 14.9%

Vacancies *–10.7% against a target of 8%*
There continue to be mixed reasons for high turnover rate – another position in public or private health; left district; retirement; personal and to go overseas.

MANAGING OUR BUSINESS

Overtime
Overtime has increased substantially due to a combination of vacancies and the COVID-19 Omicron response which started late January.

Staff Turnover
Staff turnover in the last quarter has increased to 16.9% with an annual rolling average of 14.9%. The recent rise peaked in January and has steadily declined since from the previous month. The DHB has commissioned a deeper review of our voluntary turnover drivers and reasons for leaving and what we can put in place to support our services back to sustained healthy turnover levels.

MĀORI and PACIFICA

DNA rates for Māori 16% and Pacifica 18% are higher than the target rate of 10%

Continuing lockdown level changes have brought into focus the need for continued work in all patient services across the organisation to reduce Māori and Pacifica DNA rates and identify solutions to improve notification and access to these patient groups. Proposed solutions for each service are to be identified at the hospital services performance improvement meeting. Outcomes targeted on reducing health inequities and DNAs to improve patient and whānau experience while optimising patient health outcomes are essential.

As seen previously, lockdown and the impact on the administrative management of patients across planned care will result in reduced accuracy of DNA data, though it is recognised; even with the reduced accuracy, the impact falls more heavily on Māori and Pacific patients. Hospital-instigated rescheduling and other administrative systems due to lockdown will remove DNA from presentation volumes.

BEST CARE

Cervical screening – 66% against a target of 80%
While coverage remained static, it continues to be to be adversely affected by COVID-19 with GP capacity reduced and patients deciding to not attend screening clinics due to the risk of being exposed to Omicron. Performance against these targets will be low for some time to come.

Breast screening – 67% against a target of 70%
Recovery continues to be adversely affected by the COVID-19. in Auckland when there was no screening and subsequently COVID-19 level 3 alerts where capacity was reduced by at least one-third to accommodate IPC precautions.

APPENDIX ONE – CEO RECOGNITION

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

Nelmari Swanepoel - Clinical Lead Physiotherapy, Inpatient North Therapies, Specialty Medicine and Health of Older People.
Nominated by Kate Donovan and Victoria Lai.
"For being consistently supportive and mindful of the team. Nelmari always goes above and beyond to ensure we are all supported, and doesn't shy away from getting involved on the floor with complex patients. No task is too big or too small, and Nelmari always makes time for the team regardless of how many other commitments she has going on. We appreciate you!"

Michael Field - Group Manager, Occupational Health, Corporate.
Nominated by Cat Railey.
"Michael's resilience and flexibility in managing the numerous changes required by the COVID-19 response, is quite refreshing. His rapid and accurate reflection of these changes into workable clear pathways is of immense help to services needing to rise and enact these changes. His attention-to-detail, willingness and ability to deliver info that changes on-a-dime, in a manner that is digestible and well-tolerated, (let's face it, we are all feeling the effects of living in the COVID whirlwind), is a demonstration of our Waitemata DHB values of 'better, best, brilliant'! Thank you!"

Kane Nickles - Physiotherapist, Inpatient North Therapies, Specialty Medicine and Health of Older People.
Nadia Matthews - Rotational Physiotherapist, Inpatient North Therapies, Specialty Medicine and Health of Older People.
Nominated by Victoria Lai.
"Kane and Nadia consistently display the DHB values. They recently went above and beyond within the emergency department to facilitate an admission to resus in ED from Waitakere Hospital. They are always supportive of their team members regardless of how busy they are, and they are very much appreciated within our team."

Sushil Lata - Enrolled Nurse, Muriwai Ward - Waitakere Hospital, Specialty Medicine and Health of Older People.
Nominated by Rowena Hunt.
"Sushil is a fantastic asset to Muriwai ward. I admire her commitment to her patients and her dedication and support to meet rehabilitation goals and promote their participation in self-care activities. I observe her encouraging patients to mobilise and sit up out of bed during the weekends. I appreciate the excellent feedback she provides her patients, always with a smile. Thanks, Sushil, for going the extra mile."

Yuying (Julie) Zhou - Health Care Assistant, Waitakere Day Surgery, Surgical & Ambulatory Services.
Nominated by Izzabella Kenworthy and Alannah Domigan.
"Julie always goes above-and-beyond to help in every area of the surgical unit ensuring patients get the best possible care. One of Julie's greatest strengths is to make sure every team member is supported including nurses, clerical, orderlies and CSSD. She steps up to orientate new/casual orderlies when no one else is there to take on the responsibility. Julie's positive attitude towards all challenges is something to be admired."

Veronica Austin - Admin Clerk Clinical Team, Service Access System, Specialty Medicine and Health of Older People.
Beryl Stone - Admin Clerk Clinical Team, Service Access System, Specialty Medicine and Health of Older People.
Sulu Fesili - Ward Clerk, Ward 9 North Shore Hospital, Surgical & Ambulatory Services.
Sharen Cressey - Ward Clerk, Ward 9 North Shore Hospital, Surgical & Ambulatory Services.
Nominated by Min Yee Seow.
"Ronnie, Beryl, Sulu and Sharen are extremely helpful for making things go well whenever there are issues related to busy clinic, managing of patients' admission, discharge, and also supporting the doctors. They are very approachable and I am very happy to be working alongside them. Thank you so much for all your hard work and being professional regardless of how tough the situation can be."

John Shepherd - Consultant Geriatrician, Health for Older Adults, Specialty Medicine and Health of Older People.
Yogini Ratnasabapathy – Consultant Geriatrician, Health for Older Adults, Specialty Medicine and Health of Older People.
Geetha Mylvaganam – Consultant Geriatrician, Health for Older Adults, Specialty Medicine and Health of Older People.
Nominated by Beverley Brown.
"For always supporting our nursing staff."

Charisse Cobol - Charge Nurse Manager, North Shore Hospital Ward 3, Acute & Emergency Medicine.
Nominated by Onyay Tugaga.
"Charisse has been an amazing Charge Nurse Manager throughout this extremely busy period on Ward 3. She always advocates for her staff and puts our needs first. Charisse has been seen assisting on the floor multiple times with patient care etc., which is on top of her daily role. Lots of appreciation for Charisse and glad we have an awesome Charge Nurse Manager."

Annie Ashby - Charge Nurse Manager, Waitakere Hospital - Muriwai Ward, Specialty Medicine and Health of Older People.
Nominated by Beverley Brown.
"Annie has always supported me to be the best I can be. She has given her recommendations and support for projects I have undertaken. Annie also embraces the true meaning of compassion with Muriwai ward patients and whānau."

Chunhong (Donna) Zhang - Clothing Assistant, Pohutukawa Unit, Specialist Mental Health & Addiction Service.
Nominated by Cate Erickson.
"Donna's job title does not explain her scope as she has a diverse and important role for our unit. Donna has been a proactive member in our team and has gone above and beyond ensuring that our unit is COVID ready. She has exceptional communication and is approachable and helpful with all members of the team. Donna also has foresight into what our unit requires which highlights her organisational skills."

Heather Bjornholdt - Physiotherapist, Inpatient West Therapies, Specialty Medicine and Health of Older People.
Nominated by Jacinta Peers.
"For her support to the Outpatient Physiotherapy team. Heather has very kindly taught us how to use different equipment to help with our amputee patients and has offered her presence for our assessments and treatments. The support has been fantastic and Heather is always approachable and willing to help. Thank you!"

Katinka Gregoire - Ward Clerk, NSH Maternity, Child, Women & Family.
Beth Forbes - Ward Clerk, NSH Maternity, Child, Women & Family.
Nominated by Sharon Williams and Jodi Guthrie-Mart.
"Both of these amazing women go above and beyond every single shift to help and support the midwives when we are run off our feet. They field phone calls and the constant ringing of the doorbell, they screen our patients at the door, assist them to their rooms and help them get settled when we are frantic. They answer bells when we can't, and assure the women that we will be with them as soon as we can. They do all the admitting and registering of babies for both North Shore and Waitakere at night, as well as countless other tasks that make them both indispensable. They are incredibly kind and professional, and are an integral part of the night team on Maternity. We are so grateful to have both Beth and Katinka, and would love for their hard work and dedication to be recognised."

Di (Dee) Liu - Associate Clinical Charge Nurse, Theatre ESC, Elective Surgery Centre.
Nominated by Liliana Virtosu.
"For her brilliant attitude to change, commitment to patient care, teamwork and flexibility around challenges encountered while implementing the ESC COVID-19 theatre processes and providing intraoperative acute care. Dee has been tirelessly working in theatre overtime, supported both NSH and ESC nursing staff to practice safely in the newly set up ESC COVID-19 surgical environment, provided valuable feedback for creating the new ESC COVID coordinator role, and offered solutions to issues encountered along the way in Zoom communication outside theatre for additional supply, set up, cleaning or stock replenishment while supporting three concurrent COVID-19 theatre sessions. In addition, Dee orientated other teams such as radiology and endoscopy to the ESC floor layout and green/red areas when they presented to ESC theatres for understanding processes and flow. As always, Dee has rolled up her sleeves and with the 'nothing is ever too difficult approach', sometimes with a joke, she managed to engage and motivate everyone to get on with the job for a 'better, best, brilliant' outcome."

Dianne Wihone - Midwife Manager, Waitakere Facility, Child, Women & Family.
Samantha Jones - Midwife Educator, Waitakere Facility, Child, Women & Family.
Nikky Church - Associate Clinical Charge Midwife, Waitakere Facility, Child, Women & Family.
Nominated by Julie Rushbrook.
"Big shout out to three resourceful midwives at Waitakere maternity. On Tuesday 8th they worked over and above to create a safe space for pregnant women with Covid-19 (Te Henga ward). The ward opens on Wednesday 9th and in one day they achieved the detail required to maintain safety for all."

Ranielle Yumul - Clinical Nurse Specialist, Acute MH Team North 2, Specialist Mental Health & Addiction Service.
Nominated by Kelly Benning, Shona Rose and Charity Waugh.
"Ranielle commenced her role in 2021 just prior to level 4 lockdown, and hit the ground running despite not getting a full orientation period. Ranielle has supported not only the team and the tangata whaiora we serve, but has also added significant value to the workforce by facilitating the up skilling of staff in COVID related tasks such as (but not limited to) PPE training, PCR and RAT testing. Ranielle has also stepped up to support the team at a Clinical Coordinator level whenever the gap has arisen, helping to stabilise the team and support the other coordinators. Ranielle has demonstrated the ability to be flexible and adaptable in an ever changing environment, and we appreciate all that she has done since joining the team- THANK YOU!"

Susan Peters – Head of Division Allied Health, Child Women & Family.
Nominated by Jane Hamer, Kelly Curreen, Roz Cranswick, Elizabeth Maritz, Ann-Marie Nottage, Celia Butler & Catherine Owen.
"For her dedication to raising the voice of Allied Health and the key role we play in supporting

tamariki and their whānau. Susan knows every inch of the CWF service, having started her work with us 23 years ago. She has worked as a Visiting Neurodevelopmental Therapist, Child Development Team Leader, Clinical Leader of Occupational Therapy, and HOD Allied Health. Susan has always advocated for the voice of whānau, and has supported staff and the wider service to keep children and their families at the centre of the work we do. Susan is widely respected both regionally and nationally for her knowledge, and for championing a child-focussed, family-led service delivery framework for children with developmental delay and disability. Susan's support, connection and vision for the CWF Allied Health service will be truly missed."

Maureen Hansen – Nurse Lead, Pre-admission Clinics, North Shore Hospital, Surgical & Ambulatory Services.
Nominated by Lesley Robinson.
"Maureen was the orthopaedic pre-admission nurse for many years. I have recently taken over her position. She has been an inspiration to work with, constantly advising me on correct procedures and protocols. She has been incredibly supportive to orthopaedic staff, students and new nursing staff and she willingly imparts her vast knowledge and skills. She is incredibly hard working and has fantastic rapport with her patients. I feel she deserves recognition for her dedication and commitment to the orthopaedic service."

Lino Samu-Ikimau - Orderly, Clinical Support Services, Hospital Operations.
Nominated by Jacinta Peers.
"Lino is the unsung hero in the therapies department. He is always so friendly and happy to help. He has helped the outpatient therapy team in so many different ways and we are extremely grateful to have had his assistance. Thank you Lino."

Fraser Jack - Information Consultant, Information Systems, Decision Support Service.
Nominated by Chengwu Fan.
"Fraser has provided us a lot of support and guidance, from both a technical and service perspective. He is very helpful, easy to approach, and always willing to share his experience and knowledge. I really appreciate the support from Fraser."

Romelli Rodriguez-Jolly - Occupational Therapist, Tanekaha Unit, Specialist Mental Health & Addiction Service.
Devika Judd - Occupational Therapist, Intellect Disability Liaison, Specialist Mental Health & Addiction Service.
Nominated by Jo Stewart.
"For years the Mason Clinic has been a supportive student training environment and this was reflected again with the team enabling students to complete their delayed 2021 training through to 2022 over the summer. Even with this heightened level of support two Occupational Therapists stood out by going above and beyond to show care, compassion and flexibility with the placement structure. Both Romelli and Devika supported their students in a way that absolutely demonstrated our core values, particularly 'with compassion' and 'everyone matters'."

Maneesh Deva - Senior Medical Officer, Paediatricians, Child Women & Family.
Nominated by Marie Tuiva.
"Maneesh is the most humble, respectful, diligent and caring paediatrician who has all the values embedded into one and has so much to offer peers/patients and whānau. A smile and a greet from Maneesh beams right through and makes us feel so valued in the space that we work in. Maternity Social Workers have high regard for him and appreciate all the AMAZING mahi he does and continues to do. Thanks Maneesh for recognising Social Workers Day and acknowledging all the social workers that have crossed paths with you and the whānau/tamariki/pepi we serve."

Andrew Cave - Health Informatics Manager, Information Management, Decision Support.
Nominated by Becs Coggins.
"For the true team work he showed working on the medical wards recently. He was amazing at answering bells, helping with patient cares, meal deliveries and even fixing some of the IT issues (a huge help for nursing staff!). To be able to assist completely out of his normal role and do it in such a meaningful way deserves special recognition!"

Sarah Henshaw - Registered Nurse, Maternal Mental Health, Specialist Mental Health & Addiction Service.
Nominated by Angela Angell.
"Sarah recently took on more than usual due to many staff being away from work. She stayed positive, got through many very busy days (including some struggles) and really showed herself to be such an asset to our team!"

Angela Bisset - Finance Business Partner, Info Tec & Bus Analyst Staff, Decision Support.
Nominated by Keryn Wilson.
"Angela stepped out of her usual role and was re-deployed to help us at Detox Services. Thanks Angela for stepping in and doing a great job managing many of our non-clinical functions. It was a big help to the team and allowed them to focus on other tasks."

Joyce Hansen - Registered Nurse, North Shore Hospital Ward 6, Acute & Emergency Medicine.
Nominated by Sarah Milne.
"For recognition of her actions when she didn't hesitate to assist a woman with the emergency delivery of her baby in her car at 0800 outside the main entrance of the hospital. Joyce had just finished her night shift on Ward 6. She is a medical Registered Nurse but you may have thought she was a midwife, the way she used abilities to assist this woman with the birth. She was calm, capable and empathetic in a very difficult situation. Baby and mum well."

Maurice Wogan - Speciality Nurse, Prison Liaison, Specialist Mental Health & Addiction Service.
Nominated by Sharon Price.
"Maurice is a safe and reliable "pair of hands" when working in a very busy remand space at Mt. Eden Corrections Facility (MECF) for the Forensic Prison Team (FPT). He is a well-respected member of the MECF multi-disciplinary team and is the first to volunteer to assist the service if required. He has a wealth of DAO experience in the community and with FPT."

Kelly Benning - Occupational Therapist, Acute MH Team North 1, Specialist Mental Health & Addiction Service.
Nominated by Mimoza Trenceva.
"For being consistently supportive and mindful of the needs of our team; she goes above and beyond making sure we all are supported while performing her commitments as expected by her position. She easily gets involved with the clinical side of the team duties - getting involved and ready to listen about the complex patient presentations, providing sound feedback. Dear Kelly, we appreciate you!"

Adam Langton-Burnell - Registrar, General Medicine, Acute & Emergency Medicine.
Nominated by Joanne Shirtcliffe.
"Adam has excellent communication skills with MDT, patients and whānau. He will take time to carefully explain things in a way that is understandable to patients and their families. Adam always remains calm and focused and keeps a clear head even under difficult and sometimes trying times. Adam is always friendly and approachable for all staff."

Ann Sara - District Nurse Manager, District Nursing Service - Rodney, Specialty Medicine and Health of Older People.
Nominated by Louise Dawson.
"We have been extremely busy and very challenged at times. Ann always keeps a cool head and is always ready to step in and don her clinical uniform to assist or rearrange staff expertly where needed and lead us through what has sometimes been a very daunting situation. Her leadership and management of our team is much-appreciated."

Toni Bowley - Manager AOTS Altered High Youth Service, Methadone Services, Specialist Mental Health & Addiction Service.
Nominated by Anne Crawford.
"Toni is loyal to her team and always has our back. She is hard-working and dependable, always ready to go the extra mile or put in more work to get things sorted. She is passionate about helping young people and advocates strongly to give them a voice in service-delivery. Everyone in the Youth Team appreciates the effort that she has put into the service over so many years in charge."

Avinash Sharma - Dr Locum, General Surgery, Surgical & Ambulatory Services.
Nominated by Natasha Pareraukawa and Robyn Wiles.
"Mr Sharma is always kind and compassionate, not only with patients but also with his colleagues and we feel it is a privilege and honour to work with him. He is currently covering for multiple consultants who are away and, therefore, sees patients that expect to see someone else. He is confidently and competently practising at a consultant level. Mr Sharma is so professional and introduces himself whilst acknowledging the consultants' absence. He consistently practices the WDHB values and this shows in his daily practice. He is always happy to share his knowledge with the nurses and particularly medical and nursing students even when he is in a busy situation. He goes above and beyond to make sure that the people he is working with are happy in their job and is always a supportive medical professional. Both patients and colleagues have great respect for him as a person and as a doctor. He is a wonderful example of the type of medical professional that we need to continue the WDHB values."

Lynne King - Breast Care Nurse, Breast Screening Operational, Surgical & Ambulatory Services.
Nominated by Evi Sinclair, Chrissy Wadsworth-Smith and Sarah Cho.
"Lynne is the fantastic Nurse Lead of our team at Breast Screening. She is welcoming, a fabulous communicator who gives clear guidance and support. She has a fantastic approach to our patients and is truly sensitive to the needs of our women and the stress they are under when they present for assessment and early cancer diagnosis. She runs a well-organised team, clinic and office and is ahead of the game in every situation that arises. She is awesome to work alongside."

Charmaine Van Heerden - Clinical Nurse Educator, Intensive Care Unit, Surgical & Ambulatory Services.
Nominated by Primrose Mukundu.
"Charmaine is hardworking, efficient and thorough in all the teaching she gives us. She always goes the extra mile to make sure all staff are up to date with procedures and WDHB policies. She is the most dedicated educator that I have ever come across. She is at work by 6am in the morning and sometimes earlier preparing for study days and assessments and leaves to go home way after her finishing time. A lot of staff from my ward would agree with me, we are super blessed to have such an amazing educator."

Crystal Aranha - Speech-Language Therapist, Inpatient North Therapies, Specialty Medicine and Health of Older People.
Nominated by Cheryl Johnson.
"Crystal helped me with the complex assessment of a patient from a language perspective. She was

extremely knowledgeable and helpful with using different techniques to help facilitate the patient's communication. The assessment was time intensive but Crystal helped the patient through the assessment being very mindful of their needs. She displayed our organisational values of 'with compassion' and 'everyone matters'. Great work Crystal!"

Li Ma - Charge Nurse Manager, Lakeview Cardiology Centre and Coronary Care Unit NSH, Acute & Emergency Medicine.
Nominated by Enya Treadwell.
"Li is an exceptional manager who works tirelessly to create a positive working environment for her staff. She constantly goes above and beyond for the unit and makes her staff feel valued. She is incredibly patient focused and takes the time to personally talk with each and every cardiac patient to ensure their voices are heard and personally deals with any issues that arise. We appreciate all her hard work."

3.2 Health, Safety and Wellbeing Performance Report

Recommendation:

That the report be received.

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

1. Purpose of report

The purpose of the Health, Safety and Wellbeing Performance Report is to provide quarterly reporting of health, safety and wellbeing performance including compliance, indicators, issues and risks to the Waitematā District Health Board, (Waitematā DHB).

2. Strategic Alignment

Community, whanau and patient centred model of care	This report comments on issues and risks that impact on staff health and safety, and therefore patient care and organisational culture, as well as activities that support staff wellbeing in the delivery of patient centred care.
Emphasis and investment on both treatment and keeping people healthy	This report comments on organisational health, safety and wellbeing information via incident reports, health monitoring and identified hazards. It also outlines investment and actions that support keeping our people healthy and well.
Intelligence and insight	This report provides information and insight into staff welfare, staff workplace incidents, and what Waitematā DHB is doing to respond to these and other workplace risks.
Evidence informed decision making and practice	The leading and lagging indicator dashboard is based on current best practice indicators and targets. Risk controls are regularly audited to align to an evidence base. Wellbeing activities in this report are informed by feedback from staff and wellbeing best practise.
Outward focus and flexible, service orientation	Health, safety and wellbeing risks and programmes are focused on staff, visitors, students and contractors. All strategic and operational work programmes and policy decisions are discussed with relevant services, such as site visits and approaches to reduce risks. Wellbeing activities are aimed at what staff can practically engage with and respond to the needs of our people.
Operational and financial sustainability	As appropriate, programmes of work will outline how services will ensure operational sustainability, how measures of success are set and value and return on investment is monitored.

3. Executive Summary

1. ACC Partnership Programme

As mentioned at the last Board meeting, the DHB has received formal notification that we have achieved tertiary status for approximately the 13th year running. At the Board meeting we had a question about injury claim comparisons within ACC employer groups.

Information received from ACC in April 2022 shows our claims per $1million Liable Earnings, compared with that of the other organisations in our risk group (Healthcare related) and the full ACC account group (everyone else in the programme are more favourable in comparison to each of those. Being more favourable means we have less claims per $1million Liable Earnings than is expected, which means our staff are getting injured less than is expected.

2. Influenza Vaccination

Our influenza vaccination programme commenced on 4 April 2022. We have made available a variety of times and instances for people to be vaccinated including clinics, in team vaccinations and roving teams. We will do a verbal update on the percentage of staff who have taken up the vaccination.

3. COVID-19 response

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

Current OH&SS focus is on the following:

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

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

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

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

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

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

Mask Fit Testing: The purpose of mask fit testing is to ensure relevant staff are fitted for a respirator that is to be worn for any aerosol generating procedure, for staff working in our COVID-19 patient pathways or dealing with any other patient that poses respiratory risk (e.g. Tuberculosis). We currently have 100% of our staff in COVID-19 patient pathways fit tested and 75% of other staff fit tested where they are wearing an N-95 respirator sessionally for other patient care interactions. Current focus is on testing staff for all available masks and retesting those that were originally tested more than 12 months ago (mask fit testing needs to be repeated every 12 months, to allow for changes in face shape).

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

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

4. February 2022 reporting period update

For the February 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 55% against a target of 65% (i.e. 55% of the injury claims required less than seven days off work). This represents a favourable trend compared to previous months. The nature of incidents is reviewed monthly and there are no areas for concern.

Pre-employment screening (PES) prior to commencement is at 47% against a target of 70%. This is a downward trend, compared with the improvements we have seen over the last two months, but aligns with a sharp increase in new staff employment, much of which relates to COVID-19 specific roles across the organisation.

In relation to top accident types:

1. Thirteen slips, trips and falls were recorded in February. Most of these incidents did not relate to workplace hazards (10). Of the three remaining that did; one tripped on equipment and two tripped over uneven carpet. 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 three moving and handling patient incidents recorded in February.
   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 51 physical aggression incidents reported in February. Many of these incidents related to specific patients, with individual service users triggering numerous incidents, often over a short period of time while they were most unwell. In February, all but five of the 31 incidents of physical aggression were caused by people who had no intention to cause harm (were not cognitively aware of their actions and therefore the consequence of their actions).

