MidCentral District Health Board

Te Pae Hauora o Ruahine o Tararua

Part One Board Papers

9 November 2021

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Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Contents

Agenda and karakia

9 November 2021

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MidCentral District Health Board

Board Meeting

Venue: **via Zoom** (due to COVID-19 restrictions)

When: Tuesday 9 November 2021, from 9.00am

PART ONE

Members

Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Muriel Hancock, Materoa Mar, Karen Naylor, Oriana Paewai, John Waldon, Jenny Warren.

Apologies

Norman Gray

In attendance

Kathryn Cook, Chief Executive; Kelvin Billinghurst, Chief Medical Officer; Debbie Davies, Interim General Manager, Strategy, Planning and Performance; Celina Eves, Executive Director, Nursing and Midwifery; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Emma Horsley, Communications Manager; Margaret Bell, Board Secretary.

In attendance (part meeting)

Item 4.2	Kelly Isles, Director of Strategy
Items 4.3, 4.4	Neil Wanden, General Manager, Finance and Corporate Services; Darryl Ratana, Deputy Chief Financial Officer
Item 4.5	Judith Catherwood, General Manager, Quality and Innovation
Item 4.6	Steve Miller, Chief Digital Officer
Items 4.7, 4.8	Keyur Anjaria, General Manager, People and Culture
Item 5.1	Nathalie de Vries, Chair, Combined Medical Staff Association
Item 5.3	Sarah Fenwick, Operations Executive and Jeff Brown, Clinical Executive, Te Uru Pā Harakeke
Items 5.5, 5.6, 6.1	Neil Wanden, General Manager, Finance and Corporate Services

Please contact the Board Secretary if you require a print copy – email boardsupport@midcentraldhb.govt.nz before noon on the working day prior to the meeting

1. KARAKIA 9.00

He Karakia Timata

Kia hora te marino	May peace be widespread
Kia whakapapa pounamu te moana	May the sea be smooth like greenstone
He huarahi ma tātou I te rangi nei	A pathway for us all this day
Aroha atu, aroha mai	Give love, receive love
Tātou I a tātou I ngā wa katoa	Let us show respect for each other
Hui e taiki e	

2. ADMINISTRATIVE MATTERS 9.05

2.1. Apologies

2.2. Late items

2.3. Register of Interests Update

2.4. Minutes of Board meeting held on 28 September 2021, Part One

2.5. Matters arising

2.6. Verbal report from Board Chair

2.7. FRAC – Verbal report from Committee Chair and Minutes of FRAC meeting held on 19 October 2021, Part One

2.8. Manawhenua Hauora Chair's Report

3. STRATEGIC FOCUS

No items

4. PERFORMANCE REPORTING 9.15

4.1. Chief Executive's Report

4.2. Board KPI Dashboard

4.3. Financial Update – September 2021

4.4. Finance Report – August 2021

4.5. Sustainability Plan
4.6. Te Awa Update – Digital Services Work Programme
4.7. Health, Safety and Wellbeing
4.8. Workforce Update

5. DISCUSSION/DECISION PAPERS 10.00

5.1. Combined Medical Staff Association and Executive Action Plan
5.2. MidCentral District Health Board and Manawhenua Hauora Combined Work Plan Update
5.3. Midwifery Workforce Update
5.4. Nursing Workforce Update
5.5. Technical Advisory Services Annual General Meeting and Annual Report
5.6. Allied Laundry Services Limited Annual General Meeting

6. INFORMATION PAPERS 10.40

Information papers for the Board to note

6.1. NZ Health Partnerships Limited
6.2. Board Work Programme

7. GLOSSARY OF TERMS

8. LATE ITEMS 10.45

9. DATE OF NEXT MEETING – Tuesday 14 December 2021

10. EXCLUSION OF THE PUBLIC

Recommendation

That the public be **excluded** from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated.

Item	Reason	Reference
'In committee' minutes of the previous Board meeting	For reasons set out in the agenda of 28 September 2021	
2020/21 Annual Report and Financial Statements Update	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Replacement of High Acuity Patient Monitors	To protect negotiations, including commercial and industrial	9(2)(j)
e-Prescribing and Administration Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
Laboratory Results Electronic Sign Off Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
Regional Common Patient Administration System (webPAS) as a Service Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
SPIRE Construction Contract	To protect negotiations, including commercial and industrial	9(2)(j)
Construction Contract for EDOA/MAPU Unit	To protect negotiations, including commercial and industrial	9(2)(j)
Crest Hospital Contract	To protect negotiations, including commercial and industrial	9(2)(j)
Capital Intentions	To protect negotiations, including commercial and industrial	9(2)(j)
Health Sector Reforms – Transition Plan for MDHB	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Special Delegation of Authority	To protect negotiations, including commercial and industrial	9(2)(j)
Board only time	No decision sought	
'In committee' minutes of the previous Finance, Risk and Audit Committee meeting	**For reasons set out in the agenda of the 19 October 2021 meeting**	

REFRESHMENT BREAK – PART TWO WILL START AT 11am

Administrative matters

9 November 2021

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Apologies

Any apologies to be noted?

Late items

Opportunity to advise any late items to be discussed at the meeting

Register of Interests: Summary, 18 October 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
Board Members		
Name	**Date**	**Nature of Interest / Company/Organisation**
Browning, Heather	4.11.19	Director – HB Partners Limited
		Member – MidCentral Governance Group Mana Whaikaha
		Board Member and Chair, HR Committee – Workbridge
	26.7.20	Director and Shareholder – Mana Whaikaha Ltd
	23.10.20	Member – Te Aho o Te Kahu (Cancer Control Agency) Consumer Reference Group
	9.2.21	Project Manager to lead Mana Whaikaha out of the Ministry of Health; stood down from appointed role of Deputy Chair of the MidCentral Governance Group for the MidCentral prototype
		Resigned as Director of Mana Whaikaha Ltd – effective from December 2020
	12.7.21	Appointed to the Support and Consultation for End of Life Choice in New Zealand (SCENZ) Group – a statutory part-time role within the Ministry of Health.
Duffy, Brendan	3.8.17	Chair and Commissioner – Local Government Commission
		Member – Representation Commission
		Chairperson – Business Kapiti Horowhenua Inc (BKH)
	17.8.21	Trustee – Eastern and Central Community Trust
Dennison, Vaughan	4.2.20	Councillor – Palmerston North City Council
	9.2.21	Member of Palmerston North City Council Infrastructure Committee
	14.9.21	Employee – Homes for People, Kaitiaki, Public Relations
		Director – Social Impact Property, Property and Support Services
		Partner – Dennison Rogers-Dennison, Accommodation Services
		Trustee – Manawatū Whanganui Disaster Relief Fund
		Chair – Camp Rangi Woods Trust
		Board Member – Softball New Zealand
		Patron – Manawatū Softball Association
		Wife is a Partner – Dennison Rogers-Dennison, Accommodation Services
		Wife is an employee – Homes for People, Kaitiaki, Support Worker
		Wife is an employee – Healthcare NZ, Community Support Worker
		Father is Managing Director, Exclusive Cleaning Services
Findlay, Lew	1.11.19	President, Manawatu Branch and Director Central District - Grey Power
		Councillor – Palmerston North City Council
		Member – Abbeyfield
	16.2.21	Vice President Manawatū Branch and Board Member of Grey Power New Zealand
Gray, Norman	10.12.19	Employee – Wairarapa DHB
		Branch Representative – Association of Salaried Medical Specialists

Register of Interests: Summary, 18 October 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
Hancock, Muriel	4.11.19 30.9.20	Sister is casual employee (Registered Nurse, ICU) – MidCentral DHB Volunteer, MidCentral DHB Medical Museum Sister-in-law is employed as a registered nurse at Whakapai Hauora
Mar, Materoa	16.12.19 11.2.20 5.8.20 13.7.21 17.8.21	Upoko Whakarae Te Tihi O Ruahine Whānau Ora Alliance Chair – EMERGE Aotearoa Matanga Mauri Ora Ministry of Health Mental Health and Addiction Chair, 'A Better Start – E Tipu Rea', National Science Challenge, Liggins Institute, University of Auckland Member of MDHB Cluster Member of local Child and Youth Mortality Review Group (CYMRG) Member of MDHB's Māori Alliance Leadership Team (MALT) Member – Te Ahu Whenua Māori Land Trust Member, Māori Provider Expert Reference Group for Transitional Health Unit
Naylor, Karen	6.12.10 9.10.16	Employee – MidCentral DHB Member and Workplace Delegate – NZ Nurses Organisation Councillor – Palmerston North City Council
Paewai, Oriana	1.5.10 13.6.17 30.8.18 13.4.21 27.7.21	Member – Te Runanga o Raukawa Governance Group Chair – Manawhenua Hauora Co-ordinating Chair – Te Whiti ki te Uru (Central Region DHB MRBs) Member Nga Manu Taiko, a standing committee of the Council – Manawatu District Council Member – Te Tihi o Ruahine Whānau Ora Alliance Board Member – Cancer Society Manawatu Appointed Member – Massey University Council Trustee – Manawatū/Whanganui Children's Health Charitable Trust Board Member – Governance Board, Mana Whaikaha
Waldon, John	22.11.18 9.2.21	Co-director and co-owner – Churchyard Physiotherapy Ltd Co-director and researcher – 2 Tama Limited Manawatu District President – Cancer Society Executive Committee Central Districts (rep for Manawatu, 1 of 2) – Cancer Society Has a contract with UCOL
Warren, Jenny	6.11.19 12.2.21	Team Leader Bumps to Babies – Barnardos New Zealand Consumer Representatives National Executive Committee – National On Track Network Pregnancy and Parenting Education Contractor – Palmerston North Parents' Centre Member of Locality Advisory Group for both Tararua and Ōtaki/Horowhenua for the Primary Maternity Project

Register of Interests: Summary, 18 October 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
	1.7.21 15.10.21	Enhancing NZ Clinical Trials – member of Consumer Focus Group (run by the Liggins Institute with funding from the Ministry of Health and Health Research Council) No longer Team Leader Bumps to Babies – Barnados New Zealand No longer Pregnancy and Parenting Education Contractor – Palmerston North Parents' Centre
Committee Members		
Allan, Simon (FRAC)	2.6.20	Deputy Chair – Manawatu Branch of Cancer Society MDHB Rep – THINK Hauora Palliative Care Advisory Panel (Ministry of Health advisory body) Director of Palliative Care – Arohanui Hospice Chair of Board – Manawatu Badminton Association
Hartevelt, Tony (FRAC)	14.8.16 14.8.16 14.8.16 7.10.19 14.10.21	Independent Director – Otaki Family Medicine Ltd Elder son is Director, Global Oncology Policy based at Head Office, USA – Merck Sharpe & Dohme (Merck) (NZ operations for Global Pharmaceutical Company) Younger son is news director for Stuff.co.nz – Fairfax Media Independent Chair, PSAAP's Primary Care Caucus – Primary Health Organisational Service Agreement Amendment Protocol (PSAAP) Resigned as Independent Chair of the Primary Care Caucus for PSAAP negotiations
Munro, Gail (HDAC)	23.3.21	Director – Eastern and Central Trust 2020 Governance Strategies Ltd 2007
Management		
Cook, Kathryn	13.4.21	Nil
Ambridge, Scott	20.8.10	Nil
Amoore, Anne	23.8.04	Nil
Anjaria, Keyur	17.7.17	Wife is a user of the Needs Assessment and Service Co-ordination Service – MDHB
Bell, Margaret	28.7.20	Nil
Billinghurst, Kelvin	6.8.20	Fellow of the Royal College of Medical Administration (RACMA) Coordinator for the Indigenous Health Programme – RACMA Member of the Rural Policy Advisory Group – RACMA Fellow of the Australasian College of Health Service Managers (ACHSM)
Brogden, Greg	16.2.16	Nil
Brown, Jeff		TBA
Catherwood, Judith	1.5.18	Nil
Davies, Deborah	18.5.18	Member, Alliance Leadership Team – Central PHO Daughter is an employee and works within hospital services – MidCentral DHB

Register of Interests: Summary, 18 October 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
Eves, Celina	20.4.20	Trustee – Palmerston North Medical Trust
Fenwick, Sarah	13.8.18	Nil
Free, Jennifer	6.8.20	Nil
Hansen, Chiquita	9.2.16 3.3.21	Employed by MDHB and seconded to Central PHO 8/10ths – MidCentral DHB CEO – Central PHO Employed by THINK Hauora as Chief Executive and seconded to MidCentral DHB as Interim General Manager, Strategy, Planning and Performance 6/10ths Husband is employed by MidCentral DHB Executive member of General Practice New Zealand (GPNZ) Executive member of Health Care Home Collaborative
Hardie, Claire	13.8.18 13.8.18 13.8.18	Member – Royal Australian & NZ College of Radiologists Trustee – Palmerston North Hospital Regional Cancer Treatment Trust Inc Member, Medical Advisory Committee – NZ Breast Cancer Foundation
Horgan, Lyn	1.5.17 18.5.18	Sister is Coroner based in Wellington – Coronial Services Member, Alliance Leadership Team – Central PHO
Horsley, Emma	6.9.21	Husband is employed by MDHB
Matthews, Rory	20.8.20	Managing Partner, FGI (NZ) Ltd trading as Francis Health Trustee/Director Te Hopai Home and Hospital Ltd
Miller, Steve	18.4.17 26.2.19 6.3.19 1.10.19	Director. Farming business – Puriri Trust and Puriri Farm Partnerships Board Member, Member, Conporto Health Board Patient's First trading arm – Patients First Member, Alliance Leadership Team, Member, Information Governance Group – Central PHO Chair – National DHB Digital Investment Board
Ratana, Darryl	29.5.19	Nil
Russell, Greig	3.10.16	Minority shareholder – City Doctors Member, Education Committee – NZ Medical Council
Scott, Gabrielle	Dec 2019	Son is a permanent MDHB employee and works within Digital Services
Tanner, Steve	16.2.16	Nil
Te Huia, Tracee	13.7.21	Member of the No Ngā Hau e whā branch of the Māori Women's Welfare League
Wanden, Neil	February 2019	Nil
Williamson, Nicki	March 2020	Nil
Zaman, Syed	1.5.18	Nil

y

Resolution

That the Part One minutes of the 28 September 2021 Board meeting be approved as a true and correct record.

MidCentral District Health Board

Board Minutes

Meeting held on 28 September 2021 from 9.00am

(held via Zoom due to COVID-19 restrictions)

PART ONE

Members

Oriana Paewai (Acting Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Norman Gray, Muriel Hancock, Materoa Mar, Karen Naylor, John Waldon, Jenny Warren.

Apologies

Brendan Duffy (Board Chair).

In attendance

Kathryn Cook, Chief Executive; Kelvin Billinghurst, Chief Medical Officer; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Judith Catherwood, General Manager, Quality and Innovation; Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke; Graeme Gillespie, Advisor, Commissioning and Contracts; Emma Horsley, Communications Manager; Kelly Isles, Director of Strategy, Planning and Accountability; Jessica Long, Advisor, Planning and Accountability; Steve Miller, Chief Digital Officer; Darryl Ratana, Deputy Chief Financial Officer; Neil Wanden, General Manager, Finance and Corporate Services.

Media – 1

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1. Apologies

An apology was received and accepted from Brendan Duffy.

Materoa Mar advised she would need to leave the meeting between 10am and 11.30am.

2.2. Late items

There were no late items.

2.3. Register of Interests Update

No updates were advised.

2.4. Minutes of the Board meeting held on 17 August 2021, Part One

It was resolved that:

the Part One minutes of the 17 August 2021 Board meeting be approved as a true and correct record.

(Moved Vaughan Dennison; seconded Jenny Warren)

2.5. Matters arising from previous minutes

At the August meeting, the Board had asked that a letter be written to the Ministry of Health (the Ministry) to highlight issues faced by migrant GPs in gaining residency. A copy of the letter sent to the Ministry and the reply received had been included in the meeting papers for information.

2.6. Verbal report from the Deputy Board Chair

A press release had been issued congratulating Dr Curtis Walker, a MidCentral District Health Board (MDHB) general physician and kidney specialist, on his appointment to the Board of Health New Zealand. The Deputy Board Chair acknowledged the appointment of Awerangi Tamihere (Ngāti Kauwhata, Rangitāne) to the Māori Health Authority. She also noted that three current District Health Board Chairs had been appointed to the Board of Health New Zealand.

2.7. Minutes of the Health and Disability Advisory Committee meeting held on 14 September 2021, Part One

The Health and Disability Advisory Committee (HDAC) Chair provided an update on key issues from the meeting. He asked that an increased focus be placed on the needs of the disabled community.

It was resolved that the Board:

note the unconfirmed Part One minutes of the Health and Disability Advisory Committee meeting held on 14 September 2021.

(Moved John Waldon; seconded Heather Browning)

2.8. Minutes of the Finance, Risk and Audit Committee meeting held on 7 September 2021, Part One

It was resolved that the Board:

note the unconfirmed Part One minutes of the Finance, Risk and Audit Committee meeting held on 7 September 2021.

(Moved Vaughan Dennison; seconded Muriel Hancock)

2.9. Manawhenua Hauora Chair's Report

The appointment of Lady Tureiti Moxon to the Māori Health Authority was noted and welcomed.

It was resolved to:

note the report from the Manawhenua Hauora Chair on the Manawhenua Hauora hui held in August 2021

note the General Manager, Māori Health's response to the Chair's report.

(Moved Oriana Paewai; seconded John Waldon)

3. STRATEGIC FOCUS

Discussion in Part Two of the meeting.

4. PERFORMANCE REPORTING

4.1. Chief Executive's Report

The Chief Executive presented this report, which was taken as read.

Positive feedback had been received from the Ministry of Health's Infrastructure Unit reviewing the MDHB's business case for the mental health unit. The Ministry has advised Ministers Little (Health) and Robertson (Finance) of this work and its potential as an exemplar. Board members acknowledged the work done by the team in developing the model of care and business case.

A Board member noted the Technical Advisory Services (TAS) report stated that "The PCI (Percutaneous Coronary Intervention) capacity required in the region is expected to grow slightly but not sufficient enough to warrant a significant growth in the development of PCI cath labs." The Chief Executive explained that a cardiac catheterisation laboratory (cath lab) at MDHB had been approved as part of the SPIRE (Surgical Procedural Interventional Recovery Expansion) project. The Hawke's Bay DHB's proposed cath lab had not been supported and would not proceed. Discussions were now taking place with Capital and Coast DHB on how to support MDHB to have an effective cath lab.

It was resolved that the Board:

note the update of key local, regional and national matters.

(Moved John Waldon; seconded Karen Naylor)

The Director of Strategy, Planning and Accountability joined the meeting.

4.2. Board KPI Dashboard

The Director of Strategy, Planning and Accountability presented this report, which was taken as read.

It was resolved that the Board:

note the areas highlighted in the KPI dashboard and associated commentary.

(Moved Muriel Hancock; seconded Norman Gray)

The Director of Strategy, Planning and Accountability left the meeting.

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer joined the meeting.

4.3. Financial Update – August 2021

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read. They noted this report was based on the provisional budget and that if proposed budget changes were approved by the Board later at this meeting, the future phasing would be different. The recent COVID-19 Level 4 and Level 3 lockdowns had affected the ability to achieve planned care surgery targets and impacted IDFs (inter-district flows).

It was resolved that the Board:

note that the month operating result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget

note that the year to date operating result for August 2021 is a surplus before one-off items of $1.420m, which is $1.140m adverse to budget

note that year to date for August 2021 COVID-19 related contribution of $0.149m and Holidays Act costs of $0.922m have been incurred. Including these results in a year to date deficit after exceptional items of $0.577m, which is $0.816m adverse to budget

note that the total available cash and equivalents of $38.777m as at 31 August 2021 is sufficient to support liquidity requirements

note this is an interim finance report and that a full report will come to the Board for consideration at its November meeting.

(Moved Oriana Paewai; seconded Karen Naylor)

4.4. **Finance Report – July 2021**

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read.

It was resolved that the Board:

note that this report was endorsed by the Finance, Risk and Audit Committee at their 7 September meeting and no concerns were raised

note that the month operating result for July 2021 is a surplus before one-off items of $0.817m, which is $0.345m unfavourable to budget

note that the July 2021 COVID-19 related net costs are close to budget and Holidays Act related costs of $0.512m have been incurred. Including these one-off costs results in a surplus after exceptional items of $0.303m, which is $0.276m adverse to budget

note that the total available cash and equivalents of $37.623m as at 31 July 2021 is sufficient to support liquidity requirements

approve the July 2021 financial report.

(Moved Oriana Paewai; seconded Karen Naylor)

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer left the meeting.

The General Manager, Quality and Innovation joined the meeting.

4.5. **Sustainability Plan Report**

The General Manager, Quality and Innovation presented this report, which was taken as read. She noted the significant progress that had been made on two business cases which were connected to the savings plan.

It was resolved that the Board:

note the Finance, Risk and Audit Committee endorsed this report at its September meeting, for the Board's consideration

note the progress in the implementation of the Sustainability Plan

approve the Sustainability Plan Benefits Framework

approve the approach and progress made to date on the Sustainability Plan 2020-2023.

(Moved Muriel Hancock; seconded John Waldon)

The General Manager, Quality and Innovation left the meeting.

The Chief Digital Officer joined the meeting.

4.6. **Te Awa Update – Digital Services Work Programme**

The Chief Digital Officer presented this report, which was taken as read and noted the positive response from staff to the online cyber security training. This had led to an increase in reported incidents and now that all email accounts had been migrated to Exchange Online, the Digital Services team were able to go directly to email boxes and delete any inappropriate emails.

It was resolved that the Board:

note the Digital Services work programme covering planned work for the 2021/22 financial year

note the progress since the last reporting period

note the national and regional activity that may impact on the planned work programme.

(Moved Muriel Hancock; seconded John Waldon)

The Chief Digital Officer left the meeting.

The Advisor, Strategy and Planning and the Director of Strategy, Planning and Accountability joined the meeting.

4.7. Non-financial Monitoring Framework and Performance Measures – Quarter Four, 2020/21

The Advisor, Strategy and Planning and the Director of Strategy, Planning and Accountability presented this report, which was taken as read.

A Board member noted that there was an inequity for Māori related to adolescent oral health. She asked that future reports show how this inequity was being addressed and whether it had improved. The Chief Executive advised that adolescent oral health was an area where MDHB had a positive equity perspective and the results were better for Māori than non-Māori, but that may be declining.

Management noted that the Ministry were now monitoring adolescent dental enrolments on a quarterly basis.

The Board noted the significant reduction in the prevalence of smoking by Māori women over the last quarter, as a result of the programmes being delivered by Te Ohu Auahi Mutunoa.

The Advisor, Strategy and Planning agreed to provide an update on colonoscopy wait times for the next quarter, particularly for non-urgent and surveillance colonoscopies. The Chief Executive noted that wait times had improved since the district moved back into COVID-19 Alert Level 2.

Under item 4.2.2 of the report, Children fully immunised by two years of age, the last sentence should read: "There has been a significant decline for Māori, from 83.4 percent (n.141/169) last quarter to 69.4 percent (125/180) in quarter four."

Acknowledgement

The Chief Executive noted this would be Chiquita Hansen's last Board meeting in her role as Interim General Manager, Strategy, Planning and Performance as she would be returning to her role as Chief Executive of THINK Hauora and taking on another new challenge. She acknowledged the support and contribution Chiquita had provided to the DHB during the team since the beginning of March 2021. Debbie Davies, the Operations Executive, Te Uru Kiriora, Primary, Public and Community Health would take on the Interim General Manager, Strategy, Planning and Performance role from 1 October 2021.

All Board members thanked Chiquita for her work, noting her huge workload which had included challenges from the health reforms transition and the COVID-19 vaccination programme and lockdown.

It was resolved that the Board:

> *note the summary report on Stellar and progress made in delivering MidCentral District Health Board's Annual Plan and performance expectations for the fourth quarter of 2020/21*
>
> *note the mitigations in place for those performance measures or deliverables that were not meeting expectations for Quarter Four, 2020/21.*
>
> *(Moved Vaughan Dennison; seconded Jenny Warren)*

The Advisor, Strategy and Planning and the Director of Strategy, Planning and Accountability left the meeting.

The Advisor, Commissioning and Contracts joined the meeting.

5. DISCUSSION/DECISION PAPERS

5.1. Schedule of Commitments for 2021/22

The Advisor, Commissioning and Contracts presented this report, which was taken as read.

The Deputy Board Chair noted that both THINK Hauora and Te Tihi o Ruahine Whānau Ora Alliance already used the Commissioning for Outcomes Framework model.

It was resolved that the Board:

note the process for the review and renewal of contracts ending on 30 September 2021

note the new Commissioning for Outcomes Framework

note several contract service lines have been identified by directorates as requiring significant change

note the Finance, Risk and Audit Committee endorsed the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments at its meeting on 7 September 2021

approve the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments.

(Moved Muriel Hancock; seconded Heather Browning)

Board member, Materoa Mar and the Advisor, Commissioning and Contracts left the meeting.

The Operations Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth joined the meeting.

6. INFORMATION PAPERS

6.1. Midwifery Workforce Update

The Clinical and Operations Executives, Te Uru Pā Harakeke presented this report, which was taken as read. Three new graduate applications had been received to start in 2022. Staff morale was still variable but had improved over the last six months.

Board members noted the low response rate to maternity surveys. Management advised that the number of surveys conducted was expected to improve following the appointment of a permanent administrator.

It was resolved that the Board:

note the current midwifery workforce position

note the key updates to the Midwifery Action Plan.

(Moved Muriel Hancock; seconded Karen Naylor)

The Operations Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth left the meeting.

6.2. Nursing Workforce Update

The Executive Director of Nursing and Midwifery presented this report, which was taken as read.

The Deputy Board Chair acknowledged that Bonnie Matehaere, Nurse Educator Māori had received the Te Runanga o Aotearoa Service Award for her outstanding service to nursing.

In response to questions about 'shifts below target', the Executive Director of Nursing and Midwifery explained that not every shift 'below target' was an 'unsafe shift'. A number of metrics are used, including the Variance Response Management (VRM) system. The Integrated Operations Centre and the Duty Nurse Manager worked closely with the nursing team in each clinical area to review staffing levels and put mitigations in place to ensure safe staffing. Staff are encouraged to submit a RiskMan report if they feel unsafe on a particular shift. Future reports to the Board would include a summary of mitigations for shifts 'below target' and the VRM response.

It was resolved that the Board:

note the nursing workforce report.

(Moved Lew Findlay; seconded Karen Naylor)

The General Manager, Quality and Innovation joined the meeting.

6.3. Payments to Consumer Council Members

The General Manager, Quality and Innovation presented this report, which was taken as read.

It was resolved that the Board:

note the Cabinet Fees Framework requirements for payments to members of MidCentral District Health Board (MDHB's) Consumer and Clinical Council.

(Moved Oriana Paewai; seconded Karen Naylor)

The General Manager, Quality and Innovation left the meeting.

6.4. Board's Work Programme

The report was taken as read.

A Board member asked what format would be used for the annual Board evaluation, which was on the work plan for November. It was agreed that the Board Chair would advise Board members of the process.

The triennial review of the Memorandum of Understanding between MDHB and Manawhenua Hauora was due to be completed in September 2021. Manawhenua Hauora had agreed this was not necessary, given the transition to Health New Zealand next year.

It was resolved that the Board:

note the Board's annual work programme.

(Moved Oriana Paewai; seconded Muriel Hancock)

7. GLOSSARY OF TERMS

8. LATE ITEMS

No discussion.

9. DATE OF NEXT MEETING

Tuesday, 9 November 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

10. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	***Reason***	***Ref***
'In Committee' minutes of the previous Board meeting	For reasons set out in the agenda of 17 August 2021	
Combined Medical Staff and Executive Action Plan	To maintain effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)

MDHB 2020/21 Draft Annual Report and Financial Statements	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Enable NZ 2020/21 Draft Annual Report	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Budget and Annual Plan 2021/22 Update	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Insurance Update 2021/22 Financial Year	To protect negotiations, including commercial and industrial	9(2)(j)
Medical Air System Replacement and Upgrade	To protect negotiations, including commercial and industrial	9(2)(j)
e-Referrals and e-Triage Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
e-Transcription and e-Communications Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
Ownership and Governance of Enable NZ	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Board only time	No decision sought	
'In Committee' minutes of the previous HDAC meeting	**For reasons set out in the agenda of the 14 September 2021 meeting held with the public present**	
Serious Adverse Events (SAC 1) Report	To protect patient privacy	9(2)(a)
'In Committee' minutes of the previous FRAC meeting	**For reasons set out in the agenda of the meeting held on 7 September 2021**	

(Moved Vaughan Dennison; seconded Muriel Hancock)

Part One of the meeting closed at 10.30am

Confirmed this 9th day of November 2021

……..

Board Chair

MidCentral District Health Board

- Schedule of Matters Arising, 2021/22 as at 20 October 2021

Matter	Raised	Scheduled	Responsibility	Form	Status
Provide regular reports to the Board on issues faced by staff members relating to MIQ, visa and residency	Oct 21 FRAC	Feb 22	K Anjaria	Report	Scheduled
Future Non-financial Monitoring Performance quarterly reports on adolescent oral health to show how the inequity was being addressed and whether it had improved	Sept 21	Dec 21	D Davies J Long	Report	Scheduled
Provide an update on colonoscopy wait times for the next quarter, particularly for non-urgent and surveillance colonoscopies	Sept 21	Dec 21	D Davies J Long	Report	Scheduled
Future nursing workforce updates to show the number of shifts below target after mitigations were in place	Sept 21	Dec 21	C Eves	Report	Scheduled
Advise Board members of the process for conducting annual Board evaluation (on work programme for November 2021)	Sept 21	Nov 21	B Duffy	Board only	Scheduled
Discuss process for receiving reports from CMS	Sept 21	Nov 21	B Duffy	Board only	Scheduled
Future Quality and Safety Walk-round reports to include details of actions and any themes	May 21	May 22	J Catherwood	Report	Scheduled
Review of car parking arrangements PNH, including readdressing all carpark feedback and suggestions (Dec 20: after traffic engineering review completed)	April 17	Ongoing	N Wanden	Report	Scheduled
COMPLETED					
Include updates on MDHB's plan to transition to Health New Zealand on the work programme	Sept 21	Nov 21	M Bell	Report	Completed
Internal audit report – Māori Health Equity Review to be included on the agenda for a future MDHB and Manawhenua Hauora Board hui	April 21	~~Aug 21~~	T Te Huia	Report to Manawhenua Hauora	Superseded
Prepare new costings for Horowhenua Respite Facility – email to Board members for approval	Aug 21	Sept 21	V Caldwell S Ambridge	Email	Completed
Report on process for calculating fees for Council members in line with Cabinet Fees Framework	Aug 21	Sept 21	J Catherwood M Bell	Report	Completed
Write to the Ministry of Health to highlight issues faced by migrant GPs in gaining residency	Aug 21	Sept 21	C Hansen	Letter	Completed – response received
Report on options for Enable New Zealand in the health reforms – FRAC meeting then Board	July 21	Sept 21	M Riwai	Report	Completed – 7 Sept FRAC; Sept Board

Matter	Raised	Scheduled	Responsibility	Form	Status
Summary of discussion from Medical Workforce Workshop held 6 July 2021 to be loaded on Stellar	Aug 21	Aug 21	M Bell	Upload Stellar	Completed
Discuss recruitment of a person with lived experience of disability to become a member of HDAC with the Consumer Council chair	Dec 20	~~Feb 21~~ ~~May 21~~ Aug 21	B Duffy	Report	Not proceeding – impact of health system reforms
Present a draft health sector reforms transition plan for MDHB	July 21	Aug 21	V Caldwell	Report	Completed
Provide more detailed commentary about incidents in Health, Safety and Wellbeing dashboard reports, including how they are being addressed	May 21	Aug 21	K Anjaria	Report	Completed
Include details on workforce shortages in the Health, Safety and Wellbeing report if data is available	May 21	Aug 21	K Anjaria	Report	Completed
Provide breakdown by service area for incidents of staff shortages, including location, what was being recorded, why it was being recorded and what was being done to address the issue	Feb 21	~~May 21~~ Aug 21	K Anjaria	Report	Completed
Write letter of congratulations to former Board member, Barbara Cameron, on receiving QSM in Queen's Birthday Honours	July 21	July 21	B Duffy	Letter	Completed
Check on wheelchair access for Alcohol and Other Drug services – from walk-round March 2020	May 21	July 21	J Catherwood	Verbal update	Completed
Send calendar invitations for long service awards ceremonies to Board members	May 21	June 21	M Bell	Meeting invite	Completed

Verbal report from the Board Chair

The Board Chair will provide an update on recent activities

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Finance, Risk and Audit Committee meeting held in the Board Room, MidCentral District Health Board, Palmerston North on 19 October 2021 from 9.00am

(Some participants joined via Zoom due to COVID-19 restrictions)

PART ONE

COMMITTEE MEMBERS
Oriana Paewai, Committee Chair
Tony Hartevelt, Deputy Committee Chair, Independent *(via Zoom)*
Brendan Duffy, Board Chair
Simon Allan, Independent
Heather Browning
Vaughan Dennison *(via Zoom)*
John Waldon

APOLOGIES

IN ATTENDANCE
Kathryn Cook, Chief Executive
Neil Wanden, General Manager, Finance and Corporate Services
Darryl Ratana, Deputy Chief Financial Officer
Margaret Bell, Board Secretary

IN ATTENDANCE (part meeting)
Keyur Anjaria, General Manager, People and Culture
Bruno Dente, Partner, Deloitte *(via Zoom)*
Darren Horsley, Principal Risk and Resilience Officer
Lucy Nicol, Associate Director, Deloitte *(via Zoom)*
Gabrielle Scott, Executive Director, Allied Health

1. KARAKIA

Oriana Paewai opened the meeting with a karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

An apology was noted from Jared McGillicuddy, Internal Audit Manager, Technical Advisory Services.

2.2 Late items

There were no late items.

2.3 Register of Interests Update

Tony Hartevelt

Resigned from role as Independent Chair of the Primary Care Caucus for PSAAP negotiations (Primary Health Organisational Service Agreement Amendment Protocol).

In relation to item 6.4 – Facilities Performance

Vaughan Dennison noted his previously declared interest as a Palmerston North City Councillor. It was agreed this did not create a conflict of interest.

2.4 Minutes of the previous meeting

It was resolved:

> *that the Part One minutes of the meeting held on 7 September 2021 be approved as a true and correct record. (Moved Brendan Duffy; seconded Heather Browning)*

2.5 Matters arising from the previous minutes

There were no matters arising from the previous minutes.

3. PERFORMANCE REPORTING

3.1 Financial Update – September 2021

The Deputy Chief Financial Officer presented the report, which was taken as read. He noted that the September report included expenditure timing changes for the revised budget of $26.195m deficit for 2021/22. The financial reports for July and August 2021 had been reported against the original budget and could not be altered.

The recent COVID-19 lockdown and restrictions had impacted planned care. Further investigations of Te Uru Rauhī – Mental Health and Addiction Services outsourced costs would be included in the full September financial report.

In response to a question, the General Manager, Finance and Corporate Services explained that under the Operational Policy Framework, DHBs were entitled to overdraw up to the level of one month's Ministry of Health funding. MidCentral DHB's (MDHB) total cash and equivalents were expected to be sufficient to support liquidity requirements until the handover to Health New Zealand on 1 July 2022.

It was resolved that the Committee:

> *note that the month operating result for September 2021 is a deficit before one-off items of $3.351m, which is $0.162m adverse to budget*
>
> *note that the year to date result for September 2021 is a deficit before one-off items of $1.992m, which is $1.304m adverse to budget*
>
> *note that year to date for September 2021 COVID-19 related contribution of $0.150m and Holidays Act costs of $1.478m have been incurred. Including these results in a year to date deficit after exceptional items of $3.320m, which is $0.883m adverse to budget*
>
> *note that the total available cash and equivalents of $31.454m as at 30 September 2021 is sufficient to support liquidity requirements*
>
> *note that this is an interim finance report and that a full report will come to the Board for consideration at the October meeting. (Moved John Waldon; seconded Heather Browning)*

3.2 Finance Report – August 2021

The Deputy Chief Financial Officer presented the report, which was taken as read. He noted this report was based on the original 2021/22 budget of $30.622m; and explained the risks identified for the ongoing impacts of COVID-19, achieving planned care targets and Software as a Service.

It was resolved that the Committee:

note that the month operating result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget

note that the year to date operating result for August 2021 is a surplus before one-off items of $1.420m, which is $1.140m adverse to budget

note that year to date for August 2021 COVID-19 related contribution of $0.149m and Holidays Act costs of $0.922m have been incurred. Including these results in a year to date deficit after exceptional items of $0.577m, which is $0.816m adverse to budget

note that the total available cash and equivalents of $38.777m as of 31 August 2021 is sufficient to support liquidity requirements

endorse the August financial report. (Moved John Waldon; seconded Heather Browning)

3.3 Report to FRAC and Information Systems Report

The Partner and the Associate Director, Deloitte, joined the meeting via Zoom to speak to this report. They extended thanks to the finance team for their cooperation and support during the audit. The following key points were noted:

- Still working with Audit New Zealand to develop procedures for Holiday Pay provision. This qualification may remain for the health sector, but it was hoped it could be removed for MDHB for the current year.
- Most District Health Boards (DHBs) had requested a Letter of Comfort this year. MDHB had recently received a Letter of Comfort from the Ministry of Health, which will be forwarded to Deloitte.
- Land and buildings valuations increased across the sector. Revaluations carried out for MDHB were considered reasonable.
- As DHBs would be disestablished from 1 July 2022, the going concern assumption was not being used this year. Assets would be transferred to Health New Zealand.
- It was hoped more information on the health sector reforms would be available from the Office of the Auditor-General before the Annual Report needed to be signed.

Deloitte agreed to amend the report as follows:

- Page 11 – Explain that the budgeted deficit for 2020/21 was $4.9m, excluding Holidays Act compliance provision and COVID-19 costs. The actual deficit of $38.9m included Holidays Act and COVID-19 costs.
- Page 11 – note that the Government has appointed positions for the Health New Zealand Board.

A separate management letter was issued for MDHB's Information Systems. There was an action plan in place for management to address the findings. The Committee would receive regular reports on progress against these recommendations, including user access rights.

It was resolved that the Committee:

note the Deloitte audit reports.

note that to protect personal privacy, this report will be considered as a Part Two document. (Moved John Waldon; seconded Heather Browning)

3.4 2020/21 Annual Report Financial Statements – Update

The Deputy Chief Financial Officer presented the report, which was taken as read. He noted that the webPAS business case being presented in Part Two of this meeting could have an impact on the 2020/21 Annual Report financial statements.

Deloitte explained that the financial statements were for the 12-month period following the signing date, not the balance date. Therefore, if the business case was approved by the Board and the contract signed in November, it would be considered material and need to be shown as an adjustment.

It was resolved that the Committee:

note the 2020/21 MidCentral DHB and Enable NZ Limited Annual Report and Financial Statements have been approved by the Board

note the Board Chair and Deputy Chair have been authorised to sign the Annual Report and Letter of Representation on behalf of the Board

note that the statutory deadline for completing annual reports has been extended to 31 December 2021 and will result in a delay to the planned signing date for MidCentral DHB and Enable NZ Limited. (Moved John Waldon; seconded Heather Browning)

The Partner and the Associate Director, Deloitte left the meeting.

The Executive Director, Allied Health joined the meeting.

3.5 Sustainability Plan

The Executive Director Allied Health presented this report on behalf of the General Manager, Quality and Innovation. The report was taken as read.

The Chief Executive advised that the Amber and Red areas would be addressed at the next Organisational Leadership Team (OLT) meeting. Further data analysis of nurse specialling was being carried out to ensure that contracted nurses filling roster gaps were not included in the numbers. An update would be provided to the next Committee meeting, including actions planned to address the issue. A Committee member suggested that the need for specialling patients could be reduced if more senior doctors were involved in care planning coordination.

Management agreed to revise the presentation of Sustainability Plan Savings table (Appendix Four) to make it easier to understand.

It was resolved that the Committee:

note the progress in the implementation of the Sustainability Plan

note the Sustainability Plan benefits baseline and monitoring dashboard

note August 2021 indicates a deficit to plan of $25,060 year to date

endorse the approach and progress made to date on the Sustainability Plan 2020-2023, for the Board's consideration. (Moved Simon Allan; seconded Brendan Duffy)

3.6 Clinical Audit Review Findings Update – October 2021

The Executive Director Allied Health presented this report on behalf of the General Manager, Quality and Innovation. The report was taken as read. She noted that some Māori Health Equity targets were behind target due to the ambitious timeline that had been set.

The Chief Executive noted the calibration of a radiation dosimeter had been delayed as a person needed to gain a place in a Managed Isolation and Quarantine facility (MIQ). There was no clinical risk associated with this delay.

It was agreed that the General Manager, People and Culture would provide reports to the Board on issues faced by staff members relating to MIQ, visa and residency.

It was resolved that the Committee:

endorse the progress of the clinical audit recommendations. (Moved Oriana Paewai; seconded Brendan Duffy)

The Executive Director, Allied Health left the meeting.

The Principal Risk and Resilience Officer and the General Manager, People and Culture joined the meeting.

4. STRATEGY AND PLANNING

No items.

5 DISCUSSION/DECISION PAPERS

No items.

6 INFORMATION PAPERS

6.1 Internal Audit Update

The General Manager, Finance and Corporate Services presented the report, which was taken as read.

It was resolved that the Committee:

note the update on the internal audit programme status report. (Moved John Waldon; seconded Brendan Duffy)

6.2 Health, Safety and Wellbeing

The General Manager, People and Culture presented the report, which was taken as read. He noted that the action plan submitted to the Accident Compensation Corporation (ACC) to align with ACC audit elements had been accepted.

On 11 October 2021, the Government announced that all health and disability sector workers must be fully vaccinated against COVID-19 by 1 December 2021 and to have received their first dose by 30 October 2021. Full details of the Health Order had yet to be received but staff and contractors were being encouraged to get vaccinated.

Some Committee members expressed concern that staff who did not want to be vaccinated would need to resign. The Chief Executive advised that MDHB would follow a nationally consistent approach to applying the Health Order.

It was resolved that the Committee:

note the quarterly Health, Safety and Wellbeing report

endorse the quarterly Health, Safety and Wellbeing report for submission to the Board. (Moved Brendan Duffy; seconded Heather Browning)

6.3 Holidays Act Compliance Project Update

The General Manager, People and Culture presented the report, which was taken as read.

It was resolved that the Committee:

note the update on the Holidays Act Compliance Project, and the ongoing work being carried out to resolve non-compliance

note that the accrual of liability as of August 2021 is $48.147m with a year to date spend of $0.992m, and a further $0.750m accrued towards rectification costs for this financial year. (Moved John Waldon; seconded Tony Hartevelt)

The General Manager, People and Culture left the meeting.

6.4 Facilities Performance

The General Manager, Finance and Corporate Services presented this report on behalf of the Director, Facilities and Estate Management. The report was taken as read.

Management noted that several of the risks identified were included in Enterprise Risk ID 728 Infrastructure, which was due for review in December 2021. The residual risk rating was currently 'Critical 15'. In response to a question, the General Manager, Finance and Corporate Services advised that the projected investment for activities such as electrical and water were included in the Capital Intentions report to be discussed in Part Two of this meeting.

The Chief Executive advised that a COVID-19 resilience plan was being developed, using modelling based on varying levels of immunisation and open borders. This plan covered primary health care, community providers, hospital services and welfare.

It was resolved that the Committee:

note progress on addressing infrastructure risks through targeted capital programmes

note that a substantial programme of infrastructure work is included in the capital expenditure plan for 2021.22 and outyears

note the impact of COVID-19 on infrastructure requirements

note that further significant works will be required

note that the Gas Supply contract has been renewed under an All of Government contract for a further three years. (Moved John Waldon; seconded Heather Browning)

6.5 Enterprise Risk Update – MDHB and Enable NZ

The Principal Risk and Resilience Officer presented the report, which was taken as read. It was agreed that the risks associated with 'Living with COVID-19' would be considered and commentary included in the next Enterprise Risk report.

It was resolved that the Committee:

note the update for the newly commissioned MidCentral District Health Board (MDHB) enterprise risk – Risk ID 916: Care closer to home

note the agreed changes in reporting of enterprise risks to the Finance, Risk and Audit Committee (FRAC) as a result of four enterprise risks being transferred to management

note the current status of Enable New Zealand strategic risks

endorse the recommendation to develop a series of 'Transition to new entity' risks. (Moved John Waldon; seconded Tony Hartevelt)

The Principal Risk and Resilience Officer left the meeting.

6.6 Committee's Work Programme

The General Manager, Finance and Corporate Services presented the report, which was taken as read.

It was resolved that the Committee:

note the Committee's annual work programme. (Moved Oriana Paewai; seconded Brendan Duffy)

7. GLOSSARY OF TERMS

No discussion required.

8. LATE ITEMS

There were no late items for Part One.

9. DATE OF NEXT MEETING

Tuesday, 30 November 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

10. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	***Reason***	***Ref***
'In committee' minutes of the previous meeting	For reasons set out in the meeting agenda of 7 September 2021	
Enable New Zealand Enablement Programme	To protect negotiations, including commercial and industrial	9(2)(j)
Replacement of High Acuity Patient Monitors	To protect negotiations, including commercial and industrial	9(2)(j)
e-Prescribing and Administration	To protect negotiations, including commercial and industrial	9(2)(j)
Laboratory Result Electronic Sign Off/ Computerised Physician Order Entry (CPOE) Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
webPAS Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
SPIRE Stage One Contract	To protect negotiations, including commercial and industrial	9(2)(j)
Construction Contract for EDOA/MAPU Project	To protect negotiations, including commercial and industrial	9(2)(j)
Capital Intentions	To protect negotiations, including commercial and industrial	9(2)(j)
Health Reform Transition Progress	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)

Moved Oriana Paewai; seconded Vaughan Dennison

Part One of the meeting closed at 11.27am

Confirmed this 30th day of November 2021

……
Chairperson

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

To	Board
Author	Tracee Te Huia, General Manager, Māori Health
Endorsed by	Kathryn Cook, Chief Executive
Date	15 October 2021
Subject	**Manawhenua Hauora Chair's Report – and General Manager, Māori Health's response**

Key questions the Board should consider in reviewing this paper:

- Is the Board confident that the discussion points of Manawhenua Hauora are being partnered and supported where appropriate?
- Does the Board support that Manawhenua Hauora seeks to find its fit into the reform and lead to shape what that looks like in the future?
- Are there any follow up points the Board has for either the Organisational Leadership Team or Manawhenua Hauora?

RECOMMENDATION

It is recommended that the Board:

- **note** the report from the Manawhenua Hauora Chair on the Manawhenua Hauora hui held in September 2021
- **note** the General Manager, Māori Health's response to the Chair's report.

Strategic Alignment

This report is aligned to the DHB's 10-year strategy and Ka Ao, Ka Awatea Māori Health Strategy.

1. PURPOSE

To provide the Manawhenua Hauora Chair's report on the September 2021 Manawhenua Hauora meeting and advise the Board of management's responses to issues raised in the Chair's report.

2. SUMMARY

The report covers the following subjects:

- Transition Unit Update
- End of Life Act 2019
- COVID-19 Vaccination Programme
- Kaimahi Ora Whānau Ora.

3. MDHB'S RESPONSES

Transition Unit Update

MidCentral District Health Board (MDHB) is continuing discussions about the support required for Manawhenua Hauora as it transitions to the new requirements for an Iwi Māori Partnership Board. Advice was received by the Māori Directorate from the Ministry of Health (the Ministry) in October that outlines the process for the establishment of these boards. Establishment plans have been resourced immediately on invoice at $20k to complete with further resource being released in November for the implementation of the plans.

End of Life Act 2019

MDHB is awaiting guidance from the Ministry on the implementation of the Act. It is hoped that cultural advice will also be provided. Manawhenua Hauora will be advised once this guidance has been received.

COVID-19 Vaccination Programme

Good feedback was provided by Manawhenua Hauora to improve the Māori response to the programme. Additional resource has been placed into data and digital services and Māori communications. Opportunities to incentivise the community was also discussed and some great ideas adopted. Social media now provides weekly updates to the community with the data for each localilty and the rates of first and second vaccination doses. This has been a huge hit with the community. The Regional

Interagency Network leaders all agreed to support the Super Saturday vaccination event by getting out into their communities and by adding all vaccination site information on to their organisation's websites. This was a real community district wide commitment with full support of the Mayors. Iwi and Māori providers have worked tirelessly to ensure better access to vaccinations with providers using innovative approaches to reaching whānau. The photos below show a collaborative approach between Muaūpoko Tribal Authority and local businesses who donated two pigs, barrows and vegetables to incentivise whānau to get vaccinated.

Photos supplied by Muaūpoko Tribal Authority.

Kaimahi Ora Whānau Ora

In 2017 Kaimahi Ora, Whānau Ora MidCentral District Health Board's Māori Health Workforce Development Strategy 2017-2022 was developed alongside its implementation plan. The strategy was written and underpinned by Te Pae Māhutonga, a framework developed by Sir Mason Durie and was approved by the DHB and Manawhenua Hauora.

In line with the most recent statement of intent, there have been other developments since 2017 internally, including MDHB's 10-year strategy and Ka Ao, Ka Awatea refresh (2020-2022), which have highlighted the need for a stronger, more sustainable workforce. MidCentral DHB has three key priorities these being, workforce, equity for Māori and, data and digital. The recently

approved new equity for Māori funding has resourced Kaimahi Ora, Whānau Ora to ensure key projects can be completed and a pipeline for growth and development pathway is established. Coupled with the national programmes under Health Workforce New Zealand and Kia Ora Hauora, MDHB is now fully equipped to deliver to 'Grow our Own'.

For clarity, the refresh is not a replacement of the Kaimahi Ora, Whānau Ora strategy or implementation plan but is an analysis of what's been implemented, what still needs to be implemented and any other actions identified following consultation with key stakeholders. The Organisational Leadership Team and Manawhenua Hauora are key stakeholders who have now endorsed the refresh for implementation.

Meeting held 27 September 2021

LEGAL ENTITY OPTIONS

An overview on particular options was provided by the legal advisor. The recommendation was for a charity trust to be established for the purposes and aspirations of Manawhenua Hauora becoming the Iwi Māori Partnership Board in the future. Agreement was reached to include taura here as part of the membership. A Deed will be developed for the members to ratify in October/November. This process will enable the transition unit process for establishing and resourcing Iwi Māori Partnership Boards by November 2021.

TRANSITION UNIT UPDATE

The Chair acknowledged the board appointments for both iHealth NZ and iMāori Health Authority with special mention of Dr Curtis Walker for HNZ an Awerangi Tamihere for the Māori Health Authority, Sir Mason Duries daughter. Well done to them both. The Iwi Maori Partnership Board capacity assessment is being completed by each iwi ready for the transition unit. This will be used to identity capacity and capability issues that need resourcing. This work is being led by Te Tihi o Ruahine. In addition, a requirement for establishment plans have been requested by mid-November, at which point these will be assessed and resourced accordingly by the transition unit.

END OF LIFE CHOICE ACT 2019

Dr Claire Hardie was welcomed and thanked for bringing this kaupapa to the table. It's a challenging discussion for Māori to have and more challenging for iwi leaders as we know this will impact immensely on our whanau and they don't even know what the changes mean. The question was raised about how MDHB will ensure Maori know what the Act changes are and what it means for them and how will MDHB ensure cultural sensitivity is achieved. Dr Claire Hardie agreed to discuss this with Pae Ora although made it clear that DHB wasn't even ready with its processes for this change in the Act. An update will be provided to Manawhenua Hauora on implementation in due course.

MDHB COMMISSIONING FOR OUTCOMES FRAMEWORK

The Outcomes Framework recently developed by the Strategy Planning and Performance team was tabled for discussion. Manawhenua Hauora requested to understand how this framework aligns with the co-design in contracting currently occurring between Pae Ora and providers starting with Rangitāne o Manawatū. We were advised that the processes align, and that the framework was a guide to establishing contracts with providers. There would be no hinderance to the current efforts to move to outcomes commissioning with iwi and Maori providers foreseen. Manawhenua Hauora endorsed the framework.

E REFERRALS, TRIAGE AND E TRANSCRIPTIONS BUSINESS CASES

The business cases were taken as read and there was a resounding endorsement for these cases to go ahead. Manawhenua Hauoras view as that these process and systems should have been in place a long time ago. Well done to the team that has pulled the business cases together. We appreciate the work done on them and can see how Maori will benefit from processes and systems such as these.

MDHB ALCOHOL STATEMENT

The consensus for endorsing the alcohol statement was an easy one for Manawhenua Hauora. One of the biggest issues for Maori is alcohol use. We support this statement whole heartedly and thank the DHB for their leadership on the matter.

COVID 19 PROGRAMME UPDATE

There were approximately 11,945 Maori who weren't vaccinated in our district at the time of the meeting with the deadline for getting dose one being the 8 November, a significant day for the Ratana movement. We were advised there are 12 Maori coordinators across the district now ensuring providers and communities are well supported. All coordinators meet weekly to ensure their delivery is lined up and synchronised. Immunisation training is being provided in some localities to upskill the Maori workforce. This is a significant and advantageous effort for our people in the future. Fay Selby-Law has been appointed by Ngāti Kauwhata to support the Maori response to the vaccination programme. Fay comes to us with huge public population health experience having worked in that part of the sector for years. There is a strong push by all iwi and Maori providers with the support of Te Tihi o Ruahine to improve the vaccination numbers for Maori by December when this programme finishes. Manawhenua Hauora congratulated and thanked the DHB COVID response team and the iwi and Maori providers for the great work they are doing toward making our whanau and communities safe.

KAIMAHI ORA WHĀNAU ORA

The refreshed plan was provided to Manawhenua Hauora for its endorsement for implementation. It was welcomed with open arms with some good feedback to the writers. We welcomed Marcy Williams the new Maori Workforce lead into her role and thanked her for her leadership over the refresh. Manawhenua Hauora was delighted to see that iwi and Maori providers were prioritised in the plan and that there was a focus on ensuring an increase in Maori staff across the sector. Improving the cultural responsiveness was an important highlight for Manawhenua Hauora with much discussion had around racism and discrimination. We asked Pae Ora to review its training programme for cultural responsiveness and to increase access to the training by all staff. Of note was the low numbers of doctors completing the treaty training. We were pleased the Board was scheduled for the treaty training in October and that the 'wall walk' would follow. This is something every staff member of the health sector should complete. Manawhenua Hauora endorsed the plan for implementation.

Strategic focus

9 November 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Strategic focus

No items for this meeting

Performance reporting

9 November 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the report provide a useful update on local, regional and national matters?
- Are there any additional matters that should be included as routine items in future updates?

