



## **TARANAKI DISTRICT HEALTH BOARD**

### **MONTHLY MEETING AGENDA - OPEN**

The business of all TDHB Statutory Committees is included within the TDHB Board agenda

**Thursday, 3 December 2020  
8.30AM**

**Corporate Meeting Room 1  
TARANAKI BASE HOSPITAL**

**KARAKIA**

***Kia Uruuru Mai***

*Kia uru-uru mai  
a hau-ora, a hau-kaha, a hau-māia  
ki runga, ki raro, ki roto, ki waho  
rire-rire hau, pai marire*

**Taranaki DHB Board Open**

| Item | Time   | TOPIC   |       |
|------|--------|---|-------|
| 1.0  | 8.30am | <b>Declaration to Open Meeting and Welcome Attendees</b>  | Chair |
| 2.0  |        | <b>Apologies</b>  | Chair |
| 3.0  |        | <b>Conflict of Interest Register</b><br>Interest Register attached for members to review and provide any updates, with particular reference to any matter that is part of the agenda. To note the following changes since the previous meeting: <ul style="list-style-type: none"> <li>• Cassandra Crowley               <ul style="list-style-type: none"> <li>○ <u>Add</u> Chair, K.L.C. Limited</li> <li>○ <u>Add</u> Lead Chair, DHBs</li> </ul> </li> <li>• Carla White               <ul style="list-style-type: none"> <li>○ <u>Remove</u> Ministry of Health Disability Directorate developing COVID-19 messaging</li> <li>○ <u>Add</u> National Hauora Coalition – training Diabetes Coaches</li> <li>○ <u>Add</u> CARI (Caring for Australians with Renal Impairment) – working group to develop guidelines for working with Maori with chronic kidney disease</li> </ul> </li> </ul> | Chair |

|     |        |   |   |
|-----|--------|---|---|
| 4.0 |        | <b>Public Comment</b>   | Chair   |
| 5.0 | 8.40am | <b>Chair's Comment</b>  |   |
| 6.0 |        | <b>Minutes of Previous Meeting</b><br>Minutes from previous meeting held 4 November 2020.<br><i>Previous minutes to be adopted.</i> <ul style="list-style-type: none"> <li><b>Matters Arising</b></li> </ul>  | Chair   |
| 6.1 |        | <b>Action List from Board</b>   | Chair   |
| 7.0 |        | <b>Management Reports</b>   |   |
| 7.1 | 8.50am | <ul style="list-style-type: none"> <li><b>Chief Executive</b> <ul style="list-style-type: none"> <li>Memorandum from Chief Executive</li> </ul> </li> </ul>   | Chief Executive   |
| 7.2 | 9.00am | <ul style="list-style-type: none"> <li><b>Financial Reports</b> <ul style="list-style-type: none"> <li>Finance &amp; Corporate Services               <ul style="list-style-type: none"> <li>Hospital &amp; Specialist Services</li> </ul> </li> <li>Planning, Funding &amp; Population Health</li> </ul> </li> </ul> | GM Finance & Corporate Services<br>Chief Operating Officer<br>GM Planning & Funding |
| 7.3 | 9.20am | <ul style="list-style-type: none"> <li><b>COVID-19</b> <ul style="list-style-type: none"> <li>Incident Management Team Update</li> </ul> </li> </ul>  | GM Planning & Funding   |
| 7.4 | 9.30am | <ul style="list-style-type: none"> <li><b>Planning, Funding &amp; Population Health</b> <ul style="list-style-type: none"> <li>Ministry of Health Non-Financial Quarterly Reporting Q1 – 2020/21 Feedback</li> </ul> </li> </ul>  | GM Planning & Funding   |

|      |         |  |                                |
|------|---------|--|--------------------------------|
| 7.5  | 9.50am  | <ul style="list-style-type: none"> <li>• <b>Hospital &amp; Specialist Services</b> <ul style="list-style-type: none"> <li>○ Report from Chief Operating Officer</li> </ul> </li> </ul>   | Chief Operating Officer        |
| 7.6  | 10.10am | <ul style="list-style-type: none"> <li>• <b>People &amp; Capability (Human Resources)</b> <ul style="list-style-type: none"> <li>○ Report from General Manager, People &amp; Capability</li> </ul> </li> </ul>   | GM People & Capability         |
| 7.7  | 10.30am | <ul style="list-style-type: none"> <li>• <b>Communications and Engagement Report</b> <ul style="list-style-type: none"> <li>○ Report from Communications Manager</li> </ul> </li> </ul>  | Communications Manager         |
|      | 10.40am | <b>MORNING TEA</b>   |                                |
|      |         | <b>General Business</b>  |                                |
| 8.0  | 11.00am | <ul style="list-style-type: none"> <li>• <b>Te Whare Pūnanga Korero</b> <ul style="list-style-type: none"> <li>○ Verbal Report</li> </ul> </li> </ul>  | Chair<br>Group Chairs / CE     |
| 9.0  | 11.10am | <ul style="list-style-type: none"> <li>• <b>Taranaki DHB Working Group – Update</b> <ul style="list-style-type: none"> <li>○ Memorandum provides an update of the following groups: <ul style="list-style-type: none"> <li>- Planning &amp; Infrastructure</li> <li>- Disability Working Group</li> <li>- Community &amp; Primary Working Group</li> </ul> </li> </ul> </li> </ul> | Group Chairs / Chief Executive |
| 10.0 | 11.20am | <ul style="list-style-type: none"> <li>• <b>Midwifery Service</b> <ul style="list-style-type: none"> <li>○ Presentation by Grace Maha, Taranaki DHB Midwife</li> </ul> </li> </ul>   |                                |
| 11.0 |         | <b>Next Meeting</b> <ul style="list-style-type: none"> <li>• Thursday, 21 January 2021 – Taranaki Base Hospital</li> </ul>   |                                |

|      |   |  |
|------|---|--|
| 12.0 | <p><b>Resolution to Exclude the Public</b></p> <p><i>The Taranaki District Health Board resolves in reliance on Schedule 3, of the New Zealand Public Health and Disability Act 2000 and the particular interest(s) protected by clause 32 Schedule 3 of that Act and/or sections 6, 7 and/or 9 of the Official Information Act 1982, would be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public, and in particular:</i></p> <ol style="list-style-type: none"> <li><i>1. To present Taranaki District Health Board – Board minutes pursuant to an earlier resolution publicly excluding the item.</i></li> <li><i>2. To present Chief Executive Reports and attachments; Clinical Governance Support Unit Report; Financial and Internal Audit Reports and Board Priorities in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to: likely to result in the disclosure of information where the withholding of the information is necessary to:</i> <ol style="list-style-type: none"> <li><i>(g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.</i></li> <li><i>(h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).</i></li> </ol> </li> </ol> |  |
|------|---|--|

**MONTHLY DECLARATION OF INTEREST**

**Board / Finance, Audit & Compliance / Hospital Advisory Committee / Community & Public Health Advisory and Disability Support Advisory Committee**

**Board Meeting – December 2020**

| <b>Name of Member</b>                | <b>Interest Being Declared</b>                             | <b>Nature of Interest/Transaction as it relates to Taranaki DHB<br/>(Include positional or transactional interests, eg funding agreements, proposals and other relationships)</b> | <b>Date of Interest</b> |
|--------------------------------------|--|---|-------------------------|
| <b>Cassandra Crowley<br/>(Chair)</b> | Crescendi Group Limited                                    | Director & Shareholder  | 19 December 2019        |
|                                      | Grand Debut Limited  | Director & Shareholder  | 19 December 2019        |
|                                      | Maketū Foods Limited                                       | Director  | 19 December 2019        |
|                                      | Manawa Developments Incorporated                           | Trustee   | 19 December 2019        |
|                                      | Manawa Developments Limited                                | Director  | 19 December 2019        |
|                                      | Manawa Gas Limited   | Director  | 19 December 2019        |
|                                      | New Zealand Transport Agency                               | Deputy Chair  | 19 December 2019        |
|                                      | Ngati Manawa Tokuwaru Asset Holding Company Limited        | Director  | 19 December 2019        |
|                                      | Nisa   | Advisory Board Chair  | 19 December 2019        |
|                                      | Sacred Heart Girls College New Plymouth Alumni Association | Executive Member  | 19 December 2019        |
|                                      | Te Arawa Management Limited                                | Commercial Advisory   | 19 December 2019        |
|                                      | The Skills Organisation                                    | Independent Director  | 19 December 2019        |
|                                      | Trustee Narsha Nayolet Foundation Trust                    | Trustee   | 19 December 2019        |
|                                      | Western Institute of Technology at Taranaki                | Director  | 19 December 2019        |
|                                      | Be Pure Health Limited                                     | Minority shareholder via nominee company  | April 2020              |
|                                      | Ossis Limited  | Minority shareholder via nominee company  | April 2020              |
|                                      | Zeffer Brewing Limited                                     | Minority shareholder  | April 2020              |

| Name of Member                                  | Interest Being Declared  | Nature of Interest/Transaction as it relates to Taranaki DHB<br>(Include positional or transactional interests, eg funding agreements, proposals and other relationships) | Date of Interest |
|---|--|---|------------------|
| <b>Cassandra Crowley<br/>(Chair)<br/>cont'd</b> | Bledisloe Park Board   |   | April 2020       |
|   | Director – Aratu Forests Limited   |   | April 2020       |
|   | Relatives TDHB employee (x5) <ul style="list-style-type: none"> <li>• Consultant Rural Health – Hawera</li> <li>• RMO, TBH</li> <li>• Duty Nurse Manager – TBH</li> <li>• Public Health Nurse</li> <li>• Booking &amp; OPD Admin/Reception – Hawera</li> </ul> |   | April 2020       |
|   | Chair, K.L.C. Limited  |   | November 2020    |
|   | Lead Chair, DHBs   |   | November 2020    |
|   |  |   |                  |
| <b>Bridget Sullivan<br/>(Deputy Chair)</b>      | Ministry of Business, Innovation and Employment  | Employee  | December 2019    |
|   | Married to Deputy Chair of TSB Community Trust   |   | December 2019    |
|   | Sister-in-law employed as senior doctor by Taranaki DHB  |   | December 2019    |
| <b>Pat Bodger</b>                               | Te Whare Punanga Korero (TWPK) – Te Atiawa representative  | Te Atiawa representative  | 19 December 2019 |
|   | Hospice Taranaki Inc. Soc.   | Board Member  | 19 December 2019 |
|   | NPDC Accessibility, Aged and Issues & Working Party  | Member  | 19 December 2019 |
|   | Taranaki Nurses Scholarship Grant Trust  | Member  | 19 December 2019 |
|   | Manukorihi Hapū  | Chairperson   | 19 December 2019 |
|   | Manukorihi Hapū Charitable Trust   | Trustee   | 19 December 2019 |
|   | Manukorihi Paa Reserve Trust   | Trustee   | 19 December 2019 |
|   | Te Kowhatu Tu Moana (NPDC Land Act 2018)   | Trustee   | 19 December 2019 |
|   | Te Tai Pari Board - Waitara Perpetual Community Fund (NPDC Land Act 2018)  | Trustee   | 19 December 2019 |
|   | Te Hanataua Family Trust   | Trustee   | 19 December 2019 |
|   | Community Registered Nurse   | Mokau Health Centre   | 19 December 2019 |

| Name of Member                  | Interest Being Declared                                       | Nature of Interest/Transaction as it relates to Taranaki DHB<br>(Include positional or transactional interests, eg funding agreements, proposals and other relationships) | Date of Interest |
|---------------------------------|---|---|------------------|
| <b>Pat Bodger cont'd</b>        | Registered Nurse  | Tui Ora Ltd   | 19 December 2019 |
| <b>Alison Brown</b>             | NZ Nurses Organisation  | Honorary Life Membership  | 19 December 2019 |
|                                 | Grey Power Committee  | Committee Member  | 19 December 2019 |
|                                 | Age Concern Taranaki  | Board Member  | 19 December 2019 |
|                                 | Daughter is employed as a Registered Nurse by Capital & Coast |   |                  |
| <b>Mike Davey</b>               | Taranaki Regional Council                                     | Elected councillor – sit on Consents & Regulatory and Policy & Planning committees, plus member of Ordinary meeting   | 19 December 2019 |
|                                 | Taranaki Electricity Trust                                    | Deputy Chair  | 19 December 2019 |
|                                 | Taranaki Health Foundation                                    | Board Member  | April 2020       |
|                                 | Relative TDHB employee – Pharmacy Technician                  |   | 4 June 2020      |
| <b>Te Pahunga (Marty) Davis</b> | Te Whare Punanga Kōrero Trust                                 | Chair   | 19 December 2019 |
|                                 | Tuituia Trust   | Trustee   | 19 December 2019 |
|                                 | Taranaki Māori Trust Board                                    | Trustee   | 19 December 2019 |
|                                 | Ngāti Ruaiti Nukumarū Marae Trust                             | Trustee   | 19 December 2019 |
|                                 | Wai-o-Turi Marae Trust  | Trustee   | 19 December 2019 |
|                                 | Meremere Marae Trust  | Trustee   | 19 December 2019 |
|                                 | Tumararoa Properties Ltd                                      | Director  | 19 December 2019 |
|                                 | Mental Health and Addictions Cross Sector Group               | Co-Chair  | 19 December 2019 |
|                                 | TDHB Planning and Infrastructure Group                        | Member  | 2 April 2020     |
|                                 | Tikanga Oversight Group Project Maunga S2                     | Chair   | 2 April 2020     |



| Name of Member  | Interest Being Declared   | Nature of Interest/Transaction as it relates to Taranaki DHB<br>(Include positional or transactional interests, eg funding agreements, proposals and other relationships) | Date of Interest |
|-----------------|---|---|------------------|
| Harry Duynhoven | Taranaki Disability Resource Centre   | Patron  | 19 December 2019 |
|                 | Community Christmas Dinner Trust  | Patron  | 19 December 2019 |
|                 | Habitat Taranaki  | Board Member  | 19 December 2019 |
|                 | Member of several community organisations   |   | 19 December 2019 |
|                 | Nistelrode Trust – family trust ownership part share in house & bach                            | Beneficiary   | 19 December 2019 |
|                 | New Plymouth District Council   | Councillor  | 19 December 2019 |
|                 | Consultant – Part-time  |   | 19 December 2019 |
|                 | NZ Federation of Motoring Clubs   | President   | 19 December 2019 |
|                 | NP Model Aeroplane Club   | Patron  | 19 December 2019 |
|                 | Automobile Association Council (Taranaki)   | Member  | 19 December 2019 |
|                 | Board, Air Quality Asia (NGO, based in USA)   | Secretary   | 19 December 2019 |
|                 | NZCAA Board (NZ Civil Aviation Authority)   | Member  | 19 December 2019 |
| David Lean      | Daughter is a TDHB employee   |   | 19 December 2019 |
|                 | Taranaki Regional Council   | Deputy Chair  | 19 December 2019 |
|                 | Rahotu Dairy Ltd  | Chair   | 19 December 2019 |
|                 | David Lean & Associates Ltd   | Chair   | 19 December 2019 |
|                 | Surf Life Saving New Zealand  | Life Member   | 19 December 2019 |
|                 | Cameron Clow Trust  | Trustee   | 19 December 2019 |
| Pauline Lockett | Trustee P Lockett Family Trust  | Trustee   | 19 December 2019 |
|                 | Trustee of Taranaki Work Trust  | Trustee - No transactions and interest. Noted only  | 19 December 2019 |
|                 | Te Tai Pari Trust – Waitara Perpetual Fund currently known as 'The Board' (appointed June 2019) | Chairperson   | 19 December 2019 |
|                 | Ngati Te Whiti Whenua Topu Trust  | Advisory Trustee and Independent Contractor   |                  |
| Kevin Nielsen   | Conductive Education Taranaki Trust   | Adviser   | 19 December 2019 |
|                 | NPL Riding for Disabled   | President   | 19 December 2019 |
|                 | Hospice Taranaki Inc  | Lifetime Member   |                  |

| Name of Member     | Interest Being Declared   | Nature of Interest/Transaction as it relates to Taranaki DHB<br>(Include positional or transactional interests, eg funding agreements, proposals and other relationships)  | Date of Interest |
|--------------------|---|--|------------------|
| <b>Paul Veric</b>  | Kaitake Community Board   | Board member   | 19 December 2019 |
|                    | Oakura School   | Board of Trustees  | 19 December 2019 |
|                    | BTE Consulting Ltd  | Director   | 19 December 2019 |
|                    | PASS Ltd  | Director   | 19 December 2019 |
|                    | Wife holds following positions which are connected to TDHB work: <ul style="list-style-type: none"> <li>• GP at Vivian Medical Centre (currently a contractor)</li> <li>• On call doctor for Med SAC</li> <li>• Contractor to Medi-Cross</li> </ul> |  | 19 December 2019 |
| <b>Carla White</b> | Health Literacy NZ Ltd  | Director - Nature of interest, working for health sector clients including contracts with: <ul style="list-style-type: none"> <li>• Ministry of Health Population Health and Prevention - in partnership with Health Navigator NZ to provide Self-Management Support information and advice to primary care</li> <li>• Arthritis NZ - providing oversight for the evaluation of the Managing Gout Project</li> <li>• University of Auckland - Te Pae Herenga research project advisory group member (funded by Health Research Council)</li> <li>• Essence The Health Agency/Johnson&amp; Johnson; Janssen-Cilag Ltd – developing information for mental health treatments</li> <li>• Waitemata DHB – reviewing patient consent information; facilitating staff development</li> <li>• Te Pou Limited – providing national delivery of health coach training for Integrated Mental Health and Addictions in Primary Care Initiative</li> </ul> | 25 August 2020   |

| Name of Member                                 | Interest Being Declared                        | Nature of Interest/Transaction as it relates to Taranaki DHB<br>(Include positional or transactional interests, eg funding agreements, proposals and other relationships)   | Date of Interest |
|--|--|---|------------------|
| <b>Carla White cont'd</b>                      |  | <ul style="list-style-type: none"> <li>• Writing articles for NZ Medical Journal, NZ Pharmacy and NZ Doctor</li> <li>• ProCare (PHO) Limited health literacy implementation</li> <li>• National Hauora Coalition – training Diabetes Coaches</li> <li>• CARI (Caring for Australians with Renal Impairment) – working group to develop guidelines for working with Maori with chronic kidney disease</li> </ul> |                  |
|  | TAS Pharmacy Expert Advisory Group             | Member - Providing advice on the future of community pharmacy   | 19 December 2019 |
|  | Ministry of Health Maori Reference Group       | Member - Providing recommendations to the Ministry of Health on the review of the Health & Disability Services Standards  | 19 December 2019 |
| <b>Rosemary Clements<br/>(Chief Executive)</b> | Family trust affiliated to Carefirst Trust Ltd | Trustee - pecuniary benefits  | 19 December 2019 |

## **MINUTES - Open - (unconfirmed)**

### **TARANAKI DISTRICT HEALTH BOARD**

**4 November 2020**

**9.00am**

**Corporate Meeting Room 1**

**Taranaki Base Hospital**

**Present:** Cassandra Crowley (Chair), Bridget Sullivan (Deputy Chair), Paul Veric, Alison Brown, Patsy Bodger, Harry Duynhoven, Kevin Nielsen, Carla White, Te Pahunga (Marty) Davis; via zoom – David Lean and Pauline Lockett

**In Attendance:** Rosemary Clements (Chief Executive), Gillian Campbell (Chief Operating Officer), George Thomas (GM Finance/Corporate), Becky Jenkins (GM Planning, Funding & Population Health), Beth Findlay-Heath (Communications Manager), Martin Price (GM People & Capability), Channa Perry (Executive Advisor), Lisa Varga (PA to CE)

Mukhlis Ismail, Internal Auditor

#### **1525.0 Karakia and Welcome**

The Chair welcomed attendees and advised the Karakia had been performed in the Board only meeting.

#### **1526.0 Apologies**

An apology from Mike Davey (Board member) was received and noted.

#### **1527.0 Conflicts of Interest**

The Conflict of Interest register was received and it was noted that the following had been amended/added since the previous meeting:

- Pauline Lockett
  - Remove Son employed by Hutt Valley DHB
  - Add Te Tai Pari Trust to Waitara Perpetual Fund currently known as 'The Board'
  - Add Advisory Trustee and Independent Contractor to Ngati Te Whiti Whenua Topu Trust
- Kevin Nielsen
  - Add Lifetime Member – Hospice Taranaki Inc
- Mike Davey
  - Add Board Member – Taranaki Health Foundation

#### **1528.0 Public Comment**

The Chair welcomed Gordon Hudson to the meeting as an attendee from Age Concern and Grey Power and invited him to provide any comment. Gordon noted he had no comments today.