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

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

February 2022

Trend data 12 month period

Lagging Indicators

	Actual	Target	Trend
Total number of reported incidents	407	-	
Number of notifiable events	1	-	
Injuries			
Total number of injury claims	38	-	
Number of injury claims (work-related hazard)	**27**	-	
Total Lost time injury claims	22	-	
Lost Time injury claims (work related hazards)	**17**	-	
Total Lost time injury frequency rate - rolling 12 month average	16	<14	
Lost time injury frequency rate rolling 12 month average (work related hazards)	14	<14	
Total lost time injury frequency rate for month	**22.97**	-	
Lost time injury frequency rate for month (work related hazards)	**17.74**	-	
Total Lost time injury <7 days - rolling 12 month average	**44%**	>65%	
Lost time injury <7 days - rolling 12 month average (work related hazards)	**46%**	>65%	
Costs of injury claims for month	$204,423.71	-	

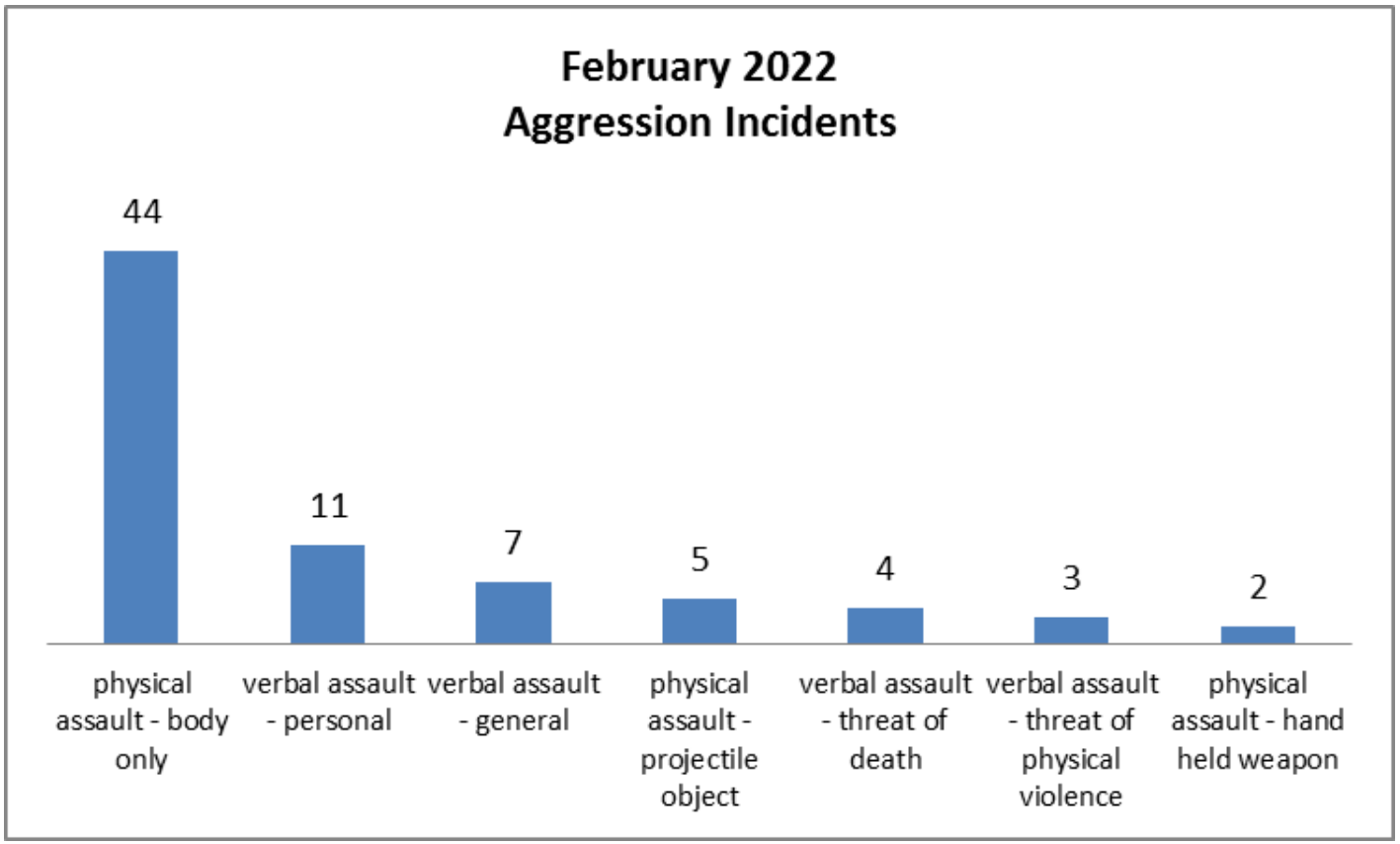
Top Three Incident types

1	Safety Concern	142	-
2	Physical Assault	51	-
3	Staff Shortage	38	-

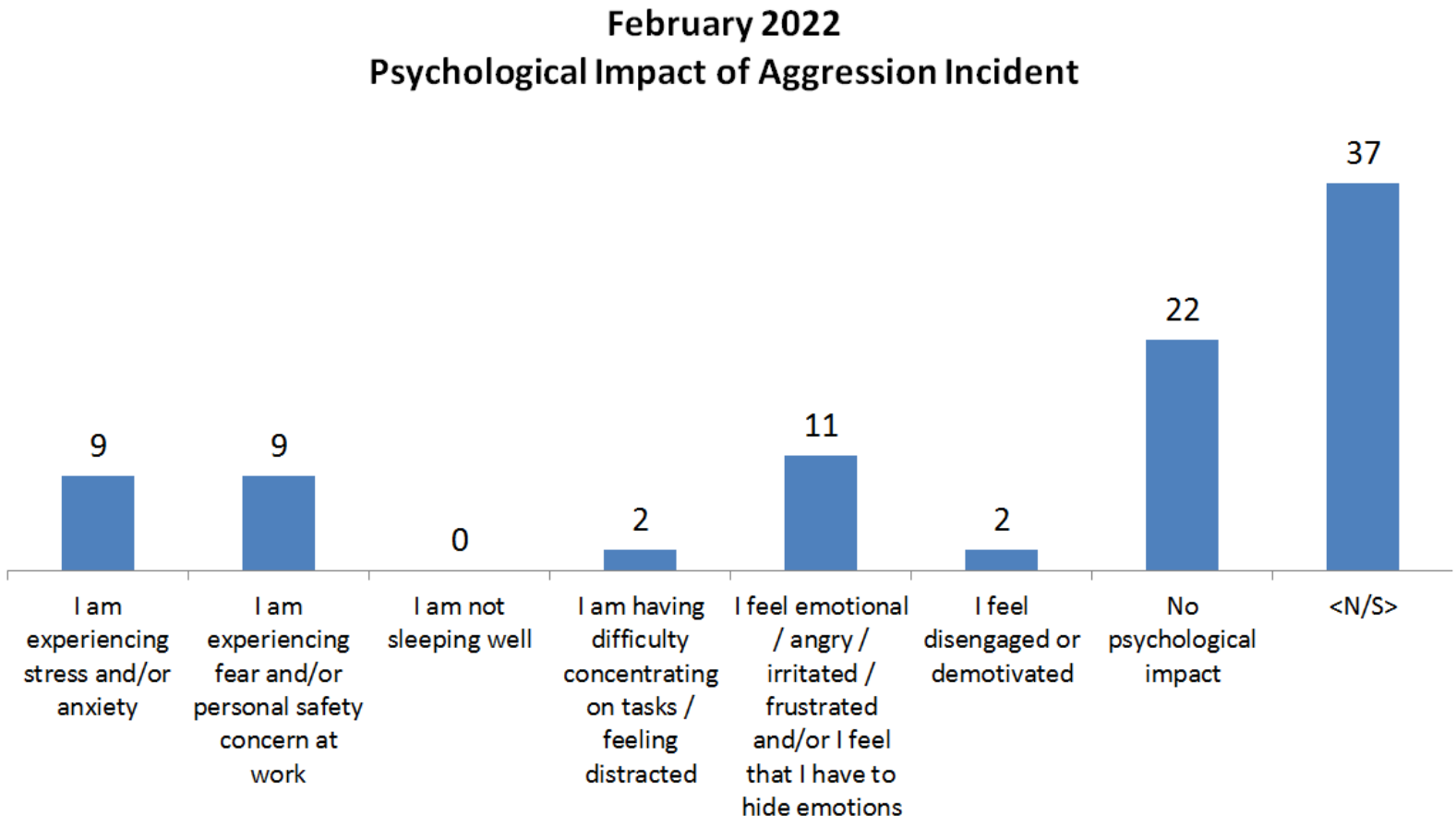
Leading Indicators

	Actual	Target	Trend
Number of H&S Representatives vacancies	9	<10	
H&S Representative training completed	91%	90%	
Pre-employment screenings pre-commencen	47%	70%	
Significant hazards reviewed by Managers	84%	80%	
Significant hazards reviewed by OH&SS	93%	95%	
Staff hand hygiene	90%	80%	

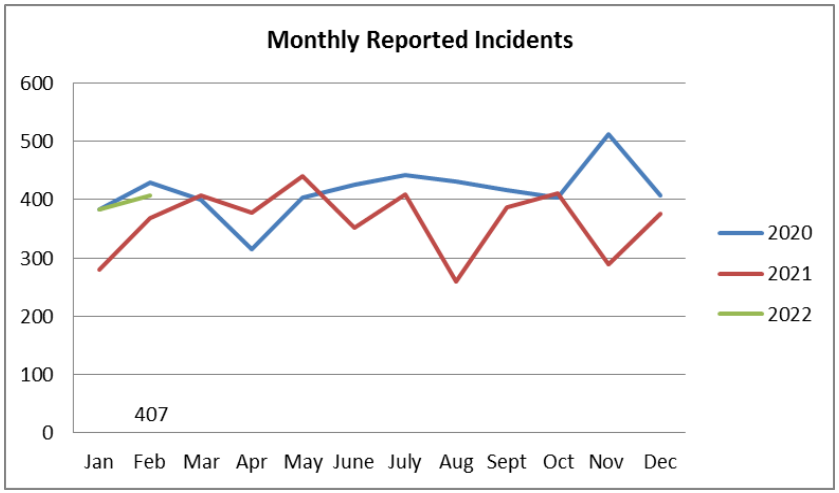
Acheivement Criteria		Rating	
On target or better		Achieved	
95-99.9%	0.1-5% away from target	Substantially achieved	
90-94.9%	5.1-10% away from target*	Not achieved, but progress made	
<90%	>10% away from target**	Not achieved	

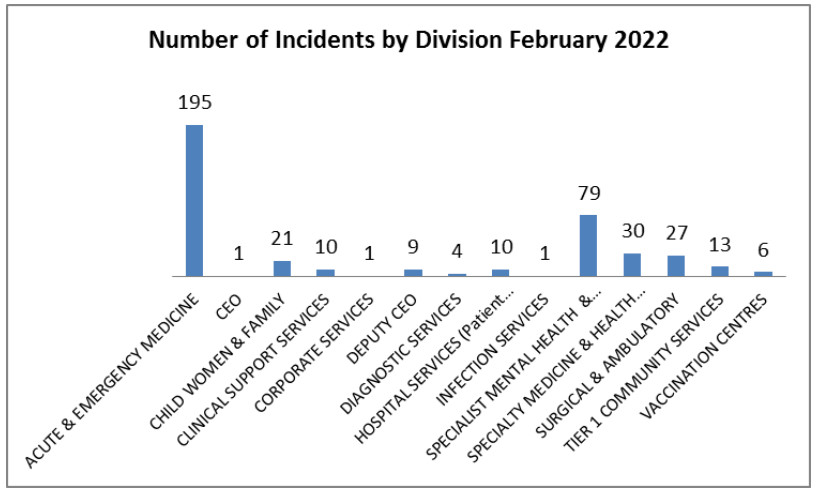

February 2022
Aggression Incidents
44
11
7
5
4
3
2
physical assault - body only
verbal assault - personal
verbal assault - general
physical assault - projectile object
verbal assault - threat of death
verbal assault - threat of physical violence
physical assault - hand held weapon

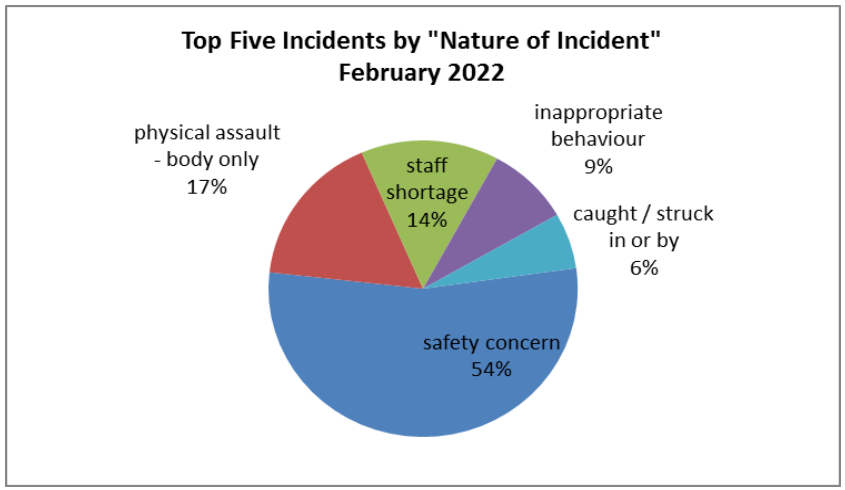
The following table provides information on the psychological impacts staff have chosen, relating to aggression incidents. Please note, there is no restriction on how many can be chosen per incident, as staff may experience a number of them, so the total number of incidents and the total number of psychological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

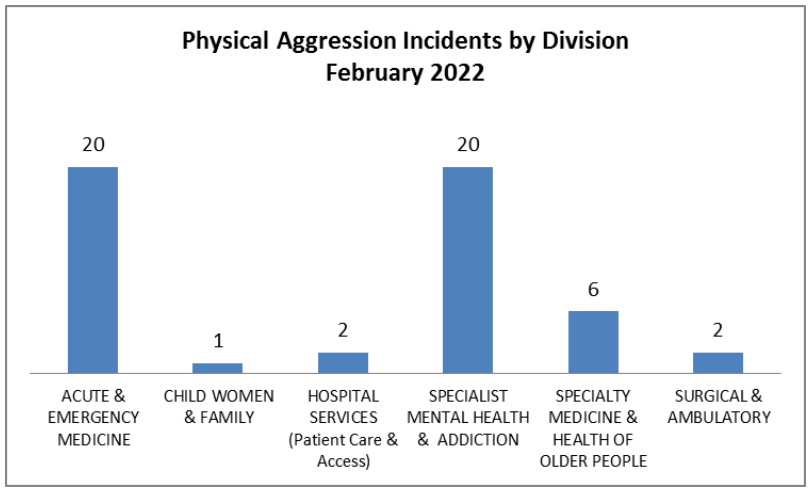


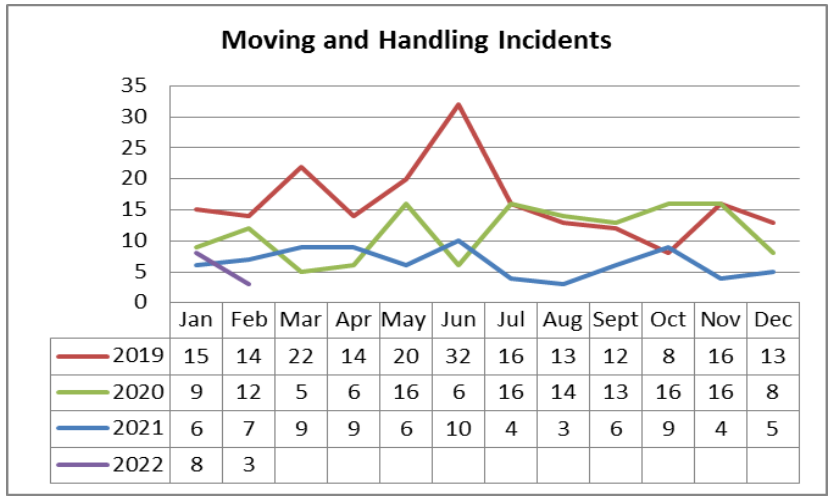
4. Performance Dashboard



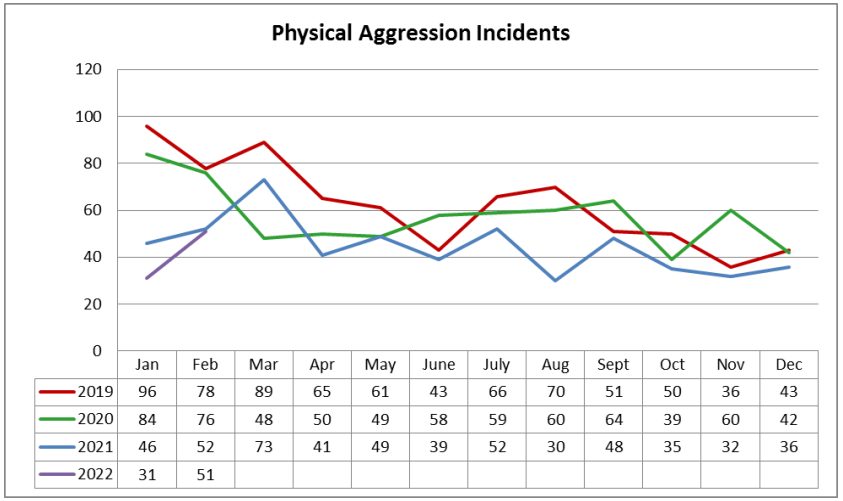




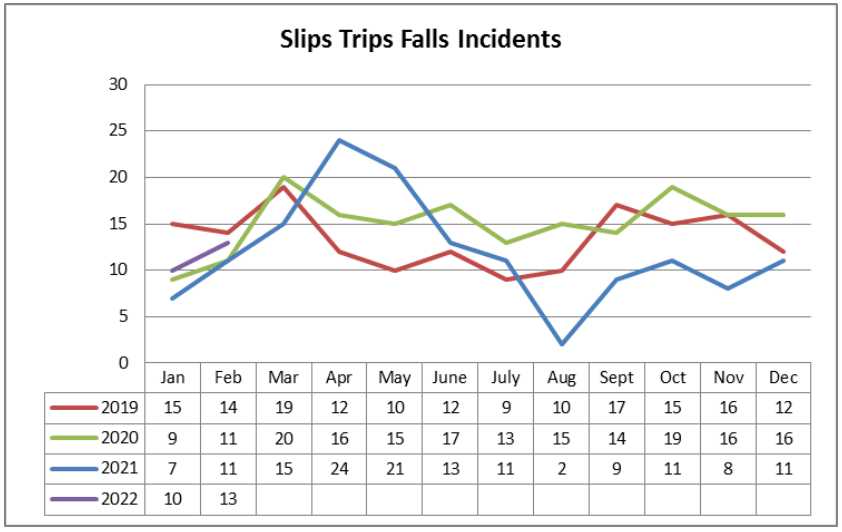




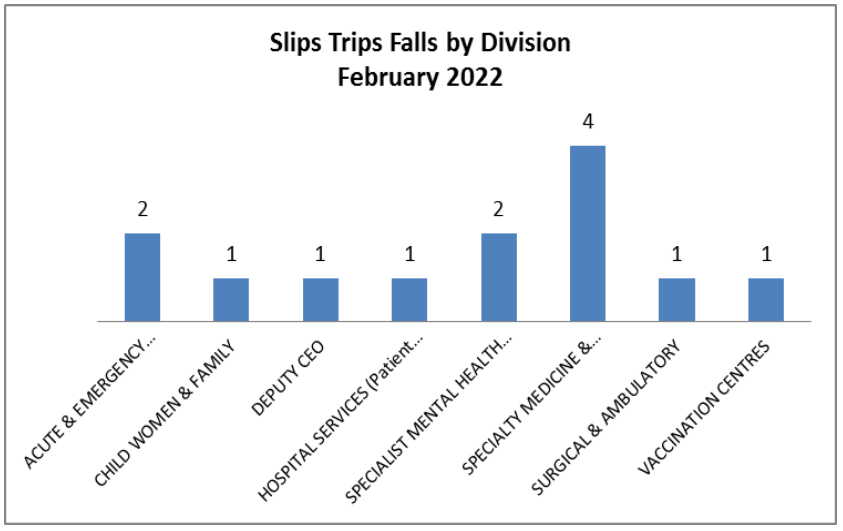
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2019	15	14	22	14	20	32	16	13	12	8	16	13
2020	9	12	5	6	16	6	16	14	13	16	16	8
2021	6	7	9	9	6	10	4	3	6	9	4	5
2022	8	3										



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

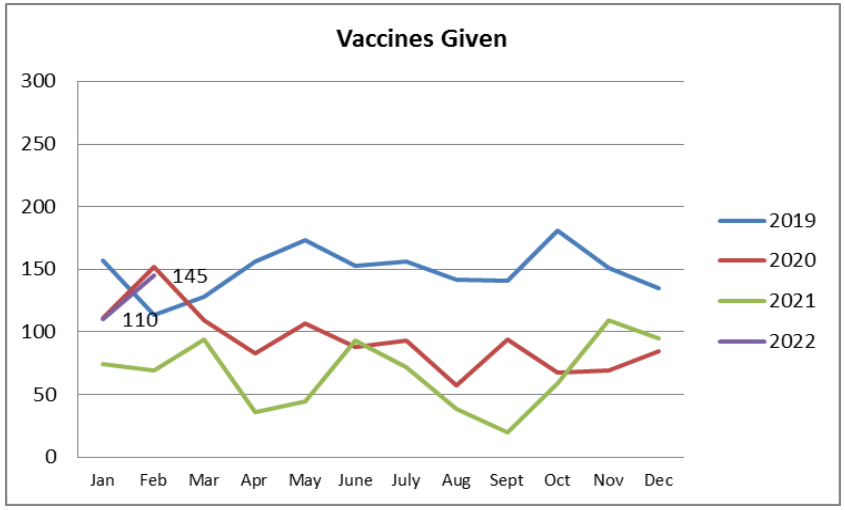


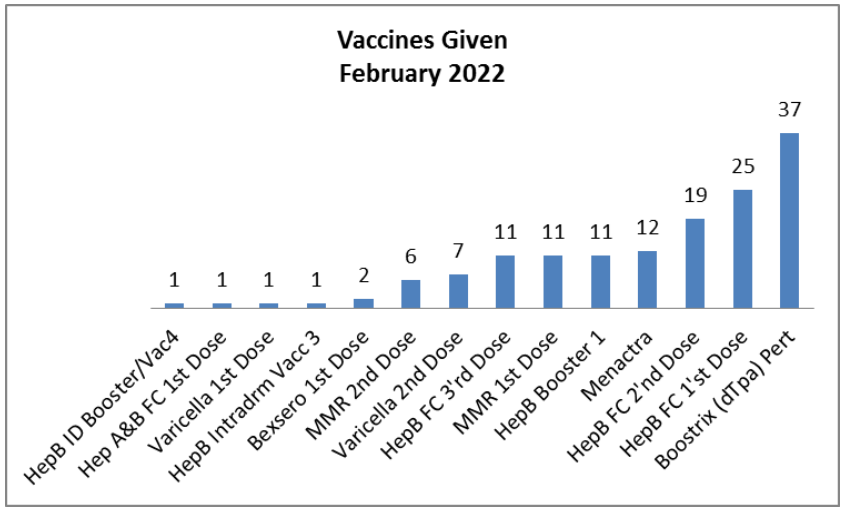
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2019	15	14	19	12	10	12	9	10	17	15	16	12
2020	9	11	20	16	15	17	13	15	14	19	16	16
2021	7	11	15	24	21	13	11	2	9	11	8	11
2022	10	13										

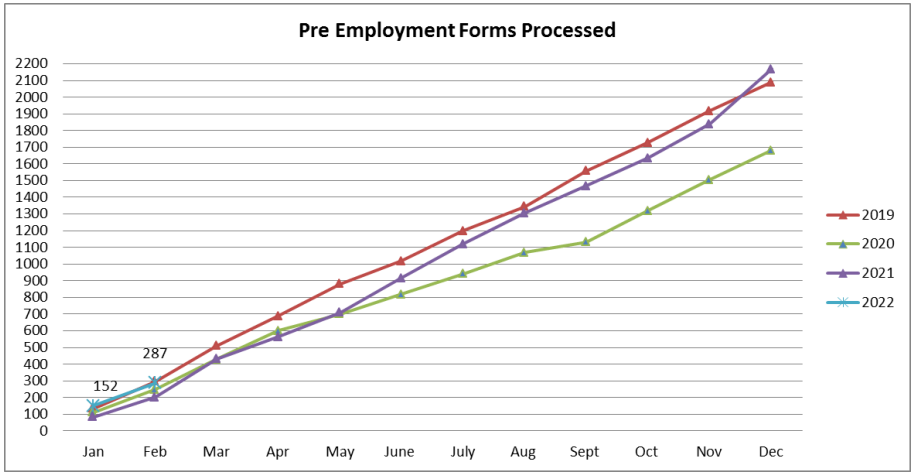


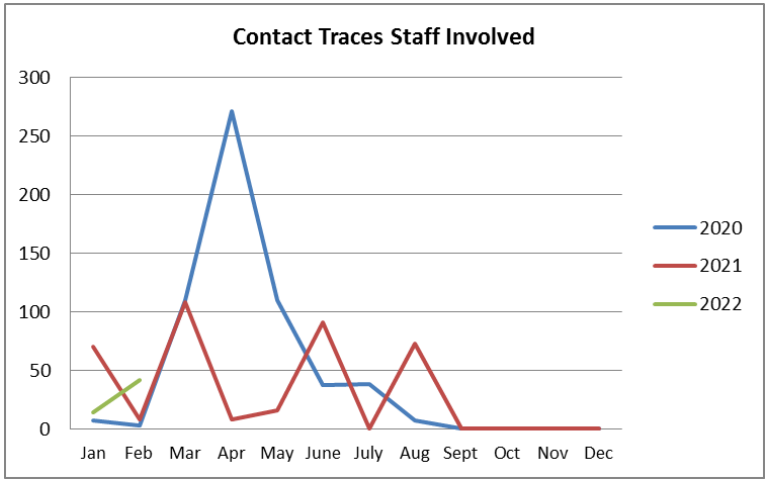
Occupational Health Activity

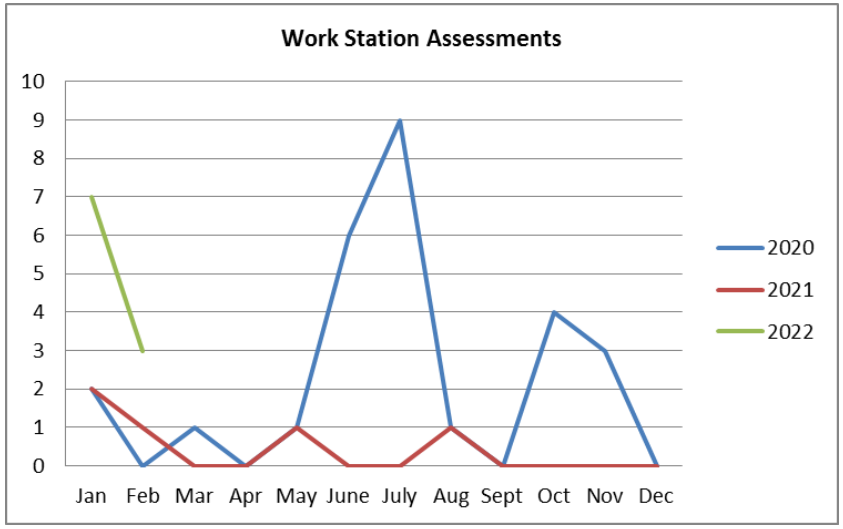
Outlined below is a summary of occupational health activity undertaken in the Waitematā DHB.

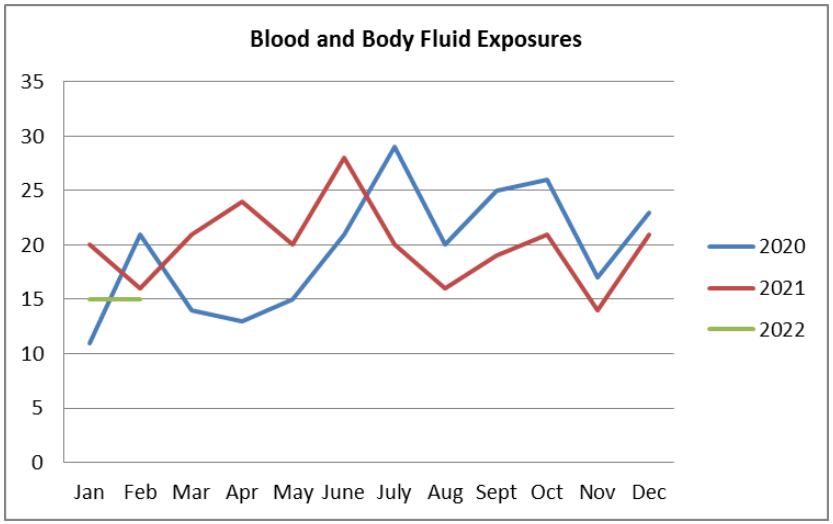


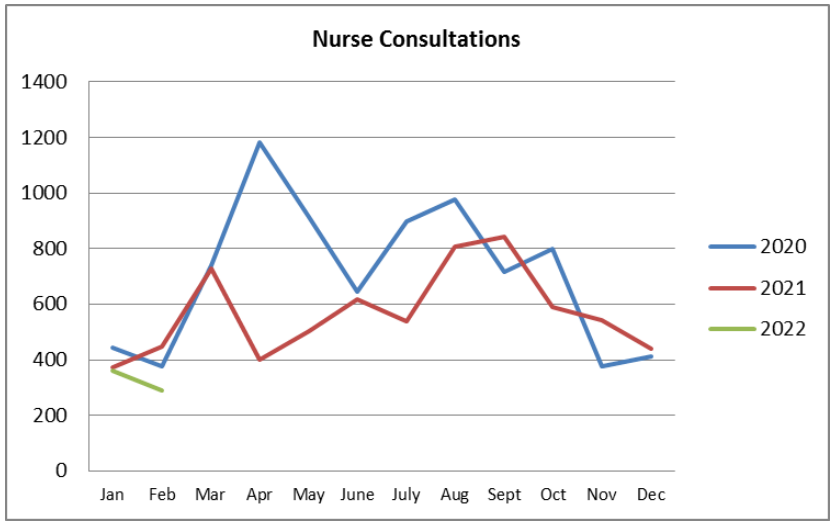


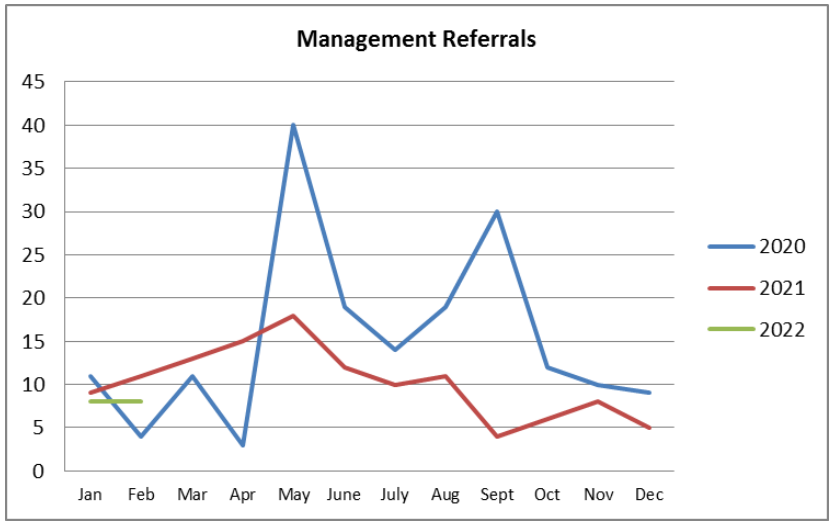





Work Station Assessments
10
9
8
7
6
5
4
3
2
1
0
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2020
2021
2022


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


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


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

5. Work related injury Claim Data for February 2022

Outlined below is our injury claims data for February. Work injury claims data is for all work injuries currently managed by Waitematā DHB, including injuries that occurred in previous years. High accident events account for approximately 67% of the cost of claims, as below:

INJURY CLAIM DATA

Total: Injury Claim Report for February 2022				
Lost days	**Treatment cost**	**Weekly compensation costs (80% of salary)**	**Staff cover cost**	**Total**
Number of lost days for month	$ total for month	$ total for month	$ total cover cost for month	Total $ cost for month
436.5	$41,871.22	$72,245.55	$90,306.94	$204,423.71

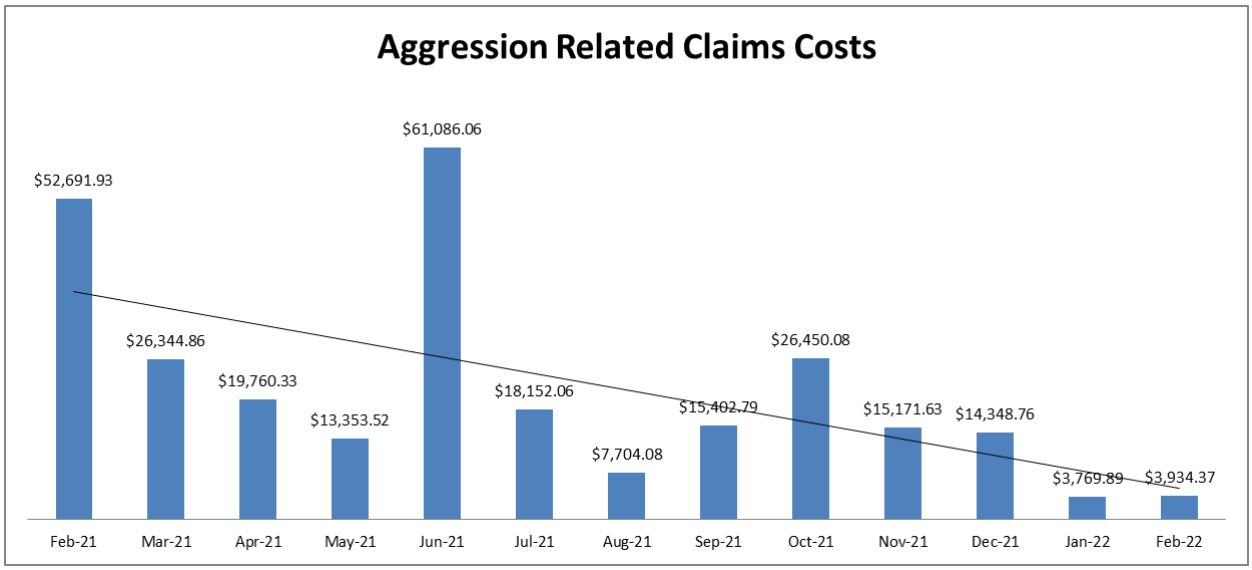
High Accident Injury type	Lost days this month	% of cost this month	Cost this month	12 month trend for injury claims
Slips Trips Falls	165	44%	$90,178.00	↓
Moving and handling	132.5	21%	$44,374.60	↓
Aggression	12	2%	$3,934.37	↓

* 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 22 lost time claims lodged in February 2022: • Twelve had seven days or less of lost time and have returned to full duties. • Two had over seven days of lost time and have returned to full duties. • Four had over seven days of lost time and are now fit for selected work. • Four staff members remain fully unfit for work.
Out of the 22 lost time injury claims, 17 involved work related hazards • Twelve had seven days or less of lost time and have returned to full duties. • One had over seven days of lost time and has returned to full duties. • Two had over seven days of lost time and are now fit for selected work. • Two members remain fully unfit.

