AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 26 February 2020

10:30am

Note:

- **Open Meeting from 10:30am**
- **Public Excluded to follow**

A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton

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Published 21 February 2020

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.

Agenda
Meeting of the Board
26 February 2020

Venue: A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital, Grafton

Time: 10.30am

Board Members	**Auckland DHB Executive Leadership**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Mel Dooney	Chief People Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Mark Edwards	Chief Quality, Safety and Risk Officer
Peter Davis	Joanne Gibbs	Director Provider Services
Tama Davis	Dame Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Fiona Lai	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Bernie O'Donnell	Rosalie Percival	Chief Financial Officer
Michael Quirke	Meg Poutasi	Chief of Strategy, Participation and Improvement
Ian Ward	Shayne Tong	Chief Digital Officer
	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Bruce Levi	General Manager Pacific Health
	Rachel Lorimer	Director Communications
	Marlene Skelton	Corporate Business Manager
	Allan Johns	Director, Facilities and Development
	Riki Nia Nia	General Manager, Maori Health
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Agenda

Please note that agenda times are estimates only

10:30am	**1.**	**ATTENDANCE AND APOLOGIES**
	2.	**REGISTER OF INTEREST AND CONFLICTS OF INTEREST** 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?
	3.	**CONFIRMATION OF MINUTES – 18 DECEMBER 2019**
10.40am	**4.**	**ACTION POINTS**
10.45am	**5.**	**EXECUTIVE REPORTS**
	5.1	Chief Executives Report

	5.2	Health and Safety Report
11.25am	**6.**	**PLANNING AND FUNDING**
	6.1	Planning and Funding Outcomes Update
	6.2	Corona Virus – Update
	6.3	System Level Measures – Quarter 2 Report
12.15pm	**7.**	**FINANCIAL PERFORMANCE**
	7.1	Financial Performance Report
12.30pm	**8.**	**COMMITTEE REPORTS**
	8.1	Hospital Advisory Committee
	8.2	Joint Community and Public Health Advisory Committee
	9.	**DECISION REPORTS**
	10.	**INFORMATION REPORTS**
12.35pm	10.1	Director Appointment to the healthAlliance N.Z. Limited Board
	10.2	Human Resources Report
	11.	**GENERAL BUSINESS**
12.45pm	**12.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	8 April 2020 at 10.00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

2020/2021

Members	26 Feb 20	08 Apr. 20	20 May. 20	01 Jul. 20			
Pat Snedden (Board Chair)							
Joanne Agnew							
Doug Armstrong							
Michelle Atkinson							
Zoe Brownlie							
Peter Davis							
Tama Davis							
Fiona Lai							
Bernie O'Donnell							
Michael Quirke							
Ian Ward							

Key: 1 = present, x = absent, # = leave of absence, c = cancelled, resigned = r

Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

2019/2020

Members	03 Jul. 19	14 August 19	25 Sep. 19	06 Nov. 19	18 Dec. 19			
Pat Snedden (Board Chair)	1	1	1	1	1			
Joanne Agnew	1	1	1	1	1			
Doug Armstrong	1	1	1	1	1			
Michelle Atkinson	1	1	1	1	1			
Judith Bassett	1	1	1	1	r			
Zoe Brownlie	1	1	1	1	1			
Peter Davis					1			
Tama Davis					1			
Fiona Lai					1			
Bernie O'Donnell					1			
Lee Mathias	1	1	1	1	r			
Robyn Northey	1	1	x	1	r			
Michael Quirke					1			
Sharon Shea	1	1	1	1	r			
Gwen Tepania-Palmer (Deputy Board Chair)	1	1	1	1	r			
Ian Ward					1			
Key: 1 = present, x = absent, # = leave of absence, c = cancelled, resigned = r								

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being 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 duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the 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.

IMPORTANT

If in doubt – declare.

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

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Chair – National Science Challenge Programme – A Better Start Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd Board Member – Counties Manukau DHB Chair – Counties Manukau Audit, Risk and Finance Committee Board Member – Kainga Ora – Homes and Communities Board	03.12.2019
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Contracting role – Shea Pita and Associates Chargenet, Director & CEO – Steve West - Partner	10/06/2019
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Green Cross Health Ltd Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest – I have no beneficial or financial interest)* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest – I have no beneficial or financial interest)* Member – Trans-Tasman Occupations Tribunal Daughter – Partner Russell McVeagh Lawyers *(daughter practices as a Barrister and may act for health related parties from time to time)*	22.01.2020
Zoe BROWNLIE	Director - Workplace Programme – YWCA Auckland Unless Consulting - Director Partner – CAYAD, Auckland Council Director – Belong Global	21.01.2020

	Director – YWCA Auckland Member – RockEnrol Steering Committee	
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties	19.11.2019
William DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Chair Mana Whenua Working Group – Auckland Council Te Kete Rukuruku Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Ngati Whatua representative – Emerge Aotearoa	21.02.2020
Fiona LAI	Member – Pharmaceutical Society NZ Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association	10.12.2019
Bernie O'DONNELL	Manager – Manukau Urban Maori Authority Chair – Board of Trustees – Waatea School Deputy Chair – Marae Trustees – Nga Whare Waatea marae Executive Member – Secretary – Te Whakaruruhau o Nga Reo Iriangi Maori Director – Maori Media Network Te Matawai Funding Panel – Te Pae Motuhake o Te Reo Tukutuku Member – Alcohol and Addictions Reference Group, Dept of Corrections	21.02.2020
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group	12.12.2019
Ian WARD	Member – Ward Consulting Services Beneficiary – Trust Holding Shares CFO – Oceania Healthcare – Son Oceania Healthcare investments - wife	20/11/2019

Minutes
Meeting of the Board
18 December 2019

Minutes of the Auckland District Health Board meeting held on Wednesday, 18 December 2019 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10:00am

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Mel Dooney	Chief People Officer
Doug Armstrong	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Mark Edwards	Chief Quality, Safety and Risk Officer
Zoe Brownlie	Joanne Gibbs	Director Provider Services
Peter Davis	Rosalie Percival	Chief Financial Officer
Tama Davis	Meg Poutasi	Chief of Strategy, Participation and Improvement
Fiona Lai	Sue Waters	Chief Health Professions Officer
Bernie O'Donnell	Tim Wood	Acting Director of Funding Auckland and Waitemata DHBs
Michael Quirke		
Ian Ward	**Auckland DHB Senior Staff Present**	
	Sarah McMahon	Senior Communications Advisor
	Justin Rawiri	Director – Risk and Emergency Management Service
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apology of Doug Armstrong for lateness be received.

That the apologies of Executive Leadership Team members, Dr Karen Bartholomew, Director, Health Outcomes for Auckland and Waitemata DHBs, Dame Naida Glavish, Chief Advisor Tikanga and General Manager Māori Health for Auckland and Waitemata DHBs, Dr Debbie Holdsworth, Director of Funding for Auckland and Waitemata DHBs, Shayne Tong, Chief Digital Officer and Dr Margaret Wilsher, Chief Medical Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 7-8)*

Doug Armstrong requested the following changes to be made to his interest register: Orion Healthcare to be removed and Green Cross Health to be added.

Fiona Lai asked for the following to be added to her register: Member - Pharmaceutical Society of New Zealand, Member - PSA, Employed as a Pharmacist at Auckland DHB, Member - New Zealand Hospital Pharmacists Association and Member - Puketapapa Local Board, Auckland Council.

There were no conflicts of interest with any item on the open agenda.

3. RECEIPT OF MINUTES 6 NOVEMBER 2019 *(Pages 9-28)*

Resolution: Moved Pat Snedden / Seconded Jo Agnew

That the minutes of the Board meeting held on 06 November 2019 be received.

Carried

4. ACTION POINTS – NIL *(Page 29)*

There were no outstanding actions to consider.

5. EXECUTIVE REPORTS

5.1 Chief Executive's Report (*Pages 30-44)*

Ailsa Claire, Chief Executive Officer on behalf of the Executive Leadership Team welcomed new and returning board members commenting that the team was looking forward to working with them and moving the organisation forward.

To give some context to the size of the organisation; Auckland DHB was the fifth largest business and the biggest employer in Auckland and the 10th largest hospital in the world.

She and the Executive Leadership team were directly available to Board members for any questions or information.

Ailsa Claire then asked that the report be taken as read advising as follows:

Health Excellence Awards

Auckland DHB's annual Health Excellence Awards took place on 27 November, celebrating the teams and individuals whose dedication and creative thinking enable us to provide better care and support for our patients, whānau, and communities. This month the Chief Executive Award went to Healthcare Security Officers creating a safer Adult Emergency Department. This team had done a lot to de-escalate situations within the Adult Emergency Department and were highly esteemed by their colleagues.

New Integrated Operations Centre

On Friday 8 November the new Integrated Operations Centre (IOC) at Auckland City Hospital went into operation. The IOC co-locates the people who coordinate and support the day-to-day running of the hospital in a workspace where real time data on capacity and resource is visible and accessible. As part of board members induction a tour of the centre will be undertaken next year.

Te Whakatūtata Nāhi emblem

Te Whakatūtata is an emblem for Māori Nāhi (Nurses) uniforms to make them more visible as Tangata Whenua to Tangata Mauiui (patients) and their whānau.

The idea came from Dawson Ward, Senior Nurse at Auckland City Hospital, and inaugural winner of Te Kauae Raro Māori Nursing and Midwifery Award in 2018.

FIRP Lift Upgrades

A significant milestone for the

Facilities Infrastructure Remediation Programme (FIRP) has been reached with the first lift replacement now complete. Over the next four years, 50 lifts are being replaced or upgraded

across Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre. Board members using car park A would have noticed the new lift in action.

Industrial Relations

The majority of the industrial relation issues emanate from the APEX Union. There has been 141 days of disrupted healthcare can be attributed to APEX.

Measles

The three metro Auckland DHBs continue to manage a city-wide response to the measles outbreak. The recent focus has been to respond to outbreaks in the Pacific, particularly in Samoa where a State of Emergency was declared and there has tragically been significant loss of life. The three metro Auckland DHBs have funded an advertising campaign to promote MMR vaccination to Pacific people, especially those planning travel.

Australian and New Zealand Paired Kidney Exchange collaboration begins

Operations associated with the new Australian and New Zealand Paired Kidney Exchange (ANZKX) started at Auckland City Hospital on 31 October 2019. This is a very important collaboration as it increases access to kidney transplantation for hard to transplant New Zealand patients.

Communications Process

Ailsa Claire drew attention to pages 35-38 in the agenda commenting that Auckland DHB engaged in an active communication programme and process under the direction of Rachel Lorimer, Director of Communications and her team.

Local Heroes

Ailsa Claire drew attention to pages 39 of the agenda commenting that Auckland DHB actively acknowledged the organisations values and the Local Hero Award was one way in which this was done.

Vanessa Beavis

Dr Vanessa Beavis, Director of Perioperative Services at Auckland DHB has been announced as President Elect of the Australian and New Zealand College of Anaesthetists (ANZCA). This is recognition of the high esteem Vanessa is held in by her peers.

Cancer Control Agency Advisory Council

Prime Minister Jacinda Ardern and Minister of Health David Clark have announced the members of the Advisory Council, which include Ailsa Claire and Dr Richard Sullivan. The Advisory Council supports the new Cancer Control Agency, set up to deliver the Government's plan to improve cancer care and control.

Performance of the Wider Health System – Indicators

Auckland DHB has been having difficulty meeting the Acute Flow target of 95% this is because patient acuity has been particularly high over winter. The target is slowly improving as we come into summer.

The Elective Surgery or planned surgery target is currently below the 100% target due to the

effects of industrial action and the support that is being given to Counties Manukau in the aftermath of the White Island event where some of their acute patients have been looked after by Auckland DHB.

Auckland DHB is the highest achieving DHB for Faster Cancer Treatment.

The Better help for smokers to quit target has seen Hospital patients and Pregnant women registered with a DHB employed midwife or lead maternity carer achieve the target but PHO enrolled patients have not quite reached this point but a recovery is anticipated.

Auckland DHB exceeded the target for Raising Healthy Kids.

Auckland DHB is the only DHB to reach the target for Increased immunisation at 8 months. However it should be noted that this masks the inequity that still exists for Maori and Pacific.

Financial Performance

The Board approved 2019/20 Annual Plan with a deficit of $59.5M has not yet been approved by the Minister of Health. The Board currently reports against a reduced deficit of $56.968M and is working towards improving the year end deficit position. The Ministry has been advised of a year-end forecast position that is favourable to the $56.968M deficit by $10M. Discussions continue as to how to close the gap of the deficit position.

The Board Chair, Pat Snedden added that there had been a significant lift in wages levels that had only been partially funded by the government. It is a difficult issue to manage and the Board has been tackling it with the assistance of EY.

Awards and Fellowships

Ailsa Claire drew attention to pages 43-44 of the agenda commenting that the DHB was very lucky to have some very talented clinicians as could be seen by the recognition they had been receiving.

The following points were made during discussion of this item:

- Advice was given that in the rolling out of the Te Whakatūtata Nāhi emblem Dame Naida Glavish, Riki Nia Nia, General Manager Maori Health had been engaged with.
- Bernie O'Donnell wanted clarification on the communications programme and what the key messages were that management were attempting to promote and was advised that the Communications Department had a three year strategy which they worked to along with responding to issues as they arose. This would be shared with the Board as part of their induction.
- Advice was given that while the Ministry had ceased publically reporting on the Wider Health System Indicators, DHBs were still required to report directly to the Ministry on them.

  Zoe Brownlie commented that it would be helpful for the Board to have a deep dive as part of its local induction programme on targets even if the Ministry were contemplating a change.

Resolution:

That the Chief Executives report for 21 October 2019 – 24 November 2019r be received.

Carried

5.2 Health and Safety Report (*Pages 45-86)*

Sue Waters, Chief Health Professions Officer asked that the report be taken as read, advising as follows:

- Safe 365 is about improving the safety of contractors onsite. The Safe365 2019 Safest Place to Work awards were held on 14 November. Auckland DHB won the innovation award jointly with Hawke's Bay and Hutt Valley DHB's for the ACC / Safe3565 project. The fourth governance meeting for the project has been held for the roll out of the SAFE365 product through our contractor and supply chain, with the first round of contractor on-boarding sessions completed.

- Work has progressed on the Lone Worker Project with the OHS Advisor team working with Directorates to enter into the Datix risk registers. The Lone Worker App rollout continues with 530 users and Mental Health Services transitioning across to the app from their current provider. The App works well within the community. It can track a staff member to a building although not to a particular floor. The app has a panic alarm for the phone and also the ID badge.
- Preparation is almost complete for the annual ACC Accredited Employers Programme audit, which takes place on 5th and 6th December. This year the audit consists of the annual Injury Management elements only.

The Board Chair, Pat Snedden asked for comment from Board members on the report.

- Jo Agnew drew attention to page 53 of the agenda and the highlighted issue around manual tasks and patient handling being advised that a number of different ways of offering this training were being employed.
- Michael Quirke commented that he was enjoying the detail although snap shots more in the format of a dashboard would be good.
- Ian Ward suggested that high risk issues be reported to every Board meeting and that the remainder be reported on a quarterly basis to allow time for remediation of issues to occur.
- Tama Davis agreed that a dashboard for high level issues would be good with the remainder being reported quarterly.
- Michelle Atkinson noted that there were issues not being entered directly into Datix, how did management know what they were? Advice was given that this information was collected manually via packs being placed in wards. This acts as a separate tracking mechanism.
- Zoe Brownlie agreed that three times a year for the full report would be adequate with exception reporting occurring for the remainder of the time.
  Zoe also raised the issue around the low number completing local inductions with

Sue Waters advising that it was occurring but not being entered into the system. It also had to be remembered that staff turnover was running at 12% which meant local induction was an ongoing task.

- Michelle Atkinson commented that she could understand the wish to reduce the size of Board papers but from her perspective and the point of view of risk appetite there was risk in reducing the level of reporting.
- Peter Davis was advised that clinical data was used in reporting and that data was provided to the Health Quality and Safety Commission as DHBs were required to report on adverse events and to track many other KPIs. The Health Round Table then uses this data to produce reports that are shared across Australasia.

The Board Chair advised that as this is a core responsibility of the DHB this level of detail was required to be reported so that members could stay across what was happening.

Resolution:

That the Board receive the Health and Safety Performance report for October 2019.

Carried

5.3 Human Resources Report *(Pages 87-89)*

Mel Dooney, Chief People Officer asked that the report be taken as read, advising as follows:

The People programme continues to deliver change through five programmes of work to help us all role model a happy, healthy, high-performing community by:

1. Accelerating capability and skill
2. Making it easier to work here
3. Building constructive relationships
4. Delivering on our promises / Caring for our people
5. Ensuring a future ready workforce.

Attention was drawn in particular to:

- The release of the Change Leadership module in the *Management Development Programme (MDP)* which has had a total of 111 employees complete the module with an additional 66 underway.
- Noting the progress by the provider directorates with socialising and utilising resources for *Te tino o mātou – Us at our best* which support teams in living the organisations values
- *Just Culture* - Seventy four (74) employees attended the September certification training, with further certification training scheduled in November 2019 and February 2020 which will deliver approximately two hundred certified senior managers who will be our internal 'champions'.

- *To Thrive* – is the programme aimed at supporting our low paid workers. The recent careers fair (providing access to entry level careers within the organisation) was highly successful and is the culmination of efforts over the past 18 months to equip these employees with the skills and capabilities to succeed in new careers.

Resolution:

That the Board:

1. **Receives the Auckland DHB Human Resources report for December 2019.**
2. **Notes the progress on Auckland DHB People programme commitments.**

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report *(Pages 90-96)*

Rosalie Percival, Chief Financial Officer asked that the report be taken as read, advising that the most detailed financial reporting occurs in the Finance, Risk and Assurance Committee with the Board receiving more summary reporting.

The Auckland DHB is a $2.5B operation with $800M spent on other populations and two thirds of the budget spent in the Provider Arm with just over half of what the Provider delivers is for people outside the Auckland population.

The position to the end of November is that the DHB is currently $5.1M favourable to a $57M deficit budget.

The Board has a healthy cash balance in comparison to the rest of the health sector where it can operate with one month's expenditure in reserve, however, in allowing for this there has been a detrimental flow on effect to capital expenditure. This position is required in order to prove solvency.

Ailsa Claire advised that 50% of the service provided to others is funded but not priced correctly therefore the Auckland population has been cross subsidising the rest of the country. The Board Chair, Pat Snedden commented that Auckland DHB have stayed true to the integrity of the current cost/price structure but that in doing so were being forced to make do and in doing that the Auckland local population misses out which is not fair. However, the government have determined that as all DHBs are in deficit to ask for more from then is not seen as sustainable in the overall health finding scenario. There needs to be a reset in the technical pricing differential but in the meantime we are instructed to be as efficient as we can with what we have.

Resolution:

That the Board receives this Financial Report for the Month and Year to Date ending 31 October 2019

Carried

6.2 Planning and Funding Outcomes Update (*Pages 97-109)*

Tim Wood, Acting Director of Funding Auckland and Waitemata DHBs asked that the report be taken as read, advising as follows:

The Auckland and Waitemata DHBs operate a joint Planning and Funding team across their regions. Tim Wood then drew attention to snapshots of what the team was involved with in the key areas of Planning, Primary Care, Health of Older people, Child Youth and Women's Health, Mental Health and Addictions, Maori Health Gain, Pacific Health Gain, Asian, Migrant ad Former Refugee Health Gain and Hospitals.

Tim Wood drew attention in particular to:

- Annual Plans and release of the Disability Action Plan 2019-2023
- Waiheke Island's improved after-hours health care service which is a reflection of that which exists on the mainland
- Government Inquiry into Mental Health and Addiction Services (He Ara Oranga) and the Wellbeing Budget and the inclusion of the expansion of Awhi Ora, Te Tumu Waiora, by Māori and by Pacific services along with a programme to up skill general practice teams commenting that this is reflective of the work done in Auckland DHB and it was pleasing to see it rolled out nationally
- The Board Chair, Pat Snedden drew attention to the Iwi-DHB Partnership Board commenting that it was a substantive response to the Waitangi Tribunal Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. This partnership agreement is now before the Minister with support from the Crown Law Office.

The following points were made during discussion of this item:

- Ailsa Claire advised that a lot happens in the Planning and Funding space and there was a lot of detail to absorb. All the population based finding goes through the Funder who commissions the services required. The Planning and Funding team will be providing an induction seminar on this area of the business.
- Michelle Atkinson commented that it was good to see Maori included under community treatment orders and it was gratifying to see the Haven: Recovery Café in operation.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 6 November 2019.

Carried

[Secretarial Note: Doug Armstrong arrived during consideration of item 6.2 at 12 noon.]

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee (*Pages 110-119)*

Michelle Atkinson, Deputy Chair of the Hospital Advisory Committee asked that the unconfirmed minutes for the meeting of 27 November 2019 be received noting some key points from the meeting as follows:

- The Department of Forensic Pathology has received accreditation from the National Association of Medical Examiners and is only the second department to receive such accreditation outside USA.
- The first bariatric patient has been operated on at the Greenlane Surgical Unit.
- Recruitment for the Perioperative Directorate is proceeding well and the recent recruitment trip to the UK was successful.
- The last intake of anaesthetic technicians would occur next year and this was an issue that would be followed up.

Resolution: Moved Michelle Atkinson / Seconded Jo Agnew

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 27 November 2019 be received.

Carried

7.2 Metropolitan Disability Support Advisory Committee (*Pages 120-125)*

Jo Agnew, Joint Chair of the Metropolitan Disability Support Advisory Committee asked that the unconfirmed minutes for the meeting of 14 November 2019 be received noting some key points from the meeting:

- It was an interesting but not a conclusive meeting with a lack of attendance.
- Waitemata and Auckland DHBS had a well matured DiSAC that had been on a good trajectory. While the Counties Manukau DHB operates under the same Disability strategy they appear to have their own agenda. This has confused matters.
- Michelle Atkinson added that it is not effective to have DiSAC only occurring every 12weeks.
- In general, the situation as it stands is not satisfactory and Board Chairs need to review where DiSAC is heading.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the unconfirmed minutes from the Metropolitan Disability Support Advisory Committee meeting held on 14 November 2019 be received

Carried

8. DECISION REPORTS

8.1 Establishment of Executive Committee of the Board *(Page 126)*

The Board Chair, Pat Snedden advised that this was a procedural issue required to cover the Board during the holiday recess.

Resolution: Moved Pat Snedden / Seconded Zoe Brownlie

That the Board:

1. **That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/ New Year Board recess.**
2. **That membership of the Committee is to comprise the Board Chair, Pat Snedden, the Deputy Board Chair, Tama Davis, Jo Agnew and Doug Armstrong, with a quorum of three members (the Chair or the Deputy Chair needs to be one of the three members).**
3. **That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from the Chief Executive.**
4. **That all decisions made by the Executive Committee be reported back to the Board at its meeting on 26 February 2020.**
5. **That the Executive Committee be dissolved as at 26 February 2020.**

Carried

8.2 Establishment of an Interim Committee Structure (*Pages 127-128)*

The Board Chair, Pat Snedden advised that the purpose of this paper is for the Board to approve interim membership of Committees, following the election of the new Board and the appointment of new members in 2019. A full review of Committee membership will be undertaken and presented to the Board at its scheduled meeting in either February or April 2020.

Resolution: Moved Pat Snedden / Seconded Fiona Lai

That the Board approve the interim appointment of Board members as members and chairs of Committees and Foundations as follows:

Hospital Advisory Committee
Chair: Tama Davis
Committee Members: All Auckland DHB Board members.
Ex officio: Pat Snedden

Finance, Risk and Assurance Committee
Independent Committee Chair: Dame Paula Rebstock
Committee Members: All Auckland DHB Board members and Norman Wong (Professor of Accounting and Finance, Head of the Department of Accounting and Finance, University of

Auckland)

Community and Public Health Advisory Committee
***(combined meeting arrangements with Waitemata DHB. Auckland DHB may appoint five members*)**
Committee Members: Pat Snedden, Zoe Brownlie Michelle Atkinson, Fiona Lai and Michael Quirke.

Other Appointments
Starship Foundation - Michelle Atkinson
Auckland Health Foundation (to be left vacant and Board members to signal interest to Marlene Skelton, Corporate Business Manager)
Major Capital Programmes Expert Advisory Group - Continue with the following external appointments until further notice: Norman Wong and Graeme Bell.

Carried

8.3 Conflict of Interest Policy *(Pages 129-147)*

The Board Chair, Pat Snedden advised that the policy had been revised so that it met with the standards published by the State Services Commission in May 2018.

He acknowledged the interest that Doug Armstrong had in this matter where it related to the balance of the interests of the individual versus the organisation. The Board in the past had engaged in some robust debate on the issue but any solution needed to be based on evidence. Margaret Wilsher, Chief Medical Officer and Marlene Skelton, Corporate Business Manager were compiling legislation governing clinical staff in relation to this matter and it was suggested that Doug Armstrong join with them to produce a discussion document for the Board to consider in the first quarter of the new year.

Resolution: Moved Pat Snedden / Seconded Fiona Lai

That the Board:

1. **Approves the updated Conflict of Interest Policy for staff.**
2. **Notes that the Auckland DHB Conflict of Interest Policy has been reviewed as per audit and State Service Commission requirements.**

Carried

9. INFORMATION REPORTS

9.1 Management Development Programme – Tairanga Arataki – Dee Dive (*Pages 148-151)*

Mel Dooney, Chief People Officer asked that the report be taken as read and called for questions.

Board members were advised that aspiring leaders had fed back that they had gained a lot from attending the course. The uptake for the course had been beyond that expected.

Resolution:

That the Board receive the Management Development Deep Dive report for December 2019.

Carried

10. GENERAL BUSINESS

There was none.

11. RESOLUTION TO EXCLUDE THE PUBLIC *(Pages 152-155)*

Resolution: Moved Pat Snedden / Seconded Michelle Atkinson

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand 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 item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 6 November 2019	**Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points - NIL	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982

		[NZPH&D Act 2000]
5.1 Risk Management Update	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executives Confidential Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Human Resources Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 People Dashboard	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and	**Commercial Activities** **Information contained in this report is related to commercial**	That the public conduct of the whole or the relevant part of the

Assurance Report	**activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.1 Submission to the Justice Committee on the Inquiry into the 2019 Local Elections by the Waitematā District Health Board on behalf of the Northern Regional Governance Group (Auckland, Counties Manukau, Northland and Waitematā DHBs	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** Information which is subject to an obligation of confidence is enclosed in the report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Capital Budget Expenditure Pool for Surgical Instruments	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 National DHB Healthy Food and Drink Policy: Progress Update	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	report and would prejudice or disadvantage if made public at this time.	
9.4 Capex Variation Approvals Seed Funding Projects PICU Expansion and Atrium Refurbishment	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10 Discussion Reports – Nil	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11 Information Reports - Nil	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
12 General Business	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 3.35pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 18 December 2019

Chair: _____ Date: _____

Pat Snedden

Action Points from 18 December 2019 Open Board Meeting

As at Wednesday, 26 February 2020

Meeting and Item	Detail of Action	Designated to	Action by
	NIL		

Chief Executive's Report

Recommendation

That the Chief Executives report for February 2020 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 25 November 2019 – 3 February 2020. It includes an update on the management of the wider health system and is a summary of progress against the Board's priorities to confirm that matters are being appropriately addressed.

2. Events and News

2.1 Notable visits and programmes

Prime Ministerial announcement: capital funding for PICU expansion

Prime Minister Jacinda Ardern visited Starship Hospital on 31 January to meet staff and families, and announce a $25 million investment in the expansion of our paediatric intensive care unit (PICU).

Starship Director, Dr Mike Shepherd and Prime Minister Rt Hon Jacinda Ardern.

The funding is part of an additional $300 million capital investment in health allocated in the Government's New Zealand Upgrade Programme.

PICU is the only dedicated paediatric intensive care facility within New Zealand, and provides a national service for children requiring intensive care for longer than 24 hours and a regional service for all children requiring intensive care or high dependency care. The PICU expansion will deliver extra capacity for a critical national service that is experiencing increasing demand.

Construction is planned to begin in early 2021.

Newborn Metabolic Screening Programme turns 50

In December, the 50th anniversary of the Newborn Metabolic Screening Programme, New Zealand's longest running national screening programme, was celebrated at Auckland City Hospital, with attendees from the Ministry of Health and LabPlus.

Dianne Webster, Director National Testing Centre, Ian Costello, Director Clinical Support Services and Daniel Hunt, General Manager - Pathology and Laboratory Medicine at the 50th Anniversary celebration.

The programme screens for rare but potentially serious disorders such as phenylketonuria (PKU), cystic fibrosis, and congenital hypothyroidism. A blood sample is taken from a baby's heel at or as soon as possible after 48 hours of age (the 'heel prick' or 'Guthrie' test). If a disorder is found, early treatment can prevent permanent damage or death.

Over the decades, the programme has continued to evolve, becoming one of the most successful in New Zealand.

Industrial action

Industrial action by Medical Sonographers who are members of the APEX union began on January 18 and finished on February 17 when union members voted to accept the latest offer from the metropolitan Auckland DHBs. The offer was accepted after the DHBs and the union undertook facilitation.

The acceptance of the offer follows a number of full and partial strike periods over the past five months, where the cumulative effect has had a major impact on our ultrasound services – particularly our services for non-urgent cardiac ultrasound patients and GP referrals.

I want to acknowledge and thank our staff who have worked together to protect the safety of patients through this period, and who are now working on recovery planning.

2.2 Health sector partnerships

Measles Mumps Rubella vaccination catch-up campaign announced

On 10 February, Associate Health Minister Julie Anne Genter announced funding for a campaign to increase immunity to measles, mumps, and rubella in 15-29 year olds.

Associate Minister of Health, Julie Anne Genter with MIT Nursing School students

The announcement was made at MIT Manukau campus in South Auckland; the Minister acknowledged that South Auckland communities were hardest hit by the 2019 measles outbreak.

Minister Genter announced a commitment of $23 million with additional funding to come. More than 350,000 additional Measles Mumps Rubella (MMR) vaccines are earmarked for the campaign, and are expected to arrive in April after a six month manufacturing process.

2.3 Patients and community

2.3.1 Email enquiries

Communications manages a generic communication email box, responding to all emails and connecting people to the correct departments. For this period, 584 emails were received. Of these emails, 80 were not communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

2.3.2 Patient experience

Here is an example of patient feedback that was published in the New Zealand Herald on 2 December 2019.

"In praise of emergency services

We would like to express our praise for ambulance, emergency, critical care, HDU and neurosurgery at Auckland Hospital for the fantastic support, empathy and help they gave us during a medical episode. After dialling 111 my husband received great support from the operator when he found me unconscious and totally unresponsive on the floor in our house. Ambulance and Fire staff arrived and took me to Auckland Hospital Emergency. My husband

was taken into the hospital by friends and our sons joined him at the hospital later in the evening. The information and support given to my family and me was superb and we can't thank everyone enough.

In early November I had surgery on my brain after a long consultation with a registrar from the neurosurgery team. We were never hurried, and we were given every opportunity to seek advice. Many thanks to the neurosurgery team. While preparing in the hospital for surgery, I can't express enough amazement at the information that was given to me every step of the way.

The nurses were beyond kind and supportive and the orderlies and people who served the food were fantastic. Thank you all too. I do understand that everyone's experience can be different. This started off as an emergency and was totally unexpected but was all made so much easier to cope with due to the wonderful medical care and support we received."

- Nicki Winn

2.4 External and internal communications

2.4.1 External

We received 131 requests for information, interviews or for access from media organisations between 25 November 2019 and 3 February 2020. Media queries included multiple requests for information or for interviews about the White Island/Whakaari incident, the impact of the Australia bushfire smoke, and potential novel Coronavirus cases in Auckland. Around 32% of the enquiries over this period sought the status of patients admitted following incidents including road and e-scooter accidents, or who were of interest because of their public profile.

The DHB responded to 30 Official Information Act requests over this period.

2.4.2 Internal

- 58 news updates were published on Hippo, the DHB intranet.
- Nine editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Seven editions of the Manager Briefing were published for all people managers.
- One edition of Te Whetu Mārama | Nova was published.
- Three CEO blogs were published on the following topics:
    - Auckland City Mission appeal

- It takes a team
- It's not just what you do but how you make people feel

- Four Teamtalk blogs were published:
  - Hospital Integrated Operations Centre – Jane Lees, Nurse Director
  - Our success is your success – Gwen Green, CEO Auckland Health Foundation
  - 2020: Year of the Nurse and Midwife – Margaret Dotchin, Chief Nursing Officer
  - The journey of Te Whakatūtata – Dawson Ward, Senior Nurse

2.4.3 Events and campaigns

Auckland City Mission Christmas activity

Our partnership with the Auckland City Mission is one of the ways we support some of the most vulnerable members of our community. In December, we provided opportunities for staff to contribute to the Mission's Christmas appeal, and our people gave 1,700 items and $4,389.51 in cash donations.

Some of the Auckland DHB team also formed a UB40 Tribute Band that played at the Auckland City Mission's Annual Christmas Day lunch – and gave a sneak peak of their performance at Auckland City Hospital.

The band practising before their debut as the UB40 Tribute Band.

Year of the Nurse and Midwife 2020

The World Health Organisation (WHO) has designated 2020 as the "Year of the Nurse and midwife" in honour of the 200th birth anniversary of Florence Nightingale. It coincides with the first-ever State of the World's Nursing report and The State of the World's Midwifery report— both being launched in 2020.

At Auckland DHB we are taking the year as an opportunity to shine a light on all of our amazing nurses and midwives for the things that they do every day that make such a difference to patients, whānau and their colleagues. Encouraging others to start a career in nursing and midwifery, and for those that are already working in these professions, we want to encourage them to continue to grow and develop in their role.

2.4.4 Social Media

Followers

LinkedIn: 13,282

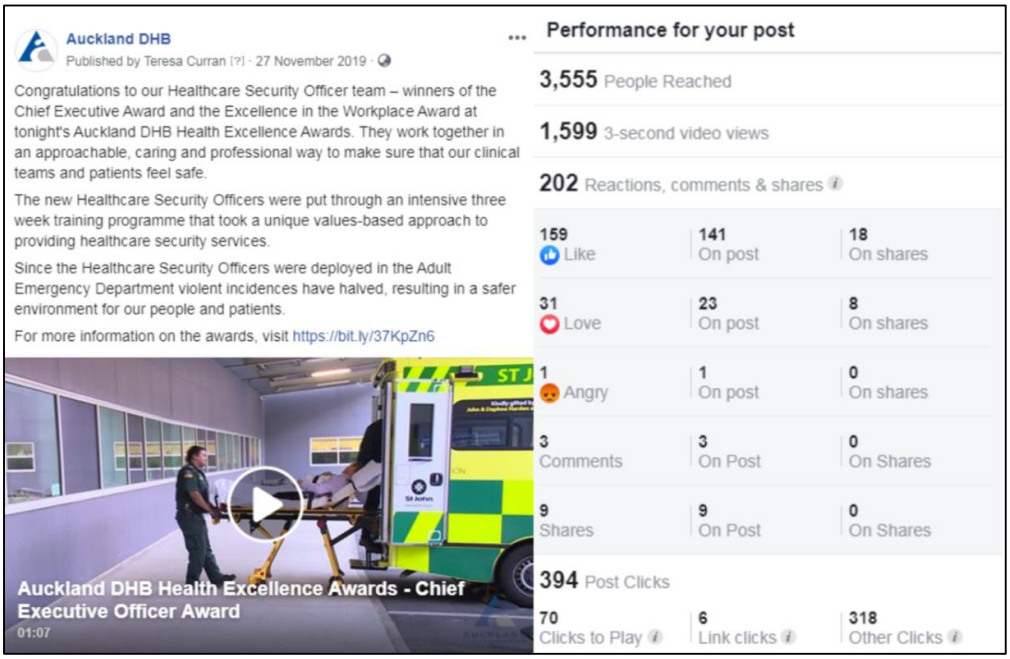
Facebook: 9,281

Twitter: 3,898

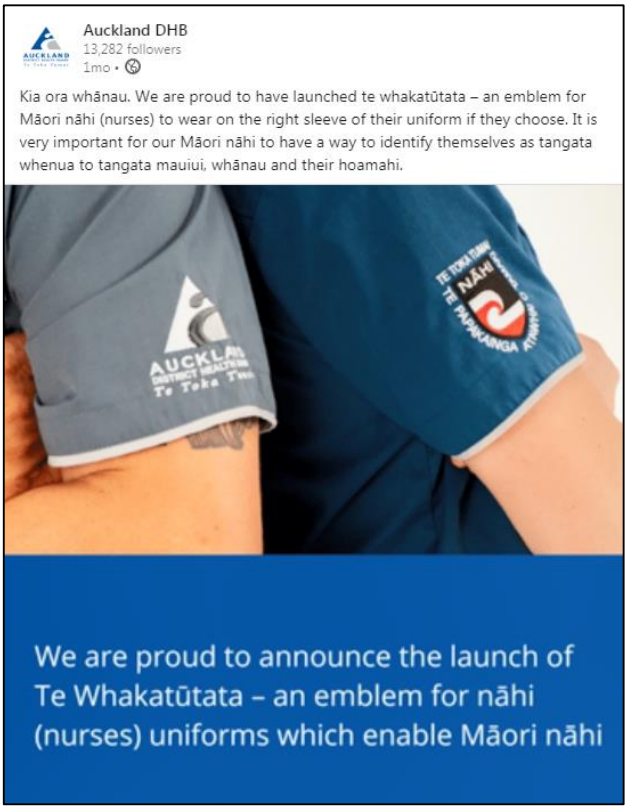
Instagram: 917

Top posts and statistics

Facebook



LinkedIn



Organic stats

6,837 Impressions	111 Reactions	1.61% Click-through rate	5 Comments
13 Shares	110 Clicks	3.5% Engagement rate	

Organic stats
Targeted to: All followers

3,076 Impressions	63 Reactions	3.28% Click-through rate	2 Comments
3 Shares	101 Clicks	5.49% Engagement rate	

2.5 Our People

2.5.1 Local Heroes

There were 24 people nominated as local heroes in December, and 10 in January.

Congratulations to our December local heroes Hadleigh Clark, Oral Medicine Specialist and Thomas Butchard, Dental Officer, Auckland Regional Hospital and Specialist Dentistry.

Here's Hadleigh and Thomas' nomination:

Hadleigh, Thomas and Margaret Wilsher, Chief Medical Officer at the local hero presentation.

"Tom and Hadleigh are the key contacts in the Hospital Oral Health Service for the Adult Haematology Service. In Haematology we deal with aggressive cancers requiring urgent treatment. The drugs and therapy we give affect the mouth causing severe changes and complications, and our immunocompromised patients often require urgent attention to dentition to facilitate treatment. As a Haematology Team we have limited experience and training to deal with these complications. However, Hadleigh and Tom are fantastic, skilled, caring members of the Auckland DHB team that provide outstanding care to our Haematology patients. Additionally, they take the time to respond to our questions, squeeze patients in to be seen urgently, and update us regarding changes in our patient's status. They also provide advice to help us with the next patient. Tom, Hadleigh, and the Oral Health team are an invaluable part of our Haematology service even though we rarely see each other - they go above and beyond for patients, as colleagues, and are true local heroes!"

Congratulations to our January local heroes, the entire Rangitoto Ward. Here is their nomination:

Dr Tham and some of the Rangitoto Ward team

"*Dr Lai-Peng Tham and her rehab team on Rangitoto provided my family member with excellent medical treatment and holistic care at a time of major crisis. The whole team on the ward - nurses, doctors, and allied health staff - were caring, compassionate and instilled a sense of safety and professionalism at a time when our family and family member needed this. The excellent multidisciplinary team input from the occupational therapy and physiotherapy staff working collaboratively and meeting together at short notice with our extended family was a wonderful example of how teams should*

function, with each member outlining their role and providing specialist input complementing the efforts of others. The efficiency of the process for discharge to a community facility was impressive and the follow up from Dr Lai-Peng Tham and thoughtful responses to our questions was truly helpful. As a staff member in a high acuity field, it is inspiring to see such a high level of teamwork and to see the caring empathic way our vulnerable patients and families are managed. We appreciated this and would like to acknowledge their excellent work."

Hauora: creating a healthy workplace

Work is well underway to develop a Healthy Workplace Plan for Auckland DHB, guided by the Healthy Workplace Steering Group. A healthy workplace focuses on the way we work, the place we work, the way we connect, and the way we lead. Staff are contributing to the plan's development through workshops, informal group discussions, and an online survey. Workshops continue through February, and the first Healthy Workplace Plan will be available in April.

3. Performance of the Wider Health System

3.1 Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		December 87%, Target 95%
Improved access to elective surgery (YTD)		92% to plan for the year, Target 100%
Faster cancer treatment		December 96%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	December 96%, Target 95% Sep Qtr 86.5%,Target 90% Sep Qtr 98%,Target 90%
Raising healthy kids		December 100%, Target 95%
Increased immunisation 8 months		Dec Qtr 95%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	

4. Financial Performance

The Board approved the 2019/20 Annual Plan with a deficit of $56.97M. This has not been approved by the Minister of Health (MoH). We have continued working on improving the budget and have developed a revised budget with a deficit of $20M for Board approval and to be submitted to MoH. We will start reporting to the Board and MoH against the revised budget from January 2020 onwards. The financial performance for the period ending December 2019 provided below is against the original Board approved budget deficit.

For the year to date (31 December 2019), a deficit of $14.8M was realised against a budget deficit of $21.3M (thus $6.6M favourable), with favourable variances realised across all three divisions. The Funder Arm realised a surplus of $20.9M ($2.9M favourable to budget) and the Governance & Admin Arm realised a surplus of $773K ($768K favourable to budget). Together, these partially offset the Provider Arm deficit of $36.5M (which was $2.9M favourable to the budget deficit). At a consolidated DHB level, revenue realised is overall less than budget by $6M, reflecting provisions for IDF and elective wash-ups. This is fully offset by expenditure being favourable to budget by $12.9M (mainly in Funder payments to external providers). The year-end forecast is expected to be within the revised budget deficit of $20M.

5. Clinical Governance

5.1 New Year's Honours

Dr Dianne Webster Companion of New Zealand Order of Merit

Congratulations to Dr Dianne Webster (CNZM) who was recognised in the New Year's Honours for her enormous contribution to the health of babies across New Zealand.

Dianne has directed the national new-born metabolic screening programme for more than 25 years. The screening programme detects rare disorders in new-borns, enabling early treatment to prevent serious or life-threatening complications.

Dianne has overseen and led a number of new initiatives to increase the range of disorders that are screened, and to improve screening speed and equity.