## **1529.0 Chair's Comment**

- New Minister of Health, Andrew Little is a Taranaki local.
- Reference to the Heather Simpson report; can expect some more visibility for what it means for the sector and DHB early in the New Year.
- The Chair and Chief Executive are meeting with Pinnacle Chairs next week.
- Final meeting of the year for the DHB Chief Executives and Chairs next week.
- The final Te Manawa Taki regional meeting for the year will be held this Friday (6 November 2020).
- Paul Veric was presented with a certificate for completing all modules of the Ministry of Health governance training.
- The Chief Executive was presented with a long service certificate for her 35 years with the DHB.

## **1530.0 Minutes of Previous Meeting**

The minutes of the Open meeting held 1 October 2020 were received and adopted as a true and accurate record.

*Adopted.*

*The minutes of the Taranaki DHB Board meeting held 1 October 2020 were received and confirmed as a true and accurate record.*

## **1530.1 Action List**

The Action List was noted and an update provided by the Chief Executive:

- Presentation from hospital pharmacist in relation to pharmaceutical wastage included on today's agenda.
- TWPK/Taranaki DHB combined meeting today.
- An update on mandatory training will be provided at the December 2020 meeting.
- An oversight into the midwifery service will be provided at the December 2020 meeting.
- A paper on the exit interview report will be presented today.
- Planned care performance from the Ministry of Health is ongoing and will be included in the Board pack when received.
- In relation to the Health Needs Assessment, an analytical resource with a background in epidemiology and public health has been procured. An update will be provided at the December 2020 meeting.
- The TWPK Memorandum of Understanding is on the agenda of the joint meeting to be reviewed today.

## **1532.0 Management Reports**

### **1533.0 Chief Executive**

The Chief Executive spoke to her report.

- The month of October 2020 was a "month of awareness" with Pink Shirt Day to support anti-bullying, international Allied Health Day and "Thank Your Cleaner" day.

### **1534.0 Financial Reports**

#### **1534.1 Finance & Corporate Services, including Hospital Specialist Services**

- At the end of Quarter 1, the DHB is sitting better than planned before considering extraordinary expenses.

- Three capital projects have been confirmed; there will be pressure on existing resources and expectation to deliver on time. The management team are reviewing to see how this can be managed at the same time as continuing with BAU.
- Information now starting to come through for the LINAC project. There is an expectation for this to be operational sooner rather than later and delivered before Stage 2 is completed. Will touch on other resources to support project management and engineering services. Working with Hawkes Bay and MidCentral DHBs and the Ministry of Health, confident we can achieve it but will be tight for 2022. Will be including oncology and chemotherapy services.

#### Discussion

- A business case is being developed for an improved facility for adolescent mental health. There is an \$8M refit with child/maternal health being included as is a ward refit. Making sure we have a facility for short-term care. The project has been scoped and consumers are working with Māori Health around how we get engagement in relation to the Model of Care.
- The \$8M is a “band aid” to get through the next few years. The next stage of Project Maunga includes ambulatory and mental health rebuild, need to differentiate between the two.
- The Chair requested that a list of who is involved in the various groups and projects be compiled in the Resource Centre on Diligent so the Board is aware.

#### 1534.2 Hospital & Specialist Services

- Trying to get a balance around outsourced and employed staff to continue making gains on planned care delivery.
- Challenge with financials around continued vacancies in radiology and ENT.
- Other challenge is specialising and complex patients requiring 1:1 care. September 2020 was challenging and there was a complex patient in October 2020 that has affected results.
- During October 2020, there were a number of detox patients coming through as well.
- To achieve better productivity to deliver planned care everything in the system needs to be working well. There is some really good data for our clinicians to see in real time showing patients they are seeing and what is on the waitlists.
- Planning a meeting with primary care to discuss where inflow cannot meet capacity no matter what we do.
- The theatre peri-operative project is underway and will run for six months. There is a large number of people working in a coordinated manner including not only surgeons and nurses but anaesthetists/anaesthetic technicians and CSSD.
- Planning a change around how we run theatres from an acute point of view which will increase planned care productivity.
- The discharge lounge for those patients ready for discharge opened yesterday with good success. Starting communication with patients and families earlier.

#### Discussion

- The Deputy Chair congratulated the team on the work done so far and requested an update on ENT which she feels is an emerging risk.
- Taranaki DHB now has one ENT surgeon employed and Whanganui DHB currently has more ENT capacity than they require for the population. Continuing to look for locums and Te Manawa Taki is keeping each other up to date around what is happening with recruitment.

### 1534.3 Planning, Funding & Population Health

- The Funder is tracking to plan, there are still some variances associated with revenue and expenditure lining up.

### 1535.0 COVID-19

An update from the COVID-19 Incident Management Team was presented with the following point noted:

- A lot of work has been done in relation to the port worker and implications for the port, Taranaki DHB and wider sector. This had a big impact on Taranaki and the response operated well.

### 1536.0 Planning, Funding & Population Health

The following reports prepared by the General Manager – Planning, Funding & Population Health were presented.

#### 1536.1 Progress on Annual Plan 2020/21 – Quarter 1

- Two reports provided that compliment each other and include the Māori equity tiles also.

#### 1536.2 Progress on Annual Plan Activities 2020/21 – Quarter 1

- Activities on the Annual Plan work programme are on track for Quarter 1.

### Discussion

- To Quarter 4 2019/20 the DHB is meeting its first target around stroke patients admitted to the stroke unit. Taranaki DHB is one of the best in the country for thrombectomy. The whole country is struggling in relation to community rehabilitation; we do not have a stroke rehabilitation service.
- Many of these indicators will not have a 100% success by Quarter 4, they need to be addressed in the way we deliver services. In relation to activities we have committed to do, there is a strong level of confidence we will meet the plan.
- Need to ensure service delivery is in a way the Māori population feel comfortable. Some PHOs take a different approach to sharing data in other DHBs; this is untenable given that person is receiving Crown funding.
- The Board will take a radical approach to how it designs the Annual Plan and how it will be submitted. Design something that meaningfully drives the change this region needs.

**Action:** Request from the Board for an update on the synthetic drugs issue, End of Life Bill and the cannabis referendum. To be scheduled for the January 2021 meeting.

### 1537.0 Hospital & Specialist Services

The report of the Chief Operating Officer was presented and discussed, noting the following:

- Progress is being made with the implementation of the Safe Staffing Programme.
- VRM (Variance Response Management) is starting to happen earlier and we have a better planned responsiveness and ability to respond; doing the same in Mental Health and Maternity. Data in relation to responsiveness shows we are responding.

### Discussion

- Concern voiced around seclusion hours for Māori/non Māori.

**Action:** An update on community mental health is to be received from Marty Davis and the Chief Executive at next month's meeting to understand how the working group is progressing, who is on it and what we are doing from the Te Reo Māori viewpoint.

#### **1538.0 People & Capability (Human Resources)**

The following reports prepared by the General Manager, People & Capability were presented.

##### **1538.1 Board Report**

- A spot survey on safety and wellbeing will be conducted in November 2020 with the full survey being conducted in February 2021.
- The deep dive this month was in relation to staff turnover and the exit interview survey. Relative dissatisfaction regarding the implementation of our values amongst the nursing cohort.

##### **1538.2 Health & Safety Report for the quarter ending 30 September 2020**

- A workshop to finalise strategy and programme of work is being held with Mike Cosman on 7 December 2020, will then bring a prioritised list of work for the next two years to the Board.
- Very large project to start in relation to staff security/physical equipment/guards etc.
- The increase in Health & Safety Reps is significant due to a large amount of promotional work around health and safety.

#### **1539.0 Taranaki DHB Working Groups Update**

##### **1539.1 Disability Working Group**

- Adjourned the last meeting until 19 November 2020.
- Members of the Working Group confirmed they were available to attend.

##### **1539.2 Community & Primary Working Group**

- Need to compile a list of the meetings that are being held with external groups to work out which ones the Board might attend.

**Action:** List of community meetings to be sent to Carla.

At 10.30am the meeting moved into a joint meeting with Te Whare Pūnanga Korero and the Board then resolved to move into a closed session to leave to allow for open and honest conversation. Separate minutes were recorded for this meeting.

#### **1540.0 Presentation from Hospital Pharmacist, Dianne Wright**

Following a request by the Board, Dianne Wright – Clinical Advisory Pharmacist attended to provide an update in relation to medication waste. Some points noted were:

- When medication is returned it has to be physically disposed of, this has financial implications.
- Different practice in hospital pharmacy compared to community pharmacy. Once medication leaves a community pharmacy it cannot be reused.
- Some PHARMAC medications are dispensed three months at a time, which means that 720 tablets are being dispensed at once.
- Taranaki DHB does not have an outpatient dispensing contract.



- The DHB used to distribute medication waste bags and sharps containers, these would be returned when full and go straight to medical waste. With 33 pharmacies in Taranaki the pharmacy was receiving on average 12 orders per month for three to six yellow bags and one to two sharps containers and chemotherapy bins. These are now provided through InterWaste.
- Wastage through the hospital pharmacy is approximately \$200 - \$300K a year.
- An audit was done over one week on the medical wards for those patients whose medication was dispensed from the hospital pharmacy and left behind on discharge. This was disposed of rather than returned. For one week it was estimated there was \$1,000 in wasted medication.
- Dressings and continence products are also being reviewed.

#### Discussion

- Discuss with PHO around auditing patients from various practices to understand what has been dispensed to them. Concerned people who do not have the greatest mental faculties are being sent home with a lot of medication.
- Some practices have a Clinical Pharmacist attached to them to work with more complex patients who need their prescriptions looked at, they also work with the community pharmacist.
- Depending on peoples' budget they might get a prescription filled but do not pick it up as they cannot afford to. It was shared our most vulnerable will sometimes only pick up what they think is their main medication.

Pauline Lockett left the meeting at 2.00pm.

#### **1541.0 Project Maunga Update (Project Maunga Meeting Room)**

A "fly through" of Stage 2 Project Maunga was presented to the Board in the Project Maunga meeting room.

#### Discussion

- Suggestion made to allow two hours at the next meeting to discuss specific issues Board members may have in relation to the new build; bullet point in an email to the Chair or Paul Veric.

#### **1542.0 Next Meeting**

Thursday, 3 December 2020 – Taranaki Base Hospital

### **1543.0 Exclusion of Public**

*The Taranaki District Health Board moved into closed and in reliance on Schedule 3, of the New Zealand Public Health and Disability Act 2000 and the particular interest(s) protected by clause 32 Schedule 3 of that Act and/or sections 6, 7 and/or 9 of the Official Information Act 1982, would be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public, and in particular:*

- 1. To present Taranaki District Health Board – Board minutes pursuant to an earlier resolution publicly excluding the item.*
- 2. To present Chief Executive Report/Financial Report and attachments; Internal Audit report in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*
  - (g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.*
  - (h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).*

**TDHB Board Meeting (Open) Task List as at November 2020**

| <b>Action</b><br>(next no 100) | <b>Date Raised</b> | <b>Action Description</b>  | <b>Status</b> | <b>Assigned</b> | <b>Due Date</b>                                | <b>Updates</b>   | <b>Date Completed</b> | <b>By Whom</b> |
|--------------------------------|--------------------|--|---------------|-----------------|--|------------------|-----------------------|----------------|
| 99                             | November 2020      | List of community meetings to be compiled  | WIP           | CE / GM P&F     | December 2020                                  | Complete         | November 2020         | CE / GM P&F    |
| 98                             | November 2020      | Update on community mental health from Marty and Rosemary  | WIP           | CE / Marty      | December 2020                                  | On Closed agenda |                       | CE / Marty     |
| 97                             | November 2020      | Update on synthetic drugs issue, End of Life Bill and the cannabis referendum.   | WIP           | GM P&F          | January 2021                                   |                  |                       | GM P&F         |
| 92                             | September 2020     | Mandatory Training <ul style="list-style-type: none"> <li>Results below 40%, with EMT aiming to get levels up to 70% accomplished by end December 2020.</li> </ul>   | WIP           | CE / EMT        | December 2020                                  |                  |                       |                |
| 91                             | September 2020     | Midwifery Services <ul style="list-style-type: none"> <li>Oversight to be provided on midwifery services in conjunction with a recent patient story – November 2020</li> </ul>   | WIP           | COO             | December 2020                                  | On agenda        |                       | COO            |
| 87                             | September 2020     | Planned Care performance report from Ministry of Health <ul style="list-style-type: none"> <li>To be included in future reports.</li> </ul>  | Ongoing       | COO             | From October 2020                              | Ongoing          | Monthly               | COO            |
| 85                             | September 2020     | Performance Report and Ethnicity data <ul style="list-style-type: none"> <li>Report demonstrating opportunities to change and influence data provision associated with ethnicity reporting was to be provided for January 2021. <ul style="list-style-type: none"> <li>Assess and categorise the indicators ( reason for why the indicators are no report)</li> <li>Proposal for the prioritisation of the first 10 indicators for a focus on improving ethnicity reporting )</li> </ul> </li> </ul> | WIP           | GM P&F          | January 2021                                   |                  |                       |                |
| 82                             | September 2020     | Specialist vacancies within Provider Arm <ul style="list-style-type: none"> <li>Vacancies in vulnerable services - ENT, Psychiatry and Psychology. Report to be provided on recruitment progress.</li> </ul>   | WIP           | COO             | To be provided each month until vacancies fill | JCC Report       | Ongoing               | GM P&C         |

|    |                               |   |     |        |                  |  |  |    |
|----|-------------------------------|---|-----|--------|------------------|--|--|----|
| 80 | August /<br>September<br>2020 | <p>Health needs Assessment (HNA)</p> <ul style="list-style-type: none"> <li>• The provision of primary care information regarding PHO enrolment numbers at sub-regional, district levels and practice levels to enable a clear understanding of service coverage was a requirement for an HNA (Action)</li> </ul> <p>Health determinants also require further consideration including:</p> <ul style="list-style-type: none"> <li>○ Disability Services</li> <li>○ Women's health</li> <li>○ Geriatric Health</li> <li>○ Youth</li> <li>○ Pacifica</li> <li>○ Access and frequency of visits to PHOs</li> </ul> | WIP | GM P&F | November<br>2020 | An analytical resource has been procured. Update at January 2021 meeting | Resource commenced early December 2020 |    |
| 77 | August<br>2020                | Financial Results – early (email) advice when financial results become available.   | WIP | CE     | Ongoing          | Update email sent November 2020  |  | CE |

# Memorandum

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**DATE:** 19 November 2020

**TO:** Taranaki DHB Board

**FROM:** Rosemary Clements – Chief Executive

**SUBJECT:** **CHIEF EXECUTIVE BOARD REPORT – NOVEMBER 2020**

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## 1. SECTOR UPDATE

The Hon Andrew Little is the new Health Minister.

The National Chairs and Chief Executives met with him on Tuesday, 17 November 2020. This coincided with their respective meetings.

## 2. ORGANISATIONAL UPDATE

### Infrastructure

House removal and site clearance has taken place on David Street for Taranaki DHB's soon-to-be-constructed Renal Unit, which is the first building for Project Maunga Stage 2. The commencement of the building programme for the Renal Unit is really exciting and will offer our community a new purpose-built, stand-alone 12-chair facility. Patients will notice easier accessibility to the new building, increased privacy and many added comfort features. It will be a much better experience for patients and their whānau.

Leigh's Construction hold the tender for the main contract and have been engaging widely with the local subcontractor market.

### Maori Health

#### Te Kawau Mārō Strategy Refresh

This Strategy has been widely introduced through the organisation. Following the joint Board meeting some of the timeframes were altered and other amendments made.

This is now with the Communications & Media Team for formatting and once completed, will be included in the Resource Centre and distributed more widely.

#### Taranaki ki te Raki – Information Sharing Hui

Tui Ora, Tu Tama Wahine, Maori Women's Welfare League and TWPK representatives gathered for a hui in November 2020. The aim was to consider the need for a North Taranaki equivalent to the South Taranaki Community Health Forum/Ki te Tonga. The opportunity was taken to share information on "what's working and what's not" and the group appreciated hearing from Taranaki DHB members including the Chief Operating Officer in relation to current Taranaki DHB initiatives.

It was decided the group will meet quarterly.

### **3. FINANCIAL PERFORMANCE**

Financial results to October 2020:

- The consolidated financial position YTD to October is a deficit of \$4.48M which is \$0.074M positive to plan.
- The hospital provider arm result was worse than budget by \$0.74M.
- Extraordinary expenses - Covid19 & Holidays Act Remediation Provision was \$0.50M.
- The consolidated financial deficit after extraordinary expenses was \$ 4.98M, which is negative to plan by \$ 0.43M.

# Memorandum

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**DATE:** 23 November 2020

**TO:** TDHB Board

**FROM:** George Thomas - GM Finance & Corporate services

**COPIES:** CEO

**SUBJECT:** REPORT FOR OCTOBER : FY 2020-21

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**RECOMMENDATION:** That the Finance and Corporate Services report for October 2020 be noted and received.

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## 1. FINANCIAL PERFORMANCE

Financial summary: YTD fiscal period ended 31 October 2020 (Financial Year: 2020-21).

| (amount in \$'000)                        | Actual       | Budget       | Variance    |  |
|---|--------------|--------------|-------------|--|
| 1. Hospital Services                      | -10714       | -9969        | -745        |  |
| 2. Governance & Funding admin             | 22           | -9           | 31          |  |
| 3. DHB Funder                             | 6370         | 5417         | 953         |  |
|   |              |              |             |  |
| <b>TDHB consolidated</b>                  | <b>-4322</b> | <b>-4561</b> | <b>239</b>  |  |
| <i>Extraordinary Expenses</i>             |              |              |             |  |
| Covid19 (unfunded)                        | 269          | 0            | -269        |  |
| Holidays Act Remediation provision        | 400          | 0            | -400        |  |
|   |              |              |             |  |
| <b>NET SURPLUS/(DEFICIT)</b>              | <b>-4991</b> | <b>-4561</b> | <b>-430</b> |  |
|   |              |              |             |  |
| <i>Previous month consolidated result</i> | <i>-4049</i> | <i>-3432</i> | <i>-617</i> |  |
| <i>Movement</i>                           | <i>-942</i>  | <i>-1129</i> | <i>187</i>  |  |
|   |              |              |             |  |

**Key Notes:**

- The consolidated financial result end October is an operating deficit of \$4.99M, which is in excess of the budget deficit by \$0.43M (YTD Sept: \$0.62M). Net of extraordinary expenses comprising unfunded COVID-19 costs (\$0.27M) and Holidays Act remediation provision (\$0.40M), the consolidated financial deficit is \$4.32M, which is 0.24M lower than plan (YTD Sept: \$0.21M).
- The hospital provider deficit YTD October was \$10.71M, an increase on the plan deficit by \$0.75M (Sept: \$0.20M).
- The DHB Funder remains in surplus with a result of \$6.37M, which is better than its plan surplus by \$0.95M.

**Operational highlights:**

Summarising the hospital services activities for October, read with the Hospital & Specialist Services financial report:

- Total revenue is ahead of plan. ACC revenue is on par with planned revenue.
- FTE's are (25 FTEs) below planned numbers due to vacancies carried, notably in Medical and Allied Health services. From a cost perspective, with the exception of Medical staffing all other service categories are tracking in excess of plan.
- Acute activity is currently higher than the same period last year. The projects for improving acute patient pathway are in focus to lower occupancy despite increased number of admissions.
- Overall, clinical supplies are marginally in excess of plan (\$ 92K), with pharmaceutical costs being the main contributory (-ve \$103K).
- Outsourced services expenses remain an outlier – primarily due to locum cover for vacancies in psychiatry and ENT services. Outsourced radiology tests to reduce waiting lists have also increased costs over planned outlay.
- The cost impact of Covid-19 since 01 July 2020 is \$1.94M. Funding received in this period was \$1.67M, leaving an unfunded cost of \$0.27M.

**Capital expenditure**

YTD October base line capital expenditure is \$2.94M, and is within planned outlay.

Covid-19 related capital expenditure end October is \$ 0.14M (unfunded).

YTD investment in Stage 2 redevelopment is \$15.83M, to be recovered once the capital funding for Stage 2 is released.

**Operating cash flow**

- Operating cashflow in October was an OD of \$11.72M (September: OD \$16.80M). The recovery of the investment YTD in Stage 2 (\$15.83M) is pending, awaiting the receipt of a formal communication from the Ministers/MOH on the Stage 2 redevelopment and drawdown of project funding.
- In the interim, Taranaki DHB requested and received a cash advance of \$20M in November to keep the project running, and meet progress claims and payments as and when they fall due. The cash advance is interest free and will be recovered by MOH in June 2021. It is expected that the pending documentation will be in place before then.



### **Capital Charge - change**

Treasury has issued a circular which indicated that the capital charge rate will be reduced from 6% to 5%, and that this reduction would be fiscally neutral as all associated baseline funding to cover the costs of capital charge will also be reduced. There will also be an equal and opposite reduction made to baseline funding, starting from December 2020.