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



7. Facilities Services Group – Health and Safety Update

Health and Safety key performance indicators (covering January 2022 period)

HEALTH AND SAFETY STATISTICS Jan 2022	Maintenance Services	COVID Specific Projects	NSH Campus	WTH and Mason Campus	Project Services	Jan Total	YTD 21/ 22
Incidents & accidents *Lost time Injuries*	0	0	0	0	NA	**0**	**0**
Serious harm accidents	0	0	0	0	NA	**0**	**0**
Accidents requiring medical attention	0	0	0	0	NA	**0**	**0**
Accidents requiring first aid	0	0	0	0	NA	**0**	**0**
Near Miss / Incidents *This month*	0	0	1[Lag2]	0	NA	**1**	**1**
Safety Inspections completed *This month*	100%[Lead1]	100%	100%	100%	NA	-	-
H&S / Toolbox Meetings *This month*	0%[Lag1]	100%	100%	100%	NA	-	-
Contractor Site Inductions *This month*	0	NA	16	9	NA	**25**	**25**

Incidents & Accidents	Incidents and accidents are monitored across all DHB sites and include data for staff and contractors.
Near Miss Incidents	Near Miss and Incidents are monitored across all DHB sites and include data for staff and contractors
Safety inspections	Safety Inspections are expected to be completed weekly during the construction period for all projects, and by all Maintenance Service trades
H&S / Toolbox meetings	• All contractors and staff are expected to attend one health and safety / toolbox meeting per construction week for projects. • Facilities maintenance staff are expected to attend fortnightly health and safety / toolbox meetings.
Contractor site inductions	This is an indication of the number of new contractor staff on site and will vary significantly with construction project work load.

Lead Indicators:

1. Maintenance Service Safety Inspections
    - Facilities Maintenance trades staff successfully completed and recorded safety inspections through January.

Lag Indicators:

1. Maintenance Service Health and Safety/Toolbox Meetings
    - No Facilities Maintenance trade staff toolbox safety meetings were conducted through the month of January due to COVID-19 staff absence, however these have continued again from February.

2. Near Miss / Incident

    Totara Haumaru Project, North Shore Hospital

    A worker tested positive for Covid-19. Covid-19 response plan ensures all relevant workers are tested and close contact isolations were commenced as required. Site organisation of "team bubbles" ensured limited exposures and close contact issues.

8. Wellbeing Update

Wellbeing activities and outputs : January and February 2022

		
• Regular meetings with 20 DHB wellbeing leads. • Recruitment – three new staff to commence work in March. Charlotte Chambers as Wellbeing Support Coordinator (0.8FTE); Caitlin Lark Wellbeing Support Intern (1.0FTE); and Brittany Young Wellbeing Support Intern (0.2FTE). • A programme of work to align to ISO 45003 will be developed during April - the worker participation actions are governed via the Staff Health, Safety and Wellbeing Committee	• Psychological impact statements implemented into the risk management system. • Raise (EAP) data report below. • HR Lead on the Qualtrix Survey Tool project.	• BNZ financial wellbeing programme was postponed. Will meet with the BNZ team in May to reset the programme. • Coffee, food and snacks delivered to various groups in the organisation.

IMT welfare stream:

- Frozen and fresh meals, snacks and care packages for ward teams.
- Telephone check-ins with charge nurse managers.
- Virtual sessions to check-in with teams.
- Through the "You're awesome Auckland" campaign, the Well Foundation distributed $20 vouchers to all cleaners, orderlies and security across our three main sites.
- Coffee machines installed in departments.
- Emergency food parcels and other support (incl. collection of scripts and medications etc.) for staff isolating with COVID and needing support, MIQ transfers when needed, nappies, baby formula, pet food etc.
- Contributed to the COVID Communications Champions newsletter with themes and messages.

Raise (EAP) January and February 2022:

- Increased staff access to Raise (EAP) services from three to six funded sessions - approved until July 2022.
- Additional sessions used by staff – **Five total additional sessions in January and February**
- Total hours January = 153 and total hours February = 132

Demographics:

- 54.1% referrals work related; 45.9% personal issues (a 30% work and 70% personal split is considered healthy)
- 73.02% female; 15.08% Male; 11.9% not specified
- 38.1% European; 46.03% not specified; 7.14% Asian; 0.79% Māori; 2.83% Pacific; 2.38% Middle Eastern; other 3.17%

Top reasons for referrals:

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

5.1 Financial Report - March 2022

Recommendation:

That the financial report be received.

Prepared by: Lorraine Ridgwell (Corporate Finance Manager) and Cliff La Grange (Deputy Chief Financial Officer - Funder)
Endorsed by: Robert Paine (Executive Director Finance, People and Planning)

Glossary

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

Background

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

1. Executive Summary

The Waitematā DHB BAU operating result prior to the impacts of COVID-19 for the month of March 2022 was favourable to budget by $2.077m, with an actual surplus of $7.976m against a budgeted surplus of $5.899m.

This operating result is impacted by a net $9.679m of additional costs, after offsetting all COVID-19 related costs in the month, primarily due to additional costs of the Omicron surge which reached a peak during the month, putting extraordinary pressure on all services. The overall result is therefore $7.340m unfavourable to the overall budget for the month.

The Waitematā DHB BAU operating result for the year to date 31 March, prior to impacts of COVID-19 was favourable to budget by $13.800m, with an actual deficit of $6.147m against a budgeted deficit of $19.947m. The YTD operating result is impacted by a net $1.607m of additional revenue for COVID-19 (after offsetting all costs) and therefore the overall result for the YTD is $14.970m favourable to budget

Based on the YTD performance, the DHB is forecasting a $1.00m surplus BAU operating position by 30 June 22; this being $20.5m favourable to plan, prior to the impact of the Holidays Act of $20m. This is an outstanding performance, given the extraordinary challenges of Omicron being faced in the current operating environment.

Table: Financial Indicators for March 2022

FINANCIAL PERFORMANCE									
$ millions	Month			YTD			Full Year at 30 Jun 22		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	1.357	0.100	1.257	8.702	0.900	7.802	11.50	1.20	10.30
Provider Arm	6.396	5.799	0.597	-16.986	-20.847	3.861	-14.24	-20.70	6.46
Governance Arm	0.223	0.000	0.223	2.137	0.000	2.137	3.74	0.00	3.74
DHB Operating Result: Surplus/(Deficit)	7.976	5.899	2.077	-6.147	-19.947	13.800	1.00	-19.50	20.50
Extraordinary costs									
Covid-19 Revenue / (Expense)	-9.679	-0.262	-9.417	1.607	0.436	1.170	0.00	0.00	0.00
Holidays Act	-1.667	-1.667	0.000	-15.000	-15.000	0.000	-20.00	-20.00	0.00
DHB Result : Surplus / (Deficit)	-3.370	3.970	-7.340	-19.540	-34.511	14.970	-19.00	-39.50	20.50

The impact of the Holidays Act is included in this year's plan at $20.0m for the year and is accrued to budget at $15.0m for year to date and therefore does not impact on the overall variance to the planned result.

The BAU operating result, prior to the impacts of COVID-19 for the year to date, reflects a favourable variance across all arms of the DHB; Funder Arm $7.802m, Governance Arm $2.137m and $3.861m in the Provider Arm.

1.1 Highlights

The DHBs BAU operating result for the year to date at 31 March 2022, prior to the impacts of COVID-19, was favourable to budget by $13.8m noting the key factors below:

Funder $7.802m favourable for the year to date (excluding COVID-19 impact) - key financial performance factors:

- $6.3m adverse impact resulting from Ministry advice removing budgeted funding related to the Combined Pharmaceutical Budget ($76m for the National Funding Pool – WDHB share $8.4m).
- $4.4m favourable impact resulting from Planned Care Improvement Action Plan revenue for 2020-21 received in 2021-22
- $2.7m favourable impact of WDHB share of 2020/21 Pharmaceutical funding which the Ministry had directed DHBs to hold in balance sheet for utilisation in 2021/22 (now released).
- $18.0m favourable impact as a result of an ongoing process of review, assessment and release of accruals for prior periods, as well as accruals relating to indicative initiatives budgets not yet contracted/committed in the current period (consistent with Audit New Zealand advice in this regard).

Provider $3.861m favourable year to date (excluding COVID-19 impacts) - key financial performance factors:

- Additional revenue from ACC contract price increase
- Favourable personnel costs due to vacancies
- Favourable outsourced Clinical Services, due to lower than planned volumes
- Unfavourable outsourced staff costs, primarily medical staff in Mental Health and cover for vacancies in administration staff for Clinical Records and Clinical typing.
- Savings on Outsourced Corporate Services
- Favourable clinical supplies and outsourced Corporate service costs, due to savings and provisional initiatives yet to commence.

Revenue of $5.048m has been accrued to cover the unbilled portion of net claimable direct costs in relation to the DHB's COVID-19 response, this includes the cost of redeployment and backfill of staff and regional costs via NRHCC for the management and delivery of the vaccination programme.

Governance $2.137m favourable for the year to date - key financial performance factors:

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

Extraordinary revenue and expenses year to date are:

- Holidays Act: Expense of $15.0m, as planned
- COVID-19: Net revenue of $1.607m, after offsetting expenses ($1.170m favourable to plan)

For commentary refer to section:

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

2. Clinical Activity

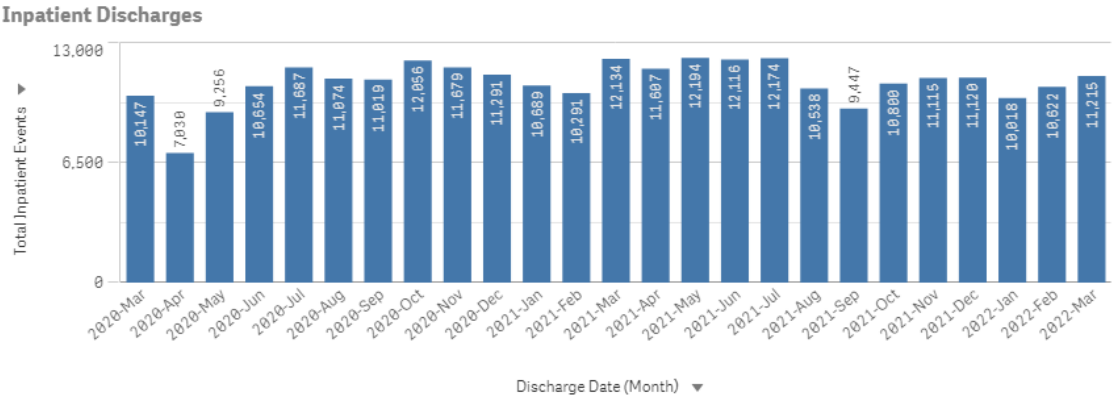
2.1 Clinical Activity Scorecard

Table: Clinical Scorecard for March 2022

CLINICAL ACTIVITY									
	Month			YTD			Full year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
ED attendances	8,642	9,678	1,036	77,956	84,855	6,899	105,148	113,095	7,947
Acute Volume (WIES)	5,667	5,923	256	51,282	52,152	870	68,503	69,488	985
Elective Volume (WIES)	1,188	1,614	-426	11,069	13,376	-2,307	20,586	18,014	-2,572
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									

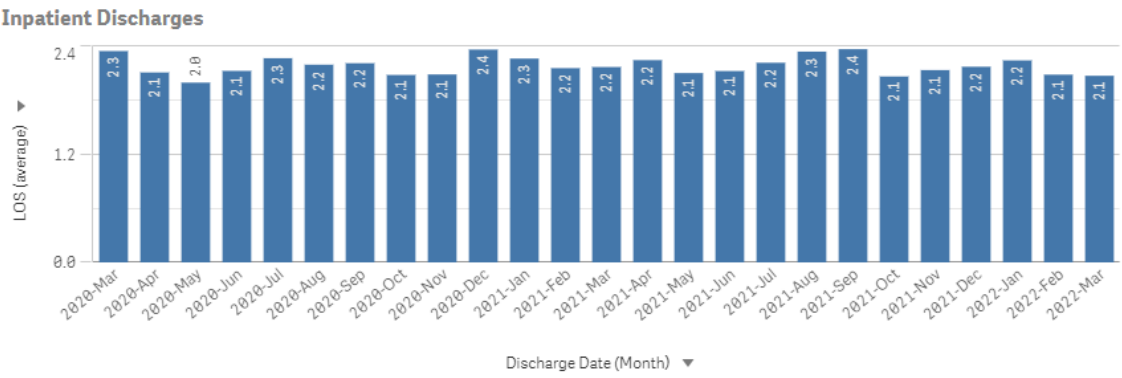
Clinical volume commentary for YTD March 2022

Total inpatient discharges in March 22 were 11,215, this was 919 fewer than March 2021, as shown in the graph below:



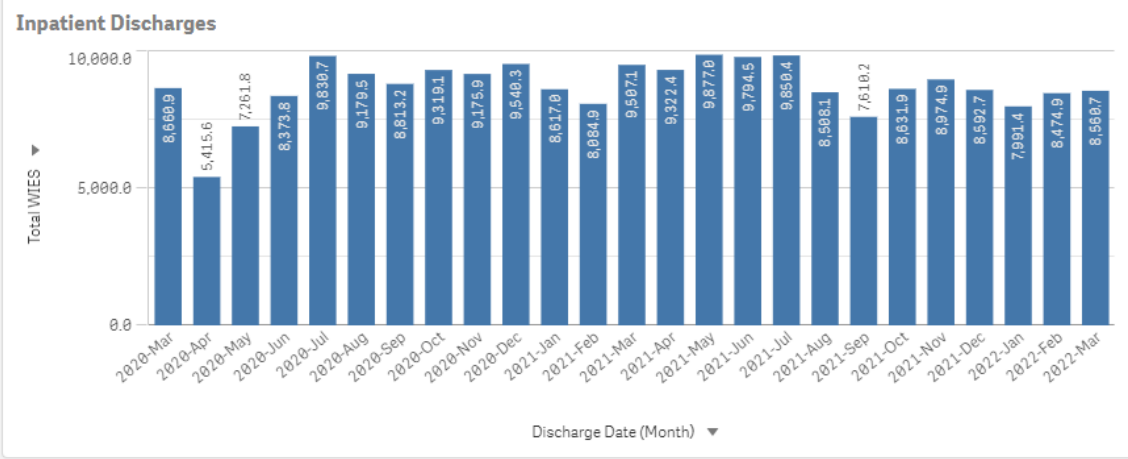
From 18 August 2021, reduced operating levels at ESC were in effect and by 24 August 2021 the ESC theatre suite was fully closed, resulting in the loss of four theatres. After having been operational at reduced volumes during October, the ESC theatres closed again on 1 November 2022 to provide additional COVID ward capacity for the expected growth in COVID related hospitalisations. ESC has remained closed through March and has only recently reopened on the 4th of April 2022.

Inpatient average Length of Stay (LoS) in the combined NSH/ESC campus and WTH hospitals in March 2022 was 2.07 days, which is consistent with the 25-month average of 2.18. Noting that Mental Health facilities are excluded, as they can have a significant impact, due to long stay inpatients.

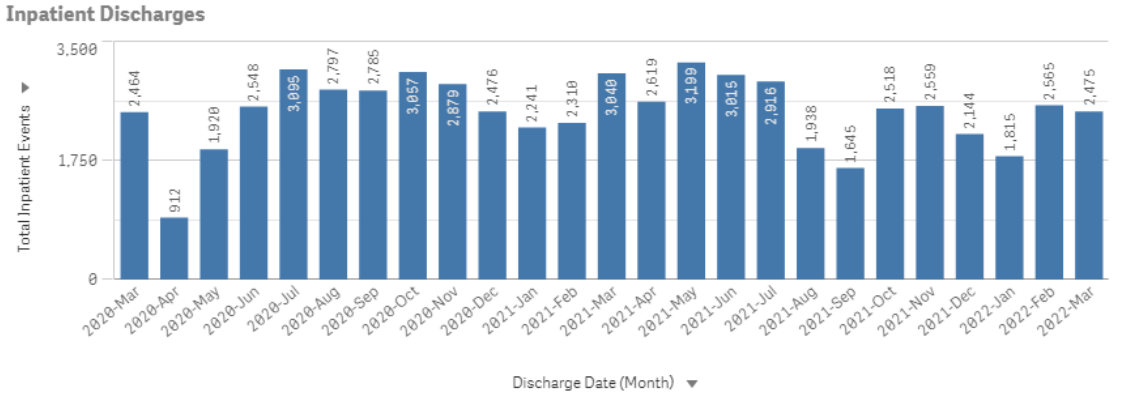


The total combined acute and elective WIES across all services is 77,195 for the year to date. This figure may increase once all clinical coding is complete; this is significantly less than March 2021 due to COVID-19 impacting the services that can be provided especially with the closure of the ESC.

This is 4,873 WIES lower for the 2022 year to date compared with FY21, or approximately $29.7m; the WIES volume for March 2022 reflects approximately $52.2m of case-weight revenue:



Elective discharges in the month of March 2022 at 2,475 was lower than in March 2021; noting that planned care was significantly affected by COVID-19 in both FY22 and FY21.



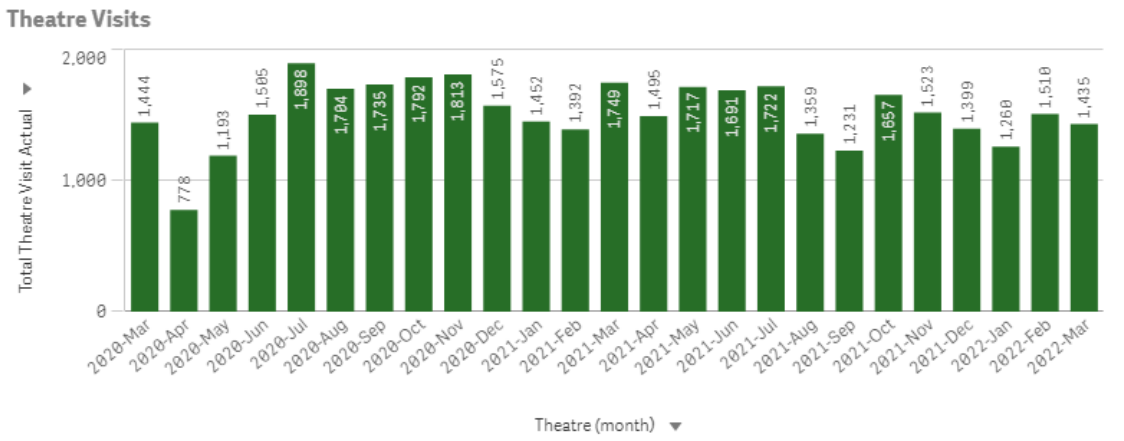
The cumulative volumes of Surgical Services (GenSurg., Ortho, Gynae, ORL and Urology) elective discharges for March YTD is significantly down, compared to the previous three years, as a result of the closure of ESC and impacts of the COVID-19 lockdown.

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

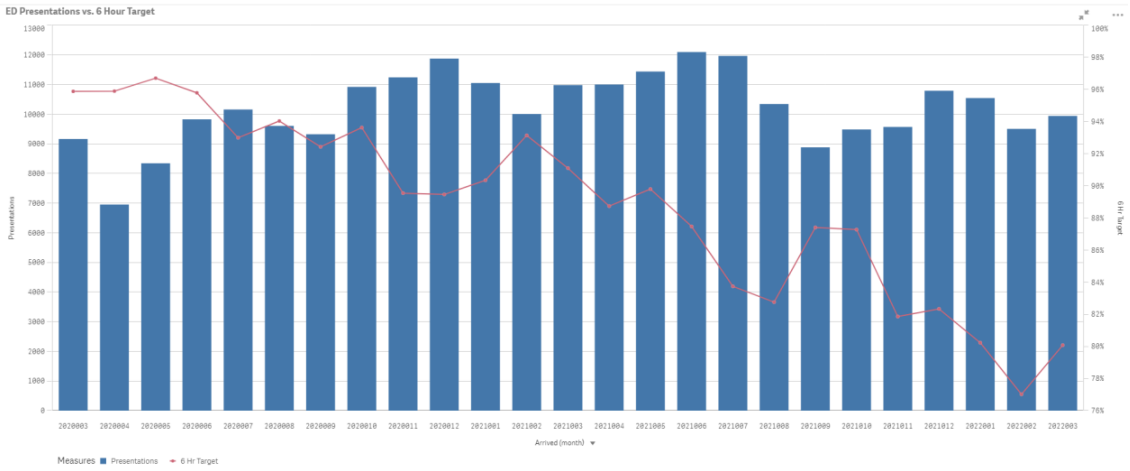
	2018/19	2019/20	2020/21	2021/22
July	1,039	1,038	1,188	1,148
August	2,123	2,134	2,306	1,893
September	3,095	3,109	3,421	2,467
October	4,133	4,140	4,590	3,489
November	5,249	5,239	5,715	4,359
December	6,069	6,053	6,699	5,055
January	6,958	6,960	7,524	5,642

February	7,925	7,917	8,377	6,568
March	9,005	8,819	9,386	7,359
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 March YTD compared to previous years with 13,096 theatre events for the year compared to 15,110 last year (2,014 events or 13.3% lower).



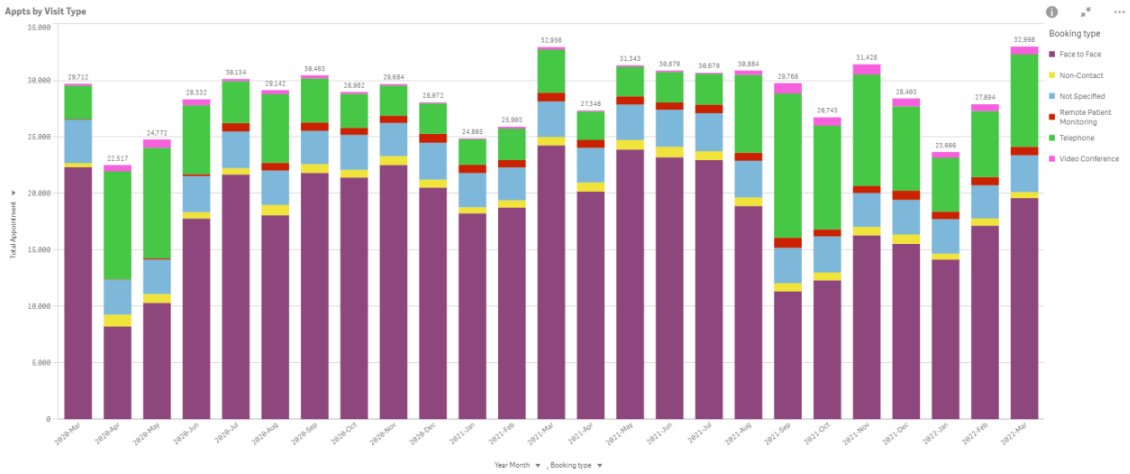
ED presentations during March 2022 at 9,942 were 9.4% lower than March 2021 and the 6-hour target for the month at 80% is below the usual average of 89% over the last 25 months. Noting that presentation numbers differ from the ED attendance numbers reported in the clinical activity scorecard above, as attendances exclude presentations of patients that stay less than 3 hours. The reduction in the target percentage in March are due to changes in bed configurations, staffing shortages, Covid sick leave and additional processes in place due to the streaming requirements which has slowed the processing time.



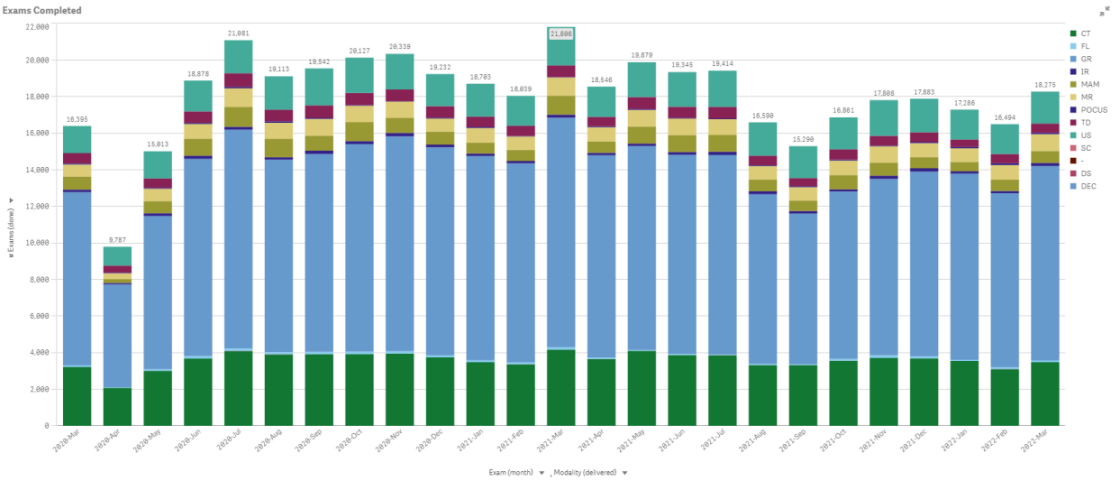
Outpatient appointments totalled 32,998 in the month of March 2022; amounting to 262,463 for this year compared to 260,201 last year (0.9% increase). Despite both financial years having COVID-19 impacts, this illustrates how the organisation has adapted to provide more non face-to-face appointments over the last 12 months. Telephone contact, video conferencing, remote monitoring

and non-contact appointments have increased by 31.2% over the last rolling 12 months compared the previous rolling 12 months to March 2021.

