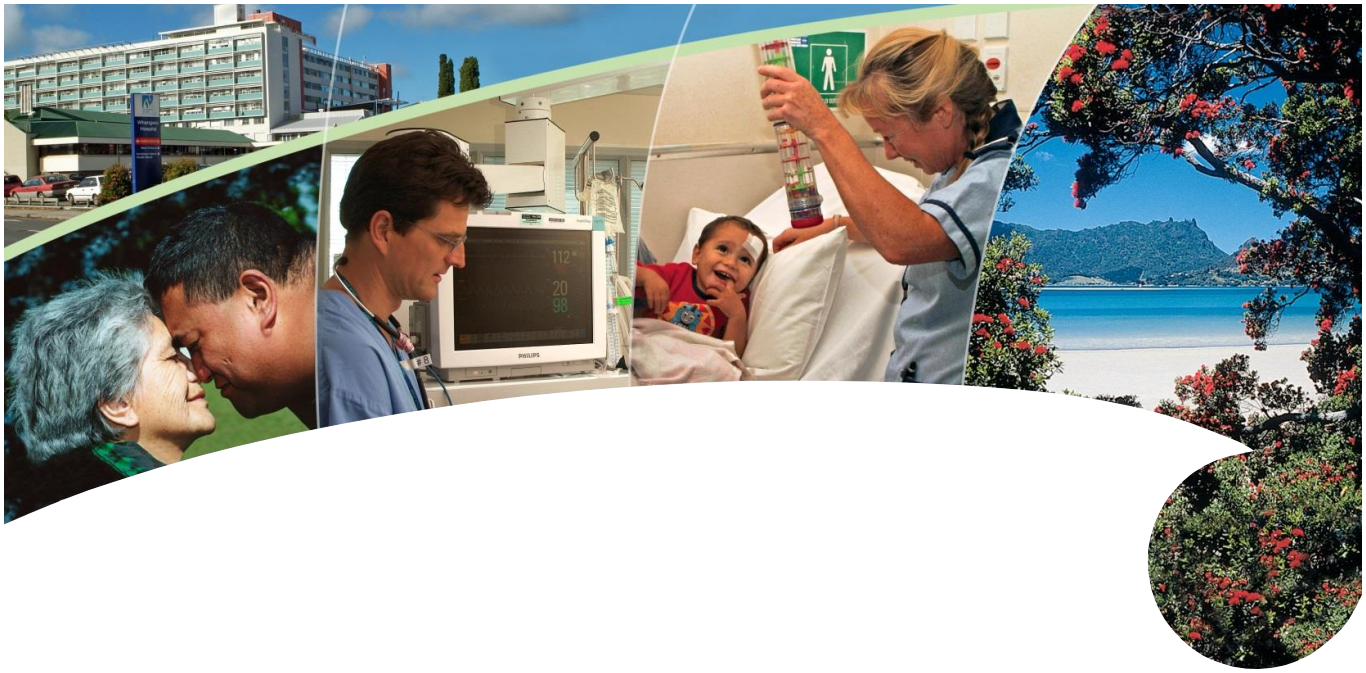


Northland District Health Board

AGENDA

DATE: Monday 11 March 2019

TIME: 10.45 am

VENUE: Tangihua Meeting Room
Tohora House
Whangarei Hospital

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

AGENDA

MONDAY 11 MARCH 2019
BOARD MEETING – PART I

10.45am		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
10.45 am	1.0	Board Minutes	8
		1.1 Confirmation of Minutes 29 January 2019	9
		1.2 Matters/Actions Arising	14
		1.2.1 Update on patient flow	
11.00 am	2.0	Quality & Safety Governance Report	15
11.20 am	3.0	Chair's Report	40
11.25 am	4.0	CEO's Report	42
11.45 am	5.0	Decision Papers	51
		5.1 2019 Triennial Elections – Order of Candidate Names	52
11.50 am	6.0	System Performance	61
		6.1 Health & Safety Report	62
		6.2 Health Measures	68
		6.3 Finance Report	77
		6.4 NDHB Funded Services Dashboard	95
12.15 pm	7.0	Information Reports & Updates	98
12 15pm	8.0	Next Meeting Details	99
12.15pm	9.0	Resolution to Exclude the Public	100

BOARD MEETING – PART II

PUBLIC EXCLUDED SECTION

1.00 pm	10.0	Confirmation of Public Excluded Minutes
		10.1 Confirmation of Minutes 29 January 2019
		10.2 Matters/Action Arising
	11.0	Risk Management/Initiatives
	12.0	Decision Papers
		12.1 Health Finance, Procurement and Information Management (FPIM) Business Case
		12.2 High Acuity Monitoring Equipment Agreement
		12.3 Whangarei Hospital Critical Capacity and Compliance Business Case
		12.4 Whangarei Hospital Endoscopy Unit Contract
		12.5 Draft Annual Plan 2019/20
	13.0	Information Updates
		13.1 Funding Envelope 2019/20
		13.2 Asset Condition Report
		13.3 Project Office Report
3.45pm		Closure

NORTHLAND DHB - BOARD MEMBERS INTERESTS REGISTER

Name	Interest	Date Updated
BAIN John	• Councillor - Northland Regional Council • Member – St John Chapter • Director - Noble Imports Ltd. • Director -Banjo Trading Co Ltd • Trustee – Northland Road Safety Trust • Justice of the Peace	29/1/19
BROWN Craig	• Trustee - Serene Trust • Justice of the Peace	26/3/18
BROWN Sue	• Owner and Executive Director – Papatoetoe Residential Care • Chair – Auckland Northland Regional Bridge Committee • Treasurer – Kerikeri RSA • Business Advisor – Andra Healthcare Ltd	23/1/18
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 – Northland Community Foundation Grassroots Funding Allocation Committee • Member – Rural Women • 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	29/5/17
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) • Manager Jigsaw North Family Services • Trustee – Volunteering Northland	27/8/18
KITCHEN Colin	• Councillor – Far North District Council (Te Hiku Ward) • Member – FNDC Community Development and Services Committee • Member – FNDC Audit and Finance Committee • Chairman – Northland Civil Defence Emergency Management • FNDC representative on Volunteering Northland • FNDC representative on Sport Northland • Member Executive Committee – Kaitaia RSA Raina Kitchen (Wife) • Employee – Whakawhiti Ora Pai Community Health Service	27/8/18

Name	Interest	Date Updated
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) • Director - Turner Art Centre, Kerikeri Peter Macauley (Husband) • Partner Palmer Macauley Lawyers • Member of Priority Chapter NZ St John	10/4/17
McCABE June	• Director, Avanti Finance Limited • Director, Galatos Finance Limited • Director, Sustainable Prosperity NZ Limited • Director Procare Health Ltd • Chair 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	24/9/18
PAYINDA Gary	• Employee – Northland DHB • Member – Huanui College Advisory Board • Medical Director for Surf Lifesaving New Zealand • Expert advisor – Health & Disability Commissioner • Member – NZ Medical Assistance Team Kristy Wolff (Wife) • Employee - Northland DHB	13/11/17
SHEA Sharon	• Principal - Shea Pita Associates Ltd • Board member – Auckland DHB • Board member Alliance Health Plus PHO • Consultant - Auckland and Waitemata DHB Maori Workforce Development project • Contract with Hapai te Hauora • Director, Healthcare Applications Ltd • Consultant Te Ha Oranga/Te Runanga o Ngati Whatua • Member - Maori Health Expert Advisory Group • Contractor - The Moko Foundation – Youth mentoring project • Contractor - Impact Research Ltd – Health and social service research projects • Director – Manawaroa Ltd, a company that specialises in tamariki, youth, and whanau resilience building	20/2/19

Name	Interest	Date Updated
	Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua Morris Pita (Husband) • Part owner Turuki Pharmacy Ltd, Auckland • Board member - Waitemata DHB • Shareholder and Director of Healthcare Applications Ltd	

MEMBER ATTENDANCE - Calendar Year 1 JANUARY - 31 DECEMBER 2019

No Meeting Held

	2019											
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	✓											

MEMBER ATTENDANCE - Financial Year - 1 JULY 2018 - 30 JUNE 2019

	2018						2019					
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	✓	✓		×	✓		✓					

1.0 BOARD MINUTES

1.1 Confirmation of Minutes - Meeting 29 January 2019

1.2 Matters/Actions Arising

1.2.1 Update on patient flow

DRAFT MINUTES OF THE MEETING OF THE NORTHLAND DISTRICT HEALTH BOARD

HELD ON TUESDAY 29 JANUARY 2019
TANGIHUA ROOM, TOHORA HOUSE, NORTHLAND DHB
COMMENCING AT 1.00pm

PRESENT

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

IN ATTENDANCE
Nick Chamberlain, Meng Cheong, Mark McGinley, Paul Welford, John Wansbone, Mike Roberts, Neil Beney, Harold Wereta, Liz Inch, Paula Douglas (minutes)

APOLOGIES
Sue Brown (Deputy Chair), Denise Jensen

IT WAS MOVED THAT *the apologies be accepted*

John Bain / Sharon Shea
Carried

REGISTER OF INTERESTS
The Register of Interests was noted and updated.

ATTENDANCE REGISTER
Register was noted

---

1. BOARD MINUTES

1.1 Confirmation of Minutes 19 November 2018

IT WAS MOVED THAT *the minutes of the meeting held on 19 November 2018 be accepted*

John Bain / Libby Jones
Carried

1.2 Matters/ Actions Arising

1.2.1 Security Services

- An update was requested by Board in November 18 meeting.
- Violence Prevention Coordinator commenced in role 2 weeks ago.
- Threats of violence are increasing significantly.
- A need for increased security within the hospital has been identified.
- A potential recommendation was made to more than doube the security services currently provided.
- Northland DHB needs to ensure that staff feel safe in the workplace.

- Kaitaia Hospital now has a 24/7 security presence.

1.2.2 Additional patient experience data
- This is still in progress – patient experience reports.
- There are challenges in providing a report 'run chart'.

1.2.3 Te Ara Whakapiri project
- Director Nursing and Midwifery gave a presentation on the Te Ara Whakapiri project.
- The project focuses on care, what matters most, being patient focused, patient centred and includes care after death.
- Looks at clinical needs.
- There are comprehensive documents in place and these are still being improved.
- Discharge care plans are being reviewed to see how support can be better provided once people leave hospital.
- Currently being trialled in wards 14 and 16.
- It is a national document that can be adapted locally.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1 Summary Report – January 2019
- Report was taken as read.
- There are some inaccuracies in the data in the 'adverse events' due to a miscalculation in the number of patients.

3. CHAIR'S REPORT

The Chair spoke to the report, which was received and taken as read.

Key Issues and Discussion Points
- Attended the University of Auckland Pukawakawa regional training programme Powhiri.
- Congratulated CEO on his speech at the event.
- Students are prioritised as year one house officers with Northland DHB once they have qualified.
- A number of the students have grown up in Northland and then like to return home once their studies are complete.

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Recognised the attendance of Philip Balmer and Eru Lyndon at the planning session.
- Excited about Collaboration Kaupapa finally coming into fruition; potentially a model for the future in regard to structures.
- Both PHO Boards have committed to providing significant funding to enable the transition.
- Northland DHB CEO will be an ex-officio on the Collaboration Kaupapa Trust.

- MenW programme is ongoing; CEO acknowledges General Manager Child, Youth, Maternal, Oral, Public Health and District Hospitals and her team on their great work. Stage 2 is now underway.
- Incentive payments have been made to practices to allow them to provide extra resource to contact parents/caregivers and capture as many children as possible.
- 3 new detox beds have been opened in Dargaville; this will allow a decrease in waiting times.

5. DECISION PAPERS

5.1 Bad debt write off

- The Finance, Risk and Assurance Committee agreed to the write off and recommend this to the Board.

IT WAS MOVED THAT the Board *write off up to $41,860 as bad debts noting that these fall well within the provision for doubtful debts.*

Craig Brown / June McCabe
CARRIED

6. SYSTEM PERFORMANCE

6.1 Health Measures

- The report was taken as read.
- Challenges continue to be the ED length of stay and how the large assessment rooms are utilised.
- A GP clinic being run in ED over the weekends up to 1 February 2019 to alleviate some of the pressure on ED.
- There appears to be a strengthening and hardening of the anti-vaccination movement.

6.2 Finance Report

- The report was taken as read.
- The adverse variance of $855k is mainly attributable to the MenW vaccination campaign being the cost of the vaccines and the additional staff to administer these.
- Adverse variance is currently against the unapproved budget of $6m.
- **Chief Operating Officer to give a presentation at next meeting on general patient flow.**

6.3 NDHB Funded Services Dashboard

- The report was taken as read.
- Unfavourable expenditure of $1.7m is made up of Mental Health pay equity and Health of Older People.

7. INFORMATION REPORTS & UPDATES

7.1 CPHAC/DiSAC Chair's Report – Meeting 3 December 2018

- Draft minutes were noted.
- Plan for 2019 to be set; there is a focus on population health.
- Next meeting is coming up on 25 March 2019.

8. NEXT MEETING DETAILS

The next meeting will be held at 10.45am on Monday 11 March 2019 in the Tangihua Meeting Room, Tohora 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**
10.0	Confirmation of minutes for meeting held 19 November 2018 - public excluded session	For reasons given in the previous meeting	
11.0	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)
12.0	Decision Papers 12.1 Proposed Change to 2018/19 Operational Budget 12.2 CSU Washer Service Agreement 12.3 Operating Theatre Power Tool Fleet Management 12.4 Te Hiku Accord	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	Information Updates 13.1 Regional Iwi Partnership Arrangements Update 13.2 Finance, Risk & Assurance Committee Chair's Report – Meeting 3 December 2018 13.3 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)

IT WAS MOVED THAT *the public be excluded.*

Sally Macauley / Craig Brown
CARRIED

10. CONFIRMATION OF MINUTES

The minutes were confirmed

11. RISK MANAGEMENT/ INITIATIVES

The updates were discussed

12. DECISION PAPERS

The submissions were approved

13. INFORMATION UPDATES

The updates were discussed

The meeting closed at 3.55pm.

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

CHAIR _____ DATE _____

ACTIONS ARISING FROM THE MINUTES OF NORTHLAND DHB BOARD MEETING TUESDAY 29 JANUARY 2019

	ACTION	BY	WHEN
1.	Update on patient flow *Presentation to meeting*	Chief Operating Officer.	March 2019

2.0 QUALITY & SAFETY GOVERNANCE

Quality & Safety Governance Summary Report: February 2019

Patient Story No.1

I would like to thank staff (nurses, doctors, midwifes, specialists, blood nurses, anaesthetists, student midwifes, cleaners and staff behind the scenes) who recently cared for / treated me at Whangarei Hospital.
I spent time in maternity, theatre / recovery, ED and ward 3.
I am not a frequent user of the 'health services' but found staff professional, diverse, knowledgeable and caring, all things that are comforting at a time one feels slightly vulnerable.
There was definitely an obvious skill / knowledge difference amongst staff and I would especially like to thank Isobel who is a nurse on ward 3 who was extremely patient, caring, knowledgeable and kind. Nothing was to much to ask, she was professional in her work and very genuine, she has an amazing bedside manner. Isobel's care really did stand out and if you are ever looking to improve 'standards' I would suggest Isobel as a great starting point.
It was obvious the hospital is a busy place with lots going on, but everything seems to tick over nicely.

Patient Story No.2

I had oral surgery on 25/1/19 and spent that night in Ward 3 due to possible complications.
I have been in hospital several times over my 69 years but I have never before encountered a collection of such friendly, welcoming, helpful and delightful staff. Nothing was too much trouble for them; they were endlessly cheerful and very, very efficient.
As for the food - everything I ate had to be pureed, but the kitchen arranged all the components in pretty different-coloured blobs on the plate, plus they supplied a list to give me some idea what everything was, and all in all it was appetising and delicious. I once had a meal in a top-class hotel in NZ with an acquaintance that needed his food to be pureed - he ordered a roast dinner and was basically delivered of a large, brown cowpat in the middle of the plate. What a difference a bit of care and thought can make!
I would very much like you to pass on my compliments and heartfelt thanks to all the nurses and ward staff of Ward 3 and the kitchen, and thank them for making my short stay such a happy one. I could almost look forward to another visit!

Patient story No. 3

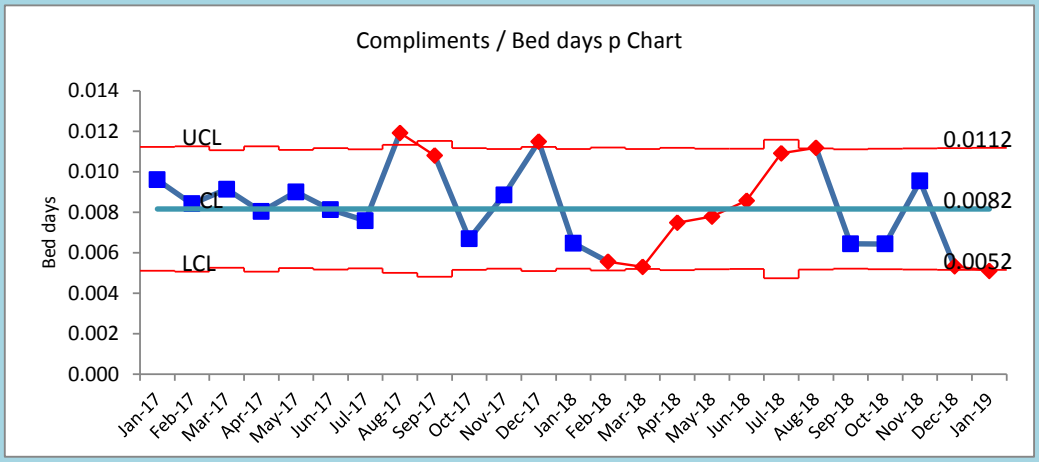
Recently I noticed that the regulator for my baby's O2 was overdue for a service so phoned our nurse. I have to be honest and say I don't remember what the outcome of the conversation was, so I thought I must have agreed that I needed to take it into the O2 team at the hospital to sort myself. On my way there (the following week), I phoned the nurse to find out where to go. It was then that she asked if I had let them know I was coming, or if I had been there before. Apparently it wasn't as easy as I had thought (which leads me to believe that it was in fact the nurse's responsibility to organise, not mine. There was a bit of a fuss, and it had to be done the next day. The service was approximately 4 months overdue which considering he was dependent on oxygen 24/7, this really wasn't good enough

Outcome

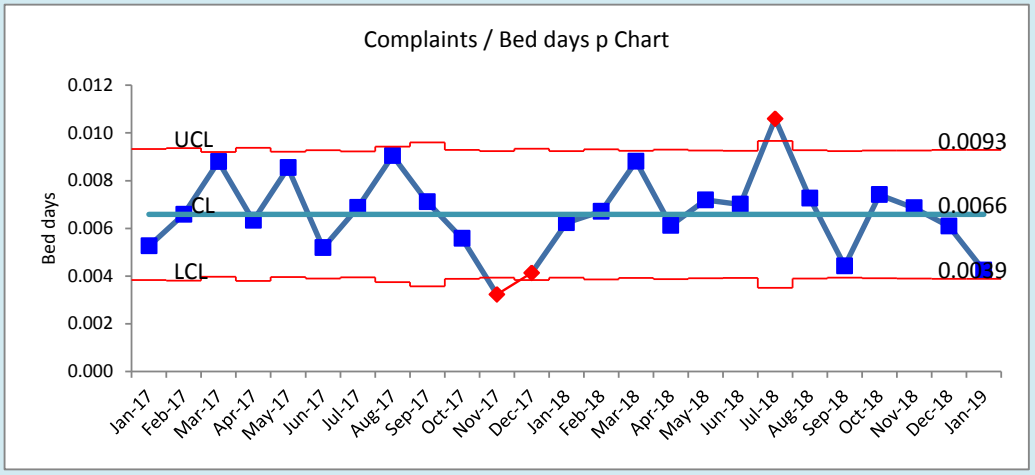
A process review around the recall of oxygen regulators, oxygen bottles etc. has commenced between the Paediatric Community Nursing Service and the NDHB Home Oxygen Service in order to eliminate this happening to other families.

Patient Experience	Trend

Compliments
May 17 = 77
Jun 17 = 66
Jul 17 = 64
Aug 17 = 87
Sep 17 = 70
Oct 17 = 54
Nov 17 = 74
Dec 1 7= 89
Jan 18 = 54
Feb 18 = 42
Mar 18 = 44
Apr 18 = 60
May 18 = 64
Jun 18 = 71
Jul 18 = 68
Aug 18 = 87
Sep 18 = 45
Oct 18 = 53
Nov 18 = 78
Dec 17= 43
Jan 19 = 41



Complaints
May 17 = 72
Jun 17 = 40
July 17 = 48
Aug 17 = 65
Sep 17 = 46
Oct 17 = 45
Nov 17 = 27
Dec 17= 32
Jan 18 = 52
Feb 18 = 54
Mar 18 = 73
Apr 18 = 49
May 18 = 59
Jun 18 =58
Jul 18 = 66
Aug 18 = 59
Sep 18 =36
Oct 18 = 61
Nov 18 =56
Dec 18 =45
Jan 19 = 34



Patient Complaints Dec 2014 - January 2019
By Ethnicity
Total complaints: 2942

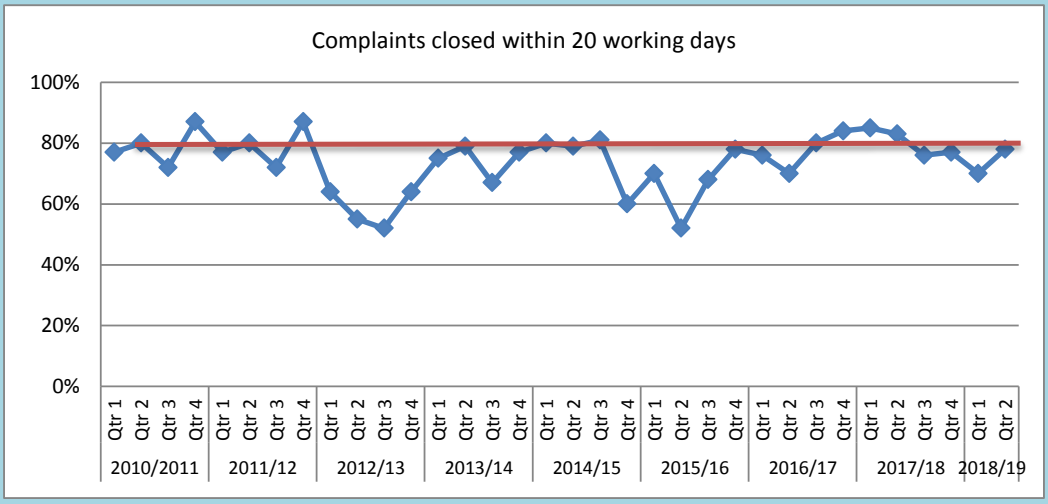
('Not stated' is from a complainant who is not a patient but may be complaining on behalf of)

Maori	21%
NZ European	48%
Other European	7%
Not stated	23%
Other	2%

Complaints

Final response in 20 working days
Target 80%

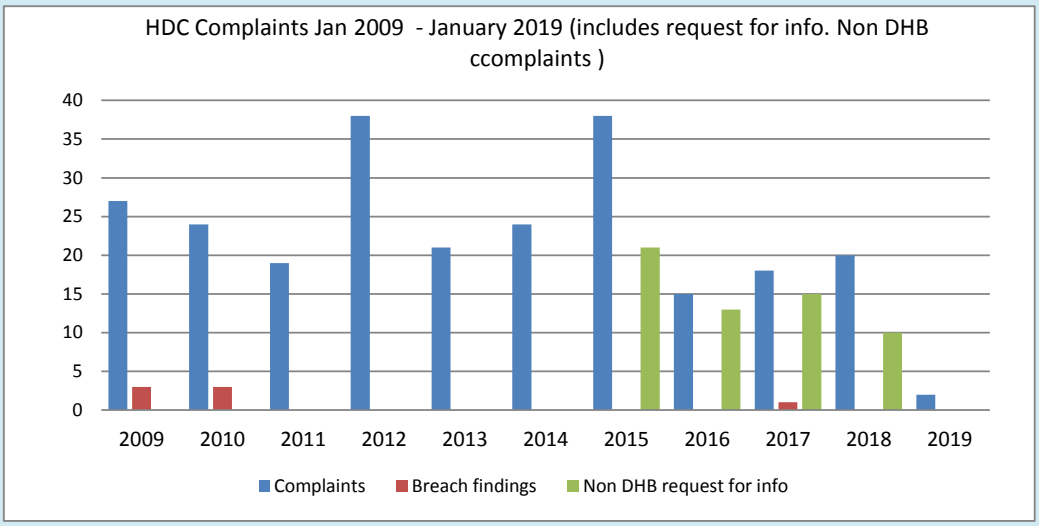
2017/18
3rd Qtr 76%
4th Qtr 77%
2018/19
1st Qtr 70%
2nd Qtr 78%



175 complaints 137 (78%) closed within 20 working days 78%, 27 (15%) closed outside 20 working days 11 (6%) still open .

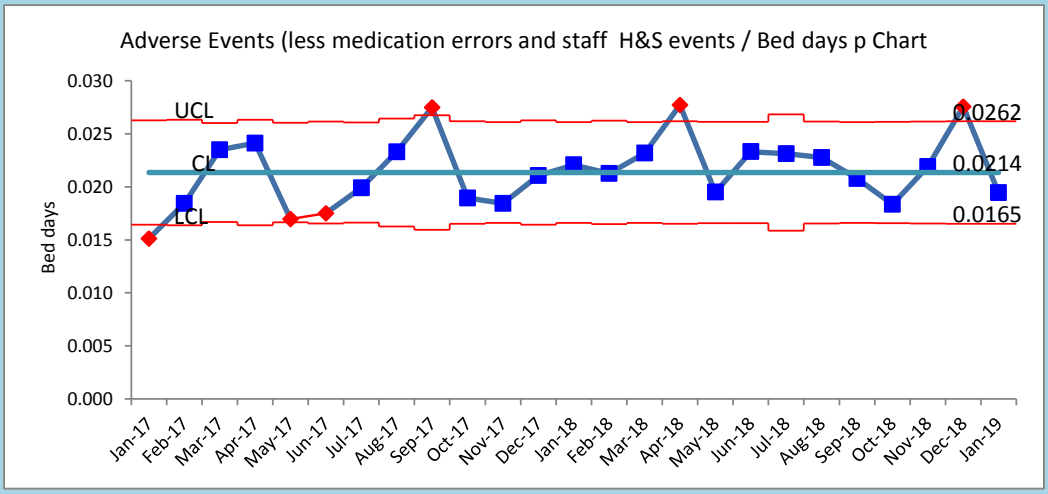
HDC complaints

(Includes Non DHB- for provision of informatio
Jul 17 = 2
Aug17 = 0
Sep 17 = 3
Oct 17 = 1
Nov 17= 2
Dec 17 = 4
Jan 18 = 4
Feb 18 = 3
Mar 18 = 2
Apr 18 = 1
May 18= 4
Jun 18 = 2
July 18= 4
Aug 18 =4
Sep 18=2
Oct 18 =
Nov 18 =
Dec 18= 2
Jan 19=2



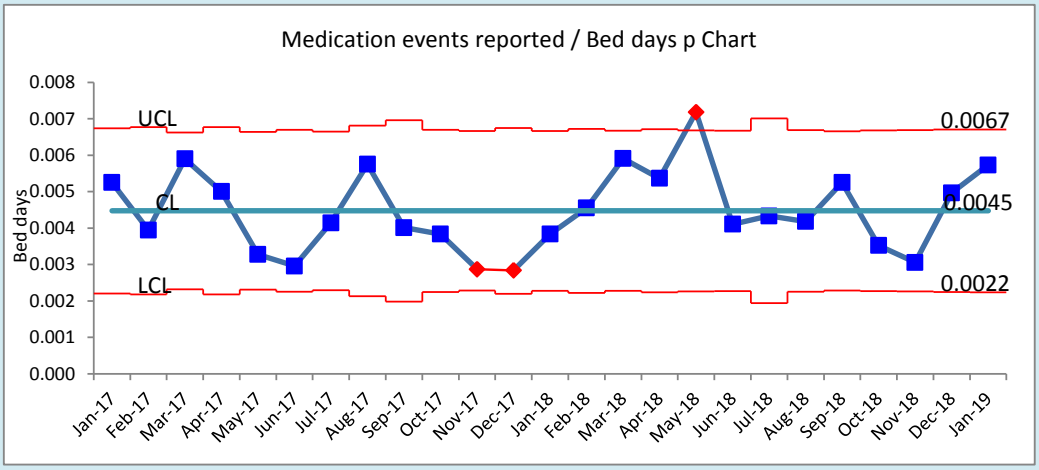
Adverse Events

Graphed for when event occurred not when entered in reporting system
July 17 = 166
Aug 17 = 170
Sep 17 = 178
Oct 17 = 153
Nov 17 = 154
Dec 17 = 163
Jan 18 = 184
Feb 18 = 168
Mar 18 = 192
Apr 18 = 222
May 18 = 160
Jun 18 = 193
July 18= 144
Aug 18 = 185
Sep 18 = 174
Oct 18 =151
Nov 18 =179
Dec 18 = 222
Jam 19 =156



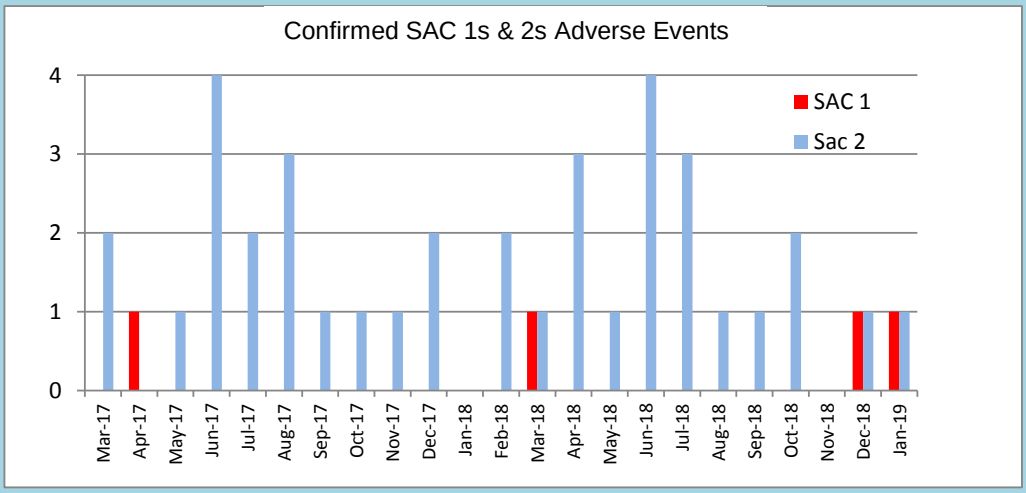
Medication events reported

Jul 17 = 35
Aug 17 = 42
Sep 17 = 26
Oct 17 = 31
Nov 17 = 24
Dec 17 = 22
Jan 18 = 32
Feb 18 = 36
Mar 18 = 49
Apr 18 = 43
May 18 = 59
Jun 18 = 34
Jul 18 = 27
Aug 18 = 34
Sep 18= 44
Oct 18= 29
Nov 18=25
Dec 18=40
Jan 19= 46