The impact to the cashflow and financial result of Taranaki DHB will be neutral, since funding (equivalent to the reduction in rate) will be reduced with corresponding reduction in Capital charge payment.

## **2. PROJECT UPDATES**

### **Infrastructure**

- *Project Maunga – Stage 2:* The formal communication of the approval of Stage 2 business case post submission of the Implementation Business Case (IBC) is awaited. Notwithstanding, the preliminary works (Energy Centre + Medical gases storage) and the finalisation of the contract for the new Renal unit is progressing to plan.
- *Cancer Centre and LINAC:* In September, the MOH confirmed the funding of \$25M towards a Cancer Centre comprising a Linear Accelerator (LINAC) and associated bunker to be located in New Plymouth. The framework and preliminary planning for the project has commenced. At this stage, the tentative timeline for commencement of operations in the new facility is December 2022.
- *Mental Health facility upgrade:* The single stage business case for the upgrade of the Mental Health facility was tabled at the CIC meeting in September. We are informed that CIC was supportive of the business case. Formal communication to this effect is awaited. Preliminary planning has commenced.

George Thomas  
GM - Finance & Corporate Services

Encl: Financial Statements  
Hospital services financial performance report

## Provider Arm Performance – October 2020

### Statement of Financial Performance

|  | Month<br>Actual | Month<br>Budget | Month<br>Variance | Month<br>Trending | YTD<br>Actual | YTD<br>Budget | YTD<br>Variance | YTD %<br>Variance | Annual<br>Budget |
|--|-----------------|-----------------|-------------------|-------------------|---------------|---------------|-----------------|-------------------|------------------|
| Revenue Total                          | (19,644)        | (19,640)        | 🟢 (4)             | 🟢                 | (78,819)      | (78,634)      | 🟢 (185)         | 0.2%              | (236,727)        |
| Personnel Costs                        | 14,835          | 14,694          | 🔴 141             | 🔴                 | 58,119        | 57,528        | 🔴 591           | 1.0%              | 173,703          |
| Outsourced Services                    | 1,035           | 783             | 🔴 253             | 🟢                 | 4,463         | 3,131         | 🔴 1,333         | 42.6%             | 9,392            |
| Clinical Supplies                      | 3,627           | 3,442           | 🔴 185             | 🔴                 | 13,752        | 13,741        | 🔴 11            | 0.1%              | 41,407           |
| Infrastructure & Non Clinical Supplies | 3,046           | 3,230           | 🟢 (184)           | 🟢                 | 13,867        | 14,202        | 🟢 (335)         | (2.4%)            | 38,676           |
| Internal Allocations                   | (0)             | (0)             | 🟢 (0)             | 🟡                 | (1)           | (2)           | 🔴 1             | (33.7%)           | (5)              |
| Total Expenses                         | 22,543          | 22,148          | 🔴 395             | 🟢                 | 90,200        | 88,599        | 🔴 1,600         | 1.8%              | 263,173          |
| (Surplus)/Deficit                      | 2,899           | 2,508           | 🔴 391             | 🟢                 | 11,381        | 9,965         | 🔴 1,416         | 14.2%             | 26,446           |

Note: Trending has been based on comparing the current month actual to the previous months actual and whether this has improved or worsened.

Outsourced services for October and YTD continue to track above budget however the YTD position has improved since September. The YTD position in October is 42.6% above budget compared with September that was 46% above budget. The psychiatrist locum cover continued through October which is a direct result of vacancies, YTD this is 170k (511.5%) above budget, this however is offset by the personnel expense being under budget for psychiatrists. Outsourced lab tests also continue to track above budget, this expense fluctuates depending on demand. The October expense, while less than September, was 67k (119%) worse than budget and YTD is 255k (112%) worse than budget. The ear nose & throat (ENT) service was budgeted to be employed for 2020-21 however our first ENT surgeon has only come on board in late October therefore to ensure continuum of service it has been outsourced to date. While the outsource ENT expense for October reduced since September, it remained above budget. In October this was 16k (73.3%) above budget and YTD 120k (137%) above budget. Radiology also continues to track above budget, in October this was 82k (50.4%) above budget and YTD is 564k (86.3%) above budget. This budget variance is a result of planned activity earlier in the financial year to reduce waitlists and while the overall expense continues to be above budget the monthly expense has reduced in October by 5% (compared with September).

Clinical supplies for October were 185K (5.36%) above budget however YTD are 11k (0.1%) above budget. The increased expense in October was due to the pharmaceutical expense which was 103k (12.44%) above budget; this expense fluctuates depending on demand. While clinical supplies are above budget YTD, the patient travel expense continues to track below budget due to reduced demand.

Non-clinical and infrastructure are below budget in October and YTD due to the timing of the IT expense (depreciation and software maintenance fees) and also the reduced staff travel expense as a result of encouraging alternative ways of meeting. While overall this expense is tracking below budget there are a number of areas that are under pressure and in particular the security expense (while the DHB reviews our requirements) which is 312k (145.6%) above budget YTD.

## Statement of Personnel Costs and FTE by Professional Group

| Personnel Costs \$(000) | October |        |         |        |            |            |          |        | YTD (Average FTE) |            |           |        |            |            |          |        |              |
|-------------------------|---------|--------|---------|--------|------------|------------|----------|--------|-------------------|------------|-----------|--------|------------|------------|----------|--------|--------------|
|                         | Actual  | Budget | Var.    | % Var. | FTE Actual | FTE Budget | Var.     | % Var. | YTD Actual        | YTD Budget | Var.      | % Var. | FTE Actual | FTE Budget | Var.     | % Var. | FTE Trending |
| 1 Medical Staff         | 4,452   | 4,766  | 🟢 (315) | (6.6%) | 208.2      | 216.3      | 🟢 (8.1)  | (3.7%) | 17,251            | 18,786     | 🟢 (1,535) | (8.2%) | 201.9      | 216.3      | 🟢 (14.5) | (6.7%) | 🟢 Up         |
| 2 Nursing Staff         | 5,593   | 5,549  | 🔴 44    | 0.8%   | 697.4      | 704.8      | 🟢 (7.4)  | (1.0%) | 22,106            | 21,312     | 🔴 795     | 3.7%   | 704.4      | 704.8      | 🟢 (0.4)  | (0.1%) | 🟢 Up         |
| 3 Allied Health Staff   | 1,999   | 1,957  | 🔴 42    | 2.1%   | 271.3      | 290.1      | 🟢 (18.8) | (6.5%) | 8,221             | 7,811      | 🔴 410     | 5.2%   | 273.9      | 290.1      | 🟢 (16.2) | (5.6%) | 🟢 Up         |
| 4 Support Staff         | 570     | 499    | 🔴 71    | 14.2%  | 105.4      | 99.5       | 🔴 5.9    | 5.9%   | 2,248             | 1,958      | 🔴 290     | 14.8%  | 105.5      | 99.5       | 🔴 6.0    | 6.0%   | 🔴 Down       |
| 5 Mgmt & Admin Staff    | 2,221   | 1,922  | 🔴 299   | 15.6%  | 306.3      | 302.3      | 🔴 4.0    | 1.3%   | 8,292             | 7,660      | 🔴 632     | 8.3%   | 301.7      | 302.3      | 🟢 (0.6)  | (0.2%) | 🟢 Up         |
| Grand Total             | 14,835  | 14,694 | 🔴 141   | 1.0%   | 1,588.6    | 1,613.0    | 🟢 (24.4) | (1.5%) | 58,119            | 57,528     | 🔴 591     | 1.0%   | 1,587.3    | 1,613.0    | 🟢 (25.8) | (1.6%) | 🟢 Up         |

*Note: Trending has been based on comparing the current YTD average FTE to the previous months average FTE and whether this has improved or worsened.*

The personnel FTE in October was under budget by 24.4FTE (1.5%) as a result of a number of vacancies across medical, nursing and allied however the dollars in October were 141K (1%) above budget.

There continues to be a number of vacancies across multiple services in our medical workforce. These include psychiatry, radiology, ENT and also resident medical officers (RMOs). There has been an ENT surgeon employed in October however there is still an additional vacancy remaining. Until these positions are filled, locums are engaged to ensure continuum of these services to our patients.

The nursing FTE in October was below budget by 7.4FTE (1%) and overall the FTE reduced from September (697FTE vs 704FTE). While the FTE reduced from September, there continues to be a significant number of specials required across multiple services. Te Puna Waiora were 10.4FTE (59.8%) above the HCA budget, Ward 2A 4.3FTE (86%), and Ward 3B 2.8FTE (46.7%). There are also a number of vacancies in some of the services (due to CCDM FTE rolling out, staff members moving roles etc) which are actively being recruited into, until these are recruited into our nursing resource team provide cover for any roster gaps.

Allied health continues to have a number of vacancies, particularly in community oral health and medical radiation technologists (MRTs) in radiology. However the dollars in October and YTD are tracking above budget due to an increase in annual leave accrual and also some salary increases which were only partially budgeted for (due to not knowing the final percentage increase at time of budgeting).

The support services FTE in October was above budget by 5.9FTE (5.9%) which is marginally more than September (5.6FTE, 5.6%). This is a result of additional cleaners, orderlies and also central sterile services department (CSSD) staff as part of a planned piece of work to 'grow our own'. In October, Orderlies were .8FTE (3%) above budget, Cleaners 3FTE (10.1%) and CSSD 1.9FTE (24.7%).

The management & administration FTE in October was in excess of budget due to a number of services requiring additional FTE. Those include our clinical transcription service, call centre and also for COVID. This FTE is monitored by management to ensure all employed FTE is optimised.

It is also important to note that the FTE numbers above include the nursing and administration FTE to staff our community based assessment clinics (CBAC) to test for COVID-19. This equates to on average 5FTE.

**TARANAKI DISTRICT HEALTH BOARD**

FISCAL YEAR : 2020-21

**CONSOLIDATED FINANCIAL STATEMENT FOR THE FINANCIAL PERIOD ENDED: 31 October 2020**

(Amounts in \$'000)

..... 2020/21 .....

|  | Hospital services<br>(actual) | Governance<br>(actual) | Funder<br>(actual) | TDHB consolidated: YTD 31 Oct<br>(actual) (budget) variance |                |                | Previous Year<br>(2019-20) | Movement<br>2020 vs '21 | %    |
|--|-------------------------------|------------------------|--------------------|---|----------------|----------------|----------------------------|-------------------------|------|
| <b>REVENUE</b>                                       |                               |                        |                    |   |                |                |                            |                         |      |
| * MOH revenue<br>(% of total revenue)                | 74,904<br>51.0%               | 960<br>0.7%            | 71,119<br>48.4%    | 146,983<br>100%   | 145,014        | 1,969          | 134,223                    | 12,760                  | 10%  |
| * Other revenue                                      | 3,915                         | -                      | -                  | 3,915   | 3,622          | 293            | 3,428                      | 487                     | 14%  |
| <b>TOTAL REVENUE</b>                                 | <b>78,819</b>                 | <b>960</b>             | <b>71,119</b>      | <b>150,898</b>  | <b>148,636</b> | <b>2,262</b>   | <b>137,651</b>             | <b>13,247</b>           | 10%  |
| <b>OPERATING COSTS</b>                               |                               |                        |                    |   |                |                |                            |                         |      |
| * Personnel costs                                    | 57,630                        | 509                    | -                  | 58,139  | 58,263         | 124            | 54,495                     | (3,644)                 | -7%  |
| * Outsourced services                                | 4,463                         | -                      | -                  | 4,463   | 3,131          | (1,332)        | 4,613                      | 150                     | 1%   |
| * Clinical supplies                                  | 12,980                        | -                      | -                  | 12,980  | 12,888         | (92)           | 12,689                     | (291)                   | -13% |
| * Infrastructure and establishment costs             | 6,046                         | 429                    | -                  | 6,475   | 6,233          | (242)          | 5,968                      | (507)                   | 3%   |
|  | <b>81,119</b>                 | <b>938</b>             | <b>-</b>           | <b>82,057</b>   | <b>80,515</b>  | <b>(1,542)</b> | <b>77,765</b>              | <b>(4,292)</b>          |      |
| <b>SURPLUS/DEFICIT before depr &amp; int</b>         | <b>(2,300)</b>                | <b>22</b>              | <b>71,119</b>      | <b>68,841</b>   | <b>68,121</b>  | <b>720</b>     | <b>59,886</b>              | <b>17,539</b>           |      |
| * Depreciation                                       | 5,278                         | -                      | -                  | 5,278   | 5,894          | 616            | 5,678                      | 400                     | -5%  |
| * Capital charge + interest                          | 3,136                         | -                      | -                  | 3,136   | 3,163          | 27             | 3,358                      | 222                     | -28% |
| * Payments to : NGO providers<br>: Hospital provider | -<br>-                        | -<br>-                 | 64,749<br>-        | 64,749<br>-   | 63,625<br>-    | (1,124)<br>-   | 60,181<br>-                | 4,568<br>(71)           | 8%   |
| <b>SURPLUS/(DEFICIT) before extr. items</b>          | <b>(10,714)</b>               | <b>22</b>              | <b>6,370</b>       | <b>(4,322)</b>  | <b>(4,561)</b> | <b>239</b>     | <b>(9,331)</b>             | <b>5,009</b>            | -54% |
| Holidays Act remediation provision                   | 400                           | -                      | -                  | 400   | -              | (400)          | -                          | (400)                   |      |
| Covid-19 expenditure (unfunded)                      | 269                           | -                      | -                  | 269   | -              | (269)          | -                          | (269)                   |      |
| <b>NET SURPLUS/(DEFICIT)</b>                         | <b>(11,383)</b>               | <b>22</b>              | <b>6,370</b>       | <b>(4,991)</b>  | <b>(4,561)</b> | <b>(430)</b>   | <b>(9,331)</b>             | <b>4,340</b>            | -47% |
| <b>Closing FTE - (paid FTE)</b>                      | <b>1,587</b>                  | <b>17</b>              | <b>-</b>           | <b>1,604</b>  | <b>1,635</b>   | <b>31</b>      | <b>1,533</b>               | <b>(71)</b>             | -5%  |

Closing FTE - DHB Consolidated @ 30 Jun 2020

1582

17

1599

**TARANAKI DISTRICT HEALTH BOARD**

FISCAL YEAR : 2020-21

**OPERATING FINANCIAL STATEMENTS FOR THE FINANCIAL PERIOD ENDED : 31 October 2020**

(Amounts in \$'000)

..... 2020/21 .....

|                                      | Hospital provider |                |                |  | Governance |            |           |  | TDHB Funder   |               |              |
|--------------------------------------|-------------------|----------------|----------------|--|------------|------------|-----------|--|---------------|---------------|--------------|
|                                      | actual            | budget         | variance       |  | actual     | budget     | variance  |  | actual        | budget        | variance     |
| <b>REVENUE</b>                       |                   |                |                |  |            |            |           |  |               |               |              |
| * MOH revenue                        | 74,904            | 75,012         | (108)          |  | 960        | 960        | -         |  | 71,119        | 69,042        | 2,077        |
| * Other revenue                      | 3,915             | 3,622          | 293            |  | -          | -          | -         |  | -             | -             | -            |
| <b>TOTAL REVENUE</b>                 | <b>78,819</b>     | <b>78,634</b>  | <b>185</b>     |  | <b>960</b> | <b>960</b> | <b>-</b>  |  | <b>71,119</b> | <b>69,042</b> | <b>2,077</b> |
| <b>OPERATING COSTS</b>               |                   |                |                |  |            |            |           |  |               |               |              |
| * Personnel costs                    | 57,630            | 57,528         | (102)          |  | 509        | 735        | 226       |  | -             | -             | -            |
| * Outsourced services                | 4,463             | 3,131          | (1,332)        |  | -          | -          | -         |  | -             | -             | -            |
| * Clinical supplies                  | 12,980            | 12,888         | (92)           |  | -          | -          | -         |  | -             | -             | -            |
| * Infrastructure and est.costs       | 6,046             | 5,999          | (47)           |  | 429        | 234        | (195)     |  | -             | -             | -            |
| * Depreciation                       | 5,278             | 5,894          | 616            |  | -          | -          | -         |  | -             | -             | -            |
| * Interest & financing costs         | 3,136             | 3,163          | 27             |  | -          | -          | -         |  | -             | -             | -            |
| <b>TOTAL OPERATING COSTS</b>         | <b>89,533</b>     | <b>88,603</b>  | <b>(930)</b>   |  | <b>938</b> | <b>969</b> | <b>31</b> |  | <b>-</b>      | <b>-</b>      | <b>-</b>     |
| * Payments to : NGO providers        | -                 | -              | -              |  | -          | -          | -         |  | 64,749        | 63,625        | (1,124)      |
| : Hospital provider                  | -                 | -              | -              |  | -          | -          | -         |  | -             | -             | -            |
| <b>OPERATING SURPLUS/(DEFICIT)</b>   | <b>(10,714)</b>   | <b>(9,969)</b> | <b>(745)</b>   |  | <b>22</b>  | <b>(9)</b> | <b>31</b> |  | <b>6,370</b>  | <b>5,417</b>  | <b>953</b>   |
| <b>Extraordinary Expenditure</b>     |                   |                |                |  |            |            |           |  |               |               |              |
| Holidays Act remediation provision   | 400               | -              | (400)          |  | -          | -          | -         |  | -             | -             | -            |
| Covid-19 expenditure (unfunded)      | 269               | -              | (269)          |  | -          | -          | -         |  | -             | -             | -            |
| <b>NET SURPLUS/(DEFICIT)</b>         | <b>(11,383)</b>   | <b>(9,969)</b> | <b>(1,414)</b> |  | <b>22</b>  | <b>(9)</b> | <b>31</b> |  | <b>6,370</b>  | <b>5,417</b>  | <b>953</b>   |
| <b>Full time employees (closing)</b> | <b>1,587</b>      | <b>1,612</b>   | <b>25</b>      |  | <b>17</b>  | <b>23</b>  | <b>6</b>  |  | <b>-</b>      | <b>-</b>      | <b>-</b>     |

**Statement of Financial Performance : Hospital Provider**

| \$'000  | YTD Oct'20      | YTD Oct'20     | YTD Oct'20     | <i>Previous Year</i> | <i>Year on Year (YTD)</i> |
|---|-----------------|----------------|----------------|----------------------|---------------------------|
| (*) MOH Revenue budget = contract with DHB Funder         | actual          | budget         | variance       | 2019-20              | <i>Movement</i>           |
| <b>REVENUE</b>  |                 |                |                |                      |                           |
| MOH revenue (*)   | 74,088          | 74,193         | (105)          | 69,135               | 4,953                     |
| Other MoH funding (HWNZ, new initiatives etc)             | 816             | 819            | (3)            | 898                  | (82)                      |
| <b>Total MoH Revenue (*)</b>                              | <b>74,904</b>   | <b>75,012</b>  | <b>(108)</b>   | <b>70,033</b>        | <b>4,871</b>              |
| ACC Revenue   | 2,159           | 2,166          | (7)            | 2,069                | 90                        |
| Other Revenue   | 1,756           | 1,456          | 300            | 1,359                | 397                       |
| <b>Total Other Revenue</b>                                | <b>3,915</b>    | <b>3,622</b>   | <b>293</b>     | <b>3,428</b>         | <b>487</b>                |
| <b>TOTAL REVENUE</b>                                      | <b>78,819</b>   | <b>78,634</b>  | <b>185</b>     | <b>73,461</b>        | <b>5,358</b>              |
| <b>OPERATING EXPENDITURE</b>                              |                 |                |                |                      |                           |
| Personnel costs   | 57,630          | 57,528         | (102)          | 53,940               | (3,690)                   |
| Outsourced services - personnel                           | 1,121           | 745            | (376)          | 687                  | (434)                     |
| - clinical services                                       | 3,342           | 2,386          | (956)          | 3,926                | 584                       |
| Clinical supplies   | 12,980          | 12,888         | (92)           | 12,689               | (291)                     |
| Infrastructure and establishment costs                    | 6,046           | 5,999          | (47)           | 5,728                | (318)                     |
|   | <b>81,119</b>   | <b>79,546</b>  | <b>(1,573)</b> | <b>76,970</b>        | <b>(4,149)</b>            |
| <b>SURPLUS/(DEFICIT) before depreciation and interest</b> | <b>(2,300)</b>  | <b>(912)</b>   | <b>(1,388)</b> | <b>(3,509)</b>       | <b>1,209</b>              |
| Depreciation  | 5,278           | 5,894          | 616            | 5,678                | 400                       |
| Capital charge + interest                                 | 3,136           | 3,163          | 27             | 3,358                | 222                       |
| <b>TOTAL EXPENDITURE</b>                                  | <b>89,533</b>   | <b>88,603</b>  | <b>(930)</b>   | <b>86,006</b>        | <b>(3,527)</b>            |
| <b>NET RESULT before extraordinary expenses</b>           | <b>(10,714)</b> | <b>(9,969)</b> | <b>(745)</b>   | <b>(12,545)</b>      | <b>1,831</b>              |
| Holidays Act remediation provision                        | 400             | -              | (400)          | -                    | (400)                     |
| Covid-19 expenditure (unfunded)                           | 269             | -              | (269)          | -                    | (269)                     |
| <b>NET SURPLUS / (DEFICIT)</b>                            | <b>(11,383)</b> | <b>(9,969)</b> | <b>(1,414)</b> | <b>(12,545)</b>      | <b>1,162</b>              |
| <b>Full time employees (closing)</b>                      | <b>1,587</b>    | <b>1,612</b>   | <b>25</b>      | <b>1,516</b>         | <b>-71</b>                |