Dr Murray MacCormick Companion of New Zealand Order of Merit

Congratulations to our former Clinical Director of General Surgery Dr Murray MacCormick, who was recognised in the New Year's Honours with a Companion of New Zealand Order of Merit (CNZM) for services to health through his surgical work.

Murray has been a surgeon for over 45 years, specialising in breast cancer and vascular surgery. He not only founded the first multidisciplinary service for the management of breast cancer in Auckland but also played an integral role in the development of renal transplant surgery in New Zealand.

He was an active teacher and a great mentor for generations of young surgeons. Murray retired from his role at Auckland DHB in 2017 with over 45 years of service.

Health and Safety Performance Report

1. Recommendation

That the Board:

1. **Receives the Health and Safety Performance report December 2019.**
2. **Notes reporting of progress.**

Prepared by: Wendy Means, Manager Occupational Health and Safety
Endorsed By: Mark Edwards, Chief Quality, Safety and Risk Officer

Glossary

BBFA	Blood and/or Body Fluid Accident
EY	Ernst and Young Limited
HSR	Health and Safety Representative
HSWA	Health and Safety at Work Act (2015)
LTI	Lost Time Injury (work injury claim)
MFO	Medical Fees Only (work injury claim)
MOS	Management Operating System
PCBU	Person Conducting a Business or Undertaking
PES	Pre-employment Health Screening
SMS	Safety Management System
SPEC	Safe Practice Effective Communication (SPEC)
SPIC	Safe Practice in the Community
YTD	Year to date
A/A	As Above

1.1 Board Strategic Alignment

Community, whanau and patient-centred model of care	*Supports Patient Safety, workplace safety, visitor safety*
Emphasis and investment on both treatment and keeping people healthy	*This report comments on organisational health information via incidents, health monitoring and leave information.*
Service integration and consolidation	*This report details mandatory workplace safety audit results and reports findings and updates to the Finance risk and Assurance committee*
Intelligence and insight	*The report provides information and insight into workplace incidents and what Auckland DHBis doing to respond to these and other workplace risks.*
Consistent evidence-informed decision-making practice	*Demonstrates Integrity associated with meeting ethical and legal obligations*
Outward focus and flexible, service orientation	*Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, 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.*
Emphasis on operational and financial sustainability	*Addresses Risk minimisation strategies adopted*

1.2 Executive Summary

The annual ACC Accredited Employers Programme audit occurred on 5th and 6th December. Auckland DHB retained tertiary status and received positive feedback and acknowledgement from the auditor.

The sixth governance meeting for the Safe365/ACC project has been held. The number of contractors on board has improved with 95 are now signed up. However, this is still a long way from the target of 600. Actions are underway to increase these numbers. At the end of February ACC is sponsoring the Business Leaders Health and Safety Forum for DHB stakeholders and the National H&S Manager group meeting will also take place. Data and insights from the project will be presented at these.

During October there were a total of 7 contact traces. Four were for mumps and one each for TB, chickenpox and group A strep. The Adult Emergency Department was involved in five of the traces.

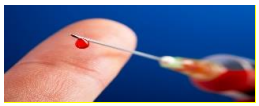
Outstanding worker incidents hit an all-time low in December (finishing the month at 15 but was in the single figures for a time). The H&S Advisors took advantage of the quieter time period making a concerted effort to close off open incidents. Work is continuing within the directorates to keep this figure as low as possible.

Our improvement of governance oversight of the business continues with further advances with SAFE365. Increases in scores were seen in both ARPHS (up from 51% to 60%) and Surgical Services (up from 49% to 66%).

1.3 Statistical Snapshot

The data in this report is accurate up until the end of December 2019, this being the last complete month of statistics before board report completion. The following is a brief synopsis of points of interest in this report.

There were no notifiable injuries reported during December 2019.



There were 46 Blood and Bodily Fluid Accidents (BBFA) reported in October 2019, 28 of which were reported on DATIX.

LTIFR

The current LTIFR sits at 9.19, just below the Auckland DHB target of 10. This has reduced over the last two months

Health and Safety Performance Report – December 2019

Contents

2. Purpose of Report

This report is intended to provide information to the Board relating to the health and safety performance at Auckland DHB. Each Directorate receives a similar, focused report, containing data pertaining to that part of the organisation. These are included, and can be found in Section 8. Directorate Health and Safety Reports.

3. Health and Safety Scorecard for December 2019

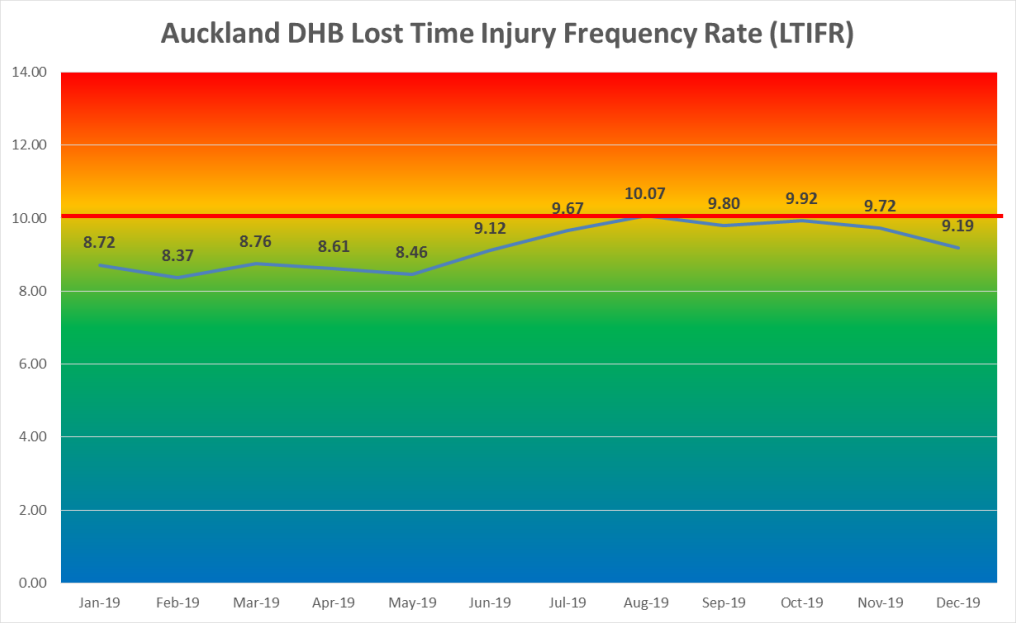
The following section describes key performance areas across Auckland DHB.

3.1 Lag Indicators

Lag indicators are those indicators which measure Auckland DHBs incidents in the form of past incident statistics. They are a traditional safety metric used to indicate progress towards compliance.

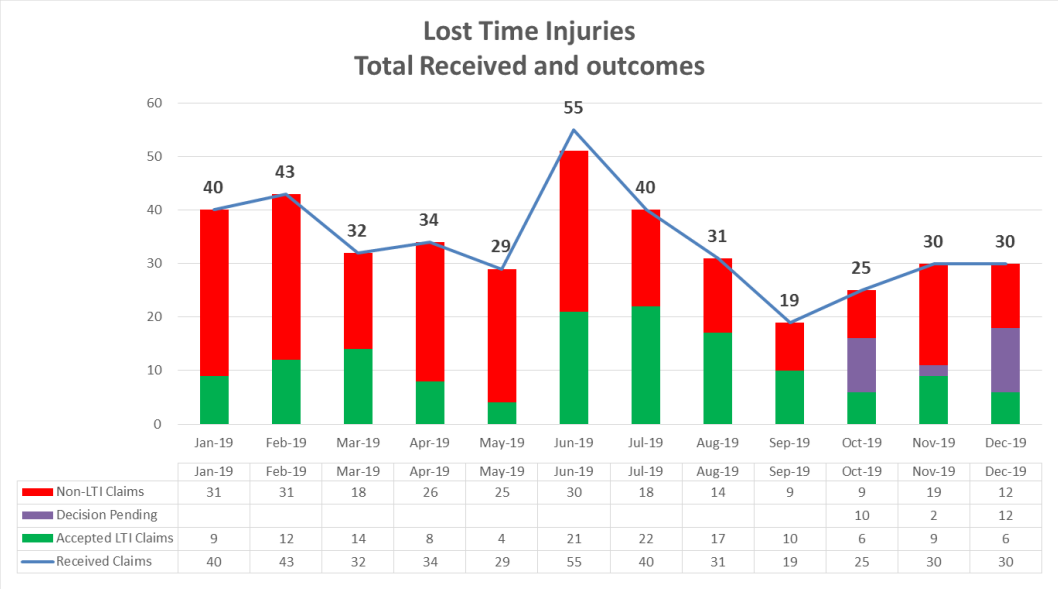
3.2 Lost Time Injuries

The current LTIFR this month continues to track below the Auckland DHB target of 10 and currently sits at 9.19, and has decreased slightly in the past month.



Health and Safety Scorecard December 2019

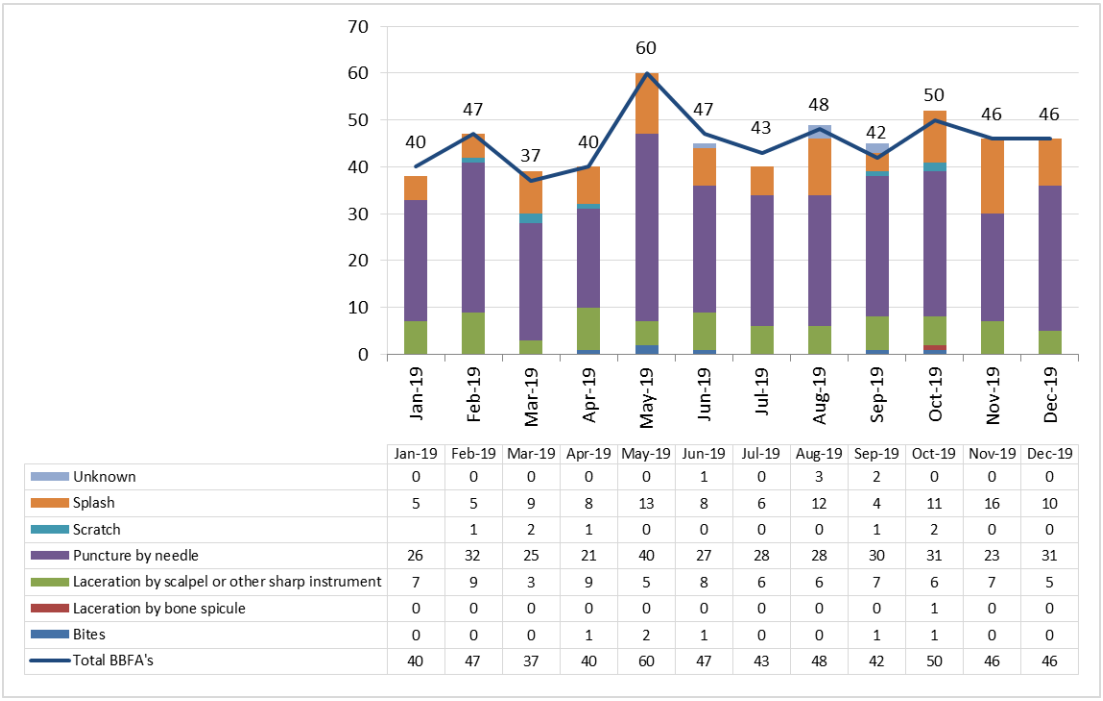
	Actual	Target		Trend
Number of Injury Claims	30	35		
Accepted LTI's	6	10		
Cost of Injury Claims (000's)	29	80		
Excess Annual leave: % of workers with excess annual leave	10.2	6		



	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Non-LTI Claims	31	31	18	26	25	30	18	14	9	9	19	12
Decision Pending										10	2	12
Accepted LTI Claims	9	12	14	8	4	21	22	17	10	6	9	6
Received Claims	40	43	32	34	29	55	40	31	19	25	30	30

We have updated the graph to show the number of claims where the acceptance decision is still pending. Previously these were included in the *Non-LTI Claims* number. Received claim numbers have remained steady.

3.3 BBFA Causes



	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Unknown	0	0	0	0	0	1	0	3	2	0	0	0
Splash	5	5	9	8	13	8	6	12	4	11	16	10
Scratch		1	2	1	0	0	0	0	1	2	0	0
Puncture by needle	26	32	25	21	40	27	28	28	30	31	23	31
Laceration by scalpel or other sharp instrument	7	9	3	9	5	8	6	6	7	6	7	5
Laceration by bone spicule	0	0	0	0	0	0	0	0	0	1	0	0
Bites	0	0	0	1	2	1	0	0	1	1	0	0
Total BBFA's	40	47	37	40	60	47	43	48	42	50	46	46

BBFA incident numbers followed a fairly consistent trend again this month with 46 reports. The majority of these due to needle stick injuries.

3.4 Contact Traces

There were 7 contact traces in December.

1. **Mumps – 4 contract traces**
   a. **x1**
      - Work areas affected: Adult Emergency Dept & Ward 74
      - Number of staff assessed: 6 all immune

   b. **x1**
      - Work area affected: Adult Emergency Dept
      - Number of staff assessed: 6 all immune

   c. **x1**
      - Work area affected: Adult Emergency Dept
      - Number of staff assessed: 9 all immune

   d. **x1**
      - Work area affected: Adult Emergency Dept
      - Number of staff assessed: 9 all immune

2. **TB – 1 contact trace**
   - Work area affected: AED/CDU & Ward 67
   - Number of staff identified: 10
   - 5 students ARPHS to follow up

3. **Chickenpox – 1 contact trace**
   - Work area affected: GSU & Totara Ward
   - Number of staff assessed: 35 all immune

4. **Group A Strep – 1 contact trace**
   - Work area affected: Lotofale & Cornwall House
   - Number of staff assessed: 10
   - 6 positive swabs and seen GP for treatment

3.5 Incident Reporting

Reported incidents refer to any incident entered into DATIX.

Incident reporting remains within tolerance this month with 176 worker incidents reported over the month.

	Actual	Target
Workers	176	200

WORKSAFE NEW ZEALAND | MAHI HAUMARU AOTEAROA	There were no Notifiable Injury events in December 2019.

3.6 Top three incident classifications for December 2019

The top three incident classifications for December 2019 were:

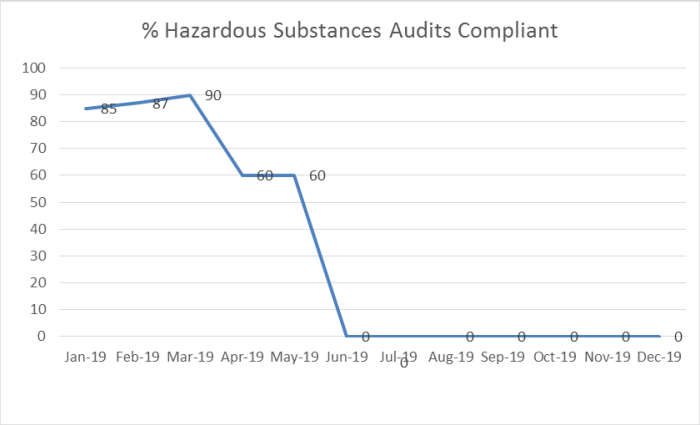
1. **46 BBFA's** Includes all categories of BBFA's
2. **45 Workplace Violence** Excludes those reported by the OV readers in Adult Emergency
3. **36 Workplace Injuries** Those injuries occurring in the workplace which are not associated with a particular Hazard, for example standing from a sitting position and pulling a muscle

3.7 Lead Indicators

	Actual	Target		Trend
% Pre-employment screening before start date	92	100		
% local H&S Induction completed (YTD)	42	100		
% H&S e-learning completed YTD (excl. RMOs & HOs, one month lag)	64	100		
Number of H&S Representative Vacancies	26	25		
% H&S Representatives Trained	75	80		
% of reported H&S Incidents investigated - 14 days	93	80		
# of outstanding H&S Incident investigations	15	100		
Number of contractor audits completed	32	10		
Level of compliance contractor audits	90	90		
# of Hazardous Substance audits conducted	0	10		
% Hazardous Substance audits compliant	0	80		
# MAPA training completed in high risk WV areas	0	10		
Number of staff Seasonal Influenza Vaccinations (YTD) 2019	7900	8049		
Contact Tracing (events)	7	0		
Number of Staff Assessed (For Contact Trace)	85	0		

3.8 Commentary on Health and Safety Indicator exceptions

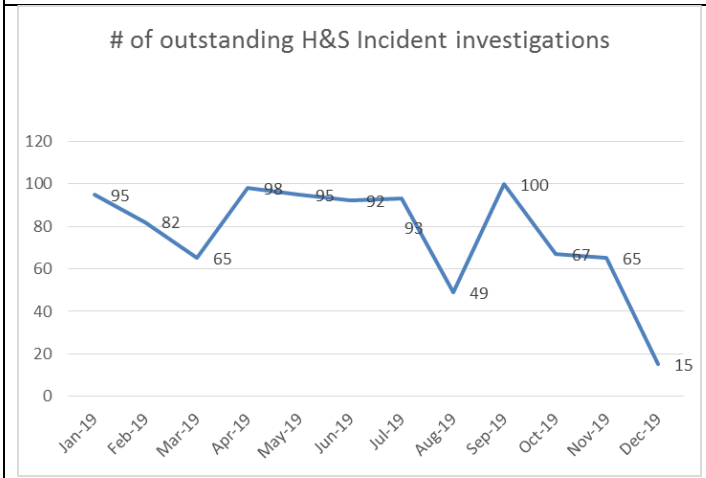
This area will reflect any dramatic changes or changes of note in the lead and lag indicators.



% Hazardous Substances Audits Compliant

All areas were audited in 2019 against the updated Work Health and Safety Hazardous Substances Regulation, so no hazardous substances audits have been completed since the last report in October.

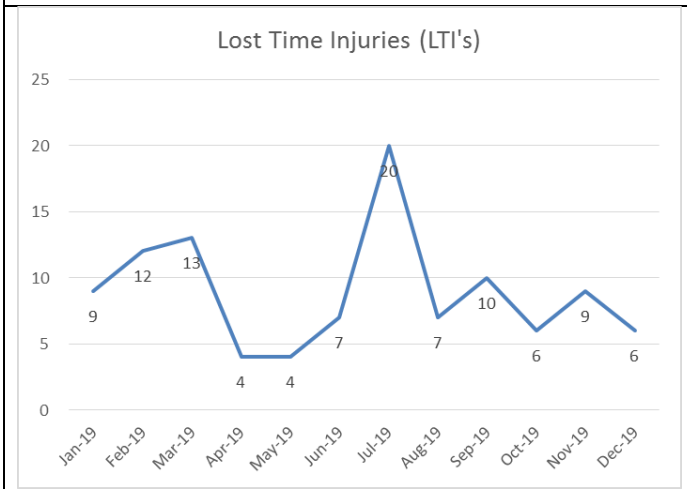
A new Health and Safety Advisor with hazardous substances compliance experience joined the team mid-January, and will create a program for internal audits (likely 3 or 4 per month).



of outstanding H&S Incident investigations

OHS team's work in this area continues to maintain positive progress in managing outstanding investigations below our target of 100 outstanding matters.

We hit an all-time low for outstanding incidents over the December period. The H&S advisors took advantage of the quieter time period to make a concerted effort to work to close off the open incidents. We are continuing to work hard within the directorates to keep this figure as low as possible.



of Reported Lost Time Injuries

The number of lost time injuries fell for December and has remained reasonably low since the busy winter period.

4. Health and Safety Risks

The following is a table of the key risks identified within Auckland DHB from an Occupational Health and Safety perspective. Risk areas have been highlighted where updates have occurred.

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
 **Asbestos Management**	• The Procedure covers the whole of the organisation • Recent external audit findings were positive • Currently being reviewed and developed into a Group Operational Procedure	Continued systems improvement and trials of Alpha Tracker software.	Medium (6) –There is always a "risk" of asbestos exposure in the current environment however it is of note that there has never been a positive air sample taken at Auckland DHB for asbestos and there are no recorded incidents of asbestos exposure on record.
 **Confined Spaces**	• A Group Operational Procedure has been approved and rolled out through Auckland DHB	Monitoring and reviewing as required.	Low (3) – There are no recorded instances of confined spaces work being conducted outside of the facilities remit. However, best practice indicates a need to change to a group level procedure to capture all workers at Auckland DHB not just those falling under the facilities remit.
 **Manual Tasks (including patient handing)**	• The Moving and Handling Procedure has been approved and rolled out through Auckland DHB	• The reviewed document has been published on Hippo • A review is underway for a proposed project group to be established with a view to replace the steering group. This group would conduct an analysis and work on injury prevention initiatives and make recommendations regarding a stratified approach to Manual Handling training by category groups of staff	Medium (6) – Currently Auckland DHB has one nurse trainer responsible for initial and refresher training for all of Auckland DHB. To comply with the current WorkSafe guide – Moving and Handling in Healthcare[1], all new starters require at least one training session and a two yearly refresher for all staff. Further to this, there is insufficient resourcing to provide general Manual Tasking training to the greater workforce in high-risk areas such as Cleaning services.
 **Lone Worker Protection**	• A Group Operational Procedure has been approved and rolled out through Auckland DHB	Each directorate has now undertaken work to identify any instances of lone work and are undertaking risk assessments of this to ensure compliance with the new Group Operating Procedure. The risk assessments also ensure that training needs are identified. Monitoring and reviewing as required.	Medium (6) – Generally those areas working in lone worker situations have their processes in place which are working. • Continuously monitored at the Security for Safety steering group • GetHomeSafe App now in Phase 2 rollout • Increased numbers using the App to 530 staff • Mental Health Services are transitioning across to using the app
 **Vehicles and Driving**	• There is a Hippo page referencing the Auckland DHB Motor Vehicle policy, but this does not exist • No Group Level overarching policy across all of Auckland DHB	Develop a new Standard Operating Procedure at a group level as a minimum standard across the entire organisation.	Medium (6) – Generally those areas working with company vehicles have localised processes and procedures. Vehicle incidents are being recorded in DATIX, and scope of work is underway to develop a group level Standard Operating Procedure.
 **Working at Heights**	• A Group Operational Procedure has been approved and rolled out through Auckland DHB	Monitoring and reviewing as required.	Medium (6) – A Group Level Operational Procedure is now in effect and covers all workers on all Auckland DHB sites.
 **Biological Hazards**	• There are currently many documents held at both a Corporate and a directorate level covering different aspects of Biological hazards, e.g. BBFA's, clinical waste	Development of an Auckland DHB wide Standard Operating Procedure, pulling together all of the current policies and procedures throughout the business.	Medium (6) – For ease of reference and use by workers throughout Auckland DHB it is necessary to have a corporate level Procedure in place setting a minimum standard for all facets of biological hazards. Individual directorates or workgroups can expand on this minimum requirement at a local level.

[1] WorkSafe New Zealand 2018, *Moving and Handling people in the Healthcare industry*, viewed 20 February 2019, https://worksafe.govt.nz/topic-and-industry/health-and-safety-in-healthcare/moving-and-handling-people-in-the-healthcare-industry/

Risk	Current status/Issues	Action	Residual Risk (consequence x likelihood)
 **Hot Works**	• A Group Operational Procedure has been approved and is currently being rolled out through Auckland DHB • New Document published through document control	• Monitoring and reviewing as required.	Medium (6) – A Group Level operational Procedure is now in effect and covers all workers on all Auckland DHB sites
 **Contractor Management**	• There is a Health and Safety Contractor Policy and several HR policies • Auckland DHB is in the first phase of a project to rollout SAFE365 through our contractor chain with funding from ACC	• ACC funding for SAFE365 rollout through contractor chain has commenced with the first on-boarding sessions held in early November. • The second phase of online on-boarding sessions were held through December and January • Awaiting CHASNZ to release draft contractor management framework, Auckland DHB to follow this standard	Medium (6) – The subcontractor management document requires updating, and it is appropriate to have this at a corporate level to ensure the same standard is applied across all contractors, regardless of where they operate in the business.
 **Fatigue Management**	• Currently no comprehensive up to date group level procedure in place	Development of an Auckland DHB wide Standard Operating Procedure.	Medium (6) – There are currently various documents in place covering different aspects of fatigue management. However, no comprehensive document covering the entire business. Fatigue, Wellbeing and worker health would be included in this area.
 **Hazardous Substances**	• Health and Safety Policy in place and ChemWatch system in place • LabPlus full inventory now in ChemWatch • All areas now fully documented in ChemWatch • New Hazardous Substance Group Operational Procedure has been approved and is in effect	• Underpinning risk assessments need to be completed • Engage with procurement to ensure that all chemicals only come through one portal into the business • Rollout training in new processes • Ensure list of approved third party auditors is approved by OHS Director prior to engagement	Medium (6) – Through the internal audit process it has been found that much improvement can be made in the handling and storage of hazardous substances. The new Group Operational Procedure and internal auditing regime is proving very effective in identifying areas for improvement, especially around storage facilities.
 **Workplace Violence and Aggression**	• Project underway	Project continues to progress with key outputs being: • Training - a training evaluation of the face-to-face clinical training has been completed and showed a very positive staff response • WPV Policy has finished the process of consultation and will be published in February 2020. • WPV audit and behaviour assessment tool completed, implementation in AED will take place in late January 2020.	High (10) – This is classified as high risk as workplace violence is a frequent occurrence. There is currently a project stream underway to focus on this area. Staff are also being trained in de-escalation techniques to better address violence in the workplace, specifically with MAPA approach to de-escalation.

5. WorkSafe NZ Notifications

There were no Notifiable Injury events in December 2019.

6. Worker-Reported Incidents

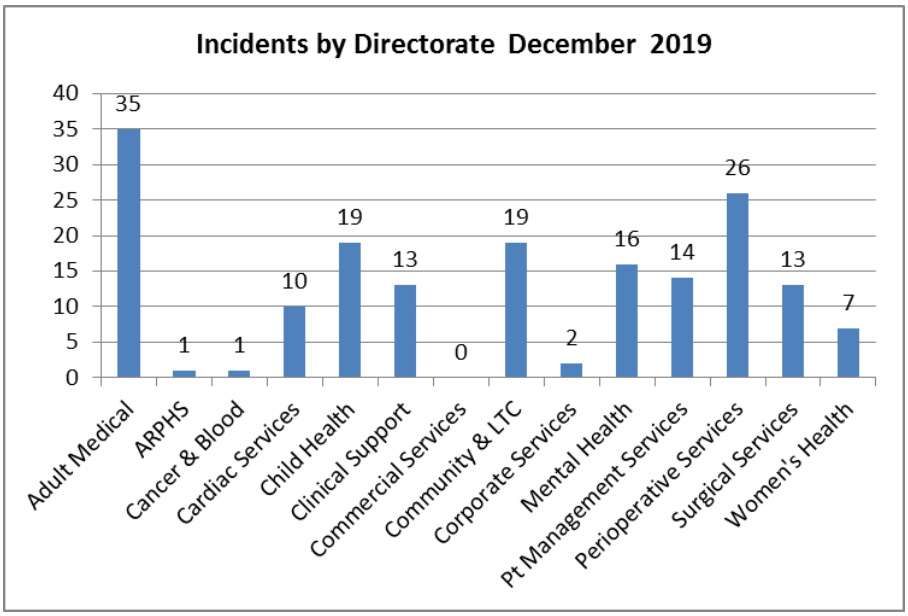
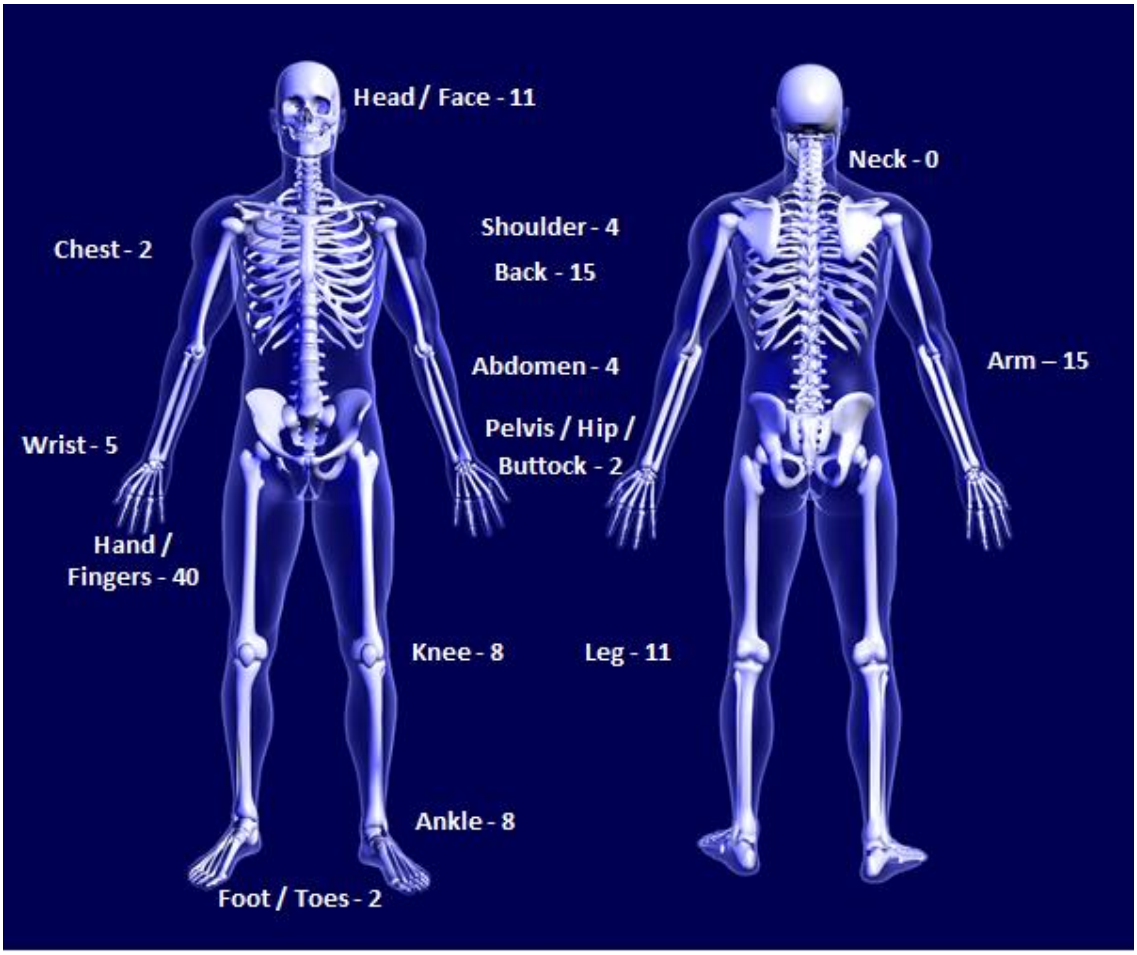


Chart 1 Incidents by Directorate: December 2019

Directorate Abbreviations:

ARPHS	Auckland Regional Public Health Service
Community & LTC	Community and Long Term Conditions

The number of reported incident numbers in the last quarter of 2019 remained steady overall and in each of the Directorates.



Representation of injured anatomical areas for December 2019

Area of Injury	Main Cause	How to address
Hand / Fingers	40 in total (needlestick injuries accounted for 31 of these)	• Continued education around sharps protocols, and continued support through BBFA process from OHS team • Contact made with Supplier of sharps, and investigating safety needles and catheters
Back	Manual Tasking Injuries	Manual tasking injuries, bending, lifting, twisting – need to increase manual tasking sessions, review incidents to see if any mechanical aids can assist with processes
Arm	Manual Tasking injuries	Increased training sessions around good manual tasking practice

7. Health and Safety Activities

7.1 Annual ACC Accredited Employers Programme Audit

The annual ACC audit was held on 5-6 December 2019 and Auckland DHB retained Tertiary accreditation. The audit this year focussed only on injury management (Auckland DHB meet ACC criteria and only undergo biennial safety management practices audits) and included focus groups (one employee, one manager) at GCC. The next audit is scheduled for November 2020 and will cover both injury and safety management.

The auditor provided positive feedback and acknowledged the positive level of engagment by participants. The auditor noted that comments from the focus groups illustrated a commitment by the DHB to health and safety improvement.

2019 Audit Improvement Recommendations

Element 12 – File Management		
Audit Improvement Recommendation	**Action/Assigned to/Progress**	**Due Date**
When a claim requires ongoing management, ensure signed consents are updated every 12 months for the duration of the claim.	For every long term claim, the Case Owner will review the need for ongoing consent annually. Procedures have been updated to include the creation of a reminder task for each claim as needed.	**Complete**
Element 20 – Focus Group Interviews		
Audit Finding	**Action/Assigned to/Progress**	**Due Date**
Consider reinforcing Auckland DHB's approach to the payment of weekly compensation top up and surcharges.	• Include in the next Health and Safety nesletter 'Directions' • Case Managers will let staff with claims know when in initial contact with them	Feb 2020

2018 Audit findings

Element 1 – Employer commitment to safety management practices		
Audit Finding	**Action/Assigned to/Progress**	**Due Date**
For ongoing conformance with audit requirements (tertiary), evidence needs to be available to confirm that health and safety performance for a selection of management positions such as senior managers and operational/line managers has been assessed.	• Discussions to be held with the HR team about ensuring that Health and Safety metrics are incorporated into Position Descriptions and the performance review process ***Example Safety KPI submitted to HR for an update of position descriptions.***	**Complete**

	Update of Management Position Descriptions to include Safety KPI. A project to create an improved and contemprary position description is underway, however this is a significant piece of work and will take time to implement fully. An interim solution to meet the requirement is underway. Draft wording has been provided to HR to use for Position Descriptions. Once the wording is finalised, managers will be asked to include this in updated PDs as they commence new recruitment activities and recruiters can prompt them to ensure it is present. One the new position desription template is designed the Safety KPI wording will be included.	April 2020
Element 4 - Information, training and supervision		

To increase the visibility (and assurance) of completed mandatory training work to strengthen this system is encouraged.
 	
To strengthen evidence of Fire Warden refreshers consider keeping a log of attendees, e.g. this could be recorded on the evacuation debrief report.
	• The implementation of an Auckland DHB Training system which:
	  ○ Holds all employee training records, tickets, licences, qualifications
	  ○ Alerts line managers and the employee when a required skill or ticket is due for renewal
	  ○ Is easily accessible by all levels of management
	• OHS currently in discussions with Organisational Development to source a solution
	(Note this is a similar finding to the previous Ernst and Young Audit)
		March 2020

7.2 Health and Safety Risk and Control Audit of Lone and Remote workers

The purpose of this review was to establish how the Lone Workers work stream, (part of the Security for Safety Programme) has been developed and implemented to identify the risks across Auckland DHB and ensure that the controls established are operating effectively.

Audit Conclusion

The processes around risks and controls of lone and remote worker safety at Auckland DHB require improvement to mitigate the risks posed to these workers and to ensure their safety.

Audit Finding	Action/Assigned to/Progress	Due Date
Inconsistent formal training regime in place for team leads and workers to actively manage their	Confirm the requirements for lone worker training and how this will be recorded and monitored across the	March 2020 HR currently determining an appropriate training database

Audit Finding	Action/Assigned to/Progress	Due Date
safety while working alone.	DHB.	platform.
Lone and Remote Worker risks have either not been identified or not well described in the Directorate risk registers, and identified controls not consistently applied.	1. Review the lone and remote worker risks at a directorate level to ensure they are appropriately assessed, described, recorded and reported. 2. Ensure that the controls identified in the risk registers are appropriate to the risks and systematically implemented in the directorate, with clearly identified control owners.	In progress. March 2020 The new Lone Worker Protection GOP has been rolled out. OHS Advisors have been working with directorates to identify instances of lone work, this is ongoing. Lone work is being been entered into the Risk and Hazard module in Datix for each Directorate.
Lack of awareness of lone and remote worker requirements (policies, definition, expectations and responsibilities) across Directorates.	Each Directorate to carry out training to ensure awareness of the lone and remote worker definition, policy, roles and responsibilities.	Complete

7.3 Helipad Audit

All corrective actions from the Helipad Audit have now been completed.

- Lack of Formal Risk Assessment and risk register - A health and safety risk assessment of the Auckland DHB helicopter site has been completed and signed off.
- Lack of Helipad Operating Procedure and Protocol - the Auckland DHB Helipad and Air bridge Working Group have completed the development of an operating procedure and protocol.

7.4 Ernst and Young Follow-Up Health and Safety Review

Ernst and Young (EY) were engaged by Auckland and Waitemata DHBs to identify gaps in the current Health and Safety policy and practice. The Health and Safety at Work Act (2015) was sufficiently different to the Bill to warrant a further audit. This was identified in the EY report and a follow-up audit was conducted in June/July 2017.

Key Findings:

- Locations of community workers not always adequately accounted for
- Training matrices and records are not readily available and delivery methods require improvement
- Improvements required to report near misses and hazards
- Risk assessment process for community workers required improvement
- Transfer of knowledge between Directorates and areas could be improved
- Quality of key H&S risk information provided to the Board requires improvement

EY Recommendations and action update; High Risks (Orange) and Moderate (Blue).

Risk area	EY Recommendations	Auckland DHB Actions	Status
High			
Locations of community workers not always adequately accounted for	Auckland DHB to address this risk as a high priority.	Lone worker electronic tracking project team currently deploying stage 2.	Phase 2 now in effect. Approximately 530 staff using the get home safe app. Mental Health Services are in the process of transitioning across to Get Home Safe from their current provider.
Moderate			
Training matrices and records are not readily available, and delivery methods require improvement	Develop non-clinical H&S training matrices (or similar) outlining the minimum training required by workers to undertake the role safely. This information should be shared among the Directorates, especially where the roles are similar in functions, but not necessarily care. For example community workers (District Nursing and Community Midwives).	Learning and Development to work with HS team to address this issue.	Preliminary consultation phase
Transfer of knowledge between Directorates and areas could be improved.	Provide a platform where workers and area managers, such as charge nurses, can share H&S management information with each other.	Work with Directorates and the OH&S Team in this area continues.	Currently in progress OHS Advisors are attending H&S Governance Committee meetings

7.5 Board Health and Safety Engagement visits

The proposed Board Health and Safety Engagement visits for 2020 are listed below. We look forward to the board's attendance and input at these sessions.

March	Asbestos Management (Facilities)
May	Workplace Violence & Aggression / MAPA training (Security for Safety / H&S)
August	Contractor Management (H&S)
November	Working at Heights / FIRP project (Facilities) OR Biological Hazards (Occupational Health)

7.6 Auckland DHB Health and Safety Committee

The Auckland DHB Health and Safety Committee meets six-weekly. The last meeting was on Thursday 12 December 2019. Minutes can be accessed on Hippo.

7.7 DATIX

Work is complete with the development of the key H&S risk corporate level DATIX risk register. Each Directorate has identified which of the key H&S risks are applicable to them and work is currently in progress to populate the Directorates and Service area registers as applicable.
Directorate hazard registers are progressing with Directorates working on entering their registers in Datix.

7.8 Auckland DHB Moving and Handling Steering Committee

The Auckland DHB Moving and Handling Steering Committee is currently without a Chair and a project group proposal is currently being investigated.

7.9 Auckland DHB Violence and Aggression Steering Committee

The MAPA De-escalation training for clinical staff has commenced and is being rolled out in high acuity areas. Training is face-to-face for clinical staff and a blended e-learning approach for medical staff. So far training has been consistently booked, and this will include training up to 80 new graduate nurses in February 2020. Training continues to be positively reviewed, as shown in the recent training evaluation report, based on participant responses. A behaviour assessment tool to assist staff with preventatively managing aggression is to be piloted in AED in late January 2020. A Workplace Violence audit tool has been updated and integrated into the Health and Safety Induction Checklist. The Workplace Violence lead will look at socialising Health and Safety Advisors and reps to this in February 2020. A gap analysis has been completed on the workplace violence work going on in the hospital and recommendations regarding this have been made, such as a focus on lone worker training for 2020 to address risks pertaining to this.

7.10 Occupational Health and Safety Team

December was another busy month in Occupational Health and Safety.

Another governance meeting was held with leaders from Hutt Valley and Hawkes Bay DHB's as well as the SAFE365 team. The roll out of SAFE365 with our contractors continued with further on-line onboarding sessions.

The ACC Accredited Employers Programme audit occurred in December with tertiary status retained.

Measles contract traces have reduced significantly (there were none in December); however mumps contract traces have increased. There was one OIA request regarding numbers of staff who contracted measles during the epidemic.

Recruitment is underway for the Director of OHS. A new Occupational Health Clinical Lead (Dr Alexandra Muthu) has been appointed and is due to start in March. A new Occupational Health Staff Nurse and three new Health & Safety advisors all came on board in January.

Despite the vacancies and additional workloads over the last number of months, the Occupational Health and Safety team have continued to work with professional proactivity throughout the business. With the new team members now on board and getting up to speed we will be continuing on with key initiatives, projects and ensure service continuity within Directorates.

Generous funding of $8995.00 has been obtained through the Auckland Health Foundation for a Hoverjack lifting device (air-assisted falls retrieval). This Hoverjack will be provided for the new integrated stroke unit. This equipment represents best practice in the safe retrieval from the floor of a fallen patient, when used in conjunction with our existing Hovermatt (air-assisted transfer) equipment. It will significantly strengthen the safer patient handling program at Auckland DHB, ensuring we meet our policy, legislative, national moving and handling guideline obligations, and also aligning with our organisational values.

7.11 Six Monthly Checklist Completions

The HSRs complete a 6 Monthly Checklist for their local areas in February and August of each year. 77% of the August 2019 checklists were completed, the February 2020 checklists are now due to be completed. We have upgraded the checklist reporting system which will make it easier for the H&S Advisors to identify and follow-up non-compliant areas.

7.12 Safe365 / ACC Grant Progress

The sixth governance meeting for the project was held in January with leaders from Hawkes Bay DHB, ACC and the Safe365 team. Further emails and reminders were sent to contractors in December and the number of contractors on board has increased, 95 are now signed up. However, this is still a long way from the target of 600. Actions to increase numbers are:

- Safe365 are going to contact all organisations who have not yet on boarded.
- Safe365 presented to health Alliance who are keen to on board.
- Discussions are in progress regarding bringing other DHB's on board, this needs to be discussed with ACC. Also considering PHO's.

Safe3565 will undertake an Audit of current scores to ensure accuracy.

On 26 Feb ACC is sponsoring the Business Leaders Health and Safety Forum for DHB stakeholders in Wellington and on 27 Feb the National H&S Manager group meeting will take place. Data and insights from the project will be presented at these.

7.13 Auckland DHB Induction Project

The OHS team has been working on revamping the Health and Safety induction process for all levels of the business. The driver for this was evidence showing across all directorates in SAFE365 that indicated that inductions were adequate but could use improvement. This work will ensure that all employees receive not only the required information for induction but also job specific induction material. A Workplace Violence audit tool has been integrated into the Health and Safety Induction Checklist.