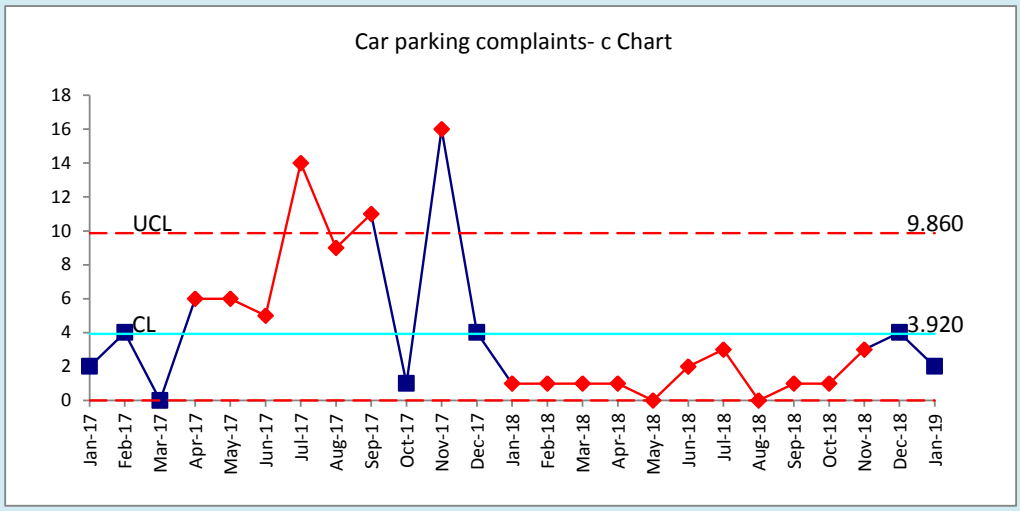


Serious & Sentinel (SAC 1 & 2) Events

Confirmed by REC and reported or to be reported to HQSC

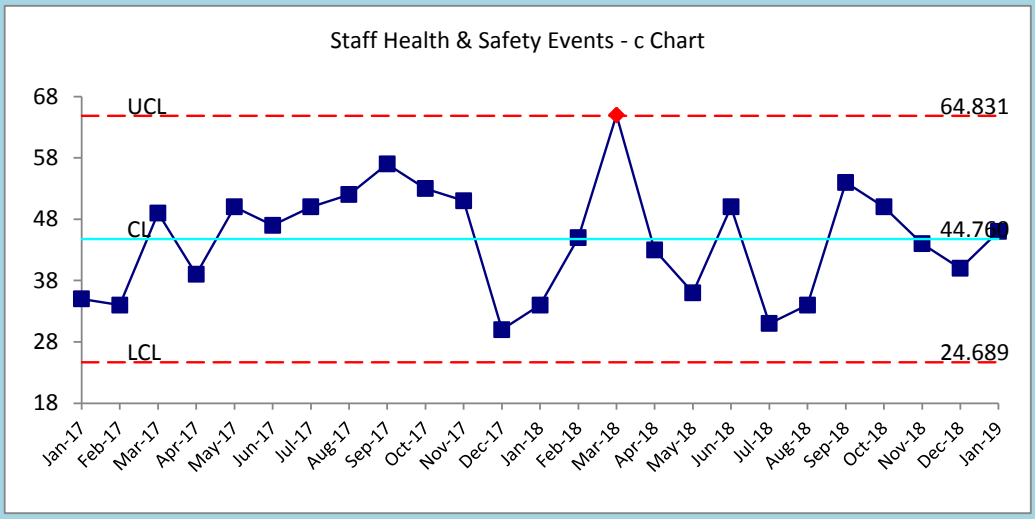


Car Parking complaints



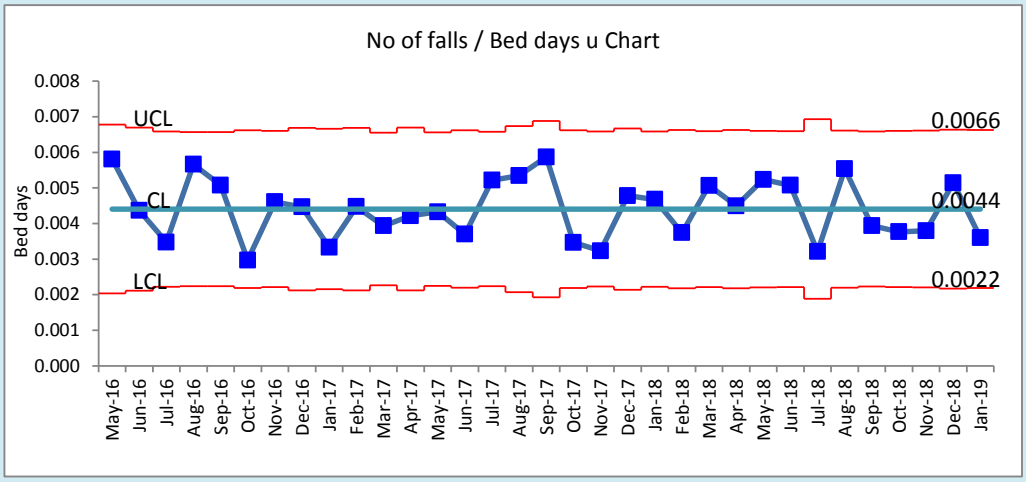
Health & Safety Events

Reported by staff



All falls

(Falls that have been recorded in Datix)



Falls with Harm

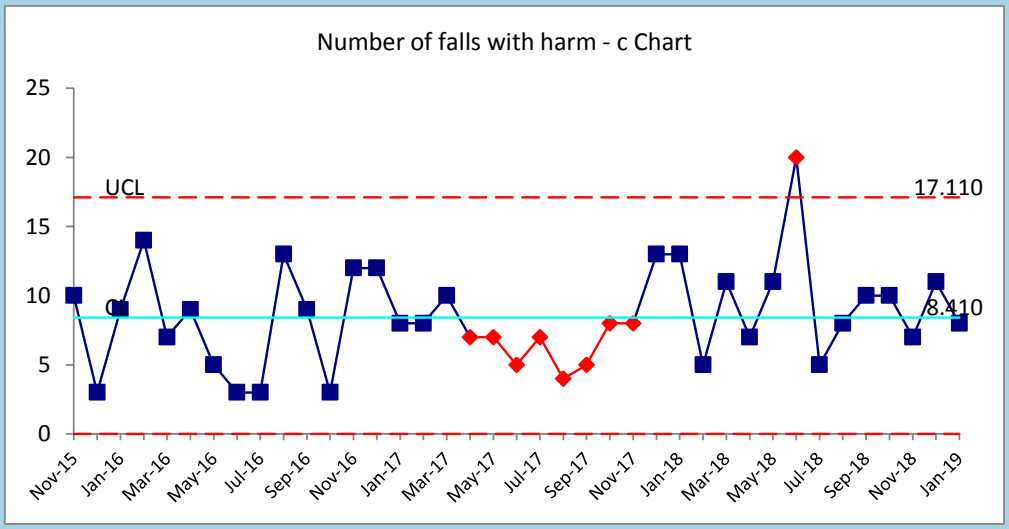
(Data retrieved from Datix)

Falls with harm are any fall requiring a treatment from a skin tear to # femur

Major harm

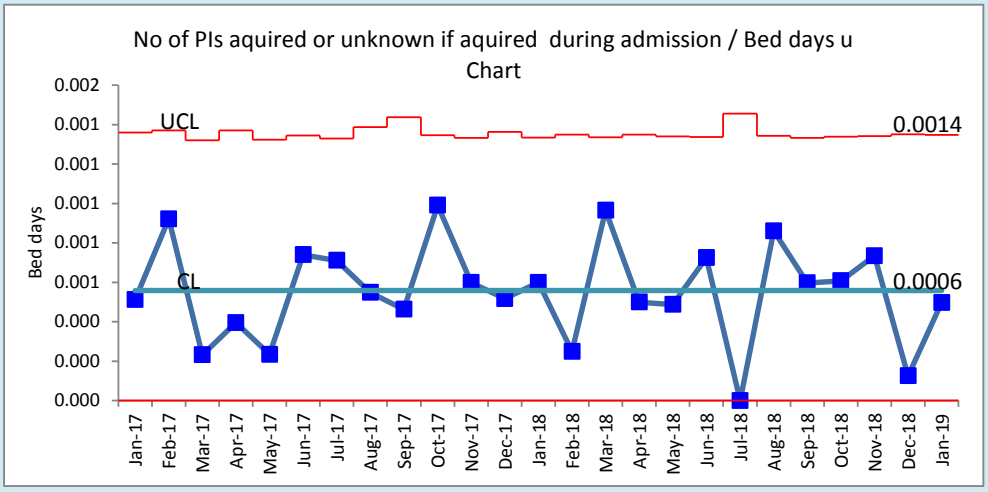
(month of event)

- Feb 18=1 #nof
- Mar 18=2 #nof, 1 death
- Jun 18 =1 #nof
- Jan 19 - # face



Pressure Injuries:
acquired during admission
or
unknown if present on admission

(Data retrieved from Datix)

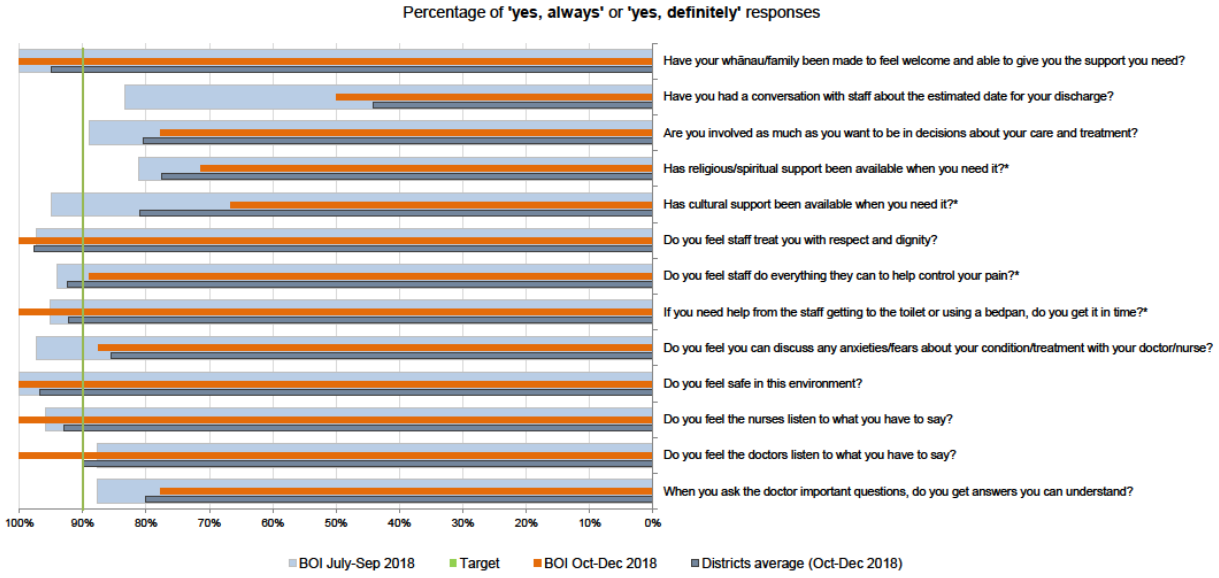


Patient experiences at Bay of Islands Hospital

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Quarter 2: October-December 2018

Patient survey results at a glance



** Excludes those who didn't want or need: help getting to toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed =9

Biggest changes made this quarter

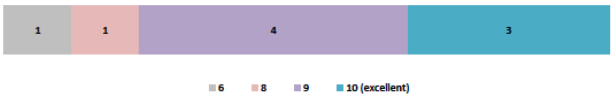
- ↑ 12% in positive responses for feeling doctors listen to what I have to say.
- ↓ 33% in positive responses for having a conversation about my estimated date for discharge.

Who responded?

- 46% of respondents were female and 53% were male.
- 62% of respondents were New Zealand European and 36% were Maori.

Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we all on the same page?

- 1 of the 9 patients surveyed this quarter indicated they received conflicting information from staff **'some of the time'**, compared with 6 out of 51 patients last quarter.

Patient voices

People First

"I don't always understand but they (the doctors) are good at explaining."

Respect

"Some(doctors) are better (listeners) than others."

Caring

"Staff are very caring."

"All staff work as one team."

Communication

"I have to ask them to repeat."

Excellence

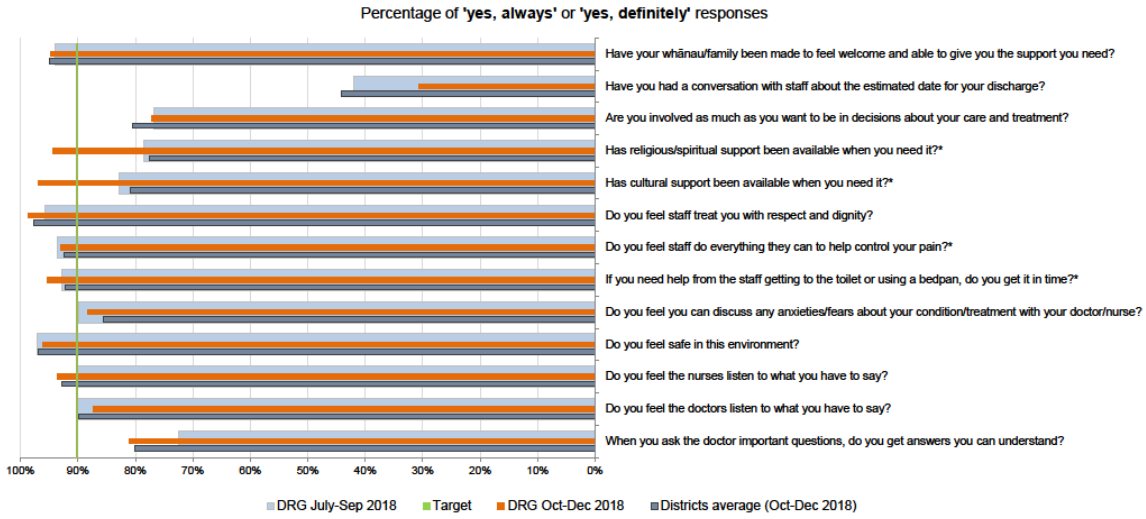
"Friendly staff. Much better treatment than what I got at North Shore hospital."

Patient experiences at Dargaville Hospital

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



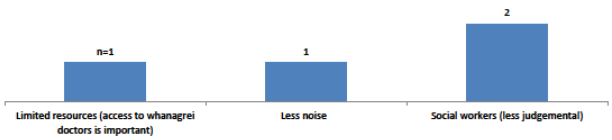
** Excludes those who didn't want or need: help getting to toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed =77

Top improvements made this quarter

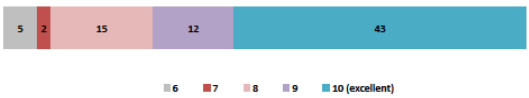
- ↑ 9% in positive responses for getting answers from doctors that I can understand.
- ↑ 16% in positive responses for feeling my spiritual needs are being met.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we all on the same page?

- 12 of the 77 patients surveyed this quarter indicated they received conflicting information from staff '**some of the time**', compared with 12 out of 70 patients last quarter.

Patient voices

People First

"It is best that inpatient management be done in my home location where they know me."

Respect

"The nurses don't make me feel embarrassed."

"The cleaning staff and meal staff are worthy of a mention for their warm friendly manner around very ill patients like myself. Thank you!"

Caring

"On behalf of the family, we appreciate the time, care, understanding and patience that have been shown to our mother in what have been somewhat trying circumstances. We cannot thank you enough. You are all very special people with a special gift."

Communication

"Having to be around people who listen and getting respite has helped me realise what I need to do, as hard as it's going to be."

"I appreciate being able to talk to nurses without judgement."

Excellence

"I have spent time in several hospitals and Dargaville is clearly the very best."

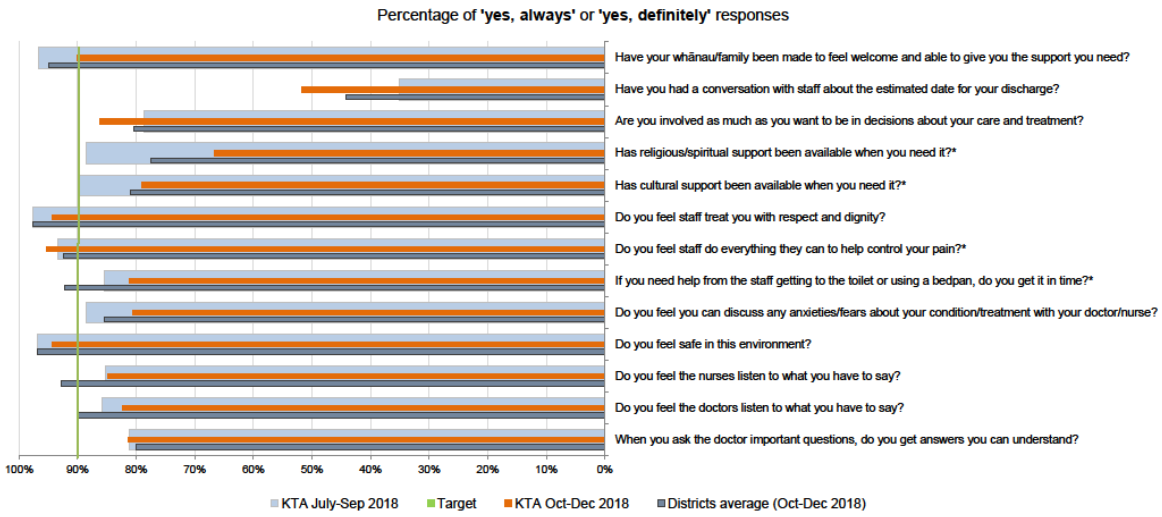
"All around excellent, nurses, doctors and food. I feel very welcomed and happy, comfortable and it's a great environment and good team at Dargaville Hospital. Without them we would be lost. Keep up the good work."

Patient experiences at Kaitaia Hospital

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



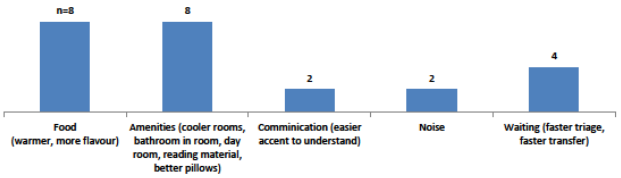
** Excludes those who didn't want or need: help getting to toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed =123

Biggest changes this quarter

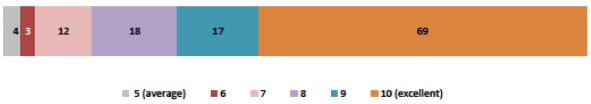
- ↑ 17% in positive responses for having a conversation with staff about the estimated date of my discharge.
- ↑ 8% in positive responses for feeling involved in decisions about my care and treatment.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we all on the same page?

- 26 of the 123 patients surveyed this quarter indicated they received conflicting information from staff **'some of the time'**, compared with 25 out of 128 patients last quarter.

Patient voices

People First

"Thank you so much for allowing my family to come up and offering them hot drinks."

"Could you find a way for us not to have to repeat ourselves when explaining why we are here in the first place, please?"

Respect

"Sometimes you have to wait until you're really in pain before they give you proper medication."

"In A&E John Walker let my whanau and pastors in for a visit. This was important to me as they prayed for us, then he left."

Caring

"The hospitality and the access that my family have been able to have has been amazing."

"Nurses are lovely. Beautiful people."

"I can't speak highly enough about all the staff. They were there for me at all times."

Communication

"Sometimes they (doctors) need to stop and break it down for those that don't understand the questions."

"Yes, all doctors answered questions well using vocab we could understand which was good because technical terms can be confusing."

Excellence

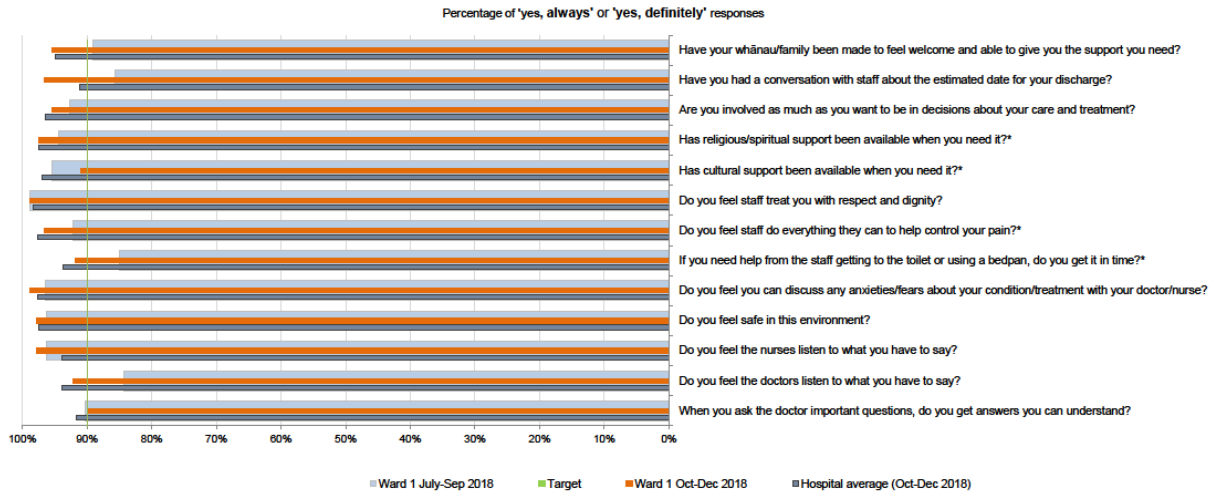
"Welcoming on arrival, with being asked a few times 'would you like something to eat', 'are you comfortable', 'we have your dinner ready', 'how was your trip', 'the doctor visited today to say he will review in the morning'."

Patient experiences on Ward 1: Orthopaedic

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



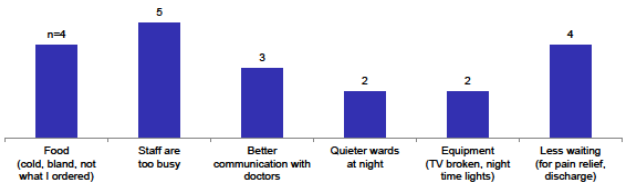
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 89

Top improvements made this quarter

- ↑ 8% in positive responses for feeling the doctors listen to what you have to say.
- ↑ 10% in conversations with staff about the estimated date of discharge.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:

Are we on the same page?

- 3 of the 89 patients surveyed this quarter indicated they received conflicting information from staff '**some of the time**', compared with 12 out of 83 patients last quarter.

Patient voices

People First

'It would be nice if there was a cuppa offered for morning and afternoon tea. When you need to go to the loo sometimes it takes a long time for someone to come."

"It's been a very pleasant experience."

Respect

"They do things without telling me what they are doing, i.e., taking bloods etc."

"The care from the staff is wonderful."

Caring

"Staff are lovely and listen and caring. They are never in a rush have time to speak to me."

"Staff are lovely but very busy."

"Everybody has been really nice and caring."

Communication

"Not all (doctors) are easy to understand. Foreign doctors are hard to understand and I'm a bit deaf."

"I have to get it reworded so I understand."

Excellence

"A good team of people they work well together everybody introduces themselves. A great atmosphere."

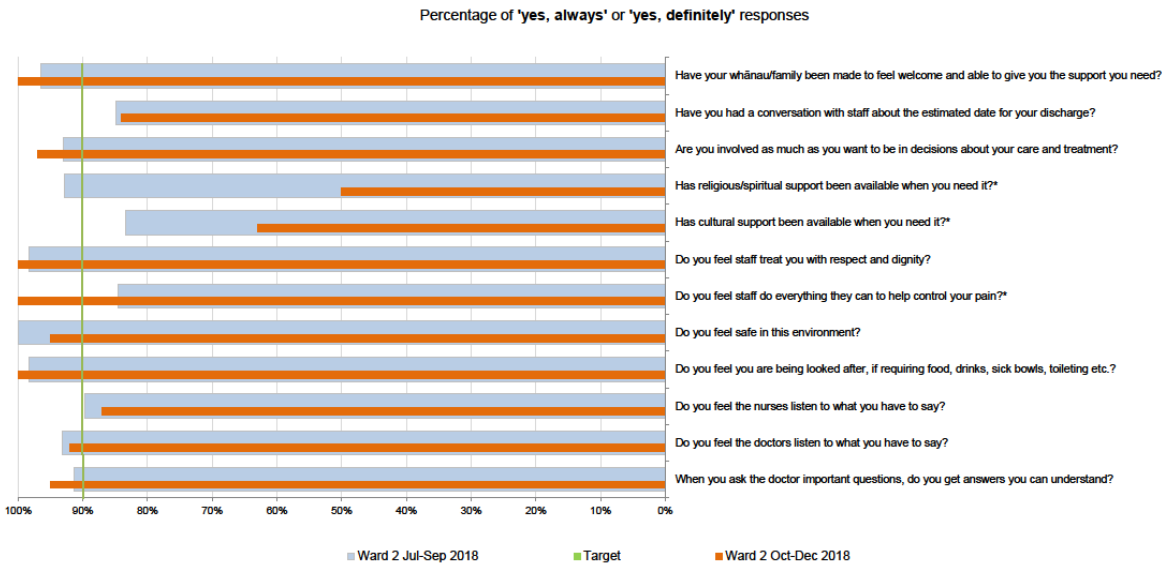
"Friendly helpful staff, you can see that some love their job."

Patient/parent experiences on the Children's Ward

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Quarter 2: October-December 2018

Patient survey results at a glance



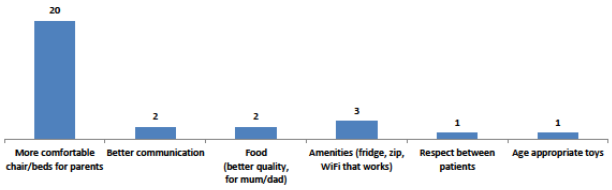
** Excludes those who didn't need: pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 39

Top improvements made this quarter

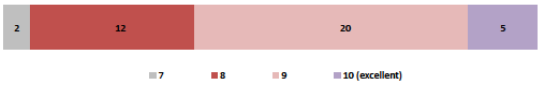
- ↑ 4 % in positive responses for being involved in decisions about care and treatment.
- ↑ 16 % in positive responses for feeling staff do everything they can to control my pain.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- 7 of the 39 patients surveyed this quarter indicated they received conflicting information from staff '**some of the time**', compared with 1 out of 58 patients last quarter.

Patient & parent voices

People First

"I keep asking questions all the time, staff aren't forward in telling me what is happening regarding timing and what is actually happening. Communication between staff could be better."

Respect

"Yesterday there was a gang member with a patch. He did turn it around once in the ward, I feel for the safety of the ward."

"Staff show great respect."

Caring

"More funding and more staff are needed. Bed for mum is horrendous. I ended up in bed with my daughter which is not ideal."

Communication

"This is second admission and doctors are different, with different opinions."

"Communication with the doctors is not the best, especially overseas trained doctors."

Excellence

"The staff are excellent."

"Staff are very friendly and very informative."

A Healthier Northland
He Hauora Mo Te Tai Tokerau

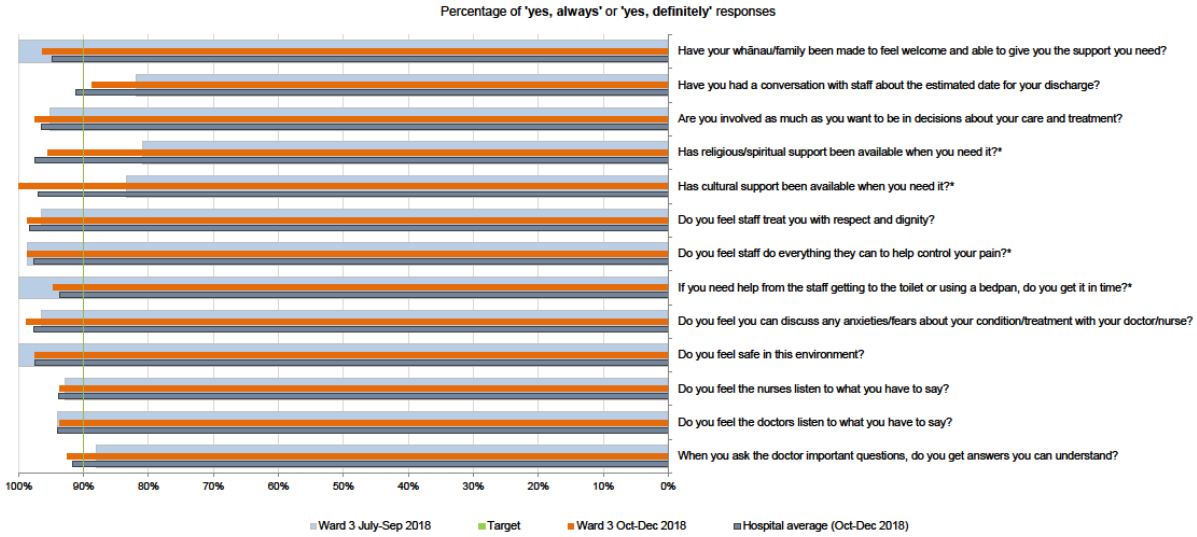
NORTHLAND DISTRICT HEALTH BOARD

Patient experiences on Ward 3: Surgical

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



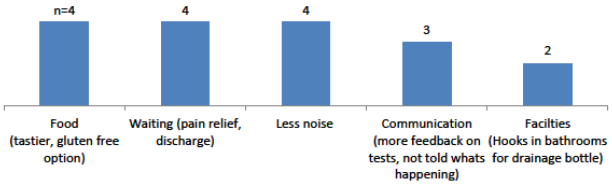
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 80

Biggest changes this quarter

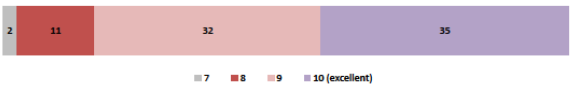
- ↑15% in positive responses for spiritual support being available when needed.
- ↑17% in positive responses for cultural support being available when needed.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- 4 of the 80 of patients surveyed indicated they received conflicting information from staff '**some of the time**', compared with 4 out of 84 patients last quarter.