**TARANAKI DISTRICT HEALTH BOARD**

FISCAL YEAR : 2020-21

**CONSOLIDATED FINANCIAL POSITION AS AT: 31 Oct 2020**

(\$'000)

|                                | As at<br>31 Oct'20 | As at<br>30 Sep'20 | Movement     |
|--------------------------------|--------------------|--------------------|--------------|
| <b>CURRENT ASSETS</b>          |                    |                    |              |
| * Bank Account / (OD)          | (11,718)           | (16,804)           |              |
| * Short term deposits          | -                  | -                  |              |
| * Debtors (net of provision)   | 14,176             | 19,773             |              |
| * Inventory (net of provision) | 3,962              | 3,969              |              |
|                                | 6,420              | 6,938              | (518)        |
| <b>CURRENT LIABILITIES</b>     |                    |                    |              |
| * Creditors & other payables   | 38,995             | 37,743             |              |
| * Provisions                   | 33,390             | 33,391             |              |
|                                | 72,385             | 71,134             | (1,251)      |
| <b>WORKING CAPITAL</b>         | (65,965)           | (64,196)           | (1,769)      |
| <b>NON CURRENT ASSETS</b>      |                    |                    |              |
| * Net Fixed Assets             | 223,518            | 222,679            |              |
| * Long term investments        | 3,089              | 3,098              |              |
| * Trust funds                  | 797                | 797                |              |
|                                | 227,404            | 226,574            | 830          |
| <b>NET FUNDS EMPLOYED</b>      | <b>161,439</b>     | <b>162,378</b>     | <b>(939)</b> |
| <b>NON CURRENT LIABILITIES</b> |                    |                    |              |
| * Provisions - non current     | 1,275              | 1,275              |              |
| * Term Loans                   | -                  | -                  |              |
| * Leases                       | -                  | -                  |              |
|                                | 1,275              | 1,275              | -            |
| <b>CROWN EQUITY</b>            |                    |                    |              |
| * Crown Equity                 | 123,972            | 123,972            |              |
| * Reserves                     | 117,337            | 117,337            |              |
| * Retained earnings            | (81,145)           | (80,206)           |              |
|                                | 160,164            | 161,103            | (939)        |
| <b>NET FUNDS EMPLOYED</b>      | <b>161,439</b>     | <b>162,378</b>     | <b>(939)</b> |

**TARANAKI DISTRICT HEALTH BOARD**

FISCAL YEAR : 2020-21

**CONSOLIDATED STATEMENT OF CASHFLOW : 31 Oct 2020**

(\$'000)

|   | YTD Oct'20      | YTD Sep'20      | Movement      |
|---|-----------------|-----------------|---------------|
| <b><u>OPERATING ACTIVITIES</u></b>        |                 |                 |               |
| * MOH funding                             | 147,886         | 105,981         |               |
| * Other revenue                           | 6,129           | 4,674           |               |
| <b>total receipts</b>                     | <b>154,015</b>  | <b>110,655</b>  | <b>43,360</b> |
| * Payment of salaries & operating exp.    | 80,940          | 61,228          |               |
| * Payment to providers & DHB's            | 63,649          | 47,226          |               |
| <b>total payments</b>                     | <b>144,589</b>  | <b>108,454</b>  | <b>36,135</b> |
| <b>NET CASHFLOW FROM OPERATIONS</b>       | <b>9,426</b>    | <b>2,201</b>    | <b>7,225</b>  |
| <b><u>INVESTING ACTIVITIES</u></b>        |                 |                 |               |
| * Sale of fixed assets etc                | (348)           | (34)            |               |
| * Increase / (decrease) in investments    | (36)            | (27)            |               |
| * Interest (receipts)                     | -               | -               |               |
| * Capital expenditure                     | 9,217           | 6,760           |               |
| <b>NET CASHFLOW FROM INVESTING</b>        | <b>8,833</b>    | <b>6,699</b>    | <b>2,134</b>  |
| <b><u>FINANCING ACTIVITIES</u></b>        |                 |                 |               |
| * Equity injections / (repayments)        | -               | -               |               |
| * Pvt.sector borrowings / (interest paid) | (31)            | (26)            |               |
| * Term loans borrowing / (repayments)     | -               | -               |               |
| * Other liability/equity movements        | -               | -               |               |
| <b>NET CASHFLOW FROM FINANCING</b>        | <b>(31)</b>     | <b>(26)</b>     | <b>(5)</b>    |
| Total cash in                             | 153,984         | 110,629         |               |
| Total cashout                             | (153,422)       | (115,153)       |               |
| <b>NET CASHFLOW</b>                       | <b>562</b>      | <b>(4,524)</b>  | <b>5,086</b>  |
| Add: Cash (opening)                       | (12,280)        | (12,280)        |               |
| <b>CASH (CLOSING)</b>                     | <b>(11,718)</b> | <b>(16,804)</b> | <b>5,086</b>  |



**TARANAKI DISTRICT HEALTH BOARD**  
**CAPITAL EXPENDITURE REPORT FOR THE YEAR ENDED JUNE 2021**  
For the Period Ended Oct-20

|                                | Month          |                  |                  | Year to Date     |                  |                  |
|--------------------------------|----------------|------------------|------------------|------------------|------------------|------------------|
|                                | Actual         | Budget           | Variance         | Actual           | Budget           | Variance         |
| <b>A</b>                       |                |                  |                  |                  |                  |                  |
| Plant & Equipment - Clinical   | 59,155         | 417,000          | 357,845          | 541,401          | 1,667,000        | 1,125,599        |
| Plant & Equipment - Other      | 23,016         | 42,000           | 18,984           | 140,038          | 167,000          | 26,962           |
| Information Technology         | 368,536        | 583,000          | 214,464          | 1,610,412        | 2,333,000        | 722,588          |
| Buildings & site redevelopment | 142,083        | 916,000          | 773,917          | 610,837          | 3,664,000        | 3,053,163        |
| Motor Vehicles                 | 37,450         | 0                | (37,450)         | 37,445           | 37,500           | 55               |
| <b>Total</b>                   | <b>630,241</b> | <b>1,958,000</b> | <b>1,327,759</b> | <b>2,940,133</b> | <b>7,868,500</b> | <b>4,928,367</b> |

|                              |       |   |         |         |   |           |
|------------------------------|-------|---|---------|---------|---|-----------|
| Covid19 External Expenditure | 5,141 | 0 | (5,141) | 142,670 | 0 | (142,670) |
|------------------------------|-------|---|---------|---------|---|-----------|

|                        |           |   |             |           |   |             |
|------------------------|-----------|---|-------------|-----------|---|-------------|
| Project Maunga Stage 2 | 1,244,134 | 0 | (1,244,134) | 4,228,651 | 0 | (4,228,651) |
|------------------------|-----------|---|-------------|-----------|---|-------------|

|                        |         |   |           |           |   |             |
|------------------------|---------|---|-----------|-----------|---|-------------|
| Seismic Concept Design | 564,444 | 0 | (564,444) | 1,661,488 | 0 | (1,661,488) |
|------------------------|---------|---|-----------|-----------|---|-------------|

|                     |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|
| <b>B</b>            |  |  |  |  |  |  |
| Capital Contingency |  |  |  |  |  |  |

|              |                  |                  |                  |                  |                  |                    |
|--------------|------------------|------------------|------------------|------------------|------------------|--------------------|
| <b>Total</b> | <b>2,443,960</b> | <b>1,958,000</b> | <b>(485,960)</b> | <b>8,972,941</b> | <b>7,868,500</b> | <b>(1,104,441)</b> |
|--------------|------------------|------------------|------------------|------------------|------------------|--------------------|

| Year End          |                   |          |
|-------------------|-------------------|----------|
| Forecast          | Budget            | Variance |
|                   |                   |          |
| 5,000,000         | 5,000,000         | -        |
| 500,000           | 500,000           | -        |
| 7,000,000         | 7,000,000         | -        |
| 11,000,000        | 11,000,000        | -        |
| 150,000           | 150,000           | -        |
|                   |                   |          |
| <b>23,650,000</b> | <b>23,650,000</b> | <b>-</b> |

|                |          |                  |
|----------------|----------|------------------|
| <b>142,670</b> | <b>0</b> | <b>(142,670)</b> |
|----------------|----------|------------------|

|           |   |             |
|-----------|---|-------------|
| 4,228,651 | 0 | (4,228,651) |
|-----------|---|-------------|

|           |   |             |
|-----------|---|-------------|
| 1,661,488 | 0 | (1,661,488) |
|-----------|---|-------------|

|   |           |           |
|---|-----------|-----------|
| - | 1,000,000 | 1,000,000 |
|---|-----------|-----------|

|                   |                   |                    |
|-------------------|-------------------|--------------------|
| <b>29,682,809</b> | <b>24,650,000</b> | <b>(5,032,809)</b> |
|-------------------|-------------------|--------------------|

|                                     |                                 |                   |
|-------------------------------------|---------------------------------|-------------------|
| Project Maunga Stage 2 Incl Seismic | Prior Financial Years           | 9,937,441         |
|                                     | Project Maunga Stage 2          | 4,228,651         |
|                                     | Seismic Concept Design          | 1,661,488         |
|                                     | <b>Cummulated Spend to Date</b> | <b>15,827,580</b> |

### Debtors Aging 31st October 2020

|                                 |        |       |       |      |       |       |
|---------------------------------|--------|-------|-------|------|-------|-------|
| As a percentage                 | 100.0% | 55.6% | 14.4% | 1.8% | 11.8% | 16.5% |
| As a percent of Monthly Revenue | 2.9%   |       |       |      |       | 3.6%  |

# Memorandum

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**DATE:** November 2020

**TO:** TDHB Board

**FROM:** Becky Jenkins – GM Planning, Funding & Population Health

**SUBJECT:** **OCTOBER 2020 FUNDER FINANCIAL RESULTS**

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## 1. OVERVIEW

This report gives an overview of the Taranaki DHB Funder financial performance for four months to October 2020. The overall Funder position for the period is a surplus of \$6.37m against a budgeted surplus of \$5.42m resulting in a positive variance of \$953k.

Revenue exceeds plan due in the main to additional funding being received between July and October from the Ministry of Health to support Pharmaceutical and COVID-19 related costs and upfront funding for Mental Health community projects.

PHARMAC rebate is tracking slightly higher than budgeted.

Expenditure is under plan due in the main to services in Mental Health and Health of Older People currently tracking under budget. These are both expected to meet budget.

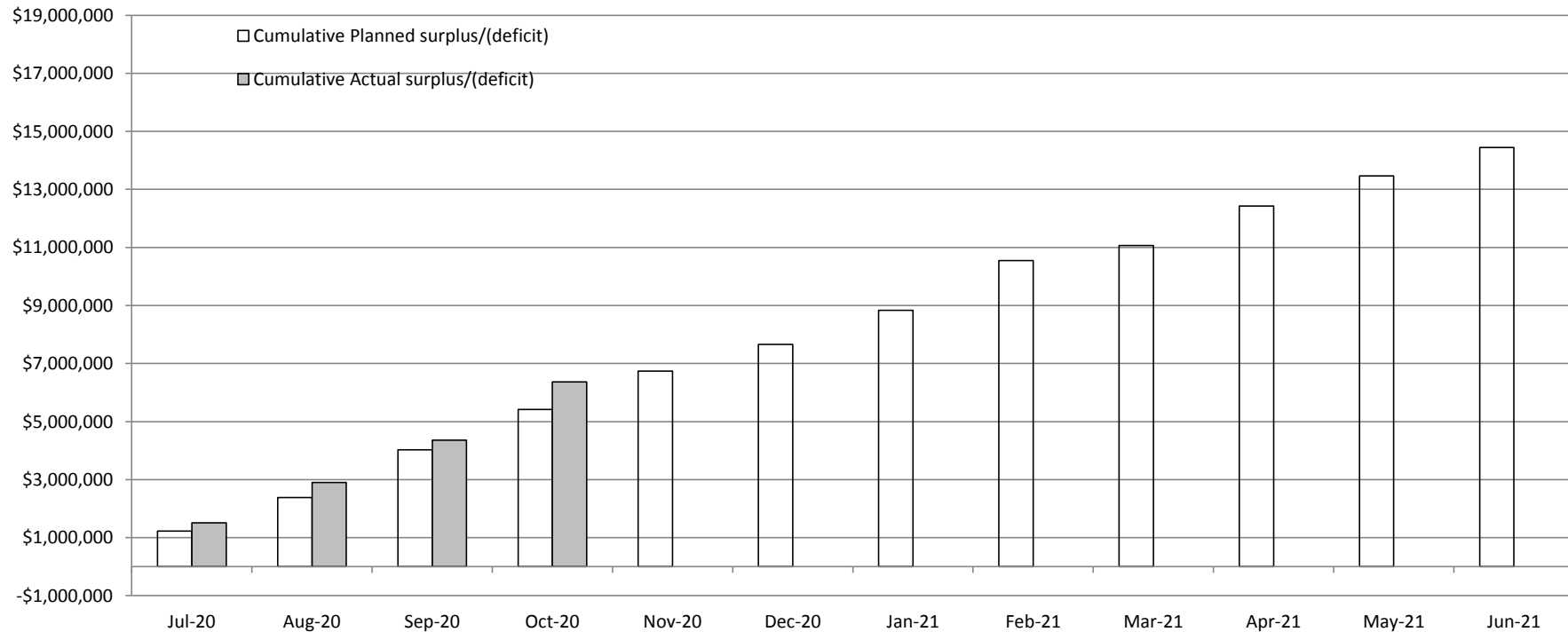
|                        | <b>Actual</b><br><i>Surplus/(Deficit)</i> | <b>Budget</b><br><i>Surplus/(Deficit)</i> | <b>Variance</b><br><i>Surplus/(Deficit)</i> |
|------------------------|---|---|---|
| Personal Health        | \$3.79m                                   | \$5.38m                                   | \$(1.59)m                                   |
| Mental Health          | \$1.19m                                   | \$27k                                     | \$1.16m                                     |
| Population Health      | \$487k                                    | \$1k                                      | \$486k                                      |
| Health Of Older People | \$609k                                    | \$9k                                      | \$600k                                      |
| Māori Health           | \$292K                                    | \$1k                                      | \$291k                                      |
| Governance             | NIL                                       | NIL                                       | NIL   |
| Total                  | \$6.37m                                   | \$5.42m                                   | \$953k                                      |

Becky Jenkins  
**GENERAL MANAGER**  
**PLANNING, FUNDING & POPULATION HEALTH**

## Summary of the Funder financial performance 2020-21

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (35,702,819)          | (35,653,772)          | (49,048)                | (144,252,610)       | (142,615,085)       | (1,637,526)           | (427,845,255)          |
| NGO Expenditure          | 15,622,790            | 15,891,185            | (268,396)               | 64,749,031          | 63,624,740          | 1,124,290             | 191,861,700            |
| Provider Arm Expenditure | 18,065,129            | 18,375,143            | (310,014)               | 73,133,804          | 73,573,179          | (439,375)             | 221,543,554            |
| Total Expenditure        | 33,687,919            | 34,266,328            | (578,410)               | 137,882,835         | 137,197,919         | 684,915               | 413,405,254            |
| Surplus/(Deficit)        | 2,014,899             | 1,387,443             | 627,456                 | 6,369,776           | 5,417,166           | 952,611               | 14,440,000             |

### Funder cumulative surplus/(deficit)



## Personal Health

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (26,631,237)          | (26,852,094)          | 220,857                 | (107,659,519)       | (107,408,377)       | (251,143)             | (322,225,130)          |
| NGO Expenditure          | 9,808,576             | 9,824,116             | (15,540)                | 41,635,303          | 39,356,462          | 2,278,841             | 119,056,867            |
| Provider Arm Expenditure | 15,340,428            | 15,652,421            | (311,993)               | 62,230,997          | 62,672,351          | (441,354)             | 188,728,262            |
| Total Expenditure        | 25,149,004            | 25,476,537            | (327,533)               | 103,866,300         | 102,028,813         | 1,837,487             | 307,785,129            |
| Surplus/(Deficit)        | 1,482,233             | 1,375,558             | 106,675                 | 3,793,219           | 5,379,563           | (1,586,344)           | 14,440,000             |

### Commentary on Variances

Revenue                      The 19-20 IDF actual positive wash up for July  
COVID for Combined Pharmaceutical

Expenditure                      Expenditure expected to meet budget.  
Lab expenditure - tracking under budget

The major services included under NGO expenditure for Personal Health are Community Laboratory, Pharmaceutical costs, Community pharmacy services, Primary Care including PHO capitation, Palliative Care and Inter District Flows

## Mental Health

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (2,964,150)           | (2,969,030)           | 4,879                   | (12,494,675)        | (11,876,118)        | (618,557)             | (35,628,354)           |
| NGO Expenditure          | 964,696               | 1,164,823             | (200,127)               | 4,116,399           | 4,659,291           | (542,892)             | 13,977,873             |
| Provider Arm Expenditure | 1,795,610             | 1,795,610             | 0                       | 7,189,631           | 7,189,631           | 0                     | 21,650,481             |
| Total Expenditure        | 2,760,306             | 2,960,433             | (200,127)               | 11,306,030          | 11,848,922          | (542,892)             | 35,628,354             |
| Surplus/(Deficit)        | 203,844               | 8,596                 | 195,248                 | 1,188,645           | 27,196              | 1,161,449             | 0                      |

### Commentary on Variances

|             |   |
|-------------|---|
| Revenue     | Additional Integrated PMHAS<br>Additional Early Intervention<br>Additional AOD Community Services |
| Expenditure | Expenditure expected to meet budget.  |

The major services included under Mental Health are Alcohol and Drug, Child and Adolescent, Maternal, Residential Care, Community Clinical and Non-Clinical and Vocational Mental Health support

## Population Health

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (424,222)             | (140,677)             | (283,545)               | (1,324,769)         | (562,708)           | (762,061)             | (1,688,125)            |
| NGO Expenditure          | 133,472               | 85,654                | 47,818                  | 618,354             | 342,617             | 275,737               | 1,027,850              |
| Provider Arm Expenditure | 54,761                | 54,761                | 0                       | 219,262             | 219,262             | 0                     | 660,275                |
| Total Expenditure        | 188,233               | 140,415               | 47,818                  | 837,616             | 561,879             | 275,737               | 1,688,125              |
| Surplus/(Deficit)        | 235,989               | 262                   | 235,727                 | 487,153             | 830                 | 486,324               | 0                      |

### Commentary on Variances

Revenue                      Funding related to COVID-19 included in Jul - Oct 20

Expenditure                Increased COVID-19 related costs offset by additional COVID-19 funding

The major services included under Population Health are Mama Pepe Hauora project, Green Prescriptions and Smokefree

## Health of Older People

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (5,115,249)           | (5,124,010)           | 8,761                   | (20,501,804)        | (20,496,039)        | (5,765)               | (61,488,118)           |
| NGO Expenditure          | 4,490,536             | 4,550,036             | (59,501)                | 17,603,641          | 18,200,145          | (596,505)             | 54,600,436             |
| Provider Arm Expenditure | 573,218               | 571,239               | 1,979                   | 2,289,221           | 2,287,242           | 1,979                 | 6,887,682              |
| Total Expenditure        | 5,063,754             | 5,121,275             | (57,522)                | 19,892,862          | 20,487,387          | (594,526)             | 61,488,118             |
| Surplus/(Deficit)        | 51,495                | 2,735                 | 48,760                  | 608,943             | 8,652               | 600,291               | 0                      |

### Commentary on Variances

Revenue                      No significant variances have been reported for the year to date.

Expenditure                      Expenditure expected to meet budget  
Home Support under YTD budget

The major services included under Health of Older People are Needs assessment, Home based support, Aged residential care,  
Day activity programmes and Respite Care



## Maori Health

| Oct-20                   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--------------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue                  | (327,916)             | (327,916)             | 0                       | (1,311,664)         | (1,311,664)         | 0                     | (3,934,991)            |
| NGO Expenditure          | 225,510               | 266,556               | (41,046)                | 775,334             | 1,066,225           | (290,891)             | 3,198,674              |
| Provider Arm Expenditure | 61,067                | 61,067                | 0                       | 244,514             | 244,514             | 0                     | 736,317                |
| Total Expenditure        | 286,577               | 327,624               | (41,046)                | 1,019,848           | 1,310,740           | (290,891)             | 3,934,991              |
| Surplus/(Deficit)        | 41,338                | 292                   | 41,046                  | 291,816             | 925                 | 290,891               | 0                      |

### Commentary on Variances

Revenue                      No variances have been reported for the year to date.