Total non-contact appointments for March 2022 were 10,158 making up 30.8% of all outpatient appointments (compared to 16.9% in March 2021 and 11.9% in March 2020).



Radiology volumes completed in-house are trending back up in March and remain lower than the prior year. With 18,275 procedures taking place in March 2022, compared with 21,806 completed in March 2021, although noting that both were impacted by COVID-19.



Of note, year-on-year there were:

- 14,679 fewer GR scans completed in-house for the year to date (14.3% decrease)
- 1,729 fewer Mammogram scans completed in-house for the year to date (22.3% decrease)
- 2,934 fewer CT scans completed in-house for the year to date (8.5% decrease)

3. Waitematā DHB Consolidated Financial Performance

The business as usual operating result for the month of March 2022, prior to the extraordinary costs of COVID-19 was favourable to budget by $2.077m and the year to date result for the DHB is $13.800m 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 $9.417m in the month of March 22 and $1.170m favourable for the year to date. This assumes revenue will be provided by the Ministry of Health to offset the reimbursable costs recorded on the DHB's COVID-19 tracker to date; noting that the budget includes $90m of COVID-19 revenue and expenses for the full year.

The cost in relation to the Holidays Act is embedded in the plan for 2021/22 at $20.0m for the year and is being accrued at $1.667m per month; therefore $15.0m 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 March 2022

CONSOLIDATED FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	186,077	179,539	6,538	1,603,718	1,572,997	30,721	2,104,622
Other	1,950	2,062	-112	19,968	18,160	1,808	32,437
Total Revenue	**188,026**	**181,601**	**6,425**	**1,623,685**	**1,591,157**	**32,529**	**2,137,059**
EXPENDITURE							
Personnel	69,862	67,409	-2,453	616,280	603,866	-12,414	821,484
Outsourced Personnel	2,061	1,607	-454	17,406	13,647	-3,759	18,234
Outsourced Services	6,347	7,236	889	61,077	65,043	3,966	86,666
Clinical Supplies	13,082	12,951	-131	107,087	111,409	4,323	148,881
Infrastructure & Non-Clinical Supplies	8,649	2,542	-6,107	86,285	61,527	-24,758	73,621
Funder Provider Payments	80,049	83,957	3,908	741,698	755,611	13,913	1,007,482
Total Expense	**180,051**	**175,703**	**-4,348**	**1,629,833**	**1,611,104**	**-18,729**	**2,156,369**
Operating Result : Surplus/(Deficit)	**7,976**	**5,899**	**2,077**	**-6,147**	**-19,947**	**13,800**	**-19,311**
Extraordinary cost							
Net Covid-19 (Revenue)/ Expense	9,679	262	-9,417	-1,607	-436	1,170	189
Holidays Act	1,667	1,667	0	15,000	15,000	0	20,000
DHB: Surplus / (Deficit)	**-3,370**	**3,970**	**-7,340**	**-19,540**	**-34,511**	**14,971**	**-39,500**

4.0 Funder Arm Financial Performance: March 2022

The Funder consolidated core result variance is $1.257m favourable for the month and $7.802m 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 Mar-22			YTD Mar-22			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE (excluding Covid-19)							
Funder NGO	50,209	53,034	(2,825)	471,477	477,308	(5,831)	636,411
Funder Own Provider	88,463	83,180	5,283	786,308	748,619	37,688	998,159
Funder IDF	31,005	31,023	(17)	280,709	279,203	1,506	372,270
Funder Governance	1,100	1,098	2	9,915	9,878	37	13,171
Total Funder Revenue	**170,776**	**168,334**	**2,443**	**1,548,409**	**1,515,009**	**33,400**	**2,020,012**
EXPENDITURE (excluding Covid-19)							
Funder NGO	48,380	52,234	3,854	453,482	470,108	16,627	626,811
Funder Own Provider	88,354	83,180	(5,174)	787,579	748,619	(38,959)	998,159
Funder IDF Outflows	31,586	31,723	137	288,731	285,503	(3,229)	380,670
Funder Governance	1,100	1,098	(2)	9,915	9,878	(37)	13,171
Total Funder Expenditure	**169,420**	**168,234**	**(1,185)**	**1,539,707**	**1,514,109**	**(25,598)**	**2,018,812**
CORE RESULT (excluding Covid-19)							
Funder NGO	1,829	800	1,029	17,995	7,200	10,795	9,600
Funder Own Provider	109	0	109	(1,271)	0	(1,271)	0
Funder IDF	(581)	(700)	119	(8,022)	(6,300)	(1,722)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	**1,357**	**100**	**1,257**	**8,702**	**900**	**7,802**	**1,200**
COVID-19 Only							
Revenue	13,403	6,833	6,570	59,211	61,500	(2,289)	82,000
Expenditure	13,403	6,833	(6,570)	59,211	61,500	2,289	82,000
Net Funder Impact Covid-19	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CORE RESULT (including Covid-19)							
Funder NGO	1,829	800	1,029	17,995	7,200	10,795	9,600
Funder Own Provider	109	0	109	(1,271)	0	(1,271)	0
Funder IDF	(581)	(700)	119	(8,022)	(6,300)	(1,722)	(8,400)
Funder Governance	0	0	0	0	0	0	0
FUNDER RESULT Surplus/(Deficit)	**1,357**	**100**	**1,257**	**8,702**	**900**	**7,802**	**1,200**

FUNDER REVENUE

The Funder consolidated revenue variance (excluding Covid-19) is $2.4m favourable for the month and $33.4m favourable for the year to date.

The drivers of the year to date variance include:

- $6.3m adverse impact resulting from Ministry advice removing budgeted funding related to the Combined Pharmaceutical Budget ($76m for the National Funding Pool – WDHB share $8.4m).
- $4.4m favourable impact resulting from Planned Care Improvement Action Plan revenue for 2020-21 received in 2021-22
- $5.0m adverse impact resulting from the creation of a Planned Care Revenue risk provision. This is offset by an equivalent expenditure variance resulting in nil impact on the Funder net result

- $1.6m favourable impact resulting from 2020-21 IDF wash-up as advised by the Ministry
- $0.1m favourable impact from Pharmaceutical revenue adjustment, PHO Capitation wash up and unbudgeted revenue relating to PHO Capitation services
- $38.6m favourable impact resulting from net changes to and within Ministry funded initiatives introduced after budgets had been set and have equivalent expenditure variances that mostly offset. This includes $30.3m for the year to date relating to Nurses & Midwives pay equity which has an equivalent expenditure and has a nil impact on net result. This also includes $5.6m for the month and year to date relating to 2020-21 Capital Charge Impact revaluations of Land & Buildings, which has an equivalent expenditure and has a nil impact on net result.

FUNDER EXPENDITURE
The Funder consolidated expenditure variance (excluding Covid-19) was $1.2m adverse for the month and $25.6m adverse for the year to date.

The drivers of the year to date variance includes:
- $6.0m adverse impact of Planned Care Improvement Action Plan transferred to Provider Arm for 2020-21 noting $4.4m of this was funded.
- $5.0m favourable impact of Planned Care Revenue wash up risk provision recovered from the equivalent Provider Arm expenditure allocation
- $3.1m adverse impact of the 2020-21 IDF wash up as advised by the Ministry
- $18.0m favourable impact as a result of an on-going process of review, assessment and release of accruals for prior periods as well as accruals relating to indicative initiatives budgets not yet contracted/committed in the current period. This is consistent with on-going Audit New Zealand recommendations in this regard.
- $0.9m adverse impact due to the normally expected utilisation variations across Funder services.

These variances apply particularly within Funder NGO services and typically offset over time and arise out of seasonal/demand/utilisation variations within Community Pharmacy, General Practice, Age Related Residential Care, Home Support Services and PHO Capitation Services $38.6m adverse impact resulting from changes to and within Ministry funded initiatives introduced and expensed after budgets had been set and which have equivalent revenue variances that offset. This includes $30.3m for the year to date relating to Nurses & Midwives pay equity which has an equivalent revenue and has a nil impact on net result. This also includes $5.6m for the month and year to date relating to 2020-21 Capital Charge Impact Revaluations of Land & Buildings which has an equivalent revenue and has a nil impact on net result.

FUNDER CORE RESULT
The Funder consolidated core result variance was $1.3m favourable for the month and $7.8m 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 March 2022

PROVIDER ARM FINANCIAL PERFORMANCE							
$ 000's	Month			YTD			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
Crown	103,573	94,385	9,188	843,440	806,608	36,832	1,082,770
Other	1,944	2,057	-113	19,772	18,115	1,657	32,377
Total Revenue	105,518	96,442	9,076	863,211	824,722	38,489	1,115,146
EXPENDITURE							
Personnel	69,039	66,253	-2,785	608,790	593,461	-15,328	807,610
Outsourced Personnel	1,853	1,383	-470	15,334	11,632	-3,701	15,548
Outsourced Services	6,020	6,909	889	58,252	62,096	3,844	82,736
Clinical Supplies	13,082	12,950	-132	107,084	111,399	4,316	148,868
Infrastructure & Non-Clinical Supplies	9,129	3,148	-5,980	90,738	66,981	-23,758	80,895
Total Expense	99,122	90,643	-8,479	880,197	845,570	-34,628	1,135,657
Provider Operating: Surplus/(Deficit)	6,396	5,799	597	-16,986	-20,847	3,861	-20,511
Extraordinary Revenue/(Expense)							
Covid-19	-9,679	-262	-9,417	1,607	436	1,170	-189
Holidays Act	-1,667	-1,667	-0	-15,000	-15,000	-0	-20,000
Provider: Surplus / (Deficit)	-4,950	3,870	-8,820	-30,380	-35,411	5,031	-40,700

The BAU Provider Arm operating result for the year to date 31 March 22, prior to the extraordinary impacts of COVID-19, was a deficit of $16.986m against a planned deficit of $20.847m and therefore favourable by $3.861m.

The overall positive variance is further improved by additional net revenue of $1.170m relating to COVID-19, after offsetting the reimbursable and non-reimbursable cost impacts. This being costs of $50.51m offset by $52m of revenue, of which $30.5m is from Laboratories for COVID-19 testing.

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

Provider Arm Services

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

$000's	Direct Revenue YTD			Direct Expenditure YTD			Variance	Covid-19 & Holiday Pay Impacts *	Total Variance
	Actual	Budget	Variance	Actual	Budget	Variance			
PROVIDER ARM FINANCIAL PERFORMANCE YTD									
Surgical Services Incl. ESC	8,177	6,508	1,669	151,142	147,460	-3,682	-2,013	0	-2,013
Acute & Emergency Medicine	2,555	2,381	175	126,564	126,017	-547	-373	0	-373
Specialty Medicine and HOPS	11,865	7,080	4,785	77,143	77,631	488	5,273	0	5,273
Child, Women & Family	10,606	10,169	437	60,153	60,699	546	982	0	982
Clinical & Diagnostic Support	4,754	4,421	333	118,857	117,812	-1,045	-712	0	-712
Sub-total Provider services	**37,956**	**30,558**	**7,398**	**533,858**	**529,618**	**-4,240**	**3,158**	**0**	**3,158**
Specialist Mental Health & Addiction	14,392	12,245	2,147	129,401	128,151	-1,250	897	0	897
Regional Dental	85	394	-308	19,703	21,714	2,012	1,703	0	1,703
Commissioning & Community Health	13,893	15,992	-2,099	15,571	17,406	1,836	-263	0	-263
Corporate and Provider Support	796,884	765,533	31,351	181,666	148,680	-32,985	-1,634	1,170	-464
Total Provider operating result	**863,211**	**824,722**	**38,489**	**880,198**	**845,570**	**-34,628**	**3,861**	**1,170**	**5,031**

Provider Services Commentary on YTD result

Surgical Services and ESC (YTD combined $2.013m unfavourable to budget)
The following updates are the consolidated position for both the Surgical and Ambulatory Service (SAS) and Elective Surgery Centre (ESC):

The unfavourable variance is driven by:

- Despite the impact of COVID, YTD Revenue was $1.668m ahead of budget; additional revenue from ACC as part of the Financial Sustainability program showed a $662k benefit against budget and was $800k more than YTD last year. $250k of this increase was due to an increase in ACC rates that were backdated. ADHB sourced revenue was $491k higher than budgeted and November saw a one-off payment ($492k) from MoH to cover cost of additional weekend theatre sessions, as part of the planned care catch up programme.
- Medical costs were $1.124m greater than budget; a significant reason for the additional costs relate to the increased additional clinics and costs related to Saturday lists which were being run to meet surgical health targets and ESPI compliance. There has also been significant use of Fellows over the summer period to backfill annual leave of SMOs and also some long term sick leave within medical staff that has led to higher than planned costs.
- Nursing costs were $1.15m over budget which was mainly due to the need to use HCAs to provide watches on wards and due to additional open beds in the Surgical Assessment and Short Stay Unit. There have also been significant overtime costs due to the running of Surgical theatre Saturday lists as part of the planned care catch up and a significant impact on Nursing costs due to COVID impacting on leave and need for overtime to cover roster gaps.
- Allied Health costs were $174k greater than budget, driven by a need to backfill roster gaps for Anaesthetic Technicians and costs related to the Saturday lists for theatres and endoscopy.
- Outsourced costs are underspent by $406k, due to reduced levels of skin lesion activity over the holiday period and impacts of COVID-19. There have also been savings related to delayed start of the wet-lease arrangements for hand operations, which has led to an underspend of $231k YTD.
- Clinical Supplies were below budget prior to COVID due to lower Orthopaedic costs driven by acute demand displacing elective surgeries, particularly knees. As a variable cost, clinical supplies have been materially impacted by COVID, particularly Orthopaedic spend.
- The service had a financial sustainability target of $2.774m YTD which has partly been met by the increased revenue described above.

<u>COVID-19 impacts $5.455m favourable:</u>
Surgical Services have recognised a financial benefit arising from the closing of the ESC (18 Aug to 30 Sep 2021; 01 Nov to 31 Dec 2021; 01 Feb to 31 Mar 2022) and the reduction in theatre activity at NSH from mid-August to November. The main benefits were in the reduction in spend on clinical supplies ($4.0m) as all but P1 planned care and acute surgeries stopped during Level 4 with a careful re-opening of planned care operations from Level 3 onwards.

The reduction in surgeries were particularly severe in Orthopaedics, which had few P1 elective surgeries and as a consequence has created a significant saving in implants and consumables. The closure of ESC also reduced the package of care costs ($2.51m); ESC theatre related staff were redeployed within SAS to cover vacancies during the period, while the Cullen Ward staff have remained to run the COVID response in the ESC building.

Personnel costs saw a $1.5m negative impact on the YTD March 2022 result, of which $1.1m relates to the month of March 22 during the Omicron surge; this related particularly to the use of overtime, cost of staff being on COVID leave and payments made to staff providing backfill duties. Some revenue streams were impacted by COVID ($0.280m); Auckland DHB cancelled their theatre lists at Waitakere hospital in the first six weeks of the lockdown period and ACC revenue dropped considerably during August and September 2021.

Acute and Emergency Medicine Services (YTD $0.373m unfavourable to budget)
The unfavourable variance is driven by:

- The Emergency Department (ED) had lower patient presentations in the month compared with the same period last year. For this YTD, North Shore presentations have dropped by 16% and Waitakere is down by 7%.
- Medical staff costs are higher than planned in the month, mainly due to a higher than planned number of registrars allocated and higher costs in cardiology services. Medical staff costs in ED have increased since the August 2021 Covid outbreak.
- Inpatient wards have had lower bed utilisation, due to COVID-19 impacts and with Ward 11 being closed until mid-October for refurbishment to meet Covid ward requirements. However, nursing staff shortages have added pressure on existing staff and overtime has been used to cover shifts.
- Cardiology services have completed 29% more pacemakers and 22% fewer ICD cases YTD than the same period last year. The cost of increased production has been offset by a price reduction in cardiology devices and other consumables.
- The Division has contributed $0.431m YTD to the Financial Sustainability Programme (FSP).

<u>COVID-19 impacts $4.92m favourable</u>:
A number of staff have been stood down or on paid special leave in relation to COVID-19; the cost of cover is estimated at $3.894m for Nursing YTD, of which more than $2m relates to the month of March 22 during the Omicron surge. Additional registered nurses and health care assistants were deployed at both EDs since the 18th of August, thus incurring extra staff costs of $1.304m YTD. However, some savings from outsourced personnel cost are offsetting some of the additional costs and annual leave taken is close to prior year levels.

Specialty Medicine and Health of Older Persons Services (YTD $5.273m favourable to budget)
The favourable variance is driven by:

- Revenue is $4.785m favourable, driven by higher than anticipated ACC revenue $0.750m from an increase in the ACC bed day rate, and a one-off back pay of $3.058m. Research revenue of $0.707m (fully offsets the over spend on research personnel, drugs and other research related consumables) and $0.196m of unbudgeted revenue mainly from short term secondments (offset by cost of cover in personnel). Release of $0.311m deferred revenue to fund the increase in Gastro internal production.
- Medical staff costs are favourable by $0.642m, mainly driven by vacancies (RMO under-allocations) and one off reversals of overpayments paid to SMOs and high annual leave taken during December and January.
- Other personnel groups have a combined favourability of $0.497m, mainly driven by vacancies and closure of Ward 15.
- Outsourced clinical services is favourable by $0.480m mainly due to the under delivery of Gastro outsourced procedures.
- Clinical supplies are unfavourable $0.231m, mostly due to Renal blood tests and an increase in the number of patients being managed on the transplant list. Costs of $0.241m associated with research are offset by the favourable research revenue and $0.361m of savings in MHSOA respite service, due to the implementation of financial sustainability initiatives.
- Infrastructure and non clinical supplies are unfavourable by $1.757m, including the financial Sustainability savings target amounting to $1.360m to date and miscellaneous research consumables of $0.593m which is fully offset by research revenue.

<u>COVID-19 impacts $0.857m unfavourable</u>:

- All services have experienced additional staff costs ($0.376m) compared to prior year trends, which is attributed primarily to additional hours worked during the Omicron surge and staff not taking annual leave.

Child, Women and Family (YTD $0.982m favourable to budget)
The favourable variance is driven by:

- Current vacancies across Maternity inpatient services have resulted in an underspend of $213k to date. The service continues to experience difficulties in recruiting to vacancies and high overtime costs particularly in March are the result ongoing roster gaps that are being filled at a cost premium. Maternity Inpatient activity tracks at 341 WIES or 6% ahead of target to date.
- Child Residential Respite and Rehabilitation Nursing and Therapy service spending is $481k favourable to date due to staff vacancies and earlier staff redeployment. A quieter inpatient Respite facility means that where appropriate staff can be redirected to other wards to support high demand or any Covid related activity.
- Current higher patient demand and associated cost pressures across the neonatal units is being mitigated by a reasonably quiet Paediatric Inpatient ward. The net impact is a $134k favourable position.
- Women's Health Colposcopy service funding is tracking $80k favourable to budget YTD. The 2021/22 National Cervical Screening Programme funding reflects a significant price increase for FSA and procedure activity.
- A one off reimbursement of over charged Colposcopy lab tests from Lab Plus Auckland was received in July 21 $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 ($606k). Gynaecology Elective and Acute activity tracks at 122% and 95% of target to date.
- Paediatric medical staffing cost pressures linked to long term sick leave cover, impact of specialist neonatal nurse shortages, vacancy cover and unbudgeted registrar resource ($807k).
- Embedded Financial Sustainability savings target amount to ($975k) to date with benefits being realised in increased funding associated with the expense reimbursement from Lab Plus Auckland and increased Colposcopy funding aligned with recent unit price increases. The service continues to explore savings opportunities.

<u>COVID-19 impacts $2.277m unfavourable:</u>

- One of the most significant Covid impacts to date is related to a reduction in Residential Respite inpatient numbers and therefore a shortfall in inpatient bed day billing to the MoH. The $660k impact relates predominately to the months of September 21 through to November 21.
- Special Covid leave accounts for $417k of the balance to date with annual leave not taken a further $416k; the latter showing signs of reducing as vaccinated staff have the ability to travel.
- Child Services Public Health Nurses, Vision Hearing Testers, Health Care Assistants and Admin staff were redeployed to the Auckland Regional Public Health Service, vaccination centres, front of house, asymptomatic swabbing and contract tracing locations earlier in the financial year. This has meant that normal child health immunisation programmes have had to be delayed. Planning is underway to catch up on this delayed activity.

Clinical and Diagnostic Support Services (YTD $0.712m unfavourable to budget)
The unfavourable variance was driven by:

- The Financial Sustainability Programme allocated savings target for Clinical & Diagnostic Support Services is $2.0m unfavourable YTD; this has been partially met by new supply contracts in Pharmacy and Laboratories
- Pharmaceutical costs are $754k unfavourable YTD in the Inpatient and Outpatient Pharmacies due to the fixed funding model.
- Radiology outsourced volumes are higher than plan and costs are $190k unfavourable.
- Patient meals are favourable due to lower volumes YTD $406k.
- Blood products are also favourable $211k YTD.

COVID-19 impacts $21.728m favourable:
Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing is $30.5m YTD and offset by additional direct related costs in personnel and supplies of $8.8m YTD. The favourable impact has been washed up in Corporate to offset other unfunded and indirect Covid-19 expenditure.

Commissioning and Community Health Services

Specialist Mental Health and Addiction Services (YTD $0.897m favourable to budget)
The favourable variance was driven by:

- Revenue is $2.147m favourable to budget, made up of extra revenue for one ID patient, five ID beds purchased, additional funds for new MoH contracts for Tobacco control and Infant and perinatal Mental Health and crisis support. Our court reporting revenue had a slight recovery in March post the prior Covid effected months with $0.094m positive. The service is still not completing reports under Section 38 (2) (c) so this will impact our full year revenue result.
- Medical staff costs are $1.130m favourable, driven by SMO vacancies but partially offset by use of outsourced locums to cover sick leave, maternity leave and vacancies.
- Nursing costs are $2.689m unfavourable driven by high overtime across all Inpatient units. This overtime is due to sick leave, whai ora requiring 2:1 observation due to complex needs and Covid-19 bubble matrix requirements.
- Allied Health staff costs are $2.198m favourable due to high vacancies (84.0 FTE), as the recruitment of alcohol and drug clinicians, social workers, psychologists and occupational therapists continues to be difficult.
- Outsourced services $0.826m unfavourable due to locum cover which offsets against savings made in the medical personnel line. This also includes costs for court reports completed outside of job size by SMOs.
- Infrastructure & non-clinical supplies $1.561m unfavourable which includes unmet savings from the Financial Sustainability Programme. To date $0.132m has been met from reduced locum spend year on year within the Child and Youth service.

COVID-19 impacts ($3.054m unfavourable):
The service has suffered a loss on court reporting revenue $0.883m and associated outsourced costs of $0.428m for this work, as it cannot be undertaken under the current alert levels. March included extra-ordinary overtime payments made to staff working particular shifts due to the surge and staff shortages. Year to date nursing costs are $1.318m. The remainder is primarily for personnel isolating; a small percentage are high risk staff due to age and underlying health conditions.

Auckland Regional Dental Service (YTD $1.703m favourable to budget)
The favourable variance is driven by:

- Staff vacancies of $2.043m across ARDS remain the dominant driver of the favourable result.
- Revenue YTD is unfavourable by $0.308m due to lower volumes in Maternal Oral Health project
- Savings to date have been achieved from reduced vehicle costs and staff mileage reimbursements. Work continues to find initiatives to meet FSP targets in final quarter of financial year; this will be challenging while simultaneously trying to apply efficiency gains to reduce arrears volumes.

COVID-19 impacts (YTD $ 0.361m favourable)
The Regional Dental service has 86,001 attended appointments YTD compared with 221,773 for an equivalent period prior to Covid-19, however revenue received is not affected by this reduced volume. Covid-19 has seen an increase in leave accrued ($0.333), however this is offset by $0.694m of savings from reduced clinical supplies, cleaning, repairs and maintenance since Level 4 lockdown began in August 2021.

Commissioning and Community Health (YTD $0.263m unfavourable to budget)
The following updates are the consolidated position for Bowel Screening and Needs Assessment Service Coordination (NASC), as well as Breast Screening Waitematā Northland (BSWN).

The unfavourable variance is driven by:
- Staff vacancies $0.551m, with NASC, Bowel Screening and Breast Screening $services being the dominant drivers of the favourable result.
- Revenue YTD is unfavourable by $0.378m due to claw back revenue in Bowel screening $0.508m partially offset by $0.130m adjustment in Breast Screening revenue.
- Favourable YTD variance of $0.201m in Other Direct costs is primarily from Bowel Screening savings of $0.301m.
- Breast screening is $0.129 unfavourable due to higher outsourced costs.

<u>COVID-19 impacts (YTD $ 0.544m favourable)</u>
- Breast Screening Waitemata / Northland has 27,761 screens YTD compared with 33,135 last year. Revenue received is reduced by $0.495m due to reduced volume.

Corporate and Provider Arm Support Services (YTD $0.464m unfavourable to budget)
The unfavourable variance is driven primarily by:
- Overspends in Facilities ($1.336m), including maintenance and price increase for new gas contract ($501k)
- Depreciation, due to prior year revaluation of buildings, $1.576

Offset by additional revenue and cost savings, including:
- An upside of $3.224m in Personnel costs, mostly due to staff vacancies in Corporate
- $400k recovered from the insurance risk sharing arrangement for the flood that occurred at North Shore Hospital in February 2019.
- Favourable Clinical Supplies and Outsourced Corporate service costs, due to savings and provisional initiatives yet to commence.

<u>COVID -19 and other extraordinary impacts $1.170m favourable:</u>
Consolidation of all of the above mentioned COVID-19 financial impacts from services, including:
- Provision for under delivery of planned care ($5.0m), pending advice from MoH as previously paid as per budget for the first quarter ended 30 September
- Additional revenue in Laboratories relating to contract with Ministry of Health to provide COVID-19 testing $30.5m, offset by additional direct related costs for personnel and clinical supplies of $8.8m for the YTD.
- Accrued revenue to cover all claimable direct costs in relation to the COVID-19 response, including redeployment and backfill of staff, and regional costs via NRHCC for management and delivery of the vaccination programme
- Shortfall of Car parking revenue ($1.889m) impacted by reduced numbers of patients, staff and visitors on site during the COVID-19 restrictions
- Provision for deferred CME costs ($1.09m), due to current travel restrictions.

6.0 Waitematā DHB Financial Position

6.1 Summary of Financial Position

Table: Summary financial position as at March 2022

$000's	31-Mar-22			Feb-22	Variance to	Jun-21
	Actual	Budget	Variance	Actual	Last Month	Actual
Crown Equity	**536,362**	**400,964**	**135,398**	**539,732**	**-3,370**	**403,955**
Represented by:						
Cash & Bank Balances	48,761	29,976	18,785	51,108	-2,347	77,468
Other Current Assets	119,016	77,129	41,887	128,766	-9,750	85,652
Current Liabilities	-604,367	-539,631	-64,736	-605,967	1,599	-536,950
Net Working Capital	**-436,590**	**-432,526**	**-4,064**	**-426,093**	**-10,498**	**-373,830**
Fixed Assets	979,780	831,058	148,722	972,600	7,180	793,561
Long Term Investments in Associates	51,550	50,032	1,518	51,500	50	51,200
Term Liabilities	-58,378	-47,600	-10,778	-58,275	-102	-66,976
Total Employment of Capital	**536,362**	**400,964**	**135,398**	**539,732**	**-3,370**	**403,955**

6.2 Financial Position Commentary

The negative 'Net Working Capital' balance of $436.590m at 31 March 2022 is expected, due to the nature of current liabilities, including the increasing annual leave provisions and the current portion of other staff entitlements, such as continuing medical entitlements (CME). While these liabilities are considered current, any significant draw down is unlikely as accrued entitlements tend to offset leave claims over time.

