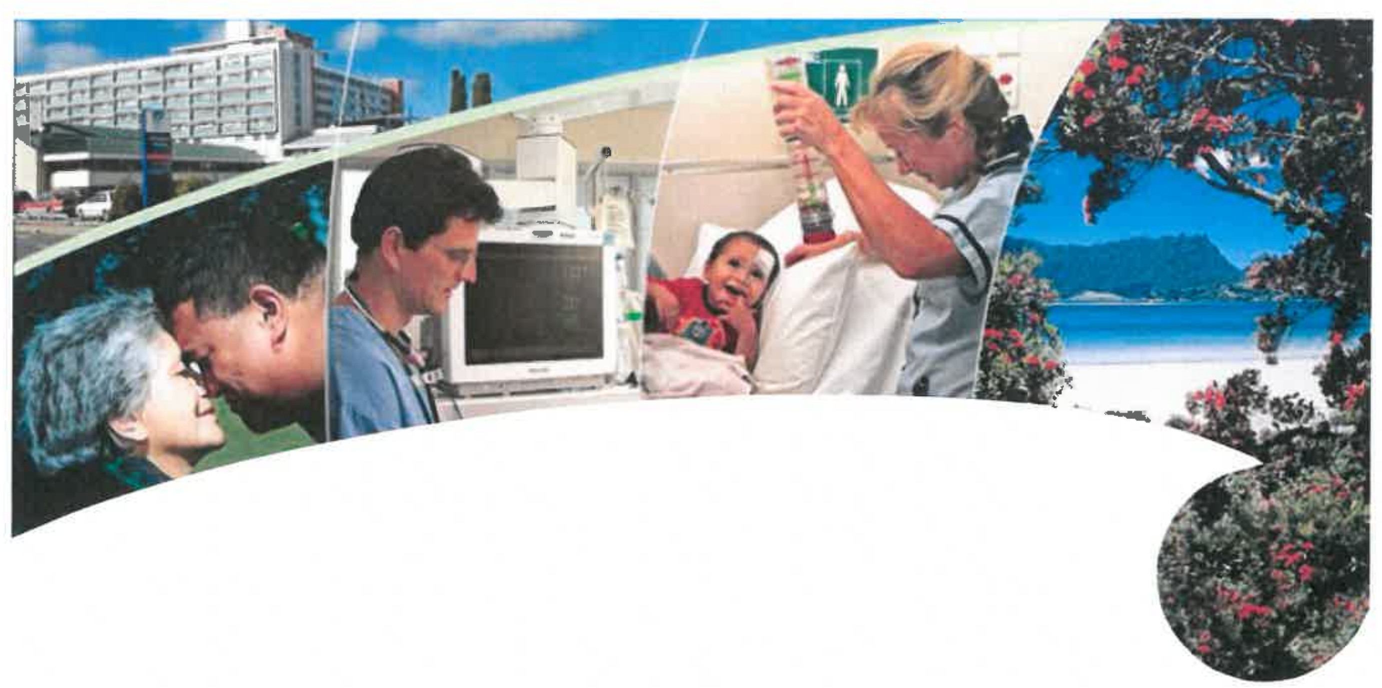


Northland District Health Board

AGENDA

DATE: Monday 6 March 2017

TIME: 11.00am

VENUE: Tangihua Meeting Room
Tohora House
Whangarei Hospital

AGENDA

BOARD MEETING – PART I
MONDAY 6 MARCH 2017

Time	Item	Description	Page
11.00 am		Karakia	
		Apologies	
		Register of Interests	4
		• 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?	
		Attendance Register	7
11.05 am	1.0	Board Minutes	9
		1.1 Confirmation of Minutes 31 January 2017	10
		1.2 Matters/Actions Arising	17
11.10am	2.0	Quality & Safety Governance	18
		2.1 Summary Report – February 2017	19
11.30 am	3.0	Chair's Report	37
11.40 am	4.0	CEO's Report	39
11.55 am	5.0	Decision Papers	49
11.55 am	6.0	System Performance	50
		6.1 Health & Safety Report	51
		6.2 Maori Health Directorate Update	56
		6.3 Health Targets	62
		6.4 Finance Report	73
		6.5 NDHB Funded Services Dashboard	91
12.45 pm	7.0	Information Papers & Updates	92
12.45 pm	8.0	Next Meeting Details	93
12.45 pm	9.0	Resolution to Exclude the Public	94

BOARD MEETING – PART II
PUBLIC EXCLUDED SECTION

	10.0	Confirmation of Public Excluded Minutes	
		10.1	Confirmation of Minutes 31 January 2017
		10.2	Matters/Action Arising
	11.0	Decision Papers	
		11.1	Draft Annual Plan 2017/18
		11.2	Bay of Island Development Construction Contract
		11.3	Whangarei Hospital Site Master Plan
	12.0	Information Papers	
		12.1	Northern Region Long Term Investment Plan
		12.2	Northland Place-Based Initiative Kainga Ora – Progress Report
		12.3	Project Office Report
	13.0	Risk Management/Initiatives	
3.30pm		Closure	

NORTHLAND DHB - BOARD MEMBERS INTERESTS REGISTER

Name	Interest	Date Updated
BAIN John	• Councillor - Northland Regional Council • Chairman - Order of St John Whangarei • Member – St John Chapter • Member – St John Northern Region Trust Board • Board Member - Sport Northland • Director - Club 21 Ltd • Director - Noble Imports Ltd. • Director -Banjo Trading Co Ltd • Trustee – Northland Road Safety Trust	5/12/16
BROWN Craig	• Director - Serene Developments • Trustee - Serene Trust Helen Macrae Brown (Wife) • Employee - Northland DHB	5/12/16
BROWN Sue	• Owner and Executive Director – Papatoetoe Residential Care • Director and Business Advisor – KiwiAnnia Care Ltd • Chair – Auckland Northland Regional Bridge Committee • Treasurer – Kerikeri RSA • Business Advisor – Andra Healthcare Ltd	18/1/17
EVANS Debbie	• CEO – Kaipara Community Health Trust (KCHT) • KCHT Community Representative – Kaipara Total Health Care Joint Venture Board • KCHT Representative Kaipara Care Committee • Member Dargaville Integrated Family Health Centre Committee • Member – Community Organisations Grant Scheme (COGS) Grants Allocation Panel • Member – Northland Community Foundation Grassroots Funding Allocation Committee • Member – Rural Women • Capacity Partner – Springboard Trust • Member Habitat for Humanity Dargaville Sub-committee Family Members associated with NDHB employment/programmes • Bernadette Buisman, Registered Nurse – Renal Unit • George McNally, Lecturer at North Tec – Nursing Department	4/1/17
JENSEN Denise	• Chief Financial Officer and Company Secretary – New Zealand Refining Company Limited • Chair – Independent Petroleum Laboratories Limited • Director – New Zealand Refining Nominees Limited • Chair of Trustees – The New Zealand Refining Company Pension Fund	5/12/16
JONES Libby	• Councillor – Kaipara District Council • Deputy Chair – Otamatea High School • Deputy Chair - Rural Support Northland • Trustee - Sport Northland • Deputy Chair - Paparoa Medical Society • Member - Rural Health Alliance Aotearoa New Zealand (RHAANZ) • Clinical Supervisor - of staff member Manaia PHO • It's Not Ok Family Violence Awareness Champion - Rodney/Otamatea • Manager Jigsaw North Family Services	29/1/17

Name	Interest	Date Updated
KITCHEN Colin	• Councillor – Far North District Council (Te Hiku Ward) • Member – FNDC Community Development and Services Committee, Member – FNDC Audit and Finance Committee • Employee – NZ Fire Service (Volunteer Support Officer) • Chairman – Northland Civil Defence Emergency Management • Board member – Northern Rural Fire Authority • FNDC representative on Volunteering Northland Raina Kitchen (Wife) • Employee – Whakawhiti Ora Pai Community Health Service	5/12/16
MACAULEY Sally	• Representative - Northern Regional DHB Executive • Councillor – Far North District Council • FNDC Committee member: Corporate, Strategy and Operations • Chairman – FNDC Creative Communities – Creative NZ • Chairman – Northland Community Response Forum (MSD) • Chairman – Bay of Islands Arts Festival Trust • Director/Trustee – Kerikeri International Piano Competition Trust • Director – Kaikohe Education Trust • Director- Kaikohe Community and Youth Centre Trust • Judicial and Ministerial Justice of the Peace – Far North Justice of the Peace Association Inc. • Latterly visiting Justice Northern Regional Corrections Facility • Northern Regional Representative – Benefits Review Committee (WINZ) Peter Macauley (Husband) • Partner Palmer Macauley Lawyers • Member of Priority Chapter NZ St John	23/1/17
McCABE June	• Director, Avanti Finance Limited • Director, Galatos Finance Limited • Director, Sustainable Prosperity NZ Limited • Director Procare Health Ltd • Director Te Waka Pupuri Putea Limited (A subsidiary of Te Rarawa Runanga) • Member – Maori Liaison Committee – Law Commission • Consultant – JBWere (NZ)Pty Ltd • Director – Procare Networks Ltd • Chair – Procare Charitable Foundation • Director – Te Whainga Putea Ltd (subsidiary of Te Rarawa Runanga) • Trustee – Te Waka Pupuri Putea Trust • Executive Director – Taitokerau Fibre Networks Ltd • Taitokerau Northland Economic Advisory Group Iwi Affiliations Ngapuhi, Te Rarawa, Te Aupouri, Ngati Kahu, Ngati Kaharau	5/12/16
PAYINDA Gary	• Employee – Northland DHB • Member – Huanui College Advisory Board Kristy Wolff (Wife) • Employee - Northland DHB	5/12/16
SHEA Sharon	• Principal - Shea Pita Associates Ltd • Board member – Auckland DHB • Contract with Manaia PHO to deliver workforce development training • ADHB/WDHB – Maori Integrated contracts • Children's Action Plan Directorate – member Advisory Group looking at data • Safe Communities Foundation NZ – Work on pilot outcomes framework	5/12/16

Name	Interest	Date Updated
	• Te Runanga o Te Rarawa – outcomes project. • MOH - national Results Based Accountability training for Maori health providers • Plunket – Outcomes implementation framework • Te Putahitanga o Te Waipounamu Whanau Ora Commissioning Agency – multiple management consulting projects Morris Pita (Husband) • Part owner Turuki Pharmacy Ltd, Auckland • Board member - Waitemata DHB Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua	

MEMBER ATTENDANCE - Financial Year - 1 JULY 2016 - 30 JUNE 2017

	2016						2017					
BOARD	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
Sally Macauley (Chair)	✓	✓		✓	✓		✓					
John Bain	✓	✓		✓	✓		✓					
Craig Brown	×	✓		✓	✓		✓					
Sue Brown (Deputy Chair)							✓					
Debbie Evans	✓	×		✓	✓		✓					
Denise Jensen	✓	✓		✓	✓		✓					
Libby Jones							✓					
Colin Kitchen	✓	✓		✓	✓		✓					
June McCabe	✓	✓		✓	✓		✓					
Gary Payinda							✓					
Sharon Shea	✓	×		×	✓		✓					
Tony Norman	✓	✓		✓	✓							
Chris Reid	✓	✓		✓	✓							
Bill Sanderson	✓	✓		✓	✓							

MEMBER ATTENDANCE - Calendar Year - 1 JANUARY - 31 DECEMBER 2017

	2017											
BOARD	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Sally Macauley (Chair)	✓											
John Bain	✓											
Craig Brown	✓											
Sue Brown (Deputy Chair)	✓											
Debbie Evans	✓											
Denise Jensen	✓											
Libby Jones	✓											
Colin Kitchen	✓											
June McCabe	✓											
Gary Payinda	✓											
Sharon Shea	✓											

No meeting held
Term commenced 5.12.16
Term of office concluded

1.0 BOARD MINUTES

1.1 Confirmation of Minutes 31 January 2017
1.2 Matters/Actions Arising

DRAFT MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD

HELD ON TUESDAY 31 JANUARY 2017
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL

COMMENCING AT 1.15PM

PRESENT

Sally Macauley (Chair)
John Bain
Craig Brown
Sue Brown
Debbie Evans
Denise Jensen
Libby Jones
Colin Kitchen
June McCabe
Gary Payinda
Sharon Shea

IN ATTENDANCE
Nick Chamberlain, Meng Cheong, Jeanette Wedding, Sam Bartrum, Margareth Broodkoorn, Kathryn Leydon, Andrew Potts, Neil Beney, Ian McKenzie, Harold Wereta, Pip Zammit, John Wansbone (part)
Sarah Hunt (notes)

APOLOGIES
There were no apologies

FIRE PROCEDURES
The fire exits were noted

REGISTER OF INTERESTS
The Register of Interests was noted

ATTENDANCE REGISTER
Register was noted.

1. **BOARD MINUTES**

1.1. Confirmation of Minutes 21 November 2016

IT WAS MOVED THAT the minutes of the meeting held on 21 November 2016 be accepted.

MOVED John Bain: SECONDED Sharon Shea **CARRIED**

1.2. Matters/ Actions Arising

1.2.1 Review of Q10 and 11 of Patient Experience Electronic survey

- Recognising these were new questions included in October 2016. Outcome from working with Maori health directorate.
- Engaging effectively with Maori training implemented from November 2016.
- Questions are appropriate, was about data and knowing what it meant.

1.2.2 Further detail of staff vs. staff aggressive behaviour

- Concern about number of inappropriate behaviour by staff to staff.
- None of these were significant events, weren't threats or acts of violence.
- Quarrels – "raised their voice at me", "talked over me"

- Keep the threshold in the report.
- Reporting in Datix will focus on reporting on bullying behaviour.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – January 2017

Director of Nursing & Midwifery spoke to the report, which was taken as read.

- Compliments and complaints reduced over December period
- Response to complaints within 20 days is improving
- Falls data is improving

Patient Story
- Both congratulatory stories.
- Raised the importance of ensuring everyone is aware that there is a health shuttle service available.

Patient experience
- Q13 and 15 – some good improvements around patient and whanau centred care.
- Setting and being part of the conversations about discharge and dates of discharge.
- Q18 – communication, information and how patients are treated are the top 3 things. In the context of each patient

Patient Safety and Quality Improvement Plan 2016 - 2018
- Key messages about accountability and shared responsibility within the organisation.
- As a Plan it aligns with Northland Health Services Plan, HQSC and Regional work being done with Auckland Metro DHBs.
- Any comments back to Director of Nursing & Midwifery
- Survey only conducted at Whangarei Hospital currently.
- Will be a formal signoff by the Board together with formal reporting.

3. CHAIR'S REPORT

The Chair spoke to her report, which was taken as read

Key Issues and Discussion Points
- DHB Executive which meets in Wellington four times per year representing the Northern Region.
- DHB Chairs with CEO's meeting very good. Attending that meeting with questions regarding funding and requesting more information.
- Minister spoke to the Chairs on 8 December regarding Annual Plans.

IT WAS MOVED THAT the Board receive the Chair's report.

MOVED Sally Macauley: SECONDED Colin Kitchen **CARRIED**

4. CEO'S REPORT

The CEO spoke to his report, which was taken as read

Key Issues and Discussion Points
- **Neighbourhood Healthcare Homes** and progressing work with the 6 practices. Looking at April for some more EOIs, possibly have them as sequential rather than another block of 6.
- **Tai Tokerau Indigenous Health system** – challenging but good progress being made. Some uncertainty and risk involved.

- The Board has requested early notice of engagement requirements to free up diaries accordingly.
- Will request that GM Maori Health determine format for regular reporting to the Board.
- Expectation of the Indigenous Health System model is to have all agencies working together rather than pieces of work being done in silo's.
- Minister Parata's expectation is that Education, Health, Police, Corrections, MSD are aligned.
- **Social Investment Board** – valuable children, not vulnerable children. Indigenous health system only has a focus on health. Broader social agencies need to be included in these conversations.
- **Useful to have longer strategic session about Indigenous Health system and social investment later in the year.**
- Work to improve the results around Health Target **Raising Healthy Kids.**
- Obesity strategy target about referring 4 year olds that hit a certain BMI at their Before School Check (B4SC). Referral to GP or other health professional to engage in assessment. Target is how fast that referral is acknowledged. B4SC contracts Manaia PHO provide that service for all of Northland. **GM Child, Youth, Maternity to work on this and report back at the next meeting.**
- Ministry have allocated funding to do something with the 'next steps'. Submissions currently being prepared. Will be working to support GPs but this still to be determined. Some opportunities around dieticians and working with the whole family.
- ProCare doing a pilot in Auckland. How to help GP as they don't have time and resources. Additional support to be provided via phone. MSD funding initiative. **June McCabe to report back on that as it progresses.**
- Submission Community Water Fluoridation Bill. Previous Board supported implementation of Fluoridation. DHB not required to consult with community – being done at a national level.
- Two new **additional funded projects**: Methamphetamine pilot $2m and $1m for Pregnancy and Preventing service. No indication of on-going funding, funding currently coming from Proceeds of Crimes Act.
- **Waitangi Tribunal Claim**. Received supplementary questions. Hearing went well.
- **RMO strikes**. Particularly challenging. Support for the action taken by Chief Executive. Not insignificant disruption. Ethics and governance of RDA discussed.
- Challenges with flights to and from Whangarei. Being addressed.
- Ministry of Education own **The Pulse**. Gave The Pulse 15 year lease which expired in 2017. Chief Executive to send a letter on behalf of DHB with support from other agencies. Discussion occurred regarding the history of the formation of the Pulse. There is some time before final decision is made. Copies of the letters to be sent to the Board members for their information.

IT WAS MOVED THAT the Board receive the CEO's report.

MOVED Sharon Shea : SECONDED Craig Brown **CARRIED**

5. DECISION PAPERS

5.1. Bad Debts for Write off

Key Issues and Discussion Points

- Error highlighted in papers – should be 38 debtors, not 35
- Largest was $8400 from overseas debtor who passed away.

IT WAS MOVED THAT the Board writes off up to $26,564.87 as bad debts noting that these fall well within the provision for doubtful debts.

MOVED June McCabe: SECONDED Sue Brown **CARRIED**

5.2. Board Committee Appointments

Key Issues and Discussion Points

- Note that Sue Brown should be included in CPHAC/ DiSAC
- Gary Payinda requested to just be a member of HAC and Board due to scheduling difficulties.
- Board members are invited to attend all meetings. Only advisory.
- Board updated last meeting on process that GM Maori Health was undertaking to work with iwi chairs as technical advisory group to determine maori partnership/ governance going forward. Maori Health Gains Council in abeyance until that's finalised.

IT WAS MOVED THAT the Board approves the following appointments for CPHAC/ DiSAC, HAC and Audit, Finance & Risk Management committees for a term 1 March 2017 to 30 November 2019. Appointment of external members is subject to the recommended external appointees completing a conflict of interest statement.

CPHAC/ DiSAC: Libby Jones (Chair), Craig Brown, Sally Macauley, Colin Kitchen, Sharon Shea, Beth Cooper (external member), Beryl Wilkinson (external member), Jonny Wilkinson (external member), Sue Brown

HAC: John Bain (Chair), Sue Brown, Debbie Evans, Denise Jensen, Libby Jones, Sally Macauley, Gary Payinda

Audit, Finance & Risk Management Committee: June McCabe (Chair), Craig Brown, Sue Brown, Denise Jensen, Sally Macauley

MOVED Colin Kitchen: SECONDED Craig Brown **CARRIED**

5.3. Board Governance Policies and Committee Terms of Reference

Taken as read.

IT WAS MOVED THAT the Board

Approves the following the governance policies:

- **Code of Conduct; Conflict of Interest; Board Members Fees and Expenses; Board Standing Orders**

Approves the following advisory committee terms of reference:

- **Hospital Advisory Committee (HAC); Community & Public Health and Disability Support Advisory Committee (CPHAC/ DiSAC); Audit, Finance & Risk Management Committee (AFRMC)**

MOVED Craig Brown: SECONDED John Bain **CARRIED**

6. SYSTEMS PERFORMANCE

6.1. Health Targets

Key Issues and Discussion Points

- Disappointing month for immunisation. Next quarter will have substantial number of declines. Have families who have started vaccinations and then don't complete. Process for DHB now ensures no family is missed, however declines in Northland is the highest in the country.
- Faster cancer treatment. Last month (Dec) was over 85%. Expecting to be over 85% this month. Small subset of cancer patients. Clinically lead with pathway development.

- Patients in ED less than 6 hours – has remained the same as Nov 2015. This report provides the Board with month by month and YTD by quarter data. Challenging given there is no AAU. No space until new hospital is built.
- Will bring site master plan to the Board at the next meeting.

6.2. Finance Report

The Chief Financial Officer spoke to the Financial Report. The report was taken as read

Key Issues and Discussion Points
- Overall hospital activity continues to be 9% greater than budget, year on year.
- Retrospective adjustment reducing capital charge from 8% to 7%.
- Include debt equity conversion, intro of disciplines long term investment plan, investor confidence ratings, and proposed new Capital fund.
- Salary costs variable to budget – offset by weekend surgeries, locum cover.
- Clinical expenses unfavourable to budget
- PHARMAC and NZ HealthPartnerships slow national procurement activity. Northern region has initiated a regional procurement exercise on renal fluids.
- Local tenders underway include food services, cleaning services, staff air transport services. Negotiations with St John on hospital to hospital transfers.
- Expect a favourable January result due to annual leave taken by non-clinical staff over Christmas.
- Significant additional work to meet ESPI compliance due to 2 strikes
- Still forecasting a better than breakeven result, however have reservations that DHB will meet the $2.0M surplus.
- Food services contract – locally supplied food. In the tender documentation regarding local culture, sustainability, have asked each tender respondent how they will deal with local product. Position statement. Preference for cook fresh, not cook freeze or cook chill. Will not be going into national contract with Compass.
- Savings initiatives. $10M was embedded into bottom up budgets, results are based on that $10M savings. Detail is reviewed monthly with GM's but will include detail in reports moving forward.
- John Bain didn't take part in discussion on patient transport due to membership of St John.

6.3. NDHB Funded Services Dashboard

The Chief Financial Officer spoke to the Financial Report. The report was taken as read

Key Issues and Discussion Points
- Health of Older People – has seen significant growth year on year in ARRC volumes and price. This year has tapered off. $234k unfavourable is for in between travel costs for HBSS.
- IDFs favourable variance is release of money to support provider arm activity
- Community pharmacy is an anomaly – additional PHARMAC funding for oncology drugs. Provider arm has unfavourable. Just about balance but keeping close watch.
- This dashboard requires improvement. Gives some information but doesn't show whether what is being invested in is making a difference. Chief Financial Officer to make improvements to show this.

7. INFORMATION PAPERS & Updates

There were no papers for consideration.

8. NEXT MEETING DETAILS

The next meeting will be held at 11am, Monday 6 March 2017, in the Tangihua Meeting Room, Tohorā House, Whangarei Hospital.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:
That the public be excluded from the following part of this meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;

Agenda item and general subject of the matter to be discussed		Reason	Reference
10.	Confirmation of minutes for meeting held on 21 November 2016 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Change in Capital Finance Policy 11.2 Primary Care Configuration 11.3 Boiler Conversion Kaitaia Hospital	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9(2)(j)
12.	Information Reports & Updates 12.1 Project Office Report 12.2 Draft Minutes Audit, Finance & Risk Management Committee Meeting 28 November 2016	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9(2)(j)
13.	Risk Management/Initiatives	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9(2)(j)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED June McCabe: SECONDED Debbie Evans **CARRIED**

10. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

11. DECISION PAPERS

The submissions were approved

12. INFORMATION UPDATES

The updates were discussed

13. RISK MANAGEMENT/ INITIATIVES

The issues were discussed

The meeting closed at 4.11pm

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting

CHAIR ______________________________ DATE ______________________________

ACTIONS ARISING FROM THE MINUTES OF THE NORTHLAND DHB MEETING ON TUESDAY 31 JANUARY 2017

	ACTION	BY	WHEN
1.	Strategic session about Indigenous Health system and social investment	Chief Executive	TBA
2.	Report on activities to support Health Target Raising Healthy Kids. *Verbal report to meeting*	GM Child, Youth, Maternal, Oral & Public Health	March 2017
3.	Copies of the letter sent to the Minister regarding the Pulse to be sent to the Board members for their information *Actioned*	Chief Executive	ASAP
4.	NGO dashboard redevelopment. *Verbal report to meeting*	Chief Financial Officer	March 2017

2.0 QUALITY & SAFETY GOVERNANCE

2.1 Summary Report – February 2017

Quality & Safety Governance Summary Report – February 2017

Patient Story No. 1

I just wanted to give a big thank you for taking care of me (and everyone else) these past 7 days and 6 nights. You showed so much kindness and didn't ever stop being there for me. One might think it would be difficult to have an injury like this in a foreign country but you all made me feel happy and at home. There were definitely a few times where I was nervous, especially one night when I couldn't breathe and you reassured me with some TLC and medication. I think I am finally ready to leave the hospital as much fun as it was. Good to know you will still be there for the next silly or sick person that passes through.

Patient Story No. 2

I was a patient in Whangarei Hospital ward 1 for a revision of a hip replacement. I want to let you know how I was treated as I suppose a lot of patients are perhaps quicker to offer criticism instead of praise. All the staff were absolutely wonderful without exception, from the ladies who did the cleaning to the senior nursing staff. The nurses would introduce themselves when they came on duty, and assured us they would help us in any way possible. They were gently spoken and sincere, and their friendly and professional manner imparted confidence. When I queried a new medication a person brought up written information to explain it to me, and reassure me.

A patient needed major changes to their pain relief in the middle of the night- and staff came over and took her seriously-took her for an xray and made her comfortable. I cannot comment highly enough on the performance of everyone I met in the hospital, whatever their designated job was. Everyone I spoke to was cheerful, helpful and friendly.
The meals were very good, with a wide variety to choose from and were nicely presented.
Everything was very clean and the staff very focussed on their hand washing between patients. I am very grateful to have had my surgery in this hospital. Thank you all so much.

Patient Story No. 3

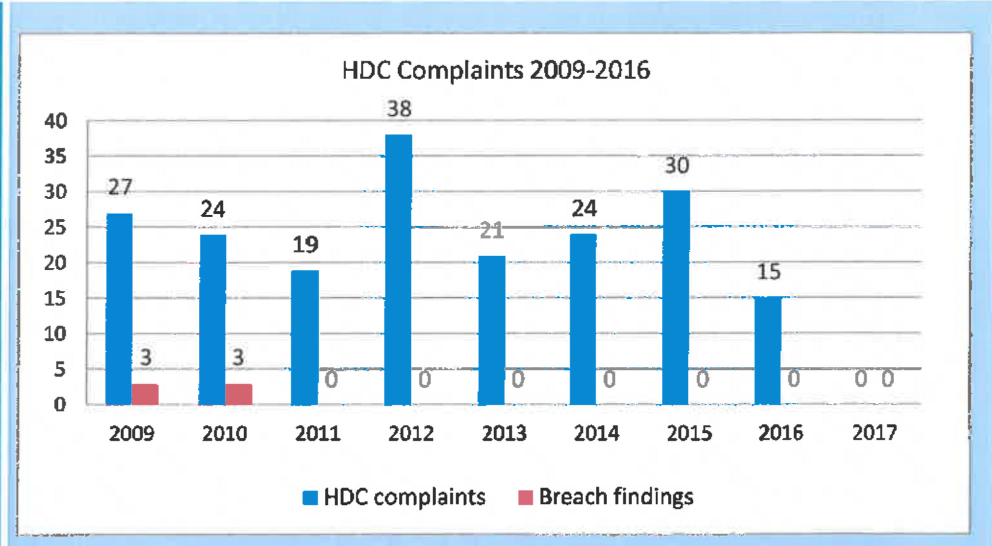
Last year, X, had a major operation. X spent a few days in the ward post operation. During that time the pain team did not seem to manage her pain at all well. X is now back in the ward with a post operation infection. Four weeks later she was still in hospital, the staff were unable to get a vein to give her intravenous antibiotics and was told that she would receive a PICC (peripherally inserted central catheter) line as soon as possible. She waited for 2 days for this to happen. I understand that you are busy but this is not good enough. After receiving the PICC line we were told she could go home. The problem with this is that no one had bothered to ask how she felt or check her wound. It was clear to me that she was not well and after looking at her wound myself I could see that it was infected again and weeping pus. We were repeatedly told we should go home and it wasn't until we got the head nurse of the ward to actually look at the wound that we finally got someone to realize that X was not well. How you can let someone go for 2 days without intravenous antibiotics when they clearly need it my view this is extremely poor care.(Abridged)

Outcome :
Acknowledgement of X's unpleasant experience and apology given. It had been explained to the patient that she was an anaesthetic risk because of various issues and the complexity of her pain history. X had been on IV antibiotics but while waiting for the PICC line was on oral antibiotics The delay in the PICC line insertion was due to the backlog of acute theatre cases. In an effort to increase the availability of service and reduce the time to PICC line the DHB has now trained anaesthetic technicians to do PICC line insertions.