Expenditure                Expenditure under budget, however expected to meet end of year budget.

The major service included under Maori Health is Whanau Ora which includes aspects of the Te Kawau Maro contract

## Governance

| Oct-20   | Month<br>Actual<br>\$ | Month<br>Budget<br>\$ | Month<br>Variance<br>\$ | YTD<br>Actual<br>\$ | YTD<br>Budget<br>\$ | YTD<br>Variance<br>\$ | Annual<br>Budget<br>\$ |
|--|-----------------------|-----------------------|-------------------------|---------------------|---------------------|-----------------------|------------------------|
| Revenue  | (240,045)             | (240,045)             | 0                       | (960,179)           | (960,179)           | 0                     | (2,880,537)            |
| Expenditure  | 240,045               | 240,045               | 0                       | 960,179             | 960,179             | 0                     | 2,880,537              |
| Surplus/(Deficit)  | 0                     | 0                     | 0                       | 0                   | 0                   | 0                     | 0                      |
| <u>Commentary on Variances</u><br><br>Revenue                      No variances have been reported for the year to date.<br><br>Expenditure                      No variances have been reported for the year to date. |                       |                       |                         |                     |                     |                       |                        |

The major services included under Governance are Planning and Funding, Communications and DHB board expenses

# Memorandum

**OPEN**

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|                 |  |
|-----------------|--|
| <b>DATE:</b>    | 26 November 2020   |
| <b>TO:</b>      | Taranaki DHB Board                                       |
| <b>FROM:</b>    | Becky Jenkins – GM Planning, Funding & Population Health |
| <b>SUBJECT:</b> | <b>UPDATE - COVID-19 INCIDENT MANAGEMENT TEAM</b>        |

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This paper provides a snapshot of the activities of the Incident Management Team for COVID-19 as at **26 November 2020**.

## **1. CURRENT SITUATION**

The focus of the team has been on maintaining public health response at the border, maintaining access to COVID-19 testing and resurgence planning.

## **2. PLANNING AND OPERATIONAL WORKSTREAMS**

### **2.1 Public Health**

The key areas of focus since the last update have been the ongoing implementation of the Public Health Capacity Uplift Plan for contact tracing and case management and the COVID-19 Public Health response at the border (Port Taranaki).

### **2.2 Primary and Community (Testing)**

Access to COVID-19 testing continues 7/7 days in Taranaki with a mixture of DHB testing sites at Base and Hawera Hospitals, Designated General Practices and other General Practices.

The Community Testing Centre on the Base Hospital site will be moving in mid December to a new location on campus due to preparations for the Project Maunga Base Hospital Redevelopment. Service interruption will be minimal and a Communication Plan is being implemented.

In the period 26 October to 25 November, 1611 COVID-19 swabs have been completed and 241 surveillance tests were completed within the 1611. This is a similar number to the previous period.

Guidance has been released on voluntary testing in Age Residential Care during Level 2, 3 and 4. Planning and communication with local aged care facilities has been completed.

\*Flu Tracking is an online self-reporting ILI surveillance system. Care should be taken when interpreting this

## 2.3 Communications

Communication has been ongoing with a focus on **A SIMPLE MESSAGE FOR VISITORS TO OUR REGION**. *Taranaki residents have a vital role to play with helping to keep our community safe from the spread of COVID-19. If you're hosting visitors from outside the region over the next few weeks it's important they know where to go for COVID-19 testing if they become unwell with cold or flu-like symptoms. Visitors should get tested straight away if they have symptoms, not wait until they go home. Let's work together for the safety of our community.*

## 3. RESURGENCE PLANNING

Resurgence planning has been underway in response to the Christmas/New Year period.

Any COVID-19 resurgence timing remains uncertain and new community cases could be detected at any time, with little or no warning.

The Taranaki DHB COVID-19 Resurgence Plan 2020 aims to identify and bring together the various health sector work streams and plans related to meeting the demands of a COVID-19 resurgence affecting the Taranaki region and ensure a robust and flexible response to any COVID-19 resurgence.

While this initial plan is focused on the period of summer holidays it is intended to be further developed for the longer term.

Planning activity is focussed on:

- Ensuring a proportionate evidence-informed flexible response
- Providing a coordinated approach across the health and disability sector and with other sectors
- Balancing COVID-19 with other BAU health and disability services
- Supporting and maintaining quality health and disability services
- Focusing on priority and at-risk populations and improving equity
- Communications to engage, empower and build confidence in the wider community

CDEM Liaison continues to form part of the DHB IMT.

## 4. NEXT PHASE PRIORITIES

Effective Public Health response at the Maritime Border remains a priority for the next period, alongside access to testing and resurgence planning.

Becky Jenkins

**DHB INCIDENT CONTROLLER - COVID 19**

**GENERAL MANAGER - PLANNING, FUNDING & POPULATION HEALTH**

# Memorandum

**OPEN**

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**DATE:** November 2020

**TO:** TDHB Board

**FROM:** Becky Jenkins – GM Planning, Funding & Population Health

**SUBJECT:** **MINISTRY OF HEALTH NON-FINANCIAL QUARTERLY REPORTING  
QUARTER ONE – 2020/21 FEEDBACK**

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## 1. OVERVIEW

This Memorandum provides the Board with an overview of the Ministry of Health's feedback on the Quarter One 2020/21 non-financial quarterly reporting.

Of its 45 deliverables, the final ratings received for Taranaki District Health Board were:

|                         |    |    |
|-------------------------|----|----|
| Achieved                | A  | 25 |
| Satisfactory (CFA Only) | S  | 3  |
| Partially Achieved      | P  | 9  |
| Not Achieved            | N  | 7  |
| Not Yet Assessed        | NA | 1  |

## 2. QUARTER ONE FEEDBACK SUMMARY

|     | MOH Code | Deliverable   | Rating |
|-----|----------|---|--------|
| 1.  | B        | Care Capacity Demand Management Calculation 20/21   | A      |
| 2.  | CW05     | Immunisation Coverage – Focus Area 1: 8 Month-Old Immunisation Coverage 20/21             | N      |
| 3.  | CW05     | Immunisation Coverage – Focus Area 2: 5 Year-Old Immunisation Coverage 20/21              | N      |
| 4.  | CW05     | Immunisation Coverage – Focus Area 4: Influenza Immunisations at age 65 years 20/21       | N      |
| 5.  | CW06     | Improving Breastfeeding Rates 20/21   | N      |
| 6.  | CW07     | Improving Newborn Enrolment in General Practice 20/21                                     | A      |
| 7.  | CW08     | Increased Immunisation (at 2 Years) 20/21   | N      |
| 8.  | CW09     | Better Help for Smokers to Quit – Maternity 20/21   | A      |
| 9.  | CW10     | Raising Healthy Kids 20/21  | A      |
| 10. | CW12     | Youth Mental Health Initiatives 20/21   | A      |
| 11. | MH02     | Improving Mental Health Services Using Wellness and Transition (Discharge) Planning 20/21 | P      |
| 12. | MH03     | Shorter Waits for Non-Urgent Mental Health and Addiction Services for 0-19 Years 20/21    | P      |

|     |   |   |    |
|-----|---|---|----|
| 13. | MH04  | Mental Health and Addiction Service Development – Focus Area 1: Primary Mental Health 20/21   | A  |
| 14. | MH04  | Mental Health and Addiction Service Development – Focus Area 2: District Suicide Prevention and Postvention 20/21   | A  |
| 15. | MH04  | Mental Health and Addiction Service Development – Focus Area 3: Improving Crisis Response Services 20/21  | A  |
| 16. | MH04  | Mental Health and Addiction Service Development – Focus Area 4: Improve Outcomes for Children 20/21   | NA |
| 17. | MH04  | Mental Health and Addiction Service Development – Focus Area 5: Improving Employment & Physical Health Needs of People with Low Prevalence Conditions 20/21   | A  |
| 18. | MH05  | Reduce the Rate of Māori Under the Mental Health Act: Section 29 Community Treatment Orders 20/21   | P  |
| 19. | MH06  | Mental Health Output Delivery Against Plan 20/21  | A  |
| 20. | MH07  | Improving Mental Health Services by Improving Inpatient Discharge Follow-Up Rates 20/21   | A  |
| 21. | PH01  | Improving System Integration and System Level Measures 20/21  | A  |
| 22. | PH04  | Better Help for Smokers to Quit (Primary Care & Maternity) 20/21  | P  |
| 23. | SS01  | Faster Cancer Treatment (31 Days) 20/21   | A  |
| 24. | SS02  | Delivery of Regional Service Plans 20/21  | A  |
| 25. | SS03  | Ensuring Delivery of Service Coverage 20/21   | A  |
| 26. | SS04  | Implementing the Healthy Ageing Strategy 20/21  | A  |
| 27. | SS07  | Planned Care Measures 20/21   | N  |
| 28. | SS09  | Improving the Quality of Identity Data Within the NHI and Data Submitted to National Collections – Focus Area 1: Improving the Quality of Identity Data within the NHI 20/21                        | A  |
| 29. | SS09  | Improving the Quality of Identity Data Within the NHI and Data Submitted to National Collections – Focus Area 2: Improving the Quality of Data Submitted to National Collection 20/21               | A  |
| 30. | SS09  | Improving the Quality of Identity Data Within the NHI and Data Submitted to National Collections – Focus Area 3: Improving the Quality of the Programme for Integration of Mental Health Data 20/21 | A  |
| 31. | SS10  | Shorter Stays in Emergency Departments 20/21  | N  |
| 32. | SS11  | Faster Cancer Treatment (62 Days) 20/21   | A  |
| 33. | SS13  | Improved Management for Long Term Conditions – Focus Area 4: Acute Heart Service 20/21  | P  |
| 34. | SS13  | Improved Management for Long Term Conditions – Focus Area 5: Stroke Service 20/21   | P  |
| 35. | SS15  | Improving Waiting Times for Colonoscopies 20/21   | P  |
| 36. | CFA   | B4 School Check Services 20/21  | S  |
| 37. | CFA   | Primary Health Care Services 20/21  | S  |
| 38. | CFA   | DHB Level Service Component of National SUDI Prevention Programme 20/21   | S  |
| 39. | E Status Update Reports: Actions Included in Annual Plans - Better Population Health Outcomes Supported by Primary Health Care 20/21      |   | A  |
| 40. | E Status Update Reports: Actions Included in Annual Plans - Improving Child Wellbeing 20/21   |   | A  |
| 41. | E Status Update Reports: Actions Included in Annual Plans - Improving Mental Wellbeing 20/21  |   | P  |
| 42. | E Status Update Reports: Actions Included in Annual Plans - Improving Wellbeing Through Prevention 20/21                                  |   | A  |
| 43. | E Status Update Reports - Actions Included in Annual Plans - Give Practical Effect to He Korowai Oranga - the Māori Health Strategy 20/21 |   | A  |
| 44. | E Status Update Reports - Actions Included in Annual Plans - Improving Sustainability 20/21   |   | A  |

|     |  |          |
|-----|--|----------|
| 45. | E Status Update Reports: Actions Included in Annual Plans - Better Population Health Outcomes Supported by Strong and Equitable Public Health Services 20/21 | <b>P</b> |
|-----|--|----------|

## 2.1 TDHB Responses to Feedback

The following comments relate to indicators with a **Partial** rating or less.

|   |  |
|---|--|
| <b>CW05 Immunisation Coverage – Focus Area 1: 8 Month-Old Immunisation Coverage</b><br><b>CW05 Immunisation Coverage – Focus Area 2: 5 Year-Old Immunisation Coverage</b><br><b>CW05 Immunisation Coverage – Focus Area 4: Influenza Immunisations at age 65years and Over</b><br><b>CW08 Increased Immunisation (at 2 Years)</b>   | <b>N</b><br><b>N</b><br><b>N</b><br><b>N</b> |
| <p>Total immunisation coverage at two years has decreased by 1.1 percent this quarter and coverage for Māori children has decreased by 2.7 percent. National immunisation coverage at age 2 years is still below the 95 percent target and coverage for Māori is 11.0 percent lower than for non-Māori.</p> <p>Total immunisation coverage at eight months has decreased by 1.4 percent this quarter and coverage for Māori children has decreased by 3.6 percent. At age five years the total coverage has decreased by 1.0 percent and coverage for Māori children has decreased 0.3 percent.</p> <p>The Ministry acknowledged the “incredible work” being done by DHBs to protect their communities against influenza this year and that the programme faced a number of challenges exacerbated by the unprecedented demand for influenza vaccinations this year.</p>  |  |
| <b>CW06 Improving Breastfeeding Rates</b>   | <b>N</b>                                     |
| <p>Activities that the DHB is undertaking to increase the baseline rate towards the target for the total population and for Māori:</p> <ul style="list-style-type: none"> <li>• Taranaki DHB has contracted with Plunket to provide Lactation Consultancy Services. For the last financial year this has been for Central and South Taranaki but due to demand in North Taranaki this service has now been expanded.</li> <li>• There is a Lactation Consultant attached to the post-Natal Ward at Base Hospital who travels frequently to the South Taranaki Maternity Unit to support the mid-wives and mothers there also.</li> <li>• Tui Ora and Ngati Ruanui have both recently graduated new LC's who were sponsored by Taranaki DHB. Plunket have also had a LC scholarship awarded and their trainee is working through her clinical hours at present.</li> <li>• Tui Ora's LC service is aligned to their Mama Pepe Hauora team with a focus on Infant and Maternal Health. They attend all Hapu Wananga Ante-natal education sessions throughout the region to give a presentation and follow up all mama after the birth of Pepe to ensure support is available.</li> <li>• Following review of the LC services in Taranaki some re-design will occur in-line with the developing Taranaki DHB Children's Health Action Plan.</li> <li>• The LC's are working to increase Breastfeeding Peer Supporters in each small town around Taranaki and have made some progress in Stratford and Hawera which is positive.</li> <li>• Support and Education is provided at each Hapu Wananga session to ensure knowledge</li> </ul> |  |



|  |  |  |  |              |
|--|--|--|--|--------------|
| is conveyed directly to hapu mama and then follow up to ensure that all hapu mama have a personal contact with each LC to be offered support services.   |  |  |  |              |
| MH02 Improving Mental Health Services Using Wellness and Transition (Discharge) Planning   |  |  |  | P            |
| Exception area:  | Number (Percentage)  | Comment  | Intended action/resolution plan  |              |
| Failure to achieve a 95% rate of people with plans   | 33% community discharges                                   | Community Discharges rate was up 2 percent from 31%                              | Leadership team to formulate a plan to establish monthly percentage increase targets for managers of teams to achieve as part of KPI accountability. Increase of % targets will be at a rate Of 10 % monthly and set as a clear expectation. |              |
|  | 55% clients active more than 12 months                     | Active clients rate improved up from 48% to 55%                                  |  |              |
|  | 67.6% Inpatient discharges                                 | Inpatient Discharges stayed virtually the same (up 0.3%) on the previous quarter |  |              |
| Failure to achieve a 95% rate for quality of plans in relation to audited files  | 63% community quality plans<br>80% inpatient quality plans | Raised increase in quality audits being completed across services                | Continued drive to increase amounts of audits to be completed this quarter.  |              |
| MH03 Shorter Waits for Non-Urgent Mental Health and Addiction Services for 0-19 Years  |  |  |  | P            |
| Mental Health Provider Arm   |  |  |  |              |
|  | <= 3 weeks   |  | <8 weeks   |              |
| Age  | Target (%)   | Achieved (%)   | Agreed target (%)  | Achieved (%) |
| 0-19   | 80%  | 61.1%  | 95%  | 79.7%        |
| Addictions (Provider Arm and NGO)  |  |  |  |              |
|  | <= 3 weeks   |  | <8 weeks   |              |
| Age  | Target (%)   | Achieved (%)   | Target (%)   | Achieved (%) |
| 0-19   | 80%  | 90.9%  | 95%  | 90.9%        |
| In order to reduce waiting times the Child and Adolescent Service have initiated a dedicated role to the provision of urgent/crisis assessment for existing or new young people requiring urgent assessment.   |  |  |  |              |
| By accommodating many of the urgent presentations for assessment by a single clinician, it is envisaged that less time will be dedicated to urgent assessment and pick up of allocated clients with pressing needs on the remainder of the team allowing a greater capacity for the assignment of new cases to clinician’s within the <=3 weeks; <=8 weeks for young people experiencing problems with mental health and addictions. |  |  |  |              |

|   |                 |
|---|-----------------|
| <p><b>MH05 Reduce the Rate of Māori Under the Mental Health Act: Section 29 Community Treatment Orders</b></p> <p>As per previous quarter, the proposed approach is to undertake a formal research proposal which will be based around a piece of action research ideally with a lead Māori researcher and associate researcher non- Māori to understand Whai ora and whānau views on Community Treatment Orders (CTO) and Clinician views for implementing CTO. A project scope is currently being drafted by the Associate Director of Nursing.</p>   | <p><b>P</b></p> |
| <p><b>PH04 Better Help for Smokers to Quit (Primary Care &amp; Maternity)</b></p> <p>The DHB's final Q4 result was 81.9% which is a 1.5% increase from previous quarter but did not achieve the target.</p> <p>77.4% of Māori and 78.3% of Pacific populations were given brief advice to quit smoking – which means the DHB is edging its way towards meeting this target.</p> <p>The result for Taranaki DHB's cessation support indicator is 76.3%. The national result for this indicator is 34.7%. This indicator shows the percentage of current smokers who have been given or referred to cessation support services in the last 15 months.</p> <p>The Taranaki Stop Smoking Service continues to prioritise referrals for Hapu Mama and there has been no feedback that this is impacting on the Primary Care sector.</p> <p>Proposed projects the DHB is aiming to re-invest in are in partnership with our Māori providers and are equity focussed so it hoped this will contribute to improved rates across the region.</p> | <p><b>P</b></p> |
| <p><b>SS07 Planned Care Measures</b></p> <p>Staffing issues have affected the DHB's ability to meet targets for Q1 for 'Inpatient Surgical Discharges' and 'Inpatient Caseweights'.</p> <p>Work has been completed on the Taranaki DHB Improvement Action Plan and this has been forwarded to the Ministry of Health. The DHB has a number of initiatives to reduce the waiting lists and meet targets over the next 12 months.</p> <p>Taranaki DHB continues to increase clinics to meet demand, in addition as part of the Improvement Action Plan, contracts have been established for public patients to be seen in private clinics by DHB consultants.</p> <p>The DHB is challenged by the capacity of both staff shortages (radiologist vacancies) and aging equipment, which has reached life of type, requires increased servicing and results in slow delivery. The DHB is currently recruiting into radiologist vacancies and exploring options to replace its aging fleet.</p>   | <p><b>N</b></p> |
| <p><b>SS10 Shorter Stays in Emergency Departments</b></p> <p>The Q1 result was 84.87% against a target of 95% of patients to be admitted, discharged or transferred from ED within six hours. This is a small decrease from the last quarter.</p> <p>Actions being undertaken to improve this indicator for next quarter include:</p> <ul style="list-style-type: none"> <li>• An assessment was made of ED radiographers which demonstrated they may spend as</li> </ul>   | <p><b>N</b></p> |

|  |   |
|--|---|
| <p>much as 2.5 hours per shift, transporting patients. This helped support the concept of an orderly being based in ED to increase efficiency of patient movement, particularly in regards to obtaining radiology studies.</p> <ul style="list-style-type: none"> <li>• Plan the long term psych liaison nurse role</li> <li>• Start using ambulance run tracker to anticipate arrives and assign them to nursing areas prior to arrival</li> <li>• Establish a discharge lounge to increase bed capacity on the wards and allow for admitted patients to move up from ED more quickly</li> <li>• A patient satisfaction survey via QR code will commence in Quarter 2</li> </ul> <p>The Ministry was pleased to see that the DHB have champions for Manaaki Mana in the ED to drive improved experience for Māori patients.</p>   |   |
| <p><b>SS13 Improved Management for Long Term Conditions – Focus Area 4: Acute Heart Service</b></p> <p>Intensive monitoring of the three day ‘door to cath’ target is ongoing with monthly breach reporting. A significant number of the breaches highlighted in the report continue to be due to our tertiary hospital with bed block, delays to transfer and angiography which Taranaki DHB has limited control over.</p> <p>Left Ventricular Ejection Fraction (LVEF) assessment numbers have increased again this quarter from 80% to 84%, slightly less than the expected target of <math>\geq 85\%</math>. The DHB continues working and measuring outcomes to ensure its patients undergoing angiography have an LVgram during angiography or an ECHO during their inpatient stay. Sonographer staff shortage (1.0 FTE) makes this target challenging however regardless of this, the target continues to improve.</p> <p>The Ministry commented on the efforts being made with LVEF assessment numbers.</p>  | P |
| <p><b>SS13 Improved Management for Long Term Conditions – Focus Area 5: Stroke Service</b></p> <p>The DHB has continued to achieve the target of admission to the Acute Stroke Unit (ASU) which is very pleasing.</p> <ul style="list-style-type: none"> <li>• A number of media stories have been completed promoting the message of FAST</li> <li>• Monthly meetings are being held with the Māori Health Team to assess the progress and to evaluate current service provision</li> <li>• Telestroke activity – have after hours telestroke with CCDHB and currently negotiating with CCDHB for a 24/7 service, which is expected to go live by Q3.</li> <li>• The Stroke Lead Physio has completed in service training regarding the “take charge after stroke” programme which has proven very successful for Māori and Pacific populations. The view is to work towards implementing this in community rehabilitation services</li> <li>• The outpatient based community rehabilitation service is attempting more flexibility with their rehabilitation and undertaking more community based visits as able.</li> </ul> | P |
| <p><b>SS15 Improving Waiting Times for Colonoscopies</b></p> <p>The target for Urgent Colonoscopies was achieved, but not the target for Non-Urgent Colonoscopies.</p>   | P |