The opening balance for Current Liabilities includes the brought forward provision of $191m for the potential under-payment of Holiday Pay based on the workings provided by Ernst & Young in 2019/20. The Holidays Act Provision will continue to increase by a further $1.667m per month for the remainder this year, as per plan of $20.0m for the year.

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

The 'Cash and Bank Balance' of $48.761m at 31 March 2022 was close to $18.785m better than planned, however this does vary on a number of lines due to timing of receipts and payment to suppliers and other providers. The primary cause of the variances in Revenue and Personnel costs is due to payment of MECA and Pay Equity settlements, which have been funded in-year by MoH.

The 'Other Current Assets' balance includes accrued revenue for reimbursement of COVID-19 related expenses, as well as outstanding payments from non-residents totalling $2.915m.

6.3 Detailed Statement of Cash Flow

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

$000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Cash flows from operating activities:						
Inflows						
Crown	203,893	182,885	21,008	1,712,059	1,645,957	66,102
Interest Received	108	29	79	909	261	648
Other Revenue	1,405	1,639	-234	10,718	14,720	-4,002
Outflows						
Staff	81,373	74,398	-6,975	650,384	603,055	-47,329
Suppliers	25,173	22,403	-2,770	226,530	208,818	-17,712
Other Providers	93,369	90,790	-2,579	800,826	817,110	16,284
Capital Charge	0	0	0	13,758	10,002	-3,756
GST (net)	-2,269	0	2,269	-4,141	0	4,141
Net cash from Operations	**7,760**	**-3,038**	**10,798**	**36,329**	**21,953**	**14,376**
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets	0	0	0	0	0	0
Associates	0	0	0	-150	0	-150
Outflows						
Capital Expenditure	10,057	19,215	9,158	64,886	86,612	21,726
Investments	50	0	-50	0	0	0
Net cash from Investing	**-10,107**	**-19,215**	**9,108**	**-65,036**	**-86,612**	**21,576**
Cash flows from financing activities:						
Inflows						
Equity Injections	0	0	0	0	21,960	-21,960
Outflows						
Funds to Deposit	0	0	0	0	0	0
Net cash from Financing	**0**	**0**	**0**	**0**	**21,960**	**-21,960**
Opening cash	**51,108**	**52,229**	**-1,121**	**77,468**	**72,675**	**4,793**
Net increase / (decrease)	**-2,347**	**-22,253**	**19,906**	**-28,707**	**-42,699**	**13,992**
Closing cash	**48,761**	**29,976**	**18,785**	**48,761**	**29,976**	**18,785**
Closing Cash Balance in NZHP Sweep acc	**48,761**	**29,976**	**18,785**	**48,761**	**29,976**	**18,785**

6.4 Cash Position

The key drivers for the variance to budgeted cash flows from operating activities is due to timing of revenue received and payments to personnel, suppliers and other provider payments. In particular, for this year, the significant variances in Revenue and Personnel costs are due to unplanned MECA and Pay Equity settlements, most of which was paid as lump sums during November and December 2021; additional revenue is being provided on a month by month basis to cover the ongoing cost of these settlements.

Operating cash flow is also further impacted by additional cost and the retrospective claims process for both the planned and the additional unplanned costs of COVID-19, impacting on revenue and Personnel expenses. Capital expenditure is $9.158m below plan for the year to date 31 March 2022. The Omicron outbreak and COVID-19 alert level restrictions has led to additional focus on COVID-19 preparedness and resilience projects, which has caused some delays to other planned projects.

6.1 Planning Funding and Outcomes Update

Recommendation:

Note the key activities within the Planning, Funding and Outcomes Unit.

Prepared by: Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding and Development Manager Women, Children & Youth), Leani Sandford (Portfolio Manager, Pacific Health Gain), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AAA	-	Abdominal Aortic Aneurysm
AF	-	Atrial Fibrillation
ARC	-	Aged Residential Care
DHB	-	District Health Board
HCSS	-	Home and Community Support Services
HPV	-	Human papillomavirus
MMR	-	Mumps, Measles and Rubella
MoH		Ministry of Health
NA-HH		Noho Āhuru – Healthy Homes
NCHIP	-	National Child Health Information Platform
NGO	-	Non-Governmental Organisation
NHI	-	National Health Index
NIR	-	National Immunisation Register
NRHCC	-	Northern Region Health Coordination Centre
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
UR-CHCC		Uri Ririki - Child Health Connection Centre

1. Purpose

This report provides a brief update on Planning and Funding and Outcomes (PFO) activities and areas of priority. Note that most of the team are supporting the current outbreak response across a range of activities.

2. Primary Care

Our team remain heavily involved in the primary care COVID response.

2.1 Vaccinations

We have been working closely with the NRHCC and providers to ensure that contracts are in place and sites are prepared to maintain access to vaccinations. There are 71 general practices providing COVID vaccinations in our catchment area, and 64 pharmacies. Another nine mobile pharmacy teams are offering outreach support to communities and centres as required.

2.2 Whānau HQ

As COVID positive cases rise in our community, we have focused our resource, in partnership with the NRHCC, on preparing providers to manage cases. A metro-wide funding framework is in place for general practices to be reimbursed for care they provide to positive whānau in the community.

3. Health of Older People

3.1. Aged Residential Care

There have been 81 COVID-19 exposure events/outbreaks in aged residential care (ARC) facilities within Waitematā DHB since the start of the Omicron outbreak at the beginning of February. The vast majority of ARC facilities with COVID-19 positive residents have coped exceptionally well. Most exposure events have been self-managed by the facilities with daily updates to the DHB. A small number of facilities, assessed as medium risk, have required more intensive input from the DHB. Workforce has been a significant issue although mitigating measures have been implemented including staff returning to work under the critical workers' guidance, redeployment of staff within an ARC organisation and implementing contingency care plans.

3.2. Home and Community Support Services

Home and Community Support Services (HCSS) providers have had to prioritise services to high need and socially isolated clients when there have been workforce shortages due to the Omicron outbreak. Modification of tasks has also occurred to free up the workforce. Communications were sent out to all HCSS clients at the beginning of February to prepare them for any changes in their service delivery but it is acknowledged that this has not been an ideal situation.

In recognition of the recent increase in fuel prices, which has a significant impact on the HCSS workforce, DHBs have agreed to an increase in the mileage rate. The rate has increased by five cents to 63.5 cents per kilometer for a temporary period (15 March to 30 June 2022).

4. Child, Youth and Women's Health

4.1 Immunisation

Childhood Immunisation Schedule Vaccinations

There has been a significant primary healthcare disruption due to COVID-19, which affects immunisation coverage with delays in whānau accessing childhood immunisation. In addition, influenza vaccination started 1 April 2022. This creates further competing demand in primary care which usually lasts 4-6 weeks, after which vaccination capacity pressures tend to ease.

This month the hierarchy of Primary Care services was reviewed in response to the Omicron surge to support practice's prioritisation decisions. Childhood immunisations were highlighted in communications as a key service to continue delivering in all business continuity plans.

Te Puna Manawa HealthWEST have recruited an additional 2 FTE to increase their Outreach Immunisation Service (OIS) and home-visiting teams to implement the additional OIS Funding Agreement. HealthWEST had a successful start to their innovative OIS fixed-site clinic in West Auckland. This clinic is held one day per week, accepting booked-in appointments and is only for children/whānau that are referred by the DHB NIR team. The first two days they vaccinated approximately 16 tamariki each day. This is a positive development in an area where there are fewer GP clinics available. HealthWEST are considering an additional day per week.

The Ministry of Health has several work streams underway at pace, building on the COVID-19 tools to integrate with child, antenatal and influenza immunisation programmes. Additional funding may be allocated for MMR immunisation catch-up this financial year. Consultation is underway to increase the child vaccinating workforce by expanding the role and training for COVID-19 vaccinator pharmacists and community vaccinators working under supervision. The new immunisation register (National Immunisation Solution) is rolling out in stages starting with 'Flu vaccination programme as of 1 April 2022.

Work has been progressing to deliver integrated immunisations (meaning co-administration of vaccines for the whole whānau) through the NRHCC COVID -19 programme across several work streams. A brief summary of the work to date follows:

- Māori and Pacific Mobile Units:
  - The funding Agreement with Providers for the COVID-19 Māori and Pacific mobile units (managed by the DHB Māori and Pacific programme managers) offers whole-of-whānau immunisations. Opportunistic child and antenatal immunisations are given in the homes they are visiting and this has been in place for several months.
  - A childhood overdue immunisation work stream is functioning with those same providers and our Uri Ririki – Child Health Connection Service (includes NIR team). Tamariki aged 2-5 years who are over-due MMR is the entry point. This is proving successful and we are looking to extend this.
- NRHCC Outreach Service
  - Integrated immunisation operational work is progressing with NRHCC outreach team to train staff and set up IT/NIR access. The priority is those attending special schools and emergency housing/vulnerable communities.
- NRHCC/DHB Community Vaccination Centre (CVC)
  - The first CVC site is established and functioning offering integrated immunisations at Albany.
- Community and School Vaccination Events
  - When the lead Māori or Pacific Covid-19 immunisation provider requests support for administering additional vaccinations, then a collaboration is activated with the Public Health Nursing team and MMR catch-up project team to attend and provide whole-of-whānau immunisations. This often also including oral health, vision and hearing testing and Well Child checks.

Note: As BAU, PHOs receive the NHI lists of children eligible for Flu vaccine annually. The OIS child referrals are flu-matched and tagged by the NIR team. There is an in-hospital vaccinator service for Waitakere Hospital that does all child (in-patient) immunisations. Recruitment is underway for an antenatal (out-patient clinic) vaccinator. Recruitment is also underway for a nurse vaccinator in the low-decile Enhanced School-Based Health Service secondary schools to offer catch-up immunisations for students in school year 9.
In response to the Omicron outbreak, PHOs and General Practices continue to offer Mama/Pepi clinics as a dedicated time and space for childhood immunisation. PHOs are supporting practices that have workforce pressures by assisting with immunisation recalls and Immunisation Coordinators are stepping in to run immunisation clinics. Some PHOs had employed dedicated FTE to support practices in reconnecting with whānau that had previously declined scheduled child immunisations.

Waitematā DHB has developed a Recovery Action Plan in consultation with Primary Health Organisations (PHOs), Māori and Pacific Health Gain teams, and regional partners to improve immunisation rates. The Ministry of Health (MoH) provisionally approved this in August since when we have been implementing the plan.

Activities completed to date include:

- The DHB funded a communication campaign to promote childhood immunisation. This included radio and retail advertising from January 2022, as well as social media posting and future posters and key messaging engagement activities.
- The successful Māori Case Review Group structure has now widened to include tamariki who are Pacific or Q5. The meeting is a collaboration of clinicians from the DHB, Māori and Pacific WCTO providers, NIR, OIS and Oral Health services. The aim is to reconnect services with children and their whānau.
- The fridge magnet, a DHB funded initiative, is now being sent out alongside the NIR/NCHIP welcome letters to Māori, Pacific and Q5 babies. This is a reminder tool for parents/caregivers of the scheduled primary immunisation events. They are also translated in Te Reo Maori, Samoan and Tongan languages.
- A 4th birthday card, DHB funded initiative is also underway. The card is sent out to Maori and Pacific children that are turning 4 years old. An evaluation of this initiative will be conducted before the end of this FY.

In April 2022, the Waitematā child vaccination rates have decreased slightly. As of 18 April, the 3-months rolling childhood immunisation coverage for **8 months of age** had decreased for Total population to 87% (1% drop) and Māori 65% (2% drop), with a slight drop of 0.1% for Pacific 85% in comparison to last month.

The coverage for **24 months of age** has held steady for tamariki Māori (67%) and total population (85%), while Pacific (79%) rates have fallen slightly for the same period.

Below is a table comparing childhood immunisation coverage over the last two weeks, including the decline/opt-off rates across Total, Māori and Pacific population.

Coverage for the Total population at 24 months of age is consistently between 84-85% for the last 3 weeks, and Māori is 67%. Immunisation rates for Pacific tamariki is slowly trending upwards with 79% fully immunised.

Waitematā DHB Childhood Immunisation Coverage												
3 month rolling average	Week of 18/04/2022						Week of 11/04/2022					
Milestone Age	Total	Maori	Pacific	Total Decline & Opt-off Rate	Maori Decline & Opt-off Rate	Pacific Decline & Opt-off Rate	Total	Maori	Pacific	Total Decline & Opt-off Rate	Maori Decline & Opt-off Rate	Pacific Decline & Opt-off Rate
8 months	87%	65% ↑	85%	3%	8%	1%	87%	64%	85%	3%	8%	1%
24 months	85% ↑	67% ↑	79%	5%	11% ↓	2% ↓	84%	66%	79%	5%	12%	3%
5 years	81.00%	71.00%	80% ↑	5% ↓	9%	4% ↓	81%	71%	77%	6%	9%	5%

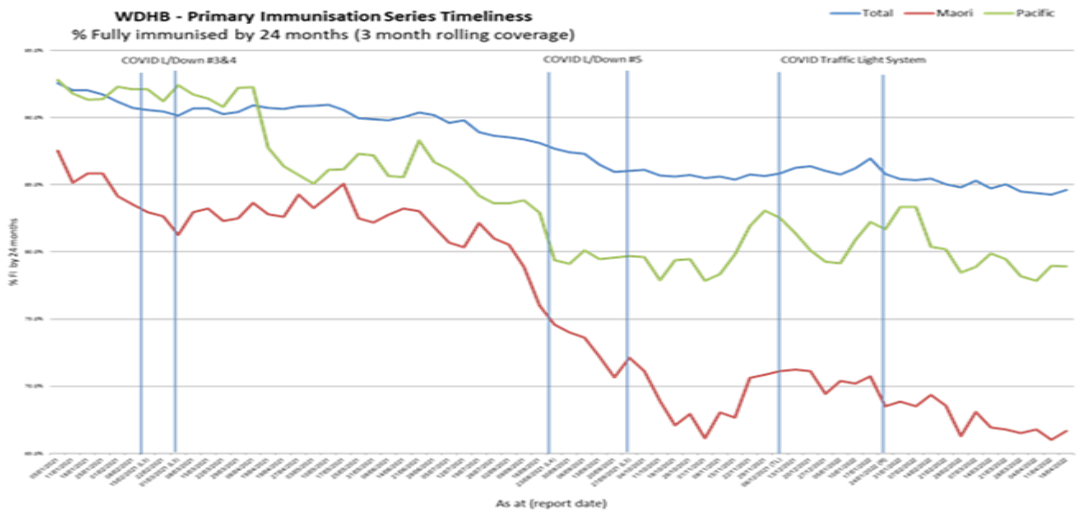
4.2 Measles

Work has continued as part of the national Measles Mumps and Rubella (MMR) catch-up focused on 15 to 30-year olds, particularly Māori and Pacific, with the Waitematā strategy to increase awareness of the need to be immunised and increasing access to the vaccine. Since the campaign was launched by Minister Genter in July 2020, 2,583 new MMR doses have been recorded on the NIR for 15 to 30 year olds in Auckland DHB to the end of February 2022. Of these 282 were for Māori and 508 to Pacific. The DHB MMR team have given 1,342 MMR doses across Auckland and Waitematā, taking a

holistic approach and offering a catch up of Boostrix (pertussis, 475 vaccines) and HPV (748 doses) in schools, and meningococcal (101 doses) in tertiary residential facilities.

The Ministry of Health have announced that the programme has a further extension to 30 June 2022. The programme has been impacted by COVID -19 lockdowns with planned school and tertiary vaccine events being cancelled. Activities in schools, tertiary institutes and partnerships with private occupational health providers, Family Planning and the Regional Sexual Health clinic continue.

The DHB project team are now exploring opportunities for delivering MMR alongside COVID-19 vaccination in community pop-ups and Vaccination clinics. The MMR Team have supported a Henderson South School based event and planning is underway to attend Pasifika where we hope to increase the awareness around measles as well as vaccinating over the June long weekend. There is a reluctance by whānau to have multiple vaccines currently.



4.3

4.3 Uri Ririki – Child Health Connection Centre

The UR-CHCC team continue to support population health with National Immunisation Register (NIR), National Child Health Information Platform (NCHIP) and Noho Āhuru (NA-HH) during the COVID-19 Red Light setting, with a mixture of in office and working from home to ensure business continuity and provision of business as usual services. A significant number of staff were directly affected by Covid.

The National Immunisation Register (NIR) administrators are being impacted by continual NIR server outages, generally at least once per day, often for 20-30 minutes at a time. When the NIR has an outage there is a loss of connection, preventing data from being entered or reviewed, or reports being run - given the state of immunisation coverage, every minute lost to a NIR outage makes it even harder to follow up our overdue children, particularly when we run the overdue reports to our GP clinics. This has been raised as an issue with the MoH Immunisation team, however the regularity of these outages has worsened in 2022 whilst we await for the replacement National Immunisation Solution (NIS). The Ministry of Health have indicated the Minimum Viable Product is expected by late March for 'flu vaccine recording, with expansion to other vaccines later, thus we can expect to be using the aging NIR for some time to come.

Access to NCHIP has been made available through Regional Clinical Portal and also to Plunket. Our Well Child Tamariki Ora network are now also onboarding and are enthusiastic about how this system will support their service provision. NCHIP continues to support children being enrolled with a WCTO provider – a process for children aged seven weeks old without a WCTO provider results in

whānau of around 4 Waitemata DHB children each week being contacted by the Newborn Enrolment Coordinator to support their enrolment.

The 'Lost to Service' pathway with Ministry of Social Development (MSD) continues, however receiving data back has been a challenge during COVID-19 lockdowns. The Māori Immunisation Case review meetings have had a refresh – the group now meets fortnightly (instead of monthly) and discusses all Māori, Pacific and Q5 children who have turned 6 months of age in the last two weeks (as opposed to the monthly meeting discussing all children who have turned 6 months old) and are not fully immunised – this change expands to include all our vulnerable tamariki in a more timely manner.

NA-HH received 70 referrals in March. A series of initiatives to promote the service and increase referrals continues. The Welcome Letter sent by UR-CHCC to advise whānau of their child's enrolment on the NIR/NCHIP has been revised to include information about NA-HH and self-referral, and has already seen an increase in self-referrals as a result of this. Delivery of assessments by DHB social workers has been impacted by staff re-deployment during Covid, resulting in a significant backlog of service delivery. Services need to be re-prioritised.

4.4 Youth Health –enhanced School Based Health Services

The Enhanced School Based Health Services (ESBHS) programme is delivered in ten low-decile secondary schools, Alternative Education settings and the Teen Parent Unit in Waitemata DHB. The programme provides youth friendly, confidential, and easy to access health services – the nurse is available at school every day, supported by a visiting general practitioner.

The school nurses have continued to provide the routine care they normally offer, using standing orders and the school GP support to work to the top of their scope and provide care to students. They managed this alongside a huge increase in demand for COVID related support. In term 1, there were large numbers of symptomatic students at school having to be isolated and sent home with advice about how to isolate, test and manage. Nurses also supported families isolating at home with questions about COVID management and access to testing and other supports available. There has been delayed access to healthcare for some students due to isolation rules and health teams have been managing this and helping students to get the care they need. Often families and students know the health centre staff and trust them and may find difficulty accessing their own GP or not be registered with a practice. This health advice is important for them and the community.

There have been very low attendance rates at school due to students isolating, or restricted access to school for students so as to limit numbers. The ESBHS school health teams offer remote services to students having to isolate or learn remotely, in addition to the usual on-site clinics.

Nurses have also continued with HEADDSSS assessments using YouthCHAT or brief assessments when YouthCHAT is not available. They act on any issues raised as they usually would. It has been, and continues to be, a very disruptive time for students and health teams, but the teams continue to offer high quality healthcare and support to students. However, HEADSSS targets have not been met. Students have highlighted the lack of privacy in the home as a barrier to participating in online assessments/sessions.

4.5 Contraception

Access to contraception options, particularly Long Acting Reversible Contraception (LARC) remains a priority. Promotion of the opportunity to provide funded LARCs is ongoing within community and primary care providers. A steadily increasing number of skilled providers are now offering the service. Service provision has been negatively impacted by the COVID outbreak, with service delivery volumes notably reduced, despite increase in provider numbers among primary care. Contraception

provided in hospital settings such as maternity, have continued to be important and have been provided steadily throughout.

Collaboratively with ADHB Women's Health Directorate, we have been able to support practical training for a small number of clinicians in targeted services such as youth health. This has gone well and we continue to support Ministry of Health and the Family Planning Association to strengthen training opportunities in LARC provision. Training opportunities were also negatively impacted by COVID, with a reduced number of training sessions completed.

A consumer facing resource postcard has been developed with extensive stakeholder input. The resource is intended to supplement contraception consultation discussions in a range of settings, and support consumers to be referred to a provider of free contraception. This will supplement information resources on contraception options already available, and the patient facing web based resources. We have ensured that information for all providers across Auckland and Waitematā DHBs is available, and that Counties Manukau Health information will be linked. Further feedback on the resource will be sought after it has been utilized for a period of months and refinements may be incorporated for future resources.

In addition, we are working with CMH to develop a consistent pathway to support GP to GP referral which may be able to be implemented in this programme.

4.6 Cervical Screening

Cervical Screening coverage across New Zealand including Waitematā DHB is below the national performance target of 80%. Screening coverage has been persistently inequitable. The table below shows the three year coverage to end of 2021 compared with December 2019 (prior COVID).

Table: NCSP coverage (%) in the three years ending 31 December 2019 and 2021 by ethnicity, women aged 25–69 years, Waitematā DHB and Total NZ Coverage:

Ethnicity	WDHB 3 year coverage, Dec 21	National 3 year coverage Dec 21	WDHB 3 year coverage, to Dec 19	National 3 year coverage Dec 19
Māori	54.4%	57.2%	59.8%	67.5%
Pacific	55.3%	58.2%	63.2%	66.4%
Asian	56.4%	56.6%	61.5%	61.8%
Other	73.9%	76.0%	77.9%	75.9%
Total	**65.7%**	**68.4%**	**70.5%**	**71.7%**

NCSP analysis (unpublished) after the first 2020 lockdowns indicated that the rate of screening activity recovered to "pre-COVID" levels, we believe this reflects concerted effort in Primary Care practices. However, NCSP analysis indicates this was not equitable, with a persistently lower rate of screening among Māori and Pacific women. Pre-COVID screening participation reflected inequitable participation by ethnicity, this inequity in the recovery likely further exacerbated this.

NCSP has not released specific data on COVID impact and recovery further to the usual coverage reports that are cited above (table). As the coverage reports are for 3 year coverage, it is likely that the impact of this inequity in activity over the COVID period is yet to become clear in the reported data trends.

Primary care delivery of cervical screening is central to the current NCSP programme design. Access barriers exist in this structure, with our review of PHO enrolment for Waitematā DHB indicating a significant volume of women of screening age not currently enrolled, particularly for Māori.

The shift to the new HPV primary testing programme for NCSP in 2023 will be an important opportunity to address access barriers with an equity first prioritised programme. HPV testing via self-test represents a significant opportunity to address some of these barriers in access and acceptability.

Greatest risk for cervical cancer remains among those who have never been screened, or very irregularly (therefore substantially overdue). Consequently the persistent equity issues remain the highest priority for response, despite interruptions being seen across services due to recent COVID situation.

Free and accessible cervical screening services in Waitematā DHB are targeted to Māori and Pacific women specifically, to address the cervical screening equity gap and the inequity in outcomes experienced by these groups. We remain concerned that capacity across the sector has been significantly constrained and the impacts of this are recognised in screening volumes.

A trial of petrol vouchers to support women participating in screening has been undertaken in a small number of clinics. The initiative has been targeted to women who are overdue for screening with a previous abnormal result, with a focus on Māori and Pacific women. Feedback to date is positive and we will continue to evaluate the initiative and consider further extension if indicated. Although these small numbers add little to overall coverage, they are targeted to a group with a potentially increased clinical risk.

4.7 Abnormal Uterine Bleeding

The team is supporting Waitematā district's contribution to the regional Abnormal Uterine Bleeding (AUB) project. This is a Pacific led initiative with the local work chaired by Dr Aumea Herman. The project is a response to high rates of endometrial cancer experienced by Pacific women. There is an expectation that the project will deliver regionally consistent services which result in earlier identification of, and treatment for, endometrial cancer.

This programme of work is progressing well, ADHB and WDHB clinical partners in the project have agreed the clinical criteria for the pathway, regional consultation on this is now underway. An evaluation programme has been commissioned for the project. Planning for training of primary care practitioners is in preparation and contracting to establish the claims mechanisms is also developed.

5. Mental Health and Addictions

There have been 22 COVID-19 exposure events/outbreaks in Mental Health and Addiction residential facilities since the start of the Omicron outbreak at the beginning of February. These have all been well managed by the NGOs responsible. Twice weekly forum have been set up with Northern Region NGOs to provide support and advice during the Omicron surge. Planning and Funding has also participated in the Mental Health and Addictions daily Regional Response Group meetings with the provider arms, NRA and NGO representatives to ensure a coordinated response to the outbreak.

6. Pacific Health Gain

6.1 Pacific Regional response to COVID-19

The Pacific Community Leadership Forums have supported the Fono Trust to distribute the Rapid Antigen Tests and masks amongst the different Pacific ethnic communities. The forums continue to encourage Pacific families and individuals to get vaccinated, stay safe and stay well.

The Immunisation Advisory Centre (IMAC) has offered to support the Pacific navigators by providing appropriate training for example, Immunisation Support Worker Education & COVID-19 CIR Administration Course). This will enable the navigators to expand their scope by promoting all other immunisations for example MMR, child immunisations, together with covid-19 vaccinations and information.

Given the possible risk of an influenza epidemic in 2022 coinciding with another outbreak of COVID-19, negotiations are underway with the Fono Trust to offer influenza vaccinations at the Pacific Locality Vaccination centre-Westgate and at various Pacific short term event services and outreach teams.

7. Māori Health Pipeline

The Pipeline is one of the three prioritised areas of focus for Kōtui Hauora. The Pipeline is currently expanding in terms of project scale and staff.

7.1 Te Oranga Pūkahukahu Lung Cancer Screening Research Programme

This collaborative research programme is led by Professor Dr Sue Crengle (Waitaha, Kāti Mamoe and Kāi Tahu) with the Pipeline team; with HRC research funding.[1] In late 2021 a first offer of screening to DHB kaumatua roopu and whānau members was made via Dame Naida Glavish, and the same offer was extended to Te Ha Kōtahi the Consumer Advisory Group.

Videos with Te Ha Kōtahi talking about their perspectives on screening have been loaded on the website: https://www.waitematadhb.govt.nz/healthy-living/te-oranga-pukahukahu-lung-health-check/

In December 2021 recruitment of participants into the invitation trial commenced, with two practices randomised. The research nurses report that participants are enthusiastic to talk about screening, and are keen to get to booking a CT scan. More than 50 scans have been completed so far.

The Lung Cancer Multidisciplinary Meeting (MDM) reported back to the team last week that they had seen the first ever 'screen detected' lung cancer come through the MDM, and how important a milestone they felt this was for the country.

The COPD and the biomarker components of the study are being submitted for ethical approval and participants will be offered participation in these components also. The team are working with the MMR programme to look at a mobile van to undertake a component of the COPD study, as spirometry (a breath test) is considered an aerosol generating procedure currently unable to be performed in the clinic rooms due to COVID restrictions, whereas a mobile van with a filter and

[1] Health Research Council (HRC) Global Alliance of Chronic Disease funding, HRC project grant funding for COPD, and most recently the funding for the Equitable Outcomes in Cancer partnership grant between HRC, Te Aho o te Kahu and the Ministry of Health.

ventilation make this possible. There remain challenges with recruiting general practices due to Omicron COVID impacts, however the team continues to work closely with practices to support involvement as soon as practical.

7.2 Abdominal Aortic Aneurysm and Atrial Fibrillation (AAA/AF) Screening

This programme is being extended to Northland DHB, as requested by Kōtui Hauora. An HRC DHB activation grant was successful for a project to be undertaken in parallel with Northland DHB pilot sites, this grant commenced in March. Two Northland based project members and a second AAA screener will soon join the team to progress the pilot sites depending on provider capacity after the Northland COVID peak.