To	Board
Author	Kelsey Tanner, Executive Assistant to the Chief Executive
Endorsed by	Kathryn Cook, Chief Executive
Date	2 November 2021
Subject	**Chief Executive's Report**

RECOMMENDATION

It is recommended that the Board:

- **note** the update of key local, regional and national matters.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler, 'Stewardship'.

1. PURPOSE

To provide the Board with an update of key local, regional and national matters. No decision is required.

2. LOCAL MATTERS

2.1. COVID-19 Vaccination Planning

The COVID-19 vaccination programme is moving into the final quarter of planned delivery. The programme has built sufficient capacity to complete delivery with the 46 active delivery sites registered with the Ministry of Health (the Ministry). MidCentral District Health Board (MDHB) remains on target for delivery of total numbers.

Following the move into Alert Level 4 on 18 August 2021, and the subsequent move back down to Alert Level 2, the planning team is now focused on where the lower coverage areas are across the rohe. Delivery remains available via a range of general practice, pharmacy and iwi and Māori providers. The mobile bespoke delivery has increased, taking smaller teams into focus areas to facilitate access. Recent examples include delivering vaccinations at a methadone clinic, a clinic alongside the Salvation Army and delivering to whānau at the Pongaroa Tavern.

The Super Saturday event on 16 October 2021 provided an opportunity to further engage whānau and increase coverage, particularly for first doses. With a significant collaborative effort, the teams provided 29 different vaccination locations and opportunities spanning from Ōtaki beach to Dannevirke. There are usually around six vaccination locations available on a Saturday. The team set the weekly target of 15,000 vaccinations and surpassed this with over 16,000 delivered that week, with over 5000 on Saturday. The teams were supported by a range of community volunteers and initiatives providing entertainment, kai and spot prizes. There was a definite 'festival' atmosphere at the localities.

Delivery across the rohe continues to span broad hours, including after-hours clinics and weekends to provide optimum accessibility and ensure a range of options are available to residents – especially those in rural and remote locations. With access now available to coverage data at the locality and meshblock level, the programme is being targeted to increase delivery in these communities. Workplaces and schools as locations have also provided important vaccination opportunities for whānau.

Delivery at workplaces, schools and kura is also in progress, providing whānau-based opportunities for vaccination. To date, 10 schools have either supported vaccination education sessions and/or vaccination clinics being held on or very near to their sites. Six schools have held vaccinations clinics on school grounds, and discussions are continuing with other schools. MDHB is working to the Ministry's advice to adopt a whānau approach. Offering vaccination to the whole whānau where appropriate and at schools within our rohe are part of that approach.

Use of the online national booking system, 'BookMyVaccine' has reduced as a large number of clinics are now available with no booking necessary. Primary care continues to operate a mostly booking based delivery, with a range of providers providing walk-in capacity daily. Bookings can still be made if this is preferred.

The introduction of a third dose for severely immuno-compromised people is being worked through to ensure this is delivered in an equitable manner (as this requires a prescription).

Communications continue around the vaccination programme and are in an activation and amplification phase. It is important to ensure people who may be hesitant are receiving the right messages at the right time to make a positive choice; and to connect effectively with hard to reach and hesitant groups. This focus will be supported through multiple communications channels including mainstream media, social media, leaders within the community and internal communications channels.

The following table provides an update of doses delivered as at 1 November 2021.

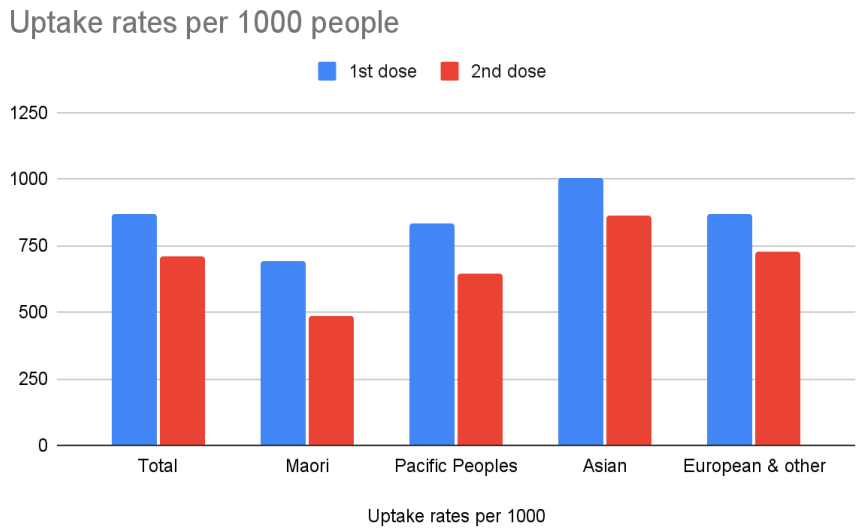
		All ethnic groups as at (% of 12+ population[1])	Māori (% of 12+ population[2])	Pacific (% of 12+ population[3])
MidCentral DHB residents vaccinated anywhere	Received first dose	131,441 (86%)	17,370 (72%)	3, 782 (85%)
	Received two doses	110,273 (72%)	12,620 (52%)	2, 945 (66%)
Vaccinations delivered in MidCentral DHB	Received first dose	124,969	16,221	3574
	Received two doses	104,601	11,736	2733
Total doses administered locally		**241,716**	**29,990**	**6,727**
Residents vaccinated against total target		**86%**	**72 %**	**85 %**

[1] 159,830 population, [2] 30,460 population, [3] 4,720 population

At the locality level for first dose coverage, Palmerston North is now at 92 percent, Manawatū at 89 percent, Tararua at 83 percent, Horowhenua (including Foxton and Shannon) at 86 percent and at 84 percent in Ōtaki. This is total population coverage. It is acknowledged that vaccination rates for Māori (and Pasifika) are some way off achieving 90 percent coverage.

The focus remains on working with iwi and Māori partners to increase vaccination uptake for these populations to ensure the programme achieves an equitable delivery and vaccination coverage.

2.1.1. Equity



The uptake rates have increased since they were last reported, with the largest percentage increase for Māori whānau.

Equity continues to be a key focus in delivering the vaccination programme. The vaccination coordinators working with all iwi and Māori providers are having a tremendous impact on Māori vaccination uptake across the district. These coordinator roles are identifying vaccination approaches and workplaces with high Māori (and Pasifika) workforces, with clinics being quickly organised based on this information. The work of the coordinator roles is being noticed throughout communities. Schools are reaching out to these roles for support with education sessions for students and whānau and to establish vaccination clinics within schools.

The iwi and Māori partnered approaches are continuing to service high numbers of the Māori (and Pasifika) population. The latest data shows that MDHB is continuing to track in line with the national rates for Māori. It's important to keep the momentum up and increase vaccination rates for this population group.

The iwi and Māori engagement stream continue to partner with iwi and Māori leaders to determine the most appropriate approaches to increase uptake of vaccinations by Māori. The DHB also continues to work with Te Tihi o Ruahine Whānau Ora Alliance to increase vaccination communication efforts across the district. Te Tihi are also providing Māori data analytics and insights across the vaccination programme. Iwi and Māori leaders are signalling this is a valuable analysis that is assisting their coordinators with determining vaccination approaches. This analysis of data is also utilised by the DHB to further support and redirect vaccination efforts.

Vaccination clinics will continue at the existing nine iwi partnered vaccination sites across the district until the end of the programme. MDHB will engage in discussions with iwi and Māori providers to discuss and plan for the rollout of the programme to primary care. Iwi and Māori providers have been supported to increase their vaccination capacity through training of the supervised vaccinator workforce. Along with the impact the vaccination coordinators are having with vaccination uptake, it is envisaged this positive work will continue as the programme shifts into primary care. It is expected these providers will also be instrumental in supporting the uptake of other vaccinations across Māori communities, such as influenza and the measles, mumps, and rubella (MMR) vaccines.

2.1.2. Future strategic considerations

The planning team is now working on the transition of the programme post December 2021. Nationally, the delivery operating model is yet to be agreed upon but will include vaccination for new 12-year-olds and a third dose for the immune-compromised. The development and preparation for clinical cases of COVID-19 cases continue at both hospital and community levels. An important aspect of this will be to ensure that any ongoing approach delivers a sustainable equitable programme into the future. The significant extra workforce engaged in the current delivery provides an opportunity to retain valuable resources to ensure the delivery of this and other vaccination programmes.

2.2. COVID-19 Vaccination Order

The Ministry has announced the COVID-19 Public Health Response (Vaccinations) Order 2021 (the Order) which requires health and disability sector employees to have their first COVID-19 vaccination by 11.59pm on 15 November 2021 and to be fully vaccinated by 1 January 2022. Any worker who does not comply with these vaccination deadlines must not work in a role that requires them to be vaccinated under this Order. The Order applies to all MDHB employees.

MDHB is communicating with employees to advise them of the Order; that all DHB employees are required to be vaccinated by the above dates; and they will not legally be allowed to undertake their role if they have not been vaccinated. DHBs will be implementing nationally consistent processes to ensure the provisions of the Order are met. The Government wants everyone covered by the Order to be vaccinated and there are very few exceptions to this. There is provision for exceptions and exemptions in rare circumstances, such as for medical conditions or to prevent significant disruption to essential health services.

MDHB managers have access to reports, which are updated each day, to show each employee's vaccination, fit-testing and vulnerability status. It is acknowledged that the vaccination order may result in the employment of a small number of staff who choose not to be vaccinated, to be terminated, following due process.

The Chief Medical Officer, supported by a couple of senior medical officers, have made themselves available to talk to staff who have questions about the vaccine to help them make informed decisions.

2.3. Staff Vaccination Status

At the time of writing this report, almost 94 percent of the MDHB's workforce have responded to the request to provide their COVID-19 vaccination information. Over 87 percent of staff have reported they are fully vaccinated and another 5.4 percent as being partially vaccinated (and have booked their next dose). This brings the total to 92.4 percent of MDHB's staff to being either fully or partially vaccinated.

The number of staff who have indicated that they have not been vaccinated has been dropping steadily over the last few weeks (from 63 as at 22 October, down to 41 as at 2 November). MDHB continues to follow up with staff who have not yet responded to this information request and will be accessing the central immunisation records as part of the requirements of the Vaccination Order. MDHB continues to encourage unvaccinated staff to consider getting vaccinated.

MDHB has a walk-in vaccination clinic for staff on campus and information about this is being circulated through the Staff News emails.

An education session led by MDHB's Chief Medical Officer, supported by a senior infectious disease consultant, was held on 29 October to respond to any staff questions about the Pfizer mRNA vaccine.

2.4. Respirator Fit-testing

MDHB offers an array of approved Respiratory Protective Equipment (RPE), including disposable P2 type N95 face masks, respirator masks, half-hoods, and full hoods. The DHB is resourced to provide fit-testing to staff on a regular basis and has scheduled daily clinics until all staff are fully fit-tested. In discharging its obligations as a responsible Person Conducting a Business or Undertaking (PCBU), the DHB has also been fit-testing its contracted staff (Rescue Helicopter pilots, Ventia and Compass) at no cost to them.

2.5. Financial Update

The result for September is a deficit before one-off items of $3.351m and is $0.162m adverse to budget. Net revenue for the month is $4.559m favourable to budget and is more than offset by expenditure, which is $4.760m adverse to budget.

The year-to-date result is a deficit of $1.992m, which is $1.304m adverse to budget. There was a net benefit for the month from 'below the line' costs to bring the overall reported variance to $0.883m adverse.

While the financial performance to date is behind budget, the forecast presented to the Ministry indicates a year-end deficit in line with the revised budget of $26.195m.

2.6. Inaugural Golden Hip Awards 2021

The Golden Hip Award is an idea the Australia and New Zealand Hip Fracture Registry (ANZHFR) has borrowed, with permission, from the Scottish Hip Fracture Registry. The annual award will be presented in New Zealand and Australia by the ANZHFR to the hospital with the best overall performance, using the Hip Fracture Care Clinical Care Standard.

The award was presented for the first time on Wednesday 22 September 2021. The top five performing hospitals in New Zealand were recognised, with Palmerston North Hospital placing third.

2.7. Acute Demand Weekend Discharge Pilot

MDHB accepted an invitation from the Ministry to participate in an acute demand weekend discharge pilot programme. MDHB continues to have a strong focus on acute patient flow, shorter stays in the Emergency Department and reducing the length of inpatient stay. One of the areas that has been identified to focus on is improving weekend discharging to improve overall flow within the system.

2.8. The Health Quality and Safety Commission

The Health Quality and Safety Commission (HQSC) released the latest national and local DHB data on the Quality and Safety Markers (QSMs) and the health system quality dashboard. This provides data to the end of June 2021. MDHB continues to perform well against the QSMs.

A highlight is the hand hygiene performance where the DHB has delivered a range of improvement efforts, resulting in consistently achieving the target over the last year. The health system quality dashboard provides DHBs and other health providers with information about quality and safety performance and trends and includes a detailed equity analysis. This data is used to support MDHB with its continuous quality improvement efforts and informs the Quality Improvement Plan. The data can be accessed on the HQSC website.

2.9. Associate Minister of Health (Māori Health), Hon. Peeni Henare

On 28 October 2021, the Associate Minister of Health (Māori Health), Hon. Peeni Henare and his Ministerial party visited MDHB's local providers and iwi. The sites visited included Ōtaki College, Muaūpoko Tribal Authority and Raukawa Whānau Ora in Levin, MDHB's COVID-19 designated testing site in Papaioea (Palmerston North) and finally, Te Wakahuia o Manawatū Trust. The Minister intends to make his way around the country to support the Māori whānau vaccination efforts.

The Minister was pleased with the work that is occurring in the MDHB region to support vaccination uptake. He was particularly impressed with the collaborative nature in which the region works stating MDHB has "All the necessary ingredients for success".

2.10. End of Life Choice Act

MDHB has developed policies and procedures to support staff with respect to assisted dying services. These documents are now available on the staff intranet through the controlled documents section. There is also a dedicated page on the intranet which provides information and resources for staff, including links to training and education modules.

The End of Life Choice Act introduces assisted dying, meaning a person with a terminal illness who meets eligibility criteria can request to voluntarily end their life. Assisted dying is not a replacement for palliative care or other health services. It is another option for a terminally ill person, should they wish to consider it.

2.11. Long Service and Values Awards

The second MidCentral DHB Long Service Awards ceremony took place in the Education Centre at Palmerston North Hospital on Tuesday 26 October. The Board Chair, Chief Executive and Executive Team distributed awards to 15 members of staff with a length of service ranging from 20 to 40 years.

The event took place with appropriate public health measures, including distancing and mask wearing. It was a positive and uplifting event. The final event for this year will be held on 29 November and Board members have been invited to attend. There will be more events in 2022 to celebrate staff who have achieved 20 or more years of service with MDHB.

2.12. Major Projects

2.12.1. SPIRE (Surgical Procedural Interventional Recovery Expansion)

The SPIRE project has commenced the construction phase. Maycroft Construction was awarded this contract and commenced work on 11 October. Initially, they will focus on Stage One, for which the detailed design is complete.

The detailed design for Stage Two is under development and is on track for completion in February 2022. Building consent has been received for Stage One. An amendment will be submitted for Stage Two in February 2022.

A transition plan is in place, with endorsement from senior medical staff. This plan sets out how business continuity will be achieved through the construction phase.

2.12.2. Acute Mental Health Unit

The project is progressing steadily. The final draft of the preliminary design has been issued and is now undergoing peer review. Engagement with iwi continues.

During the week beginning 27 September, exemplary feedback was received on the Model of Care for MDHB's new acute mental health facility. The Acting Deputy Director-General – Infrastructure from the Ministry of Health said "… the team here at HIU was very pleased to receive the Model of Care for your Acute Mental Health Facility, which was deemed an exemplar for what others should be aiming for across the Mental Health Infrastructure Programme. I advised Ministers Little and Robertson today of this excellent work – and potential to use it as an example of what good looks like. Please pass on my thanks to your team."

2.12.3. Medical Assessment Planning Unit (MAPU)/Emergency Department Observation Area (EDOA) Unit

Design, construction and consenting is occurring in two stages to expedite the project, with Stage One focused on foundations and below, and Stage Two on the above foundation works. The detailed design for both stages is now complete and building consent applications lodged. Maycroft Construction has been appointed the main contractor.

Civil works associated with the project will require the relocation of disability and other parks. The disability parks will not move until new ones are established in front of the hospital. Public access to other car parks will be redirected.

2.12.4. Fluoroscopy

The new fluoroscopy machine has arrived in New Zealand. The old machine has been decommissioned and removed.

The mechanical engineers undertaking this work are also undertaking other priority jobs for MDHB. Prioritisation of these jobs is occurring. It is anticipated the fluoroscopy machine will be in place, commissioned and operational in February 2022.

3. REGIONAL MATTERS

3.1. Regional Services Plan

At the Regional Chief Executive (CE)s meeting on 1 November 2021, the CEs endorsed the Regional Services Plan for 2021/2022. This plan is available on the Stellar platform – MDHB/Board/Reports and Documents/2021 Documents/Central Region Health Response v13.

3.2. Central Region Health Emergency Response Planning Programme

3.2.1. Central Regional Health Emergency Plan

The Central Region Health Emergency Plan is the overarching plan to enable the region to respond to any public health emergency that may arise from different events such as a major earthquake, flood or pandemic. A central region health response may arise when the resources of one or more DHBs are, or have the potential to be, overwhelmed and potentially require assistance either from within the central region or nationally. The Central Regional Health Emergency Plan focuses on how the region can collectively support each DHB within this region and provide national support, as requested.

The plan provides the process for notification, activation and setting up a coordinated response to such emergency for the central region. A refreshed plan is currently being finalised.

3.2.2. Central Region Coordination Centre (CRCC)

The Central Region Coordination Centre establishment is one of three work streams associated with the Central Region Health Emergency Response Planning Programme.

The nation's approach to COVID-19 has shifted from elimination to living with COVID-19. There is a need for central region reassurance to respond centrally, and the health and emergency plan needs looking into for strengthening, from MIQ to vaccines. Work was undertaken for the development of a central region emergency response to align with a national approach to COVID-19. The response focuses on the activation of a regional coordination centre to move from a local response to each DHB having an Incident Management Team (IMT) within a national context, against response triggers.

The Central Regional Coordination Centre is based on the Coordinated Incident Management System (CIMS) and mutual aid principles. It is not intended to replace the existing clinical and operational relationships between District Health Boards. It sets out a generic process for managing regional health responses, including emergencies with structures (irrespective of origin), assignment of roles and responsibilities, standard reporting and other relevant guidance.

The purpose of the CRCC is to:

- conduct surveillance with supporting insights and analytics to inform action as required
- coordinate the regional health and disability sector response to, and recovery from, health emergencies
- ensure appropriate coordination of all health and disability service providers and close liaison with Civil Defence and recovery management at regional and local levels.

An update on the work stream and resourcing was provided to the Central Regional CEs at their November meeting.

3.2.3. Resilience Plan

The final element of Central Region Health Emergency Response Planning Programme is COVID-19 resilience planning.

On Monday 11 October, a directive was issued by the Ministry for regions to complete their regional resilience plans using the format developed by the Northern region.

The Central, Midland and Southern regions were asked to urgently assign a 1 FTE programme manager and 1 FTE resilience plan writer for a period of four weeks to lead the development of regional plans.

To respond to this request, the central region reassigned a programme manager from the Single System of Care programme to focus on completing the resilience plan. The first iteration of the plan was facilitated by the Technical Advisory Services (TAS) programme manager with a small advisory group including representatives from all central region DHBs, the General Managers Planning and Funding, Chief Operating Officers, and General Managers Māori.

The plan was submitted to the Ministry on 21 October following approval by the Central Region Resurgence and Resilience Planning Group. Work is ongoing to respond to the Ministry's direction as national approaches are finalised.

4. NATIONAL MATTERS

4.1. Acting CEs Appointed to Interim Health NZ and Interim Māori Health Authority

On Friday 29 October, it was announced that Acting Chief Executives have been appointed to Health New Zealand and the Māori Health Authority to ensure momentum is maintained until permanent Chief Executives are in place. Martin Hefford has been appointed as Acting Chief Executive of the interim Health New Zealand. Chad Paraone has been appointed Acting Chief Executive of the interim Māori Health Authority.

4.2. Health and Disability Reform

On Friday 29 October 2021, the Minister of Health and the Minister for Disability Issues announced significant changes for the disability sector. The announcement confirmed the setting up of an independent Ministry for Disabled People, which will be supported by the Ministry of Social Development (MSD) from 1 July 2022.

The system transformation uses the Enabling Good Lives principles, which has been prototyped at MDHB – Mana Whaikaha. This will now be rolled out to all of New Zealand in a phased approach.

There is a key focus on accessibility with legislation being drafted to guide agencies towards improving access for disabled people across all environments and communities. This will be introduced to the Government after July 2022.

These changes are destined to improve health and social outcomes and will be led by disabled people and whānau in partnership with Government.

4.3. Multi-Employer Collective Agreement Bargaining

4.3.1. NZ Nurses Organisation (NZNO)

The NZNO Nursing and Midwifery Multi-Employer Collective Agreement (MECA) has been ratified by NZNO members and is currently being prepared for the DHB CEs signatures. Following this, the new MECA will be implemented as soon as possible. With the previous settlement of the Public Service Association (PSA) (Nursing) MECA and the Midwives MECA (below), all nursing and midwifery MECAs have now been settled.

4.3.2. Midwifery Employee Representation and Advisory Services (MERAS)

The Midwifery MECA has been ratified by MERAS members, signed by the CEs, and is currently being implemented by DHBs. MDHB expects to have this implemented within the next four weeks.

4.3.3. PSA Mental and Public Health Nursing

The PSA Nursing MECA has been ratified and once signed by DHB CEs, will be implemented by the DHBs as soon as possible.

4.3.4. Pay Equity Bargaining – Nurses and Midwives

The Nursing and Midwifery MECA settlements include interim pay equity base salary adjustments and pay equity lump sum payments as an interim measure. These are in anticipation of the pay equity claim for nurses and midwives being settled. The parties will continue to work in partnership to progress the pay equity claims process to determine the extent of historical sex-based undervaluation and to reach an agreed pay equity settlement.

4.3.5. FIRST Union

The DHB has a Single Employer Collective Agreement (SECA) with the FIRST Union, covering pharmacists. An offer will be made when the national PSA Allied, Public Health and Scientific MECA has reached a settlement. Pharmacists in other DHBs are covered by this national MECA and MDHB's settlement will be in line with the national agreement.

4.3.6. Other Pay Equity Claims

The agreement reached between DHBs and the Public Service Association (PSA) in November 2020 has now progressed to the next stage. All clerical/administration roles have been mapped to nationally agreed role profiles, so they can be accurately placed within agreed salary ranges based on the role profiles. This exercise is being led nationally and DHBs and the PSA are waiting for the outcome of the process.

Pay equity work continues with the Association of Professional and Executive Employees (APEX) and the PSA (Allied and Scientific, and Nursing roles).

5. ORGANISATIONAL LEADERSHIP TEAM AND STAFFING MATTERS

5.1. Resignation of Director of Strategy, Planning and Accountability

After a six-year journey with MDHB, Kelly Isles has resigned from her position of Director of Strategy, Planning and Accountability to take up an opportunity with THINK Hauora.

Kelly hopes to continue working together. Part of her new role is to strengthen the relationship between MDHB and THINK Hauora and ensuring work is being undertaken collectively as one team during the health sector transition. I would like to sincerely thank Kelly for her work and support as she moves into her new role.

5.2. Resignation and Staff Movements Across Corporate Functions

While turnover across the DHB has traditionally remained low (about eight percent), there has been an increase in the turnover rates mainly in the corporate (non-clinical) roles, which has increased to about 14 percent. While the resignations are mostly in the Digital Services and People and Culture areas (Communications and Human Resources), increased turnover is being witnessed across other enabler functions too (Quality and Innovation, Pae Ora team).

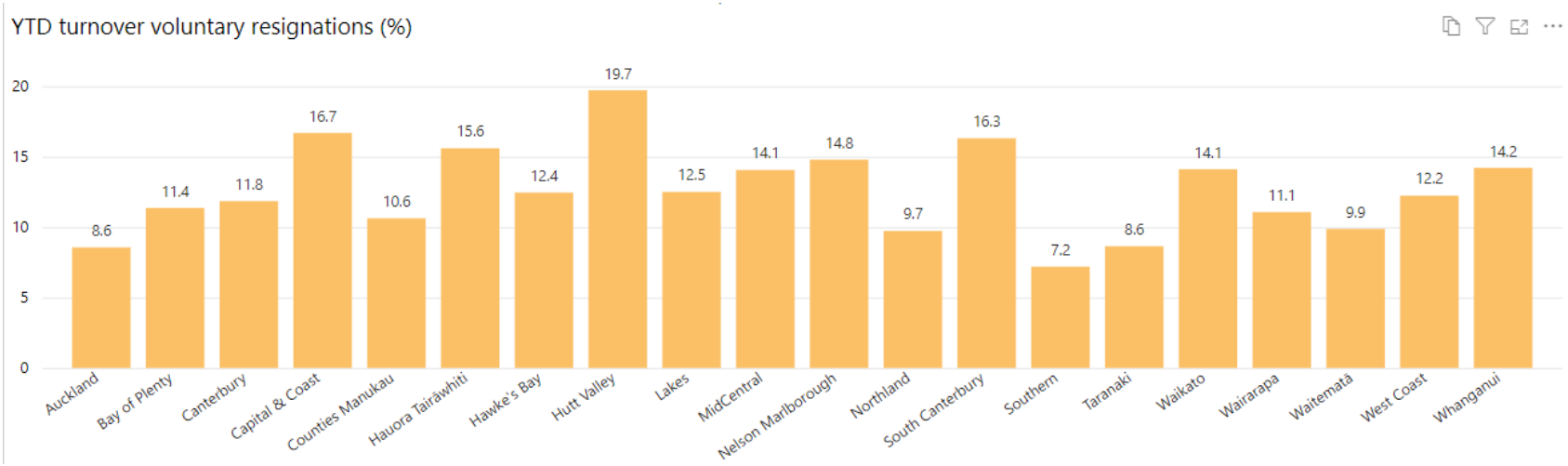
The table below shows the turnover across other professional groups for MDHB.

Professional group	Annual Turnover as at 30 June (MDHB)
Nursing and Midwifery	10.2
Management and Admin	14.1
Allied Health	10.2
Senior Medical Officers	5.9
Support Personnel	8.6

This increased trend is apparent across other DHBs. TAS is now collecting information about turnover across these functions to get a better understanding of this risk.

Staffing losses, coupled with lack of suitable candidates applying for roles as the DHB looks to replace these vacancies, will result in increased pressure across these functions over the next few months.

The chart below shows the turnover for management admin (corporate roles) across the 20 DHBs.



BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the dashboard provide insight on key areas of performance for the Board in an easy-to-understand format?

To	Board
Author	Kelly Isles, Director of Strategy, Planning and Accountability Deborah Davies, Interim General Manager, Strategy, Planning and Performance
Endorsed by	Kathryn Cook, Chief Executive
Date	21 October 2021
Subject	**Board KPI Dashboard**

RECOMMENDATION

It is recommended that the Board:

- **note** the areas highlighted in the KPI dashboard and associated commentary.

Strategic Alignment

This report is aligned to the District Health Board's (DHB's) strategy and key enabler, 'Stewardship'.

1. INTRODUCTION

This report provides a regular overview of both service and performance key metrics, applying a Māori health equity perspective to measures (as appropriate) and highlighting any significant changes in trends.

The dashboards in this report present a high-level overview of key indicators. These dashboards are focused on the period from July to September 2021. The trend refers to a comparison between the July to September 2021 period alongside the same period from the previous year. Where possible, a graph has been incorporated in the commentary to provide a comparison between this financial year and the previous three financial years.

This report particularly focuses on areas of non-performance and what steps are being taken to mitigate any risks. The highlighted areas of challenge or non-performance are:

- Immunisations
- After hours consultations
- Shorter stays in ED
- ESPI 5 waiting times
- Mental health discharges.

1.1. Twelve Health System Indicators

Reporting of the 12 new Health System Indicators, based on the Government's six priorities for health, was due to start this quarter. However, the Ministry of Health (the Ministry) now plans to commence this reporting in December 2021. The first Board meeting for 2022 will contain modified KPI dashboards, which will be reported on quarterly. These new dashboards will reflect the 12 indicators at both a national and district level.

The indicators highlighted in yellow below are not reported in the current dashboards. The non-financial reporting (due to be presented at the December 2021 Board meeting), and the equity dashboard reporting, will continue to complement these KPI dashboards and provide more detail regarding specific areas of the business.

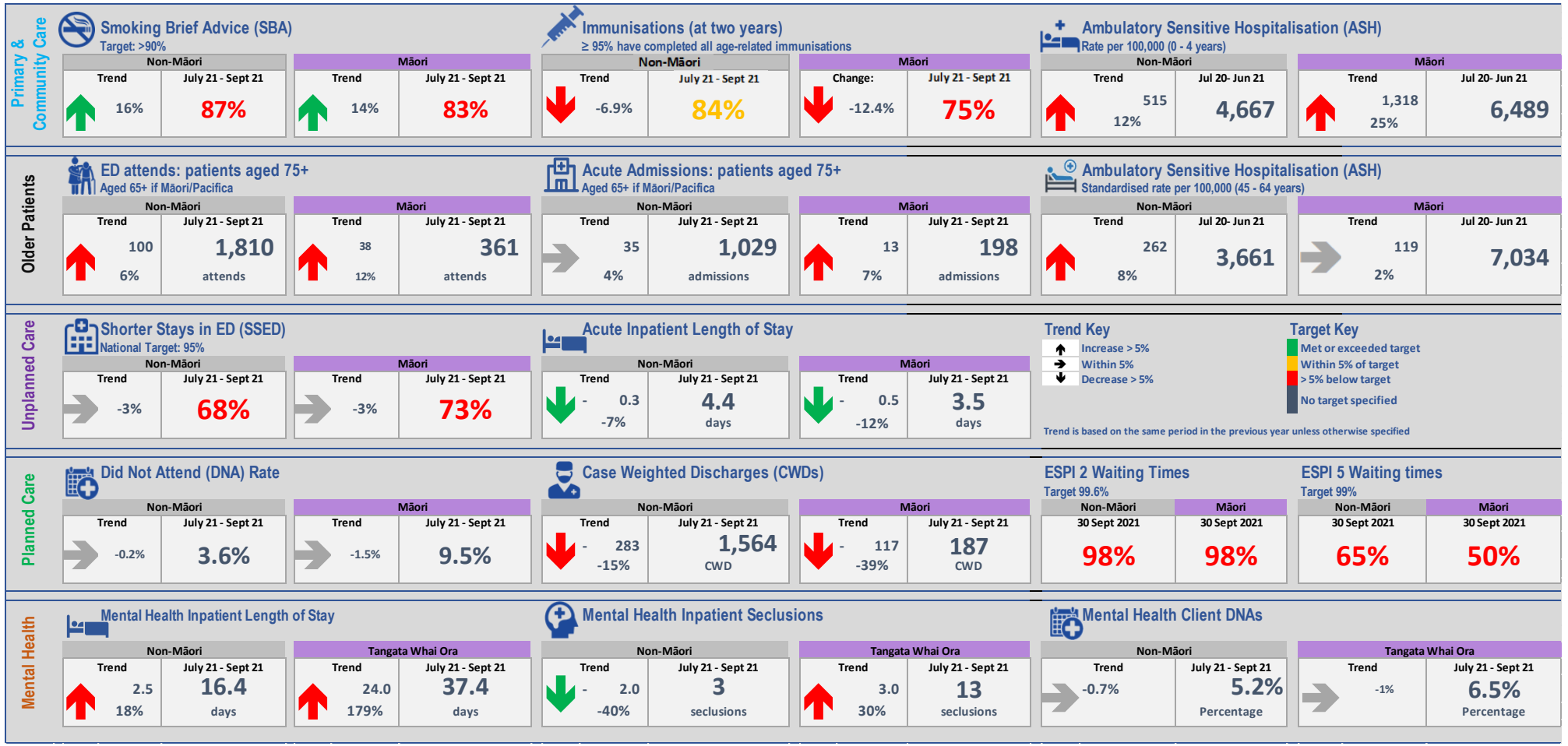
The high-level Health System Indicators are:

Government priority	High-level indicator	Description
Improving child wellbeing	Immunisation rates for children at 24 months	Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old
	Ambulatory sensitive hospitalisations for children (age range 0-4)	Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community
Improving mental wellbeing	Under 25s able to access specialist mental health services within three weeks of referral	Percentage of child and youth accessing mental health services within three weeks of referral
	Access to primary mental health and addiction services	In development
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45-64)	Rate of hospital admissions for people aged 45-64 for an illness that might have been prevented or better managed in the community
	Participation in the bowel screening programme	In development
Strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care including emergencies
	Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan
Better primary health care	People report they can get primary care when they need it	Percentage of people who say they can get primary care from a GP or nurse when they need it
	People report being involved in the decisions about their care and treatment	Percentage of people who say they felt involved in their own care and treatment with their GP or nurse
Financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus/deficit as a percentage of total revenue
	Variance between planned budget and year end actuals	Budget versus actuals variance as a percentage of budget

2. SERVICE VIEW

NOTE – 5. Metric definition; and 5.1 Service view metric definition is provided at the end of this report.

3. PERFORMANCE VIEW



NOTE – 5. Metric definition; and 5.2 Performance view metric definition is provided at the end of this report.

4. DETAILED COMMENTARY

4.1. Primary and community

Primary health consultations were lower as at 30 September 2021 compared to the same three-month period for the previous year. Both reporting periods were significantly affected by the impact of COVID-19 lockdowns. During the 2020 comparative reporting period, MDHB was at Alert Level 2, while in the current reporting period MDHB experienced a Level 4 lockdown. A decrease in consultations was expected. The ability to apply learnings from previous lockdowns allowed people to continue to seek and get help if they needed it through a variety of virtual mechanisms.

After-hours consultation levels continue to be higher as at 30 September 2021, compared to the same three-month period for the previous year. This is for both Māori and non-Māori populations. Over the last year, several community clinics have been run after hours for influenza and COVID-19 vaccinations, which may be affecting overall after-hours volumes. Public holidays such as Easter and Anzac Day were all during lockdown last year, which would further drive down last year's after-hours volumes.

The approach is to target investment in services, and work with partners, that go directly to where communities live/work/play. This approach proved successful during the Flu Vaccination campaign in 2020.

Enrolment pressures continue, with no general practices in the Horowhenua locality open to enrolments over the quarter – including for newborns and out of district whānau. Whilst some whānau have the means and ability to enrol and travel to Palmerston North for their vaccinations, vulnerable populations are significantly affected. MDHB is currently undertaking weekly monitoring of an Immunisation Action Plan as agreed with the Ministry of Health (the Ministry).

4.2. Update of the Childhood Immunisation Plan for Quarter One

Childhood immunisation rates remain below target. It is pertinent to note that the demographic profile of the population more likely to decline or 'delay/avoid' childhood vaccinations over the past 18 months, are now the same population more likely to be represented in the 'hard to reach' COVID-19 vaccination cohort. Both programmes are facing the same challenges of engagement with a sector of the community who have a long-standing lack of engagement and distrust of the healthcare system. Feedback from whānau is that the recent COVID-19 lockdown has increased the anxiety of parents to present to clinics and hesitancy about 'strangers' coming into their home bubbles.

A significant effort has been made to systematically work through the National Immunisation Register (NIR) generated 'overdue' lists to identify and correct those that have been completed at the practice but the NIR has not updated correctly. The change of the PCV and MMR Schedule in 2020 resulted in some inaccurate entries from vaccinators which skews notification of overdue events to the NIR. Focus on correction of incorrect PCV (Pneumococcal vaccine), MMR (Measles, Mumps and Rubella vaccine) inputs, removal of redundant recalls and updating serial decliners will continue into Quarter Two.

There has been a focus on working with practices with the highest numbers of overdue pepi/tamariki to improve immunisation rates. The team has been reinforcing the need to engage with whānau with conversations rather than 'quick/easy' methods of texting or sending letters. Many of the practices have been focused on the drive for COVID-19 vaccinations and catching up from the previous lockdown period. The THINK Hauora team has been doing a significant amount of work contacting whānau on the overdue lists. There has been a steady increase of Outreach Immunisation Service (OIS) referrals over the quarter from this activity. For reasons unknown, many of these referrals have been returned to THINK Hauora for follow up as 'Return to practice'.

Throughout the lockdown periods, and subsequent pressures of the COVID-19 vaccination drive, THINK Hauora-based Childhood Schedule Vaccinators have largely been kept to childhood vaccination activity only.

The THINK Hauora Immunisation team started to provide home visits to willing Horowhenua whānau in response to ceasing of other outreach services in that locality during Alert Levels 3 and 4. Weekday immunisation clinics held by THINK Hauora continue, but will need to expand to meet demand in response to lowered capacity of the OIS.

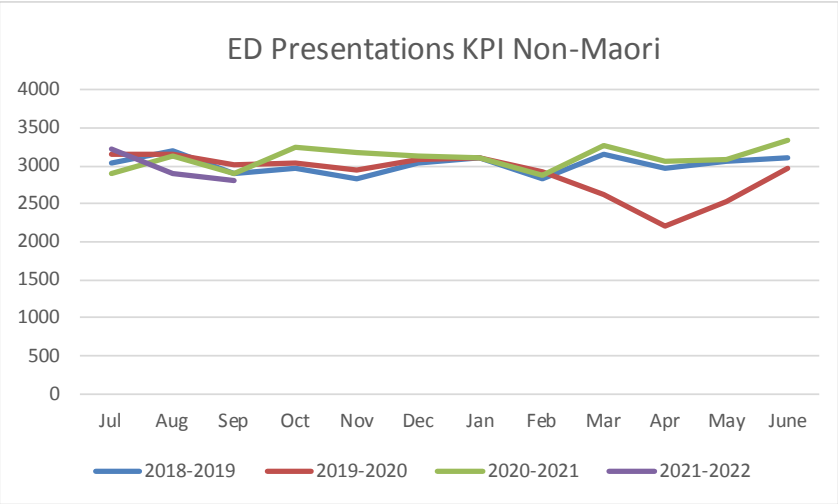
4.3. Ambulatory Sensitive Hospitalisations for 0-4 years

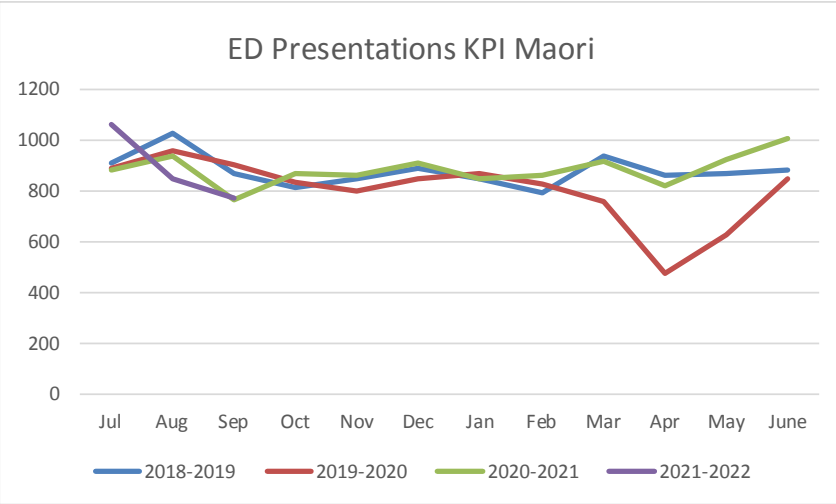
An increase to Ambulatory Sensitive Hospitalisations for 0-4 years was expected over this reporting period, compared to last year. COVID-19 related border closures last year was partly responsible for very few winter illnesses being seen in children last year.

An outbreak of Respiratory Syncytial Virus (RSV) nationally and locally caused significant increase to attendance in the Emergency Department and admission to the Children's Ward, in June 2021.

4.4. Unplanned care

Emergency Department (ED) presentations for both non-Māori and Māori decreased compared to August 2020 and September 2020. There were 3770 presentations to ED in August 2021 and 3591 in September 2021. The Transitory Care Unit (TCU) continues to be utilised to support patient flow. The TCU is currently relocated. Road trauma presentations have decreased, below the average of 33 – with 24 in both August 2021 and September 2021. This is likely to be due to the National COVID-19 Level 4 lockdown.



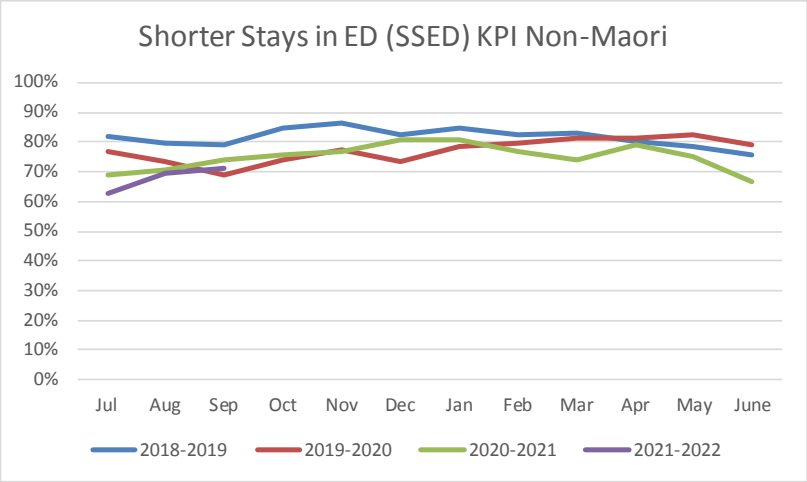


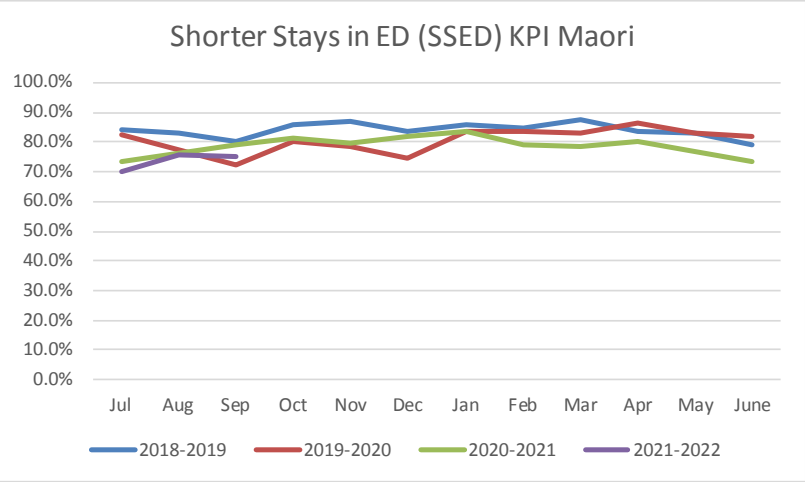
Overall performance in ED continues to be impacted by high occupancy in inpatient wards, at 100 percent. The acute inpatient length of stay has improved, with a seven percent reduction to 4.4 days for non-Māori, compared with the same period last year. There is an improvement to the acute inpatient length of stay for Māori to 3.5 days. This is a reduction of 12 percent compared with the same period last year.

An action plan for Shorter Stays in Emergency Department (SSED) performance and patient flow has been developed, which includes, short, medium and long-term initiatives. This has been shared with the Ministry to provide a more in-depth view of initiatives. The MDHB has been invited and accepted to participate in a Ministry-sponsored pilot, focused on weekend discharging of patients and increasing the availability of allied health professionals at weekends.

Initiatives undertaken to improve SSED and patient flow:

- A surge plan is being developed by senior medical staff from ED for the rapid decant of patients in a significant incident or event.
- The Variance Response Management (VRM) working group is focused on a hospital-wide levelling of VRM coding.
- The ED TrendCare working group has been established to plan for the implementation of TrendCare in ED.
- The Chief Medical Officer (CMO) is working with Senior Medical Officers (SMOs) to review professional accountabilities. The CMO has had initial discussions with services for the establishment of professional accountabilities with patient groups in ED.
- There has been increased communications to clinical teams raising awareness to utilise the bariatric advisory team. Engaging with the bariatric advisory team can support a timely and safe stay and discharge for this cohort of patients.
- The Acute Demand Governance Group has been re-established. They have met, and will specifically focus on the community initiatives that assist in reducing presentations to ED.
- Full employment to agreed CCDM staffing is an enabler for patient pulling from ED to wards, and subsequent discharge. For example, when the inpatient surgical wards have a full complement of staff, one Registered Nurse (RN) is allocated the defined role of admission and discharge nurse.

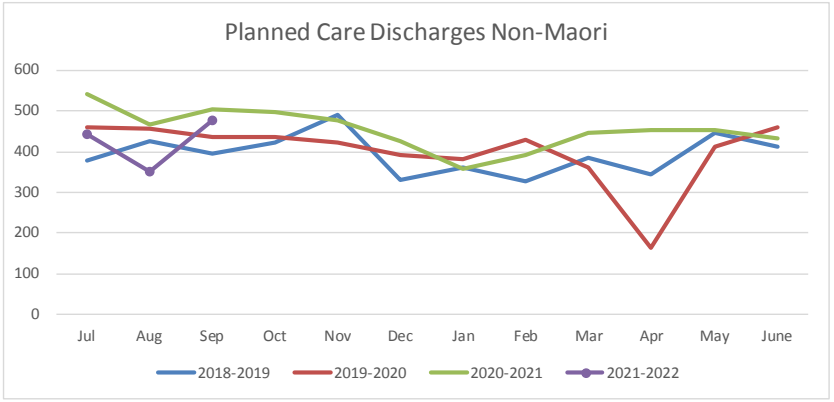


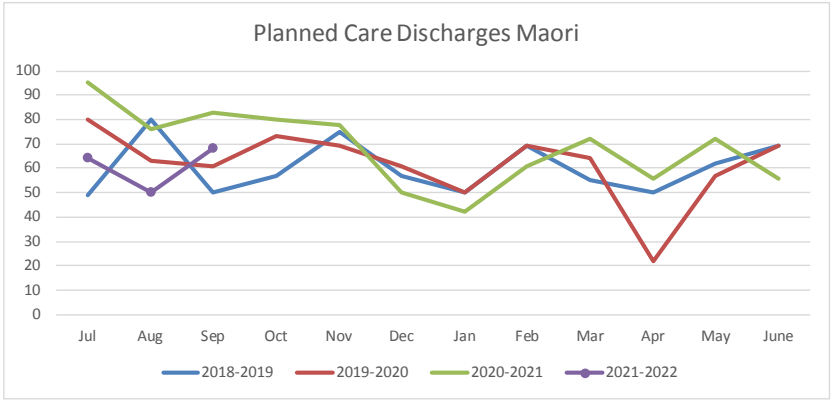


All District Health Boards (DHBs), along with MDHB, continue to submit weekly data to the Ministry. This is followed up with a weekly telephone conversation. The Ministry has continued to refine the data requirements and is sharing outcomes across DHBs. The Ministry has identified that although acute flow is an issue across the country, contributing factors vary across the DHBs.

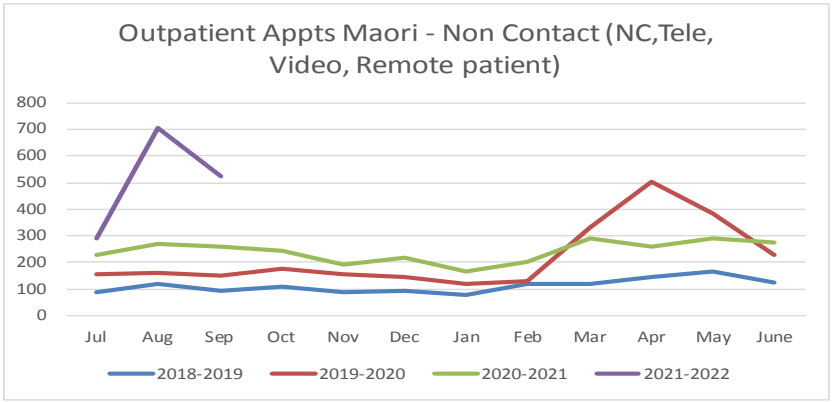
4.5. Planned care

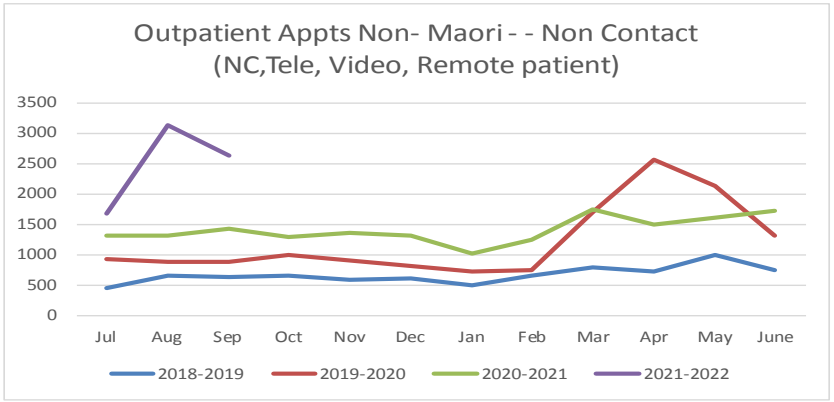
Planned care discharges have decreased compared to last year. This is due to the National Alert Level 3 and 4 lockdowns in August and September 2021 which impacted on a total of 412 patients having their surgery deferred. Rebooking of these patients is a priority. The clinical teams continue to review all waiting lists to identify any clinical risk.





There has been some impact to the previous improvements made in ESPI 2 due to the National COVID-19 lockdowns. This was mitigated with the increased number of telehealth consultations during August and September 2021. There were significantly higher numbers of telephone and video outpatient consultations (2344 in August 2021 and 2825 in September 2021) compared with the previous year (1588 in August 2020 and 1718 in September 2020).

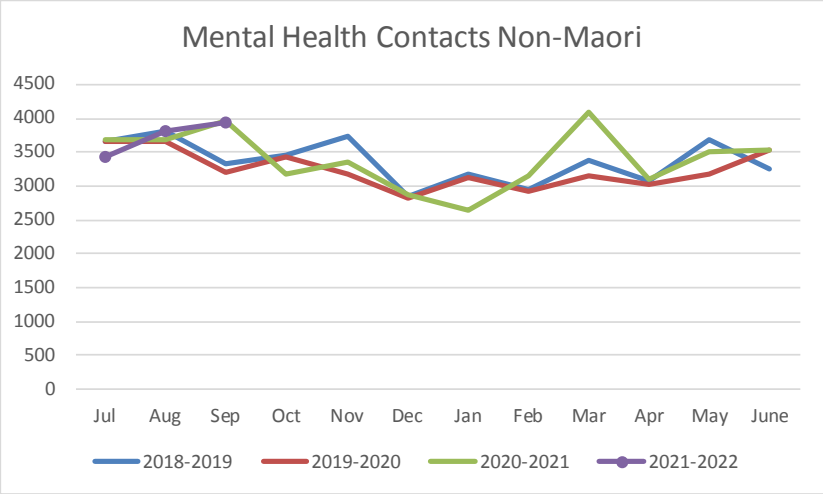


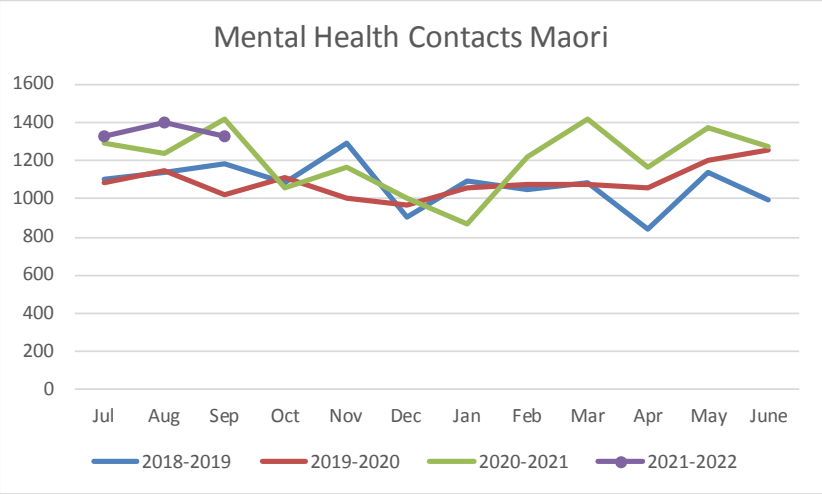


While ESPI 5 remains an area of challenge, MDHB is working in partnership with Crest Hospital to provide outsourced and outplaced surgical procedures to further improve performance in this area. MDHB is working with clinicians on prioritising Māori and Pasifika in planned care scheduling to ensure there are no unintended consequences. Planned care waiting lists are produced by ethnicity, with regular monitoring to ensure a greater focus on improving Māori timeframes from referral to treatment.

4.6. Mental health

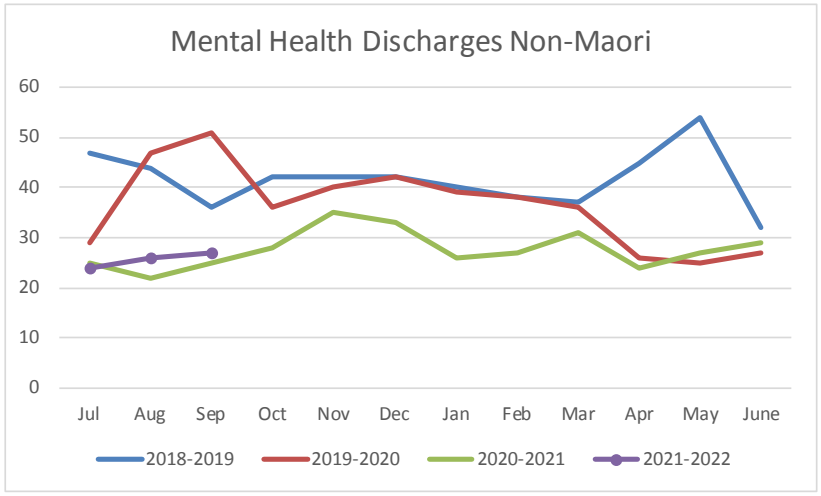
Overall mental health contacts for Māori and non-Māori are within the normal variation across the period.