Key to this piece of work is formalising a whole of business approach to inductions. It is proposed that this will become a Group level Policy, setting minimum requirements for the business. Associated induction tasks and milestones are currently being formulated.

7.14 Hazardous Substances Update

All areas were audited in 2019 against the updated Work Health and Safety Hazardous Substances Regulation.

A new Health and Safety Advisor with hazardous substances compliance experience joined the team mid-January, and is working on creating a program for of internal audits.

8. Directorate Health and Safety Reports

The reports below are provided for each Directorate for use on their MOS boards. Please contact Health and Safety for any additional detail or comments required.

Adult Medical

Auckland Regional Public Health Service

Cardiac

Children's Health

Clinical Support

Commercial Services

Community and LTC

Corporate

Mental Health

Patient Management

Perioperative

Surgical

Women's Health

Adult Medical Services Health and Safety Report

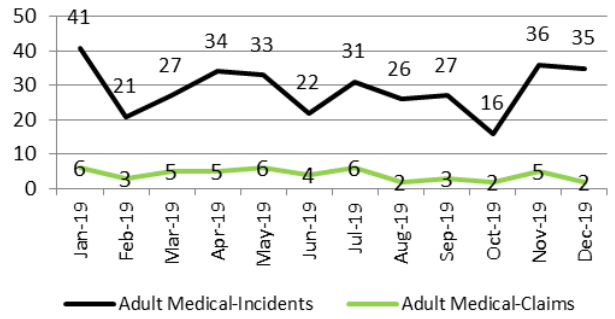
Lagging

	Actual	Target	Trend
H&S Incidents	35	20	
Work Injury Claims	2	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

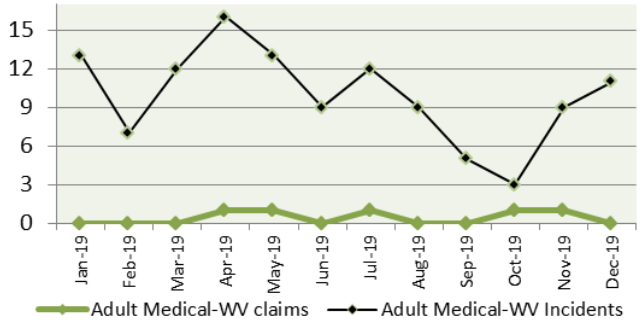
Leading

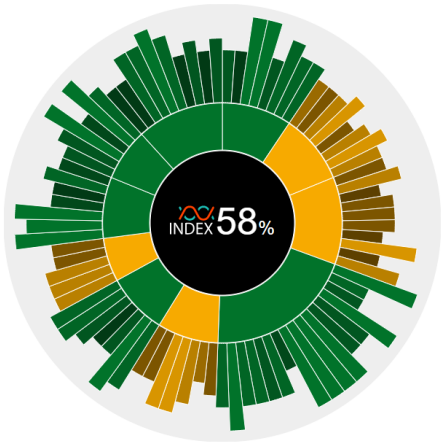
	Actual	Target	Trend
%H&S Inductions (YTD)	50	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	75	80	
% 6 monthly Workplace Checklist	74	80	
Outstanding DATIX Incidents	1	10	

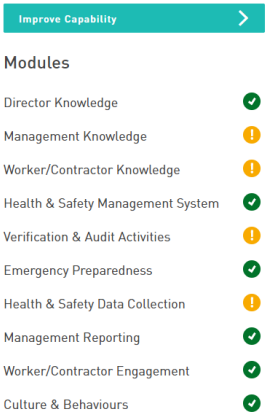
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







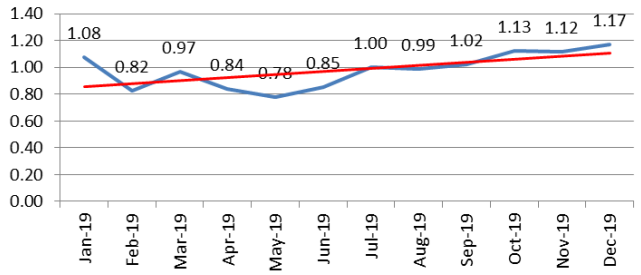
SAFE365 Starburst Graphic

Adult Medical Directorate has remained stable at 58% this month

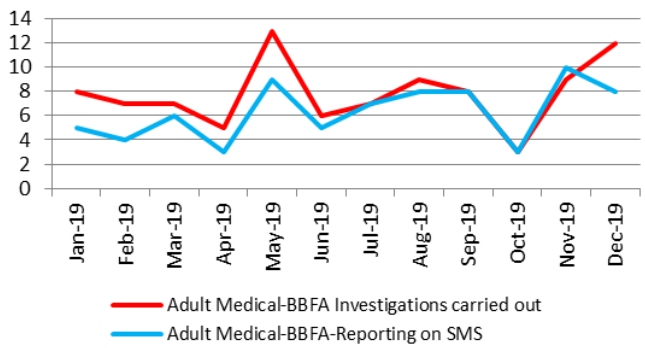
Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

Adult Medical Services LTIFR



Blood and Body Fluid Accidents



ARPHS Services Health and Safety Report

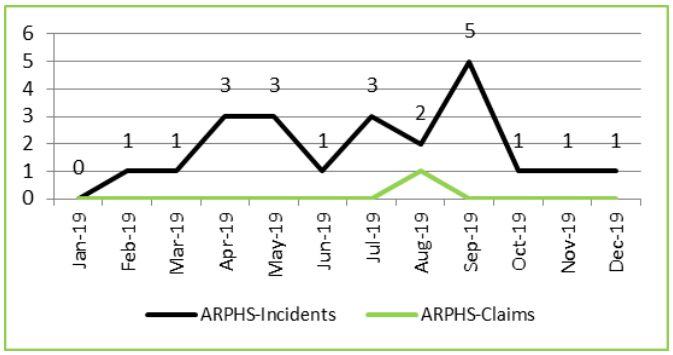
Lagging

	Actual	Target	Trend
H&S Incidents	1	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

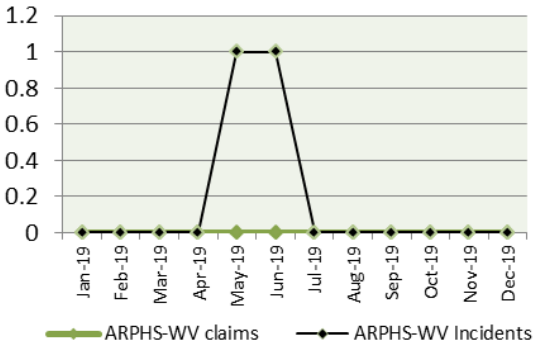
Leading

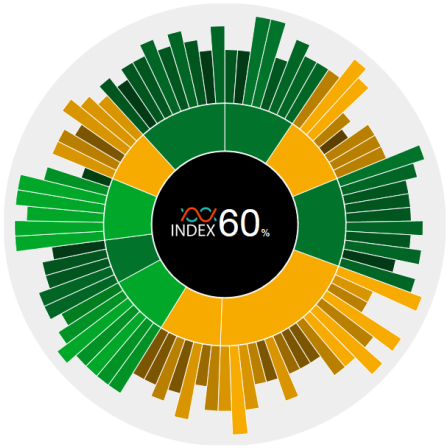
	Actual	Target	Trend
%H&S Inductions (YTD)	44	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	87	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	0	10	

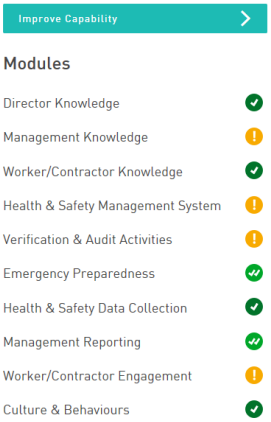
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







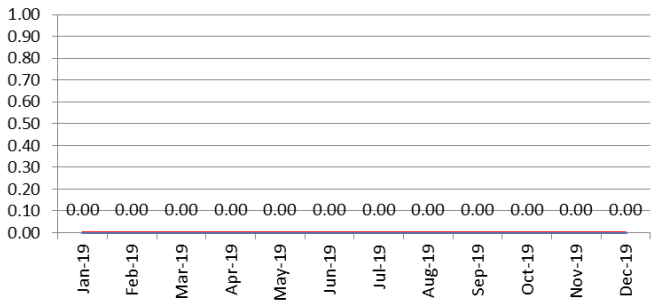
SAFE365 Starburst Graphic

An increase this month for ARPHS, up from 51% to 60%. The biggest improvements have been made in the Culture & Behaviours, Health & Safety Data Collection and Verification & Audit Activities modules

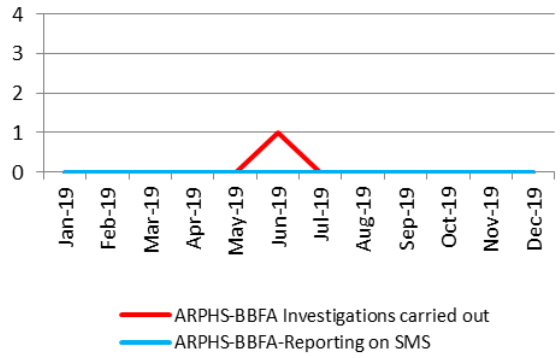
Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

It is important to note that the directorate currently complies with all Health and Safety legislative requirements. ISO 45001 is a higher standard and represents international best practice.

ARPHS LTIFR



Blood and Body Fluid Accidents



Cancer and Blood Services Health and Safety Report

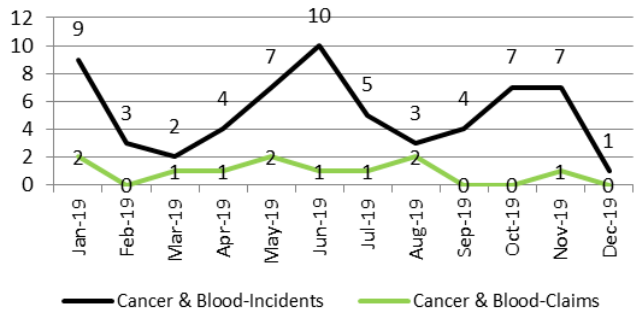
Lagging

	Actual	Target	Trend
H&S Incidents	1	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

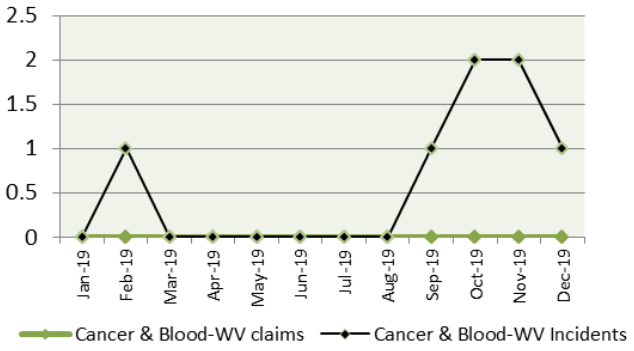
Leading

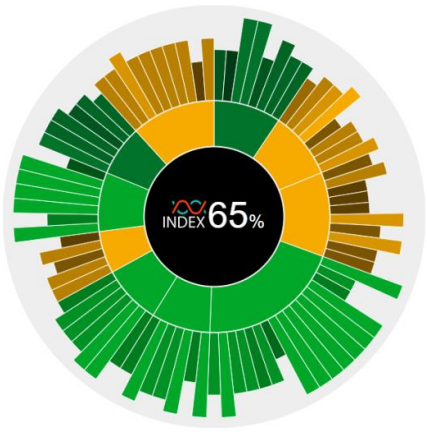
	Actual	Target	Trend
%H&S Inductions (YTD)	36	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	99	80	
% 6 monthly Workplace Checklist	60	80	
Outstanding Datix Incidents	0	10	

Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





SAFE365 Starburst Graphic

Cancer and Blood Directorate has remained stable at 65% this month

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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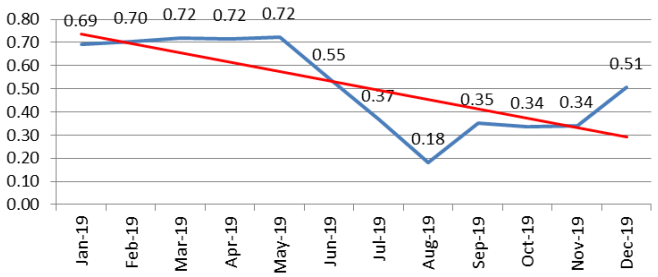
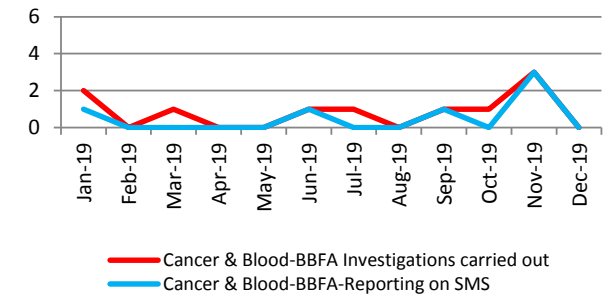
Cancer & Blood Services LTIFR



Blood and Body Fluid Accidents



Cardiac Services Health and Safety Report

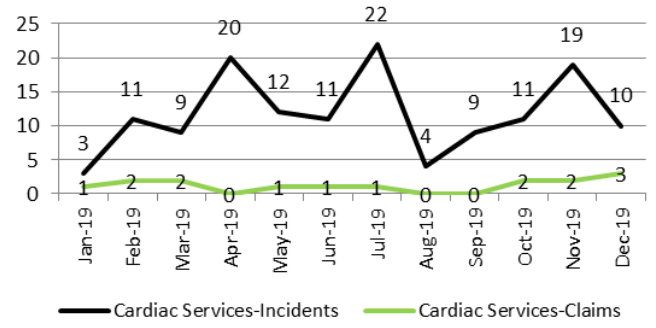
Lagging

	Actual	Target	Trend
H&S Incidents	10	20	
Work Injury Claims	3	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

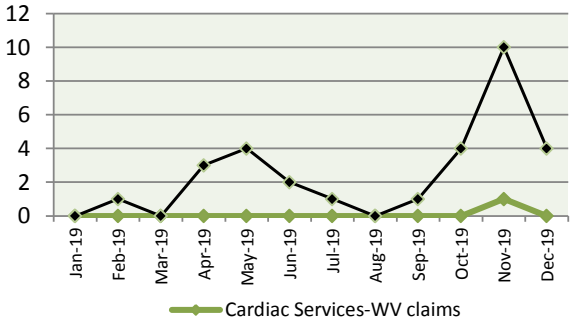
Leading

	Actual	Target	Trend
%H&S Inductions (YTD)	56	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	50	80	
Outstanding Datix Incidents	0	10	

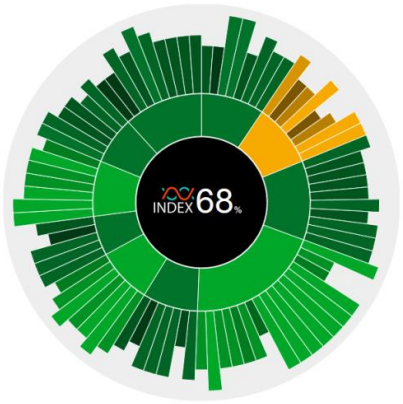
Health and Safety Incidents and Claims for 12 months

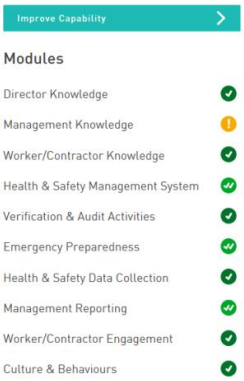


Workplace Violence and Aggression for 12 months



SAFE365 Starburst Graphic





Cardiac Services has remained steady at 68% this month.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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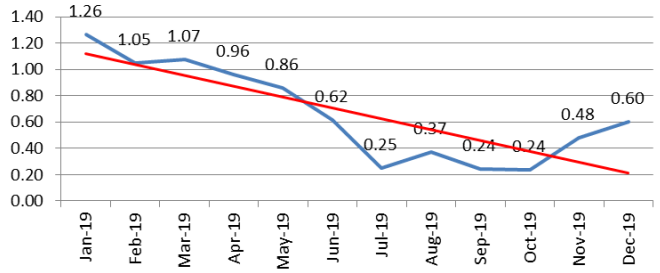
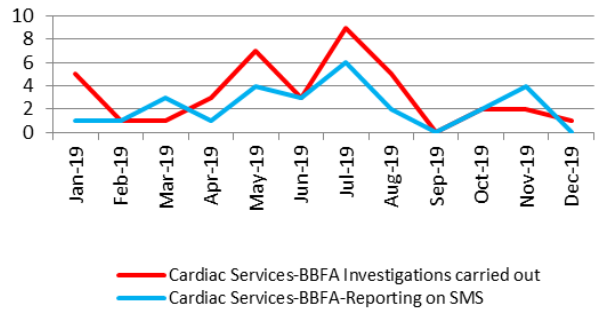
Cardiac Services LTIFR



Blood and Body Fluid Accidents



Children's Services Health and Safety Report

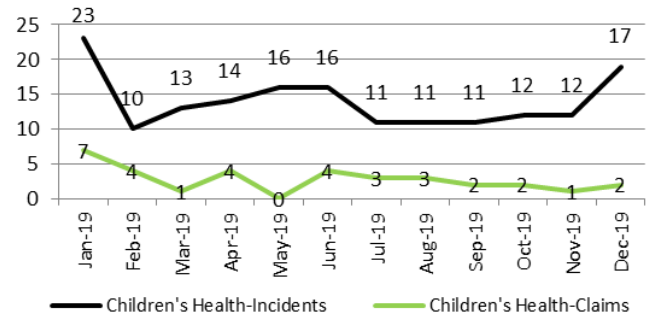
Lagging

	Actual	Target	Trend
H&S Incidents	19	20	
Work Injury Claims	2	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

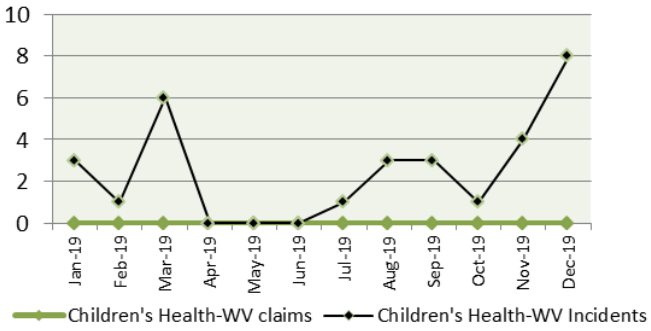
Leading

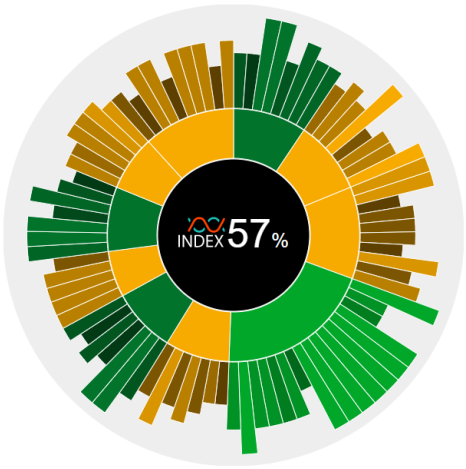
	Actual	Target	Trend
%H&S Inductions (YTD)	34	100	
H&S Rep Vacancies No.	6	2	
%H&S Rep Training	63	80	
% 6 monthly Workplace Checklist	75	80	
Outstanding Datix Incidents	0	10	

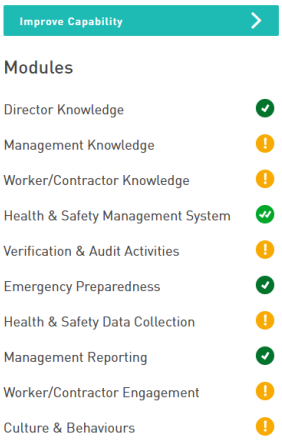
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

Children's Health has remained stable at 57% this month

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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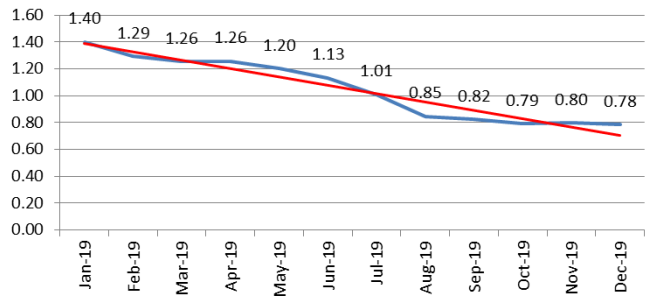
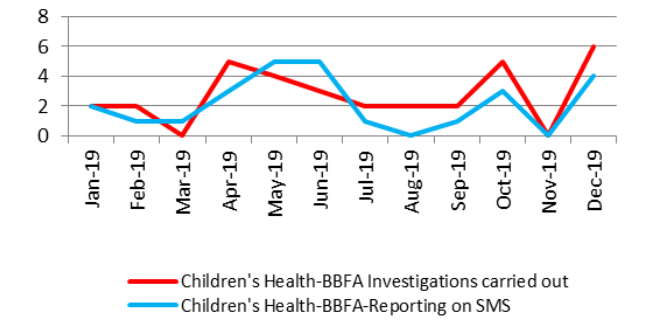
Childrens Health LTIFR



Blood and Body Fluid Accidents



Clinical Support Health and Safety Report

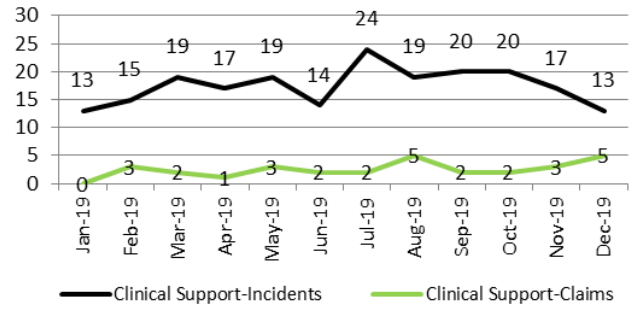
Lagging

	Actual	Target	Trend
H&S Incidents	13	20	
Work Injury Claims	5	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

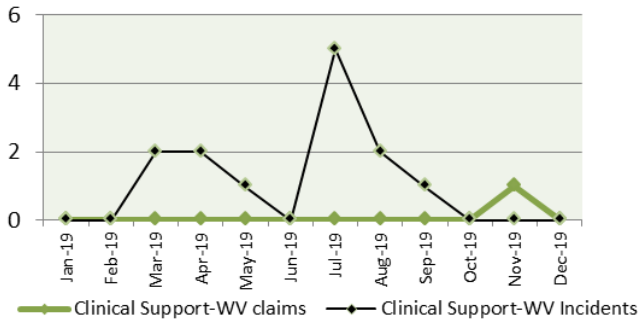
Leading

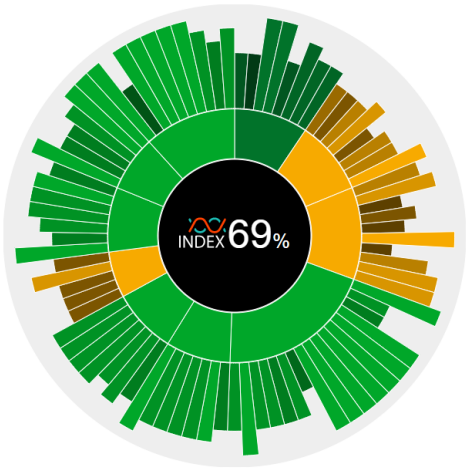
	Actual	Target	Trend
%H&S Inductions (YTD)	51	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	89	80	
% 6 monthly Workplace Checklist	77	80	
Outstanding Datix Incidents	0	10	

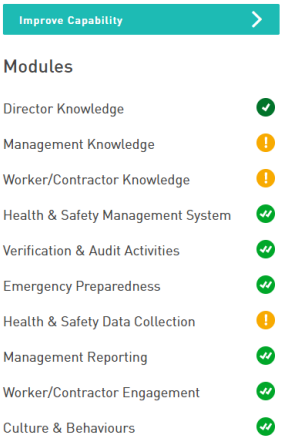
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

Clinical Support Directorate has remained stable at 69% this month

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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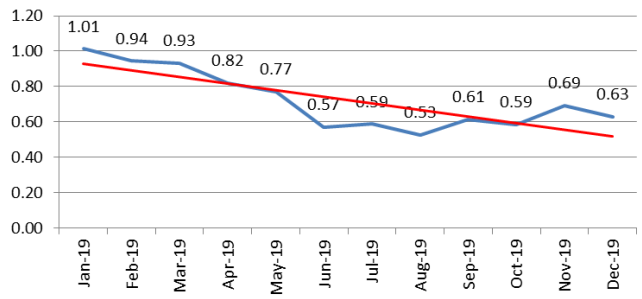
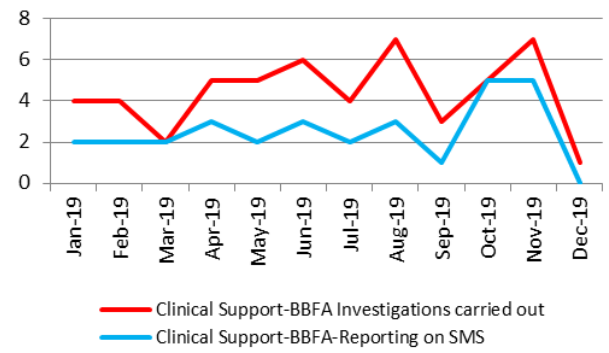
Clinical Support LTIFR



Blood and Body Fluid Accidents



Commercial Services Health and Safety Report

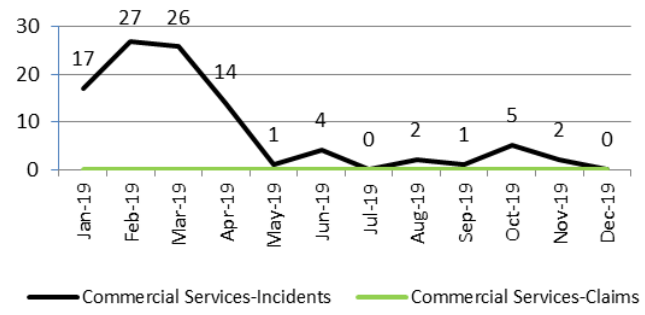
Lagging

	Actual	Target	Trend
H&S Incidents	0	20	
Work Injury Claims	0	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

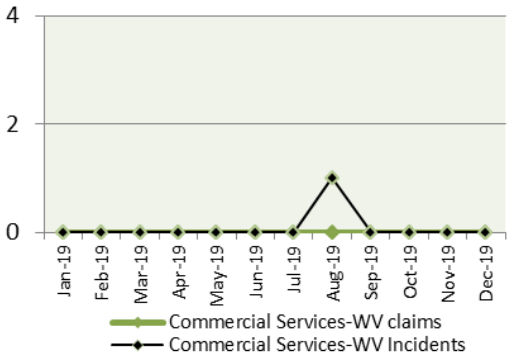
Leading

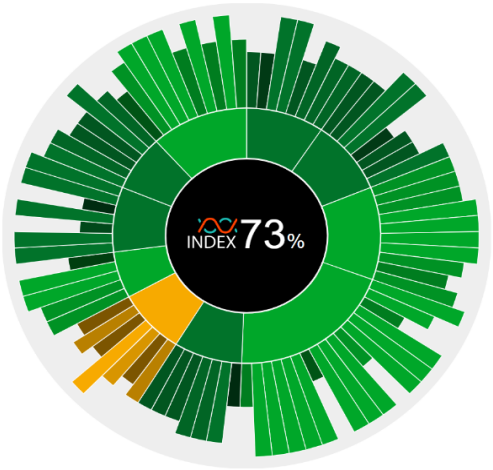
	Actual	Target	Trend
%H&S Inductions (YTD)	100	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	100	80	
% 6 monthly Workplace Checklist	50	80	
Outstanding Datix Incidents	0	10	

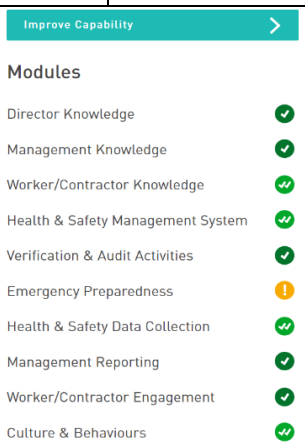
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

Commercial Services has remained stable at 73% this month.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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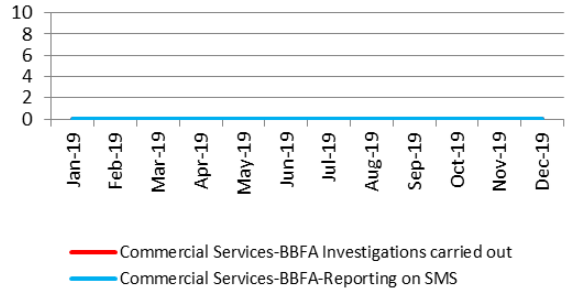
Blood and Body Fluid Accidents



Corporate Services Health and Safety Report

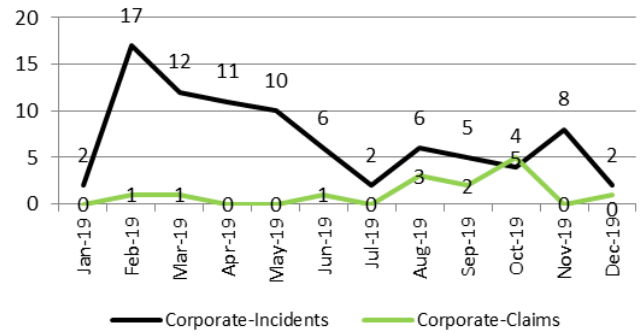
Lagging

	Actual	Target	Trend
H&S Incidents	2	20	
Work Injury Claims	1	0	
Lost Time Injuries	1	0	
Notifiable Events	0	0	

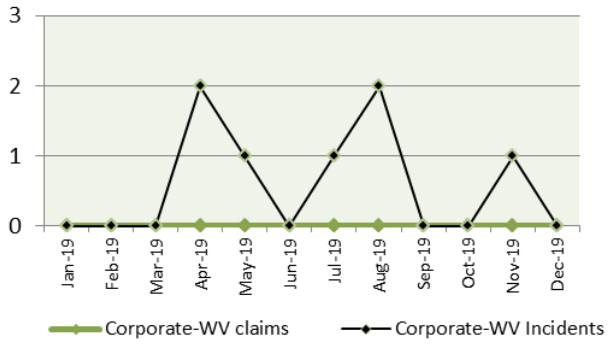
Leading

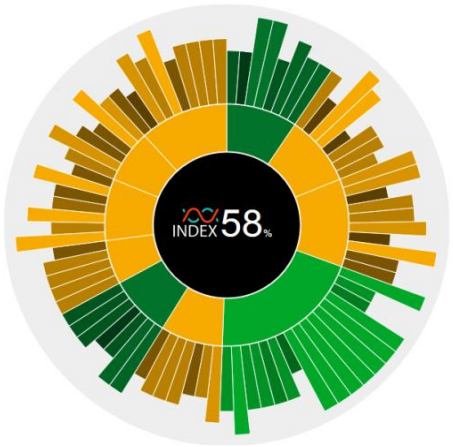
	Actual	Target	Trend
%H&S Inductions (YTD)	20	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	62	80	
% 6 monthly Workplace Checklist	95	80	
Outstanding Datix Incidents	0	10	

Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





SAFE365 Starburst Graphic

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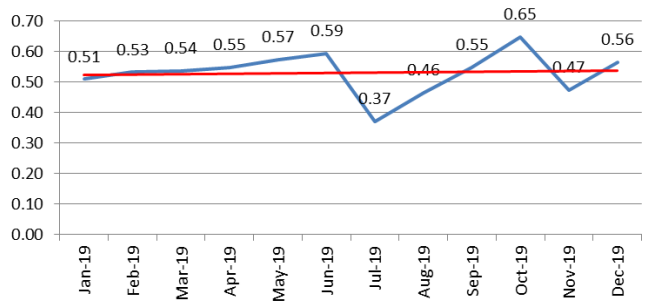
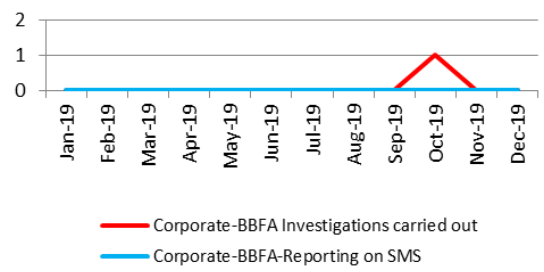
Corporate Services LTIFR



Blood and Body Fluid Accidents



Community and Long Term Conditions Health and Safety Report

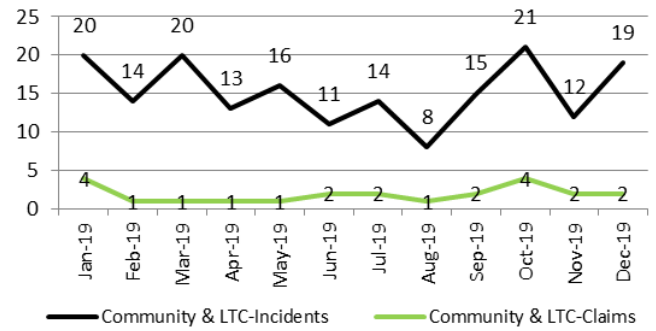
Lagging

	Actual	Target	Trend
H&S Incidents	19	20	
Work Injury Claims	2	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

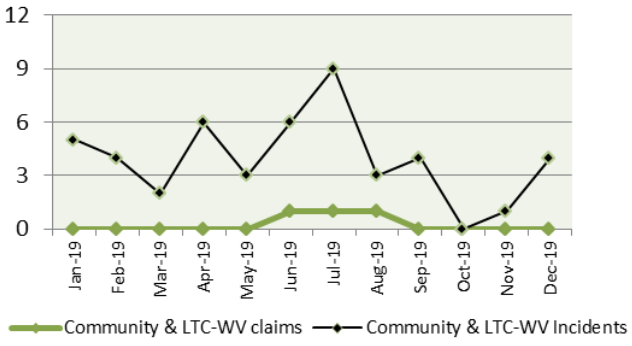
Leading

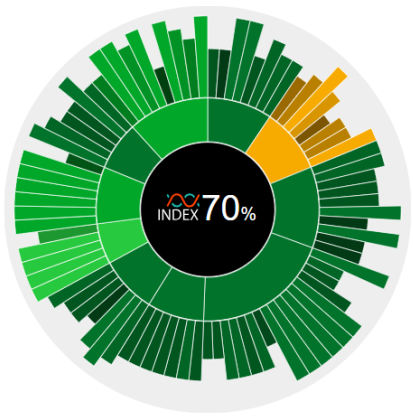
	Actual	Target	Trend
%H&S Inductions (YTD)	95	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	96	80	
% 6 monthly Workplace Checklist	95	80	
Outstanding Datix Incidents	0	10	

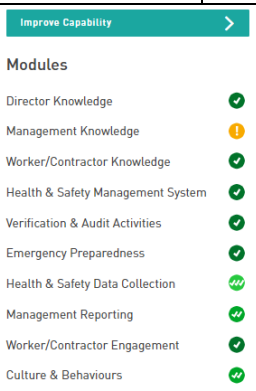
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

An excellent Safety culture highlights Community and LTC Directorate, solid Management buy in and key engagement from workers has given the team an exceptional score.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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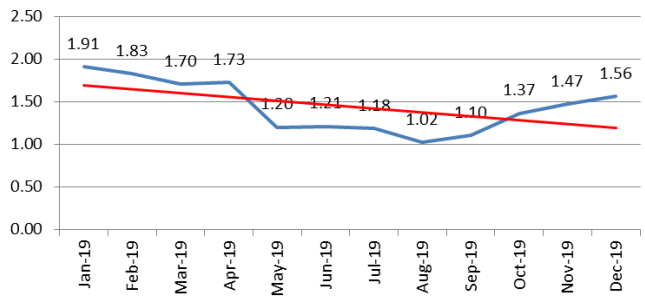
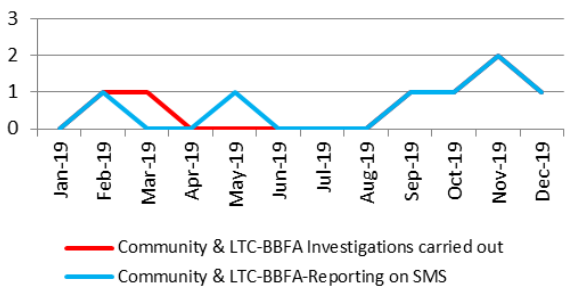
Community & LTC LTIFR



Blood and Body Fluid Accidents



Mental Health Services Health and Safety Report

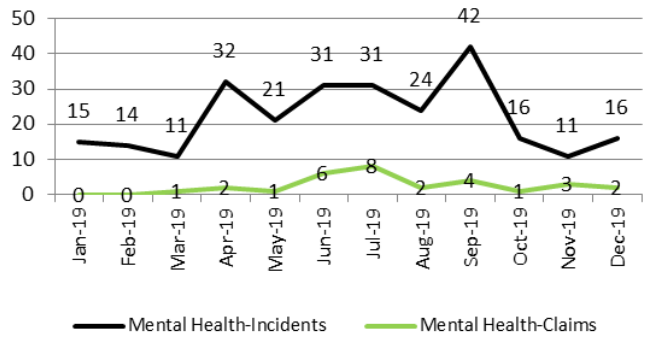
Lagging

	Actual	Target	Trend
H&S Incidents	16	20	
Work Injury Claims	2	0	
Lost Time Injuries	2	0	
Notifiable Events	0	0	

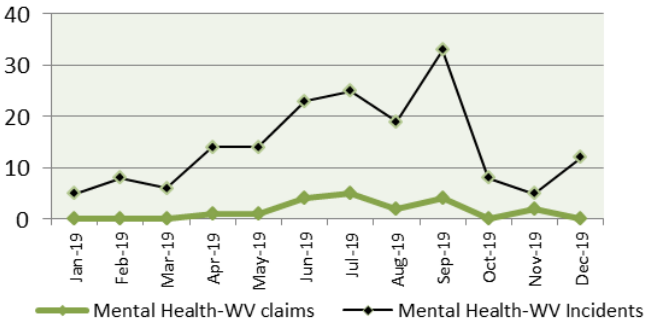
Leading

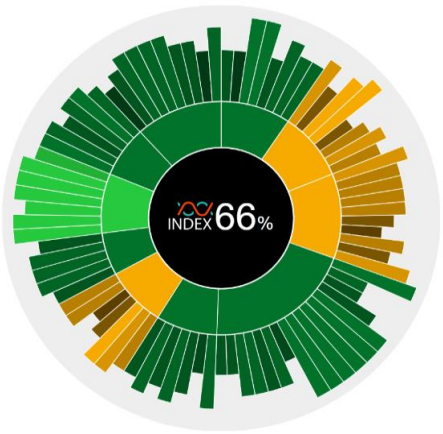
	Actual	Target	Trend
%H&S Inductions (YTD)	30	100	
H&S Rep Vacancies No.	4	2	
%H&S Rep Training	74	80	
% 6 monthly Workplace Checklist	74	80	
Outstanding Datix Incidents	0	10	

Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months





SAFE365 Starburst Graphic

Mental Health Services has remained stable at 66% this month.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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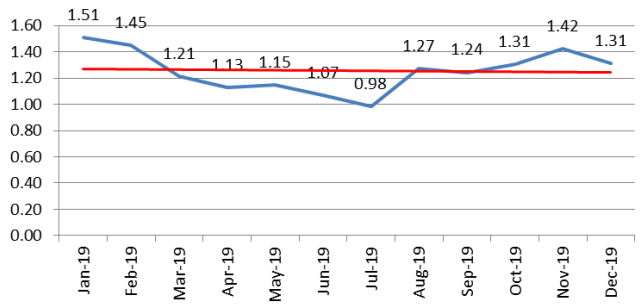
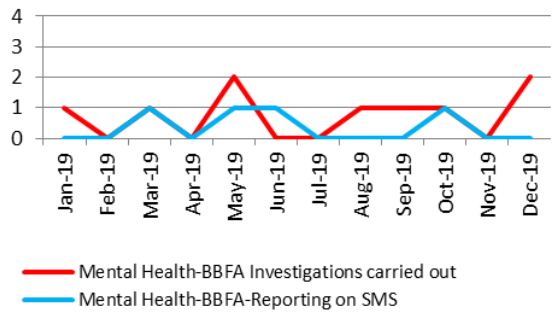
Mental Health Services LTIFR



Blood and Body Fluid Accidents



Patient Management Service Health and Safety Reports

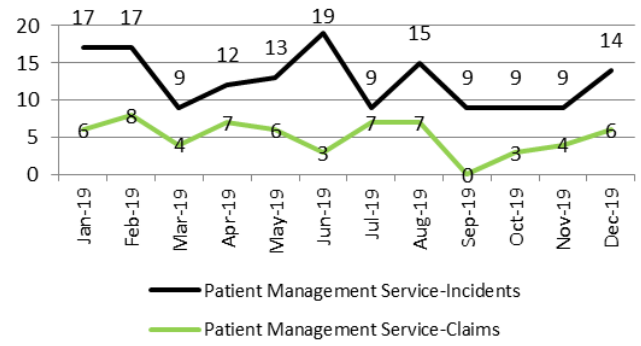
Lagging

	Actual	Target	Trend
H&S Incidents	14	20	
Work Injury Claims	6	0	
Lost Time Injuries	4	0	
Notifiable Events	0	0	