Patient voices

People First

"Really impressed, very happy with all my care, quick to get on to my pain relief."

"The staff are great, I get pain relief before I need it."

Respect

"I would like to be more involved (in my care) rather than just be told."

"I feel accepted and shown respect."

"Sometimes there are visitors here late at night."

Caring

"Nurses are fantastic."

"The nurse aides have been absolutely brilliant."

"The cup of tea lady was really nice."

Communication

"I do have to ask them to repeat."

"Senior doctors don't listen."

"I keep my fears and anxieties to myself"

Excellence

"I've been very impressed with all care from the day I arrived by all staff."

"I enjoyed cheerfulness with the staff, everybody is so kind."

"Staff are great very open minded."

A Healthier Northland
He Hauora Mo Te Tai Tokerau

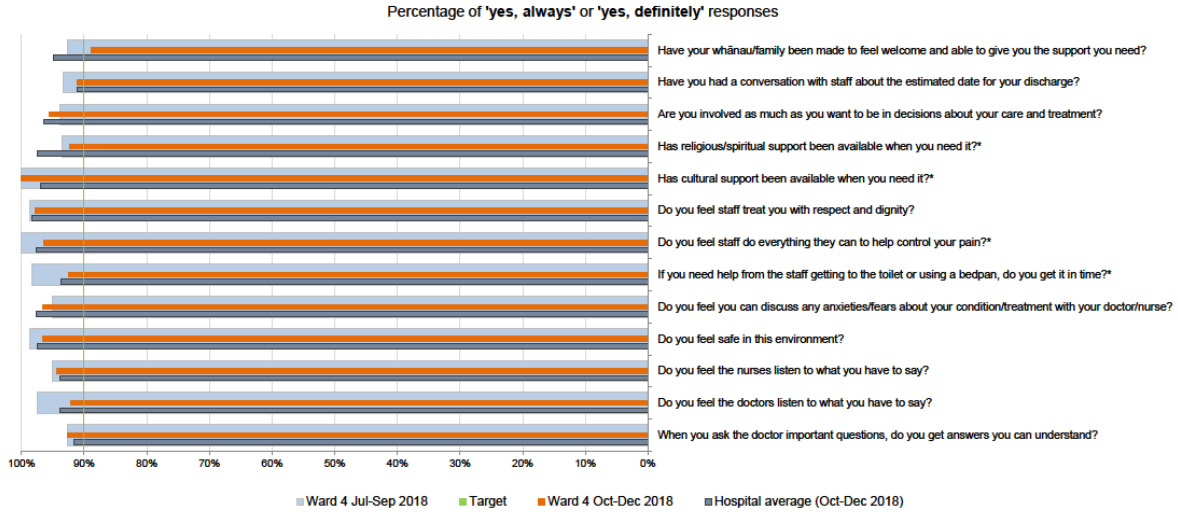
NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Patient experiences on Ward 4: Surgical

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



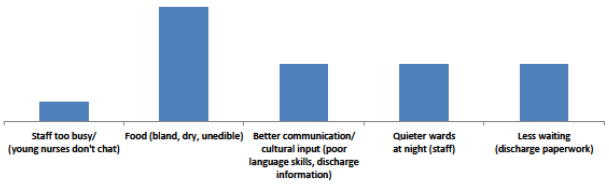
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 90

Biggest changes this quarter

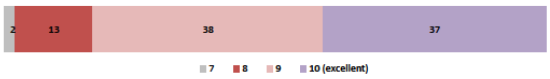
- ↓ 5% in positive responses for family/whānau being made to feel welcome and able to give me the support I need.
- ↓ 6% in positive responses for timely help from staff getting to the toilet or using a bedpan.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- 7 of the 90 patients surveyed indicated they received conflicting information from staff **'some of the time'**, compared with 3 out of 81 patients last quarter.

Patient voices

People First

"I would like to be more involved as I don't know what's going on."

"Hard to find call bells and walkers etc. Staff keep moving them and it's difficult to see where they have put them.'

Respect

"Some don't show respect. One in particular makes me feel like a child. It is not very nice."

"The TV room is very loud, especially when there is a crowd of people in there."

Caring

"The nurses are very caring, but very busy. I don't feel that the nurses show initiative. They don't think about shutting curtains at night times or replacing urine bottles."

Communication

"When I ask the doctor questions, the answers can be a bit overwhelming."

"Regarding medication, no I feel that they don't listen."

Excellence

"Couldn't fault it. Everybody is kind, caring and helpful."

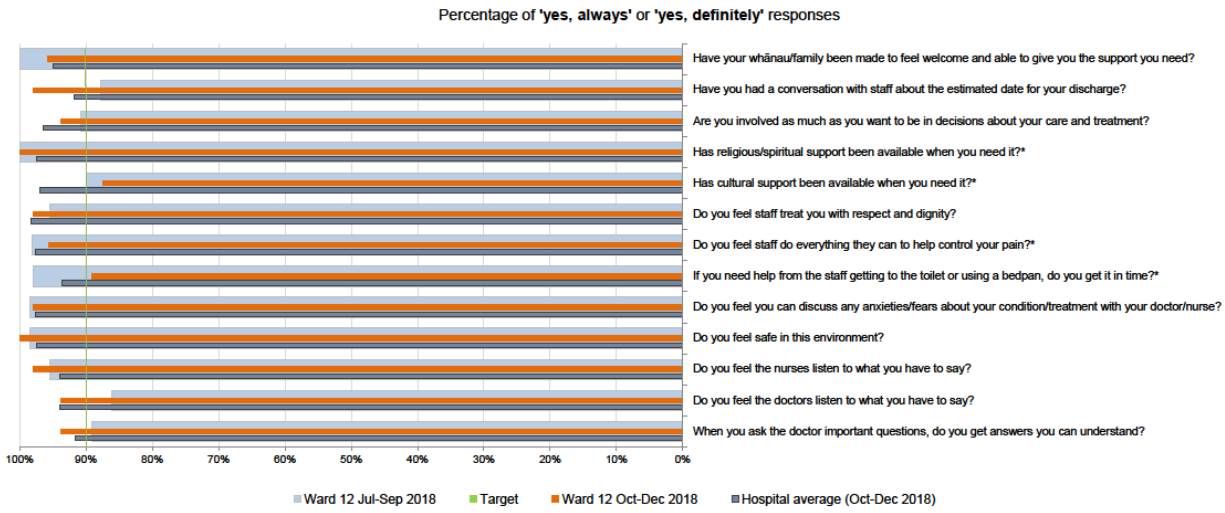
"Things have been dealt with very quickly, communication has been good."

Patient experiences on Ward 12: Medical

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



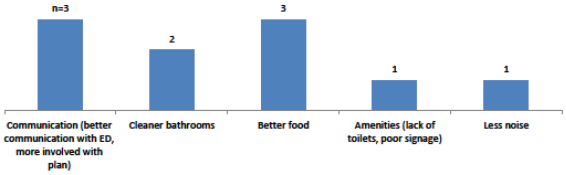
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 48

Top improvements made this quarter

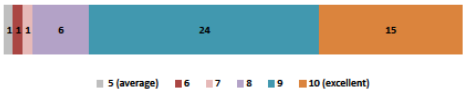
- ↑ 10 % in positive responses for having a conversation with staff about my estimated date of discharge.
- ↑ 8 % in positive responses for I feel the doctor listens to what I have to say.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- 4 of the 48 patients surveyed indicated they received conflicting information from staff '**all of the time**', compared with 1 out of 65 patients last quarter.

Patient voices

People First

"My parents haven't been able to find their way out in the evenings. No security for woman if you are by yourself, I would feel very unsafe."

"After 8 pm all doors are closed. When I went outside I couldn't find my way back. I was lost for an hour. Staff just thought I was outside smoking. No sign posts to ward 12."

Respect

"Some of the nurses are exceptional. Doctors are great, support staff are very positive."

"Need more toilets and they are not very clean. For three days there was a mess on the floor, my carer cleaned it up in the end."

Caring

"Everyone has been very friendly."

"Staff are fantastic and do an awesome job."

"Staff are very kind and caring but busy."

Communication

"They need to explain things slowly and in English; foreign doctors are hard to understand."

"First day we were not involved (in care). Waiting all day to see social worker, occupational therapy and physiotherapist, was told they were not coming so went home and then they arrived, communication has been poor."

Excellence

"Very happy 10+. Staff attitude is great."

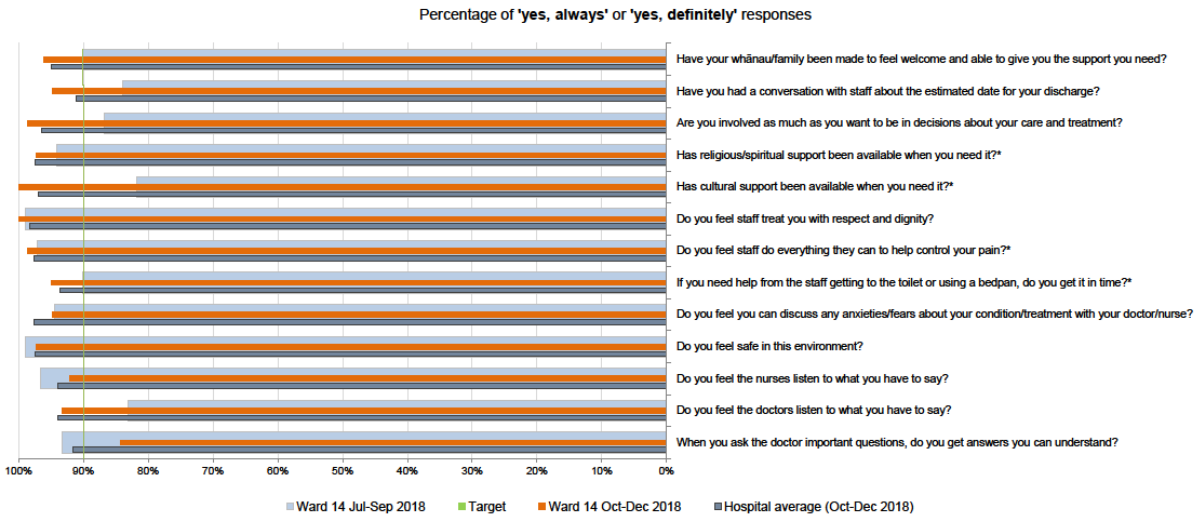
"Some of the nurses are exceptional. Doctors are great, support staff are very positive."

Patient experiences on Ward 14: Medical

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



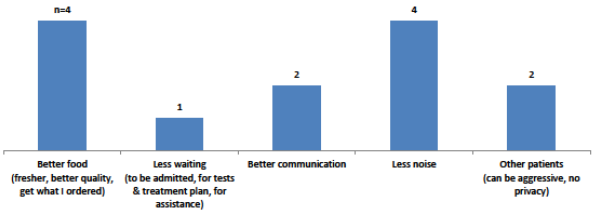
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 76

Top improvements made this quarter

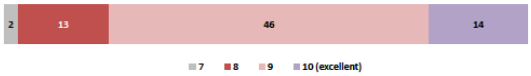
- ↑ 10% in positive responses for feeling doctors listen to what I have to say.
- ↑ 18% in positive responses for cultural support has been there when I need it.
- ↑ 11% in positive responses for having had a conversation with staff about my estimated date of discharge.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

5 of the 76 patients surveyed indicated they received conflicting information from staff **'all of the time'**, compared with 1 out of 65 patients last quarter.

Patient voices

People First

"It's hard to be involved in decisions when they keep changing all the time."

"Staff are fantastic and communication is good."

Respect

"Sometimes people (visitors) stay too long."

"Some patients I feel should be in their own rooms due to their illness, for their dignity."

Caring

"Bed is very uncomfortable. Staff are very busy; it takes a long time to get pain relief. Sometimes you don't know which staff are on at change-over and you have to re-explain what previous staff have said."

Communication

"I have asked them to repeat (what was said). The doctors always say they haven't got enough time."

"(Being able to listen) depends on their (nurses) maturity."

Excellence

"The emergency department was extremely busy when I first arrive, it took a long time to get up to the ward."

"Very happy. This is far nicer than Auckland."

A Healthier Northland
He Hauora Mo Te Tai Tokerau

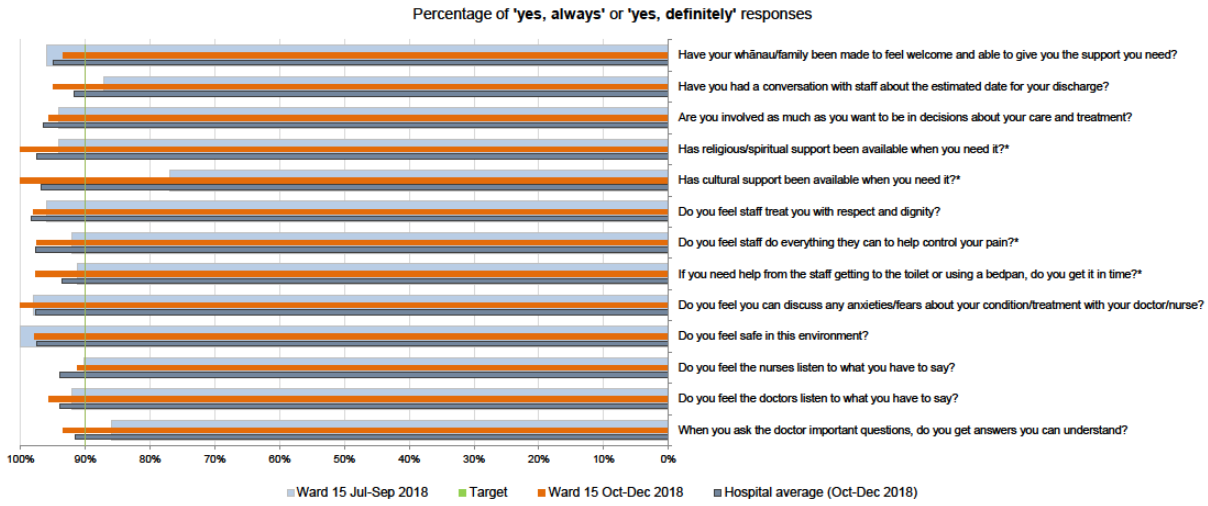
NORTHLAND DISTRICT HEALTH BOARD

Patient experiences on Ward 15: Assessment Rehabilitation & Stroke Unit

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Quarter 2: October-December 2018

Patient survey results at a glance



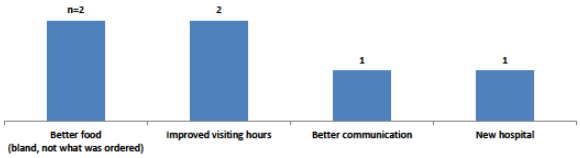
** Excludes those who didn't need: help getting to toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 46

Top improvements this quarter

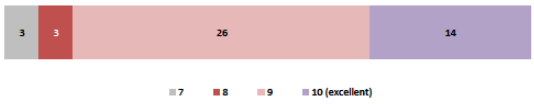
- ↑ 23% in positive responses for cultural support is available when I need it.
- ↑ 7% in positive responses for getting answers I understand when asking important questions.
- ↑ 6% in positive responses for getting help on time with getting to the toilet or using a bedpan.

What would make your experience better?



Overall experience of care

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- Of the total number of patients surveyed this quarter none indicated that they had received conflicting information from staff **'all'** or **'some of the time'**, which is the same outcome as last quarter.

Patient voices

People First

"Staff are very considerate and caring."

"The staff are fantastic, kind and friendly."

Respect

"Staff are very friendly caring and wonderful."

"Would like to be more involved, don't really have much of a stay."

Caring

"The staff are lovely, lots of care and support."

"Lovely nurses very kind and caring."

Communication

"I have to ask them (doctors) to explain in a way I can understand."

Excellence

"The staff are great and so are my roommates, more than I expected."

A Healthier Northland
He Hauora Mo Te Tai Tokerau

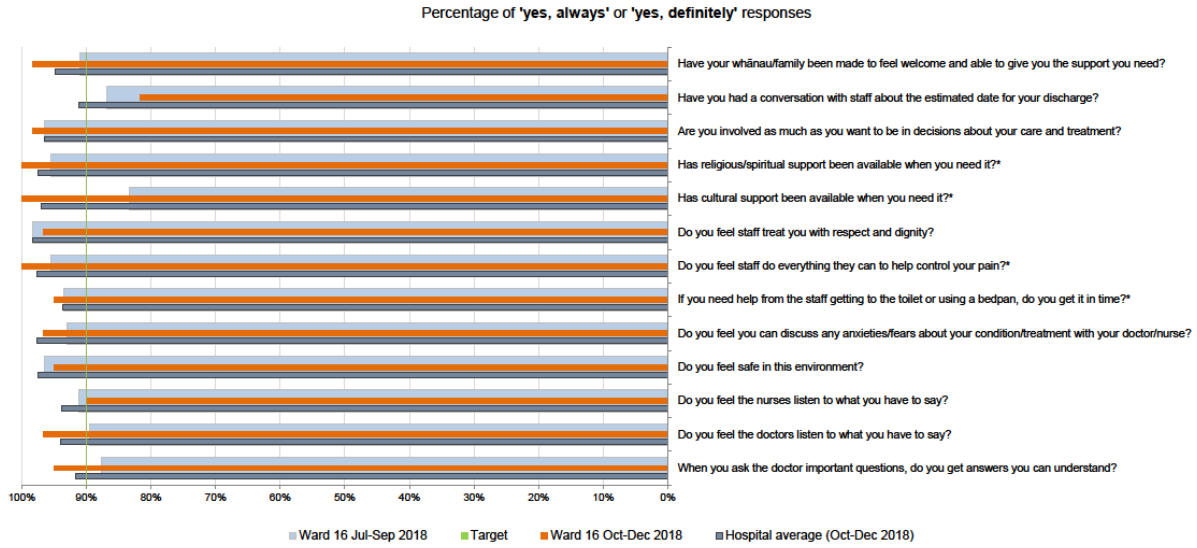
NORTHLAND DISTRICT HEALTH BOARD

Patient experiences on Ward 16: Medical

Quarter 2: October-December 2018

PATIENT SAFETY & QUALITY IMPROVEMENT DIRECTORATE

Patient survey results at a glance



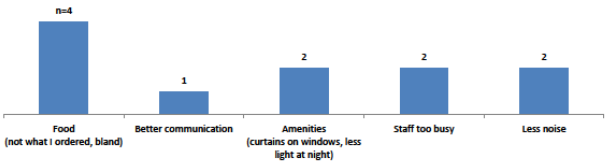
** Excludes those who didn't need: help getting to the toilet / pain management / support for their cultural, religious or spiritual needs*

Total number of patients surveyed = 59

Top improvements made this quarter

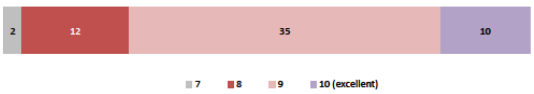
- ↑ 7% in positive responses for welcoming my family to support my needs.
- ↑ 7% in positive responses for getting answers from doctors that I can understand.
- ↑ 17% in positive responses for getting the cultural support I need.

What would make your experience better?



Top improvements made this quarter

Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



Are we on the same page?

- 6 of the 59 patients surveyed indicated they received conflicting information from staff **'some of the time'**, compared with 2 out of 57 patients last quarter.

Patient voices

People First

"More staff are needed. You ask for something and it takes 2 hours before anything happens."

Respect

"Across the board they (doctors) don't listen."

'I would like it if there was a quiet room or area to sit in."

Caring

"Everybody is very caring, but busy."

"The staff are very friendly, caring and supportive."

"Staff are fantastic."

Communication

"I feel that some of the younger ones (nurses) don't listen and can be quite sharp."

"The nurses don't have the time to understand what you want. They are too busy."

Excellence

"Brilliant stay."

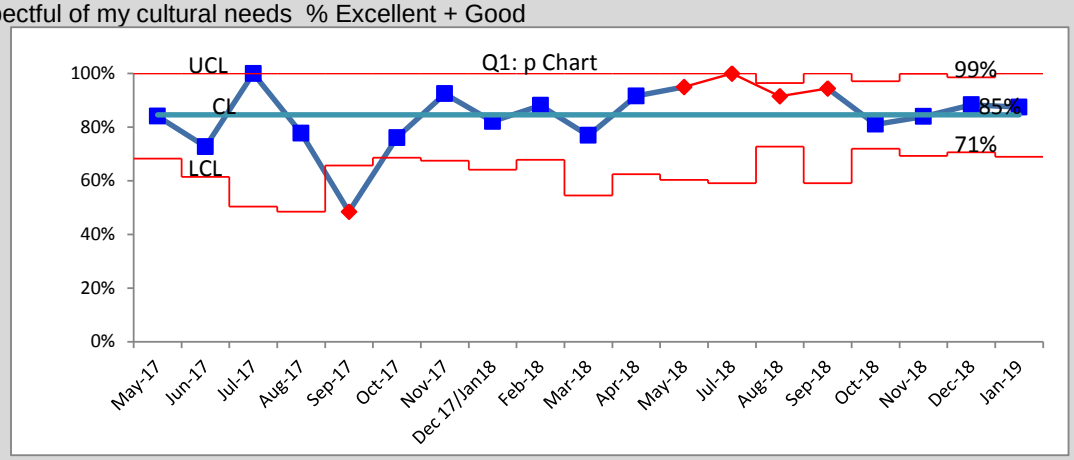
"The staff are excellent and I had wonderful care."

A Healthier Northland
He Hauora Mo Te Tai Tokerau

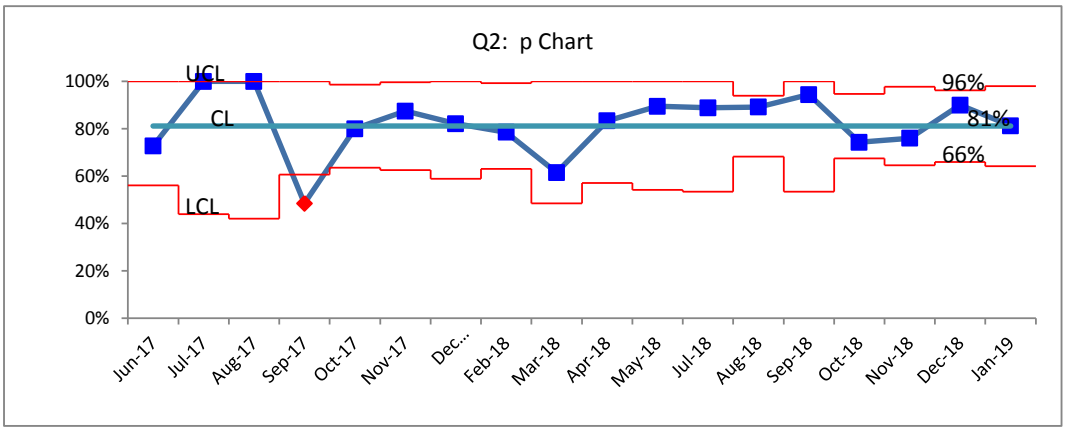
NORTHLAND DISTRICT HEALTH BOARD

November 2016 –January 2019 789 Mental Health service users responded to a real time survey. The % of Excellent & Good responses graphed. No response' and 'don't know' were excluded from the number of responses in each question.

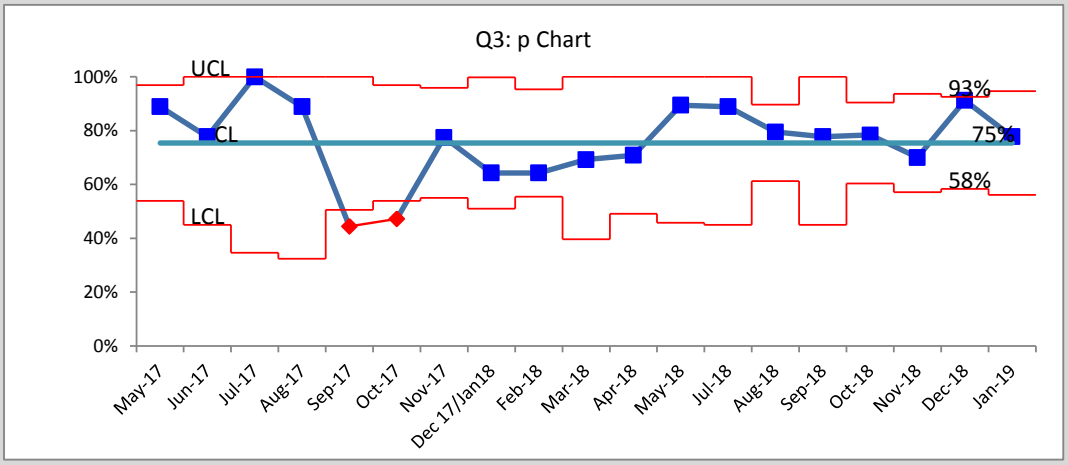
Q1: People I see in the service value my opinion and are compassionate non-judgemental and respectful of my cultural needs % Excellent + Good



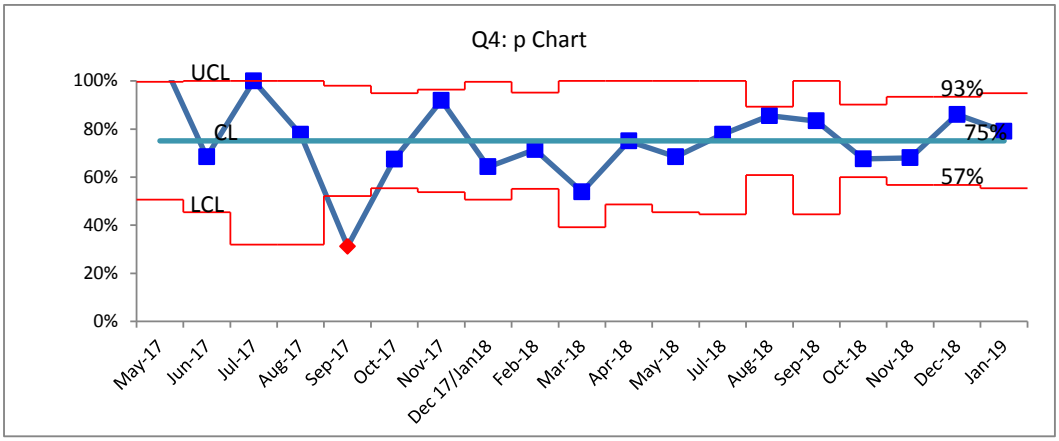
Q2: I am sufficiently consulted and involved in decisions to meet my needs % Excellent + Good



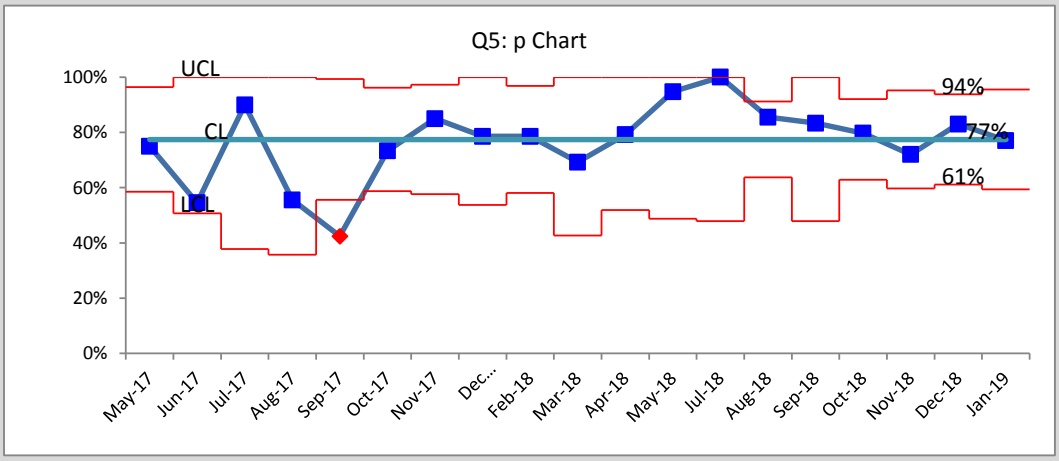
Q3: Services I use communicate well and are fully informed about my need % Excellent + Good



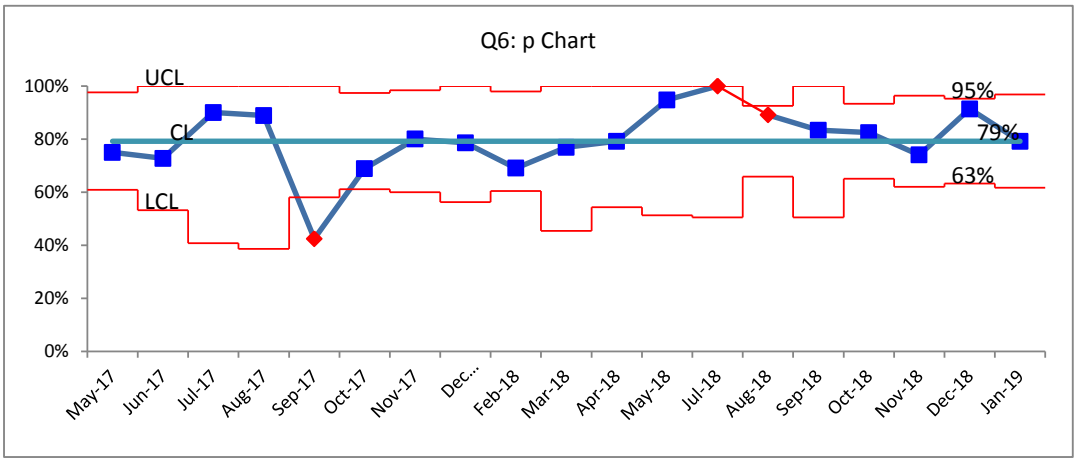
Q4: My family/whanau/someone close to me has enough information and support to be involved in my care and recovery. % Excellent + good.