The Pacific men AAA/AF programme is complete, with the team now extending the offer to Pacific women.

7.3 HPV Self-Testing Implementation Studies

Waitematā DHB and Auckland DHB have had a research programme for HPV self-testing for cervical screening since 2016. The new implementation research programme intends to focus on specific areas relevant to the national implementation of HPV primary cervical screening planned for 2023. Four interlinked studies are included. A small proof-of-concept study testing the acceptability of offer of a self-testing during the August Delta COVID-19 lockdown was completed in one suburb. This was very successful with an initial text offer followed by a single round of active follow up (text and phone call). Contactless delivery and pick up was feasible and feedback from women was universally positive. Subsequently recruitment for the main study, offering opportunistic offer of a self-test in a primary care clinic, commenced in November 2021 with nearly 400 tests undertaken through two clinics so far, a third clinics is being trained at present. The telehealth phase of the study (contact and coordination centre) is currently being established.

Although not directly under the HPV self-testing programme, the Pipeline has supported a survey of Māori women's experience of colposcopy services. This is a repeat of a previous 2016 survey which reported very positive experience. Results are just being finalised, overall they show good news with the maintenance of positive experience.

7.4 Hepatitis C

This project involved appropriate datamatching to enable the re-offer of treatment[2] to those with known Hepatitis C who have no record of receiving treatment, prioritising Māori. The project has worked through COVID to contact 263 non-PHO enrolled people and 117 PHO enrolled people so far, and has undertaken a further datamatch to identify and address key data errors in the MoH dataset. This is now finalised and audited, and the project will recommence to complete the work.

A service user evaluation for Māori patients who have been treated for Hepatitis C have also been completed, in parallel, led by Pharmacist Dr Jo Hikaka (Ngāruahine). A paper has been submitted to the New Zealand Medical Journal. Findings can be used to enhance the development of further Hepatitis C treatment services, based on Māori experiences of treatment and self-identified solutions for improvement in hepatitis C care.

[2] Currently Māori have a higher burden of infection than non-Māori with more significant complications and poorer outcomes. It is estimated that approximately 50-60% of people with Hep C are not aware that they have the disease. Maviret, the Hepatitis C treatment, has > 95% cure rate with a new short 8 week oral course. Treatment prevents cirrhosis, liver cancer and premature death from liver disease.

6.2.1 Hospital Services Performance Report February 2022

Recommendation:

That the report be received.

Prepared by: Mark Shepherd (Director Hospital Services) and Robert Paine (Executive Director Finance, People and Planning)

This report summarises the Hospital Services performance for February 2022.

Table of Contents

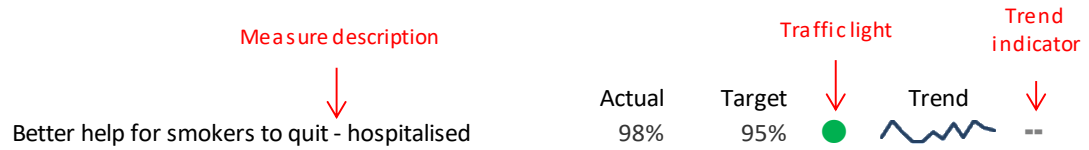
Glossary

ACC	-	Accident Compensation Commission
ADU	-	Assessment and Diagnostic Unit
ALOS	-	Average Length of Stay
ARDS	-	Auckland Regional Dental Service
AT&R	-	Assessment Treatment and Rehab
ASA	-	American Society of Anaesthesiologists
CADS	-	Community Alcohol, Drug and Addictions Service
CAMHS	-	Child, Adolescent Mental Health Service
CT	-	Computerised Tomography
CWF	-	Child, Women and Family service
DCNZ	-	Dental Council of New Zealand
DHB	-	District Health Board
DNA	-	Did Not Attend
ED	-	Emergency Department
ECHO	-	Echocardiogram
ESC	-	Elective Surgery Centre
ESPI	-	Elective Services Performance Indicators
FTE	-	Full Time Equivalent
GP	-	General Practitioner
HCA	-	Health Care Assistant
HT	-	Hypertensive Disorders
ICU	-	Intensive Care Unit
KMU	-	Kingsley Mortimer Unit
LMC	-	Lead Maternity Carer
LOS	-	Length of Stay
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MoH	-	Ministry of Health
NGO	-	Non Government Organisation
NSH	-	North Shore Hospital
NZNO	-	New Zealand Nurses Organisation
ORL	-	Otorhinolaryngology (ear, nose, and throat)
RMO	-	Registered Medical Officer
S&A	-	Surgical and Ambulatory Services
SADU		Surgical Assessment and Diagnostic Unit
SCBU	-	Special Care Baby Unit
SGA	-	Small for Gestational Age Baby
SMHA	-	Specialist Mental Health & Addiction Services
SMO	-	Senior Medical Officer
WIES	-	Weighted Inlier Equivalent Separations

How to interpret the scorecards

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
●	On target or better		Achieved
●	95-99.9% achieved	0.1–5% away from target	Substantially Achieved
●	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
●	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not Achieved

Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

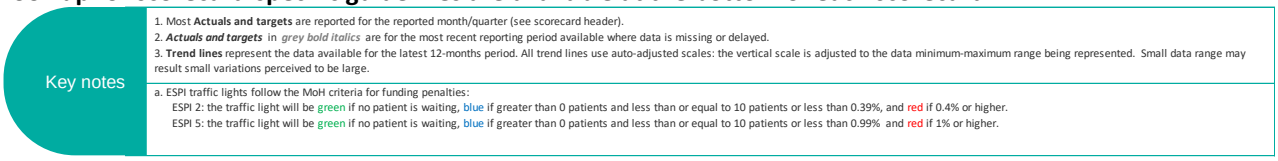
Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result, their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	**Current > Previous** month (or reporting period) **performance**	Improvement
▼	**Current < Previous** month (or reporting period) **performance**	Decline
--	**Current = Previous** month (or reporting period) **performance**	Stable

By default, the performance criteria are the actual: target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:



Hospital Services Performance Report - February

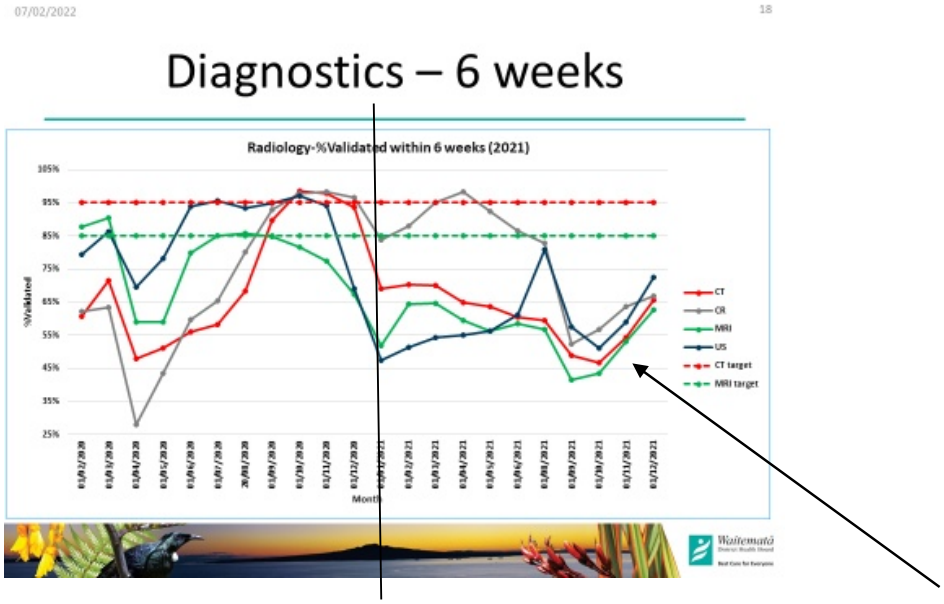
Executive Summary/Overview

Varying degrees of COVID-19 lockdown continued to extend into December 2021, following an initial outbreak of COVID-19 Delta in the Auckland community in late August. Significant changes to planned care were initiated, with the Elective Surgical Centre (ESC) being commissioned as the primary COVID-19 ready unit. This continues into March 2022 with large volumes COVID-19 positive patients requiring admission to our hospitals. This meant that the four operating theatres were decommissioned for use in planned care, however were utilised as our acute COVID-19 positive Operating Theatres in early December.

While all acute surgery continued unabated, plans were developed to enable all other surgical capacity to be increased to reduce the impact in the loss of the four ESC theatres. This included expansion of caseload and capacity at WTH, with 128% of production being delivered in December and extending the planned care theatre schedule to six days, with the introduction of elective surgery sessions on Saturdays. Overall the surgical service has been able to deliver 79.16% of the Production Volume Schedule as planned (year to date).

Highlight of the month

With the COVID-19 Delta outbreak in late August came significant limitations in providing a range of diagnostic procedures, including CT and MRI scans, Ultrasound and chest X-Ray. As shown by the vertical line on the graph below, waiting time for these procedures deteriorated rapidly with only 45% of referred patients receiving Ultrasound procedures in clinically appropriate timeframes, while 95% were prior to this outbreak.



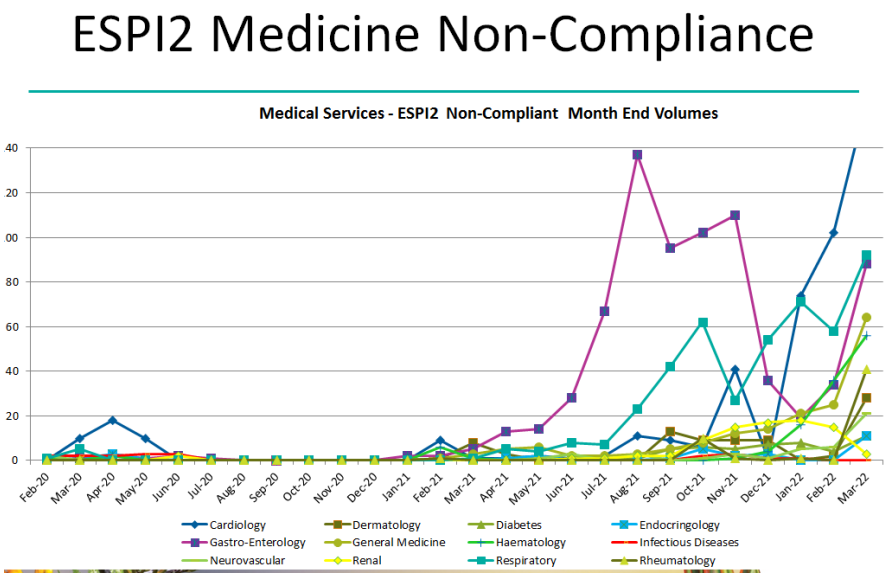
Highlighted this month is the significant work being done by the Diagnostic services team to increase production and reduce waiting times with all diagnostic modalities improving consistently over the last three months. An example of this is that almost 70% of patients are now receiving their Ultrasound in clinically appropriate timeframes. Improvements can be seen in CT and MRI scans, ultrasound and chest X-rays. Plans are underway to increase production both in-house and outsourced in the first quarter 2022, to continue improving access to diagnostic procedures.

Key Issue of the Month

Despite months of good performance in medical specialties throughout the disruptive last two years, the number and proportion of patients seen outside of clinically recommended timeframes (non-compliance) has risen in the last quarter.

High rates of tele-health (50%) have assisted our medical teams to be able to assess and treat patients, however there has been some difficulty with workforce shortages in booking and scheduling patient appointments increasing the waiting time for patients and non-compliance.

A programme of work has begun on streamlining the processes in the Patient Service Centre (PSC) designed to improve booking and scheduling and restore shorter waiting times for patients.



Scorecard – All services

Waitematā DHB Monthly Performance Scorecard

ALL Services
February 2022
2021/22

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	78%	95%	
Faster cancer treatment (62 days)	86%	90%	

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	9 days	≤14 days	
Net Promoter Score FFT	81	65	
Improving Outcomes			
Better help for smokers to quit - hospitalised	100%	95%	
Quality & Safety			
Older patients assessed for falling risk	98%	90%	
Rate of falls with major harm	0.07	≤2	
Good hand hygiene practice	90%	80%	
a. S. aureus infection rate	*0.05*	*≤0.13*	
Occasions insertion bundle used	97%	95%	
Pressure injuries grade 3&4	2	0	
HR/Staff Experience			
Sick leave rate	3.1%	≤3.4%	
Turnover rate - external	15%	≤14%	
Vacancies - %	11%	≤8%	

Service Delivery

Elective Volumes	Actual	Target	Trend
Planned Care discharge volumes (YTD)	86%	100%	
Waiting Times			
ESPI 2 - % patients waiting > 4 months for FSA		Non-Compliant	
ESPI 5 - % patients not treated w/n 4 months		Non-Compliant	
ESPI 1 - OP Referrals processed w/n 10 days		Compliant	
Patient Flow			
Outpatient Telehealth rate	24%	25%	
Outpatient DNA rate (FSA + FUs) - Total	10%	≤10%	
Outpatient DNA rate (FSA + FUs) - Māori	17%	≤10%	
Outpatient DNA rate (FSA + FUs) - Pacific	22%	≤10%	

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue excl. extraordinary items	36,901 k	30,984 k	
Expenses excl. extraordinary items	493,177 k	491,495 k	
Net surplus/(deficit) excl. extraordinary items	-456,276 k	-460,512 k	
COVID-19 net benefit/(cost)	-21,619 k		
Net surplus/(deficit) incl. extraordinary items	-477,895 k	-460,512 k	
Contracts (YTD)			
Elective WIES Volumes	9,899	11,762	
Acute WIES Volumes	45,584	46,229	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off track
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in ***grey bold italics*** are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

All KPI exclude Mental Health Services component where applicable, except Shorter waits in ED.
a. Jan data - Feb n/a yet

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Priority Health Outcome Areas

Shorter Waits in ED 78% against target of 95%

Although there have been lower presentations to the ED over the past month, 4579 presentations, performance against the shorter waits target has declined. There are several factors influencing this result, including:

- The COVID-19 Omicron surge which has resulted in ED streaming protocols including the need to RAT test all patients prior to assessment
- Unwell COVID-19 patients are routinely diverted from Waitakere to North Shore Hospital as part of a regional escalation diverts by St John Ambulance
- High levels of staff sickness across the wards resulting in some access block
- High levels of staff sickness and vacancies in both emergency departments for both nursing and medical staff
- To mitigate staffing challenges Nurse Practitioner/Clinical Nurse Specialists moved from their clinician roles into nursing positions reducing clinician seen by capability, therefore increasing to be seen times for lower acuity patients.

Areas targeted for improvement through the “whole of hospital program”:

- Acute care of the Elderly in ED – a rapid response service (interdisciplinary team) is being trialled targeting a cohort of elderly patients that would previously be admitted from ED to the ward. Over the past four months 55 patients have been discharged from ED and seen within 24-hours in the community
- Trialling through a “test of change” an ambulatory care area in the Medical ADU. The objective of which is seeing, assessing, and treating patients more rapidly with 8 hours, allowing them to be discharged.

- A review of the Non-admitted ED stream, where we are working to identify strategies to improve service delivery, including a focused assessment process
- Reviewing model of care – the most common presentations are abdominal pain and chest pain. A review is currently underway to further streamline the chest pain pathway
- Acute Care Practitioner – this is a new clinical role utilising an alternative workforce (paramedic or dual qualified nurse/paramedics) with new staff starting in March.

Additionally

- As the result of a successful recruitment strategy there will be minimal vacancies moving forward, with a number of staff orientating in March, stabilising workforce and thereby increasing efficiency in the department

Best Care

Pressure injuries grade 3&4 - 2 against a target of 0

During February 2022 there were two Stage 3/4/Unstageable Hospital Acquired Pressure Injuries (HAPI) reported within the A&EM Division:

1. Unstageable hospital acquired pressure injury on the left heel of an 89 year old female patient
2. Unstageable hospital acquired pressure injury on the sacrum of an 59 year old male patient

Overall the rate of HAPIs per 1000 Occupied Bed Days (OBD) for A&EM for February 2022 (0.83 per 1000 OBD) was a decrease on the previous month (1.27 per 1000 OBD) and continues the overall decrease in the rate since February 2018.

It is also significantly less than the historic high rate (3.45 per 1000 OBD) reported in August 2018. This serious issue remains our focus with a Pressure Injury Prevention Action Plan being actioned across the Division's Wards. This Action Plan aligns to the Waitematā DHB Pressure Injury Management Workgroups Action Plan. All Pressure Injury (Stage3/4/Unstageable) incidents are discussed at the Divisional Quality Meeting and investigations are presented to the Adverse Events Committee.

HR/Staff Experience

Turnover Rates – External *– 15% against a target of 14%*
Vacancies *– 11% against a target of 8%*

There continue to be mixed reasons for high turnover rate – another position in public or private health; left district; retirement; personal and to go overseas. It appears this is consistent with other jurisdictions where increasing turnover rates and vacancies are occurring post COVID-19 outbreaks.

Planned Care Volumes (Provider)

Discharges (elective): 77.97% against a target of 100% YTD For March 2022 (6,600 of 8,465)
Caseweights (planned care): 83% against a target of 100% YTD December

The resurgence of the Omicron COVID-19 pandemic in the community and the ongoing suspension of non-urgent elective surgery, had an immediate impact on the planned care discharge volumes. The use of ESC as a COVID-19 ward throughout the omicron surge has impacted on total discharges. Waitākere hospital continued to perform strongly and exceed planned volumes, sitting at 126% of plan. NSH tower discharge volumes are also at 100% of plan.

Table B: WDHB elective surgical health target report by week

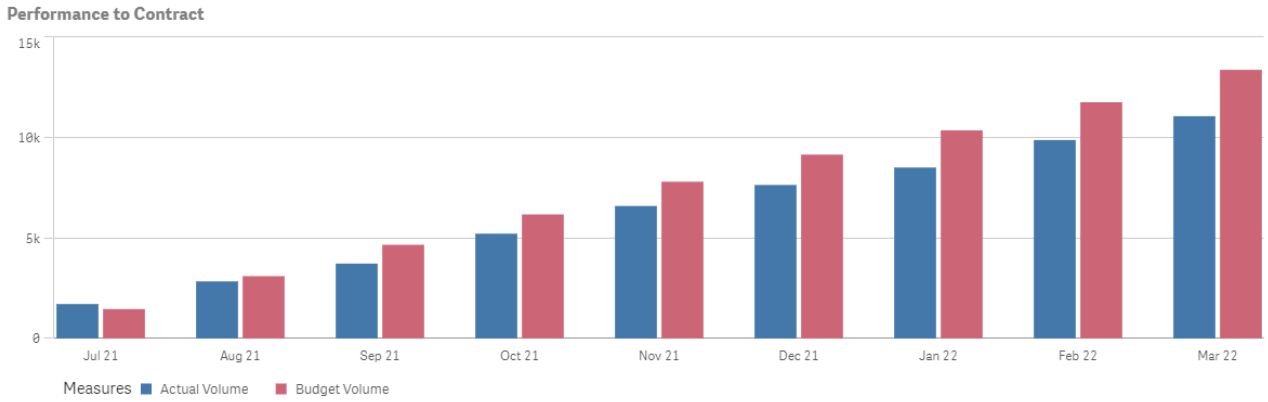
Surgical Health Target (Discharges) - WDHB (include O/S)

Date	Ear, Nose, and			General Surgery			Gynaecology			Orthopaedics			Urology			WDHB Total Surgical			
	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	TotalActual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Actual & Booked	Target MOH	YTD Var MOH	YTD %
01/07/2021	6	13	-7	44	34	10	11	7	4	39	22	17	16	8	8	116	84	32	137.64%
05/07/2021	24	34	-17	109	87	32	45	39	10	39	50	6	37	24	21	254	233	53	116.68%
12/07/2021	15	21	-24	80	90	22	44	37	18	50	58	-2	30	20	32	219	225	47	108.58%
19/07/2021	23	25	-25	71	80	13	39	39	18	64	67	-5	29	28	33	226	238	35	104.45%
26/07/2021	31	28	-22	76	84	5	39	33	24	47	54	-12	42	24	52	235	222	47	104.72%
02/08/2021	25	34	-31	99	87	18	41	39	26	37	50	-25	26	24	54	228	233	43	103.44%
09/08/2021	23	21	-29	86	90	14	32	37	22	48	58	-34	14	20	49	203	225	20	101.38%
16/08/2021	18	25	-36	44	80	-22	27	39	10	19	67	-82	22	28	43	130	238	-88	94.84%
23/08/2021	3	28	-61	35	84	-71	20	33	-3	2	54	-135	21	24	41	81	222	-229	88.08%
30/08/2021	7	34	-88	39	87	-119	17	39	-25	9	50	-175	13	24	30	85	233	-377	82.50%
06/09/2021	6	21	-103	34	90	-175	23	37	-38	11	58	-222	16	20	26	90	225	-512	78.47%
13/09/2021	5	25	-123	48	80	-207	27	39	-50	8	67	-281	17	28	16	105	238	-645	75.35%
20/09/2021	12	28	-138	59	84	-232	30	33	-53	11	54	-324	16	24	8	128	222	-739	73.96%
27/09/2021	29	34	-143	75	87	-244	32	39	-60	17	50	-357	21	24	6	174	233	-798	74.02%
04/10/2021	19	21	-146	72	90	-262	39	37	-58	21	58	-394	34	20	20	185	225	-839	74.57%
11/10/2021	33	25	-137	91	80	-251	40	39	-56	47	67	-414	30	28	23	241	238	-835	76.37%
18/10/2021	30	25	-132	48	76	-279	45	33	-44	43	49	-420	37	22	38	203	204	-836	77.64%
25/10/2021	24	26	-134	78	70	-271	27	32	-49	40	40	-420	31	20	49	200	188	-824	79.02%
01/11/2021	18	21	-137	60	90	-301	41	37	-44	38	58	-440	13	20	43	170	225	-879	78.83%
08/11/2021	29	25	-133	83	80	-298	38	39	-45	39	67	-468	29	28	44	218	238	-899	79.52%
15/11/2021	23	28	-137	75	84	-307	31	33	-47	20	54	-502	24	24	45	173	222	-948	79.44%
22/11/2021	31	27	-133	71	71	-307	33	34	-48	21	38	-519	17	18	44	173	188	-964	79.93%
29/11/2021	14	21	-140	77	90	-320	33	37	-52	22	58	-555	24	20	48	170	225	-1,019	79.73%
06/12/2021	23	25	-142	79	80	-321	23	39	-68	32	67	-590	23	28	44	180	238	-1,077	79.54%
13/12/2021	17	28	-152	59	84	-346	29	33	-72	23	54	-621	27	24	47	155	222	-1,144	79.14%
20/12/2021	7	29	-175	68	81	-360	35	39	-75	17	41	-645	21	24	45	148	214	-1,210	78.77%
27/12/2021	1	0	-174	10	5	-354	2	0	-73	2	0	-643	11	0	56	26	5	-1,189	79.16%
03/01/2022	4	9	-178	12	27	-369	8	21	-86	3	16	-656	4	16	44	31	88	-1,246	78.49%
10/01/2022	16	28	-190	49	84	-404	30	33	-89	13	54	-698	32	24	52	140	222	-1,328	77.92%
17/01/2022	26	34	-198	64	87	-426	33	39	-95	24	50	-723	18	24	46	165	233	-1,396	77.65%
24/01/2022	6	21	-213	74	90	-442	33	37	-99	41	58	-740	10	20	37	164	225	-1,458	77.48%
31/01/2022	8	22	-227	48	63	-457	27	34	-106	31	52	-761	31	24	44	145	195	-1,507	77.40%
07/02/2022	25	25	-227	55	68	-470	20	21	-107	39	45	-767	25	24	46	164	182	-1,525	77.73%
14/02/2022	25	34	-236	126	87	-431	28	39	-117	46	50	-771	21	24	43	246	233	-1,512	78.65%
21/02/2022	12	21	-245	96	90	-425	50	37	-104	67	58	-762	27	20	50	252	225	-1,485	79.68%
28/02/2022	18	25	-252	64	80	-441	30	39	-113	32	67	-797	22	28	45	166	238	-1,557	79.36%
07/03/2022	22	28	-257	53	84	-472	30	33	-116	16	54	-835	26	24	47	147	222	-1,633	78.98%
14/03/2022	20	34	-271	71	87	-488	38	39	-116	33	50	-851	21	24	45	183	233	-1,682	78.97%
21/03/2022	13	21	-280	67	90	-511	39	37	-114	25	58	-884	12	20	37	156	225	-1,752	78.71%
28/03/2022	10	25	-294	57	80	-534	25	39	-128	21	67	-930	12	28	22	125	238	-1,865	77.97%

Caseweights (planned care volumes):

The suspension of elective surgery has led to a March YTD shortfall of around 1,865 WIES compared to target at Provider level, or around $11.377m under-delivered.

However, the MoH has advised us that they are going to fund 100% of our planned care target from a funding perspective for the first and second quarters. This still leaves the third and fourth quarters at risk.

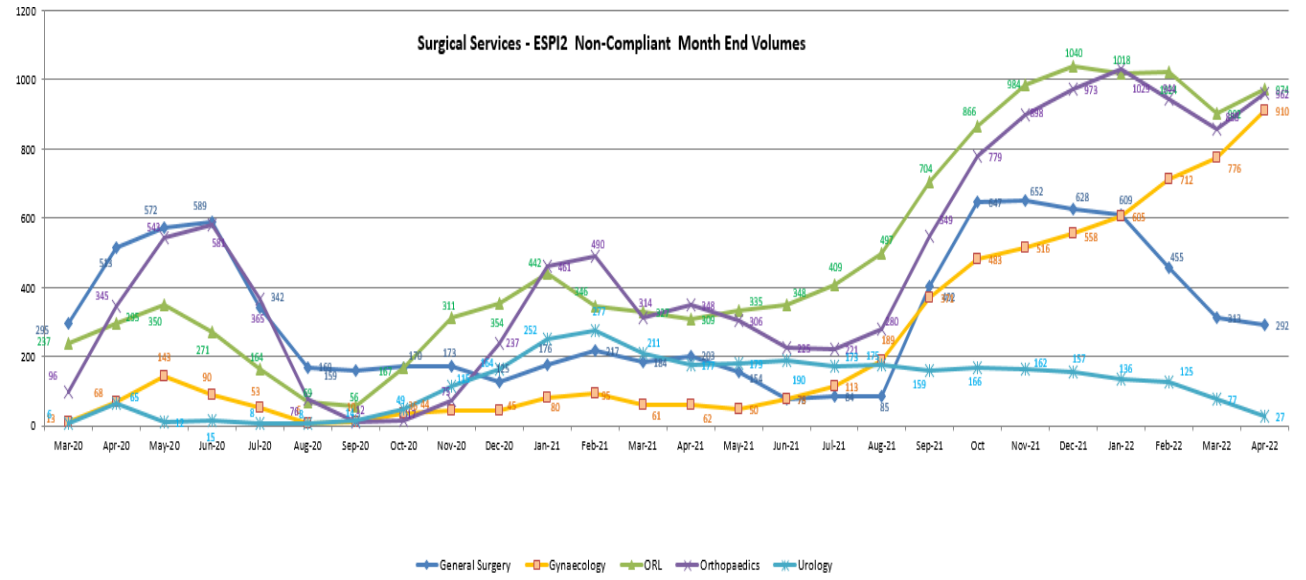


Waiting Times, ESPI 2 and ESPI 5 non-compliance

Where clinically appropriate, services have moved to Telehealth to reduce the impact on non-compliant ESPI2 outpatient volumes. Services are working to accommodate the impact of lockdown on service delivery prioritising urgent patients and reformulating recovery strategies and plans. Services are developing plans to treat the longest waiters and most urgent patients as priority.