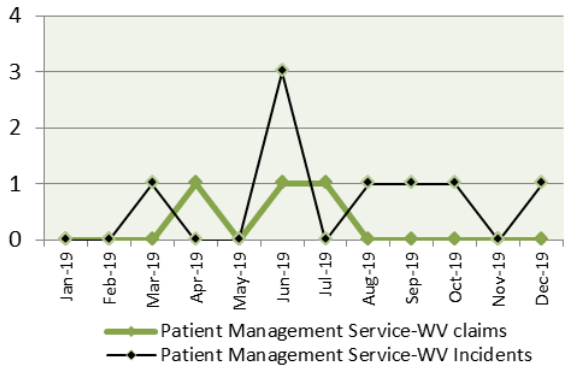
Leading

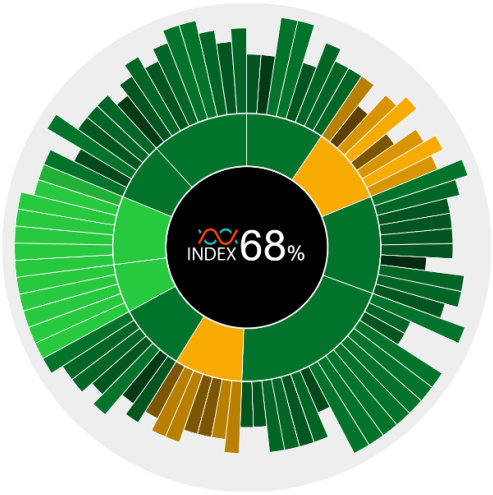
	Actual	Target	Trend
%H&S Inductions (YTD)	18	100	
H&S Rep Vacancies No.	3	2	
%H&S Rep Training	65	80	
% 6 monthly Workplace Checklist	60	80	
Outstanding Datix Incidents	0	10	

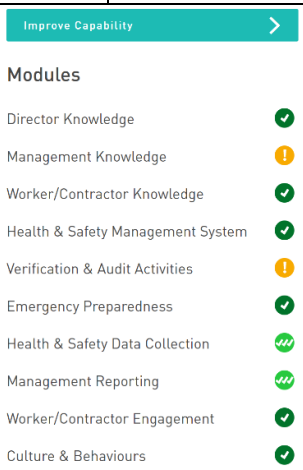
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

Patient Management Services has remained stable at 68% this month.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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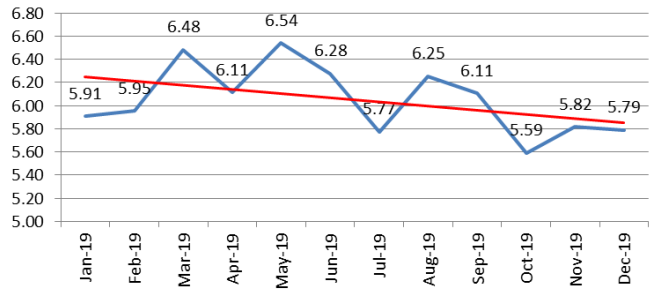
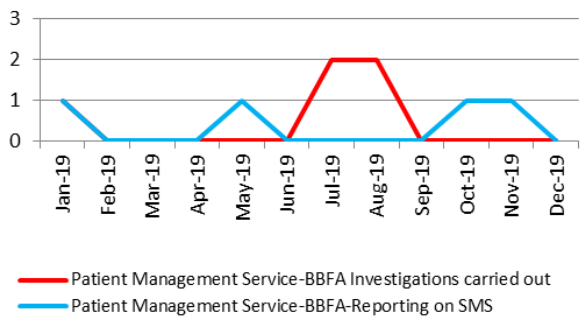
Patient Management Services LTIFR



Blood and Body Fluid Accidents



Perioperative Health and Safety Report

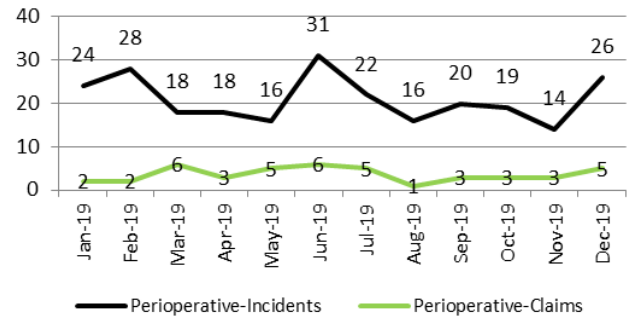
Lagging

	Actual	Target	Trend
H&S Incidents	26	20	
Work Injury Claims	5	0	
Lost Time Injuries	3	0	
Notifiable Events	0	0	

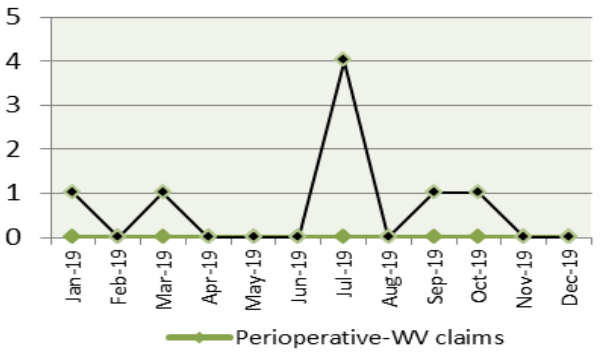
Leading

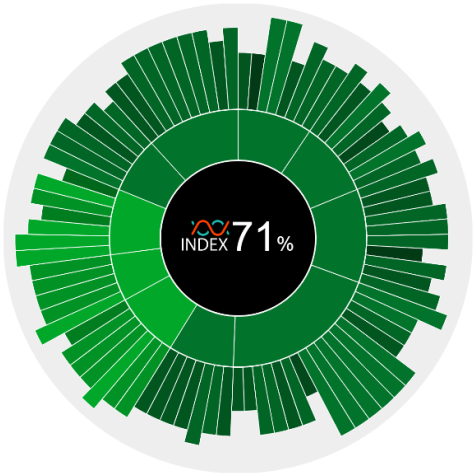
	Actual	Target	Trend
%H&S Inductions (YTD)	80	100	
H&S Rep Vacancies No.	0	2	
%H&S Rep Training	92	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	0	10	

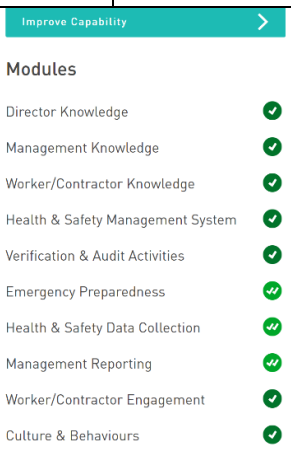
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

The Perioperative directorate has remained stable at 71% this month

An excellent Safety culture Perioperative Directorate, solid Health and Safety Management Systems, Emergency Preparedness and Management reporting has given the team an exceptional score

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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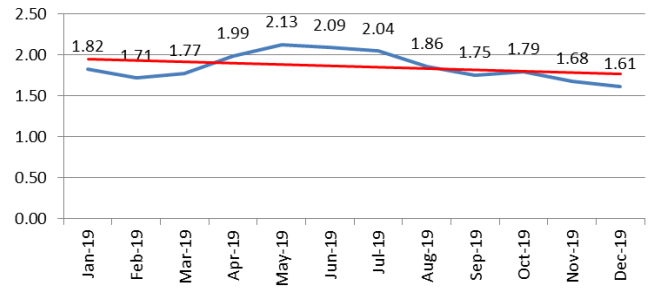
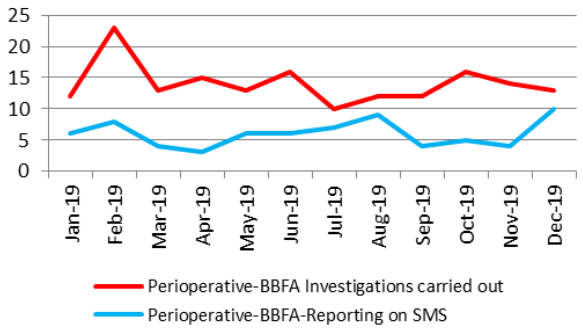
Perioperative Services LTIFR



Blood and Body Fluid Accidents



Surgical Services Health and Safety Report

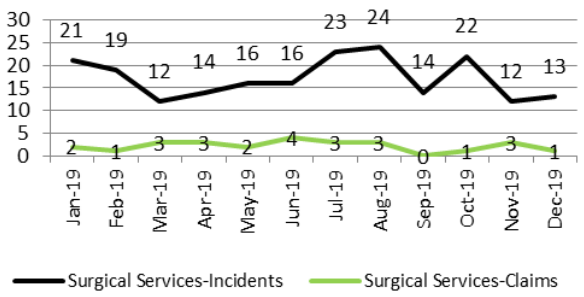
Lagging

	Actual	Target	Trend
H&S Incidents	13	20	
Work Injury Claims	1	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

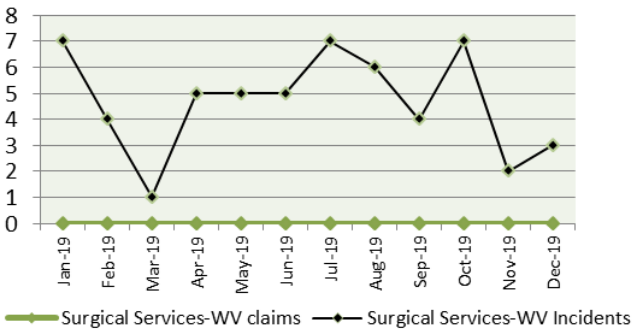
Leading

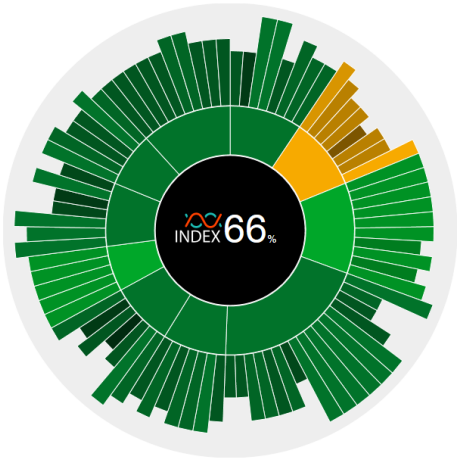
	Actual	Target	Trend
%H&S Inductions (YTD)	31	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	87	80	
% 6 monthly Workplace Checklist	70	80	
Outstanding Datix Incidents	0	10	

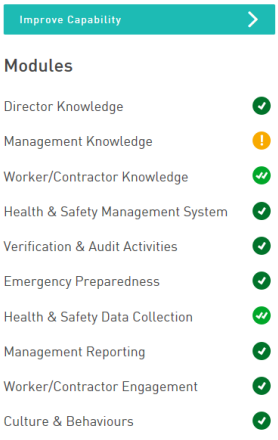
Health and Safety Incidents and Claims for 12 months



Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

A big increase this month for Surgical Services, up from 49% to 66%. Improvement has been made across all modules but especially in Worker/Contractor Knowledge, Culture and Behaviour and Management Knowledge.

Auckland DHB strives towards compliance against ISO 45001:2018 Safety Management Systems. A graphical representation of current directorate achievement against ISO45001:2018.

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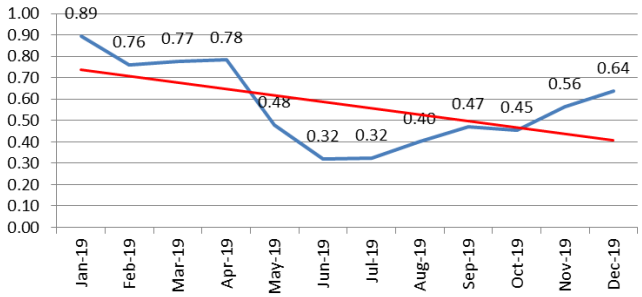
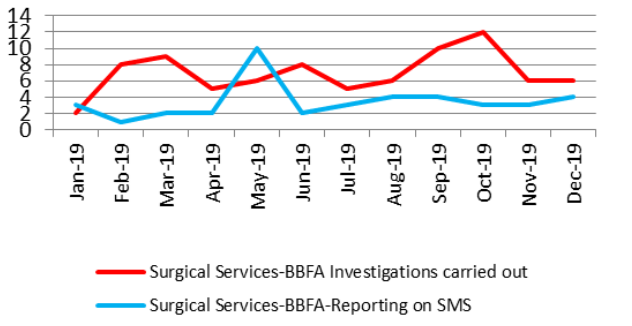
Surgical Services LTIFR



Blood and Body Fluid Accidents



Women's Health and Safety Report

Lagging

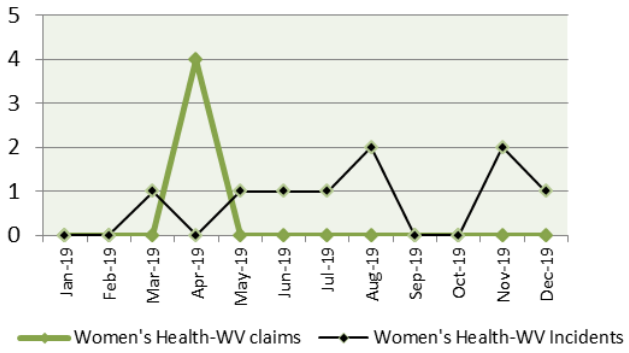
	Actual	Target	Trend
H&S Incidents	7	20	
Work Injury Claims	1	0	
Lost Time Injuries	0	0	
Notifiable Events	0	0	

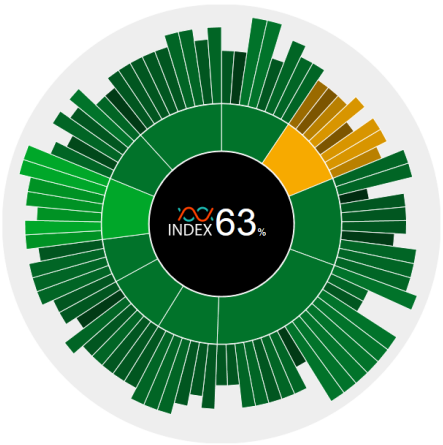
Leading

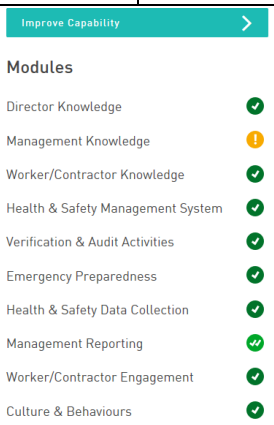
	Actual	Target	Trend
%H&S Inductions (YTD)	24	100	
H&S Rep Vacancies No.	1	2	
%H&S Rep Training	81	80	
% 6 monthly Workplace Checklist	100	80	
Outstanding Datix Incidents	0	10	

Health and Safety Incidents and Claims for 12 months

Workplace Violence and Aggression for 12 months







SAFE365 Starburst Graphic

The Women's Health directorate has remained stable at 63% this month

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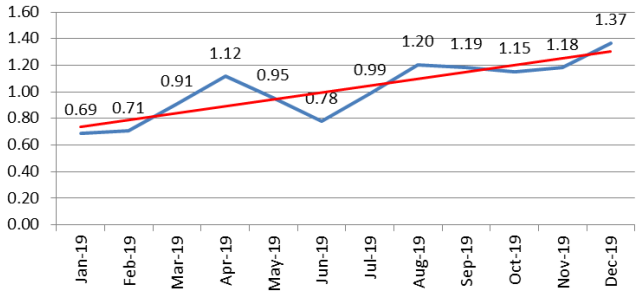
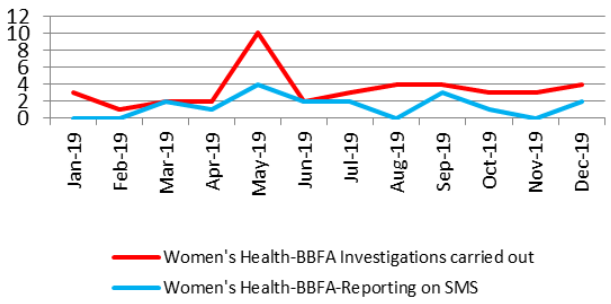
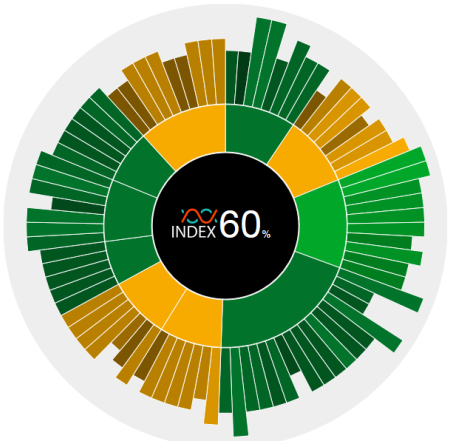
Womens Health LTIFR

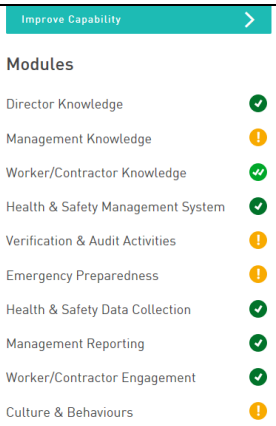


Blood and Body Fluid Accidents



Facilities Department





SAFE365 Starburst Graphic

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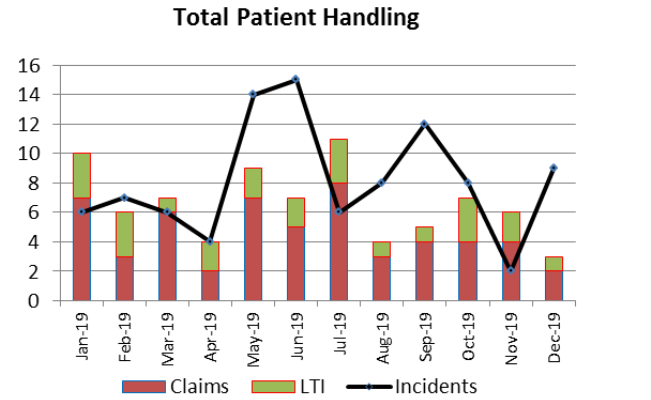
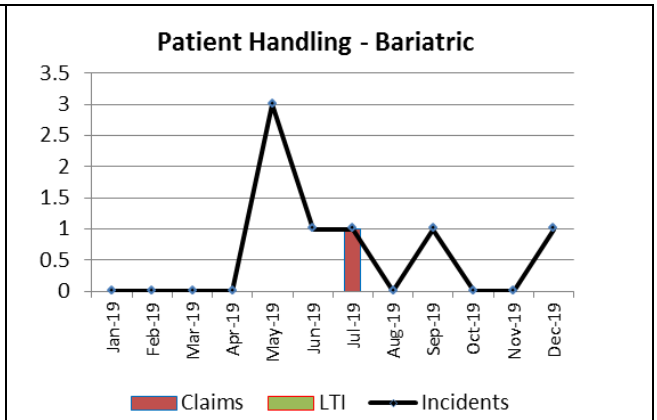
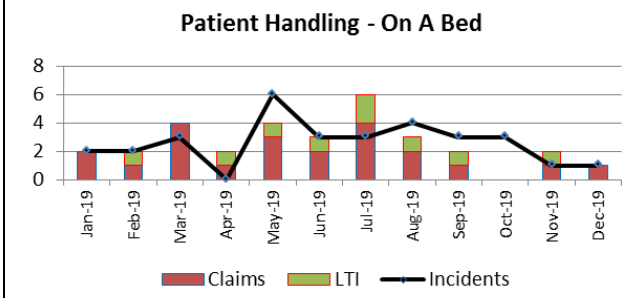
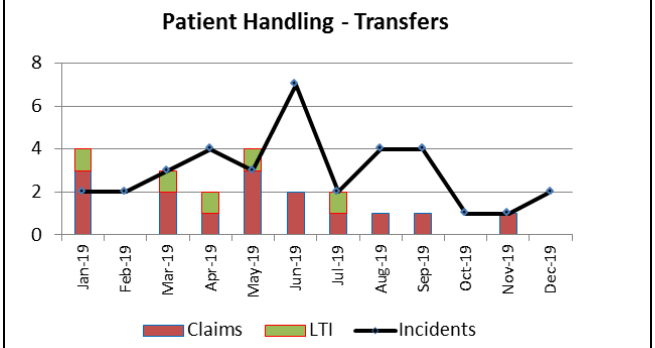
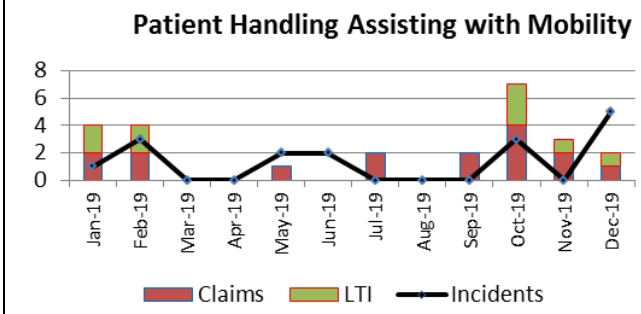
Appendix 1 - **Moving and Handling Injury Categories**

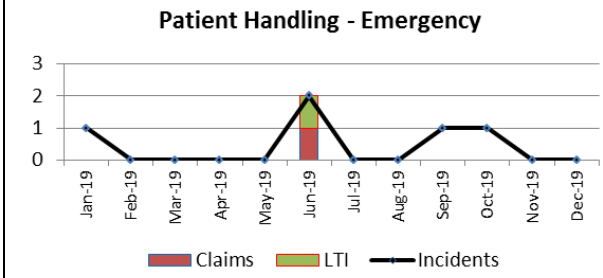


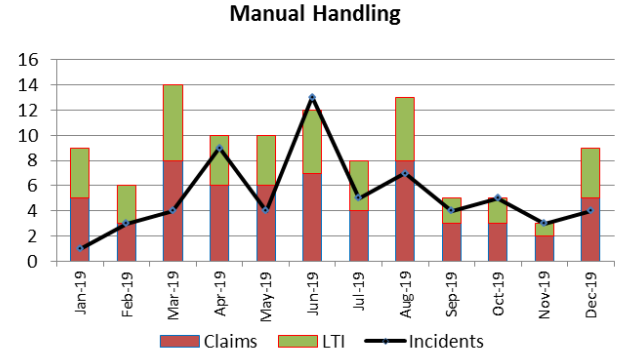








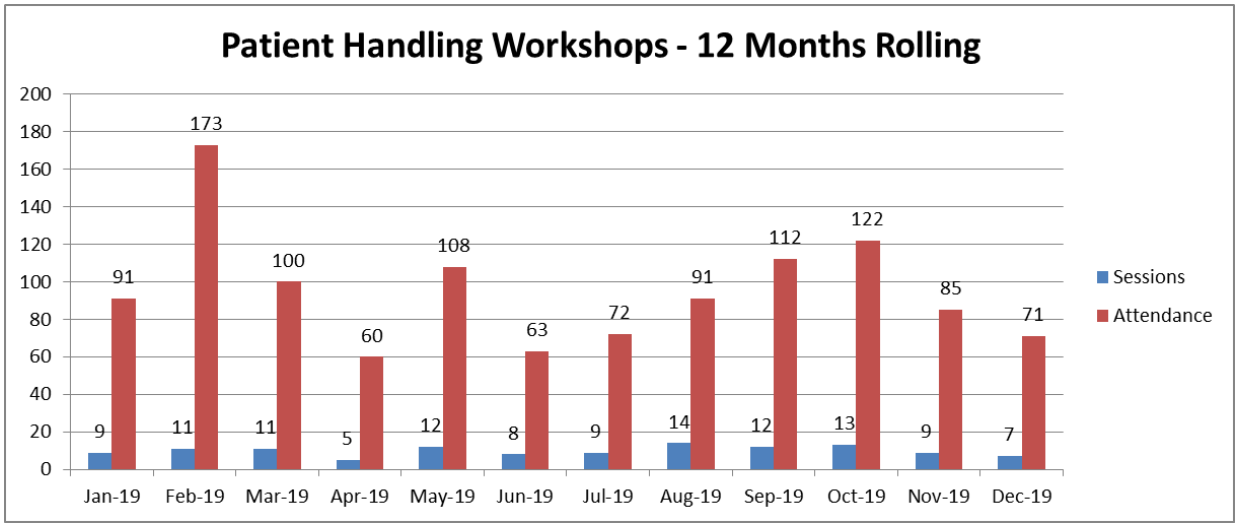


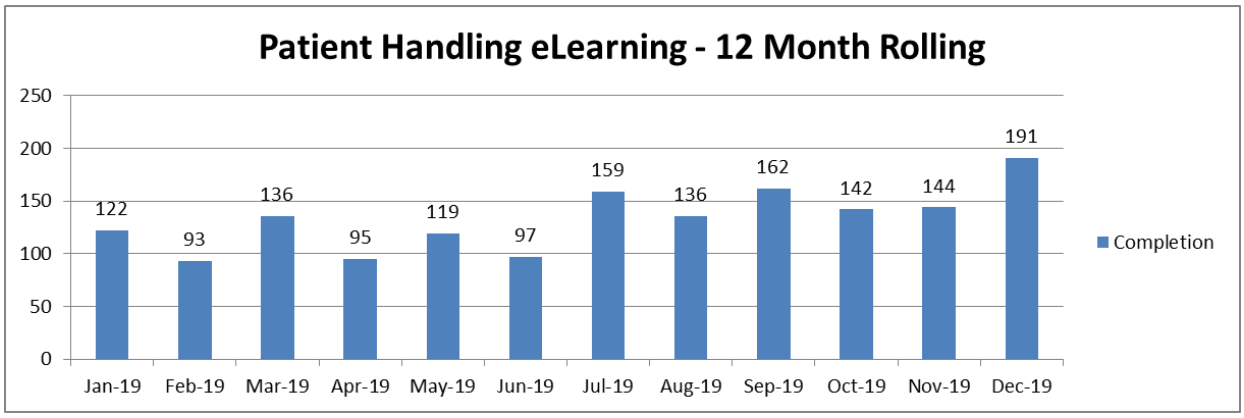


New graphs representing the LTI/Claims vs actual reported incidents related to manual tasking/patient handling. In those instances where the total Claims/LTI is higher than the Incidents, there has been no DATIX reported at the time of the incident, the OHS team actively chases these up.

Workers are being reminded that DATIX incidents must be entered for all injuries, this assists in accelerating the claims process.

Appendix 2 - **Moving and Handling: e-Learning and Workshop Attendance**





Appendix 3 - **Workplace Violence December 2019**

Auckland DHB	Workplace Violence reported			Workplace Violence CLAIMS
Directorate	December	%	YTD 2019	December
Adult Medical	11	24%	117	0
ARPHS	0	0%	2	0
Cancer & Blood	1	2%	7	0
Cardiovascular	4	9%	31	0
Children's Health	8	18%	35	0
Clinical Support	0	0%	15	0
Commercial Services	0	0%	1	0
Community & LTC	4	9%	44	0
Corporate	0	0%	6	0
Mental Health	12	27%	185	0
Patient Management Services	1	2%	8	0
Perioperative	0	0%	7	0
Surgery	3	7%	51	0
Women's Health	1	2%	9	0
Total Auckland DHB	45		518	0

Auckland DHB	Code Orange			
	December	%	YTD 2019	%
ACH	180	86%	1719	86%
Starship	12	6%	120	6%
Women's Health	1	0%	10	0%
GCC	3	1%	38	2%
Support Bldg	13	6%	118	6%
Total ADHB	**209**		**2005**	

A Code Orange call is activated by staff whenever they feel that their safety or that of others is compromised and their own methods to resolve the issue have not worked. A Code Orange Team comprises of Clinical Nurse Manager, Psychiatry Liaison and Security. Other personnel are utilised as required. All other team members and staff associated with the challenging behaviour/situation, follow the direction of the CNM to ensure management of the situation is effectively co-ordinated.

Appendix 4 - **Definitions**

Definitions for Monthly Performance Scorecard

Lost Time Injury Frequency Rate	LTIFR refers to the number of lost time injuries occurring in a workplace per one million man-hours worked. An LTIFR of seven, for example, shows that seven lost time injuries occur on a job site every one million man-hours worked. The formula gives a picture of how safe a workplace is for its workers. To further ensure that we see a trend in the LTIFR, this formula is applied over a 12-month period, this way we can see a trend and eventually, the impact of initiatives on the LTIFR.
Lost time injuries (LTI)	Includes all on-the-job injuries that require a person to stay away from work more than 24 hours, or which result in death or permanent disability. This definition comes from the Australian standard 1885.1– 1990 Workplace Injury and Disease Recording Standard.
Pre- Employment Health Screening	Process of medical screening to ensure that prospective employees are fit for their assigned role at Auckland DHB

TABLE 1 – Risk Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Consequence	Fundamental /Catastrophic				Critical	
	Major			High		
	Moderate		Medium			
	Minor	Low				
	Insignificant					

TABLE 2 - Consequence Definitions

	Insignificant	Minor	Moderate	Major	Fundamental/ Catastrophic
Consequence	Work related Injury requiring no intervention or treatment. No time off work required.	Minor work related injury or illness requiring minor intervention. May require time off work for <7 days.	Moderate work related injury requiring further intervention. Requiring time off work for >7 days.	Death / Major work related injury leading to long-term incapacity/ disability. Admission to hospital for more than 24 hours	Incident leading to death of individual or several people with direct causation /negligence. Multiple permanent injuries or irreversible health effects. Potential for serious harm / death resulting from systemic issue.

TABLE 3 – Likelihood Definitions (adapted from the Auckland DHB Risk Matrix for H&S)

Score	Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily

Tolerable Risk

Auckland DHB **tolerable risks** are those falling within the **"medium" and "low"** categories.

HIGH TO CRITICAL RISK SCORES MUST BE ENTERED INTO YOUR DIRECTORATE RISK REGISTER AND ESCALATED and ACTIONED as MATTER OF PRIORITY.

Use the following table as a guide (taken from ADHB Risk Management policy) for timeframes for action and review:

Risk level	Priority actions	Review timescale
Critical Risk	Immediate active management with Senior Management, including a discussion if further escalation to Executive is required. Increased oversight of risk treatments by Senior Management.	2 Weekly
High Risk	Active management required, discussion with Senior Management regarding further escalation to Executive and or Board	6 Weekly
Medium Risk	Implement measures to eliminate or minimise, monitor and review	6 Monthly
Low Risk	Monitor and review	Annually

Planning Funding and Outcomes Update

Recommendation

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 18 December 2019.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Joanne Brown (Funding & Development Manager Hospitals), Vicki Scott (Acting Funding & Development Manager Primary Care), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding & Development Manager Women, Children & Youth), Jean-Marie Bush (Senior Portfolio Manager Mental Health and Addiction Services), Shayne Wijohn (Manager Māori Health Gain), Leani Sandford (Acting Manager Pacific Health Gain), Samantha Bennett (Manager Asian, Migrant and Former Refugee Health Gain)
Endorsed by: Tim Wood (Acting Director Funding), Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AAA	-	Abdominal Aortic Aneurysmaaa
ACC	-	Accident Compensation Corporation
ARC	-	Aged Residential Care
ARPHS	-	Auckland Regional Public Health Service
CDA	-	Combined Dental Agreement
CHIL	-	Child Health Information Link
CT	-	Computed Tomography
CTOs	-	Community Treatment Orders
CUR	-	Census Usually Resident
CVD	-	Cardiovascular Disease
DHB	-	District Health Board
DSME	-	Diabetes Self-Management Education
DSS	-	Disability Support Services
EP	-	Electrophysiology
ESPI	-	Elective Services Performance Indicators
FCT	-	Faster Cancer Treatment
GP	-	General Practitioner/General Practice
IDF	-	Inter District Flow
MELAA	-	Asian & Middle Eastern Latin American and African
MMR	-	Mumps, Measles and Rubella
MoH	-	Ministry of Health
MRI	-	Magnetic Resonance Imaging
NCHIP	-	National Child Health Information Platform
NGO	-	Non-Governmental Organisation
NIR	-	National Immunisation Register
NRA	-	Northern Region Alliance
OIS	-	Outreach Immunisation Service
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
PRRT	-	Peptide Receptor Radionuclide Therapy
SME	-	Self-Management Education

1. Purpose

This report updates the Auckland District Health Board (DHB) on Planning and Funding and Outcomes (PFO) activities and areas of priority, since its last meeting on 18 December 2019.

2. Planning

2.1 Annual Plans

We are currently awaiting approval of the 2019/20 Auckland DHB Annual Plan.

The 2020/21 Annual Planning advice was provided to DHBs by the Ministry of Health (MoH) on 18 December 2019. The guidance is again focused on the key activities that reflect the Minister's specific planning priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Achieving health equity and wellbeing for Māori through the Māori Health Action Plan
- Better population health outcomes supported by primary health care
- Strong fiscal management.

There are enhanced priorities focused on Māori health and on sustainability, therefore two new sections are included in the guidance.

This year there is a stronger focus on integration and collaboration with other sectors. The Public Health Unit annual plan is to be integrated into the DHB annual plan in 2020/21. DHBs and Auckland Regional Public Health Service (ARPHS) need to engage with relevant stakeholders when developing their 2020/21 actions to strengthen the integration of DHB efforts with those of primary care, community, other sectors and with iwi.

The Ministry expects that achieving equity in health and wellness is a focus for all DHBs. DHBs are expected to include evidenced-based equity actions focused on their Māori and Pacific populations within each identified planning priority. This will include an explicit focus on addressing racism and discrimination, in all its forms, across all aspects of the DHB's operations.

There are new priority areas in 2020/21 around our delivery of He Korowai Oranga – the Māori Health Strategy and Pacific Health Action Plan (once agreed). DHBs are also asked to develop a Disability Action Plan to improve access to quality health services and improve the health outcomes of disabled people.

Information has been supplied to all contributors to enable development of each section for both the Auckland and Waitematā DHB 2020/21 Annual Plans.

2.2 Annual Reports

Auckland DHB 2018/19 Annual Report has been finalised and submitted to the Ministry of Health.

3. Primary Care

3.1 Measles, Mumps and Rubella immunisation service in community pharmacy

In response to the 2019 measles outbreak, Auckland DHB and Waitematā DHB agreed to fund authorised community pharmacies to deliver the Measles, Mumps and Rubella (MMR) immunisation service. Authorised community pharmacies are providers who:

- have accredited pharmacists trained as authorised vaccinators, and
- have met cold chain standards (National Standards for Vaccine Storage and Transportation for Immunisation Providers, 2017).

42 Auckland DHB pharmacies are being contracted to enable pharmacists to administer the MMR vaccine to people aged 16 to 49 (inclusive) who have not previously been immunised against MMR as per the Immunisation Handbook.

Authorised pharmacists have been given access to the National Immunisation Register (NIR) to view immunisation status and to update records after the vaccination. This means that patient records will be visible to general practice teams through the NIR to support integration of care. Work is in progress to promote this service to the public to improve immunisation uptake.

4. Health of Older People

4.1 Aged Residential Care

A review has been completed on the transition from acute hospital to aged residential care (ARC) for older adults in Auckland DHB. The findings showed the process as it stands poses challenges for the older adult and their family/whānau, for hospital based health professionals and for aged residential care facilities. Recommendations from the review are currently being prioritised and implemented. An audit of hospital discharge documentation, when a person enters ARC, has been completed and overall the documentation was completed well and the relevant information was given on discharge.

4.2 Falls Prevention

The Accident Compensation Corporation (ACC) Board has approved funding up to December 2020 for its 'Live Stronger for Longer' programme; this funding matches the DHB funding to deliver the In Home Strength and Balance Programme and the Fracture Liaison Service. These are important services that a meet a previous gap in preventative care for older people. Falls, injury and fragility fractures cause a significant burden of disease in older people. Falls in older people also lead to loss of confidence, which reduces mobility and therefore further increases risk of falls and loss of independence. For example falls are an independent predictor of premature admission to ARC even if there is no injury. It is extremely positive that this partnership work with ACC will continue.

4.3 Funded Family Care

There have been further announcements concerning the changes to Funded Family Care. Eligibility of funded family carers will expand to include partners and spouses of those with high or very high support needs, children and young people under 18 years, and the minimum age to be a family carer will lower to 16 years. This will be effective from June 2020 for DHBs.

The Ministry will remove the requirement in its Disability Support Services (DSS) policy for an employment relationship between the disabled person and their funded family carer. In addition the pay rate for DSS funded family carers will increase from the minimum wage to $20.50 - $25.50 per hour.

There will be no change to the employment arrangements or pay rates for funded family carers under DHB policies as they are currently employed by providers and already receive pay rates consistent with the wider care and support workforce as a result of the pay equity settlement.

5. Child, Youth and Women's Health

5.1 Immunisation

5.1.1 Childhood Immunisation Schedule Vaccinations

Provisional results for the Immunisation Focus Area for Quarter 2 2019/20 indicate that Auckland DHB achieved the 95% target for babies being immunised by 8 months of age, sustaining the gains made last quarter. Despite this overall improvement, an equity gap remains with Māori coverage of 85% and Pacific coverage of 91%.

Auckland DHB coverage at 24 months of age has increased to 95%, an increase from 93% last quarter, while 5 year old coverage remains stable at 88%. Auckland DHB are in line with, or above, the National average coverage at the key milestones of 24 months (92%), and 5 year old (89%). These immunisation coverage results occurred during the transition of the National Immunisation Register which was successfully repatriated to DHB management on 1 November 2019. The support of general practices and immunisation providers as well as comprehensive change management planning has ensured a smooth transition. It is most pleasing there has been no drop in immunisation coverage during the change period despite the additional demands of the Measles outbreak. The last time the NIR was transitioned (from Auckland DHB to HealthWEST) there was a temporary drop of 10% coverage. Maintaining and even making gains in coverage is a huge achievement. Our thanks go to all our immunisation partners, including HealthWEST, immunisation coordinators and primary care, for their efforts to maintain high quality immunisation services over this challenging time.

The NIR team continues to serve both Auckland and Waitematā DHB populations which brings benefits in coordinating processes, reducing duplication and streamlining access to care for families. The NIR is among the first services to go live in Uri Ririki – Child Health Connection Centre, based at Greenlane Clinical Centre. Planning is underway for other register-based services to join Uri Ririki including the new National Child Health Information Platform (NCHIP) and Kāinga Ora - Healthy Housing (which is being renamed Noho Āhura as detailed below).

Auckland and Waitematā DHBs have reached agreement with Te Puna Manawa - HealthWEST to continue to deliver the Outreach Immunisation Services (OIS). The scope of the OIS service has extended to include actively following up 4 year old immunisations. In addition, opportunistic immunisations will be provided for whānau members of any age who are eligible for funded vaccine when the OIS is attending a home visit for a child.

5.1.2 Measles

In addition to business as usual for immunisation, the measles outbreak placed considerable pressure on primary care and our hospitals (particularly in Counties Manukau). A number of innovative delivery approaches were trialled such as 'pop-up' clinics. However, these struggled to engage the highest priority groups – Pacific and Māori young people aged 15 – 29 years. Importantly the decision was taken by the Ministry to firstly decrease the age of eligibility for MMR1 from 15 months to 12 months; then to add in a third dose between 6 and 12 months (MMR0). This was in response to the impact of the illness on infants aged under 2 years of age – the group most commonly hospitalised.

As of 2020, cases have tailed off. However, it is essential that efforts to achieve coverage of 95% are maintained.

5.2 National Child Health Information Platform and NIR Transition

The early adopter go-live phase is progressing implementation of the National Child Health Information Platform (NCHIP). NCHIP will provide a point-of-care view of each child's progress through the universal health milestones from 0 to 6 years of age.

Following a consultation process in January 2019, Auckland and Waitematā DHBs' Boards approved proceeding with changes to the coordination support for universal child health services. This included the DHBs forming the Child Health Connection Centre (formerly referred to as Child Health Information Link (CHIL) Hub) to connect health services with families. Te Runanga o Ngāti Whātuahave gifted the Centre a name and whakataukī.

Uri Ririki – he taura o te ate
The young progeny – the strings to the seat of ones emotions

Communications are rolling out now to inform parents, caregivers and health providers about the launch of Uri Ririki – Child Health Connection Centre. This includes the distribution of posters and information leaflets through health providers, social media and online. Details can be located on the health point page which is being updated with new information for health providers and whānau as the project is rolled out.

A small team of administrators to manage NCHIP have been appointed starting late January 2020. The NCHIP IT system is available for the administrators in a pre-production stage. The next phase is to run real world testing, evaluate the data quality and develop reporting systems. The project team is working with Ministry of Social Development and Ministry of Education to review the privacy and security processes and develop safe information sharing methods. Socialisation is underway with all child health providers to understanding how NCHIP can be used at various points of care.

5.3 Adolescent Oral Health

Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents are provided by private oral health providers that hold a Combined Dental Agreement (CDA). There are 97 dental providers in Auckland DHB. The Ministry of Health has set an utilisation target of 85% for adolescents from school year 9 – 17 years to receive annual dental care. Auckland DHB's service coverage is 65%. While the service coverage is below national target of 85% it is in line with National averages. In addition, there have been improvements over most metrics between 2017 and 2018 (2019 data is not yet available). However, there is also a significant disparity in dental coverage for Māori teenagers. Tables 1 shows 2017 and 2018 utilisation for Auckland DHB by ethnicity.

Table 1: 2017 and 2018 Adolescent Dental Coverage - Auckland DHB

Ethnicity	2017 Coverage	2018 Coverage
Māori	48%	52%
Pacific	69%	70%
Asian	61%	65%
Other	66%	66%
Total	**63%**	**65%**

While some young people may have accessed services privately (non CDA-funded) it is apparent that access by Māori adolescents is low compared to other ethnic groups. There has been some improvement in uptake by Māori adolescents in 2018 but significant further improvement is required across the sector to achieve equity. Steps are being taken to make improvements.

Youth consumer group feedback has been obtained and indicates a low awareness of free dental care. In addition to health promotion, creating awareness of the availability of free publically funded oral health service is needed. Feedback received by dental providers at a recent hui organized by the Metro Auckland DHBs also highlighted the need for support and coordinated efforts to increase the awareness of the availability of free oral health service alongside effective collaboration with schools, Māori and Pacific providers and other key stakeholders. Regular liaison and communications with contracted dental providers will be required to strengthen recall systems and follow up appointments. A regional Adolescent Oral Health Coordination Service Plan is in development. The plan will outline a range of actions to improve the uptake and on-going participation of adolescents in publically funded oral health services with a particular focus on Rangatāhi Māori.

5.4 Maternity

Very positive feedback has been received on the Funder initiated SMILE campaign. One Auckland practice got in touch to say, *"In a word – WOW! Brilliant - already got the posters up and only opened the mail 5 minutes ago. We make up maternity packs for our new Mums - can we have some more brochures to add to them please? Can you spare another 50 for us? If not that many - as many as you can spare."* As previously communicated to CPHAC and the Board, the SMILE campaign started with the goal of increasing antenatal immunisation. However, it was recognised that immunisation needed to be 'normalised' as one of a number of key messages for pregnant women. Five key messages are now covered through the poster and booklets as shown in the poster below.

6. Mental Health and Addictions

6.1 Government Inquiry into Mental Health and Addiction Services (He Ara Oranga) and the Wellbeing Budget

6.1.1 Improved Access and Choice Integrated Mental Health

A metropolitan Auckland response to the MoH RFP for Improved Access and Choice Integrated Mental Health was submitted to the MoH on 24 October 2019. The response included expansion of Awhi Ora, Te Tumu Waiora, by Māori and by Pacific services along with a programme to up skill general practice teams. This response was endorsed by all parties involved in the oversight of the development of the response. The Ministry of Health have confirmed they wish to enter in to an agreement with the three metropolitan DHBs for the proposal.