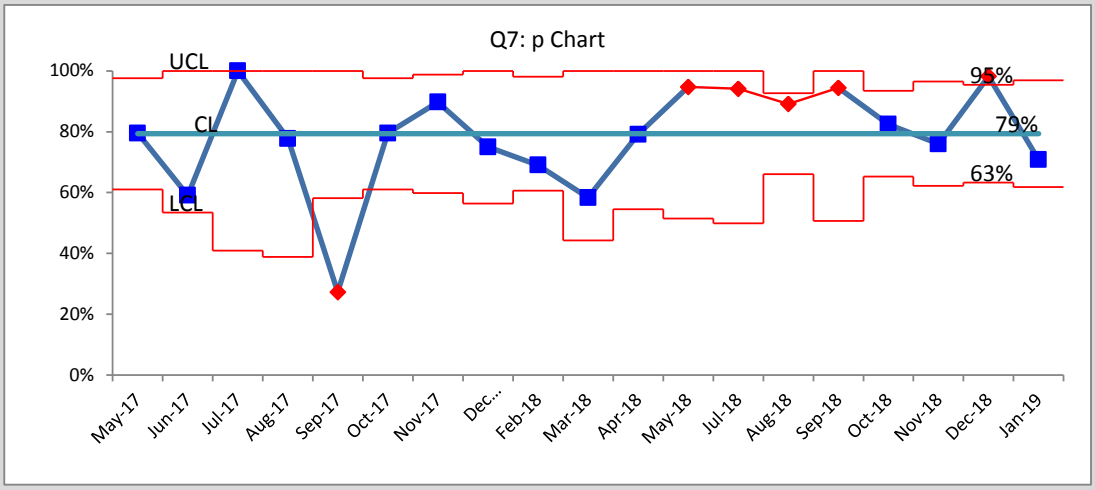
Q5: The service have supported me and my family to move towards recovery % Excellent + Good



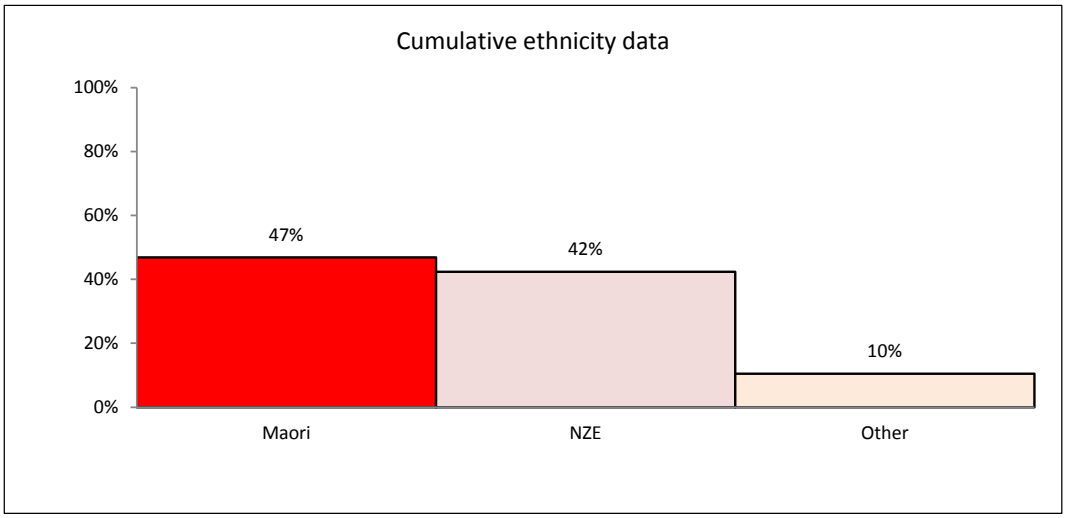
Q6: My recovery plan is reviewed regularly % Excellent + Good



Q7: Recommend this service to friend and family if they needed similar care/treatment
% Excellent + Good

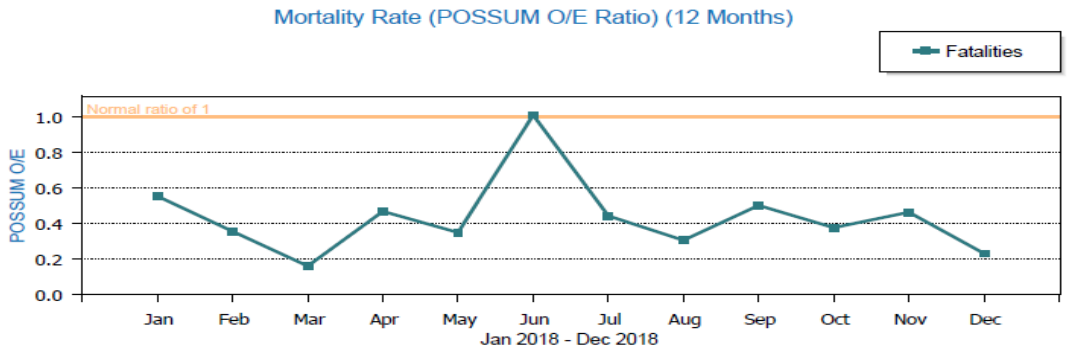


Ethnicity

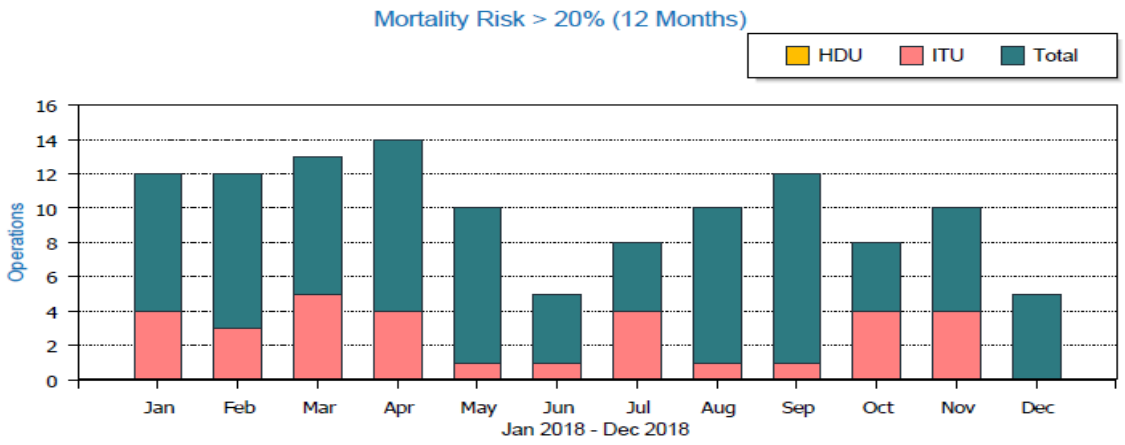


Surgical Trends
Northland District Health Board
Quarterly period 01 Oct 2018 to 31 Dec 2018
**The final data point may be subject to change due to late reported data*

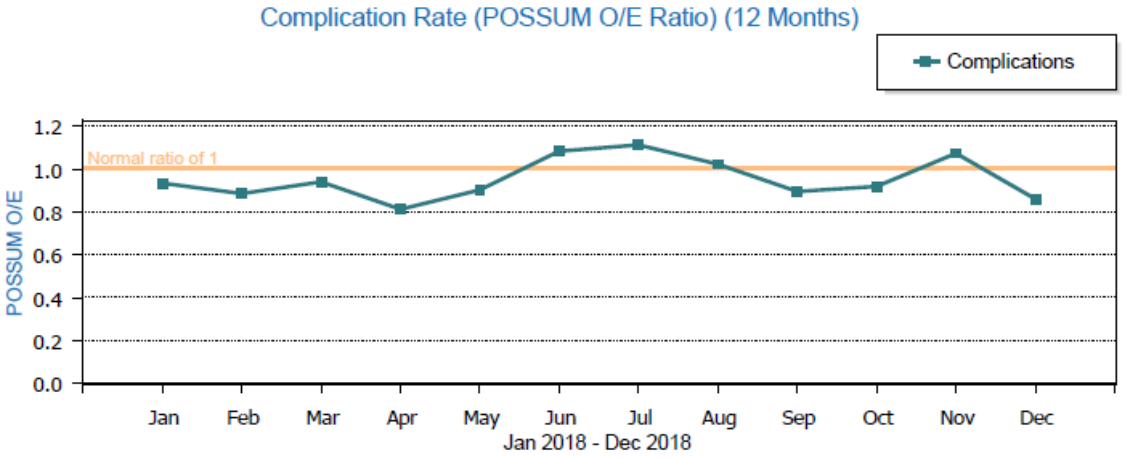
Risk Adjusted Mortality



Use of Facilities

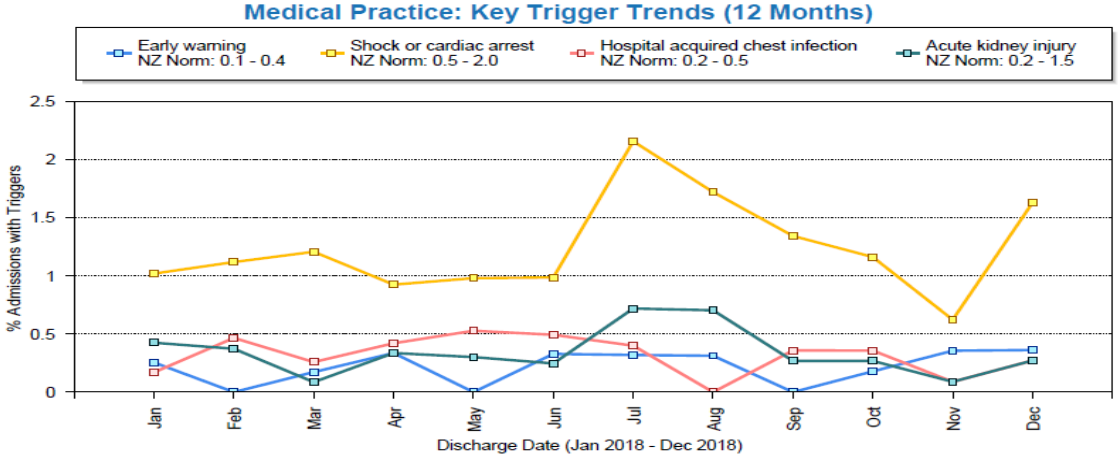


Risk Adjusted Complications

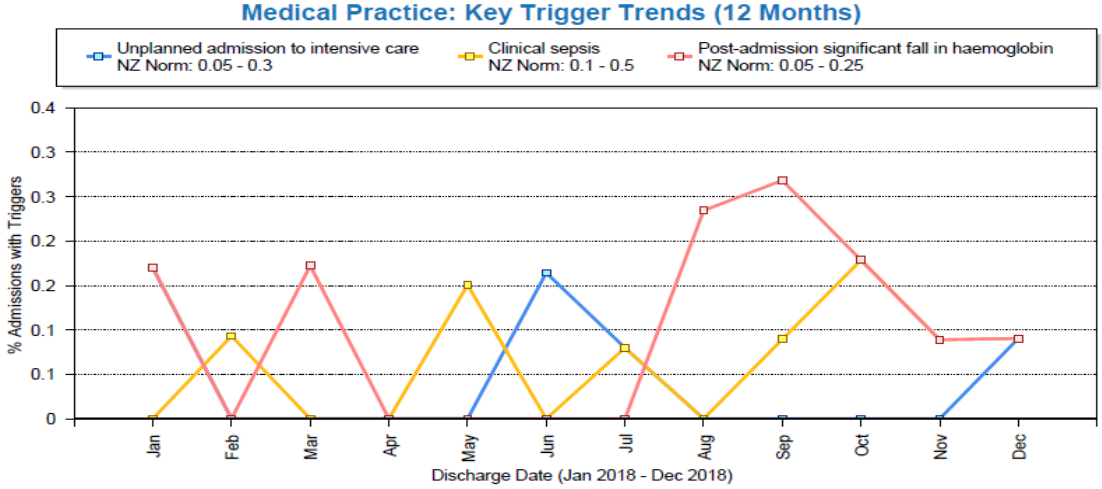


Medical Trends
Northland District Health Board
1 Year, Monthly Intervals to 31 Dec 2018
**The final data point may be subject to change due to late reported data*

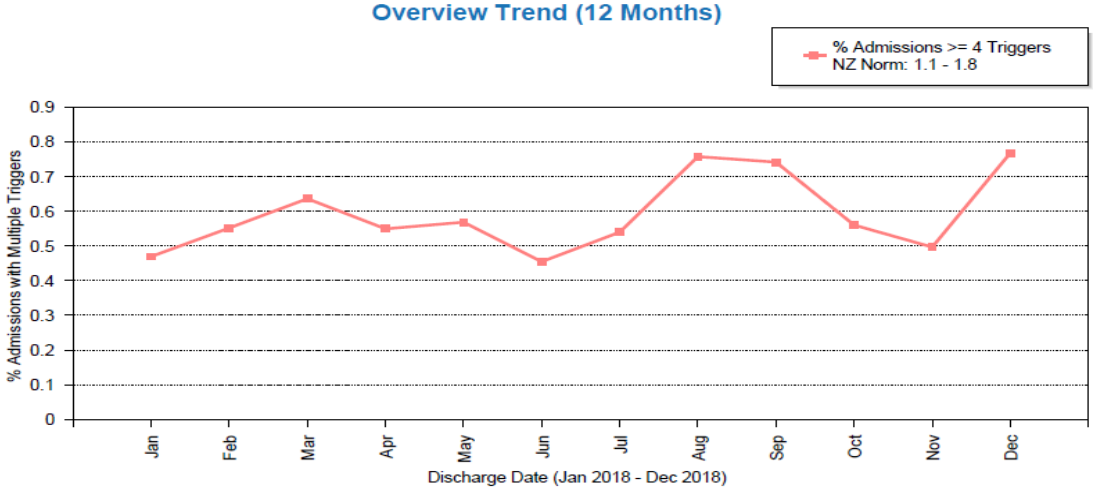
Medical Practice: Key Trigger Trends (12 Months)



Medical Practice: Key Trigger Trends (12 Months)



Overview Trend (12 Months)



Project progress	Start	Finish	Comment
SC Quality and Safety Markers **Quarterly Reporting**	Jan 13	Ongoing	No report this month
Patient Experience Surveys		Ongoing	Refer to posters
EWS	Jul-16	Ongoing	In collaboration with district hospitals clinical leads, managers and senior nurses an escalation pathway specific to their clinical staffing has been created. The process of education and roll out is being planned.
NZ MEWS	Nov 2016	Ongoing	The trial is now complete and the final MEWS chart has been released to DHBs by the HQSC. The Northland DHB escalation scale will be embedded then the chart will be sent to the Forms Committee before printing on more robust material. A hospital-wide meeting will be arranged to introduce other staff to the MEWS chart.

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.
Compliments	Collected from paper reporting, telephone calls, emails, link from the website and letters and are logged into Integrated Patient Safety System
Complaints	Complaints from all sources (telephone, email, website, letter, paper forms) are collated and logged by PSQID 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.
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 percentages who are Detractors. Promoters (score 9-10) are very satisfied, Passives (score 7-8) are satisfied, Detractors (score 0-6) are unhappy patients.

3.0 CHAIR'S REPORT

Board Chairman's Report
March 2019

Author – Sally Macauley

4.2.19	Te Hiku o Te Ika – Crown Joint Work Programme Inaugural Sponsors Group Hui - Attendance an Observer
7.2.19	Far North District Disabilities Meeting - Footpaths/accessibility to health services - Mental health care - Retirement Homes – availability of medical services
8.2.19	Regional Governance Group, Whangarei - Primary and Community Care Deep Dive Update (Nick) - Employment relations update/Bargaining and schedule 10 implementation
14.2.19	Chairs' and CEOs' meeting, Wellington - Minister's address - Presentation NZH Partnerships - Mental Health Update - Capital Investment Committee
1.3.19	Chairs' Chat (3 Metro + NDHB) ZOOM
11.3.19	HAC / NDHB Meeting, Whangarei

Future Meetings

29.3.19	Te Kaupapa Mahi Tahi Hauora Papa o Te Raki (Mahi Tahi Hauora) Te Tai Tokerau / Manaia Primary Health Organisations, Waitangi - Briefing on the work completed to date – 2026 Northland healthcare System
25.3.19	CPHAC/DISAC / FRAC - Whangarei
4.4.19	Regional Governance Group - Auckland
10.4.19	Possible DHB Planning meeting with Minister Hon David Clark - Wellington
15.4.19	HAC and NDHB Board meeting - Kaitaia

Correspondence

Outwards

Letter from NDHB to Margareth Broodkoorn, congratulating and wishing her well as the newly appointed of Chief Nurse, Ministry of Health

4.0 CEO’s REPORT

Chief Executive Report
March 2019

STRATEGIC INITIATIVES

Iwi/DHB Strategic Relationships

In December 2018 a meeting was held at Waitemata DHB to consider a revised partnership arrangement with Iwi. Iwi Chairs representing the relationship board for Waikato, Counties-Manukau, Auckland, Waitemata and Northland DHB were invited alongside DHB Board chairs, chief executives and executives. In principle there was agreement to two strategic partnerships with these being naturally aligned to Waikato/Counties-Manukau DHBs with Tainui, and Auckland/Waitemata and Northland with Te Kahu O Taonui and Ngati Whatua.

In January 2019, a first meeting of DHBs was held with Shayne Wijohn from Waitemata DHB taking the lead on behalf of lead chief executive, Dr Dale Bramley. There was agreement for a joint DHB working paper to be scoped, legal advice to be gathered and options to be presented to our respective Boards. Additionally, the paper would recommend a Forum where Iwi Chairs could meet to define their collective view/position on the future and infrastructure.

Neighbourhood Healthcare Homes (NHH) Programme

Neighbourhood Healthcare Homes Tranche 3 'Expression of Interest' interviews commence in March 2019.

The first Tranche 3 practice is forecast to commence in April. Further planning is required to confirm the approach, given the lack of capacity and capability across our current two Primary Health Organisations.

Health and Social Care Coordination (HSCC)

The Health and Social Care Coordination (HSCC) Programme integrates the care of patients and their carers, particularly those with long term conditions and complex care requirements at risk of poor health outcomes, across primary, secondary and community based health and social care services.

The aim of the programme is to improve patient and whānau experience of care, provide access to the "right care, at the right time from the right provider(s)" and improve health outcomes and system efficiencies. At the centre of this work is the principle of providing people-centred, coordinated care which is close to home.

The HSCC Programme goals are defined within four interlinked projects: the Calderdale Framework, the Northland Community Hub, Primary care led Multidisciplinary Team Meetings and Care Coordination Networks. Each project has an initial 12-18 month plan to allow time for the co-design of new ways of working which are achievable by December 2019. This approach provides a foundation on which each stream of work can then continue and expand. The HSCC Programme links to the Whānau Tahi Shared Care project.

The Calderdale Framework

The Calderdale Framework (CF) is internationally recognised as a tool for managing safe and effective workforce redesign within multidisciplinary teams. The CF is a formal, risk managed

and structured framework to provide quality, efficient, responsive and clinically governed services. It ensures safe and effective patient centered care and provides a clear and systematic method for reviewing skill mix, developing new roles, identifying new ways of working and facilitating service redesign.

11 candidates across Allied Health and District Nursing have undertaken Calderdale Framework Facilitator training in February.

Training content is under development to accommodate pre-requisite project management and facilitation skills training that are required prior to commencement of CF facilitator training.

An agreement is in place with the South Island Workforce Development Hub to deliver the CF Facilitator training. A contract has been finalised between Effective Workforce Solutions UK and Northland DHB for CF Facilitator licenses.

Primary care led Multidisciplinary Team (MDT) Meetings

The development of MDT Meeting website for general practices has been completed and includes a toolkit and resources to support primary care led MDT Meetings. The Primary care led MDT Meeting guide has been endorsed by participating general practices.

A second MDT test (using the Whānau Tahi case conferencing module and Zoom link) has been completed with a Mid-North general practice. A MDT Meeting is scheduled and will focus on local care coordination. Participants will be general practices, pharmacy, aged residential care and hospice.

The Royal New Zealand College of General Practitioners has confirmed peer review points for general practitioners who lead or participate in primary care MDT Meetings. We are also seeking recognition for primary health care nurses involved in administering primary care led MDT Meetings from the College of Primary Care Nurses.

A list of existing MDT Meetings (both involving and not involving general practices) and a profile of each (purpose; participants; location and frequency) has been completed.

Care Coordination Networks

Support has been provided to Whānau Tahi Project Manager for three completed Whānau Tahi Messaging Workshops (Whangarei – December 2018, mid north- February 2019 and Far north – February 2019). Workshops identified local primary health care services, secondary services and Iwi Providers. Discussion during these workshops included evidence of the impact of fragmented care coordination on patients and the system and identified processes for improving care coordination.

The Care Coordination - Current State Assessment Report is an ongoing piece of work as existing networks are identified. We are utilising findings from the community and provider hui (held by the Māori Health Directorate) to support the identification of local Care Coordination clusters in the Far North (Kaitaia and Te Kao), Hokianga and Dargaville.

Whānau Tahi

Preparation work for setting up the pilot of four Rest Homes with Concerto and Whānau Tahi ahead of all rest homes in Northland coming on board is underway.

Development continues on the updating of the Whānau Tahi training resources and the website. Planning work continues with Manaia Health PHO to increase the uptake of Kia Ora Vision (and as a part of this, Whānau Tahi care-plans) in general practice.

SYSTEM PERFORMANCE

Financial Results

The Year to Date to January 2019 financial result is a deficit of $4.3m compared to the budgeted deficit of $3.6m. This is an unfavourable variance of $796k. The majority of this unfavourable variance can be attributed to the costs of the Meningococcal W vaccination programme, offset by overs and unders in other areas. We remain in discussion with the Ministry of Health for some funding to support this campaign. The full campaign is estimated to cost $1.5m.

The rest of the variance is again due to higher than expected acute activity leading to additional staffing in the emergency department and medical wards. Locum usage remains high in District Hospitals and in Mental Health and Addictions Services. These are mainly offset by favourable variances in other services including surgical services and Health of Older people.

The budget for the 18/19 year has been revised to an $8.0m deficit and resubmitted to the Ministry of Health for consideration.

ED Length of Stay

The achievement against the ED length of stay target of 95 percent of patients staying less than 6 hours continues to improve. January is currently tracking at 85.4 percent (it was previously 83 percent). The summer surge has been offset by extra Senior Medical Officers in the Emergency Department.

Improved Access to Elective Surgery

During January there were 571 elective discharges bringing the YTD performance to 5,015 discharges. To date our Elective Funding Schedule (“EFS”) for the 2018/19 Financial Year has not yet been accepted. The unwillingness to accept our EFS primarily centres on the capping of certain procedure types and the resulting impact of spreading the activity across other specialties. This is a departure from policy in previous years and has the potential for an adverse financial impact to Northland DHB. We have recently made progress in our discussions with MoH regarding the activity YTD and forecast output for the remainder of the year. These reflect not only the change referred to above but also the effect of the range of industrial action.

Faster Cancer Treatment

73 percent of patients referred with a high suspicion of cancer commenced treatment within 62 days compared with the target of 90 percent. This is based on current data available and is subject to change as coding for December is completed. The drop in performance from prior months is in part driven by delays resulting from the industrial action conducted by the Anaesthetic Technicians during October and November 2018. However, with ongoing industrial action by the NZ Resident Doctors Association in January and February, it is not expected there will be a material improvement.

Better Help for Smokers to Quit:
- Hospital Care

The Maternity Health Target (90 percent) measure was achieved for Quarter 2.

A new Kaimahi Hapu Mama and Pepi is now in place in Child, Youth and Maternal services who will be working with Lead Maternity Carers to both improve recording of brief advice to their clients and making referrals to Toki Rau. There is a good referral rate from the Mid and Far North, however Whangarei needs some improvement. Re-establishing connections with the local Toki Rau (Community Stop Smoking service including face to face support) services when they fill their vacant positions is another objective.

The secondary care Better Help for Smokers to quit is an ongoing work in progress. The Emergency Department figures have improved slightly but there are still issues with getting data out of the ED Information system, EDaaG. Other services need to improve their results and we will be working with them in the coming months.

Immunisation

January 2019 saw coverage at 8 months at 83 percent with a decline rate of 11.8 percent. We are tracking for a Quarter 3 coverage rate of 85 percent. We have engaged additional support for track and tracing to support general practices with their precall/recall systems which was an area identified in a recent audit that needed improvement. In addition we are considering some changes for the Immunisation Plan for 2019 which will include a focus on outreach immunisation services as well as quality payments for achievement of vaccination to improve coverage and equity rates.

B4 School Checks

Northland is at 48.3 percent of the target (set at 95 percent at years end) and is progressing well. As previously advised one of the key providers, Plunket, ceased providing checks in the Whangarei area and Northland DHB public health nurses have picked the work up. With the meningococcal W vaccination programme still running and the public health nurses undertaking this work, we have had to call on Plunket to pick the work up once again as a one off. Northland DHB should be able to resume the checks again in March.

Raising Healthy Kids Target

Health Target - Growth (Recent Six Months)

Checks completed between 8 July 2018 and 7 January 2019, in line with version 1.23 of the Health Target

Note: Health target information on progress is expected to be treated as confidential and under embargo until signed off by the Minister and the results are publicly released each quarter.

		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	2,283	166	7.3%	136	0	6	24	0	0	82%	0%	4%	14%	0%	0%	100%	15%
Bay of Plenty	1,585	100	6.3%	66	1	4	29	0	0	66%	1%	4%	29%	0%	0%	99%	30%
Canterbury	2,967	149	5.0%	112	0	8	29	0	0	75%	0%	5%	19%	0%	0%	100%	21%
Capital and Coast	1,558	105	6.7%	63	6	5	29	2	0	60%	6%	5%	28%	2%	0%	92%	30%
Counties Manukau	4,016	311	7.7%	205	0	9	96	1	0	66%	0%	3%	31%	0%	0%	100%	32%
Hawkes Bay	1,038	94	9.1%	77	0	0	16	1	0	82%	0%	0%	17%	1%	0%	99%	17%
Hutt	838	47	5.6%	31	2	2	6	6	0	66%	4%	4%	13%	13%	0%	83%	15%
Lakes	755	46	6.1%	18	0	1	27	0	0	39%	0%	2%	59%	0%	0%	100%	60%
Midcentral	983	109	11.1%	52	1	12	41	3	0	48%	1%	11%	38%	3%	0%	96%	44%
Nelson Marlborough	997	45	4.5%	33	3	3	6	0	0	73%	7%	7%	13%	0%	0%	93%	14%
Northland	912	67	7.3%	39	0	4	23	1	0	58%	0%	6%	34%	1%	0%	99%	37%
South Canterbury	351	23	6.6%	14	2	0	7	0	0	61%	9%	0%	30%	0%	0%	91%	30%
Southern	1,682	131	7.8%	85	7	9	30	0	0	65%	5%	7%	23%	0%	0%	95%	25%
Tairawhiti	358	40	11.2%	25	1	3	9	2	0	63%	3%	8%	23%	5%	0%	93%	26%
Taranaki	677	47	6.9%	24	1	0	20	2	0	51%	2%	0%	43%	4%	0%	94%	44%
Waikato	2,654	229	8.6%	151	0	36	42	0	0	66%	0%	16%	18%	0%	0%	100%	22%
Wairarapa	243	22	9.1%	13	0	2	5	1	1	59%	0%	9%	23%	5%	5%	91%	26%
Waitemata	3,511	215	6.1%	177	0	10	28	0	0	82%	0%	5%	13%	0%	0%	100%	14%
West Coast	129	11	8.5%	7	0	1	3	0	0	64%	0%	9%	27%	0%	0%	100%	30%
Whanganui	388	38	9.8%	32	0	1	2	3	0	84%	0%	3%	5%	8%	0%	92%	6%
All DHBs	27,925	1,995	7.1%	1,360	24	116	472	22	1	68%	1%	6%	24%	1%	0%	98%	25%

Northland has exceeded the target of 95 percent - (currently 99 percent).

SERVICE DEVELOPMENTS AND SECTOR UPDATES

Māori Health Priorities Development

A final round of community engagement is now under way. The Hui to date have included Kaitaia, Rawene, Kaikohe and Dargaville.
The continued engagement with whānau and hapu of Te Tai Tokerau is reaping some benefits with the Māori community who continue to be happy with the DHB fronting up and listening to their voice. One theme throughout the community engagement is suicide and its impact on whānau. We are committed to looking at this closely going forward. Three further Hui are planned and will be completed by 8 March.
The purpose for these Hui is to work with our community to design health services based on their feedback and to identify the actions and outcomes that will form a revised Māori Health Equity Action Plan for Te Taitokerau.

The engagement Hui are open to providers and the wider community. A total of up to sixty whānau have attended to date. A paper will be put to the joint meeting of Te Kahu O Taonui and DHB in May/June.

Māori Health Services Review

A first meeting with Māori Health Provider managers and Iwi technical advisers will be held in March. The focus is to use the information gathered from the community engagement to inform a reconfiguration of health services starting with Māori Health contracts.

They will oversee the service design and commissioning for outcomes work. An important feature we are moving towards is to develop an accountability framework and utilise the data we gather to show their contribution to improving Māori Health. The year will have its controversies as we will need to reinvest current funds into a revised approach.

Commissioning for Outcomes

We are incorporating the literature review on International Frameworks on Commissioning into a discussion document. A technical group will be formed within the DHB from existing funders to provide guidance on design of the framework. This information will be reported to the Māori Health Providers and Iwi technical group for discussion and sign off including the project phases.

Given this work will run alongside the Māori Health services review, we will aim to have this signed off by DHB/ Te Kahu O Taonui by December 2019.

Northern Regional Transgender Peer Support Service

Counties Manukau District Health Board is the lead DHB, on behalf of the Northern Region District Health Boards to procure a peer support service for transgender people across the Northern region.

The objective of the service is to work with transgender people and their families/whānau to build resiliency and develop positive familial relationships that support good health. This will be done using a multi-faceted approach:

- one to one, group work, online service delivery, including the use of Peer Support Workers (PSW) who are trained to work in a locally informed Intentional Peer Support model
- peer Volunteers who receive training to run peer led groups and other low level interventions, and

- moderated online channels to increase access to peers and information outside of formal appointments.

The transgender community in the Northern region is a diverse and complex population group. While the true prevalence of people who identify as transgender in Aotearoa/New Zealand is unknown, data from Youth '12 indicated that 1.2 percent of students identified as being transgender. There is no other population data available for this country. Being gender diverse is something that is experienced by all ethnic groups. While some people are aware of their gender identity in early childhood, many do not come to understand their gender identity until later in adolescence.

Historically, transgender people have faced on-going challenges in accessing safe and appropriate healthcare services across the life span. Peer support can be associated with improved access to healthcare and reduced risk of suicide, and is established as an effective method for support within non-government agency services in New Zealand.

Service users will be transgender people aged 12+, and family/whānau of transgender people of all ages. All new referrals to the service receive an initial contact with a PSW, where the best supports for the service user and their family will be identified. The Service will tailor its activities towards specific groups including: family/whānau of transgender children (<12 yrs), adolescents (13 – 17), young people (18 – 24), and those who are older.