Patient Experience	Trend
Compliments *Aug 15 = 86* *Sept 15 =73* *Oct 15 = 86* *Nov 15 = 68* *Dec 15 = 58* *Jan 16 = 91* *Feb 16 =83* *Mar 16= 88* *Apr 16 = 92* *May 16 = 113* *Jun 16 = 91* *July 16 = 93* *Aug 16 =89* *Sept 16 = 94* *Oct 16 =- 88* *Nov 16= 106* *Dec 16 = 65* *Jan 17=75*	Compliments / Bed days u Chart Number - Bed days; UCL 0.0150; CL 0.0111; LCL 0.0072 Aug-15 to Jan-16
Complaints *Parking complaints excluded since July* *Oct 15 = 45* *Nov 15 = 52* *Dec 15 = 33* *Jan 16 = 48* *Feb16 = 42* *Mar 16 = 58* *Apr 16 = 46* *May 16 = 31* *June 16 =40* *Jul 16 =51* *Aug 16 =60* *Sept 16 = 50* *Oct 16 =- 36* *Nov 16 = 44* *Dec 16 =33* *Jan 17 = 38*	Complaints / Bed days u Chart Number - Bed days; UCL 0.0086; CL 0.0058; LCL 0.0030 Aug-15 to Jan-17
Complaints **Final response in 20 working days** *Target :* *2010-2012 = 72%* *2012-2016 = 80%* *Actual :* *Jan/Mar 15 = 81%* *Apr/Jun 15 = 60%* *July-Sept 15 = 80%* *Oct-Dec 15 = 52%* *Jan-March 16= 68%* *April-June 16 =78%* *July-Sept 16 = 76%* *Oct-Dec 16 = 70%*	Complaints closed within 20 working days 2009/10 to 2016/17 Qtr 2

HDC Complaints

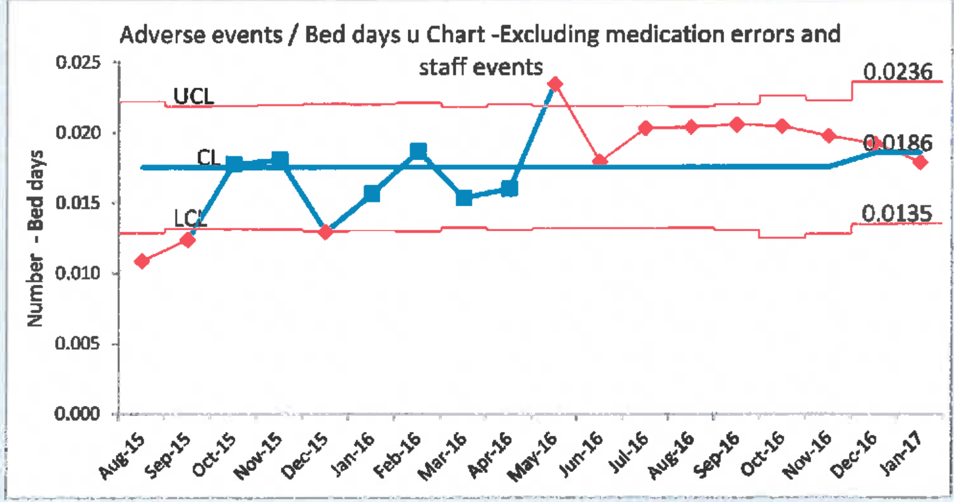
Aug 15 = 2
Sept 15 = 2
Oct 15 = 1
Nov 15 = 4
Dec 15 = 3
Jan 16 = 1
Feb 16 = 1
Mar 16 = 1
May 16 = 1
Jun 16 = 2
July 16 = 1
Aug 16 = 2
Sept 16 = 2
Oct 16 = 1
Nov 16 =0
Dec 16 =1
Jan 17= 0



Adverse Events

Graphed according to month incident occurred, not when entered into reporting system

Aug 15 = 79
Sept 15 =104
Oct 15 =146
Nov 15 = 147
Dec 15 = 100
Jan 16 = 123
Feb 16 = 142
Mar 16 =132
Apr 16 =126
May 16 = 96
Jun 16 = 151
July 16 =170
Aug 16 =174
Sept 16 = 162
Oct 16 = 126
Nov 16= 139
Dec 16 = 125
Jan 17 =118

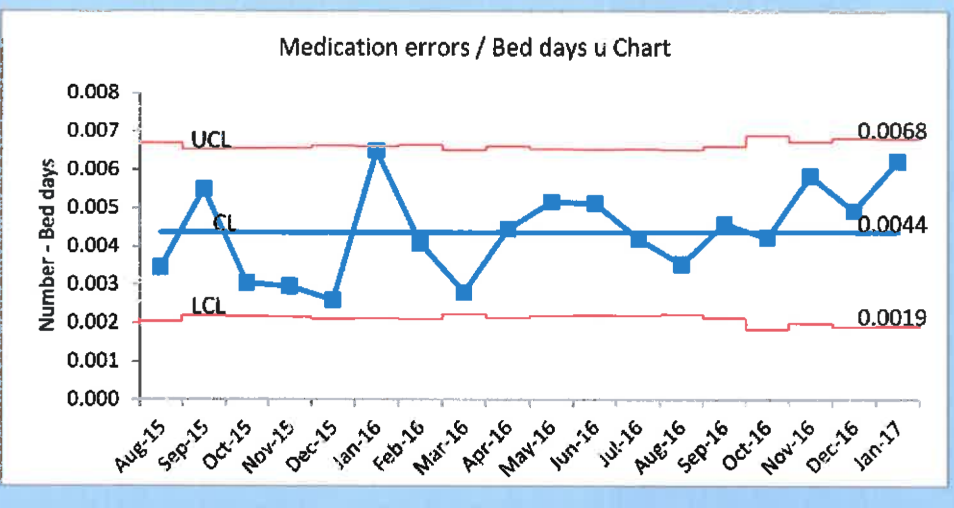


As noted above there is an increase of reported adverse events. This is a breakdown of adverse events over two consecutive 8 month periods showing the increases in some reported events. Services have been made aware of this increase

AE tier 1	01/08/2015 – 30/04/2016	01/05/2016 – 31/12/2016
Accident / Falls	334	355
Behaviour	114	140
Pressure ulcers	116	117
Diagnostic processes	112	87
Documentation	87	79
Restraint	24	51
Service disruptions	30	50
Therapeutic processes	38	46
Admin processes – not Doc	46	63
Staff unavailable	23	44
Medical devices/equip	52	41
Infection control	33	33

Medication events reported

Oct 15 = 25
Nov 15 = 24
Dec 15 = 20
Jan 16 = 51
Feb 16 = 31
Mar 16 = 24
Apr 16 = 35
May 16 = 43
Jun 16 =43
Jul 16 = 35
Aug 16 =30
Sept 16 = 36
Oct 16 = 26
Nov 16 = 41
Dec 16 = 32
Jan 17= 41

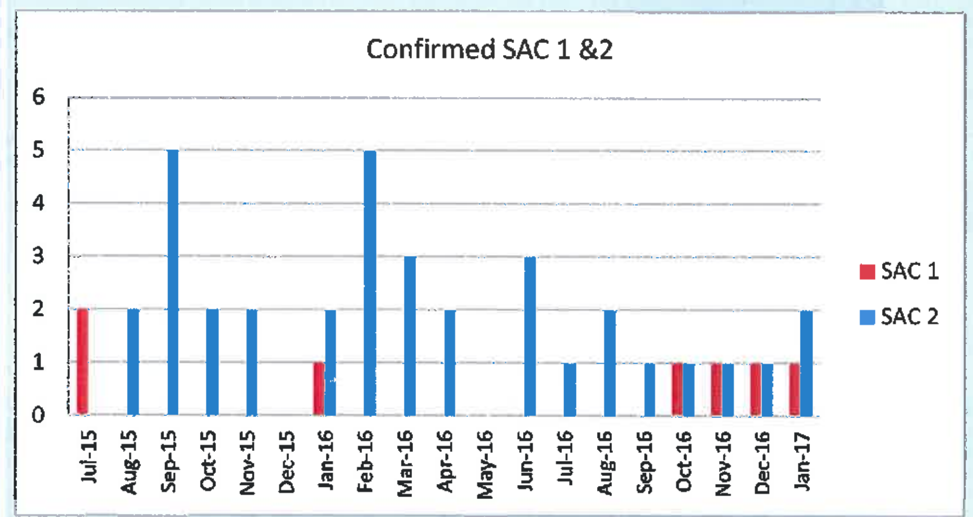


Serious & Sentinel Events (SAC1 & 2)

Reported to HQSC

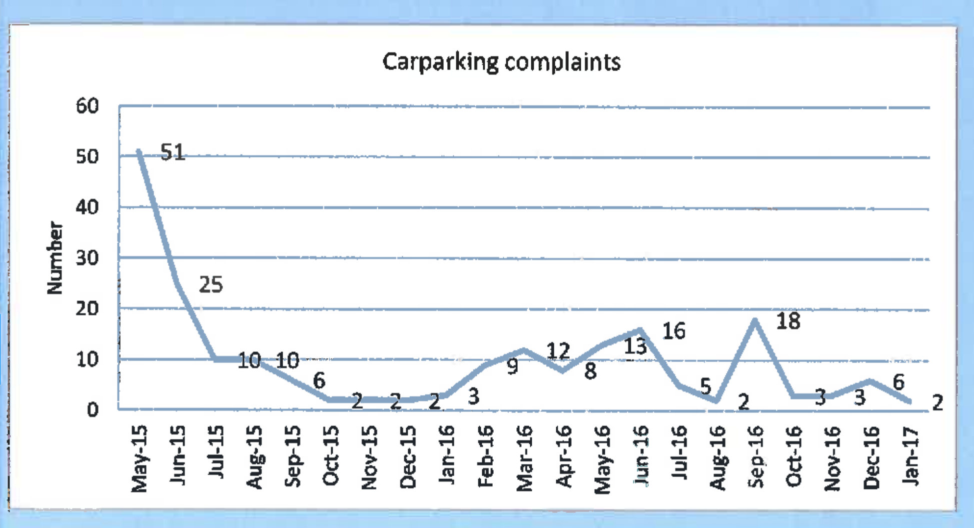
July 16- Jan 17

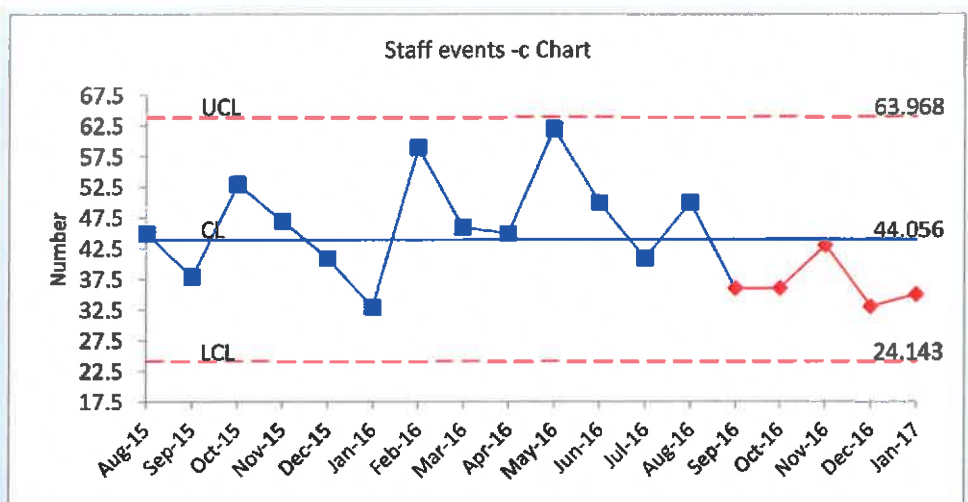
17 events



Carparking complaints

There has been a gradual transition from complaints about paying and finding parking in the car parks to the difficulties patients are having once thay jhave found a park and accessing the hospital





Falls data

Nov

SAC2- 1

SAC3 - 10

SAC4 – 25

Dec 16 (36)

SAC1- 1

SAC2- 2

SAC3 - 11

SAC4 – 22

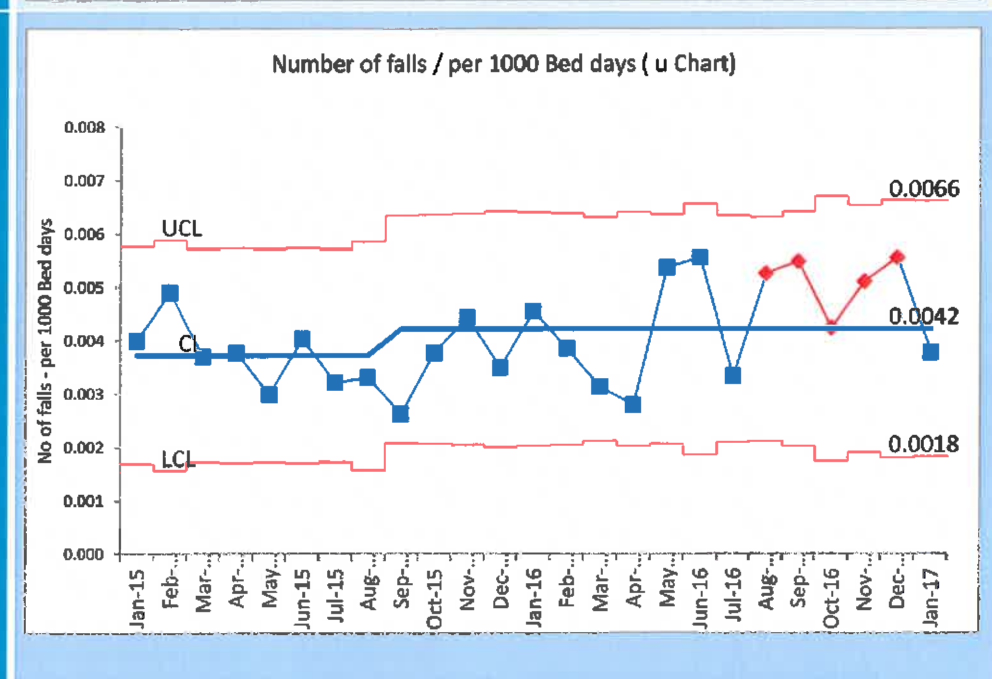
Jan 17

SAC1- 0

SAC2 - 1

SAC3 - 7

SAC4 – 17



Patient experience reports by Ward

We have for some time now collected patient feedback and reported the findings through the Board report using graphs. To follow on from the gathering of this feedback we have developed ward-specific patient experience poster reports. These reports provide a summary of results from the bedside survey. Individual ward posters detail the wards performance benchmarked against the rest of the organisation and highlight key themes, for example what matters most to patients. Posters are displayed in the wards and will be updated quarterly.

Patients are also asked to provide further commentary and/or suggestions of improvement during the bedside survey; this feedback is incorporated into the posters.

Please see the following Quarter 4 2016 Patient Experience Poster Reports.

Inpatient experience on Ward 3

January 2017

Patients and their whānau have unique perspectives about their care. Sharing these perspectives can help those delivering health care services to identify ways of improving performance.

Patient survey results at a glance

Survey data collected during the months of October - December 2016

What matters the most to your patients?

56% of patients say **good communication**

51% of patients say **getting good information**

48% of patients say **being treated with dignity & respect**

...makes the most difference to the quality of their care and treatment

Opportunities for improvement

It's not just clinical care that leaves an impression on patients and whānau. How well we communicate and respond to individual needs and preferences is also assessed with every interaction. The following questions are potential areas for improvement:

- Has cultural support been available when you needed it? 11% of patients who wanted it, answered 'no" (vs. 3% hospital average)
- Have you been asked if you would like to nominate a partner in care? 65% of patients answered 'no' (vs. 67% hospital average).

A few words from your patients...the good and the not so good

People First	Respect	Caring	Communication	Excellence
'Everybody has been lovely and understanding.' 'Brilliant stay. Everyone is lovely.'	'Lovely staff and respected my wishes.' 'Was not asked if wanted family to be involved, it was just presumed. I would rather I was on my own.'	'Cared for extremely well, very happy.' 'Upset for other patient in ward. She was given bad news by doctor and no support was available.'	'Taking a while for information to come through ... I could get things organised [family etc, at home] if I knew what was happening.'	'Excellent care, impressed with everything.' 'Very happy, wonderful staff. Food is terrible – you never get what you ordered.'

A Healthier Northland
He Hauora Mo Te Tai Tokerau

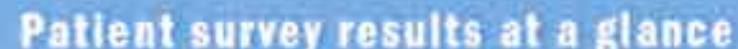
NORTHLAND DISTRICT HEALTH BOARD

Inpatient experience on Ward 4

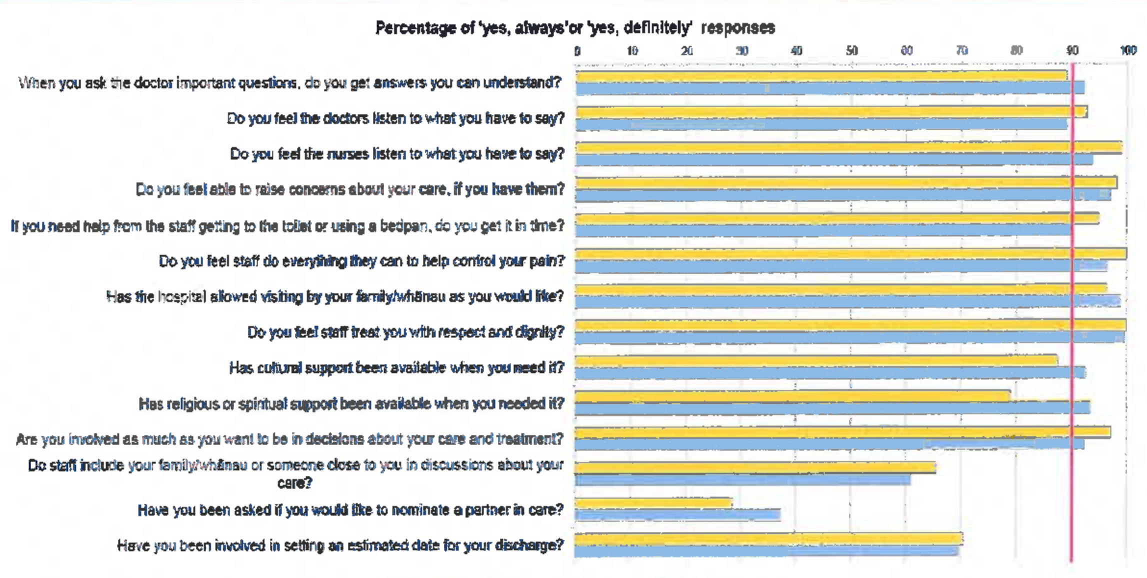
January 2017

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patients and their whānau have unique perspectives about their care. Sharing these perspectives can help those delivering health care services to identify ways of improving performance.



Patient survey results at a glance



Survey data collected during the months of October - December 2016

What matters the most to your patients?

57% of patients say **good communication**

56% of patients say **getting good information**

47% of patients say **being treated with dignity & respect**

...makes the most difference to the quality of their care and treatment

Opportunities for Improvement

It's not just clinical care that leaves an impression on patients and whānau. How well we communicate and respond to individual needs and preferences is also assessed with every interaction. The following questions are potential areas for improvement:

- Has religious or spiritual support been available when you need it? **21% of patients who wanted it, answered 'no"** (vs. 9% hospital average)
- Have you been asked if you would like to nominate a partner in care? **70% of patients answered 'no'** (vs. 67% hospital average).

A few words from your patients...the good and the not so good

People First

Have been treated with professionalism, courtesy, empathy – absolutely wonderful staff.'

'Nurses are lovely, very happy and smiley staff'

Respect

'Wonderful staff, treated with respect.'

'Other patients do not show respect. Visiting hours – too many children running around the ward'.

Caring

'Very happy, everyone has been wonderful'.

'Big difference between Auckland and Whangarei hospital. Whangarei much nicer'.

Communication

'...would have liked to have more information about what was going to happen prior to surgery. Was given no reading material about it.'

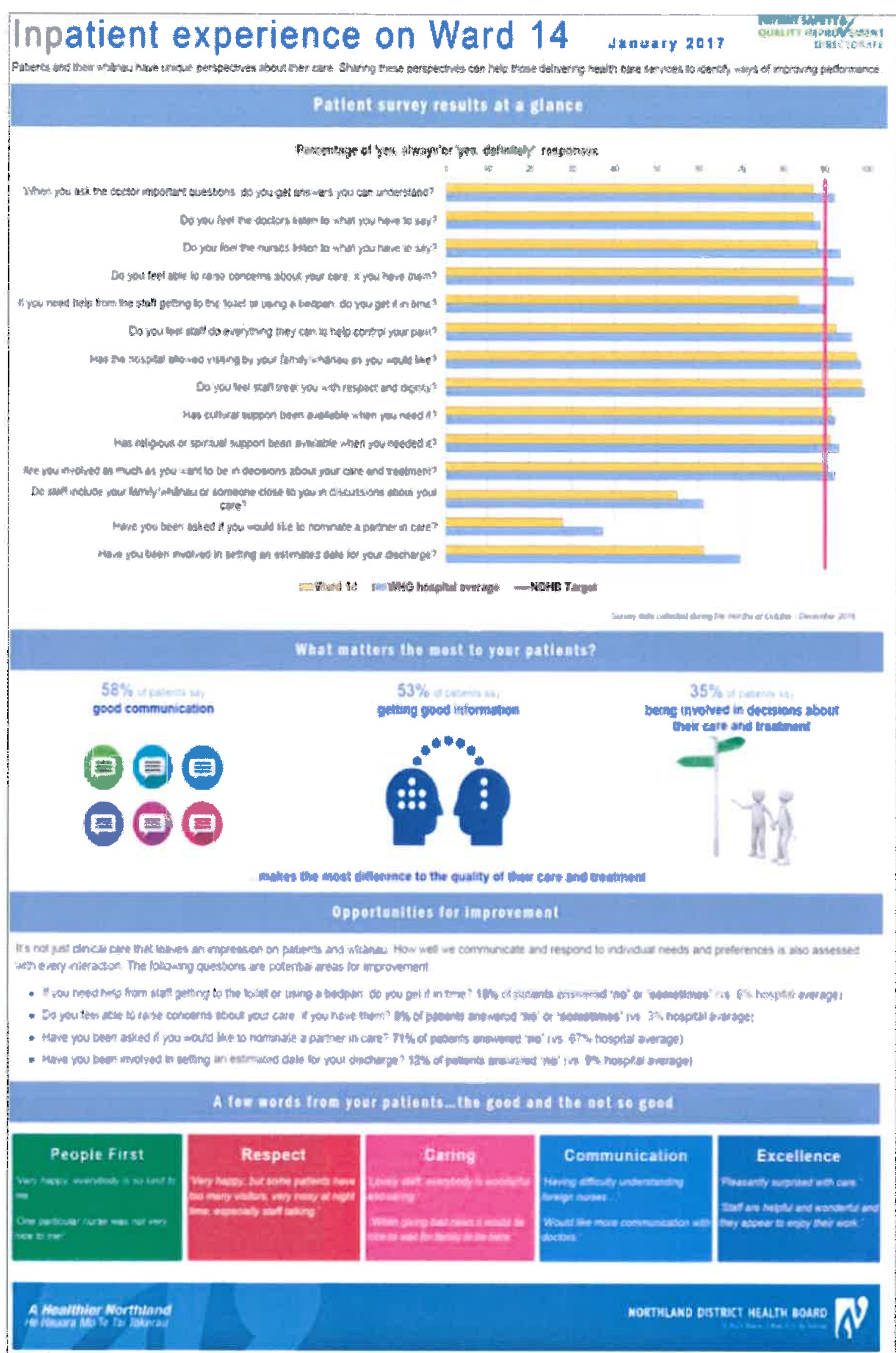
Excellence

'Very happy, brilliant service, very friendly'

'Would have liked staff to be more aware of past medical history – just had a hip replacement four weeks ago.'

A Healthier Northland
He Hauora Mo Te Tai Tokerau

NORTHLAND DISTRICT HEALTH BOARD



Inpatient experience on Ward 14

January 2017

Patient Safety & Quality Improvement Directorate

Patients and their whānau have unique perspectives about their care. Sharing these perspectives can help those delivering health care services to identify ways of improving performance.

Patient survey results at a glance

Percentage of 'yes, always' or 'yes, definitely' responses

- When you ask the doctor important questions, do you get answers you can understand?
- Do you feel the doctors listen to what you have to say?
- Do you feel the nurses listen to what you have to say?
- Do you feel able to raise concerns about your care, if you have them?
- If you need help from the staff getting to the toilet or using a bedpan, do you get it in time?
- Do you feel staff do everything they can to help control your pain?
- Has the hospital allowed visiting by your family/whānau as you would like?
- Do you feel staff treat you with respect and dignity?
- Has cultural support been available when you need it?
- Has religious or spiritual support been available when you needed it?
- Are you involved as much as you want to be in decisions about your care and treatment?
- Do staff include your family/whānau or someone close to you in discussions about your care?
- Have you been asked if you would like to nominate a partner in care?
- Have you been involved in setting an estimated date for your discharge?

Ward 14 | WHG hospital average | NDHB Target

Survey data collected during the months of October - December 2016

What matters the most to your patients?

58% of patients say good communication

53% of patients say getting good information

35% of patients say being involved in decisions about their care and treatment

...makes the most difference to the quality of their care and treatment

Opportunities for improvement

It's not just clinical care that leaves an impression on patients and whānau. How well we communicate and respond to individual needs and preferences is also assessed with every interaction. The following questions are potential areas for improvement:

- If you need help from staff getting to the toilet or using a bedpan, do you get it in time? 18% of patients answered 'no' or 'sometimes' (vs. 6% hospital average)
- Do you feel able to raise concerns about your care, if you have them? 8% of patients answered 'no' or 'sometimes' (vs. 3% hospital average)
- Have you been asked if you would like to nominate a partner in care? 71% of patients answered 'no' (vs. 67% hospital average)
- Have you been involved in setting an estimated date for your discharge? 12% of patients answered 'no' (vs. 9% hospital average)

A few words from your patients...the good and the not so good

People First

"Very happy, everybody is so kind to me"

"One particular nurse was not very nice to me"

Respect

"Very happy, but some patients have too many visitors, very noisy at night time, especially staff talking."

Caring

Communication

"Having difficulty understanding foreign nurses..."

"Would like more communication with doctors."