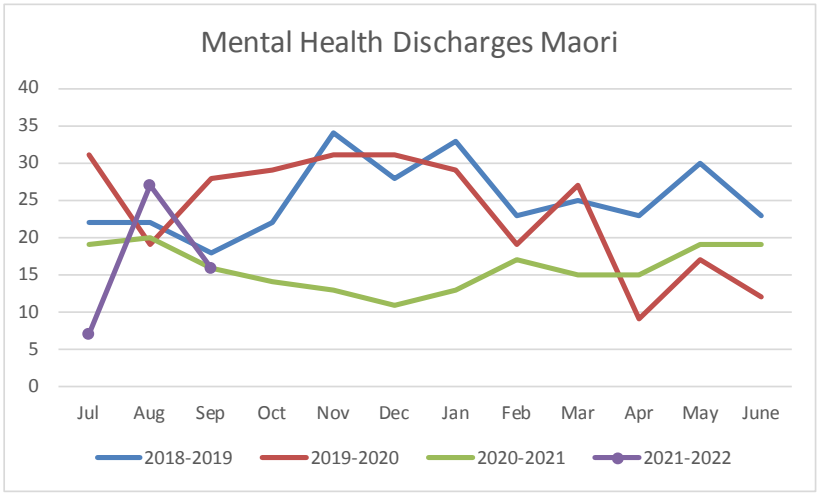




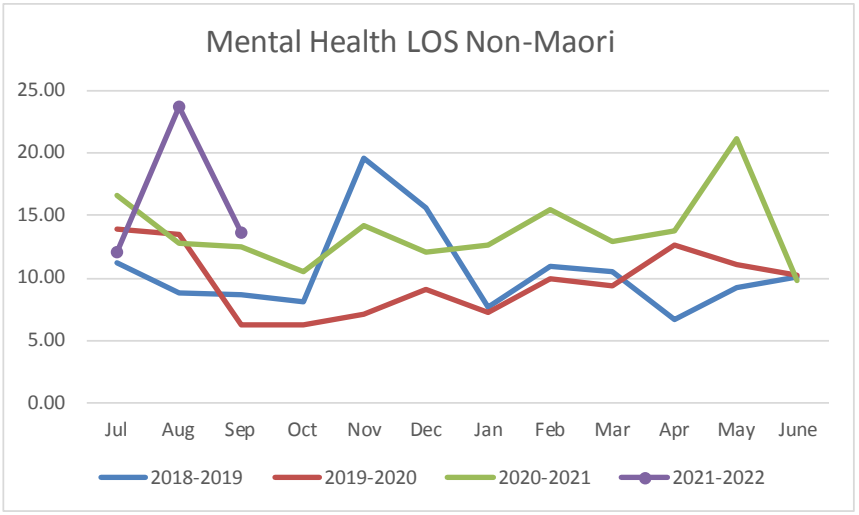
Discharges from inpatient mental health services for Tangata Whai Ora are trending downward, compared to the same period last year (19 compared to seven), which is proportional to reduced admissions. The complex case review process chaired by the Medical Director is continuing, and the process for transition of care from the ward to community has improved greatly.

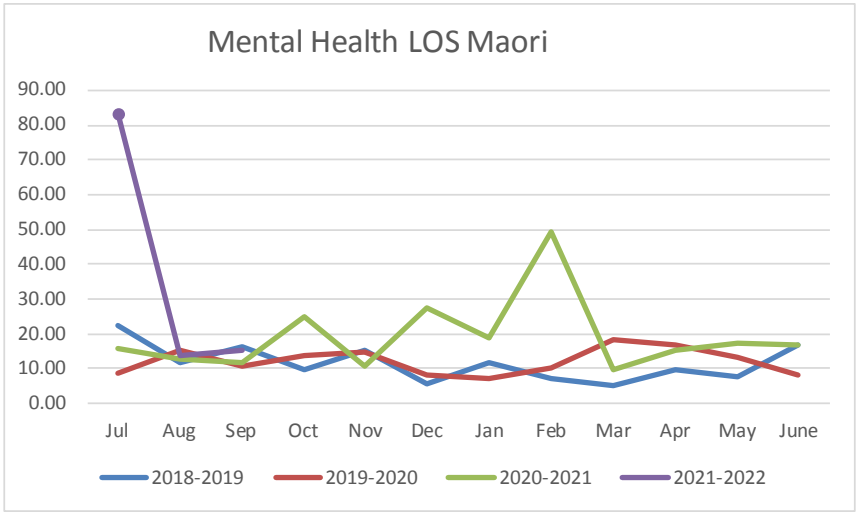
In the last two months, follow up by community teams within seven days, for Tangata Whai Ora, was recorded at 10 percent for August 2021 and 93 percent in September 2021 for Māori; and 92 percent for both August 2021 and September 2021 for non-Māori.





The average length of stay is calculated as the total number of acute inpatient bed nights occupied for referrals that closed during the reference period (in this case the month). The current result of 37.4 is being influenced by three discharges of Tangata Whai Ora that occurred last month, where each had a length of stay greater than 100 days. Whilst challenges remain with length of stay, the readmission rate for both Māori and non-Māori is 11 percent for the quarter, slightly above the 10 percent target. The sub-acute/extended care service based in Palmerston North will be operational from October 2021, following a transition period. The first admission will occur from 1 November 2021.



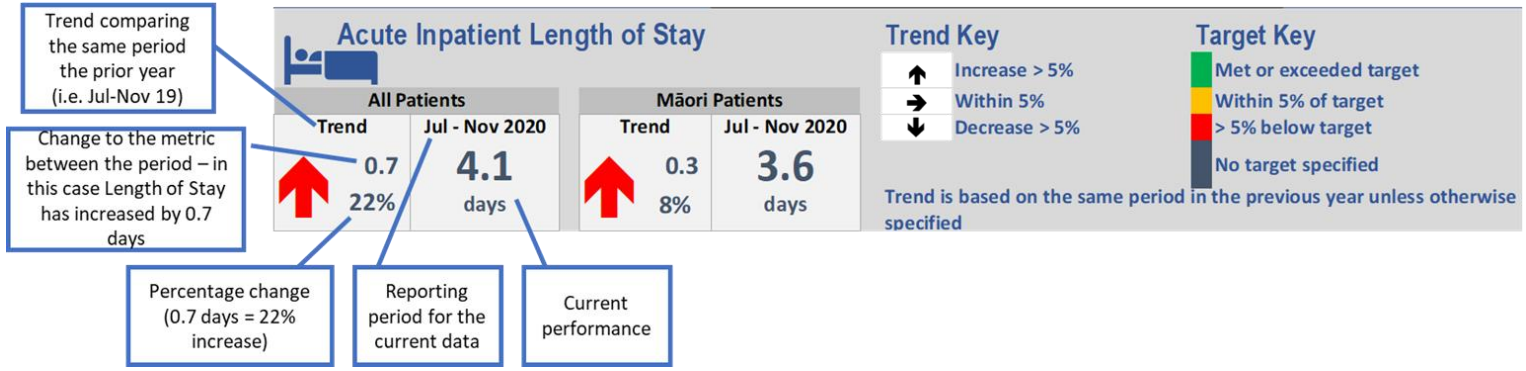


In the first quarter there were several very complex admissions of Tangata Whai Ora, resulting in an increase in the number of seclusion events for the quarter. The focus remains on using least restrictive practices and de-escalation, including the establishment of a sensory modulation room in the high needs unit.

Whilst the Did Not Attends (DNAs) remain consistent compared to the previous reporting period, over the past 12 months DNAs have reduced by 25 percent for Māori and 40 percent for non-Māori. Adult DNAs have now been included in our project for the Integration of Mental Health Data monthly report, as well as a breakdown by ethnicity. This will enable ongoing monitoring of trends.

5. METRIC DEFINITION

The metrics follow the format outlined below. Green or red trend arrows are used to indicate favourable and unfavourable trends. Where a target exists for a particular metric, the 'Current performance' is colour coded as per the key below.



The underlying data for some metrics will change over time, due to a clinical coding lag. This is particularly relevant for recent data.

5.1. Service view metric definitions

Metric	Definition	Exclusions
Primary Care Consultations (All)	All primary care consultations that occur in general practice/Integrated Family Health Care (IFHC) settings (including virtual, casual).	COVID-19 testing centres; community and marae-based clinics; primary care consults at THINK Hauora; community based mental health; ACC, Immunisations and Maternity. Excludes Tararua Medical Centre (i.e. 2800 patients) for 2019 and 2021 due to no data sharing arrangements in place during this time. They are included for 2020 up until September. Excludes Village Medical (i.e. 2600 patients) for 2019 due to no data sharing arrangements in place during this time. They are included for 2020 and 2021.
Primary Care Consultations (after hours)	Subset of consultations that are 6.00pm to 7.59am weekdays, weekends and observed public holidays	As above
People in Aged Residential Care	TBC	
Emergency Department	Number of presentations to the Emergency Department	
Acute Admissions	Number of patients admitted acutely to the DHB (admission type 'AC')	M05 - Emergency Department specialty
Outpatient Appointments	Outpatient appointments attended - based on booking date between parameters	
Planned Care Discharges	Planned care discharges between the reporting period – includes local and inter-district flow (IDF) inflow	
Mental Health Contacts	The number of client-related activities (as per Ministry of Health definition) that involved client participation (DNAs, Family without Client and Service co-ordination activities omitted, written correspondence and SMS messages sent to clients omitted).	
Mental Health Discharges	Mental health ward discharges	

5.2. Performance view metric definitions

Metric	Definition	Exclusions
Smoking Brief Advice (SBA)	Percentage of current smokers (or recent ex-smokers) who have received brief advice to quit smoking or an offer of cessation support in the last 15 months	Patients not enrolled with THINK Hauora; non-coded smoking status and SBA; smokers under 16 years of age
Immunisations (at two years)	As per the Ministry definition used in the non-financial metrics	
Ambulatory Sensitive Hospitalisation (ASH)	As per the Ministry definition used in the non-financial metrics	
Ambulatory Sensitive Hospitalisation (ASH)	As per the Ministry definition used in the non-financial metrics	
Shorter Stays in ED (SSED)	Ministry definition - patients discharged from the emergency department within 6 hours of arrival in the department	
Acute Inpatient Length of Stay	The average length of stay for acutely admitted patients discharged during the reporting period with an admission type of (AC)	
ESPI 2 Waiting Times	As per the Ministry definition used in the non-financial metrics	
Did Not Attend (DNA) Rate	Patients who did not attend their booked outpatient appointment	
ESPI 5 waiting times	As per the Ministry definition used in the non-financial metrics	
Case Weighted Discharges (CWDs)	The case weight derived from eligible coded planned care inpatient discharges	
Mental Health Inpatient Length of Stay	The average length of stay for mental health admitted patients discharged during the reporting period	
Mental Health Inpatient Seclusion rate	The number of seclusion events in the reporting	
Mental Health Client DNAs	The number of unattended booked appointments	
ED attends: patients aged 75+	Presentations at the ED for patients aged over 75 years or Māori and Pacific patients aged over 65 years	
Acute Admissions: patients aged 75+	Acute inpatient admissions for patients aged over 75 years or Māori and Pacific patients aged over 65 years	

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

To	Board
Author	Darryl Ratana, Deputy Chief Financial Officer
Endorsed by	Neil Wanden, General Manager, Finance and Corporate Services
Date	20 October 2021
Subject	**Financial Update – September 2021**

Key questions the Board should consider in reviewing this paper:

- Is the current financial performance and trend in performance sustainable?
- Is there critical financial information that you need for governance that is not included in this report?
- Is the DHB sufficiently able to trade solvently?

RECOMMENDATION

It is recommended that the Board:

- **note** that the month operating result for September 2021 is a deficit before one-off items of $3.351m, which is $0.162m adverse to budget
- **note** that the year to date result for September 2021 is a deficit before one-off items of $1.992m, which is $1.304m adverse to budget
- **note** that year to date for September 2021 COVID-19 related contribution of $0.150m and Holidays Act costs of $1.478m have been incurred. Including these results in a year to date deficit after exceptional items of $3.320m, which is $0.883m adverse to budget
- **note** that the total available cash and equivalents of $31.454m as at 30 September 2021 is sufficient to support liquidity requirements
- **note** that this is an interim finance report and that a full report will come to the Board for consideration at the December meeting.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler 'Stewardship'.

1. PURPOSE

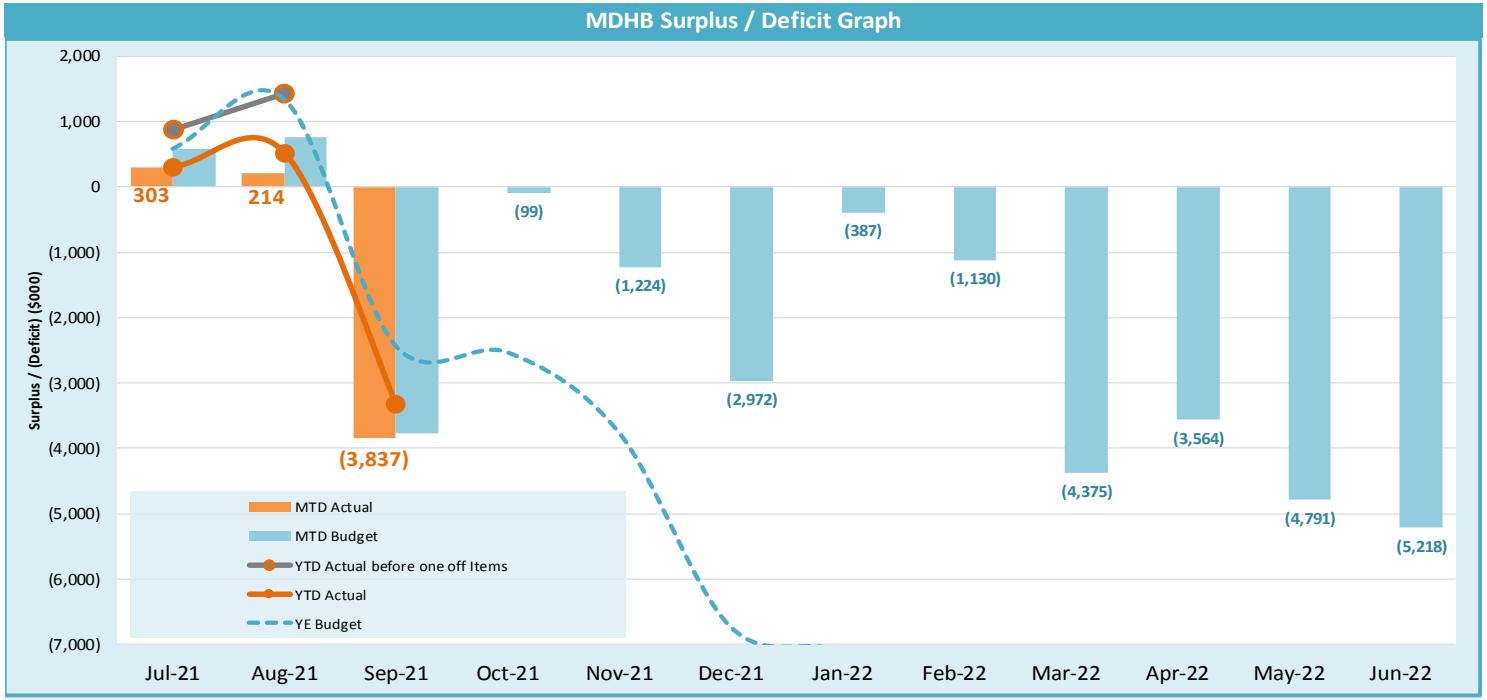
This report is provided for information and consideration by the Board. No decision is required. This is an update paper and a full finance report will be provided to the November 2021 meeting of the Finance, Risk and Audit Committee.

2. FINANCIAL PERFORMANCE

The MidCentral District Health Board (MDHB) result for September 2021 is a deficit before one-off items of $3.351m and is $0.162m adverse to budget. Net revenue for the month is $4.559m favourable to budget and is more than offset by expenditure which is $4.760m adverse to budget. The year to date result is a deficit of $1.992m, which is $1.304m adverse to budget.

A year to date COVID-19 related contribution of $0.150m and Holidays Act costs of $1.478m have been incurred. This results in a year to date deficit of $0.883m when these one-off items are included.

While the financial performance to date is behind budget, the forecast currently being prepared will indicate a year-end deficit that is in line with the revised budget, which indicates a deficit of $26.195m. The following chart shows the progress of monthly performance against budget.



The Statement of Financial Performance is shown in the following table. Costs relating to the Holidays Act and COVID-19 are separately disclosed so the underlying performance can be easily viewed. Note that the budget reflects a revised submission to the Ministry of Health, which indicates a year-end deficit of $26.195m.

$000	September 2020			Year to date			Year End
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Net Revenue	**64,496**	**59,937**	**4,559** ✓	**191,098**	**193,332**	**(2,234)** !	**772,680**
Expenditure							
Personnel	22,167	21,111	(1,056) ✗	66,110	66,260	150 ✓	278,061
Outsourced Personnel	976	484	(491) ✗	2,978	1,113	(1,864) ✗	4,685
Sub -Total Personnel	23,143	21,596	(1,548) ✗	69,088	67,373	(1,714) !	282,746
Other Outsourced Services	2,308	2,359	51 ✓	7,101	6,688	(413) ✗	27,066
Clinical Supplies	5,319	5,339	20 ✓	15,997	16,173	175 ✓	65,534
Infrastructure & Non-Clinica	6,453	6,970	517 ✓	20,380	21,864	1,483 ✓	91,009
Provider Payments	31,064	27,263	(3,801) ✗	81,260	82,586	1,327 ✓	328,288
Total Operating Expenditure	**68,287**	**63,527**	**(4,760)** ✗	**193,826**	**194,684**	**858** ✓	**794,643**
Operating Surplus/(Deficit)	**(3,791)**	**(3,590)**	**(201)** ✗	**(2,729)**	**(1,352)**	**(1,376)** ✗	**(21,963)**
Enable NZ Contribution	440	400	40 ✓	737	665	72 ✓	2,768
Surplus/(Deficit) Before One-	**(3,351)**	**(3,190)**	**(162)** ✗	**(1,992)**	**(687)**	**(1,304)** ✗	**(19,195)**
Holidays Act	(486)	(583)	97 ✓	(1,478)	(1,750)	272 ✓	(7,000)
Covid-19	1	(0)	1 ✓	150	(0)	150 ✓	(0)
Surplus/(Deficit)	**(3,837)**	**(3,773)**	**(64)** !	**(3,320)**	**(2,437)**	**(883)** ✗	**(26,195)**

The revised budget has meant changes to both the budget deficit and the planned timing of expenditures. The September month includes year to date timing changes. This is because July and August have already been reported and cannot be altered.

A large portion of the favourable revenue variance relates to the timing of community provider payments. These payments are $3.801m adverse to budget and are offset by $3.715m of favourable revenue. This partially reverses the result from August, where revenue was significantly adverse and community provider payments favourable.

The remaining adverse revenue primarily relates to Planned Care activity and Inter-District Flow (IDF) revenue in Te Uru Arotau – Acute and Elective Specialist Services and Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services. The lockdown continues to impact activity and volumes, albeit the impact has reduced at Alert Level Two.

Significant variances in operating expenditure for the month are highlighted below:

- The adverse variance in Personnel costs (excluding Outsourced Personnel) of $0.1056m largely relates to nursing, which is $0.401m adverse year to date.
- Medical staff costs are favourable by $0.106m but are more than offset by outsourced locum costs that are $0.514m adverse and mainly feature in Te Uru Rauhī – Mental Health and Addiction Services.
- FTEs are 2,483 for the month, an increase from the previous month and in line with the increase of FTEs experienced over the last 12 months. The FTE variance pattern mirrors personnel cost variances with FTEs below budget across the board.
- Other Outsourced Services are close to budget with adverse radiology costs offset by expenditure with Crest in Te Uru Arotau and Te Uru Mātai Matengau.
- Infrastructure and Non-Clinical costs are $0.517m favourable to budget, with the fundamental cause of this variance being contracted hotel, cleaning and meal costs ($0.070m), depreciation ($0.068m) and software maintenance costs ($0.234m).

One-off items include the Holidays Act and COVID-19 expenditure.

- Holidays Act expenditure for the month includes a $0.375m increase in the provision, with the remainder being project costs. Project costs are lower than anticipated in the budget, leading to a favourable variance for the month and year to date.
- COVID-19 expenditure for the month includes $0.626m of costs that are offset by funding received for immunisation.

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

Key questions the Board should consider in reviewing this paper:

- Is the current financial performance and trend in performance sustainable?
- Are the variations from budget sufficiently well explained and reasonable?
- Is there key financial information that you need for governance not included in this report?
- Is the DHB able to trade solvently?

To	Board
Author	Darryl Ratana, Deputy Chief Financial Officer
Endorsed by	Finance, Risk and Audit Committee Neil Wanden, General Manager, Finance and Corporate Services
Date	20 October 2021
Subject	**Finance Report – August 2021**

RECOMMENDATION

It is recommended that the Board:

- **note** that this report was endorsed by the Finance, Risk and Audit Committee at their 19 October meeting
- **note** that the month operating result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget
- **note** that the year to date operating result for August 2021 is a surplus before one-off items of $1.420m, which is $1.140m adverse to budget
- **note** that year to date for August 2021 COVID-19 related contribution of $0.149m and Holidays Act costs of $0.922m have been incurred. Including these results in a year to date deficit after exceptional items of $0.577m, which is $0.816m adverse to budget
- **note** that the total available cash and equivalents of $38.777m as of 31 August 2021 is sufficient to support liquidity requirements
- **approve** the August financial report.

Strategic Alignment This report is aligned to the DHB's strategy and key enabler, 'Stewardship'.

BOARD REPORT

1. REPORT AT A GLANCE

The operating result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget.

Favourable to Budget | Close to, or on Budget | Adverse to Budget

Month to Date

Surplus/(Deficit)
$0.5m
Budget Variance
($0.798m)
(59.5%)

FTEs
2,339
Budget Variance
120
4.9%

Capex
$1.9m
Budget Variance
$2.4m
56.6%

Cash & Deposits Movement
$1.2m
Budget Variance
($3.8m)
76.5%

August

The month result was noticeably impacted by the Covid-19 lockdown, which significantly impacted hospital activity.

The effect can be seen in Planned Care revenue which was below budget by $1.3m. However, other volumes, such as screening activity and ACC were also impacted in some areas.

FTEs where significantly favourable for the month. This is largely a result of nursing CCDM positions that are budgeted for but yet to be recruited to. A revision of budgeted FTEs and phasing will reduce the variance from September forward.

Capital expenditure is lagging behind budget for August. However, a number of business cases seeking approval are in the pipeline which will help improve the situation.

Year to Date

Surplus/(Deficit)
$1.4m
Budget Variance
($1.140m)
(44.5%)

FTEs
2,383
Budget Variance
79
3.2%

Capex
$2.9m
Budget Variance
$5.4m
64.7%

Cash & Deposits
$38.8m
Budget Variance
$0.4m
1.0%

Current Ratio
1.01
Budget Variance
0.20

Year to Date

Reduced Planned Care funding due to the lockdown has had an impact on the YTD result.

FTEs are a result of nursing CCDM positions yet to be recruited to. The revision of budgeted FTEs will reduce the variance .

Capital expenditure is lagging behind budget YTD. However, we beleive this will pick up during the year

Potential Budget Risks

Seven Risks in Total.

- **Four** Low Risks
- **Two** Medium (on watch) Risks
- **One** Medium (Concern) Risk
- **Nil** High Risk

Year End

Surplus/(Deficit)
($23.6m)
Budget Variance
$0.00m
0.0%

FTEs
2,529
Budget Variance
0
0.0%

Capex
$85.8m
Budget Variance
$0.0m
0.0%

Cash & Deposits
$36.5m
Budget Variance
$0.0m
0.0%

Current Ratio
1.01
Budget Variance
0.20

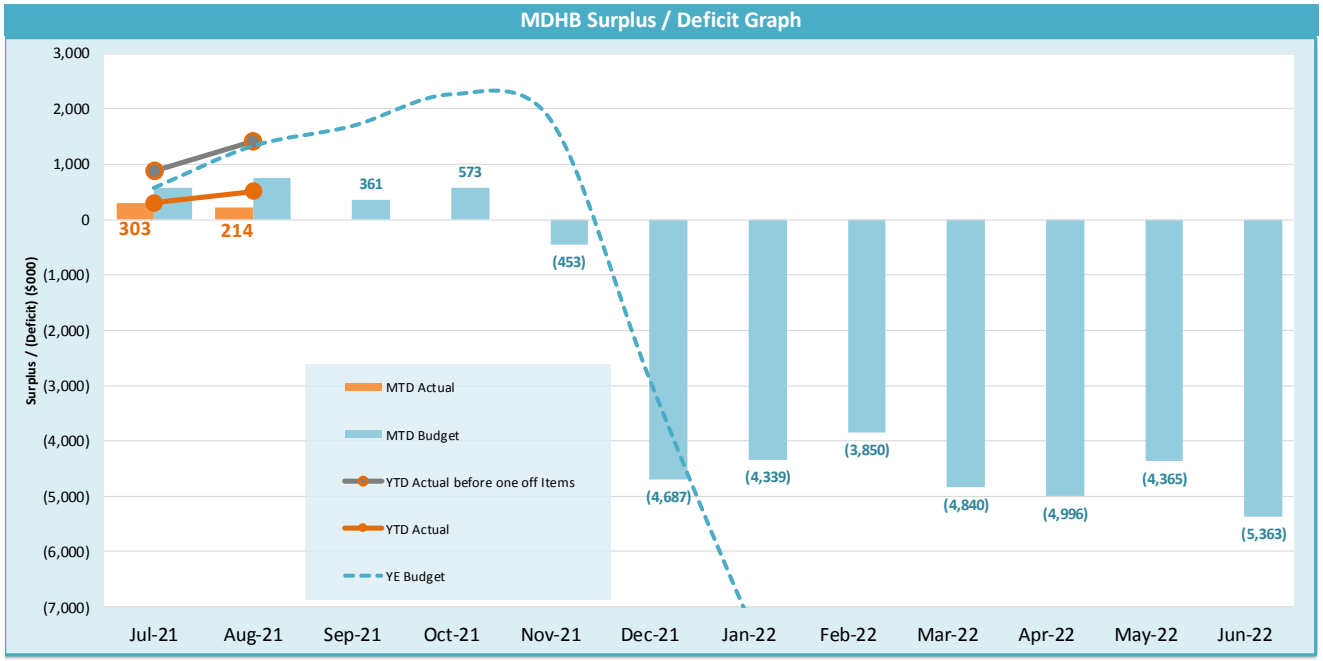
Year End

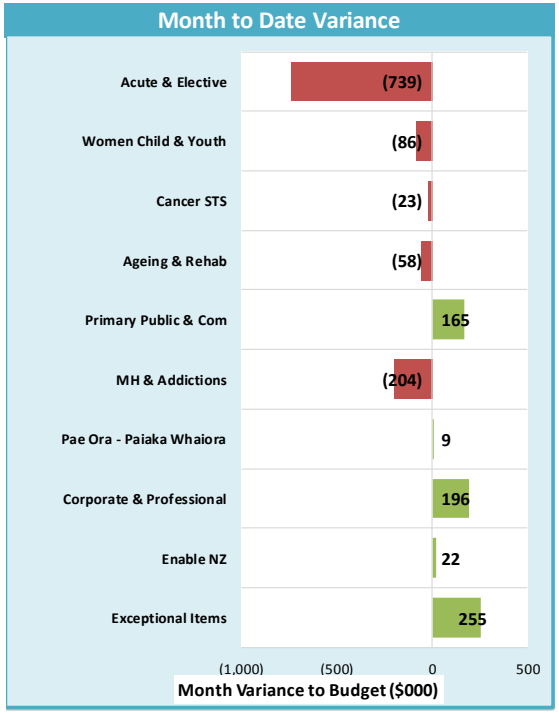
At this point of the year, the DHB is committed to achieving the planned budget deficit.

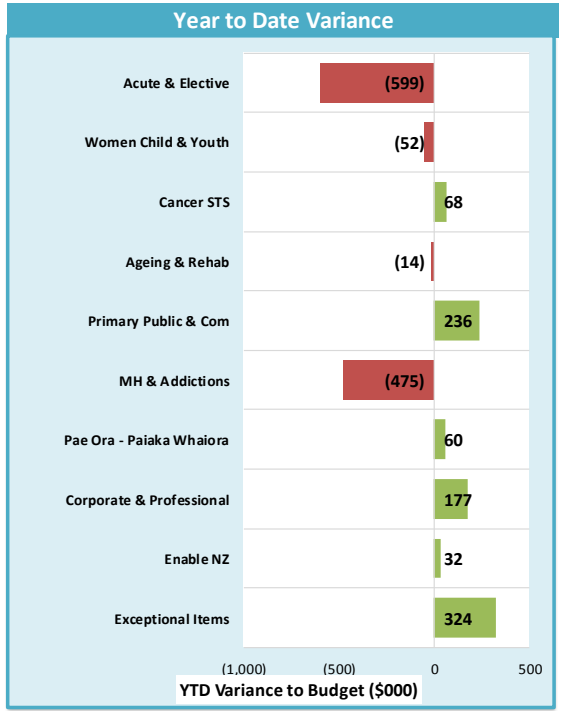
Note that the a $23.6m deficit is prior to Holidays Act costs which are budgeted at $7.0m. This makes the total deficit $30.622m.

Also note that an updated draft budget has been approved by the Board in September and will take affect from that month. This will reduced the deficit to $19.195m prior to Holiday Act costs that remain unchanged.

This newly approved budget has been submitted to the MoH for their consideration.


MDHB Surplus / Deficit Graph
Surplus / (Deficit) ($000)
3,000
2,000
1,000
0
(1,000)
(2,000)
(3,000)
(4,000)
(5,000)
(6,000)
(7,000)
303
214
361
573
(453)
(4,687)
(4,339)
(3,850)
(4,840)
(4,996)
(4,365)
(5,363)
MTD Actual
MTD Budget
YTD Actual before one off Items
YTD Actual
YE Budget
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22


Month to Date Variance
Acute & Elective (739)
Women Child & Youth (86)
Cancer STS (23)
Ageing & Rehab (58)
Primary Public & Com 165
MH & Addictions (204)
Pae Ora - Paiaka Whaiora 9
Corporate & Professional 196
Enable NZ 22
Exceptional Items 255
(1,000) (500) 0 500
Month Variance to Budget ($000)


Year to Date Variance
Acute & Elective (599)
Women Child & Youth (52)
Cancer STS 68
Ageing & Rehab (14)
Primary Public & Com 236
MH & Addictions (475)
Pae Ora - Paiaka Whaiora 60
Corporate & Professional 177
Enable NZ 32
Exceptional Items 324
(1,000) (500) 0 500
YTD Variance to Budget ($000)

2. FINANCIAL COMMENTARY

Adverse variances are in brackets unless stated otherwise.

2.1 Financial Performance

The MidCentral District Health Board (MDHB) result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget. This is primarily the result of the COVID-19 lockdown, which significantly impacted hospital activity. Net revenue for the month is $2.949m adverse to budget and is partially offset by expenditure which is $2.129m adverse to budget. The year to date result is a surplus of $1.420m, which is $1.140m favourable to budget.

A year to date COVID-19 related contribution of $0.149m and Holidays Act costs of $0.992m have been incurred. This results in a year to date deficit of $0.577m when these one-off items are included.

The Statement of Financial Performance is shown in the following table. Costs relating to the Holidays Act and COVID-19 are disclosed separately to view the underlying performance. Note that the Board approved changes to the budget that result in a budget deficit that will reduce to $26.195m. This will take effect from September reporting.

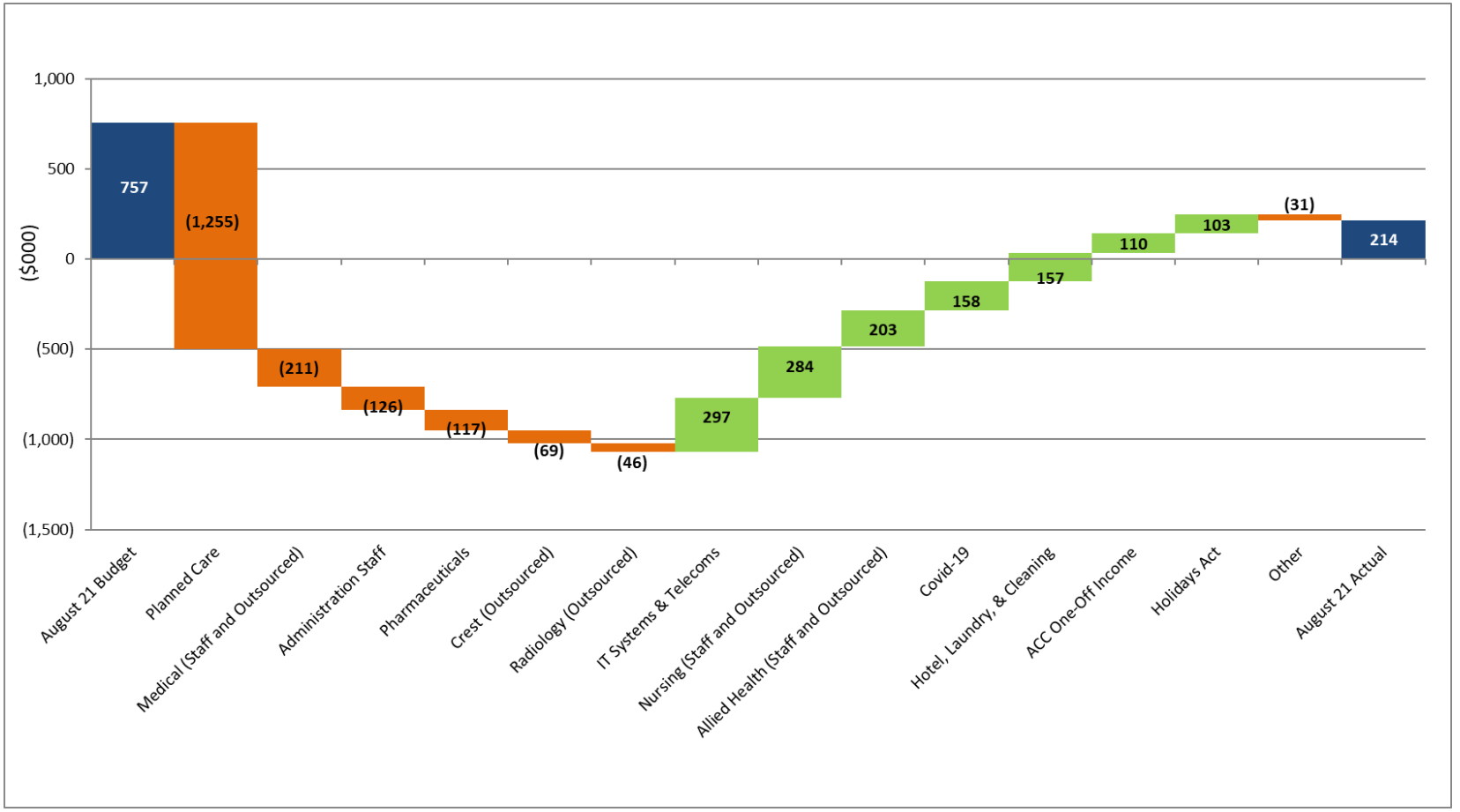
BOARD REPORT

$000	August 2021 Actual	August 2021 Budget	August 2021 Variance	Year to date Actual	Year to date Budget	Year to date Variance	Year End Budget
Net Revenue	**63,894**	**66,843**	**(2,949)**	**126,601**	**133,394**	**(6,793)**	**772,431**
Expenditure							
Medical	6,715	6,879	164	13,210	13,583	372	85,338
Nursing	8,775	9,215	439	17,583	18,201	618	114,083
Allied Health	3,169	3,380	210	6,293	6,606	313	40,925
Support	154	167	13	308	336	28	2,044
Management / Admin	3,368	3,242	(126)	6,549	6,423	(125)	39,292
Personnel	22,182	22,882	700	43,943	45,149	1,206	281,682
Outsourced Personnel	902	320	(583)	1,942	572	(1,370)	3,585
Sub -Total Personnel	23,084	23,202	117	45,885	45,721	(164)	285,267
Other Outsourced Services	2,218	2,150	(69)	4,794	4,329	(465)	25,466
Clinical Supplies	5,225	5,251	26	10,678	10,833	155	65,131
Infrastructure & Non-Clinical	6,790	7,387	597	13,927	14,893	967	90,900
Provider Payments	26,204	27,662	1,457	50,196	55,323	5,128	332,057
Total Operating Expenditure	**63,522**	**65,651**	**2,129**	**125,479**	**131,100**	**5,621**	**798,820**
Operating Surplus/(Deficit)	**372**	**1,192**	**(820)**	**1,123**	**2,295**	**(1,172)**	**(26,389)**
Enable NZ Contribution	170	148	22	297	264	32	2,768
Surplus/(Deficit) Before One-Off Items	**542**	**1,340**	**(798)**	**1,420**	**2,559**	**(1,140)**	**(23,622)**
Holidays Act	(481)	(583)	103	(992)	(1,167)	174	(7,000)
Covid-19	152	(0)	152	149	(0)	149	(0)
Surplus/(Deficit)	**214**	**757**	**(543)**	**577**	**1,393**	**(816)**	**(30,622)**

FTE							
Medical	353.2	365.3	12.0	354.8	367.9	13.1	380.4
Nursing	1,070.8	1,150.2	79.4	1,108.1	1,151.6	43.5	1,179.7
Allied Health	421.1	435.7	14.7	423.1	434.7	11.7	444.4
Support	30.5	33.3	2.8	30.9	33.4	2.4	33.4
Management / Admin	463.0	474.4	11.4	465.8	474.1	8.3	491.1
Operating FTE	**2,338.6**	**2,458.9**	**120.3**	**2,382.8**	**2,461.7**	**79.0**	**2,528.9**
Enable NZ	110.9	115.4	4.5	110.8	115.4	4.6	115.4
Holidays Act	4.0	5.0	1.1	4.1	5.0	0.9	5.0
Covid-19	77.2	0.5	(76.7)	67.3	0.5	(66.8)	0.5
Total FTE	**2,530.6**	**2,579.8**	**49.2**	**2,564.9**	**2,582.6**	**17.7**	**2,649.8**

Major variances to budget for the month drove the result as indicated in the graph below.

MAJOR VARIANCES TO BUDGET FOR THE MONTH



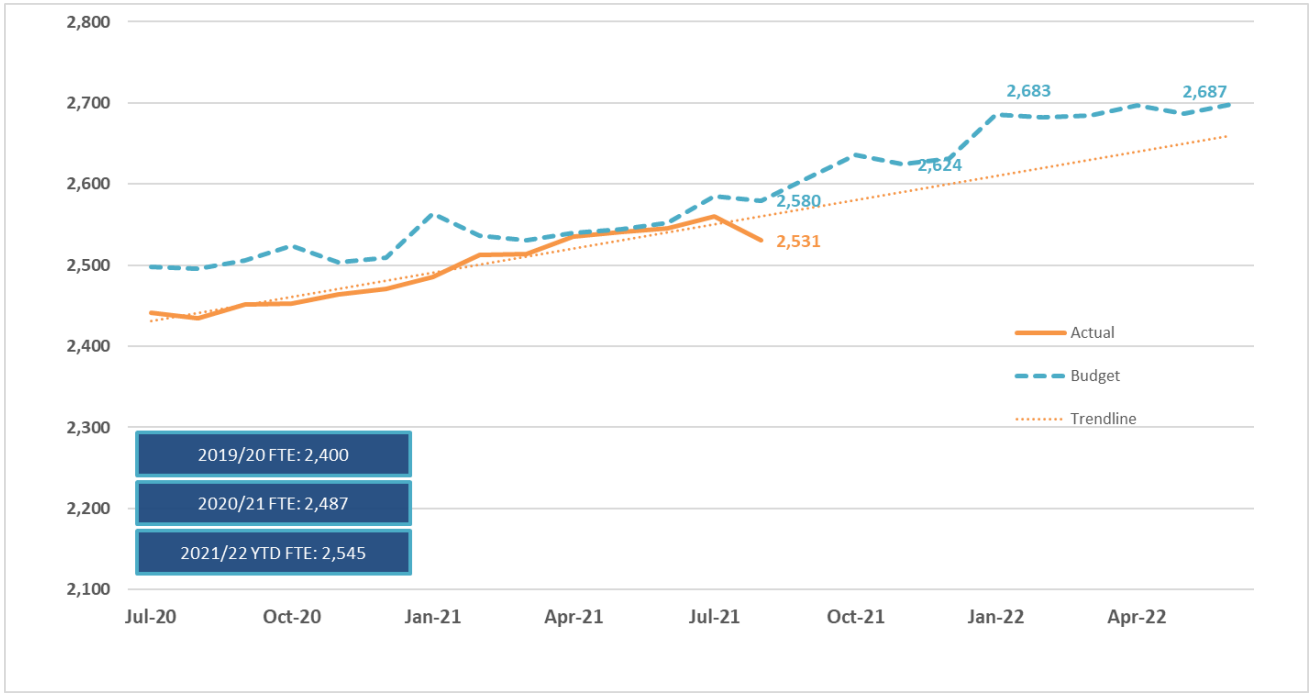
Revenue variances of significance for the month are as follows:

- A large portion of the adverse revenue variance relates to the timing of community provider payments. These payments are $1.456m favourable to budget and offset by $1.189m adverse revenue.
- The remaining adverse revenue primarily relates to Planned Care activity and Inter-District Flow (IDF) revenue in Te Uru Arotau – Acute and Elective Specialist Services and Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services. In both cases, the current national lockdown has had a significant impact on activity and volumes.

Full-time Equivalent staffing (FTE) for the month are as follows:

- Medical staff are below budget by 12 FTE for the month, with nine in Te Uru Arotau – Acute and Elective Specialist Services. These largely relate to radiologist vacancies. A further eight exist in Te Uru Rauhī – Mental Health and Addiction Services. These are being covered by locums.
- Nursing staff are 79 FTE below budget for the month. Since May, the trend has seen a stagnation in attempts to recruit to vacancies which goes against the long-term trend of increasing staff numbers. The lower than anticipated nursing FTEs are in Te Uru Arotau – Acute and Elective Specialist Services. The favourable variance against budget is due to Care Capacity Demand Management (CCDM) positions that are yet to be filled. The phasing of budget FTEs have been addressed as part of the budget revision and will take effect from September.
- Allied Health FTEs are 15 FTE below budget with seven vacancies relating to Medical Radiation Technician's in medical imaging (Te Uru Arotau – Acute and Elective Specialist Services).
- Management staff are below budget by 11 FTE for the month in Corporate and Professional Services. These relate to new positions that are yet to be filled for Medical Records Scanning, Facilities projects, and Digital Services.
- The table below shows the total FTEs by month for this year.

TOTAL EMPLOYED FTES BY MONTH



Significant variances in operating expenditure for the month are highlighted below.

- The favourable variance in Personnel costs (excluding Outsourced Personnel) of $0.700m relates to clinical positions with nursing and Allied Health favourable by $0.439 and $0.210m, respectively. This is FTE driven and is particularly noticeable in proposed CCDM staff increases which are yet to be filled.
- On a year to date basis, average salary costs are in line with budget. Staff overtime costs are much higher than those budgeted ($0.325m) and higher than August last year ($0.143m).
- Medical staff costs are favourable by $0.164m but are more than offset by outsourced locum costs that are $0.374m adverse and mainly feature in Te Uru Rauhī – Mental Health and Addiction Services. The remainder of the unfavourable variance in Outsourced Personnel is in nursing (specialling).
- FTEs are 2,420 for the month, a drop from the previous month but in line with the trend of increase of FTEs experienced over the last 12 months. The FTE variance pattern mirrors personnel cost variances with FTEs below budget across the board.
- Other Outsourced Services are close to budget except for Crest expenditure of $0.064m in Te Uru Arotau – Acute and Elective Services and Te Uru Mātai Matengau – Cancer Screening, Treatment and Support.
- Pharmaceuticals ($0.203m), treatment supplies ($0.038m) and patient appliances ($0.058m) caused an adverse variance in Te Uru Arotau – Acute and Elective Services clinical supply expenditure. However, these are more than offset by instruments and equipment depreciation across other Directorates.
- Infrastructure and Non-Clinical costs are $0.597m favourable to budget, with the fundamental cause of this variance being contracted hotel, cleaning, and meal costs ($0.230m), as well as IT depreciation and software maintenance costs ($0.376m).

One-off items include the Holidays Act and COVID-19 expenditure.

- Holidays Act expenditure for the month includes a $0.375m increase in the provision, with the remainder being project costs. Project costs are lower than anticipated in the budget leading to a favourable variance for the month and year to date.
- COVID-19 expenditure for the month includes $1.831m of costs that are more than offset by funding received for immunisation. This is timing in nature, with the funding of immunisation costs expected to be on a reimbursement basis.

2.2 Financial Performance by Service

The statement of 'Net Revenue and Expenditure by Service' is shown in the table below.

$000	August 2021			Year to date			Year End
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Acute & Elective Specialist Services	(15,137)	(14,398)	(739) ✖	(29,549)	(28,950)	(599) !	(178,301)
Healthy Women, Children and Youth	(3,396)	(3,310)	(86) !	(6,612)	(6,560)	(52) !	(40,957)
Cancer Screening, Treatment & Support	(3,779)	(3,756)	(23) !	(7,389)	(7,457)	68 ✓	(45,591)
Healthy Ageing & Rehabiliation	(1,919)	(1,861)	(58) !	(3,643)	(3,629)	(14) !	(23,326)
Primary, Public & Community	(5,459)	(5,624)	165 ✓	(10,984)	(11,220)	236 ✓	(67,194)
Mental Health & Addictions	(11,706)	(11,503)	(204) !	(23,416)	(22,941)	(475) !	(137,986)
Pae Ora - Paiaka Whaiora	(986)	(995)	9 ✓	(1,926)	(1,986)	60 ✓	(11,886)
Corporate & Professional Services	42,804	42,688	115 ✓	84,741	85,138	(397) !	479,452
Enable NZ	120	98	22 ✓	197	164	32 ✓	2,168
Surplus/(Deficit) Before One-Off Items	**542**	**1,340**	**(798)** ✖	**1,420**	**2,559**	**(1,140)** ✖	**(23,622)**
Exceptional Items	(329)	(583)	255 ✓	(843)	(1,167)	324 ✓	(7,000)
Surplus/(Deficit)	**214**	**757**	**(543)** ✖	**577**	**1,393**	**(816)** ✖	**(30,622)**

Items of note which impacted service financial performance for the month are outlined below. Further details are provided in Appendix One – Financial Performance by Service.

- Te Uru Arotau – Acute and Elective Specialist Services adverse result for the month of $0.739m is due to reduced planned care activity. Planned care revenue was $1.053m adverse but partially offset by unplanned care revenue ($0.156m) and funding for minor procedures ($0.400m). Pharmaceutical costs were $0.203m adverse due to Infliximab and renal drugs. Outsourced radiology ($0.047m) and Crest ($0.091m) were also adverse to budget for the month.

- Te Uru Pā Harakeke – Healthy Women, Children and Youth Services is adverse to budget for the month largely as a result of reduced planned care activity ($0.202m). This has been partially offset by favourable medical and nursing staff variances.
- The month result for Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services is close to budget. Adverse funding for high-cost treatment ($0.203m) and lower than anticipated screening revenue ($0.107m) has been largely offset by

favourable personnel costs and equipment depreciation. Favourable personnel costs are largely due to nursing below budget by 6 FTE and Allied Health staff below budget by 2 FTE.

- Te Uru Whakamauora – Healthy Ageing and Rehabilitation Services is $0.058m adverse to budget for the month. This is due to ACC revenue that was less than anticipated. While ACC volumes were reduced in August, there are no concerns at this early stage of the year.
- Te Uru Kiriora – Primary, Public and Community Services is favourable to budget for the month by $0.165m. ACC revenue was favourable by $0.077m, and personal costs were $0.051m favourable to budget.
- Due to adverse personnel costs, Te Uru Rauhī – Mental Health and Addiction Services is adverse to budget by $0.204m for the month. The cost of locum cover offset medical staff vacancies by $0.129m. Adverse nursing FTE and overtime also contributed to the monthly result. This was partially offset by one-off ACC revenue of $0.102m.
- Corporate and Professional Services comprises all executive and enabler functions. The month result was due to favourable personnel costs (including outsourced personnel).
- Exceptional Items contains organisation-wide costs for COVID-19 and Holidays Act. Refer to sections 2.3 and 2.4 below.
- The August 2021 result for Enable New Zealand is due to favourable income from trading activities and procurement rebates. Trading activities include direct sales, equipment hire, equipment refurbishment and freighting of complex equipment.

A Statement of Net Revenue and Expenditure by Division is shown in the table below.

$000	August 2021			Year to date			Year End
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Funding Division	3,506	3,401	105 ✓	6,511	6,812	(301) !	40,225
MidCentral Provider	(3,691)	(2,742)	(949) ✗	(6,598)	(5,641)	(957) ✗	(73,015)
Enable NZ	120	98	22 ✓	197	164	32 ✓	2,168
Governance	279	0	279 ✓	407	(0)	407 ✓	0
Surplus/(Deficit)	**214**	**757**	**(543)** ✗	**517**	**1,336**	**(819)** ✗	**(30,622)**

2.3 Holidays Act

Holidays Act related costs of $0.481m are $0.103m favourable to the budget for the month. Of this, $0.350m is an increase to the Holidays Act provision. The remainder relates to project costs. The Holidays Act is a national issue faced by all DHBs, and the

expectation is that this will require separate funding to remediate. The Government has signalled that it will provide this funding once all DHBs are in a position to rectify it.

The value of the Holidays Act provision as of August 2021 was $48.147m and is held in the balance sheet. A significant increase in the provision was recognised last year to reflect the estimate undertaken by Ernst Young. A further $0.750m has been accrued this year. The adequacy or otherwise of these provisions will not be confirmed until the individual remediation calculations are substantially complete.

2.4 COVID-19

Net expenditure during August was $0.152m and favourable to budget for the month. Revenue received was $1.983m and offset by $1.831m of operating expense for immunisation. The positive month result reflects revenue used to fund equipment purchases in support of immunisation activity. The equipment is recognised as an asset and held in the balance sheet rather than an operating expense. This equipment features in August capital expenditure (refer to section 2.10).

2.6 Budget risks

The majority of risks identified last year remain relevant for this financial year. The Holidays Act project has been removed as a risk. While this remains a significant project, the Ministry is funding all costs and therefore, this risk is offset. In addition, the webPAS SaaS (Software as a Service) risk has been incorporated into a general cloud technology budget risk. As information technology increasingly turn away from on-premise to cloud solutions, this transfers the financial burden from capital to operating costs.

A summary of 2021/22 budget risks is outlined below. If realised, these have the potential to affect MDHB's ability to achieve budget significantly.

Risk	Low	Medium (Watch)	Medium (Concern)	High
Indicator				

Risk	Comment	Status
Achieving Sustainability and Saving Plan Objectives		
Sustainability initiatives of $2.050m are included in the budget. These must be achieved to help absorb any unexpected shocks to the DHB.	It is too early in the year to assess progress toward achieving sustainability and saving plan targets.	
Ongoing Impacts of COVID-19		
The recent outbreak confirms that this is far from over. The impact of further episodes is disruptive to the DHB and its budget.	The most recent lockdown had a noticeable impact on hospital activity and financial performance in August. Lower than expected Planned Care revenue is an obvious example of this. COVID-19 outbreaks and periodic lockdowns will likely become commonplace. Management is building strategies to best deal with this.	
Timing of staff recruitment		
The budget reflects average vacancy levels based on the assumption that not all positions will be recruited. It also includes phasing adjustments because the need to fill positions will occur gradually throughout the year.	To date, the variance between budgeted and actual FTEs suggests a high number of vacancies. Given this, the timing of recruitment appears as low risk at this point. However, further vacancies have been included in the revised budget, which will come into effect from September onward.	
Future MECA settlements		
The budget assumption is for a modest 1.5 percent increase in wage settlements based on the Government's expectation. Recent nursing strikes suggest not all employee groups will necessarily accept this.	Negotiations with the NZNO and MERAS are ongoing. It is too early in the year to assess the likely impact of settlement arrangements.	
Achieving Planned Care targets		
The Ministry proposed targets require an increase in output to achieve similar revenue levels as in 2020/21. This will need to be carefully managed given the potential disruption due to SPIRE construction.	Refer to "Ongoing Impacts of COVID-19" as this is the main risk to planned care targets. Comprehensive planning for the SPIRE project is in place - refer to "Hospital Capacity".	
Hospital Capacity		

Hospital bed capacity was very high during 2020/21 due to growing demand. In addition, the SPIRE and EDOA/MAPU PODS project construction activity will increase this year.	Hospital bed occupancy remains high. Surgical leads have endorsed a comprehensive SPIRE transition plan to ensure ongoing theatre capacity during construction. This includes access to Crest facilities and other contingency arrangements if required. MAPU-EDOA is currently in the design phase.	
Cloud Technology		
Many proposed information technology solutions favour Software as a Service (SaaS) and Platform as a Service (PaaS). This move away from on-premise solutions will transfer the financial burden from capital to operating costs.	Recent business cases such as e-referrals, e-triage and the digitisation of outpatient communication were planned as capital projects but will be implemented as SaaS and therefore become an operating expense. Other projects will likely favour a SaaS approach. The degree to which this impact this year's financial performance will depend on the timing of implementation.	

2.7 **Financial position**

The main Balance Sheet budget variances as of 31 August 2021 are related to the timing of capital expenditure which is later than anticipated and results in lower than budgeted non-current assets. Lower capital expenditure does result in higher than budgeted cash on hand and deposits in current assets. However, this is offset by the timing of revenue for Covid-19 and provider contracts. The result is total available cash and deposit balances that are close to budget. Significant capital expenditure is budgeted for the 2021/22 year, and the projected year-end cash and deposits balance remains as budgeted at negative $3.864m.

$000	Jun-21	Aug-21		
	Actual	Actual	Budget *(Draft)*	Variance
TOTAL ASSETS				
Non Current Assets	293,387	291,738	304,378	(12,640)
Current Assets	68,877	74,311	67,657	6,654
Total Assets	**362,264**	**366,049**	**372,035**	**(5,986)**
TOTAL EQUITY AND LIABILITIES				
Equity	207,943	209,602	212,086	2,484
Non Current Liabilities	6,278	6,316	6,387	71
Current Liabilities	148,043	150,131	153,561	3,430
Total Equity and Liabilities	**362,264**	**366,049**	**372,035**	**5,986**

2.8 **Cash flows**

While total available cash and deposit balances are favourable to budget by $0.375m, overall cash flows reflect an unfavourable variance to budget of $9.466m. Operating cash flows are unfavourable due to the timing of revenue received for COVID-19 related activities and provider contracts and the net impact of working capital movements. Investing cash flows are favourable due to the timing of capital expenditure being later than budgeted. Financing activities are unfavourable due to equity injections for the Spire and Mental Health Projects being later than budgeted.