An evaluation panel has been set up for the purpose of determining the best provider based on proposals received through a RFP process. Jeanette Wedding, General Manager, Child Youth Maternal Oral & Public Health Services has been invited to sit on the panel to represent Northland.

The Service will deliver a local service in each DHB. PSWs and peer volunteers will be connected to local services, and will be diverse in location, age, ethnicity, religious affiliation and interests.

IANZ Blood Bank Accreditation

We have recently commenced a formal review of the laboratory staffing structure which is seen as a critical component in achieving progress towards re-accreditation. This has been supported by the union that represents the laboratory staff. Both New Zealand Blood Service and International Accreditation New Zealand have been made aware of the review and have agreed that this is an appropriate course of action. We have maintained open communication with both of these parties.

SECA Negotiations with Anaesthetic Technician APEX Union Members

Following the facilitation hearing in mid-January 2019 the facilitators' (non-binding) recommendation was issued and reviewed by both parties. An offer was subsequently made to the union on 21 February 2019 reflecting a portion of the recommendation. While this did not reach the union's mandate to settle, it was sufficient to lift the last strike notice (3day). The union is currently considering taking the offer to a ratification meeting. The effect of the strikes has adversely impacted on waiting times for elective surgery.

Te Tumu Waiora- Primary Mental Health Collaboration

Te Tumu Waiora is part of a national collaborative to establish a new primary care mental health model that uses Health Improvement Practitioners (HIP's) and Health Coaching (HC) to increase self-management options, enhanced access to Non-Government Organisation supports and improved interface between primary care and secondary services. Northland will be one of five PHO catchment sites across the country to pilot the model. The Minister of Health has confirmed he will attend the official national pilot launch on 18 April at Bush Road Medical Centre, Whangarei.

Meningococcal W Vaccination

The intensive meningococcal W outbreak vaccination programme finished on 22 February with public health nurses continuing vaccinations in the high schools and alternative education sites until 8 March. The engagement of Māori Health Providers, general practice and pharmacies in Northland along with the public health nursing/medical teams has seen a collaborative approach to the programme. A presentation on the programme will be scheduled for the CPHAC meeting in April.

We were made aware of misinformation about vaccination consent being distributed by an anti-vaccination group on social media (see below). Northland DHB countered with a media statement noting that while we respect some people may have independent views on vaccination, scaremongering and misleading information in our communities is extremely unhelpful. The claim has been investigated and we can confirm that every child who was vaccinated was done so with signed consent. Consent is required by law for all vaccination of children and adults in New Zealand.

Community Mental Health Building – Manaia House

The purchase of Manaia House is unconditional and will settle on 31 March 2019. Work is underway on the Business Case for the remediation work and fit out required, which is to be done in two stages as existing leases expire. Costings are being worked on by Strategic Projects, using a cost management and quantity surveying firm.

Child Wellbeing Strategy

The Department of the Prime Minster and Cabinet (DPMC) is leading the development of New Zealand's first child and youth wellbeing strategy (the Strategy). The Strategy is an opportunity to significantly improve the lives of New Zealand's children and young people.

The development and publication of a Strategy by the government of the day is a requirement of the Child Poverty Reduction legislation. The Strategy will set out the outcomes the Government is seeking and the actions it is taking to improve the wellbeing of all New Zealand children.

DPMC has led a series of engagement workshops across multiple sectors. The Ministry of Health agreed to support DPMC to hear directly from the broadest possible range of people across the Health Sector. Together with District Health Boards a series of ten regional workshops, from Whangarei to Dunedin were held between 12 November and 3 December 2018 and facilitated by Ministry of Health staff.

The main objectives of these engagement workshops were to:

(1) provide an overview and update on the Child Poverty Reduction Bill & planned Child and Youth Wellbeing Strategy
(2) seek input and feedback on the draft wellbeing outcomes framework and 16 proposed areas of focus for the Strategy, and
(3) seek feedback how we can achieve child and youth wellbeing across the life-course.

Over 700 participants attended the ten workshops. A draft document containing the feedback from all of these workshops has now been received and the main themes are as follows:

- Poor access to services, inadequate distribution of funding (e.g. the majority of health funding is spent in acute care, not prevention, and in mainstream providers, not Māori or Pacific providers), inflexible contracting, an 'issues-based' funding approach that does not allow for delivery of holistic care, institutional racism, and a lack of regard for kaupapa Māori approaches and Pacific values to health and wellbeing
- There was strong support for a life-course approach to child and youth wellbeing with enthusiasm for system change that favours a way of working that addresses the current inequity. The health system could focus on preparing young people for parenthood, ensuring that they are in the best mental, physical and spiritual health, supporting the child and whānau through the first 1,000 – 2,000 days in a way that is whānau centric. The need for development and ongoing support of the capacity and capability of the wider health workforce, particularly the Māori and Pacific workforce.
- Developing funding and contracting models that enable locally-led solutions, with funding and contracting models that are flexible and promote innovative practice.

National Cervical Screening Programme (NCSP) Register

The Ministry is transitioning the NCSP Register from the current service provider (NZ Post Ltd) who are currently in the process of refocusing its business to concentrate on its core functions) to a new services provider (Homecare Medical). The transition is scheduled to take effect from 1 April 2019.

The impact of the transition for the sector is expected to be minimal as there is no change to the service delivery model or branding. Services will be able to continue to use existing contact methods to communicate with the NCSP Register staff.

Homecare Medical was selected as part of the wider Ministry strategy for national screening coordination services. Homecare Medical is a social enterprise which runs the National Telehealth Services and also provides national coordination centre services for the National Bowel Screening Programme.

HIGHLIGHTS

Further expansion of surgery in Kaitaia

Given the ongoing challenges with access to theatre time, and following the success of the recent joint replacement lists, almost all surgical specialties are now actively reviewing opportunities to implement regular, sustainable activity in Kaitaia. Planning remains in its early stages but we are adopting a collaborative approach between the Whangarei and Kaitaia based teams to ensure this development progresses

LOWLIGHTS

Ongoing Industrial Action
Our Acute demand growth causing overcrowding in Whangarei Hospital, particularly the Emergency Department.

5.0 DECISION PAPERS

5.1 2019 Triennial Elections – Order of Candidate Names

Election Services
Level 2, 198 Federal Street, Auckland
PO Box 5135, Wellesley Street
Auckland 1141
Phone: 64 9 973 5212
Email: info@electionservices.co.nz

Report to the
Northland District Health Board
regarding the

2019 Triennial Election

From the
Electoral Officer

25 February 2019

Table of Contents

Outline 2
Background 2
Narrative 2
Recommendation 5
APPENDIX ONE 6
APPENDIX TWO 7

Outline

The 2019 triennial local government elections will occur on Saturday 12 October 2019. An update on preliminary matters relating to the election is provided to the Board, including consideration of the order of candidate names to appear on the voting documents.

Background

The 2019 triennial elections for local authorities are due to occur on Saturday 12 October 2019 and are required to be undertaken according to the New Zealand Public Health and Disability Act 2000, the Local Electoral Act 2001 and the Local Electoral Regulations 2001.

Certain pre-election information and tasks are outlined in this report for the Board's information and attention.

The Local Electoral Regulations 2001 provides for the Board to resolve the order of candidate names to appear on the voting documents (alphabetical, pseudo-random or random order). If no decision is made, the order of names defaults to alphabetical.

Narrative

2019 Elections

Elections will be required for seven Northland District Health Board Members elected 'at large' from the three constituent district council areas (Far North District Council, Kaipara District Council and Whangarei District Council).

Following the election, the Minister of Health will appoint a further four members, making a total of 11 members.

2019 Election Timetable

With an election date of **Saturday 12 October 2019**, the following key functions and dates will apply:

Nominations open/roll open

Friday 19 July 2019

Nominations close/roll closes (noon)

Friday 16 August 2019

Delivery of voting mailers

From Friday 20 September 2019

Close of voting

Noon Saturday 12 October 2019

A more detailed timetable is attached **Appendix 1**.

2019 Election Fact Sheet

A 2019 Election Fact Sheet summarising the key functions of the election (**Appendix 2**) is also attached.

Electoral System

The Board election will be conducted using the STV (single transferable voting) electoral system.

The Kaipara District Council will also be using the STV electoral system, while the Far North District Council, the Whangarei District Council and the Northland Regional Council will continue to use the FPP (first past the post) electoral system.

Order of Candidate Names

Regulation 31 of the Local Electoral Regulations 2001 provides the opportunity for the Board to choose the order of candidate names appearing on the voting documents from three options – alphabetical, pseudo-random (names drawn out of a hat in random with all voting documents printed in this order) or random order (names randomly drawn by computer with each voting document different).

The Board may determine which order the names of candidates are to appear on the voting documents, but if no decision is made, the order of names defaults to alphabetical.

The Board has resolved to adopt the alphabetical order for previous triennial elections.

For the Board's information, following a recent analysis undertaken by Auckland Council, research showed there was no compelling evidence that candidates being listed first were more likely to be elected.

Alphabetical Order

Alphabetical order is simply listing candidate surnames alphabetically and is the order traditionally used in local and Parliamentary elections.

Comments regarding alphabetical order are:

- voters are easily able to find names of candidates for whom they wish to vote. Some candidates and voters over the years have argued that alphabetical order may tend to favour candidates with names in the first part of the alphabet, but in practice this is generally not the case – most voters tend to look for name recognition, regardless of where in the alphabet the surname lies;
- the order of candidate names on the voting document matches the order listed in the candidate directory (candidate profile statements).

Pseudo-Random Order

Pseudo-random order is where candidate surnames are randomly selected, and the same order is used on all voting documents for that position. The names are randomly selected by a method such as drawing names out of a hat.

Comments regarding pseudo-random order are:

- the candidate names appear in mixed order (not alphabetical) on the voting document;

- possible voter criticism/confusion as specific candidate names are not easily found, particularly where there are many candidates;
- the order of candidate names on the voting document does not match the order in the candidate directory (candidate profile statements).

Random Order

Random order is where all candidate surnames are randomly selected and are listed in a different order on every voting document. The names are randomly selected by computer so that the order is different.

Random order enables names to be listed in a completely unique order on each voting document.

Comments regarding random order are:

- the candidate names appear in mixed order (not alphabetical) on the voting document;
- possible voter criticism/confusion as specific candidate names are not easily found, particularly where there are many candidates;
- the order of candidate names on the voting document does not match the order listed in the candidate directory (candidate profile statements).

There is no longer any price differential in printing costs between the three orders of candidate names.

Number of Electors

The number of electors for the 2019 triennial elections in the Northland region is expected to be 122,000 (as at 31 January 2019 this was 121,224). This compares to 111,152 electors for the 2016 triennial election or + 9.7% growth.

Estimated Cost

The cost to undertake the 2019 Northland District Health Board election is expected to be in the order of $195,000 + GST, this dependent on a number of variables such as actual costs, number of candidates, voter turnout etc. This estimated cost reflects a significant increase of postage costs from 2016 (+56.1% outgoing and +58.9% return).

This compares to the 2016 actual cost share of $187,984 + GST.

Online Voting Trials

Following a strong push by a number of local authorities (led by Auckland Council) in 2018 to trial online voting alongside postal voting for the 2019 local elections, the proposed trial was unfortunately halted due to costs. All security and delivery requirements for the online voting provider were met, but the cost involved forced the decision.

Work on a collaborative approach with relevant government sectors is continuing so as to deliver online voting for the 2022 local elections.

Recommendation

It is recommended that:

The Board resolves for the 2019 triennial election, to adopt ***either:***

(i) the alphabetical order of candidate names; ***or***

(ii) the pseudo-random order of candidate names; ***or***

(iii) the random order of candidate names

as permitted under regulation 31 of the Local Electoral Regulations 2001.

Author:

Dale Ofsoske
Electoral Officer // Northland District Health Board
Election Services

APPENDIX 1

TIMETABLE
Triennial election
Northland District Health Board
12 OCTOBER 2019

SATURDAY 12 OCTOBER 2019

Monday 1 July 2019	Electoral Commission's enrolment update campaign commences
Wednesday 17 July 2019	Public notice of election, calling for nominations, rolls open for inspection [Sec 42, 52, 53, LEA]
Friday 19 July 2019	**Nominations open / roll open for inspection** [Sec 42, LEA]
Friday 16 August 2019	**Nominations close (12 noon) / roll closes** [Sec 5, 42, 55 LEA, Reg 21, LER]
Wednesday 21 August 2019	Public notice of day of election, candidates' names [Sec 65, LEA]
by Monday 16 September 2019	Electoral officer certifies final electoral roll [Sec 51, LEA. Reg 22, LER]
Friday 20 September - Wednesday 25 September 2019	**Delivery of voting documents** [Reg 51, LER]
Friday 20 September - Saturday 12 October 2019	Progressive roll scrutiny [Sec 83, LEA] Special voting period [Sec 5 LEA, Reg 35, LER] Early processing period [Sec 80, LEA]
by Friday 11 October 2019	Appointment of scrutineers (12 noon) [Sec 68, LEA]
Saturday 12 October 2019	**Election day** [Sec 10, LEA] Close of voting (12 noon) [Sec 84, LEA] Preliminary results available Sunday morning 13 October 2019 [Sec 85, LEA]
Saturday 12 October (pm) - Thursday 17 October 2019	Official count [Sec 84, LEA]
Thursday 17 October - Wednesday 23 October 2019	Declaration of result/public notice of declaration [Sec 86, LEA]
Monday 9 December 2019	Members come into office [Clause 14, Schedule 2, NZPHDA]
mid-December 2019	Return of electoral donations & expenses form [Sec 112A, LEA]

LEA = Local Electoral Act 2001
LER = Local Electoral Regulations 2001
NZPHDA = New Zealand Public Health & Disability Act 2000

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

election services

Dale Ofsoske, Electoral Officer
Northland District Health Board
February 2019

APPENDIX 2

FACT SHEET
Triennial election

Northland District Health Board

12 OCTOBER 2019

GENERAL

Triennial elections for elected members of local authorities throughout New Zealand are to be conducted, by postal vote, on Saturday 12 October 2019.

The elections will be conducted under the provisions of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the New Zealand Public Health and Disability Act 2000.

City/district councils are legally required to conduct the district health board elections on behalf of the district health board.

POSITIONS

Elections for the Northland District Health Board will be required for seven positions, elected 'at large' from the Board area which comprises the areas of the respective district councils (Far North District Council, Kaipara District Council and Whangarei District Council).

In addition, following the election, the Minister of Health appoints a further four members, making a total of 11 members per board.

NOMINATIONS

Nominations open on **Friday 19 July 2019** and close at **noon** on **Friday 16 August 2019**.

Nomination papers will be available during this period from:

- the electoral office (Election Services, Level 2, 198 Federal Street, Auckland);
- Northland District Health Board (Board Secretary, Tohora House, Whangarei Hospital, Maunu Road, Whangarei);
- by telephoning 0800 922 822;
- by accessing www.northlanddhb.org.nz

To be eligible to stand for election, a candidate **must** be:

- a New Zealand citizen (by birth or naturalisation ceremony); **and**
- enrolled as a Parliamentary elector (anywhere in New Zealand); **and**
- nominated by two electors whose names appear on the electoral roll within the respective area that a candidate is standing for.

In addition, under the New Zealand Public Health and Disability Act 2000, as amended by the Crown Entities Act 2004, a candidate **cannot** be:

- a candidate for more than one district health board;
- a person who is an undischarged bankrupt;
- a person who is prohibited from being a director or promoter of, or being concerned or taking part in the management of, an incorporated or unincorporated body under the Companies Act 1993, or the Securities Act 1978, or the Securities Markets Act 1988, or the Takeovers Act 1993;
- a person who is subject to a property order under the Protection of Personal and Property Rights Act 1988;
- a person in respect of whom a personal order has been made under that Act that reflects adversely on the person's:
  - competence to manage his or her own affairs in relation to his or her property, or
  - capacity to make or communicate decisions relating to any particular aspect or aspects of his or her personal care and welfare;
- a person who has been removed as a DHB board member since the last DHB elections, under clause 9(c) or 9(e) of Schedule 3 to the NZ Public Health and Disability Act 2000;
- a person who has failed to declare a material conflict of interest before accepting nomination as candidate at the last DHB election.

Detailed candidate information handbooks will be available from the electoral office from May 2019.

ELECTORAL ROLL

Those eligible to vote in this election are all resident electors whose names appear on the electoral rolls when they close on Friday 16 August 2019. The preliminary electoral roll will be compiled by each respective district council and will be available for public inspection at respective district council offices and libraries from **Friday 19 July 2019** to **Friday 16 August 2019**.

All parliamentary electors, including those on the Māori Electoral Roll, are automatically enrolled on the local government resident electoral roll, at the address where they live.

Any alterations to the resident roll (eg change of address details, including new postal addresses) should be made by:

- completing the appropriate form at any post shop;
- phoning 0800 ENROLNOW (0800 367 656)
- accessing the Electoral Commission website on www.elections.org.nz

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

ELECTORAL SYSTEM

The single transferable voting (STV) electoral system will be used for the Northland District Health Board and the Kaipara District Council elections. For the Far North District Council, Whangarei District Council and the Northland Regional Council elections, the first past the post (FPP) electoral system will be used.

VOTING PERIOD

Voting documents will be sent to all eligible electors, by post, from **Friday 20 September 2019.**

The voting period is three weeks (**Friday 20 September 2019 to noon Saturday 12 October 2019**). Electors may post their completed voting documents back to the respective electoral officer using the orange pre-paid envelope sent with their voting document. Polling places for the issuing of special voting documents and for the receiving of completed voting documents will be available from each respective district council office from Friday 20 September 2019 to noon Saturday 12 October 2019.

To be counted, all completed voting documents must be in the hands of the respective district council electoral officer or an electoral official by **noon Saturday 12 October 2019.**

Preliminary results for this STV election will be known as soon as all votes have been received and counted following the close of voting. A preliminary result is expected early on Sunday morning 13 October 2019. These will be accessible on the Northland District Health Board's website: www.northlanddhb.org.nz.

CONTACT US

For further information regarding this election, please contact the electoral office:

election services

Dale Ofsoske, Electoral Officer
Northland District Health Board
C/o PO Box 5135, Wellesley Street, Auckland 1141
Email: info@electionservices.co.nz
Phone: 0800 922 822

6.0 SYSTEM PERFORMANCE

6.1 Health & Safety Report
6.2 Health Measures
6.3 Finance Report
6.4 NDHB Funded Services Dashboard

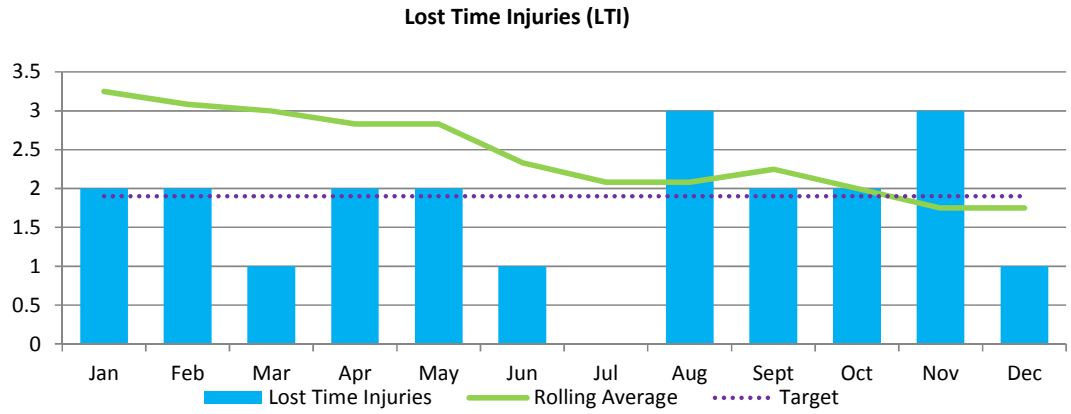
Northland District Health Board
Quarterly Health and Safety Report
(Q2) October to December 2018

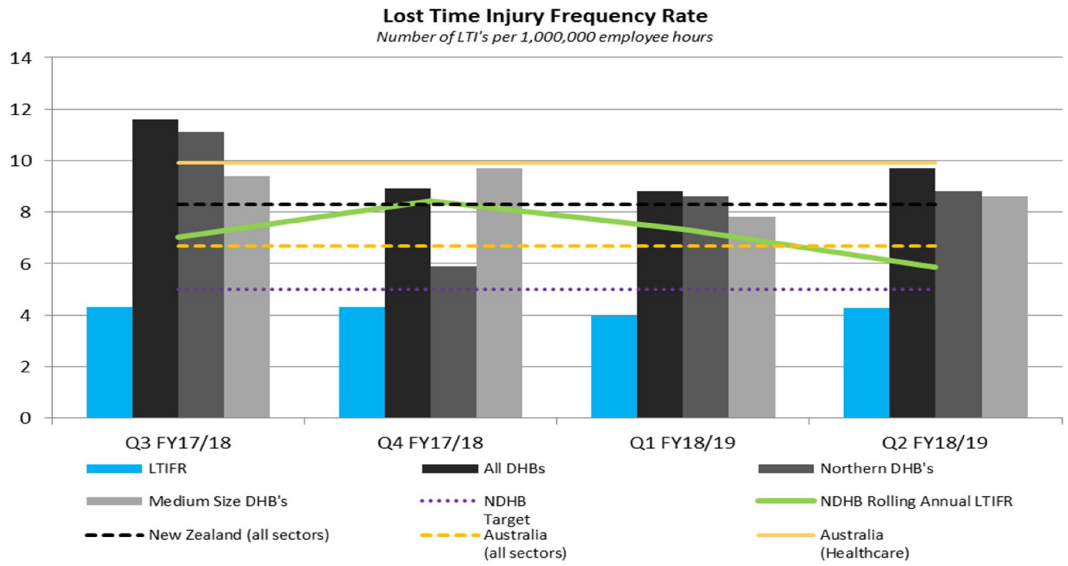
Prepared by: John Wansbone (General Manager, Planning, Integration, People & Performance)

Endorsed by: Dr Nick Chamberlain (Chief Executive)

1. Executive Summary

- The number of Lost Time Injuries (LTI's) has continued to decline over the past 12 months. The rolling average LTI rate is now 1.8 per month, ahead of target of 1.9. This is the first time since 2015 that this metric has been below 2. The Total Recordable Injury (TRI) rate which incorporates all injuries including non-LTI, was 74 for the first two quarters of FY18/19, compared to 110 for the same period in FY17/18. The LTI Frequency Rate (LTIFR) allows us to compare ourselves to other DHB and national benchmarks. The rolling LTIFR continues to be well ahead of the National and Regional DHB's benchmarks.





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

- Concerns raised by WorkSafe regarding how we manage hazardous substances (i.e. laboratory chemicals) have been resolved. WorkSafe had issued an Improvement Notice on 2 October 2018 on the grounds they felt there were inadequate systems to effectively manage hazardous substances. This was received unexpectedly and came three months after WorkSafe conducted a site visit following questions raised by a third party contractor. At no point prior to receiving the Improvement Notice had WorkSafe sought evidence of our management system. We subsequently lodged a review of this decision and meet with WorkSafe to discuss and provide evidence of our system. WorkSafe were satisfied with this and lifted the Improvement Notice, but remained concerned specifically with how staff handle and manage chemicals in the Department of Anatomical Pathology. A second and more narrowly defined Improvement Notice was issued on 9 November 2018, requiring a number of changes with the labs, including:
    - laboratory staff training and auditing of chemical handling and safety
    - migrating our Safety Data Sheets to an online inventory list accessible to emergency services
    - evaluation of method used for current chemical exposure monitoring for laboratory staff
    - procurement practices and storage of chemicals in Flammable Goods Stores
    - hazardous substances site signage

  A working group was established to work through and monitor the required remedial actions. We have worked collaboratively with WorkSafe who are now satisfied and the Improvement Notice was lifted on 22 February 2019. The group will remain in place for the foreseeable future to continue to oversee the management of hazardous substances across the organisation.

- Eliza Wallace commenced as the Workplace Violence Prevention Programme Manager in January. A programme of work for 2019 is underdevelopment with the early focus on rural, isolated & lone workers, de-escalation training for staff and developing a workplace violence prevention knowledge hub.

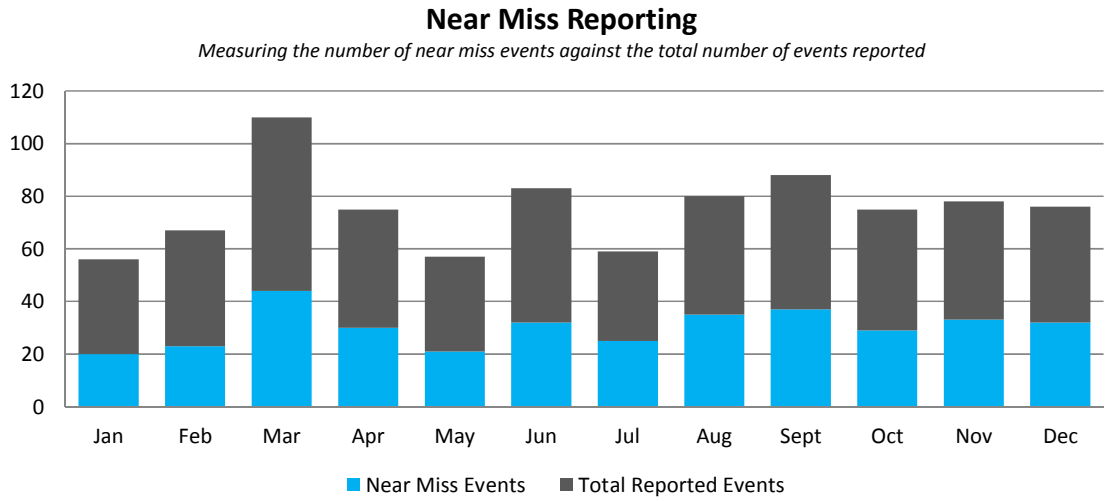
- The 2019 Staff Wellbeing programme has been established. A number of new programmes will be deployed, to;
    - equip leaders and teams with the ability to identify and respond appropriately to disengaged and/or unwell staff
    - implement a wellbeing measurement tool to support the development of team based interventions
    - develop and promote a range of support pathways
    - physical fitness and resilience programmes
    - recognise employee performance and values behaviour

- The incident involving the patient death in Tumanako in November 2018 was reported to WorkSafe. No further action has been taken by Worksafe to date.

2. Adverse Events

Indicator	Quarter Actual	FY18/19 Target	FY17/18 Actual	Benchmark	Performance
WorkSafe Notifiable Events *The number of events that have been reported to WorkSafe*	**0**	0	1	n/a	
Near Miss Reporting *The number of reported near miss events that had the potential to cause injury, illness, or damage*	**94**	78 per quarter (FY16/17 +10%)	72 per quarter	*tbc	
Onsite Contractor Notifiable Events *The number of Notifiable Events that have been reported to WorkSafe by onsite contractors*	**0**	n/a	n/a	*tbc	
Total Adverse Events *Total number of health and safety adverse events*	**135**	≤ 130 per quarter	126 quarter	n/a	
Adverse Event and Near Miss Event Reporting					

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.