|  |                 |
|--|-----------------|
| <p>The DHB continues to employ locum SMO's to assist with meeting the scope demand. The Colonoscopy/Colorectal Governance Group is now being replaced with the Taranaki DHB National Bowel Screening Governance Group that continues to closely manage the use of scoping capacity with a view to better utilise current capability.</p>   |                 |
| <p><b>E Status Update Reports - Actions Included in Annual Plans - Improving mental wellbeing</b></p> <p>Although a Partial rating was given for this measure, the Ministry congratulated the DHB on its report content, presentation and overall progress with addictions milestones, which includes:</p> <ul style="list-style-type: none"> <li>• Changes made to the local Salvation Army Taranaki rehabilitation programme to improve flexibility and availability of different service levels to reduce wait times and increase choice.</li> <li>• The Te Kawau Mārō funding application to the Ministry of Health was supported by Taranaki DHB and was successful. Three additional kaiarahi roles will be implemented to expand the existing capacity in the Taiohi Ora service. The Ministry of Health will contract directly with Tui Ora for this service.</li> <li>• Following a successful funding application to the Ministry of Health to support the development of peer support services in our region, sustainable funding has been allocated to Families Overcoming Addiction to enable their service to develop and expand. Numbers of referrals are growing and the service is now able to build its capacity to meet increasing need.</li> </ul>   | <p><b>P</b></p> |
| <p><b>E Status Update Reports - Actions Included in Annual Plans – Better population health outcomes supported by strong and equitable public health services</b></p> <p>The Ministry congratulated the DHB on the “excellent progress being made on Hand Hygiene compliance and spread initiatives across the hospital”.</p> <p>Some of the priorities that come under this measure include:</p> <p><b>The Disability Action Plan</b> – The DHB Consumer Engagement Advisor is leading this work. Mapping of disability sector resources, policies and plans has been completed and initial stakeholder engagement has been completed. Work is currently being undertaken to review the disability responsiveness training to update content if required.</p> <p><b>Delivery of Whānau Ora</b> – The Action Plan has been drafted as part of Te Kawau Mārō strategic refresh. This is currently with iwi for endorsement prior to presentation to TDHB and Iwi Relationship Board Te Whare Punanga Korero Trust, for formal adoption.</p> <p><b>Rural Health</b> – The work around a new South Taranaki Rural Health Model is progressing well.</p> <p><b>Bowel Screening and Colonoscopy Wait Times</b> – Workforce planning is underway to ensure that the DHB is ready for the commencement of the Bowel Screening Programme in June 2021.</p> | <p><b>P</b></p> |

Becky Jenkins  
GENERAL MANAGER  
PLANNING, FUNDING & POPULATION HEALTH

# Memorandum

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|                 |   |
|-----------------|---|
| <b>DATE:</b>    | 26 November 2020  |
| <b>TO:</b>      | TDHB Board  |
| <b>FROM:</b>    | Gillian Campbell – Chief Operating Officer                              |
| <b>COPIES:</b>  | Rosemary Clements – Chief Executive                                     |
| <b>SUBJECT:</b> | <b>HOSPITAL &amp; SPECIALIST SERVICES BOARD REPORT FOR OCTOBER 2020</b> |

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Attached please find the October 2020 Hospital & Specialist Services Board report. Included in this report are the following:

- Overview
- Health Performance Indicators for:
  - Planned Care
  - Acute Care
  - Community Care
  - Workforce

## Overview

- Please find a summary of progress against the District Annual Plan (DAP) for Hospital & Specialist Services (H&SS) for October 2020. This report highlights hospital delivery and work plan achievements.
- H&SS have continued on the ambitious work programme for 2020/21 focused on enhancing the system and processes to ensure hospital services can be delivered as efficiently as possible with a focus on quality care. The hospital is seeing the progress in these projects and is utilising change management processes to ensure changes are evaluated, adapted and reviewed ensuring services, systems and processes are embedded. This report has extended commentary on these projects and some of the initial outcomes

## Projects

- H&SS continue with a focus on delivering the performance and productivity programme of work. This is being delivered by H&SS under the streams of planned care, unplanned (acute) care, community, workforce and Project Maunga. Additional to this programme of work is the COVID-19 recovery pieces of work.
- Clinical staff are leading and participating in this work supported by project managers. Relevant stakeholders including consumers and Maori Health are key to patient face to face activity.
- The planning for the implementation of bowel screening in Taranaki is well underway and remains on target for roll out June 2021, this will not be confirmed until after a readiness assessment is completed early May 2021. There are three work streams which are a current focus - these being Primary Care, IT and Equity, including Communications and Engagement. Wait time indicators are tracking in the right direction with further ability to increase delivery through improved preadmission, and reductions in DNAs / cancellations and this area remains a focus for H&SS as we prepare for bowel screening.
- A component of the acute patient flow project is the development of patient pathways for common hospital presentations. We expect shortly to implement many components of the Global Obstructive Lung Disease Guidelines. It is identified that if our Length of Stay and readmission rate for respiratory patients can be improved, consistent care can be enhanced. We expect this to start in December 2020 with improvement realised in early 2021. Work has also started on the heart failure patient pathway and multiple common presentations in the Emergency Department (ED).
- The Perioperative Project and reviews of workforce rosters and scheduling continues. This is a complex multidisciplinary service and the teams have developed options for rosters that will support improved working hours and also improved ability to schedule both acutes and planned patients. These are significant changes that will require ongoing consultation and work with the staff involved. Roster changes is progressing as the biggest change in decades.
- Anaesthetic Technicians has been identified as a workforce that is in shortage across the country. There are two options for training Anaesthetic Technicians in New Zealand. An application has been made to reintroduce the Anaesthetic Technician training programme at Taranaki DHB and we are expecting to have trainees back in theatre in 2021. Recent attendance at the Taranaki DHB run career days gained significant interest from secondary school students after finding out about this as a career option.



**TE AHU**  
TARANAKI DHB VALUES

Partnership  
WHANAUNGATANGA

Courage  
MANAWANUI

Empowerment  
MANA MOTUHAKÉ

People Matter  
MAHAKITANGA

Safety  
MANAAKITANGA

### Key Achievements

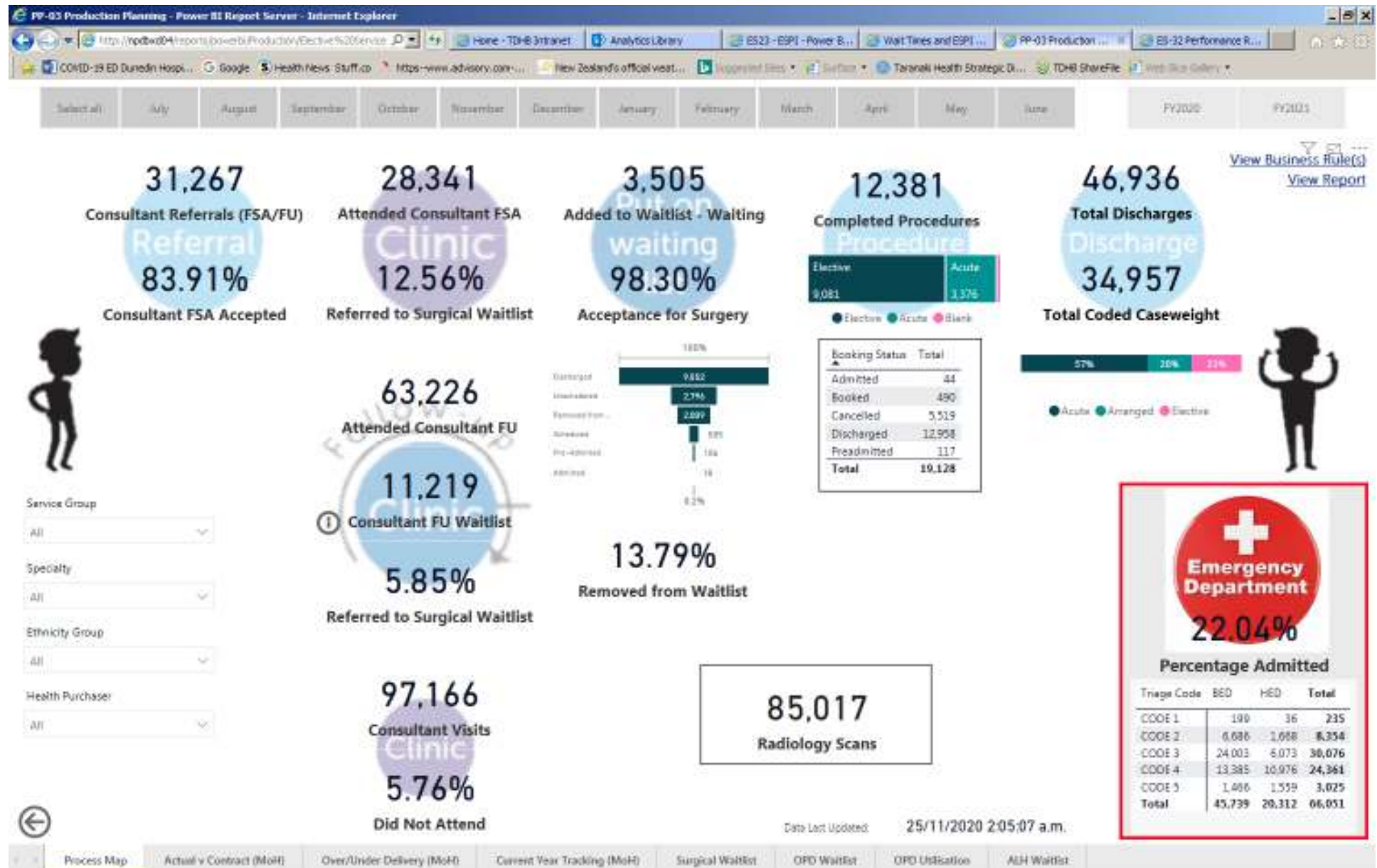
- Working with our People & Capability team, a focus has continued on wellness and managing unprofessional behaviour. The H&SS management team have undergone this training with information sessions now available to all staff.
- The ED has commenced a journey of delivering the recently launched Te Rautaki Manaaki Mana: Excellence in Emergency Care for Māori. The vision of this strategy is that EDs will provide excellent, culturally safe care to Māori in an environment where Māori patients, whānau and staff feel valued and where leaders actively seek to eliminate inequities. Senior nursing and senior medical ED team members are championing this programme of work that has been developed through the Australasian College of Emergency Medicine involving ED clinicians, DHB Maori Health representatives and consumers.
- Taranaki DHB is running the national pilot of the Sepsis Ready Programme which aims to ensure that hospitals are equipped for early detection and equitable treatment of patients with sepsis, and to help raise awareness of sepsis in the community. The early stages of the Sepsis Project has highlighted a few areas of improvements that we are working on around inequity, especially around identifying sepsis early in patients who are at higher risk, covering the patient journey from the community into and through ED.
- In October 2020 the discharge planning stream of the Acute Patient Flow Project commenced with several interventions to seek improvement in the method of operation and planning processes for discharge in the adult acute inpatient spaces (Wards 3AB and 4AB). These interventions include bringing together doctors, nurses and allied health teams every morning to confirm each patient has an estimated date for discharge (EDD), a criteria for discharge and that all team members understand the plan and tasks needing to be done to achieve good care and timely discharge. Previously the nursing and allied health teams met without the doctors and we have seen a great deal more teamwork and coordination between the teams. We continue to seek greater medical consultant engagement and are fine tuning around getting patients ready for discharge by 11.00am to promoting flow through the ED and theatre.
- Establishment of the Discharge Lounge has occurred in November 2020. This is located in a large waiting room in radiology and is largely suitable for the purpose of hosting patients while they wait for discharge paperwork, transport or education activities. These types of units are intended to generate space in the wards for earlier cleaning and preparation for new patients to arrive from ED or theatre. An unintended consequence of the discharge lounge is that when patients are asked to wait in the lounge for transport alone, many promptly arrange transport earlier than previously expected and flow is generated.
- The capacity and access nurses have commenced and are giving extended hours and seven day a week nursing leadership across the acute ward areas optimising patient care throughout the week.
- The National Safe Staffing Unit published a summary of our CCDM process in acute mental health (TPW) highlighting our implementation of Trendcare and how well the staff embraced this new acuity tool. This will assist greatly in predicting staffing for this unit with many complexities to staffing models.
- As part of managing performance and productivity of our hospital services, ensuring that clinical and non clinical supplies are used as efficiently as possible has been a focus for our high clinical demand areas again this month. With an audit of current practice we have been able to identify systems and process improvements in a number of clinical units. This month the focus moved into theatre and CSSD.

### Emerging Risks

- Close monitoring of the impact of COVID-19 on recruitment, particularly where international job offers have been made.
- Managing COVID-19 planned care recovery is being challenged by vacancies and ongoing recruitment challenges. Alternate service delivery options are managing this risk currently.
- The increasing acuity of patients and need for urgent acute surgery has resulted in extended hours for theatre nursing staff.
- The increased vacancies in the oral health service is resulting in increased waitlists.

# YTD Activity

## Hospital & Specialist Services Activity YTD July – October 2020

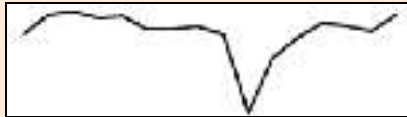




## Planned Care – October 2020

### Surgical Elective (Caseweight) – Local Delivery Only

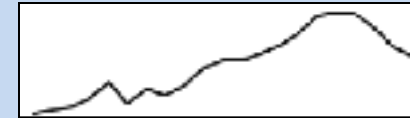
| Maori | Non-Maori | Total  |
|-------|-----------|--------|
| 37.35 | 453.14    | 490.49 |



Surgical electives were overall up compared to September and planned care delivery is tracking as planned.

### ESPI 2 Percentage of patients waiting longer than four months for their First Specialist Assessment (FSA) (Sep-20)

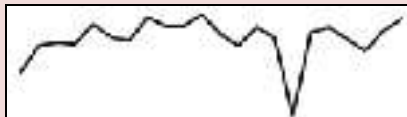
| Maori | Non-Maori | Total  |
|-------|-----------|--------|
| TBC   | TBC       | 34.30% |



Wait times for patients to be seen by a specialist for their first appointment continue to decrease.

### Planned Care Discharges – Local Delivery Only

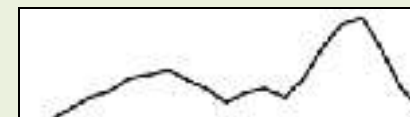
| Maori | Non-Maori | Total |
|-------|-----------|-------|
| 44    | 380       | 424   |



Planned care delivery discharges increased from September and were within expected target levels for October.

### ESPI 5 Percentage of patients given a commitment to treatment but not treated within four months (Sep-20)

| Maori  | Non-Maori | Total  |
|--------|-----------|--------|
| 26.10% | 17.80%    | 19.00% |



The percentage of patients not receiving timely treatment continues to decrease.

### Key Achievements/focus areas:

- Recovery plans are being implemented with additional Ministry of Health support for planned care initiatives including the roll out of telehealth hardware, implementation of alternate musculoskeletal pathways and Choosing Wisely Programme that looks at our ordering of investigations (laboratory and radiology).
- Thresholds for treatment are being reviewed for all services along with alternate assessment models to optimise specialist utilisation; these thresholds are being discussed with Primary Care to ensure we manage our patients across the continuum. It is envisaged that this change in threshold will be an interim measure.
- Clinical leads for all specialties are engaged in recovery of waitlists.
- Whanganui DHB is able to support the delivery of some planned care for the Taranaki population over the next eight months in the specialties of ENT and gynaecology. Patients have been positive about accessing these services through Whanganui DHB.

## Acute Care – October 2020

### Total ED Presentations

#### Base Hospital

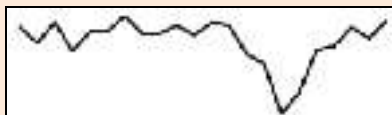
Maori  
648



Non-Maori  
2315



Total  
2963



#### Hawera Hospital

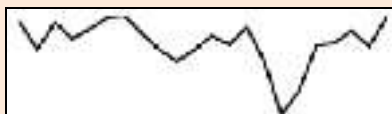
Maori  
414



Non-Maori  
977



Total  
1391



Presentations to both Taranaki Base and Hawera Hospital EDs are more than September 2020 and also slightly more than for the same period in 2019. High acuity presentations are resulting in increased admission rates.

### Maternity Births at a TDHB facility (a delivery resulting in multiple babies is counted as one birth)

Maori  
26



Non-Maori  
74



Total  
100



The number of births in October 2020 was within expected levels.

### Mental Health Discharges from Te Puna Waioira Inpatient Ward

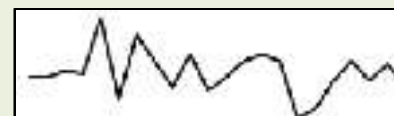
Maori  
15



Non-Maori  
30



Total  
45



Mental Health discharges decreased from September 2020 and are less than for the same period in 2019.

### Total Acute Ward Discharges – Base & Hawera

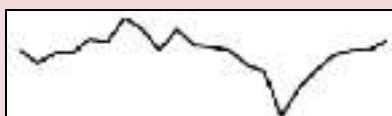
Maori  
251



Non-Maori  
906



Total  
1157



While discharges have increased compared to September 2020, they are less than for the same period in 2019.

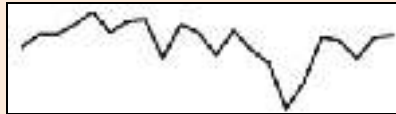
### Key Achievements/focus areas:

- The acute pathway programme of work continues, focusing on patient flow through the hospital, care pathways and changed Models of Care.
- This month has seen presentations to the ED increase again at both sites with Base increasing by 2% compared to October 2019 however presentations at Hawera increased by 19% compared to last year.
- The trend of reducing Length of Stay continues and is reflective of the focus of discharge planning occurring on the acute wards; the initial trending is showing month on month gradual improvement since the COVID-19 months.

## Community Care – October 2020

### Total Number of CHIC Referrals

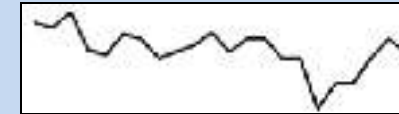
|       |   |           |   |       |   |
|-------|---|-----------|---|-------|---|
| Maori | ↑ | Non-Maori | ↑ | Total | ↑ |
| 204   |   | 1172      |   | 1376  |   |



October referrals have increased since September however are less than for the same period in 2019.

### Community Treatment Orders issued under Section 29 of the Mental Health Act (rate per 100k adult population)

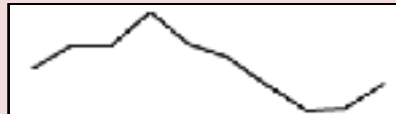
|       |   |           |   |       |   |
|-------|---|-----------|---|-------|---|
| Maori | ↓ | Non-Maori | ↑ | Total | ↓ |
| 187   |   | 63        |   | 88    |   |



The total number of community treatment orders has decreased since September. Taranaki DHB continues to work hard to reduce the number of treatment orders and this can be seen in the year trending.

### Total Waitlist for Radiology

|       |   |           |   |       |   |
|-------|---|-----------|---|-------|---|
| Maori | ↑ | Non-Maori | ↑ | Total | ↑ |
| 406   |   | 3030      |   | 3436  |   |



October 2020 has seen an increase since September 2020 however a continued focused effort on reducing waitlists in radiology has overall resulted in improved waitlists.