$000	Jun-21	Aug-21			
	Actual	Actual	Budget *(Draft)*	Variance	
Net Cash Flow from Operating Activities	24,384	3,963	18,023	(14,060)	✗
Net Cash Flows from Investing Activities	(20,859)	(2,773)	(8,579)	5,806	✓
Net Cash Flows from Financing Activities	5,980	1,098	2,310	(1,212)	✗
Net increase / (decrease) in cash	**9,505**	**2,288**	**11,754**	**(9,466)**	✗
Cash at beginning of year	26,984	36,489	26,648	9,841	✓
Closing cash	**36,489**	**38,777**	**38,402**	**375**	✓

2.9 Cash, Investments and Debt

Cash and Investments

Trust and Special Funds are held in a separate BNZ account. These fall outside the shared banking arrangement with the BNZ that NZ Health Partnerships Limited sweeps daily. Surplus liquidity from the Enable New Zealand operating account is channelled through the main DHB accounts to obtain those benefits.

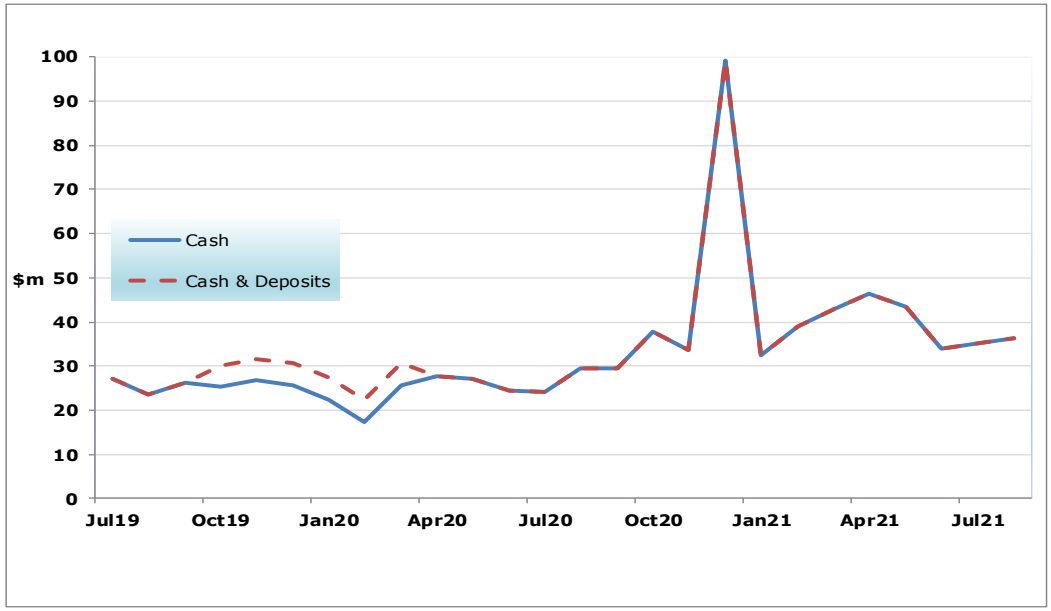
Aug-21	Rate	Value $000
NZHP Sweep Balance	0.64%	34,954
Cash in Hand and at Bank		2
Trust Accounts		2,547
Enable New Zealand		1,274
Cash Balances		38,777
Total Cash Balance		**38,777**

The cash reconciliation table below shows how cash has moved during the month.

Cash Reconciliation	Aug-21 $000	Year to date $000
Cash at June 2021	37,623	36,489
Surplus / (Deficit) for mth	214	517
Depreciation / Amortisation	2,170	4,577
Sale of fixed assets	2	2
Working capital movement	512	(1,071)
Capital expenditure	(1,860)	(2,930)
Loan/finance lease repayments	(20)	(33)
Trusts movement	56	85
Equity injections - capital	80	1,141
Cash Balance at month end	**38,777**	**38,777**

The chart below indicates the DHB's cash balance, excluding investment and Trust Accounts. The spike in the December 2020 cash balance reflects the early payment of January revenue by the Ministry due to the timing of the Christmas holiday period.

CASH BALANCES



The DHB sector as a whole is experiencing liquidity pressure due to the continuation of operating deficits. On behalf of all DHBs, New Zealand Health Partnerships has been in ongoing discussion with the Ministry and Treasury on ways to resolve this and the need for urgent deficit support equity injections to those DHBs who are insolvent. These pressures have not affected MDHB operations to date. However, a resolution is necessary to enable the collective treasury management and optimisation to remain viable.

The Ministry has reassured the sector on the liquidity impacts of COVID-19 and that the cost of Holidays Act remediation will be funded when payments to remediate impacted employees (past and present) are eventually made. Despite this, these issues will likely influence the ability to fund other sector initiatives in the near term.

Net MDHB liquidity continues to be sufficient in the near term with steady levels. However, continuing operating deficits and planned capital investments will reduce overall liquidity.

The Treasury and the Ministry will provide a funding allocation of $30m towards the $35m budget for the Mental Health Unit replacement and $27.5m for an expanded perioperative suite (SPIRE programme). Funding for these projects commenced in the previous financial year. The bulk of the drawdowns will occur this and next year as construction activity increases. In addition, funding support from the Ministry to purchase a replacement Linear Accelerator has been confirmed.

Treasury Policy and Ratios

There are currently no arrangements that necessitate monitoring against Treasury Policy parameters.

Debt and Leases

The MRI finance lease is held with MCL Capital which is a New Zealand owned and operated company offering leasing solutions to New Zealand public sector organisations.

Finance Leases	Start Date	Maturity	$'000	Equipment
MCL Capital	Jun-19	May-26	1,086	MRI Scanner

The finance lease allows the DHB to spread the cost of an asset over the lease term and preserves capital, minimises the draw on cash reserves and provides budget certainty with ownership at the lease expiry.

2.10 Statement of Capital Expenditure

A total of $1.566m was approved during August, bringing total approvals to $46.816m against the annual capex plan of $85.761m. August approvals included various maintenance and replacement items for infrastructure ($0.594m), clinical equipment ($0.144m) and information technology ($0.233m). It also included Chiller Replacements ($0.255m) and Ministry funded COVID-19 expenditure ($0.441m) not included in the budget.

Capital Approvals ($000)	Aug-21	YTD
Approvals	1,566	46,816
Items Yet to be Approved	(1,125)	39,386
Total	**441**	**86,202**
Capex budget	0	85,761
Capex unbudgeted (Covid)	441	441
Total	**441**	**86,202**

Capital expenditure for the month was $1.861m, bringing total spending for the year to $2.930m. August expenditure against 2021/22 approved items totalled $1.170m and included the Ministry funded COVID-19 expenditure ($0.441m) noted above. In addition, it had a continuation in spending on the SPIRE project ($0.205m), the Mental Health Redevelopment ($0.220m) and the Fluoroscopy Machine ($0.151m). The remaining $0.691m of expenditure during the month is on prior-year approvals.

Capital Expenditure ($000)	Aug-21	YTD
Prior Year Expenditure	691	1,295
Current Year Expenditure	1,170	1,635
Total Expenditure	**1,861**	**2,930**

Year to date expenditure on items approved in the prior year is $1.295m. This leaves $2.814m of prior-year approvals that are yet to be spent. Note that the lag between project approval and project expenditure across financial periods is typical.

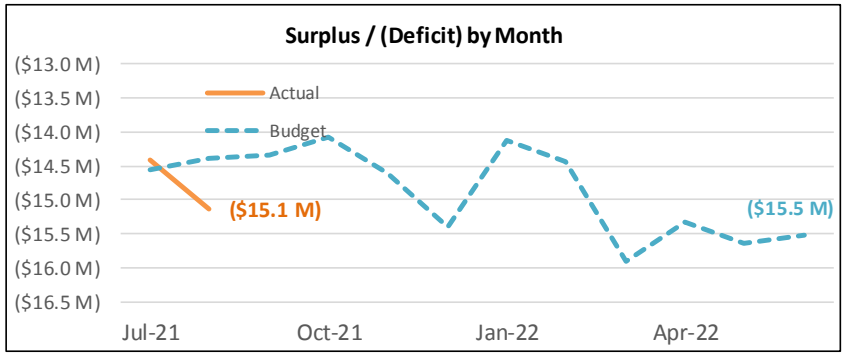
Further detail is provided in Appendix Two – Capital Expenditure.

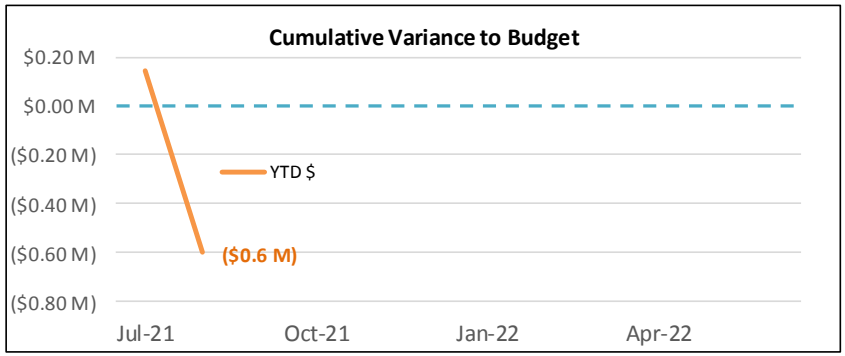
APPENDIX ONE – FINANCIAL PERFORMANCE BY SERVICE

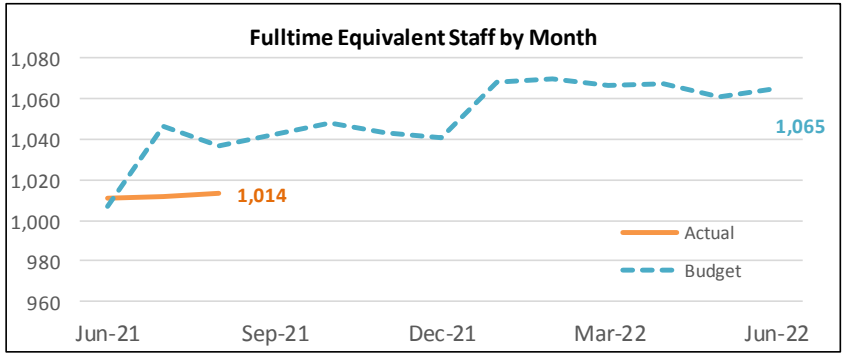
Te Uru Arotau – Acute and Elective Specialist Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**1,276**	**(480)**	**3,238**	**(312)**	**20,137**
Expenditure					
Personnel	10,125	33	19,877	233	123,794
Outsourced Personnel	83	(38)	204	(113)	516
Sub -Total Personnel	10,208	(5)	20,081	120	124,311
Other Outsourced Services	1,271	(114)	2,739	(401)	13,826
Clinical Supplies	3,291	(178)	6,682	(158)	39,997
Infrastructure & Non-Clinical	732	37	1,461	152	9,359
Total Operating Expenditure	**15,502**	**(259)**	**30,962**	**(286)**	**187,493**
Provider Payments	29	0	59	0	352
Corporate Services	883	0	1,766	0	10,593
Surplus/(Deficit)	**(15,137)**	**(739)**	**(29,549)**	**(599)**	**(178,301)**

FTE					
Medical	227.7	8.5	229.7	8.9	241.8
Nursing	510.5	5.2	507.2	10.5	525.5
Allied Health	130.4	7.4	131.1	6.7	138.6
Support	17.1	1.9	17.3	1.8	19.0
Management / Admin	127.8	0.3	127.2	1.1	129.7
Total FTE	**1,013.5**	**23.3**	**1,012.5**	**29.0**	**1,054.6**



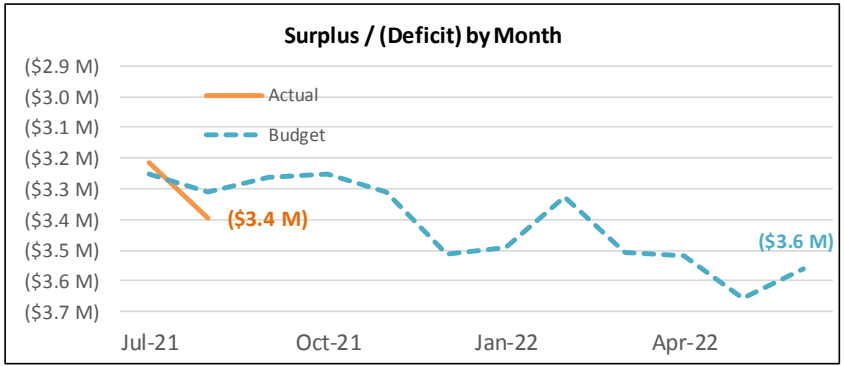


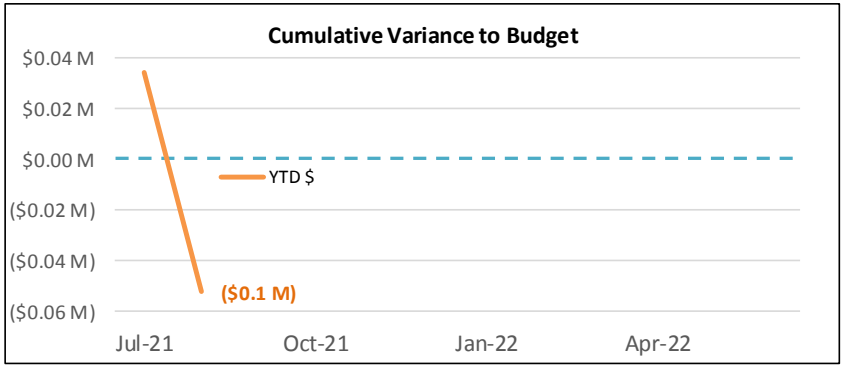


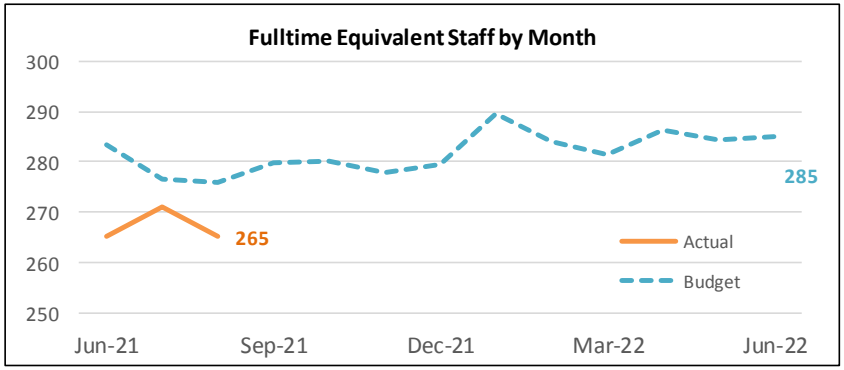
Te Uru Pā Harakeke – Healthy Women, Children and Youth Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**233**	**(239)**	**708**	**(236)**	**5,555**
Expenditure					
Personnel	2,523	92	4,942	225	32,669
Outsourced Personnel	36	(17)	133	(94)	216
Sub -Total Personnel	2,559	75	5,075	131	32,884
Other Outsourced Services	65	5	166	(24)	802
Clinical Supplies	318	42	669	50	4,312
Infrastructure & Non-Clinical	209	32	456	26	2,798
Total Operating Expenditure	**3,152**	**154**	**6,366**	**184**	**40,796**
Provider Payments	463	0	927	0	5,554
Corporate Services	14	0	27	0	162
Surplus/(Deficit)	**(3,396)**	**(86)**	**(6,612)**	**(52)**	**(40,957)**

FTE					
Medical	43.5	0.4	43.4	0.7	45.5
Nursing	117.6	2.2	119.3	0.7	120.7
Midwives	29.7	4.6	30.7	3.9	34.7
Allied Health	52.5	2.3	52.3	2.0	56.6
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	22.1	1.1	22.6	0.7	24.2
Total FTE	**265.4**	**10.6**	**268.3**	**8.0**	**281.7**



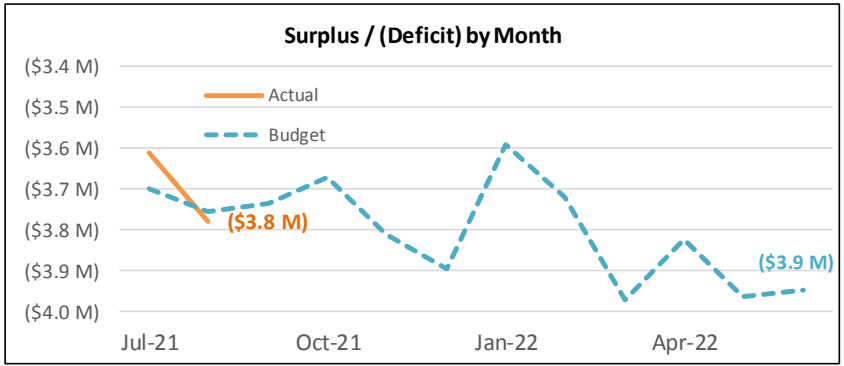


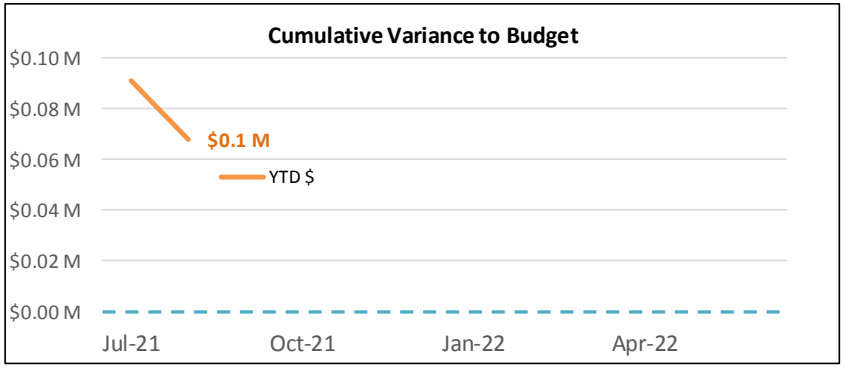


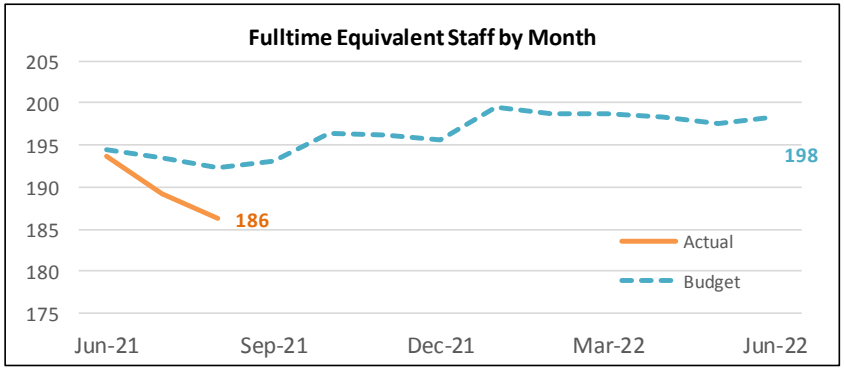
Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**583**	**(334)**	**1,533**	**(347)**	**10,566**
Expenditure					
Personnel	1,893	94	3,718	195	24,268
Outsourced Personnel	13	(8)	18	(7)	122
Sub -Total Personnel	1,906	86	3,735	188	24,390
Other Outsourced Services	568	42	1,245	(25)	7,321
Clinical Supplies	1,130	157	2,428	199	15,108
Infrastructure & Non-Clinical	137	26	273	53	1,888
Total Operating Expenditure	**3,741**	**311**	**7,681**	**415**	**48,707**
Provider Payments	402	0	804	0	4,821
Corporate Services	219	0	438	0	2,629
Surplus/(Deficit)	**(3,779)**	**(23)**	**(7,389)**	**68**	**(45,591)**

FTE					
Medical	38.3	0.7	38.2	1.1	41.5
Nursing	54.7	5.6	55.2	5.2	60.4
Midwives		0.0		0.0	
Allied Health	61.8	2.0	62.8	1.0	64.5
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	31.6	(2.2)	31.6	(2.1)	30.1
Total FTE	**186.3**	**6.1**	**187.8**	**5.1**	**196.5**



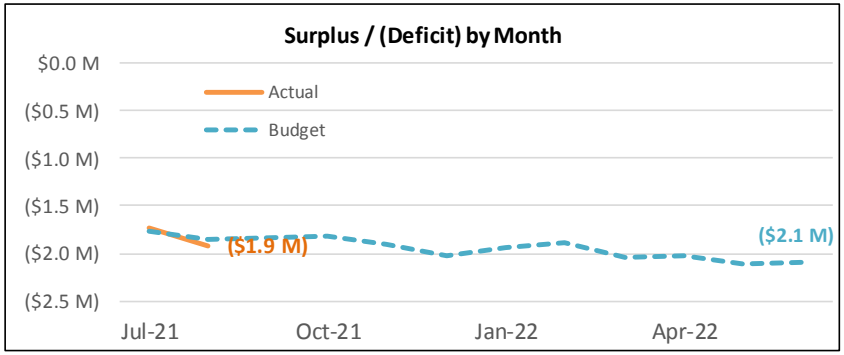


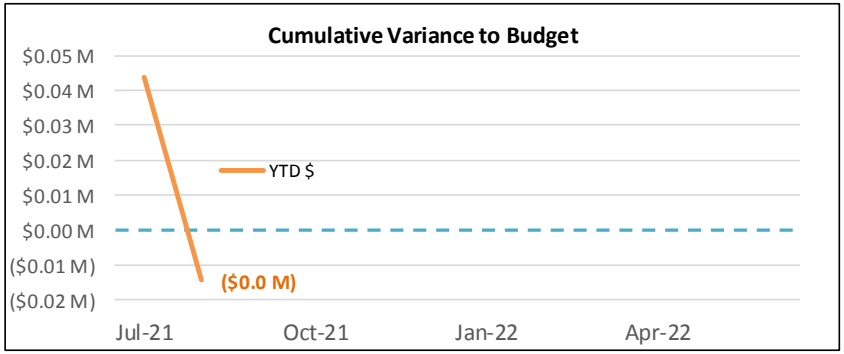


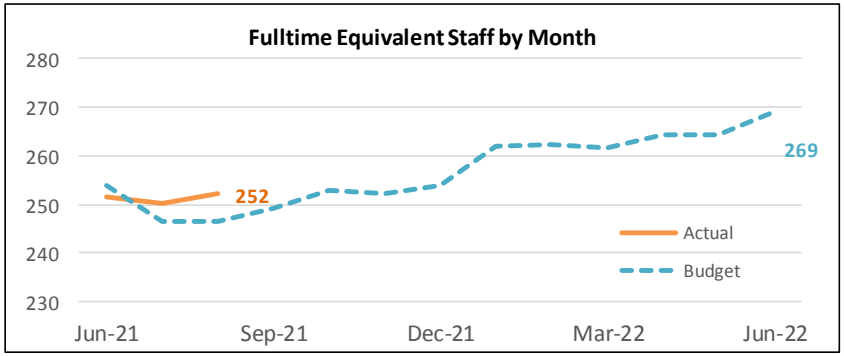
Te Uru Whakamauora – Healthy Ageing and Rehabilitation Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**514**	**(88)**	**1,179**	**(53)**	**6,976**
Expenditure					
Personnel	1,979	22	3,880	53	24,836
Outsourced Personnel	6	(6)	6	(6)	2
Sub -Total Personnel	1,986	16	3,886	47	24,837
Other Outsourced Services	29	35	93	36	749
Clinical Supplies	163	(7)	327	(13)	1,846
Infrastructure & Non-Clinical	167	(13)	339	(32)	1,804
Total Operating Expenditure	**2,344**	**30**	**4,645**	**39**	**29,236**
Provider Payments	0	0	0	0	0
Corporate Services	89	0	178	0	1,066
Surplus/(Deficit)	**(1,919)**	**(58)**	**(3,643)**	**(14)**	**(23,326)**

FTE					
Medical	15.2	(0.3)	15.6	(0.7)	16.4
Nursing	129.6	(7.2)	128.6	(5.6)	125.8
Allied Health	90.9	2.1	90.4	2.0	98.2
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	16.6	(0.6)	16.7	(0.7)	16.5
Total FTE	**252.3**	**(5.9)**	**251.3**	**(4.9)**	**257.0**



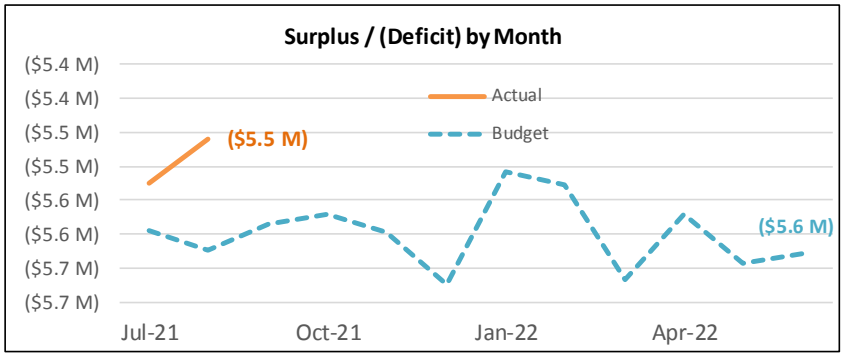


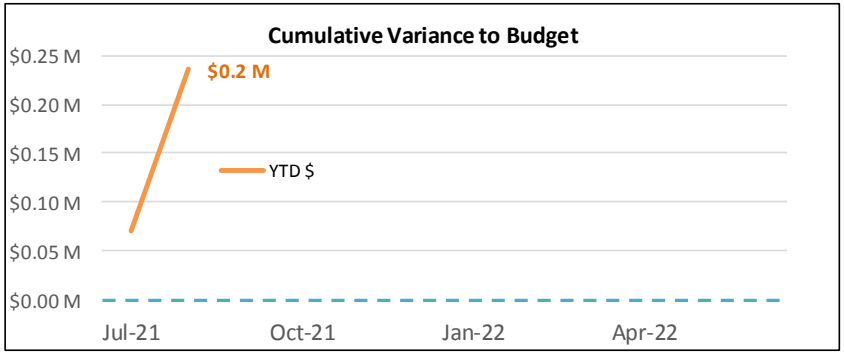


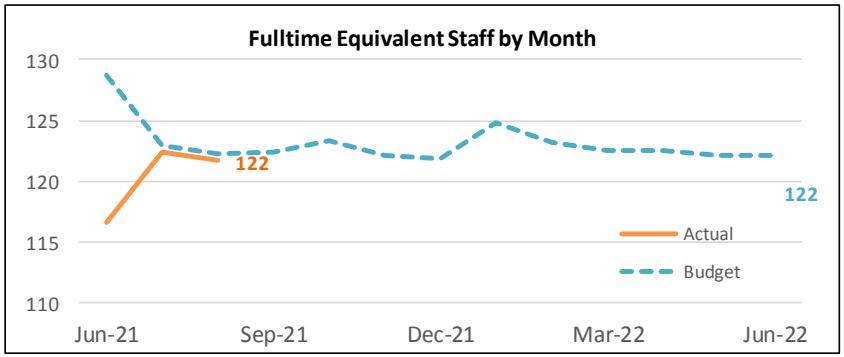
Te Uru Kiriora – Primary, Public and Community Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**787**	**66**	**1,515**	**90**	**8,637**
Expenditure					
Personnel	918	51	1,885	32	11,558
Outsourced Personnel	0	0	0	0	0
Sub -Total Personnel	918	51	1,885	32	11,558
Other Outsourced Services	13	1	27	2	168
Clinical Supplies	187	32	333	82	2,499
Infrastructure & Non-Clinical	96	14	190	30	1,299
Total Operating Expenditure	**1,215**	**98**	**2,435**	**146**	**15,525**
Provider Payments	4,928	1	9,856	1	59,058
Corporate Services	104	0	208	0	1,248
Surplus/(Deficit)	**(5,459)**	**165**	**(10,984)**	**236**	**(67,194)**

FTE					
Medical	1.8	0.3	1.8	0.3	2.0
Nursing	77.6	1.1	78.1	1.0	79.2
Allied Health	25.3	0.1	25.3	0.2	25.5
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	17.0	(1.1)	16.9	(0.9)	16.0
Total FTE	**121.7**	**0.5**	**122.0**	**0.5**	**122.7**



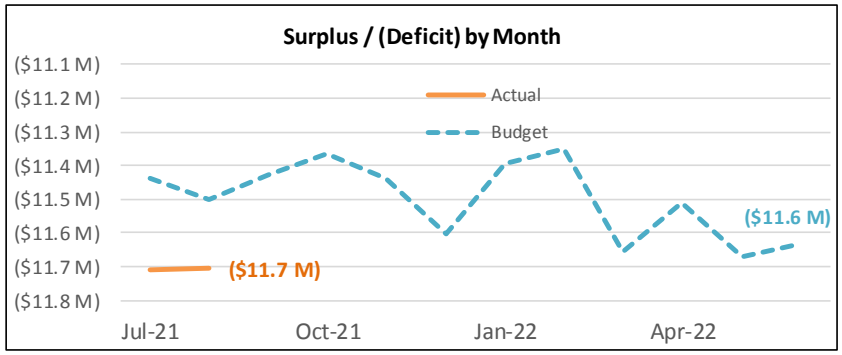


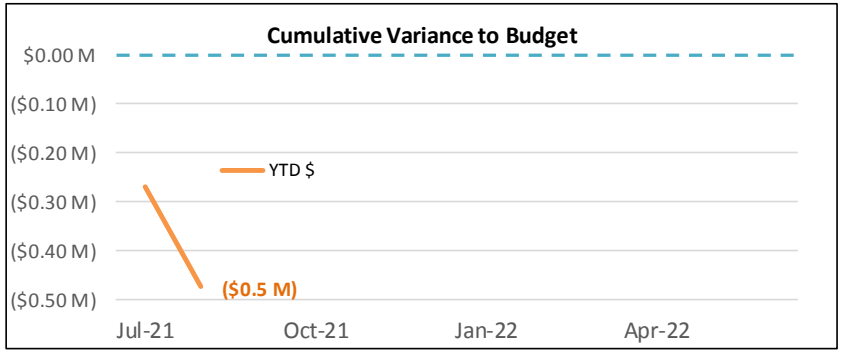


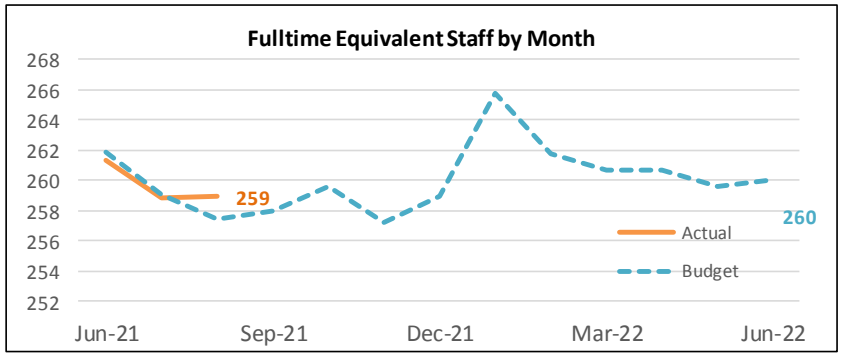
Te Uru Rauhī – Mental Health and Addiction Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**20**	**111**	**(60)**	**132**	**(1,106)**
Expenditure					
Personnel	2,252	67	4,401	173	27,839
Outsourced Personnel	461	(328)	982	(727)	1,335
Sub -Total Personnel	2,713	(261)	5,383	(554)	29,174
Other Outsourced Services	55	(2)	115	(7)	438
Clinical Supplies	46	(28)	62	(25)	208
Infrastructure & Non-Clinical	186	(24)	344	(21)	2,350
Total Operating Expenditure	**3,001**	**(315)**	**5,904**	**(607)**	**32,170**
Provider Payments	8,712	0	17,424	0	104,546
Corporate Services	14	0	27	0	164
Surplus/(Deficit)	**(11,706)**	**(204)**	**(23,416)**	**(475)**	**(137,986)**

FTE					
Medical	16.8	8.0	17.0	7.8	24.8
Nursing	161.4	(6.0)	160.5	(4.2)	156.7
Allied Health	45.2	(4.7)	46.0	(5.5)	40.5
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	35.5	1.1	35.4	1.3	37.9
Total FTE	**259.0**	**(1.6)**	**258.9**	**(0.7)**	**259.9**



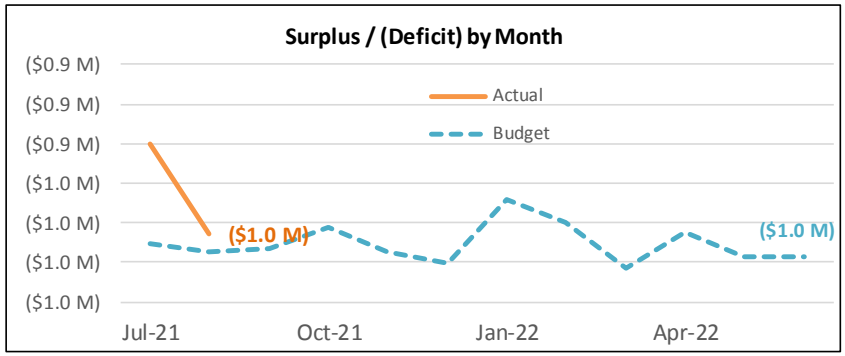


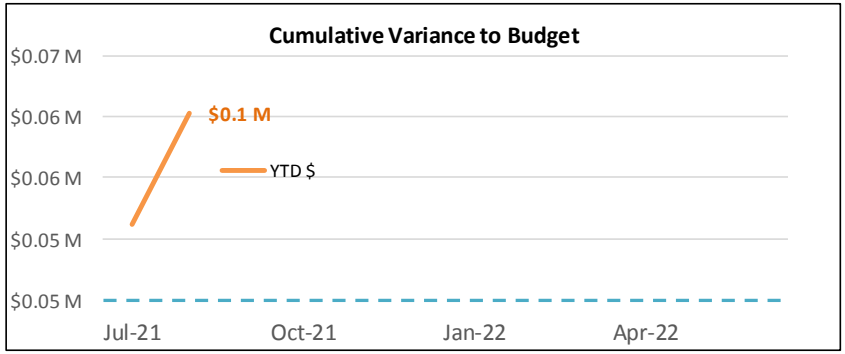


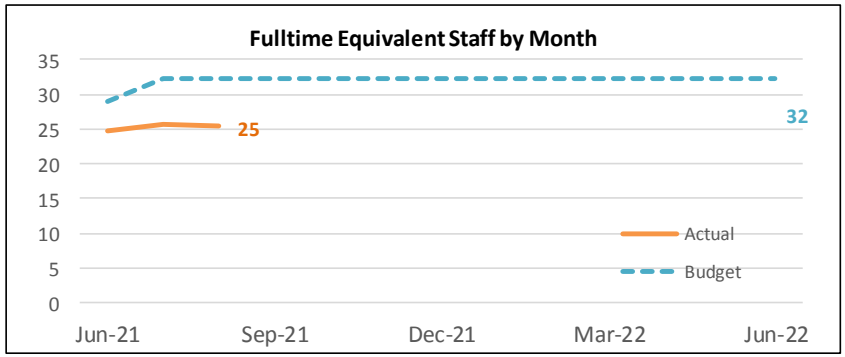
Pae Ora – Paiaka Whaiora Directorate

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**111**	**0**	**219**	**1**	**1,306**
Expenditure					
Personnel	205	49	387	114	2,976
Outsourced Personnel	0	0	0	0	0
Sub -Total Personnel	205	49	387	114	2,976
Other Outsourced Services	0	2	12	(9)	21
Clinical Supplies	0	0	0	0	5
Infrastructure & Non-Clinical	60	(42)	83	(47)	215
Total Operating Expenditure	**265**	**9**	**482**	**60**	**3,218**
Provider Payments	831	0	1,662	0	9,975
Corporate Services	0	0	0	0	0
Surplus/(Deficit)	**(986)**	**9**	**(1,925)**	**60**	**(11,886)**

FTE					
Medical	0.0	0.0	0.0	0.0	0.0
Nursing	6.3	2.4	6.3	2.4	8.7
Allied Health	8.3	2.4	8.4	2.4	10.8
Support	0.0	0.0	0.0	0.0	0.0
Management / Admin	10.8	2.0	10.9	1.9	12.8
Total FTE	**25.4**	**6.8**	**25.5**	**6.7**	**32.2**



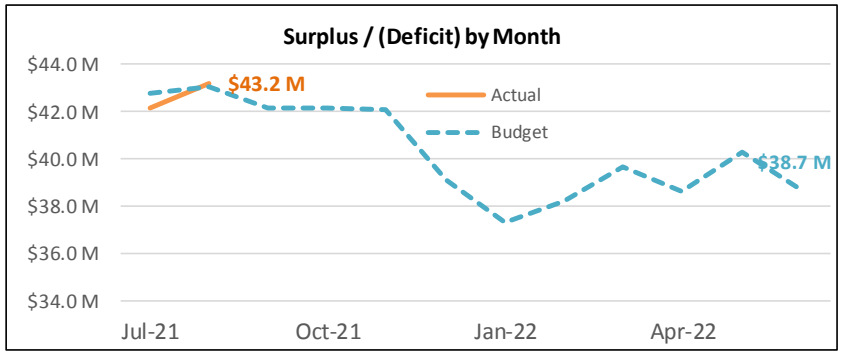


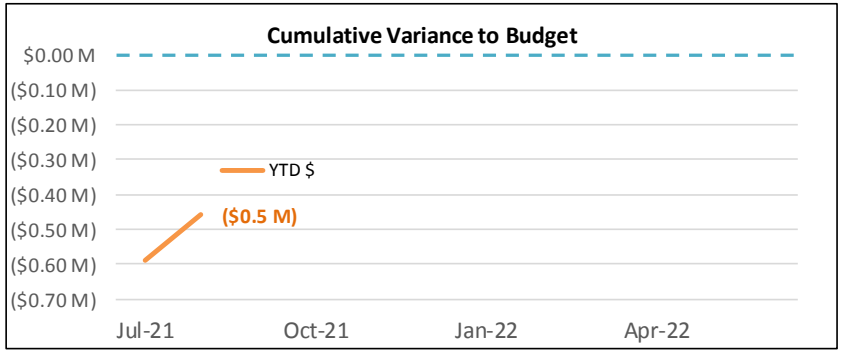


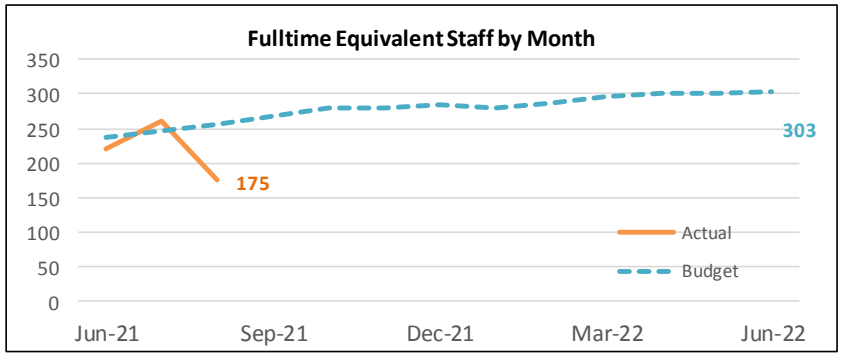
Corporate and Professional Services

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**60,341**	**(2,003)**	**118,218**	**(6,099)**	**720,245**
Expenditure					
Personnel	1,910	307	4,195	122	29,320
Outsourced Personnel	264	(176)	574	(400)	1,045
Sub -Total Personnel	2,174	131	4,768	(277)	30,365
Other Outsourced Services	217	(39)	397	(40)	2,128
Clinical Supplies	86	8	170	20	1,123
Infrastructure & Non-Clinical	5,164	578	10,716	816	70,865
Total Operating Expenditure	**7,641**	**678**	**16,051**	**519**	**104,480**
Provider Payments	10,839	1,456	19,464	5,126	147,751
Corporate Services	(1,372)	0	(2,744)	0	(16,462)
Surplus/(Deficit)	**43,233**	**131**	**85,446**	**(454)**	**484,476**

FTE					
Medical	2.6	(5.0)	2.6	(5.5)	0.9
Nursing	(19.0)	71.2	20.6	28.7	65.4
Allied Health	6.0	2.9	6.1	2.8	8.9
Support	13.3	0.9	13.6	0.7	14.3
Management / Admin	171.9	10.2	174.9	6.7	192.6
Total FTE	**174.8**	**80.3**	**217.8**	**33.4**	**282.1**



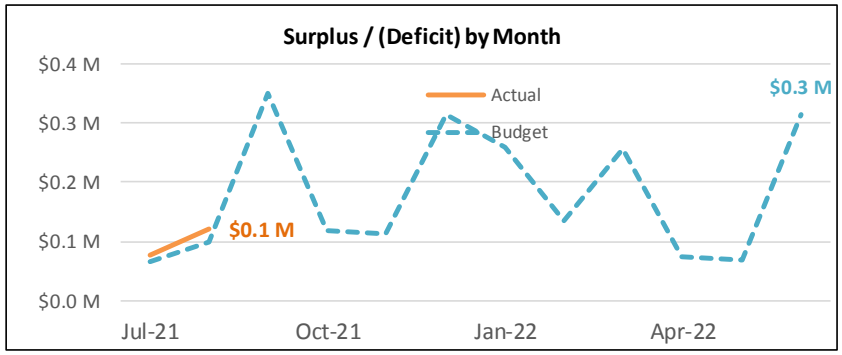


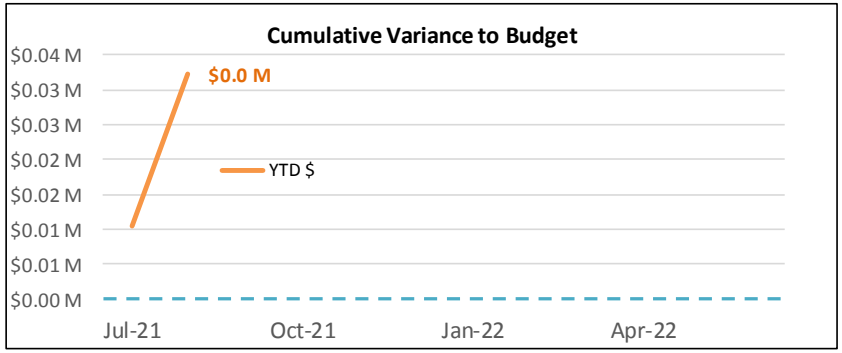


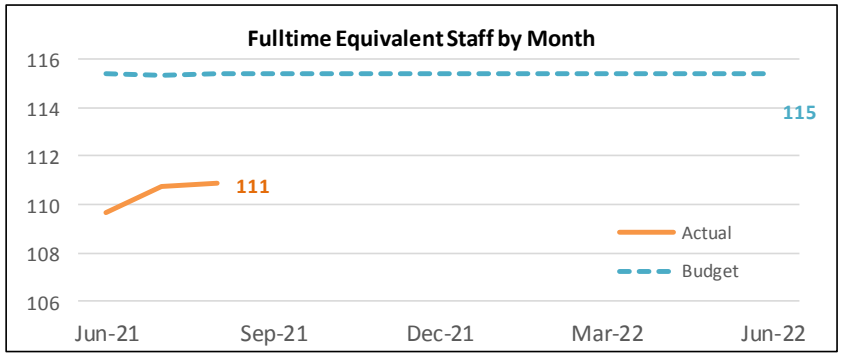
Enable New Zealand

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget
Net Revenue	**3,060**	**(52)**	**6,595**	**373**	**38,462**
Expenditure					
Personnel	766	24	1,460	122	9,379
Outsourced Personnel	48	(19)	84	(27)	340
Sub -Total Personnel	814	5	1,544	95	9,719
Other Outsourced Services	11	(11)	11	(11)	0
Clinical Supplies	5	0	10	1	61
Infrastructure & Non-Clinical	2,059	79	4,732	(424)	25,915
Total Operating Expenditure	**2,890**	**74**	**6,298**	**(340)**	**35,695**
Provider Payments	0	0	0	0	0
Corporate Services	50	0	100	0	600
Surplus/(Deficit)	**120**	**22**	**197**	**32**	**2,168**

FTE					
Medical	0.0	0.0	0.0	0.0	0.0
Nursing	0.0	0.0	0.0	0.0	0.0
Allied Health	22.9	8.2	22.4	8.7	31.1
Support	18.5	(2.5)	18.0	(2.0)	16.0
Management / Admin	69.5	(1.2)	70.3	(2.0)	68.3
Total FTE	**110.9**	**4.5**	**110.8**	**4.6**	**115.4**







Holidays Act

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget	Life to date Actual Since May 2010
Expenditure						
Personnel	405	12	809	25	5,003	48,224
Outsourced Personnel	43	5	99	(4)	569	666
Sub -Total Personnel	447	17	907	21	5,572	48,889
Infrastructure & Non-Clinical	33	86	85	153	1,428	1,408
Total Operating Expenditure	**481**	**103**	**992**	**174**	**7,000**	**50,297**
Surplus/(Deficit)	**(481)**	**103**	**(992)**	**174**	**(7,000)**	**(50,297)**

COVID-19

$000	August 2021 Actual	August 2021 Variance to Budget	Year to date Actual	Year to date Variance to Budget	Year End Budget	Life to date Actual Since March 2020
Net Revenue	**1,983**	**(1,326)**	**3,028**	**(3,589)**	**19,929**	**6,068**
Expenditure						
Personnel	650	934	1,036	2,131	9,582	13,066
Outsourced Personnel	51	(4)	96	(2)	283	230
Sub -Total Personnel	701	931	1,132	2,129	9,865	13,296
Other Outsourced Services	1,018	194	1,578	846	7,273	3,040
Clinical Supplies	23	22	43	46	266	136
Infrastructure & Non-Clinical	89	332	125	716	2,525	1,331
Total Operating Expenditure	**1,831**	**1,478**	**2,879**	**3,738**	**19,929**	**17,804**
Surplus/(Deficit)	**152**	**152**	**149**	**149**	**(0)**	**(11,736)**

APPENDIX TWO – CAPITAL EXPENDITURE

($000)	Budget	Approved Budget	Unapproved Budget	Expenditure against this years approvals	Unspent against this years approvals	Expenditure against prior year approvals	Year End Forecast of Approved Expenditure
Externally Funded Items							
SPIRE Project	12,019	12,019	0	493	11,526	0	12,019
Mental Health Redevelopment	14,503	14,503	0	220	14,283	0	14,503
Acute Services Block	1,400	0	1,400	0	0	0	0
Linear Accelerator Replacement	4,330	4,257	73	0	4,257	2	4,259
Planned Care Production Planning	150	0	150	0	0	0	0
SCoPE (Theatre Audit)	600	0	600	0	0	0	0
TOTAL Externally Funded Items	**33,002**	**30,779**	**2,223**	**713**	**30,066**	**2**	**30,781**
Major Items							
EDOA / MAPU PODS	5,900	5,900	0	99	5,801	0	5,900
Telemetry & Monitoring System Replacements	3,278	370	2,908	0	370	0	370
Medical Imaging Equipment (incl DSA machine)	3,190	0	3,190	0	0	0	0
Programme of Change Mental Health (FACT)	2,658	2,658	0	13	2,645	0	2,658
Anaesthetic Machine & Monitor Replacements	2,430	2,430	0	0	2,430	0	2,430
End User Compute Replacement Programme	1,650	0	1,650	0	0	0	0
End User Compute Break Fix	350	233	117	0	0	0	0
Computerized tomography (CT) Scanner	1,740	0	1,740	0	0	0	0
Health System Catalogue (NZHP)	1,515	0	1,515	0	0	0	0
Regional Health Informatics Programme (RHIP)	1,465	0	1,465	170	(170)	0	0
Workstations for Cancer Service	1,357	0	1,357	0	0	0	0
Structural & Seismic Upgrades	1,184	0	1,184	0	0	0	0
Fluoroscopy Machine	1,140	1,140	0	151	989	0	1,140
Bed Replacement Programme	1,000	0	1,000	0	0	0	0
Water Services	1,000	1,000	0	0	1,000	0	1,000
Enable NZ IT Programme	800	0	800	0	0	0	0
Chiller Replacements	700	225	475	0	225	0	225
Certificate of Public Use Upgrades	500	32	468	0	32	0	32
Fire System Upgrades	500	0	500	0	0	0	0
Mammography Machines	500	0	500	0	0	0	0
Substation Project	300	0	300	0	0	0	0
Generator Replacement	300	0	300	0	0	0	0
TOTAL Major Items	**33,457**	**13,988**	**19,469**	**433**	**13,322**	**0**	**13,755**
Infrastructure Items							
Medical Air Upgrade & Vacuum Distribution Upgrade	500	0	500	0	0	0	0
Motor Control Centre Level A	400	0	400	0	0	0	0
Pressure Rooms (Ward 28 & Children's Ward)	350	0	350	0	0	0	0
Lighting and Egress Upgrades	350	0	350	0	0	0	0
Asset Management & Individual Items less than 251K	2,230	594	1,636	0	594	197	791
TOTAL Infrastructure Items	**3,830**	**594**	**3,236**	**0**	**594**	**197**	**791**

($000)	Budget	Approved Budget	Unapproved Budget	Expenditure against this years approvals	Unspent against this years approvals	Expenditure against prior year approvals	Year End Forecast of Approved Expenditure
Clinical Equipment Items							
Medical Dispense (Rest of Hospital) & Upgrades	804	0	804	0	0	0	0
Echocardiograph	504	0	504	0	0	0	0
Pendants	500	0	500	0	0	0	0
Laparoscopic Tower Replacement Programme	500	500	0	0	500	315	815
Defibrillators	407	0	407	0	0	0	0
SSU Medivators & Washers Replacement	400	0	400	0	0	0	0
Endoscopy & Theatre Scopes	350	0	350	0	0	0	0
Orthovoltage (RCTS Skin Cancer)	300	0	300	0	0	0	0
Urology Ultrasound	300	0	300	0	0	0	0
Clinical Engineering Equipment	300	0	300	0	0	0	0
Covid Expenditure-MOH Funded	0	441	0	441	0	0	441
Patient Simulation Programme	300	0	300	0	0	0	0
Asset Management & Individual Items less than 251K	4,910	114	4,796	0	114	491	604
TOTAL Clinical Equipment Items	**9,575**	**1,055**	**8,961**	**441**	**614**	**806**	**1,861**
Information Technology Items							
ePrescribing and Administration Planning (Medchart)	800	0	800	0	0	0	0
SAN Rebuild	800	0	800	0	0	0	0
Echo Image Vault	700	0	700	0	0	0	0
Minor Works (Network, Firewalls, Servers, UPS)	600	0	600	0	0	0	0
Network Switch Upgrade	500	0	500	0	0	0	0
External Referrals (eTriage, eReferrals)	460	0	460	2	(2)	0	0
WebPASaaS Implementation	400	0	400	0	0	0	0
Clinical Records Management	400	400	0	46	354	0	400
CITRIX Rebuild (Server Rationalisation)	300	0	300	0	0	0	0
Miya Upgrade	270	0	270	0	0	0	0
Asset Management & Individual Items less than 251K	667	0	667	0	0	290	290
TOTAL Information Technology Items	**5,897**	**400**	**5,497**	**48**	**352**	**290**	**690**
TOTAL CAPITAL EXPENDITURE	**85,761**	**46,816**	**39,386**	**1,635**	**44,948**	**1,295**	**47,877**

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

Key questions the Board should consider in reviewing this paper:

- Is the progress with the Sustainability Plan satisfactory?
- Are all the expected savings and non-financial benefits captured to the Board's satisfaction?
- Do the non-financial benefits adequately reflects the benefits framework

To	Board
Author	Judith Catherwood, General Manager, Quality and Innovation
Endorsed by	Finance, Risk and Audit Committee Kathryn Cook, Chief Executive
Date	14 October 2021
Subject	**Sustainability Plan**

RECOMMENDATION

It is recommended that the Board:

- **note** that Finance, Risk and Audit Committee endorsed this report at its October meeting, for Board consideration
- **note** the Sustainability Plan benefits baseline and monitoring dashboard
- **note** August 2021 indicates a negative variance to plan of $25,060 year to date
- **note** the progress in the implementation of the Sustainability Plan
- **approve** the approach and progress made to date on the Sustainability Plan 2020-2023.

Strategic Alignment

The report supports the MidCentral District Health Board's (MDHB) strategy and key enablers 'Stewardship' and 'Innovation'. The Sustainability Plan supports MDHB to become more sustainable through changes to models of care, systems and processes. This ensures best use of resources to meet the healthcare needs and wellbeing of the population in the MDHB region.

1. PURPOSE

To outline progress in the delivery of the Sustainability Plan for 2020-2023 which was originally approved by the Board in August 2020. A refreshed plan for 2021-23 was approved by the Board in July 2021.

2. SUSTAINABILITY PLAN STATUS UPDATE

The Sustainability Plan is a three-year plan which outlines the approach MDHB will take to ensure the delivery of enhanced services and financial sustainability. The plan is aligned to the sustainability component of MDHB's Annual Plan. The Sustainability Plan, including a summary of progress is included as Appendix One.

In addition to the core Sustainability Plan, there are several initiatives with dedicated funding from the Ministry of Health (the Ministry) and these are included in the report for monitoring purposes only. Reports on these initiatives are also provided to the Ministry.

MDHB resources are targeted at the core initiatives. This is consistent with the plan approved by the Board.

A Sustainability Plan Benefits Framework has been developed and approved by the Board. This is contained in Appendix Two. The collective benefits across all the initiatives in the plan will be tracked via a Sustainability Plan dashboard. The Sustainability Plan dashboard is in Appendix Three. The dashboard is in development and in future, will include trend based graphical reporting to target, in addition to the current baseline information. Target trajectories remain in development for some measures. Work has also commenced to define the measurement of benefits of the Older People's Assessment and Liaison (OPAL) Community Service. These measures will be added to the dashboard when this work is completed.

The Organisational Leadership Team (OLT) has reviewed the plan and the commitments. OLT remain confident the remaining activities can be delivered over the course of the three-year planning period and that total cash releasing savings of a minimum of $4.7 million are achievable.

3. BENEFITS AND SAVINGS

The 2021/22 year to date savings are shown in Appendix Four. These will be added to the 2020/21 savings to create a recurrent report on the overall savings plan across the three years. Additional savings being released from the existing and future initiatives in the plan over the next two years.

The benefits and savings include cash and non-cash releasing savings. The benefit monitoring dashboard will be reviewed continuously, on a month-to-month basis, and reported to the OLT, Finance, Risk and Audit Committee and the Board.

There have been delays in implementing several initiatives over the 2020/21 year, which have impacted the delivery of benefits and savings. The recent COVID-19 resurgence has had an impact on progress in some initiatives as resources have been deployed into resurgence planning and management. Nursing workforce demand and utilisation has impacted the 2021/22 year to date savings against plan.