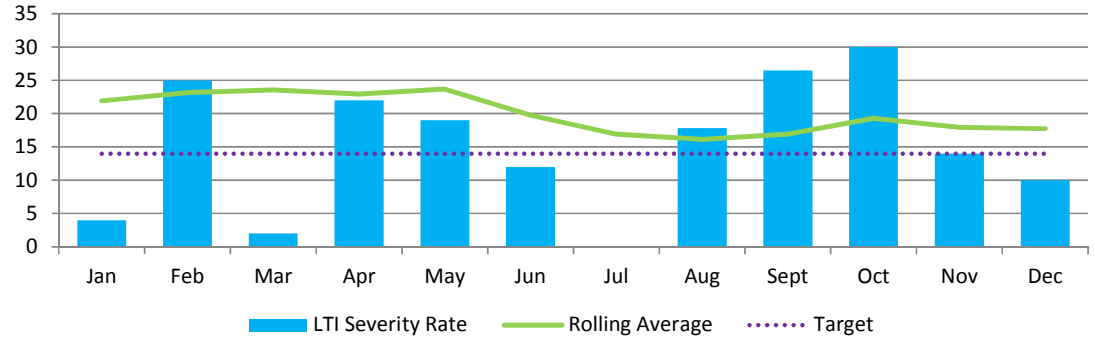


3. Harm

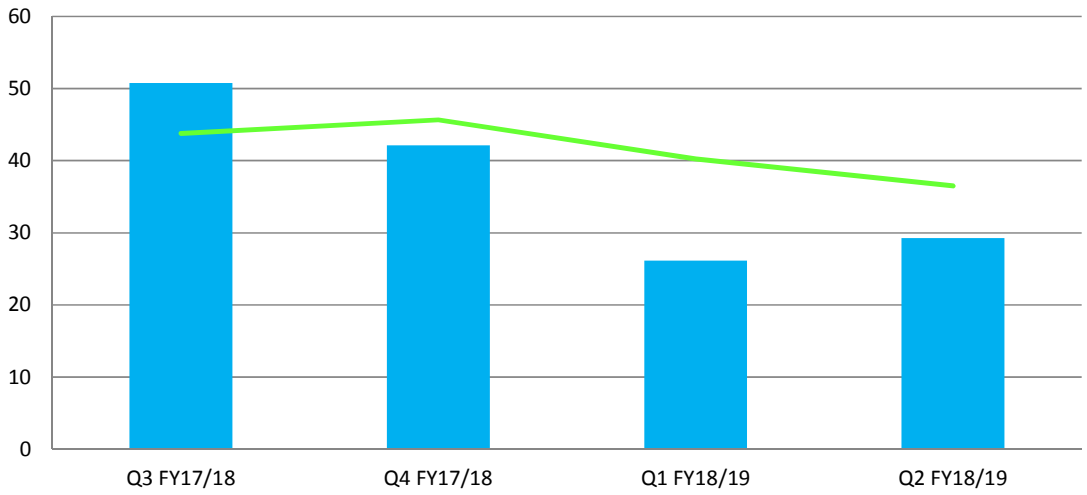
Indicator	Quarter Actual	FY18/19 Target	FY17/18 Actual	Benchmark	Performance
Serious Harm Injuries (SAC2) *The number of injuries that resulted in serious harm (legal definition)*	**0**	0	0	n/a	
Total Recordable Injuries (SAC2 + SAC3) *The total number of reported workplace injuries*	**41**	42 (7x LTI target)	54 average per quarter	n/a	
Lost Time Injuries (LTI) *The number of injuries that required an ordinary working day off work*	**6**	≤ 6 per quarter	7 per quarter	n/a (refer to Frequency Rate)	
LTI Severity Rate *The average days lost per lost time injury*	**18.0**	≤ 20	15 553 days / 37 LTI's	*tbc	
LTI Frequency Rate *The rate of lost time injuries per 1,000,000 employee hours*	**4.3**	≤ 5	6	9.2 (Medium Size DHB Group)	

LTI Severity Rate

Measuring the severity of of lost time injuries by the average number of days off work per LTI

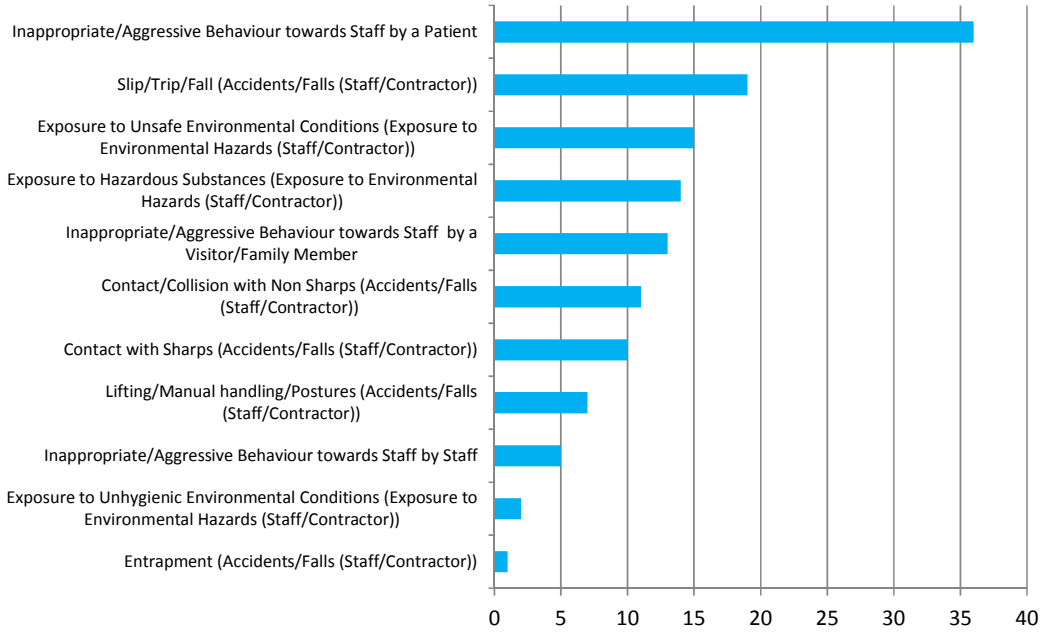


Total Recordable Injury Frequency Rate



Summary of Lost Time Injuries reported
1. Maintenance worker had finger crushed opening a lift door (15 days off work)
2. Theatre Nurse suffered lumbar sprain whilst moving patient (20 days off work)
3. Health Care Assistant in MH & A Unit was assaulted by patient resulting in a rotator cuff sprain (45 days off work)
4. Social Worker suffered head injury from being hit on the head by a car door (10 days off work)
5. Health Care Assistant received contusion to lip, arm and hip following an assault by a patient (16 days off work)
6. Porter suffered right elbow sprain as a result of throwing a linen bag (6 days off work)

Reported Events By Cause of Harm



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	FY17 /18 Target	FY16/17 Actual	Benchmark	Performance
Safety Training Compliance *The number of staff who have undertaken the 'Moving and Handling' online training course per quarter*	-	tbc	TBC *average per quarter*	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*	-	≥90%	TBC Average per quarter	n/a	

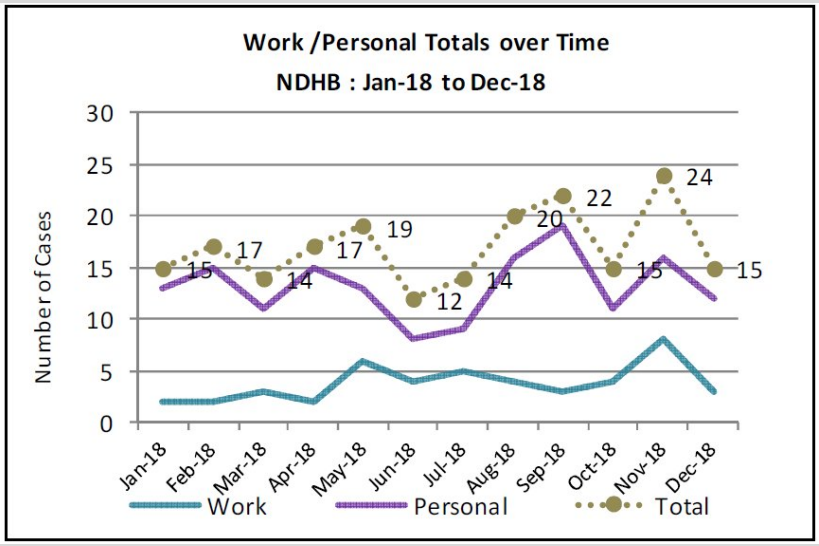
5. Quarterly Work Programme – key activity, outcomes and remedial actions

Key activity, outcomes and remedial actions achieved in Q4 by the Occupational Health & Safety department

- 2018 Flu campaign for staff, students and other workers 82% uptake at end September 2018
- 2019 Manager Health and Safety Training suite of courses available face to face, on line, external
- Chemical risk management course (Chemical Handling and Storage) attended by 29 staff during last three months
- Four high detailed chemical hazardous substances inventories developed for Whangarei, Bay of Islands, Kaitaia, and Dargaville sites. Used for Emergency Management information, and for safe management of chemicals
- Increased use of Job Task Analysis (JTA). Differing job roles have JTA that outline physical and mental health requirements for job. Used at pre-employment, rehabilitation or absence management. Has potential to use JTA with Job Description for recruitment

6. Follow up action from past Board meetings

Query	Follow Up
NGO Health & Safety	Work in progress. A team is looking at this nationally working with WorkSafe. Investigating a centralised resource/function. Also discussing with other SOE's.
EAP usage benchmarked against other DHB's	There is limited availability of DHB benchmarking. There are a range of providers supporting DHB's and centralised reporting is not captured.



The YTD monthly ratio is **23% : 77%** Work/Personal).
Note – interpretation advice by provider:

"The presenting issue ratio of work verses non-work can be indicative of the level of "stability" within an organisation. We have found a 30% :70% average usage rate tends to reflect an organisation going through minimal change whilst a shift toward workplace issues may reflect increasing unsettledness."

Health Measures

Summary - as at 31/01/2019

	Fiscal Month: 7 - January			Quarter 2			YTD
	Target	Actual	Achieved	Target	Actual	Achieved	Achieved
Shorter Stays in Emergency Departments	95 %	85 %		95 %	82 %		
* Improved Access to Elective Surgery		570			2,230		
♦ Faster Cancer Treatment				90 %	73 %		
Increased Immunisation	95 %	82 %		95 %	82 %		
Better Help for Smokers to Quit							
Pregnant Women				90 %	97 %		
Primary Care Smokers				90 %	85 %		
Raising Healthy Children	95 %	99 %					

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

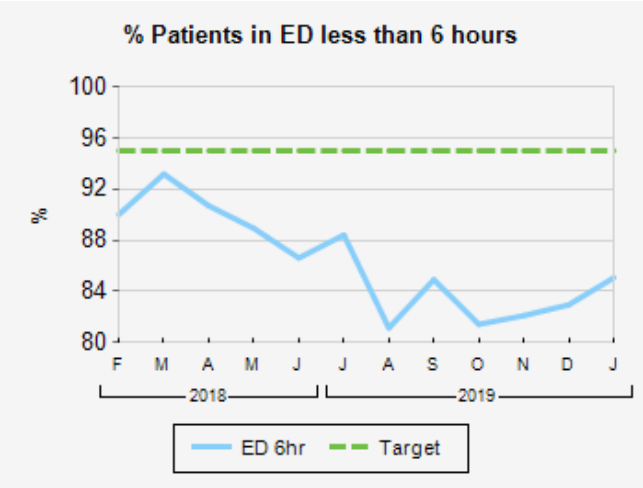
♦ Faster Cancer Treatment reflects the rolling 6 month timeframe used by the Ministry of Health. This means that the data in Fiscal Quarters 1 and 3 do not equate to the Fiscal Year to Date indicators.

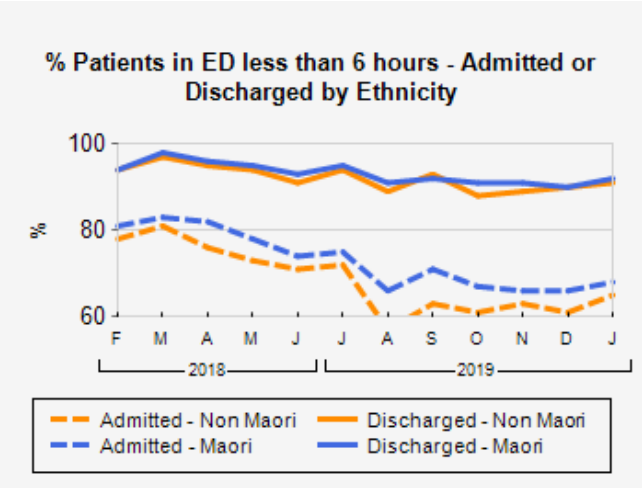
* The Fiscal Year 2019 targets for Improved Access to Elective Surgery are still to be released by the Ministry, in the interim this measure is displaying actual performance

Health Measure One - As At 31/01/2019

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.

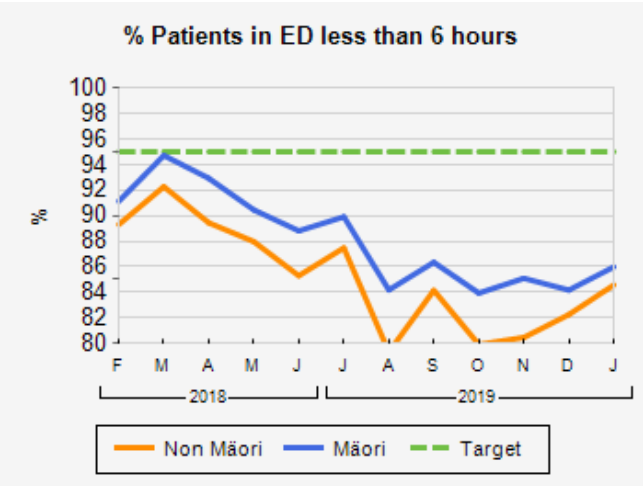


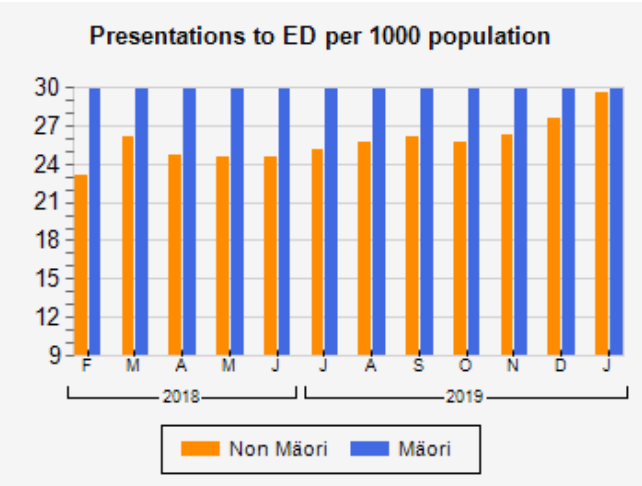


Performance

Small gains in performance have continued through January.

Analysis by Ethnicity



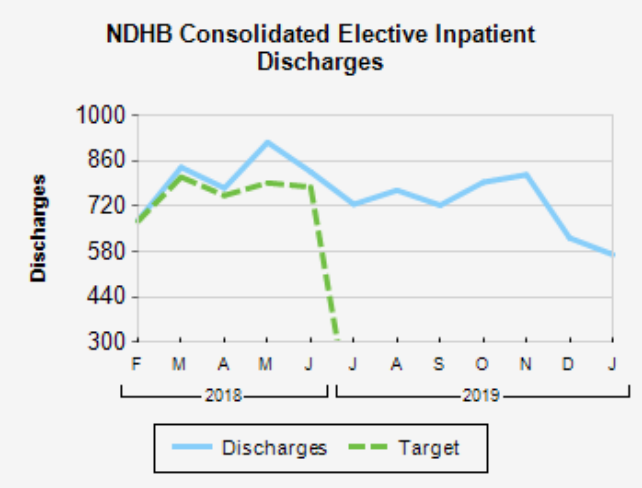


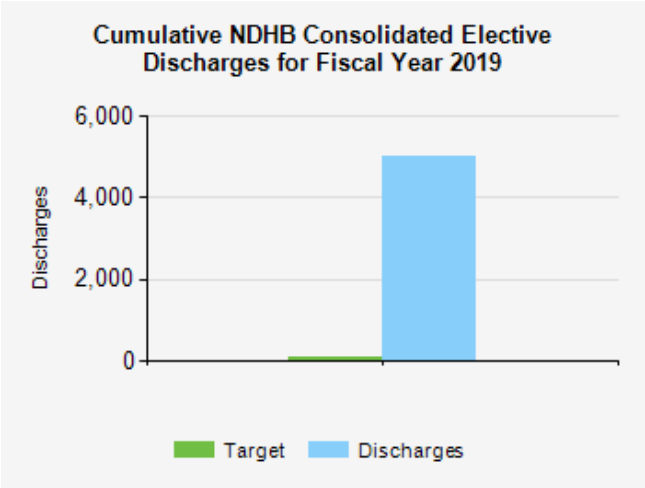
1. Population data is the latest available Census data.
2. Per population is worked out by taking the presentations over the population for the ethnicity, eg 964 (Maori presentations Dec 2012) / 41520 Maori population * 1000 = 23.2.
3. When a Fiscal Year later than 2013 is selected, retrospective data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

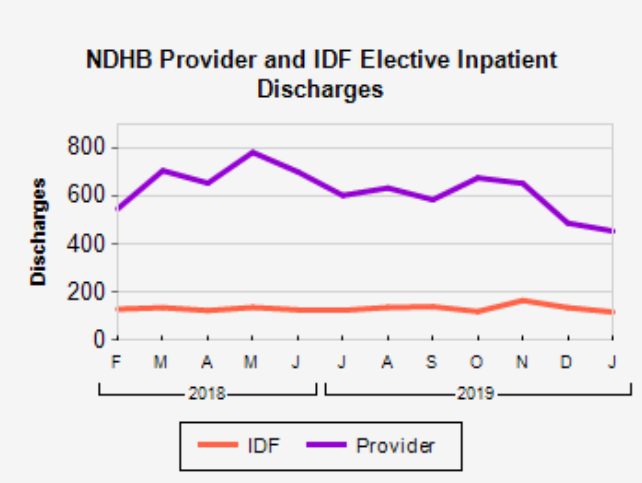
Health Measure Two - As At 31/01/2019

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.



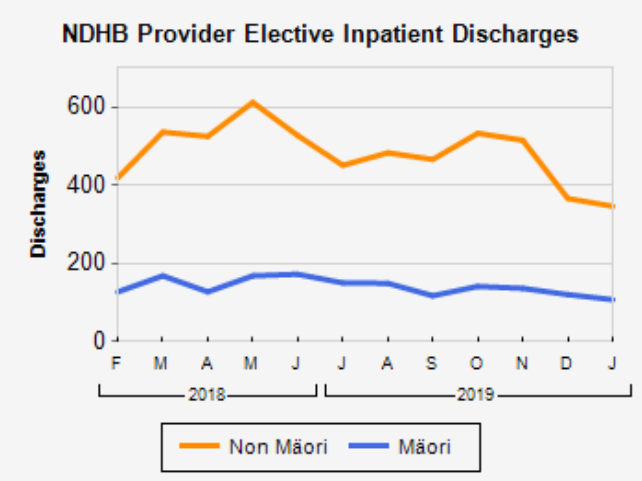


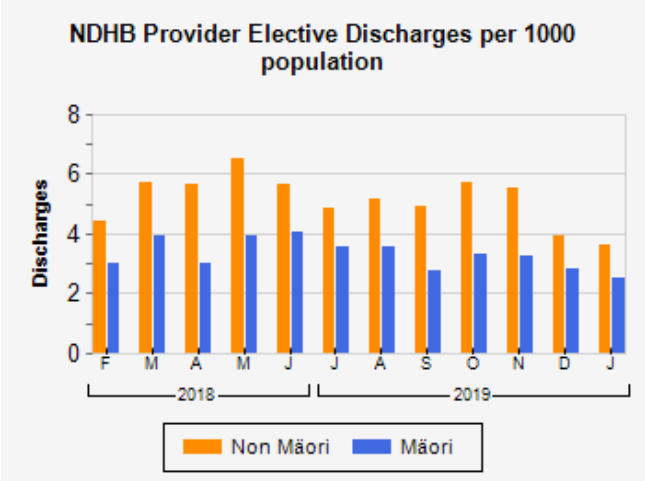


Performance

During November there were 571 elective discharges bringing the YTD performance to 5,015 discharges. To date our Elective Funding Schedule ("EFS") for the 2018/19 Financial Year has not yet been accepted. The unwillingness to accept our EFS primarily centres around the capping of certain procedure types and the resulting impact of spreading the activity across other specialties. This is a departure from policy in previous years and has the potential for an adverse financial impact to NDHB. We have recently made progress in our discussions with MoH regarding the activity YTD and forecast output for the remainder of the year. These reflect not only the change referred to above but also the effect of the range of industrial action.

Analysis by Ethnicity



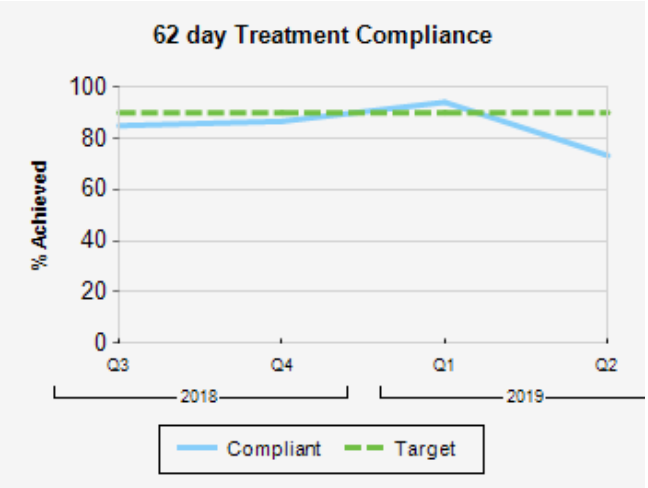


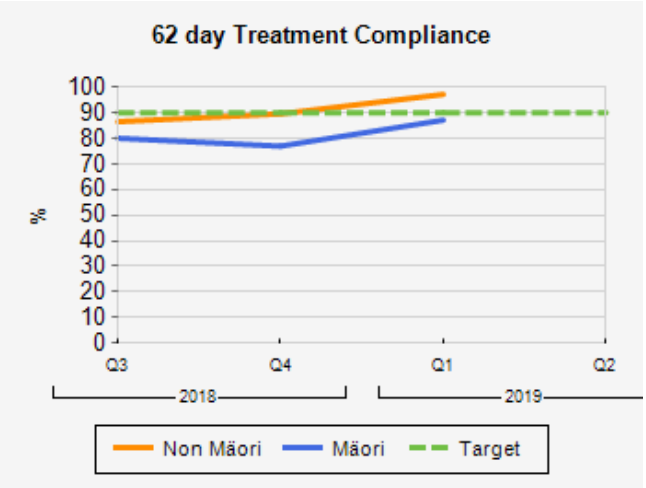
1. Each DHB will identify a target number of publicly funded, casemix included, elective discharges in a surgical specialty (defined by surgical purchase units excluding dental) for people living in its regions.
2. Population data is the latest available Census data.
3. Per population is worked out by 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.

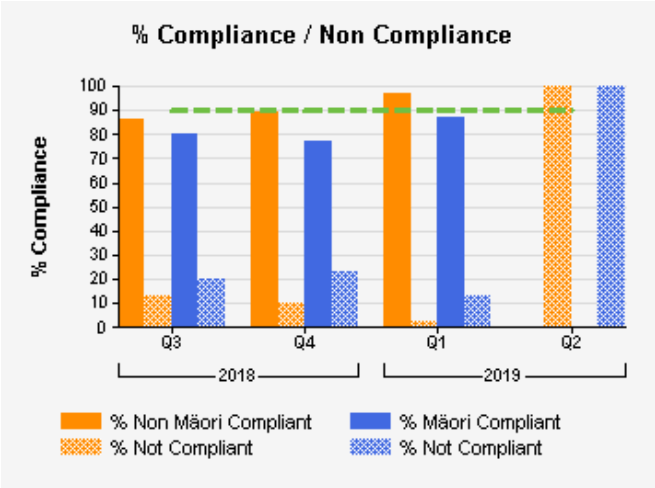
Health Measure Three - As At 31/01/2019

HT-03 Faster Cancer Treatment

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







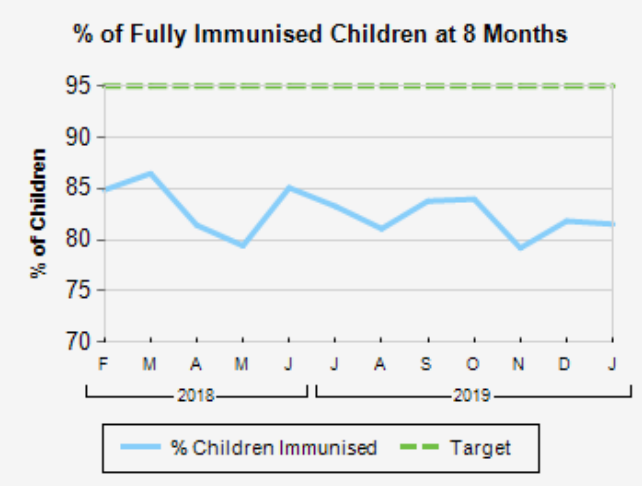
Performance

In the quarter ending 31 December 2018, it is currently estimated that 73% of patients referred with a high suspicion of cancer commenced treatment within 62 days compared with the target of 90%. This is based on current data available and is subject to change as coding for December is completed. This is in part driven by delays resulting from the industrial action conducted by anaesthetic technicians during October and November 2018.

Health Measure Four - As At 31/01/2019

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.

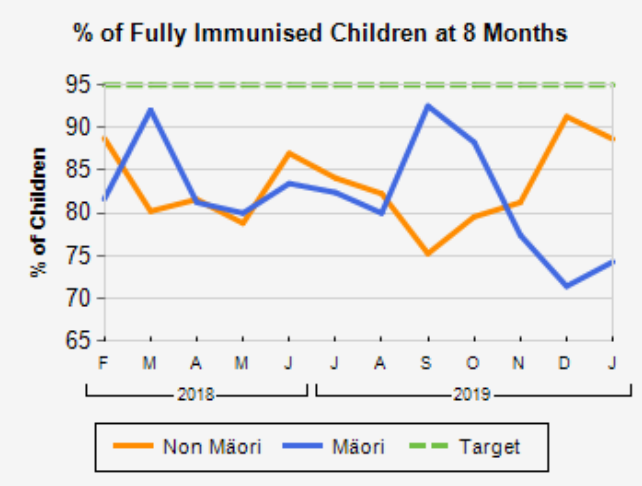


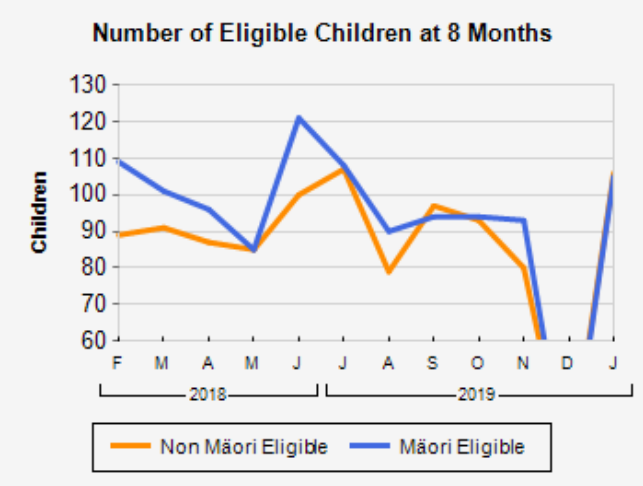
Performance

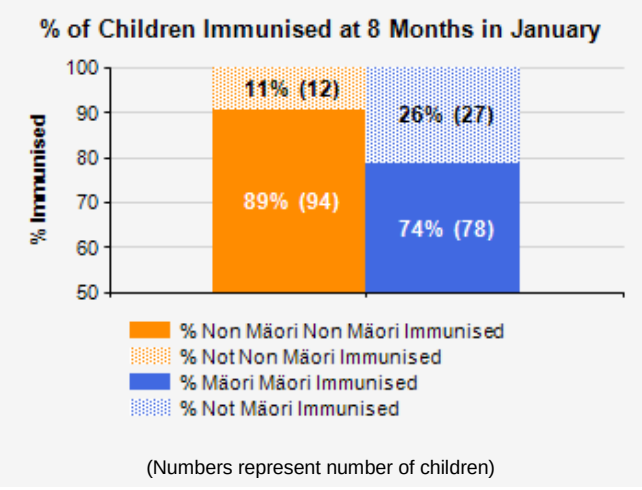
Coverage for the month January 2019 for 8 months is 82%, 211 children in the cohort, 172 were fully immunised, 74% Maori and 88% non-Maori, 20 declines and 3 opt off the NIR.

Coverage for Dep1-2 for 8 month is 87% and coverage for Dep 9-10 for 8 months is 74%.

Analysis by Ethnicity







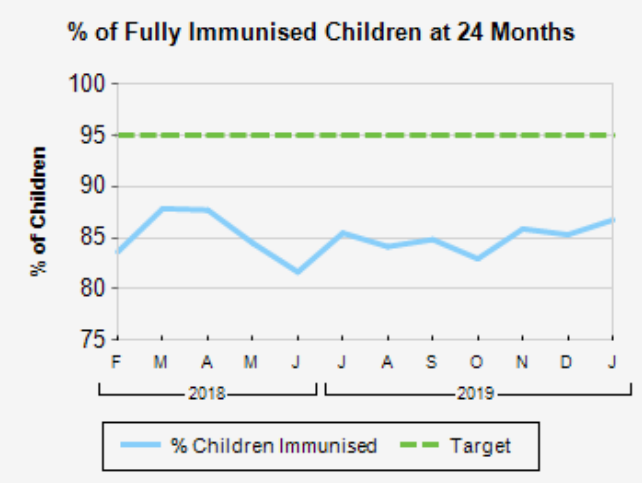
(Numbers represent number of children)

Other Information

Outreach services vaccinate in home setting for those unable to access primary care, petrol vouchers and or transport is also provided to support access to vaccination. Communications focusing on immunisation is best protection continue on media and radio.

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.



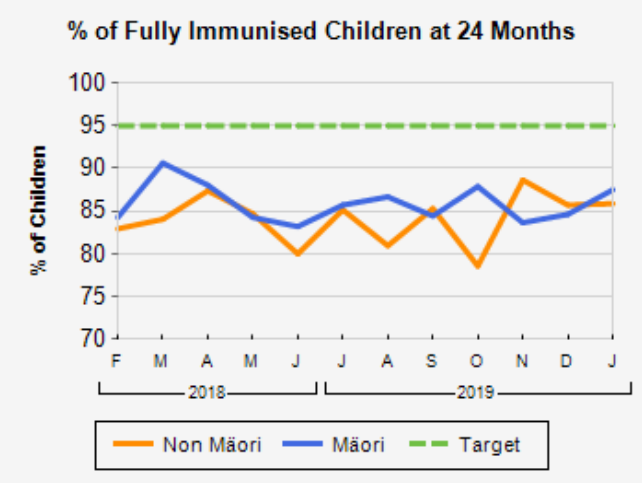
Coverage for the month January 2019 for 24 months is 87%, 196 children in the cohort, 170 children were fully immunised, 88% Maori and 85% non-Maori,18 declines and 1 opt off the NIR.

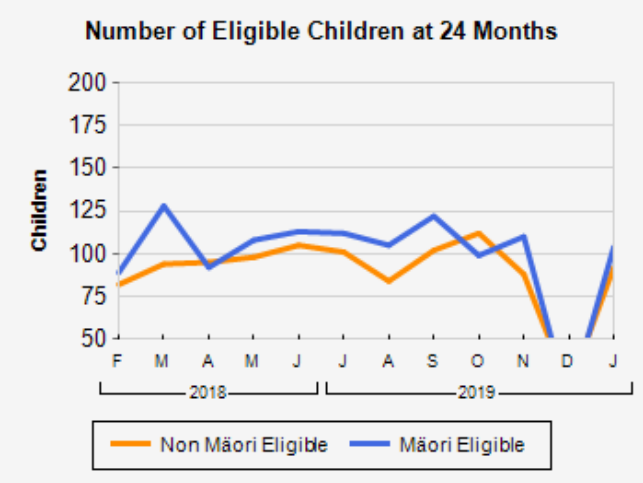
Coverage for Dep1-2 for 24 month is 87% and coverage for Dep 9-10 for 24 months is 91%.

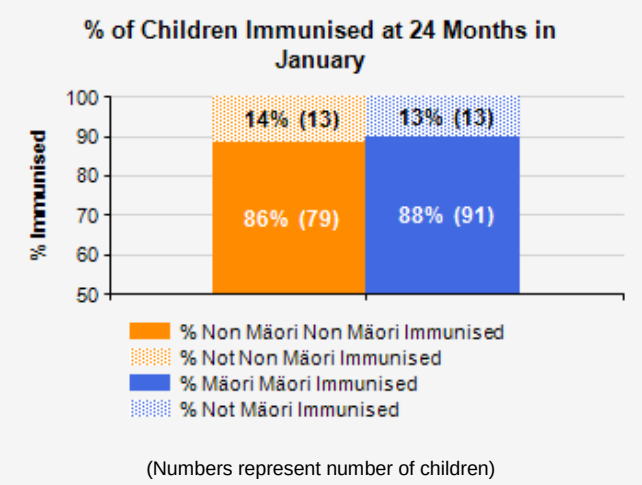
Coverage for the month January for 5yr old is 82%, 207 children in the cohort, 169 children fully were immunised, 81% Maori and 82% non-Maori, 24 decline.

Coverage for Dep1-2 for 5yr is 82% and coverage for Dep 9-10 for 5yr is 84%.