A collaborative group for metro Auckland is in place to oversee the implementation of the programme, which comprises of the involved parties and includes clinical and managerial expertise. The co-chairs will be a Treaty partner (John Tamihere) and Ailsa Claire (Chief Executive Officer, Auckland DHB).

The MoH met on 21 January 2020, with representatives of the collaborative group to begin contract negotiations for service delivery in 2020.

6.1.2 Expansion and Replication of Existing Kaupapa Māori and Pacific Primary Level Interventions

The MoH also released two further Requests For Proposals in late October 2019 for the expansion and/or replication of existing Māori or Pacific Primary Mental Health and Addiction services currently funded either directly by the Ministry of Health, or through a DHB. For services currently funded by a DHB, proposals were required to be jointly developed by the DHB and the Māori or Pacific Non-Government Organisation (NGO) Provider.

Four proposals for Māori services and two for Pacific services were submitted to MoH on 26 November 2019.

6.1.3 Financial Sustainability of NGO Alcohol and Drug services

The Ministry of Heath released $10.5million per annum nationally, to fund DHBs to improve the financial sustainability of NGO Alcohol and Drug services. $3 million is allocated to the Northern region. A regional approach was taken to develop this proposal, in collaboration with the Alcohol and Drug sector. The key principle agreed for the allocation of the funding was that all NGOs should receive a fair and similar price for the same service. The MoH have agreed to the Northern region proposal to:

- Increase the non-clinical and clinical Full Time Equivalent minimum rates
- Introduce minimum service level amounts for each residential service type
- Apply a proportional uplift for all Alcohol Or Drug services

6.2 Haven: Recovery Café

The Haven (Recovery Café) located on Karangahape Road in Auckland Central continues to experience high levels of utilisation, with 1,835 visits to the service between 11 October 2019 and 13 January 2020.The Haven is funded via the acute drug harm discretionary fund and offers after hours drop in care and support to those who may be experiencing a crisis with the specific aim to respond to acute drug harm related episodes. The Haven is peer led and staffed by a mix of addiction, mental health and homeless peer support workers with on-call support provided by clinically trained staff. The service aims to provide an accessible alternative to attending the emergency department and seeks to provide interventions to avert a crisis particularly for those who are sleeping rough or who are homeless. The partner agencies are Odyssey Trust (who holds the funding), Lifewise and Mind and Body (Emerge Aotearoa).

7. Māori Health Gain

7.1 Iwi-DHB Partnership Board

A unanimous endorsement for the partnership agreement from iwi and DHB Boards has been achieved, and we have reached agreement for a Chairperson for this Board – Ms Gwen Tepania-Palmer.

We are currently awaiting a response from the Minister of Health to formally recognise this group and its members.

Members:

- Rick Witana, Chair, Te Rūnanga nui o Aupōuri
- Hayden Edmonds, Chair, Ngāti Wai
- Wallace Rivers, Chair Te Rūnanga o Ngāi Takoto
- Harry Burkhardt, Chair Northland DHB
- Professor Judy McGregor CNZM, Chair Waitematā DHB

- Pat Snedden MNZM, Chair Auckland DHB

A meeting is planned in late February to progress the Boards priority setting agenda, and develop a work plan for 2020.

7.2 Community Treatment Orders

Auckland DHB's Community Treatment Orders (CTOs) Steering Group, chaired by Anna Schofield, has approved the implementation of a 6 month Māori Community Treatment Order Inequities Pilot. The pilot will allow responsible clinicians to discharge service users from a CTO yet continue to provide free medication for a six month period. Following discharge we will also test extra follow ups from the key worker every two months for 12 months post-discharge. At the four month mark, the key worker will begin to support the service user to transition into paying for their own medication either through automatic payments to a dedicated pharmacy or through a disability benefit.

This service will be piloted within Manawanui and Manaaki House due to the high proportion of Māori they support. In order to ensure the DHB is addressing the equity gap the number of non-Māori from Manaaki House will be limited to 15 participants. The very limited research available on the impact CTOs have on Māori, show that users and whānau often advocate to stay on a CTO in order to avoid the cost of medication. We hope that this pilot will provide some clarity on the impact, or not, access to free medications has on the ability of users to come off and stay off a CTO. The pilot is being evaluated.

7.3 Māori Pipeline Projects

The Māori health pipeline is currently progressing proposal development in a range of areas. A summary of recent Māori Health Pipeline activity is below:

- Lung cancer screening - Study 1 is well underway with two of the three focus group hui completed and the survey aiming to recruit 300 Māori potentially eligible for screening and approximately 100 whānau is in the field for hospital inpatients. Planning is underway for community survey recruitment with support from Māori providers and local kuia and kaumatua roopu. The equity re-analysis of the cost effectiveness model for lung cancer screening in New Zealand is being submitted for publication, and the workstreams for the larger demonstration trial proceeding at pace. There has been a lot of interest in the project from around the country, which has led to the proposal for a national meeting on the issue (hosted by Auckland DHB and Waitematā DHB, supported by Hei Ahuru Mowai (National Māori Cancer Leadership Group) and TeORA (Māori Medical Practitioners Association) with the Lung Foundation and potentially other support. The meeting is planned for April-May 2020.
- Alternative community cardiac rehabilitation model – a business case is nearly complete.
- Alternative community pulmonary rehabilitation model – opportunities for staff to participate in kapa haka have been progressed, and joint working to develop options of how to integrate of pulmonary rehab and kapa haka (while maintain the integrity of both) have begun. Research protocol development is currently on hold awaiting the clinical lead, Dr Sandra Hotu, to complete her PhD.
- Northern region breast screening datamatch ('500 Māori women campaign') – contacting the women has been underway since 1 October and is expected to continue for up to 6 months. The datamatch to identify Māori women not enrolled in a PHO and also offer breast screening within this project will be finalised shortly.
- Māori provider and PHO datamatch – Data sharing agreements with the nominated iwi representatives have been drafted and approved. A privacy impact assessment was completed and approved by DHB and regional privacy groups. The new project Māori data governance

group has been established and has met. Tailored approaches with individual providers for data extraction will be undertaken from February.

- Facilitated PHO enrolment – Maternity services have been identified as the initial pilot location with the potential for automated data matching to identify women not enrolled in a PHO and develop an offer of service.
- High grade cervical screening project – The Maori GP clinical lead has completed the audit tool process and offer of an intensive supported engagement at the first pilot practice. This model is based on identified Māori values and seeks to centralise women and whānau centred care, shared decision making and tailored support approaches including specific cultural support as required. Rolling out the project in two further practices is planned. The audit tool has been presented to the College of GPs as an example of practical equity quality improvement processes. Broader work with practices to facilitate access to data and resources to support practice level action has been undertaken in parallel with the cervical screening coordination service. A steering group is being established, led by Pania Coote. A research sub-project, where human papilloma virus (HPV) self-testing is offered to women who decline, has been funded by the A+ Trust and will now be included in the project. Ethics approval is currently being sought This will offer, as far as we are aware, a world first opportunity to test this approach for women who are at high clinical risk. The work is a collaborative with pathology and clinical colleagues.

Additional areas of work will be included over time.

8. Pacific Health Gain

8.1 Pacific Health Action Plan (PHAP) Priority 3 – Pacific people eat healthy and stay active

The seventy-seven Healthy Village Action Zones and Enua ola church and community groups have recently completed a weight loss challenge competition called the Aiga Challenge. An analysis is underway about how many people took part, the diverse range of healthy eating and activities that were actioned and the total participant weight loss achieved.

8.2 Diabetes Co-design project

Two Pacific focus groups have been organised to take place in February. The groups which include patients and carers, will be invited to review the summary of insights received from Phase 1 of the Diabetes Care Improvement co-design project, and provide feedback. The purpose of this approach is to ensure the voice and experience of Pacific patients or carers is accurately captured and to provide an opportunity for further insights if they are missing. Key insight themes include the role of the family and carers, travelling and parking costs and health literacy.

8.3 Self-management and Diabetes self-management education programmes

Ten Self-Management Education (SME) /Diabetes SME (DSME) programmes will be implemented across Auckland DHB region before 30 June 2020. Each programme consists of eight weeks of Self-Management & Diabetes Self-Management Education that can be delivered in English, Samoan or the Tongan language. Four programmes will be delivered in partnership with the Samoan Methodist Auckland Synod that looks after 12 church groups in the Auckland and Waitematā DHB areas. These programmes are due to begin in February 2020.

8.4 Healthy Village Action Zones and Enua ola programmes

The final report for the Service Review of the Healthy Village Action Zones/ Enua Ola Programmes was completed by Dr Karen Wright in December 2019. The review highlighted the programme has many strengths, including being well embedded in, and accepted by, many Pacific communities. Furthermore, the programmes have the potential to address health inequities by taking a holistic and sustainable approach to family and community-level social change. There are however, some areas to improve and strengthen the programme for sustainable success. The review recommendations are currently being considered.

8.5 Pacific Abdominal Aortic Aneurysm

The aim of the Pacific Abdominal Aortic Aneurysm (AAA) Screening Project is to find out the prevalence of AAA amongst Pacific, targeting Pacific men, 60-74 years old domiciled through their GP clinics. A Pacific clinical lead has been appointed, and together with Pacific Health Gain Team conducted a focus group discussion last month with Tongan men on resource materials and recruitment processes. Learnings from the Māori AAA research has been applied, and the focus group discussion has directly influenced the research project materials. Pacific brochure and resources using Pacific context and an AAA survivor story are being finalised. Ethical approval has been provisionally granted, and screening is planned to be underway from March.

8.6 Pacific Pipeline project

A range of pieces of work have been developed under the Pacific Pipeline. A collaborative project involving the Pacific Health gains teams, APRHS and Auckland DHB Communications team about communicating urgent public health issues with Pacific peoples and communities in Auckland is now complete under the Pipeline. A draft report including the key findings and recommendations is being finalised.

9. Asian, Migrant and Former Refugee Health Gain

9.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and former refugee populations

We are developing a new Asian, migrant, former refugee and current asylum seeker health plan 2020-2023 to be tabled to the Alliance Leadership Team (ALT) in March.

9.2 Increase access and utilisation to Health Services

Indicators:

- Increase by 2% the proportion of Asians who enrol with a Primary Health Organisation (PHO) to meet 73% (Auckland DHB) by 30 June, 2020
- 80% of eligible Asian women will have completed a cervical sample by 2020

The Asian PHO enrolment rate for Quarter 2 2019/20 was 71% (Auckland DHB). The Asian cervical screening rates was 50% Quarter 2 2019/20. It is noted that Asian women have the lowest rates of cervical cancer of any ethnic group, therefore the focus of cervical screening work overall is on improving participation for Māori and Pacific women.

Census 2018 has now been reported (Census Usually Resident, CUR), showing that is the Asian population is the 3rd largest major ethnic group in New Zealand, making up 15% of the New Zealand population (707,598), which almost doubled in size since 2001. The Asian population was made-up of 28% of the total population across the region and for Auckland 34% (150,252).The top three Asian

ethnic subgroups in Auckland DHB are Chinese (58,926), Indian (50,505) and Filipino (9,597). Over 70% of new migrants (less than 5 years) are choosing to settle in the Auckland DHB catchment.

The two ethnic groups which experienced the greatest population growth for Asian & Middle Eastern Latin American and African (MELAA) communities in the district. The MELAA populations was made up of 1.5% of the total population (70,332) in New Zealand, and were the fastest growing ethnic groups increasing by 35.1%. In the metro Auckland region, MELAA constitutes 2.2% of the total population. In Auckland, Latin American (5,763) communities are the largest ethnic group within the MELAA category (14,454) as compared to Middle Eastern (5,511) and African (3,255).

A suite of targeted efforts are planned in 2020 to increase awareness to new migrants particularly from Filipino and Latin American communities in response to Census 2018 information. We will leverage off Asian partner platforms such as WeChat to promote health information including role of a family doctor/general practitioner (GP); refreshing the New Zealand Health & Disability System videos to add in subtitles for: English, Arabic, Farsi, Korean, Japanese, Spanish, Portuguese, and Burmese; and developing online New Zealand Health & Disability System materials for Rohingya, Cambodian, Farsi, Urdu, Tamil, Somali, Amharic, Tigrinya, Swahili, and Punjabi. Communities settling and resettling in metro Auckland DHBs are increasing for the languages aforementioned.

We are planning a regional effort to promote uptake of the influenza vaccination to Asians over 65 years.

9.3 Indicator: Increase opportunities for participation of eligible former refugees enrolled in participating general practices as part of the *'Improving access to general practice services for former refugees and current asylum seekers' agreement'* (formerly known as Former Refugee Primary Care Wrap Around Service funding)

We are engaging with Chinese NGOs and the Asylum Seekers Service Trust to discuss approaches to support increasing numbers of Chinese asylum seekers living in the Auckland district who are claiming refugee status.

We are continuing to work closely with Ministry of Business Innovation and Enterprise on the national Quota Refugee Health Service Model roll out to primary care.

10. Hospitals

10.1 Cancer target

Auckland DHB has maintained compliance with the Faster Cancer Treatment (FCT) 62 day indicator having achieved 95.9% for the rolling six month period July – October 2019 and the Northern region rate for the same period is 90.1%. Auckland DHB service has implemented additional evening shifts and the outsourcing of Radiotherapy to the private provider will cease at the end of February 2020.

10.2 Auckland DHB Planned Care Initiative (formerly Elective Surgical Health Target)

At the end of November 2019 Auckland DHB is achieving 95% of planned elective surgical discharges and this is consistent with prior months. Work continues within the provider to improve use of Greenlane Clinical Centre operating rooms and this is expected to improve throughput, however on-going industrial action and other capacity limitations will continue to impact on the ability to achieve the expected volumes.

10.3 Elective Services Performance Indicators (ESPI) Compliance

The ESPI compliance position for both outpatient assessment (ESPI 2) and surgical and treatment services (ESPI 5) is unchanged with Auckland DHB being non-compliant with national expectations. Auckland DHB clinical services established plans to improve waiting times early in the 2019/20 financial year and are generally tracking ahead of these plans with the exception of three services: Adult spinal services, Adult and Paediatric Electrophysiology (Cardiology) and Paediatric Orthopaedic services. These services are working to establish options to improve the current and forecast position.

10.4 Orthopaedics

For the December YTD period, the ADHB provider is doing 10% more elective adult Orthopaedic discharges compared with the same period last year, and the number of patients being outsourced during the same period is the same as last year. However, the service is not currently delivering to the level of the 2019/20 discharge plan with a 107 discharge shortfall at the end of November.

10.5 2019/20 Auckland DHB provider performance

There has been an increase in acute demand compared to last year with 6.3% more acute WIES in the period to December 2019, and this is 4.1% more than planned. There has been a higher than usual number of long length of stay, high cost outlier discharges in the six months to December than in previous years and it is too early to say whether this is a new trend or a one off variation.

10.6 Cardiac service demand

The electrophysiology (EP) regional waiting list continues to increase as a result of increased demand over the last 12-18 months and reduced internal capacity due to workforce constraints. The service is currently completing an options analysis and this will be presented to the Auckland Executive Leadership team and the Regional Executive forums for a decision regarding the preferred option.

10.7 Ophthalmology service demand

The regional work plan has been suspended pending the recruitment and appointment of a full time project manager, to be hosted by the Northern Region Alliance (NRA). The service is experiencing increased acute presentations and higher increased acute demand from CMDHB in response to local capacity constraints at that DHB. Local CMDHB strategies to respond to local demand and capacity issues, is impacting on the availability of ADHB workforce for local ADHB initiatives.

10.8 Policy Priority areas

Colonoscopy Indicators

In November, Auckland DHB met the waiting time indicator for urgent colonoscopy (100% against target of 90%) however we have been unable to consistently achieve the expected waiting times for surveillance colonoscopy 60.8% against a target of 70%) and 49.7% against target of 70%, for routine symptomatic colonoscopy. The DHB needs to achieve a sustainable position of compliance with national indicators before implementing the Bowel Screening Programme and work is underway to establish the options to resolve the current shortfalls in production.

Radiology Indicators

Auckland DHB performance has deteriorated in both outpatient Computed Tomography (CT) (81.3%) and Magnetic Resonance Imaging (MRI) indicators (44.9%) as a result of on-going workforce constraints and the additional impact of industrial action. Work is underway to look at alternative capacity models.

10.9 National Services

In September 2019, the MOH confirmed they had accepted the ADHB proposal to develop a national service for Peptide Receptor Radionuclide therapy (PRRT) for specific patients with neuroendocrine tumours. For the interim period until the service is established, MOH has agreed to fund a limited number of patients requiring urgent PRRT to access this in Melbourne, Australia. ADHB has developed processes in partnership with the MOH, to facilitate access for these patients regardless of DHB of domicile on an interim basis, pending the development and implementation of a national service at ADHB.

2019 Novel Coronavirus (COVID-19) Regional Response

Recommendation

That the Board:

1. **Notes that as of 21 February 2020 there are no current outbreaks of 2019 Novel Coronavirus in New Zealand, however the likelihood of an imported case in New Zealand is high with low to moderate risk of a widespread outbreak.**
2. **Notes the regional response to the current outbreak overseas.**

Prepared by: Rachel Lorimer (Director of Communications and Stakeholder Engagement)
Endorsed by: Ailsa Claire (Chief Executive)

Glossary

COPD	Chronic Obstructive Pulmonary Disease
CoV	Coronavirus
COVID-19	2019 Novel Coronavirus
DHB	District Health Board
FAQ	Frequently Asked Questions
IMT	Incident Management Team
nCoV	Novel Coronavirus
NGO	Non-Government Organisation
NRHCC	Northern Regional Health Coordination Centre
PHEIC	Public Health Emergency of International Concern
PPE	Personal Protective Equipment
SARS-CoV	Severe Acute Respiratory Syndrome Coronavirus
WHO	World Health Organisation

1. Executive Summary

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as the Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

As at 21 February 2020, there are now more than 75,000 confirmed cases of COVID-19 across 25 countries, and just over 2,000 confirmed deaths. As a comparison, in the SARS-CoV outbreak in 2002-2003, there were 774 confirmed global deaths. The World Health Organisation (WHO) has formally declared that COVID-19 is a Public Health Emergency of International Concern (PHEIC) and has advised countries like New Zealand to expect imported cases.

In response to the current outbreak of COVID-19 overseas, the New Zealand Government has activated the National Pandemic Plan. Auckland DHB has in place an Incident Management Team (IMT), which is working closely with the Northern Regional Health Coordination Centre (NRHCC), Primary Care, St John and other key stakeholders. The NRHCC has assessed the likelihood of one or more imported cases in New Zealand to be high, based on the close transport links that New Zealand has with China, and is coordinating a whole of system response for public hospitals, primary care, aged residential care facilities and welfare.

The Auckland Regional Public Health Service IMT is providing management of the public health response for the region, including supporting the border (Auckland Airport). Support has also been provided to the Ministry of Health and the Ministry of Foreign Affairs and Trade in regards to the provision of coordinated repatriation of New Zealand citizens and residents from Wuhan, China, and the provision of infection prevention control advice and personal protection equipment for the crew and passengers of the chartered Air New Zealand flight.

Consideration of on-going resourcing needs will be required, noting the costs that are currently being incurred by ARPHS and Auckland DHB, and the additional pressure placed on staff.

2. Regional Response

In late January, the Northland, Waitematā, Auckland, and Counties Manukau DHBs activated the Northern Region Health Coordination Centre (NRHCC). Located at Auckland City Hospital, the NRHCC brings together expertise from the four DHBs, Auckland Regional Public Health Service (ARPHS), the Northland DHB Public Health Unit, Primary Care, Auckland Council Emergency Response (welfare) and St John. Each of the four Northern Region DHBs has a local Incident Management Team which is represented on the NRHCC.

The objectives of the NRHCC are to: support the ARPHS-led public health response; ensure operational preparedness for the expected management of cases in DHB facilities; and manage communications with health and community care providers and our Northern Region communities. It works closely with the National Health Coordination Centre (NHCC), the Office of the Minister of Health, the Auckland PHOs, Homecare Medical, Aged Residential Care providers, NGOs, Police, and other health and social sector agencies.

The likelihood of an imported case in New Zealand is high, however the likelihood of a widespread outbreak is low–moderate. As at 18 February 2020 there are no confirmed cases of COVID-19 in New Zealand. Internationally the outbreak has remained largely geographically contained. As at 18 February, 99% of the 73,332 cases are in mainland China. There have been 1,873 deaths.

Symptoms of COVID-19 are similar to a range of other illnesses such as influenza and include fever, coughing and difficulty breathing. The majority of infected people have mild symptoms, with the illness leading to a serious or critical condition in approximately 20% of those infected. The latest science indicates that, similar to influenza, the illness is spread by droplets – coughing and sneezing, close personal contact with infected people, and touching surfaces where there are viral droplets.

The response to COVID-19 is complicated by the novel nature of the disease, which necessitates the development of new clinical pathways and protocols and frequent updates as the international situation develops. The NRHCC has set up a Technical Advisory Group chaired by Dr Sally Roberts to lead this work. Information has been produced for the management of suspected and confirmed cases in the community and on DHB sites.

Regular teleconferences and updates are being provided to primary care, aged residential care, and NGOs. ARPHS is providing ongoing advice to other organisations and workplaces. LabPLUS is one of three laboratories nationally providing a COVID-19 diagnostic test. Infection control protocols in our

hospitals, community and primary care are in place to safely care for any people with suspected or confirmed COVID-19, while protecting our staff, patients and whānau. A regional process has been established for the management of personal protective equipment (PPE) and training resources are being updated.

A significant public health response is underway at our borders, Auckland Airport and the Port. Passengers who become unwell during a flight are managed through our usual ill traveller protocols, where public health officials are notified by the pilot before the plane lands and then take appropriate measures.

In response to COVID-19, additional public health measures have been implemented. ARPHS has public health nurses at Customs from 4am until after midnight the following day, meeting flights and providing advice or health assessment if required to any passengers who have travelled from China in the past 14 days. People with this travel history who are asymptomatic register with Healthline and go into self-isolation. As at 17 February, 537 people in the Auckland DHB catchment area had registered.

The NRHCC has provided significant support for the repatriation flight of 157 New Zealanders from Wuhan and their quarantine at the Whangaparāoa Reception Centre, including clinical expertise and logistical support (individuals now cleared and released after the 14-day quarantine period). On-going support is in place for those New Zealanders repatriated from the Diamond Princess (cruise ship docked in Japan) who are now in quarantine at the Whangaparāoa Reception Centre. As with the first group, there will be regular testing and monitoring of these people during their time in the camp.

A core work stream of the NRHCC is engagement with our Chinese communities. Drawing on the expertise of our Asian, Migrant and former Refugee leads across the DHBs, and with input from organisations like the Auckland Chinese Medical Association, resources have been developed specifically for Chinese communities. As at 17 February, this includes a general guide and culturally appropriate FAQs, used on flyers, posters, and in videos. Information is being produced in Mandarin, Cantonese, Simplified Chinese and English.

On-going scenario planning is underway for the resourcing implications to continuing border response (Keep it Out) and then the management of any confirmed cases including the associated contract tracing (Stamp it Out). The Northern Region DHBs continue to work on aligning and updating resources and processes via the NRHCC. The NRHCC has created a platform for ongoing shared work.

The situation continues to develop and will required a sustained regional effort. There is a team of experienced practitioners from across the region who can respond in an emergency. The four Chief Executives are considering the on-going resourcing needs, noting the resource operations required into the medium term while the COVID-19 situation evolves, the costs that are currently being incurred (i.e. FTE, PPE, support and advice to external organisations), and the additional pressure placed on staff.

System Level Measures – Quarter 2 Report

Recommendation:

That the Board note the Quarter two[1] results for the third SLM Improvement Plan.

6.3

Prepared by: Wendy Bennett (Planning & Health Intelligence Manager – Auckland and Waitematā DHBs)
Endorsed by: Dr Karen Bartholomew (Director Health Outcomes – Auckland and Waitematā DHBs) and Tim Wood (Acting Director of Funding – Auckland and Waitematā DHBs)

Glossary

ACP	-	Advance Care Plan
ALT	-	Alliance Leadership Team
ARPHS	-	Auckland Regional Public Health Service
ASH	-	Ambulatory sensitive hospitalisations
CEO	-	Chief Executive Officer
CVD	-	Cardiovascular disease
DHB	-	District Health Board
ED	-	Emergency Department
HT	-	Health Target
HQSC	-	Health Quality and Safety Commission
PES	-	Patient Experience survey
PHC	-	Primary health care
PHO	-	Primary Health Organisation
POAC	-	Primary Options for Acute Care
SLM	-	System level measure
WCTO	-	Well Child/Tamariki Ora

1. Strategic Alignment

Community, whānau and patient centred model of care	Our commitment to improvement against the System Level Measures (SLMs) demonstrates our dedication to our communities, patients and families to work to continually improve the quality of care we deliver and enhance the experience of our patients in their interactions with health care providers.
Emphasis and investment on both treatment and keeping people healthy	System Level Measures focus us to make improvements across the whole system. Activities focused on both treatment and keeping people healthy are identified within the 2019/20 System Level Measures Improvement Plan.
Intelligence and insight	The SLM programme of work is focused on using evidence-based solutions to effect change across the

[1] Latest available data currently

	**Evidence informed decision making and practice**	system and monitoring for that change to help us understand how our activities contribute to our overarching goals.
	**Operational and financial sustainability**	Taking a whole of system approach also focuses us on how we work together to achieve not only better outcomes for our patients and communities, but also how we achieve that sustainably, effectively and efficiently.

2. Introduction

The System Level Measures (SLMs) Framework was developed by the Ministry of Health with the aim of improving health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures. This provides a framework for continuous quality improvement and system integration.

System Level Measures are set nationally and designed to be outcomes focused, requiring all of the health system to work together to achieve. They are focused primarily on children, youth and those parts of the population who experience poorer health outcomes than others. DHBs are able to choose from a suite of 'contributory' measures or devise their own – which they have identified as having the biggest impact on achievement of each system level measure. These in turn are connected to local clinically led quality improvement activities.

System Level Measures recognises that good health outcomes require health system partners to work together. Therefore the district alliances are responsible for implementing SLMs in their districts.

The Counties Manukau Health and Auckland Waitematā Alliance Leadership Teams (the Alliances) have jointly developed the 2019/20 System Level Measures Improvement Plan and are firmly committed to achieving the SLM milestones over the medium to longer term. This year's plan is a consolidation of the 2018/19 plan. Some activities have been removed as they have been successfully achieved or where they have been found to be impractical or not easily measurable. The focus is on areas where there is the greatest need and, where possible, robust data can be used for quality improvement. New contributory measures have been added where data collection processes have been developed in response to identified clinical priorities.

The steering group continues to meet in order to further develop key actions (particularly at a local level), monitor data, and guide the ongoing development of the SLMs. Steering group membership includes senior clinicians and leaders from the seven PHOs and the three DHBs. The steering group is accountable to the two Alliance Leadership Teams (ALTs) and provides oversight of the overall process. PHO Implementation Groups also meet to support and enable implementation of SLM improvement activities.

This paper provides quarter two results on the current (fourth) improvement plan: 2019/20. The six System Level Measures are:

1. Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0 – 4 year olds
2. Acute hospital bed days per capita
3. Patient experience of care
4. Amenable mortality rates
5. Babies living in smokefree households at six weeks

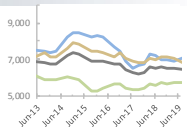
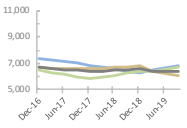
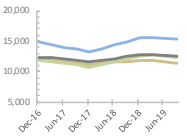
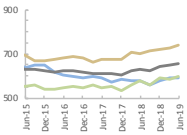
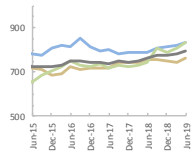
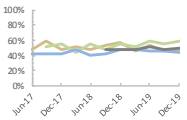
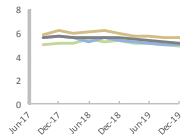
6. Youth are healthy, safe and supported.

For each SLM, there is an improvement milestone to be achieved in 2019/20. The milestone must be a number that improves performance from the district baseline, reduces variation to achieve equity, or for the developmental SLMs, improves data quality. In 2019/20, the Auckland Metro Region has continued focusing on cross–system activities which have application to multiple milestones. Activities with a prevention focus may show collective impact across the life course over time. It seems pragmatic for each milestone to benefit equally from activities which add value in multiple areas. The work is the foundation for quality improvement activities, and illustrates enabling activities such as building relationships, providing support and education, and creating and maintaining essential data management processes.

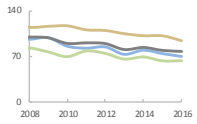
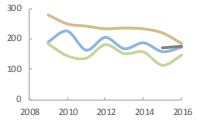
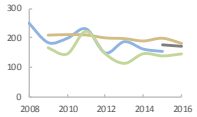
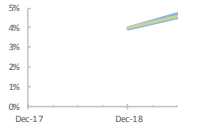
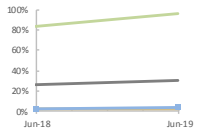
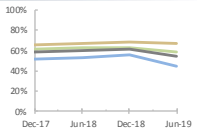
This plan reflects a strong commitment to the acceleration of Māori and Pacific health gain and the elimination of inequity for Māori and Pacific peoples. In planning, each contributor has been tasked with considering the role of equity for their particular measures, and providing measures and activities that promote improvement for those with the poorest health outcomes.

This report includes the most up-to-date data available at quarter two for each DHB for both the SLMs and contributory measures. It also outlines progress against the improvement activities identified in for each SLM in the SLM Improvement Plan.

Scorecard – Part 1

		DHB / Region	Target		Performance: Actual	Data Period	Trend
1. Ambulatory Sensitive Hospitalisations: 0-4 Year-Olds							
Measure:	Rate per 100,000 domiciled 0-4 year-olds - Total Population	Auckland	6,756 (max.)		**7,113**	12-monthly	
		Counties Manukau	6,917		**6,737**	to	
Target 2019/20:	3% reduction	Waitemata	5,472		**5,745**	Sep-19	
		Metro Auckland	6,343		**6,472**		
Measure:	Rate per 100,000 domiciled 0-4 year-olds - Maori	Auckland	6,096 (max.)		**6,826**	12-monthly	
		Counties Manukau	6,602		**6,053**	to	
Target 2019/20:	3% reduction	Waitemata	6,181		**6,758**	Sep-19	
		Metro Auckland	6,365		**6,435**		
Measure:	Rate per 100,000 domiciled 0-4 year-olds - Pacific	Auckland	15,079 (max.)		**15,286**	12-monthly	
		Counties Manukau	11,491		**11,426**	to	
Target 2019/20:	3% reduction	Waitemata	12,044		**12,236**	Sep-19	
		Metro Auckland	12,405		**12,456**		
2. Acute Hospital Bed Days							
Measure:	Age-standardised rate per 1,000 domiciled population - Maori	Auckland	559 (max.)		**592**	12-monthly	
		Counties Manukau	699		**739**	to	
Target 2019/20:	3% reduction	Waitemata	576		**599**	Jun-19	
		Metro Auckland	622		**655**		
Measure:	Age-standardised rate per 1,000 domiciled population - Pacific	Auckland	791 (max.)		**832**	12-monthly	
		Counties Manukau	731		**764**	to	
Target 2019/20:	3% reduction	Waitemata	767		**834**	Jun-19	
		Metro Auckland	751		**793**		
3. Patient Experience of Care							
Measure:	DHB Adult Inpatient Experience Survey: medication side effects question answered "yes completely"	Auckland	55%		**47%**	Quarterly	
		Counties Manukau	53%		**59%**	to	
		Waitemata	49%		**45%**	Dec-19	
Target 2019/20:	5% improvement	Metro Auckland	51%		**49%**		
Target 2019/20:	Primary Care Survey - time to get GP appointment	Auckland	6.70		**5.70**	Quarterly	
		Counties Manukau	5.90		**4.90**	to	
	Weighted response: 10 = same	Waitemata	6.00		**5.00**	Dec-19	
Target 2019/20:	10% improvement	Metro Auckland	6.20		**5.20**		

Scorecard – Part 2

		DHB / Region	Target	Performance: Actual	Performance: Data Period	Trend
4. Amenable Mortality						
Measure:	Age-standardised rate per 100,000 domiciled 0-74 year-olds.	Auckland	70.4 (max.)	**69.6**	12 monthly to Dec-16	
		Counties Manukau	99.2	**93.7**		
Target 2019/20:	6% reduction by 2021	Waitemata	62.1	**63.3**		
		Metro Auckland	75.4	**77.4**		
Measure:	Age-standardised rate per 100,000 domiciled 0-74 year-olds - Maori	Auckland	154.8 (max.)	**173.0**	12 monthly to Dec-16	
		Counties Manukau	215.2	**184.6**		
Target 2019/20:	2% reduction by June 2020	Waitemata	110.8	**146.8**		
		Metro Auckland	167.2	**175.6**		
Measure:	Age-standardised rate per 100,000 domiciled 0-74 year-olds - Pacific	Auckland	159.3 (max.)	**154.9**	12 monthly to Dec-16	
		Counties Manukau	195.2	**181.7**		
Target 2019/20:	2% reduction by June 2020	Waitemata	136.8	**146.4**		
		Metro Auckland	173.5	**172.1**		
5. Youth Health						
Measure:	Chlamydia testing coverage for 15-24 year-old males.	Auckland	6%	**4.7%**	12 monthly to Jun-19	
		Counties Manukau	6%	**4.5%**		
Target 2019/20:	6% coverage rate by June 2020	Waitemata	6%	**4.6%**		
		Metro Auckland	6%	**4.6%**		
Measure:	Alcohol-related ED presentations	Auckland	10% (max.)	**2.8%**	12 monthly to Jun-19	
		Counties Manukau	10%	**4.3%**		
Target 2019/20:	Reduce 'unknown' alcohol related ED presentation status to less than 10%	Waitemata	10%	**96.5%**		
		Metro Auckland	10%	**30.3%**		
6. Babies Living in Smokefree Households						
Measure:	Proportion of babies living in smokefree homes at 6 weeks postnatal	Auckland	68%	**66%**	12 monthly to Jun-19	
		Counties Manukau	54%	**45%**		
Target 2019/20:	2% increase on baseline	Waitemata	63%	**57%**		
		Metro Auckland	61%	**55%**		

Legend

- Target met / on track
- Improvement needed
- Significant improvement needed
- Data or target unavailable

- Metro Auckland Region
- Auckland DHB
- Counties Manukau DHB
- Waitematā DHB

Overall Progress Report

Overarching activities for Q2:

- Implementation of the 2019/20 SLM Improvement Plan is on-going and has become business as usual for many of the stakeholders involved.
- Q2 reporting approved by the Ministry
- Reporting is released quarterly or more frequently where available to PHOs via Citrix Sharefile or from Healthsafe, which allows safe and secure sharing of confidential information.
- The 2020/21 SLM Improvement Plan is being developed.

3. System Level Measures Report

Keeping children out of hospital

ASH rates per 100,000 for 0–4 year olds

Improvement Milestone: 3% reduction (on Dec-18 baseline) (by ethnicity) by 30 June 2020

	Milestone Target			**Actual – 12 months to September 2019**		
	Auckland	Counties Manukau	Waitematā	Auckland	Counties Manukau	Waitematā
Total pop.	6,756	6,917	5,472	7,113	6,737	5,745
Māori	6,096	6,602	6,181	6,826	6,053	6,758
Pacific	15,079	11,491	12,044	15,286	11,426	12,236

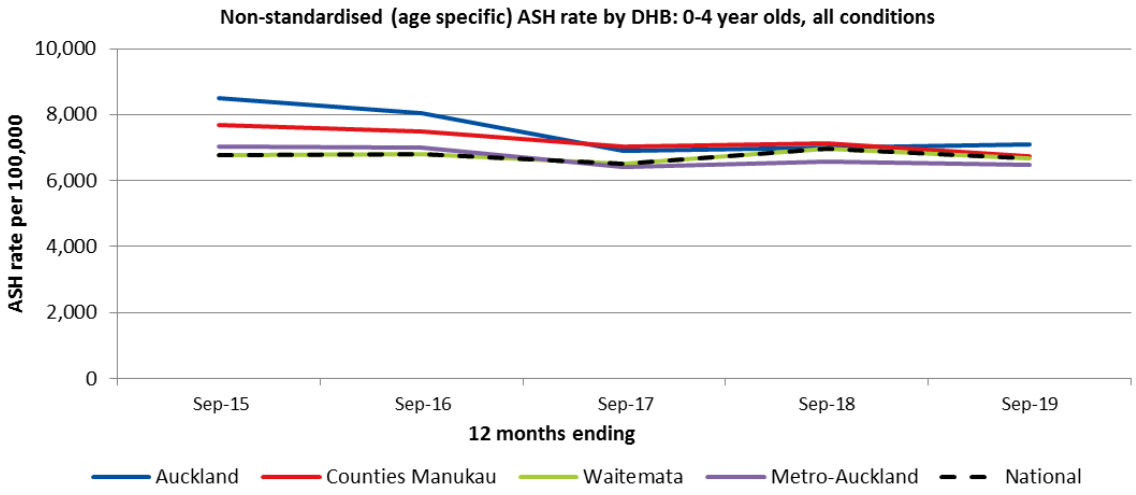
Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prevention or therapeutic interventions deliverable in a primary care setting.

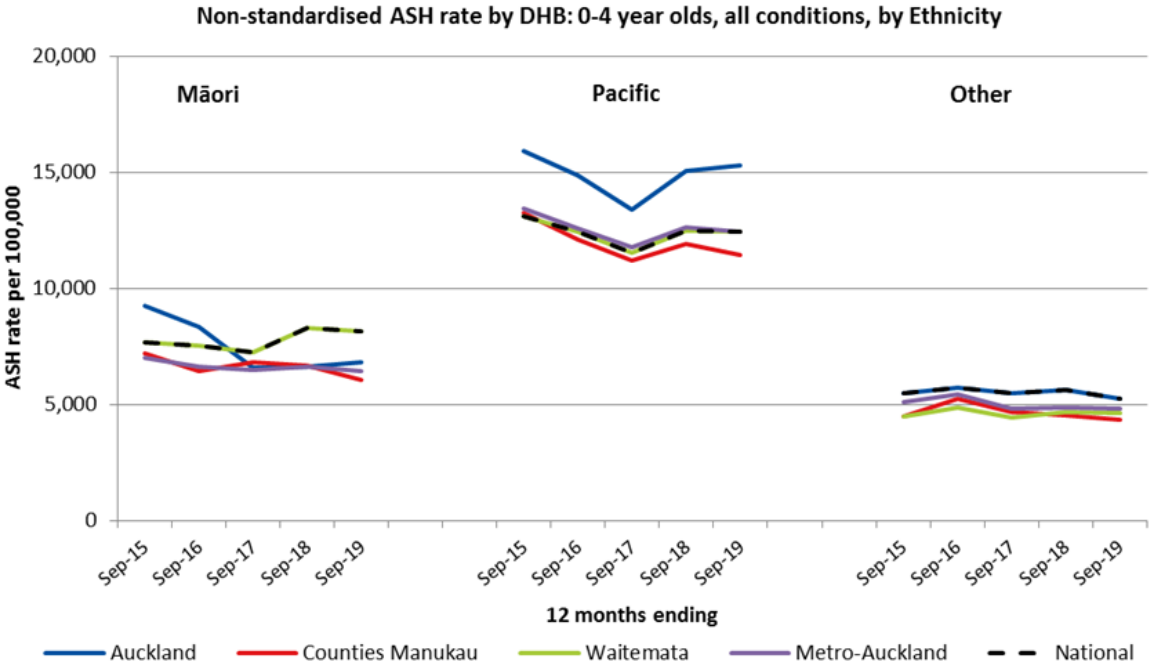
In New Zealand children, ASH accounts for approximately 30% of all acute and arranged medical and surgical discharges in that age group each year. However, determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure.

It has been suggested that admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and overall social determinants of health. This measure can also highlight variation between different population groups that will assist with DHB planning to reduce disparities.

In 2019/20, the overall improvement milestone and the milestone for both Māori and Pacific ASH rates are to achieve a reduction of 3% for 0-4 year olds by June 2020. Ethnic specific targets are important to ensure that interventions reduce, not worsen inequity. Metro Auckland's rate is 6,472 per 100,000 for the 12 months to September 2019 for the total population. This is a 1.0% decrease (improvement) on the results to December 2018 (baseline) of 6,538 per 100,000 population. At an ethnic-specific level, the Māori and Pacific rates also improved (by 1.9% and 2.6%) from baseline.





The higher rates for Auckland DHB Pacific children persist – non-standardised rates, particularly for asthma, respiratory infections, pneumonia, gastroenteritis/dehydration, dental conditions and cellulitis results far outweigh those for other ethnicities.

Using health resources effectively

Total acute hospital bed days

Improvement Milestone: 3% reduction (on Dec-18 baseline) for Māori and Pacific population by 30 June 2020 (standardised)

	Milestone Target			**Actual – 12 months to June 19 (latest available)**		
	Auckland	Counties Manukau	Waitematā	Auckland	Counties Manukau	Waitematā
Māori	575.9	720.4	594.2	592.3	739.1	599.3
Pacific	815.9	753.1	790.8	831.5	763.6	834.2

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by efficiencies at a facility level, effective management in primary care, better transition between the community and hospital settings, optimal discharge planning, development of community support services and good communication between healthcare providers. Good access to primary and community care and diagnostics services is part of this.

The measure is the rate calculated by dividing acute hospital bed days by the number of people in the New Zealand resident population. The acute hospital bed day's per capita rates will be illustrated using the number of bed days for acute hospital stays per 1000 population domiciled within a DHB with age standardisation.

Certain conditions are more likely to result in unplanned hospitalisation alongside other contributory factors such as the referral process to ED (self, provider variation, ambulance etc.). The social determinants of health are a key driver of acute demand.