Excellence

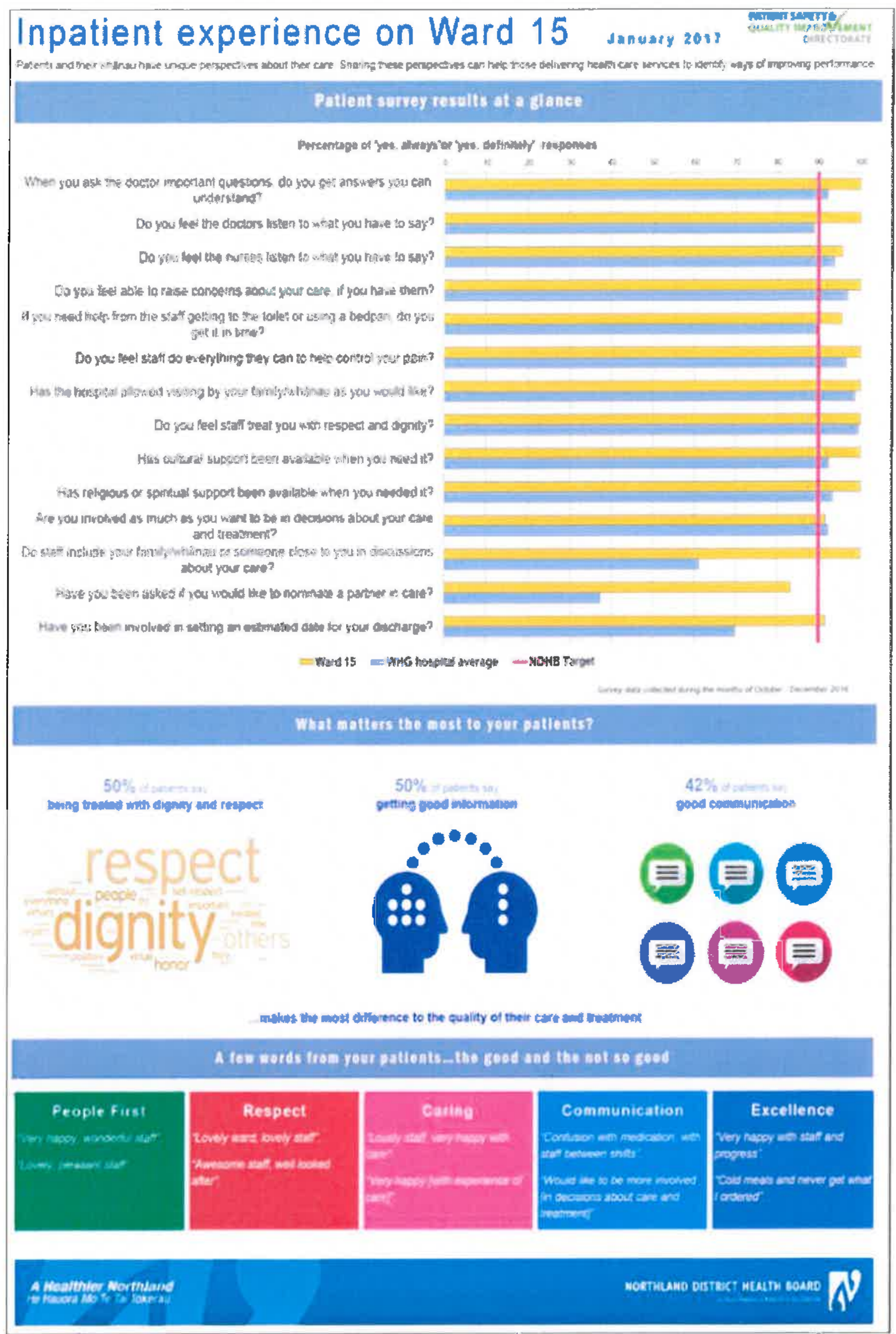
"Pleasantly surprised with care."

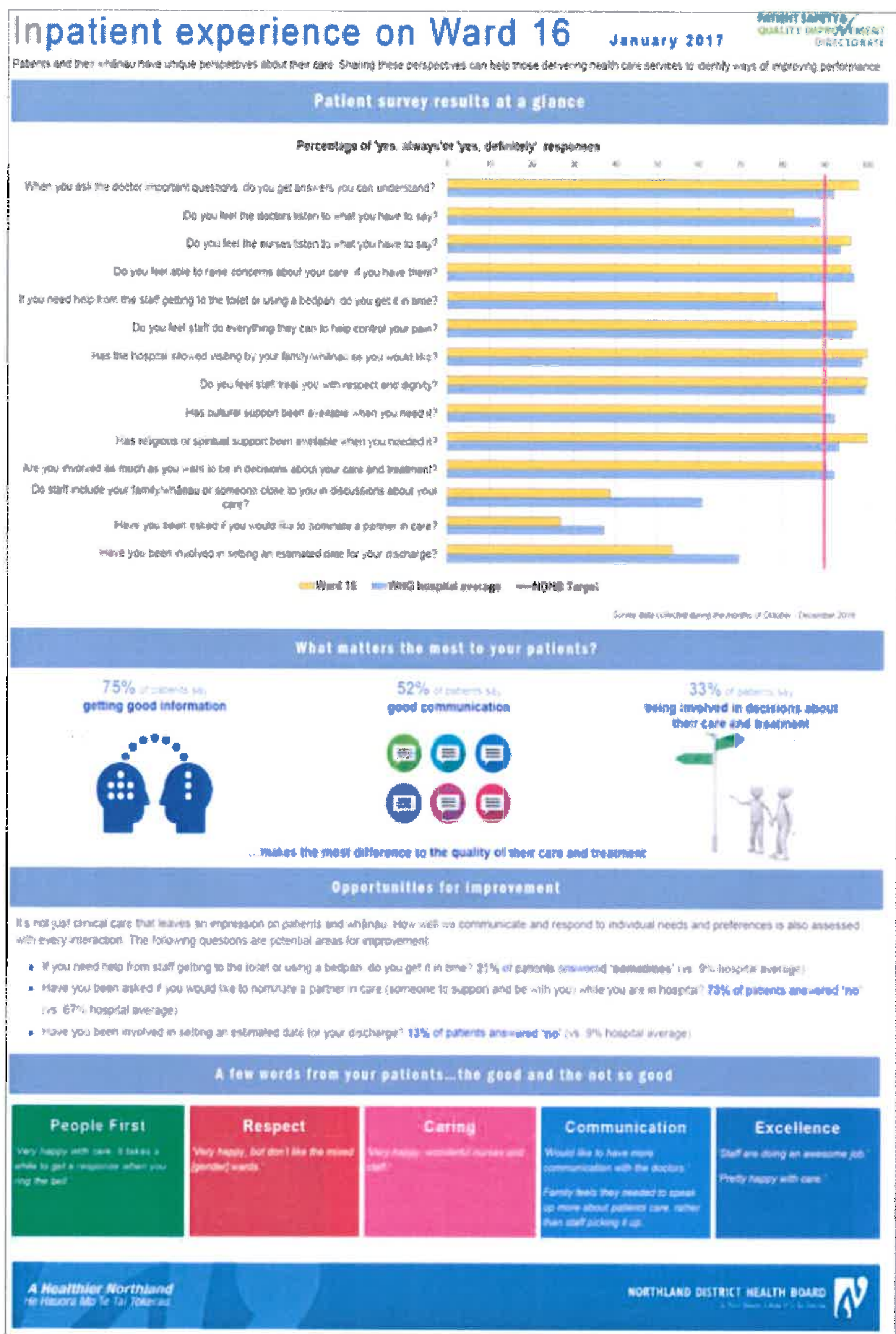
"Staff are helpful and wonderful and they appear to enjoy their work."

A Healthier Northland

He Hauora Mo Te Tai Tokerau

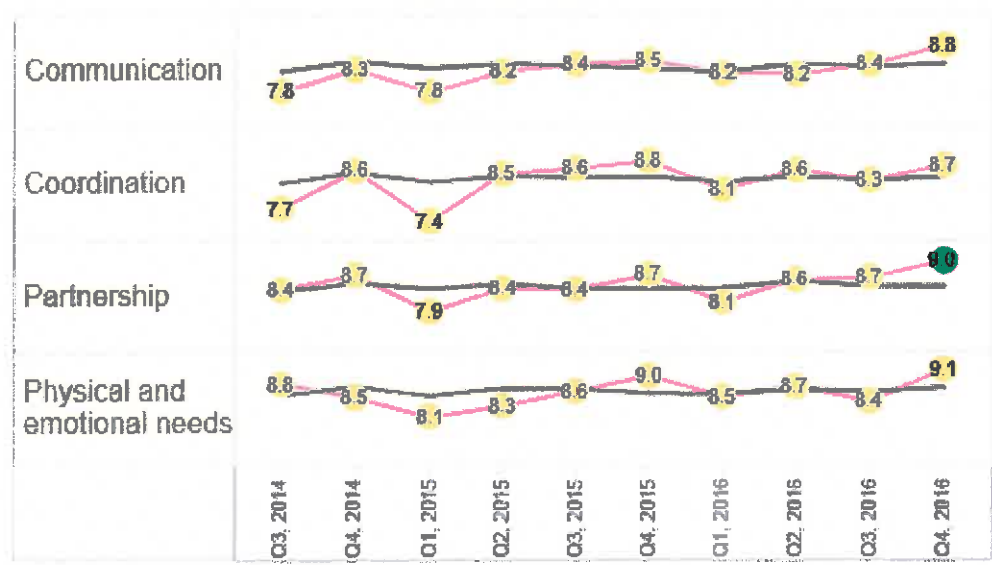
NORTHLAND DISTRICT HEALTH BOARD


Inpatient experience on Ward 15
January 2017
PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE
Patient survey results at a glance
Percentage of 'yes, always' or 'yes, definitely' responses
When you ask the doctor important questions, do you get answers you can understand?
Do you feel the doctors listen to what you have to say?
Do you feel the nurses listen to what you have to say?
Do you feel able to raise concerns about your care, if you have them?
If you need help from the staff getting to the toilet or using a bedpan, do you get it in time?
Do you feel staff do everything they can to help control your pain?
Has the hospital allowed visiting by your family/whānau as you would like?
Do you feel staff treat you with respect and dignity?
Has cultural support been available when you need it?
Has religious or spiritual support been available when you needed it?
Are you involved as much as you want to be in decisions about your care and treatment?
Do staff include your family/whānau or someone close to you in discussions about your care?
Have you been asked if you would like to nominate a partner in care?
Have you been involved in setting an estimated date for your discharge?
Ward 15
WHG hospital average
NDHB Target
What matters the most to your patients?
50% of patients say being treated with dignity and respect
50% of patients say getting good information
42% of patients say good communication
respect
dignity
people
others
honor
...makes the most difference to the quality of their care and treatment
A few words from your patients...the good and the not so good
People First
'Very happy, wonderful staff'
'Lovely, pleasant staff'
Respect
'Lovely ward, lovely staff'
'Awesome staff, well looked after'
Caring
'Lovely staff, very happy with care'
'Very happy [with] experience of care'
Communication
'Confusion with medication, with staff between shifts'
'Would like to be more involved in decisions about care and treatment'
Excellence
'Very happy with staff and progress'
'Cold meals and never get what I ordered'
A Healthier Northland
He Hauora Mo Te Tai Tokerau
NORTHLAND DISTRICT HEALTH BOARD


Inpatient experience on Ward 16
January 2017
Patients and their whānau have unique perspectives about their care. Sharing these perspectives can help those delivering health care services to identify ways of improving performance
Patient survey results at a glance
Percentage of 'yes, always' or 'yes, definitely' responses
When you ask the doctor important questions, do you get answers you can understand?
Do you feel the doctors listen to what you have to say?
Do you feel the nurses listen to what you have to say?
Do you feel able to raise concerns about your care, if you have them?
If you need help from the staff getting to the toilet or using a bedpan, do you get it in time?
Do you feel staff do everything they can to help control your pain?
Has the hospital allowed visiting by your family/whānau as you would like?
Do you feel staff treat you with respect and dignity?
Has cultural support been available when you need it?
Has religious or spiritual support been available when you needed it?
Are you involved as much as you want to be in decisions about your care and treatment?
Do staff include your family/whānau or someone close to you in discussions about your care?
Have you been asked if you would like to nominate a partner in care?
Have you been involved in setting an estimated date for your discharge?
Ward 16
NDHB Target
What matters the most to your patients?
75% of patients say
getting good information
52% of patients say
good communication
33% of patients say
being involved in decisions about their care and treatment
...makes the most difference to the quality of their care and treatment
Opportunities for improvement
It's not just clinical care that leaves an impression on patients and whānau. How well we communicate and respond to individual needs and preferences is also assessed with every interaction. The following questions are potential areas for improvement
If you need help from staff getting to the toilet or using a bedpan, do you get it in time? 21% of patients answered 'sometimes' (vs. 9% hospital average)
Have you been asked if you would like to nominate a partner in care (someone to support and be with you while you are in hospital)? 73% of patients answered 'no' (vs. 67% hospital average)
Have you been involved in setting an estimated date for your discharge? 13% of patients answered 'no' (vs. 9% hospital average)
A few words from your patients...the good and the not so good
People First
"Very happy with care. It takes a while to get a response when you ring the bell"
Respect
"Very happy, but don't like the mixed [gender] wards"
Caring
"Very happy, wonderful nurses and staff"
Communication
"Would like to have more communication with the doctors"
"Family feels they needed to speak up more about patients care, rather than staff picking it up"
Excellence
"Staff are doing an awesome job"
"Pretty happy with care"
A Healthier Northland
He Hauora Mo Te Tai Tokerau
NORTHLAND DISTRICT HEALTH BOARD

HQSC Patient Experience report

Northland DHB



District health board (DHB)
- New Zealand
- Northland DHB

Compared with NZ average
- About the same
- Higher
- Lower
- No comparison as low response

	Start	Finish	Comment
HQSC Quality and Safety Markers Quarterly Reporting	Jan-13	Ongoing	Quality Markers for Jan–Mar 2016, results are : Falls risk assessment, now 82% from 85%. Individualised Falls care plan, now 81% from 75%. Percentage of operations where antibiotics given 0-60 minutes before 'knife to skin' now 98% from 98%. Percentage of operations where 2g or more of cefazolin 100% from 98%. Percent of operations given appropriate skin preparation remains at 100%. Percentage of relevant ward with eMR (electronic medicine reconciliation) implemented 60%. Percentage of relevant patients where eMR was undertaken within 72 hours of admission- now 62% from 54%. Percentage of relevant patients where eMR was undertaken within 24 hours of admission – now 56% from 42%. Percentage of relevant patients discharged where medicine reconciliation was included as part of the discharge – now 67% from 56%. Note – only 4 DHBs are reporting on eMR (CMDHB,WDHB, TDHB and NDHB). • Next results due March 2017
Reducing peri-operative harm (HQSC)	Apr-14	TBC	The paperless check list has been fully implemented as usual practice and the project is ongoing. Team debriefing prior to lists continues to be a strength and is part of business as usual. Improving levels of staff engagement across these. Improving the number of auditors and evolving staff time for this audit process within the normal working day continue to be areas of focus. Further discussion with HQSC and other tranche 1 DHBs regarding debriefing – what success looks like and implementing is the next phase.
Patient and Whanau Centred Care	Oct-14	Jul-17	15 steps challenges planned for early March in ICU and CCU.
CRAB	Jan-16	Jan-17	The system is now live and December reports issued to the Benchmarking group. *Please see attached Surgical and Medical trends, quarterly rep*
Patient and whanau centred approach to acute delirium (hospital acquired)	Sept-16	Sept-17	The acute delirium team will now review and determine the next steps.

Patient Experience Surveys		On going	Please see attached Quarter 4 2016 Patient Experience Poster Reports. Patients are asked to provide further commentary and/or suggestions of improvement in the bedside survey. Out of a total of 71 comments captured this month, the majority (n=48) were exclusively positive affirmations of the staff, environment and/or care provided eg, • "very happy, wonderful staff" • "amazing staff, wonderful care" • "very happy, can't speak highly enough". 13 patients provided positive commentary with some suggestion of room for improvement eg, • "lovely experience, a couple of grumpy nurses – night staff" • "very happy, awesome place, food could be better" • "very happy, meals not that good, sometimes cold". 10 patients were less satisfied eg, • "you push patients out too fast, they end up coming back" • "food is terrible" • "could not understand the consultant, felt [he] was too rushed" Review of inpatient experience surveys for the children's ward, maternity and SCBU are in progress.
The deteriorating patient	Jul 2016	Jul 2017	This work is part of a broader HQSC national programme. NDHB is working with the other three northern region DHBs with a northern region collaborative approach. Using the QI model the deteriorating patient group has identified change ideas and prioritised 6 short term project streams. 24/7 ICU outreach team approved, Recruitment in progress 2) Development of a contingency / escalation plan for the 'intermediate' level patients or for when ICU is full. • Flow diagram in development & consultation Review of current Code Blue protocol Development of a team training programme for the recognition and management of the deteriorating patient, collaborating for a regional approach National testing at 6 sites of draft EWS form. Canterbury DHB using Patient Track electronic system.
Health round table benchmarking group	Nov 2016	Nov 2017	A presentation was given at Grand Round. It was well received. The benchmarking technical sub group will meet for the first time shortly. It is intended that the members provide analytical support for services.

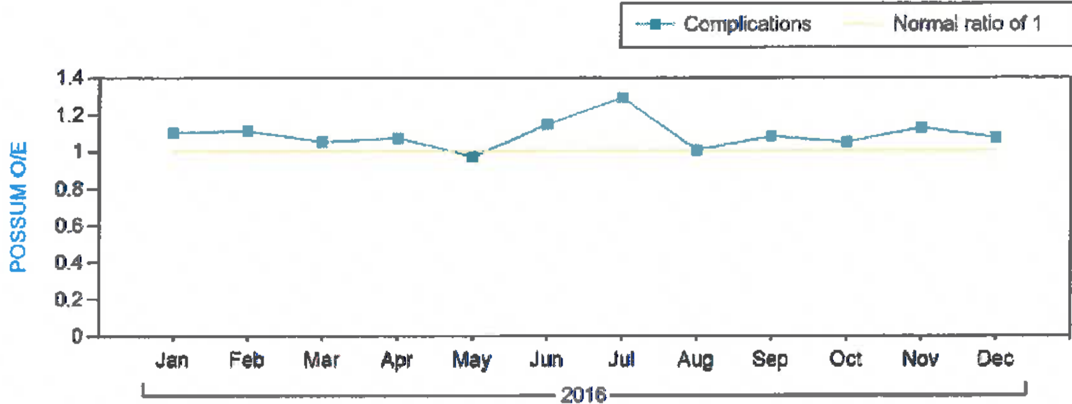
Medication information and discharge project (HQSC new project)	Feb 2017	??	Northland is one of four DHBs involved in a HQSC quality improvement project which aims to improve responses to the following questions form the National Patient Experience Surveys: • Did a member of staff tell you about medication side effects to watch for when you went home? • Do you feel you received enough information from hospital on how to manage your condition after discharge? HQSC are working with Ogilvy & Mather to understand patient responses to these questions and design cost-effective interventions to improve the responses. Data collection will involve observation of discharge discussions, patient interviews and staff focus groups. These activities commence in early March.

Definitions	
Patient Experience	Survey of patient experiences during their hospital stay, utilising iPads (this replaced the previous postal survey of patient satisfaction).
Sentinel Events	Definition from the HQSC website www.hqsc.govt.nz : A **serious adverse event** is one that leads to significant additional treatment but is not life-threatening, and has not resulted in a major loss of function. A **sentinel adverse event** is life-threatening or has led to an unexpected death or major loss of function.
Compliments	Collected from paper reporting ('Purple' forms), text reporting (Textsys), telephone calls, emails, link from the website and letters. Compliments are logged by the Quality & Improvement Directorate via the Feedback computer system.
Complaints	Complaints from all sources (telephone, email, website, letter, paper forms) are collated and logged by QID in the Integrated Patient Safety System, for follow-up and/or investigation by the relevant Service/Department Quality Facilitator.
Complaints (resolved within 20 working days)	Report by service (produced via the Integrated Patient Safety System) of numbers of complaints resolved, with feedback to the complainant, within the mandated 20 working days.
Quality Accounts	Quality Accounts were introduced into the NHS in 2007, with the aim to demonstrate the importance of quality care as being a core business, by placing the reporting of quality on equal footing with financial reporting. In June 2012 the Health Quality & Safety Commission (HQSC) recommended that each health and disability service provider document and publish a yearly set of Quality Accounts, providing the public with a transparent indication of health and quality outcomes being delivered.
Quality Markers	A set of 16 measures across 3 areas – Falls, Healthcare-associated infections and Peri-operative harm.
Infection Control	Multi drug–resistant organisms (MDROs) are emerging as one of the key elements of Infection Prevention and Control practices within health care facilities. Methicillin-resistant Staphylococcus Aureus (MRSA), Extended Spectrum Beta-lactomase (ESBL) and Vancomycin-resistant Enterococci (VRE) are our most prominent resistant organisms. Mode of transmission is often via hands of healthcare workers and the environment. Monitoring of these organisms within healthcare facilities is seen as essential to ensure infection prevention practice and strategies limit their spread.
Surgical Site Infection Surveillance	Surgical Site Infection Surveillance (SSIS) is undertaken and reported in Category 1 (clean surgery) and Category 2 (clean-contaminated surgery) within NDHB. Surgical site infections remain a substantial cause of morbidity and mortality and are seen as the most common healthcare–associated infections amongst hospitalised patients. Monitoring of these organisms within healthcare facilities is seen as essential to ensure infection prevention practice and

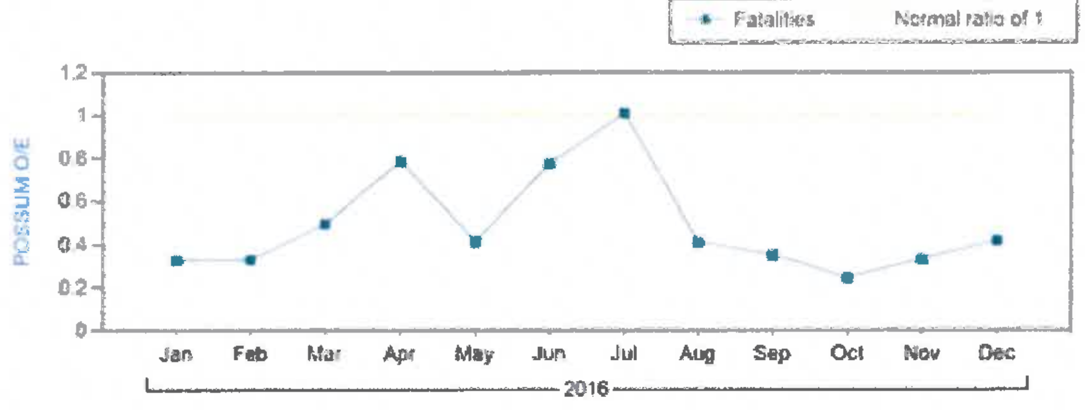
	strategies are limiting their spread.
Severity Assessment Code (SAC)	Is a numerical score given to an incident, based on the consequence of the outcome of the incident and the likelihood that it will recur. A matrix is used to stratify the actual and /or potential risk associated with the incident
Control chart description	The Shewhart chart (or control chart) is a statistical tool used to distinguish between variation in a measure due to common causes and variations due to special cause. These charts include a centre line and an upper and lower limit. • Centre line = CL • Upper control limit = UCL • Lower control limit = LCL The rationale for the use of limits includes: • The limits have a basis in statistical theory. • The limits distinguish between special and common cause variation. • In most cases, use of limits will minimize the total cost due to over-reaction and under reaction to variation in the process • The limits protect the morale of workers in the process by defining the magnitude of the variation that has been built into the process. These charts are used to determine if a change is an improvement.
Net Promoter Score	The NPS takes the percentage of patients who are Promoters and subtracts the percentage who are Detractors. Promoters (score 9-10) are very satisfied, Passives (score 7-8) are satisfied, Detractors (score 0-6) are unhappy patients.

Surgical Trends
Northland District Health Board
Quarterly period 01/10/2016 to 31/12/2016

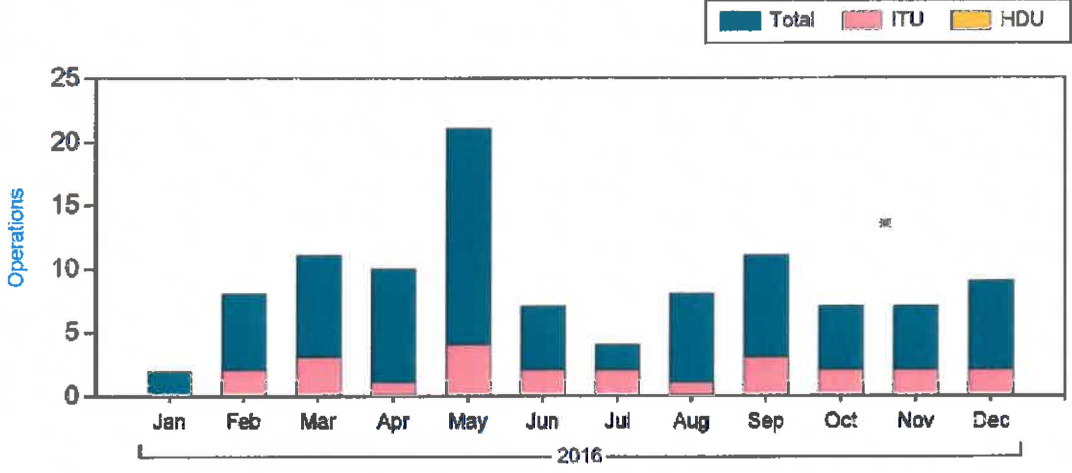
*The final data point may be subject to change due to late reported data

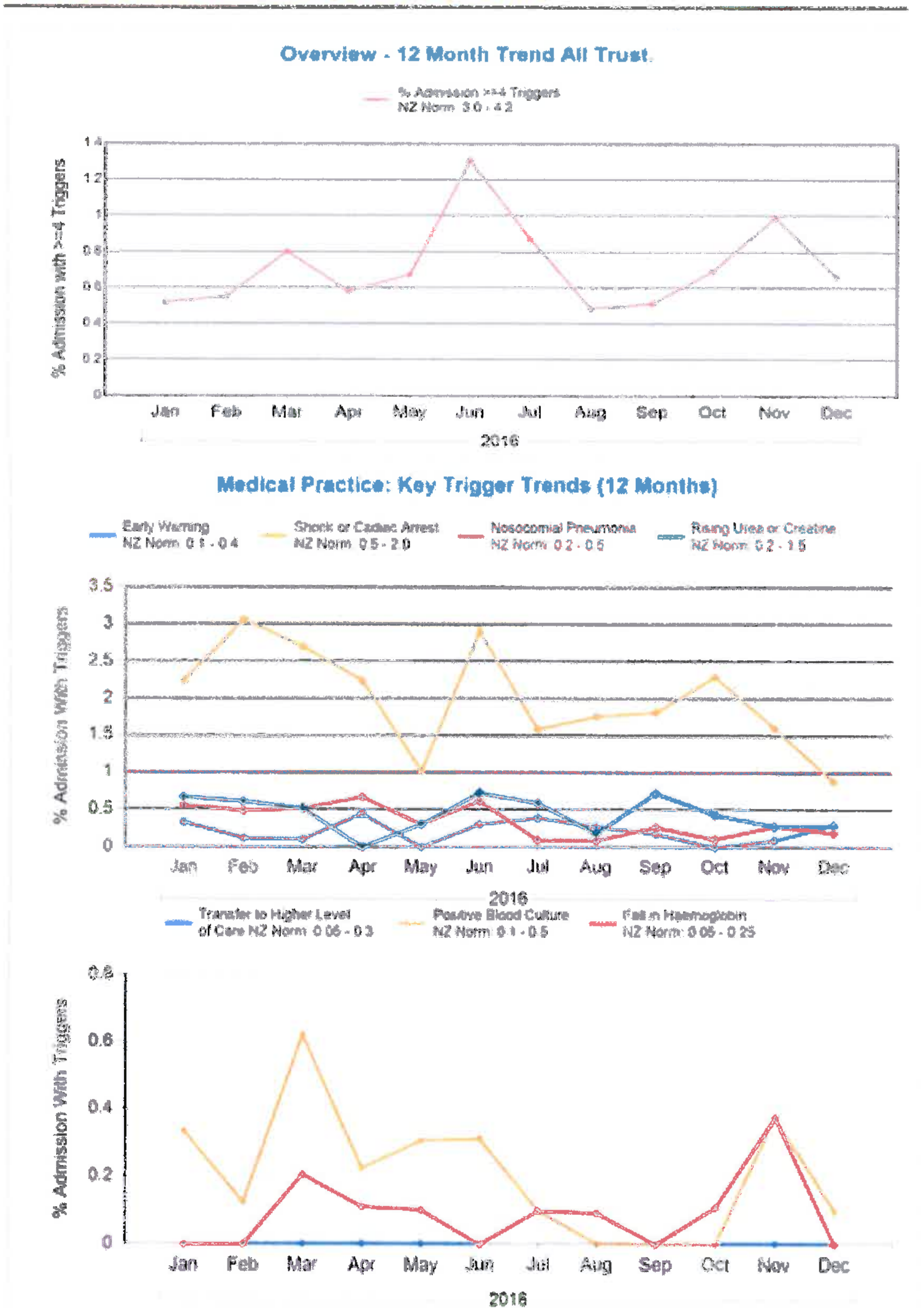


Risk Adjusted Mortality



Use of Facilities




Overview - 12 Month Trend All Trust
% Admission with >=4 Triggers
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2016
Medical Practice: Key Trigger Trends (12 Months)
% Admission With Triggers
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2016
% Admission With Triggers
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2016

3.0 CHAIR'S REPORT

Board Chairman's Report March 2017

Author – Sally Macauley
February 2017

February 2017

2 Feb High Performance High Engagement national workshop - Wellington
Participants: DHB Chairs, Senior DHB Staff, Unions, Ministry of Health and DHB Shared Services.
Objective: To encourage and support Health Sector RA (HSRA) Parties to improve dialogue and engagement through the adoption of a High Performance, High Engagement (HPE) workplace culture.
Key Note Speakers "Learning from Experience"
Air NZ Chief Executive – Christopher Luxon and KiwiRail Chief Executive. Presentations.