Analysis by Ethnicity







(Numbers represent number of children)

Health Target Four - Increased Immunisation – Summary of Data

Children at age 8 Months

Summary of Data

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	QTR 1	QTR 2	QTR 3	YTD
Children at age 8 Months	215	169	191	187	173	44	211	575	404	211	1,190
Target (95%)	204	161	181	178	164	42	200	546	384	200	1,131
Children Immunised	179	137	160	157	137	36	172	476	330	172	978
Target to Actual Variance	-25	-24	-21	-21	-27	-6	-28	-70	-54	-28	-153
% Achieved	83%	81%	84%	84%	79%	82%	82%	83%	82%	82%	82%

Children at age 24 Months

Summary of Data

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	QTR 1	QTR 2	QTR 3	YTD
Children at age 24 Months	213	189	224	211	198	34	196	626	443	196	1,265
Target (95%)	202	180	213	200	188	32	186	595	421	186	1,202
Children Immunised	182	159	190	175	170	29	170	531	374	170	1,075
Target to Actual Variance	-20	-21	-23	-25	-18	-3	-16	-64	-47	-16	-127
% Achieved	85%	84%	85%	83%	86%	85%	87%	85%	84%	87%	85%

Health Measure Five - As At 31/01/2019

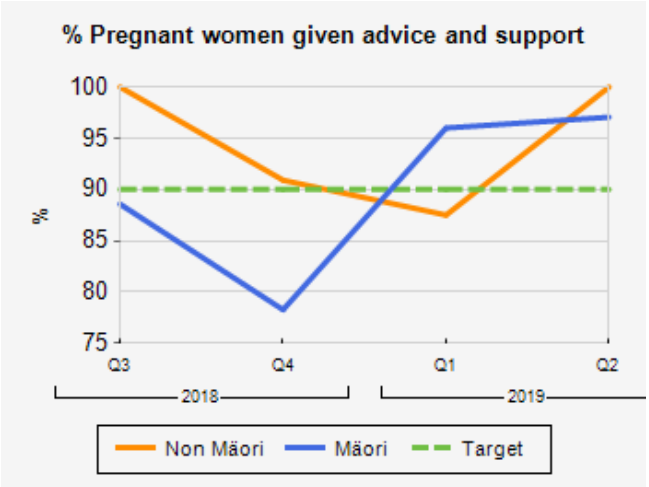
HT-05 Better Help for Smokers to Quit - Pregnant Women

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 Maternity measure was achieved for Quarter one. While the Date source used by the Ministry does not give the complete picture for all pregnant women registering with their LMC in Northland it is encouraging to note that the majority had brief advice to stop smoking recorded.

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.

Performance

The past six months has seen improvement with both PHOs progressing towards the health measure.

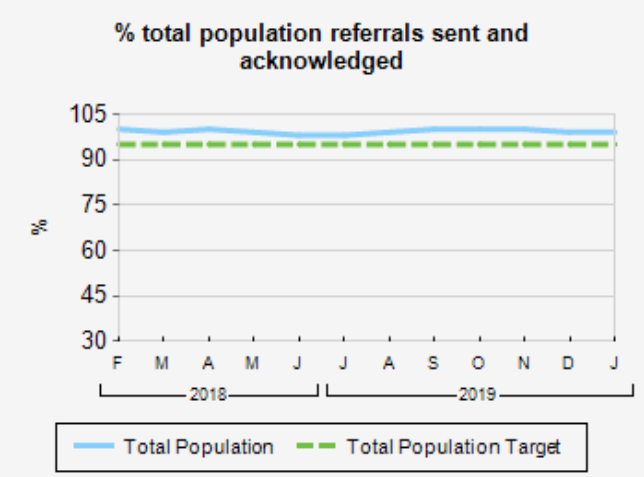
There was a 1% drop by Te Tai Tokerau PHO. Some of the deficit is attributed to the hard to reach population, who rarely visit the GP. The bulk texting campaigns are aimed at connecting with this group and offering brief advice and cessation support. Both mobile reception issues and frequent number changes/temporary phones/shared mobile numbers are problems encountered in this endeavour. A Menz W campaign initiated by NDHB in late November also impacted on Practice workloads.

Manaia made a slight increase as implemented strategies become embedded in their practices.

Health Measure Seven - As At 31/01/2019

HT-07 Raising Healthy Children - Referrals sent and acknowledged

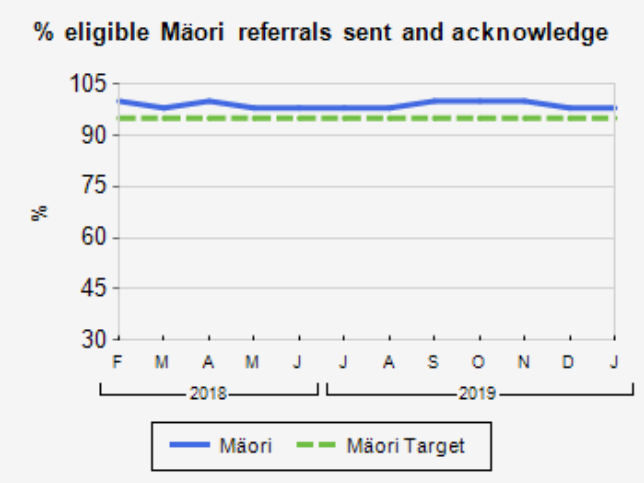
By December 2017, 95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

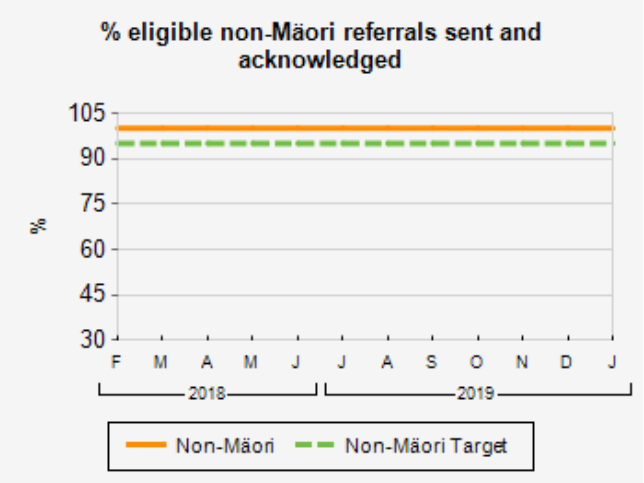


Performance
Performance against target is 99% overall: 98% for Maori and 100% for non-Maori.

For B4SC checks, we are 221 checks behind overall, and 133 checks behind on the high deprivation target. Improvements were made in January, with more checks in both high deprivation and general populations than in December. We still expect to 'catch up' by the end of the financial year.

Analysis by Ethnicity





Other Information

FINANCIAL REPORT
FOR JANUARY 19

Author:
Meng Cheong, Chief Financial Officer

OPERATING RESULT

	Month ($000)			YTD ($000)		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
DHB Owned Services	196	(414)	610	(2,524)	(83)	(2,441)
DHB Funded Services	(762)	(926)	163	(1,846)	(3,493)	1,646
TOTAL NDHB	(567)	(1,340)	773	(4,370)	(3,576)	(794)

1. Result for the Month

Overview

The consolidated financial result for the month is an operating deficit of $567k against a budgeted deficit of $1,340k. Of this, $610k is a favourable variance in DHB Owned Services, with DHB Funded Services reporting a favourable variance of $163k.

The year to date consolidated financial result is a deficit of $4,370k against a budgeted deficit of $3,576k, an unfavourable variance of $794k. Of this, $2,441k is an unfavourable variance in DHB Owned Services, with DHB Funded Services reporting a favourable variance to budget of $1,646k.

For January acute caseweights were over budget by 307 (16%) for the month and over budget year to date by 679 (5%). Elective caseweights were under budget by 215 (35%) for the month and under budget year to date by 620 (15%). Overall, year to date inpatient activity is 0.3% over budget by 59 caseweights.

Revenue

Consolidated revenue was $576k favourable to budget in the month and $5,051k favourable year to date.

Expenditure

The month's expenditure (excluding capital charge) was favourable to budget by $197k.
Year to date expenditure was unfavourable by $5,876k.

DHB Funded Services expenditure (excluding payments to DHB Owned Services) was $468k unfavourable to budget for the month and unfavourable by $1,949k year to date.

DHB Owned Services expenditure excluding capital charge was $665k favourable to budget for the month and $3,927k unfavourable year to date.

Salary costs were $288k favourable to budget for the month and $426k favourable year to date.

Overall outsourced services were unfavourable to budget for the month by $728k and overspent year to date by $4,418k. Outsourced salaries are unfavourable in the month by $495k and

unfavourable year to date by $3,207k. Outsourced supplies are unfavourable for the month by $233k and unfavourable year to date by $1,211k.

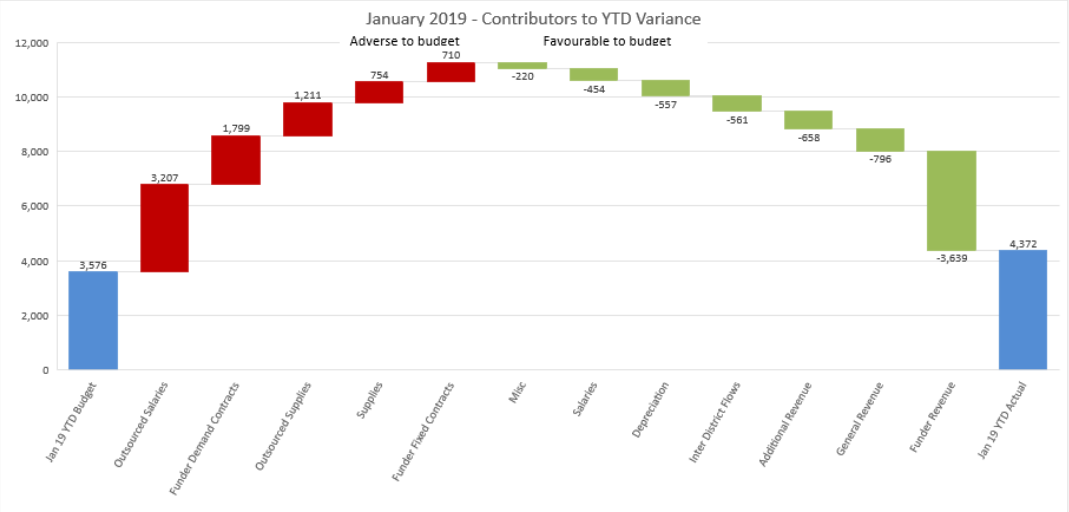
Clinical supplies were favourable to budget in the month by $1,020k and favourable year to date by $501k.

Infrastructure & non-clinical supplies excluding capital charge were favourable to budget in the month by $85k and unfavourable year to date by $436k.

Financial results

The year to date January 2019 financial result is a deficit of $4.37m compared to the budgeted deficit of $3.58m. This is an unfavourable variance of $794k for the first 7 months of the financial year. $750k of this unfavourable variance is due to the unbudgeted costs of the Meningococcal W vaccination campaign. We remain in discussion with the Ministry of Health for some funding to support this campaign. The full campaign is expected to cost $1.5m.

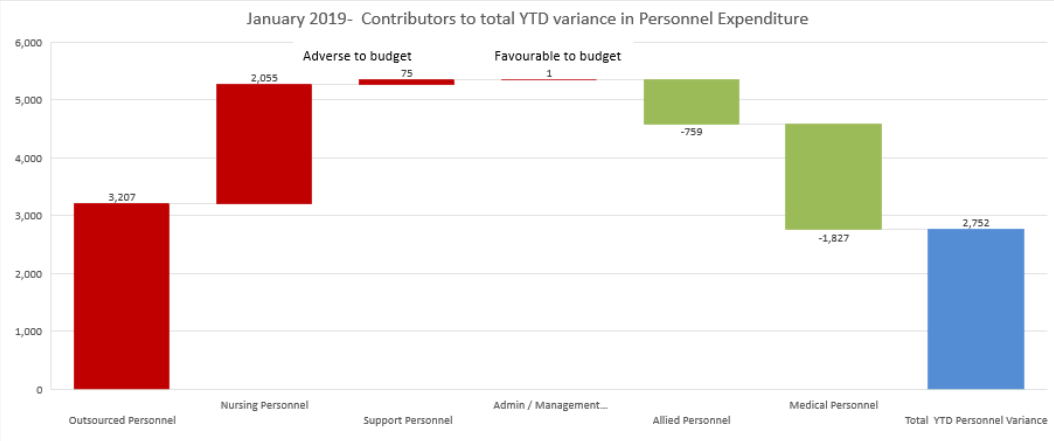
The rest of the unfavourable variance is mainly due to higher than budgeted acute activity leading to additional staffing in the emergency department and medical wards. Locum usage remains high in district hospitals and in the Mental Health and Addictions Services.



Note: The expenditure and revenue showing in the chart above is categorised more specifically than those categories used on the board financials. This is to provide more detailed visibility on the specific variance contributors.

Funder demand contracts is mainly offset by additional funder revenue. The main contributors to the current unfavourable variance are outsourced salaries and supplies, mainly in medical services, mental heath and addictions and district hospitals covering vacancies and leave.

Nursing costs are mainly due to the recent nursing settlement and is partially offset with additional income (general revenue).



Cash Forecast:

The closing cash balance for the month was an overdraft of $2,570k. Cash will dip into overdraft for several days over the end of each month (before our monthly funding) for the remainder of the financial year. Discussions with MoH and NZHPL regarding some DHB's operating in overdraft are continuing.

2. Cash flow

Cash flow for the month was a net outflow of funds of $2,060k, unfavourable to budget by $2,076k. Year to date, overall cash flow is a net outflow of $8,591k compared to a budgeted outflow of $4,395k, unfavourable to budget by $4,196k.

The year to date budget includes an increase in borrowings (offset by an increase in the acquisition of property, plant and equipment) for the purchase of Patient Monitoring Equipment (February) and Manaia House (March).

3. Financial Position (Balance Sheet)

Cash balances are an overdraft of $2,570k held in the NZHP banking sweep.

Debt to Debt + Equity ratio is 0.9% compared to the budget of 6.4% and the NDHB adopted maximum of 50% (based on the former CHFA's benchmark).

Interest Cover is 91 times compared to the budget of 15.

Working capital is ($61,201) compared to a budget of ($57,673).

4. Treasury Operations

No investments are currently held.

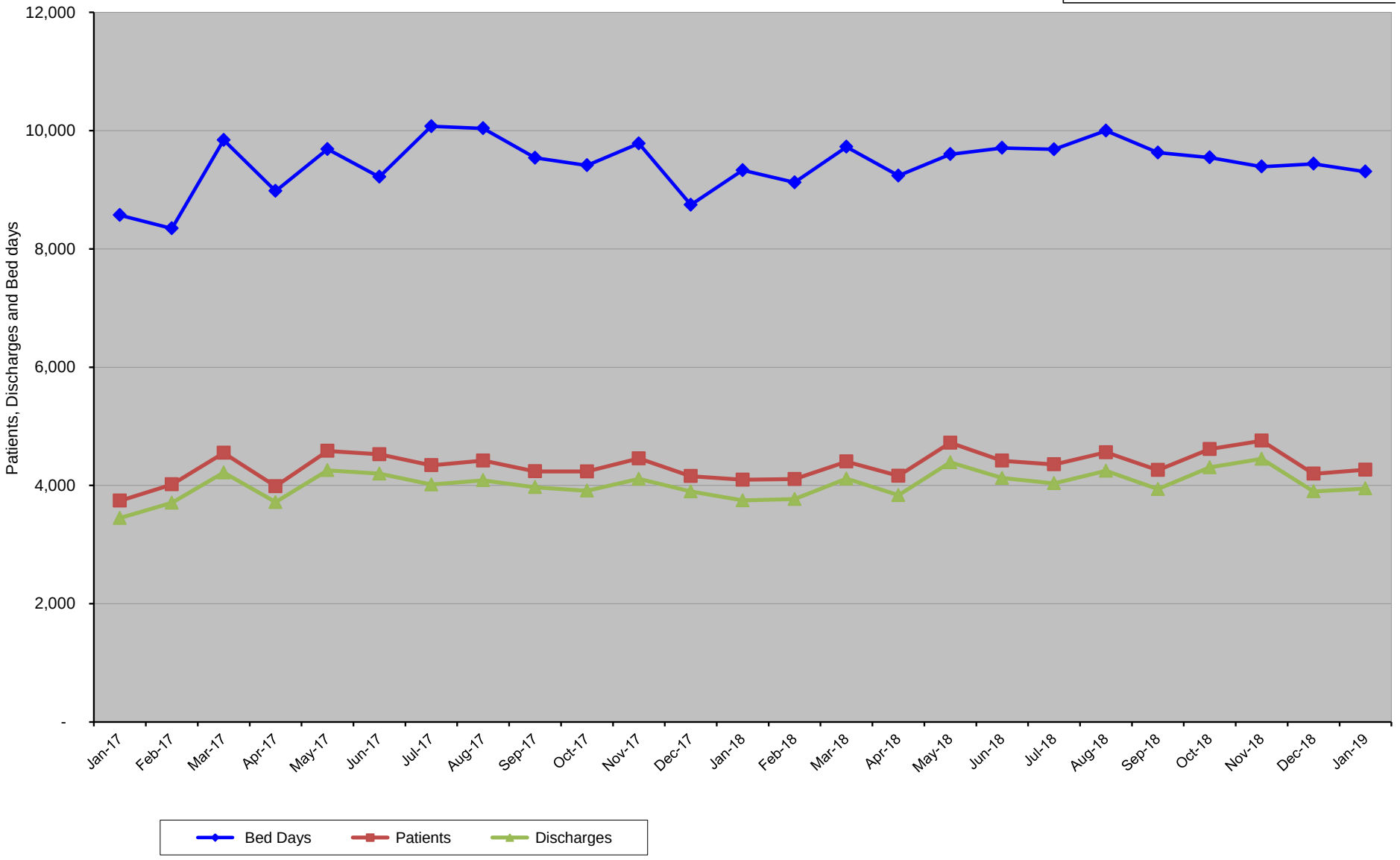
Provider Contract Volumes (Caseweights)

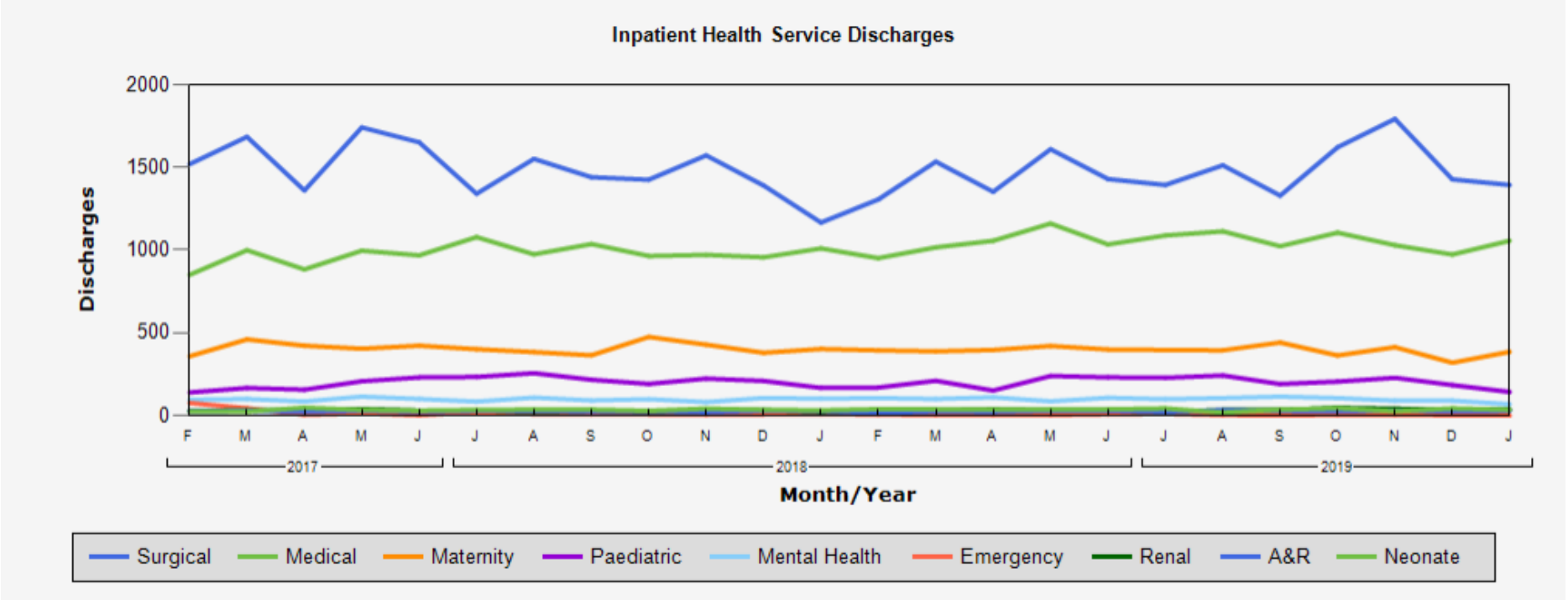
Summary of Volume Variance Analysis									
Contract Measure	**Annual Volume**	**Month Volume**				**YTD Volume**			
		Bud	**Act**	**Var**	**Var %**	**Bud**	**Act**	**Var**	**Var %**
Total Caseweights Acute	22,716	1,893	2,200	307.5	16.2%	13,251	13,930	678.9	5.1%
Total Caseweights Elective	7,258	605	390	(215.4)	(35.6%)	4,234	3,614	(620.2)	(14.6%)
Total	**29,974**	**2,498**	**2,590**	**92.1**	**3.7%**	**17,485**	**17,544**	**58.7**	**(0.3%)**

Staffing Full Time Equivalents Accrued														
	Feb	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Jan Bud**	**Mth Var**
Medical	317	323	323	327	325	304	322	319	320	334	328	301	361	60
Nursing	1,179	1,107	1,163	1,155	1,180	1,115	1,156	1,167	1,156	1,211	1,211	1,205	1,181	(24)
Allied Health	539	543	548	544	548	526	546	538	538	562	546	480	576	95
Support	102	100	103	101	102	99	101	100	102	104	104	100	104	4
Mgmt/Admin	415	425	422	432	442	437	441	437	428	436	442	377	421	44
Total (FTEs)	**2,552**	**2,498**	**2,559**	**2,559**	**2,597**	**2,481**	**2,566**	**2,561**	**2,544**	**2,647**	**2,630**	**2,464**	**2,643**	**179**

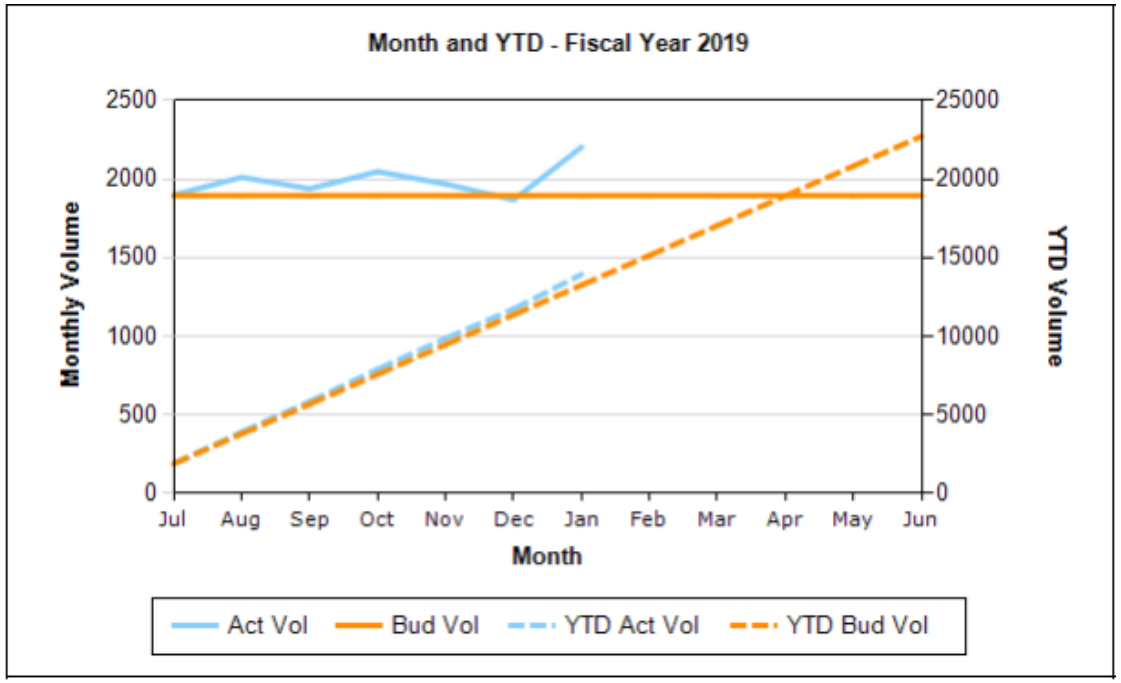
Patients, Discharges and Bed Days by Period of Stay

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau



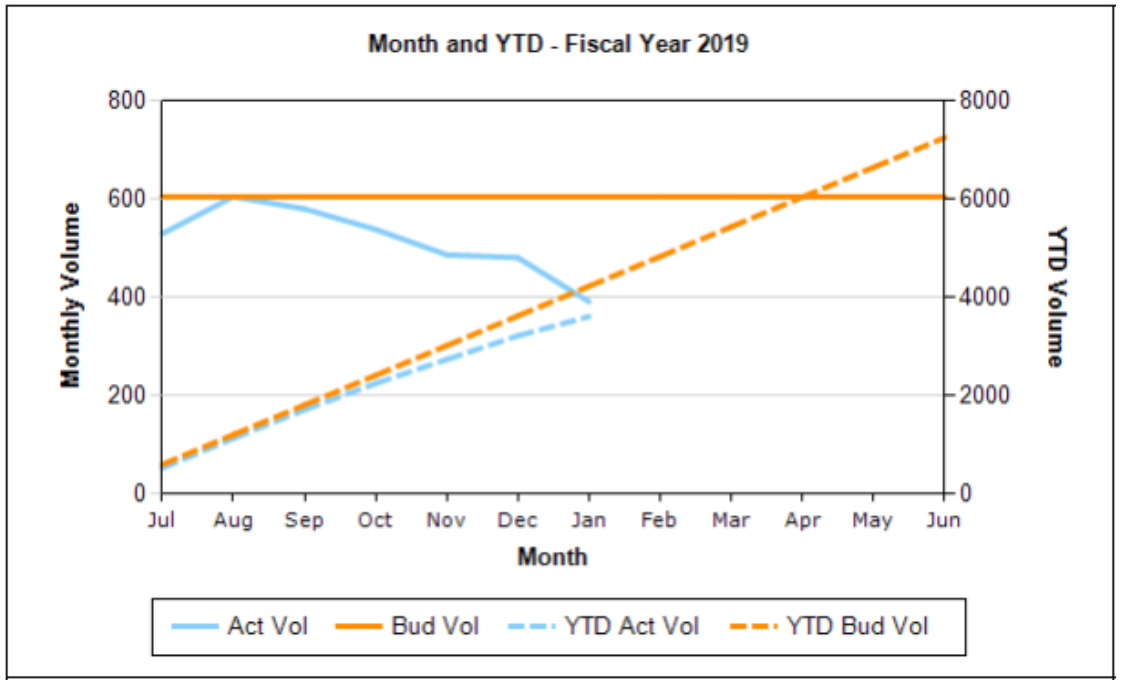

Inpatient Health Service Discharges
Discharges
2000
1500
1000
500
0
F M A M J J A S O N D J F M A M J J A S O N D J
2017
2018
2019
Month/Year
Surgical
Medical
Maternity
Paediatric
Mental Health
Emergency
Renal
A&R
Neonate

Caseweights, Acute



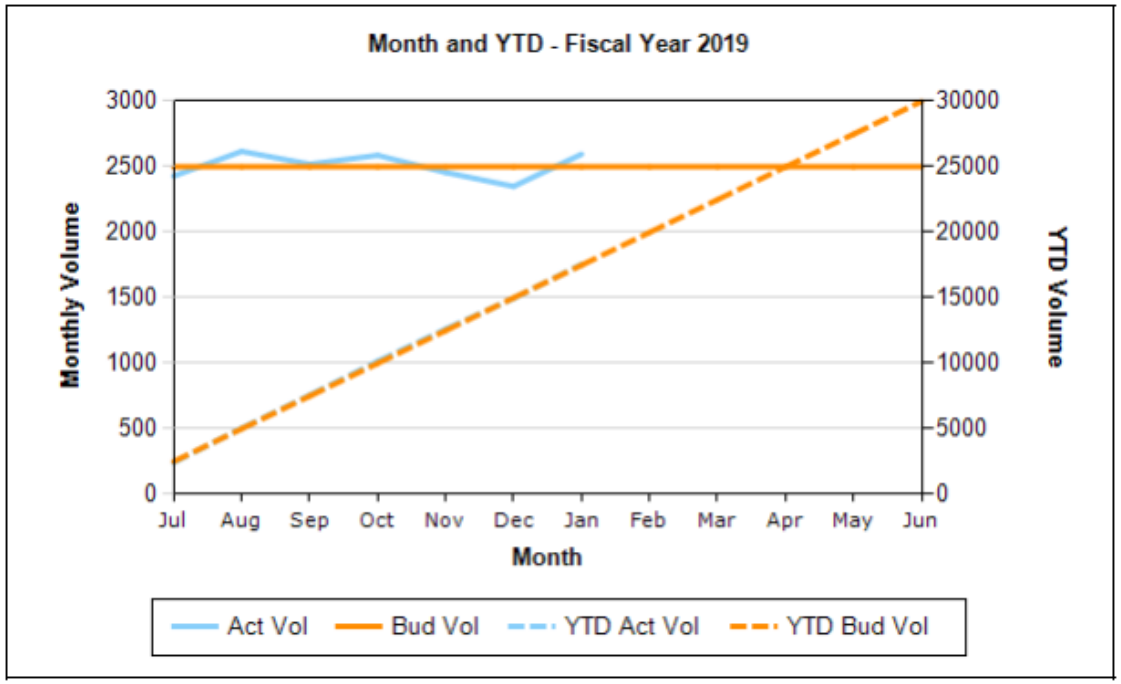
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	1,893	1,893	1,893	1,893	1,893	1,893	1,893	1,893	1,893	1,893	1,893	1,893
Month Actual	1,898	2,011	1,938	2,047	1,968	1,940	2,200					
Month Variance	5	118	45	154	75	47	307					
Month Variance %	0%	6%	2%	8%	4%	3%	16%					
YTD Budget	1,893	3,786	5,679	7,572	9,465	11,358	13,251	15,144	17,037	18,930	20,823	22,716
YTD Actual	1,898	3,909	5,847	7,894	9,862	11,802	13,930					
YTD Variance	5	123	168	322	397	444	679					
YTD Variance %	0%	3%	3%	4%	4%	4%	5%					