The Auckland Metro age standardised acute bed day rate per thousand population was calculated as follows as at December 2018 with a target set to reduce the rate by:

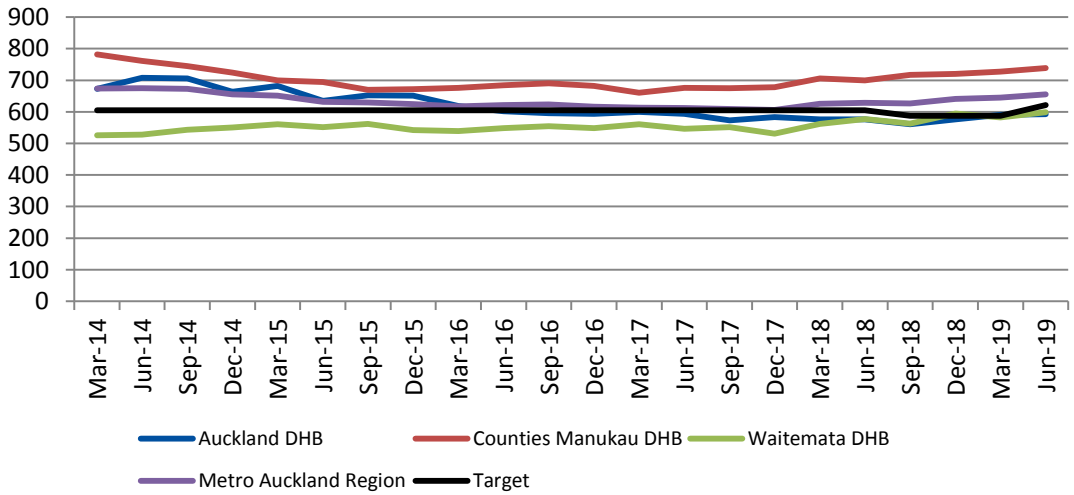
- 3% for the Māori population – baseline 640.9, target 621.7 standardised acute bed days/1000 by June 2020
- 3% for the Pacific population – baseline 774.1, target 750.9 standardised acute bed days/1000 by June 2020

It must be noted that the opening of new beds within the region will impact on this indicator.

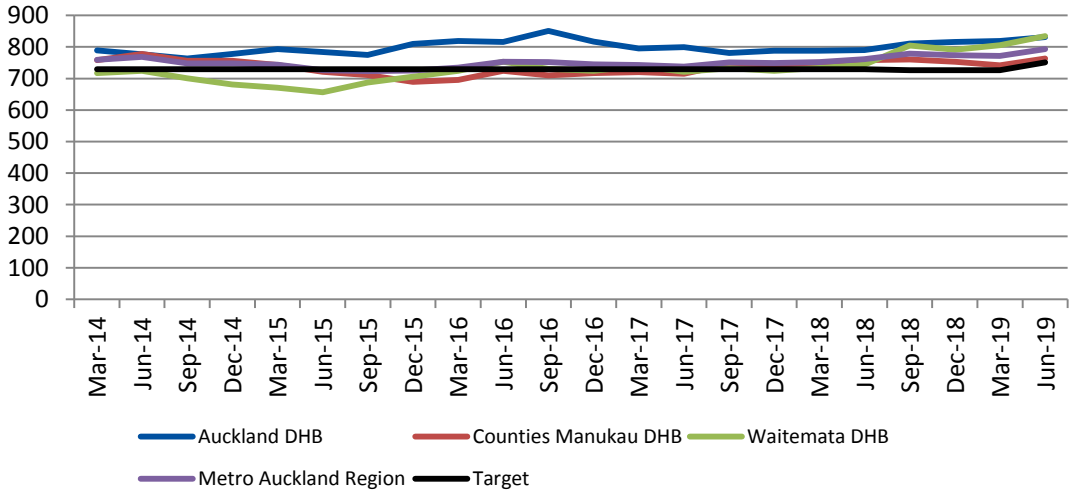
While overall standardised rates have been generally declining over time, metro-Auckland ethnic specific rates to June 2019 are underperforming against the December 2018 target at 655 standardised acute bed days/1000 for Māori and 793 for Pacific.

At a DHB level, both Auckland and Waitematā have rates better than target for Māori, with Counties Manukau some way from achievement. For Pacific, no DHBs met the target, and rates deteriorated for all three DHBs. Both Auckland and Waitematā rates are now well away from target.

Standardised Acute Bed Days per 1,000 Maori Population: 12 months ending



Standardised Acute Bed Days per 1,000 Pacific Population: 12 months ending



Patient Experience
'Person-centred care' or how people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Integration has not happened until people experience it. The intended outcome for this SLM is improved clinical outcomes for patients in primary and secondary care through enhanced patient safety and experience of care.

Hospital inpatient survey

The nationally applied DHB Adult Inpatient Survey has been conducted quarterly since 2014 and the SLM Improvement Plan continues to include a focus on the Adult Inpatient Experience Survey. This survey captures four measured domains - communications, partnership, coordination, and physical and emotional needs. The 2019/20 target is to achieve a 5% improvement on the inpatient survey question: 'Did a member of staff tell you about medication side effects to watch for when you went home?' by 30 June 2020.

Interventions take a multidisciplinary approach, focusing on culturally appropriate patient-centred information, co-design of patient experience initiatives with a focus on Māori and Pacific people, developing an integrated approach to feedback so patient stories can be heard outside of traditional survey collection mechanisms and developing a Māori Patient Experience plan endorsed by the Māori Health Equity Committee.

Learnings are to be shared with primary care through established networks and forums. There is also a focus on improving response rates, especially for Māori and Pacific, and monitoring this through regular reporting.

Waitematā DHB recently convened a Consumer Council to advise on DHB priorities, strategy, health literacy and patient experience. At Counties Manukau DHB, the Patient & Whānau Centred Care Consumer Council meets monthly. Auckland DHB established a Patient and Whānau Centred Care Board, with consumers and community partners, to lead and monitor the delivery of the participation and experience work programme.

Improvement milestone: 5% improvement on the inpatient survey question: 'Did a member of staff tell you about medication side effects to watch for when you went home?' by 30 June 2020.

Hospital Inpatient survey – percentage of respondents who answered 'yes, completely', to the inpatient survey question: 'Did a member of staff tell you about medication side effects to watch for when you went home?'

Targets				% of 'yes, completely' result for Q2 2019/20			
ADHB	**CMDHB**	**WDHB**	**Metro-Auckland**	**ADHB**	**CMDHB**	**WDHB**	**Metro-Auckland**
55.2%	52.5%	47.0%	51.4%	47.4%	58.8%	44.8%	49.4%

With the exception of Counties Manukau DHB, the improvement target was not achieved for this measure in Q2 2019/20. The Metro-Auckland results improved slightly against the CY2018 baseline (49.0%), the Waitematā DHB result did not change from baseline (44.8%), and Auckland DHB's performance is lower than the baseline (52.6%).

Primary health care patient experience survey (PHC PES)

Primary care survey: 10% relative improvement on PES question: 'When you ring to make an appointment how quickly do you usually get to see your current GP?' by 30 June 2020

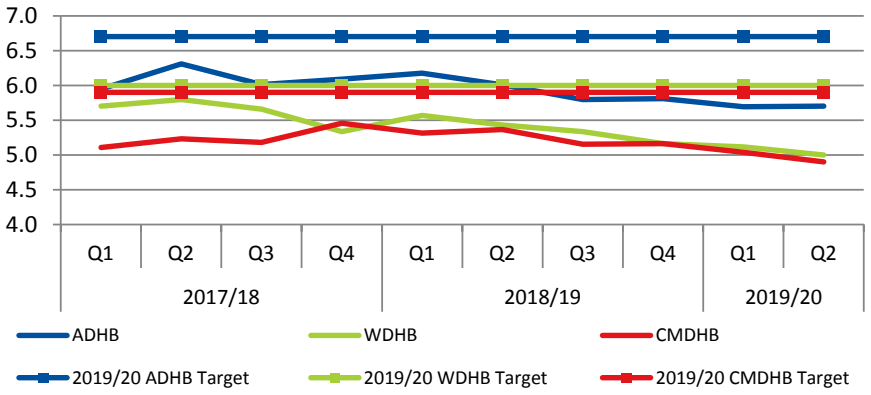
The PHC PES was implemented in practices over the 2017/18 year. Since then, practice participation has steadily increased. The focus this year has been on improving practice response to patient feedback.

Primary health care patient experience survey – percentage of respondents who answered 'same day' or 'next day', to the survey question: 'When you ring to make an appointment how quickly do you usually get to see your current GP?'

Targets (by practice location)				% of 'same day/next day' result for Q2 2019/20			
ADHB	CMDHB	WDHB	Metro-Auckland	ADHB	CMDHB	WDHB	Metro-Auckland
6.7	5.9	6.0	6.2	5.7	4.9	5.0	5.2

None of the three DHBs are meeting target in Q2 2019/20. While Auckland DHB's results are fairly stable, Waitematā and Counties Manukau DHB results are declining.

Percentage of PHC PES respondents who report being able to make an appointment to see their current GP on the same day or the next day (by DHB of practice)



Preventing and detecting disease early

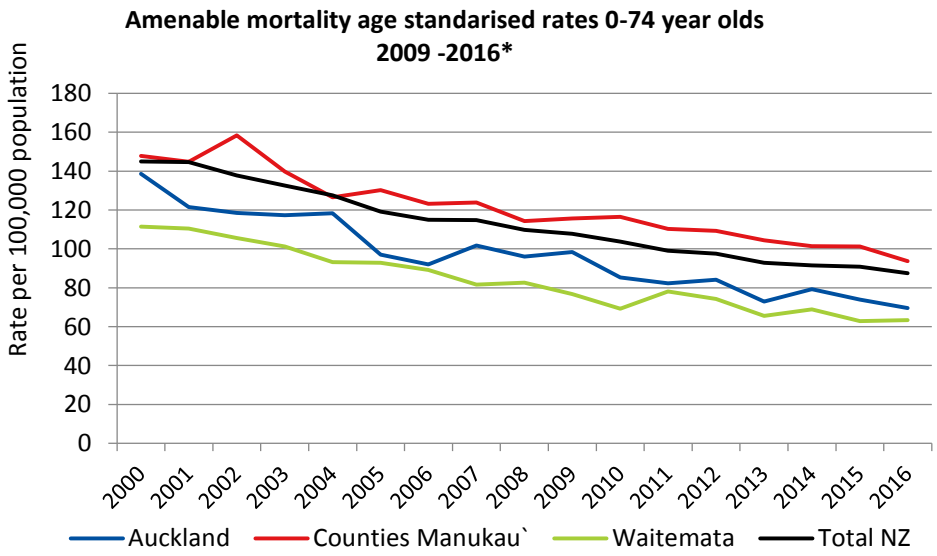
Amenable mortality

Improvement milestone 6% reduction for each DHB (on 2013 baseline) by 30 June 2021.
2% reduction for Māori and Pacific by 30 June 2020.

	Milestone Target			Actual – 2016 deaths (* draft data)		
	Auckland	Counties	Waitematā	Auckland	Counties Manukau	Waitematā
Total Pop	70.4	99.2	62.1	69.6	93.7	63.3
Māori	154.8	215.2	110.8	173.0	184.6	146.8
Pacific	159.3	195.2	136.8	154.9	181.7	146.4

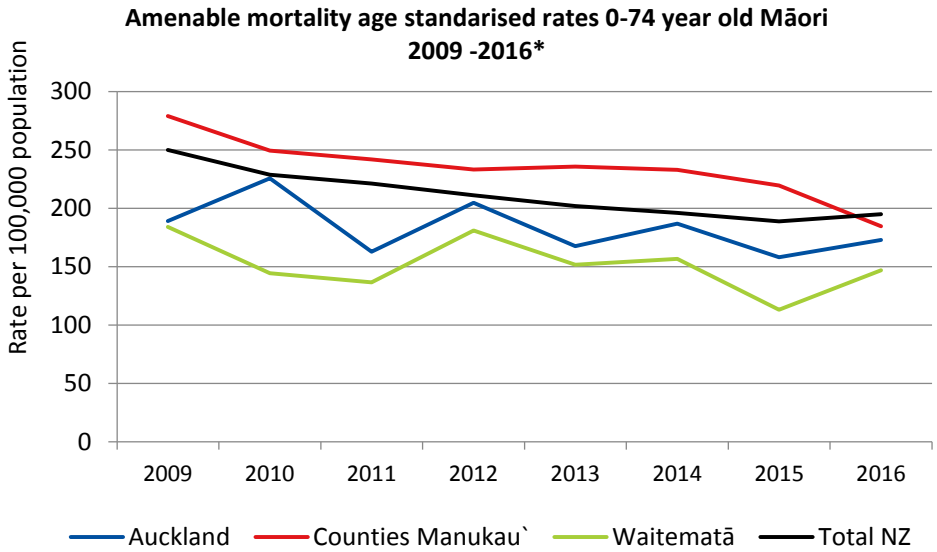
Amenable mortality is defined as premature deaths that could potentially be avoided given effective and timely care. That is, deaths from diseases for which effective health interventions exist that might prevent death before 75 years of age. This indicator considers all deaths for those aged 0-74, in the relevant year with an underlying cause of death included in the defined list of amenable causes. It takes several years for some coronial cases to return verdicts, therefore results for this

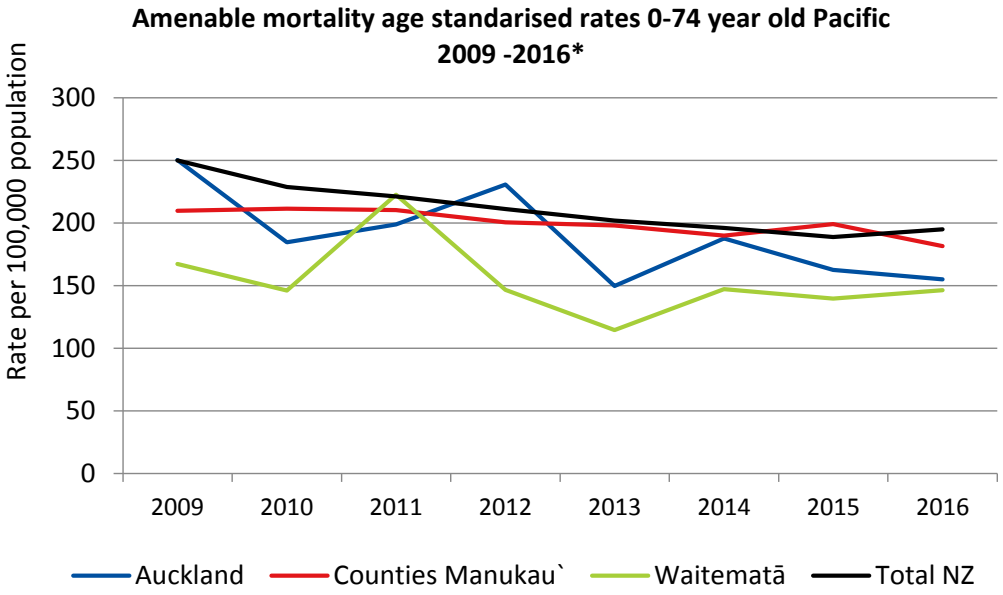
indicator are approximately 2-3 years delayed. 2016 mortality coded mortality data has been delayed, so we are unable to provide updated results currently.



Based on trends over time, all three Metro Auckland DHBs show consistently declining rates as illustrated in the graph above, despite some fluctuation. Comparing current (2016) rates with baseline (2015) rates, there is a 2% decline in rates for metro-Auckland, or 1% when comparing the 5 year rates. Given that there will always be some annual fluctuation and that the target extends to 2021, we should be on track to meet the 6% reduction by 2021.

While rates for Māori are also declining, the sharp, consistent decline seen for overall rates is not evident. This is even more so for Pacific rates, however smaller numbers will mean greater year on year variation.




Amenable mortality age standarised rates 0-74 year old Pacific
2009 -2016*
Rate per 100,000 population
300
250
200
150
100
50
0
2009
2010
2011
2012
2013
2014
2015
2016
Auckland
Counties Manukau`
Waitematā
Total NZ

Youth access to and utilisation of youth-appropriate health services

Chlamydia testing coverage in 15-24 year old males

Improvement milestone: increase coverage of chlamydia testing for males to 6% for 15-24 year olds by June 2020.

Results for the 6 month period to June 2019: males only.

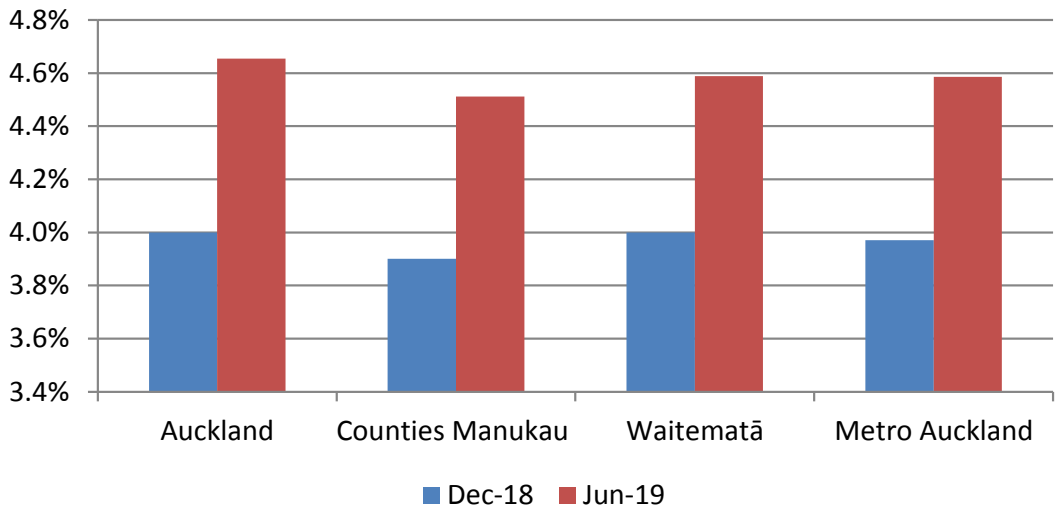
DHB	Ethnicity	No of people having chlamydia tests	Population	Chlamydia test rate (%)
Auckland	Māori	184	4,230	4.3
	Pacific	244	5,480	4.5
	Asian	256	16,480	1.6
	Other	1,344	17,380	7.7
Counties Manukau	Māori	454	8,700	5.2
	Pacific	553	11,500	4.8
	Asian	261	9,880	2.6
	Other	663	12,720	5.2
Waitematā	Māori	263	6,110	4.3
	Pacific	190	4,170	4.6
	Asian	161	9,270	1.7
	Other	1,387	24,060	5.8
Metro-Auckland	Māori	901	19,040	4.7
	Pacific	987	21,150	4.7
	Asian	678	35,630	1.9
	Other	3,394	54,160	6.3

* 6 with unknown gender excluded

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or risk factors. Research shows that youth whose healthcare needs are unmet can lead to increased risk of poor adult health and overall poor life outcomes.

The focus for 2019/20 has been on sexual and reproductive health – specifically on Chlamydia Screening for 15-24 year old males for whom testing coverage has been very low. Chlamydia is the most commonly reported sexually transmitted infection in Auckland, usually diagnosed in females aged 15-19 years and in males aged 20–24 years. However, in the context of SLMs, chlamydia screening is being used as a proxy for access to sexual health services.

Chlamydia test rate for males in the 6 months to Dec 18 and Jun 19 by DHB



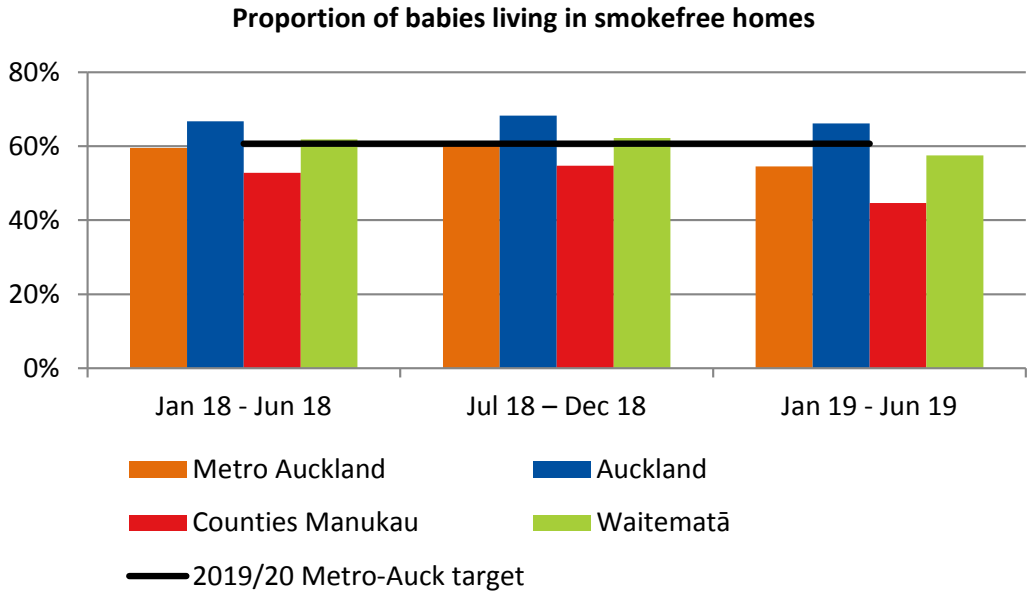
At a population level, screening coverage rates for men have improved when comparing the six months to December 2018 and the six months to June 2019. This will need further monitoring to understand if these rates continue to trend upwards. Overall, the target of 6% coverage for males is not being reached, despite the upward trend.

Healthy start

Proportion of babies who live in a smoke-free household at six weeks post-natal

Improvement milestone: Increase the proportion of babies living in smokefree homes by 2% (Jan 18 – Jun 18 baseline)

Reporting period	DHB of domicile			
	Metro-Auckland	Auckland	Counties Manukau	Waitematā
Jan 18 - Jun 18	59.5%	66.8%	52.8%	61.9%
Jul 18 – Dec 18	60.9%	68.3%	54.7%	62.2%
Jan 19 - Jun 19	54.6%	66.2%	44.7%	57.5%
2019/20 Targets	**60.7%**	**68.2%**	**53.9%**	**63.2%**



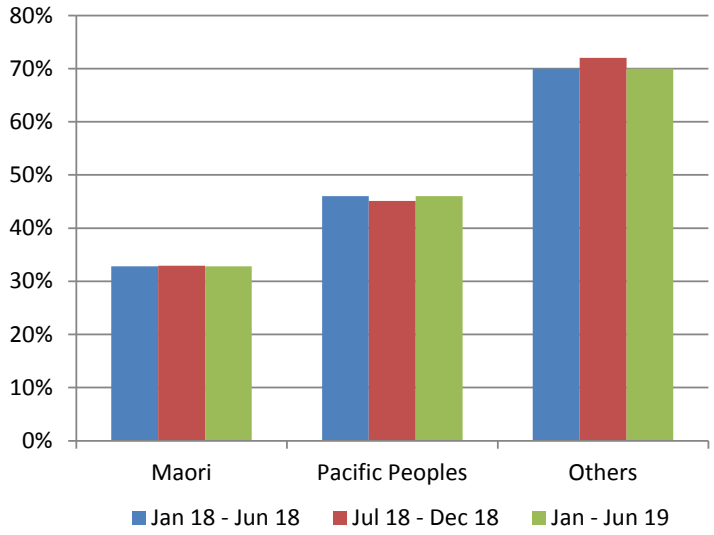
The release of this data from the Ministry of Health has been sporadic and until recently, the methodology for calculating the measure changed each time. It is therefore only possible to compare the results for the last three time periods. Results show that none of the metro-Auckland DHBs are reaching their individual targets and performance has declined since the last reporting period.

This measure aims to reduce the rate of infant exposure to cigarette smoke by focusing attention beyond maternal smoking to the home and family/whānau environment. It will also encourage an integrated approach between maternity, community and primary care. It emphasises the need to focus on the collective environment that an infant will be exposed to – from pregnancy to birth and the home environment within which they will initially be raised.

Data is sourced from Well Child Tamariki Ora providers and shows that around 58-66% of metro-Auckland babies live in a smokefree household at 6 weeks post-partum and that this has reduced between reporting periods.

Fewer Māori babies live in smokefree homes - 23% in Counties Manukau DHB, 37% in Waitematā DHB and 43% in Auckland DHB compared with other ethnicities. Rates for Pacific are also lower than other ethnicities. This correlates with rates of smoking in pregnancy, and general smoking, in Māori and Pacific populations.

Proportion of babies aged <56 days living in a smokefree household at six weeks post-natal: Metro-Auckland



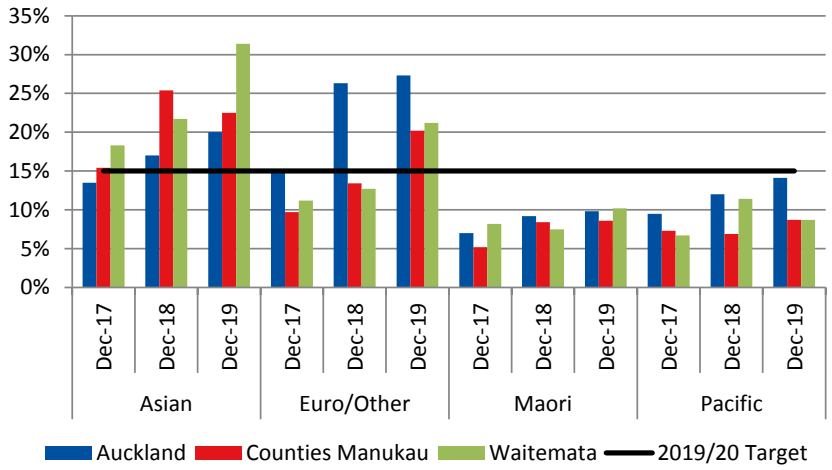
4. Improvement Activities and Contributory Measures

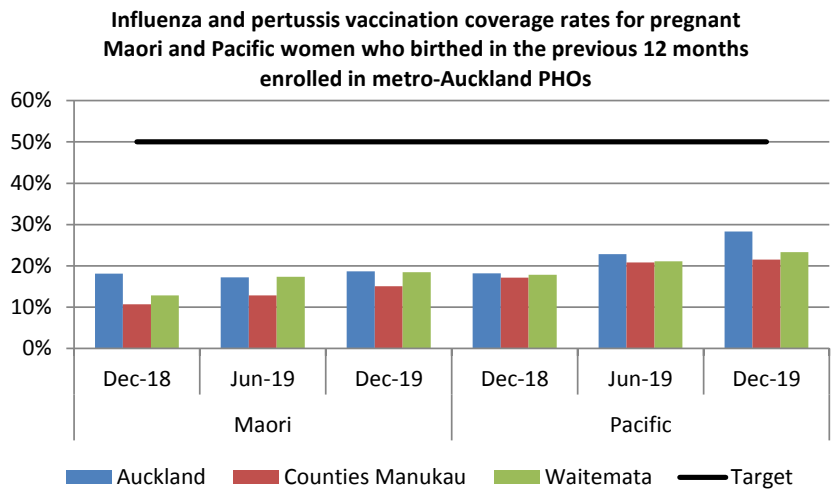
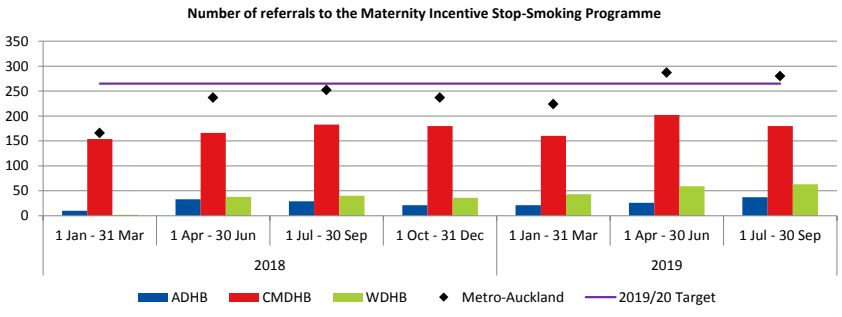
Improvement activities create change and contribute towards improved outcomes in the various SLM milestones. These activities are measured locally by contributory measures which support a continued focus in each area. Activities support the improvement of the system as a whole. For 2019/20, Auckland Metro region are focused on choosing activities which relate to multiple milestones where possible for best collective impact.

Respiratory Admissions in 0-4 year olds

SLM Milestones impacted: Ambulatory Sensitive Hospitalisation (ASH) Rates per 100,000 for 0 – 4 Year Olds
Amenable mortality
Babies in Smokefree Homes
Acute hospital bed days

Respiratory conditions are the largest contributor to ASH rates in Metro Auckland. Pertussis (whooping cough) and influenza are potentially very serious conditions in infants and young children, and can lead to further respiratory complications; both of these are vaccine preventable. Social factors like housing and smoking also contribute to poor respiratory health. We are working to increase referrals to healthy housing programmes and help more pregnant women quit smoking. eReferrals for smoking and healthy housing went live in early 2019, which will support a reduction in ASH admissions. We are working with healthAlliance to develop a process for matching e-referral data to PHO registers with a view to driving increased referrals from practices.

Indicator	Target	Results
Influenza vaccination rates for eligible Māori and Pacific children	15%	***Flu vaccination rates at December 2017, December 2018 and December 2019 for eligible children (those hospitalised with a respiratory condition)***  **Commentary** • Overall coverage has increased from 13.6% in December 2018 to 15.8% in December 2019. Coverage rates have consistently increased since monitoring and improvement activities began. • While a coverage rate of more than 15% has been achieved for the total population, rates for Māori and Pacific children continue to be much lower. • Auckland DHB domiciled individuals have the highest coverage at 20%. • No PHOs have reached the 15% target for their eligible Māori children, however, two have surpassed this target for their Pacific children. Implementation of the special immunisation programme had wide support by PHOs, although a national shortage of influenza vaccine may have adversely affected these results. The data matching process conducted by DHBs produced valuable lists for action supported by PHOs. Further integration of processes in practice PMS and workflow will likely see greater gains. Vaccination rates should improve – particularly for Māori and Pacific children – with integration into wider systems such as inpatient services – where the first vaccination is given in hospital, socialisation of the importance of flu vaccination for children can occur alongside more effective use of discharge summaries.

Indicator	Target	Results
Increase influenza and pertussis vaccine coverage rates for pregnant Māori and Pacific women	50%	 **Commentary** Combined antenatal influenza and pertussis vaccination rates have improved markedly over the last 12 months. Results for Māori have improved by around 40% for both Counties Manukau and Waitematā DHBs. Improvements for Pacific are also obvious. Despite this, coverage for both Māori and Pacific pregnant women is still well below the target of 50% and below that of 'Other' ethnicities. Antenatal vaccination coverage rates have improved markedly over time. Antenatal pertussis vaccination rates for Māori and Pacific were below 10% for all the metro-Auckland DHBs in 2016 and are now over 25%. Across 2018 and 2019 there has been a significant uplift across multiple ethnicities. To December 2019, the highest vaccination coverage rates (12 month period) are seen among women domiciled in Auckland DHB (59.6%), followed by Waitematā DHB (52.9%) and Counties Manukau DHB (41.5%). By ethnicity, Auckland and Waitematā DHBs have the best results for Māori at 32.7% and 33.5% respectively, with Counties Manukau at 21.4%. Maternal vaccination rates should continue to improve with the implementation of the recently developed Early Pregnancy Assessment Tool. This decision support tool supports this approach for vaccination, referral to smoking cessation, and referral to healthy housing. It has been successfully piloted to confirm usability and work flow in five practices in one PHO with positive feedback and is currently being implemented across multiple PHOs.
Increase referrals to maternal incentives smoking cessation programmes, for pregnant women	ADHB = 27 WDHB = 58 CMH = 180 = 265 per quarter	

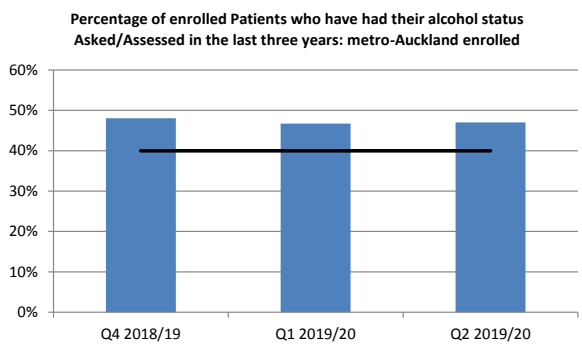
Indicator	Target	Results
		Commentary All three DHBs met their quarterly target in the quarter ended 30 September 2019, with referral numbers continuing to grow - overall a 69% increase since March 2018. A system whereby pregnant women are required to opt out of referral to smoking cessation was successfully trialled in one DHB and has been adopted by the other two and is being considered by PHOs. Implementation has been incomplete and will be further supported over the next year. Better integration with Maternity Services is also needed.

Alcohol Harm Reduction

SLM Milestones impacted: ***Youth access to and utilisation of youth-appropriate health services***
Acute bed days
Amenable mortality

Identifying and monitoring alcohol-related ED presentations will enable better understanding of alcohol harm and the populations and communities most affected. From July 2017, a mandatory data item was added to the National Non-admitted Patient Collection. In some DHBs, full implementation and reporting to the Ministry has taken some time to implement. The mandatory question is "Is alcohol associated with this event?" Possible answers are: yes, no, unknown and secondary (e.g. passenger in car driven by drunk driver, or victim of violence where alcohol is involved). It should be noted that the response recorded may be a subjective assessment by healthcare staff and not confirmed by alcohol testing. Data quality has been a significant issue, particularly for Waitematā DHB, with significant missing data in some areas. However, quality improvement work undertaken during 2018/19 resulted in the question becoming mandatory for Waitematā DHB Emergency Departments, therefore once 2019/20 data becomes available, results should show a significant improvement.

A regional approach to Alcohol ABC in primary care is in development. A SLM Implementation group specifically for Alcohol ABC has been established and will consider the resource required to offer practice support and quality improvement.

Indicator	Target	Results	Commentary
Percentage of ED presentations where alcohol involved	Baseline	2018/19 data quality at Waitematā DHB was insufficient to be able to baseline metro-Auckland results currently.	Data capture is now mandatory at Waitematā DHB resulting in improved quality for 2019/20 reporting.
Reduce 'unknown' alcohol related ED presentation status	<10%	Results (latest available) to June 2019 (DHB of service): Auckland DHB = 2.8% Counties Manukau DHB = 4.3% Waitematā = 96.5%	See above.
Percentage of the enrolled population aged over 14 years with alcohol status documented	40%		The data is only available from practices with Medtech PMS and represents 73% of the enrolled population aged over 14 years. We are working with PMS vendors to reduce the amount of missing data. A quality improvement approach across all DHBs is in development.

Smoking Cessation

SLM Milestones impacted: ***Ambulatory Sensitive Hospitalisation Rates per 100,000 for 0 – 4 Year Olds***
Acute bed days
Amenable mortality
Babies in smokefree homes

Tobacco smoking is a major public health problem in New Zealand. In addition to causing around 5,000 deaths each year, it is the leading cause of disparity, contributing to significant socioeconomic and ethnic inequalities in health. In 2011, the Government set a goal of reducing smoking prevalence and tobacco availability to minimal levels, essentially making New Zealand a smoke-free nation by 2025. In 2013, 15% of New Zealanders smoked tobacco every day. That rate was even higher among Māori (33%) and Pacific people (23%). Differences continue to be evident in the prevalence of smoking between the three ethnicity groupings of European/Other, Māori and Pacific.

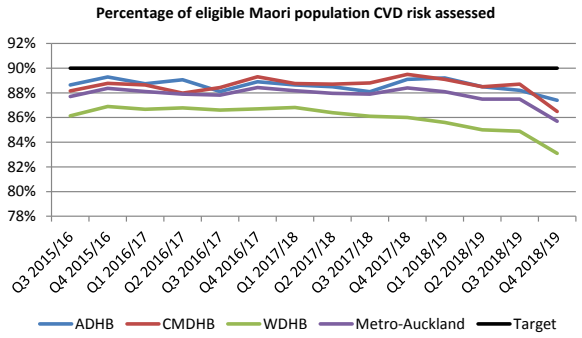
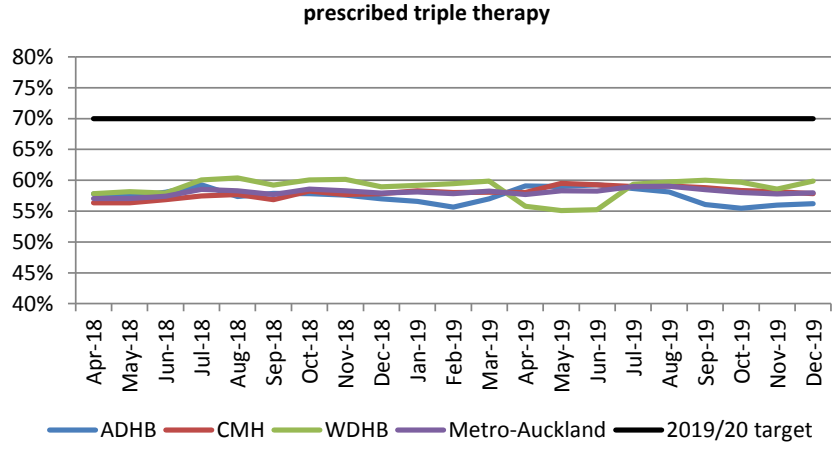
Indicator	Target	Commentary
Rate of referral to smoking cessation providers by PHO	6%	Referral rates have previously been measured using Read codes in the practice PMS. This has been found to be inaccurate – thus performance cannot be measured against the target set. A definition is being developed for an alternative performance indicator that measures referrals received by Ready Steady Quit and CMH Living Smokefree. However, these referral rates appear to be very low. PHOs are working to validate this data. Simpler electronic systems for referral have been implemented and the focus in the future will be on improving referral rates.
Rate of prescribing of smoking cessation medications by PHO	12%	Measuring prescribing rates using Read codes under reports primary care prescribing. Again, performance cannot be measured against the target set and a definition is being developed for an alternative performance indicator that measures prescriptions supplied, sourced from PHOs' PMS systems.

Cardiovascular Disease (CVD) Risk Assessment and Management

SLM Milestones impacted: ***Acute bed days***
Amenable mortality

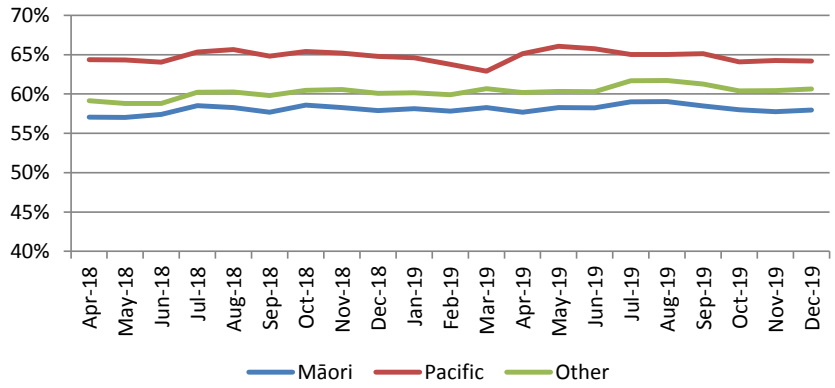
CVD is a major cause of premature death in New Zealand and contributes substantially to the escalating costs of healthcare. Modification of risk factors, through lifestyle and pharmaceutical interventions, has been shown to significantly reduce mortality and morbidity in people with diagnosed and undiagnosed CVD. Patients with established CVD (and those assessed to be at high CVD risk) are at very high risk of coronary, cerebral and peripheral vascular events and death, and should be the top priority for prevention efforts in clinical practice.

The burden of CVD falls disproportionately on Māori and Pacific populations, and there are well-documented inequities in CVD mortality, case fatality and incidence. Reducing these inequities is a high priority and can be achieved through increased use of evidence-based medical management of high-risk patients.

Indicator	Target	Results
CVD Risk Assessment rates for Māori	90%	 **Commentary** *Note: no updated data is available.* Results show performance is declining over time, particularly for Waitematā DHB. Various strategies have been tried by PHOs to engage with young Māori men to measure cardiovascular risk. Considerable resource has been required with minimal results. Many of these men do not engage with primary care. PHO led initiatives at work places and at social events have encountered barriers including: • Difficulty in obtaining blood results • No clear criteria for referral and follow-up for patients at different levels of clinical acuity • Lack of processes resulting in poor flow of data between systems including practice management systems, Testsafe and risk assessment tools • Patients being enrolled in different PHOs • Cost of running initiatives Extensive discussions on approaches and results have been had at both Implementation and Steering Group level with the resulting view that a nationally driven health promotion approach is more likely to result in success. The inequality between Māori and the rest of the population appears to have increased. The introduction of the new CVDRA algorithms following the 2018 consensus statement has likely contributed to lower CVDRA rates. The process for risk assessment was less clear. The number of people eligible for risk assessment was increased. Considerable work has been done by PHOs to implement the new risk assessment algorithms.
Increase prescribed triple therapy for those Māori with a prior CVD event.	70%	

<table>
<tr><th>Indicator</th><th>Target</th><th>Results</th></tr>
<tr><td></td><td></td><td>
Commentary
Note: there were some data quality issues between April-June 2019 which accounts for the dip in performance at this time

Results remain relatively static over time for Māori and remain worse than for other ethnic groups. All DHBs are below the 70% target, for all ethnicities.

Percentage of enrolled metro-Auckland patients with a prior CVD event prescribed triple therapy


See commentary above.
</td></tr>
<tr><td>Influenza vaccination rate for patients with a prior CVD event under 65 years of age</td><td>35%</td><td>
<table>
<tr><th></th><th>CY 2018</th><th>To June 2019*</th></tr>
<tr><td>Auckland</td><td>31.6%</td><td>30.6%</td></tr>
<tr><td>Counties Manukau</td><td>30.4%</td><td>29.4%</td></tr>
<tr><td>Waitematā</td><td>25.6%</td><td>26.3%</td></tr>
</table>
<table>
<tr><th>Metro Auckland</th><th></th><th></th></tr>
<tr><th></th><th>CY 2018</th><th>To June 2019*</th></tr>
<tr><td>Māori</td><td>28.9%</td><td>25.5%</td></tr>
<tr><td>Pacific</td><td>38.7%</td><td>34.4%</td></tr>
<tr><td>Asian</td><td>32.7%</td><td>30.8%</td></tr>
<tr><td>European/Other</td><td>23.7%</td><td>26.3%</td></tr>
</table>
* note: flu vaccination season incomplete at this date.