9 Feb DHB Induction Day – Informative for the new Board members, but could a similar day be held in Whangarei connecting via teleconference with all DHB's receiving the presentations?

10 Feb State Services Commission – Interview – Performance improvement Framework
Perspective on how well-placed the Ministry is to deliver the contribution that New Zealand from it and what are the opportunities, risks and challenges for the Ministry .
Discussion to place around the refreshed NZ Health Strategy 2016.

14 Feb DHB Executive Meeting, Wellington

Future March Events/Meetings:

2 Mar	Regional Governance Group, Auckland
6 Mar	HAC and NDHB meeting
9 Mar	DHB Chairs and CEOs meeting Wellington
27 Mar	CHPAC/DiSAC, Audit, Finance and Risk Management meeting

Correspondence forwarded to the Board members – February 2017

1) Hon Dame Tariana Turia – speech 29/1 Te Herenga Waka Marae, Wellington
"The Future is behind us"
2) Induction Day, Wellington Presentations

4.0 CEO's REPORT

Chief Executive Report March 2017

STRATEGIC INITIATIVES

Bay of Islands Hospital Redevelopment

Demolition and clearance of the site is nearing completion with civil works commencing, and construction expected to start before the end of March. A wishing tree has been established to enable donations for the Bay of Islands Hospital development. Our Takawenga, Mare Clarke, has been working with Ngawha Prison in regards to gifting a carving for the Wishing Tree at Bay of Islands Hospital.

Neighbourhood Healthcare Homes (NHH)

Kerikeri Medical Centre has completed its Establishment phase and started implementation of the NHH Model of Care in February. West End, Widdowson Sprague and Paramount General Practices started the Establishment phase in February. Te Hiku will start in March.

Other Strategic Programmes

The Operational Excellence Programme Director has been appointed, and it is intended to closely involve our frontline staff utilising a "High Performance, High Engagement" approach which is being championed by many of our Unions and the Ministry of Health. It has been very successful in large companies overseas and in New Zealand to ensure we get strong buy-in, ownership and input into the programme from all our staff. Releasing Time to Care is one aspect of this programme with a specific focus on Nursing, and was launched in late February in five wards initially with the rest of our wards following on later in the year. There has been some progress with our Mobility strategy with the new platform being launched this month which will enable secure access to an increasing suite of Apps. One of these, E-vitals has been successfully used at Waitemata DHB and will be adopted in Northland as quickly as possible. The third strategic programme is to develop a Rapid Response and Stabilisation Service which will replace the current Primary Options Northland Programme. It will provide GPs with multiple options for treating a broad range of clinical conditions, ensuring their patients do not need hospital care. A proposal for funding is being prepared for consideration by the Prioritisation committee, and is likely to require a Board submission.

Annual Plan

Version 1a of the Annual Plan has been prepared for inclusion in the Board agenda. The main focus has been to complete section two priorities, though there are still several for which MoH is still to provide guidance (child health, supporting vulnerable children, MHAS, youth mental health, healthy ageing). There is still no clear and detailed funding signal from the MOH for next year and it seems increasingly likely that we will not receive this until May (Budget 2017) which makes detailed planning extremely difficult.

SYSTEM PERFORMANCE

Finance, Funding and Commercial Services

The 7 month result to January 17 is a deficit of $410k against the budgeted deficit of $252k, an unfavourable variance of $158k. Mainly the result of the RMO industrial actions in November 16 and January 17 which has seen a significant impact on elective surgical services and outpatient activity, and penals and additional payments of approximately $500k to date. Savings plans remain largely on track.

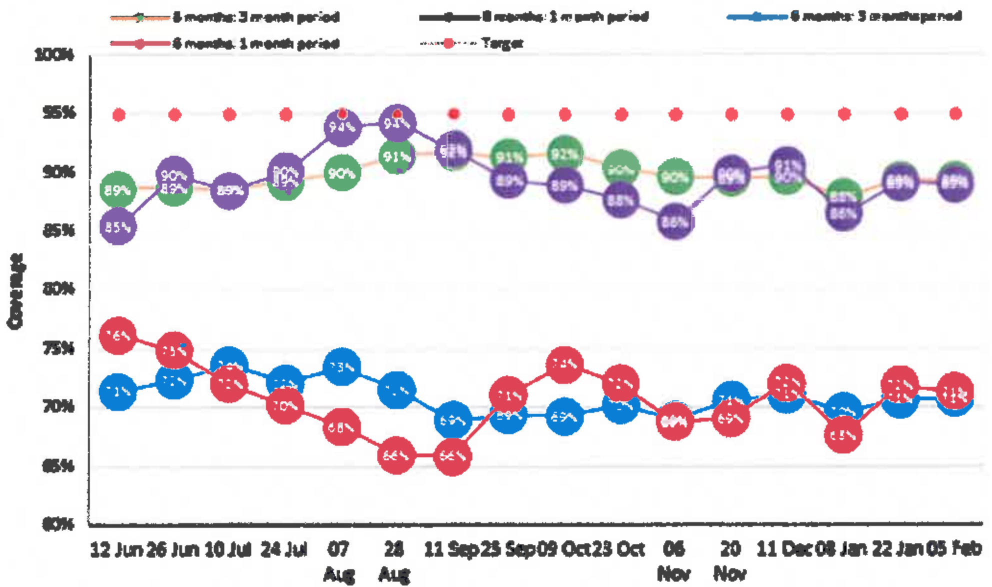
Year to date acute case weights were over budget by 1,068 (9%). Elective case weights were marginally over budget by 24 (1%). Overall, year to date inpatient activity is 7% over budget by 1,092 caseweights.

Health Targets

Immunisation:

In January 2017 we achieved 89 percent towards the target of 95 percent for 8 month coverage, with a decline rate of 6.3 percent and opt off level of 1.4 percent.

This is disappointing as we have had many attempts to improve our strategies towards reducing the decline rate. As mentioned last year Northland DHB is now one of the top three DHBs in achieving results in tracking and tracing missed children and vaccinating.



Education and promotional activities: Education and support is provided for all Immunisation providers across Northland. Northland DHB have reviewed and implemented education workshops that now include multiple providers across all services (inclusive of Well Child Tamariki Ora, Secondary Service, Iwi Providers and Primary Care). Education forums are held in partnership with IMAC services in Whangarei central, Mid North and Far North locations. One of the education aims for Northland is to provide consistent messages across Northland and raise the health literacy for health professionals attending education forums to support clinicians to have confident conversations regarding Immunisation.

We provide workshops for allied health staff to raise awareness of Immunisation and support them to give positive messages regarding Immunisation.

Northland DHB (Medical Officer of Health / Immunisation Coordinator) provide appropriate and timely responses to media, along with up to date accurate information to providers and the public.

We developed and implemented a significant Communication campaign across Northland to raise awareness and promote vaccination (Timeliness and Declines). The targeted audience was for both Māori and NZ European. We now have a repository of media to continue to utilise. We also provide immunisation providers across Northland with key communications (billboards / posters, advertising, media TV and radio) which include key local champions of those communities. An Immunisation Coordinator attends maternity coffee groups and provides education for midwives to promote vaccination at antenatal education forums.

Achieving the health target: Northland has made significant changes in the last two years regarding Immunisation which includes new staff that are passionate with a more collaborative team culture between DHB and PHOs and across services for Immunisation.

There are new processes, a monitoring tool that has enabled a transparent and easy view of all children in the cohort, micro management of individual children, earlier referrals for Outreach and clear pathways have been developed. We also now provide a drop-in clinic in Whangarei.

We have an effective Steering Group and a Programme Lead for Immunisation and robust data collection and analysis provided by the Medical Officer of Health which will continue to impact positively on our strategic direction.

Missed vaccination events for children within Northland has remained below the national average, however we still have very low immunisation coverage because of our very high decline rate.

We intend to apply even greater focus on this in 2017. The decline strategy for Northland includes a micro and macro approach, continued communications, education for health professionals, working with iwi providers to focus on Māori whanau declining Immunisation.

We recently bought a three month campaign to place a graphic on an electronic billboard in Whangarei. The advertisement plays every 5 minutes for 15-sec at a time – over 1000 times a day at a cost of $750 a month.

Improved access to elective surgery:

Strong performance was maintained in December with regard to the elective surgery discharges target, despite growth in acute surgical demand resulting in cancellations. During December there were 781 discharges compared with a target of 593, a favourable variance of 188 (31 percent).

ED Length of Stay:

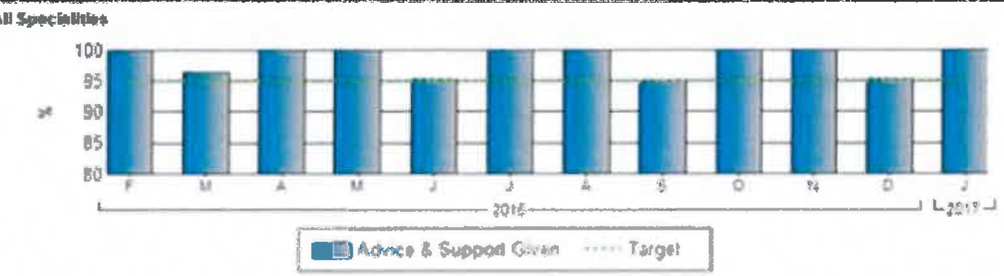
93 percent of patients stayed less than 6 hours in ED. The absence of an Acute Assessment Unit continues to challenge us and a variety of options to fast-track this are being considered by the Site Master Planning process. We also had a visit from Dr Angela Pitchford, the MoH target lead who will be providing a report which will undoubtedly have some useful suggestions for further improving some of our systems and processes.
Faster Cancer Treatment:

During December, around 90 percent of patients referred with a high suspicion of cancer commenced treatment within 62 days. Performance for the October-December quarter was around 83 percent, just below the national target of 85 percent. The much improved performance compared to earlier quarters reflects process improvements, particularly with regard to the breast cancer and lung cancer pathways. A project to improve the gynaecology cancer patient pathway is now being implemented.

Strong performance was maintained in December with regard to the elective surgery discharges target, despite growth in acute surgical demand resulting in cancellations. During December there were 781 discharges compared with a target of 593, a favourable variance of 188 (31 percent).

Better Help for Smokers to Quit - Hospital Target:

The hospital target results for the month of January 2017 is 95 percent with 75 percent of the events coded. The graph below provides a summary of the advice and support given over the past year maintaining an overall 95 percent achievement.



We have consistently achieved this hospital target, but it is no longer going to be reported and our only public Smoking target reporting will be in Primary Care. Please note in the commentary under PHO health targets the concerning process errors which may be the result of recent changes in leadership and loss of focus. Both PHOs have been written to regarding their Health target performance. Last quarter, Manaia PHOs were in the bottom third for both Smoking and Immunisation and Te Tai Tokerau PHO were in the bottom 10%!.

Raising Healthy Kids Target:

By December 2017, 95 percent of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions. The B4 School Check is the final core Well Child Tamariki Ora check and is a comprehensive needs assessment, screening and health education opportunity for children turning four and their parents or caregivers.

Northland's target performance is currently 78 percent. We are reviewing how our referral mechanism occurs to improve our target rate further. We are also working with other DHBs who have reached 100 percent to review the systems they have in place so we can, as with Immunisation, implement a system change as well as employ a monitoring tool. Our decline rate is around 3.5 percent which is much less compared to last year and we are also working with those families to understand the reasons behind this.

		Children Obese and Over		Children Obese and Over by Referral Outcome - Volumes						Children Obese and Over by Referral Outcome - Percent							
DHB	Growth Checks Completed	Number	Percent	Referral Acknowledged	Referral Sent and Not Acknowledged	Under Care	Referral Declined	Not Referred (No referral made)	Not Referred (Referral refused by service provider)	Referral Acknowledged	Referral Sent and Not Acknowledged	Under Care	Referral Declined	Not Referred (No referral made)	Not Referred (Referral refused by service provider)	Health Target Rate	Referral Decline Rate
Auckland	2,750	191	6.9%	140	1	5	45	0	0	73%	1%	3%	24%	0%	0%	99%	24%
Bay of Plenty	1,354	107	7.9%	37	20	1	8	40	1	35%	19%	1%	7%	37%	1%	43%	12%
Canterbury	3,016	224	7.4%	139	12	18	26	29	0	62%	5%	8%	12%	13%	0%	82%	15%
Capital and Coast	1,428	87	6.1%	15	27	5	27	13	0	17%	31%	6%	31%	15%	0%	54%	39%
Counties Manukau	4,303	429	10.0%	218	21	9	89	91	1	51%	5%	2%	21%	21%	0%	74%	27%
Hawkes Bay	1,272	136	10.7%	67	0	1	30	38	0	49%	0%	1%	23%	28%	0%	72%	31%
Hutt	898	96	10.7%	13	5	5	71	2	0	14%	5%	5%	74%	2%	0%	98%	80%
Lakes	734	78	10.6%	43	0	0	11	24	0	55%	0%	0%	14%	31%	0%	69%	20%
Midcentral	991	95	9.6%	42	4	7	37	5	0	44%	4%	7%	39%	5%	0%	91%	45%
Nelson Marlborough	805	48	6.0%	18	12	1	8	9	0	38%	25%	2%	17%	19%	0%	56%	21%
Northland	1,078	102	9.5%	53	1	5	22	21	0	52%	1%	5%	22%	21%	0%	78%	29%
South Canterbury	364	37	10.2%	8	0	1	21	7	0	22%	0%	3%	57%	19%	0%	81%	72%
Southern	1,970	158	8.0%	49	8	4	59	38	0	31%	5%	3%	37%	24%	0%	71%	51%
Tairawhiti	351	46	12.7%	20	1	0	12	13	0	43%	2%	0%	26%	28%	0%	70%	36%
Taranaki	837	56	6.7%	10	1	2	15	28	0	18%	2%	4%	27%	50%	0%	48%	58%
Waikato	2,408	227	9.4%	132	5	25	35	30	0	58%	2%	11%	15%	13%	0%	85%	20%
Wairarapa	219	17	7.8%	12	0	1	1	3	0	71%	0%	6%	6%	18%	0%	82%	8%
Waitemata	3,750	239	6.4%	186	0	9	43	1	0	78%	0%	4%	18%	0%	0%	100%	19%
West Coast	118	5	4.2%	0	0	0	1	4	0	0%	0%	0%	20%	80%	0%	20%	100%
Whanganui	397	55	13.9%	23	0	3	22	7	0	42%	0%	5%	40%	13%	0%	87%	49%
All DHBs	29,058	2,433	8.4%	1,225	118	102	583	408	2	50%	5%	4%	24%	17%	0%	79%	30%

PHO Health Targets Performance:

	Manaia Health PHO	Te Tai Tokerau PHO	National Target
Immunisation - 8 months old	93%	86%	95%
Immunisation - 2 years old	90%	89%	95%
Better Help Smokers Quit	85%	77%	90%
More Heart and Diabetes Checks	92%	89%	90%
Cervical Screening Coverage		76%	80%

Smoking Cessation - Primary Care:

For Te Tai Tokerau PHO to achieve this target, they needed another 1,639 people to be offered "Brief Advice" in the period. There are six practices that could make the most difference; their collective contribution would raise the result to 87 percent.

There are several key strategies being prepared based on some provisional findings;

- There is confusion between brief advice and cessation
- Lack of communication between Practice Managers and Nurses
- Lack of communication between the PHO and the Practices
- Process confusion
- Variability in the use of the database.

In addition, practices haven't run any text campaigns over the quarter and they anticipate a lift in the next quarter when the campaign manager activity recommences this service.

Success in this work stream relies on every practitioner (nurse, GP) actively participating in the activities to ensure brief advice is offered and there is accuracy of coding at every point of contact. The PHO is offering coaching and looking for an improved uptake of support to patients and recording.

More Heart and Diabetes Checks in Primary Health (CVDR)

Te Tai Tokerau PHO More Heart and Diabetes Checks have not changed over Quarter 2 remaining at 89 percent across practices in Te Tai Tokerau PHO. For the PHO to achieve target, it needed another 250 more checks in the period. In Te Tai Tokerau there is one practice which required 266 more to achieve target. In the coming weeks and months, the Clinical Project Leader, Practice Facilitators supported by the CEO will formulate an approach for this Practice to support this improvement. Although this continues to be reported and monitored, it is no longer one of the Ministry's six Health Targets.

SERVICE DEVELOPMENTS AND SECTOR UPDATES

Sudden Unexpected Death of an Infant (SUDI)

Northland DHB participated in a National SUDI Prevention Programme (NSPP) Hui held to gain expert and local knowledge of what works well and what people believe is a way forward for the future for SUDI prevention.

In addition, a stocktake of current district health board policies, programmes and distribution of safe sleep devices was undertaken. The Ministry is finalising the implementation plan for the NSPP, which will include a national service and regional services. Further detail on these components will be provided by the end of February. The Ministry has now set an overall goal for the NSPP to reduce the incidence of SUDI to 0.1 in 1000 infants by 2025.

Northland has one of the most improved SUDI rates in the country. We will continue with our safe sleep programme which includes providing Pepe pods and wahakura to the most vulnerable babies as well as the educational wananga. A SUDI two day workshop is planned in Northland by Whakawhetu (National Māori SUDI coordination) in April.

HPV Immunisation 2017

As students headed back to school in February, boys, as well as girls, will have funded access to the HPV vaccine Gardasil. The rollout follows Pharmac's decision last year to extend the vaccine programme. Though Gardasil is commonly known to protect against cervical cancer, human papillomavirus (HPV) also causes other cancers in both men and women.

The vaccine, which has been replaced with Gardasil9 that covers more types of HPV, is now offered to boys and girls through participating schools at Year 8. Northland DHB has implemented this into their vaccination programme commencing 2017.

Newborn Hearing Information System

In November 2016 the Ministry of Health advised that they would be engaging independent advice to carry out an evaluation of vendor performance and complete an options assessment and impact analysis of the Maternity Clinical Information System (MCIS).

In light of this the Ministry has decided to pause the rollout of the Newborn Hearing Information Management System (NHIMS) to DHBs until the independent advice on MCIS has been received, as there are close linkages between the two systems.

Māori Health Directorate Changes and an update on the Indigenous Health System

Separate papers have been submitted covering these topics are included in your Board papers.

Kaupapa Māori Medical Support Services (KMMS) Evaluation

The review process is now completed and reports written for Ki A Ōra Ngati Wai, Ngāti Hine Trust and Te Hiku Hauora. They have had the opportunity to make submissions to the drafting of the report. The recommendations are to disinvest in Ngāti Hine Trust and Te Hiku Hauora primarily because the funds used are not in all cases delivering adequate value for money for the expected outcomes in the contract; or the level of funding historically applied in 2002 has caused inequity between the providers; and KMMSS has become expensive and less focused on clinical support to nurses.

The recommendation for Ki A Ora Ngāti Wai is that they receive an increase in funding to allow them to engage a Quality Coordinator. The review shows they are delivering services consistently to the contracted requirements and there is value for money being achieved. The chief executive is currently reviewing the recommendations.

Methamphetamine Pilot – Te Ara Oranga

A draft Crown Funding Agreement (CFA) has been received and reviewed, but the final CFA has not yet issued from the MoH. Once this is received, recruitment can start.

The contract commenced on 1 January 2017, with the first quarter for planning and project work. A partial service will start on 1 April, with full service by 1 July 2017. There is a submission for additional project resource for specialist services such as brief interventions in ED, consumer co-design and employment placement initiatives.

The Police have completed a draft project plan, and this was received on 10 February. Police have not started recruitment yet, but are still aiming for a start date of 31 March 2017. Mental Health & Addiction Services draft project plan was made available to NZ Police on 9 February. Both will be reviewed to ensure timelines mesh. Planning has started for joint training of Police, Mental Health & Addiction Services, non-government organisations and Iwi beginning in mid-April, so that the message is consistent and cross sector relationships built up. Planning meetings are to be held to discuss output and outcome measures, to jointly report where appropriate.

Well Child Tamariki Ora

Well Child Tamariki Ora (WCTO) providers are utilising the Ara Whānau Database well for both recording and reporting. WCTO providers are maintaining a high level of Māori client enrolments at 88 percent with 162 new babies enrolled and 351 core contacts delivered in the Q2 period. The quarterly Well Child Tamariki Ora Forum was held on 15 February which included all stakeholders (Whakawhiti Ora Pai, Te Hiku Hauora, Ngati Hine, Te Ha Oranga, Hokianga Health, PHO, DHB and Plunket).

The forum commenced last year initially to collaborate on the three agreed quality indicators that all WCTO agreed to monitor collectively, but also includes discussions on Oral Health Services, Immunisation, SUDI and Professional development.

Pregnancy and Parenting Service - He Tipua Wai-Ora

The team positions have been shortlisted with interviews in mid-February and a start date of mid-March. A communications plan for the new service has been completed and the official launch of this service is being held on 20 March.

Whangarei Mental Health Community Services Accommodation

Mental Health & Addiction Services are preparing a Business Case over the next four weeks to contribute to the development of a community mental health and addiction facility. The service vision and model of care supports integration with other related services in a community setting.

Stop Smoking Services (SSSs)

The Northland DHB web based Stop Smoking Services database development has been put on hold and resource allocated to support the webPAS implementation.

However, the collaborative model agreed to between providers appears to be delivering early results. The table notes Northland DHB quarterly one reporting.

MOH REQUIREMENTS

	Annual	Quarterly Target
Enrolments	420/1329 (34%)	332
Quits at 4 weeks	149/664 (22%)	166

The key summary points include the Tobacco control SLAT having exceeded enrolments at 34 percent against the 25 percent benchmark. However, the group have not met the validated quits at 4 weeks 25 percent mark. The overall results are at 22 percent. A further 17 validated quits are required to meet the minimum target and the SLAT are now looking at how this can be achieved.

There are some challenges for the five new Stop Smoking Services, and the providers are being assisted to update their IT systems, provide training on using the reporting template, improving referrals from General Practice, and cognitive behavioural therapy training for new practitioners.

New Contract – Oranga Mahi

This is a new social investment contract aimed at improving long-term outcomes for beneficiaries who are within the category "Job-seeker deferred with a Mental Health and Addiction condition". The aim is that these people will be able to return to employment and we will be able to prevent them deteriorating and requiring more specialist Mental Health and Addiction services. The funding will be for Te Hau Awhiwhio o Otangarei Trust, and will be administered by Mental Health & Addiction Services from 1 July 2017. The 2 FTEs (who will provide counselling/ talking therapies and behavioural advice) will be funded by MSD from 1 March 2017, and will provide services to Otangarei residents.

Releasing Time to Care (RTC)

We have appointed a Project Improvement Facilitator for the Releasing Time to Care programme of work. This commenced with an executive leadership briefing and two day workshop on the 21 and 22 February. Tumanako (mental health), Te Kotuku (maternity), Ward 14, Ward 2 and SCBU are the first areas that will implement RTC. The programme aims to improve care quality by eliminating waste and activities that do not add value. This enables staff to spend more time with patients, thereby improving patient safety and ward efficiency.

Satellite Chemotherapy in Kaitaia

Planning continues to establish satellite chemotherapy at Kaitaia Hospital. This development is expected to commence in July 2017 and will enable patients from the Far North to undergo low complexity chemotherapy treatment locally rather than travelling to Whangarei Hospital.

HIGHLIGHTS

The Respiratory Fast Track Service implemented in 2016 that provides patients with a much quicker diagnosis and requiring fewer hospital visits, has received favourable publicity and is being featured in an international quality conference.

The recent establishment of an arthroplasty clinical fellow in the orthopaedics service is proving successful in enabling the substantial increase in hip and knee replacement surgery required by the Ministry of Health to be achieved despite operating theatre capacity constraints. The post holder, Che Sui, is ensuring optimal utilisation of weekday orthopaedic operating sessions in addition to participating in the programme of weekend joint replacement operating sessions.

The new clinical lead at Bay of Islands is championing the use for Telemedicine for patient transfers in collaboration with ICU. With this capability now fully operational he is engaging with his team to explore other Telemedicine possibilities.

A new Stroke Pathway has been developed and is out for consultation with stakeholders. This pathway was developed with consumer engagement which identified a number of improvements that will be implemented in the final pathway.

We have successfully appointed a student for the physiotherapy scholarship position at Kaitaia Hospital. We set this scholarship up to address the difficulties we were having in attracting permanent staff to the Kaitaia physiotherapy department. The appointee has been accepted into AUT to complete a four year physiotherapy degree. The scholarship is up to $5,000 per year with the ability to work during the semester breaks.

Northland DHB has secured a further three years of funding to continue to deliver Ngā Manukura ō Āpōpō, the national Māori nursing and midwifery workforce programme. Northland DHB has been delivering this programme for five years. The 'flagship' of the programme is the leadership training wānanga, which is the only marae-based kaupapa Māori leadership development programme for Māori nurses and midwives in Aotearoa. To date 238 Māori nurses and midwives have graduated from this programme with a further 120 planned over the next three years. A new leadership intensive programme will be developed to further focus on the leadership potential of graduates.

LOWLIGHTS

Increased acute surgical workload has continued during December and January. Provisional figures suggest acute surgical caseweights were around 28 percent above the budgeted level during January. Despite increased provision of acute operating capacity during the summer holiday period, acute theatre backlogs built up resulting in the cancellation of several elective operations. The two RMO strikes resulted in over 50 postponed operations which has had a significant impact on our waiting times.