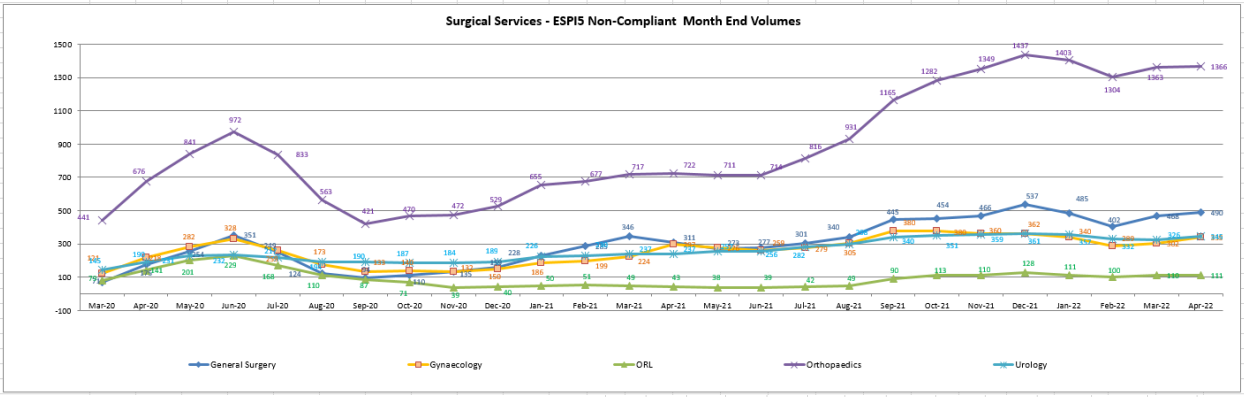
ESPI2 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Non-ESPI2 patients)

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct	Nov-21	Dec-21	Jan-22	Feb-22	TBC Mar-22	As at 7/4 Apr-22
General Surgery	295	513	572	589	342	169	159	170	173	125	176	217	184	203	154	78	84	85	402	647	652	628	609	455	313	292
Gynaecology	13	68	143	90	53	6	10	36	44	45	80	95	61	62	50	79	113	189	371	483	516	558	605	712	776	910
ORL	237	295	350	271	164	69	56	167	311	354	442	346	327	309	335	348	409	497	704	866	984	1040	1018	1024	902	974
Orthopaedics	96	345	543	581	365	76	12	17	75	237	461	490	314	348	306	225	221	280	549	779	898	973	1029	944	858	962
Urology	6	65	12	15	8	8	14	49	115	164	252	277	211	177	179	190	173	175	159	166	162	157	136	125	77	27
Totals	647	1286	1620	1546	932	328	251	439	718	925	1411	1425	1097	1099	1024	920	1000	1226	2185	2941	3212	3356	3397	3260	2926	3165



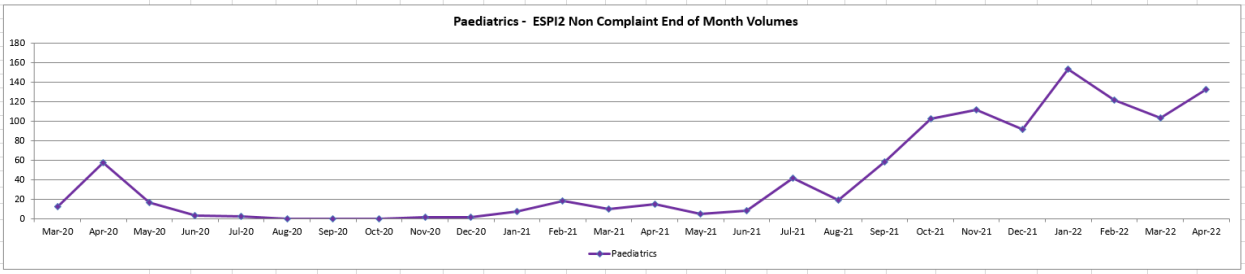
ESPI5 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Planned, Staged, Surveillance & ACC patients)

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	TBC Mar-22	As at 7/4 Apr-22
General Surgery	71	175	254	351	249	124	94	110	135	159	228	285	346	311	273	277	301	340	445	454	466	537	485	402	468	490
Gynaecology	121	218	282	328	259	173	133	140	132	150	186	199	224	297	276	259	279	305	380	380	360	362	340	289	302	339
ORL	79	141	201	229	168	110	87	71	39	40	50	51	49	43	38	39	42	49	90	113	110	128	111	100	110	111
Orthopaedics	441	676	841	972	833	563	421	470	472	529	655	677	717	722	711	714	816	931	1165	1282	1349	1437	1403	1304	1363	1366
Urology	145	190	231	232	217	194	190	187	184	189	226	230	237	237	257	256	282	298	340	351	359	361	357	332	326	345
Totals:	**857**	**1400**	**1809**	**2112**	**1726**	**1164**	**925**	**978**	**962**	**1067**	**1345**	**1442**	**1573**	**1610**	**1555**	**1545**	**1720**	**1923**	**2420**	**2580**	**2644**	**2825**	**2696**	**2427**	**2569**	**2651**



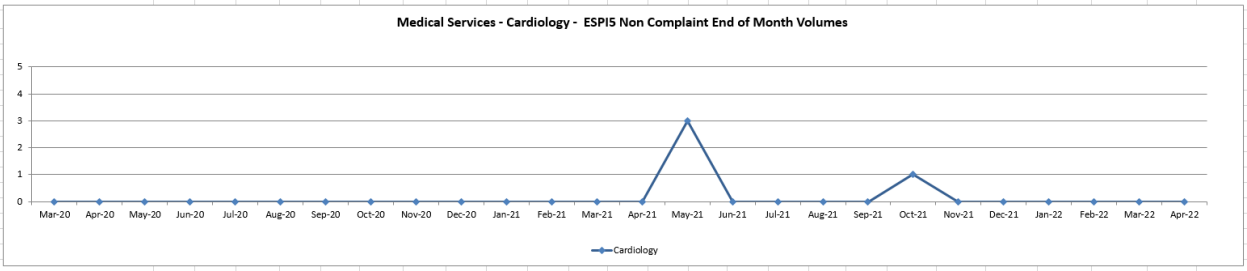
Paediatrics - ESPI2 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Non-ESPI2 patients)

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	As at 7/4 Mar-22	As at 7/4 Apr-22
Paediatrics	12	57	16	3	2	0	0	0	1	1	7	18	10	15	5	8	41	19	58	102	111	91	153	121	103	132



Medical Services - Cardiology - ESPI5 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Planned, Staged, Surveillance & ACC patients)

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	As at 7/4 Mar-22	As at 7/4 Apr-22
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	0	0	0

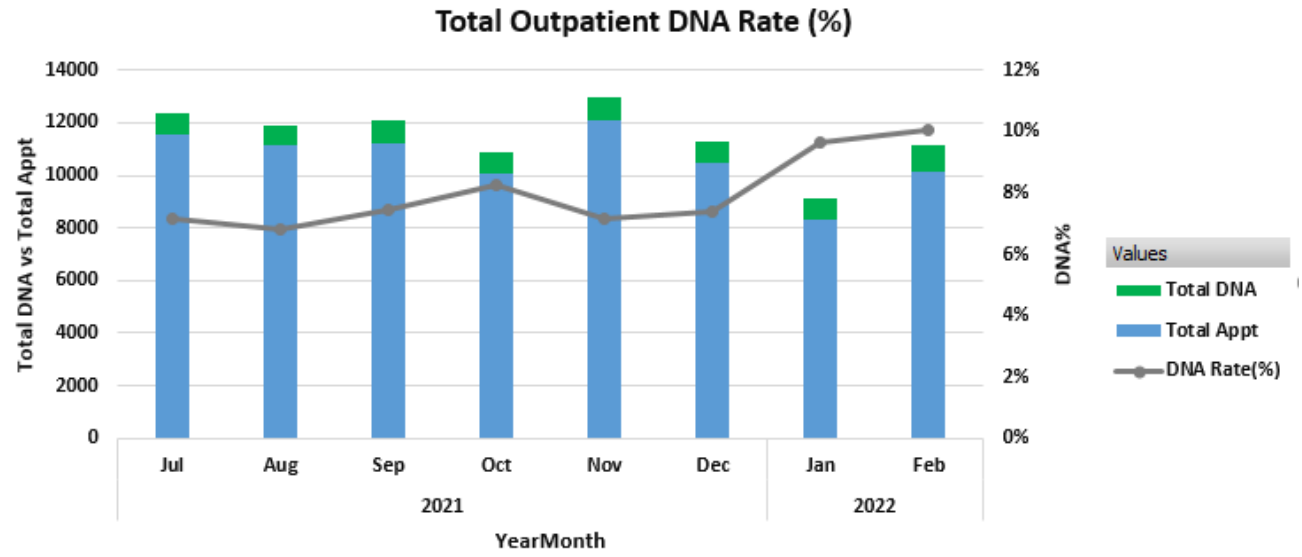


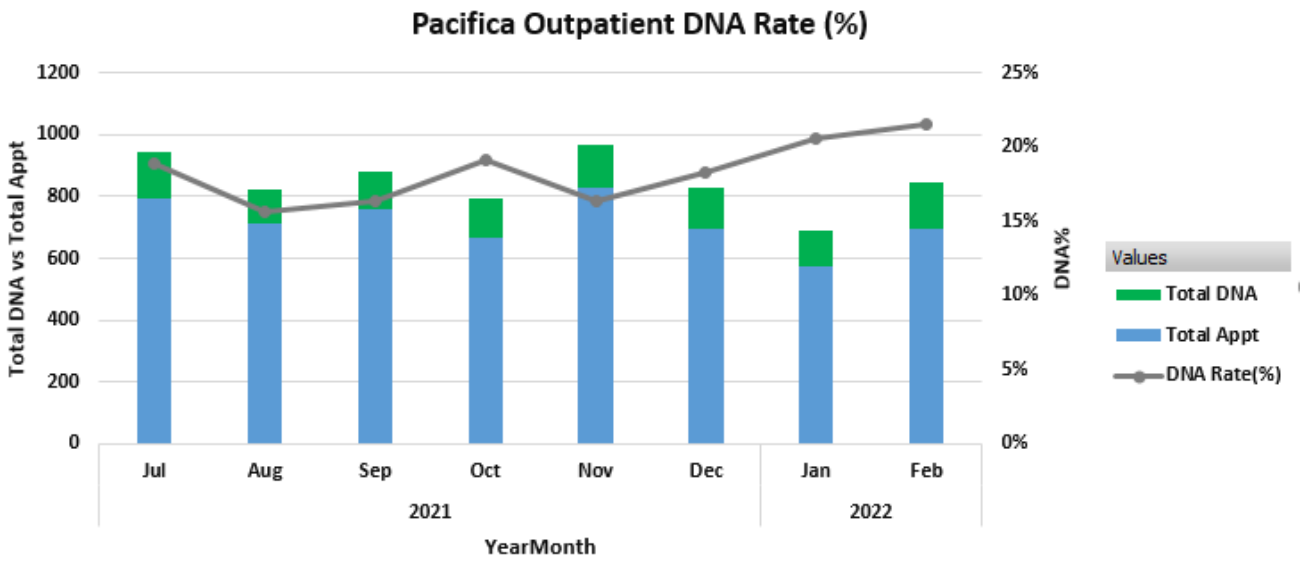
** Clean up of March 22 data not yet completed

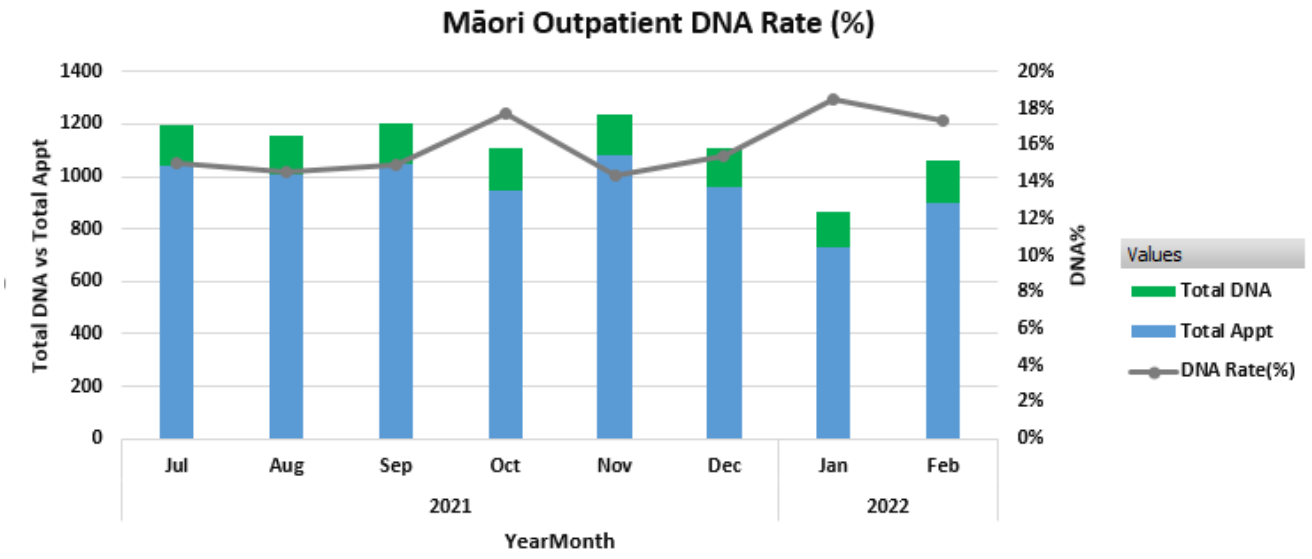
DNA rates for Māori 16% and Pacifica 18% are higher than the target rate of 10%

Continuing lockdown level changes has brought into focus the need for continued work in all patient services across the organisation to reduce Māori and Pacifica DNA rates and identify solutions to improve notification and access to these patient groups. Proposed solutions for each service are to be identified at the Hospital Services Performance Improvement meeting. Outcomes targeted on reducing health inequities and DNAs to improve patient and whānau experience while optimising patient health outcomes are essential.

As seen previously, lockdown and the impact on the administrative management of patients across planned care will result in reduced accuracy of DNA data though it is recognised even with the reduced accuracy the impact falls more heavily on Māori and Pacific patients. Hospital instigated rescheduling and other administrative systems due to lockdown will remove DNA from presentation volumes.


Total Outpatient DNA Rate (%)
Total DNA vs Total Appt
DNA%
YearMonth
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
2021
2022
Values
Total DNA
Total Appt
DNA Rate(%)


Pacifica Outpatient DNA Rate (%)
Total DNA vs Total Appt
DNA%
YearMonth
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
2021
2022
Values
Total DNA
Total Appt
DNA Rate(%)


Māori Outpatient DNA Rate (%)
Total DNA vs Total Appt
DNA%
YearMonth
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
2021
2022
Values
Total DNA
Total Appt
DNA Rate(%)

Financial Sustainability and reducing expenses

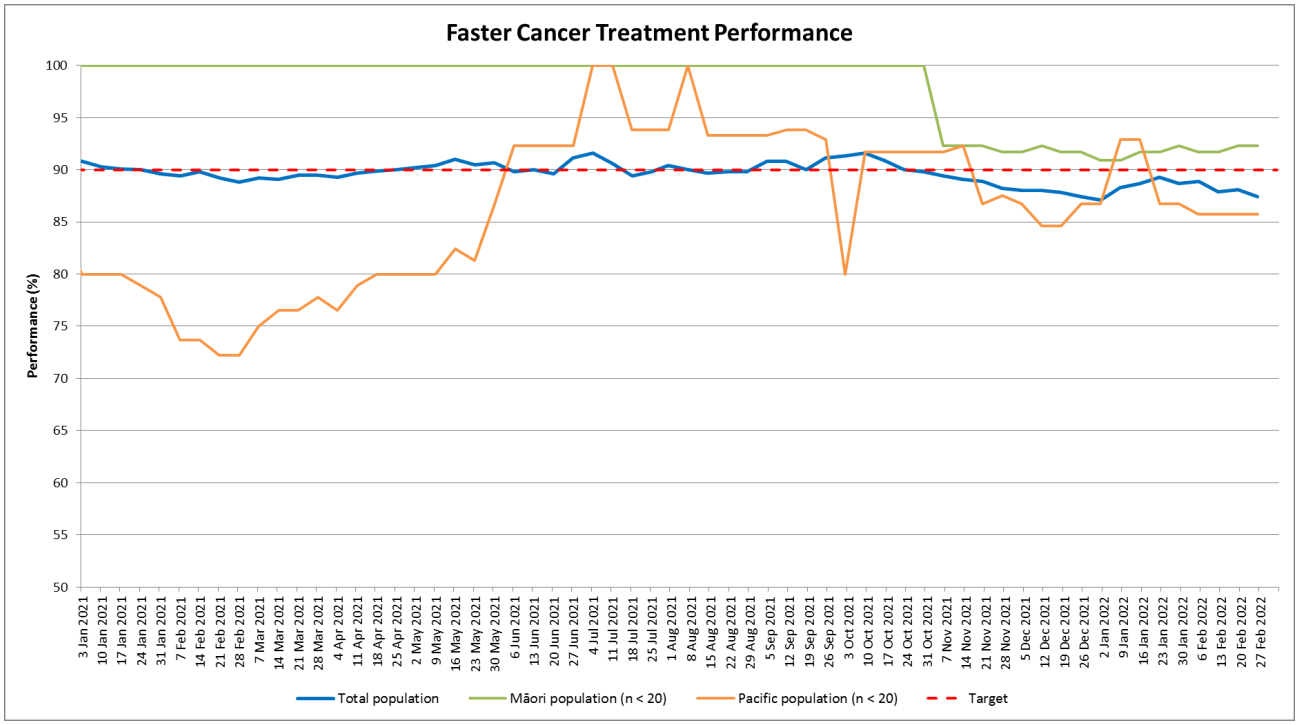
There are twenty-five validated initiatives currently underway across the programme, with Twenty- three already delivering savings. The overall programme to date has delivered 66.1% of target YTD February, with $7.9m realised in expense reduction.

Further, $12.8m in annual savings initiatives have been identified and work is ongoing to implement these initiatives and identify further opportunities to reach the overall savings target of $18m for the full financial year.

	Measure	February Actuals	Year to Date	% vs YTD Target	Identified Annual Savings	Target	% vs target
Hospital Services	**Primary - Expense**	$2,446,728	$5,901,525	66.0%	$10,288,724	$13,500,000	76.2%
Community	**Primary - Expense**	$ -17,693	$ 413,937	24.8%	$ 576,000	$2,500,000	23.0%
Corporate	**Budget**	$ 307,949	$1,616,788	121.2%	$ 1,900,000	$2,000,000	95.0%
FSP Overall Programme Total		**$2,736,984**	**$4,234,091**	**66.1%**	**$12,764,724**	**$18,000,000**	**70.9%**

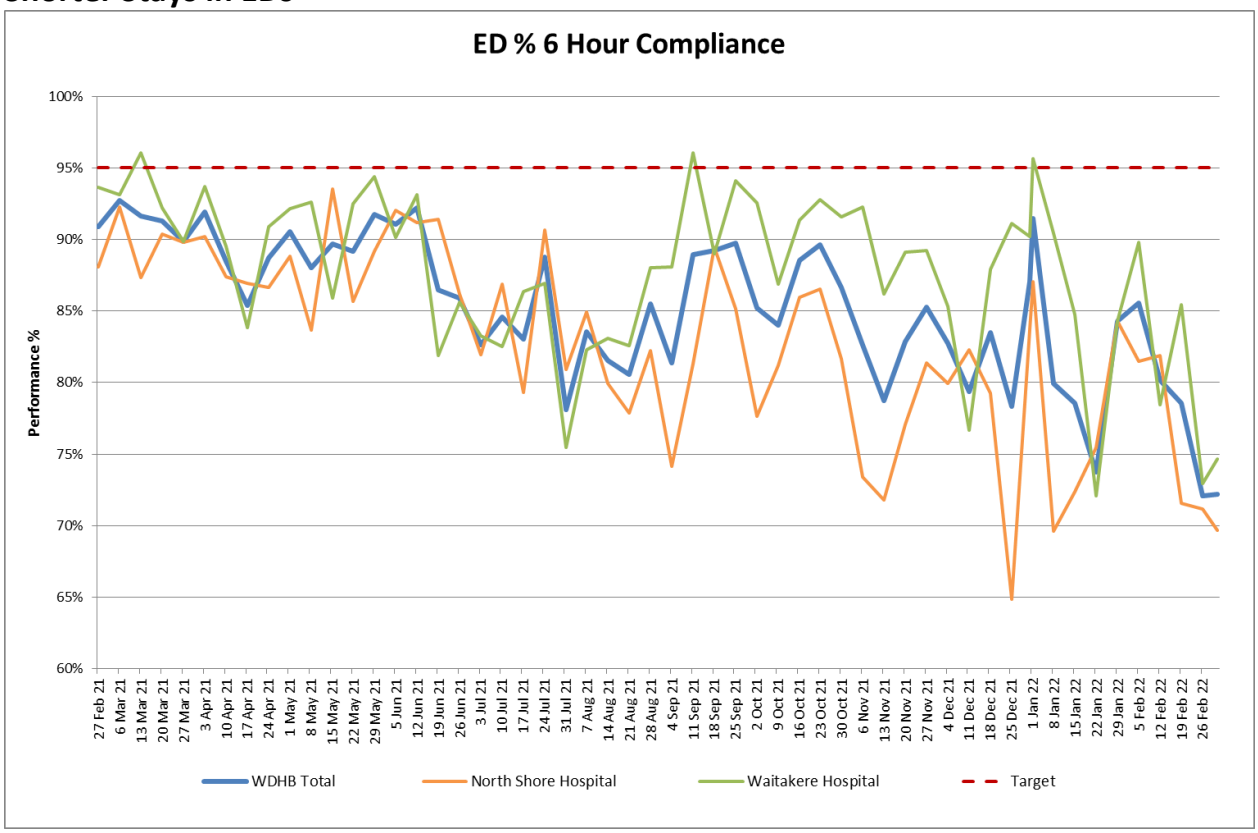
Priority Health Outcome Areas

Faster Cancer Treatment

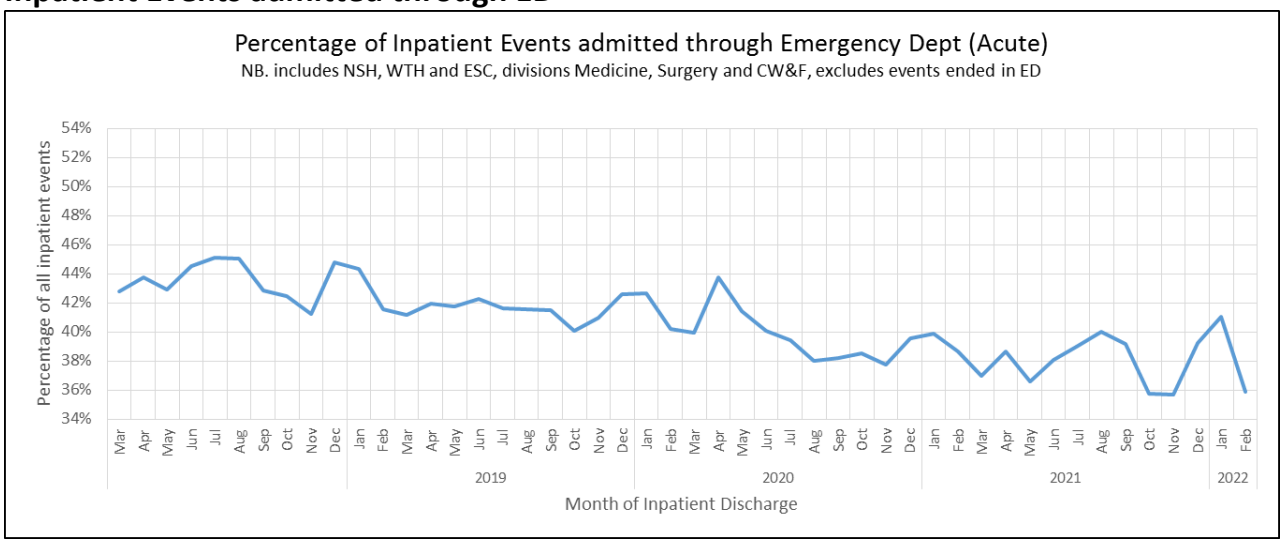


Referral to First Treatment <=62 Days as at 26/02/2022	Tracked	Compliant	Non-Compliant	Compliant %
Total population	206	180	26	87.4
Māori population	13	12	1	92.3
Pacific population	14	12	2	85.7

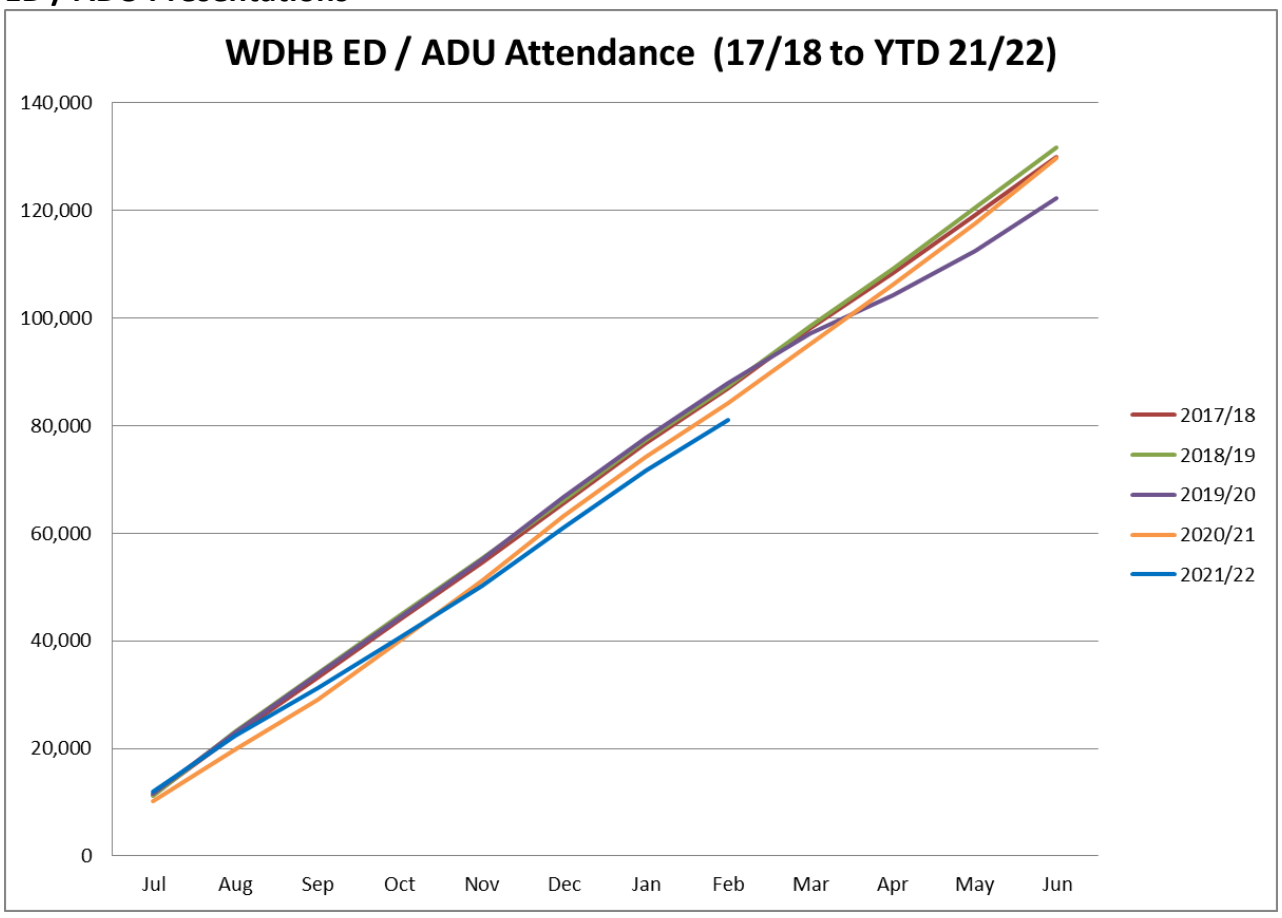
Shorter Stays in EDs



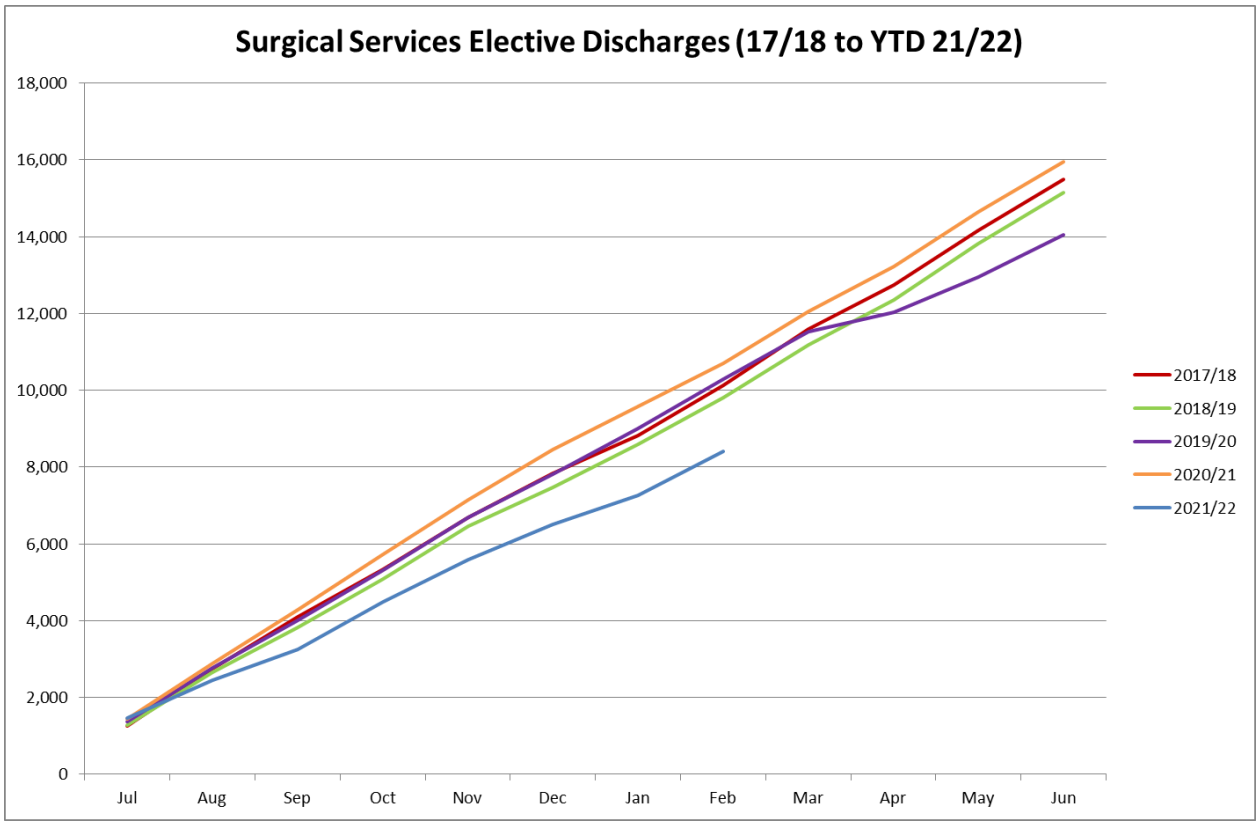
Inpatient Events admitted through ED



ED / ADU Presentations



Surgical Services Elective Discharges



* Surgical discharge volumes include all elective Orthopaedic, Gynaecology, ORL, Urology and General Surgery discharges (including skin lesions).