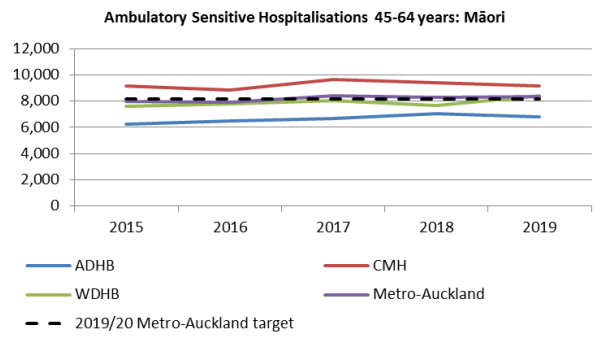
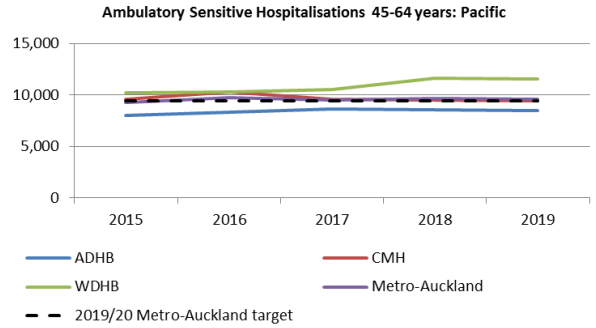
Only Waitematā DHB's coverage is improving overall when comparing the two time periods available, and this is driven by the improvement in coverage for European/Others, with results declining for the other ethnic groups. However, Pacific rates are closest to target.

A key challenge with this indicator is the under recording of vaccinations in the NIR. Vaccinations delivered at work places are not recorded in either the NIR or the practice PMS. This makes setting recalls in primary care an inefficient process.
</td></tr>
</table>

Complex Conditions

SLM Milestones impacted: ***Acute bed days***
Amenable mortality

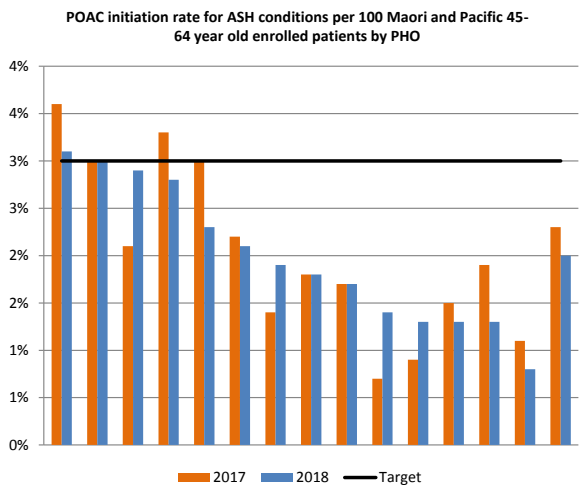
Improving chronic condition hospital admission rates for adults requires improved integration of services and a 'whole of system' approach that engages patients and their families, as well as community and hospital based services. A number of activities have been shown to be effective in reducing avoidable hospitalisations for chronic conditions, including system or institution-wide programmes to improve access to health services, comprehensive disease management programmes which are patient-focused and involve multidisciplinary teams, education and self-management programmes in association with disease management programmes and disease-specific management programmes for long-term conditions.

Indicator	Target	Results	Commentary
Reduction in the overall ASH rate for Māori adults aged 45-64 years old.	8,184 per 100,000 (2% reduction) (Baseline = 8,351 per 100,000 at December 2018)		The target of increasing utilisation of POAC for Māori and Pacific patients aged 45 – 64 years with ASH conditions has not been measured as it requires improved coding for ASH in primary care. We are monitoring utilisation of POAC for ASH related conditions for this cohort. Data sharing between primary and secondary care to improve coding for ASH conditions contributing to acute hospital bed days has been agreed under the Metro Auckland Data Sharing Framework. Data has been supplied from the Ministry of Health. Processes for improving coding are in development. Improved coding of long term conditions in primary care will support targeting appropriate cohorts with QI activity.
Reduction in the overall ASH rate for Pacific adults aged 45-64 years old.	9,457 per 100,000 (2% reduction) (Baseline = 9,650 per 100,000 at December 2018)		

Primary Options for Acute Care

SLM Milestones impacted: ***Acute bed days***
Amenable mortality

Primary Options for Acute Care (POAC) provides healthcare professionals with access to investigations, care or treatment for their patient, when the patient can be safely managed in the community. Access to existing community infrastructure and resources is utilised to provide services that prevent an acute hospital attendance or shortens hospital stay for patients who do attend or are admitted. The aim of POAC is to deliver timely, flexible and coordinated care, meeting the healthcare needs of individual patients in a community setting. We aim to have more individuals being treated (where appropriate) through the POAC pathway, thus preventing unnecessary and costly acute hospital admission.

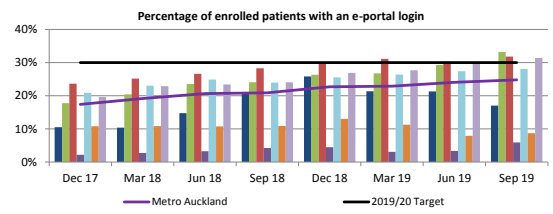
Indicator	Target	Results	Commentary
Increased POAC initiation rate for 45-64 year old Māori and Pacific people with ASH conditions	3 per 100 (3%) per PHO	 **Variation by PHO (split by DHB location) across the metro-Auckland region (PHOs not identified)** *Note: due to data quality issues with 2019 data, no updates are available.*	Initiation rates vary by geographic location, even where the PHO is the same. Overall rates have declined slightly between reporting periods. Regular POAC data has not been available until recently and there are data quality issues within the 2019 data, so it has not been included. Quality improvement activities have not been supported. NHI level data is now available to PHOs. *See commentary above.*

Patient Experience

E-portals

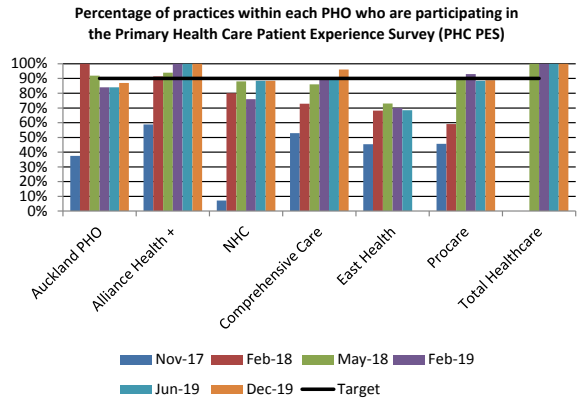
SLM Milestones impacted: ***Patient experience of care***

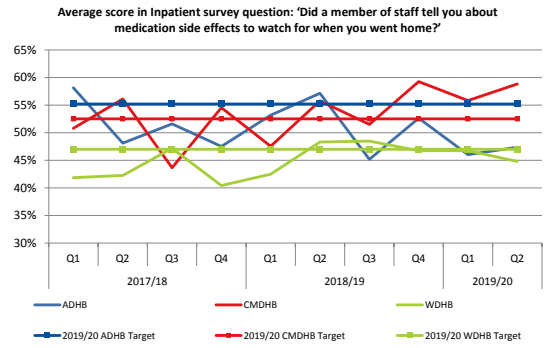
E-portals are a single gateway for patients to gain access to their general practice information which can include: booking appointments, ordering repeat prescriptions, checking lab results, and viewing clinical notes/records. More general practices are offering patient portals and there is scope within primary health care for them to positively impact on patient experience. This can be enabled through alternative access point/navigation for the patient, enabling coordinated self-managed care provision; maintaining and providing online communication; and partnering with the patient to work collaboratively online (lab results, appointment bookings, care monitoring-physical needs).

Indicator	Target	Results	Commentary
Percentage of each PHO's enrolled population with login access to a portal	30%	 **Variation by PHO across the metro-Auckland region and change over time (PHOs not identified)**	The increased target was achieved in three of the seven PHOs, but not for the Metro Auckland enrolled population. One PHO that did not achieve the target is actively piloting a new portal system.

Patient Experience Surveys in Primary and Secondary Care

'Person centred care' or how people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Integration has not happened until people experience it. The intended outcome for this SLM is improved clinical outcomes for patients in primary and secondary care through improved patient safety and experience of care.

Indicator	Target	Results	Commentary
Maintain or increase practice participation in the PHC PES (as at February 2019)	February 2019 baseline = 90%	 Note: No December 2019 data available for East Health.	The majority of PHOs are meeting or nearly meeting the target to maintain baseline participation rates.

Indicator	Target	Results	Commentary
Average score in Inpatient survey question: 'Did a member of staff tell you about medication side effects to watch for when you went home?'. Target 5% improvement.	5% improvement Targets: ADHB: 55.2% CMDHB: 52.5% WDHB: 47.0% (Metro-Auckland target = 51.4%)	 **Q2 2019/20 Metro-Auckland result = 49.4%**	Only Counties Manukau DHB is currently surpassing target, although Waitematā has been tracking closely. Auckland DHB has not met target for the past year.

Financial Performance Report – for the seven months ending 31 January 2020

Recommendation

That the Board receives this Financial Report for the seven months ending 31 January 2020

Prepared by: Rosalie Percival, Chief Financial Officer
Date: 22 February 2020

1. Executive Summary

The DHB has worked to improve the 2019/20 budget deficit from $56.97M previously planned to a deficit of $20M. The revised budget deficit of $20M has been approved by the Board and will be submitted to the Ministry of Health (MOH) for approval. The financial performance as at 31 January 2020 presented in this report is against the revised approved budget deficit of $20M. As performance against the previous budget has been reported to the Board and MOH up to December 2019, the budget phased for the period July to December 2019 was not rephrased retrospectively. Re-phasing was applied only to the balance of the year (January to June 2020), with budget rebalancing mainly completed in the month of January. Therefore, the variances for January include variances relating to budget rebalancing and the Year to Date position reflects where the DHB is at financially as at 31 January 2020.

Performance against the revised budget for the month of January 2020 shows a net surplus of $13M which was unfavourable to the net surplus budget of $25M by $12M. For the year to date (YTD), a net deficit of $1.5M was realised against a net surplus budget of $3.7M, thus unfavourable to budget by $5.2M.

The YTD result is distributed across divisions as follows:

Result by Division	**YTD (seven months ending 31 Jan-20)**		
	Actual	**Budget**	**Variance**
Funder	35,428	35,375	53 F
Provider	(37,692)	(31,651)	6,042 U
Governance	806	22	783 F
Net Surplus / (Deficit)	**(1,458)**	**3,746**	**5,204 U**

- The Funder arm result reflects expenditure being favourable to budget due to demand driven nature of expenditure mainly across Mental Health, Medical/Surgical and Personal Health.
- The Provider arm result reflects expenditure being unfavourable to budget mainly due to higher than budget outsourced clinical services, clinical supplies and infrastructure costs.
- The favourable Governance result is mainly driven by less expenditure than budgeted infrastructure costs (mainly Professional fees).

The Year End forecast is a deficit of $27M ($7M unfavourable to the revised budget deficit of $20M) and this is due to: $4M adverse variance relating to under-delivery of Electives; $1M adverse variance relating to costs for the measles outbreak; and $2M potential impact of further strikes, performance to Electives and IDF volumes for the balance of the year, corona virus and other factors.

The $7M forecast variance to the revised budget deficit would be reduced to the extent that M**O**H releases to the DHB the planned electives revenue to offset any impact of strikes and other factors on electives and IDFs and also to cover the costs incurred for the measles outbreak and potentially corona virus.

2. Summary Result and Financial Commentary for January 2020

$000s	Month (Jan-2020)			YTD (seven months ending 31 Jan-20)			Full Year (2019/20)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	139,300	140,232	932 U	963,969	967,738	3,769 U	1,652,685	1,657,122	4,437U
Non-Government and Crown Agency	8,027	8,630	603 U	63,060	61,470	1,590 F	105,611	104,022	1,590F
Inter- District Flows	63,094	63,335	241 U	396,564	403,077	6,513 U	679,683	686,196	6,513U
Inter-Provider and Internal Revenue	1,099	1,146	47 U	8,840	8,257	582 F	14,661	14,079	582F
Total Income	**211,520**	**213,343**	**1,824 U**	**1,432,433**	**1,440,543**	**8,110 U**	**2,452,640**	**2,461,418**	**8,778U**
Expenditure									
Personnel	89,788	85,684	4,104 U	637,186	638,056	869 F	1,119,704	1,115,795	3,909U
Outsourced Personnel	2,052	1,180	872 U	15,533	8,267	7,265 U	21,420	14,155	7,265U
Outsourced Clinical Services	3,157	3,001	156 U	25,667	26,039	371 F	44,868	44,636	233U
Outsourced Other Services	6,893	6,807	86 U	48,111	47,651	460 U	82,147	81,687	460U
Clinical Supplies	24,348	23,078	1,270 U	183,623	178,558	5,065 U	309,969	304,101	5,868U
Funder Payments - NGOs and IDF Outflows	51,432	51,123	309 U	394,887	409,736	14,849 F	693,731	705,213	11,483F
Infrastructure & Non-Clinical Supplies	20,539	17,384	3,155 U	128,884	128,490	395 U	219,485	215,831	3,654U
Total Expenditure	**198,209**	**188,259**	**9,951 U**	**1,433,891**	**1,436,796**	**2,905 F**	**2,491,324**	**2,481,418**	**9,907U**
Net Surplus / (Deficit)	**13,310**	**25,085**	**11,774 U**	**(1,458)**	**3,746**	**5,205 U**	**(38,684)**	**(20,000)**	**18,685 U**

Result by Division	Month (Jan-2020)			YTD (seven months ending 31 Jan-20)			Full Year (2017/18)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	14,481	17,375	2,894 U	35,428	35,375	53 F	52,000	52,000	0 F
Provider	(1,203)	7,693	8,896 U	(37,692)	(31,651)	6,042 U	(79,789)	(72,000)	7,789 U
Governance	32	17	15 F	806	22	783 F	783	0	783 F
Net Surplus / (Deficit)	**13,310**	**25,085**	**11,774 U**	**(1,458)**	**3,746**	**5,204 U**	**(27,006)**	**(20,000)**	**7,006 U**

Commentary on DHB Consolidated Financial Performance

Month Result - Major variances to budget on a line by line basis are described below:

Total Revenue for the month is close to budget at $2M (-0.7%) unfavourable with major variance being in Government and Crown Agency revenue, mainly due to Planned Care funding shortfall for quarter one settled in December 2019.

Total Expenditure for the month is unfavourable to budget by $10M (-5.3%) mainly driven by:

- $5M (-5.7%) unfavourable variance in Personnel/Outsourced Personnel costs –reflecting a $2.7M YTD budget adjustment and $2.4M reflects higher cost per FTE for the month due to actual versus budget phasing. While this creates an unfavourable variance for the month, cost per FTE is tracking close to budget for year to date. Total FTE for the month was 57 below budget.
- $1.3M (-5.5%) unfavourable in Clinical Supplies, mainly driven by PCT cancer drugs $0.6M over contract for the month (subject to wash-up with other DHBs), with the remaining $0.7M unfavourable reflecting the year to date budget adjustment ($0.8M).
- $3M (-18.1%) unfavourable in Infrastructure and Non Clinical supplies expenditure due to a year to date adjustment for Capital Charge $4.0M (as part of budget rebalancing with no variance expected for the balance of the year) – while unfavourable for the month, the year to date actual is tracking to budget.

Year to Date Result - Major variances to budget on a line by line basis are described below:
Total Revenue year to date is unfavourable to budget by $8M (-0.6%), mainly driven by:

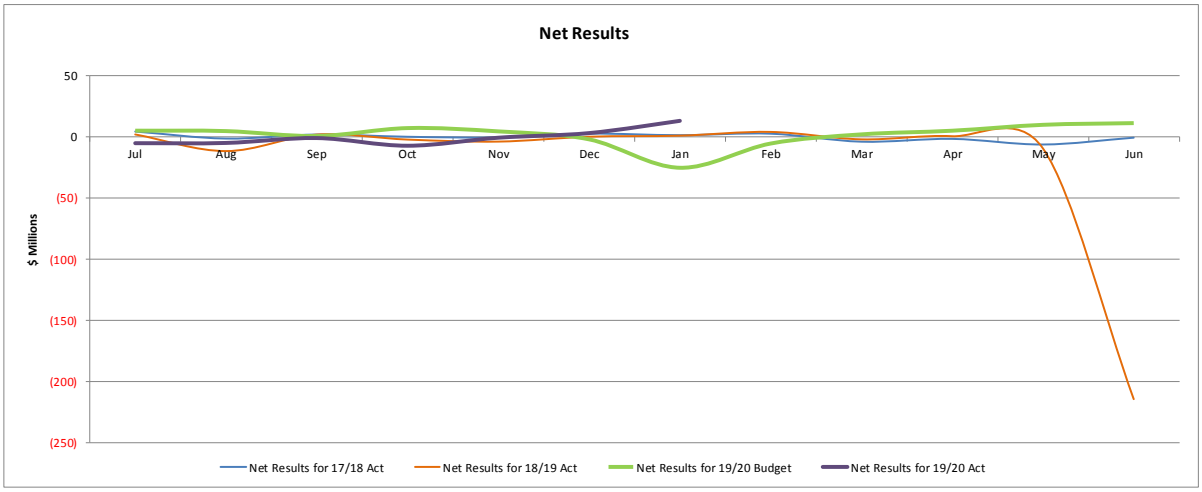
- $3.8M (-0.4%) unfavourable Government and Crown Agency revenue, mainly driven by reduced Drug funding received from PHARMAC relative to their initial budget advice and Planned Care funding shortfall for quarter one settled in December 2019.
- $1.6M (2.6%) favourable variance in Non-Government and Crown Agency reflects higher than planned research income and gains on financial assets.
- $6.5M (-1.6%) unfavourable Inter-District Flows, mainly due to an IDF Inpatient under delivery wash-up risk accrual as well as the net adverse impact of PHO wash-ups.

Total expenditure year to date is favourable to budget by $3M (0.2%), mainly driven by:

- $6.4M (-1%) unfavourable variance in Personnel/Outsourced Personnel costs, driven by the following:
  - Year to date average FTE are 20 (0.2%) above budget - equating to $2.3M unfavourable.
  - Security staff $1.2M unfavourable but offset with Outsourced security costs, reflecting transfer of security services in-house.
  - One off backdated costs relating to prior year $1.0M.
  - The balance of the variance, $2.1M, represents a small variation in cost per FTE (0.3%) which is expected to track back to budget by year end.
- $5M (-2.8%) unfavourable in Clinical supplies, due to funded pharmaceutical cancer treatment (PCT) costs which are $3.0M over budget and Haemophilia blood product which is $1.4M over budget – both of these are fully funded and will be subject to full wash up. The remaining variance of $0.6M reflects savings not fully achieved in the blood product utilisation project.
- $15M (3.6%) favourable variance in NGO costs and IDF Outflows mainly due to the release of historical contracted expenditure risk accruals which are deemed to be no longer at risk, IDF impact of changes in PHO GP enrolments and post budget service changes.

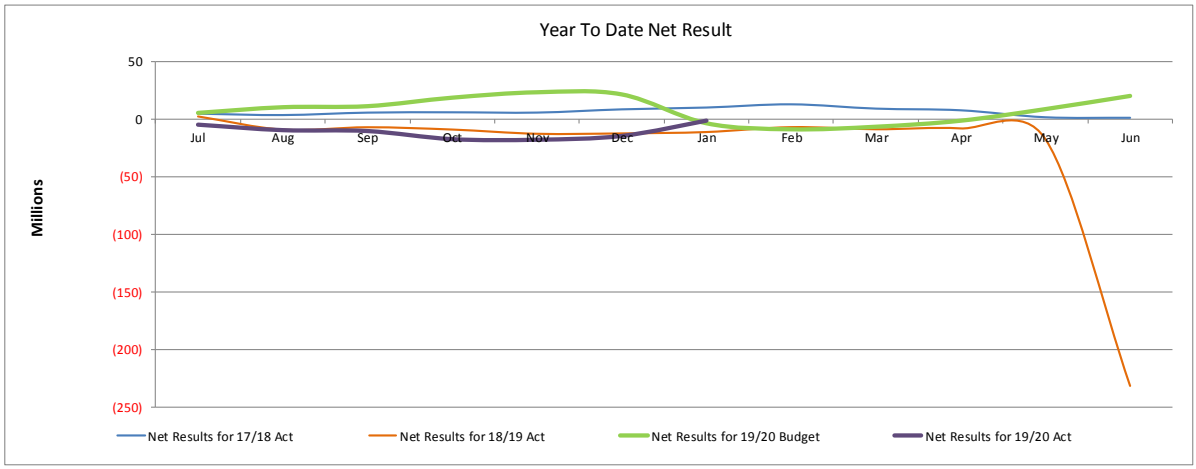
3. Performance Graphs

Figure 1: Consolidated Net Result (By Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 17/18 Act	4.569	(1.187)	2.114	0.283	(0.252)	2.806	1.585	2.793	(3.739)	(1.453)	(6.051)	(0.456)	1.012
Net Results for 18/19 Act	2.183	(11.446)	2.057	(2.009)	(3.665)	0.324	1.185	4.248	(1.830)	0.728	(9.280)	(214.462)	(231.967)
Net Results for 19/20 Budget	5.269	4.924	0.895	7.392	4.691	(1.834)	(25.085)	(5.260)	2.241	5.241	10.064	11.459	20.000
Net Results for 19/20 Act	(4.968)	(4.764)	(0.776)	(7.055)	(0.494)	3.289	13.310						(1.458)

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 17/18 Act	4.569	3.382	5.497	5.779	5.527	8.333	9.919	12.712	8.972	7.520	1.468	1.012
Net Results for 18/19 Act	2.183	(9.263)	(7.207)	(9.215)	(12.880)	(12.556)	(11.371)	(7.122)	(8.953)	(8.225)	(17.505)	(231.967)
Net Results for 19/20 Budget	5.269	10.194	11.089	18.481	23.172	21.338	(3.746)	(9.006)	(6.765)	(1.524)	8.540	20.000
Net Results for 19/20 Act	(4.968)	(9.732)	(10.509)	(17.564)	(18.057)	(14.768)	(1.458)					
Variance to Budget 19/20	(10.238)	(19.926)	(21.598)	(36.045)	(41.229)	(36.107)	2.289					20.000

4. Financial Position

4.1 Statement of Financial Position as at 31 January 2020

$'000	31-Jan-20			31-Dec-19	Variance	30-Jun-19	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Public Equity	903,397	945,058	41,661U	895,849	7,548F	889,380	14,018F
Reserves							
Revaluation Reserve	599,151	599,151	0F	599,151	0F	599,151	0U
Accumulated Deficits from Prior Year's	(688,960)	(689,824)	864F	(688,960)	0F	(456,995)	231,965U
Current Surplus/(Deficit)	(1,457)	3,746	5,203U	(14,767)	13,310F	(231,965)	230,508F
	(91,265)	(86,927)	4,338U	(104,576)	13,310F	(89,808)	1,457U
Total Equity	**812,132**	**858,131**	**45,999U**	**791,273**	**20,859F**	**799,572**	**12,561F**
Non Current Assets							
Fixed Assets							
Land	347,122	347,122	0U	347,122	0F	347,122	0F
Buildings	613,072	628,857	15,785U	615,698	2,626U	631,462	18,390U
Plant & Equipment	79,523	100,196	20,673U	79,796	273U	86,580	7,058U
Work in Progress	89,600	113,587	23,987U	87,042	2,558F	52,223	37,377F
Total PPE	1,129,316	1,189,762	60,446U	1,129,657	341U	1,117,387	11,929F
Investments							
- Health Alliance	70,066	71,003	937U	70,066	0F	70,066	0F
- NZHPL	6,714	6,714	0F	6,714	0F	6,714	0F
- ADHB Term Deposits > 12 months	5,000	15,000	10,000U	5,000	0F	15,000	10,000U
- Other Investments	937	-	937F	937	0F	937	0F
	82,717	92,717	10,000U	82,717	0F	92,717	10,000U
Intangible Assets	1,883	1,561	322F	1,951	67U	1,810	73F
Trust Funds	17,327	17,200	127F	17,219	107F	17,200	127F
	101,927	111,478	9,551U	101,887	40F	111,727	9,800U
Total Non Current Assets	**1,231,243**	**1,301,240**	**69,997U**	**1,231,544**	**301U**	**1,229,114**	**2,129F**
Current Assets							
Cash & Short Term Deposits	106,838	95,240	11,598F	115,791	8,952U	97,046	9,792F
Trust Deposits > 3months	14,800	13,300	1,500F	15,800	1,000U	13,300	1,500F
ADHB Term Deposits > 3 months	25,000	15,000	10,000F	25,000	0F	15,000	10,000F
Debtors	29,240	30,081	841U	25,374	3,866F	30,081	842U
Accrued Income	51,187	56,786	5,599U	39,941	11,246F	56,786	5,600U
Prepayments	3,574	996	2,578F	4,425	851U	996	2,578F
Inventory	14,672	14,357	315F	15,265	593U	14,356	316F
Total Current Assets	**245,311**	**225,760**	**19,551F**	**241,596**	**3,716F**	**227,566**	**17,745F**
Current Liabilities							
Borrowing	(1,394)	(2,279)	885F	(1,383)	11U	(1,079)	315U
Trade & Other Creditors, Provisions	(157,422)	(154,116)	3,306U	(174,252)	16,830F	(147,836)	9,586U
Employee Entitlements	(424,425)	(428,008)	3,583F	(424,835)	410F	(428,009)	3,583F
Funds Held in Trust	(1,308)	(1,275)	33U	(1,308)	0U	(1,308)	0U
Total Current Liabilities	**(584,549)**	**(585,678)**	**1,129F**	**(601,777)**	**17,229F**	**(578,231)**	**6,318U**
Working Capital	**(339,238)**	**(359,918)**	**20,680F**	**(360,182)**	**20,945F**	**(350,665)**	**11,428F**
Non Current Liabilities							
Borrowings	(9,979)	(13,297)	3,318F	(10,195)	216F	(8,983)	996U
Employee Entitlements	(69,894)	(69,894)	0U	(69,894)	0F	(69,894)	0F
Total Non Current Liabilities	**(79,873)**	**(83,191)**	**3,318F**	**(80,089)**	**216F**	**(78,877)**	**996U**
Net Assets	**812,132**	**858,131**	**46,000U**	**791,273**	**20,859F**	**799,572**	**12,561F**

Commentary

The major variances to budget are summarised as:

Property, Plant and Equipment:
The variance reflects capital expenditure tracking below budget as at January 2020. Budgeted capital spend is based on timing of implementation of capital projects as advised by services which may vary due to timing of capital approval, procurement and implementation timeframes.

Cash and Short Term Deposits:
The higher than budgeted balance mainly reflects the impact of the delay in the capital program on cash and timing of receipts and payments.

Debtors and Accrued Income:
Debtors and Accrued income in total variance is mainly driven by to the timing of billings to and receipts mainly from MOH.

Trade & Other Creditors and Provisions:

Trade & Other Creditors, Provisions:	**$000's**
Trade Creditors (including accruals)	138,579
Income in Advance	18,778
Provisions (Litigation)	65
Total	157,422

4.2 Statement of Cash flows as at 31 January 2020

$000's	31-Jan-20			YTD (seven months ending 31 Jan-20)		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	197,149	212,102	14,953U	1,444,286	1,436,580	7,706F
Payments						
Personnel	(90,198)	(85,763)	4,435U	(640,770)	(638,135)	2,635U
Suppliers	(68,893)	(43,167)	25,726U	(349,736)	(336,802)	12,934U
Capital Charge	0	0	0F	(23,109)	(24,022)	913F
Payments to other DHBs and Providers	(51,432)	(51,123)	309U	(394,884)	(409,737)	14,853F
GST	(1,239)	0	1,239U	679	0	679F
	(211,762)	(180,053)	31,709U	(1,407,819)	(1,408,696)	877F
Net Operating Cash flows	**(14,612)**	**32,049**	**46,661U**	**36,467**	**27,884**	**8,583F**
Investing						
Interest Income	382	454	72U	2,705	3,178	473U
Sale of Assets	(0)	0	0U	143	0	143F
Purchase Fixed Assets	(2,956)	(13,335)	10,379F	(43,466)	(93,345)	49,879F
Investments and restricted trust funds	1,000	0	1,000F	(1,000)	0	1,000U
Net Investing Cash flows	**(1,574)**	**(12,881)**	**11,307F**	**(41,618)**	**(90,167)**	**48,549F**
Financing						
Interest paid	(110)	(116)	6F	(386)	(716)	330F
New loans raised	0	0	0F	2,137	5,514	3,377U
Loans repaid	(205)	0	205U	(827)	0	827U
Other Equity Movement	7,548	7,954	406U	14,018	55,678	41,660U
Net Financing Cash flows	**7,233**	**7,838**	**605U**	**14,942**	**60,476**	**45,534U**
Total Net Cash flows	**(8,953)**	**27,006**	**35,959U**	**9,791**	**(1,807)**	**11,598F**
Opening Cash	115,791	68,234	47,557F	97,046	97,047	1U
Total Net Cash flows	(8,953)	27,006	35,959U	9,791	(1,807)	11,598F
Closing Cash	**106,838**	**95,240**	**11,598F**	**106,838**	**95,240**	**11,597F**
ADHB Cash				103,471	92,335	11,136F
A+ Trust Cash				3,022	2,562	460F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits				345	343	2F
				106,838	**95,240**	**11,597F**
ADHB - Short Term > 3 months				25,000	15,000	10,000F
A+ Trust Deposits - Short Term > 3 months				14,800	13,300	1,500F
ADHB Deposits - Long Term				5,000	15,000	10,000U
A+ Trust - Long Term Investments				17,327	17,200	127F
Total Cash & Deposits				**168,965**	**155,740**	**13,224F**

Hospital Advisory Committee Meeting 12 February 2020 – Draft Unconfirmed Minutes

Prepared by: Marlene Skelton, Corporate Business Manager

Recommendation

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 12 February 2020 be received.

Minutes
Hospital Advisory Committee Meeting
12 February 2020

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 12 February 2020 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1:30pm

Committee Members Present	**Auckland DHB Executive Leadership Team Present**	
William (Tama) Davis (Interim Chair)	Mel Dooney	Chief People Officer
Jo Agnew	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Mark Edwards	Chief Quality, Safety and Risk Officer
Doug Armstrong	Joanne Gibbs	Director Provider Services
Zoe Brownlie	Meg Poutasi	Chief of Strategy, Participation and Improvement
Peter Davis	Dr Margaret Wilsher	Chief Medical Officer
Fiona Lai	**Auckland DHB Senior Staff Present**	
Bernie O'Donnell		
Michael Quirke	Dr John Beca	Director Surgical, Child Health
Ian Ward	Duncan Bliss	General Manager, Surgical and Perioperative
	Ian Costello	Director Clinical Support
	Dr Lalit Kalra	Acting Director Community and Long Term Conditions
	Kimmo Karsikas-Genet	Personal Assistant
	Kieron Millar	General Manager, Commercial Services
	Riki Nia Nia	General Manager, Māori Health Services
	Alex Pimm	Director, Patient Management Services
	Anna Schofield	Director, Mental Health and Addictions
	Dr Michael Shepherd	Director Medical, Child Health
	Marlene Skelton	Committee Secretary
	Dr Barry Snow	Director Adult Medical
	Dr Michael Stewart	Director Cardiovascular Services
	Dr Richard Sullivan	Director Cancer and Blood
	David Vial	Operational Finance and Planning Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

That the apologies of the Board Chair, Pat Snedden be received.

That the apologies of Executive Leadership Team members Ailsa Claire, Chief Executive Officer, Rosalie Percival, Chief Financial Officer, Sue Waters, Chief Health Professions Officer and Shayne Tong, Chief Digital Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST

Bernie O'Donnell requested the following change to be made to his interest register: Member Alcohol and Additions Reference Group, Department of Corrections, to be added.

Tama Davis requested the following change to be made to his interest register: Ngati

Whatua representative on Emerge Aotearoa, to be added.

There were no conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 27 November 2019 (Pages 8 - 17)

That the minutes of the Hospital Advisory Committee for 27 November 2019 be received.

4. ACTION POINTS (Page 18)

All action points were either complete or in progress. Site visits were to be incorporated as part of the Board induction programme.

5. PERFORMANCE REPORTS (Pages 19 - 101)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 19 - 23)

[Secretarial Note: Items 5.1 and 5.2 were considered as one item]

Jo Gibbs, Director Provider Services asked the report be taken as read providing additional information to support that outlined on pages 19-23 of the agenda. Advising as follows:

- It has been exceptionally busy period for both adults and children including our Mental Health Services. All staff continue to show extraordinary skills coping with increased demand.
- The sonographer strike action is to be a prolonged one. Bargaining is continuing in good faith and contingency plans are working well. No incidents have been reported of elevated risk. Results from facilitation meetings and any recommendations will be reported in more detailed at the next board meeting.
- The Prime Ministers announcement in relation to PICU funding for additional capacity was very good news and should place Auckland DHB in a good position in relation to critical care response.

The following points were covered in the discussion:

- Doug Armstrong wanted to know about the cost implications, patient inconvenience and risk related to the strike action. Jo Gibbs replied that taken into consideration the important work that sonographers do, no doubt a significant risk exists in regards to increased waiting times and demand especially, within the Cardiology pathway. Metro Auckland DHBs are working together on this and some work has been done by each of the DHBs in regards to strike costs and impact. Jo Agnew added that the real risk was that the longer patients waited for a scan the more likely that they were to see their diseases worsen.
- Margaret Dotchin gave a brief overview on the response to the novel corona virus. The Northern Region had stood up an Incident Management Response Team along with a coordinated incident management structure. The team were working closely with the Ministry of Health and to the Ministry's case definition. The DHB are

supporting action that is being taken at NZ borders with provision of clinical staff and expertise, and are sharing information.

Testing has been established at Auckland DHB LabPlus and Auckland DHB is supporting the Ministry of Health in the quarantine of the people evacuated from the Wuhan region. So far there have been no reported cases in New Zealand.

Margaret Wilsher advised that even though the incidents seem to be flattening out in China, there was still a need to be prepared and robust planning put in place. The epidemiology of the virus was that it was a respiratory illness Approximately 15% will have a severe reaction requiring hospitalisation. In China the mortality rate had been reported at 2%. To date there had only been two deaths outside of China.

The discussion on the novel coronavirus continued to cover communication and the importance of consistent messaging. As there have been reported incidents of xenophobia in the media it is important that Auckland DHB's own messaging is built on the value of respect which has also been enforced by Ailsa Claire in her communications.

- Peter Davis enquired about the definition of the all-day operating list. Jo Gibbs replied that historically there had been a changeover of service speciality teams at mid-day. It was determined that it would be more efficient to operate one speciality team for the full day, this is now being considered. However, as this has a knock on impact on outpatients and diagnostic services, it has taken time to achieve.
- Members were provided with clarification on the Auckland DHB Provider efficiency metrics especially the DOSA rate and % Day Surgery Rate. It was advised that while the rates were reasonable there were still more opportunities to make improvements.
- Ian Ward had a question on the Cardiac bypass surgery waiting list targets to actual. He was advised that the target is Ministry set and may not exceed 115. These targets were set 15 years ago and may be worthy of some review given new treatment technologies.

Resolution: Moved Michelle Atkinson/ Seconded Jo Agnew

That the Hospital Advisory Committee receives the Provider Arm Operational Performance – Executive Summary and Provider Arm Scorecard for February 2020.

5.2 Provider Arm Scorecard (Pages 24 - 25)

[Secretarial Note: See 5.1 for discussion points.]

5.3 Adult Medical Directorate (Pages 26 - 32)

Dr Barry Snow, Director Adult Medical asked the report taken as read and gave a brief overview of the Adult Medical Directorate including the services and departments that made up the directorate.

Barry highlighted points from the Q2 actions reported on page 27 of the agenda:

- Building consent had been granted for the new renal community building Kererū. This is very exciting as it brings the dialysis units closer to clients' homes and community.
- The construction of ward 51 is under way and will enable a new model of stroke care to be offered.
- There is a plan to start the bowel screening programme by the end of the year. However the current obstacles of not achieving routine outcomes will need to be investigated and understood first before this can take place.
- General Medicine was seeing similarly high numbers of patients as the rest of the hospital. There had previously been 4 wards and now there were 6. A pod system was being investigated as an option for new model of care in general medicine.

The following points were covered in discussion:

- Bernie O'Donnell asked about the accessibility of the new renal building for Māori and Pacific patients commenting that there had been a southward drift in where patients were residing. Barry Snow advised that even though the project was 10 years old this is still where the most people reside that require dialysis. The population in was still largely Māori and Pacific.
- Michael Quirke wanted to know more about the colonoscopy routine targets and what the history and context behind the drop was. Barry Snow replied that the service has always managed the urgent cases. The situation has deteriorated over the last year partly due to internal systemic problems and issues, but there has been a significant growth in referrals which were most likely a heightened awareness and community response to the bowel screening programme.

5.4 Child Health Directorate (Pages 33 - 49)

Dr John Beca, Director Surgical, Child Health asked the report to be taken as read after giving an introduction on the unique role of the Starship Hospital locally, regionally and nationally including the challenges the situation creates in terms of mix of work and some services being national tertiary providers.

There are ongoing difficulties and pressures in achieving sustainable and resilient teams, constant competition in terms of workforce, funding that has not been recognised and the challenges associated with teams that work around the country.

John Beca raised drew attention to the Q3 actions on pages 34-38 of the agenda:

- The piloting of patient focused booking
- A new pain service model to improve support for children with acute and chronic pain
- Plastics surgery with a focus on the more complicated cases

The following points were covered in discussion:

- Michelle Atkinson drew attention to page 46 of the agenda and the cessation of funding for the Rheumatic fever prevention programme.
- Zoe Brownlie drew attention to the adverse results for our young children recently highlighted in the new State of the Nation report and wanted to know how our work would fit into the bigger picture of family violence and children. John Beca highlighted the existence of Puawaitahi and the fact that a five year strategic plan on this issue had been drafted which would soon be brought to HAC. There is also internal work done in terms of raising staff awareness detecting violence towards children.
- Tama Davis wanted assurance that inter agency collaboration was in place to reduce the uplift of children and was advised that this was a goal around engaging effectively with Māori and was referred to page 41 of the agenda. Training had been developed by the Māori team on engaging effectively with Māori and Pacific patients and whānau. Tama Davis emphasised that it was vital that both Māori and Pacific Health Services be part of developing the teaching modules for staff.
- Jo Agnew wanted to know the number of Māori nursing staff required to be in compliance. Margaret Dotchin, Chief Nursing Officer advised the hospital required approximately a further 200 Māori nurses. Meg Poutasi, Chief of Strategy commented that this provided another layer of complexity as most figures shown were regional but Auckland DHB was a tertiary hospital and this needed to be kept in mind when looking specifically at numbers related to Māori patients and staff.

5.5 Community and Long Term Conditions Directorate (Pages 50 - 58)

Dr Lalit Kalra, Director Community and Long Term Conditions provided a brief outline of the services covered by the Directorate. He then raised the following points from the report advising that there had been:

- Good work done on implementation of best practice towards reducing capacity pressures in the hospital.
- More focus on the community health as well as better engagement with the people.

The following points were covered in the discussion:

- Michelle Atkinson congratulated the team on reductions on presentations at the Emergency Department.
- Bernie O'Donnell asked what was being done in relation to reducing the high non-attendance rates for Māori and Pacific Peoples at the diabetes clinics as these groups also had the higher prevalence of diabetes.

  Dr Lalit Kalra advised that the health coaching model works well in supporting Pacific communities; identifying what was wrong and providing education not just to the patient but also to the family. The Service was also looking at the possibilities around joined up clinics covering a number of specialties, which would encourage better

attendance. The key is going out to the community not expecting people to always come to us.

5.6 Commercial Services (Pages 59 - 65)

Kieron Millar, General Manager Commercial Services advised that the purpose of Commercial Services was to manage non-clinical contracts for the organisation the major ones being linen and laundry. The service also administered car-parking motor vehicle fleet, shuttle bus, property leases and power.

Kieron Millar asked his report to be taken as read while highlighting the following points:

- There has been year to date OPEX savings of $1 M and CAPEX savings of $1.57M
- Recently a survey for all employees was undertaken in relation to travel patterns with a goal of reducing dependency on private vehicles. A report is due to be published at soon.

The following points were covered in the discussion:

- Michael Quirke wanted to know more about the repurposing of single use instruments. Kieran Millar replied that the service was conducting a trial looking at ways to either repurpose instruments or to reuse parts rather than disposing of them. Once the trial is completed a report will be brought back to HAC.

5.7 Māori Health Services (Pages 67 - 73)

Riki Nia Nia, General Manager Māori Health Services acknowledged the new board, Māori board members and Tama Williams as the chair. Riki advised that the service consisted of three parts; Tikanga under the guidance of Dame Naida Glavish, Māori Health Gains under the management of Shayne Wijohn and Māori Health Services and Development under the management of Riki himself. All looked to Dame Naida Glavish for overall leadership.

Riki gave an overview of the Service highlighting the following items:

- 25 new Māori nurses were welcomed this morning; 18 coming to work at Auckland DHB and four in Starship.
- A goal via training programmes was to support staff in order to eliminate racism and achieve health equity for Māori.
- The Māori Health Service itself needs to be reviewed. The Service operates across 5 hospitals, 20,000 Māori come through the service and it is not possible for a staff of 12 people to take care of all Māori patients and whānau.

The following points were covered in the discussion:

- Tama Davis wanted to know if the cultural competence training was also available for Board Members. Riki Nia Nia advised that a training programme had been developed for the Board at Waitemata DHB and similar could be offered at Auckland DHB.
- Bernie O'Donnell commented that it was a challenge to service the wider need of the community and a challenge to reduce the numbers when the Māori Health Service

was not currently designated as a regional one.

- Meg Poutasi clarified that equity and Te Tiriti o Waitangi were two different things and being invested in separately.
- Zoe Brownlie acknowledged her use of the Āke Āke application commenting that it was brilliant and very helpful.

Resolution: Moved Jo Agnew/ Seconded Michelle Atkinson

That the Hospital Advisory Committee:

1. **Receives the Māori Health Services report for February 2020.**
2. **Notes the status and progress of Māori Health Services at Auckland DHB.**
3. **Recommends that a training program be developed for Auckland DHB Board Members on cultural competence and offered as part of the induction programme.**

5.8 Mental Health and Addictions Directorate (Pages 71 - 82)

Anna Schofield, Director Mental Health and Addictions gave a brief overview of the Directorate and services advising that it offered acute, regional and super-regional services and that there were increasing challenges in offering these services as need had increased dramatically in the last three years.

The Service attempts to work in an integrated way with partners and as a result of the Mental Health inquiry were looking at early intervention initiatives and how to build capacity so that people can easily move through the system so that the right service can be offered in the right place.

Anna highlighted some key points within her report:

- There has been steadily increasing demand especially for acute services which has led to challenges for the acute teams. Remedies are in place and there is an ongoing focus on acute adult flow work.
- Māhere Angamua, a plan for better mental health, wellbeing and equity, will be the vision for the longer term for the Directorate and its services. One of the priority areas is suicide prevention (Zero Suicide Initiative).