Māori Health Directorate review changes will have an impact once all positions are filled and some employees being made redundant.

Recruitment within the Mental Health and Addictions service remains a challenge with 293 FTE at 31 January, which is 50 FTE below budget, although this figure has been significantly impacted by the increase in budgeted FTE arising from the external review and new investment in mental health and addiction services in Northland.

In particular nursing recruitment in Tumanako IPU remains difficult. Three strategy strands are to be employed to address this:

- Upskilling of current nurses who don't have mental health papers (to promote clinical excellence and extend the availability of preceptors to support less experienced staff)
- Further investment in our external recruitment strategy –including the development of a website dedicated to mental health and addiction recruitment - http://community.experiens.co.nz/MHRecruit/
- Increase in the number of new graduates (grow our own strategy).

5.0 DECISION PAPERS

There are no papers for consideration

6.0 SYSTEM PERFORMANCE

6.1 Health & Safety Report
6.2 Maori Health Directorate Update
6.3 Health Targets
6.4 Finance Report
6.5 NDHB Funded Services Dashboard

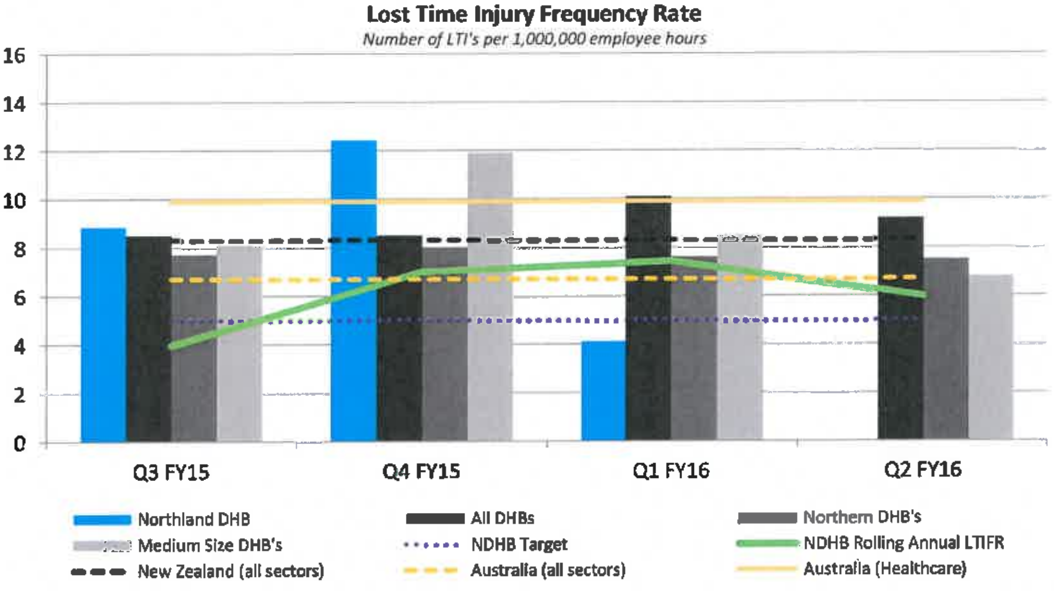
Northland District Health Board
Quarterly Health and Safety Report
(Q2) October to December 2016

Prepared by: John Wansbone (Organisational Development Manager)

Endorsed by: Dr Nick Chamberlain (Chief Executive)

1. Executive Summary

- An unprecedented quarter with no lost time injuries (LTI) reported. The rolling annual LTI frequency rate has reduced to 6.0 significantly ahead of national, medium sized and northern region averages.



Sources:
- *Key Work Health and Safety Statistics, Safe Work Australia, Australia, 2015*
- *Benchmarking Report 2014, Business Leaders' Health & Safety Forum, New Zealand, April 2015*

- Under the *Health & Safety at Work Act*, Northland DHB share responsibility (to varying degree) for the management of health and safety within NGO's. We are currently deploying a survey across all NGO's to better understand their occupational health and safety management systems and practices. This will enable us to identify any risk and provide additional support where appropriate. The survey will conclude at the end of February and key findings will be shared with the Board in the next report.

2. Adverse Events

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
WorkSafe Notifiable Events *The number of events that have been reported to WorkSafe*	0	≤ 6 per annum	6	n/a	
Near Miss Reporting *The number of reported near miss events that had the potential to cause injury, illness, or damage*	81	120 per quarter (2015 + 5%)	114 per quarter (June-Dec)	*tbc	

2. Adverse Events (cont)

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
Onsite Contractor Notifiable Events *The number of Notifiable Events that have been reported to WorkSafe by onsite contractors*	0	n/a	n/a	*tbc	
Offsite Contractor (NGO's) Notifiable Events *The number of Notifiable Events that have been reported to WorkSafe by offsite contractors and NGO's*	(*reporting yet to commence)	*tbc	n/a	*tbc	
Total Adverse Events *Total number of health and safety adverse events*	119	≤ 134 per quarter	129 per quarter (June-Dec)	n/a	

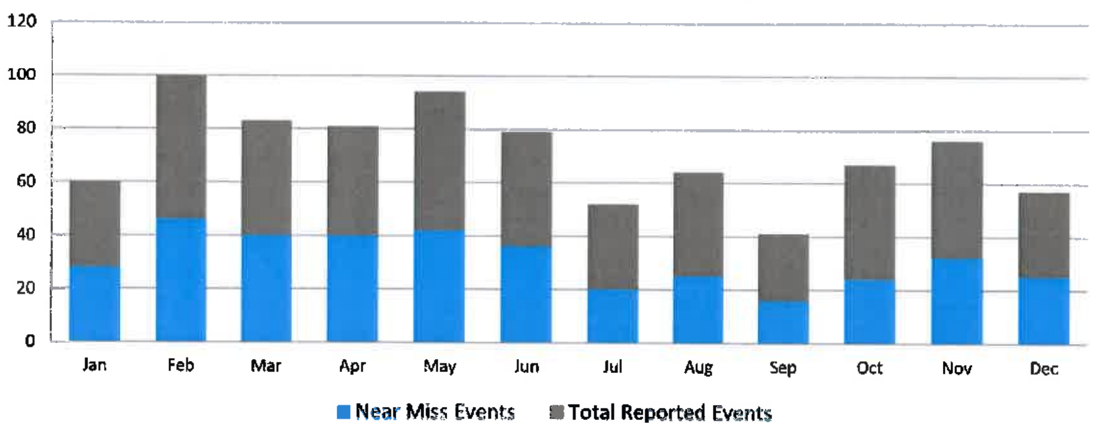
Note: The reduction in near miss reporting and the increased number of reported injuries and is due in part to the reclassification of minor injuries such as needle sticks as a reported injury rather than a near miss.

Summary of Significant Adverse Events and Near Misses	Remedial Actions
No significant adverse events or near misses this quarter	

Note: A significant event includes SAC1 and SAC2 events, a WorkSafe notifiable event and a significant near miss that had the potential to result in serious harm.

Near Miss Reporting

Measuring the number of near miss events against the total number of events reported



Note: Through increased near miss reporting we can better determine how and why incidents occur, and take corrective action to prevent similar – or more serious – incidents from happening in the future.

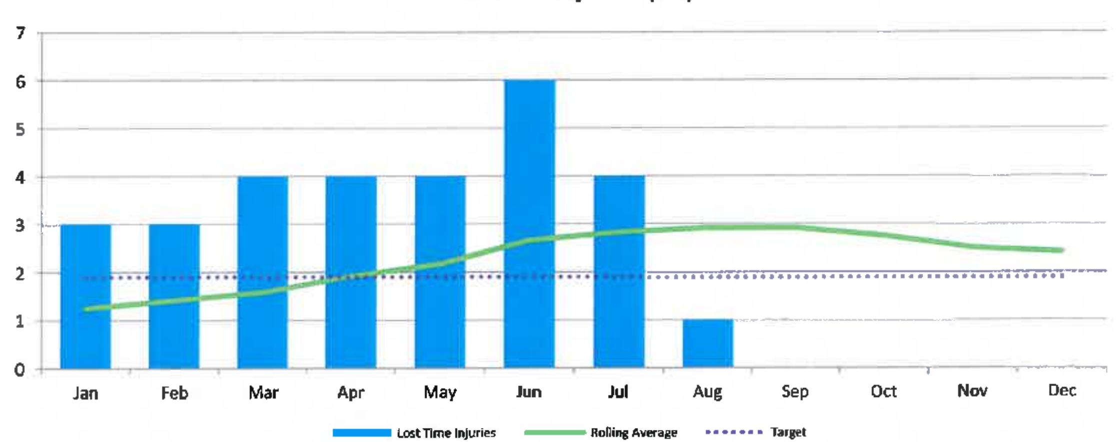
3. Harm

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
Serious Harm Injuries (SAC2) *The number of injuries that resulted in serious harm (legal definition)*	0	0	1 per quarter	n/a	
Total Reported Injuries (SAC2 + SAC3) *The total number of reported workplace injuries*	38	< 14	14.5 average per quarter (Q1-2)	n/a	

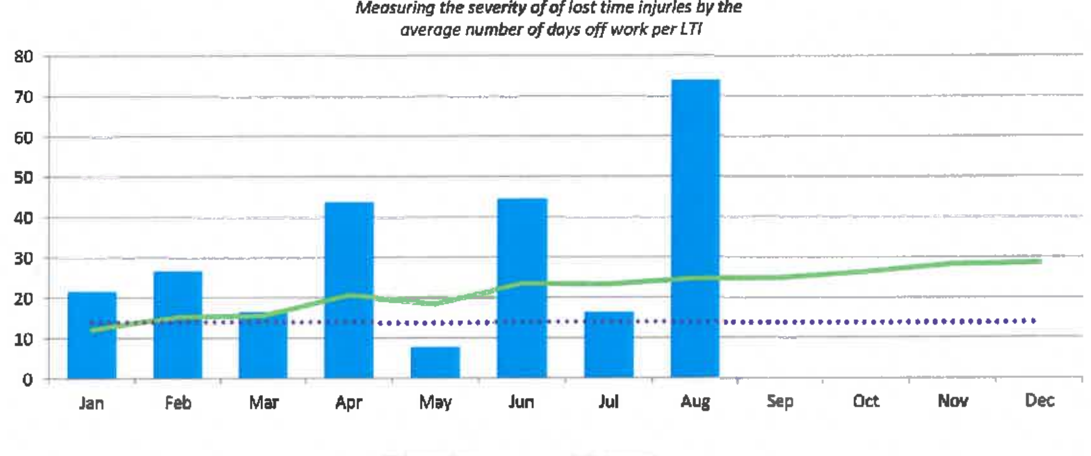
Note: The increased number of reported injuries and reduction in near miss reports is due in part to the reclassification of minor injuries such as needle sticks as a reported injury rather than a near miss.

3. Harm (cont)

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
Lost Time Injuries (LTI) *The number of injuries that required an ordinary working day off work*	0	≤ 6 per quarter	6 per quarter	n/a (refer to Frequency Rate)	●
LTI Severity Rate *The average days lost per lost time injury*	0	≤ 14	15 285 days / 19 LTI's (Q1-Q2)	*tbc	●
LTI Frequency Rate *The rate of lost time injuries per 1,000,000 employee hours*	0	≤ 5.0	5.1	9.2 (Medium Size DHB Group)	●

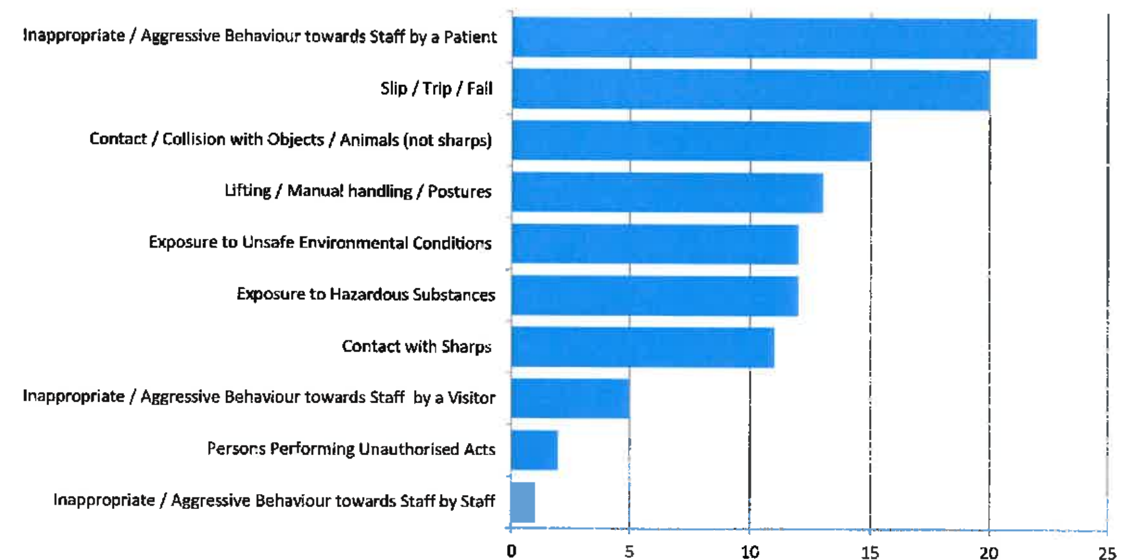


Note: Lost time injury data is assigned to the month/ quarter the incident occurred. This data is updated when additional lost time occurs in subsequent months/quarters and/or when a lost time injury is reassessed as a recurring historic injury.



Summary of Lost Time Injuries this quarter
No LTI's reported this quarter

3. Harm (cont)



Note: This graph captures all SAC2 and SAC3 harm events along with near miss events where there was a high potential of harm

4. Employee Participation, Engagement and Training

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
Staff Participation *Attendance rate at Health & Safety Committee Meetings*	43% ↑	≥ 75%	30% average per quarter (Q1-2)	n/a	
Safety Culture – Survey Result *The index score (%) of the Safety Questions. Survey to be deployed February 2017.*	0	≥ 70%	n/a	tbc (to consult with DHB's on questions)	
Safety Training Compliance *The number of staff who have undertaken the 'Moving and Handling' online training course per quarter*	95	200 per quarter	116 average per quarter (Q1-2)	n/a	

Note: The 'Moving and Handling' online course is undertaken during Orientation Day and varies from quarter to quarter. New KPI to be developed for next report replacing actual number with % of staff who have completed training.

5. Risk and System Management

Indicator	Quarter Actual	FY16 Target	2015 Actual	Benchmark	Performance
Risk Reviews *The number of H&S risk reviews entered in Datix that remain overdue by >1 month*	(*reporting to commence FY16)	0	n/a	*to be established in FY17 based on FY16 performance	
Event Investigations *The rolling % of total adverse events that have been investigated, mitigated (or planned) and risk reassessed*	(*reporting to commence FY16)	≥ 90%	n/a	n/a	
Manager Training Completion Rate *The % of Managers who have completed either the online or face to face H&S training course for managers*	89% ↑	≥ 95%	55% Average x72 (Q1-Q2)	n/a	

6. Quarterly Work Programme – key activity, outcomes and remedial actions

Key activity, outcomes and remedial actions achieved in Q2 by the Occupational Health & Safety department

- NGO Health & Safety Survey
- Risk based staff committees
- Flu vaccination planning

7. Follow up action from past Board meetings

Query	Follow Up
1. Staff Health & Safety Committee Minutes to Board	Complete – Whangarei Health & Safety Committee meeting minutes to be included in all future quarterly Audit, Finance & Risk Management Board Meeting papers.
2. Emerging trends from near misses	Pending – breakdown of contributing factors for employee adverse events / near misses to be reported in next Audit, Finance & Risk Management Report paper

Northland District Health Board
Briefing to the Board

SUBJECT: MAORI HEALTH DIRECTORATE UPDATE

Prepared by Harold Wereta, GM Maori Health

RECOMMENDATION:

That the Board note this paper.

SITUATION

This paper updates the Northland District Health Board (Board) on activities and events that are happening within the Maori Health Directorate. This paper will briefly discuss four key areas – Iwi/ DHB partnership review, Indigenous Health System, Waitangi Tribunal claims and Maori Health Directorate changes.

PROGRESS

Work continues to be made on the activities that were started in June 2016. This report only canvasses matters which are considered strategic and of importance to the Board.

Iwi/ DHB partnership review

Overview

The review is to consider ways in which the partnership arrangement could be strengthened so that the model gives meaningful intent and direction for the Board and what it seeks to achieve and the aspirations on where Iwi/ Maori see future developments for their communities.

Last year in Kaikohe a presentation made to the Iwi Chairs forum Te Kahu O Taonui in September 2017. They appointed four representatives to work with the DHB. Toa Faneva is the appointed lead Chief Executive and he is supported by Lorraine Toki, Pam Armstrong and Teropu Poa.

Key Developments

There have been two meetings with Toa Faneva to explore the direction given by the Iwi Chairs forum. The progress to date has been limited due to availability of time and other priorities taking precedent, Both the DHB and appointed Iwi Advisors will make this our main focus covering January to June 2017.

The review will be completed against the Crown Maori Instrument which provides guidelines to Crown and Government agencies when reviewing and planning to have a relationship with Iwi/ Maori.

Moving Forward

A meeting with the Iwi Technical Advisors will be held in Kerikeri on Thursday, 15 February 2017. There are two parts to the meeting:

- To consider and develop further the findings from the Sir Mason Durie workshop held on the 30th November 2016; and
- To establish a working framework to advance the review of the Iwi/ DHB partnership model.

In a paper I prepared for the Board in October 2016 a timeline was done outlining when things might be completed. This table will be used to get agreement for completing this work.

Description	By whom	Dates
Joint DHB/Iwi Working Group is formed with guiding principles for the review	DHB/Iwi	TBC
Joint DHB/Iwi working group convenes. First review of existing Terms of Reference is completed.	DHB/Iwi	TBC
Joint DHB/Iwi working group reserve day set aside in case further discussions needed on draft terms of reference.	DHB/Iwi	TBC
Te Kahu o Taonui and DHB Boards receive briefing paper with recommendations for approval.	DHB/Iwi	TBC
New TOR is signed by Chairpersons	DHB/Iwi	TBC
TOR is implemented and operationalized.	DHB/Iwi	TBC

At the Board meeting in March I will provide a verbal update summarising the themes discussed.

Indigenous Health System

Overview

The 30 November 2016 workshop with Sir Mason Durie was an important milestone as there was endorsement to the Iwi/Provider Alliance option. Thirty eight participants from Maori health providers, DHB Board, Iwi, Manaia and Te Taitokerau PHO's and the Ministry of Social Development were present.

However, I need to acknowledge that not all DHB Board members were in receipt of their invitation which was unfortunate and something we will improve upon. Also not present were Te Taitokerau Iwi Chairs and Chief Executives who were part of a national forum in Marlborough.

Key Developments

Since meeting with the Te Kahu O Taonui in September and hosting the second workshop with Sir Mason Durie on 30 November 2016, the following key actions have taken place:

- Met with Toa Faneva and Te Ropu Poa in December 2016 to plan forward events/activities for 2017. They requested that two forums are held to plan the actions to take this project to its completion.
- A meeting was held with Maori health provider managers in the same period and they recommended a similar pathway.

The question was asked - at what point do we bring in the wider audience who participated at the 05 July and 30 November workshops back together. Both groups advised that a follow up workshop should be planned for April 2017.

They also requested to the DHB that Sir Mason Durie remain engaged and is a key advisor to guide developments to the Te Taitokerau commissioning framework.

A 'think or scoping paper' will also be prepared giving possible options on what a Commissioning framework might look like and will aim to explore possible governance structures. This will be available for the April Board meeting.

Moving Forward

Getting traction to this project is the main focus to July 2017. The actions now underway for taking this forward include:

- Scoping or think paper and Board submission by April or May 2017
- DHB/Iwi/Providers agree to taking next step June 2017
  - Best outcomes for Maori wellbeing
  - Trust – forge the relationship together (transparency)
- Alliance working formed and agree to a pathway by June 2017
  - How can we engage people on the front line
- MOH informed by June 2017
- Iwi alliance agreement signed by July 2017 and to take effect from Nov 2017

A working party will be formed and include the Iwi advisors, Maori health providers and the DHB to agree to a working document and start the effort to advance the option chosen by participants.

Waitangi Tribunal Claims

Overview

The substantive claim filed against the DHB was Waitangi Tribunal claim number 246 filed by Grant Berghan on behalf of Ngati Hau, a Ngapuhi hapu from the Whangarei district. The claim cited inequities in funding, health service delivery and lack of opportunity for hapu to deliver health services to their community. Hokianga Health also made a separate submission and they too cited funding inequities as a major focus to their claim.

Alongside the claim filed by Ngati Hau, reference was also made to 10 other claimant groups which specifically mentioned health. The majority were in reference to services delivered in Whaingaroa and the loss of marae based community health services.

Many of the issues raised were addressed or responded to by the DHB in our submission.

Key Developments

The Chief Executive, Dr Nick Chamberlain presented the DHB response to the Waitangi Tribunal on 06/07 December 2016. Legal Counsel for each claimant group had the opportunity to cross-examine the evidence submitted by the DHB.

Where claimant counsel was unable to ask questions in the allotted time the Tribunal asked that they make written submission by 27 January 2017. The DHB has now received these. There are about 35 questions asked and the DHB is now drafted its response.

Moving Forward

Crown Law has asked that the DHB file our response by 20 February 2017. However, many of the questions asked are in direct reference to the DHB evidence and there have been questions asked using referenced material which dates back to 1988 and needs further consideration. So that the DHB can forward a draft version to Crown Law, the following timelines will apply:

- Questions are formatted into a Crown Law template and questions are reviewed against the DHB evidence by 23 February 2017.
- Additional questions outside of the DHB evidence to be reviewed by 23 February 2017.
- Draft response to DHB Chief Executive by 27 February 2017.
- Draft submission to Crown Law by 03 March 2017.

Maori Health Directorate Review

Overview

A review was started in September 2016 covering all functions and activities which fall under the General Manager, Maori Health. The review is to align Maori health to four priority domains which include **service delivery, workforce planning,** effective **cultural quality framework** (includes education) and the **measurement of performance** (Community and Hospital services).

The objectives for this review were to:

- Align Māori services to a broader strategic vision for Northland DHB and the Northland Health Services Plan;
- Ensure planning and future service delivery are fit for purpose and achieving patient/ consumer satisfaction; and
- Improve the performance accountabilities and how these are measured across the Māori Health Directorate

The review allowed time and space for affected employees and service departments/ wards to make submissions. On 16 December a final decision was made on the Maori Health Directorate structure. A copy of the new structure is attached as Appendix 1. All affected staff, including contractors, were notified of the decision.

The major changes include:

Current Roles

- Reduced number of Takawaenga positions (from 10fte to 7.4fte).
- Changes to management positions (3.5fte affected)

New Roles

- Establishment of two team leader positions (2fte), two advisor roles (2fte), Kaumatua Cultural Advisor (1fte) and one office administrator (1fte).
- Whangarei hospital now has five Takawaenga positions (5fte) and no change to regional hospital Takawaenga (2.4fte).

Key Developments

The process for staff has been stressful. However maintaining open communications and ensuring all staff had access to EAP or the General Managers office has been critical to making sure the process is fair to all. The key developments since the decision was made have been:

- Each staff member affected received a letter just before the Christmas break. They were also assured that no changes would be made until they returned to work.
- From 16 January 2017 all staff affected by the change attended one on one interviews to talk about the changes, find out their interest in positions available and the next steps in the process.
- Interview for available positions have started with Team Leader roles being interviewed on 14 February 2017. Decisions on these roles are pending.
- At the first team meeting of the Directorate all staff were given an update on the process and milestones.
- Weekly updates are given via emails to all staff on progress.

Moving Forward

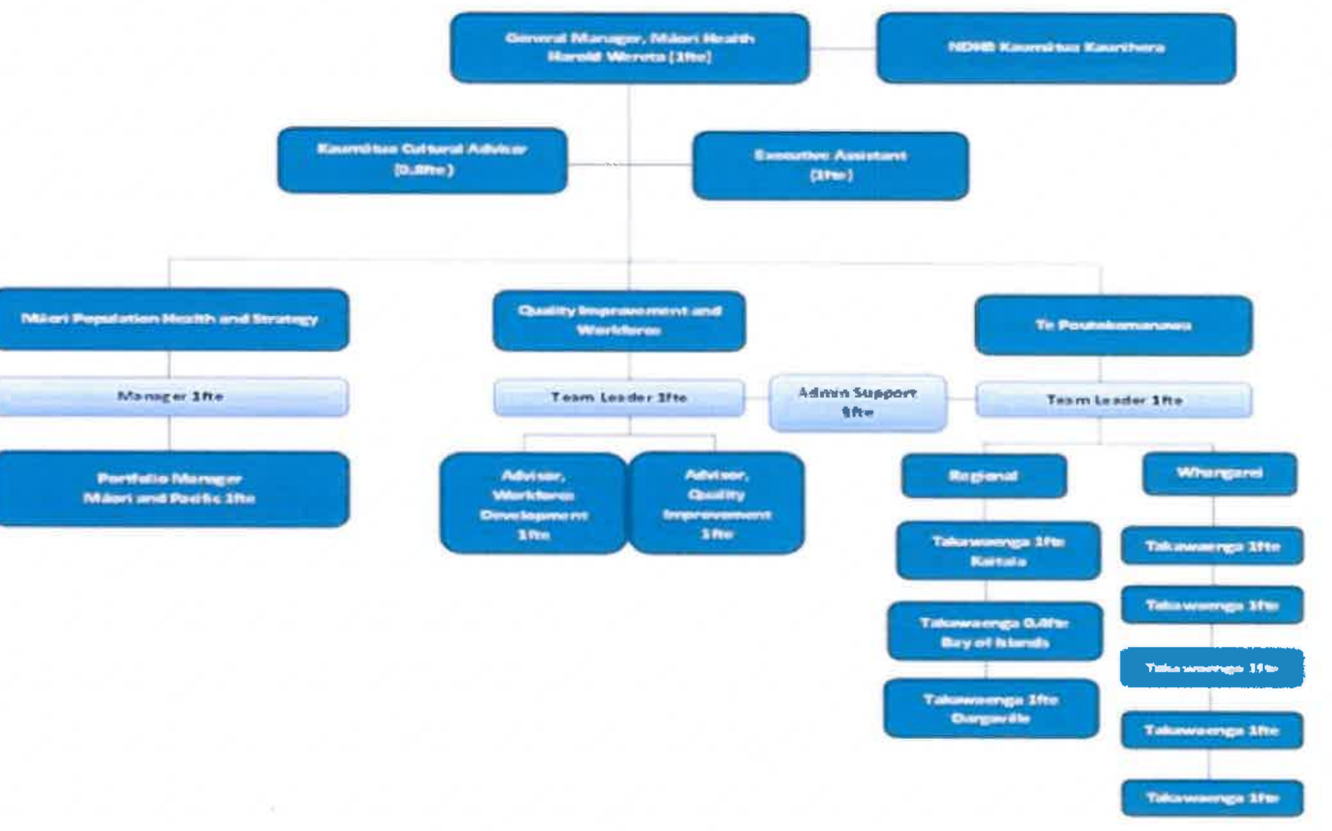
The next three weeks will be busy as we transition from the present structure to the new regime. Key milestones underway include:

- The Kaumatua Cultural Advisor position and Office Administrator role will be interviewed during the week of 20 February. The Kaumatua Cultural Advisor position will be interviewed by NDHB Kaumatua Kaunihera. This is the appropriate forum for this to happen.
- Takawaenga and advisor positions will be interviewed in early March once the Team Leader positions have been confirmed.
- Once all positions are filled the Maori Health Directorate will spend two days at a focusing workshop. The aims will be:
    - To develop a shared vision that guides our work.
    - Establish tikanga (protocols) and kawa (rules) to govern the behaviours to team members.
    - Review the use of the name Te Poutokomanawa and get team consensus on how it should be used.
    - Workshop and agree to Directorate performance measures and team performance measures.
    - Workshop roles/ responsibilities and have clarity to expectations.
    - Start work developing an accountability framework for the Directorate.