Percentage Change ED and Elective Volumes

February 2022	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	9,461	-5%	81,074	-4%
Surgical Services Elective Discharge Volumes	1,160	3%	8,417	-21%

Elective Performance Indicators (part of Planned Care Services)

Zero patients waiting over 4 months

Summary (February 2022)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	24.98%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	43.86%

ESPI	WL Specialty	Compliant	Non-Compliant	Non-Compliant
ESPI 2	Anaesthesiology	96	10	9.43%
	Cardiology	1,339	102	7.08%
	Dermatology	247	2	0.80%
	Diabetes	141	4	2.76%
	Endocrinology	232	-	0.00%
	Gastro-Enterology	826	34	3.95%
	General Medicine	235	26	9.96%
	General Surgery	1,134	455	28.63%
	Gynaecology	1,043	712	40.57%
	Haematology	211	36	14.57%
	Infectious Diseases	51	-	0.00%
	Neurovascular	159	6	3.64%
	Orthopaedic	1,475	944	39.02%
	Otorhinolaryngology	1,145	1,024	47.21%
	Paediatric MED	760	121	13.73%
	Renal Medicine	251	15	5.64%
	Respiratory Medicine	742	58	7.25%
	Rheumatology	484	-	0.00%
	Urology	460	125	21.37%
	Total	11,031	3,674	24.98%
ESPI 5	Cardiology	77	-	0.00%
	General Surgery	1,365	402	22.75%
	Gynaecology	404	289	41.70%
	Orthopaedic	702	1,304	65.00%
	Otorhinolaryngology	228	100	30.49%
	Urology	331	332	50.08%
	Total	3,107	2,427	43.86%

90% of outpatient referrals acknowledged and processed within 10 days

ESPI 1 (February 2022)	
Specialty	Compliance %
Anaesthesiology	93.75%
Cardiology	17.65%
Dermatology	76.92%
Diabetes	98.33%
Endocrinology	35.17%
Gastro-Enterology	79.47%
General Medicine	86.36%
General Surgery	88.05%
Gynaecology	99.16%
Haematology	53.59%
Infectious Diseases	100.00%
Neurovascular	40.38%
Orthopaedic	88.67%
Otorhinolaryngology	99.25%
Paediatric MED	96.12%
Renal Medicine	98.13%
Respiratory Medicine	62.69%
Rheumatology	78.82%
Urology	100.00%
Total	78.82%

Legend	
ESPI 1	Green if 100%, Yellow if less than 100%
ESPI 2	Green if 0% , Yellow Status % is greater than 0% (1 patient or more), but less than 0.4% OR Status % is greater than or equal to 0.4% but 10 patients or less waiting over 4 months, Red Status % is greater than or equal to 0.4% and 11 patients or more waiting over 4 months
ESPI 5	Green Status if 0%, Yellow Status % is greater than 0% (1 patient or more), but less than 1% OR Status % is greater than or equal to 1% but 10 patients or less waiting over 4 months, Red Status % is greater than or equal to 1% AND 11 patients or more waiting over 4 months

Financial Performance Summary

The YTD Hospital Services Result is $4.236m favourable to budget year to date to February 2022 (excluding Holiday Pay and COVID-19 impacts).

The following are the key financial performance factors influencing the actual result:

- Favourable variances in revenue driven by higher revenue received from the Crown in relation to SAS and Specialty Medicine
- Favourable personnel costs due to vacancies primarily in the Nursing and Allied Health areas
- Favourable outsourced Clinical Services, due to low volumes in particular for radiology services
- Unfavourable outsourced staff costs, on medical staff and administration staff in Clinical Records and Clinical typing.
- Favourable clinical supply costs, due to savings and provisional initiatives yet to commence.
- Unfavourable infrastructure and non-clinical supplies costs primarily driven by lagging performance in the financial savings programme due to current operational priorities.

Financial Performance Scorecards

Waitematā DHB Statement of Financial Performance

Hospital Services - Feb-22

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	4,960	3,329	1,630	29,761	24,742	5,019	38,079
Other Income	791	780	11	7,140	6,242	898	9,362
Total Revenue (excl. extraordinary items)	5,750	4,109	1,641	36,901	30,984	5,917	47,441
EXPENDITURE							
Personnel							
Medical	15,379	14,814	(565)	128,230	126,976	(1,253)	193,092
Nursing	19,187	19,083	(103)	149,360	152,115	2,755	235,717
Allied Health	5,355	5,745	390	47,766	49,243	1,476	75,212
Support	1,783	1,860	77	16,421	16,578	156	25,030
Management / Administration	2,470	2,979	509	22,601	23,451	850	35,867
Outsourced Personnel	872	869	(3)	8,122	7,662	(460)	11,636
	45,046	45,350	305	372,500	376,024	3,524	576,554
Other Expenditure							
Outsourced Services	1,784	1,663	(121)	12,620	13,511	890	20,479
Clinical Supplies	11,584	9,985	(1,599)	87,410	89,122	1,711	134,834
Infrastructure & Non-Clinical Supplies	2,738	1,394	(1,344)	20,647	12,839	(7,807)	19,422
	16,106	13,042	(3,063)	120,677	115,471	(5,206)	174,735
Total Expenditure (excl. extraordinary items)	61,151	58,393	(2,759)	493,177	491,495	(1,682)	751,289
Surplus/(Deficit) excl. extraordinary items	**(55,401)**	**(54,284)**	**(1,117)**	**(456,276)**	**(460,512)**	**4,236**	**(703,848)**
Extraordinary items							
COVID-19 Net benefit/(cost)	(4,767)	0	(4,767)	(21,619)	0	(21,619)	0
Surplus/(Deficit) incl. extraordinary items	**(60,168)**	**(54,284)**	**(5,885)**	**(477,895)**	**(460,512)**	**(17,383)**	**(703,848)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Waitematā DHB Statement of Financial Performance

Hospital Services - Feb-22

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION (excl. extraordinary items)							
Surgical Services	(15,196)	(14,875)	(321)	(126,945)	(125,340)	(1,605)	(194,045)
Acute and Emergency	(13,770)	(13,439)	(331)	(110,319)	(110,959)	640	(169,622)
Specialty Medicine and HOPS	(5,215)	(7,479)	2,265	(59,153)	(63,230)	4,076	(96,615)
Child Women and Family	(5,083)	(5,116)	34	(44,592)	(45,685)	1,093	(68,478)
Director Hospital Services	(989)	(1,235)	246	(7,861)	(8,534)	673	(13,268)
Elective and Outpatient Services	(669)	(710)	42	(5,356)	(5,609)	253	(8,577)
Clinical and Diagnostic Support Services	(14,480)	(11,428)	(3,052)	(102,049)	(101,155)	(894)	(153,245)
Net Surplus/(Deficit) excl. extraordinary iten	**(55,401)**	**(54,284)**	**(1,117)**	**(456,276)**	**(460,512)**	**4,236**	**(703,848)**
Extraordinary items							
COVID-19 Net benefit/(cost)	(4,767)	0	(4,767)	(21,619)	0	(21,619)	0
Surplus/(Deficit) incl. extraordinary items	**(60,168)**	**(54,284)**	**(5,885)**	**(477,895)**	**(460,512)**	**(17,383)**	**(703,848)**

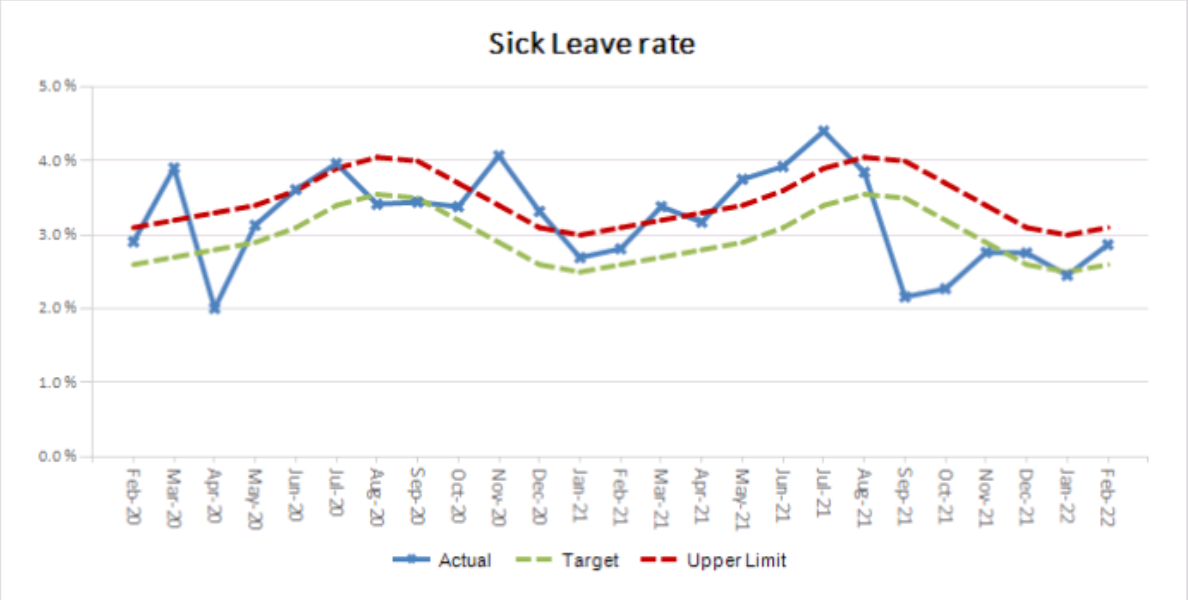
Human Resources

Method of calculation of graphs:

1. Overtime Rate: The sum of overtime hours worked over the period divided by worked hours over the period.
2. Sick Leave Rate (days): The sum of sick leave hours over the period divided by total hours over the period.
3. Annual Leave balance days: Count of staff with 0-76+ days equivalent 8 hour days accumulated leave entitlement.
4. Voluntary Turnover Rate: Count of ALL staff resignations in the last 12 months. This data excludes RMOs, casuals, and involuntary reasons for leaving such as redundancy, dismissal and medical grounds.

Sick Leave

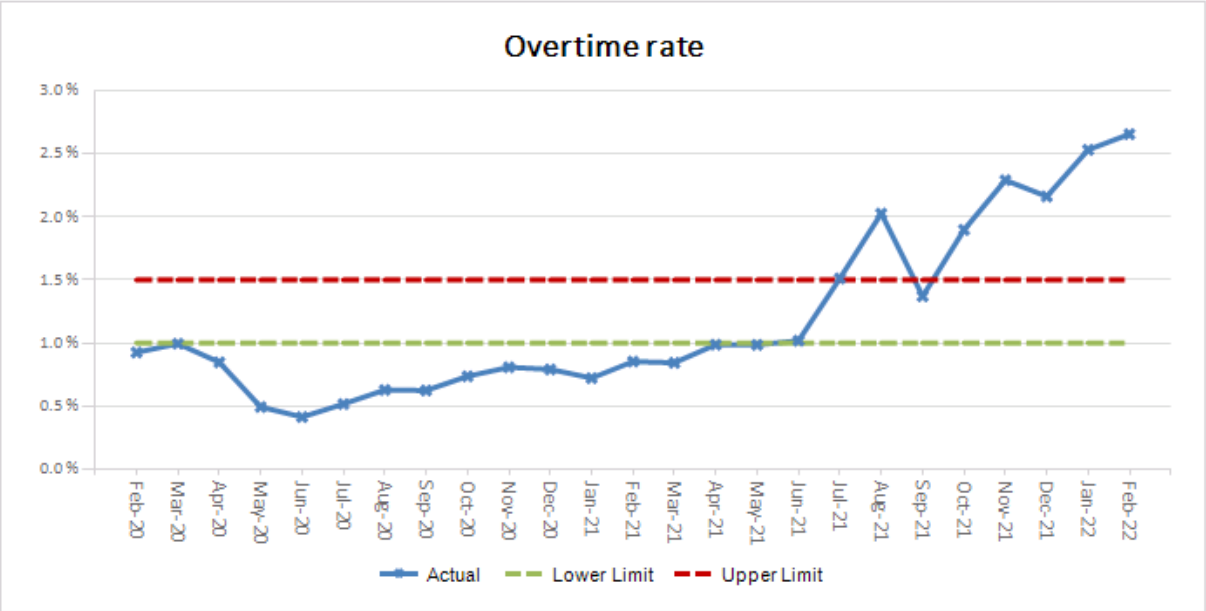
Sick leave continues to track within expected levels.



Overtime

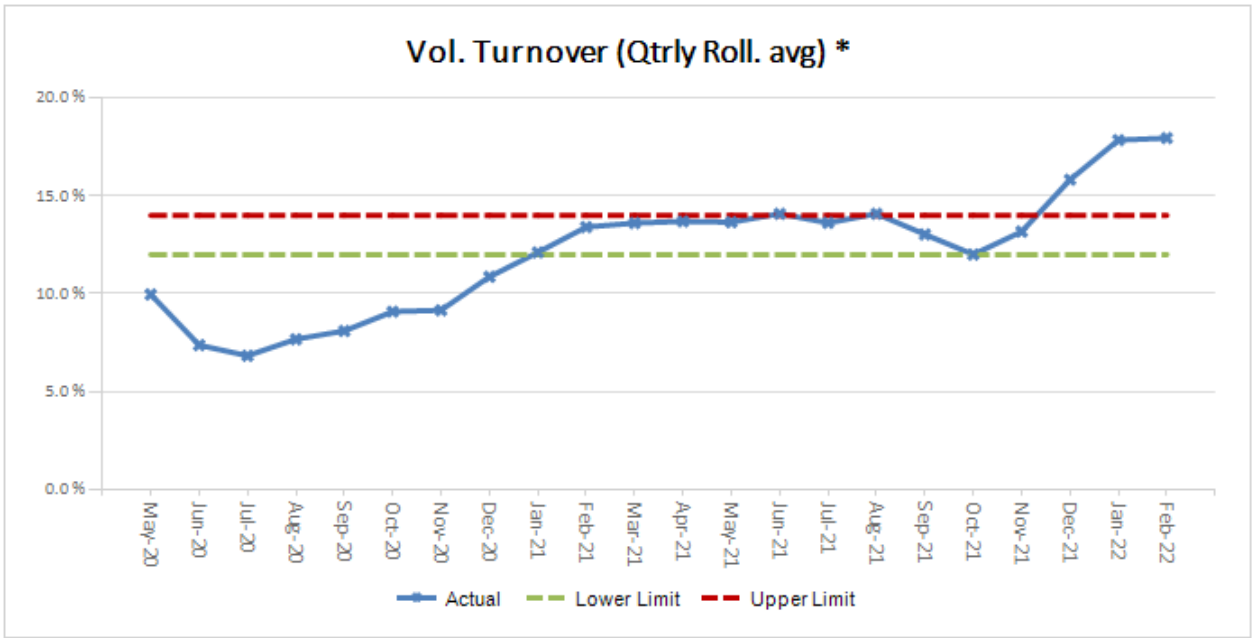
Overtime has increased substantially due to a combination of vacancies and the COVID-19 Omicron response which started in late January. Shift gaps have also been caused by instances such as unplanned sick leave.

The usual way we fill those shift gaps is by offering duties to internal bureau, casual or existing part time staff for overtime. Due to shortages in these areas (e.g. vacancies, regional secondments etc.), the team has offered overtime to all relevant staff to fill the shift gaps.



Staff Turnover

Staff turnover in the last quarter has stablished at 18% with an annual rolling average of 14.7%. Turnover drops approximately 2% in March. The DHB has commissioned a deeper review of our voluntary turnover drivers and reasons for leaving and what we can put in place to support our services back to sustained healthy turnover levels. The review is being led by our Associate Director of HR and involves our professional leads for Nursing, Allied, Technical and Scientific Professions.



6.2.2 Clinical Leaders' Report

Recommendation:

That the report be received.

Prepared by: Dr Jonathan Christiansen (Chief Medical Officer), Dr Jocelyn Peach (Director of Nursing and Emergency Systems Planner), and Sharon Russell, (Associate Director of Allied Health, Scientific and Technical Professions)

CMO update

SMOs, RMOs and the Omicron outbreak

As with all our staff, SMOs and RMOs have faced work and personal challenges during the recent Omicron outbreak. A number have experienced the illness themselves or had whānau unwell.

All our clinical teams have demonstrated dedication, compassion, flexibility and resilience over the past 2 months. Despite daily challenges in staffing, patients have received the best possible care.

Now that the peak of the surge is past, SMOs and RMOs are focusing again on elective clinical work in planned care, and also on continuing professional development. RMO specialist examination preparation is being reinvigorated, and medical staff are again able to connect in learning forums and conferences. All services are seeking to strike a balance between the need to address delayed clinic visits and operations with ensuring the wellbeing and currency of knowledge of clinical staff is supported. Careful leave planning is necessary to achieve this, along with judicious use of additional weekend and other afterhours duties.

Recruitment

SMO and RMO recruitment has been strong, and we have welcomed 17 new SMOs this calendar year thus far. The potential impact of changing border settings as the year progresses is less clear – particularly in the RMO workforce. For RMOs we are highly reliant on continued strength in the recruitment of overseas graduates who are ready to take up clinical jobs on arrival. It is notable that the projected number of new NZ graduates from our two medical schools will be slightly lower in 2023 than 2022, emphasising the importance of recruitment offshore.

Allied Health, Scientific and Technical Professions

Prepared by Sharon Russell, Associate Chief Allied Health, Scientific and Technical Professions Officer and Tamzin Brott, Chief Allied Health, Scientific and Technical Professions Officer

(Forty-three (43) professions, accounting for 24% of the Waitematā DHB workforce.)

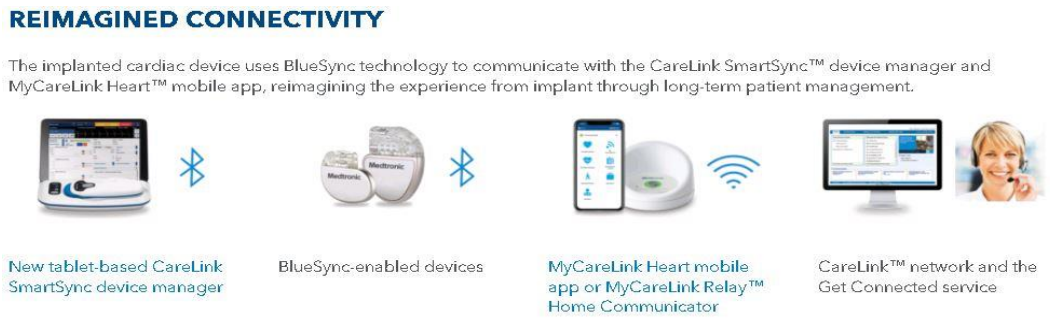
Cardiac Physiology

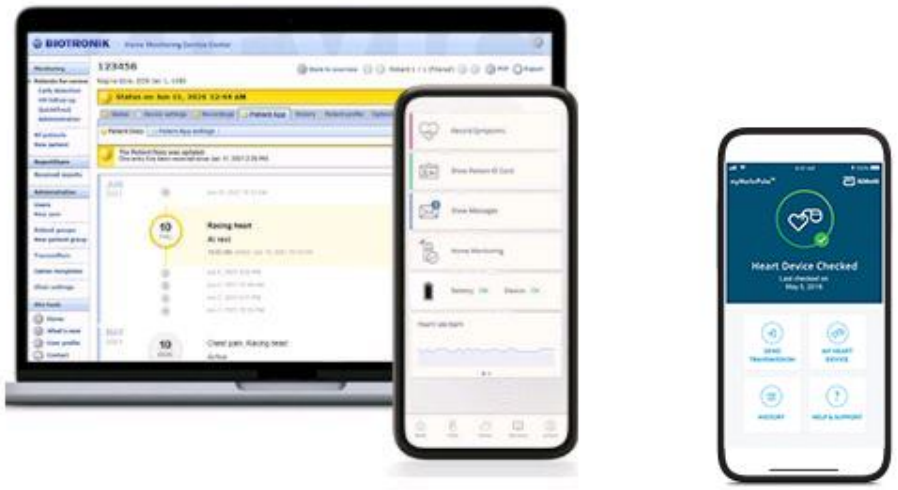
Remote Monitoring of cardiac devices.

Waitematā DHB Cardiac Physiology have utilised remote monitoring of cardiac devices like pacemakers and implantable defibrillators for approximately 10 years. The technology has evolved from using the patient's own wired internet connection to using a medical range radio frequency with a monitor that sat beside the patient's bed. Device data and arrhythmia events could be transmitted automatically or manually by the patient.

With the development of Bluetooth communication some manufacturers have included this in their devices. Now patients can download an app to their mobile device which can communicate with their implanted device. Data is still sent via the cellular network to a website automatically or patient activated. This gives patients more freedom to move around without the need for another device.

The app is compatible with patient's iPhone‡ or Android‡ smartphone and the app gives the patient with a mobile solution that encourages continuous, reliable engagement with remote monitoring.





Recommendation

That the report be received.

Nursing and Emergency Planning Systems

Prepared by Jocelyn Peach, Chief Nursing Officer and Emergency Systems Planner

Nurses, Midwives and Health Care Assistants account for 43.9% of the total DHB workforce.

Workforce Planning and Development for Safe Practice

Workforce availability

Recruitment: Over past weeks' considerable work has been undertaken to recruit and appoint nurses, midwives and health care assistants to fill vacancies across all divisions. Many senior nurses have participated in deployment to support frontline colleagues to meet care and demand needs. We are fortunate to have a number of experienced and flexible staff who have stepped into the various roles asked of them over the past two plus years. They have also maintained their learning to apply new expectations and new patient types.

New Graduate Recruitment has been largely successful for the February 2022 intake and recruitment is underway for the September intake. Significant effort is made to support students and new graduate staff entering practice. These are the future workforce essential for contribution in the new health system.

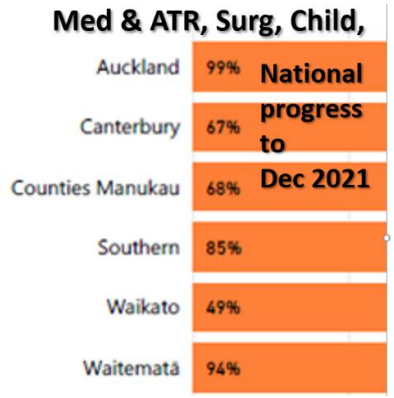
Workforce Planning: Waitemata has been participating in regional and national workforce pipeline workstream initiatives supported by Health Workforce NZ. These initiatives will have a medium impact (three to five years) on national workforce availability. While focused on the pipeline, we have supported increasing number of nurses into advanced practice position. Currently Waitemata DHB has 20 Nurse Practitioner roles who are and will continue to contribute to our community.

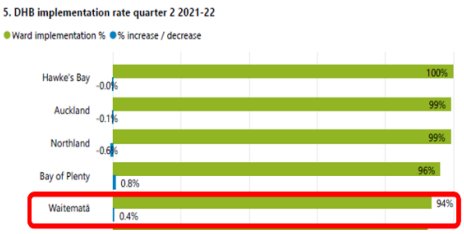
Internationally there is significant work underway to boost professional education so there is a consistent supply of health workforce for the future and to address current shortage. The existing and anticipated shortage forecasted by the International Council of Nursing shows that New Zealand must take local action and not rely on overseas recruitment as in past decades.

Workforce Capability

Waitematā DHB has been classified as having substantially achieved the CCDM requirements (reported in the recent publication Nursing Safe Staffing Review: Report on the Review of the Care Capacity Demand Management (CCDM) Programme, February 2022).

- Teams are increasingly confident to use the CCDM and Trendcare indicators to understand the match of workload demand to available care hours, whether the there is adequate resource for nursing care intensity assessment.
- There is good use of the Care Capacity at a Glance (CaaG]) screen to alert where services are experiencing workload peaks to 'Amber' and 'Red' i.e. available hours are not adequate to meet clinical care needs.
- The Variance Response Management (VRM) team response escalation process is developing to ensure frontline support, consistent with MECA requirements.





Nurse educator support for frontline staff: Considerable education is underway to catch up from the COVID surge barriers. On-line learning, simulation, limited face to face and bedside learning is highly visible. We have shared the on-line learning with other DHBs, community, aged care and other agencies.

Quality and Safety

Staff are undertaking a quality stocktake in late April to inform discussions in May to set priorities for professional quality initiatives through June for the next six months. Staff motivation for best practice continued.

Emergency Systems Planning

Good progress is being made to progress the emergency response systems work plan. Derek Liefting as the provider Emergency Systems Planner is working with individual services and with Stephen Crew on key projects. Community response processes are being scoped to integrate with wider provider services.

9. Resolution to Exclude the Public

Resolution:

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

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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1.	**Minutes of Meeting of the Board - Public Excluded (30/03/22)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2	**Recommendations of the Audit and Finance Committee – Public Excluded (13/04/22)**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
3	**Chair's Report**	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence. [Official Information Act 1982 S.9 (2) (ba)]

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
4	Tōtara Haumaru FFE Procurement plan approval	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	Mason Clinic E Tū Wairua Hinengaro main contractor procurement plan	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
6	Infrastructure Service Programme 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

	General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
			7S.9 (2) (j)]
7	North Shore Hospital Central Sterile Supplies Department implementation 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)]
8	Audit Proposal and engagement letters for the financial year 2022	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)]