The Sustainability Plan is expected to achieve $4.7 million in cash releasing savings over the three years to 2023. Initiatives that are behind schedule at present will be delivered in the 2021-2023 period. Cash releasing benefits once delivered will result in a cumulative accrual on a recurrent basis. Additional non-cash releasing benefits are also expected each year. Year Two savings are forecast to be $2.1 million. When Year One savings are added to this forecast, MDHB expects to save $2.65 million over the course of 2021/22. Year Three savings are forecast to be an additional $2.15 million.

Appendices

Appendix One	Sustainability Plan 2020-2023
Appendix Two	Sustainability Plan Benefits Framework
Appendix Three	Sustainability Plan Dashboard
Appendix Four	Sustainability Plan Savings

Appendix One – Sustainability Plan 2020-2023

Service Improvement

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Mental Health – community model of care (Te Matapuna o te Ora)	Design and implement a new community model of care as our response to the Inquiry	Scott Ambridge	Implementation			Recruitment to new roles has been progressed, 4 of 6 roles have been appointed. Digital connected care record planning underway.	EOI process to commence for affected staff. Continue recruitment process to new roles. Training plan to commence.	Improved access, safety, experience, choice, staff wellbeing, self-cares / resilience, reduced inequity for Māori, whanau focused models	Q4 2021/22
OPAL community service	Implement the OPAL community service across the district	Syed Zaman	Implementation			OPAL community planning underway. Pilot service outcomes under review.	Implementation plan development underway	Reduced LOS, bed occupancy, re-presentations, improved experience	Q4 2021/22
Horowhenua clinical service plan	Design and plan future clinical services for the locality	Chiquita Hansen	Implementation	✓		Planning work has continued to progress with stakeholders	Data analysis to support plan development underway	Plan to support increasing community health needs in place	Q2 2021/22
Outpatient admin redesign	Review and redesign outpatient administration service model	Judith Catherwood	Scoping	✓		Project support partnership progressing with Pae Ora. Working group confirmed.	Recruit project support role. Finalise the work programme for improvement.	Improved experience, safety, reduced services not engaged	Q4 2021/22
Outpatient e-referral/triage	Implement electronic referrals and triage across the enterprise	Lyn Horgan	Implementation			Business case approved by MDHB Board. Engagement with Manawhenua Hauora.	Continue work on procurement plan and process design work with key stakeholders	Improved ESPI compliance, improved patient safety, improved clinician satisfaction	Q4 2021/22
Outpatient e – transcription and digital mail	Implement voice recognition tools and digital mailhouse	Lyn Horgan	Implementation			Business case approved by MDHB Board. Engagement with Manawhenua Hauora.	Continue work on procurement plan. Design of new processes will commence. Complete mailhouse business case refresh	Reduced expenditure and FTE, rapid electronic communications, improved clinician satisfaction	Q4 2021/22
Outpatient Navigation co-design	Co-design a model of navigation support to enable improved access to outpatient services	Judith Catherwood	Scoping	✓		Project support partnership progressing with Pae Ora. Quality Improvement Advisor allocated to lead the improvement work.	Review good practice models. Commence design work with external design expertise	Improved access, safety, outcomes, reduced inequity for Māori and others, reduced services not engaged	Q2 2021/22
Telehealth	Implement telehealth models of care across speciality services	Claire Hardie	Implementation	✓		Procurement plan for new equipment underway. Pilots continue with early adopter services. Business process changes underway	Procurement and evaluation of pilots continue	Improved access, experience, convenience, safety and reduced travel for consumers	Q4 2021/22
Community infusion service	Develop a model of care to support our community in receiving services closer to home	Lyn Horgan	Procurement	✓		Procurement plan for new service has been progressed to request for quotes	Request for quotes completed. Assessment panel to review. Secondment for coordinator to progress	Improved access to services, improved experience, improved facility utilisation	Q3 2021/22
Production planning	Enhance production planning expertise and capacity to support service delivery and budgeting approach	Darryl Ratana	Implementation	✓		Recruitment underway. Production planning continuing within existing FTE	Finalise recruitment and continue work programme	Improved accuracy of budget planning to support effective service delivery in elective and acute services	Q2 2021/22

RAG Key:

RED: Significant Issues – the timelines and budget will be impacted

AMBER: Some Issues – chance of impact on timelines and budget

GREEN: On Track – no issues expected to impact on timelines or budget

Workforce

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Skill mix	Review clinical workforce mix across all clinical services	Celina Eves	Implementation			Review of medical and surgical team skill mix is underway. Progress has been impacted by COVID-19 resurgence.	Commence the next phase of workforce reviews. Finalise benefits measurement approach	Reduced cost per bed day, reduced cost per CWD and reduced cost per FTE	Q4 2021/22
Reduce dependency on one to one nurse specialing	Improving ordering and clinical practices to support quality care and reduction in use of specialing	Celina Eves	Implementation			Full action plan underway and monitored by Nursing Leadership. Case complexity and vacancies in nursing FTE are hampering progress. Digital approval process underway but this has been delayed and delivery has been escalated to Executive to resolve.	Complete benefits tracking system and approval process. Continue with all projects control actions	Reduced use of outsourced specialing expenditure	Q2 2021/22
Workforce Wellbeing	Implement workforce wellbeing initiatives to support all workforce groups	Keyur Anjaria	Implementation			Bradford score reporting underway. Wellbeing Index implementation plan in progress. Education for pilot group completed. Second cohort about to commence	Further progress training across the enterprise. Implement the wellbeing index and other wellbeing supports	Improved workforce wellbeing, reduced sick leave, improved engagement	Q4 2021/22

Savings and Revenue

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Equipment Library	Implement a central hospital equipment library	Neil Wanden	Implementation			Equipment inventory for priority items in progress. Governance group oversighting the project.	Recruitment following a change management process. Asset list to be verified.	Reduce expenditure, improved access to equipment, improved space utilisation	Q3 2021/22
Short-term loan equipment	Implement new procurement and distribution pathways for community equipment	Gabrielle Scott	Implementation			Phase one has commenced. Delayed start may impact benefit realisation. Initial feedback from consumers is extremely positive. Baseline and benefits measurement underway	Monitor benefits and consumer experience. Plan for phase two in 2022/23	Reduced expenditure, improved consumer and staff experience	Q2 2021/22
Clinical documentation and coding	Clinical documentation, coding and CWD capture	Lyn Horgan	Implementation			Procurement of PICQ tool behind schedule. Escalated to Executive to resolve. Other project activities have been impacted by COVID-19 resurgence.	Implement the PICQ tool and measure impact of education and tools. Clinical lead to review discharge planning documentation.	Increased revenue, improved documentation and patient safety, improved relative stay index	Q1 2021/22

Digital

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Digitisation of Clinical Records	Implement a digital scanned clinical record	Neil Wanden	Implementation			Implementation plan in progress. Strong clinician input to scope/timeline	Continue implementation plan	Reduced FTE and expenditure on storage Improved clinical and administrative team satisfaction	Q4 2021/22
E – leave management	Implement an electronic leave approval and capture system	Keyur Anjaria	Scoping			Minimum viable product development completed. Vendor capacity hampering progress. Escalated to Executive to resolve.	Plan business change processes and implementation plan. Vendor delivery options under review.	Improve leave capture, reduced paper	Q2 2021/22
E - Recruitment System	Implement electronic recruitment system for all workforce groups	Keyur Anjaria	Procurement			Progressing as a regional initiative. TAS have completed information security checks although this was delayed.	Implementation of new solution expected to commence in October	Reduction in time to recruit, reduction in paper, improved onboarding, improved productivity of people leaders	Q2 2021/22
ScOPe	Audit and theatre management tool	Lyn Horgan	Procurement	✓		Direct sourcing plan agreed. Project plan being delivered to schedule and clinical leadership in place.	Implementation plan continues	Improved clinician satisfaction, improved theatre utilisation, improved safety and clinical outcomes	Q3 2021/22

RAG Key: **RED**: Significant Issues – the timelines and budget will be impacted

AMBER: Some Issues – chance of impact on timelines and budget

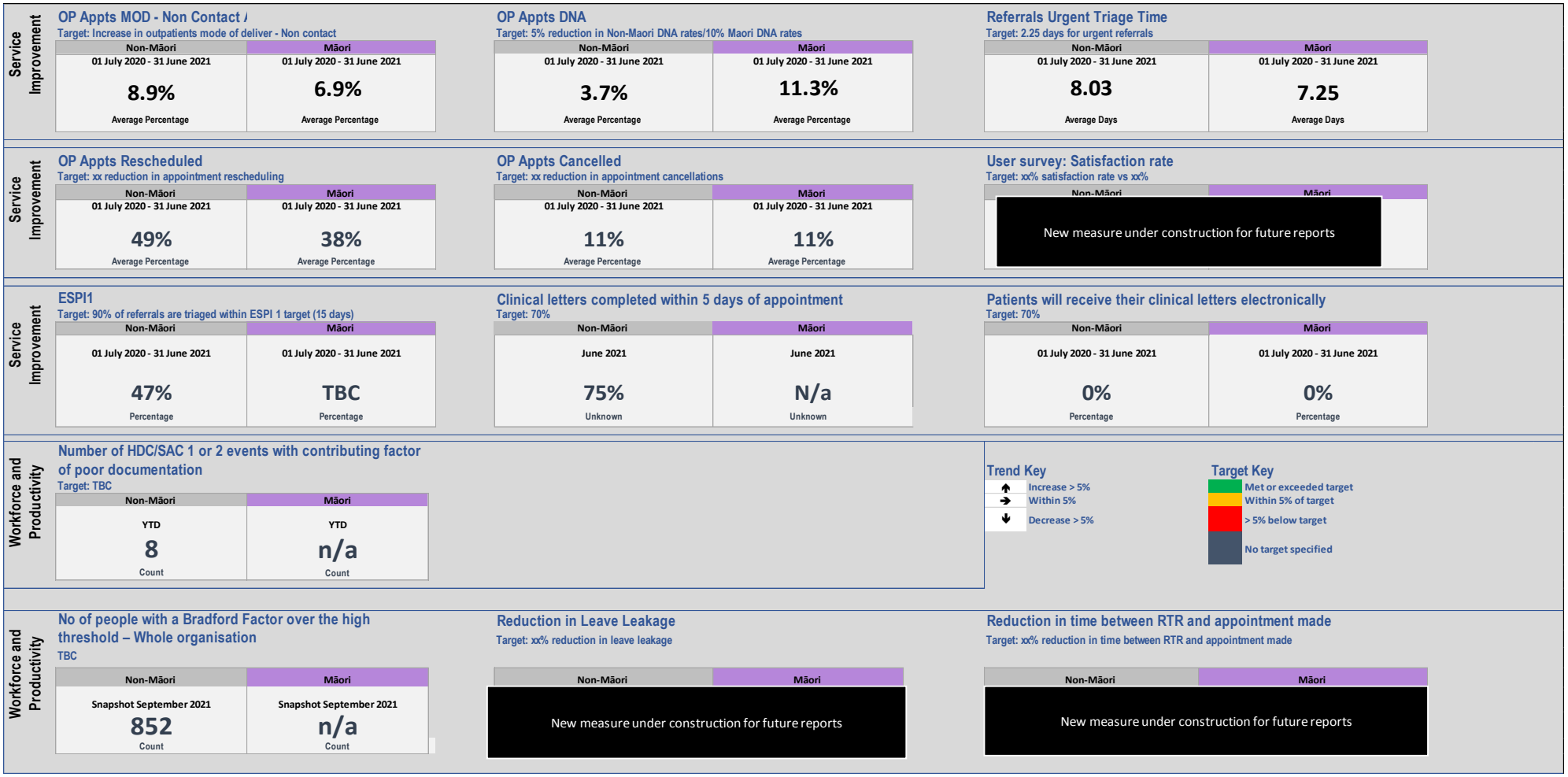
GREEN: On Track – no issues expected to impact on timelines or budget

Appendix Two Sustainability Plan Benefits Framework

Sustainability Plan 2020/23 Benefits Framework

Quality Domains	Supporting the Delivery of The Quality Agenda						Quality Domains
	Programme Purpose	Better Outcomes	Improved Consumer Experience	Improved Workforce Experience	Affordable Healthcare	Savings	
		Sustainability Plan Benefits					
Safe Haumaru	**Service Improvement** – improving services for our community	Improved access to Kaupapa Maori MH&A services	Improved consumer experience survey results	Timely delivery of clinical correspondence via digital technology	Reduced LOS and readmission rates (OPAL and STAR)	$2.05M	Timely Wā tōtika
Effective Whaihua	**Workforce** – improving workforce wellbeing and engagement	Improved workforce utilisation (administration and clinical)	Reduced DNA rates and inequity for Māori	Improved wellbeing index rates	Reduced sick leave	$1.8M	Efficient Māia
	Savings and Revenue – improving efficiency	Reduced utilisation of outsourced nursing	Reduced rescheduling/ cancellation rates and inequity for Māori	Skill mix changes to establishment	Reduced expenditure (equipment, blood wastage, fleet)	$0.35M	
Consumer-centred Arotahi ki te kiritaki	**Digital** – improving accessibility, visualisation, productivity and collaboration	Improved compliance with ESPI 1 – faster clinical triage and response	Faster access to clinical advice	Improved speed to recruit	Reduced paper, postage and consumables	$0.5M Total $4.7M	Equitable Kia tōkeke ai
		Equity for Māori	**Digital**		**Workforce**		

Appendix Three – Sustainability Plan Dashboard



Appendix Four – Sustainability Plan Savings

				Aug 21 YTD Activity			Aug 21 YTD $			
Activity	Project name	Measure	Year Initiated	Baseline (Aug 19 YTD)	Actual	% to Baseline	Target Savings	Actual Savings	% to Target	Annual Target
Service Improvement	Mental Health Community Models of Care	Cost of Star 1 & 2	2020/21				$33,333	$33,000	99%	$200,000
	Mental Health Community Models of Care	FACT implementation	2021/22 Q4				$0	$0	0%	$300,000
	Outpatients – e referrals and e communications	Reductions in FTE and consumables	2021/22 Q3				$0	$0	0%	$300,000
	Long Term Conditions Transformation	Contract changes	2021/22 Q1				$50,000	$50,000	100%	$300,000
	Enhanced Stewardship of Blood	Units of Blood Wastage	2020/21	39	42	-8%	$16,667	-$4,697	-28%	$100,000
Workforce and Productivity Improvement	Reducing dependency on one to one nurse Specialing	Outsourced Specialing Hours	2020/21	5,468	6,511	-19%	$12,500	-$52,237	-418%	$500,000
	Skill mix	Position changes	2021/22 Q2	-	-		$0	$0	0%	$300,000
	Workforce wellbeing	Sick leave FTE on rostered wards	2021/22 Q2	17.5	21.4	-22%	$0	-$52,231	0%	$300,000
Savings and Revenue	Fleet Consolidation and management	No fleet vehicles replaced	2020/21	-	12	-	$8,333	$1,104	13%	$50,000
	Clinical Equipment Library	Equipment spend	2021/22 Q3				$0	$0	0%	$100,000
	Short Term Loan Equipment Management	Equipment spend	2021/22 Q3				$0	$0	0%	$100,000
	Clinical documentation, coding and case weight capture	CWD per discharge	2020/21	1.32	1.28	-3%	$0	$0	0%	$100,000
						Total	$120,833	-$25,060	-21%	$2,650,000

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Is progress being made as expected?
- Are there any specific risks that need to be considered, and are the actions sufficient to mitigate or manage?

To	Board
Author	Steve Miller, Chief Digital Officer
Endorsed by	Kathryn Cook, Chief Executive
Date	26 October 2021
Subject	**Te Awa Update – Digital Services Work Programme**

RECOMMENDATION

It is recommended that the Board:

- **note** the Digital Services work programme covering planned work for the 2021/22 financial year
- **note** progress since the last reporting period
- **note** the national and regional activity that may impact the planned work programme.

Strategic Alignment

This report is aligned to the MidCentral District Health Board's (MDHB) digital strategy, Te Awa.

1. PURPOSE

To provide an update on the priority projects to be delivered across various MDHB business owners, reported by Digital Services, and covering the period up to 30 June 2022.

2. BACKGROUND

In 2019, Te Awa was endorsed by the Board, the Central Primary Health Organisation (PHO), Manawhenua Hauora and the Clinical and Consumer Councils. Te Awa is aimed at enabling the delivery of improved healthcare outcomes across key performance areas for the district over a period of five years. The continued development of this work plan is now paused given the significant health system reforms, however prioritised projects from the Clinical and Digital Modernisation streams of work continue to progress.

3. THE DIGITAL WORK PROGRAMME

Appendix One is a summary of the Work Programme for the 2021/22 financial year.

Since the last reporting period:

- The Digital and Data Information Governance Group (DDIGG) has endorsed a new Programme and Project governance framework, and this is being communicated to OLT for implementation. DDIGG will also have a key role in engaging with the clinical workforce and providing regular communication on progress of the work programme.
- Ongoing Cyber Awareness training continues, with positive staff engagement.
- The Laboratory Results sign off, part of a broader Computer Physician Order Entry and electronic sign off programme, has been endorsed by the Finance, Risk and Audit Committee (FRAC) and approved by the Ministry of Health. This is now tabled for Board approval.
- A Regional Common Patient Administration System (webPAS) as a Services business case has been endorsed by FRAC. On behalf of the region, MDHB is actively engaging with the Ministry of Health Sector Investment team and acting Deputy Director-General, Digital and Data, to expedite Ministry of Health approval to achieve the required timeline. Given the investment level, this will require Director-General approval. This is being obtained in parallel to, and contingent on, each relevant DHBs Board approval. This is now tabled for MDHB Board approval.

A key risk to the work programme is scheduling of individual projects and resourcing execution. This remains a significant challenge. Resourcing planning is being finalised with various options being considered to manage this.

Lastly, MDHB paging solution provider Tellen Systems (NZ) 2013 Limited, has recently gone into receivership. Whilst the receiver has advised support of the product will continue in the foreseeable future, MDHB will accelerate assessment and sourcing of a new solution.

4. REGIONAL AND NATIONAL ACTIVITIES

Regional

Strong regional collaboration continues focused on three key areas: a regional Technology Roadmap; Data and Digital Governance; and identifying opportunities for service and resource alignment. Following an extensive recruitment process, a Chief Information Security Officer has been selected and an offer of employment has been accepted.

National

A Cabinet paper continues to be progressed to consider approval to draw down funding from the $400m Budget 2021 Digital and Data bid for three health data and digital initiatives:

- Tranche 1 of Hira, which will establish the foundations for a digitally enabled health and disability system (health system) to enable better access to health information
- a portfolio of capability uplift initiatives to enable a minimum standard of digital capability for the health system. 10 priority areas have been identified to remediate aging technology assets and digital capability deficits and support implementation of the Data and Information Strategy for Health. These areas are considered non-regrettable (meaning the work needs to be done regardless of future direction or changes), strategically aligned to enable health system reform, and will begin to address historic underinvestment.
- a cyber security roadmap, which will remediate critical cyber security risk.

Health sector reform transition activities and Digital and Data work streams, as previously outlined, continue to progress.

Appendix One: Digital Work Programme as at 26 October 2021

Clinical and Business Priority Projects - underway

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	SENIOR USER(S)	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED DISCOVERY BUDGET	TARGET COMPLETION
Clinical Communication	Implementation of a safe and secure environment to enable clinicians to communicate on patient matters. This is expected to replace the aging paging system, WhatsAPP and other insecure mediums that clinicians are currently employing.	Lyn Horgan	TBC	Reviewed vendor (Alicidion) offering	Prepare a memo for discovery funding	Initial Scoping	On track	TBD	Q4 FY21-22
eRecruit	Digital platform for the end-to-end recruitment process within MDHB	Keyur Anjaria	TBC	Pilot of Kiwi Health Jobs application underway	If pilot is successful a business case for a full implementation will be developed in April 2022	Initial Scoping	Delay in timeline given decision to pilot the application	Discovery $37.473K	Q4 FY21-22
Computer Physician Order Entry and eSign Off	Electronic Order Entry and Results Sign Off	Lyn Horgan	Kelvin Billinghurst Chris Daynes	Business Case endorsed by OLT. Submitted to FRAC for endorsement	FRAC endorsement Submission to the Board	BC Approval	On track	Discovery $85.536K Business Case $	Target to Commence Implementation Q2 FY21-22
Mosaiq aaS	Upgrade of the Oncology Information System which supports Regional Cancer Treatment Service in the delivery of radiation therapy and systemic therapy treatment for cancer patients.	Sarah Fenwick	Aaron Philips	Draft business case reviewed by Project Executive and Senior User.	Business Case to FRAC and OLT for approval to go to the Board.	BC Approval	Slight delays in securing access to key personnel has impacted on the timeline	Discovery $41.8K Business Case $TBD	Target to Commence Implementation Q2 FY21-22
ePrescribing	Electronic and administrative system for the prescribing of medications to inpatients and the accurate availability of information to Clinicians around current prescriptions	Lyn Horgan	Lorraine Welman Kelvin Billinghurst	Business Case endorsed by OLT Business Case submitted to FRAC for endorsement Business Case submitted to MOH for review	FRAC endorsement Submission to the Board	BC Approval	On track	Discovery $121.318K Business Case $4.4m	Target to Commence Implementation Q4 FY21-22

RAG Key:

RED: Significant Issues – the timelines and budget will definitely be impacted	**AMBER:** Some Issues – chance of impact on timelines and budget	**GREEN:** On Track – no issues expected to impact on timelines or budget

Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Clinical and Business Priority Projects - underway (continued)

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	SENIOR USER(S)	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED BUDGET	TARGET COMPLETION
Surgical Audit	Theatre management and surgical audit system (SCOPE)	Lyn Horgan	Chris Simpson Chris Daynes Alberto Ramirez-Rodriguez	Contract negotiations have taken longer than expected given vendor service level commitments are not acceptable. A few minor issues to now be resolved.	Complete Contract negotiation and formalise	Initiation	Contract negotiations taking lower than expected	MoH Planned Care Funding	Target to Commence Implementation Q3 FY21-22
eTriage	Electronic triage of referrals across outpatients and Allied Health	Lyn Horgan	Hagay Weinberg Tim Dunn	Business Case approved by the Board Sourcing underway	RFP to the market	Initiation	On track	Discovery - $116.171K Business Case $1.7m	Target to Commence Implementation Q3 FY21-22
eReferrals	Electronic receiving of referrals across outpatients and Allied Health	Lyn Horgan	Hagay Weinberg Tim Dunn	Business Case approved by the Board Sourcing underway	RFP to the market	Initiation	On track	Discovery - $116.171K Business Case $1.7m	Target to Commence Implementation Q4 FY21-22
eTranscription and Outpatient Communications	Digitise the process for creating and distributing clinical letters, mail house and digital transcription	Lyn Horgan	Hagay Weinberg Json Pryor Robyn Shaw Nadar Fattah	Business Case approved by the Board Sourcing underway	RFP to the market	Initiation	On track	Discovery - $65.028K Business Case $1.86m	Target to Commence Implementation Q3 FY21-22
High Acuity Anaesthesia Monitors	Implement infrastructure to support the deployment of MindRay High Acuity Anaesthesia Monitors	Lyn Horgan	Chris Simpson Kevin Saunders Sathish Shanmuganathan Ben Duff	Business Case approved Concluding contract negotiations	Equipment Order placed and project mobilisation Completion expected December 2021	Initiation	On track	Business Case $6m Digital Allocation Capex $47.600k Opex $42.553k	Target to complete implementation End of Q2 FY21-22
eScheduling	Electronic clinic scheduling pilot	Lyn Horgan	Quentin King Chris Simpson Karen Nistor	On hold given clinical reprioritisation, but Urology still wishes to proceed to support sub-regional service provision to Whanganui and Wairarapa DHBs.	Part of referral and triage RFP process.	Initiation	**On Hold**	CDO DFA $243.195K	On hold

RAG Key:

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Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Clinical and Business Priority Projects - underway (continued)

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	SENIOR USER(S)	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED BUDGET	TARGET COMPLETION
Echo Imaging Vault	Replacement/Upgrade of aged and at capacity, Cardiology Echo Image Vault system (EIV)	Lyn Horgan	Dave Tang Amanda Drifill	All equipment, cloud deployments and regional integration underway. Image migration underway.	Planned go live 9 November 2021	Implementation	On track	Business Case $700K	Target to complete implementation End of Q2 FY21-22
Digitisation of Clinical Records	The electronic retrieval of patient notes and records	Neil Wanden	Chis Daynes	Integration requirements submitted to the region. CTAS cannot not schedule the change until early 2022. New PC's for the scanning area ordered.	Key milestones achieved	Implementation	Project slippage - redeployment of the scanning area PC's to COVID response and CTAS not able to schedule the Clinical Portal integration until early 2022 – being escalated	Business Case $300k CEO approved	Target to complete implementation End of Q3 FY21-22
Connected Care	Mental Health shared care record to support new model of care.	Scott Ambridge	Brent Cooper	Contract negotiation are progressing. Iteration 0 is underway, with cloud infrastructure being deployed. First delivery of computer hardware has been delivered.	Telephony demonstration Deploy computer hardware Begin iteration 1: Configuration.	Implementation	Issues with Microsoft licencing and an Integration Platform as a service will result in slippage	Business Case 1.26m Board approved	Q4 FY21-22
Advanced Hospital Analytics (SystemView)	Electronic surgical capacity viewer	Lyn Horgan	Robin Shaw	Meetings held with MOH and other DHBs considering a regional implementation of the tool. System architecture, in particular the relationship between the database and the application is being reviewed.	Project on hold until the vendor resolves the database issues. MoH guidance in approach to project given they are driving it.	Implementation	No agreed timeline as yet with MoH	CDO DFA $228.521K	

RAG Key:

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Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Digital Modernisation Priorities (Digital Services Budget 2021/22)

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED BUDGET	TARGET COMPLETION
Network Switch Upgrade	64% of MDHB's network switches are out of support and at risk of failure. The network switches move computer traffic around and aggregate and disaggregate traffic to and from end users. The failure of the network switch infrastructure would result in catastrophic failure to the computer network	Steve Miller	Pending a discovery memo	Discovery funding approved and project mobilised	Initial Scoping	On Track	Not yet allocated	Q4 FY21-22
Telehealth	Integration of Zoom to WebPASaaS to enable the automated booking of a zoom session for patient consultation	Steve Miller	Discovery requirements complete and approved Placed on hold by the Telehealth Committee	On Hold	Initial Scoping	**On Hold**	CDO DFA $120K	Q4 FY21-22
Miya Upgrade	Upgrade the Miya Hospital Operations Centre application from on premise to cloud to enable improved serviceability and vendor support	Steve Miller	Reviewed vendor offering	Prepare a memo for discovery funding	Initial Scoping	On Track	Not yet allocated	Q3 FY21-22
End User Compute Upgrade	Replacement of legacy End User Compute (EUC) assets, including Windows 7 based desktops. These legacy products represent a security risk to MDHB.	Steve Miller	End user compute fleet analysis progressing Business case under action	Complete business case Submit business case to OLT and FRAC for endorsement	Initial Scoping	On Track	Discovery $171K	Q4 FY21-22
Core Network SAN	Remediation SAN (Storage Area Network) capacity and migrating workloads to Amazon Web Services	Steve Miller	Discovery requirements complete and approved Sourcing under action	Complete sourcing Complete business case Complete procurement plan	Initial Scoping	On Track	Discovery $151.68K	Q4 FY21-22

RAG Key:

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Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Digital Modernisation Priorities (Business as Usual Budget 2021/22) - continued

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED BUDGET	TARGET COMPLETION
Netscaler Rebuild	Netscaler technology supports MDHB security and network addressing. The current environment is out of support and needs to be upgraded	Steve Miller	Pending a discovery memo	Discovery funding approved and project mobilised	Initial Scoping	On Track	Not yet allocated	Q4 FY21-22
CITRIX Rebuild	Due to organic growth the CITRIX farm is now out of date and unable to be supported. It is in need of a cloud based rebuild	Steve Miller	Pending a discovery memo	Discovery funding approved and project mobilised	Initial Scoping	On Track	Not yet allocated	Q4 FY21-22
Regional Common Patient Administration System (webPAS as a Service)	The development of the Patient Administration System in the cloud. To mitigate pending databases going out of support and improving disaster recovery and availability	Steve Miller	Business case endorsed by MDHB CEO. Business case submitted to FRAC for endorsement.	FRAC endorsement Submission to the Board	BC Approval	Delays in BC approvals will impact transition timeline	Discovery phase funded from Regional DS budget	Q3 FY21-22
Zoom Rooms	Zoom Room rollout to support TeleHealth to prioritised business areas	Steve Miller	Zoom 1&2 completed and capitalised. Tranche 1 of this phase is to deploy 2 zoom rooms into the education centre.Cabling is completed	Deploy hardware Complete requirements gathering for other sites.	Implementation	On Track	CDO DFA $107K	Q2 FY21-22
WorkFlows and Fax Replacement	Replacement and automation of simple processes to reduce the reliance on fax machines to enable the decommissioning of insecure fax technology	Steve Miller	Vendor challenges have resulted in delays to the deployment of these tools. Discussions are underway to accelerate delivery.	Agreement on an accelerated delivery	Implementation	Vendor Delays	CDO DFA $111.61K	Q4 FY21-22
Cellular Coverage in Theatre	Cellular coverage in Theatre is poor at best. The implementation of additional aerials is expected to resolve these issues	Steve Miller	Complete		Completed	Complete	$100.017K Completed under budget	Q2 FY21-22

RAG Key:

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Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Digital Modernisation Priorities (Business as Usual Budget 2021/22) - continued

INITIATIVE	OVERVIEW	EXECUTIVE SPONSOR	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	APPROVED BUDGET	TARGET COMPLETION
Exchange Online (EOL)	Migration on premise exchange to Exchange Online	Steve Miller	Closing		Completed	Complete	$472K Completed under budget	Q1 FY21-22
Multifactor Authentication	Mobile security for remote working	Steve Miller	Closing		Completed	Complete	$144K Completed under budget	Q1 FY21-22
Office 2016	Deploy Microsoft Office 2016 to get all users in MDHB to a common Office application to enable progressing to Office 365	Steve Miller	Closing		Completed	Complete	$93K Completed under budget	Q1 FY21-22

RAG Key:

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Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

To	Board
Author	Keyur Anjaria, General Manager, People and Culture
Endorsed by	Kathryn Cook, Chief Executive Finance, Risk and Audit Committee
Date	21 October 2021
Subject	**Health, Safety and Wellbeing**

Key questions the Board should consider in reviewing this paper:

- Is the information sufficient to enable the Board to discharge governance responsibilities?
- Does the DHB have a schedule of audits, checks and reviews to ensure that the Health and Safety management systems remain fit for purpose?
- Does the DHB have adequate mechanisms to engage its workers effectively?
- Does the DHB have wellness and wellbeing initiatives to promote a healthy workplace culture?

RECOMMENDATION

It is recommended that the Board:

- **note** the quarterly Health, Safety and Wellbeing report
- **note** that the Health, Safety and Wellbeing report was endorsed by the Finance, Risk and Audit Committee at its meeting on 19 October 2021 for submission to the Board.

Strategic Alignment

This report is aligned to the Organisational Strategy and legislative requirements related to governance of health and safety responsibilities for Officers and Directors of a Person Conducting a Business or Undertaking.

1. PURPOSE

To update the Board on activities related to health, safety, and wellbeing for the quarter from 1 July to 30 September 2021. The report was endorsed by the Finance, Risk and Audit Committee (FRAC) at its meeting on 19 October, for submission to the Board.

Following discussion, the Committee raised concerns about the Government's vaccination order and its impact on the District Health Board's (DHB's) workforce. The Committee acknowledged that while the DHB needed to be consistent in the applying the order, the risk of losing staff because of this order remained high.

2. BACKGROUND

The Health and Safety at Work Act 2015 sets expectations and defines duties of various roles within every Person Conducting a Business or Undertaking (PCBU). One of these duties requires 'officers' within the PCBU, such as Board members, the Chief Executive and other senior managers who fall within this definition, to exercise due diligence on health and safety (H&S) matters. This includes having a good understanding of key H&S metrics, the key risks of the organisation, and controls which are in place to mitigate such risks. Monitoring these metrics allows officers to ensure that the controls in place are achieving the desired impact.

The DHB's Health, Safety and Wellbeing report is developed on eight key dimensions of a good H&S system as identified in the "*Health and Safety Guide: Good Governance for Directors"*. These dimensions are:

1. Hazard and risk management
2. Incident management
3. Emergency management
4. Injury management
5. Worker engagement
6. Worker participation
7. Working with other organisations
8. Continuous improvement.

The following dashboard provides a visual display of key measures across all these dimensions, showing comparisons against previous periods. Some aspects of the report, especially those relating to the breakdown of information by ethnicity, will provide greater insights as the report matures over the next few quarters. Commentary following the dashboard provides further information and analysis on some of these dimensions.

Health and Safety Dashboard - Qtr 1 21/22 (1 July - 30 September 21)

Notifiable Incidents
Total reported to WorkSafe

Trend	
0	0

Qtrly Trend

Risks
Proportion reviewed on time

Trend	
0%	100%

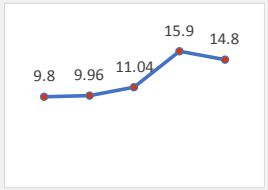
Sick Leave Rate
Sick leave hours compared with paid hours

Non - Māori Staff		Māori Staff	
Trend		Trend	
0%	3.7%	0%	4.1%

Reported Staff Incidents

Non - Māori Staff		Māori Staff	
Trend		Trend	
N/A	261	N/A	10
Data not available		Data not available	

Nursing Overtime



Qtrly Trend

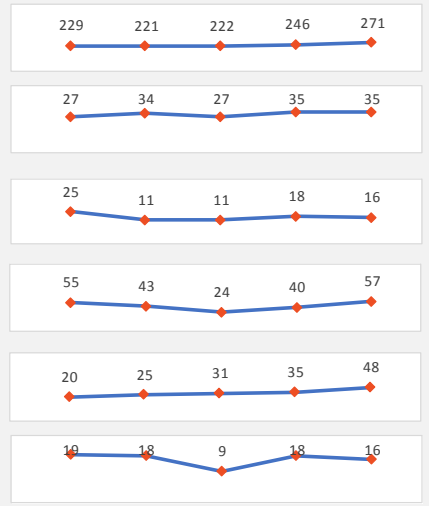
Workplace Inspections
Percentage of scheduled

Trend	
2%	80%

Accepted Workplace Claims

Non - Māori Staff		Māori Staff	
Trend		Trend	
5 12%	48	1 20%	6

Top 5 Incident categories



Training attendance rate
Percentage of scheduled

All staff	
Trend	
-1%	97%

Qtrly Trend

Health & Safety Committees
Percentage of scheduled

All staff	
Trend	
-16%	67%

Cost of Accepted Claims
($000)

Non - Māori Staff		Māori Staff	
Trend		Trend	
11 13%	97.80	-1 -14%	6.70

Contracts/Tenants Inteface Meetings Held

Yes

Emergency Events/ Response

Yes

Trend Key

- Increase > 5%
- Within 5%
- Decrease > 5%

Trend is based on the same period in the previous year unless otherwise specified.

Description of Staff Incidents:

Exposure/Contact with: either exposure to, or contact with, hand sanitiser, blood, body fluid, radiation, smoke or needle stick injuries.

Behaviour Related - From Patient/Visitor: Behaviour by a Patient or Visitor towards staff/contractors that may include threatening behaviour, abuse, and harassment

Trip, Slip, Fall: Fall From height, slippery surface, stairs, poor lighting, or obstruction etc

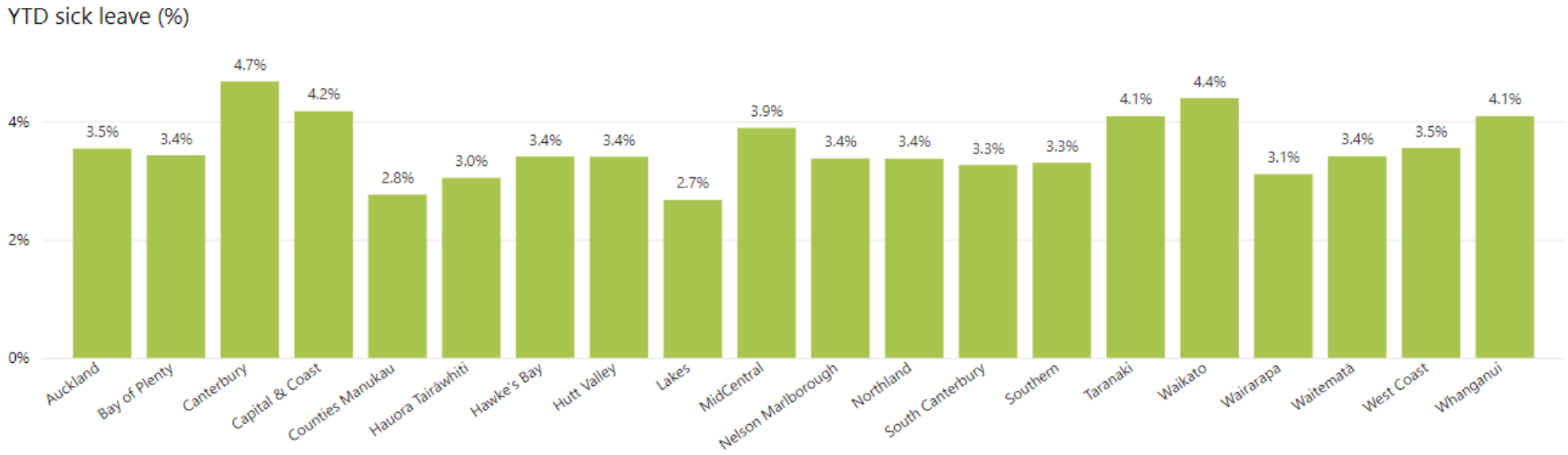
Impact/Caught/Struck/Hit by: hit by a patient or other staff, struck by an object or a motor vehicle accident.

Musculo-skeletal - Material/Equipment: lifting, ergonomics, cramped awkward work environment or heavy load.

3. INSIGHTS AND COMMENTARY

This report provides key information to members of the Board about health, safety and wellbeing activities which have been undertaken within the DHB for the reported quarter. The report also provides additional information about activities being undertaken to prevent occupational violence in the workplace. Commentary on key aspects of the report is provided below.

- There were no notifiable incidents during the reporting period.
- The number of incidents reported during the quarter have increased to 271 from 246 in the previous quarter. This increase is largely related to an increase in musculoskeletal injuries which have increased from 35 in the previous quarter to 48 in the current quarter. Of these 48 musculoskeletal injuries, most (39) relate to non-patient facing activities and involve sprains, strains and ergonomic discomfort caused due to twisting, turning, and bending in the workplace.
- There were 54 workplace injury claims in the quarter. This number is slightly higher than the 43 in the previous quarter. Most of the claims were related to musculoskeletal injuries while undertaking activities which did not involve patient management.
- The cost of workplace claims for this quarter increased to $104.5k. Upon investigation, no significant trends or concerns about the cost were observed – all costs were evenly spread across the claims. This correlates to the increased number of workplace incidents.
- The percentage of staff taking sick leave (SL) has increased slightly from an average of 3.64 percent in the last quarter to 3.7 percent in the current reported period. SL was particularly high in July at 4.1 percent, reducing to 3.8 percent in August and further down to 2.29 percent in September. The high level of SL usage, especially in July and early August correlates with the increased pressure that DHBs across the country were experiencing due to increased presentations over those months. A comparison of SL usage for the quarter ended 30 June across 20 DHBs is provided below. MidCentral District Health Board (MDHB) has commenced trialling a wellbeing programme to enable managers and staff to have conversations with staff who are high SL users, with the intent of providing wellbeing initiatives to those staff members. Subject to evaluation and feedback, this programme will be rolled out across the DHB.
- H&S committees continued to meet as scheduled this quarter. However, due to the resurgence of COVID-19, and the need for physical distancing, many committee meetings had to be rescheduled. These meetings have been restarted via Zoom where possible.



- The percentage of Māori staff taking SL has reduced slightly from 4.66 percent from the last quarter to 4.13 percent in this quarter.
- MDHB was served a Provisional Improvement Notice (PIN) under Section 36.2 of the Health and Safety at Work Act 2015 on 13 July 2021, by a H&S representative working within the Emergency Department (ED). The notice brought attention to issues around staff fatigue and frustrations caused due to increased demands on the service within the ED coupled with the inability to redistribute patients to other areas of the hospital due to the demand for inpatient beds. To address the matters raised in the PIN, a group comprising DHB management, clinical staff and union delegates (New Zealand Nurses Organisation – NZNO and Association of Salaried Medical Specialists – ASMS) and H&S representatives, agreed an action plan to ensure safe clinical staffing and changes to clinical processes during periods of high demand in the ED. The PIN notice was lifted on 22 July following confirmation from NZNO and ASMS unions that all actions from the PIN were either actioned or had set timelines for completion.
- The number of completed workplace inspections remains high despite the change in alert levels, and distractions related to COVID-19. Workplace inspections are an important measure to assess existing hazards and risks relevant to a particular work area and identify any new hazards in the workplace. Activities to manage existing hazards are verified, and any exceptions are reported to the manager of that work area for rectification.
- All H&S enterprise risks which were due for review during the reported quarter, have been reviewed with no significant changes to their residual risk ratings.

MDHB established an Incident Management Team (IMT) and supporting Emergency Operations Centre as part of the COVID-19 Delta outbreak (17 August 2021) response. The IMT's focus was to:

- keep the community well informed
- support our staff, volunteers, union partners and providers to supply key information on a regular basis
- maintain essential services across the district.

Existing planning processes and protocols (as generated during COVID-19 2020) were immediately applied in the IMT using a two-team approach, to both manage the event and ensure personnel wellbeing. The entire district, including all health providers and partner agencies, responded positively and proactively throughout the event.

An organisational debrief took place on Thursday 30tSeptember 2021 to ensure all lessons learnt were captured, and existing processes further refined to manage similar situations in the future.

The Principal Risk and Resilience Officer continues to monitor Ministry of Health channels to ensure MDHB's readiness should a COVID-19 resurgence occur.

- The DHB continues to deliver education and training to ensure all staff maintain high levels of competence in managing issues related to clinical practice and H&S. Over the reported quarter, 734 members of staff attended various training courses. The attendance levels at training courses remained high at 97 percent. The table below outlines the training courses which were delivered to staff during the reported quarter. The table also provides information about the delivery mechanism of these courses (face-to-face or online).

Course	Attended	Delivery
Introduction to Health and Safety	318	Online
Laundry Safety	16	Online
Workplace wellness	1	Online
Advanced Critical incident Management	6	Face to Face
Basic Critical Incident Management	7	Face to Face
Fire and Building Warden	4	Face to Face
Health information and Privacy	6	Face to Face
New Staff Day	249	Face to Face
Keeping well in the Workplace and Preventing Upper Body Discomfort (Clinical)	108	Face to Face
Orientation (Safe Moving and Handling)	19	Face to Face
Total	**734**	

- The DHB continued to deliver health, safety, and wellbeing support to its staff. A team of DHB staff have come together specifically to support DHB staff during to the resurgence of COVID-19. This avenue provides staff with the opportunity to raise questions and concerns which are responded to, normally within 24 hours. This workstream has received really good feedback and we hope to keep this open to staff enquiries for longer than just the COVID-19 response period.

- Face-to-face wellness programmes for staff continued in July; however, these were (and remain) cancelled at this stage. These will resume following a drop to alert levels:
  - Tai Chi classes weekly
  - Pilates weekly
  - Loan bikes, free of charge
  - Meditation (moved to online from August)
  - Discounted e-bike schemes.
- End of year events. The DHB recognises staff contributions through many channels. One of these is via a series of end-of-year events which include barbecue lunches for DHB sites which have larger staff numbers (Palmerston North and Horowhenua) and morning tea for district sites (Feilding, Dannevirke and Pahiatua). This year, these functions are scheduled between 15 and 17 December. The event also includes distributing awards to staff for various achievements. More information on this will be provided over the next month or so.

3.1. Annual Accident Compensation Corporation (ACC) Audit

The DHB was audited against ACC accreditation programme from 20 to 23 September. The audit was undertaken virtually and aimed at meeting primary level requirements. The auditor found that the DHB continues to make progress on H&S matters. In late 2020, MDHB was assessed and benchmarked externally across 20 DHBs using the Safe 365 assessment tool. The assessment found MDHB as being very high in terms of H&S systems, processes, and practices. However, as Safe 365 does not meet all of ACC's audit requirements, MDHB was required to develop an action plan to align with the ACC audit elements to fully meet the requirements of the audit. This action plan has been approved by ACC.

3.2. Staff protection during COVID-19

In addition to supporting our staff in managing anxieties related to the resurgence of COVID-19, the key focus of protecting our staff was to ensure the following:

- Respirator fit-testing – the purpose of fit-testing is to ensure that respiratory protection equipment (RPE), worn by healthcare staff to prevent respiratory transmission of COVID-19, is effective to the maximum extent as is reasonably practicable. The DHB offers an array of approved PPE, including disposable P2 type N95 face masks, respirator masks, half-hoods, and full hoods. The DHB is resourced to provide fit-testing to staff on a regular basis and has scheduled daily clinics until all staff are fully fit-tested.

In discharging its obligations as a responsible PCBU, the DHB has also been fit-testing its contracted staff (Rescue Helicopter pilots, Ventia and Compass) at no additional cost to them.

- Staff vaccination status – national advice indicates that vaccination is the best form of protection against COVID-19. In order to deploy staff safely in the event of a local resurgence of COVID-19, the DHB has been asking staff to provide them with information about their vaccination status. At the time of writing this report, almost 93 percent of the DHB's workforce have responded to this request. Over 80 percent of the staff have reported they are fully vaccinated and another 4 percent as being partially vaccinated (and have booked their next dose). The DHB continues to follow up with staff who have not yet responded to this information request. The DHB is also encouraging unvaccinated staff to consider getting vaccinated, noting that staff still have (unless otherwise determined via national directive) the right to refuse vaccinations.
- Vulnerability assessment – a vulnerability assessment considers a staff member's individual circumstances, and following due assessment, allows the DHB to assess whether it is safe for the staff member to remain at work and if so, the area where they can be safely redeployed. The vulnerability assessment is conducted by the Occupational Health (OH) team and assesses individual factors in line with national guidelines. Staff who are deemed highly vulnerable are either redeployed into safe non-patient facing roles, or if no such roles are available, can work from home in the event of a local resurgence of COVID-19.

3.3. **Staff Shortages and Overtime**

Overtime for nursing staff has decreased from an average of 15.89 FTE in the last quarter, to an average of 14.8 FTE in the reported period. Most of the overtime is in Ward 21, mainly due to the ward managing more than its scheduled number of patients. Care Capacity Demand Management (CCDM) calculations for Ward 21 are in the process of being finalised. Any increase to the FTE allocations, once approved, will be recruited to, thereby reducing this overtime even further.

A graph comparing overtime (reflected in percentages) for nurses across 20 DHBs, as at 30 June 2021, is attached as Appendix One. The graph provides context on how MDHB nursing overtime compares to other DHBs (the triangles in the graph depict the data point as at the previous quarter). While MDHB remains low in overtime usage for nurses, effort continues to recruit to vacant positions.

A graph comparing overall vacancy levels of MDHB, against the remaining 19 DHBs is also attached, which provides context to the recruitment efforts being undertaken at MDHB to replace vacant roles. Over the last quarter, and with a dedicated nurse recruiter now in place, MDHB has been able to get better visibility across recruitment for the nursing workforce. A table outlining some recruitment activity related to nurses, midwives, and health care assistants over the month of July-August is provided below.

	Workgroup			Comments
	Nursing	Midwifery	Health Care Assistants	
Resignations	21	0	5	
Recruitments	32	1	5	Four Registered Nurses due to arrive from the UK in second quarter of 2021/22
Variance	+11	+1	0	

MDHB participated in UCOL, and Otago Midwifery school, open days. These events were well attended, and participants were keen to join the MDHB workforce. A 'Return to Practice' open day is planned for Saturday 6 November. A similar event was organised last year and was well attended, with a number of attendees joining the DHB's workforce as a result. An open evening was planned in August to attract interested members of the community into nursing; however, this was cancelled as a result of COVID-19 restrictions.

3.4. Health and Safety Activities planned for the following quarter

The following key activities are being planned for the next quarter:

- Members of the Occupational Health team continue to deliver in-ward training to staff around the safe and appropriate use of equipment. The training has received good feedback and buy-in, and will contribute to the reduction of any patient related musculoskeletal injuries.
- Continue elections for H&S Committee representatives.
- Continue with staff protection activities.
- Work on recommendations from the DHB's annual ACC audit .
- Continue to roll-out wellbeing initiatives.
- Recruitment activities as outlined above.
- A coaching and mentoring programme (Wahine Connect), which focuses on supporting female Senior Medical Officers, is currently being trialled. The programme is part of a gender equality action plan developed by the People and Culture team with support from senior medical staff.

Appendix One

National Comparisons of overtime and vacancy levels for Nurses

Overtime (%) - Dashboard

National overtime (%)

1.7

Comparison period: 1.6

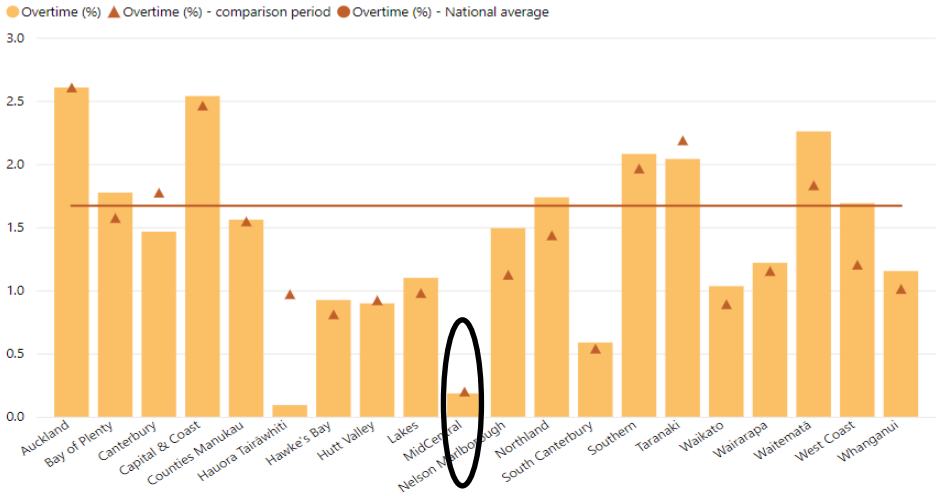
Highest

2.6

Comparison period: 2.6

Large text shows data for the selected quarter and small text shows data for the comparison period
Note : Some DHBs fail to provide data.

Overtime (%) and its comparison with selected period



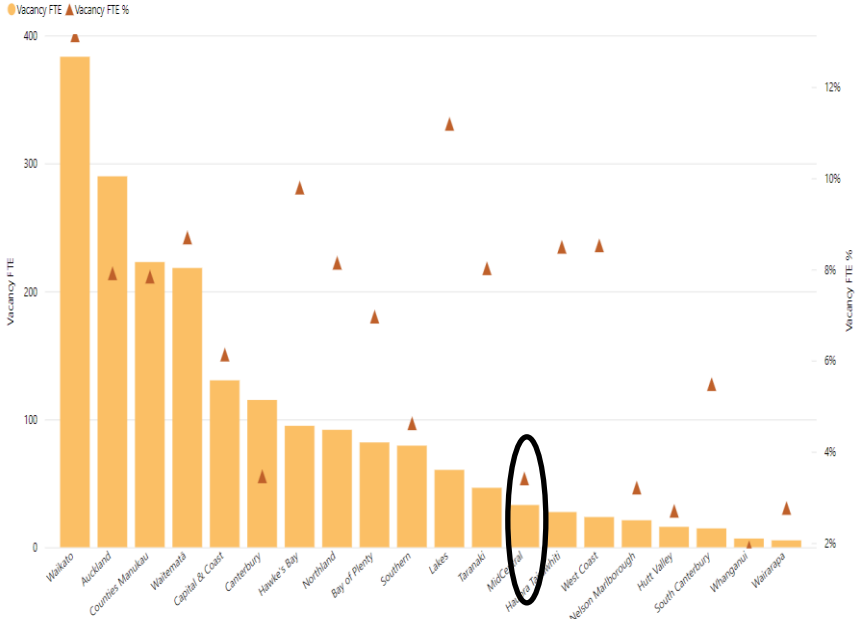
Vacancy FTE bar charts

Visualise TAS
Interactive health insights from

Choose category:

ANZSCO description | ANZSCO unit group | DHB | DHB size | HWIP occupation group | Region

Vacancy FTE(bar chart, left axis) and vacancy FTE %(marker, right axis) - quarter selected : June 2021



BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the report provide the Board with sufficient and relevant 'workforce' data?
- Does the report raise immediate or long-term risks or concerns which the Board need to note or monitor?
- Do the challenges and opportunities outlined in the report address any workforce concerns?

To	Board
Author	Anne Amoore, Manager, Human Resources
Endorsed by	Keyur Anjaria, General Manager, People and Culture
Date	20 October 2021
Subject	**Workforce Update**

RECOMMENDATION

It is recommended that the Board:

- **note** the workforce update
- **note** the challenges and opportunities being undertaken to address workforce concerns identified within the report.

Strategic Alignment

This report aligns to MidCentral District Health Board's (MDHB's) Strategy, and to the People Plan which is one of the five key enablers to support the achievement of our strategic imperatives.

1. PURPOSE

To provide the Board with a six-monthly update on key workforce measures based on nationally and locally available data. The report is provided for the Board's information and discussion.

2. REPORTING PERIOD

2.1. Reporting period

Comparative workforce measures are reported using the District Health Board's (DHB's) Health Workforce Information Programme (HWIP) data. This data, which compares MDHB's workforce metrics against other DHBs nationally, is as at 30 June 2021.

2.2. Introduction and alignment with the People Plan (He kura te Tangata)

This report aligns with the DHB's strategy in achieving success through its people, and specifically, by ensuring they are 'happy, healthy and high-performing'. The Board receives a number of workforce related reports to provide assurance across these themes. Information related to health, safety and wellbeing is provided through quarterly Health and Safety (H&S) reports and has been provided separately at this Board meeting.

This report provides information on core workforce measures and provides comparisons nationally, where available. Some aspects of the report, especially those relating to the breakdown of information by ethnicity, have been more recently introduced and the trending of this information will provide greater insight as the report develops maturity.