  The goal is to lift the standard of performance across the various settings within DHB owned services and to elevate the Maori Health Directorate brand.

Māori Health Directorate

Leadership and Team Structure



Health Targets

Summary - as at 31/01/2017

	Fiscal Month: 7 - January			Quarter 2			YTD
	Target	Actual	Achieved	Target	Actual	Achieved	Achieved
Shorter Stays in Emergency Departments	95 %	92 %		95 %	93 %		
Improved Access to Elective Surgery	567	553		2,127	2,629		
Faster Cancer Treatment				85 %	83 %		
Increased Immunisation	95 %	89 %		95 %	89 %		
* Better Help for Smokers to Quit							
Pregnant Women				90 %	97 %		
Primary Care Smokers				90 %	81 %		
** Raising Healthy Children	95 %	78 %					

Performance Colours

- Green indicates achieved
- Light Green indicates just missed achieving target
- Orange indicates significantly missed target
- Red indicates substantially missed target
- Grey indicates no data available

Performance Indicators

- Indicates performance has improved
- Indicates no change from previous month
- Indicates performance has deteriorated

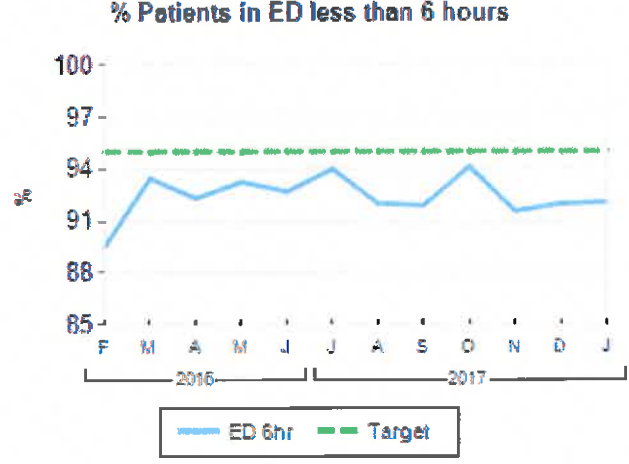
* From 1 July 2017, Better Help for Smokers to Quit - Hospitalised Smokers changes to: Better Help for Smokers to Quit - Pregnant Women who identify as smokers. This measure also changes from reporting monthly to quarterly.

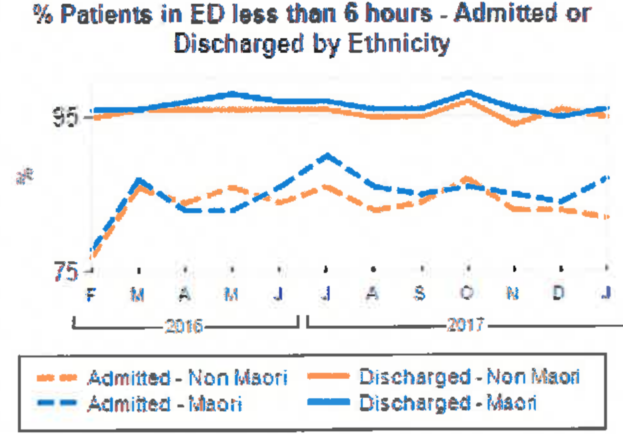
** The new Health Target - Raising Healthy Children will in future, be reported quarterly, however until more consistent data is supplied from the MoH, the current summary shows the year to date score and performance, in the monthly columns. Quarterly data is not displayed.

Health Target One - As At 31/01/2017

HT-01 Shorter Stays in Emergency Departments

The target for shorter stays in emergency departments is 95 percent of patients admitted, discharged, or transferred from Whangarei or Kaitaia Emergency Departments within six hours.

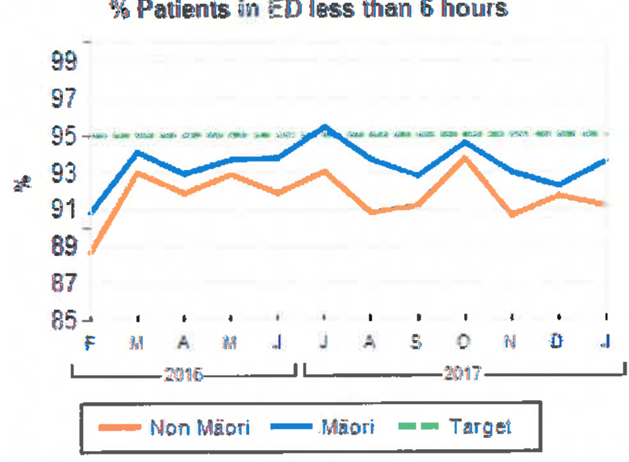


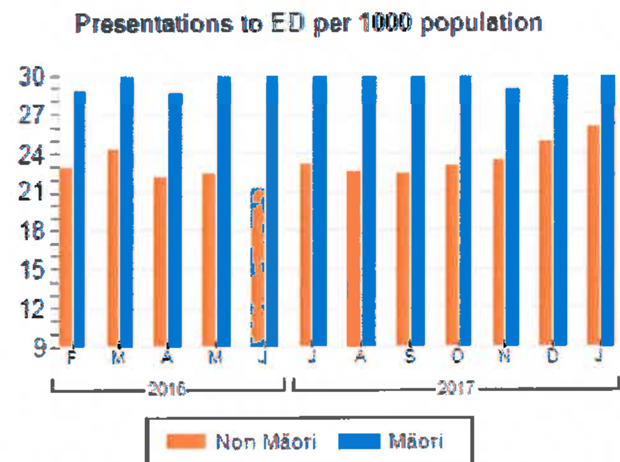


Performance

- During January the number of patients in ED for less than 6 hours dropped to 92% against a target of 95%.

Analysis by Ethnicity





1. Population data is the latest available Census data.
2. Per population is worked out by taking the presentations over the population for the ethnicity, eg 964 (Maori presentations Dec 2012) / 41520 Maori population * 1000 = 23.2.
3. When a Fiscal Year later than 2013 is selected, retrospective data includes Kaitaia.

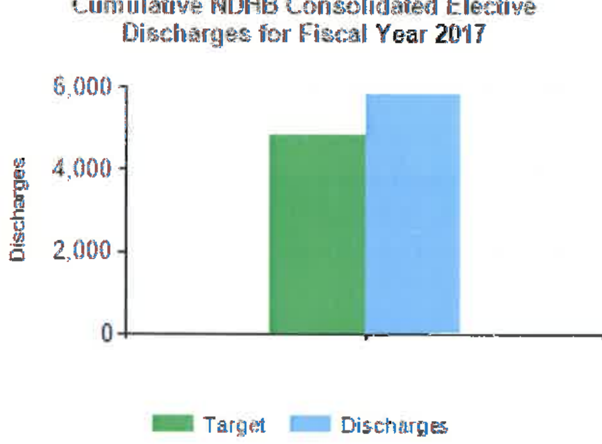
Health Target Two - As At 31/01/2017

HT-02 Improved Access to Elective Surgery

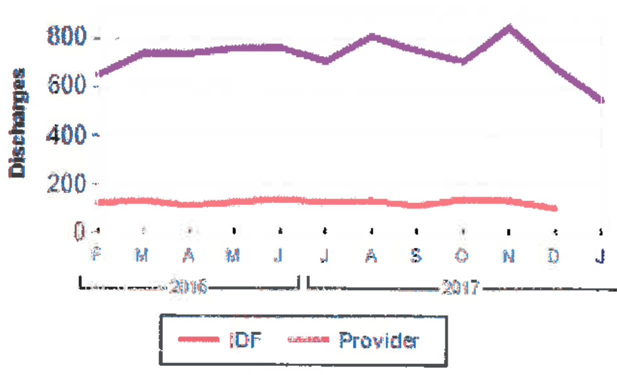
The target at a national level is that DHBs will deliver an average increase of 4,000 elective discharges each year in surgical specialties.

NDHB Consolidated Elective Inpatient Discharges

Discharges — Target



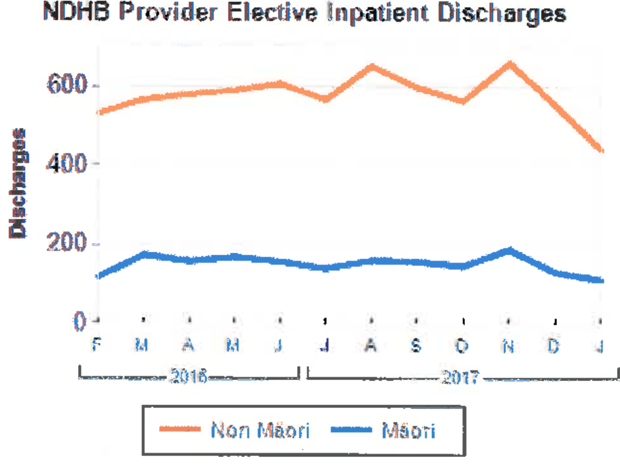
NDHB Provider and IDF Elective Inpatient Discharges



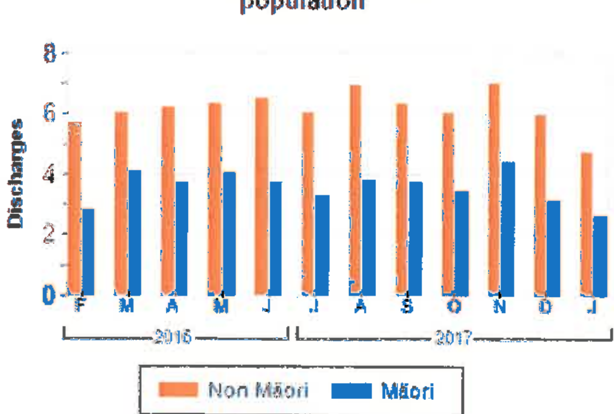
Performance

- During January 2017, there were 553 elective surgery discharges compared with a target level of 567 (this is an underperformance of 2%). This slight underperformance was due to the impact of high acute surgical demand over the January holiday period, and Junior Doctor Industrial action, resulting in the cancellation of elective surgery sessions.
- At 31 January, there had been 5,836 elective surgery discharges year to date compared with a target of 4,813 discharges, this is an over-performance of 21%. This result reflects continued growth in high volume minor surgical procedures in General Surgery and Ophthalmology undertaken in outpatient clinics.

Analysis by Ethnicity



NDHB Provider Elective Discharges per 1000 population

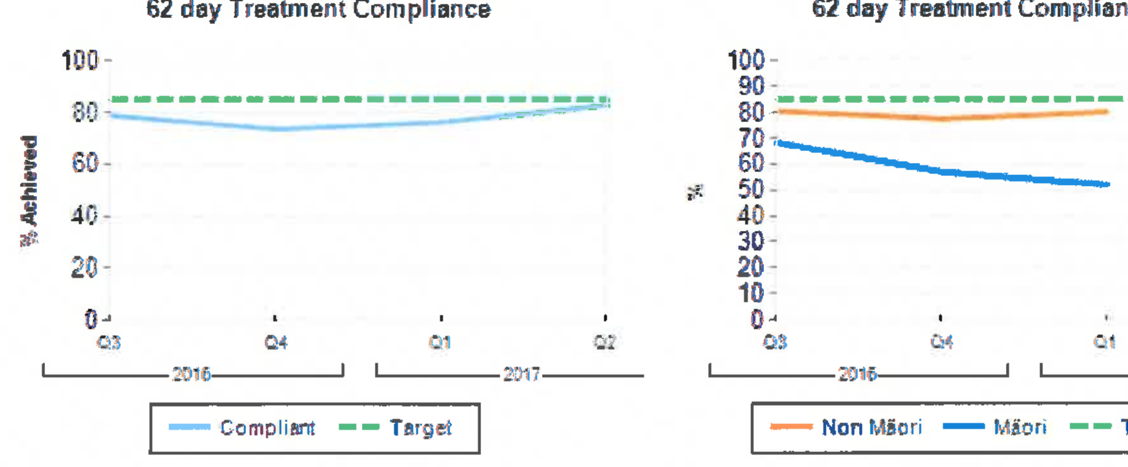


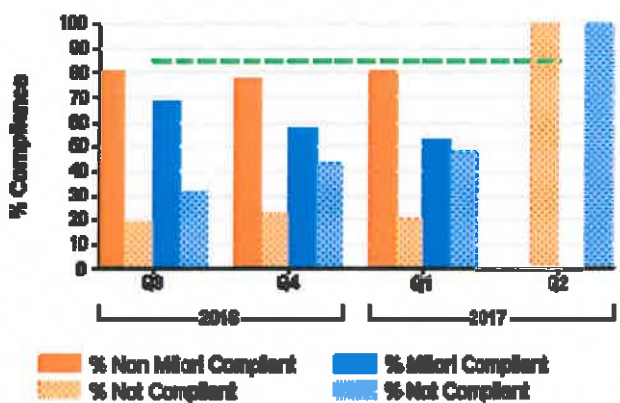
1. Each DHB will identify a target number of publicly funded, casemix included, elective discharges in a surgical specialty (defined by surgical purchase units excluding dental) for people living in its regions.
2. Population data is the latest available Census data.
3. Per population is worked out by taking the discharges over the population for the ethnicity, eg 113 (Maori discharges Dec 2012) / 41520 Maori population * 1000 = 2.7.
4. Uncoded IDF Discharges are not shown.
5. Only DHB and MOH Funders are included in counts.

Health Target Three - As At 31/01/2017

HT-03 Faster Cancer Treatment

85 percent of patients referred with a high suspicion of cancer commence first treatment within 62 days from referral





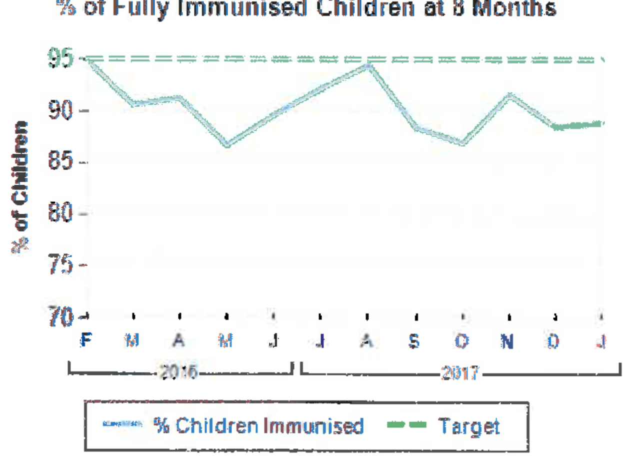
Performance

- During the quarter October 2016 to December 2016, 83% of patients referred with a high suspicion of cancer commenced treatment within 62 days compared with the national target of 85%.
- Although still slightly below the national target, this improved performance reflects process improvements particularly with regard to the breast cancer and lung cancer pathways. A project to improve the gynecology cancer patient pathway is now being implemented

Health Target Four - As At 31/01/2017

HT-04 Increased Immunisation - 8 Months

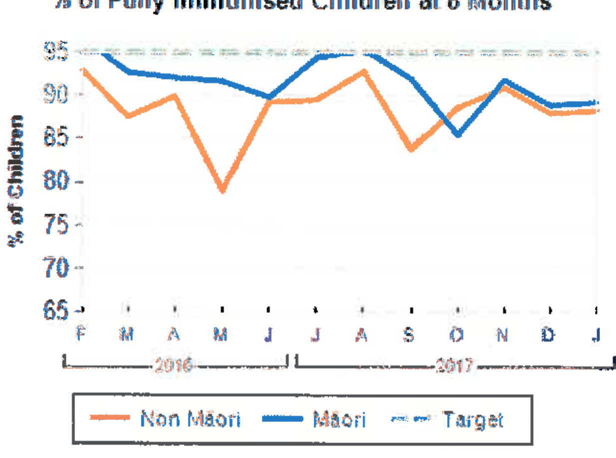
Immunisation coverage is measured using the National Immunisation Register (NIR). Immunisation targets for 2012/13 were set nationally at 85% coverage i.e. 85% of children to be fully immunised at eight months of age; rising to 90% by July 2014 and 95% by December 2014.

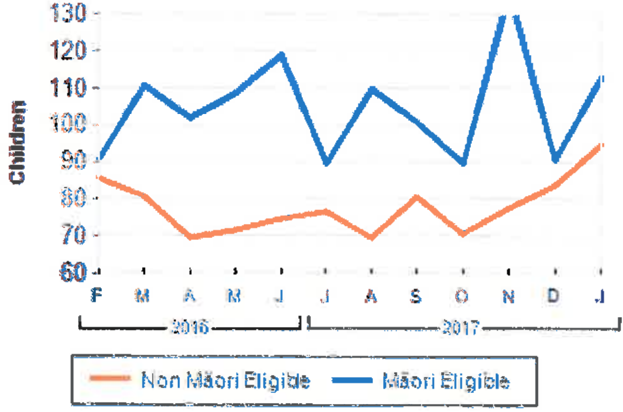


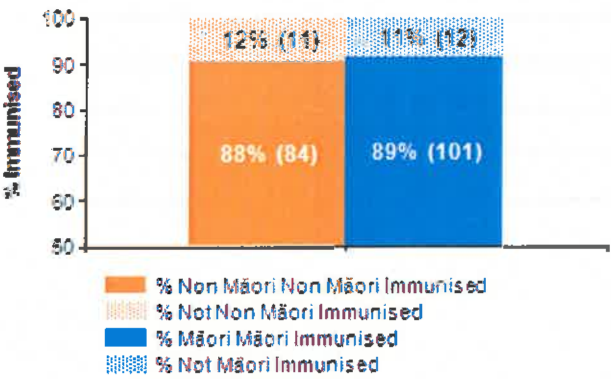
Performance

- Coverage for the month of January is 89% for 8 month. Maori and 89% and non-Maori 88% there are 208 children in this cohort, 7 children were missed and declines 13 children (6.3%).
  24 month coverage for the month of December is 88%, Maori 89% and non-Maori 84%, 195 children in this cohort, 7 children were missed, declines 17 (8.7%).
- Focusing on declines in Northland we have dedicated a Public Health Nurse and Kaiawhina to work 0.6fte specifically on immunisation declines.
- The Registered Nurse and Kaiawhina will be home visiting across Northland to influence and support families to vaccinate, along with strengthening relationships in early childhood centres, Kohanga Reo and immunisation providers across Northland (Outreach services, Well Child Tamariki Ora providers and Maori Providers) . Immunisation clinics in Whangarei and Kaikohe have commenced. These clinics are open Saturday mornings and in Whangarei Thursday evenings.

Analysis by Ethnicity



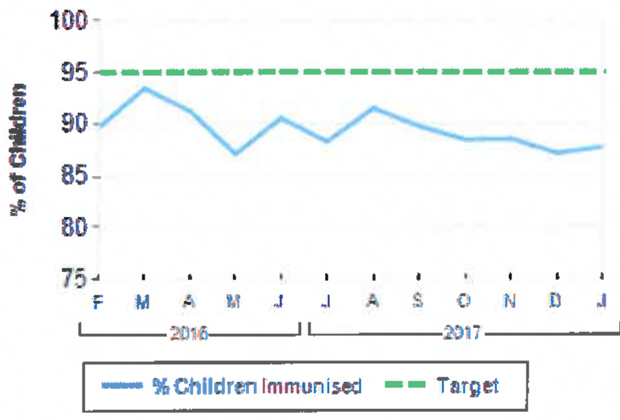




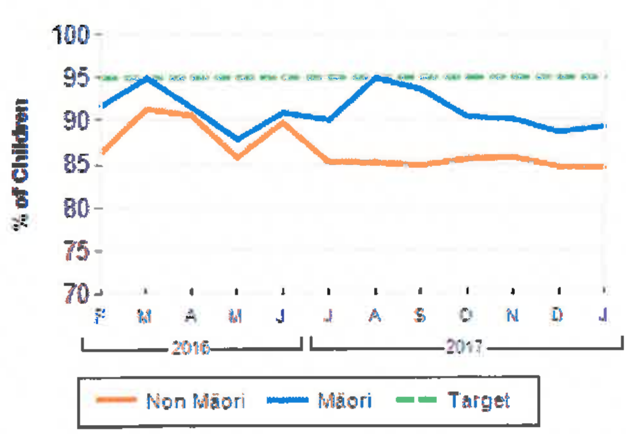
(Numbers represent number of children)

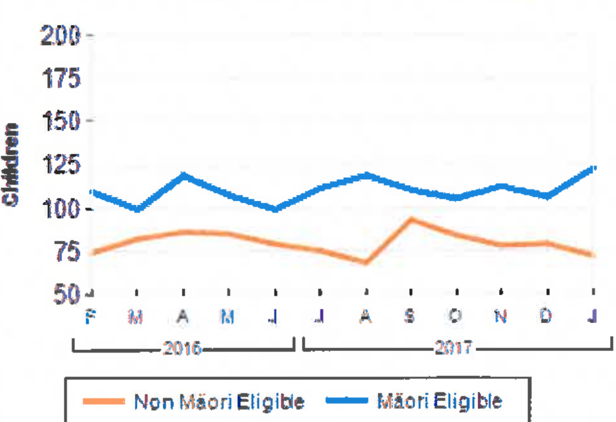
HT-04 Increased Immunisation - 24 Months

Immunisation coverage is measured using the National Immunisation Register (NIR). Immunisation targets for 2011/12 were set nationally at 95% coverage i.e. 95% of children to be fully immunised at age two.

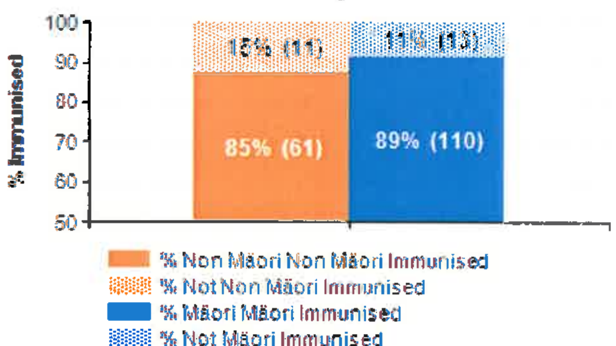


Analysis by Ethnicity





% of Children Immunised at 24 Months in January



(Numbers represent number of children)

Summary of Data – Children at age 8 Months

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	QTR 1	QTR 2	QTR 3	YTD
Children at age 8 Months	167	180	182	161	214	175	208	529	550	208	1,287
Target (95%)	159	171	173	153	203	166	198	503	523	198	1,223
Children Immunised	154	170	161	140	196	155	185	485	491	185	1,161
Target to Actual Variance	-5	-1	-12	-13	-7	-11	-13	-18	-32	-13	-62
% Achieved	92%	94%	88%	87%	92%	89%	89%	92%	89%	89%	90%

Summary of Data – Children at age 24 Months

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	QTR 1	QTR 2	QTR 3	YTD
Children at age 24 Months	187	187	204	190	191	186	195	578	567	195	1,340
Target (95%)	178	178	194	181	181	177	185	549	539	185	1,273
Children Immunised	165	171	183	168	169	162	171	519	499	171	1,189
Target to Actual Variance	-13	-7	-11	-13	-12	-15	-14	-30	-40	-14	-84
% Achieved	88%	91%	90%	88%	88%	87%	88%	90%	88%	88%	89%

Health Target Five - As At 31/01/2017

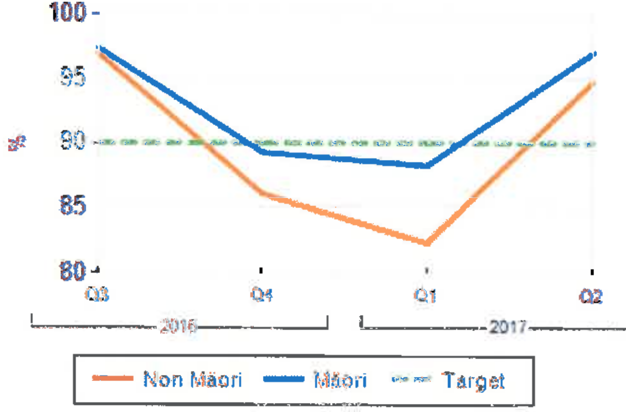
HT-05 Better Help for Smokers to Quit - Pregnant Women

90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Performance

- The new Health Target is for Brief Advice for Pregnant women who smoke, at the time of registration with an LMC. The data is provided quarterly by the Ministry of Health and is sourced from independent LMC data from MMPO with a very small component of DHB data.
- The data provided by the DHB pertains only to those women who are followed through by a DHB Core Midwife throughout their pregnancy. At this stage this is mainly from the DHB Midwife in Dargaville.
- Activities are underway to link the LMCs with the new Toki Rau Stop Smoking Services. A joint initiative between the combined PHOs and the NDHB Public Health Unit is being implemented to provide incentives for pregnant women to sign up for stop smoking support and to make successful quit attempts.

Analysis by Ethnicity



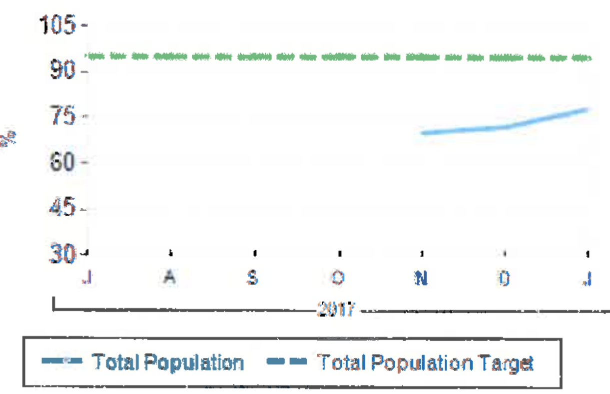
HT-05 Better Help for Smokers to Quit - Primary Care Smokers

90 percent of enrolled patients who smoke and are seen by a health practitioner in General Practice are offered brief advice and support to quit smoking.

Health Target Seven - As At 31/01/2017

HT-07 Raising Healthy Children - Referrals sent and acknowledged

By December 2017, 95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

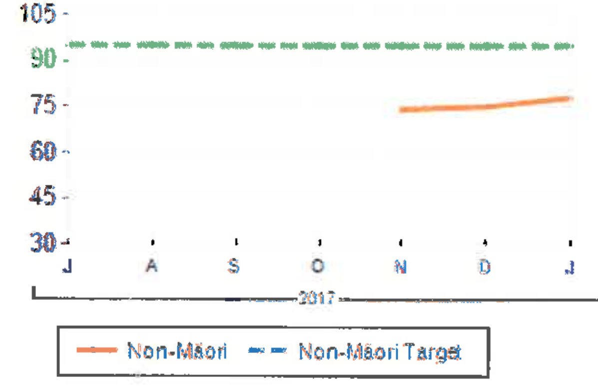


Performance

- Quarterly performance is now up to 73% from 70% in Q1 and the current year to date as displayed, stands at 75%. Education and tools have been provided to primary care to assist them to support obese children.
- Some issues have been identified with B4SC staff understanding of the target and the BE SMARTER tool, and these are being addressed through regular meetings and on-going training.

N.B. The Non Maori graph does not include Pacific Peoples, whose year to date percentage stands at 60%

Analysis by Ethnicity



FINANCIAL REPORT
FOR JANUARY 2017

Author:
Meng Cheong, Chief Financial Officer

OPERATING RESULT

	Month ($000)			YTD ($000)		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
DHB Owned Services	(120)	559	(679)	(1,370)	441	(1,811)
DHB Funded Services	557	108	449	960	(693)	1,653
TOTAL NDHB	437	667	(230)	(410)	(252)	(158)

1. Result for the Month

Overview

The consolidated financial result for the month is an operating surplus of $437k against a budgeted surplus of $667k, an unfavourable variance of $230k. Of this, $679k is an unfavourable variance in DHB Owned Services, with DHB Funded Services reporting a favourable variance to budget for the month of $449k.