The following points were covered in the discussion:

- Jo Agnew complimented the service for the great work done on discharges with face-to-face contact within 7 days of discharge which is at 100%.
- Michelle Atkinson wanted to raise the section 76 as an issue and the national discussion linked to that as well as the slow increase.

5.9 Patient Management Services (Pages 83 - 90)

Alex Pimm, Director Patient Management Services gave an introduction to the Services which includes a diverse range of both clinical and non-clinical services at both sites.

Alex Pimm asked the report be taken as read and highlighted the following points:

- There had been very high hospital occupancy for the period with unprecedented growth and demand. It had been almost at the level of winter 2018 which is really concerning coming into winter 2020 and there was a view that beds could not be flexed down going into 2021.
- In the coming weeks and months all Directorates will be working together to achieve a robust winter plan which will then be shared.
- The "To Thrive" programme which is aimed at lower paid members of staff for personal and professional development has been successful. Further collaboration will take place with the organisational development team to develop an internship programme to allow staff to try out different roles without their leaving current ones as well offering assistance with CV development and practise at job interviews.

The following point was covered in the discussion:

- Tama Davis was advised that a small number, 12, had been assisted so far through the internships and the rollout was designed to be slow but steady as the programme was a very resource hungry one. Tama was advised that Auckland DHB is not a minimum wage employer and supports its staff to attain a living wage by meeting certain thresh holds. Staff can join Auckland DHB with no experience and work through a staged qualification to improve their financial position.

5.10 Provider Arm Financial Performance Report (Pages 91 - 101)

David Vial, Operational Finance and Planning Manager asked the report be taken as read.

There were no questions.

Resolution: Moved Michelle Atkinson / Seconded Zoe Brownlie

That the Provider Arm performance reports for the month of December 2019 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 102 - 104)

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand 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.

Carried

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	N/A	N/A

2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 27 November 2019	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Critical Care Strategy	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 Organ Donation New Zealand Transition Paper	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

6.1 Auckland Cardiology Electrophysiology Services Oversight Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Clinical Support Oversight Report – MRI Capacity	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Ophthalmology Department Oversight Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Radiotherapy Workforce Oversight Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Clinical Quality and	**Commercial Activities** **Information contained in this report is related to commercial activities and**	That the public conduct of the whole or the relevant part of the meeting would

Safety Service Report	**Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Policies and Procedures (Controlled Document Management)	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 5:30pm

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday 12 February 2020

Chair: _____ Date: _____

Tama Davis

Draft Minutes of the Meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 30 October 2019

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 10.00a.m.

Items considered in Public Meeting

COMMITTEE MEMBERS:

Sharon Shea (Committee Chair - ADHB Board member)
Max Abbott (WDHB Board member)
Judith Bassett (ADHB Board member)
Edward Benson-Cooper (WDHB Board member)
Zoe Brownlie (ADHB Board member)
Sandra Coney (WDHB Board member)
Warren Flaunty (Committee Deputy Chair - WDHB Board member)
Lee Mathias (ADHB Board member)
Robyn Northey (ADHB Board member)
Allison Roe (WDHB Board member)

ALSO PRESENT:

Debbie Holdsworth (ADHB and WDHB, Director Funding)
Karen Bartholomew (ADHB and WDHB, Acting Director Health Outcomes)
Tim Wood (ADHB and WDHB, Deputy Director Funding)
Stuart Jenkins (ADHB and WDHB, Clinical Director, Primary Care)
Joy Christison (Project Manager, Primary Care)
Peta Molloy (WDHB 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:

Christine Maslasomua (Te Puna Manawa HealthWest)
Aroha Hudson (Te Puna Manawa HealthWest)
Kelsy Wheaton (Te Puna Manawa HealthWest)
Gaylene Sharman (Te Puna Manawa HealthWest)
Hiki Wihongi (Te Puna Manawa HealthWest)
Cheryl Hamilton (Auckland Womens Health Council)
Nelson Wahanui (Healthy Babies Healthy Futures, HealthWest)
Jody Yeats (Rangitoto Observer)
Kirsty Gover (Comprehensive Care PHO)
Emily Hughes (The Fono Health Trust)
Cherrill Rave (Healthy Babies Healthy Futures, HealthWest)
Maria Kumitau (Healthy Babies Healthy Futures, HealthWest)
Lorraine Symons (Te Whanau O Waipareira)

KARAKIA:

The Committee Chair opened the meeting with the karakia.

WELCOME:

The Committee Chair welcomed those in attendance. She also acknowledged outgoing Board members at the end of the current term.

Lee Mathias also congratulated the Board members elected and re-elected for the new term, commencing December 2019.

APOLOGIES:

Apologies were received from Matire Harwood, Judy McGregor, Pat Snedden and Ailsa Claire.

DISCLOSURE OF INTERESTS:

There were no disclosures of interests with matters on the agenda.

There were no amendments or additions to the current disclosure of interests.

1. AGENDA ORDER AND TIMING

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

2. COMMITTEE MINUTES

2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 07 August 2019 (agenda pages 9-15)

Resolution (Moved Lee Mathias/Seconded Warren Flaunty)

That the Draft Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 07 August 2019 be approved.

Carried

Matters Arising (agenda page 16)

The schedule was noted.

3. DECISION PAPERS

There were no decision papers.

4 INFORMATION ITEMS

4.1 Auckland Regional Public Health Service (ARPHS) update (agenda pages 17-37)

Jane McEntee (Service Change Manager, Planning and Funding) and Maria Poynter (SMO, ARPHS Management) were present for this item and introduced the report.

The report was summarised. Matters covered in discussion and response to questions included:

- That a review of the response to the Measles outbreak will occur. The IMT will have an opportunity to provide feedback.
- Acknowledged the social media aspect of promoting Measles vaccinations and information during the outbreak.
- Cases of Measles has been reducing weekly over the past six weeks, it is expected that the outbreak will reduce, but there continues to be risk from international and other areas of the country.
- Noted a previous request for a report on Vaping.

The Committee Chair acknowledged the work undertaken and asked that the next report highlight equity and its impact; while it is implicit in the report, the Committee would like to support the work being done.

The report was received.

4.2 Health Needs Assessment Update (agenda pages 38-148)

This item was considered after item 4.3.

Wendy Bennett (Manager, Planning and Health Intelligence) and Jean Wignall (Health Outcomes Analyst) were present for this item.

Wendy Bennett introduced the paper. Matters covered in discussion and response to questions included:

- Suggest that the Auckland DHB and Waitematā DHB Chief Executives consider writing to the Minister of Statistics requesting that the next census be brought forward to assist the DHBs with regard to their population and growth.
- Noting discussions held about broader health issues and that there is good research about cultural identity, which contributes to improved health status and wellbeing.

The report was received.

4.3 Healthy Babies Healthy Futures Programme (agenda pages 149-159)

This item was considered before item 4.2.

Scott Abbott (Māori Health Portfolio Manager), Nelson Wahanui (Programme Manager), Maria Kumitau (Health Babies Healthy Futures, HealthWest), Emily Hughes (The Fono Health Trust) and Cherrill Rave (Healthy Babies Healthy Futures, HealthWest) were present for this item.

Scott Abbot introduced the paper. The coordinators in attendance each talked about their experiences in this area with young mothers, new mothers, families and whanau and the difference they could make.

In response to a question about the evaluation component of the programme and whether non-health benefits and mitigating social isolation are being capture, it was noted that these aspects are being capture and there is a lot of work in these areas. Three evaluations capture what is being done on the ground; whanau is now included, with 'parents' a focus rather than only mothers.

The Committee Chair acknowledged the work in this area.

A presentation was given on 'Kāinga Ora – Healthy Housing Initiative in ADHB and WDHB – providing a brief description of the local programme and overview of the results from the national evaluation'.

Matters covered in discussion and response to questions included:

- Health Home Standards are to be in place by 2021.
- A similar programme trialled in Wellington had not been successful due to there not being an inspection process or an entity tracking the programme. MBIE is now assisting for Healthy Homes.
- The programme commenced in 2013, improvements have been sent with landlords being actively responsible for their properties.
- Checks are also made of sleep-outs/cabins and the like.

The report was received.

5. STANDARD REPORTS

5.1 Planning, Funding and Outcomes Update (agenda pages 160-187)

The report was taken as read. Matters covered in discussion and response to questions included:

- That the Commerce Commission has clearly advised the DHB cannot impede any 'competition' between entities in the community, such as pharmacies and the number of pharmacies that open in any specific area.
- Noting the need for adequate clinical advice that is provided by community pharmacies; which is not monitored by the DHB.

The report was received.

The meeting concluded at 11.51 a.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 30 OCTOBER 2019

_____CHAIR

healthAlliance
Right behind better healthcare

Decision Paper
Director Appointment to the healthAlliance N.Z. Limited Board

January 2020

10.1

Recommendation

It is recommended that the Board:

Note

- The shareholders have, or are proportioning to, appoint a new director to healthAlliance NZ Limited, in place of Mr Meng Cheong;

Resolve

- Dr Michael Roberts be appointed as a Class A director of healthAlliance NZ Limited and the company be notified accordingly; and

Delegate

- Authority to the Northern Region DHB Chairs to execute all documentation necessary to formalise this director appointment.

Prepared by:	George Smith, hA Head of Corporate Services Simon Jones, hA CFO
Reviewed by:	Clayton Wakefield, hA Board Chair

1. Purpose

To seek DHB Board approval and a shareholders resolution to appoint Dr Michael Roberts (NDHB CMO) as a Class A director of healthAlliance N.Z. Limited (hA).

Dr Michael Roberts is the NDHB nominated replacement for Mr Meng Cheong (NDHB CFO) who has resigned from the hA Board by virtue of his resignation from NDHB.

2. Background

The hA Constitution and Shareholders Agreement provides that all shareholders appoint directors.

Auckland, Counties Manukau, Northland, and Waitemata DHBs (the Northern Region DHBs) each hold one quarter of the Class A shares. The hA Constitution provides, inter alia, that Class A shareholders may appoint up to four Class A directors. Custom and practice has been for each Northern Region DHB to appoint one Class A director.

3. NDHB Class A Director Nomination

NDHB has nominated Dr Michael Roberts (CMO) as their Class A director. Dr Michael Roberts has been the Chief Medical Officer for Northland District Health Board for 8 years. He holds fellowships of the Royal College of Surgeons of England, and the Australasian College of Emergency Medicine.

4. hA Board Composition

The hA Board composition following approval of these recommendations, is set out below:

	hA Board of Directors **(following endorsement of this proposal)**
Class A shareholder directors	• Rosalie Percival (ADHB CFO) • Catherine Abel-Pattinson (CMH Director) • Dr Andrew Brant (WDHB Deputy CEO) • *Dr Michael Roberts (NDHB CMO) – proposed director*
Independent directors	• Clayton Wakefield (Chair) • Roger Jones • Russell Jones

5. Next steps:

The next steps are:

1. DHB Boards to approve and resolve the appointment of Dr Michael Roberts and delegate authority to execute documentation to DHB Chairs – *Jan/Feb DHB Board cycle*
2. DHB Chairs to sign the relevant documentation – *Jan/Feb DHB Board Cycle*
3. hA Corporate Services to update the Companies Office – *within 10 days of the final DHB Board approval.*

Auckland DHB Human Resources Report

Recommendation

That the Human Resources Subcommittee:

1. **Receives the Auckland DHB Human Resources report for February 2020.**
2. **Notes the progress on Auckland DHB People programme commitments.**

Prepared by: Mel Dooney (Chief People Officer)
Endorsed by: Ailsa Claire (Chief Executive Officer)

Kuputaka: Glossary

Acronym/term	Definition
HRIS	Human Resource Information Systems
MDP	Management Development Programme
MSD	Ministry of Social Development

1. Introduction/Background

The purpose of this report is to provide an update on the progress made towards delivering the People programme. Our programme provides a pathway for working together so that we can all continue to do our life's best work for our patients, our whānau and our communities. The People programme continues to deliver change through five programmes of work to help us all role model a happy, healthy, high-performing community by:

1. Accelerating capability and skill
2. Making it easier to work here
3. Building constructive relationships
4. Delivering on our promises / Caring for our people
5. Ensuring a future ready workforce

Progress on the workstreams that sit within these five programmes of work are as follows.

2. Progress/Achievements/Activity

2.1 Accelerating capability and skill

Building change capability

The Change Leadership module in the Management Development Programme (MDP) has had a total of 168 completions, with a further 70 in progress. Completion of the module is being encouraged for teams that are currently undergoing a change of some sort. Facilitated discussions were held with targeted teams who had completed the module to strengthen and expand the application of their learning. These have worked well, and we are in the process of evaluating whether there is a need for Face-2-Face workshops. The overall feedback on MDP module remains positive.

During December, three (3) training courses were held on Change Principles, with a total of 52 attendees.

A mapping exercise to document the current change initiatives is underway and will continue into the next month. Focus for the next quarter is the establishment of a Community of Interest.

Implement talent management- Pilots

Two talent moderation sessions were run with the Clinical Support leadership team in December to discuss and confirm talent placements and development needs of their direct reports. Discussions were respectful and robust and resulted in some talent placement shifts, with managers benefitting from diverse perspectives. The team will meet in the new year to determine potential successors. Insights from the development conversations with the Surgical Services pilot have been captured through individual debriefs and a follow-up survey. Results from both manager and direct reports are very positive, and planning is now underway to cascade development conversations.

2.2 Making it easier to work here

HR Services work programme

The payroll and kiosk systems upgrade is underway with testing 75% complete. Issues are currently being jointly managed with our vendor, however there will be a delay to the planned go live from the beginning of March to the end of April as additional testing to ensure we have an error free cut over will be required. This upgrade is a pre-requisite for the rectification phase of the Holidays Act project, however the delay to go live will not have an impact on this.

A joint project with Deloitte to develop a Human Resource Information Systems (HRIS) strategy for Auckland DHB is currently in progress . The Auckland DHB strategy will feed into a wider regional HRIS strategy. It is expected a draft review document will be available mid February.

Work is currently underway to develop a business case for Workforce Dimensions which is a new version of our current rostering and time and attendance system Workforce Central. Our current version uses flash and in December 2020, flash will no longer be supported and therefore we will have significant risk around our ability to roster and pay employees. As we are on a shared system with Waitematā, and with Counties Manukau moving to Workforce Dimensions, the business case is being developed regionally. This business case is being developed with urgency due to the risks associated.

2.3 Building constructive relationships

Te tino o mātou – Us at our best

Te tino o mātou has now been socialised at the directorate leadership team level across all directorates and steady progress is being made with the next tier of managers. Nurse Educators have been identified as another key stakeholder group and specific Te tino o mātou briefing sessions are planned over the next quarter. Several steps have been taken to reinforce the Six Key Insights from Te Tino o mātou - our values in action, by embedding them into Kai Arahi (our on-boarding event for new employees), our Management Development Programme (MDP), Just Culture training, talent management pilot, and new position descriptions currently being developed.

Just Culture

128 employees have attended certification training in 2019. A further certification training is scheduled for February 2020 which will see a further ~60 certified senior managers to join our internal 'champions' team.

People Manager training for our ~600 people managers will be delivered from March 2020 through to September 2020. Each training session is for a day. Around 30 self-nominated managers from the 'champions' team are to be trained as trainers and attended a session lead by Outcome Enginuity in November 19. The trainers group met in last December and there are two further meetings and training dry runs schedule in the lead up to March. Some attrition has occurred however we aim to have 9 pairs of trainers deliver 3-4 trainings. Logistics planning including room booking is well underway, and managers will book on training via Ko Awatea.

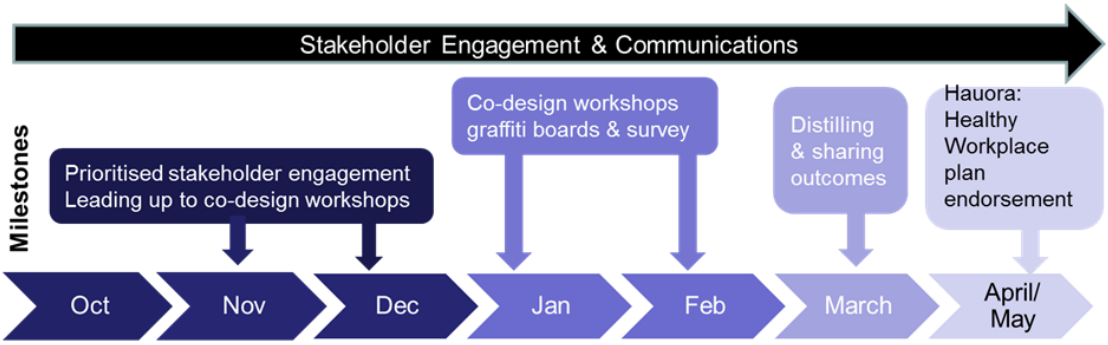
Building on our targeted communication to the champion's team and our general communication to build awareness, a series of communications will start in late January to people managers via the Manager Weekly Briefing.

A Just Culture policy is under development, with the expectation it will be released for wider consultation including union partners in February. Relevant policies and procedures will also be reviewed to align to Just Culture, to be communicated later this year.

The HR and Quality, Safety and Risk teams have programmes of work to embed just culture principles into work processes. These processes have been identified and the teams will work together over the next six to twelve months embedding these principles including; Recruitment, On-boarding, Leadership Development, Performance, Organisational Design, Employment Relations, Policies and HR Communications.

Hauora: Auckland DHB Healthy Workplace Plan

The underlying principle of our approach is for our people by our people. Co-design workshops will take place end of January and mid February 2020.



Co-creation workshops 30/31 January and 11/12 February 2020

The national Wellbeing Strategy (Kahui Oranga) has been launched. We have been sure to align our work with this strategy. Our Orgnaisational Development Practice Leader (Wellbeing) is part of the national working group.

2.4 Delivering on our promises / Caring for our people

Building workforce capability towards elimination of inequity

The Leading for Equity module will be delivered as an online module and face-to-face workshop. The module aims to build on organisational conversations and narrative around institutional racism, the significance of the Treaty of Waitangi and what it means to be a bi-cultural organisation, and for our people leaders specifically, how this can manifest in their day-to-day practice. The online module

is set to be released by early-mid February 2020 and the Face-to-Face workshops commence at the end of February 2020.

An Engaging Effectively with Māori lecture series was delivered, to people leaders across the organisation, by external facilitator Hone Hurihanganui. Participants were nominated by their Directorate Leadership Teams to attend. The initial session was attended by 139 participants. The participant group was then halved across sessions two and three with 73 participants attending session two and an additional 62 participants at session 3.

A review of the Cultural Safety training offerings is underway in collaboration with Māori Health team.

Supportive and Inclusive Employment

To Thrive

Ministry of Social Development (MSD) Case Managers have been onsite two half days per week ensuring our employees are well supported and MSD providing as appropriate non-benefit supports to TO THRIVE employees. Following initial sessions, one case manager has been sufficient to meet the demand of Cleaners and Orderlies interested in appointments. We expect demand to continue over the back to school period.

TO THRIVE Career Development

The TO THRIVE Job Fair on 28 November was attended by over 200 employees and a number of their whānau. Both employees and the services who exhibited provided some very positive engagement feedback.

Scholarship and Internship opportunities were launched. We have received 12 internship applications and 4 Health Care Assistant scholarship applications. The review and selection process is underway.

We are currently waiting on approval from the Tertiary Education Commission for funding in order to continue numeracy, literacy and digital inclusion and communication for career development programmes.

Accessibility

We are currently making changes to the careers page to ensure job applicants can easily access support and guidance throughout the recruitment process, particularly for our Māori and Pacific, To Thrive and accessibility applicants; including welcoming language and alternative ways of making

contact. All focus applicants will be contacted and asked if they would like support navigating the recruitment process should they choose to.

2.5 Ensuring a future ready workforce

Recruitment

The key time to hire average metric for the overall DHB remains under the target KPI of 50 days, although pockets of hard to fill position types remain, most notably within Mental Health and Women's Health Directorates and within the SMO workforce. Further sourcing strategy work in close collaboration with the Directorates remains a focus for early 2020. The recruitment approach for key or senior positions has been revised with an improved internal service model defined effective immediately. Reporting on aging of existing open jobs has been implemented making it easier to identify problem areas or "hot spots".

3. Future People Strategy Development

The existing People Plan has been in effect for the 2019/20 plan year. Development of a people strategy which covers the 3 year rolling period will be completed prior to the end of this plan cycle.

Northern Region Māori Workforce Employment in Priority Occupations - Quarter Ended 30 September 2019

Please refer to the reverse side (notes page) for definitions, population projection source, occupation group and ethnicity classifications.

Source: HWIP data extracts as of 4 December 2019

Report Observation:

RMOs: There are 79 Māori RMOs working in the Northern Region this quarter, similar to last quarter (80). However, the entire RMO workforce has increased 3% (43) from 1,448 last quarter to 1,491 this quarter, thus increasing the extra Māori RMOs required from 89 last quarter to 95 this quarter.

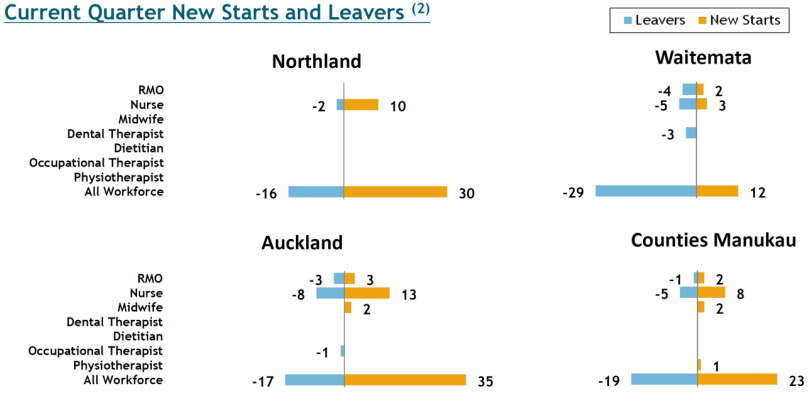
Nurses: There are 602 Māori nurses working in the Northern Region this quarter, slightly more than last quarter (592). However, the entire nursing workforce has increased 2.5% (246) from 9,922 last quarter to 10,168 this quarter, thus increasing the extra Māori nurses required from 563 last quarter to 582 this quarter.

Current Quarter Snapshot - % Māori Employed

Workforce Group	Northland	Waitemata	Auckland	Counties Manukau
RMO	9.7%	3.9%	5.7%	4.7%
Nurse	15.1%	4.7%	4.4%	5.1%
Midwife	10.0%	7.3%	6.1%	10.2%
[1]Dental Therapist	33.3%	8.7%	N/A	N/A
Dietitian	6.7%	3.9%	3.2%	2.6%
Occupational Therapist	7.0%	3.1%	1.8%	8.7%
Physiotherapist	9.5%	6.3%	2.4%	4.5%
All Workforce	18.4%	6.7%	4.7%	7.8%
2025 % Maori Target	33.9%	8.6%	7.3%	14.1%

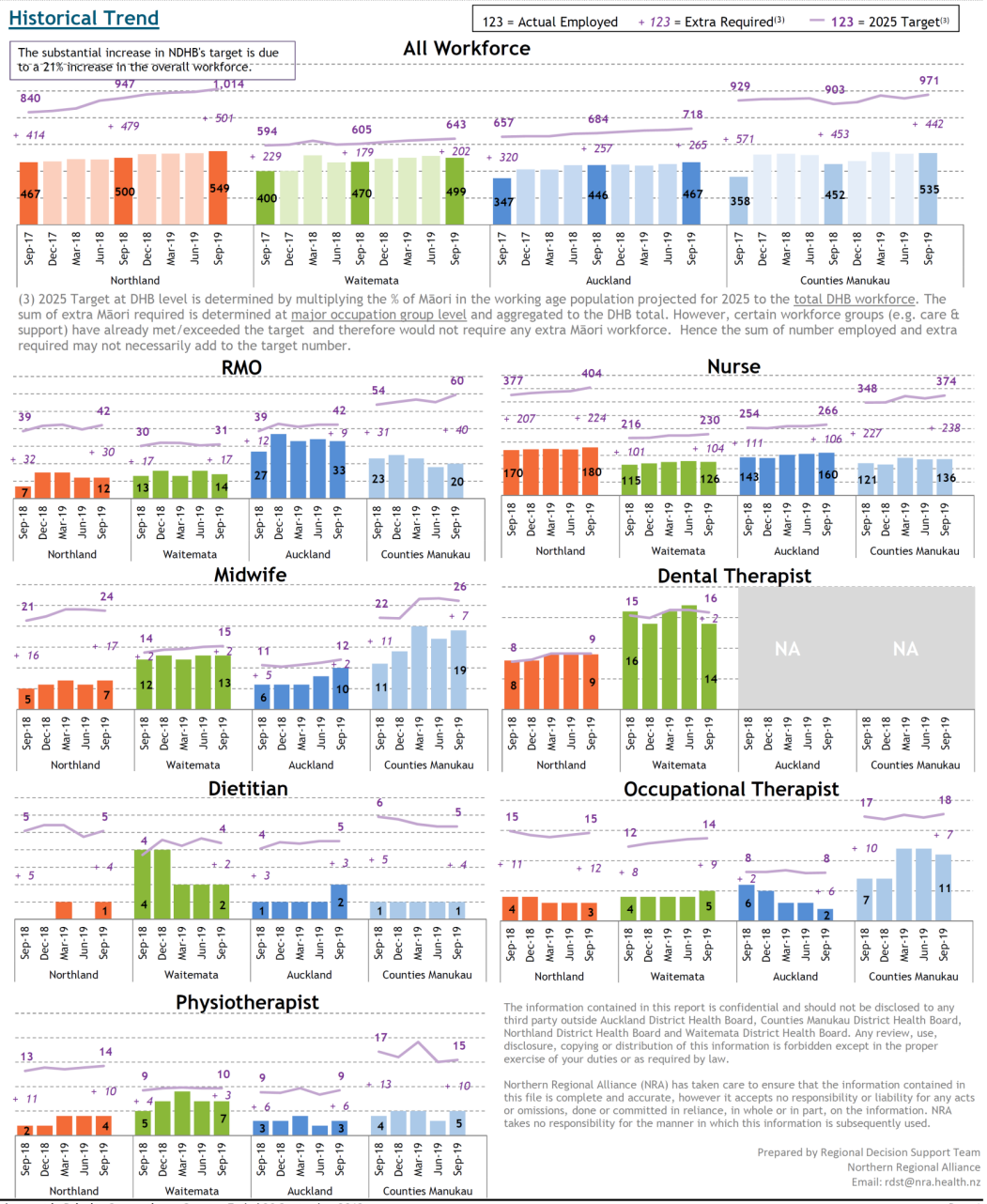
(1) Dental Therapist for Waitemata, Auckland, and Counties Manukau all have its own different target of 10% due to Waitemata operating a metro Auckland dental service and would employ dental therapists for the metro DHBs.

Current Quarter New Starts and Leavers (2)



(2) Net changes are the combination of new starts, leavers and other reasons such as retrospective change in ethnicity recorded for existing employees.

Historical Trend



(3) 2025 Target at DHB level is determined by multiplying the % of Māori in the working age population projected for 2025 to the total DHB workforce. The sum of extra Māori required is determined at major occupation group level and aggregated to the DHB total. However, certain workforce groups (e.g. care & support) have already met/exceeded the target and therefore would not require any extra Māori workforce. Hence the sum of number employed and extra required may not necessarily add to the target number.

Prepared by Regional Decision Support Team
Northern Regional Alliance
Email: rdst@nra.health.nz

Notes

1. Data is sourced from HWIP data extracts submitted by DHBs to DHBSS.
2. Figures and calculations of percentages are based on headcount, not FTE.
3. The target is based on the working age population projection (aged between 20 and 64) for the year 2025, sourced from MoH Population Projection 2018 Update.
4. Only permanent employees are included. Casuals and locums are excluded. Casual employee is identified by field "Paid Employment Status" and locum is identified by field "Job Title".
5. Employees left during the current quarter is counted in the leavers but not the total employed workforce for the quarter.
6. Where employees have secondary positions within the same ANZSCO code and identifiable by the same employee number, it is counted only once.
7. Employees with unknown ethnicity is excluded from the denominator in the calculation of percentage by ethnicity and deriving the extra required.
8. Dental therapists in metro DHBs are mostly employed at Waitemata. The target and extra required for this group is based on the ethnicity distribution of the metro Auckland population.

Workforce Groups

The workforce groupings are based on ANZSCO codes, mapped by DHBSS to the major workforce groups. The mapping table can be obtained from the Central TAS template named "DHB-Self-analysis-template-YYYY-QX.xlsx"

ANZSCO codes for Priority workforce group are:

Grouping	ANZSCO Code & Description
RMO	253112 Resident Medical Officer
Nurse	134212 Nursing Clinical Director, 254211 Nurse Educator, 254212 Nurse Researcher, 254311 Nurse Manager, 254411 Nurse Practitioner, 254412 Registered Nurse (Aged Care), 254413 Registered Nurse (Child & Family Health), 254414 Registered Nurse (Community Health), 254415 Registered Nurse (Critical Care & Emergency), 254416 Registered Nurse (Developmental Disability), 254417 Registered Nurse (Disability & Rehabilitation), 254418 Registered Nurse (Medical), 254421 Registered Nurse (Medical Practice), 254422 Registered Nurse (Mental Health), 254423 Registered Nurse (Perioperative), 254424 Registered Nurse (Surgical), 254425 Registered Nurse (Paediatrics), 254499 Registered Nurses nec, 411411 Enrolled Nurse, 411412 Mothercraft Nurse
Midwife	254111 Midwife
Dental Therapist	411214 Dental Therapist
Dietitian	251111 Dietitian
Occupational Therapist	252411 Occupational Therapist
Physiotherapist	252511 Physiotherapist

Ethnicity

1. Population projections contain ethnicity groups of Māori, Pacific, Asian and Other.
2. The HWIP data extracts submitted by DHBs to DHBSS are grouped to match the population projections (i.e. Māori, Pacific, Asian, Other).
3. The HWIP technical documents (https://tas.health.nz/assets/SWS/HWIP/2018/HWIP-Code-Set-2018-V.9.pdf) state that "Ethnicity data must be recorded at level 4 (the most detailed level of the classification)". Codes and descriptions are included in the technical document at level 4. A full list of levels 1 - 4 can be found on the Ministry of Health website

MoH Level 2 codes are grouped as follows:

Ethnicity Group	Level 2 Ethnicity Code and Description
Māori	21 Māori
Pacific	30 Pacific Island NFD , 31 Samoan , 32 Cook Island Māori , 33 Tongan , 34 Niuean , 35 Tokelauan , 36 Fijian , 37 Other Pacific Island
Asian	40 Asian NFD , 41 Southeast Asian , 42 Chinese , 43 Indian , 44 Other Asian
Other	10 European NFD , 11 NZ European/Pakeha , 12 Other European , 51 Middle Eastern , 52 Latin America/Hispanic , 53 African , 54 Other MELAA , 61 Other
Ethnicity Not Stated	94 unknown dimension , 95 Declined to state , 97 Unspecified , 99 Not stated , No value recorded

Northern Region Pacific Workforce Employment in Priority Occupations - Quarter Ended 30 September 2019

Please refer to the reverse side (notes page) for definitions, population projection source, occupation group and ethnicity classifications.

Source: HWIP data extracts as of 4 December 2019

Report Observation:

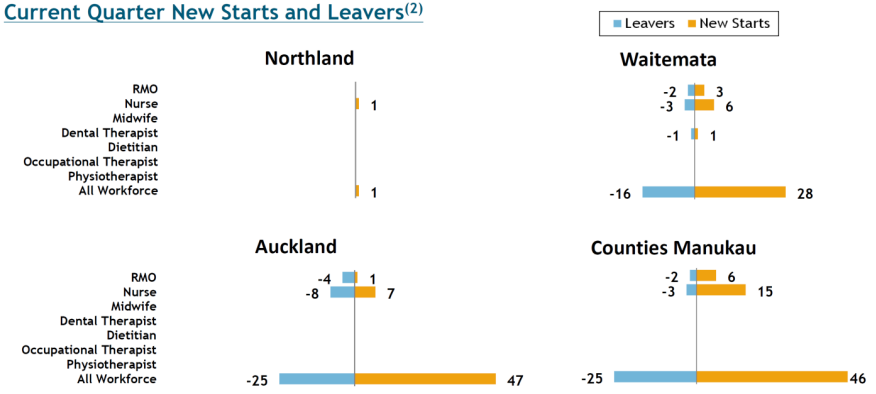
Nurses: There are 625 Pacific nurses working in the Northern Region this quarter, 5.2% (31) more than last quarter (594). The majority of the increase is attributable to CMH (26 of 31 additional Pacific nurses). However, the entire nursing workforce has increased 2.5% (246) from 9,922 last quarter to 10,168 this quarter, thus resulting in similar numbers of extra Pacific nurses required this quarter (534 current qtr vs 537 last quarter).

Current Quarter Snapshot - % Pacific Employed

Workforce Group	Northland	Waitemata	Auckland	Counties Manukau
RMO	2.4%	3.6%	1.7%	7.3%
Nurse	1.1%	3.4%	6.1%	11.2%
Midwife	0.0%	4.0%	0.6%	4.3%
[(1)]Dental Therapist	0.0%	8.7%	N/A	N/A
Dietitian	0.0%	0.0%	3.2%	2.6%
Occupational Therapist	0.0%	2.5%	5.5%	5.6%
Physiotherapist	0.0%	3.6%	0.8%	0.9%
All Workforce	1.1%	5.6%	8.7%	12.9%
2025 % Pacific Target	2.4%	7.1%	9.3%	21.0%

(1) Dental Therapist for Waitemata, Auckland, and Counties Manukau all have its own different target of 12% due to Waitemata operating a metro Auckland dental service and would employ dental therapists for the metro DHBs.

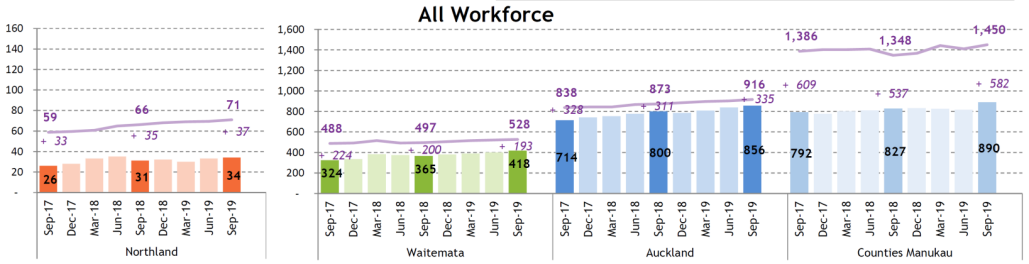
Current Quarter New Starts and Leavers[(2)]



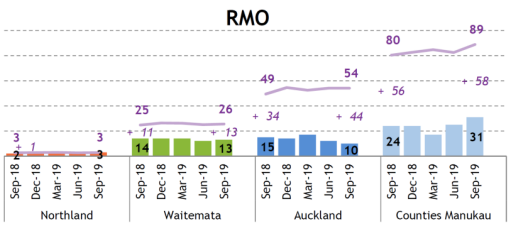
(2) Net changes are the combination of new starts, leavers and other reasons such as retrospective change in ethnicity recorded for existing employees.

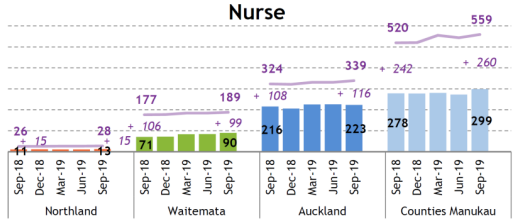
Historical Trend

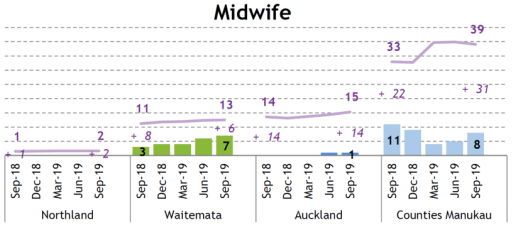
123 = Actual Employed + 123 = Extra Required[(3)] 123 = 2025 Target[(3)]

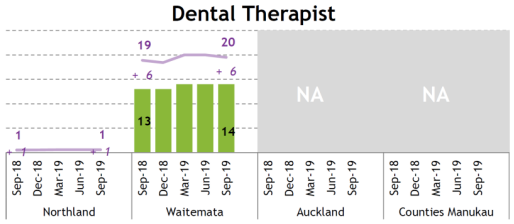


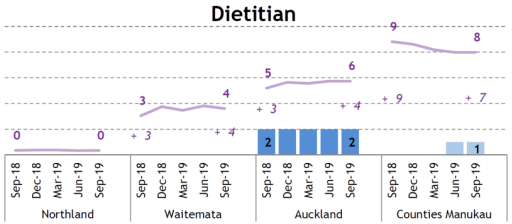
(3) 2025 Target at DHB level is determined by multiplying the % of Pacific in the working age population projected for 2025 to the total DHB workforce. The sum of extra Pacific required is determined at major occupation group level and aggregated to the DHB total. However, certain workforce groups (e.g. care & support) have already met/exceeded the target and therefore would not require any extra Pacific workforce. Hence the sum of number employed and extra required may not necessarily add to the target number.

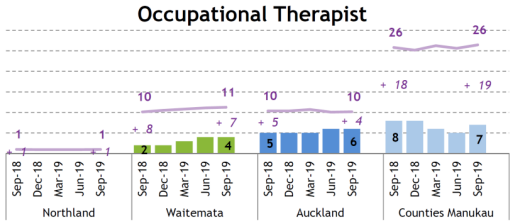


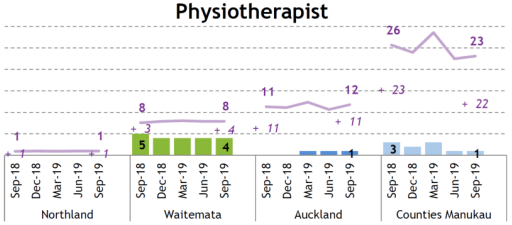












Prepared by Regional Decision Support Team
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Notes

1. Data is sourced from HWIP data extracts submitted by DHBs to DHBSS.
2. Figures and calculations of percentages are based on headcount, not FTE.
3. The target is based on the working age population projection (aged between 20 and 64) for the year 2025, sourced from MoH Population Projection 2018 Update.
4. Only permanent employees are included. Casuals and locums are excluded. Casual employee is identified by field "Paid Employment Status" and locum is identified by field "Job Title".
5. Employees left during the current quarter is counted in the leavers but not the total employed workforce for the quarter.
6. Where employees have secondary positions within the same ANZSCO code and identifiable by the same employee number, it is counted only once.
7. Employees with unknown ethnicity is excluded from the denominator in the calculation of percentage by ethnicity and deriving the extra required.
8. Dental therapists in metro DHBs are mostly employed at Waitemata. The target and extra required for this group is based on the ethnicity distribution of the metro Auckland population.

Workforce Groups

The workforce groupings are based on ANZSCO codes, mapped by DHBSS to the major workforce groups. The mapping table can be obtained from the Central TAS template named "DHB-Self-analysis-template-YYYY-QX.xlsx"

ANZSCO codes for Priority workforce group are:

Grouping	ANZSCO Code & Description
RMO	253112 Resident Medical Officer
Nurse	134212 Nursing Clinical Director, 254211 Nurse Educator, 254212 Nurse Researcher, 254311 Nurse Manager, 254411 Nurse Practitioner, 254412 Registered Nurse (Aged Care), 254413 Registered Nurse (Child & Family Health), 254414 Registered Nurse (Community Health), 254415 Registered Nurse (Critical Care & Emergency), 254416 Registered Nurse (Developmental Disability), 254417 Registered Nurse (Disability & Rehabilitation), 254418 Registered Nurse (Medical), 254421 Registered Nurse (Medical Practice), 254422 Registered Nurse (Mental Health), 254423 Registered Nurse (Perioperative), 254424 Registered Nurse (Surgical), 254425 Registered Nurse (Paediatrics), 254499 Registered Nurses nec, 411411 Enrolled Nurse, 411412 Mothercraft Nurse
Midwife	254111 Midwife
Dental Therapist	411214 Dental Therapist
Dietitian	251111 Dietitian
Occupational Therapist	252411 Occupational Therapist
Physiotherapist	252511 Physiotherapist

Ethnicity

1. Population projections contain ethnicity groups of Māori, Pacific, Asian and Other.
2. The HWIP data extracts submitted by DHBs to DHBSS are grouped to match the population projections (i.e. Māori, Pacific, Asian, Other).
3. The HWIP technical documents (https://tas.health.nz/assets/SWS/HWIP/2018/HWIP-Code-Set-2018-V.9.pdf) state that "Ethnicity data must be recorded at level 4 (the most detailed level of the classification)". Codes and descriptions are included in the technical document at level 4. A full list of levels 1 - 4 can be found on the Ministry of Health website

MoH Level 2 codes are grouped as follows:

Ethnicity Group	Level 2 Ethnicity Code and Description
Maori	21 Māori
Pacific	30 Pacific Island NFD , 31 Samoan , 32 Cook Island Māori , 33 Tongan , 34 Niuean , 35 Tokelauan , 36 Fijian , 37 Other Pacific Island
Asian	40 Asian NFD , 41 Southeast Asian , 42 Chinese , 43 Indian , 44 Other Asian
Other	10 European NFD , 11 NZ European/Pakeha , 12 Other European , 51 Middle Eastern , 52 Latin America/Hispanic , 53 African , 54 Other MELAA , 61 Other
Ethnicity Not Stated	94 unknown dimension , 95 Declined to state , 97 Unspecified , 99 Not stated , No value recorded

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand 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 item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 18 December 2019	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.1 Endorsement of Resolution of the Executive Committee of the Board - Managing clinical risk for general and cardiac ultrasound during APEX Sonography industrial action	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management	**Commercial Activities** Information contained in this report is	That the public conduct of the whole or the relevant part of the meeting would

Update	related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time.	be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executives Confidential Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Human Resources Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and Assurance Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.1 Review of 2020/21	**Commercial Activities** Information contained in this report is	That the public conduct of the whole or the relevant part of the meeting would

Annual Plan – draft 1 for Auckland DHB	related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Auckland DHB Single Provider Specialist Palliative Care	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 Strategic Themes and Strategy Development	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 Committee Membership	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.5 Commercial Services Transport and Parking Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.6 Building for the Future	**N/A**	That the public conduct of the whole or the relevant part of the meeting would

Business Case		be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10 Discussion Reports - Nil	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 Auckland DHB Planned Care Update (Elective Services)	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
12 General Business	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]