2.3. Summary

- No key variances on workforce trends or metrics are evident.
- Full Time Equivalents (FTEs) and head counts have increased when compared against the last reporting period. Increases have mainly been in the nursing workforce. Steady gain has occurred within the midwifery workforce (addition of two FTEs).
- Annual Leave (AL) accruals (for staff with balances over two years) have increased from the previous reporting period.
- Sick leave (SL) and overtime have reduced when compared against the previous period.

Detailed analysis on workforce metrics is provided below.

Happy Dashboard - as at 30 June 21

Engagement Action Planning Complete

All staff

Trend: 1% → | 100%

Qtrly Trend

Speaking Up for Safety

All staff

Trend: 7% ↑ | 15

Reasons for exit (Exit Interview)

Numbers

Career Development Advancements	2	4	6	9	11
Team Dynamics	1	1	1	2	3
Health Related	2	6	2	3	5
Retirement	3	10	4	2	3
Study or Training	3	4	1	5	4

EAP Access

Total number of EAP sessions attended

All staff

Trend: -2% → | 182

Annual Trend

Turnover

Proportion of total headcount that have voluntarily resigned

All staff

Trend: 2% → | 10.7%

Vacancies

Number of open vacancies

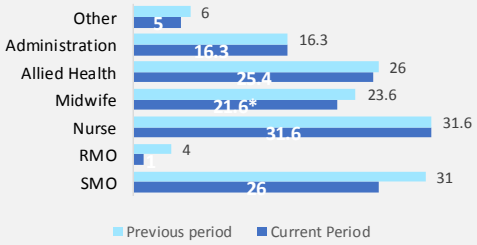
All staff

Trend: -4% → | 105

Qtrly Trend

Vacancies by Professional Group

Number of open vacancies by profession



Annual Leave >2 Years

Proportion of staff with annual leave of >2 years accrued

Non - Māori Staff	Māori Staff
Trend: 2% →	Trend: 3% →
13%	13%

*Currently 18.8 FTE Nurses are employed to cover Midwifery vacancies

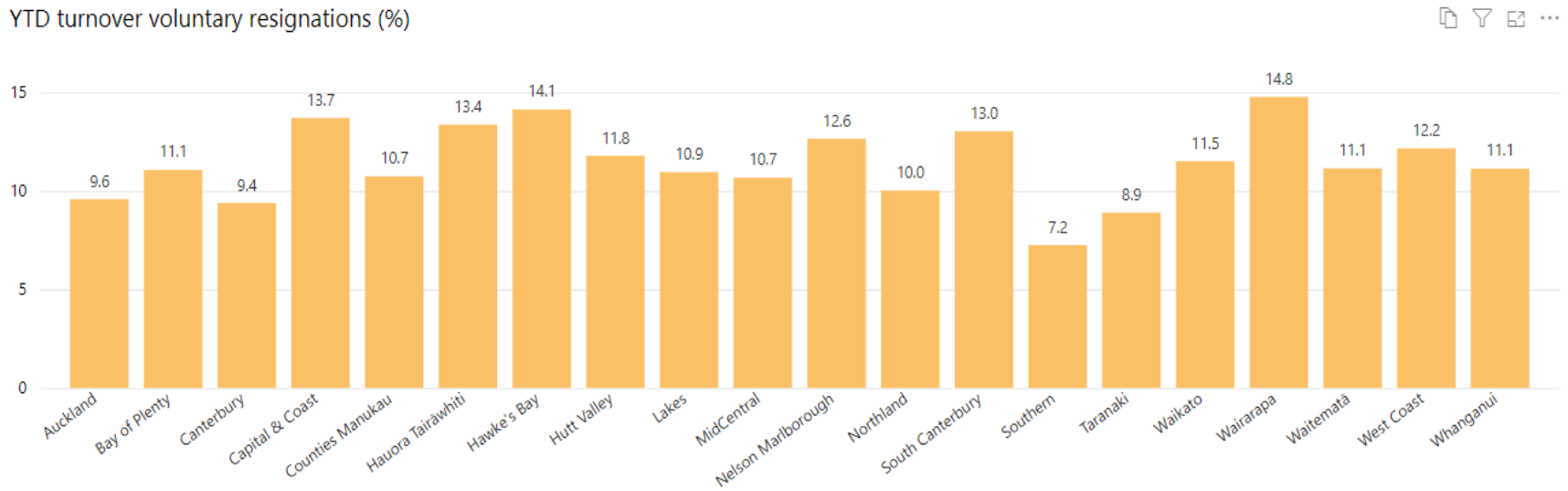
Trend Key: ↑ Increase > 5% → Within 5% ↓ Decrease > 5% Trend is based on the same period in the previous year unless otherwise specified.

3. COMMENTARY ON THE DASHBOARD

Following the completion of the staff survey in 2020, all teams and professional groups were provided with a report specific to their team. The report identified the strengths and areas of improvement, relevant to the team. Facilitated by Human Resources and the team managers, teams developed action plans to address the areas of improvement. Progress against these action plans is monitored to ensure that initiatives which are important to the team, are systematically implemented. This activity is an important aspect of any such survey, and the impact should become visible in the next staff survey, which is scheduled in July next year.

The Speaking Up for Safety programme continues to function effectively within MDHB and provides staff with an opportunity to confidentially report incidents which compromise their own, or patient safety. Fifteen incidents were reported in the current period, compared to 14 in the previously reported period. The number of incidents being reported in MDHB is similar to numbers reported across other DHBs who subscribe to this programme. Most of the reported incidents relate to inappropriate behaviour demonstrated between peers.

Employee turnover for the period ended 30 June was 10.7 percent. While this has increased slightly from 9.2 percent, it remains lower than the average when compared across 20 DHBs. A graphical indication of turnover by professional groups (except RMOs, as they move across DHBs) is attached as Appendix One. Exit interviews do not demonstrate any significant trends of concern.



Vacancy levels continue to be actively managed. The average vacancies for the reported period were 104.6 FTEs. This is lower than that reported in the previous period, which was 109 FTEs. To expedite nursing and midwifery recruitment, a dedicated nurse recruiter role has been appointed to and has been in place since late August 2021. A table outlining

recruitment activity related to nurses, midwives, and health care assistants over the months between July and September is provided below.

	August 2021 New Staff Onboarding	August 2021 Resignations	Variant	September 2021 New Staff Onboarding	September 2021 Resignations	Variant
Nursing	31	25	**+6**	18	13	**+5**
Midwifery	1	0	**+1**	1	0	**+1**
Health Care Assistants	4	5	**+1**	4	0	**+4**

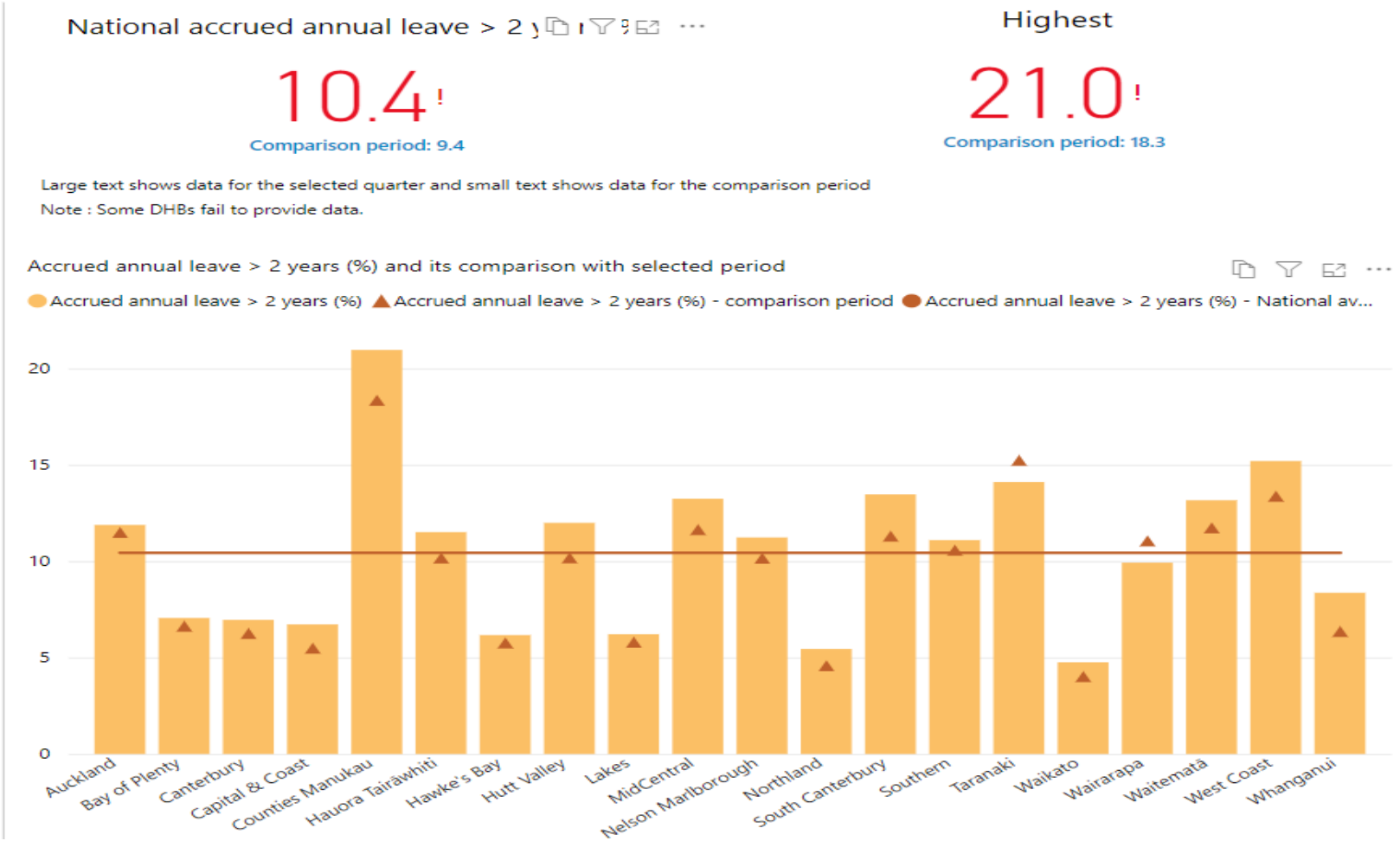
Recruitment to mental health nursing and midwifery roles continues to pose challenges. In mitigating these challenges, MDHB has engaged with local and national educational providers and international recruiters and is enhancing its new graduate nurse intakes. Immigration and managed isolation and quarantine challenges, whilst real, have been resolved quickly by the Human Resources team with early reporting and robust follow ups (with immigration officials).

MDHB is aware that the Nursing Council of New Zealand (NCNZ) issued more than 400 interim practising certificates in 2020 to nurses returning to practice to assist in the COVID-19 pandemic response. Last year MDHB ran a '*Return to Practice'* Information Day that saw 40 experienced nurses and midwives attend, resulting in 12 nurses and two midwives successfully completing the programme and joining the DHB. In August 2021 MDHB's Hokinga mai ki te Tāpuhitanga - Returning to Nursing Practice programme – was accredited by NCNZ. A '*Return to Practice'* information day is planned for Saturday, 6 November 2021 for which planning, advertising, and marketing is underway. Running this programme is likely to return some positive nursing and midwifery FTEs for the DHB.

MDHB continues to offer support to staff by way of free counselling. Between 1 January and 30 June 2021, 182 staff accessed Employee Assistance Programme (EAP) services. This number is similar to the number who accessed EAP services in past years (period to period comparisons). Personal (family) and relationships remain the predominant issues for which staff sought counselling support. Over the reported period, 455 EAP counselling sessions were used (by the 182 staff who accessed EAP services). This amounts to almost 2.5 sessions per staff member. While most staff use about three sessions to resolve the matters they sought support for, there are instances when staff require more than the average number of sessions. These sessions are approved and paid for by the DHB at no cost to the employee.

The proportion of staff with annual leave balances over two years has increased from 11.6 percent from the last period to 13.2 percent as of 30 June 2021. Travel restrictions, coupled with the recent resurgence of COVID-19 in New Zealand, continues to prevent staff taking annual leave (AL) for overseas travel. At a national level, all but one DHB has indicated an increase to the percentage of staff having over two years' annual leave balances. A comparative graph is provided below.

Accrued annual leave > 2 years (%) - Dashboard



Traditionally, AL balances have decreased over the Christmas-New Year period. However, the reduction in AL balances was not significant last year and is likely to be the case again this year, as we remain prepared for resurgence of COVID-19 in the community. The current indications are that business-as-usual activities will continue, and should a COVID-19 resurgence occur, surge staffing capacity will be required for tracking, tracing and testing. This is likely to put further restrictions on staff taking leave.

High-Performing Dashboard as at 30 June 21

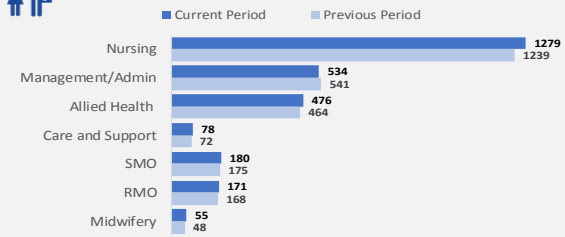
Headcount

Headcount number (Māori and Non-Māori)

Non - Māori Staff			Māori Staff		
Trend			Trend		
67	3%	2527	-1	0%	246

Qtrly Trend

Headcount by Profession



FTE Comparison by Professional Group as at

	6 Monthly Growth	Medium size DHBs
Total FTE Count	2402.5 (3.4%)	
Nursing	1.3%	-1.2%
Management and Admin*	-2.1%	-0.2%
Allied and Scientific	3.2%	-0.8%
Care and Support	2.2%	2.8%
SMO	1.5%	0.5%
RMO	1.0%	-5.3%
Midwifery	1.6%	1.1%

*Reduction in vacancies is mainly due to resignations in executive managerial roles that have not been replaced.

Contractor Workforce Headcount

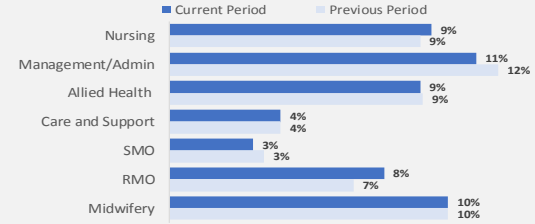
Contractor Workforce Headcount number

Non - Māori Staff			Māori Staff		
Trend			Trend		
N/A	1%	277	N/A	5%	67
Data not available			Data not available		

Qtrly Trend

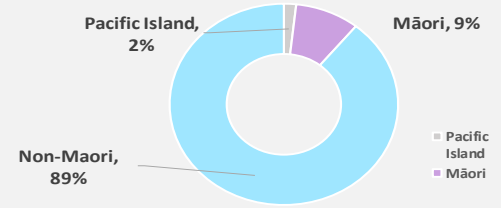
Māori Workforce

Proportion of total workforce that identify as Māori



Diversity - Headcount Ethnicity

Percentage of total headcount by ethnicity



Sick Leave Rate

Sick leave hours compared with paid hours

Non - Māori Staff			Māori Staff		
Trend			Trend		
1%		3.9%	0%		4.8%

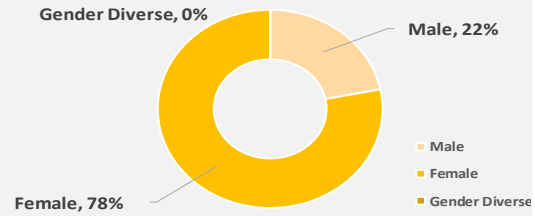
Performance appraisals completed %

Proportion of required appraisals completed

All staff	
Trend	
	67%

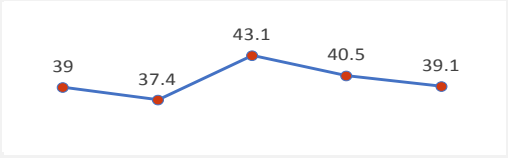
Diversity - Headcount Gender

Percentage of total headcount by gender



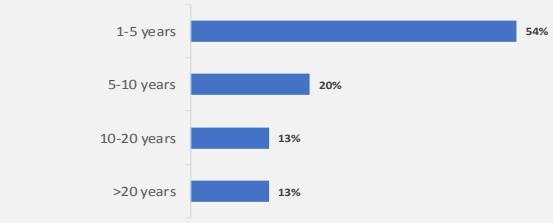
Overtime

(FTEs)



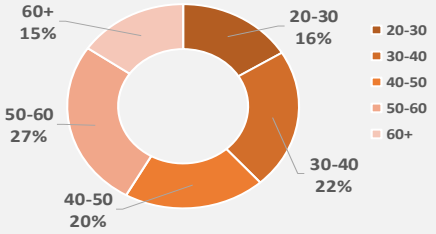
Trend over the last 5 quarters (averaged)

Length of Service



Diversity - Headcount Age

Percentage of total headcount by age



Trend Key: ↑ Increase > 5% → Within 5% ↓ Decrease > 5% Trend is based on the same period in the previous year unless otherwise specified.

4. COMMENTARY ON THE DASHBOARD

Overall headcount has increased by 66, from 2707 in the previous reported period, to 2773 as at 30 June 2021. Headcounts have increased in all professional groups except 'Corporate and Other', which has decreased by seven.

The overall FTE count for the DHB has also increased by 3.4 percent over the last reported period. Most of the increase in FTEs is within nursing where recruitment to Care Capacity Demand Management (CCDM) vacancies is ongoing. A detailed comparison by professional group, against medium-sized DHBs, is included in the dashboard. As at 30 June 2021, MDHB had only one Resident Medical Officer vacancy which was being actively recruited to. Recruitment to clinical roles continues to pose challenges. Recently introduced changes (increased verifications) to registration process for nursing and medical roles has resulted in the recruitment process for these being drawn out considerably. Recruitment will remain an area of priority for MDHB, especially with recent announcements made in Australia, which is looking to attract over 2000 nurses and doctors over the next year to relieve the pressure on its health system.

The number of staff who identify as Māori remained static at 9 percent. The number of staff who identify as Māori has increased by one (246 down from 247). Since late August, the DHB has a dedicated Māori workforce development officer. Key activities undertaken since August 2021 include:

- the Kaimahi Ora, Whānau Ora plan has been refreshed which identifies activities (and executive leads) across key activities to support equity.
- an affirmative action statement has been embedded throughout all recruitment artefacts.
- policies across various services including Corporate Services, Finance, Strategy Planning and Performance, and People and Culture directorates have been reviewed.
- a review of recruitment practices for recruiting Nurse Entry to Practice (NETP)/Nurse Entry to Specialist Practice roles is currently underway (the DHB has received a healthy interest from Māori NETP students). The Māori workforce development officer is working alongside recruiting managers to support these applicants.

MDHB contracts out food and facilities management services, unlike some DHBs who employ staff to provide these services. Details of staff numbers by ethnicity for Compass (food services) and Ventia (facilities management, cleaning and orderly services) are provided in the report.

The number of staff within MDHB who have current performance appraisals is 67 percent. This has dropped from 71 percent reported in the last period. Upon investigation, it has been revealed that this reduction in numbers is mainly due to staff and managers being distracted by the DHB's response to the current resurgence of COVID-19 in the community and the subsequent need for supporting vaccination and other workforce surge needs. Managers continue to work to ensure all staff within their areas of responsibility receive at least an annual appraisal.

Sick leave (SL) has increased from 3.4 percent in the last reported period to 3.9 percent in this period. No significant trends were identified. MDHB's SL is slightly higher than the national average of 3.57 percent. The DHB is developing a tool which will allow managers to identify staff who are high consumers of SL so they can have structured wellbeing conversations with them. A comparison of MDHB's use of SL (expressed as a percentage, against 20 DHBs is included as Appendix Two).

The overtime consumption across all staff groups has reduced from 40.5 FTE to 39.1 FTE in this period. Overtime for nursing staff has decreased from an average of 15.89 FTE in the last reported period, to an average of 14.8 FTE in the reported period. Most of the overtime continues to occur in Ward 21, mainly due to the ward managing more than its scheduled number of patients. CCDM calculations for Ward 21 are in the process of being finalised. Any increase to the FTE allocations, once approved, will be recruited to, thereby reducing this overtime even further.

Around 43 percent of the DHB's staff are over the age of 50. The physical space and workstation requirements of this work group is going to be very important while designing and developing new infrastructure projects.

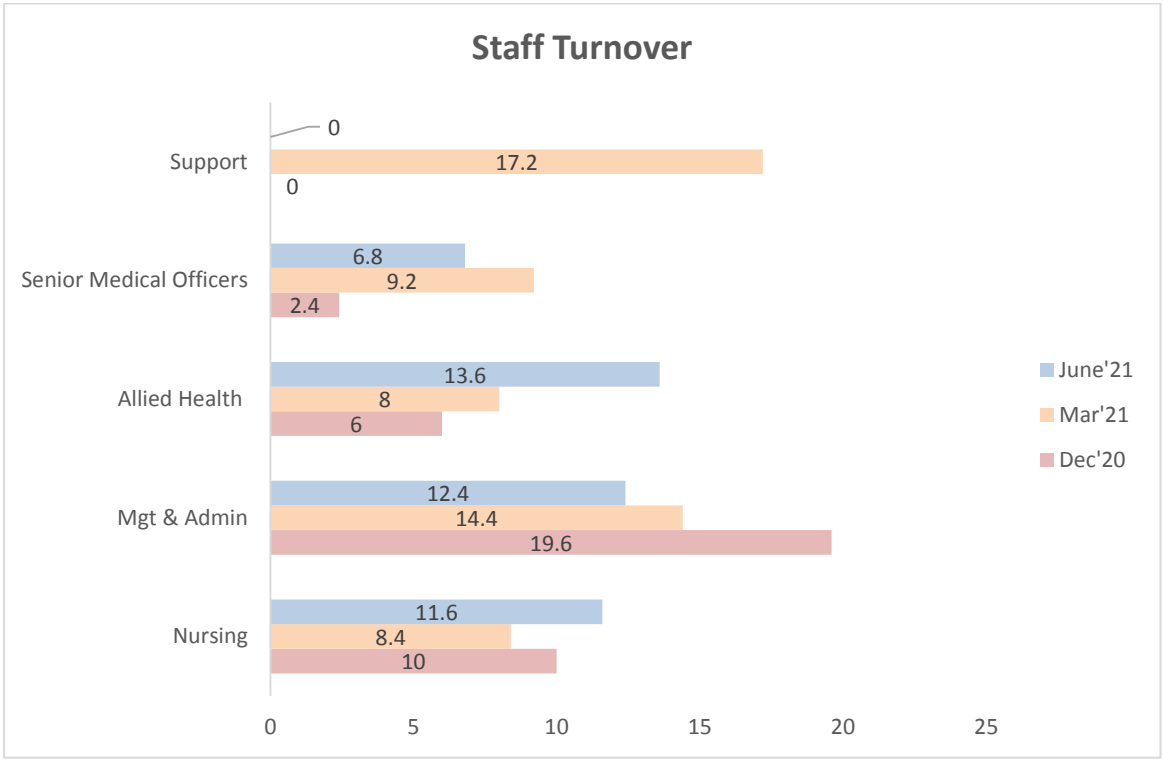
4.1. Key workforce opportunities and challenges

Some key workforce opportunities and challenges for the future are outlined below:

- Progress is being made with recruitment to the FTEs required for the Surgical Procedural Interventional Recovery Expansion (SPIRE) programme. In addition to recruitment initiatives, a number of offers have been made to overseas applicants. Four nurses recruited to the programme have already commenced and others are scheduled to commence over the next six months.
- A national shortage of midwives across New Zealand is affecting most DHBs. MDHB's midwifery vacancy levels continue to be of concern and are being actively recruited to. Sixteen FTE registered nurses (down from 18.8 in the previous quarter) are filling the midwifery vacancies. A number of initiatives are being undertaken to fill vacancies both in the short and longer term. While we have been successful recently in recruiting two midwives over August and September, we have three more graduate midwives who are commencing soon.
- Restrictions on domestic and international travel and more recently, response to resurgence of COVID-19 in the community, is continuing to pose challenges for staff to take their AL. The number and percentage of staff with high AL is increasing. The graph below indicates that Senior Medical staff have the highest amount of accrued AL. Lack of Continued Medical Education (CME) opportunities have resulted in this professional group not being able to travel locally and internationally. Management of AL amongst this professional group will continue to pose challenges for the DHB.
- In October 2021, the Government has extended the vaccination order which effectively mandates all health workers to be vaccinated against COVID-19. As part of this requirement, all staff are required to have their first dose of the COVID-19 vaccine by 15 November 2021 and their second dose by 1 January 2022 to remain in employment. This is likely to have some ramifications for the ongoing employment of some of our staff – especially if they are clinicians. While we await the details of the vaccination order, and the implications it has for staff, we continue to encourage and support staff to get vaccinated within these timelines.

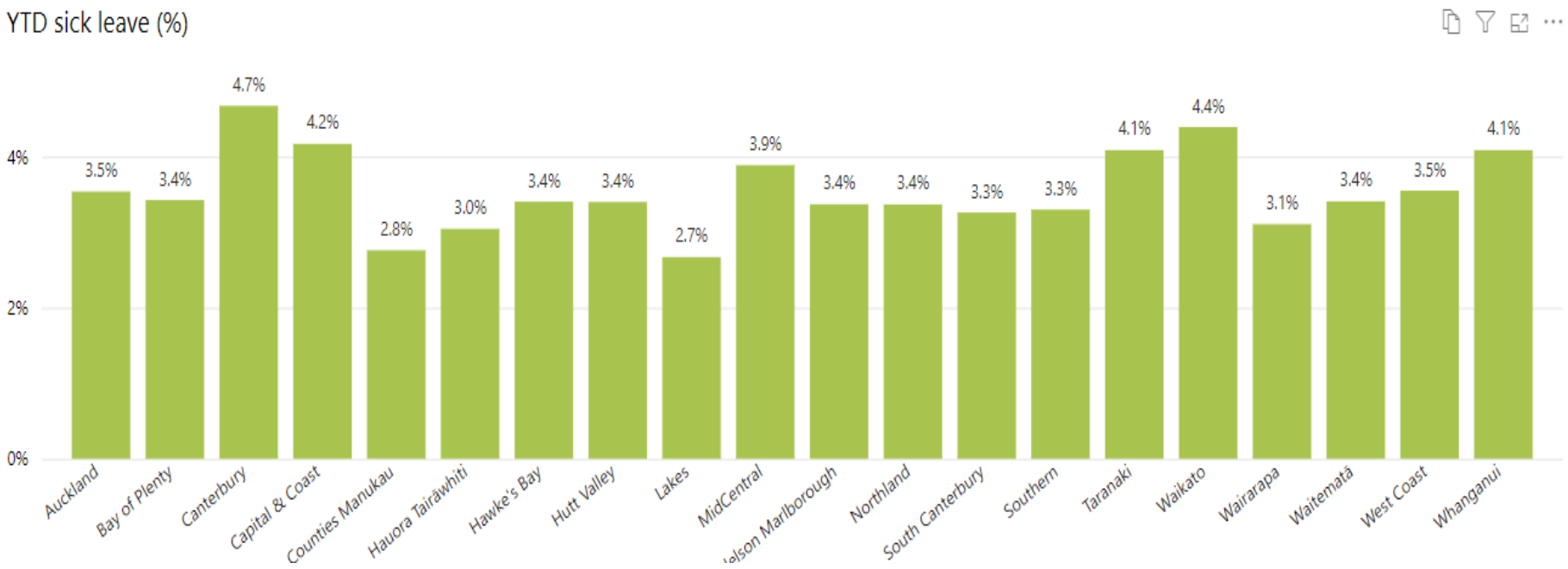
Appendix One

Staff Turn-over by Professional Group



Appendix Two

Comparison of sick leave consumption (percentage)



Discussion/Decision papers

9 November 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the Board have confidence in the progress to date in delivering the joint CMS and Executive work plan?

To	Board
Author	Kathryn Cook, Chief Executive
Endorsed by	
Date	1 November 2021
Subject	**Combined Medical Staff Association and Executive Action Plan**

RECOMMENDATION

It is recommended that the Board:

- **note** the current progress in delivering the Combined Medical Staff Association (CMS) and Executive Action Plan.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler, 'Stewardship'.

1. PURPOSE

To provide an update on the action plan developed following the Combined Medical Staff Association (CMS) engagement with the Board at the workshop held on 6 July 2021 and subsequent meeting with MidCentral District Health Board (MDHB) Executive Team members.

2. BACKGROUND

As part of the Board's work programme, each of the four clinical professional groups (medical, nursing, midwifery and allied health) meet annually with the Board. This allows each group to provide direct feedback to Board members about their professions and the challenges currently faced.

The CMS has raised a number of significant concerns that they escalated to the Board and Chief Executive for resolution. Members of the CMS Executive gave a presentation at a Board workshop on 6 July 2021. From this, a CMS and Executive Action Plan was agreed upon.

3. THE ACTION PLAN

Since the last Board update on 28 September, the remaining actions still pending have progressed without delay.

The Terms of Reference were discussed at the Medical Reference Group (MRG) meeting on 27 September 2021. The Chief Medical Officer will be confirming these with the CMS Chair at their regular meeting on Wednesday 3 November 2021. They will be presented at the next MRG meeting on 16 November 2021.

The Te Uru Arotau, Acute and Elective Services clinical leadership paper was discussed at MRG as scheduled on 24 August. The Association of Salaried Medical Specialists was informed on 21 October, in accordance with the multi-employer collective agreement and the consultation paper was released on 1 November.

Combined Medical Staff and Executive Action Plan

LEADERSHIP – Action	Responsibility	Timeframe	Progress
1. Open and honest conversations – call each other out if that isn't happening.	Everyone	Ongoing	Ongoing
2. Consider Te Uru Arotau clinical leadership – consult at future MRG meeting	Executives	24 August	Complete
3. Better preparation for MRG meetings, including agenda, having the right people attending, maintaining work plan	CMO, Chair CMS	Discussed and approach agreed at MRG on 27 September	Complete
4. Update and strengthen Terms of Reference for MRG meeting	CMO, Chair CMS	16 November	Discussed as scheduled. To be presented at next MRG.
COMMUNICATIONS – Action			
1. Monthly meeting with medical leads and executive	CEO	17 August	Complete
2. Prepare list of current meetings and level of engagement – discussion on purpose and effectiveness	CMO, Ops Exec Te Uru Arotau	16 November	To be presented at next MRG. Ongoing
3. Joint presentation to the Board	CEO, Chair CMS	17 August	Complete
4. CMS to advise if group needs to meet again	CMS	Ongoing	Ongoing
5. Chief Executive to attend CMS AGM and acknowledge the impact of prior decisions on clinicians	CEO	10 August	Complete
SPIRE – Action			
1. Facilitated session with larger group of surgeons and anaesthetists – attendees to be agreed, facilitator to be arranged. Mitigations to be addressed.	CEO	14 September	Complete
STRATEGIC CAPITAL INVESTMENT GROUP (SCIG) – Action			
1. Dr Thompson to attend SCIG; papers to be shared with CMS	CEO		Complete
DIGITAL – Action			
1. Digital programme to be reviewed at MRG, including confirmation of SMO representatives on priority programmes of work	CMO, CDO	24 August	Ongoing

BOARD REPORT

For:

	Approval
	Endorsement
x	Noting

To	Board
Author	Tracee Te Huia, General Manager, Māori Health
Endorsed by	Kathryn Cook, Chief Executive
Date	15 October 2021
Subject	**MDHB and Manawhenua Hauora Combined Work Plan Update**

Key questions the Board should consider in reviewing this paper:

- Does the Board have a view on the progress MDHB and Manawhenua Hauora are making against the combined work plan?
- Is the Board satisfied that MDHB is focusing on the right pieces of work?
- Does the Board have a view on whether they are being kept well informed on the developments and progress to improve Māori health?

RECOMMENDATION

It is recommended that the Board:

- **note** the progress made against the MidCentral District Health Board and Manawhenua Hauora Combined Work Plan 2021/22.

Strategic Alignment

This report is aligned to MDHB's 10 year and Ka Ao, Ka Awatea strategies and is aligned to MDHBs Tiriti o Waitangi policy.

1. PURPOSE

To provide a six-monthly update on the MidCentral District Health Board (MDHB) and Manawhenua Hauora Combined Work Plan 2021/22.

2. BACKGROUND

Following shared endorsement of the MDHB and Manawhenua Hauora Combined Work Plan 2021/22 ('the plan'), there has been good progress made toward the agreed commitments by both parties. The plan was built on the successes of last year's work plan with deliberate effort from both Boards to further enable the organisation to keep the Māori health equity agenda front and centre, to monitor the effectiveness of the Tiriti partnership and most importantly provide an ongoing reporting mechanism for monitoring Māori health gains across the organisation.

In addition, Manawhenua Hauora has made a commitment to ensuring it supports the efforts of MDHB as it traverses the transition of the health reforms. While health outcomes are yet to be fully evidenced through indicators of reporting Te Ara Angitū, both Pae Ora and Manawhenua Hauora are satisfied with the progress being made. The challenge is to continue efforts and keep the momentum going to achieve the outcomes expected by both Boards over the next six months.

3. REPORT STRUCTURE

A copy of the 2021-22 plan approved by both Boards is included as Appendix One. It has been written to support achieving the aspirations of Pae Ora Healthy Futures for Māori. Both the principles and articles have been incorporated into the plan to ensure alignment with the changes of WAI 2575 and the MDHB's refreshed Tiriti o Waitangi Policy. This tabled report has been structured to highlight MDHB's responsibilities and progress in each of the key strategic accountability areas, with Manawhenua Hauoras directly after.

4. SUMMARY OF PROGRESS AGAINST THE PLAN

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Protection: Measures The status of Manawhenua Hauora is elevated to its rightful place in the system as an equal Tiriti o Waitangi partner. Equity of funding across iwi and kaupapa contracts is achieved Nga Pou o te Oranga summary audits reported Quarter 2 and Quarter 4 to Manawhenua Hauora		
Tuatahi: Manawhakahaere – Good Governance	All kaupapa contracts have been renewed with a 3 percent equity increase for two years to protect services moving into the transition to either Health NZ or the Māori Health Authority. There has been a $3.7 million increase to kaupapa contracting and Pae Ora services for 2021/22. The Manawhenua Hauora contract was increased by $30k per annum to assist with supports for better analysis, planning, and research.	The Treaty pathway developed by Rangitāne o Manawatū is being used to develop an outcomes commissioning process and contract for the health service delivery arm for the iwi. All other kaupapa contracting will be co-designed with the DHB over the next six months to support the same approach.
Tuarua: Mana Motuhake – Unique and Indigenous	Iwi planning is close to completion with two iwi expecting to complete plans by December. This has been an excellent exercise to support by DHB and iwi to better clarify health needs for Māori populations.	Manawhenua Hauora provided the DHB Board with a presentation on their views about a prototype for the MidCentral district. Discussions continue between iwi and DHB about the detail around the prototype and how the partnership for this can be defined and responsibilities made clear.

Tuatoru: Fairness and Justice	An equity health dashboard has been developed by DHB and is reported to Manawhenua Hauora by population cluster six monthly. Reports are deep dives, comprehensive on the issues identified and the actions to be taken to improve performance. Feedback is sought by Manawhenua Hauora on how these might be improved. The Māori workforce plan is now approved and is being implemented. Numbers of Māori employed will be directly reported through to the GMs Māori Health and People and Culture for reporting to Board and Manawhenua Hauora. All strategic development proposals and business cases are now being submitted to Manawhenua Hauora for feedback and endorsement.	Manawhenua Hauora has provided feedback on the reporting on equity six weekly as the reports come through. Endorsement of high-level planning, strategic developments and business cases have been achieved.
Whakapuakitanga Cultural Identity and integrity	Four rongoa contracts have been established in the district from 1 October 2021. These contracted services align with the national service specification and are supported by the providers. Recent discussions have included one of the rongoa providers in the mental health inpatient unit build. This has progressed the thinking on holistic and kaupapa led services within mental health. This is viewed as a positive model approach for future learning by other services.	Iwi support the establishment of rongoa services in the district largely led by iwi providers. This has been well received and long coming.

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Advance: Measures Equity dashboard reports are presented quarterly to Manawhenua Hauora and HDAC. Progress against Ka Ao Ka Awatea is reported to Manawhenua Hauora and HDAC in Q1 and Q3		
Tuatahi: Manawhakahaere – Good Governance	The DHBs Outcomes Commissioning Framework has been developed and endorsed by Manawhenua Hauora in September. The framework incorporates the whānau ora outcomes. The Māori Alliance Leadership Team is advancing its agenda well although the last two meetings have been postponed due to the vast amount of work happening by kaupapa providers and iwi in the COVID vaccination programme.	All iwi had completed their health plans by June however two iwi have opted to revise their plans for the 2021/22 year. These will be completed by December. Rangitāne o Manawatu completed their Treaty pathway plan earlier in the year and is being used as a prototype for commissioning for outcomes with iwi and Māori providers into the future. Iwi will co-design their contracts with DHB to ensure these are owned and supported by each iwi.
Tuarua: Mana Motuhake – Unique and Indigenous	All Kaupapa contracts have been renewed with a 3 percent equity increase for 2 years to protect services moving into the transition to either Health NZ or the Māori Health Authority There has been a $3.7million increase to Kaupapa contracting and Pae Ora services for 2021/22 The Manawhenua Hauora contract was increased by $30K per annum to assist with supports for better analysis, planning, and research. The commissioning model with Rangitāne o Manawatu is due to completed in November. This will provide the learnings for working with other iwi to commission for outcomes and services into the future.	Manawhenua Hauora were supportive of the equity increases to current contracting and the additional investment of $3.7million for kaupapa providers and Pae Ora. There are still many gaps related to services, workforce, and readiness for the reforms, however the increase has allowed improved wages, resourcing of positions and programmes in the interim to additional funding being identified. Rangitāne o Manawatu is satisfied with the current direction of travel with the new way of commissioning for services and is participating in the development of the contract.

Tuatoru: Fairness and Justice	Iwi planning is close to completion with two iwi expecting to complete plans by December. This has been an excellent exercise to support by DHB and iwi to better clarify health needs for Māori populations. Te Ara Angitū reporting is provided to Manawhenua Hauora six monthly.	Iwi resourcing for planning has been an issue and therefore the DHB provided funding for those iwi who required it. The Plans of two iwi are being revised to be completed by December 2021. Equity reporting is being responded to by Manawhenua Hauora as the reports are submitted.
Whakapuakitanga Cultural Identity and integrity	All key initiatives are presented to Manawhenua Hauora for feedback and endorsement.	Manawhenua Hauora has provided good feedback on those initiatives and developments submitted to them. However there has been some concern that full information is required for better feedback. This includes the full budget for the DHB and not just the Māori budget. In addition, Manawhenua Hauora has requested to see the capital plan for DHB at its November meeting.

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Equity for Māori: Measures Racism and discrimination incident reporting established by Quality and Risk. Reports presented to Manawhenua Hauora six monthly with resolutions. Annual Plan Non-Financial reporting Q2 and Q4.		
Tuatahi: Manawhakahaere – Good Governance	All equity outcome actions are listed in the annual plan and reported on quarterly to the Ministry and MDHB Board. Any non-performance is highlighted by Pae Ora with the specific Directorate and partnered on to improve the performance. MDHB is currently recruiting for an equity lead in Te Uru Pā Harakeke alongside a Māori Clinical Nurse lead.	All reporting is provided to Manawhenua Hauora for feedback.
Tuarua: Mana Motuhake – Unique and Indigenous	A joint process has been used between iwi and Māori providers to ensure identified service needs are considered in the budget round. A result of $3.7million occurred within the 2021/22 budget due to joint planning. These service lines have been included into annual planning i.e., rongoa services funded in localities.	Iwi have worked to ensure their iwi health planning aligned with the needs of the DHB in a timely fashion. Revised iwi plans are due by December.
Tuatoru: Fairness and Justice	The work to actively challenge racism and discrimination in the system is yet to be completed however a stronger emphasis is being placed on staff completing treaty and cultural training with reports now being provided to managers on attendance and bookings. This has led to more trainings being booked for staff next year.	Manawhenua Hauora agreed to the training plan for the board i.e., Treaty training 101 and then the wall walk which is to be delivered early 2022. This sets the governance scene for ensuring the rest of the organisation take seriously the training programme delivered through Pae Ora. Attendance numbers to specific trainings will be reported to board and to Manawhenua Hauora six monthly

	MDHB Board members have now completed the Treaty training and are awaiting the wall walk training by Dr Simone Bull to be scheduled in the new year.	
Whakapuakitanga Cultural Identity and integrity	Four new rongoa contracts have been funded across localities starting 1 October with further discussions occurring for how services will be provided in the newly built Mental health inpatient unit.	Iwi have been delivering rongoa services unfunded for decades. The services currently funded are a good start.

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Opportunities: Measures Regular updates between Manawhenua Hauora and MDHB Board ensure clear communication and opportunities for influence as the reform is implemented. MDHB updates are provided as required. Manawhenua Hauora updates are provided as required.		
Tuatahi: Manawhakahaere – Good Governance	MDHB has been actively preparing for the transition from DHBs including contract clean up and roll overs, outcomes commissioning, discovery information and strategic developments including the new MHIU build, SPIRE, and digital projects all assisting to improve Māori health. Discussions have been initiated by Manawhenua Hauora with the Board and with the CEO. These discussions continue with clarity yet to be provided on what the prototype might be. Discovery questions have been completed and provided to the transition unit.	Manawhenua Hauora has progressed establishing themselves as an entity. Legal advice was provided at its September meeting. A self-assessment as prescribed by the transition unit for iwi Māori Partnership Boards has been completed and submitted by Manawhenua Hauora. An initial fund of $20k has been provided by the transition unit to develop a plan on how the Iwi Māori Partnership Board will establish and operate. Once the plan is completed by November, additional funding will be provided by the transition unit to implement the plan.

Tuarua: Mana Motuhake – Unique and Indigenous	Te Whiti ki te Uru has not met since November 2019.	Following iwi chairs not meeting since November 2019 the Manawhenua Hauora Chair met one on one with chairs to understand their issues. Key issues are that the group is not resourced and is not supported by the Technical Advisory Committee to operate well. Until such time as its better resourced and iwi are better resourced to engage it will struggle to operate effectively.
Tuatoru: Fairness and Justice	Central regions General Managers Māori health continue to deliver against its programme of work as agreed by Tumu Whakarae. Priority projects for the central region are being advised by GMs Māori Health. These include Single System of Care, Mental health and Addictions and Frailty. All projects have a strong equity focus using the approved central regions equity framework	All significant projects are reported through to Manawhenua Hauora for feedback and endorsement
Whakapuakitanga Cultural Identity and integrity	New investment has been identified throughout the year for community services, mental health, and child health. Currently $24million is tagged for Māori health within MDHBs budget for 2021/22	Manawhenua Hauora supports the increase in equity payments for existing contracts and the new equity investment for 2021/22.

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Resilience: Measures MDHB overall budget for 21/22 is consulted on with Manawhenua Hauora before it is submitted to the Ministry of Health at its July meeting. Prioritised investment demonstrates building of resilience and infrastructure for iwi and Māori providers. MALT is further formalised as the mechanism to administer and advance iwi and Māori provider service delivery and performance.		
Tuatahi: Manawhakahaere – Good Governance	MDHB supports Manawhenua Hauora with their preparations for the reforms by 1 July 2022. Comprehensive work took place to complete the discovery questions requested by the transition unit to inform them of the district's developments and Māori health developments. MDHB increased the funding into Manawhenua Hauora to provide more capacity to complete analysis, planning, and research to prepare them as an iwi Māori partnership board into the future. Additional funding has since been provided by the transition unit to further fund the iwi Māori partnership boards to prepare for the reforms. A senior workforce development manager has been appointed to work with the sector to improve the capacity and capability of the Māori workforce and to increase the numbers of Māori in the workforce. The refreshed plan Kaimahi Ora Whānau Ora has now been endorsed by Manawhenua Hauora with implementation started in October 2021.	Manawhenua Hauora is well placed for the reforms in 2022. A capability assessment has been completed by the board for the transition unit with the expectation that further funding will be received to support the building of capacity over time. Manawhenua Hauora endorsed the Māori workforce plan Kaimahi Ora Whānau Ora at its September meeting.

Tuarua: Mana Motuhake – Unique and Indigenous	Investment figures have been provided in this report. Outcomes Commissioning has begun starting with Rangitāne o Manawatu due to be completed in November 2021 with the learnings rolled out to other iwi contracting over the next six months. Data and digital systems have not specifically been funded for providers however new investment has been provided to support infrastructure and operational costs.	Outcomes commissioning for all kaupapa providers will be completed by June 30, 2022.
Tuatoru: Mana Motuhake – Unique and Indigenous	Investment figures have been provided in this report. Kaupapa contracts have been rolled for two years with an increase of 3% equity funding.	Contracts have been rolled over for the next two years with additional equity funding increases for existing contracts by 3%.
Whakapuakitanga Cultural Identity and integrity	Four new rongoa services have been funded from 1 October	Manawhenua Hauora supports the establishment of four new rongoa services in the district.

Focus	Progress responsibility	
	MidCentral DHB	**Manawhenua Hauora**
Awhi – Care and Support: Measures A joint communications strategy is developed and resourced for Manawhenua Hauora and MDHB Board to ensure a cohesive approach to communications over the next 12 months.		
Tuatahi: Manawhakahaere – Good Governance	A DHB transition plan has been developed and reported to the DHB Board for approval	Quarterly combined board meetings provides the platform for discussions on the reforms with the August meeting having received a presentation on the proposed prototype by Manawhenua Hauora. Discussions continue between DHB and Manawhenua Hauora on the detail of the prototype and how DHB might assist in the developments.
Tuarua: Mana Motuhake – Unique and Indigenous	Provider relationships have improved with the transition of kaupapa services to Pae Ora. Quarterly meetings ensures the DHB is up to date with any issues for the providers. In addition, the MALT provides another platform for providers to raise issues. Having a COVID Māori response team has also assisted relationships and provider response.	Manawhenua Hauora is satisfied with the level of support Pae Ora provides their services.
Tuatoru: Fairness and Justice	Providing community communications on the transition to Health NZ and Māori Health Authority has not be progressed. DHBs are required to notify communities on national health sector matters only as and when requested. As we understand more the changes pending, we will communicate these through our normal channels ensuring our community groups are well informed.	The transition unity is keeping Manawhenua Hauora well informed on any changes relating to them and are funding Manawhenua Hauora to prepare for the transition.
Whakapuakitanga Cultural Identity and integrity	As above.	As above.

APPENDIX ONE: THE COMBINED BOARD PLAN APPROVED IN MAY 2021

FOCUS	Tuatahi Manawhakahaere - Good Governance	Tuarua Mana Motuhake – Unique and Indigenous	Tuatoru Fairness and Justice	Whakapuakitanga Cultural Identity and integrity	Measures
P Protection	We will provide clear and cohesive governance leadership for iwi and Māori health across the district with a clear strategy for protecting the gains made in Māori health over the last five years during the reform ensuring we do not lose any services from the current baseline.	We will provide leadership and direction, investment priorities and focus areas across hospital and community services on iwi and Māori health needs and priorities protecting kaupapa services through the reform.	We will challenge inequity at every opportunity equity of outcomes for Māori including pay equity and equity of access to kaupapa services across the district.	We will advance acknowledgement of matauranga Māori including Rongoa as a legitimate evidential base across the hospital and health system.	The status of Manawhenua Hauora is elevated to its rightful place in the system as an equal Tiriti o Waitangi partner. Equity of funding across Iwi and Kaupapa contracts is achieved Ngā Pou o te Oranga summary audits reported Q2 and Q4 to Manawhenua Hauora.

A Advance	We will continue to advance the Whānau Ora Commissioning approach as a sustainable commissioning framework for iwi and Māori providers Advance the role of the MALT to elevate operational accountability across services to Māori whānau needs.	We will actively advance the spread and breadth of kaupapa services across the District in alignment with Ka Ao Ka Awatea through meaningful investment and commissioning strategies. Advance the Whānau Ora Commissioning model with Rangitāne o Manawatu and be open to pathways with	Provide direction on equity needs from iwi and Māori perspectives, identifying key issues for consideration in determining local Māori health priorities. Monitor performance quarterly using the Māori health equity dashboard Te Ara Angitū and the non-financial quarterly	Key initiatives across Hospital and Community Health services are presented to Manawhenua Hauora for endorsement. Initiative reporting is included in Q2 and A4 reporting	Equity Dashboard Reports are presented quarterly to Manawhenua Hauora and HDAC. Progress against Ka Ao Ka Awatea is reported to Manawhenua Hauora and HDAC in Q1 and Q3.
		remaining iwi in this district.	performance monitoring reports.		
E Equity for Māori	All parts of the hospital and health system have Māori equity actions as part of their annual plans and report against progress in the non-financial reporting of the 2021-2022 annual plan. All Equity Outcome Actions demonstrate an improvement quarterly.	Affirmative actions and shared decision making with MDHB and MWH on investments and priorities are evident in Annual and Operational Plans across the district to advance access and spread of kaupapa services.	Racism, discrimination, and stigma is actively challenged across the hospital and community services to advance social inclusion and equity of access. Incidents of racism and discrimination are recorded and reported against twice yearly.	Access to rongoa Māori and traditional healing is invested in across the district to create further opportunities for Māori to access Māori healing and therapeutic options. Matauranga Māori is promoted, supported, and invested in across the District.	Racism and Discrimination incident reporting established by Quality and Risk. Reports presented to Manawhenua Hauora six monthly with resolutions. Non-financial Reporting Q2 and Q4.

O Opportunities	The Boards will actively seek opportunities to influence and participate in the national and regional developments as the reform is implemented, focusing on stewardship of the district and Māori Health developments.	Whiti ki te Uru is invigorated and resourced to actively advance kaupapa Māori service developments across the Central Region. Manawhenua Hauora will be active participants in developments as Iwi representing the interests of the District	Central Regions GMs Māori will actively advocate and participate to ensure advancements in Māori health are protected and advanced across the Central Region, elevating regional inequity of service access, provision, and outcomes.	Opportunities to advocate and expand access to kaupapa Māori services across the health and disability system are identified and invested in, for greater choice, access and supports for Māori whānau.	Regular updates between Manawhenua Hauora and MDHB Board ensure clear communication and opportunities for influence as the reform is implemented. MDHB updates are provided as required. Manawhenua Hauora updates are provided as required.

R Resilience	Manawhenua Hauora and MDHB Board will provide consistent and courageous stewardship to build the resilience of the organisation and Iwi and Māori providers to withstand and adjust to the implementation of the reforms. MDHB will provide supports and resourcing to iwi during the transition to the new structure, ensuring iwi are prepared and ready for any change.	Iwi and Māori providers are invested in to ensure resilience during the reform implementation. Prioritisation and investment approaches are focused on building infrastructure and resilience across iwi and Māori providers. Data and Digital system of iwi and Māori providers are strengthened to properly engage in the reform.	Iwi and Māori providers have access to sustainable investment and security of contracts to ensure sustainable service delivery and development. Iwi and Māori provider contracts are secured for 2 years to support the sustainable delivery of services to Māori whānau.	New investment in rongoa and kaupapa Māori service models of delivery are prioritised and implemented.	MDHB overall budget for 21/22 is consulted on with Manawhenua Hauora before it is submitted to the Ministry of health at its July meeting. Prioritised investment demonstrates building of resilience and infrastructure for iwi and Māori providers. MALT is further formalised as the mechanism to administer and advance iwi and Māori provider service delivery and performance.

A Awhi -Care and Support	Manawhenua Hauora and MDHB governance boards will work in partnership to ensure that all parts of the organisation are cared for and supported through the pending changes.	Manawhenua Hauora and MDHB will work in active partnership to ensure that the iwi and Kaupapa Māori providers receive the care and support they require to achieve excellence through the pending changes.	MDHB and Manawhenua Hauora Boards will provide clear communication to community to ensure whānau are kept informed of any changes to services that may differ as a result of the pending changes.	Iwi and Māori providers and their whānau whaiora have access to information about the changes in a range of formats and platforms to ensure Māori communities are well informed on any potential changes to service delivery.	A joint communications strategy is developed and resourced for Manawhenua Hauora and MDHB Board to ensure a cohesive approach to communications over the next 12 months.

Acknowledgement: This plan has been written by Wayne Blissett, 2021.

BOARD REPORT

For:

	Approval
	Endorsement
x	Noting

Key questions the Board should consider in reviewing this paper:

- Are Board members sufficiently informed by this paper about the current midwifery workforce issues?
- Are Board members sufficiently informed by this paper about the actions to address these issues?

To	Board
Authors	Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke Celina Eves, Executive Director of Nursing and Midwifery
Endorsed by	Kathryn Cook, Chief Executive
Date	18 October 2021
Subject	**Midwifery Workforce Report**

RECOMMENDATION

It is recommended that the Board:

- **note** the current midwifery workforce position
- **note** the key updates to the Midwifery Action Plan.

Strategic Alignment

This report is aligned primarily to MidCentral District Health Board's (MDHB) strategy.

1. PURPOSE

To provide the Board with an update on the agreed midwifery action plan.

2. BACKGROUND

As highlighted in previous papers, a shortage of midwives across New Zealand continues to affect most District Health Boards (DHBs). Despite local, national and international recruitment campaigns, midwifery recruitment and retention remain a significant documented risk for MDHB (risk 830). The number of midwives being trained, the career opportunities locally, nationally and internationally, alongside increasing acuity and handover of care, mean that recruiting and retaining midwives is increasingly complex.

3. CLINICAL RISK

An action plan is in place to mitigate the clinical workforce risk. This is included as Appendix One and covers the following areas:

- Workforce recruitment
- Workforce retention
- Clinical safety
- Primary/secondary/obstetric interface
- Senior Midwifery/Leadership
- Communication.

Actions from an external Director of Midwifery's visit have been incorporated into the overarching action plan. The following narrative provides updates on all key areas since the last reporting period.

3.1 Workforce recruitment

Palmerston North Hospital's Maternity Unit has an established midwifery budget of 49.95 full time equivalent (FTE) (comprising 42.48 FTE core midwives and 7.47 FTE senior midwives), with an additional 8.89 midwifery FTE confirmed as part of the Care Capacity Demand Management (CCDM) programme. Since the previous reporting period, one midwife has commenced maternity leave. Significant long-term ACC leave which impacted the staffing position over previous reporting periods has now slightly improved at 1.0 FTE. The midwifery shortfall has been mitigated by 16 FTE nurses, resulting in an overall vacancy level of 6.1 FTE – a slight improvement from the previous reporting period.

Local recruitment continues with three new graduate applications processed and job offers in process. Two external recruitment companies are engaged to recruit midwives internationally, however this has not been successful to date. All DHBs are struggling with international recruitment of midwives, impacted by the global pandemic travel restrictions. A national coordinated online final year midwifery student job expo occurred on 20 September 2021, with MDHB participating. There is some interest in MDHB's return to practice midwifery programme, with a return to practice open day planned for 6 November 2021.