The year to date consolidated financial result is a deficit of $410k against a budgeted deficit of $252k, an unfavourable variance of $158k. The unfavourable year to date result is comprised of an unfavourable variance in DHB Owned Services of $1,811k and a $1,653k favourable variance to budget in DHB Funded Services.

For January acute case weights were over budget by 209 (12%) for the month and over budget year to date by 1,068 (9%). Elective case weights were under budget by 207 (35%) for the month and over budget year to date by 24 (1%). Overall, year to date inpatient activity is 7% over budget by 1,092 caseweights.

Graphs and tables relating to caseweights reported below represent the position as at January month end.

Revenue

Consolidated revenue was $1,280k favourable to budget in the month and $1,628k favourable year to date. Additional revenue is expected this year for additional mental health services.

Expenditure

The month's expenditure (excluding capital charge) was unfavourable to budget by $1,616k. Year to date expenditure was unfavourable by $2,496k.

DHB Funded Services expenditure (excluding payments to DHB Owned Services) was $670k unfavourable to budget for the month and favourable by $770k year to date.

DHB Owned Services expenditure excluding capital charge was $798k unfavourable to budget for the month and $2,577k unfavourable year to date.

Salary costs were $558k unfavourable to budget for the month and $1,129k favourable to budget year to date, mainly as an effect of the RMO industrial action.

Overall outsourced services were unfavourable to budget for the month by $331k and overspent year to date by $2,937k. Outsourced salaries are unfavourable in the month by $320k and unfavourable year to date by $2,255k. Outsourced supplies are unfavourable for the month by $11k and unfavourable year to date by $682k.

Clinical supplies were unfavourable to budget in the month by $77k and are unfavourable year to date by $1,219k.

Infrastructure & non-clinical supplies excluding capital charge were favourable to budget in the month by $168k and favourable year to date by $450k.

Savings Initiatives

The savings initiatives in the DHB owned services are tracking mostly to plan. Of particular noteis the conversion of diesel heating at Dargaville Hospital to electric heat pumps. A similar project has been approved by the board for implementation at Kaitaia Hospital. National Procurement activity has slowed but still continues to provide some operating cost reductions e.g: medical consumables, waste management contracts. Christmas / New Year shut down of non-essential services has also contributed positively to our current operating expenditure position.

2. Cash flow

Cash flow for the month was a net outflow of funds of $230k, favourable to budget by $490k. Year to date, overall cash flow is a net inflow of $19,563k compared to a budgeted inflow of $12,098k favourable to budget by $7,465k. This is mainly the result of the slowing of the capital expenditure programme.

3. Financial Position (Balance Sheet)

Cash and investments are $21,750k. Of this $15m is held on a 60 day term deposit, as detailed in the Treasury Report. Cash at hand (in the NZHP banking sweep) at month end was $6,750k.

Debt to Debt + Equity ratio is 17.4% compared to the budget of 17.1% and the NDHB adopted maximum of 50% (based on the former CHFA's benchmark).

Interest Cover is 13.8 times compared to the budget of 23.

Working capital is ($30,135) compared to a budget of ($35,393k).

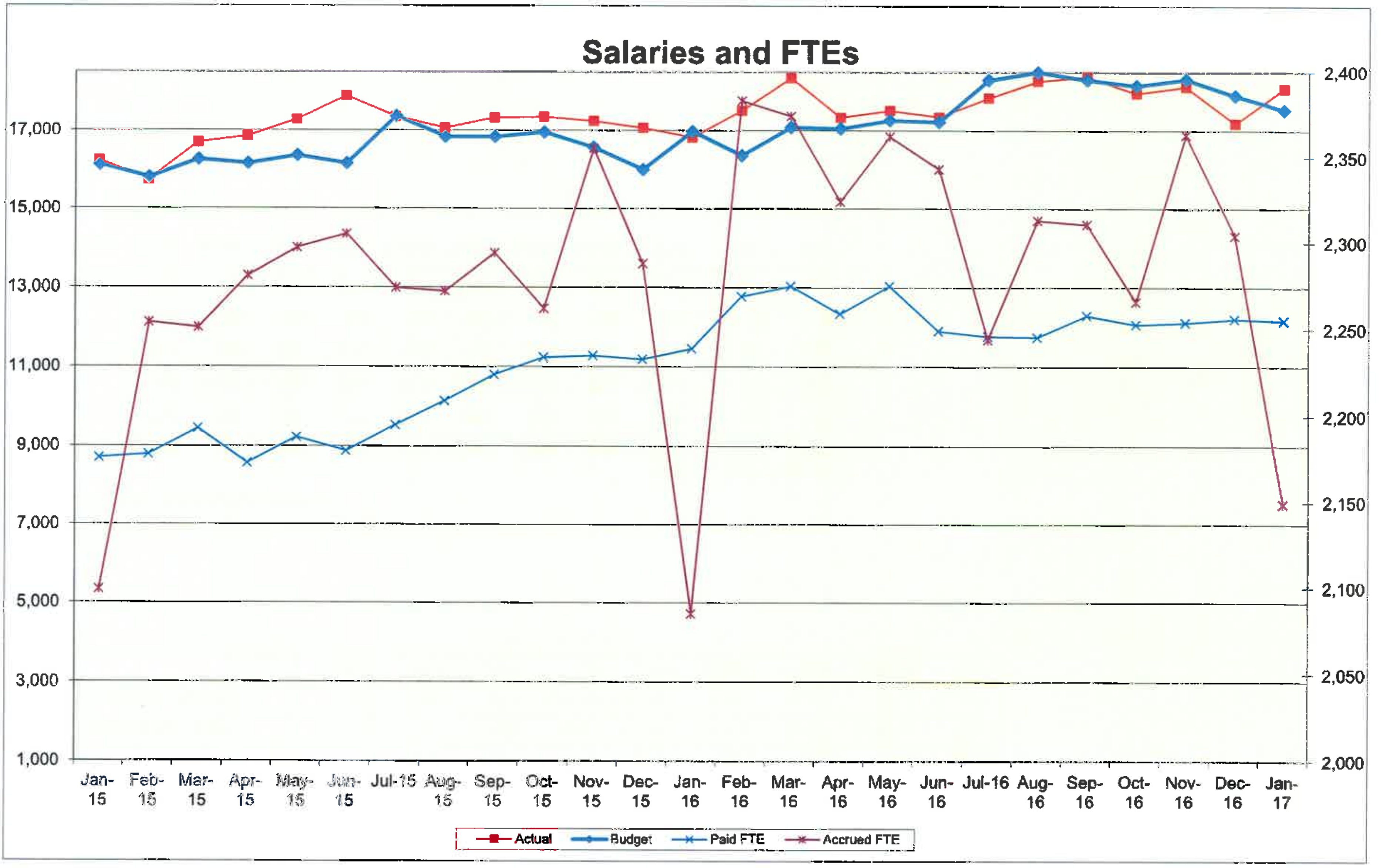
4. Treasury Operations

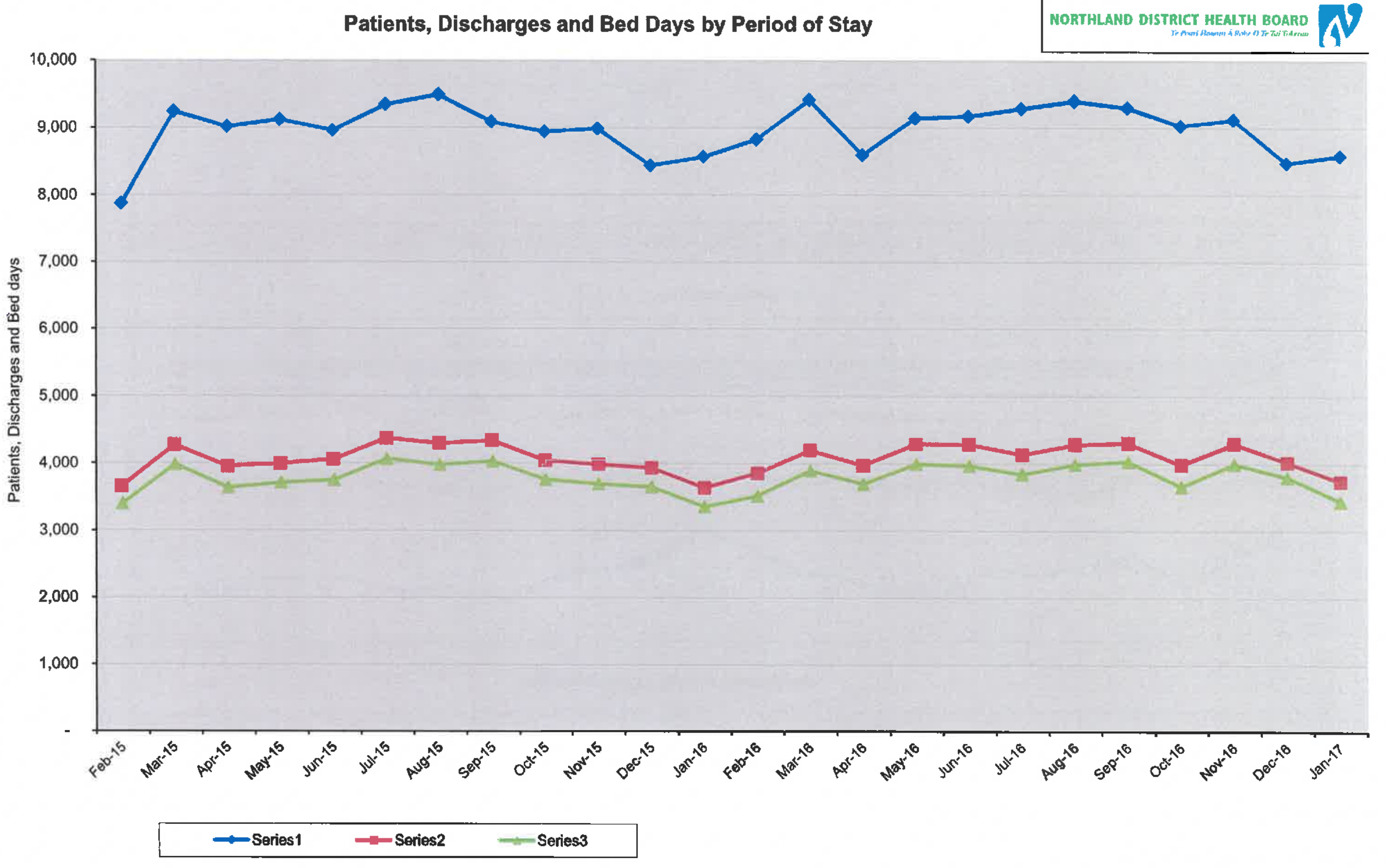
$15.0m investment which matured in November was reinvested with ASB Bank for 60 days @ 2.72%. This has matured in February and was reinvested with Westpac for 65 days @ 3.01%.

Provider Contract Volumes (Caseweights)

Summary of Volume Variance Analysis									
Contract Measure	Annual Volume	Month Volume				YTD Volume			
		Bud	Act	Var	Var %	Bud	Act	Var	Var %
Total Caseweights Acute	20,605	1,717	1,926	209.1	12.2%	12,020	13,087	1,067.6	8.9%
Total Caseweights Elective	7,178	598	391	(207.4)	(34.7%)	4,187	4,212	24.3	0.6%
Total	**27,783**	**2,315**	**2,317**	**1.6**	**0.1%**	**16,207**	**17,299**	**1,091.9**	**6.7%**

Staffing Full Time Equivalents Accrued										
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Mth Bud	Mth Var	Var to Jun
Medical	290	270	285	283	270	292	285	284	295	10	5
Nursing	1,048	1,002	1,029	1,039	1,013	1,054	1,035	983	1,014	31	65
Allied Health	516	498	509	500	494	515	501	444	499	55	72
Support	100	96	99	98	98	101	98	97	104	7	3
Mgmt/Admin	399	378	391	391	391	402	387	341	370	28	58
Total (FTEs)	**2,353**	**2,244**	**2,313**	**2,311**	**2,266**	**2,363**	**2,304**	**2,149**	**2,281**	**132**	**203**


Salaries and FTEs
17,000
15,000
13,000
11,000
9,000
7,000
5,000
3,000
1,000
2,400
2,350
2,300
2,250
2,200
2,150
2,100
2,050
2,000
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Actual
Budget
Paid FTE
Accrued FTE


Patients, Discharges and Bed Days by Period of Stay
NORTHLAND DISTRICT HEALTH BOARD
Patients, Discharges and Bed days
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
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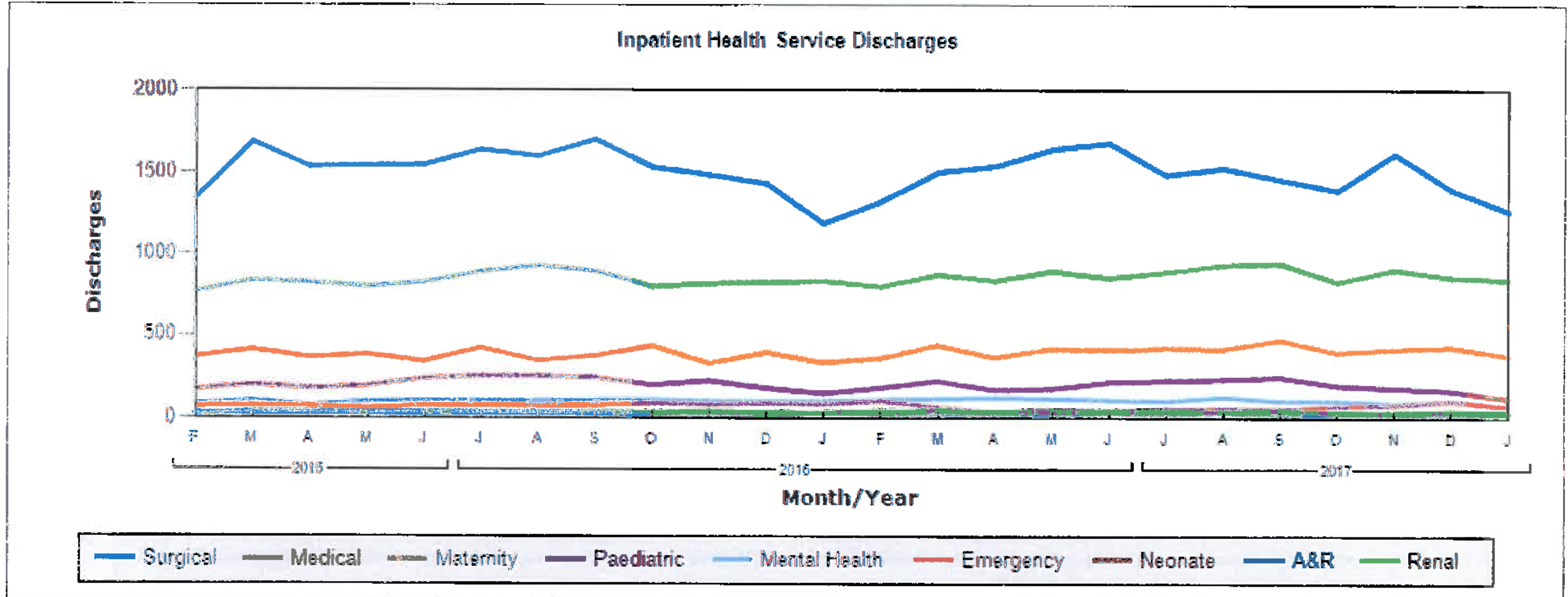
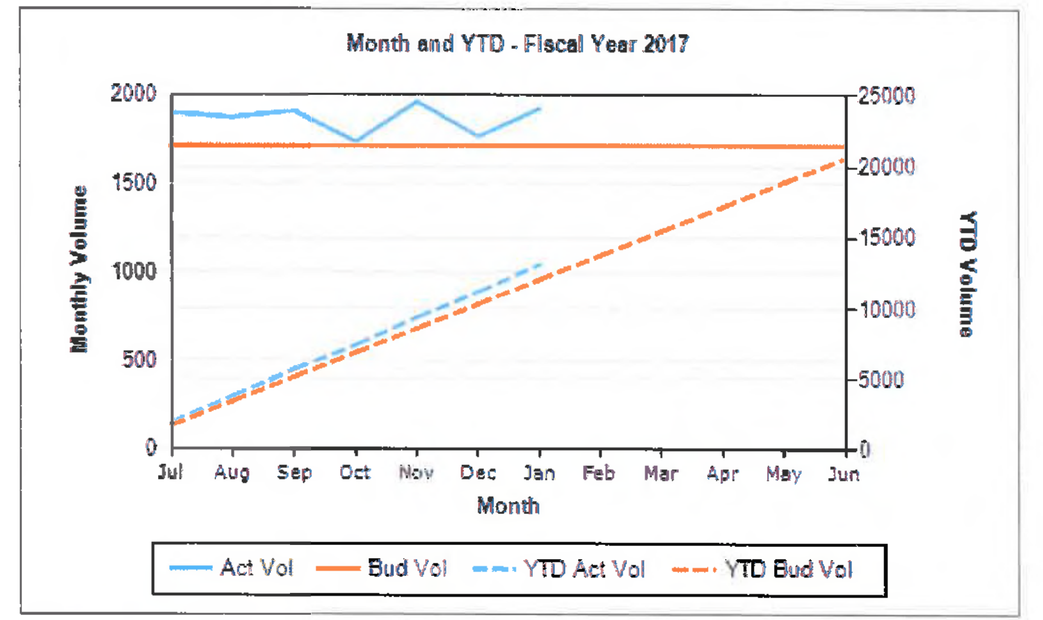
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Series1
Series2
Series3



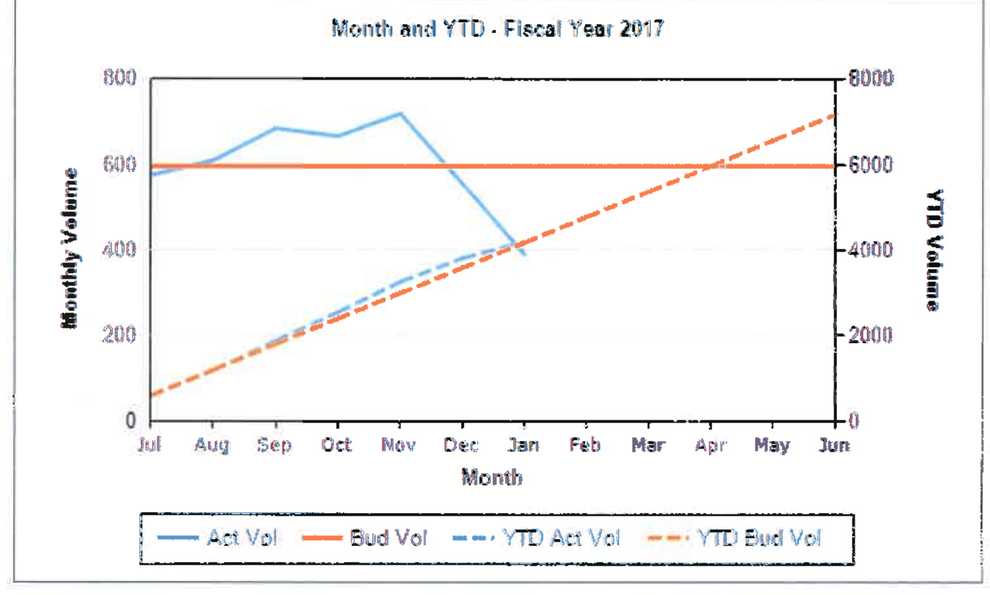
Inpatient Health Service Discharges
Discharges
2000
1500
1000
500
0
F M A M J J A S O N D J F M A M J J A S O N D J
2015
2016
2017
Month/Year
Surgical
Medical
Maternity
Paediatric
Mental Health
Emergency
Neonate
A&R
Renal

Caseweights,Acute



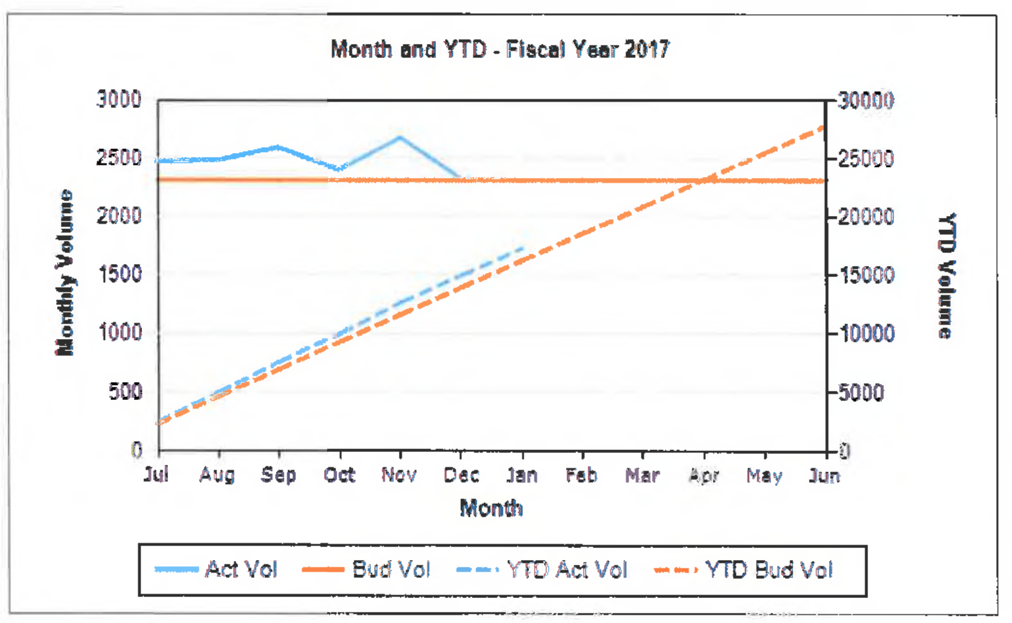
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	1,717	1,717	1,717	1,717	1,717	1,717	1,717	1,717	1,717	1,717	1,717	1,717
Month Actual	1,900	1,877	1,911	1,739	1,965	1,769	1,926					
Month Variance	183	160	194	22	248	52	209					
Month Variance %	11%	9%	11%	1%	14%	3%	12%					
YTD Budget	1,717	3,434	5,151	6,868	8,585	10,302	12,020	13,737	15,454	17,171	18,888	20,605
YTD Actual	1,900	3,777	5,688	7,427	9,392	11,161	13,087					
YTD Variance	183	343	536	558	806	859	1,068					
YTD Variance %	11%	10%	10%	8%	9%	8%	9%					

Caseweights, Elective



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	598	598	598	598	598	598	598	598	598	598	598	598
Month Actual	577	612	686	668	720	558	391					
Month Variance	(21)	14	88	70	122	(41)	(207)					
Month Variance %	-4%	2%	15%	12%	20%	-7%	-35%					
YTD Budget	598	1,196	1,795	2,393	2,991	3,589	4,187	4,786	5,384	5,982	6,580	7,178
YTD Actual	577	1,189	1,875	2,543	3,263	3,821	4,212					
YTD Variance	(21)	(8)	80	150	272	232	24					
YTD Variance %	-4%	-1%	4%	6%	9%	6%	1%					

Caseweights Acute, Caseweights Electives



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	2,315	2,315	2,315	2,315	2,315	2,315	2,315	2,315	2,315	2,315	2,315	2,315
Month Actual	2,477	2,489	2,597	2,407	2,685	2,327	2,317					
Month Variance	162	173	282	92	370	12	2					
Month Variance %	7%	7%	12%	4%	16%	1%	0%					
YTD Budget	2,315	4,631	6,946	9,261	11,576	13,892	16,207	18,522	20,837	23,153	25,468	27,783
YTD Actual	2,477	4,966	7,563	9,970	12,655	14,982	17,299					
YTD Variance	162	335	617	708	1,079	1,090	1,092					
YTD Variance %	7%	7%	9%	8%	9%	8%	7%					

Northland District Health Board - Consolidated **REVENUE STATEMENT** Page 1

For the Month and Year-to-Date ended : 31-Jan-17

	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MoH Devolved Funding	47,175	47,170	5	0.0%	331,237	330,189	1,048	0.3%	566,038
MoH Non-Devolved Contracts (provider arm side contracts)	1,388	1,131	256	22.7%	8,608	8,250	358	4.3%	13,987
Other Government (not MoH or other DHBs)	471	428	43	10.0%	3,454	3,219	235	7.3%	5,581
Non-Government & Crown Agency Sourced	349	430	(81)	18.7%	3,163	3,047	117	3.8%	5,220
InterProvider Revenue (Other DHBs)	42	99	(58)	58.1%	730	694	35	5.1%	1,190
Inter-DHB and Internal Revenue	1,911	797	1,114	139.8%	5,414	5,578	(165)	3.0%	9,563
Internal Revenue (DHB Fund to DHB Provider)	25,675	25,823	(148)	0.6%	180,069	180,758	(689)	0.4%	309,871
Elimination on Consolidation	(25,675)	(25,823)	148	0.6%	(180,069)	(180,758)	689	0.4%	(309,871)
Total Operating Income	**51,336**	**50,055**	**1,280**	**2.6%**	**352,605**	**350,977**	**1,628**	**0.5%**	**601,579**
Cost of Services									
Personnel Costs	18,087	17,529	(558)	3.2%	125,797	126,925	1,129	0.9%	216,471
Outsourced Services	2,132	1,801	(331)	18.4%	15,753	12,816	(2,937)	22.9%	21,805
Clinical supplies	3,947	3,870	(77)	2.0%	28,720	27,501	(1,219)	4.4%	47,314
Infrastructure & Non-clinical supplies	3,157	3,325	168	5.1%	22,046	22,495	450	2.0%	38,335
Funder Demand Contracts	12,205	12,535	330	2.6%	88,503	89,193	690	0.8%	151,714
Funder Fixed Contracts	3,310	3,257	(54)	1.6%	23,104	22,796	(308)	1.4%	39,079
Inter District Flows	7,339	6,245	(1,094)	17.5%	44,014	43,713	(301)	0.7%	74,936
Provider Contracts	25,675	25,823	148	0.6%	180,069	180,758	689	0.4%	309,871
Elimination on Consolidation	(25,675)	(25,823)	(148)	0.6%	(180,069)	(180,758)	(689)	0.4%	(309,871)
Total Cost of Services	**50,177**	**48,561**	**(1,616)**	**3.3%**	**347,936**	**345,440**	**(2,496)**	**0.7%**	**589,655**
Operating Surplus /(Deficit)	**1,159**	**1,494**	**(336)**	**22.5%**	**4,669**	**5,537**	**(868)**	**15.7%**	**11,924**
Capital Charge	721	827	106	12.8%	5,079	5,789	710	12.3%	9,924
Surplus/(Deficit)	**437**	**667**	**(230)**	**34.5%**	**(410)**	**(252)**	**(158)**	**62.6%**	**2,000**