Caseweights, Elective



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	605	605	605	605	605	605	605	605	605	605	605	605
Month Actual	530	605	581	539	488	451	390					
Month Variance	(75)	1	(24)	(66)	(117)	(154)	(215)					
Month Variance %	-12%	0%	-4%	-11%	-19%	-25%	-36%					
YTD Budget	605	1,210	1,815	2,419	3,024	3,629	4,234	4,839	5,444	6,049	6,653	7,258
YTD Actual	530	1,135	1,716	2,255	2,743	3,194	3,614					
YTD Variance	(75)	(74)	(98)	(164)	(281)	(435)	(620)					
YTD Variance %	-12%	-6%	-5%	-7%	-9%	-12%	-15%					

Caseweights Acute, Caseweights Electives



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	2,498	2,498	2,498	2,498	2,498	2,498	2,498	2,498	2,498	2,498	2,498	2,498
Month Actual	2,428	2,616	2,519	2,586	2,456	2,392	2,590					
Month Variance	(70)	119	21	88	(42)	(106)	92					
Month Variance %	-3%	5%	1%	4%	-2%	-4%	4%					
YTD Budget	2,498	4,996	7,494	9,991	12,489	14,987	17,485	19,983	22,481	24,979	27,476	29,974
YTD Actual	2,428	5,045	7,563	10,149	12,605	14,997	17,544					
YTD Variance	(70)	49	70	158	116	10	59					
YTD Variance %	-3%	1%	1%	2%	1%	0%	0%					

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

For the Month and Year-to-Date: **31-Jan-19**

	CURRENT MONTH								ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MoH Devolved Funding	54,374	53,743	632	1.2%	379,837	376,198	3,639	1.0%	644,911
MoH Non-Devolved Contracts (provider arm side contracts	1,228	1,208	20	1.6%	9,370	8,454	915	10.8%	14,493
Other Government (not MoH or other DHBs)	498	535	(37)	7.0%	3,806	3,748	57	1.5%	6,425
Non-Government & Crown Agency Sourced	365	383	(18)	4.8%	3,254	2,779	475	17.1%	4,825
InterProvider Revenue (Other DHBs)	80	99	(19)	19.6%	708	694	14	2.0%	1,190
Inter-DHB and Internal Revenue	953	953	0	0.0%	6,621	6,669	(49)	0.7%	11,433
Total Operating Income	**57,497**	**56,921**	**576**	**1.0%**	**403,595**	**398,543**	**5,051**	**1.3%**	**683,278**
Cost of Services									
Personnel Costs	21,122	21,410	288	1.3%	148,305	148,731	426	0.3%	255,574
Outsourced Services	3,256	2,528	(728)	28.8%	22,854	18,436	(4,418)	24.0%	32,000
Clinical supplies	3,965	4,985	1,020	20.5%	32,580	33,081	501	1.5%	57,039
Infrastructure & Non-clinical supplies	3,275	3,360	85	2.5%	23,460	23,024	(436)	1.9%	39,769
Funder Demand Contracts	14,086	14,478	392	2.7%	100,259	98,460	(1,799)	1.8%	169,113
Funder Fixed Contracts	4,358	3,507	(851)	24.3%	25,160	24,449	(710)	2.9%	41,985
Inter District Flows	7,315	7,306	(9)	0.1%	50,582	51,144	561	1.1%	87,675
Total Cost of Services	**57,379**	**57,576**	**197**	**0.3%**	**403,200**	**397,324**	**(5,876)**	**1.5%**	**683,153**
Operating Surplus /(Deficit)	**118**	**(655)**	**773**	**118.1%**	**395**	**1,219**	**(824)**	**67.6%**	**125**
Capital Charge	685	685	0	0.0%	4,765	4,795	30	0.6%	8,220
Surplus/(Deficit)	**(567)**	**(1,340)**	**773**	**57.7%**	**(4,370)**	**(3,576)**	**(794)**	**22.2%**	**(8,095)**

Northland District Health Board - Consolidated

STATEMENT OF FINANCIAL POSITION

as at: 31-Jan-19

	ACTUAL	BUDGET	VAR	VAR	AS AT 6/30/2018	BUDGET 6/30/2019
ASSETS EMPLOYED	$(000)	$(000)	$(000)	%	$(000)	$(000)
Current Assets						
Inventories	4,112	4,088	24	0.6%	4,088	4,088
Trade and other receivables	20,716	20,000	716	3.6%	19,734	20,000
Prepayments	923	444	479	107.9%	444	444
Cash and cash equivalents	(2,570)	1,628	(4,198)	257.9%	6,021	(1,765)
Total Current Assets	**23,182**	**26,160**	**(2,978)**	**11.4%**	**30,287**	**22,767**
Less Current Liabilities						
Interest-bearing loans and borrowings	712	1,273	561	44.1%	712	978
Trade and other payables	45,637	40,791	(4,846)	11.9%	41,202	40,107
Employee benefits	38,034	41,769	3,735	8.9%	41,359	42,379
Total Current Liabilities	**84,383**	**83,833**	**(550)**	**0.7%**	**83,273**	**83,464**
Working Capital	**(61,201)**	**(57,673)**	**(3,528)**	**6.1%**	**(52,986)**	**(60,697)**
Add :						
Property, plant and equipment	209,577	215,741	(6,164)	2.9%	206,136	213,324
Investments in subsidiaries and associates	20,951	20,921	30	0.1%	20,951	21,421
Trust/Special fund asset	424	419	5	1.2%	419	419
	230,952	**237,081**	**(6,129)**	**2.6%**	**227,505**	**235,164**
Deduct :						
Interest-bearing loans and borrowings	658	9,468	8,810	93.0%	1,063	9,046
Employee benefits	13,633	13,633	0	0.0%	13,633	13,633
Trust/Special fund liability	266	265	(1)	0.3%	265	265
	14,557	**23,366**	**8,809**	**37.7%**	**14,961**	**22,944**
NET ASSETS	**155,194**	**156,042**	**(848)**	**0.5%**	**159,558**	**151,523**
REPRESENTED BY : SHAREHOLDERS FUNDS						
Crown equity	65,037	65,005	32	0.0%	65,037	65,005
Retained Earnings	(8,430)	(8,398)	(32)	0.4%	2,357	(8,398)
Retained Earnings for Year to Date	(4,370)	(3,576)	(794)	22.2%	(10,787)	(8,095)
Retained earnings/(losses)	(12,800)	(11,974)	(826)	6.9%	(8,430)	(16,493)
Revaluation Reserve	102,568	102,628	(60)	0.1%	102,568	102,628
Trust/Special funds	388	383	5	1.4%	383	383
TOTAL SHAREHOLDERS FUNDS	**155,194**	**156,042**	**(848)**	**0.5%**	**159,558**	**151,523**

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

For the Month and Year-to-Date ended: **31-Jan-19**

	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	56,600	56,891	(291)	0.5%	402,083	398,336	3,747	0.9%
Cash paid to suppliers	(37,621)	(34,942)	(2,679)	7.7%	(244,812)	(240,135)	(4,677)	1.9%
Cash paid to employees	(20,430)	(21,330)	900	4.2%	(151,098)	(148,271)	(2,827)	1.9%
Cash generated from operations	**(1,450)**	**619**	**(2,069)**	**334.3%**	**6,174**	**9,930**	**(3,757)**	**37.8%**
Interest received	38	38	0	1.0%	420	263	157	59.9%
Interest paid	(7)	(44)	37	84.0%	(28)	(284)	256	90.3%
Capital charge paid	0	0	0	100.0%	(4,080)	(4,110)	30	0.7%
Net cash flows from operating activities	**(1,420)**	**612**	**(2,032)**	**331.9%**	**2,486**	**5,799**	**(3,314)**	**57.1%**
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	(564)	(515)	(49)	9.6%	(10,672)	(17,887)	7,215	40.3%
Increase In investments & Trust Fund Assets	(0)	0	(0)	0.0%	(0)	(1,273)	1,273	100.0%
Net cash flows from investing activities	**(564)**	**(515)**	**(50)**	**9.6%**	**(10,672)**	**(19,160)**	**8,488**	**44.3%**
Cash flows from financing activities								
Increase/(Repayment) of borrowings	(76)	(82)	6	7.1%	(405)	8,966	(9,370)	104.5%
Net cash flows from financing activities	**(76)**	**(82)**	**6**	**7.1%**	**(405)**	**8,966**	**(9,370)**	**104.5%**
Net increase (decrease) in cash and cash equivalents	(2,060)	16	(2,076)	13331.6%	(8,591)	(4,395)	(4,196)	95.5%
Opening Cash and cash equivalents	(510)	1,612	(2,122)	131.6%	6,021	6,023	(2)	0.0%
Closing Cash and cash equivalents	**(2,570)**	**1,628**	**(4,198)**	257.9%	**(2,570)**	**1,628**	**(4,198)**	257.9%

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)	2,470	19	437	23	2,949
30-60 Days	455	71	12	45	583
60-90 Days	384	0	16	8	408
90-120 Days	251	0	0	150	401
Over 120 Days	754	0	5	212	971
Less Provision for Doubtful Debts	0	0	(25)	(330)	(354)
Provisions and Accruals	9,758	189	5,812	0	15,759
Total	**14,072**	**279**	**6,257**	**108**	**20,717**

CREDITORS SCHEDULE

	Current Month $000's	**Prior Month $000's**	**30-Jun-18 $000's**
Suppliers	40,951	38,705	37,229
healthAlliance loan account	1,339	1,339	1,339
Payroll Accruals	20,719	18,227	22,449
Holiday Pay Accruals	17,315	19,082	18,911
GST	3,347	6,022	2,631
Total	83,671	83,375	82,558

Northland District Health Board - Consolidated

For the Month and Year-to-Date ended:

	8	9	10	11	12	1	2	3	4	5	6	7	7
INDICATOR	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**BUDGET**
1. Debt : Debt plus Equity	1.3%	1.3%	1.3%	1.3%	1.1%	1.1%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	6.4%
2. Total Debt(Incl. Creditors) : Total Assets	38.0%	39.4%	40.7%	40.3%	38.1%	38.7%	38.5%	37.9%	38.8%	39.0%	38.8%	38.9%	40.7%
3. Interest Cover - Rolling 6 months	141.5	89.6	81.7	21.2	(68.4)	(60.4)	(136.4)	(41.3)	(34.2)	29.5	131.7	90.7	15.1
4. Quick (Acid Test) Ratio	0.44	0.44	0.45	0.38	0.32	0.35	0.30	0.28	0.30	0.27	0.25	0.23	0.27
5. Level of Working Capital	(38,950)	(41,517)	(43,056)	(47,015)	(52,986)	(52,248)	(54,773)	(54,940)	(56,331)	(58,311)	(59,336)	(61,201)	(57,673)
6. Earnings before Interest and Tax - Month Surplus(D	222	(1,999)	(1,018)	(2,960)	(2,874)	189	(1,924)	799	(796)	(1,236)	(815)	(560)	(1,295)
7. Return on Funds Employed - (YTD Annual)	(2.1)%	(3.9)%	(4.6)%	(6.3)%	(6.9)%	1.4%	(6.6)%	(2.4)%	(3.3)%	(4.6)%	(4.8)%	(4.7)%	(3.7)%
8. Fixed Asset Utilisation (Y-T-D Annualised)	320%	319%	318%	317%	284%	308%	306%	303%	302%	301%	302%	300%	317%
9. Net Income (Year-to-Date)	(0.4)%	(0.8)%	(0.9)%	(1.3)%	(1.7)%	0.3%	(1.5)%	(0.5)%	(0.8)%	(1.0)%	(1.1)%	(1.1)%	(0.9)%
10. Return on Equity (Y-T-D Annualised)	(1.9)%	(3.6)%	(4.1)%	(6.1)%	(6.8)%	1.4%	(6.6)%	(2.4)%	(3.3)%	(4.6)%	(4.9)%	(4.8)%	(3.9)%
11. Proprietorship Ratio	62.0%	60.6%	59.3%	59.7%	61.9%	61.3%	61.5%	62.1%	61.2%	61.0%	61.2%	61.1%	59.3%
Banking Covenants													
1. Interest Cover - YTD	141.5	89.6	81.7	21.2	(68)	(60)	(136)	(41)	(34)	30	132	91	15
2. Net Profit - YTD	(1,915)	(3,918)	(4,941)	(7,910)	(10,787)	184	(1,745)	(950)	(1,749)	(2,990)	(3,804)	(4,370)	(3,576)
3. Debt : Debt plus Equity	1.3%	1.3%	1.3%	1.3%	1.1%	1.1%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	6.4%

Northland District Health Board - Community Services

REVENUE STATEMENT

For the Month and Year-to-Date ended : 31-Jan-19

	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	54,374	53,743	632	1.2%	379,837	376,198	3,639	1.0%	644,911
Inter-DHB and Internal Revenue	953	953	0	0.0%	6,621	6,669	(49)	0.7%	11,433
Total Operating Income	**55,327**	**54,695**	**632**	**1.2%**	**386,458**	**382,867**	**3,590**	**0.9%**	**656,344**
Cost of Services									
Funder Demand Contracts	14,086	14,478	392	2.7%	100,259	98,460	(1,799)	1.8%	169,113
Funder Fixed Contracts	4,358	3,507	(851)	24.3%	25,160	24,449	(710)	2.9%	41,985
Inter District Flows	7,315	7,306	(9)	0.1%	50,582	51,144	560	1.1%	87,675
Provider Contracts	30,330	30,330	0	0.0%	212,302	212,307	4	0.0%	363,955
Total Cost of Services	**56,089**	**55,621**	**(468)**	**0.8%**	**388,304**	**386,360**	**(1,945)**	**0.5%**	**662,727**
Surplus/(Deficit)	**(762)**	**(926)**	**163**		**(1,846)**	**(3,493)**	**1,646**		**(6,383)**

Northland District Health Board - Community Services

DHB SERVICE FUNDING REPORT

For the Month and Year-to-Date ended: 31-Jan-19

	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)								
Fixed Sum Contracts									
Planning, Primary & Population Health	1,028	999	(29)	3%	7,018	6,996	(22)	0%	11,993
Mental Health	1,994	1,182	(812)	69%	9,009	8,272	(737)	9%	14,182
Health of Older People and Palliative Cai	539	580	41	7%	3,896	4,059	163	4%	6,959
Maori	717	714	(3)	0%	4,897	4,899	2	0%	8,470
Public Health and Dental	80	32	(48)	150%	340	223	(117)	52%	381
Total Fixed Sum Contracts	**4,358**	**3,507**	**(851)**	**24%**	**25,160**	**24,449**	**(711)**	**3%**	**41,985**
Fee for Service Contracts									
Adol Dental Benefit	48	99	51	52%	543	695	152	22%	1,191
General Medical Subs	41	43	2	5%	292	298	6	2%	510
Haemophilia	18	23	5	22%	127	164	37	23%	282
Health of Older People & Clinical Suppor	5,868	5,789	(79)	1%	41,134	40,287	(847)	2%	68,647
Immunisation	524	519	(5)	1%	790	698	(92)	13%	1,840
Laboratory	576	684	108	16%	4,894	4,791	(103)	2%	8,213
Mental Health	-322	216	538	249%	1,481	1,512	31	2%	2,591
Pharmaceuticals	3,366	3,356	(10)	0%	24,139	23,981	(158)	1%	40,994
Primary Health Organisation	3,818	3,600	(218)	6%	25,818	24,993	(825)	3%	43,061
Rural Bonus	149	149	0	0%	1,041	1,041	0	0%	1,784
Total Fee for Service	**14,086**	**14,478**	**392**	**3%**	**100,259**	**98,460**	**(1,799)**	**2%**	**169,113**
Total Cost of Services	**18,444**	**17,985**	**(459)**	**3%**	**125,419**	**122,909**	**(2,510)**	**2%**	**211,098**

Northland District Health Board - Hospital Services & Governance **REVENUE STATEMENT** Page 1

For the Month and Year-to-Date ended : **31-Jan-19**

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)	1,228	1,208	20	1.6%	9,370	8,454	915	10.8%	14,493
Other Government (not MoH or other DHBs)	498	535	(37)	7.0%	3,806	3,748	57	1.5%	6,425
Non-Government & Crown Agency Sourced	365	383	(18)	4.8%	3,254	2,779	475	17.1%	4,825
InterProvider Revenue (Other DHBs)	80	99	(19)	19.6%	708	694	14	2.0%	1,190
Internal Revenue (DHB Fund to DHB Provider)	30,330	30,330	0	0.0%	212,302	212,307	(5)	0.0%	363,955
Total Operating Income	**32,499**	**32,555**	**(55)**	**0.2%**	**229,439**	**227,983**	**1,456**	**0.6%**	**390,888**
Cost of Services									
Personnel Costs	21,122	21,410	288	1.3%	148,304	148,731	426	0.3%	255,574
Outsourced Services	3,256	2,528	(728)	28.8%	22,854	18,436	(4,418)	24.0%	32,000
Clinical supplies	3,965	4,985	1,020	20.5%	32,579	33,081	501	1.5%	57,039
Infrastructure & Non-clinical supplies	3,275	3,360	85	2.5%	23,460	23,024	(436)	1.9%	39,769
Total Cost of Services	**31,619**	**32,284**	**665**	**2.1%**	**227,198**	**223,271**	**(3,927)**	**1.8%**	**384,381**
Operating Surplus /(Deficit)	**881**	**271**	**610**	**224.9%**	**2,241**	**4,712**	**(2,471)**	**52.4%**	**6,507**
Capital Charge	685	685	0	0.0%	4,765	4,795	30	0.6%	8,220
Surplus/(Deficit)	**196**	**(414)**	**610**	**147.3%**	**(2,524)**	**(83)**	**(2,441)**	**2940.8%**	**(1,713)**

Northland District Health Board - **TREASURY REPORT**

as at: 31-Jan-19

Derivatives Use

No derivatives have been, or are being used.

Cost of Funds

	Actual $(000)	Budget $(000)	Var $(000)	Var %
Interest Expense, YTD	28	284	256	90.3%

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		
NZHP	on call	(2,570)
Total Cash and cash equivalents and Investments		(2,570)

Funding Risk/Liquidity Position

Funding risk is minimal as in February 2017, loans from NZ Debt Management Office (Formerly CHFA) were transferred to equity.

Bank Facility/Loan Funding Usage and Maturity

	Maturity	Balance $(000)
Loans		
Energy, Efficency and Conservation Loan 1	15-Aug-21	388
Energy, Efficency and Conservation Loan 2	15-Feb-22	463
Total Loans		851
Finance Lease		**Balance**
GE Finance - CT Scanner	27-Feb-20	519
		1,370

Northland DHB Funded Services – As at 31 January 2019

Expenditure Type	Annual Budget $000's	YTD Actual $000's	YTD Budget $000's	YTD Variance $000's	Annual KPIs*	YTD Activity		
PHO Capitation Funding	43,061	25,818	24,993	(825)	Enrolled Service Users	167,855	2.0%	↑
Community Pharmacy	40,994	24,139	23,981	(158)	Drug Costs	36,049,298	6.9%	↑
Community Labs	8,213	4,894	4,791	(103)	Tests	1,022,515	6.0%	↑
Palliative Care	4,506	2,603	2,629	25	Palliative Care FSA	774	(4.8%)	↓
Mental Health and Addictions	16,772	10,490	9,783	(707)	Residential Bed Days	14,229	(12.2%)	↓
IDF Expenditure	87,675	50,582	51,144	561	Acute IDFs	2,369	3.8%	↑
Health of Older People	71,098	42,428	41,719	(709)	ARRC Bed Days	342,482	(0.4%)	↓
					HBSS Hours	609,216	(0.5%)	↓
Other Primary Care Services	16,817	9,496	9,435	(61)	Items Dispensed	2,865,500	1.9%	↑
Community Oral Health	1,165	654	680	25				
Maori Health Services	8,470	4,897	4,899	2				
Total	**298,771**	**176,001**	**174,054**	**(1,950)**				

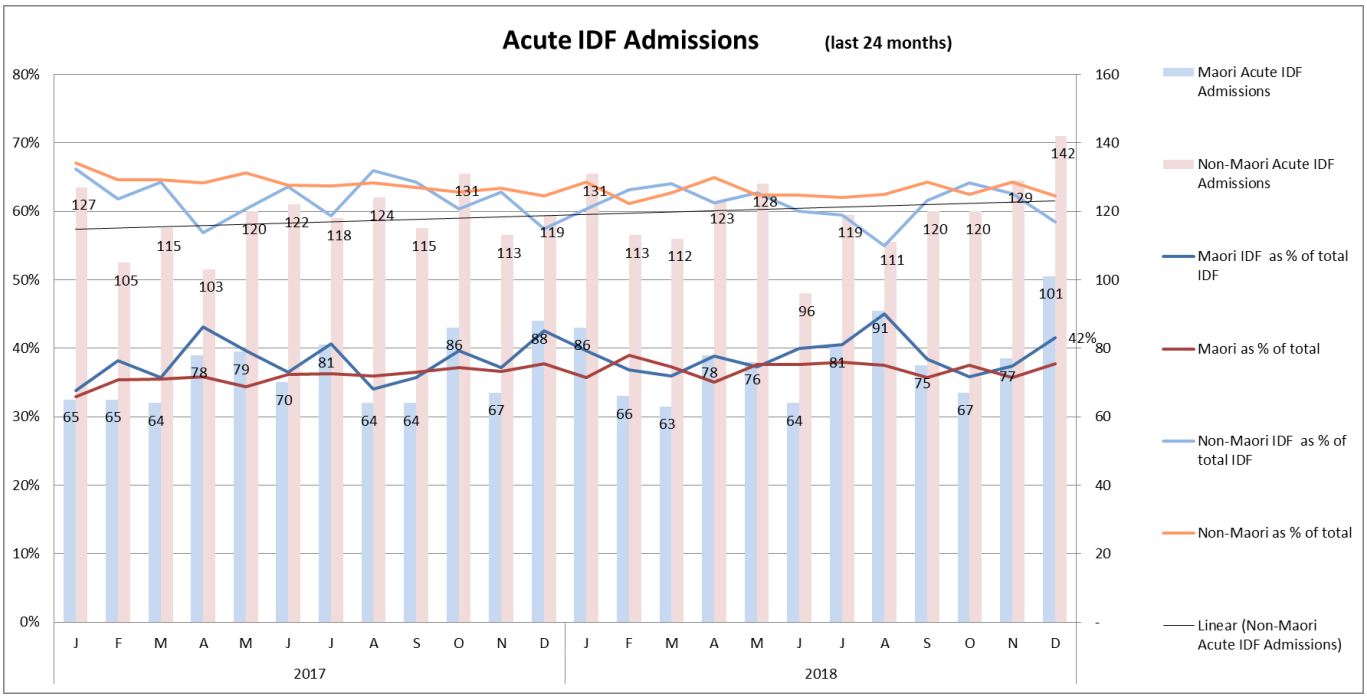
KPIs are annualised over the 12 months of available data

Maori Health Services reflects contracts managed directly by the directorate

NB: total annual budget has changed since the last report due to the inclusion of MenzW imms costs in the V2 budget submission

Commentary

- PHO Capitation Funding – VLCA /SLM /CP expenditure fully funded
- Community Pharmacy - Tracking slightly unfavourably year to date - overall pharmacy envelope is on track. Gross community drug costs have increased markedly over past 12 months
- Community Labs – Unfavourable accrual washup from June 30 relating to the risk management clause
- Mental Health – Bed days are down 12.2% due to many of the Level 3 residential beds being converted to community support work hours. The beds have been retained by NGOs, now as private tenancies with clients
- IDF - Favourable variance relates to a favourable 2017/18 accrual washup
- Health of Older People – The large variance is due to pay equity of which most is funded by the Ministry of



Commentary

- Maori and Non-Maori IDF admission rates are consistent with Maori and Non-Maori Acute admission rates.

Quality & Safety

Monitoring Returns Oct - Dec 18 Q2					
Portfolio	**Number of Agreements**	**Returns Due Q2**	**%of Returns Received**	**Late Returns Q1**	**Returns Outstanding After Q1**
Health of Older People	94	89	88%	11	2
HOP - Palliative	5	5	100%	0	0
Laboratory	1	1	100%	0	0
PHO's	2	0	N/A	0	0
Primary Health	48	41	85%	6	4
Maori Health	33	21	81%	4	1
Other Primary Health	13	3	67%	1	0
Mental Health & Addiction	32	21	81%	4	0
Oral Health	23	0	N/A	0	0
Pharmacy	34	5	100%	0	0
TOTAL	**285**	**186**	**86%**	**26**	**7**

Health of Older People - There were 11 late returns for quarter 1 (88%). These largely relate to returns due from age residential care (ARC) service providers which also hold Long Term Support – Chronic Health Conditions (LTS-CHC) contract for clients aged under 65 years. In many instances the providers have nil or only one client, and forget to submit a monitoring return as they have already reported against their ARC contract. We are confident that services have been supplied as required

Northland DHB Age Related Residential Care Facilities Certification Periods

Certification Period	30-Jun-16 (baseline)	15-Feb-19
48 months	3	6
36 months	16	15
24 months	2	2
12 months	2	1
Total	**23**	**24**

Number of Age Related Residential Care Facilities Where Northland DHB Notified by Auditors of High Risk

	15-Feb-19
Number of facilities with 'high risk' findings as a result of certification and surveillance audits	1

In February a routine unannounced surveillance audit took place at Ranburn Lifecare. The report has yet to be finalised, however auditors has notified Northland DHB and HealthCERT of a high risk corrective action finding. This has been promptly followed up and the risk mitigated.

Northland DHB Mental Health Facilities Certification Periods

Certification Period	30-Jun-17	30-Jun-18	30-Jun-19
48 months			
36 months	NHHT Odyssey House	Emerge Aotearoa	
24 months			Te Roopu Taurima
12 months			
Total	**2**	**1**	**1**

- Odyssey services have 36 months certification from August 2017
- Emerge Aotearoa were to complete a surveillance audit in 2018-19. Awaiting feedback regarding this Audit from the Healthcert Accreditation team in the Ministry of Health.
- Ngati Hine services were given 36 months certification in June 2017. The organisation is currently working through a remedial process to meet service provision requirements (in consultation with DHB services).
- Te Roopu Taurima o Manukau were audited in 2018 and received 24 months certification across their services.

Support Hours

The support hours approach has been introduced in the 2018-19 contracting term. An appointment has been made for the second FTE. Service co-ordination are currently working to backdate existing referrals. Negotiations with the mental health residential providers around the reconfiguration of Level 3 beds are ongoing with a view to finalising this work by the end of the financial year.

Pay Equity

The Care and Support Workers Pay Equity Settlement was extended to mental health services in June 2018. Mental health services completed the first bespoke pay equity contract variation end 2018. The Ministry of Health has re-commenced fortnightly pay equity forum as we move to the next stage of implementation. Concerns have been raised by providers (nationally) regarding the impact of pay equity in terms of differing rates of payments for services and the methodology used to calculate payments. Local providers are engaging with Navigate to seek options for redress.

Maori Health Provider Audits

Audit Type*	Completed		Planned Audits**	Narrative
	20117/18	2018/19		
Routine	2	4	6	Audit findings have been positive with low risks identified. DHB is working with each provider to implement corrective actions identified in the audit.
Issues	-	1	-	Issues-based audit done before Christmas on small provider following complaint. Their Board met with DHB staff to discuss the final audit report and subsequently arrived at the decision to surrender their agreement. A letter was sent by CEO to accept their decision and the agreement was terminated in February 2019.

Notes

* ***Routine Audits*** are those planned on a regular basis to check how the business is performing and to detect errors for compliance against contracts. ***Issues-based audits*** are investigations into complaints covering quality and safety of services.

** These are audits scheduled for 2019/20 and out years. In total, twelve Maori health providers will be audited.

7.0 INFORMATION REPORTS & UPDATES

8.0 NEXT MEETING DETAILS

The next meeting will be held at **10.45am on Monday 15 April 2019** at **Te Waka Hauora, Kaitaia Hospital**

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 29 January 2019 - public excluded session	For reasons given in the previous meeting	
11.0	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)
12.0	Decision Papers 12.1 Health Finance, Procurement and Information Management (FPIM) Business Case 12.2 High Acuity Monitoring Equipment Agreement 12.3 Whangarei Hospital Critical Capacity and Compliance Business Case 12.4 Whangarei Hospital Endoscopy Unit Contract 12.5 Draft Annual Plan 2019/20	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	Information Updates 13.1 Funding Envelope 2019/20 13.2 Asset Condition Report 13.3 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)

FOR BOARD MEETING – 11 MARCH 2019

OUTGOING BOARD CORRESPONDENCE

From	Description	Date of Correspondence
Sally Macauley to Margareth Broodkoorn Chief Nursing Officer : Ministry of Health	Thank you letter	8 February 2019

NORTHLAND DISTRICT HEALTH BOARD

GLOSSARY OF ACRONYMS

June 2018

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)*
ACMO	Associate CMO
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
AoG	All of Government
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
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

Acronym	Meaning
CWD	Caseweighted Discharge
DAO	Duly Authorised Officer
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
FRAC	Finance, Risk and Assurance Committee
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

Acronym	Meaning
IFHC	Integrated Family Health Centre
IIA	Income in Advance
InterRAI	International Research and Assessment Instruments
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
NCIC	National Capital Investment Committee
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
NHH	Neighbourhood Healthcare Homes
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

Acronym	Meaning
OP	Outpatient
ORL	Otorhinolaryngology (=ENT)
OSH	Occupational Safety and Health
OT	Occupational Therapy *(sometimes also* Operating Theatre*)*
PACU	Post Anaesthetic Care Unit
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
PIPP	Planning, Integration, People and Performance
PN	Practice Nurse
POPN	Primary Options Programme Northland
PQ	Parliamentary Questions
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol
PS&QID	Patient Safety & Quality Improvement Directorate
PUC	Purchase Unit Cost
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
STAH	Scientific Technical & Allied Health
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
VCLA	Very Low Cost Access
WERO	Whanau End smoking Regional whanau Ora Challenge
WHO	World Health Organisation
WIIE	Whanau Integration Innovation & Engagement Fund

Acronym	Meaning
WOC	Whanau Ora Collective
YTD	Year-to-date

Any additions/amendments, please contact Julie Shepherd, Julie.shepherd@northlandddhb.org.nz, Extn 60308, 021 945 647