As previously reported, key maternity leaders have met with Otago Polytechnic regarding their nursing to midwifery transition programme, which was approved in June 2021. However, this will not commence until 2023 due to lack of funding to support development of the programme. This has been escalated within Otago Polytechnic, to the Ministry of Health (the Ministry) and to the chair of the national midwifery leaders, however there is no change at the current time.

3.2 **Workforce retention**

The first retention payments to all permanently employed midwives were paid in June 2021, with the next payments scheduled for December 2021.

Eighteen midwives are now engaged with professional supervision. This pilot programme has been extended to a 12-month period to ensure adequate opportunity for evaluation.

Following a recruitment process that received significant interest, an offer has been made for the Ministry funded 0.8 FTE Clinical Coach role, which will support the new graduates commencing early in 2022, return to practice midwives and midwives newly arrived from overseas.

Significant concern has been raised regarding the essential relocation of antenatal clinic to Te Papaioea Birthing Centre, to enable the Gynaecology Assessment Unit to open 24 hours a day. Given this, discussions are ongoing regarding an alternative location for the clinic with an outcome expected by November 2021.

3.3 **Clinical safety**

To ensure clinical safety, changes to operational hours at Te Papaioea Birthing Centre that commenced on 10 May 2021 remain in place. The changes have significantly reduced roster gaps at Palmerston North Hospital which is evident in improved TrendCare data and reduced care deficit hours. Following a meeting with Lead Maternity Carers (LMCs) on 24 September 2021 about Te Papaioea Birthing Centre, significant interest has been received regarding working at the Centre. This means planning is now in progress to change operational hours early in 2022. Regular situation updates to core and LMC staff reiterate MDHB's commitment to resuming a 24-hour service at the Birthing Centre when staffing permits.

The option for an on-call senior midwife at weekends has not progressed due to the number of vacancies in the service. This will be revisited when the leadership team is fully staffed.

In line with the external Director of Midwifery's recommendations, healthcare assistant and lactation consultant hours have now been increased to support midwifery shortages. Administration hours have not yet been increased to 12 hours a day due to a member of staff leaving. This will be progressed as soon as possible.

One formal complaint has been received since the last reporting period. This concerned the process of taking blood from an infant. In September, 16 consumer survey responses were received with all māmā indicating they were happy or very happy with the breastfeeding support they received. This is a significant improvement on the previous reporting period. The Consumer Liaison Coordinator is undertaking a targeted review process to ensure adequate response from Māori whānau. There have been no Severity Assessment Code (SAC) incidents concerning foetal/maternal sepsis since the last reporting period.

As part of the COVID-19 response, significant planning, preparation and pathway development has been undertaken across maternity services to ensure safe service delivery across all aspects of the service.

3.4 Primary/Secondary and Obstetric interface

A Ministry-led workshop was held for LMC staff in July 2021 regarding the upcoming changes in the primary service notice and referral guidelines. MDHB is committed to supporting LMC midwives who wish to extend their practice to include epidurals, with three midwives having renewed certification to date.

The local primary/secondary interface group continues to progress well with focused work, meeting every four to six weeks with good representation including Māori consumer, core midwifery, LMC, Māori midwives and Obstetric staff. The launch of the new Maternity Clinical Information System in June 2021 should assist with primary/secondary communication.

As part of MDHB's commitment to Te Tiriti and equity of outcomes for Māori, recruitment has commenced for a Kaiaraara Tu Ora – Primary Midwife Specialist. This multidisciplinary role will work closely with Pae Ora Paiaka Whaiora Hauora Māori to enhance the experience and outcomes for wāhine and whānau Māori across the rohe.

3.5 Senior Midwifery/Leadership

No appointment was made following the Director of Midwifery recruitment process. Further strategies for recruitment are being considered, with the Executive Director of Midwifery assuming professional responsibility for the service at the current time.

Recruitment to the secondary care Midwifery Manager post was delayed whilst the (unsuccessful) Director of Midwifery recruitment process was undertaken. Interviews have now progressed, and a successful candidate appointed.

Interviews for the vacant Clinical Midwifery Manager are scheduled for October and November 2021.

Despite a rolling advertisement for 24-hour Clinical Midwife Coordinators for the Maternity Ward, few applications have been received. Alternative strategies are being considered to ensure robust clinical safety on the Maternity Ward.

Equity Lead role interviews scheduled for August 2021 were deferred due to COVID-19 Delta national Alert Level Four. Interviews have been rescheduled for October 2021.

3.6 **Communications**

The staff weekly newsletter has recommenced, along with regular email communication from executive leaders.

Following a Request for Proposal (RFP) process, Francis Health was commissioned to support a programme of work to improve culture across the maternity service. After individual interviews with a wide breadth of the team, a whole of service representative steering group was established, with Pae Ora Paiaka Whaiora Hauora Māori supporting Te Uru Pā Harakeke with this work. Two workshops were held exploring how the service can thrive and staff can work cohesively, consistently and help others do the same across the service. A maternity culture survey was released in July 2021, with 41 percent of the team completing the survey. Face to face feedback sessions and culture workshops, planned for August 2021, were postponed and revised, due to COVID-19 Delta national Alert Level Four, and held via Zoom in September 2021. Outcomes of the sessions were sent to staff in October 2021. A wide leadership group Zoom call to identify how to progress this work further was held on 21 October 2021, with ongoing fortnightly sessions planned.

Appendix One: Midwifery Action Plan – June 2021

Key

Not Started	Completed	On Track	Overdue	High Risk

Action	Target Date	Owner	Update	Status
Recruitment				
Work with Undergraduate Midwifery training providers and RN Bridging course providers to increase number of local graduates	August 2021	Director of Midwifery	***Emma Farmer recommendation*** Executive Director Nursing & Midwifery and Operations Executive in discussions with AUT, and Otago now 2023, AUT course not yet approved	
Midwifery recruitment campaign running constantly on MDHB website, social media, Kiwi Health Jobs and SEEK, including international recruitment (via agency)	Ongoing	Director of Midwifery Operations Executive Operational Lead	Ongoing	
Ongoing midwifery recruitment with casual and fixed term contract options/family friendly hours/flexible working.	Ongoing	Director of Midwifery/ Operational Lead	New increased interest and follow up processes now in place.	
Work with Otago or AUT to fund local wāhine Māori to become midwives	September 2021	Executive Director Nursing and Midwifery/Operations Executive	***Emma Farmer recommendation*** Work in progress	
Recruit a Maori Specialist Midwife	October 2021	Operations Executive	Recruitment in progress	
Retention				
Optimising training: offer training opportunities over and above minimal Midwifery Council requirements (funded by MEED)	Ongoing	Director of Midwifery Midwifery Educator	To reset educational and training to ensure mandated requirements	
24/7 Midwifery Manager/Clinical Midwifery Manager (Birthing Suite)/Clinical Midwifery Coordinator (Maternity Ward) to provide senior midwifery supervision, minimising clinical risk	Ongoing	Operations Executive	Leadership model to enhance clinical safety in development. Decision released April 2021.Recruitment underway, however lack of applications means that this is still ongoing	

Action	Target Date	Owner	Update	Status
Leadership development for midwifery team, including shift coordinator training	Ongoing	Midwifery Manager	Midwives to access LEO course and MDHB leadership courses to prepare for leadership roles Shift coordinator training to be completed for all midwifery staff was up to date in 2020, however due to new staff a further cohort of training needs to be undertaken	
Ensure timely rostering processes, annual leave and no roster breaches	Ongoing	Midwifery Manager	Revised roster template initiative This initiative is to ensure that the roster first covers the after-hours shift and any midwifery shortages during the day can be covered with midwives in other roles. Difficulty allocating annual leave due to staffing levels Roster to be checked by Midwifery Manager 11.10.21 MERAS reporting less concerns being raised	
Midwifery Clinical Coach recruitment	October 2021	Operations Lead	Interviews October 2021 preferred candidate informed, awaiting start date	
Escalation plan for 'no midwife on maternity ward'	June 2021	Director of Midwifery	The plan was published 2020 and was due for review June 2021, this has been delayed due to no Director of Midwifery being in post	
Midwifery workforce meeting	Ongoing	Operations Executive	Commenced January 2021	
Primary/Secondary interface				
Engage with LMCs regarding primary/secondary interface	Ongoing	Executive Director of Nursing & Midwifery Medical Lead	All access agreement applications to include discussion with Executive Director of Nursing and Midwifery. Policy/procedure regarding primary/secondary interface being worked on.	

Action	Target Date	Owner	Update	Status
Regular LMC Forums	July 2021	Operations Executive	***Emma Farmer recommendation*** Discussion with regional chairs re how to progress with recommendation and implement regular LMC forums, monthly access holders meeting also in progress	
Establish improved communication between antenatal clinic and LMCs	August 2021	Executive Director Nursing and Midwifery Operations Executive	***Emma Farmer recommendation*** Discussions held with Medical Lead- discussions occurring through primary secondary interface work	
Continue to source alternative location for antenatal clinic	May 2021	Operations Executive Director of Midwifery	***Emma Farmer recommendation*** Urgent requirement to relocate antenatal clinic to ensure GDU opening. Continuing to try and source alternative location to current option, however no other option available at current time.	
Clinical Safety				
Revisit option for on-call senior midwife at weekends	February 2022	Director of Midwifery	Following leadership recruitment consider on call into employment of senior positions for escalation process	
Ensure use of MEWS charts/education	July 2021	Midwifery Manager	Educator to commence work to strengthen the use of MEWS in July 2021	
Increase HCA support midwives during staffing shortage	June 2021	Director of Midwifery Operational Lead	***Emma Farmer recommendation*** In progress plan to increase to 2 per shift	
Increase ward clerk support	June 2021	Director of Midwifery Operational Lead	***Emma Farmer recommendation*** in progress plan to increase to 12 hours per day June 2021	
Senior Midwifery				
Recruit to vacant senior midwife roles	December 2021	Operations Executive Director of Midwifery	Ongoing	

Action	Target Date	Owner	Update	Status
Senior midwives to release time from roles to work on floor as and when required	Ongoing	Director of Midwifery	Ongoing to the detriment of quality and operations. Resignations so far not recruited to leave gaps in these roles with limited options to fill clinical shifts	
Leadership development and support for Senior Midwifery team	May 2021	Operations Executive Executive Director Nursing and Midwifery	Francis Health work to commence March 2021 Initial meeting held 23 May 2021	
Implement pulse checks (staff morale)	June 2021	Operations Executive Executive Director Nursing and Midwifery	Await Francis Health work	
Retrain staff re speaking up for safety	September 2021	Director of Midwifery	To be completed September 2021	
ACM development programme to compliment leadership styles	June 2021	Operations Executive Operational Lead	Francis Health work to commence March 2021	
Communications				
Staff forums	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Weekly for two months - week commencing 8 March 2021 Limited engagement from staff Monthly meetings commencing May-21	
Staff meetings	Ongoing	Director of Midwifery Charge Midwife	Sarah Fenwick and Celina Eves invited. (Monthly staff appreciation award initiated) Work in conjunction with organisational awards and recognition scheme	
Regular written communication from management team	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Continues as indicated	
Action plan made available	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Made available on both wards Added to Te Uru Pā Harakeke SharePoint page Available to LMC colleagues	

Action	Target Date	Owner	Update	Status
To improve culture across Maternity Services		Operations Executive Clinical Executive Director of Nursing/Midwifery	Work with Francis Health on track	
Weekly newsletter	Ongoing		Commenced	

Completed				
Recruitment				
Support for midwives to return to practice: • Midwifery Council fees paid, and APC paid • Up to 12 weeks paid supernumerary support across variety of clinical areas • 20 hours Professional Support to help navigate the Midwifery Council process	August 2020	Director of Midwifery	Social media campaign on going. **Recruited to this far:** 3 x RM - Return to practice support Return to Practice open day, conjunction with nursing, was held on 10 October 2020. Continued interest with support offered to continue from Cheryl Benn.	
Reapply for the Ministry of Health Voluntary Bonding Scheme	December 2019	Planning and Integration Lead	Bond approved by Ministry of Health January 2020	
Transfer of Te Papaioea to MDHB management April 2020, offering midwives the opportunity to work across both primary and secondary areas as an employed midwife	April 2020	Planning and Integration Lead / Operations Executive	Complete May 2021, decision made to staff Te Papaioea Birthing Unit between 8am-4pm and remaining staff deployed to PN site due to staffing shortages.	
Refresh graduate programme to offer rotation to primary birthing and extend into other areas: clinic/community	January 2020	Planning and Integration Lead	Complete	
Fixed term (6-12 month) 0.4 contracts advertised in an effort to attract those midwives who cannot currently commit to 0.6 minimum	September 2020	Director of Midwifery	Recruited to: 1 x existing staff member 1 x additional RTP staff member (note this initiative has resulted in a loss of 0.8FTE)	

Expression of Interest for midwives to work 'Family Friendly hours' as an extra (Part timers, Maternity leave, LMCs)	August 2020	Planning and Integration Lead	Advertised through social media and email 17 August 2020	
Raise the profile of MDHB Midwifery nationally and locally: • New pamphlet and midwifery banner to be created • Senior midwives engage with undergraduate programme providers (bi-monthly meetings) and visiting students on location to promote MDHB midwifery Midwifery presence at 'Sorted' Careers Expo Manawatu and 'Careers and Health' Day MDHB annually	Ongoing	Director of Midwifery/ Operational Lead	Meeting with Third Year students scheduled w/c 22 March 2021 to discuss incentives for core graduate employment. Letters sent to Graduates outlining what MDHB can offer. Attending the national virtual midwifery expo for all student midwives in September.	
Registered Nurse recruitment to Birthing Suite to complement midwives	Ongoing	Director of Midwifery/ Operational Lead	First 1.4 FTE now orientating February/March 2021 0.9 FTE commencing in Sept 21	
CCDM				
TrendCare optimisation to prepare for CCDM calculations Midwifery FTE increase gained August 2019 to maintain service quality and safety (as per TrendCare report 18/19 released August 2019)	August 2019	Director of Midwifery	Completed to CCDM Governance?? June 2021 Unable to fully recruit to extra midwifery FTE, so RNs temporarily appointed to midwifery FTE on maternity ward. (note this was also an Emma Farmer recommendation)	
Retention				
Retention incentive consideration	May 2021	Operations Executive	Initial conversations agreed initial retention payment for all midwives pro rata. Retention payments announced to midwifery staff, payment to occur in June 2021. Additional payment for increase to FTE. (note this was also an Emma Farmer recommendation)	

Twelve weeks supernumerary orientation for each new graduate midwife employed	Ongoing	Director of Midwifery	Ongoing and in-place	
Instituted 12 hour shifts as a choice as part of a composite eight- and 12-hour roster	Ongoing	Director of Midwifery	In place and this can change each roster	
Direction and Delegation Policy updated with input from Unions and Midwifery Council	May 2021	Director of Midwifery	Completed	
"Sole midwife" payment instituted by Midwifery Director this month	Ongoing	Director of Midwifery	Additional duties payment for any shift worked as sole Midwife on Maternity	
Community Midwifery team has been reconfigured to be case loading to improve experience for the women and job satisfaction for the midwife	August 2020	Operations Executive / Director of Midwifery	Completed with further initiatives planned.	
Dedicated Antenatal Day Unit (ADU) midwife	July 2021	Director of Midwifery	Antenatal Day Unit rostered Monday to Friday from 9:00am to 4:00 pm	
Plan to increase pastoral care for staff by developing 'professional supervision'	October 2021	Operations Lead	First cohort of midwives are enrolled in Peer-to-Peer supervision training from October 2020	
MQSP Projects (Funded) Part of the MQSP Plan is to create different opportunities for midwives to enhanced career satisfaction and expose staff to other functions within midwifery and project manage specific projects.	Ongoing	Director of Midwifery Operations Lead	MQSP Coordinator facilitating the process Recruitment of new MQSP Co-ordinator due for completion in April 2021 New MQSP co-ordinator commenced in May 2021	
Case Review Midwife	March 2021	Director of Midwifery Operations Lead	Expression of interested to be sent out in February 2021 Position to be advertised January 2021 Now a combined role with MQSP due to resignation Case review midwife commenced May 21 combined	
Six-weekly union partnership meetings to be commenced	Ongoing	Director of Midwifery	Six-weekly meetings occurring with MERAS and NZNO commenced 24 June 2019	

Antenatal Clinic midwife to move to Birthing Suite Monday-Thursday mornings to support Antenatal Day Unit (ADU) patients. This will support acuity on Birthing Suite. RM has resigned from this position	September 2020	Operations Executive Executive Director of Midwifery	Antenatal day unit now operating from Birthing Unit, new person now in post June 2021	
Ensure staff are paid overtime in line with MECA if work without break or beyond hours	June 2021	Charge Midwives Operations Lead	***Emma Farmer Recommendation*** Process in place for claiming overtime. All problems reported to ops lead Emma Farmer recommendation	
Complete survey re where staff would prefer to work	June 2021	Operations Lead	Survey released to staff May 2021 ***Emma Farmer recommendation***	
Primary/Secondary interface				
Liaise with the other DHB's regarding LMC relationships/communications etc	February 2021	Operations Executive / Executive Director Nursing and Midwifery / Director of Midwifery	Celina working with DOMs nationally.	
Meet with Medical Lead to discuss differing medical opinions and not complying with policy	Ongoing	Operation Executive Medical Lead	Meeting held. Medical lead to discuss with staff to encourage three-way conversations with LMCs with transfer of care. Work ongoing to update guidelines and policies	
Medical Interface				
Advise staff to discuss with Medical Lead if any further concerns regarding compliance.	February 2021	Director of Midwifery	Staff notified	
Clinical Safety				
Utilise return to work midwife to complement Charge Midwife with upskilling maternity staff	February 2021	Director of Midwifery	Unable to progress RTW New 6-month project role initiated to support Nursing professionals – recruitment underway Clinical shift co-ordinators placed on Maternity 6 AM shifts per week on maternity	
Project regarding term baby clinical care delivery	February 2021	Associate Director of Nursing	Recruitment process for temporary post to be commenced March 2021 Commences 17th May 2021	

Work to release a member of staff from neonates to upskill team in clinical care of babies	February 2021	Associate Director of Nursing / Operations Executive	Off track due to staffing levels in neonates Recruitment of clinical specialty nurse currently underway – completed May 2021	
Consider structure of Induction bookings with no day 1 IOL on Fridays but adding low risk IOL to Sunday – discuss with Medical Lead	February 2021	Director of Midwifery	Agreed and actioned	
CCDM process to be completed	June 2021	Director of Midwifery	Complete June 2021	
Educator to work clinically to educate nurses and midwives	Ongoing	Executive Director Nursing and Midwifery	Increased presence of educator and also temporary Specialty Clinical Nurse	
Discuss with Director of Midwifery and Medical Lead re impact of c section on Friday	Ongoing	Operations Executive	Theatre structure and low risk features of this cohort rationalise Friday as most appropriate allocation	
Introduce low-risk caesarean wellness focus to mobilise early and discharge early	April 2021	Director of Midwifery	Initiated early mobilisation and TROC	
Ensure adequate supervision for mother and babies two hours post caesarean	March 2021	Director of Midwifery	***Emma Farmer recommendation*** Confirmed now in place	
Increase lactation support	June 2021	Director of Midwifery Operational Lead	***Emma Farmer recommendation*** in progress plan to increase to 12 hours per day by June 2021	
Senior Midwifery				
Consideration of leadership roles required to support a clinically safe and effect service	April 2021	Operations Executive / Executive Director Nursing and Midwifery / Director of Midwifery	Leadership paper and Job Descriptions sent out for consultation May 2021. Decision expected June 2021.	
Ensure ACM team are fully briefed on roster changes etc	February 2021	Director of Midwifery	Complete	

ACM attendance compliance at Senior Midwifery Meetings	February 2021	Director of Midwifery / Charge Midwives	Currently 100% attendance at fortnightly meetings increased from monthly	
No leave to be given on Friday to senior staff unless adequate cover in place	Ongoing	Operations Executive / Director of Midwifery	Complete	
Increase Associate Director of Midwifery Role to 1.0FTE	January 2021	Operations Executive	Complete	
Consult on Midwifery Director role	May 2021	Operations Executive / Executive Director Nursing and Midwifery	JD sent out for consultation in April/May 2021. Job out to recruit May 2021.	
Concern re-rostering				
Provide roster specific training	March 2021	Director of Midwifery	Referrals for ACM to access training and support from MERAS to support.	
Move roster to alternative person	January 2021	Director of Midwifery	First roster released to commence Feb 22	

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Are Board members sufficiently informed by this paper on the update of the current nursing workforce issues?
- Are Board members sufficiently informed by this paper about the actions to address these issues?

To	Board
Author	Celina Eves, Executive Director of Nursing and Midwifery
Endorsed by	Kathryn Cook, Chief Executive
Date	19 October 2021
Subject	**Nursing Workforce Update**

RECOMMENDATION

It is recommended that the Board:

- **note** the Nursing Workforce Report.

Strategic Alignment

This report is aligned primarily to MidCentral District Health Board's (MDHB) strategy.

1. PURPOSE

To provide the Board with an update regarding the nursing workforce issues raised at the April 2021 Board meeting.

2. BACKGROUND

September and October 2021 have continued to be challenging for nursing, with high unplanned staff sick leave and a hospital working at full capacity. Planning for COVID-19 outbreaks in our region to ensure infrastructure and workforce preparedness also continued.

Over this time, Auckland District Health Board (ADHB) requested assistance with their COVID-19 resurgence. MDHB nurses responded (N=13), providing Infection Control support and staffing for Intensive Care and Managed Isolation and Quarantine (MIQ) facilities in the Auckland district. Locally, nurses worked with the Public Health Team, receiving training in and providing COVID-19 contact tracing for ADHB.

MidCentral DHB's (MDHB) ability to meet the expectations and needs of safe staffing have again been impacted by the above.

3. CLINICAL RISK

The action plan to mitigate the clinical workforce risk is included in Appendix One and covers the following areas:

- Workforce recruitment
- Workforce retention
- Clinical safety
- Professional support
- Staff wellbeing.

The following narrative provides updates on all key areas since the last reporting period. The Clinical Safety/Care Capacity Demand Management (CCDM) has been further expanded to delineate each measure and more clearly identify the changes that have occurred from July to September.

3.1 Workforce recruitment

Mental Health and Addiction Services and Maternity Services continue to experience recruitment challenges due to the unavailability and pipeline of nurses and midwives to recruit. MDHB has been fortunate to have very few nurses held up by the work visa process. Where these have occurred, they have been resolved quickly by the Human Resources Team.

Last year's Return to Practice information day saw 40 experienced nurses and midwives attend. Sixteen nurses and two midwives successfully undertook the programme in 2021 and are currently employed in their specialties. MDHB's Return to Nursing Practice programme has since been accredited by the Nursing Council and another information day will be held on Saturday 6 November 2021.

3.2 Workforce retention

The overarching aim is that the DHB's workforce reflects community demographics, is sustainable, highly qualified, appropriately credentialed and culturally responsive to the changing needs of our communities. The Nurse Midwife Recruitment Consultant is making good progress supporting staff and streamlining the employment process.

In addition to the number of vacancies, each month the number of nursing and midwifery staff onboarding and resignations is being captured. This will provide a clearer picture over time of the progress being made with recruitment and retention initiatives.

	August 2021 New Staff Onboarding	August 2021 Resignations	Variance	September 2021 New Staff Onboarding	September 2021 Resignations	Variance
Nursing	31	25	**+6**	18	13	**+5**
Midwifery	1	0	**+1**	1	0	**+1**
Health care Assistants	4	5	**-1**	4	0	**+4**

3.3 Clinical safety

The CCDM implementation self-assessment has been completed. The Safe Staffing Healthy Workplaces Unit (SSHW) will use this assessment to confirm that MDHB has fully implemented the CCDM programme.

The CCDM Core Data set for September 2021 (Appendix Two), measures quality patient care, quality work environment and best use of health resources. The data reinforces the need for increased nursing FTE and full implementation of CCDM. The September Core Data Set saw improvement in several metrics.

3.3.1 Patient incidents

A patient incident is any event that could have or did cause harm to a patient. Patient incidents are an indicator of the quality of care provided to patients, the quality of the work environment and staffing. Lower nursing staff levels are associated with increased patient mortality, medication errors, falls and missed care.

In September, 229 patient incidents were reported – a decrease of 10 percent from July 2021.

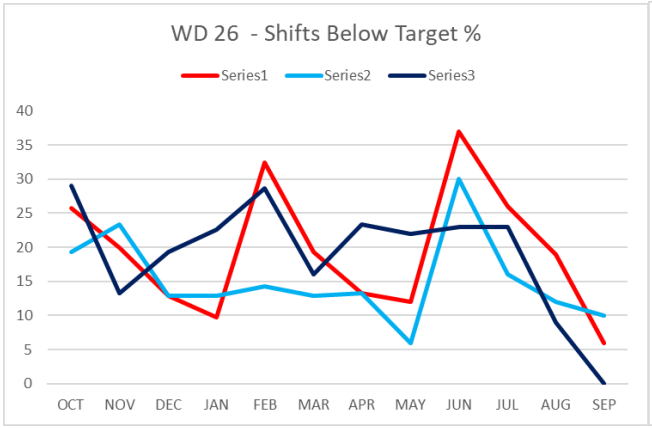
3.3.2 Shifts below target

Shifts below target are the percentage of shifts by AM, PM, N where the difference in the care hours provided and the care hours required was greater than negative 8.5 percent, or 40 minutes per FTE. Seventeen percent of shifts were below target in September, an improvement from 27 percent in July. Shifts below target are mitigated in three ways:

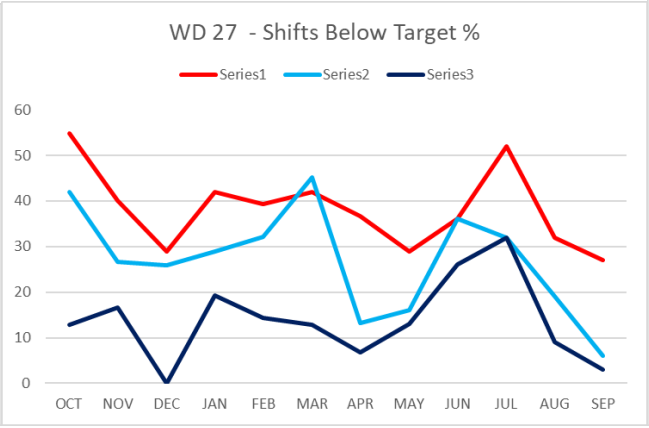
- Integrated Operations Centre (IOC) staffing allocation with the placement and movement of staff using live TrendCare acuity data.
- Variance Response Management and FTE calculations. Variance Response Management provides live information of how a clinical area is managing the demand placed on it. When this shows a clinical area is under increasing workload pressure, the Duty Nurse Manager reallocates staff to support this demand.
- FTE calculations are established using TrendCare variance hours. This helps to address these shifts long term.

Graphs One, Two and Three below show the significant reduction in shifts below target for three areas who completed FTE calculations in June/July this year.

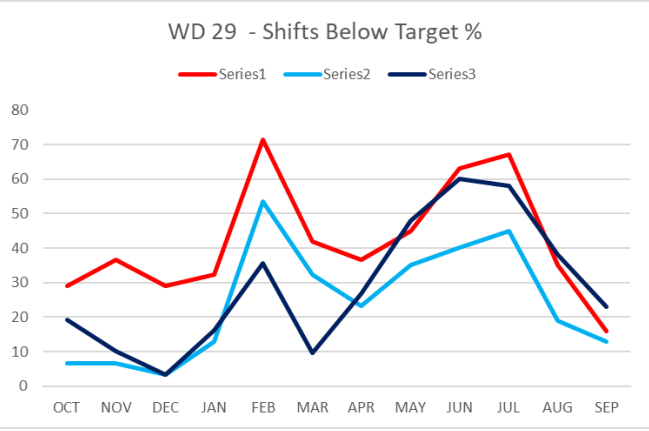
Graph One



Graph Two



Graph Three



3.3.3 Care rationing

Care rationing is all care reported by staff that was missed, delayed, sub-optimally delivered or inappropriately delegated. Care rationing impacts on the quality of care provided to patients, patient experience and staff satisfaction/engagement. Lower levels of staffing are associated with missed care. Care rationing impacts on nurse satisfaction and causes moral distress. Care rationing incidences decreased from 487 in July to 217 in September.

3.3.4 Bed utilisation

Bed utilisation reflects the throughput of patients, accounting for all discharges, deceased patients, admissions and transfers for the shift on which the patient received care. The process of admitting or discharging a patient requires nursing hours in addition to those hours required to care for a patient. Increased patient turnover is associated with diminishing nursing hours.

Ward bed utilisation was 100 to 130 percent in seven clinical service areas, down from 10 areas in July.

3.3.5 Staff unplanned leave

Staff unplanned leave is the total unplanned or short notice leave hours taken by staff, for example sick, domestic, bereavement and Accident Compensation Corporation (ACC) leave. Sick leave is one indicator of the health of the workplace, with burnout and job stress increasing staff absenteeism.

Staff unplanned leave decreased by two percent in September.

3.3.6 Staff incidents

A staff incident is any event that is reported and could have or did cause harm to a staff member and includes accidents, needle sticks, back injuries, slips and verbal abuse. Staff incidents are more likely to occur when staff are under time pressure, tired or inexperienced or in the presence of increased workplace hazards (hours, complexity and workload).

Six clinical areas noted five or more staff incidents, with the highest being in OPAL (N=15), and Ward 24 (N=15).

3.4 **Professional support**

In September, most face-to-face education resumed, and staff are getting back on track with core training requirements. The purchase of the high-fidelity training equipment is being combined with a strategic multi-disciplinary project plan.

A Project Manager has been appointed to support the rollout of the plan for the 'Better Life Support: High-Fidelity Patient Safety Simulation Programme'. This will enable training to be brought into the actual clinical environment where patient care occurs and will help mitigate the impact of future education cancellations.

3.5 **Staff wellbeing**

From the MDHB staff engagement survey of 2020, nursing identified three key actions of leadership, connectedness with communication that is positive and respectful, and supporting at work, where nurses can work within a blame-free culture and feel confident at work. Several measures are being put in place and these actions are discussed regularly at key weekly and monthly meetings within MDHB's nursing shared governance model.

3.5.1 Leadership

The Transformational Leadership Programme and Nightingale Challenge for emerging nurse and midwifery leaders were deferred again in August due to COVID-19 Alert Levels, and re-scheduled for December 2021, with a total of 38 staff enrolled in these.

During Alert Levels 3 and 4, tertiary providers withdrew students from placement. We negotiated with clinical areas to increase student numbers to enable Transition to Practice (final placement) nurses to attain the required clinical hours to sit state final exams. To mitigate future impacts, an Advisory Group has been established with our Tertiary Education Programme Providers (Nursing, Midwifery and Allied Health) with the remit of developing a shared approach to ensuring students can complete their practice placements in a timely manner in a COVID-19 environment.

3.5.2 Connectedness

Leadership, communication and visibility has been further strengthened this month, with all senior nurses working hard to support their teams. Fourteen Nurse Educators responded to the call to support COVID-19 contact tracing, in partnership with the Public Health Team. Several nurses have volunteered and 14 have now gone to support Auckland MIQ facilities and Intensive Care Units.

3.5.3 Supporting at work

In August we received 72 applications from NETP/NESP (Nurse Entry to Practice/Nurse Entry to Specialty Practice) nurses in the region. Of these, 65 accepted an interview and 16 of these identified as Māori. With interviews concluded, 32 NETP and six NESP positions have been offered, including 14 Māori candidates. Thirteen applicants did not meet employment criteria. Work is underway to secure the permanent employment of the remaining applicants with MDHB.

Appendix One
Nursing Workforce Action Plan – September 2021

Not Started	Completed	On Track	Overdue	High Risk

	Target Date	Owner	Update	Status
Recruitment				
Deep dive work on FTE establishment, initially targeting MH&A (Ward 21) and HAR (OPAL)	Completed	Scott Ambridge Operational Executives	Work continues, gaining a better understanding of FTE figures, including clarity on headcount, overtime, penal rates, call backs and on call. This work is reported to the Board within each directorates' finance reports.	
Complete establishment FTE by directorate.	August	Scott Ambridge	CCDM FTE calculations completed for Ward 28/CCU and Maternity went to CCDM council in September.	
Make any relevant CCDM adjustments for 21/22 budget.	Completed	Darryl Ratana Scott Ambridge		
Include specialling in baseline budgets in high use areas. i.e., Ward 21, OPAL, Ward 26.	Ongoing	Darryl Ratana Scott Ambridge	Awaiting ward 21 and OPAL CCDM FTE calculations.	
Review long term vacancies	Ongoing	Professional Leads Nursing Recruitment Consultant Operations Executives People and Culture GM Q& I		
Ensure all Māori and Pacifica are shortlisted and recruited to vacant positions.	Ongoing	EDNM ADoNs People and Culture Senior Nurse leads Senior Midwife leads	Ensure equity within recruitment of Māori and Pacifica nurses into the workforce.	
Ensure all new graduate nurses are supported through the recruitment process especially Māori and Pacifica students.	Ongoing	ADON Education NE NETP	NETP/NESP Māori and Pacifica nurses prioritised for interview. Nurse Educator Māori supports candidates with interview preparation. Sixteen Māori nurse applications this month for NETP/NESP.	

Establish nursing post to oversee nursing recruitment (Senior Nurse / Nurse Consultant).	June 2021	EDNM People and Culture Nurse Consultant Clinical Executives	Recruited and appointed. Confirmed positions are not being held.	
Review current recruitment process (current 12 weeks) – remove duplication, increase flexibility.	Due December 2021	People and Culture Nurse Consultant	Improve timeliness of recruitment process.	
Review orientation & onboarding processes.	Due December 2021	People and Culture Nurse Consultant	Consider establishment of nursing recruitment office, workforce unit, centralised roster.	
Nursing Bureau and nursing centralised roster.	Due December 2021	Nurse Consultant IOC Lead IOC Team	Consider establishment of nursing recruitment office, workforce unit, centralised roster.	
Review current arrangements for nursing bureau	August/September 2021	Nurse Consultant IOC Lead ADONs N&M Leadership	Review proposed model and FTE allocation. Review onboarding process for bureau staff and Duty Calls staff.	
Retention				
Optimising training: offer external training opportunities funded by NEED, HWNZ and Medical Trust	Ongoing	ADON Education NEED Committee Education & Practice Council	Funds fully utilised in 2021. Expression of Interest released in September for 2022 HWNZ funding applications.	
New Manager training programme developed and rolling out in 2022	Ongoing	ADON Education OD Business Partner	In progress: working group established.	
Six-weekly union partnership meetings to be commenced	Ongoing	EDNM People and Culture	Six-weekly meetings occurring/BAG.	
Clinical Safety				
CCDM process to be completed	December 2021	EDNM CCDM Governance Group	On track.	
Clinical Nurse Educator support for all nurses: expand nursing educational team	July 2021	EDNM ADON Education	Business case developed for 21/22 year – shared with Ops Execs. Not endorsed.	
Confirm educational components in each clinical area.	August 2021	ADON Education	Essentials Skills revision with Education and Practice Council	

Professional				
Confirm delineation of professional roles – operational v professional.	Ongoing	EDNM Clinical Executives	Clarify roles and responsibilities for professional accountability.	
Senior nurses advanced practice plan	Ongoing	EDNM Clinical Executives	Ensure Professional Leads are holding Ops Execs to account for delivering workforce needs.	
Consider other roles working at top of scope – HCAs and Enrolled Nurses (career progression).	Ongoing	EDNM ADON Education	Improve use of enrolled nurses and HCA's; discussions held with UCOL re ENs.	
Staff Wellbeing				
Review current quarterly plans – top three priority areas identified in staff survey.	September 2021	EDNM GM People and Culture OD Business Partner		
Pilot in place for Bradford scoring for monitoring/assessing staff absence.	Pilot commenced	GM People and Culture		
Commitment to timely annual leave and rostering processes	Ongoing	EDNM ADONs Operations Leads Charge Nurses	Difficulty allocating annual leave due to staffing levels.	
Increase support for staff through access to Supervision, peer-to-peer Coaching & cultural supervision	Ongoing	ADON Education Supervision Project Group	Stock take training and access to/uptake of supervision and coaching. Working group established to progress.	

Appendix Two – CCDM Dashboard September 2021

Quality Patient Care

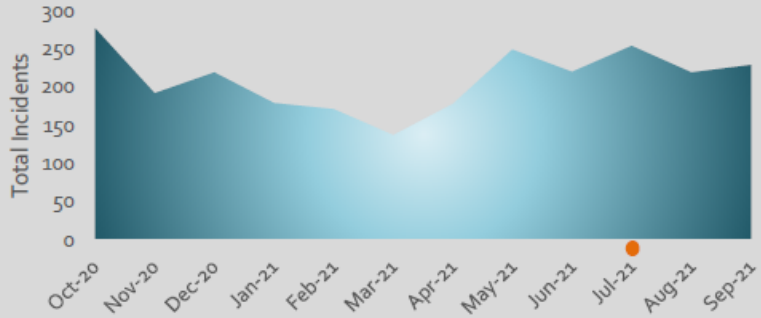
CCDM Core Data Set for September 2021

Total Patient Incidents

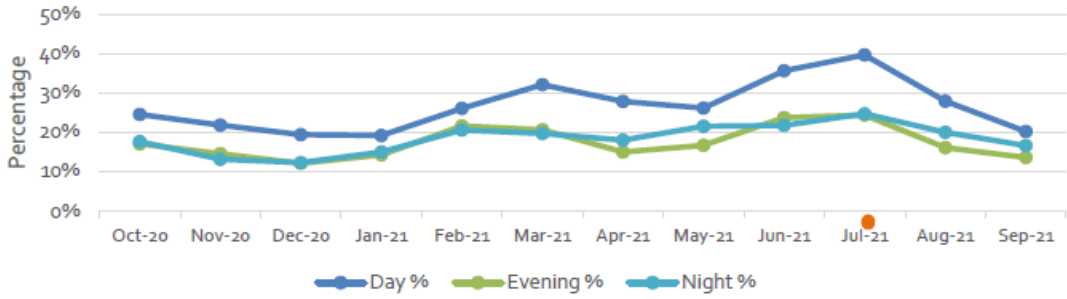
229 Incidents

5% Increase From Last Month

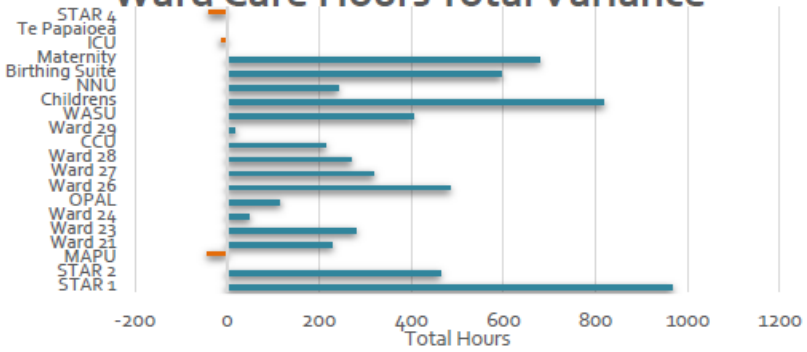
Total Patient Incidents Trending



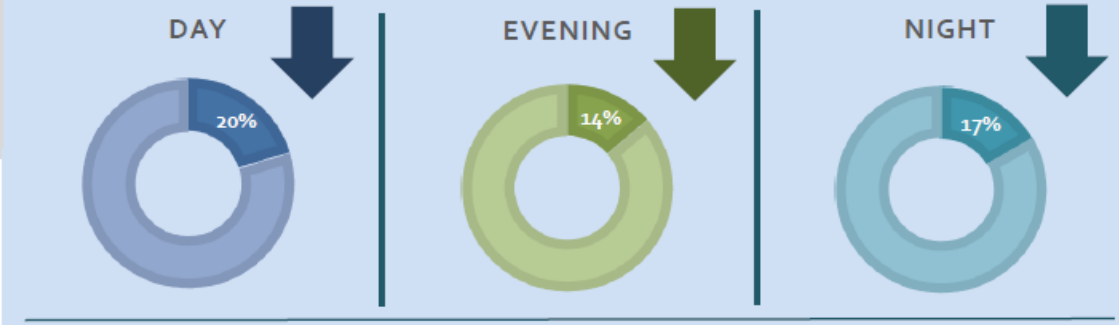
Hospital Shifts Below Target Trending



Ward Care Hours Total Variance



Total Shifts Below Target



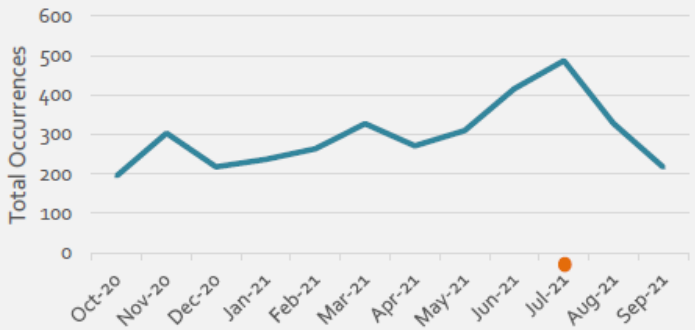
Shifts below target is the percentage of shifts by AM, PM, Night where the difference in the care hours provided and the care hours required was greater than 8.5% (or 40 minutes per FTE)

Total Shifts Below Target:

17%

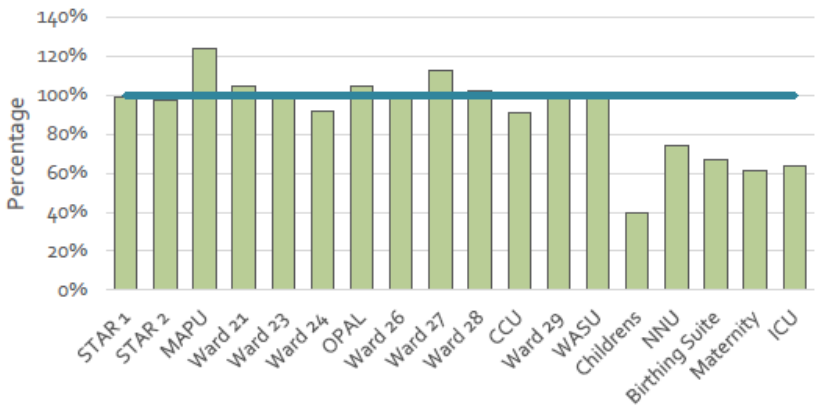
Quality Patient Care

Anticipated Care Rationing Occurrences Trending



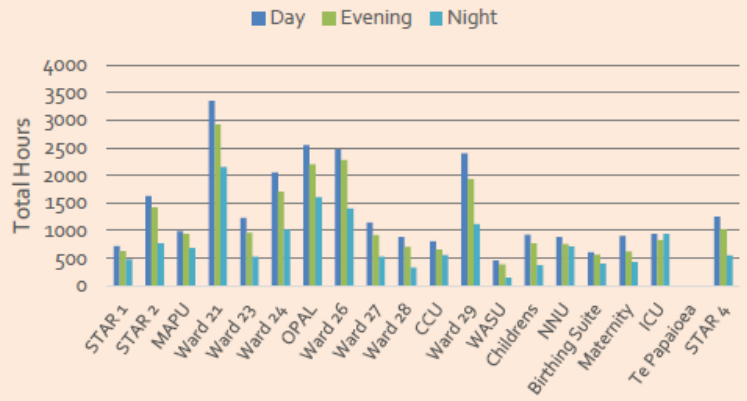
All care that was missed, delayed, sub optimally delivered or inappropriately delegated, as reported by staff. Also defined as 'care left undone' due to lack of time, material resource, poor communication or teamwork.

Ward Bed Utilisation



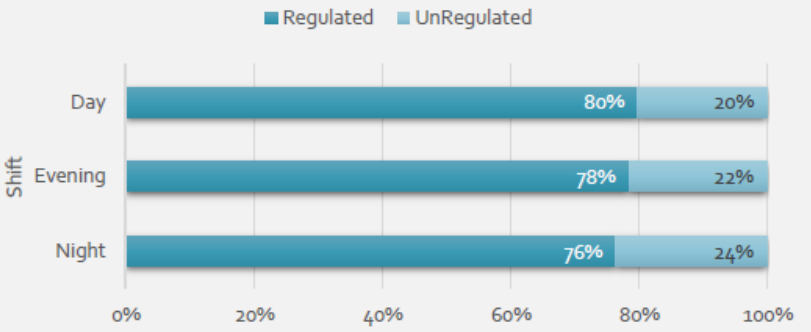
Bed utilisation reflects the throughput of patients during a calendar day – accounting for all discharges, deceased patients, admissions and transfers for the shift on which the patient received care.

Ward Total Patient Acuity



Patient acuity is the patient's level of dependence on nursing staff due to their care requirements. This is described as nursing hours required by patient acuity.

Staff Mix



The number of regulated staff (RN, RM and EN) that worked, compared with all staff that worked expressed as a percentage for AM, PM and N

Quality Work Environ-ment

CCDM Core Data Set for September 2021

Unplanned Leave

5493.5

Total Hours

6%

Percentage

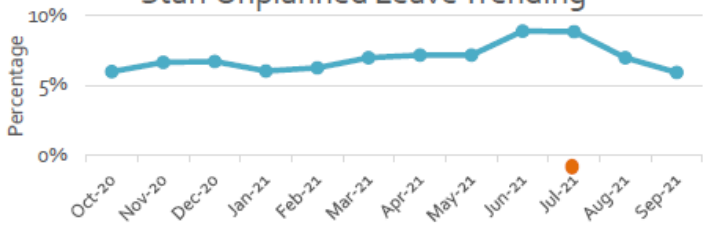
From Last Month

The total unplanned or short notice leave hours taken by staff e.g. sick, domestic, bereavement, ACC. This includes sick leave hours paid, unpaid or paid as annual leave. Includes staff on permanent contracts only.

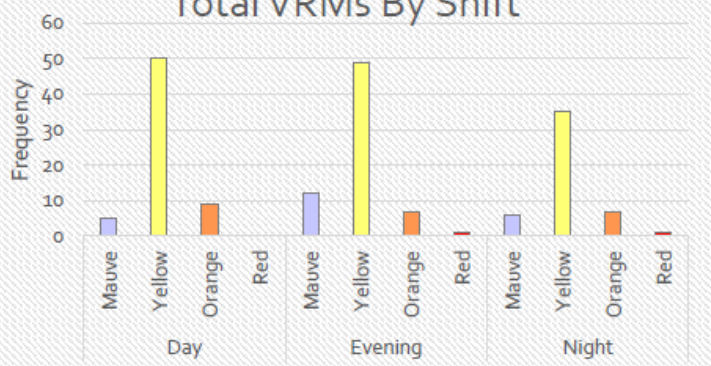
Roster Gaps

Roster gaps are the degree to which the posted/planned roster matches the roster model.

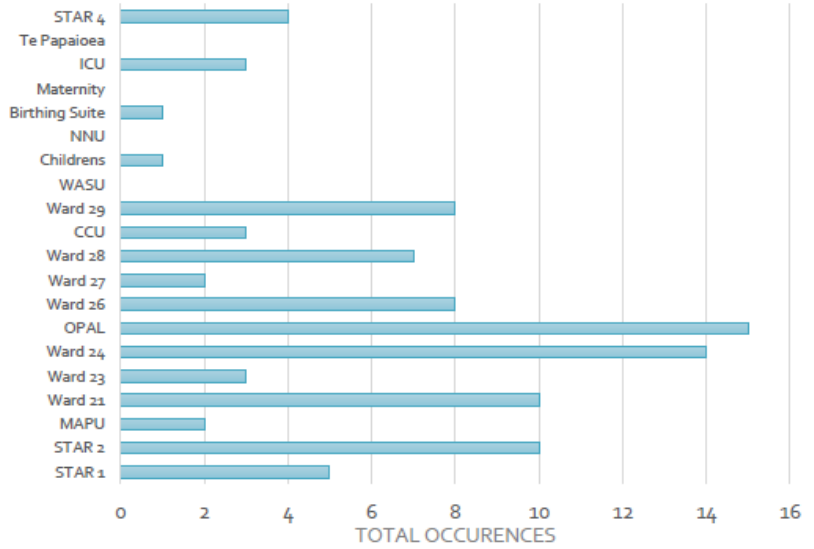
Staff Unplanned Leave Trending



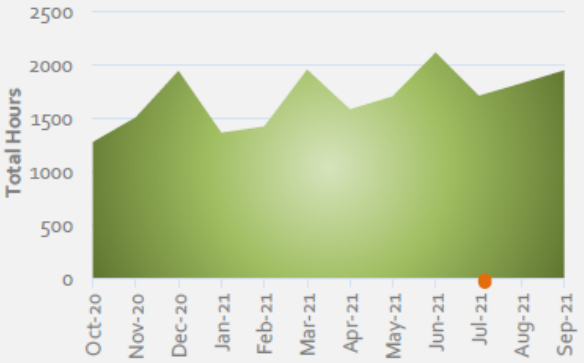
Total VRMs By Shift



Total Staff Incidents



Total Staff Overtime



Overtime includes any extra paid hours that a nurse is required to work beyond their contracted hours at either end of their shift.

Total Professional Development Hours for the Month

1,252

Best Use of Health Resources

CCDM Core Data Set for September 2021

Staff Hours

4,681

Total Casual Staff Hours

5%

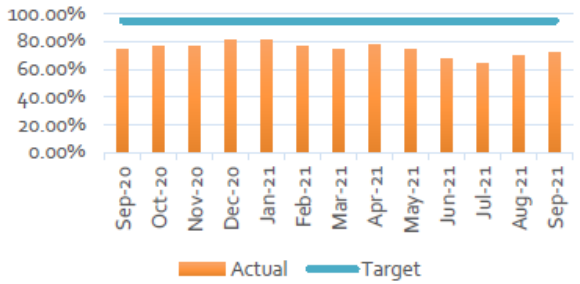
Casual Staff Percentage

92,549

Total Nursing Staff Hours

The total hours includes all productive (clinical and other productive hours) and non-productive (annual, sick, bereavement) hours .

ED Length of Stay Percentage



The ED Length of Stay Target is the 'Shorter Stays in Emergency Department (ED)' i.e. Patients admitted, discharged, or transferred from the ED within six hours. The target is 95%.

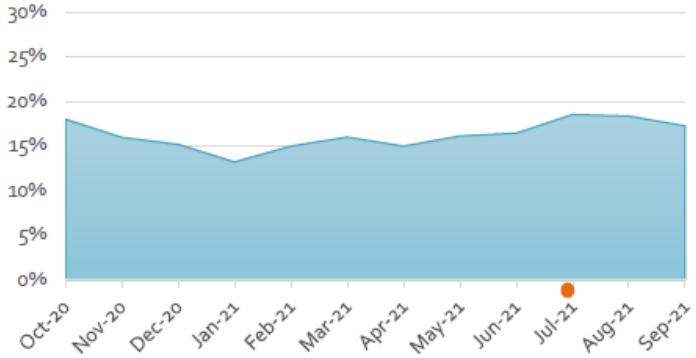
17%

Percentage of Discharges Before 11am

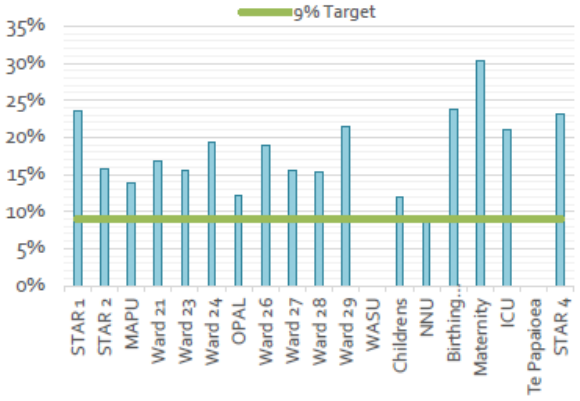
324

Total Number of Patients Discharged Before 11am

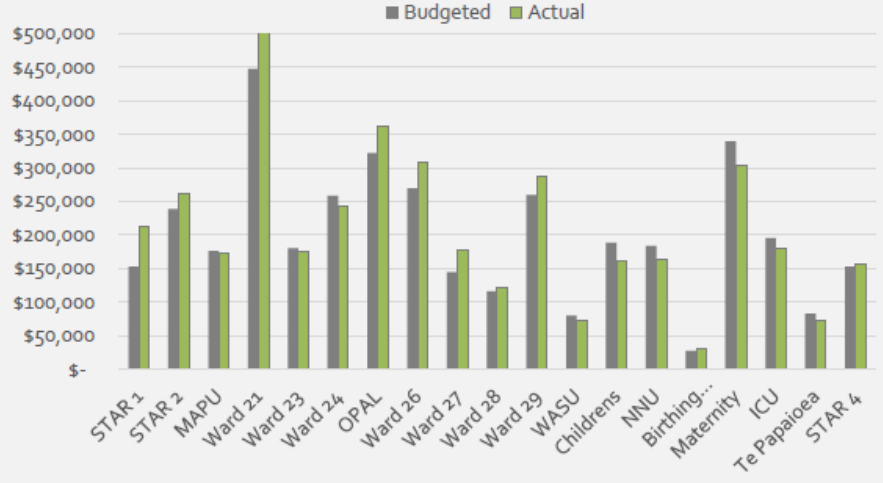
Wards Percentage of Discharges Before 11am Trending



Excess Accrued Leave



Personnel Costs By Ward



BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

To	Board
Author	Deborah Davies, Interim General Manager, Strategy, Planning and Performance
Endorsed by	Kathryn Cook, Chief Executive
Date	21 October 2021
Subject	**Technical Advisory Services Annual General Meeting**

Key questions the Board should consider in reviewing this paper:

- Who should represent MidCentral DHB (MDHB) at the Technical Advisory Services Annual General Meeting (AGM) on 2 December 2021?
- The recommendations included in the Notice of TAS AGM, including 2020 AGM Minutes; Directors' Report; Financial Statements and Report for the year ended 30 June 2021; Independent Auditor's Report.
- Note that the TAS Financial Statements and Report are available on the MDHB Stellar platform.

RECOMMENDATION

It is recommended that the Board:

- **approve** that the Board Chair, Brendan Duffy, represent MidCentral District Health Board (MDHB) at the Technical Advisory Services (TAS) AGM on 2 December 2021; and in the event the Board Chair is unable to attend, either the Deputy Board Chair, Oriana Paewai, or the Chief Executive, Kathryn Cook, attend as a proxy to represent MDHB.
- **approve** that the recommendations included in the Notice of TAS Annual General Meeting be supported.

Strategic Alignment

This report is aligned to all four strategic imperatives of MDHB's Strategy and discusses an aspect of effective governance.