Northland District Health Board - STATEMENT OF FINANCIAL POSITION

Consolidated as at: 31-Jan-17

ASSETS EMPLOYED	ACTUAL $(000)	BUDGET $(000)	VAR $(000)	VAR %	AS AT 6/30/2016 $(000)	BUDGET 6/30/2017 $(000)
Current Assets						
Inventories	3,471	3,843	(372)	9.7%	3,394	3,843
Trade and other receivables	15,948	12,361	3,587	29.0%	16,446	12,361
Prepayments	639	1,478	(839)	56.7%	302	1,478
Investments	0	0	0	0.0%	15,000	0
Cash and cash equivalents	21,750	15,309	6,441	42.1%	2,187	9,094
Total Current Assets	**41,808**	**32,991**	**8,817**	**26.7%**	**37,328**	**26,776**
Less Current Liabilities						
Interest-bearing loans and borrowings	203	372	169	45.4%	399	372
Trade and other payables	38,362	37,302	(1,060)	2.8%	33,801	36,481
Employee benefits	33,379	30,710	(2,669)	8.7%	32,062	30,710
Total Current Liabilities	**71,943**	**68,384**	**(3,559)**	**5.2%**	**66,262**	**67,563**
Working Capital	**(30,135)**	**(35,393)**	**5,258**	**14.9%**	**(28,934)**	**(40,787)**
Add :						
Property, plant and equipment	180,379	188,435	(8,056)	4.3%	182,389	195,910
Long Term Investments (> 12 months)	0	0	0	0.0%	0	0
Investments in subsidiaries and associates	17,688	14,834	2,854	19.2%	14,914	14,834
Trust/Special fund asset	421	418	3	0.8%	419	418
	198,489	**203,687**	**(5,198)**	**2.6%**	**197,722**	**211,162**
Deduct :						
Interest-bearing loans and borrowings	26,529	25,633	(896)	3.5%	26,557	25,463
Employee benefits	14,658	15,908	1,250	7.9%	14,658	15,908
Trust/Special fund liability	264	262	(2)	0.7%	263	262
	41,451	**41,803**	**352**	**0.8%**	**41,478**	**41,633**
NET ASSETS	**126,903**	**126,491**	**412**	**0.3%**	**127,311**	**128,742**
REPRESENTED BY : SHAREHOLDERS FUNDS						
Crown equity	40,387	40,355	32	0.1%	40,387	40,355
Retained Earnings	4,582	4,047	535	13.2%	4,078	4,047
Retained Earnings for Year to Date	(410)	(252)	(158)	62.6%	504	2,000
Retained earnings/(losses)	4,173	3,795	378	10.0%	4,582	6,047
Revaluation Reserve	81,965	81,965	0	0.0%	81,965	81,965
Other Reserves (Bonds)	0	0	0	0.0%	0	0
Trust/Special funds	378	377	1	0.1%	376	375
TOTAL SHAREHOLDERS FUNDS	**126,903**	**126,492**	**411**	**0.3%**	**127,311**	**128,742**

Northland District Health Board - Consolidated | **CASH FLOW STATEMENT**

For the Month and Year-to-Date ended: **31-Jan-17**

	CURRENT MONTH				YEAR TO DATE			
	ACTUAL	**BUDGET**	**VAR**	**VAR**	**ACTUAL**	**BUDGET**	**VAR**	**VAR**
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%
Cash flows from operating activities								
Cash receipts from Ministry of Health and Patients	50,939	49,943	996	2.0%	353,179	350,245	2,934	0.8%
Cash paid to suppliers	(31,178)	(32,386)	1,208	3.7%	(209,300)	(210,448)	1,148	0.5%
Cash paid to employees	(19,172)	(17,529)	(1,643)	9.4%	(127,696)	(126,925)	(771)	0.6%
Cash generated from operations	**589**	**29**	**561**	**1957.0%**	**16,183**	**12,872**	**3,311**	**25.7%**
Interest received	165	108	57	52.6%	1,615	1,633	(18)	1.1%
Interest paid	(8)	(75)	67	89.1%	(460)	(526)	66	12.6%
Capital charge paid	(0)	0	(0)	100.0%	(4,357)	(4,962)	605	12.2%
Net cash flows from operating activities	**746**	**61**	**684**	**1113.8%**	**12,981**	**9,016**	**3,964**	**44.0%**
Cash flows from investing activities								
Proceeds from sale of property, plant and equipment	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(976)	(748)	(228)	30.4%	(5,420)	(11,689)	6,269	53.6%
Proceeds from maturing investments	0	0	0	0.0%	15,000	15,000	0	0.0%
Increase In investments & Trust Fund Assets	0	0	0	0.0%	(2,774)	0	(2,774)	100.0%
Net cash flows from investing activities	**(976)**	**(748)**	**(228)**	**30.4%**	**6,806**	**3,311**	**3,495**	**105.6%**
Cash flows from financing activities								
Borrowings raised	0	0	0	0.0%	7	0	7	100.0%
Repayment of borrowings	0	(33)	33	100.0%	(231)	(229)	(1)	0.6%
Net cash flows from financing activities	**0**	**(33)**	**33**	**100.0%**	**(224)**	**(229)**	**6**	**2.4%**
Net increase (decrease) in cash and cash equivalents	(230)	(720)	490	68.0%	19,563	12,098	7,465	61.7%
Opening Cash and cash equivalents	21,980	16,029	5,951	37.1%	2,187	3,211	(1,024)	31.9%
Closing Cash and cash equivalents	**21,750**	**15,309**	**6,441**	42.1%	**21,750**	**15,309**	**6,441**	42.1%

Northland District Health Board -
Notes to the Financial Statements as at: **31-Jan-17**

DEBTORS' AGEING	$000's MOH	$000's ACC	$000's Sundry Debtors	$000's Overseas Patients	$000's Total Debtors
Current (up to 30 days)	983	17	190	10	1,200
30-60 Days	192	33	14	5	244
60-90 Days	259	0	14	10	191
90-120 Days	13	0	103	1	117
Over 120 Days	22	0	39	107	168
Less Provision for Doubtful Debts	0	0	(50)	(87)	(137)
Provisions and Accruals	9,326	345	4,494	0	14,165
Total	**10,795**	**395**	**4,803**	**46**	**15,948**

CREDITORS SCHEDULE	Current Month $000's	Prior Month $000's	30-Jun-16 $000's
Suppliers	34,039	33,090	29,875
healthAlliance loan account	1,326	1,326	1,326
Interest Payable	161	94	90
Payroll Accruals	18,435	16,139	15,489
Holiday Pay Accruals	14,943	16,152	16,573
GST	2,836	5,066	2,510
Total	71,740	71,866	65,863

Northland District Health Board - Consolidated

For the Month and Year-to-Date ended:

INDICATOR	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	BUDGET
1. Debt : Debt plus Equity	17.4%	17.5%	17.5%	17.5%	17.5%	17.4%	17.4%	17.1%
2. Total Debt(Incl. Creditors) : Total Assets	46.8%	46.9%	46.8%	47.9%	47.6%	47.3%	47.2%	46.6%
3. Interest Cover - Rolling 6 months	19.6	16.7	17.4	16.8	18.0	13.0	13.8	23.0
4. Quick (Acid Test) Ratio	0.55	0.54	0.54	0.55	0.54	0.53	0.54	0.31
5. Level of Working Capital	(27,964)	(28,548)	(29,465)	(30,350)	(30,481)	(30,820)	(30,135)	(35,393)
6. Earnings before Interest and Tax - Month Surplus(D	222	(834)	(45)	(193)	10	446	513	741
7. Return on Funds Employed - (YTD Annual)	1.3%	(3.4)%	(2.6)%	(2.7)%	(2.3)%	(1.3)%	(0.5)%	(0.2)%
8. Fixed Asset Utilisation (Y-T-D Annualised)	305%	307%	306%	304%	305%	304%	305%	186%
9. Net Income (Year-to-Date)	0.3%	(0.8)%	(0.6)%	(0.6)%	(0.5)%	(0.3)%	(0.1)%	(0.1)%
10. Return on Equity (Y-T-D Annualised)	1.4%	(3.6)%	(2.8)%	(2.7)%	(2.3)%	(1.3)%	(0.6)%	(0.2)%
11. Proprietorship Ratio	53.2%	53.1%	53.2%	52.1%	52.4%	52.7%	52.8%	53.4%
Banking Covenants								
1. Interest Cover - YTD	19.6	16.7	17.4	16.8	18.0	13.0	13.8	23.0
2. Net Profit - YTD	146	(765)	(884)	(1,152)	(1,216)	(847)	(410)	252
3. Debt : Debt plus Equity	17.4%	17.5%	17.5%	17.5%	17.5%	17.4%	17.4%	17.1%

Northland District Health Board - Community Services

REVENUE STATEMENT

For the Month and Year-to-Date ended : 31-Jan-17

	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MOH Devolved Funding	47,175	47,170	5	0.0%	331,237	330,189	1,048	0.3%	566,038
Inter-DHB and Internal Revenue	1,911	797	1,114	139.8%	5,414	5,578	(165)	3.0%	9,563
Total Operating Income	**49,086**	**47,967**	**1,119**	**2.3%**	**336,651**	**335,767**	**883**	**0.3%**	**575,601**
Cost of Services									
Funder Demand Contracts	12,205	12,535	330	2.6%	88,503	89,193	690	0.8%	151,714
Funder Fixed Contracts	3,310	3,257	(54)	1.6%	23,104	22,796	(308)	1.4%	39,079
Inter District Flows	7,339	6,245	(1,094)	17.5%	44,014	43,713	(301)	0.7%	74,936
Provider Contracts	25,675	25,823	148	0.6%	180,069	180,758	689	0.4%	309,871
Total Cost of Services	**48,529**	**47,859**	**(670)**	**1.4%**	**335,690**	**336,460**	**770**	**0.2%**	**575,601**
Surplus/(Deficit)	**557**	**108**	**449**	**416.4%**	**960**	**(693)**	**1,653**	**238.6%**	**(0)**

Northland District Health Board - Community Services

DHB SERVICE FUNDING REPORT

For the Month and Year-to-Date ended: 31-Jan-17

	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)								
Fixed Sum Contracts									
Planning, Primary & Population Health	1,060	957	(103)	11%	6,856	6,699	(157)	2%	11,485
Mental Health	1,067	1,066	(1)	0%	7,426	7,465	39	1%	12,797
Health of Older People and Palliative Car	519	571	52	9%	3,840	3,994	154	4%	6,717
Maori	641	593	(48)	8%	4,489	4,149	(340)	8%	7,113
Public Health and Dental	23	70	47	67%	493	489	(4)	1%	838
Director of Nursing & Midwifery	0	0	0	0%	0	0	0	0%	500
Total Fixed Sum Contracts	**3,310**	**3,257**	**(53)**	**2%**	**23,104**	**22,796**	**(308)**	**1%**	**39,450**
Fee for Service Contracts									
Adol Dental Benefit	87	101	14	14%	643	710	67	9%	1,218
General Medical Subs	36	51	15	29%	299	354	55	16%	606
Haemophilia	23	23	0	0%	161	161	0	0%	276
Health of Older People & Clinical Support	4,541	4,774	233	5%	33,506	33,422	(84)	0%	56,925
Immunisation	15	34	19	56%	189	217	28	13%	993
Laboratory	631	619	(12)	2%	4,458	4,331	(127)	3%	7,424
Mental Health	215	215	0	0%	1,526	1,508	(18)	1%	2,586
Pharmaceuticals	3,323	3,334	11	0%	23,741	24,982	1,241	5%	40,833
Primary Health Organisation	3,126	3,162	36	1%	22,535	21,957	(578)	3%	37,825
Rural Bonus	208	222	14	6%	1,445	1,551	106	7%	2,658
Total Fee for Service	**12,205**	**12,535**	**330**	**3%**	**88,503**	**89,193**	**690**	**1%**	**151,344**
Total Cost of Services	**15,515**	**15,792**	**277**	**2%**	**111,607**	**111,989**	**382**	**0%**	**190,794**

Northland District Health Board - Hospital Services & Governance

REVENUE STATEMENT

For the Month and Year-to-Date ended : 31-Jan-17

Hospital Services & Governance	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MOH Non-Devolved Contracts (provider arm side contracts)	1,388	1,131	256	22.7%	8,608	8,250	358	4.3%	13,987
Other Government (not MoH or other DHBs)	471	428	43	10.0%	3,454	3,219	235	7.3%	5,581
Non-Government & Crown Agency Sourced	349	430	(81)	18.7%	3,163	3,047	117	3.8%	5,220
InterProvider Revenue (Other DHBs)	42	99	(58)	58.1%	730	694	35	5.1%	1,190
Internal Revenue (DHB Fund to DHB Provider)	25,675	25,823	(148)	0.6%	180,069	180,758	(689)	0.4%	309,871
Total Operating Income	**27,924**	**27,911**	**13**	**0.0%**	**196,024**	**195,968**	**56**	**0.0%**	**335,849**
Cost of Services									
Personnel Costs	18,087	17,529	(558)	3.2%	125,797	126,925	1,129	0.9%	216,471
Outsourced Services	2,132	1,801	(331)	18.4%	15,753	12,816	(2,937)	22.9%	21,805
Clinical supplies	3,947	3,870	(77)	2.0%	28,720	27,501	(1,219)	4.4%	47,314
Infrastructure & Non-clinical supplies	3,157	3,325	168	5.1%	22,046	22,495	450	2.0%	38,335
Total Cost of Services	**27,323**	**26,525**	**(798)**	**3.0%**	**192,315**	**189,738**	**(2,577)**	**1.4%**	**323,925**
Operating Surplus /(Deficit)	**602**	**1,386**	**(785)**	**56.6%**	**3,709**	**6,230**	**(2,521)**	**40.5%**	**11,924**
Capital Charge	721	827	106	12.8%	5,079	5,789	710	12.3%	9,924
Surplus/(Deficit)	**(120)**	**559**	**(679)**	**121.4%**	**(1,370)**	**441**	**(1,811)**	**410.6%**	**2,000**

Northland District Health Board - **TREASURY REPORT**

as at: 31-Jan-17

Derivatives Use

No derivatives have been, or are being used.

Cost of Funds

	Actual $(000)	Budget $(000)	Var $(000)	Var %
Interest Expense, YTD	530	519	(10)	2.0%

Foreign Exchange Position and Policy Compliance

No Foreign Currency is being held, compliant with policy.

Counterparty Credit Risk Position

	Maturity	Balance $(000)
Cash and cash equivalents		
ASB	7-Feb-17	15,000
NZHP	on call	6,750
Total Cash and cash equivalents		21,750
Investments		
Deposits > 3 months		
		0
Total Investments		0
Total Cash and cash equivalents and Investments		21,750

Funding Risk/Liquidity Position

Funding risk is minimal as loans are from NZ Debt Management Office (Formerly CHFA).

Bank Facility/Loan Funding Usage and Maturity

	Maturity	Available $(000)	Drawn Down $(000)
NZ Debt Management Office (Formerly CHFA) - Loan 8388:	15-May-21	1,000	1,000
NZ Debt Management Office (Formerly CHFA) - Loan 8388€	15-Jun-20	4,000	4,000
NZ Debt Management Office (Formerly CHFA) - Loan 8660‹	15-Dec-17	7,000	7,000
NZ Debt Management Office (Formerly CHFA) - Loan 8388:	15-May-21	4,500	4,500
NZ Debt Management Office (Formerly CHFA) - Loan 5476¢	15-Apr-20	8,150	8,150
Energy, Efficency and Conservation Loan	15-Aug-21	704	669
Total Loans		25,354	25,319
Finance Lease			**Balance**
GE Finance - CT Scanner	27-Feb-20		1,210
			26,529

Northland DHB Funded Services – As at 31 January 2017

Expenditure Type	Annual Budget $000's	YTD Actual $000's	YTD Budget $000's	YTD Variance $000's	Annual KPIs*	YTD Activity		
Health of Older People	59,791	34,828	34,878	50	ARRC bed days	339,776	2.3%	↑
					HBSS Hours	618,361	6.1%	↑
Inter District Flows	74,936	44,014	43,713	(301)	Acute IDFs	3,005	6.6%	↑
Community Laboratory	7,424	4,458	4,331	(128)	Tests (incl. RF)	914,487	3.8%	↑
Primary Health Organisations	37,825	22,535	21,957	(578)	Enrolees	157,404	2.0%	↑
Primary & Maori Health	29,685	17,229	16,954	(275)	Palliative Care FSA	753	8.0%	↑
Mental Health & Addiction	13,513	7,863	7,883	20	Residential bed days	15,558	(2.0%)	↓
Community Oral Health	1,723	955	1,005	50	Claims	17,023	(9.3%)	↓
Community Pharmacy	40,833	23,741	24,982	1,241	Items prescribed	2,629,151	3.9%	↑
					Drug Costs	32,148,087	2.1%	↑
Total	**265,730**	**155,623**	**155,703**	**79**				

*KPIs are annualised over the 12 months of available data

Commentary

- PHOs - 3/4 of this variance is funded through VLCA/Careplus/SLM streams - the balance is unbudgeted capitation growth.
- Health of Older People – mainly lower growth in ARRC offset by increased funding and activity in HBSS.
- Pharmacy - Sizeable favourable variance in community pharmacy is offset internally by significant overruns due to new funded drugs in oncology - budget allocation issue.

Quality & Safety

Monitoring Returns - October - December 2016 - Q2					
Portfolio	**Number of Agreements**	**Returns due Q2**	**% Returns received**	**Late returns Q2**	**Returns outstanding after Q1**
Health of Older People	79	77	81%	15	2
Laboratory	1	1	100%	0	0
PHO's	2	0	N/A	0	0
Primary & Maori Health	97	77	66%	26	9
Mental Health & Addiction	25	7	86%	1	0
Oral Health	25	0	N/A	0	0
Pharmacy	32	3	100%	0	0
	261	**165**	**75%**	**42**	**11**

Aged Residential Care Audits		
	Feb 15 - Jan 16	**Feb 16 - Jan 17**
Full Certification	5	10
Partial Provisional	1	2
Provisional	4	1
Surveillance	16	6
Verification	0	0
Total	**26**	**19**
Mental Health Provider Audits		
	Feb 15 - Jan 16	**Feb 16 - Jan 17**
Total	2	3

Major Themes

- Maori Health providers are working closely with Maori Health Services to simplify reporting requirements both in content and process for all its Maori Health contracts. This work is primarily enabled through the implementation of the Results Based Accountability Framework and supported by both the Portfolio Manager and the Performance Management Systems Analyst for Maori Health services. It is envisaged, that when completed that a large proportion of the reporting requirements will be automated, delivering information which is timelier and more informative. In addition, it is intended through more robust monitoring and analysis of the performance measures that this will lead to service quality improvements.

- The Mental Health and Addictions service now has the majority of NGO contracts providing Results Based Accounting measures, in place of Performance Monitoring Reports. Many of these NGOs have transitioned onto or are in the process of transitioning onto the NDHB Jade Performance Management System, which allows their output data to be extracted through Reporting Services.

7.0 INFORMATION REPORTS & UPDATES

There are no papers for consideration

8.0 NEXT MEETING DETAILS

The next meeting will be held on **10 April 2017** in **Te Waka Hauora, Kaitaia Hospital** starting at **11.00am.**

9.0 RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:

"That the public be excluded from the following part of this meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;"

Agenda item and general subject of the matter to be discussed		Reason	Reference
10.0	Confirmation of minutes for meeting held on 31 January 2017 – Public excluded session	For reasons given in the previous meeting	
11.0	11.1 Draft Annual Plan 2017/18 11.2 Bay of Island Development Construction Contract 11.3 Whangarei Hospital Site Master Plan	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9 (2)(j)
12.0	Information Reports & Updates 12.1 Northern Region Long Term Investment Plan 12.2 Northland Place-Based Initiative Kainga Ora – Progress Report 12.3 Project Office Report	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9 (2)(j)
13.0	Risk Management/Initiatives	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9 (2)(j)

FOR BOARD MEETING – 6 MARCH 2017

INCOMING BOARD CORRESPONDENCE

From	Description	Date of Correspondence	Date Received
Ministry of Health	Acknowledgement of advice re Advisory Committee appointments	17 February 2017	21 February 2017
Plunket	Annual Report 2016	17 January 2017	17 January 2017

OUTGOING BOARD CORRESPONDENCE

From	To	Description	Date of Correspondence
Sally Macauley	Minister of Health Hon Dr Jonathan Coleman	Advisory Committee Appointments	16 February 2017

NORTHLAND DISTRICT HEALTH BOARD

GLOSSARY OF ACRONYMS ***January 2016***

Acronym	Meaning
A&D	Alcohol and Drug
A&E	Accident and Emergency Department
A&M	Accident & Medical Centre
AAU	Acute Assessment Unit *(part of child health services)*
ACP	Advanced Care Planning
A&C	Audit & Compliance
ACA	Access Criteria for First Assessment
ACC	Accident Compensation Corporation
ADON	Assistant Director of Nursing
ADHD	Attention Deficit and Hyperactivity Disorder
ALOS	Average Length Of Stay
AMI	Acute Myocardial Infarction
AOD	Alcohol and Other Drugs
AP	Annual Plan
AR	Active Review
ARRC	Age Related Residential Care
ARC	Aged Residential Care
ASH Rates	Ambulatory Sensitive Hospitalisation Rates
ASMS	Association of Salaried Medical Specialists
BAU	Business As Usual
BOI	Bay of Islands
BSMC	"Better Sooner More Convenient"
BSC	Balanced Scorecard
BSI	Blood Stream Infections
CABG	Coronary Artery Bypass Graft
CAPD	Chronic Ambulatory Peritoneal Dialysis
CATT	Crisis Assessment Treatment Team
CBA	Cost Benefit Analysis
CCP	Contribution to Cost Pressures
CCU	Coronary Care Unit
CEA	Collective Employment Agreement
CEO	Chief Executive Officer
CFA	Crown Funding Agreement
CGB	Clinical Governance Board
CHC	Child Health Centre
CHS	Community Health Services
CIPP	Community Injury Prevention Programme
CMO	Chief Medical Officer
CME	Continuing Medical Education
COPD	Chronic Obstructive Pulmonary Disease
CPAC	Clinical Priority Assessment Criteria
CPSOG	Clinical Pharmacy Services Operational Group
CPHAC	Community and Public Health Advisory Committee
CPR	Cardio pulmonary resuscitation
CSC	Community Services Card
CSU	Central Sterilising Unit
CT	Computerised Tomography
CVD	Cardiovascular Disease
CWD	Caseweighted Discharge
DAO	Duly Authorised Officer

Acronym	Meaning
DHB	District Health Board
DHBSS	District Health Board Shared Services
DIAS	Disability Information Advisory Service
DiSAC	Disability Support Advisory Committee
DN	District Nurse
DNA	Did not attend
DONM	Director of Nursing and Midwifery
DRG	Diagnostic Related Group
DSAC	Doctors for Sexual Abuse Care
DSS	Disability Support Services
EAP	Employee Assistance Programme
ECG	Electrocardiogram
ED	Emergency Department
EENT	Eyes, Ears, Nose and Throat
EEO	Equal Employment Opportunity
ELT	Executive Leadership Team
ENT	Ear Nose and Throat
EOI	Expressions of Interest
ERA	Employment Relations Act
ESS	Elective Services Statistics
ESPI	Elective Services Performance Indicators
FAQ	Frequently Asked Questions
FBT	Fringe Benefit Tax
FFT	Future Funding Track
FRS	Financial Reporting Standard
FSA	First Specialist Assessment
FST	Financial Sustainable Threshold
FTE	Full time equivalent
GETS	Government Electronic Tender Service
GDB	General Dental Benefit
GM	General Manager
GMS	General Medical Services Benefit
GSE	Government Special Education
hA	healthAlliance
HAC	Hospital Advisory Committee
HBSS	Home Based Support Services
HDC	Health and Disability Commissioner
HRT	Health Round Table
HHC	Home Health Care
HIN	Health Information Network
HNA	Health Needs Analysis
HOD	Head of Department
HOP	Health of Older People
HPO	Health Protection Officer
HPV	Human Papillomavirus
HQSC	Health Quality & Safety Commission
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
IAT	Income and Asset Testing
ICU	Intensive Care Unit
ICT	Intensive Care Team (Mental Health)
IDF	Inter District Flows
IEA	Individual Employment Agreement
IFHC	Integrated Family Health Centre
IIA	Income in Advance
InterRAI	International Research and Assessment Instruments

Acronym	Meaning
IR	Industrial Relations
IS	Information Systems / Information Services
ISSP	Information Systems Strategic Planning
IT	Information Technology
JV	Joint Venture
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LOS	Length of stay
LTC	Long Term Conditions
MDO	Maori Development Organisations
MECA	Multi Employer Collective Agreement
MERAS	Midwifery Employee Representation & Advisory Services
MF (score)	Missing Filled (score) *(dental services)*
MHGC	Maori Health Gains Council
MHIPU	Mental Health Inpatient Unit
MI	Myocardial infarction
MIF	Monitoring and Intervention Framework
MMR	Measles-mumps-rubella
MoH	Ministry of Health
MOH	Medical Officer of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MPDS	Maori Provider Development Scheme
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist
MSD	Ministry of Social Development
MVS	Meningococcal Vaccine Strategy
NASC	Needs Assessment and Service Co-ordination
NDHB	Northland District Health Board
NEST	Northland Emergency Services Trust
NGO	Non-Government Organisation
NHB	National Health Board
NHI	National Health Index
NHSP	Northland Health Services Plan
NHSS	National Health Supply Service
NIF	Northland Intersectoral Forum
NIR	National Immunisation Register
NRA	Northern Region Alliance (formerly NDSA Northern DHB Support Agency)
NRHP	Northern Region Health Plan
NRTH	Northern Regional Training Hub
NTA	National Travel Assistance
NZBS	New Zealand Blood Service
NZCOM	New Zealand College of Midwives
NZHS	New Zealand Health Strategy
NZHPL	New Zealand Health Partnerships Ltd
NZMC	New Zealand Medical Council
NZNO	New Zealand Nurses' Organisation
O&G	Obstetrics and Gynaecology
OIA	Official Information Act
OMG	Operational Management Group
OP	Outpatient
ORL	Otorhinolaryngology (=ENT)
OSH	Occupational Safety and Health
OT	Occupational Therapy *(sometimes also* Operating Theatre*)*
PACU	Post Anaesthetic Care Unit

Acronym	Meaning
PBFF	Population Based Funding Formula
PCO	Primary Care Organisation
PDRP	Professional Development Recognition Programme
PGY	Post Graduate Year
PHO	Primary Health Organisation
PHN	Public Health Nurse
PHU	Public Health Unit
PN	Practice Nurse
POID	Planning, Outcomes, Integrated Care & District Hospitals
POPN	Primary Options Programme Northland
PQ	Parliamentary Questions
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol
PUC	Purchase Unit Cost
QID	Quality & Improvement Directorate
RBA	Results Based Accountability
RDA	Resident Doctors' Association
RFF	Regional Funding Forum
RFP	Request for Proposal
RG	Referral Guidelines
RICF	Reducing Inequalities Contingency Funding
RMO	Resident Medical Officer
RWL	Residual Waiting List
SAT	Self Assessment Tool
SAU	Surgical Admission Unit
SBL	Surgical Booking List
SCBU	Special Care Baby Unit
SCOPE	Service Coordination – Primary Care Navigation for Older People in their Environment
SDS	School Dental Service
SHO	Senior House Officer
SIA	Service to Improve Access
SLT	Speech Language Therapy
SMO	Senior Medical Officer
SOI	Statement of Intent
SPNIA	Service Planning and New Intervention Assessment
SSSG	Shared Support Services Group
STV	Single Transferable Voting
SUDI	Sudden Unexplained Death in Infancy
TAS	Technical Advisory Services
TLA	Territorial Local Authorities
TOR	Terms of Reference
TOW	Treaty of Waitangi
TPK	Te Puni Kokiri
TPOT	The Productive Operating Theatre
TROTR	Te Runanga O Te Rarawa
WERO	Whanau End smoking Regional whanau Ora Challenge
WHO	World Health Organisation
WIIE	Whanau Integration Innovation & Engagement Fund
WOC	Whanau Ora Collective
YTD	Year-to-date

Any additions/amendments, please contact Kathryn Leydon on 430 4100 Ext 60640, or e-mail kathryn.leydon@northlanddhb.org.nz