### Seclusion Hours per 100k adult population

|       |   |           |   |       |   |
|-------|---|-----------|---|-------|---|
| Maori | ↓ | Non-Maori | ↓ | Total | ↓ |
| 206.6 |   | 39.71     |   | 69.6  |   |

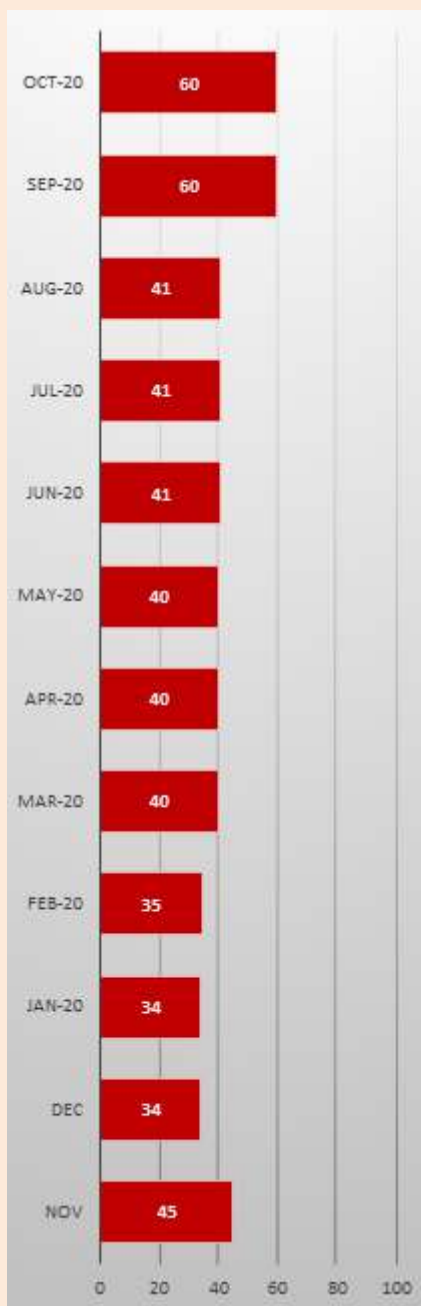


Following a spike in September, the number of seclusion hours has decreased in October.

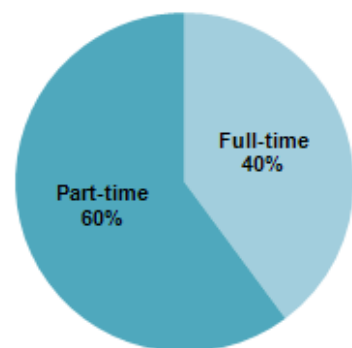
### Key Achievements/focus areas:

- While a focus on reducing radiology waitlists has been a priority, sustaining these gains into the future and improving the capacity for acute and community referred diagnostics is a priority. Planning for managing an aging asset register in radiology as we plan for the new build is currently a focus with options for sustainable and quality service provision being considered.
- A new non-acute rehabilitation contract with ACC will allow for more innovative models of care for community rehabilitation.
- The child development funding from the Ministry of Health has been confirmed which will help meet the gaps identified in the HEAT assessment and consumer feedback. This is focused on providing a more equitable child health disability service in South Taranaki and social work navigation across Taranaki but still with a strong focus of those children in the South.

### Overall % CCDM Implementation

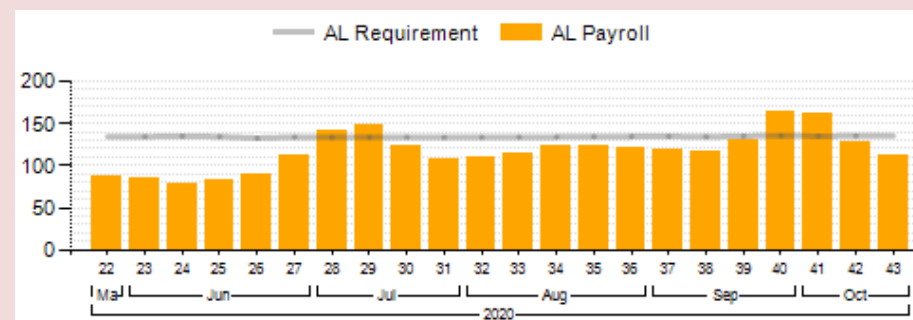


### Staff Type Ratio

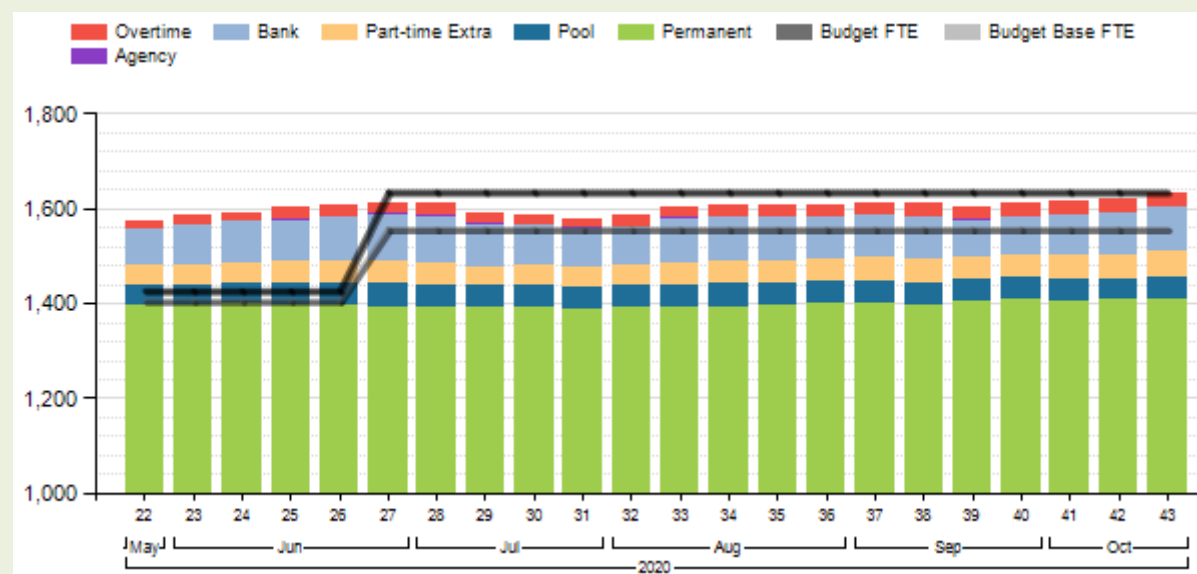


### Workforce – October 2020

#### Annual Leave Taken



#### FTE Performance



## HUMAN RESOURCES REPORT OVERVIEW

This report highlights key achievements and focus areas in Human Resources, with the activity covering two areas:

- **Culture Development** - The HR Strategy ('People Plan-on-a-Page') was launched together with the new TDHB Values ('Te Ahu Taranaki') in early 2018. Key implementation initiatives include Leadership Development, Team Development & Collaboration, Recognition, Performance Management, Behaviour-based Recruitment and Employee Wellbeing (with an important current focus on Anti-Bullying and supporting relevant Safety initiatives).
- **HR Operations** - covers all core HR processes (Employment Relations, Recruitment Training).

### Support for implementing the Clinical Governance framework

- TDHB will run its second round of the team development and collaboration skills development programme for senior Clinical staff. Programme design workshops have been undertaken and the course will now be held in February to directly support the implementation of planned organisational change.

### Support for Maori Health Equity

- To recap, the Te Manawa Taki training programme ("Disrupting Institutional Racism") for HR staff that teaches how to imbed these goals into HR policy, processes and practices was held on 23 November (including full attendance from the People & Capability and Maori Health teams). A senior leaders programme (3 spaces for TDHB) is scheduled for February in Rotorua.

### Leadership Development and Teamwork/Collaboration Development

- An internal Team Development/Teamwork Skills programme has been established and is on-going.

### Staff Engagement Surveys

- The full survey will be undertaken again in February. A 'spot survey' on Safety & Wellbeing will be undertaken commencing end of November and the results reported to the Board and EMT in mid-January. As previously noted the latter is the functional area where we have the largest opportunity to 'shift the dial'/add value to our culture development.

### Employee Wellbeing

- Following on from the Anti-Bullying/Unprofessional Behaviour leadership training in October & November, a training, information and communication programme has commenced for employees, Health & Safety Representatives and union representatives.
- Wellbeing walls have been launched & received positive feedback. They have then been refreshed recently with Pink Shirt Day (Oct 16<sup>th</sup>) and the next refresh will be 'Keeping Well in the Festive Season'



### Recognition

MORE Awards – Peer to Peer recognition programme has been running for 21 months. Approximately 1,700 individuals recognised for our Te Ahu Taranaki DHB Values.

### Employee Exit Data

To recap a workshop will be held on with Maori leavers as an input into the Maori Workforce retention programme of work. The Exit Survey resulted in a 12 month completion rate of 28% up from the prior 11%. The new internal process to drive up participation in Exit Surveys saw a participation rate of 36% for September and 60% for October.

### Training

The drive commencing October amongst the non-Clinical staff cohort to increase attendance at the 'Mandatory Refresher Training' course has seen attendance rates of 77%. Ten additional courses have been organised in order to clear this backlog (i.e. current and overdue attendees, estimating 245 staff by Dec). Following a review including other DHB practices, regulatory compliance and limited training capacity, the EMT has approved the refresher topics going fully online and moving to a 3-year cycle instead of 2-yearly. This means around 600 staff per year will be required to undertake the course.

### Employment Relations

The Nursing & Midwifery MECA (NZNO) negotiations continue with TDHB having a representative on the bargaining team; the Specialty Trainees for New Zealand (SToNZ), PSA (Public Service Association) Nursing, PSA Allied MECAs are in bargaining; the APEX (Association of Professionals and Executive Employees) has initiated for a new MECA for Dietitians with Taranaki, Whanganui, Mid Central and Northland DHBs.

### Recruitment

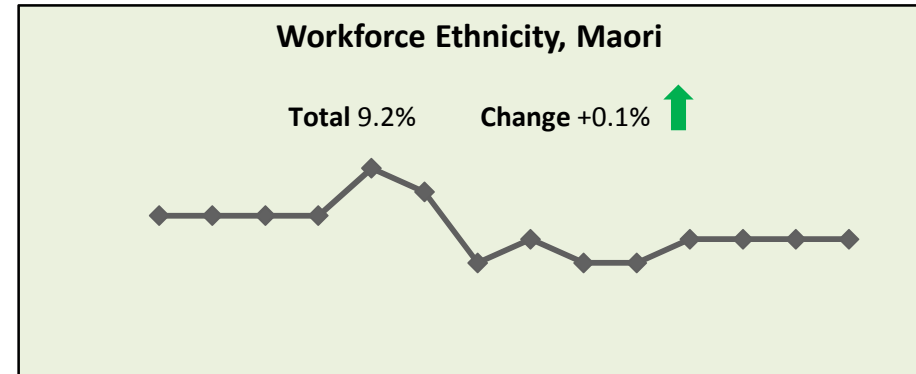
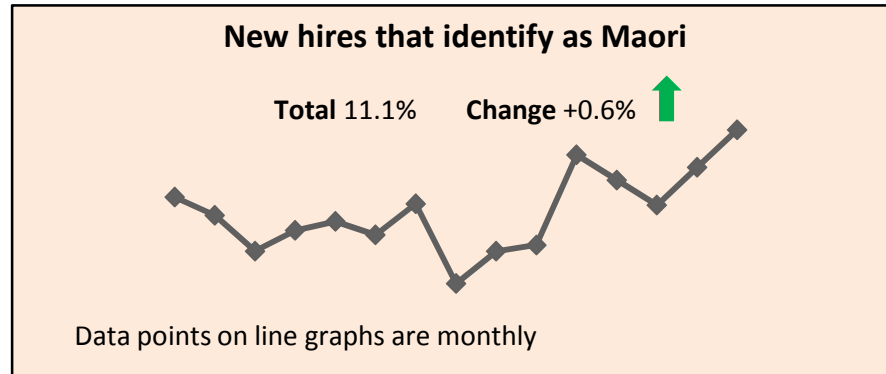
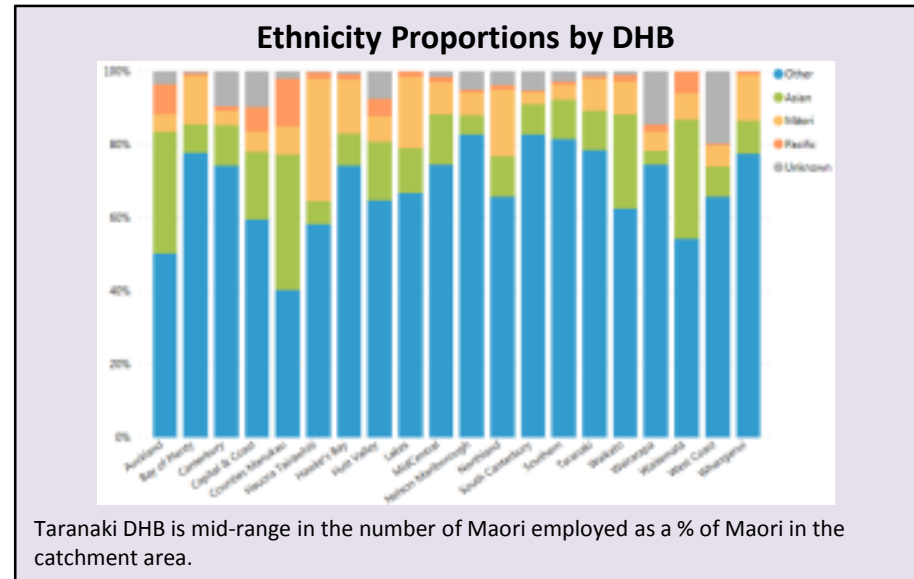
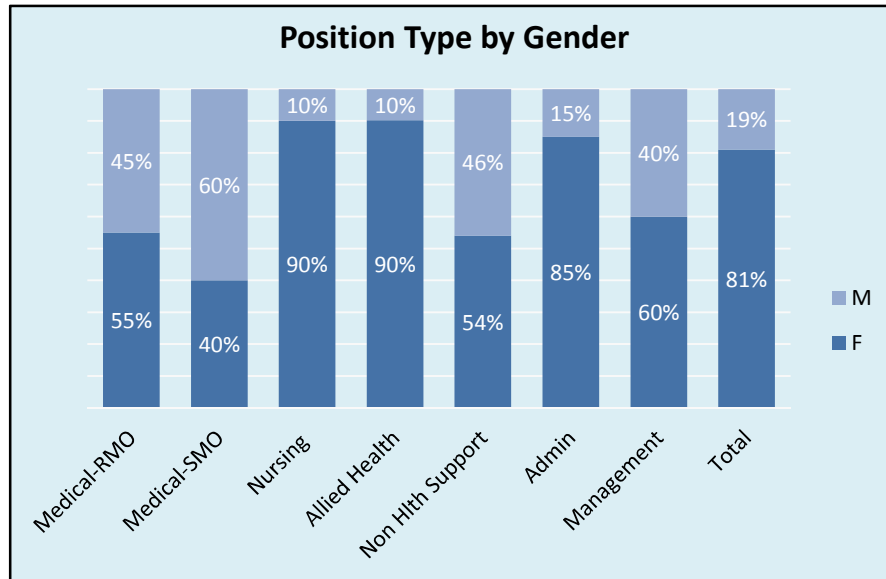
The Recruitment policy and process is being refreshed with a view to strengthening our selection methodologies for line management roles.

### National/Regional collaboration

- TDHB is chairing a 20-DHB project to purchase common talent-pooling, talent-tracking and international recruitment campaign software. The tender documents have been issued to the market.
- Leadership Development programmes for the Health sector are being centralised via a full market tender. TDHB is the 20-DHB representative on the Steering group which will assess and recommend the scope of the project and final vendor at the conclusion of the tender process.



## Diversity



### Maori Recruitment - Statistics for the quarter 1 July 2020 to 30 September 2020 are:

- 68 of 11149 or 6% of all applicants identified as Maori.
- 24 of 292 or 8% of all applicants interviewed identified as Maori.
- 13 of 156 or 8% of all applicants hired were Maori
- 13 of 68 or 19% of all Maori applicants were hired.

NB report is quarterly

## Annual Leave

### % of employees with annual leave 2x their entitlement

Total 15.4% Change + 0.7% ↑



All employees except casuals

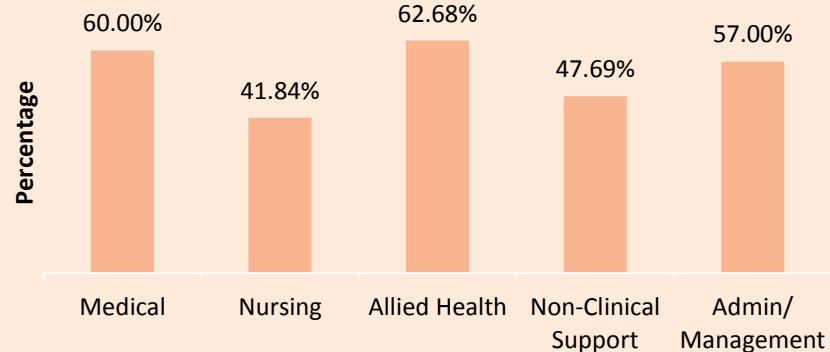
### Average annual leave balance in days

Total 22.7 Change -0.3 ↓



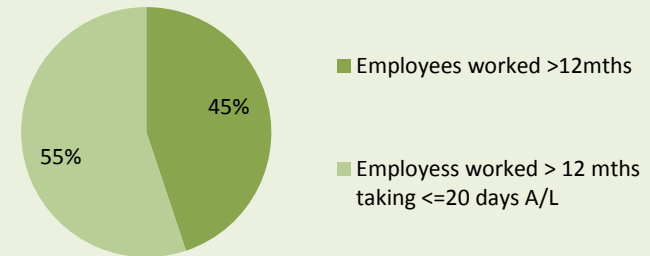
All employees except casuals.

### % Employees Taking ≤20 Days A/L in Past 12 Months



Full time permanent employees with greater than 12 months service. Quarterly data.

### % Employees Taking ≤20 days A/L in Last 12 months



Full time permanent employees with greater than 12 months service. Dark green is employees taking more than 20 days AL, light green employees taking 20 days or less. Quarterly data.

Data points on line graphs are monthly.

NB: The requested 20 days or less graphs requested is quarterly data.

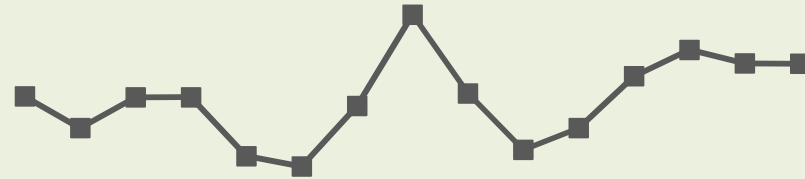


## Training & Performance Management

### Total instances of training attendance

Total 802

Change - 2

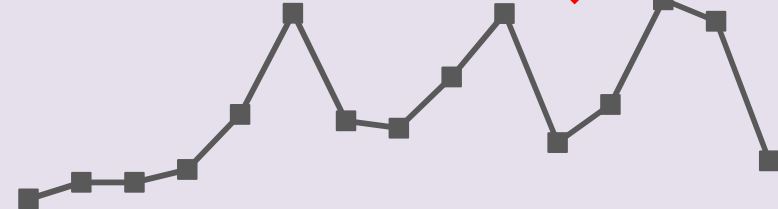


Post COVID-19 there was a spike in training to catch-up on sessions missed due to restrictions. This has now declined, with also less training over the school holiday period.

### Total instances of e-learning

Total 377

Change - 427



A spike in January is caused by Nurse intake followed by a spike in May due to COVID-19 with training needing to shift to online offerings. Then the recent drop is due to Registered Nurses having completed their compulsory professional development courses.

### % of employees who are up-to-date on Mandatory Refresher Training

Total 42%

Change 3%



With on focus on mandatory training and extra sessions added we expect to see a steady increase in completion of mandatory training.