1. PURPOSE

To provide information on the TAS Annual General Meeting which will be held on 2 December 2021.

2. BACKGROUND

TAS was established by the Central Region District Health Boards in 2001, as a joint venture company under equal joint ownership. In 2011, TAS integrated with DHB Shared Services to create a combined national and regional service. TAS provides technical support to DHBs. This includes routine activities (for example, the audit and assurance programme) and project-based work to address priority areas, including the Regional Services Plan and National Work Plan.

3. TAS ANNUAL REPORT AND FINANCIAL PERFORMANCE 2020/21

A copy of the TAS Annual Report 2020/21 is available on the MDHB's Stellar platform (MidCentral DHB/Board/Reports and Documents/2021 Documents/Annual Report TAS 2020-21 Final). Highlights for the year include the progressed equity focus in work and enabling sector-wide COVID-19 response.

The report shows that total revenue decreased by $0.190 million over the previous financial year, and total expenditure decreased by $0.176 million. This resulted in a net deficit of $0.282 million for 2020/21, compared to a deficit of $0.139 million in 2019/20. While the deficit resulted in a slight reduction in TAS's equity, this is still healthy at $4.58 million.

4. TAS ANNUAL GENERAL MEETING

The AGM will be held in Wellington on Wednesday 2 December 2021. The business of the meeting includes a review of the 2020 AGM minutes, receive, consider and adopt the Company's financial statements for the year ended 30 June 2021 along with the Auditor's Report, and record the continuance of KPMG as the Company's auditors for the 2021/22 financial year. A copy of the Notice of Annual General Meeting and unconfirmed minutes from last year's AGM is included as **Appendix One**.

It is proposed that MDHB's shareholder representative be the Board Chair, Brendan Duffy. In the event he is unable to attend, it is proposed that either the Deputy Board Chair, Oriana Paewai or the Chief Executive, Kathryn Cook, represent MDHB.

It is also proposed that MDHB support the adoption of the annual financial statements and the continuance of KPMG as the TAS auditors.

Notice of TAS Annual General Meeting

2:00pm, Thursday 2 December 2021
Front+Centre, 69 Tory Street, Wellington

Notice is hereby given that the Annual General Meeting of Shareholders of Central Region's Technical Advisory Services Ltd (TAS) is to be held on 2 December 2021 at 2.00pm.

Agenda

1. Apologies
2. Minutes

   To review and accept the minutes of the AGM held on 4 December 2020.
3. Directors' Report on the year ended 30 June 2021

   To receive the Report.
4. Financial Statements and Report

   To receive, consider and adopt the Company's financial statements for the year ended 30 June 2021, along with the Independent Auditor's Report.
5. Auditors

   To record the continuance of KPMG as the Company's auditors for the 2021/22 financial year.
6. General

   Any other business.

Minutes

Name of Meeting: TAS AGM 2020

Date:	2 December 2020		
Start Time:	2.00pm	**Finish Time:**	2.30pm
Method:	Face to Face		

Present: **Directors:** Murray Bain (Chair), Sir Paul Collins, Catherine Law, Wendy McPhail, Ron Luxton, Kath Cook

Shareholders: David Smol (Capital and Coast District DHB and Hutt Valley DHB) Keriana Brooking (Hawkes Bay DHB), Brendan Duffy (Mid Central DHB)

In Attendance: Graham Smith (TAS Chief Executive), Jane Doherty (Secretariat)

Apologies:

1	Welcome

The Chair opened the meeting and welcomed everyone.

2	Confirmation of Minutes

2.1 Confirmation of Minutes

Resolved: *That the minutes of the Annual General Meeting held on 4 December 2019 be accepted as a true and accurate record of that meeting.*

Carried: all

3	Financial Statements and Reports

3.1 The Chair spoke to the TAS Annual Report and Financial Statements for 2019/20.

3.2 The Financial Statements and outcome for 2019/20 were noted.

Resolved: *That the Company's financial statements for the year ending 30 June 2019, together with the Auditor's report and the Directors' Annual Report, be received and adopted.*

Carried: all

4	Auditors

Resolved: *That the continuation of KPMG as the Company's auditors be approved and recorded.*

Carried: all

5 General Business

5.1 There was no general business.

There was a brief discussion regarding the final report of the Health and Disability System Review and potential impacts on the sector.

There was a vote of thanks to the Directors, Chief Executive and management Team of TAS for the significant and important work undertaken during the very unusual year. Murray Bain acknowledged the effective working relationship with the RGG and thanked them for their support of TAS.

Murray Bain thanked Ron Luxton for his contribution since his appointment to the TAS Board in mid 2020. Jenny Black will replace Ron Luxton on the Board in the New Year.

The meeting concluded at 2.30 pm.

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

Key questions the Board should consider in reviewing this paper:

- Are the recommendations in the Notice of AGM acceptable?
- Is the nomination of proxy appropriate?
- Are there any matters requiring discussion reported in the accompanying reports?

To	Board
Author	Neil Wanden, General Manager, Finance and Corporate Services
Endorsed by	Kathryn Cook, Chief Executive
Date	19 October 2021
Subject	**Allied Laundry Services Annual General Meeting**

RECOMMENDATION

It is recommended that the Board:

- **note** the notice of Annual General Meeting for Allied Laundry Services Limited and the Report to Shareholders
- **appoint** Neil Wanden, General Manager, Finance and Corporate Services as MidCentral DHB's proxy at Allied Laundry Services Limited's Annual General Meeting in November 2021, and instruct him to support the recommendations as included in the Notice of Annual General Meeting dated 5 October 2021.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler 'Stewardship'.

1. PURPOSE

To provide an update on Allied Laundry Services Limited (ALSL) performance for 2020/21 and seek a decision from the Board regarding the Board's proxy at the forthcoming Annual General Meeting of ALSL.

2. BACKGROUND

Allied Laundry Services Limited commenced operations in December 2002. ALSL operates a single site processing operation based at Palmerston North Hospital campus. It is a joint venture company, owned jointly by MidCentral, Taranaki, Whanganui, Hawke's Bay, Capital & Coast and Hutt Valley District Health Boards. Its purpose is to create a centralised laundry processing operation that will pass the benefits to its shareholder customers by way of reduced costs in laundry/linen. MidCentral DHB, together with Hawke's Bay, Taranaki, Whanganui, Capital & Coast and Hutt Valley DHBs, is an equal shareholder of ALSL.

3. AGM ARRANGEMENTS

ALSL's AGM is scheduled for Tuesday 23 November 2021.

The Board, as a Shareholder, needs to appoint a representative/proxy to attend the AGM and vote on its behalf.

A copy of the notification of AGM, previous minutes and letter requesting a shareholder representative are included as Appendix One.

The accounts are currently unsigned and are awaiting final review by Deloitte. The ALSL Board of Directors will receive and sign the accounts at the Board meeting aligned with the AGM on 23 November 2021 together with the Auditor's interim report thereon and the Chairperson's Annual Report. The annual accounts and report for the year ending 30 June 2021 will be provided to the MDHB Board once finalised.

Deloitte remain as auditors on behalf of the office of the Auditor General for ALSL.

Neil Wanden, General Manager, Finance and Corporate Services is MDHB's Director on the ALSL Board. For the purposes of the AGM, it is recommended that Neil Wanden be MidCentral's proxy.

Allied Laundry Services Limited

Annual General Meeting

Tuesday 23rd November 2021

Cover Page (Shareholders)

Please find attached;

1. Notification of Annual General Meeting; 23rd November 2021 to be held at 10am at Allied Laundry.
2. Minutes of the 24th November 2020 Allied Laundry Services Limited Annual General Meeting.
3. Letter accounts.
4. Allied Laundry Services Limited Chairman's Report for the Year ended 30 June 2021.
5. Letter requesting appointment of Shareholder Representative.

Mark Mabbett

CEO

Allied Laundry Services Limited.

Allied Laundry Services Limited

Notification of Annual General Meeting.

Notice is hereby given that the Annual Meeting of shareholders of Allied Laundry Services Limited will be held:

Venue: Allied Laundry Services Limited; Palmerston North

Time: Tuesday 23rd November 2021 at 10am

BUSINESS

1. Apologies

2. Shareholders Representatives

To clarify who is attending the meeting and has voting rights as the representative of a shareholder**.**

3. Minutes

To review and accept the minutes of the Annual Meeting held on 24th November 2020.

Recommendation: That the minutes of the Annual Meeting held on 24th November 2020 be accepted as a true and accurate record of that meeting.

4. Dividend and Surplus Retention

In view of current operating environment uncertainties and capital requirements it is the Board's intention to defer the declaration of a dividend in respect of the year until a later date.

5. Financial Statements and Reports

To receive, consider and adopt the company's Financial Statements for the year ended 30 June 2021 together with the auditor's report thereon.

Recommendations:

1. *That the Annual Report of the company for the year ended 30th June 2021 be required to include only the signed Financial Statements for the accounting period completed and an auditor's report.*
2. *That the Annual Report for the year ended 30th June 2021 be received.*

6. Chair and Chief Executives Report.

To receive and accept the annual Chair and Chief Executives report.

That the Chair and Chief Executive's Report for the year ended 30th June 2021 is received.

7. Appointment of Auditors

To record the continuance of Deloitte as auditors on behalf of the Office of the Auditor-General for Allied Laundry Services Limited.

Recommendation: That the continuance of Deloitte as auditors on behalf of the Office of the Auditor-General be recorded.

8. General

To deal with any other business that may be properly brought before the meeting.

By Order of the Board

23 November 2021

Ken Foote

Chair

ALLIED LAUNDRY
BY HEALTH • FOR HEALTH

ANNUAL GENERAL MEETING

Minutes

24 November 20

Venue: Meeting Room, Allied Laundry, Palmerston North

Present:

Shareholder representatives: Ken Foote, Simon Barrett, Judith Parkinson, Neil Wanden, Horst Fischer, Lucy Adams

Mark Mabbett, Kristen Elliott, Tracey Pahulu (arrived later)

1. Apologies

Kathy O'Neill

2. Share Holders Representatives

Letters of Appointment from the shareholding DHB's representatives have been received from:

- Taranaki District Health Board for Simon Barrett with George Thomas as alternate,
- Whanganui District Health Board for Chief Operating Office/Director of Nursing (Lucy Adams) with General Manager Corporate Services as alternate,
- Hawkes Bay District Health Board for Ken Foote with Carrianne Hall as alternate,
- MidCentral District Heath Board for Neil Wanden with Louise Bishop as alternate,
- Capital & Coast/Hutt Valley District Health Board for Judith Parkinson and Horst Fischer.

All shareholder representatives were present, so a quorum was established.

3. Minutes

Minutes of the Annual General Meeting of 26th November 2019 were received and approved as a true and correct record of that meeting.

Moved: *Judith Parkinson*
Second: *Simon Barrett*
Carried

4. Dividend and Surplus Retention

Noted by the shareholder representatives that the Allied Laundry Directors have indicated an intent to declare a dividend payment.

5. Financial Statements and Reports

Chair presented the Reports.

To receive, consider and adopt the company's Financial Statements for the year ended 30 June 2020 together with the auditor's report thereon.

Chair questioned if there was a third recommendation needed for the letter of representation signed by a Director and the CEO. Discussion that it is not a shareholder accountability so not at the AGM.

Chair asked FRAC chair if there was anything to discuss with a few iterations that have recommendations that the Board need to approve.

Recommendations:

1. *That the Annual Report of the company for the year ended 30th June 2020 be required to include only the signed Financial Statements for the accounting period completed and an auditor's report.*

2. *That the Annual Report for the year ended 30th June 2020 be accepted.*

Moved: *Simon Barrett*
Second: *Judith Parkinson*
Carried

6. Chair and Chief Executive's Report

Chair presented the report.

Issues raised and discussed:

- Standard Textiles – need some PR on their website showing ALSL.
- COVID – as health care workers need to get staff vaccinated.

To receive and accept the annual Chair and Chief Executives report.

Recommendation: The Chair and CEO report for the year ended 30th June 2020 be adopted.
Moved: *Ken Foote*
Second: *Neil Wanden*
Carried

7. Appointment of Auditors

To record the continuance of Deloitte as auditors on behalf of the Office of Auditor-General for Allied Laundry Services Limited

No resolution required.

Points raised and discussed:

- Rental Agreements for Allied Laundry space at DHBs – need a formal agreement. Carry forward to Board meeting with CEO to do a report.

8. General Business

No General Business

Meeting closed at 10.25am

Signed:

Ken Foote (Chair)

Date: 29/1/21

Tuesday 5th October 2021

Chair of the Boards and CEO's Allied Laundry Shareholders.

MidCentral District Health Board
Taranaki District Health Board
Whanganui District Heath Board
Hawkes Bay District Health Board
Capital & Coast District Health Board
Hutt Valley District Health Board.

Dear Sir or Madam,

Regarding Allied Laundry financial accounts for the 2020/21 financial year.

Please find attached the draft accounts for Allied Laundry Services for the 2020/21 financial year. The Accounts await final review by Deloitte. Final stamped and signed accounts will be made available once completed.

The accounts show a small profit for Allied Laundry for the 2020/21 financial year.

The Allied Laundry Board of Directors have received and reviewed the accounts.

Due to the timing of the notifications for AGM being sent out these accounts are not final.

Yours sincerely
Mark Mabbett

CEO
Allied Laundry Services Limited

Chair and Chief Executives Report for the Year Ended 30 June 2021

Overview

The last year was business as usual but with the specter of COVID continually looming in the background, no lockdowns but ongoing concerns around supply, constant preparation for another lockdown and a potential surge in processing volumes. Allied Laundry has been well supported by all providers and has maintained supply to all customers even though international shipping has been under pressure. The plant has continued to break previous weekly records with a new high of 98 tonnes processed in June, this is a significant increase on the planned weekly tonnage of 84 tonnes when C&CDHB and HVDHB transitioned to processing at Allied Laundry in March 2016. The increased throughput has challenged the plant for capacity and staffing as labour shortages has affected recruitment processes.

The Allied Laundry business is going from strength to strength, growing, replacing capital assets to maintain a modern plant, and developing business to enhance the services supplied to the DHBs. The operation now has a head count of 117 employees. The decision to purchase the Standard Textiles Distribution Agreement has proven to be a business success with a profit of $290k for the 2020 year. A $900k investment was made to replace four 20-year-old gas driers with new driers. Allied Laundry is developing sustainability initiatives; launching a Pre-Caution gown to replace disposable gowns at the DHBs, changing products to last longer and reviewing water saving technologies. Allied Laundry is preparing to make a significant investment and business expansion constructing an offsite Reusable Theatre Linen sterilisation processing facility to provide an expanded range of reusable theatre linen products to the regional DHBs and commercial customers.

Production

Processing volumes have remained high, setting new records, and challenging the plant environment. The DHBs have bounced back from the COVID-19 impacts in early 2020 and processing volumes have been extreme. To meet processing requirements the plant has a shift of part timers working through to 7pm. Recruitment has been problematic with few staff available with even the agencies struggling to locate capable people. The plant was not constructed to manage 98 tonnes a week and there have been several challenges with adapting to the sheer scale of the processing volumes. Changes to the supervisory structures has seen a marked increase in moral and cross departmental cooperation.

COVID 19

Although there has not been another lockdown during the full year period the effects of COVID-19 have lingered. The management, offsite and plant teams have been cognisant of the possibility of a COVID-19 outbreak and have been ready to act and embed the processes that worked so well in the Level 4 lockdown in 2020. The Allied Laundry Linen Alliance agreement has suppliers storing three months of stock onsite therefore there has not been any out-of-stock situations from the linen suppliers. The largest supply issue has been with disposable theatre wrappers where national management was assumed by the MoH for a period. Allied Laundry has been storing 4,000 scrub sets in the basement, ensured suppliers have scrubs available and has lifted circulating volumes to react in the event of high scrub demands as occurred last year.

Staff

With a head count of 117 Allied Laundry the staff numbers have increased significantly from 68 in 2015. The business has become more complex to manage and supporting structures have needed to be put in place. The Renew Empower Allied Laundry (REAL) lean processing, literacy and numeracy programme was completed in 2020 with 60 staff undertaking the 15-week training. The Board have continued to support the Living Wage, with those starting at Allied Laundry commencing on the Living Wage and the longer serving staff on higher rates.

Strategic Developments.

Standard Textiles Distribution Agreement.

The relationship with Standard Textiles and the ability to access products from a global supplier has been a strategic success. The profit for the 2020 financial year has effectively already recovered the initial investment. The Reusable Barrier Linen theatre products and cloth have continued to be supplied throughout the chaos of COVID-19 in the US and despite international shipping constraints. Allied Laundry has taken the opportunity to purchase 15,000 Pre-Caution (Isolation) gowns as a direct replacement for the ubiquitous yellow Single Use Disposable gown seen throughout the DHBs and will be rolling the product out over the next few months.

Reusable Barrier Linen Sterile Services Unit (RBL SSU).

After extensive analysis, due diligence and two Better Business Cases the Allied Laundry Board have approved the offsite construction of a full sterile services processing facility. The facility will fold, pack, sterilise and dispatch RBL packs to the regional DHBs as well as to commercial customers. The RBL SSU will supply the current DHBs serviced and will increase the service provision to CCDHB and HVDHB replacing the disposable theatre gowns with a RBL gown. The provision by Allied Laundry of a full RBL SSU service has been driven by the global and national move to sustainable products, to increase the service offering to the DHBs and commercial customers, and to remove the processing of RBL packs from the DHB SSUs.

New Plant Facility

In preparing the business case submitted during 2021, it became very apparent that the existing facility occupied by Allied Laundry on the MCDHB campus in Palmerston North, is no longer able to meet current needs, nor is it suitable for renovation or expansion. Not only are there current IL rating issues, but there are also legacy, design, capacity, and energy supply issues which makes it unsuitable as a long-term option, should public hospital laundry services still be required to be delivered from Palmerston North.

The preferred long-term option identified from the business case was therefore a 'greenfields' development of a new laundry, similar to that which Canterbury Linen Services (CLS) has completed recently as a result the earthquake damage and constraints to their previous facility. The estimated capital cost of such a development (based on the CLS example) is between $25m - $30m.

In identifying the need for a new laundry, Allied Laundry Directors also noted the uncertainties in the current environment of pending health system reforms. The future structure of health services under Health New Zealand is unknown at this stage, so it is also uncertain as to where hospital laundry services (and related health infrastructure decision making) will fit within this. It is also possible that a new national strategy may be developed for hospital laundry services, which may or may not include ongoing provision by the public sector.

Given these uncertainties, Directors have agreed to continue to work on the concept of a 'greenfields' site but at this stage have deferred investment into the detailed development of a business case. At the very least however, Directors wanted to highlight this significant risk, so that it can be progressed within the near term and/or picked up as early as possible in the transition to the reformed health structures.

Financials

The year has finished with a positive result of around $600k operating surplus. To maintain cashflows the Allied Laundry Directors have agreed to defer declaring a dividend, to minimise the liquidity risk while undertaking the RBL SSU project without seeking additional investment from Allied Laundry shareholders. Allied Laundry cashflow is steadily improving, supporting the Directors decision to defer dividend payments.

Acknowledgements

Allied Laundry continues to receive, and sincerely appreciates, the ongoing support of the business by shareholders, directors, staff, and customers. The cooperative nature of Allied Laundry fosters a strong commitment to regional collaboration. The business continues to offer the DHBs an expanding range of fit for purpose cost effective services, as exemplified by the RBL SSU project. Allied Laundry thanks all those who's continuing support guarantees Allied Laundry's success.

Ken Foote
Chair

Mark Mabbett
CEO

Tuesday 5th October 2021

To Chairs; Boards of District Health Boards; Allied Laundry Services Limited Shareholders.

Regarding; appointment of Shareholding District Health Board Annual General Meeting Representatives.

The Allied Laundry Annual General Meeting is being held on Tuesday 23rd November 2021 at Allied Laundry Services Ltd. Palmerston North.

The Shareholders' Agreement for Allied Laundry Services Limited requires each shareholder to appoint a representative for the Annual General Meeting.

Could the shareholding DHB's nomination for representative to the Allied Laundry AGM please be forwarded as soon as possible to:

Tracey Pahulu, (tlunsworth@alliedlaundry.co.nz) at Allied Laundry.

Regards

Mark Mabbett

CEO

Allied Laundry Services Limited

Information papers

9 November 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Is the Board satisfied with progress being made by New Zealand Health Partnerships?

To	Board
Author	Neil Wanden, General Manager, Finance and Corporate Services
Endorsed by	Kathryn Cook, Chief Executive
Date	20 October 2021
Subject	**NZ Health Partnerships Limited**

RECOMMENDATION

It is recommended that the Board:

- **note** the update on the activities of New Zealand Health Partnerships Limited (NZHP)

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler 'Stewardship'.

1. PURPOSE

To provide the Board with an update on the activities of NZHP during the last quarter. This paper is for information only.

2. NATIONAL PROCUREMENT

Appended to this report is a copy of the latest NZHP Business update.

3. HEALTH SYSTEM CATALOGUE PROGRAMME

The Health System Catalogue (HSC) remains on track with the contracts signed with key commercial and technical partners – Accenture and Acumen BI.

The HSC undertook its scheduled Treasury Gateway Targeted Investment Review (TIR) in August as per the quality assurance plan.

The delivery confidence assessment summary was an Amber/Green rating. An Amber/Green rating is defined as "successful delivery appears probable, however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery."

Appendix One

NZ HEALTH PARTNERSHIPS
SEPTEMBER 2021, UPDATE

Hono Oranga Aotearoa NZ Health Partnerships

COVID-19 support

NATIONAL PROCUREMENT

Rapid sourcing & supply chain

- NZHP continues to support the operation for ICU (Intensive Care Unit), respiratory equipment, consumables and accessories, as well as laboratory diagnostic testing consumable needs for COVID-19
- NZHP is also assisting the Ministry of Health (MoH) with the sourcing of critical stock for DHBs

In September, approximately $800k additional swab kits, and additional assays and reagents, were procured to meet increased demand

Air filtration solutions

- The first six contracts with suppliers have been signed. So far, two of the panel suppliers were used for 1,600 units installed in MIQ facilities and another 900 units held as MoH stock with suppliers pending allocation
- Stock units will be allocated to eligible DHBs according to instructions received from the MoH Covid-19 Response Team

The novel rebate structure introduced when this panel was established has yielded over $3.12m in savings for MoH, at the current level, and reduced prices will be applicable for all subsequent purchases made under this contract

Collaboration

- NZHP continued to support the response to the current COVID-19 outbreak, including purchasing a range of equipment and consumables for the National Reserve
- NZHP and MoH have designed a model for monitoring and forecasting laboratory consumables for both private and public laboratories in New Zealand
- This began for the purpose of addressing bottlenecks in the supply chain. As laboratory items are critical to testing, the focus was placed on top 10 suppliers in terms of volumes of items they provide

TRANSITION support

Reporting for Health NZ & Māori Health Authority

NZHP is working with the Transition Unit to understand the Day 1 finance and procurement system requirements for Health NZ and Māori Health Authority, and the Day 1 consolidated financial reporting requirements across all FPIM and non-FPIM DHBs, as well as subsidiaries, with a view to implementing these requirements before July 2022

Banking & Insurance for Health NZ

NZHP is working with the Transition Unit to extend the DHB Collective Insurance and Shared Banking services to cover other Health NZ and Māori Health Authority business activities from July 2022 onwards

NEW initiatives

National Oral Health Promotion initiative

- MoH is setting up a programme to provide toothbrushes and fluoride toothpaste to preschool children and their whanau, in particular to Māori, Pacific and whānau living in poverty. The aim of the programme is to promote regular toothbrushing and engagement with oral health services at an early age, giving children a good start in life
- The national programme launches late 2021

NZHP is leading the procurement on behalf of MoH to purchase the toothbrushes and toothpaste

Auckland DHB infusion pump contract

- Auckland DHB is finalising a contract aimed at delivering lower operating costs for syringe infusion pumps for Total Intravenous Anaesthesia (TIVA), without any requirement for initial capital expenditure
- The goal of this contract is to provide ADHB with a flat-rate rental model to achieve the following:
  - Provision of volumetric infusion pump
  - Provision of consumables for the 7-year term
  - Inclusion of battery and syringe plunger backplate replacement kit (parts only)
  - Manufacturer's warranty for entire duration of contract
  - Scalability to access other accessories when required, such as MRI capsule, docking stations, wireless server, software maintenance and remote monitoring solutions.
- In addition to optimising net savings, this proposal should provide ADHB with better visibility and predictability for managing its large fleet of infusion pumps

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NZ HEALTH PARTNERSHIPS

SEPTEMBER 2021, UPDATE

Hono Oranga Aotearoa NZ Health Partnerships

NEWS

FPIM ORACLE PROGRAMME

New customers go live

- FPIM Oracle migrated new customers to the national solution: Southern DHB (July); Northern Region Shared Services Entities (SSEs) - Northern Regional Alliance, healthAlliance, HealthSource and NZ Health Partnerships (August)
  - They join Canterbury, West Coast, Waikato and Bay of Plenty
  - All customers are supported day-to-day by NZHP's Technology and Operations and Data and Compliance teams
- The Treasury Gateway Review highlighted best practice of both the FPIM Oracle and Health System Catalogue (HSC) Programmes

COMING UP:

- Replanning is underway on Counties Manukau DHB's transition given redeployment of management and supply chain staff onto COVID-19 activities
- Planning and change activities continue with Taranaki, Auckland, Waitematā and Northland DHBs for their deployments over the coming nine-months
- Capital and Coast, Hutt Valley and Wairarapa DHBs' Boards have approved them joining the FPIM programme, which will be discussed by the FPIM Governance Board (FGB) at the end of September

HEALTH SYSTEM CATALOGUE PROGRAMME

- Contracts signed with key commercial / technology partners – Accenture and Acumen BI
- Programme remains on time, on cost and scope

UPDATE

PEOPLE **Pete Young** joined the National Procurement team as Commissioning Manager (a new role). With multi-national experience in healthcare and procurement, Pete will focus on special opportunity projects.

NEWS

NATIONAL PROCUREMENT

Pharmaceutical contract

- A pharmaceutical compounding services contract, negotiated by NZHP, is expected to deliver at least $2.756m p/a in cost reduction to DHBs across the country. The five-year open panel contract enabled supplier, iMix, to enter the market – providing DHBs with flexibility in choice of provider, while improving resilience in the supply

Surgical power tools

- A $1.5m surgical power tools agreement entered by Waitematā DHB allows the DHB to have power tools upgraded as needed at no extra cost, including regular supplier checks. Auckland, Northland and Counties Manukau DHBs are also part of the national contract

NEWS

COLLECTIVE INSURANCE

Collective insurance review

Insurance Renewal 21/22:

- NZHP worked with sector brokers, Marsh, and DHB Finance teams to complete the annual insurance renewal in July
- Property insurance is the cornerstone of the service and the declared values of DHB properties rose to $24 bn
- While the property premium rate increased, it came in lower than forecast driven by better pricing than anticipated from the NZ insurer market
- Cyber cover was a challenge following rapidly increasing global cyber incidents and the Waikato DHB cyber-attack. Cover was still secured, but for a lower amount, at a higher price

Estimated benefits from this year's renewal are $7.5m, up from $7.3m in 2020/21

NEW opportunities

Data & analytics

Work is underway to identify and scope opportunities to build upon the foundation of the Health System Catalogue (HSC). Many of these were outlined at the highest level in the HSC Business Case approved by all 20 DHBs and the Minister of Health. This includes a finance, procurement and supply chain Data and Analytics Strategy and roadmap

NZHP launched its fully customisable employee package, Package by Design, to attract, retain and grow critical talent – particularly around data and digital capability – needed to deliver to its customers, while setting up for future initiatives under Health NZ

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BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the work programme include the topics needed to confidently govern?

To	Board
Author	Margaret Bell, Board Secretary
Endorsed by	Kathryn Cook, Chief Executive
Date	21 October 2021
Subject	**Board's Work Programme**

RECOMMENDATION

It is recommended that the Board:

- **note** the Board's annual work programme.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler 'Stewardship'. It discusses an aspect of effective governance.

1. PURPOSE

To provide an update on the Board's work programme.

2. 2021 BOARD WORK PROGRAMME

The Board's work programme for 2021 was approved in December 2020. At its meeting in May 2021, the Board agreed that this work programme would be 'rolled over' for the period from 1 January to 30 June 2022.

All reporting is occurring in line with the work programme.

MDHB BOARD Work Programme

	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Key Updates										
CEO's Report to provide an update on key progress of the DHB	Each meeting	X	X	X	X	X	X	X	X	CEO
FRAC Minutes and Verbal Update from the FRAC Chair to update the Board on key committee discussions	Each meeting Minutes	X Dec/Feb	X March	X May	X June	X July	X Sept	X Oct	X Nov	FRAC Chair
HDAC Minutes and Verbal Update from the HDAC Chair to update the Board on key committee discussions	Each meeting Minutes	X None	X Feb	X April	X None	X July	X None	X Sept	X Nov	HDAC Chair
Strategy and Planning										
DHB Strategy to review/refresh the DHB's strategy to ensure it remains relevant, and to consider how it has been advanced, and priorities for the future	Triennial (due Dec 2023)									GM SPP
Annual Plan and Budget to determine the draft and final budget and priorities for the next three years, including capex plan	One off then six-weekly from Dec-Jun	X	X	X	X				X	GM SPP GM F&CS
Workforce Strategy to establish/review the strategy based on the national framework (support the execution of the DHB's Strategy)	Triennial (due TBC)									GM P&C
Organisational Development Plan review/refresh (relevant and supports the execution of the DHB's Strategy)	Triennial (due Nov 2022)									GM P&C
Contract Renewal and Planning Outcomes Framework review planning outcomes achieved and general approach to contracting for year ahead	Annual			X						GM SPP
Quality Improvement										
Quality Account to determine the Quality Account for the financial year (via HDSAC)	Annual								X	GM Q&I
Quality and Safety Walk-rounds to provide the Board a summary of the walk-rounds from over the last 12 months	Annual			X						GM Q&I
Workforce										
Health and Safety to monitor the implementation of the H&S Strategy, mitigations required, priorities for the future, including investment	Quarterly	X		X		X		X		GM P&C
Health and Safety Workshop	Annual		X							GM P&C
Workforce and Organisational Development to monitor the health of the DHB's workforce, including trends and performance against workforce dashboard and adequacy of any mitigations to monitor the implementation of the OD strategy, what's changed, priorities for the future (three to five years), investment and resources required, and the adequacy of any mitigations	Six-monthly			X				X		GM P&C
Preventing Occupational Violence Strategy to monitor the implementation, priorities, investment and adequacy of any mitigations	Annual	X								GM P&C

MDHB BOARD Work Programme	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Wellbeing Plan (aka Psychosocial Wellbeing Strategy) to monitor the implementation of the DHB's health and wellbeing plans	Annual	X								GM P&C
Care Capacity Demand Management to monitor the implementation of the National Accord and local CCDM decisions	Six-monthly	X				X				ED N&M
Remuneration Policy to consider the Remuneration Policy as recommended by the Remuneration Committee	Triennial (Due Nov 2022)									GM P&C
IEA Remuneration Strategy to consider the Remuneration Strategy (IEAs) as recommended by the Remuneration Committee	Triennial (due Mar 2023)									GM P&C
IEA Remuneration Parameters to consider the remuneration parameters for annual changes to staff on IEA agreements following Rem Committee	Annual								X	GM P&C
Performance										
Financial Performance to monitor the DHB's financial performance against budget, including trends, forecasts, the impact of business improvement initiatives and opportunities and challenges, and confirm the adequacy of any mitigations	Six-weekly	X	X	X	X	X	X	X	X	GM F&CS
DHB Performance Metrics (aka Board KPI Dashboard) to monitor high level KPIs across the DHB	Six-weekly	X	X	X	X	X	X	X	X	GM SPP
Digital Strategy – implementation of roadmap to monitor implementation, challenges and opportunities, priorities and initiatives/investments for future, and confirm the appropriateness of any mitigations	Six-weekly	X	X	X	X	X	X	X	X	CDO
Sustainability Plan to monitor the implementation of the performance improvement programme	Six-weekly	X	X	X	X	X	X	X	X	GM Q&I
Non-Financial Performance Measures to monitor the overall performance of the DHB	Quarterly		X		X		X		X	GM SPP
CEO's Performance Review	Annual					X				Chair
Audit										
Annual Accounts to determine the annual accounts for the financial year and to determine Enable NZ Limited annual reporting requirements	Annual						X			GM F&CS
Year End Audit Process (Government) to determine year-end financial result for inclusion in Government accounts	Annual				X					GM F&CS
Enable NZ Limited Annual Reporting Arrangements to determine annual reporting requirements of this paper company	Annual			X						GM F&CS
Iwi Partnerships										
Memorandum of Understanding to review the Memorandum of Understanding	Triennial (due Sept 2021)						X			GM M
DHB Board and Manawhenua Hauora Joint Work Programme to monitor progress against shared work programme, including opportunities and challenges	Six-monthly			X				X		GM M

MDHB BOARD Work Programme

	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Board-to-Board Hui	Quarterly	X		X		X		X		GM M
to monitor progress against shared work programme, including opportunities and challenges										
Manawhenua Hauora Update	Six-weekly	X	X	X	X	X	X	X	X	GM M
to update the Board on the Manawhenua Hauora discussions										
Partnership										
Clinical Council	Six-monthly	X				X				GM Q&I
to consider the work, findings and recommendations from the Council, provide endorsement or support as required										
Consumer Council	Six-monthly	X				X				GM Q&I
to consider the work, findings and recommendations from the Council, provide endorsement or support as required										
Professional Work Groups	Four-monthly		ED N&M		CMO				ED AH	Prof Leads
Profession										
Governance of shareholding companies										
to monitor the annual results and plans of shareholding companies and determine actions in respect of AGM recommendations										
Regional Service Plan	Annual				X					GM SPP
to approve the draft and final regional budget and priorities										
Allied Laundry Services Limited	Annual							X		GM F&CS
Technical Advisory Services AGM (DHB Shared Services)	Annual							X		GM SPP
NZ Health Partnerships Limited	Quarterly		X		X		X		X	GM F&CS
Board Governance Arrangements										
Board Governance arrangements and Committee Terms of Reference	Triennial or as required				X					Chair
Annual Reporting Framework (work programme)	Annual			X				X		CEO
Annual Board Evaluation	Annual							X		GM P&C
Annual meeting schedule	Triennial						X			CEO
Committee membership	Triennial							X		Chair
External committee membership and appointments	Triennial							X		Chair
Te Tiriti o Waitangi	Triennial						X			GM M
Review of Board policies	As required									CEO
Review of policies related to the Board or those requiring Board approval										

Key:

CEO	Chief Executive Officer
ED N&M	Executive Director, Nursing and Midwifery
GM F&CS	General Manager, Finance and Corporate
GM M	General Manager, Māori Health
CMO	Chief Medical Officer
FRAC Chair	Chair of the Finance, Risk and Audit Committee
Chair	Board Chair of the MidCentral District Health Board
GM P&C	General Manager, People and Culture
GM Q&I	General Manager, Quality and innovation
GM SPP	General Manager, Strategy, Planning and Performance
ED AH	Executive Director, Allied Health
Prof Leads	CMO, ED N&M, ED AH
HDAC Chair	Chair of the Health and Disability Audit Committee
CDO	Chief Digital Officer

Workshop Schedule

As at 17 June 2021

Date	Time	Topic
16 February 2021	Following HDAC meeting	Stellar Board Management Platform
23 February 2021	Following Board meeting	Midwifery Workforce Engagement
13 April 2021	Following Board meeting	Board Self-evaluation (with Broad Horizons)
20 April 2021	From 9am to noon	Annual Planning and Budget
27 April 2021	Following HDAC meeting	Consumer Story
25 May 2021	Following Board meeting	Manawhenua Hauora Board to Board hui
15 June 2021	Following FRAC meeting	Conjoint meeting of Board and FRAC – 2021/22 Annual Plan and Budget
6 July 2021	Following Board meeting	Medical Workforce
13 July 2021	Following HDAC meeting	Consumer Story
27 July 2021	Following FRAC meeting	Medical Workforce and Combined Medical Staff Association
17 August 2021	Following Board meeting	Annual Risk Workshop
9 November 2021	Following Board meeting	Manawhenua Hauora Board to Board hui *(via Zoom, due to COVID-19 restrictions)*
23 November 2021	Following HDAC meeting	Consumer Story *(via Zoom, due to COVID-19 restrictions)*
TBA in 2022	Following Board meeting	Health and Safety – with Buddle Findlay

Glossary of terms

9 November 2021

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Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Glossary of Terms

AC	**Assessment Centre**
ACC	**Accident Compensation Corporation** The New Zealand Crown entity responsible for administering the country's no fault accidental injury compensation scheme.
ACCPP	**Accident Compensation Corporation Partnership Plan**
ACE	**Advanced Choice of Employment**
ACT	**Acute Crisis Team**
ADL	**Activities of Daily Living**
ADON	**Associate Director of Nursing**
AESS	**Te Uru Arotau Acute and Elective Specialist Services**
ALOS	**Average Length of Stay**
Anti- VEGF	**Anti-Vascular Endothelial Growth Factor**
AoG	**All of Government**
AP	**Annual Plan** The organisation's plan for the year.
APEX	**Association of Professional and Executive Employees**
API	**Application Programming Interfaces**
ARC	**Aged Residential Care**
ASH	**Ambulatory Sensitive Hospitalisations**
AS/NZS ISO 31000	**2018 Risk Management Principles and Guidelines**
AWS	**Amazon Web Services**
B Block	**Wards, Laboratory, Admin and Outpatients**
BAG	**Bipartite Action Group**
BAPSF	**Bereavement leave, Alternative days, Public holidays, Sick leave, Family Violence leave**

BAU	**Business as Usual**
BN	**Bachelor of Nursing**
BSCC	**Breast Screen Coast to Coast**
BYOD	**Bring Your Own Device**
CAG	**Cluster Alliance Group** A group or 10-12 members from across the health and wider sector supporting the Cluster Leadership Team to identify population health needs, planning, commissioning and evaluating services and developing models of care. Members include consumer and Māori representatives.
CAPEX	**Capital Expenditure**
CBAC(s)	**Community Based Assesment Centre(s)**
CCDHB	**Capital and Coast District Health Board**
CCDM	**Care Capacity Demand Management** A programme that helps the organisation better match the capacity to care with patient demand.
CCTV	**Closed Circuit Television**
CCU	**Critical Care Unit**
CDO	**Chief Digital Officer**
CDS	**Core Data Set**
CE	**Clinical Executive** (of a service)
CE Act	**Crown Entities Act**
CEO	**Chief Executive Officer**
CFIS	**Crown Financial Information System**
CHF	**Congestive Heart Failure**
CIMS	**Coordinated Incident Management System**
CIO	**Chief Information Officer**
CLAB	**Central Line Associated Bacteraemia**

CME	**Continuing Medical Education**
CMO	**Chief Medical Officer**
CN	**Charge Nurse(s)**
CNM	**Clinical Nurse Manager**
CNS	**Clinical Nurse Specialist**
COI	**Committee of Inquiry**
ComM	**Communications Manager**
COPD	**Chronic Obstructive Pulmonary Disease** A common lung disease which makes breathing difficult. There are two main forms, Chronic bronchitis - a long term cough with mucus. Emphysema - which involves damage to the lungs over time.
COVID-19	**Novel Coronavirus**
CPAC	**Prioritisation scoring system code table**
CPB	**Combined Pharmaceutical Budget**
CPHO	**Central Primary Health Organisation**
CPI	**Consumer Price Index**
CPOE	**Computer Physician Order Entry**
CRM	**Cyber Risk Monitoring**
CSB	**Clinical Services Block**
CT	**Computed Tomography** A CT scan combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images of the bones, blood vessels and soft tissues inside your body.
CTAS	**Central Technical Advisory Services** (also TAS)
CTCA	**Computed Tomography Coronary Angiography** A CT scan that looks at the arteries that supply blood to the heart. Can be used to diagnose the cause of chest pain or other symptoms.
CVAD	**Central Venous Access Device**

CWDs	**Case Weighted Discharges** Case weights measure the relative complexity of the treatment given to each patient. For example, a cataract operation will receive a case weight of approximately 0.5, while a hip replacement will receive 4 case weights. This difference reflects the resources needed for each operation, in terms of theatre time, number of days in hospital, etc.
DCFO	**Deputy Chief Financial Officer**
DDIGG	**Digital and Data Informatics Governance Group**
DHB	**District Health Board**
DIVA	**Difficult Intravenous Access**
DNA	**Did Not Attend**
DNW	**Did Not Wait**
DoN	**Director of Nursing**
DS	**Digital Services**
DSA	**Detailed Seismic Assessment**
DSA	**Digital Subtraction Angiography**
DWP	**Digital Workplace Programme**
DX	**Data Exchange** A data exchange software mechanism developed with the Social Investment Agency (SIA) to support encrypted data sharing between public services.
EAP	**Employee Assistance Programme**
EBITA	**Earnings Before Interest, Taxes and Amortisation**
ECM	**Enterprise Content Management**
ED	**Emergency Department**
EDAH	**Executive Director Allied Health**
EDG-VPSR	**Electrocadiograph – Visual Positioning System Rhythm**
EDN&M	**Executive Director, Nursing & Midwifery**

EDOA	**Emergency Department Observation Area**
EDON	**Executive Director of Nursing**
EECA	**Energy and Efficiency Conservation Authority**
ELT	**Executive Leadership Team**
EMERGO	**Emergo Train System**
EMR	**Electronic Medical Record**
EN	**Enrolled Nurse**
ENT	**Ear Nose and Throat**
ENZ	**Enable New Zealand**
EOC	**Emergency Operations Centre**
EP	**Efficiency Priority**
EPA	**Electronic Prescribing and Administration**
EPMO	**Enterprise Project Management Office**
ERCP	**Endoscopic Retrograde Cholangio Pancreatography**
ERM	**Enterprise Risk Management**
ESPI	**Elective Services Patient Flow Indicator** Performance measures that provide information on how well the District Health Board is managing key steps in the electives patient journey.
EV	**Electric Vehicle**
EWS	**Early Warning System**
EY	**Ernst & Young**
FACT	**Flexible Assertive Community Assessment Team**
FHC	**Feilding Health Care**
FHIR	**Fast Healthcare Interoperability Resources**
FIT	**Faecal Immunochemical Test**

FM	**Facilities Management**
FM Services	**Facilities maintenance and hotel services required by the DHBs**
FPIM	**Finance and Procurement Information Management System**
FPM	**Financial Planning Manager**
FRAC	**Finance, Risk and Audit Committee**
FSA	**First Specialist Appointment**
FSL	**Fire Service Levies**
FTE	**Full Time Equivalent** The hours worked by one employee on a full-time basis.
FU	**Follow Up**
Gap	**Analysis used to examine current performance with desired, expected performance**
GETS	**Government Electronic Tenders Service**
GHG	**Greenhouse Gases**
GM	**General Manager**
GMFCS	**General Manager, Finance and Corporate Services**
GMM	**General Manager, Māori Health**
GMPC	**General Manager, People and Culture**
GMQI	**General Manager, Quality and Innovation**
GMSPP	**General Manager, Strategy, Planning and Performance**
GP	**General Practitioner**
GST	**Goods and Services Tax**
H&S	**Health and Safety**
HaaG	**Hospital at a Glance**
HAI	**Healthcare Associated Infection**
HAR	**Te Uru Whakamauora, Healthy Ageing and Rehabilitation**

HBDHB	**Hawke's Bay District Health Board**
HCA(s)	**Health Care Assistant(s)**
HCSS	**Home and Community Support Services**
HDAC	**Health and Disability Advisory Committee**
HDU	**High Dependency Unit**
HEAT	**Health Equity Assessment Tool**
HEEADSSS	**Home, education/employment, eating, activities, drugs, sexuality, suicide and depression, safety (wellness assessment)**
HIP	**Health Infrastructure Programme**
Hira	**National Health Information Platform**
HISO	**Heath Information Security Framework**
HQSC	**Health, Quality and Safety Commission**
HR	**Human Resources**
HRC	**Health Research Council**
HRIS	**Human Resources Information System**
HROD	**Human Resources and Organisational Development**
HSWA	**Health and Safety at Work Act**
Hui	**Formal meeting**
HV	**High Voltage**
HVAC	**Heating, Ventilation and Air Conditioning**
HVDHB	**Hutt Valley District Health Board**
HWIP	**Health Workforce Information Programme**
HWNZ	**Health Workforce New Zealand**
IA	**Internal Audit**
IAAS	**Infrastructure as a Service**

IAP	**Incident Action Plans**
ICNet	**Infection Control Surveillance**
ICPs	**Incident Control Points**
ICPSA	**Integrated Community Pharmacy Services Agreement**
ICT	**Information and Communications Technology**
ICU	**Intensive Care Unit**
IDF	**Inter-district Flow** The default way that funding follows a patient around the health system irrespective of where the are treated.
IEA	**Individual Employment Agreement**
IFHC	**Integrated Family Health Centre** General practice teams with the patient at the centre, providing quality health care when, where and how patients need it.
IFM / IFM20	**Integrated Facilities Management**
IL	**Importance Level** Seismic assessment rating
IMAC	**Immunisation Advisory Centre**
IMT	**Incident Management Team**
Insourced	**Delivered directly by the DHBs via its staff**
IOC	**Integrated Operations Centre**
IOL	**Intraocular Lens**
IOT	**Internet of Things**
IPSAS	**International Public Sector Accounting Standards**
IS	**Information Systems**
ISM	**Integrated Service Model**
ISP	**Internet Service Provider**

IT	**Information Technology/Digital Services**
ITSM	**Integrated Service Module**
IV	**Intravenous**
IVP	**Improving Value Programme**
JDE	**JD Edwards** Name of software package
Ka Ao Ka Awatea	**Māori Health Strategy for the MDHB District**
KPI(s)	**Key Performance Indicator(s)** A measurable value that demonstrates how effectively an objective is being achieved.
LAN	**Local Area Network**
LDC	**Local Data Council**
LEO	**Leading an Empowered Organisation**
LMC	**Lead Maternity Carer**
LOS	**Length of Stay**
LSP	**Leadership Success Profile**
LTC	**Long Term Condition(s)**
LV	**Low Voltage**
MALT	**Māori Alliance Leadership Team**
MAPU	**Medical Assessment and Planning Unit**
MBIE	**Ministry of Business, Innovation and Employment**
MCH	**MidCentral Health**
MCIS	**Maternity Clinical Information Service**
MDBI	**Material Damage and Business Interruption**
MDHB	**MidCentral District Health Board**
MDM	**Master Data Management**

MDT	**Multi-disciplinary Team**
MECAs	**Multi Employer Collective Agreements**
MEED	**Midwifery External Education and Development Committee**
MERAS	**Midwifery Employee Representation and Advisory Service**
MFA	**Multi-Factor Authentication**
MIT	**Medical Imaging Technologist** A radiographer who works with technology to produce X-rays, CT scans, MRI scans and other medical images.
MIYA	**MIYA Precision Platform**
MoH	**Ministry of Health**
MOU	**Memorandum of Understanding**
MRI	**Magnetic Resonance Imaging** A medical imaging technique used in radiology to form pictures of the anatomy using strong magnetic fields and radio waves.
MRSO	**Medical Radiation Officer**
MRT	**Medical Radiation Therapist(s)**
MSD	**Ministry of Social Development**
MWH	**Manawhenua Hauora**
MYFP	**Midwifery First Year of Practice Programme**
NAMD	**Neovascular Age-Related Macular Degeneration**
NARP	**Non-Acute Rehabilitation Programme**
NBSP	**National Bowel Screening Programme**
NCAMP19	**National Collections Annual Maintenance Programme 2019**
NCEA	**National Certificate of Educational Achievement**
NCNZ	**Nursing Council of New Zealand**
NEAC	**National Ethics Advisory Committee**

NEED	**Nursing External Education and Development Committee**
NESP	**Nurse Entry to Specialty Practice Programme (Mental Health)**
NETP	**Nurse Entry to Practice**
NFSA	**National Food Services Agreement**
NGO	**Non Government Organisation**
NHAWG	**National Holidays Act Working Group**
NNU	**Neo Natal Unit**
NOS	**National Oracle Solution**
NP	**Nurse Practitioner**
NPC	**Nurse Practitioner Candidate**
NPTP	**Nurse Practitioner Training Programme**
NZ	**New Zealand**
NZCOM	**New Zealand College of Midwives**
NZCPHCN	**New Zealand College of Primary Health Care Nurses**
NZCRMP	**New Zealand Code of Radiology Management Practice**
NZD	**New Zealand Dollar**
NZHP	**New Zealand Health Partnerships**
NZHRS	**New Zealand Health Research Strategy**
NZNO	**New Zealand Nurses Organisation**
NZPHD Act	**New Zealand Public Health and Disability Act**
O&G	**Obstetrics and Gynaecology**
OAG	**Office of the Auditor-General**
OD	**Organisational Development**
ODP	**Organisational Development Plan**

OE	**Operations Executive** (of a service)
OHS	**Occupational Health and Safety**
OLT	**Organisational Leadership Team** OLT comprises all General Managers, Chief Medical Officer, Executive Directors - Nursing & Midwifery and Allied Health, General Manager of Enable NZ, all Operations Executives and Clinical Executives.
OPAL	**Older People's Acute Assessment and Liaison Unit**
OPERA	**Older People's Rapid Assessment**
OPF	**Operational Policy Framework**
Outsourced	**Contracted to a third-party provider to deliver**
PaaS	**Platform as a Service**
Pae Ora Paiaka Whaiora	**(Base/Platform of health) Healthy Futures (DHB Māori Directorate)**
PACS	**Picture Archiving Communication System**
PANE	**Proactive, Advocacy, Navigation and Education Team**
PAS	**Patient Administration System**
PBE	**Public Sector Benefit Entity**
PCBU	**Person Conducting a Business or Undertaking**
PCCL	**Patient Complexity Clinical Level**
PCT	**Pharmacy Cancer Treatment**
PDRP	**Professional Development and Recognition Programme**
PDSA	**Plan Do Study Act**
PEDAL	**Post Emergency Department Assessment Liaison**
PET	**Positron Emission Tomography**
PHC	**Primary Health Care**
PHO	**Primary Health Organisation (THINK Hauora)**

PHU	**Public Health Unit**
PICC	**Peripherally Inserted Central Catheter**
PICU	**Paediatric Intensive Care Unit**
PIN	**Provisional Improvement Notice** (section 36.2 Health and Safety at Work Act 2015)
PIP	**Performance Improvement Plan** This plan is designed to support the OLT in the prioritisation and optimisation of system wide efforts to achieve our vision. The plan was presented to the MoH as part of MDHB's 2019/20 strategic discussion.
PNCC	**Palmerston North City Council**
POAC	**Primary Options for Acute Care**
POCT	**Point of Care Testing**
PPE	**Personal Protective Equipment**
Powhiri	**Formal Māori Welcome**
PPA	**Promoting Professional Accountability**
PPC	**Public, Primary and Community**
PP&CH	**Public, Primary and Community Health**
PPPR	**Protection of Personal and Property Rights**
PR&RO	**Principal Risk and Resilience Officer**
PSA	**Public Service Association**
PSe	**PS Enterprise**
PSR	**Protective Security Requirements**
PVC	**Poly Vinyl Chloride**
QEAC	**Quality & Excellence Advisory Committee**
QHP	**Qualified Health Plan**
Qlik	**Qlik Sense Data Visualisation Software (Dashboard Analytics)**

Q&SM	**Quality and Safety Markers**
RACMA	**Royal Australasian College of Medical Administrators**
RDHS	**Regional Digital Health Services**
RFP	**Request for Proposal**
RHIP	**Regional Health Infometrics Programme** Provides a centralised platform to improve access to patient data in the central region.
Risk ID	**Risk Identifer**
RM	**Registered Midwife**
RMO	**Resident Medical Officer**
RN	**Registered Nurse(s)**
RP	**Risk Priority**
RSI	**Relative Stay Index**
RSO	**Research Support Officer**
RSP	**Regional Service Plan**
RTL	**Round Trip Logistics** A technology platform.
Rules	**Government Procurement Rules (4th Edition 2019)**
SaaS	**Software as a Service**
SAC	**Severity Assessment Code**
SAN	**Storage Area Network**
SBA	**Smoking Brief Advice (Smoking Cessation)**
SCIG	**Strategic Capital Investment Group**
SFIA	**Skills Framework for the Information Age**
SGOC	**Shared Goals of Care**
SIEM	**Security Information Event Monitoring**

SLA	**Service Level Agreement**
SLMs	**System Level Measures**
SME	**Subject Matter Expert(s)**
SMO	**Senior Medical Officer**
SNE	**Services Not Engaged**
SOI	**Statement of Intent**
SOR	**Standard Operating Responses**
SPE	**Statement of Performance Expectations**
SPIRE	**Surgical Procedural Interventional Recovery Expansion** A project to establish additional procedural, interventional and surgical resources within MDHB.
Spotless	**Spotless Services (NZ) Limited**
SRG	**Shareholder's Review Group**
SSC	**State Services Commission** (from 2020 - Te Kawa Mataaho Public Service Commission)
SSHW	**Safe Staffing, Healthy Workplaces**
SSIED	**Shorter Stays in Emergency Department**
SSP	**Statement of Service Performance**
SSU	**Sterile Supply Unit**
SUDI	**Sudden Unexpected Death in Infancy**
SUG	**Space Utilisation Group**
STAR	**Services for Treatment, Assessment and Rehabiliation**
TAS	**Technical Advisory Services** (also CTAS)
TCO	**Total Cost of Ownership**
tC02e	**tons of carbon dioxide equivalent**
TCU	**Transitional Care Unit**

THG	**Tararua Health Group Limited**
TKMPSC	**Te Kawa Maataho Public Service Commission** (formerly State Services Commission)
TLP	**Transformational Leadership Programme**
Trendly	A national database capture tool and dashboard that focuses on the measurement of DHBs to the National Māori Health Measures
TTOR	**Te Tihi o Ruahine Whānau Ora Alliance**
UCOL	**Universal College of Learning**
VBS	**Voluntary Bonding Scheme**
VRM	**Variance Response Management**
WDHB	**Whanganui District Health Board**
WebPAS	**Web Based Patient Administration System**
WebPASaas	**Web Based Patient Administration System as a Service**
WHEI	**Whole Hospital Escalation Indicators**
Y	**Yes**
YD	**Yes and delegable**
YOSS	**Youth One Stop Shop**
YTD	**Year To Date**

Late items - discussion

9 November 2021

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Late items

Discussion on any late items advised at the start of the meeting

Date of next meeting

9 November 2021

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Date of next meeting

Tuesday, 14 December 2021

Exclusion of the public

9 November 2021

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Exclusion of public

Resolution:

That the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons outlined in the agenda.