### Up-to-date My Feedback

Total 33.4%

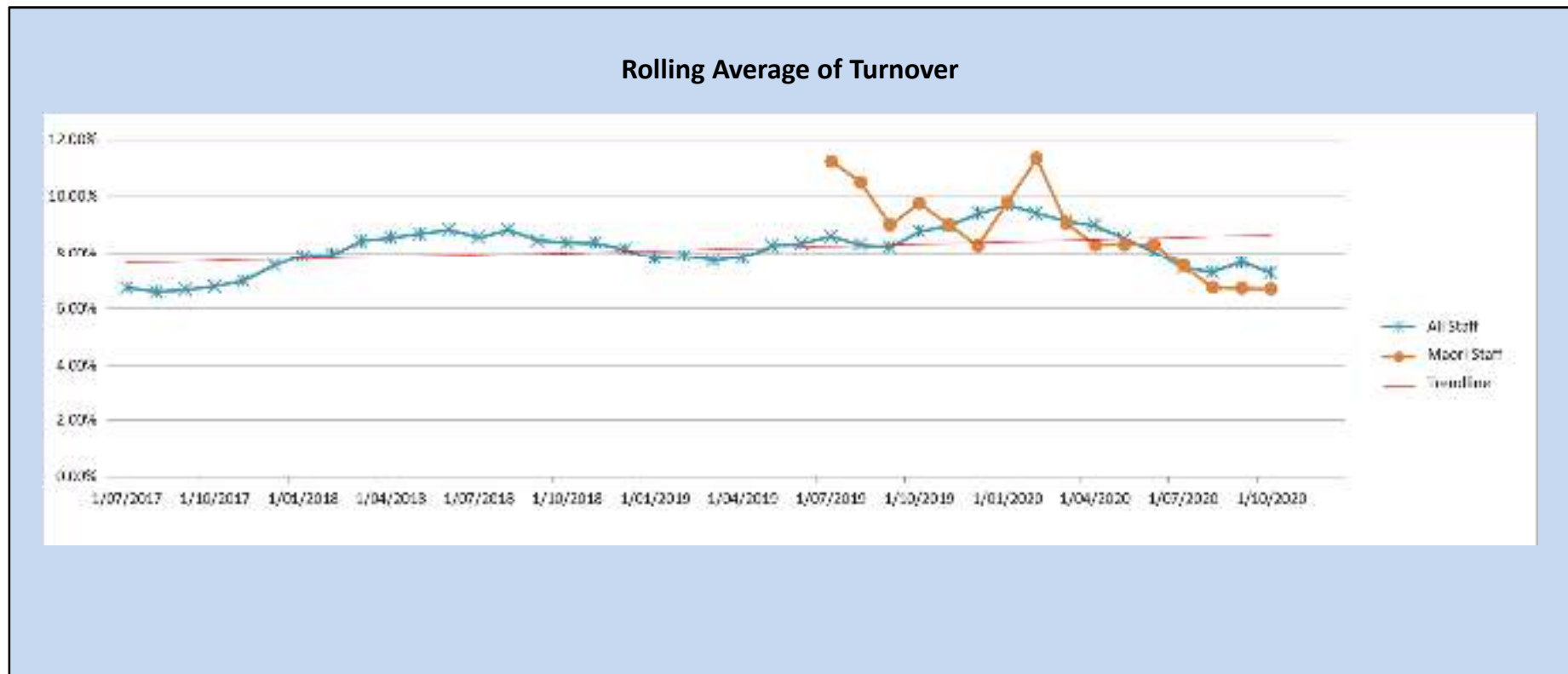
Change +1.1%



Undertaking performance appraisals has increased from 21% 12 months ago. A new set of tools was introduced; we are now able to provide automated reporting on compliance; and an on-going training programme is in place for managers.

Data points on line graphs are one monthly

## Turnover



It is noted that whilst we are recruiting Maori at rates that are often higher than 9% each month (e.g. 10% - 13%) , Maori turnover is also higher, negating the recruitment effect and leaving our percentage of Maori employees unchanged. The Recruitment project mentioned will incorporate job family, age & exit survey analysis to help identify potential avenues for improvement.

NB – the definition of turnover is permanent employees, excluding casuals.

# Memorandum

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**DATE:** 20 November 2020

**TO:** Rosemary Clements and TDHB Board

**FROM:** Beth Findlay-Heath, Communications Manager

**SUBJECT:** **COMMUNICATIONS AND ENGAGEMENT REPORT**

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## RECOMMENDATION

That the Board receive and note the Communication Manager's report on communication and engagement over the last two months (October/November).

## COMMUNICATIONS AND ENGAGEMENT

As we approach the end of the year there has been a significant amount of work completed on highlighting this year's mahi, including annual report publications, survey's, infographics, the final Pulse magazine, and future strategies and plans. It's also been a popular few months for health awareness campaigns, and the communications team has worked hard to give as many of these awareness days the promotion they deserve. *Check out Appendix 1.*

Both internal and external projects remain our biggest pieces of mahi, including socialisation of the DHB's Transport Management Plan to encourage more sustainable and active ways for staff to get to work in light of the impending construction work due to start on Project Maunga Stage Two.

COVID-19 communication continues to be strongly aligned with Ministry messaging to ensure our community is aware of the latest information. We are resurgence planning for the holiday season and have contingency plans for effective communication to continue if more cases arise.

## COMMUNICATION CHANNELS/PLATFORMS

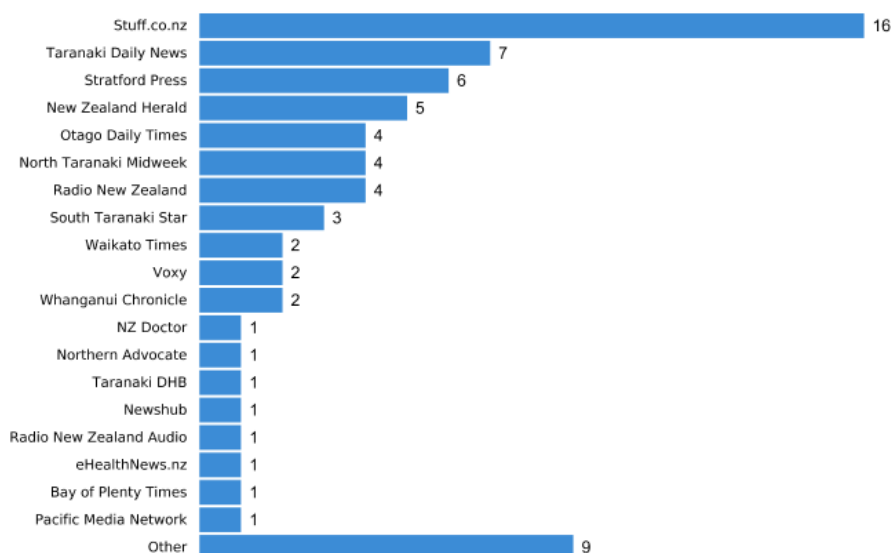
Following the board's request to better understand the communication channels and platforms our DHB uses to share information and engage staff, stakeholders and the wider community please see the following table.

| INTERNAL CHANNELS   | EXTERNAL CHANNELS  |
|---|--|
| <ul style="list-style-type: none"><li>• The Intranet</li><li>• The Dose – bi-weekly e-newsletter</li><li>• The Pulse – quarterly publication</li><li>• Chief executive video updates</li><li>• Staff forums – CE &amp; COO</li><li>• All staff memos</li><li>• Video screens in main entrance</li><li>• Hospital poster boards</li><li>• Posters in staff rooms</li></ul> | <ul style="list-style-type: none"><li>• TDHB website</li><li>• Social media – Facebook and Instagram</li><li>• Media releases – online, newspaper, radio</li><li>• Publications – Daily News, Midweek, South Taranaki Star, Opunake and Coastal News, Waitara Alive, Live magazine, Readers Digest, NZ Doctor</li><li>• Radio advertising – all local stations</li><li>• Billboards – digital and static</li></ul> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Management and team meetings</li> <li>• Hospital &amp; Specialist Services daily teleconference</li> </ul> | <ul style="list-style-type: none"> <li>• Cinema advertising</li> <li>• Vehicle signage – five DHB cars are currently sign-written</li> <li>• Back of bus advertising</li> </ul> |
|---|---|

The use of different platforms is dependent on budget, and this is often our biggest challenge with health promotion. Budget constraints mean we can only rely on our free platforms, but at times there are services and departments who have money to spend. The communications team can advise and price out various marketing methods to assist with promotion. ED is the only department that has an annual advertising contract with radio company Mediaworks.

Taranaki DHB uses Fuseworks to monitor media engagement and provide analytics to highlight reach, volume and sources so we can see how our DHB stories are shared following release, or where our organisation has been mentioned (as outlined in the graph below for the month of October):



## PROJECTS

We have seen a huge increase in the number of projects needing completion before the end of 2020, mostly due to these being put on hold earlier in the year. Project work for October/November includes:

- Get tested to be sure – COVID-19 campaign
- Travel Management Plan – Project Maunga
- Campus car parking – Project Maunga
- New screens for 'Hospital at first glance' (HaaG) and Allied Health screens
- Planned Ticket Home – Acute Patient Flow project work
- International Allied Health Professionals Day profiles
- Diabetes
- Advance Care Planning
- South Taranaki Rural Health
- National Bowel Screening programme
- Let's Go Fresh Air Challenge

- Emergency management conference planning
- Sustainability 'Go Zero Carbon'
- Distracted walking - Clinical Governance
- Adverse Food or Drug Reaction Protocol
- IT Citrix upgrade
- Safe Sleep awareness
- The Great TDHB Christmas Bake Off

#### **Project profiles completed:**

- Allied Health Professionals profiles
- IT team profiles
- Medicine Leadership profiles
- International Year of the Midwife and Nurse profiles

*Please refer to Appendix 2 for a look at some of our project work.*

#### **MEDIA ENGAGEMENT**

There was quite a bit of proactive media engagement around COVID-19 testing in early October, this helped to encourage visitors to the region to get tested for any symptoms straight away rather than waiting until they got home. Since the 'Get tested to be sure' campaign there has been no media interest in COVID-19 on a local level at all.

We continue to provide a variety of good news stories to showcase the great mahi taking place throughout our DHB. Here is our recent media coverage:

| <b>PROACTIVE</b>   | <b>REACTIVE</b>                                       |
|--|---|
| Taranaki medical officer of health urging people to keep contact tracing in level 1              | Massive rise in use of telehealth at DHBs             |
| Taranaki DHB investigating low child immunisation rates  | Clean energy upgrade for Taranaki DHB                 |
| Taranaki DHB's new testing campaign targets regional travel                                      | Patient at Taranaki Base with meningococcal infection |
| Baby's death prompts Taranaki weavers to support safe sleep programme, Safe Sleep - "Tau Te Moe" | Theft of hospital equipment                           |
| High-tech equipment to help sick Taranaki children – Taranaki Health Foundation story            | Asbestos on David Street site                         |
| Construction set to start on new Renal Unit  | Numerous patient status updates                       |
| Healthcare careers expo a hit with Taranaki students   |   |

## SOCIAL MEDIA

We have enjoyed profiling many of our DHB staff over the last few months to align with campaign work or Awareness Days we have celebrated. COVID-19 messaging has been reduced on social media, making way for some other feel good moments to be shared.

Insights from 25 Oct - 21 Nov 2020 (28 days):

- **Page likes:** 47 (total: 7,622)
- **Post reach:** 20,829 - number of people who saw any of our posts at least once
- **Post engagements:** 6,881 - number of actions that people take on our posts/page; includes, likes, comments, shares

Take a look at some of our best performing social media posts for October and November in *Appendix 3*.

## AWARENESS DAYS CELEBRATED OCTOBER/NOVEMBER



**Health Literacy Awareness  
Month (October)**



**Fresh Air Challenge with  
NPDC's Let's Go team  
(October)**



**Malnutrition Week  
(5-9 Oct)**



**Allied Health Professionals  
Day (14 Oct)**



**Pink Shirt Day - raising  
awareness for anti-bullying  
(16 Oct)**



**Cyber Smart Week  
(19-23 Oct)**



**Thank Your Cleaner Day  
(21 Oct)**



**Loud Shirt Day deaf  
awareness (23 Oct)**



**#MedSafetyWeek  
(2-8 Nov)**



**World-wide STOP Pressure  
Injury Day (19 Nov)**



Why Antimicrobial  
Awareness is VITAL

**World Antimicrobial  
Awareness Week  
(18-24 Nov)**



**White Ribbon Day  
(25 Nov)**

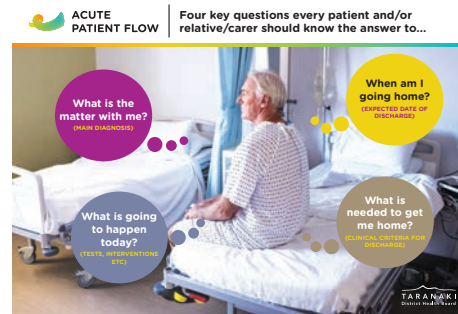


# APPENDIX 2

## COMMUNICATIONS PROJECTS OCTOBER/NOVEMBER



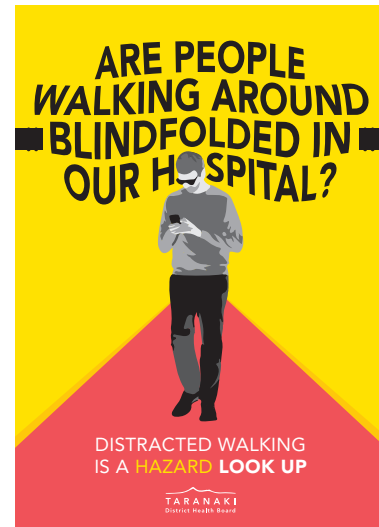
New 'Hospital at a Glance' screens



Planned ticket home -  
Acute Patient Flow project



Advance Care Planning



Distracted Walking



Safe Sleep Day



The Great TDHB Christmas Bake Off



# SOCIAL MEDIA

## BEST PERFORMING FACEBOOK POSTS - OCTOBER/NOVEMBER

### SOCIAL MEDIA MEASUREMENT

#### Reach

The number of people who had content from or about our page enter their screen.

#### Reactions

Likes, sad, shocked, angry, funny e.g.



#### Engagements

The number of times the post had someone interact with it, such as reacting to the post, posting comments, reacting to comments, sharing the post, etc.

**Taranaki District Health Board**  
Published by Hootsuite [?] · 1d · [?]

Sue Philipson, a former Taranaki DHB Alcohol and Drug Service family/whānau advisor, is among 11 New Plymouth residents recognised for their community service, at the recent 2020 New Plymouth District Council Citizens' Awards.

Sue has worked for many years helping families who have contacted their local hospital drug and alcohol service. She's also been a driving force behind the Eating Disorder Support Group run at Supporting Families Taranaki and is the facilitator for ... See more

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

3,294 People reached 342 Engagements [Boost post](#)

Nicki Bee, Nika Newton Booker and 53 others 7 Comments 4 shares

Like Comment Share

Our midwife Grace Maha supports māma and whānau and also promotes safe sleep practices for pēpi around Taranaki.

"My desire to truly help people and make a difference is what inspires me. Of course this is true for all people but my calling is to help my own people. I want to see and be a part of changing some of the inequities that exist for Māori. The best thing about being a midwife is knowing you're responsible for two lives at a time. Knowing the care that I give can make or break a woman's belief in herself. Pregnancy and birth is such a vulnerable time in a woman's life and I can make a huge difference."

We recently had a kōrero with Grace for International Year of the Nurse and Midwife. You can read Grace's inspiring story about her midwifery career here: <https://www.tdnhb.org.nz/careers/profiles/grace-maha.shtml>

**2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE**

**TARANAKI District Health Board**

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

4,227 People reached 454 Engagements [Boost post](#)

Sue Berry, Dee Peck Aro and 116 others 8 Comments 8 shares

Demolition is well underway at the David Street site of Taranaki DHB's soon-to-be-constructed Renal facility. Aside from demolition, site prep also meant a number of houses headed off down the road on the back of a truck - not something you see everyday!

To find out more about the Renal facility and what else is planned for Taranaki Base Hospital as part of Project Maunga Stage Two, visit [www.tdnhb.org.nz/maunga.shtml](http://www.tdnhb.org.nz/maunga.shtml)

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

14,667 People reached 5,397 Engagements [Boost post](#)

The TSB Business Enablement Team is stoked their bake sale went so well, raising \$1200 to buy 22 woolen Swannidri blankets for our Base Hospital's Neonatal Unit to give to new parents. The team at TSB's head office in New Plymouth does two Acts of Community Good a year, and this cause had everyone in the building generously buying expensive cakes.

The natural fibre blankets are ideal for babies, allowing their skin to breathe and they can be folded underneath the crib mattress and then around baby to keep warm.

Thanks team!

(L-R) Tayla, Abi, Brook, Joy, Natalie, Erin

#babylove #tsbbank #swannidri #neonatal #woolblankets #gratitude #thankful #thankyou #taranakitogether #healthmatters #healthytaranaki #taranakihealthcare #caringforourcommunity #caringfortaranaki #taranakidhb #tdnb #healthcare #health #instahealth

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

4,891 People reached 578 Engagements [Boost post](#)

Rochelle West, Krissy Best and 141 others 4 Comments 6 shares

**Taranaki District Health Board**  
Published by Hootsuite [?] · 11 November · [?]

New vaping laws take effect today. Some of the key changes are:

- the sale or supply of vaping products to under 18s is prohibited
- indoor vaping is prohibited at workplaces, restaurants and licensed premises
- vaping is prohibited at schools and early childhood centres (including outdoors)... See more

## Vaping regulations

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

5,399 People reached 402 Engagements [Boost post](#)

Shayna Pemberton, Kati Freeman and 48 others 2 Comments 25 shares

**Taranaki District Health Board**  
Published by Hootsuite [?] · 4d · [?]

The new Health and Wellness Pathway Shadowing Programme is giving Year 12 and 13 students the opportunity to shadow our staff members for a day each week, working across all health related jobs in our hospitals. You can read more about the programme that piloted last term, here in the latest issue of our Taranaki DHB magazine The Pulse.

[https://www.tdnhb.org.nz/news/documents/Pulse\\_2020\\_11.pdf...](https://www.tdnhb.org.nz/news/documents/Pulse_2020_11.pdf...)

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

3,802 People reached 669 Engagements [Boost post](#)

Elaine Gulbransen, Victoria Hill and 114 others 23 Comments 3 shares

**TARANAKI DHB HELPING WITH POSITIVE AUCKLAND COVID-19 CASE WHO TRAVELLED TO NEW PLYMOUTH**

Taranaki DHB's Public Health Unit (PHU) is supporting a national health response associated with a positive COVID-19 case identified in Auckland who spent time in New Plymouth last week.

The PHU is contacting close contacts of an Auckland man in his twenties who tested positive for COVID-19 after travelling to New Plymouth for work at Port Taranaki on 13 and 14 October. Whilst in New Plymo... See more

## COVID-19 Update

Get more likes, comments and shares  
When you boost this post, you'll show it to more people.

39,708 People reached 8,313 Engagements [Boost post](#)

Cathryn Buttmore and 94 others 91 Comments 325 shares

# Memorandum

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**DATE:** 26 November 2020

**TO:** Taranaki DHB Board

**FROM:** Working Group Chairs

**SUBJECT:** **TARANAKI DHB WORKING GROUPS - UPDATE**

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## **INTRODUCTION**

Please find below an update for each of these groups. This will be provided monthly in conjunction with the Group Chairs. Each month an update as appropriate will be provided on the activities of the various working groups and Chairs of these groups will also be given the opportunity to provide an update.

## **Infrastructure & Planning Working Group**

The Infrastructure & Planning Working Group met on 26 November 2020.

The date of Monday, 14 December 2020 has been confirmed for a Wananga to be held to re-visit the models of engagement with Māori. Invitees are still to be confirmed however this will involve Māori, members of the Infrastructure & Planning Working Group, the Chief Executive and other key members of the Taranaki DHB management team.

The quarterly independent audit report from BakerTilly Staples Rodway and monthly Risk Management report and exceptions were received and reviewed. The work programme for 2021 was reviewed and re-set.

The Chair attended the monthly PSG meeting.

The Chair received no further correspondence from Board members (by email) about aspects of the design and build in Stage 2 that concerned them however further discussion at the December 2020 Board meeting will occur on how we engage the full Board (at a governance level) with critical stages of the design and build going forward.

## **Disability Working Group**

A meeting of the Disability Working Group was held on 29 October 2020 and a presentation entitled “The Pathway towards Accessibility” was given by Jacob Mills (Consumer Engagement Advisor) and Katy Sheffield (Director of Allied Health). Due to discussions during the meeting, time ran out and the meeting was adjourned. Another meeting was held on 19 November 2020; the two areas of focus of the meeting were:

1. The Taranaki Disability Action Plan

Jake explained the process to inform the Action Plan – what the DHB is hoping to achieve and how it plans to get there and the various consumer engagement groups he has been consulting with to inform the Plan.

2. Funding Streams for Disability Support Services (DSS)

The bulk of DSS funding is held by the Ministry of Health who contracts directly with providers. The DHB receives approximately \$1M of funding from the Ministry for a small number of local services. Katy spoke of the various AT&R, Allied Health and Child Disability Services undertaken in the region by the DHB.

The group has asked if it is possible to source a list of local providers that are funded directly by the Ministry of Health so they may work in with these particular organisations. The Disability Working Group is still aiming to go out to the community and get feedback from service users, and this will be done in the New Year.

## **Community & Primary Working Group**

A verbal update will be provided.